Prostate Cancer Foundation of Australia

CanSpeak the voice of the cancer community Australia

February 4th, 2013

The Hon Tanya Plibersek MP
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Minister Plibersek

Abiraterone Acetate (Zytiga)

We write in relation to the application for listing of abiraterone acetate (Zytiga) on the Pharmaceutical Benefits Scheme. As you would be aware, at its November 2012 meeting, the Pharmaceutical Benefits Advisory Committee recommended listing on a cost-minimisation basis with cabazitaxel and cost-effectiveness basis when compared with best supportive care.

Associate Professor David Smith of the Cancer Council NSW estimates that there are currently some 22,000 men living with advanced prostate cancer in Australia. In every case it is to be expected that, in time, the disease will become resistant to androgen deprivation therapy. Based on a range of assumptions, it is estimated that there are some 1,200 to 1,500 new cases of resistant metastatic prostate cancer each year.

Men with metastatic prostate cancer that is resistant to androgen deprivation and who have failed docetaxel chemotherapy have a reduced life expectancy. For these men and their families the benefit that abiraterone acetate is taken orally and has low toxicity provides improved quality of life, particularly in the later stages of the disease. We note, in particular, that the clinical trial published in New England Journal of Medicine[1] reported that side effects of abiraterone acetate were easily manageable and reversible. In contrast cabazitaxel is taken intravenously and therefore requires hospital visits with their associated cost.

Currently there are very few reimbursed treatment options for men with resistant metastatic prostate cancer. It is particularly important to note that in this clinical situation patients are not all alike and that not all men are suitable for second line chemotherapy with cabazitaxel. Medical oncologists advise that approximately 50% of patients are not suitable to receive further chemotherapy following docetaxel.

This is in accordance with anecdotal evidence from PCFA's support group network. For these men and their families abiraterone acetate currently represents the only alternative to best palliative care. However, in the absence of listing, the cost of some $3,000 per month ($36,000 per annum) would be prohibitive to many of these, usually retired, men and their families. Additionally, some men who are suitable for second line chemotherapy may also be suitable for, or prefer, abiraterone acetate.

[1] De Bono et al, NEJM 2011; 364:1995-2005

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Finally, we would draw your attention to the fact that abiraterone has a different mechanism of action to taxanes. Abiraterone is the first of a new class of therapies that target the androgen-receptor signalling pathway, the major driver of prostate cancer growth. These therapies offer the prospect of substantially improved survival and quality of life for men with advanced prostate cancer. Ultimately, we expect that these therapies will be proven to be effective in a pre-chemotherapy setting and will fundamentally alter and improve treatment of advanced and metastatic disease.

Minister, your strong support and empathy for the prostate cancer community is well recognised. We strongly support the application for listing of abiraterone acetate on the Pharmaceutical Benefits Scheme and urge you to confirm listing without delay.

Yours sincerely

Dr Anthony Lowe
Chief Executive Officer
Prostate Cancer Foundation of Australia

Mr John Stubbs
Executive Officer
canSpeak

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