

PHARMAC

Pharmaceutical Management Agency

Media release

New breast cancer drug funded

Women with breast cancer have another funded drug treatment available, with the aromatase inhibitor drug exemestane (Aromasin) funded from August 1.

Aromatase inhibitors can help block the growth of hormone-dependent tumours by lowering the amount of the estrogen hormone in the body. Funding exemestane will mean there will be three aromatase inhibitor drugs funded to treat breast cancer.

PHARMAC's Medical Director Dr Peter Moodie says the agency's expert cancer committee had advised that all the aromatase inhibitors demonstrate the same or similar therapeutic effect.

"This provides a treatment alternative at a lower cost," Dr Moodie says. "Potentially that will provide savings on current expenditure that can be used to fund other medicines."

Under a new agreement with pharmaceutical company Pfizer, exemestane will be fully funded without the need for a Special Authority approval and will be less expensive.

Dr Moodie says hormonal treatments have been a major pharmaceutical success story against breast cancer. Tamoxifen has been the primary endocrine treatment, but more recently the development of selective aromatase inhibitors anastrozole (Arimidex), letrozole (Femara) and exemestane (Aromasin) have offered new options.

All three aromatase inhibitors work in similar ways, and are only given to post-menopausal women with "hormone-receptor-positive" disease. Each aromatase inhibitor is taken by pill once a day, for up to five years.

Breast cancer is the fourth most common form of cancer in New Zealand and altogether about 10,500 women are prescribed tamoxifen or an aromatase inhibitor, at a cost of \$5.6 million a year. While the number of patients receiving treatment is not increasing, the increased use of aromatase inhibitors over tamoxifen means that the overall cost of these treatments is rising on average by \$1.8 million a year.

Exemestane is the latest PHARMAC investment in cancer therapies and follows the recent decisions to fund capecitabine (Xeloda) for Stage III colon cancer and trastuzumab (Herceptin) for HER2-positive early breast cancer.

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