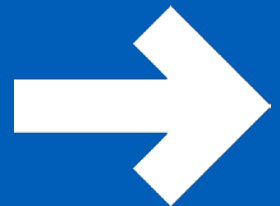


New Cancer Drugs Fund: providing access to promising new cancer treatments

Brad Groves,
Deputy National Lead – Cancer Drugs Fund
NHS England

11 July 2018



Routes to patient access

1. Early access (prior to license)

- Early Access to Medicines Scheme (EAMS)
- Company-led compassionate use or patient access arrangements

2. NICE Technology Appraisals (TA)

- Routine commissioning
- Cancer Drugs Fund
- Highly specialised technologies

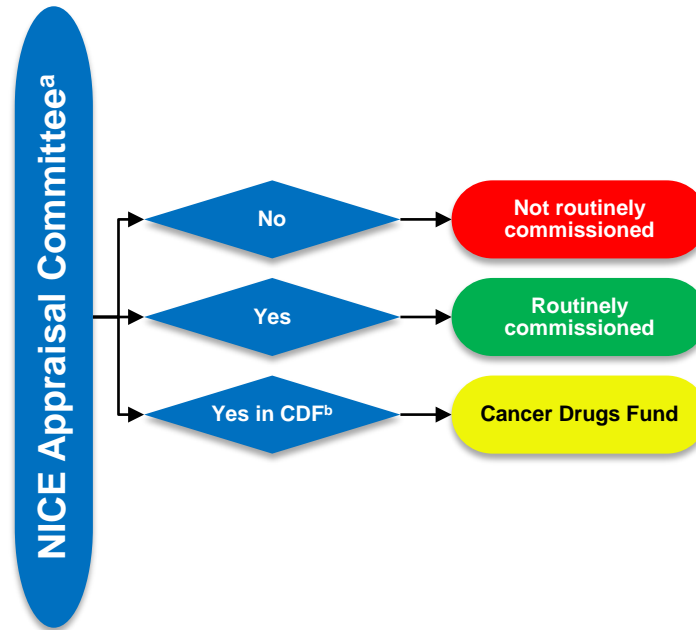
3. Individual Funding Requests (IFR)

4. NHS England clinical prioritisation

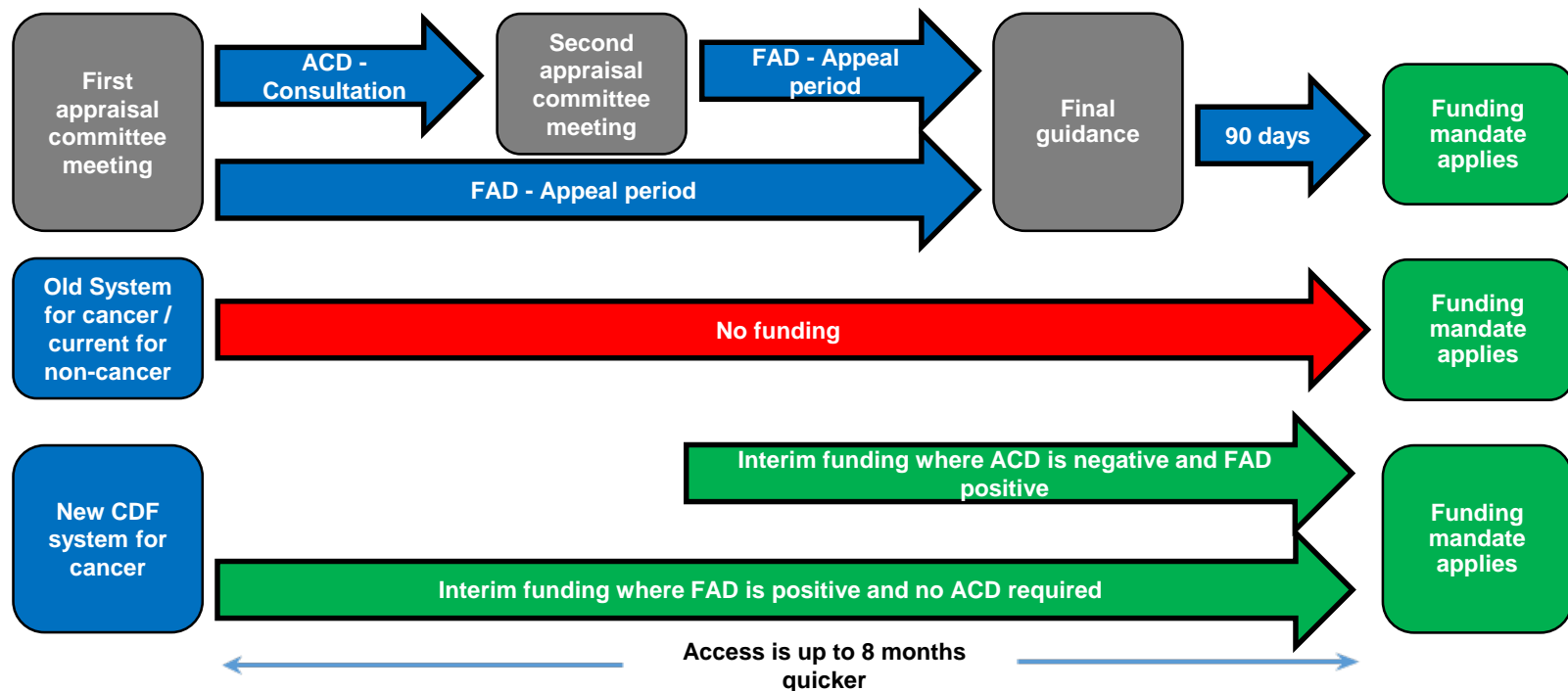
What's different about the new Cancer Drugs Fund



