

Summary of Cancer52 response to NHS England consultation: Proposals for a sustainable Cancer Drugs Fund

Introduction

- [Cancer52](#) is an alliance of 80 patient support and research charities working in the field of rare and less common cancers. The charities are united by their vision of seeing a better future for everyone affected by the rare and less common cancers, which now account for more than half of all cancer deaths in the UKⁱ.
- The alliance represents the very patients that the Cancer Drugs Fund (CDF) was set up to help
- Since its inception the CDF has enabled more than 55,000 people with cancer to gain access to medicines
- Currently 29 out of 41 drugs on the CDF list are for cancers represented within Cancer52

Our views in summary

- Access to new cancer medicines needs to be approached 'in the round' and in the context of broader changes including adaptive licensing, Evaluation through Commissioning, and the Early Access to Medicines Scheme
- The CDF was developed as a 'bridge' to wider reform. This 'bridge' has failed to materialise, nor has the CDF delivered the hoped for improvements in access to new medicines
- The current focus of attention is on the CDF overspend. This approach is flawed as we must collectively address the root causes that drive difficulties in access to new medicines
- Adding in price as a criteria to the CDF takes us further away from clinically driven decisions
- The new proposals are unpredictable. They mean that medicines may be de-listed at some point in the future and risk introducing unfairness between cancer patients, some of whom will be able to receive a medicine simply because they were diagnosed before someone else.
- We also do not support the new proposals because they lack transparency and poorly define both unmet need and rarity

What we want

Cancer52 is calling for

- a wider debate, just as called for by NICE, to create a consensus on what we need to enable access to new medicines for those with rare and less common cancers
- a system that
 - includes new definitions for both 'unmet need' and 'rarity'
 - gives appropriate weight in re-evaluation to the needs of patients with cancers that have extremely high mortality rates or where there are limited treatment options
 - is transparent
 - is clinically, not financially driven

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To read Cancer52's response to the CDF (October 2014) consultation in full, please click [here](#)

ⁱ Data taken from Cascade, National Cancer Registration Service, Public Health England, accessed 21st May 2014