

Patient Guide

Funding for Herceptin

For early breast cancer



PHARMAC
Pharmaceutical Management Agency

This booklet is about funding for trastuzumab (Herceptin) for the treatment of HER2-positive early breast cancer in New Zealand. It explains the treatment with Herceptin that District Health Boards will pay for and how this decision was made.

You should also read the booklet called 'Herceptin for early breast cancer'. You will find a copy of it in your Herceptin patient kit or you can download it from the PHARMAC website (www.pharmac.govt.nz).

This booklet was produced by PHARMAC.

What Herceptin is funded for

District Health Boards (DHB) will pay for Herceptin for treatment of HER2-positive early breast cancer.

If you have HER2-positive early breast cancer and Herceptin is suitable for you, your DHB will pay for you to have a 9-week treatment course of Herceptin. You will receive treatment with a chemotherapy medicine called a *taxane* at the same time as Herceptin. Your DHB will also pay for your taxane treatment.

How decisions are made about funding medicines

To decide whether a new medicine should be funded, PHARMAC:

- Looks at how the medicine compares to treatments that are already available for the same condition.
- Weighs up how effective the medicine is and how much it costs to decide if it is a wise use of taxpayers' money.
- Considers whether other medicines or hospital services may have to be given up if a new medicine is funded.

PHARMAC must make sure that there is enough money to pay for each new medicine that it recommends. It also has to make sure that the money available is used to achieve the best possible health outcomes for all New Zealanders.



The reasons for funding Herceptin this way

PHARMAC had two choices for funding Herceptin for HER2-positive early breast cancer. These choices were based on how Herceptin has been used in clinical trials. The choices were:

- treatment with Herceptin for 12 months, starting either when all chemotherapy has finished or starting at the same time as treatment with taxane chemotherapy.

OR

- treatment with Herceptin for 9 weeks, starting at the same time as treatment with chemotherapy.

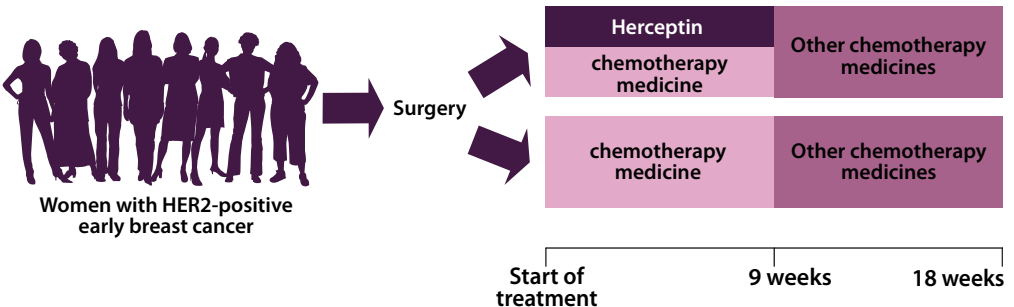
PHARMAC also had to consider the consequences of not funding treatment with Herceptin at all.

PHARMAC decided to fund Herceptin for HER2-positive early breast cancer for a 9-week treatment course starting at the same time as taxane chemotherapy. PHARMAC decided this because using Herceptin this way reduces the chance of HER2-positive early breast cancer coming back, the cost of using it this way is acceptable and it is practical for hospitals to administer it this way.

Although using Herceptin for 12 months also reduces the chance of HER2-positive early breast cancer coming back, it is far more expensive and we do not know that it is any more effective than using Herceptin for 9 weeks. For these reasons PHARMAC has decided not to fund a 12-month treatment course.

Using Herceptin for 9 weeks at the same time as taxane chemotherapy also has some other possible advantages over using Herceptin for 12 months. This is explained in more detail on the next page.

Treatments used in the FinHer trial



What's the evidence for using Herceptin for 9 weeks?

The way that Herceptin is funded in New Zealand is based on one particular clinical trial. This clinical trial was called the Finland Herceptin trial (because it was done in Finland). It is called the 'FinHer' trial for short.

