

Media release

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(Repeating, clarifying status of lung cancer in 4th para)

Step forward for cancer treatment

Cancer treatment is taking a significant step forward with PHARMAC and District Health Boards approving funding for three further cancer medicines.

The funding decisions are to widen access to

- vinorelbine (for early stage operable non-small cell lung cancer)
- oxaliplatin (for stage III operable bowel cancer), and
- to provide open access to paclitaxel (used for many different cancers).

Together, the decisions represent an investment by DHBs of more than \$31 million over five years, and will benefit some 1500 people every year.

There are many different types of cancer and together they account for more deaths in New Zealand than any other disease. Lung cancer is responsible for the most deaths, followed by bowel cancer.

The most significant of the three funding decisions relates to oxaliplatin. Bowel cancer accounts for 2300 new cases and 1200 deaths from the disease each year, and increasing access to oxaliplatin will see a further 1000 people per year treated with the drug, which is delivered through an intravenous infusion in hospitals. On its own, the access widening to oxaliplatin represents a \$27 million investment over five years.

PHARMAC spokesperson Dr Peter Moodie says the decisions announced today complete the allocation of the additional funding provided by the Minister of Health for cancer medicines in the 2007 Budget.

“Cancer is an area of considerable concern in the community and is a Government health priority,” says Dr Moodie. “Having these treatments more widely available will improve the prospects for people diagnosed with lung, bowel, breast, and forms of testicular cancer.”

“The funding provided through the Budget has enabled us to identify these investment opportunities which provide considerable benefits for people with colon, lung and other cancers.”

DHB spokesman David Meates, the Wairarapa DHB Chief Executive, says the decisions come after the best investment opportunities were identified, to enable the best use to be made of the additional funding provided by the Minister.

“The successful partnership between PHARMAC and DHBs means that these decisions represent forward steps for doctors treating cancer, and their patients, and are sustainable for DHBs,” says David Meates. “Financially they are a huge investment, and we are confident that they will be matched by better health outcomes for the people treated as a result.”

“These decisions continue a record of PHARMAC and DHBs working together to provide better access to medicines for New Zealanders.”

Funding has been approved for five cancer treatments in the current financial year

- trastuzumab (Herceptin) for HER2-positive breast cancer (450 people, \$6m per year)
- Capecitabine for operable stage III bowel cancer (1000 people, \$1.7m per year with savings in infusion related costs)
- Vinorelbine for early stage operable non-small cell lung cancer (200 people, \$900,000 per year)
- Paclitaxel for any cancer (120-130 people, on average \$300,000 per year); and
- Oxaliplatin for operable stage III bowel cancer (1000 people, \$6 million per year).

The treatments are all funded through DHB hospital budgets and so funding needs to be approved by both DHBs and PHARMAC. The drug-funding agency identifies funding priorities and makes recommendations on these to a group of DHB representatives (the Service Improvement Group). If approved, PHARMAC conducts further work before final approval is given.

[ENDS]

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