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Cancer patients waiting for potentially live-saving treatments in UK

29 May 2005

UK cancer patients are waiting too long for new cancer treatments, according to a 'Dossier of Delay' compiled by cancer information charity CancerBACUP. The Dossier reveals how long it will take for 12 new cancer treatments to be recommended by NICE and made widely available to patients. For many the delays mean the treatment will not be available in time to help them.

One, a breast cancer treatment called Herceptin, was last week shown to have produced remarkable results in women with early breast cancer, yet it could be 2009 before the treatment is widely available on the NHS under the current NICE process. (The treatment received publicity due to Kylie Minogue's breast cancer diagnosis). NICE guidance on a colon cancer treatment called Eloxatin, which can give a 23% reduction in the risk of the cancer returning within two years, is not due until May 2006. Guidance on a third, Cetuximab for head and neck cancers, which can give a 7% increase in survival rates over 2 years, is not due until 2009. This week NICE told CancerBACUP and others that the delay over Cetuximab and four other cancer treatments was due to funding and staffing issues.

Treatments take an average of a year to go through the NICE appraisal process, although some cancer drugs can take up to two years. CancerBACUP says these additional delays are unacceptable, and is calling for NICE to introduce a system of fast-tracking for cancer treatments which have shown significant results, such as Herceptin.

"When people read about these treatments in the newspapers, they ring us up wanting to know how soon they will be available," says CancerBACUP Chief Executive Joanne Rule. "Sadly, we have to tell them that it could take years before they are widely available on the NHS. For many, that could be too late. We have to find a way of speeding up the time it takes for NICE to approve all cancer treatments and introduce a fast-tracking process for exceptional cancer treatments." She added "These delays compound existing problems of postcode prescribing of cancer treatments which we have highlighted in the past."

1. Dossier of Delay available to download below, or from CancerBACUP's press office from Daisy O'Clee on 0207 920 7219 or Jill Morrell on 0207 920 7220 or email jmorrell@cancerbacup.org or doclee@cancerbacup.org

Dossier of Delay

[Download File \(67.58 Kb\) Word Doc](#) (Below)

For more information outside office hours please call the UK 07973 308 346.

1) CancerBACUP is the only national charity that specialises in providing information on all types of cancer.



- 2) All CancerBACUP services are free to cancer patients, their relatives and friends.
- 3) CancerBACUP is part of the Department of Health Coalition for Cancer Information, which aims to ensure cancer information is of a high standard and widely accessible.
- 4) CancerBACUP Freephone Information Service: 0808 800 1234 (Mon-Fri, 9am-8pm). CancerBACUP Centres can be found in St Bartholomew's Hospital, Charing Cross Hospital, the London Clinic, The Christie Hospital, Nottingham City Hospital, Walsgrave Hospital and the Torbay Hospital Annexe. The charity's interactive website can be found at <http://www.cancerbacup.org.uk>

Dossier of Delay

Cancer type	Benefit to patients	How many people could it help?	Description	Date when treatment licenced	NICE guidance expected
Advanced colorectal cancer	Adding bevacizumab to chemotherapy has been shown to increase survival on average by five months over the 15 months that chemotherapy alone achieves.	Colorectal cancer is the third most common cancer in the UK with almost 30,000 new cases registered in England and Wales in 2001, representing 12 percent of new cases. Approximately 30 percent of those individuals diagnosed with colorectal cancer present with advanced disease. Approximately 30 percent of those individuals who do not have the advanced disease at presentation will subsequently develop this condition. The 5-year survival rate of advanced colorectal cancer is on average less than 5 percent.	Bevacizumab is a recombinant humanized monoclonal Ig G1 antibody that acts as an angiogenesis inhibitor by targeting the biologic activity of human vascular endothelial growth factor which stimulates new blood vessel formation in the tumour.	January 2005	Now: November 2006 Was: July 2006 Delayed because of reduction in NICE appraisal committees
Non small cell lung cancer	Improves survival for patients. After median follow up in trials, patients who received	In 2001, 37,450 new cases of lung cancer were diagnosed in the UK. In 2002,	Bevacizumab is a recombinant humanized monoclonal Ig G1 antibody that acts as	Yet to be licenced	Not yet referred to NICE



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		<p>bevacizumab experienced significantly longer survival (12.5 months) than patients who received standard therapy (10.2 months), a higher response rate (27% vs 10%) and a longer time until the cancer progressed (6.4 months vs 4.5 months).</p>	<p>33,600 people in the UK died of the disease.</p>	<p>an angiogenesis inhibitor by targeting the biologic activity of human vascular endothelial growth factor which stimulates new blood vessel formation in the tumour.</p>		
Relapsed myeloma	<p>Trial data shows that patients with relapsed and refractory multiple myeloma treated with bortezomib demonstrated a survival benefit of up to one and a half years.</p>	<p>Approximately 1500 people are diagnosed with myeloma each year.</p>	<p>Bortezomib is a new type of anti-cancer drug called a proteasome inhibitor. Proteasomes are a group of enzymes found in all cells in the body. They have an important role in controlling cell function and growth. By interfering with the function of proteasomes bortezomib may cause cancer cells to die and may stop the cancer from growing. Cancer cells are much more sensitive to the effects of bortezomib than normal cells are.</p>	<p>May 2004</p>	<p>Not yet referred to NICE: earliest NICE guidance –2007</p>	



