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Cancer Control Agency releases report into availability of blood cancer medicines in Aotearoa New Zealand.

Te Aho o Te Kahu, the Cancer Control Agency has released its final report today analysing the differences between blood cancer medicines funded in Australia and Aotearoa New Zealand.

"It is my hope the report will contribute further to the understanding of the availability of cancer medicines in Aotearoa New Zealand and be a useful reference for those working in the cancer sector, as well as those living with cancer," the chief executive of Te Aho o Te Kahu | Cancer Control Agency, Rami Rahal said.

For several years, there has been concern that there are more cancer medicines available for those living with cancer in Australia than in Aotearoa New Zealand. The Agency's report *Understanding the Gap: an analysis of the availability of cancer medicines in Aotearoa*, was written in 2022, to provide clarity as to the extent of cancer medications funded in Australia compared to Aotearoa New Zealand and the potential impact of these medicine "gaps" in terms of clinical benefit.

Assessing the magnitude of clinical benefit for blood cancer medicines was not possible at the time of the 2022 report. The Agency committed to completing that part of the analysis as soon as the relevant tool became available.

"We are very pleased to now deliver on that commitment and complete this work with the release of *Understanding Blood Cancer Medicine Availability in Aotearoa New Zealand*," Rahal said.

"While a number of medicines available in New Zealand are also available in Australia, the report shows there are some gaps," Rahal said.

"We now understand what those gaps are, how many there are and what these gaps might mean for patients."

The analysis in the 2022 and 2024 reports focused only on the gaps in public funding of cancer medicines in Aotearoa New Zealand versus Australia and the potential magnitude of clinical benefit.

It was not designed to consider the wide range of factors that Pharmac | Ta Pātaka Whaioranga evaluates when deciding which medicines will be funded. That responsibility falls exclusively within Pharmac's domain.

"The funding of cancer medications is complex, and this report is not a list of medications that should necessarily be prioritised for funding by Pharmac. Medicine funding should also be considered in the wider context of cancer control.

“Medicines play an important part, but we must also continue to think about ways to strengthen prevention measures, improve early diagnosis, encourage participation in screening programmes and ensure high-quality care is available to all,” Rahal said.

Every year, in Aotearoa New Zealand, around 2,800 people are diagnosed with a blood cancer. There are no known prevention or screening interventions for blood cancers. For the people diagnosed, cancer medicines (along with stem cell transplant) are often the principal treatment option.

“While this report is technical, it was written with those living with cancer, and their whānau, in mind. I hope it contributes to the wider efforts of the health sector to ensure there are fewer cancers, better survival and equity for all.”

The analysis showed that:

- On 1 January 2024, 24 individual blood cancer medicines were available in Australia, but not in Aotearoa New Zealand, for 42 different cancer treatment indications (or uses).
- Twelve of these 42 medicine indications had a substantial magnitude of clinical benefit. This means they demonstrated a high degree of improvement in quality of life and/or survival.
- Two of the 12 are medicines used with the intention of curing blood cancer, with the other ten used to manage the disease and its symptoms.
- Since the comparison was completed on 1 January, Pharmac has funded four blood cancer medicines for six different uses that were identified as gaps in our report.
- This reduces the number of current medicine-indication gaps between Australia and Aotearoa to 36, nine of which have substantial magnitude of clinical benefit. Three are for the treatment of acute lymphoblastic leukaemia (ALL), three are for the treatment of acute myeloid leukaemia (AML), and one each is for mantle cell lymphoma (MCL), chronic myeloid leukaemia (CML) and chronic lymphocytic leukaemia (CLL) respectively.
- Of the nine-remaining gaps that have a substantial magnitude of clinical benefit, Pharmac are considering the funding of six of them. Pharmac currently has no application for the three-remaining medicine-indication gaps.
- There were 13 blood cancer medicines publicly funded in Aotearoa New Zealand that were not funded in Australia.

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Editor's note: One cancer medicine may be used in the treatment of more than one cancer type or clinical circumstance. The specific clinical circumstance a medicine is used for is called the '**indication.**' An example of this is the blood cancer medicine called pembrolizumab which can be used for two indications: one being relapsed or refractory Hodgkin's lymphoma and the other being relapsed or refractory primary mediastinal B-cell lymphoma. Another example is paracetamol, which can be used for the treatment of headaches as well as the treatment of fevers. Some cancer treatment consists of more than one cancer medicine being used at the same time (that is, used in combination) for a specific indication. The combination of treatments to treat a single indication is called a '**regimen.**'

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