New NICE appraisal process



Earlier access to cancer drugs



Access while further evidence is collected

Systemic AntiCancer
Therapy (SACT)
dataset collection

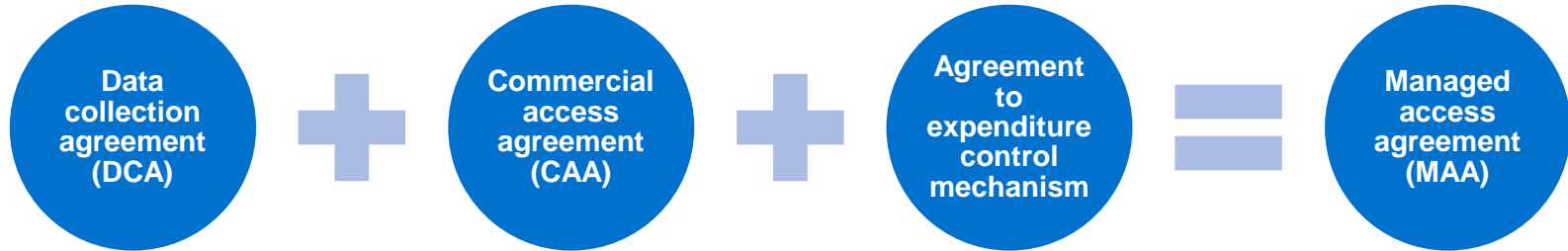
- May be linked to other Public Health England sources