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	<p>Head and neck cancer</p>	<p>Can nearly double survival in certain patients with head and neck cancer that has not spread to other parts of the body.</p> <p>Data shows that when used in combination with radiotherapy, cetuximab improves survival in patients with locally advanced head and neck cancer. Phase III trial data shows that median survival increased to 54 months in the combination treatment arm compared with 28 months for radiation alone. Two-year survival rates were 62% for combination therapy and 55% for radiation alone. Combination therapy also proved significantly more effective in controlling the disease than radiation alone.</p>	<p>In 2001, 7820 head and neck cancers were diagnosed. Out of these 3,000 patients died.</p>	<p>Cetuximab is a recombinant monoclonal antibody that blocks the human epidermal growth factor receptor and thus inhibits the proliferation of cells dependent on EGFR activation for growth.</p>	<p>Expected early 2006</p>	<p>Now: June 2007</p> <p>Was: February 2007</p> <p>Delayed because of reduction in NICE appraisal committees</p>
<p>otere)</p>	<p>For adjuvant treatment of early breast cancer</p>	<p>The absolute survival difference associated with adding docetaxel to an anthracycline regimen over current standard treatment is 6%. This represents a 30% reduction in risk of death at 5 years.</p>	<p>Over 40,000 women are diagnosed with breast cancer each year.</p>	<p>Docetaxel works by stopping the cancer cells from dividing and multiplying. This kills the cancer cells and stops the cancer growing.</p>	<p>Docetaxel: January 2005</p>	<p>Not yet referred to NICE</p>



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	Hormone refractory prostate cancer	Trials have shown that median survival for patients given docetaxel (with prednisolone) is 18.9 months compared to 16.5 for patients given standard treatment. This is the first chemotherapy shown to provide a survival advantage in prostate cancer.	Prostate cancer is the most common cancer in men in the UK with over 27,000 new cases diagnosed in 2,000. It is also the second most common cause of male cancer mortality with 9,940 deaths in 2002.	Inhibits tubulin, a protein essential to cell division, thus preventing cancer cells from dividing and growing in number.	November 2004	Now: July 2006 Was due : April 2006 Delayed because of reduction in number of NICE appraisal committees
ments	Early breast cancer	Letrozole increases the disease-free survival rate when given to patients who were previously taking tamoxifen. It has a 14% increase in disease-free survival rates and reduces of cancer recurring by 43%. Anastrozole gives women an extra 10% of cancer-free life compared with tamoxifen. The drug increases the time to any recurrence of cancer by 20%, reduces the spread of cancer to other parts of the body by 14% and cuts the chances of it recurring in the other breast by 40%. However toxicity issues should be discussed between patients and clinicians.	Over 40,000 women are diagnosed with breast cancer each year. Around 60 percent of breast cancers are oestrogen receptor positive.	Aromatase inhibitors act predominantly by blocking the conversion of androgen to oestrogen in the peripheral tissues are classified as either nonsteroidal or steroidal agent.	Anastrozole : October 2002 Letrozole: March 2005 Exemestane: Yet to be licenced	Now: November 2006 Was due: September 2006 Delayed because of reduction in number of NICE appraisal committees
	Adjuvant for colorectal	Results from the MOSAIC trial	In 2000, there were	Oxaliplatin is an intravenously	September 2004	May 2006



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	cancer	showed that the addition of oxaliplatin to adjuvant therapy can give a 23 percent reduction in the risk of disease recurrence after surgery compared with current standard treatments.	approximately 19,000 new cases of colon cancer diagnosed in England and Wales. Colorectal cancer is the third most common cancer in the UK after breast and lung cancer with an annual incidence of 60.2 cases per 100,000.	administered, water soluble, platinum based cytotoxic compound that cross links DNA preventing replication and hence cell division.		
sodium	Mesothelioma	At the moment there is no standard current treatment for mesothelioma and pemetrexed offers patients a new option. Trial data shows that it offers survival benefits. Trials have shown that patients treated with pemetrexed plus the commonly used chemotherapy drug cisplatin live for about a year after diagnosis, nearly three months longer than patients who receive only cisplatin. One-year survival after diagnosis is therefore 56.5 percent for those receiving cisplatin plus pemetrexed and 41.9 percent for patients receiving cisplatin only.	Mesothelioma doesn't usually develop until 10-60 years after exposure to asbestos, the median time being 40 years. Currently, about 1,700 people in the UK are diagnosed with mesothelioma and it is estimated that the number of people diagnosed with mesothelioma each year will increase to a peak of over 2,000 cases each year between years 2015 and 2020.	Multi targeted anti cancer antifolate agent that exerts its action by disrupting crucial folate dependent metabolic processes essential for cell replication.	September 2004	Now: October 2006 Was due: August 2006 Delayed because of reduction in number of NICE appraisal committees
	Adjuvant treatment of early breast cancer	The HERA trial has shown that the addition of Herceptin to a range of chemotherapy regimens significantly	Over 40,000 women are diagnosed with breast cancer each year. Around 8,000 women diagnosed with	Herceptin is a monoclonal antibody which binds to the HER2 proteins (receptors) on the tumour cell surface. The HER2 proteins, with Herceptin	Still to be licenced	Estimated at February 2009 on current appraisal rates



		<p>increases disease-free survival for women with early-stage HER2-positive breast cancer.</p> <p>Patients in the clinical trials who received trastuzumab in combination with standard combination chemotherapy had a 52 percent decrease in disease recurrence compared to patients treated with chemotherapy alone.</p>	<p>breast cancer are HER-2 + and eligible for treatment with herceptin.</p>	<p>attached, are pulled back into the cell. When the HER2 proteins are no longer on the cell surface, they can no longer tell the cell to grow and divide.</p>		
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