

# Cancer drug too expensive

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By [Martin Johnston](#)



Herceptin is at the centre of healthcare rationing debates. Picture / Reuters

Breast cancer patients and support groups are enraged by a ruling from state health agencies that the costly cancer drug Herceptin is not good enough to qualify for more taxpayer funding.

Crown drug governing body Pharmac and the 21 district health boards announced yesterday that, although they would keep Herceptin under review, its high cost meant they could not justify extending access.

The clinical trial data available so far, covering just a year's follow-up, was of too short a duration.

The announcement sparked howls of protest from breast cancer groups, which demanded the health budget be boosted.

"We are appalled ... ," said Breast Cancer Advocacy Coalition chairwoman Libby Burgess.

"How can Pharmac decide that New Zealand women's lives are worth less than those of women in Australia, the UK and other countries.

"The shameful spectacle of women forced to beg on national television for the drugs they need to save their own lives, or to make desperate choices between their best chance at life and their children's education, says it all about the state of healthcare in New Zealand."

Some 20 to 25 women are paying for Herceptin themselves, at a cost of more than \$100,000 on average. Some have organised fundraising events to generate the cash, others have extended their home mortgages.

Herceptin is one of a new breed of tightly targeted drugs, aimed only at cancer cells, but it is far more expensive than its predecessors.

More than 2500 New Zealand women each year are diagnosed with breast cancer, which claims 600 lives annually. Herceptin is used in HER2-protein-positive disease, which accounts for an estimated 400 of the new cases annually. It is a particularly aggressive disease that progresses rapidly and responds poorly to some chemotherapy.

The drug is already funded for women with terminal HER2 breast cancer but not in the early stages of the disease.

It is state-funded in many parts of Europe and Canada, and Government health agencies in Britain and Australia have supported extended funding.

In Australia this is still subject to price talks with the manufacturer, Roche, and Cabinet approval. In Britain, the decision has been appealed by a funding authority.

Opponents of yesterday's decision, including surgeon Dr Belinda Scott, said it showed New Zealand was lagging behind other Western nations. Pharmac rejected this.

"New Zealand, Australia and the UK are at the same stage, in that none currently fund Herceptin," said Pharmac spokeswoman Dilky Rasiah.

The current data from clinical trials was insufficient to justify extending funding for Herceptin, which could cost health boards \$20 million to \$25 million a year for up to 320 patients.

Public hospitals currently spent \$35 million to \$40 million on cancer drugs.

"The available data is short term and does not show the long-term benefit of Herceptin, particularly on life expectancy."

A Pharmac advisory committee will examine the two-year follow-up data on the drug next month.

### **Herceptin's effectiveness**

An ongoing European study compared Herceptin and non-Herceptin patients two years later (all had previously had standard cancer treatment).

\* The Herceptin patients had a 32 per cent lower risk of dying than the others - the "relative risk".

\* Put another way, 7.6 per cent of the Herceptin patients and 11 per cent of the others had died - the "absolute risks".

\* The relative risk of breast cancer recurrence was 36 per cent less for the Herceptin group than the others.

\* Much of the public debate on Herceptin has focused on the relative risk figures, which can seem more dramatic.

### **Angry women vow to fight on**

Amanda Rudd was diagnosed with HER2-positive breast cancer last month. She has had surgery, started chemotherapy, will have radiation therapy and intends to pay for Herceptin herself.

A senior manager, aged 40, she can afford to - after cashing in a retirement fund and remortgaging her Wellington home. But she is angry. "I feel ripped of by this Government ..."

She wonders how long a follow-up data will satisfy Pharmac.

"Are they going to wait till 10 years. I would have thought three years [including treatment] is pretty good. It's been good enough for other countries."

Auckland patient Anne Hayden, who began the 18,000-signature petition to Parliament asking that funding be extended, said women who like her were paying for Herceptin, and others who could not afford to, were aghast and angry at yesterday's decision.

"But they are absolutely resolved to try and fight this."