Clinical studies

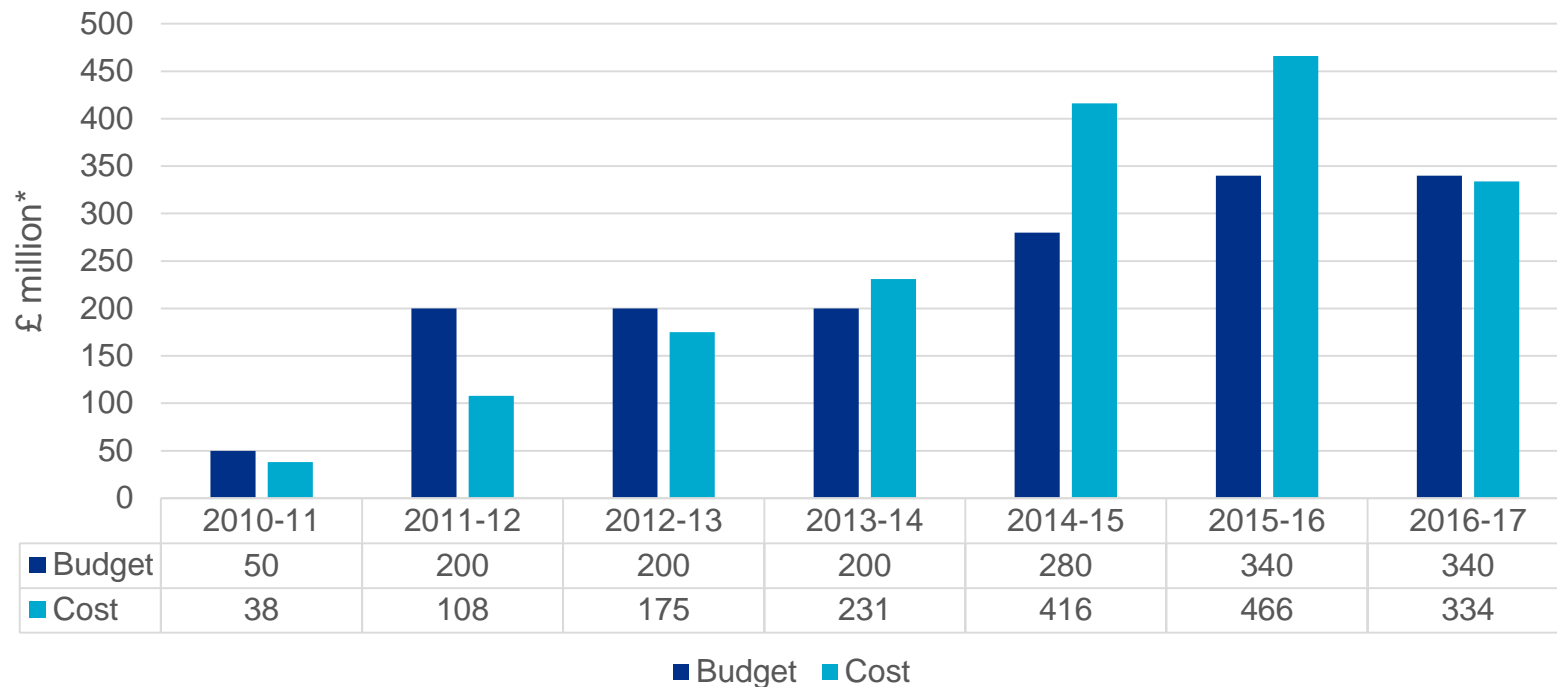
- Ongoing studies
- New study/ data collection

Theoretically, other established tumour registries could be used but it may not be feasible to set up the necessary arrangements for sharing data with other registries

CDF – Entry requirements



Financial stability



Current position



Patient access

Since 29th July 2016:*

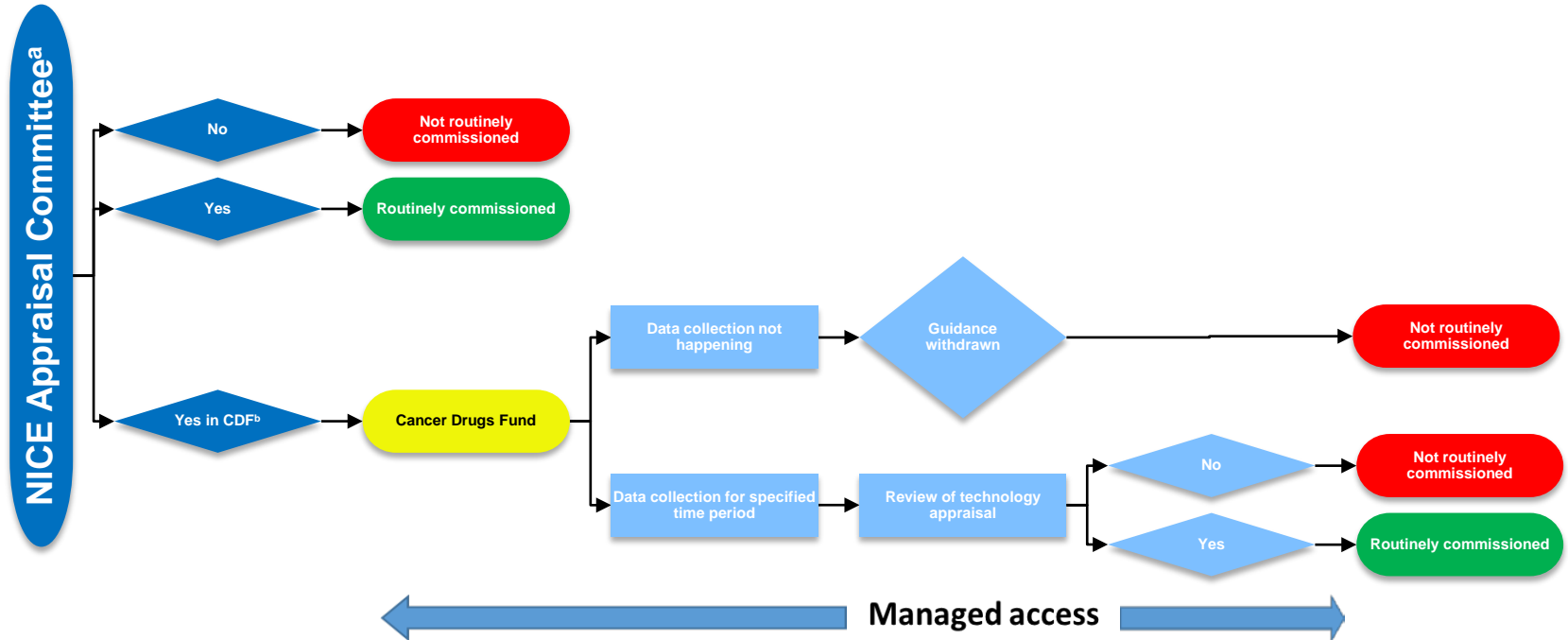
- **22,467** patients notified for CDF treatment since 29th July 2016
- **5,313** patients have received on of 17 CDF MAA treatments
- **6,360** patients have benefited from interim funding and accessed treatment earlier than before
- **63** drugs treating **112** different cancer indications have been funded by the CDF