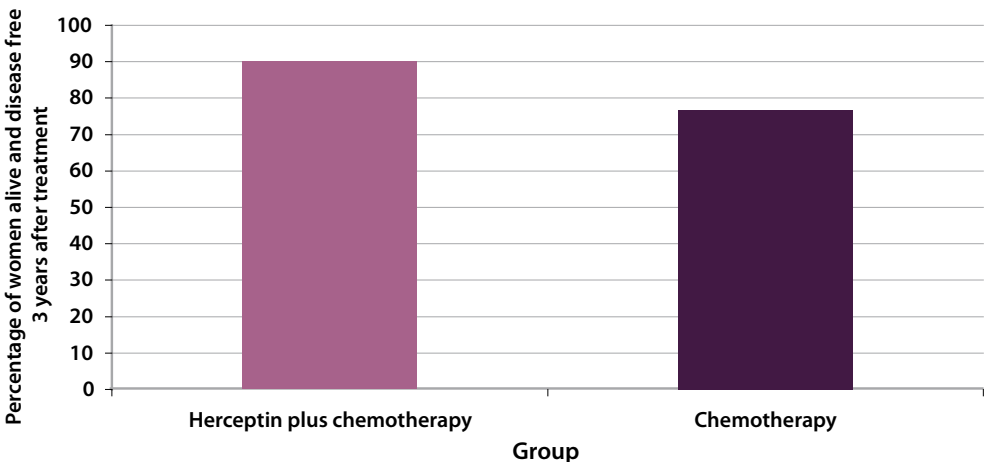
The FinHer trial tested whether adding Herceptin to treatment with chemotherapy medicines for early breast cancer reduced the chance of the breast cancer coming back. Women with HER2-positive early breast cancer who had had surgery were split into two groups. One group of women had treatment with chemotherapy medicines. The other group of women had treatment with chemotherapy medicines plus a 9-week course of Herceptin. The picture on page 3 shows the treatments that the two groups of women had in the FinHer trial.

The FinHer trial found that breast cancer was less likely to come back in the women who were treated with chemotherapy plus Herceptin than in the women who only had chemotherapy medicines. After 3 years:

- 90 out of every 100 women who took Herceptin were alive and their cancer had not come back.
- 77 out of every 100 women who did not take Herceptin were alive and their cancer had not come back.

The graph below shows the results of the FinHer trial.

Results of the FinHer trial



Is 9 weeks as good as 12 months?

Herceptin helps to reduce the chance of breast cancer coming back when it is taken for *either* 12 months *or* 9 weeks. We do not know if one way is more effective than the other. This is one of the questions that researchers are trying to answer at the moment by doing more clinical trials.

In most clinical trials done to test Herceptin as a treatment for HER2-positive early breast cancer, women were treated with Herceptin for 12 months. These clinical trials showed that Herceptin reduced the chance of breast cancer coming back.

The FinHer trial was done to test whether taking Herceptin for 9 weeks could reduce the chance of breast cancer coming back. This trial also found that Herceptin reduced the chance of breast cancer coming back.

Using Herceptin for 9 weeks has some possible advantages over taking it for 12 months:

- Treatment will be finished sooner.
- The chance of side effects (particularly effects on the heart) might be less because the total dose of Herceptin will be lower, although further clinical trials are needed to test this.

What's the difference in cost?

Each year, about 350 to 400 women in New Zealand are diagnosed with HER2-positive early breast cancer that is suitable for treatment with Herceptin.

It would cost about \$25 million each year to treat all of these women with Herceptin for 12 months. At the moment, the Government pays about \$50 million for treatment for the 18 000 people in New Zealand who are diagnosed with cancer each year.

It will cost about \$6 million each year to treat women with Herceptin for 9 weeks. This means that women in New Zealand will be able to use Herceptin for early breast cancer and that there will be more money left to pay for other new medicines that are needed.



PHARMAC, Level 14, Cigna House,
40 Mercer Street, PO Box 10-254,
Wellington 6143, New Zealand
Phone 64-4-460-4990
Fax 64-4-460-4995

www.pharmac.govt.nz

New Zealand Government