Submission to Pharmac's proposal to widen access to intravenous trastuzumab and change the funded brand.

In summary

The New Zealand (NZ) Cancer Society supports Pharmac's proposal to:

- Move to Herzuma as the principal funded brand from 1 June 2024 to 31 May 2027, noting that Herzuma is a biosimilar trastuzumab for intravenous use.
- Widen funded access to intravenous trastuzumab to include locally advanced or metastatic HER2 positive gastric cancer.
- Change funding to enable people taking intravenous trastuzumab (and pertuzumab in combination with trastuzumab) for metastatic breast cancer to take a 'treatment holiday' and then restart treatment if they experience disease progression.
- Enable all relevant prescribers who care for people with cancer to apply for funded intravenous trastuzumab treatment.

The Cancer Society requests that:

- Treatment continues for people with metastatic breast cancer if the disease spreads while on trastuzumab.
- Provision is made for trastuzumab to be delivered subcutaneously.

The role of the NZ Cancer Society

The NZ Cancer Society is Aotearoa's largest cancer non-governmental organisation (NGO) and aims to reduce the impact and incidence of cancer. Critical activities focus on cancer prevention, supportive care (including accommodation and transport to treatment), research and fundraising (to finance our services). The organisation has community-based team members from Whangārei to Invercargill with larger offices in Auckland, Hamilton, Wellington, Palmerston North, Christchurch and Dunedin.

To year ended 31 March 2021, the supportive care team received 8,814[1] new referrals for whānau with cancer. People with breast cancer represented approximately one quarter of all referrals[1].

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Overall, the Cancer Society supports Pharmac's proposals

The Cancer Society of New Zealand supports Pharmac's proposal to:

- Move to Herzuma as the principal funded brand from 1 June 2024 to 31 May 2027, noting that Herzuma is a biosimilar trastuzumab for intravenous use.
- Widen funded access to intravenous trastuzumab to include locally advanced or metastatic HER2 positive gastric cancer.
- Change funding to enable people taking intravenous trastuzumab (and pertuzumab in combination with trastuzumab) for metastatic breast cancer to take a 'treatment holiday' and then restart treatment if they experience disease progression.
- Enable all relevant prescribers who care for people with cancer to apply for funded intravenous trastuzumab treatment.

We are pleased to see that the savings made on moving from Herceptin to Herzuma mean that trastuzumab will be available to about 100 people with HER2 positive gastric cancer per year.

Call to continue trastuzumab if advanced breast cancer progresses

People with metastatic breast cancer in Aotearoa NZ have a poorer five-year survival rate than their peers in other developed countries[2]. The median survival after a diagnosis of metastatic breast cancer is 16 months, with five-year survival only 5% for Māori with advanced breast cancer and 15% for non-Māori[2]. Differences between cancer treatment here and in other developed countries contributes to our poorer outcomes. One difference is that treatment with trastuzumab under current Pharmac protocols stops if advanced breast cancer progresses.

We strongly recommend that Pharmac continue to fund trastuzumab if advanced breast cancer progresses, as per the Second NZ Consensus Guidelines for Advanced Breast Cancer. These were developed in October 2022 as a framework for all involved in the management of metastatic breast cancer. The guidelines note that 'the optimal duration of anti-HER2 therapy for advanced breast cancer (i.e. when to stop these agents) is currently unknown'[4]. The guidelines do not advise stopping treatment based on disease progression.

A recent study in Nature[3] also noted the absence of evidence-based criteria for stopping trastuzumab treatment in metastatic breast cancer. Researchers observed that HER2-positive metastatic breast cancer patients may be completely cured with trastuzumab-based therapy.

Call for trastuzumab to be given subcutaneously to reduce burden on people with metastatic breast cancer

The Cancer Society recommends that subcutaneous trastuzumab is made available. It has significant benefits for people receiving treatment, is proven to be a valid treatment alternative and benefits the health system.

Through our work supporting people with breast cancer, we are aware of multiple barriers facing those receiving intravenous trastuzumab. These include:

- Transport to/from the treatment centre, especially from remote and rural areas, or where no public transport operates.
- Cost of that transport, particularly for people living with high deprivation and/or low income.
- Need for accommodation if an overnight stay is necessitated.
- Time away from home if responsible for children.

Subcutaneous trastuzumab is a proven treatment alternative. A study in 2012[5] found that subcutaneous trastuzumab has a pharmacokinetic profile and efficacy non-inferior to standard intravenous administration, with a similar safety profile to intravenous trastuzumab, therefore offering a valid treatment alternative. For Herceptin SC, the recommended dose of 600 mg (in a solution of 5 mL) is given as a subcutaneous injection (under the skin) over two to five minutes every three weeks. Subcutaneous Herceptin must be prepared by a healthcare professional and administered in a hospital or clinic by a doctor or nurse.

Furthermore, subcutaneous trastuzumab was approved for use in HER2 positive advanced breast cancer in Europe in 2013 and in the USA in 2019[6].

There are also several advantages to the cancer care system[6] in moving from intravenous to subcutaneous administration:

- Briefer administration time so less chair time.
- Treatment provided closer to home in a clinic as opposed to a cancer centre.
- Lower cost of provider time and consumables.
- Patient preference.

There may be times when patients prefer to receive intravenous trastuzumab (e.g. when a central venous port is in place already). Equally there may be times when a person with advanced breast cancer might opt for subcutaneous trastuzumab. In one study, patients reportedly preferred subcutaneous administration because of time saved, decreased discomfort, or fewer side effects[6].

In conclusion

The Cancer Society New Zealand supports Pharmac's proposal to widen access to intravenous trastuzumab and change the funded brand.

We also request that:

- Treatment continues for people with metastatic breast cancer if the disease spreads while on trastuzumab.
- Provision is made for trastuzumab to be delivered subcutaneously.

Thank you for this opportunity to comment on the proposal.

Rachael Hart,
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