NICE committee outcomes

Since the new CDF started operating, NICE committees have recommend that an overwhelming majority of new cancer treatments for either CDF or routine commissioning:

- **Not recommended** have reduced from over 30% to <15%
- **Recommended** or **optimised** remain relatively stable at over 60%
- **CDF recommendations** are over 20%

The managed access process



CDF Managed Access Agreements

TA416 Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer

TA446 Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma

TA447 Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer

TA465 Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma

TA472 Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab

TA484 Nivolumab for previously treated locally advanced or metastatic non-squamous non-small-cell lung cancer

TA483 Nivolumab for treating metastatic, squamous, non-small-cell lung cancer after chemotherapy

TA487 Venetoclax for treating chronic lymphocytic leukaemia

TA491 Ibrutinib for treating Waldenstrom's macroglobulinaemia

TA490 Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy

TA492 Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable

TA505 Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma

TA510 Daratumumab monotherapy for treating relapsed and refractory multiple myeloma

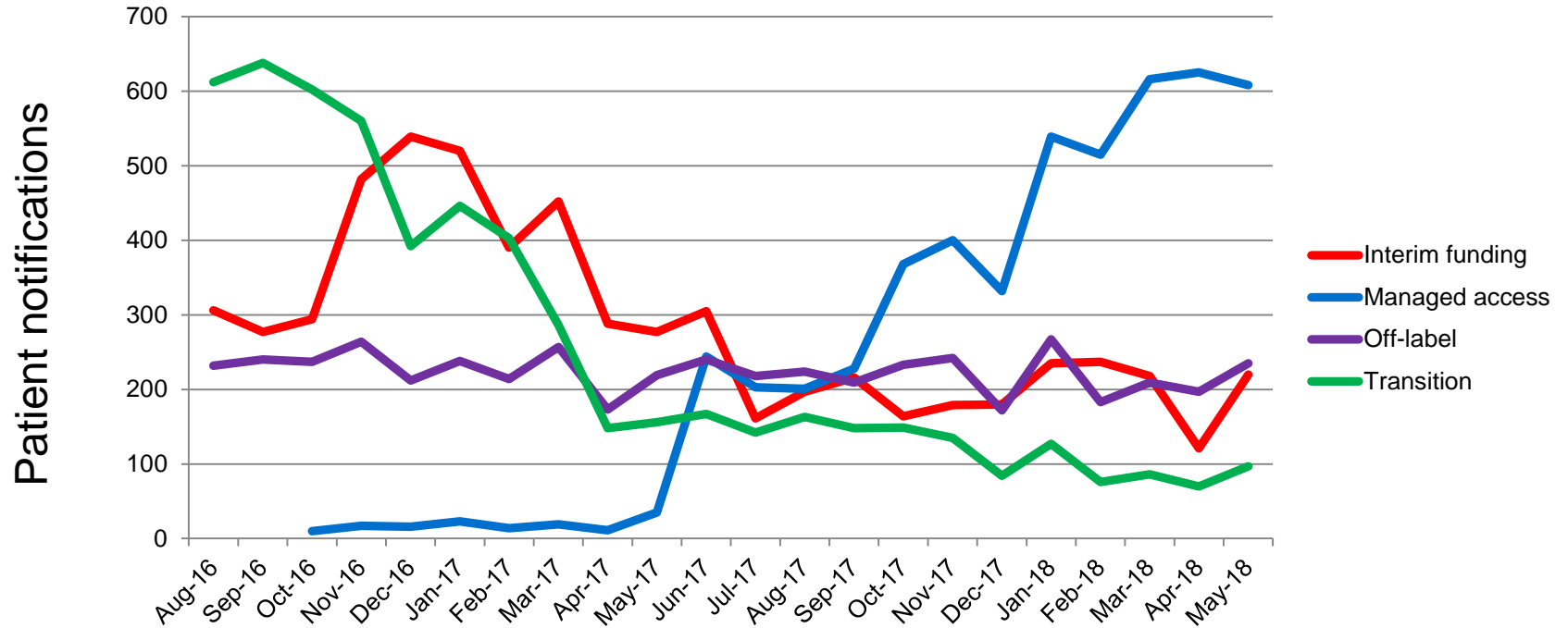
TA517 Avelumab for treating metastatic Merkel cell carcinoma

