BREAKTHROUGH BREAST CANCER

Bijal Joshi
Technology Appraisal Project Manager – Committee A
National Institute for Health and Care Excellence
British Council Offices
10 Spring Gardens
London
SW1A 2BU

16th May 2014

Dear Mrs Joshi,

Single Technology Appraisal (STA)

Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane [ID603]

Appraisal consultation document

Breakthrough Breast Cancer is dedicated to saving lives through improving early diagnosis, developing new treatments and preventing all types of breast cancer, and we welcome the opportunity to contribute to NICE's consideration of trastuzumab emtansine through responding to this appraisal consultation document.

However, Breakthrough is extremely disappointed that, despite the Committee acknowledging that trastuzumab emtansine is a novel drug which prolongs survival with less toxicity than comparator treatments, they have been unable to recommend the drug in this draft decision. This will come as a blow to the women who could benefit from more quality time with their loved ones as a result of taking the drug and leaves Breakthrough Breast Cancer deeply concerned about the future of treatment for metastatic breast cancer in England and Wales.

Metastatic breast cancer is an incurable condition and treatment options are limited. The evidence considered by the committee clearly shows that trastuzumab emtansine offers women substantially prolonged survival time, with a good quality of life, and that this drug therefore represents a significant step forward in treatment. Breakthrough Breast Cancer appreciates that NICE has a difficult task when appraising drugs and that trastuzumab emtansine is simply too expensive at the current price; however we are alarmed that drugs which have been shown to be clinically effective, and improve both length and quality of life, cannot be approved for routine use in the NHS. This

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worrying decision highlights that, without significant changes to drug pricing and/or the system for approving drugs for use on the NHS, our persistent problem of access to treatment remains unsolved.

The Department of Health's ambitious new drug pricing agreement, the Pharmaceutical Pricing Regulation Scheme (PPRS), launched this January and should have solved the apparent stalemate between the spiralling price of new cancer medicines and NICE's cost effectiveness thresholds. And we have recently heard the most decisive commitment yet that the pharmaceutical industry will honour their five year agreement to cap the NHS drugs budget. However, the rejection of trastuzumab emtansine by NICE in this draft decision clearly demonstrates that this agreement is not feeding through to ensure routine access to effective cancer drugs.

Disappointing too is that NICE's proposed new 'value based assessment' looks like it will make little difference to whether breast cancer patients will be able to access drugs like trastuzumab emtansine, or any of the other innovative cancer drugs coming through the research pipeline, into the long term. Patients currently only have access through the Cancer Drugs Fund but this is both time and cash limited and a long term solution must be found.

A system which allows ground-breaking new drugs to be rejected is fundamentally flawed and the UK risks falling far behind in its standards of cancer treatment if these kinds of drugs cannot be made routinely available. This Government promised to 'reform NICE and move to a system of value-based pricing so that all patients can access the drugs and treatments their doctors think they need'. Value based assessment and the PPRS, as they both currently stand, do not provide the solution that cancer patients have been promised. Breakthrough Breast Cancer understands that, under the existing system, NICE is unable to approve drugs like trastuzumab emtansine for routine use on the NHS. However, we urge NICE to do everything in its power to ensure that changes implemented to the drug approval system lead to real improvements in access to drugs for patients.

If you have any questions or wish to discuss any of the aspects of this submission, please don't hesitate to contact me.

Kind regards,

[redacted]

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