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Media release

PHARMAC funds new targeted lung cancer drug

Funded treatment options for New Zealand's most common form of cancer will take a step forward in August when PHARMAC begins funding gefitinib (Iressa), a targeted treatment for lung cancer.

PHARMAC will fund gefitinib as a first line treatment for non-squamous advanced non-small cell lung cancer, the most common form of lung cancer in New Zealand. A test will be required to help determine which patients will most benefit from treatment with gefitinib, or another similar drug already funded by PHARMAC, erlotinib. Erlotinib is currently funded as a second-line treatment option.

The test, called epidermal growth factor receptor (EGFR) mutation testing, is currently available in some DHBs. Where DHBs do not have the test they may send samples to Australia for testing.

PHARMAC Medical Director Dr Peter Moodie says current first-line treatment for non-small cell lung cancer is platinum-based chemotherapy, which can be difficult for patients to tolerate and must be delivered in a hospital.

"Gefitinib and other drugs of this type, called tyrosine kinase inhibitors, have several advantages over standard chemotherapy which is something of a blunt instrument," he says. "Using the EGFR testing will enable patients to be identified who can most benefit from treatment."

"This kind of targeting is becoming more common with cancer drugs and gives us greater certainty that the people receiving these treatments are the ones most likely to benefit. It also helps us target standard chemotherapy better since the evidence indicates that patients who do not have EGFR mutations actually do better on chemotherapy."

"In addition, gefitinib is a tablet that people can take at home. This is more convenient for patients, and it also frees up hospital resources so that more cancer patients can be treated and waiting times reduced."

PHARMAC expects that, with targeting, about 100 patients per year will receive funded gefitinib treatment. While PHARMAC expects to spend up to \$1.6 million per year on the drug, overall the agreement will save DHBs money as the currently funded treatments are more expensive.

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