

Cancer52 comment on Cancer Drug Fund announcement of 4th September 2015

Says Jonathan Pearce, Chair of Cancer52ⁱ

"We are extremely concerned that the latest round of delistingⁱⁱ of some 22 treatments from the [Cancer Drugs Fund](#) will impact on some 5,500 people with cancer, of whom more than 3,000 have a rare or less common cancer, ie one outside the 'big four'. The majority of that 3,000 have a blood cancer so those patients will be the worst hit. While we understand the need for the CDF and NHS England to manage their budgets, the latest round of potential delistings raises some serious issues which need urgent resolution.

We understand that the final decisions have not been made on the delisting of some of these treatments. On behalf of patients and their families and friends, we are disappointed about the anxiety and worry that results from the inability of NHS England and pharmaceutical companies to find a better and more effective way to carry out their negotiations and discussions over the pricing of cancer drugs and assessing their effectiveness. Patients are caught in the middle of this dialogue and face losing access to live-saving drugs.

There will be a period of uncertainty between now and the end of October, which is not in the best interests of anyone affected by a rare or less common cancer. Of course, anyone who is currently being treated with any drug therapy that ends up being delisted will continue to receive that treatment. However, what is clear that rare and less common cancers are significantly disadvantaged or discriminated against by the CDF's current assessment process. The scoring system for effectiveness of drug therapies relies on robust evidence from phase III clinical trials, which required large trial populations. This is of course entirely appropriate for treatments for common cancers where tens of thousands of people are diagnosed each year. However, this is simply not possible for rare and less common cancers where comparable figures are for tens or hundreds of people diagnosed each year. Treatments for such drug therapies do well to reach phase II trials – and in some cases for the drugs proposed to be delisted, those trials have ended early due to the positive results. It is then an irony that under the CDF's scoring system those cancer drugs score zero for their effectiveness and overall survival outcomes due to not having phase III trial data.

What is more, for at least one treatment (brentuximab vedotin), is potentially about to create a four nations postcode lottery where the treatment will be approved and available on the NHS in Wales and Scotland, but delisted in England.

All in all, there is an urgent need to resolve these issues and reform the CDF so that it is fit for purpose for patients with rare and less common cancers.

www.cancer52.org.uk

10th September 2015

ⁱ Cancer52 works with more than 80 charities which support people with rare and less common cancers, ie those hundreds of cancers outside the 'big four' of lung, prostate, bowel and breast

ⁱⁱ 'delisting' means that the drugs are no longer routinely available to NHS patients