Pembrolizumab for urothelial cancer [ID1019]

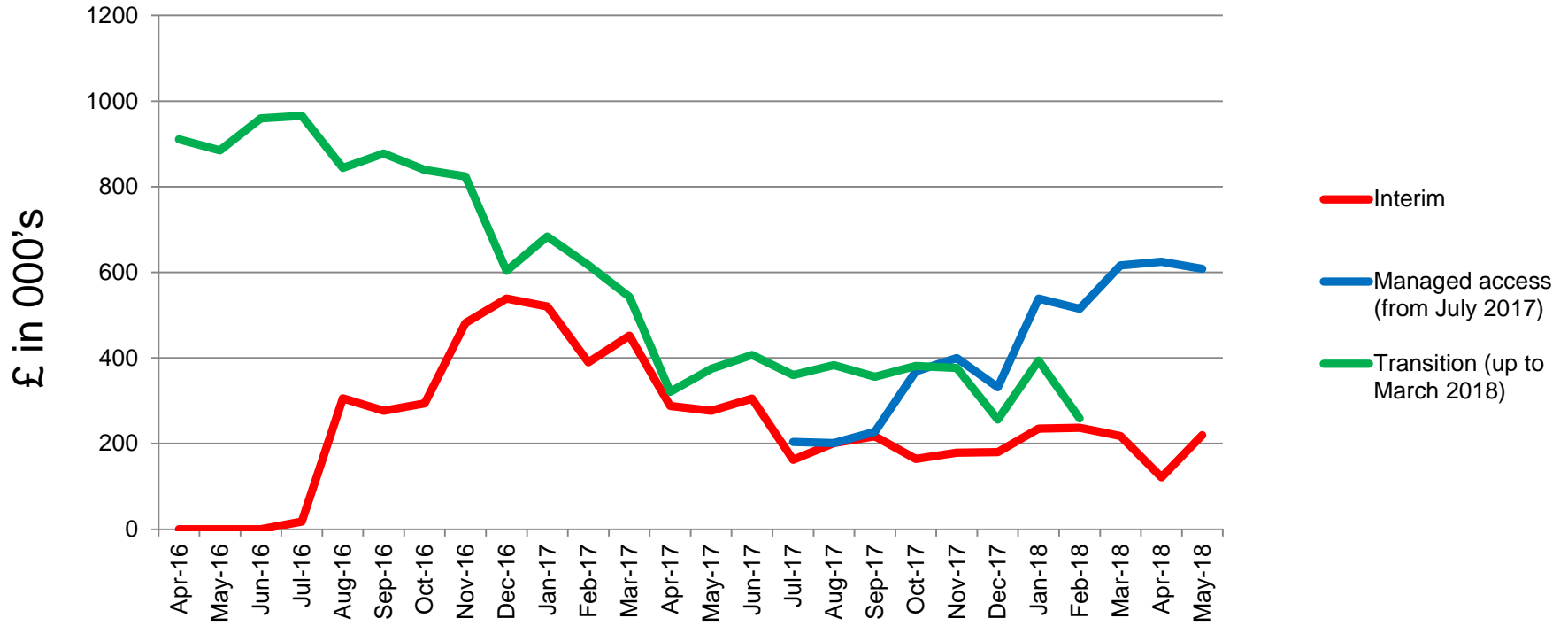
Crizotinib for ROS1+ non-small-cell lung cancer [ID1089]

Niraparib for ovarian cancer after chemotherapy [ID1041]

Patient access trends



Spending trends



What next?

- Operational review of the CDF – by end 2018
- Sharing lessons learned
- Treatment criteria development
- Increased engagement with companies, patient groups, charities

Thank you

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www.england.nhs.uk/cancer/cdf/

