Breast Cancer Foundation NZ

31 January, 2020

By email to consult@pharmac.govt.nz

cc: Evangelia Henderson, evangeliah@bcf.org.nz

Dear PHARMAC

Re: Proposed funding of palbociclib (Ibrance) for advanced breast cancer

Breast Cancer Foundation NZ would like to commend PHARMAC on its proposal to fund palbociclib from 1 April 2020. We support this treatment being available for people with advanced ER+/HER2- unresectable locally advanced or metastatic breast cancer in New Zealand.

We do have some feedback on aspects of the proposal, as discussed below.

First and second line therapy

We are absolutely delighted that this treatment will be available as a first or second line therapy, and wish to congratulate in particular CaTSoP, but also PTAC and the PHARMAC Board, for this extensive indication. We are pleased to note that the Special Authority does not restrict use of palbociclib by people who have had more than one line of therapy for metastatic disease (e.g. patients who might have had more than one endocrine therapy in the metastatic setting). This fits with the recognition that giving multiple lines of endocrine treatment is both the internationally accepted standard of care and the current practice in New Zealand for metastatic ER+ breast cancer.[1]

Eligible patient numbers

We were surprised by the projected first-year patient numbers in the PHARMAC proposal (up to 550 people in the first-line setting and up to 1600 in the second-line setting). We therefore requested an updated extraction of advanced breast cancer patient numbers from the Breast Cancer Foundation National Register, which was received today.

The total number of currently alive patients in the Register with metastatic ER+/HER2- breast cancer is 322, and there are 13 alive patients with unresectable locally advanced ER+/HER2- breast cancer. The National Register currently includes patients from Auckland, Waikato, Wellington and Christchurch regions, approximately 70% of all breast cancer diagnoses. So if we assume these "currently alive" numbers represent 65% of the national numbers, we would expect there to be c.495 "currently alive" people with metastatic ER+/HER2-breast cancer in New Zealand (being treated in first and second lines), and c.20 with unresectable locally advanced breast cancer.

This is a stark contrast with the total >2100 that PHARMAC anticipates treating in the first year of funding, so we would be interested to understand the origin of those estimates.

[1] F Cardoso et al, "4th ESO–ESMO International Consensus Guidelines for Advanced Breast Cancer (ABC 4)", *Annals of Oncology* 0: 1–24, 2018, doi:10.1093/annonc/mdy192

Annual diagnoses of ER+/HER2- metastatic breast cancer recorded in the Register in the past few years have been as follows (this includes de novo and recurrent diagnoses):

2016 – 171 (extrapolated to 263 nationally)
2017 – 164 (extrapolated to 252 nationally)
2018 – 166 (extrapolated to 255 nationally)

For your potential future interest, we can report that fewer than 20 patients per year are diagnosed with metastatic ER+/HER2+ breast cancer (an indication currently in clinical trial in New Zealand in the PATINA trial).

On the basis of the Breast Cancer Foundation National Register numbers, we believe the number of patients eligible for palbociclib will be considerably fewer than PHARMAC anticipates.

Special Authority – Amenorrhea

We query the proposed Special Authority criterion "Patient has been amenorrheic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state". The ABC4 guidelines note that although many trials in ER+ ABC have not included pre-menopausal women, "despite this, we recommend that young women with ER-positive ABC should have adequate OFS/OFA and then be treated in the same way as post-menopausal women, with endocrine agents and with or without targeted therapies." The guideline does not specify a duration of amenorrhea before a CDK 4/6 inhibitor is given. The ABC5 conference, held in November 2019, concluded that "drugs that target CDK4 and CDK6 enzymes should be the standard of care for hormone dependent cancers (ER+, and HER2 negative) in advanced breast cancer patients, both for pre-menopausal and menopausal women and for men". [2] Again, no duration of amenorrhea was specified.

In addition, we note that the MONALEESA-7 trial comparing ribociclib (considered clinically interchangeable with palbociclib) with placebo, in addition to endocrine therapy, in premenopausal or perimenopausal women with ER+, HER2- advanced breast cancer reported that overall survival at 42 months was 70.2% in the ribociclib group and 46.0% in the placebo group. Overall survival was significantly longer in the ribociclib group than in the placebo group, with a 29% lower risk of death[3]. There was no specified duration of amenorrhea in this trial.

Given the overall survival gains documented in MONALEESA-7, we urge that the requirement for 12 months of amenorrhea be dropped from the Special Authority.

Congratulations again on the proposal to fund this important treatment; we look forward to New Zealanders starting to benefit from it in April.

Yours sincerely

Adèle Gautier
Research Manager

[2] "ABC5 reaches an agreement on advanced breast cancer" https://cancerworld.net/cancerworld-plus/abc5-reaches-an-agreement-on-advanced-breast-cancer accessed 31 January 2020

[3] Im et al, "Overall Survival with Ribociclib plus Endocrine Therapy in Breast Cancer", *N Engl J Med* 2019; 381:307-316