

Minutes from the APPG on Breast Cancer Meeting with Roche, Pfizer, NHS England, and NICE

6 March 2017 at 4pm to 5.30pm in Committee Room 16, House of Commons

Introduction by the chair, Sharon Hodgson MP (SH):

- In her opening comments, SH referred to the recent backbench business debate on access to Kadcyla and other breast cancer drugs. SH discussed the strength of stories and testimonies on breast cancer drugs such as Kadcyla, Perjeta, and palbociclib
- Following the debate, she stated, there was a desire to bring together all key players into one room to discuss how access to these drugs can be improved.
- She introduced the speakers:
 - Richard Erwin, UK General Manager of Roche
 - Erik Nordkamp, UK Managing Director of Pfizer
 - Nina Pinwill, the National Cancer Drugs Fund Operational Lead and Professor Peter Clark, Chair of the Cancer Drugs Fund Clinical Reference Group from NHS England
 - Sir Andrew Dillon, Chief Executive of the National Institute for Health and Care Excellence (NICE)
- She explained the format of the event where the room would hear from each speaker before opening up the floor to questions from parliamentarians and members of the public in attendance

Speech by Richard Erwin (RE):

- RE opened by stating that the system has a huge obligation to patients' lives but has failed them. Roche as a company have also failed patients and "need to show a commitment to patients".
- He said that all parties, including NICE, NHS England and pharma, have been working together to find solutions.
- Whilst RE mentioned that price cannot be discussed in an open forum, he said that the discounts that Roche have put on the table will give the NHS a saving of £100m over the next 5 years.
- He emphasised Roche's commitment to affordability and that they are willing to take the hit so that patients can keep accessing these drugs.
- He highlighted the importance of the need for greater flexibility within the NICE process particularly for 'end of life' criteria and the need, in Kadcyla's case, for the comparator to be changed. He went on to emphasise the innovative nature of Perjeta that has a clinical value 5 fold higher than comparative drugs.
- He concluded by discussing the need for reform in the NICE system and highlighting how the prices offered in the UK were the lowest of the developed world, yet drugs were still potentially being rejected.

Speech by Erik Nordkamp (EN):

- EN began by expanding on the drug palbociclib:
 - He mentioned that the only alternative treatment was chemotherapy
 - There is broad uptake in the USA

- There is progression free survival of up to 24.8 months which is revolutionary in treatment as it was the first one to break the two year barrier. It is further believed this results in overall survival for patients.
- The drug has won awards for innovation and success
- However, it was rejected by NICE even though it was the lowest price offered of the 9 published prices in Europe
- He went on to discuss how this reflects on Pfizer's global perception of the UK health environment and that the UK is seen as having a hostile environment toward innovative medicines.
- He closed with comments regarding the need to find pragmatic solutions for medicines appraisals and more flexible ways of working.

Speech by Professor Peter Clark (PC):

- PC started by putting the Cancer Drugs Fund (CDF) into context stating that the NHS currently spends £2bn on chemotherapy with, on average, a yearly 10% rise in activity so each year the NHS needs to find an additional £200m each year. He stated that the most spending pressure is, therefore, on specialised commissioning. The CDF, he stated, provides immediate access after draft recommendation which is a privilege that cancer drugs have over all others. He stated that the NHS budget is fixed which includes the specialised treatment budget meaning that if more money is spent on cancer drugs, cuts have to be found elsewhere.
- PC discussed the need for consistency and necessity to not set unhelpful precedents in regard to cancer drugs.
- In terms of pricing, PC stated that Roche and Pfizer have been more flexible which has led to a productive relationship. More flexible funding is needed by pharma.
- He stated it is a difficult balance – he emphasised the opportunity for more engagement and dialogue with companies and the public.

Sir Andrew Dillon (AD):

- AD echoed PC by emphasising the priority placed on cancer drugs; NICE has committed to publishing final guidance on cancer drugs within 90 days of their marketing authorisation.
- He stated that NICE, in effect, are “more generous” in exercising its judgement of value for money for cancer drugs. This recognises both the nature of the condition and the fact that most of the drugs it appraises are for last line treatment.
- He emphasised that the committees involved in decision-making are conscious of their responsibility for making decisions of such importance to people living with cancer.
- AD noted that NHS England will make funding available for cancer drugs, as soon as they receive their marketing authorisation, where NICE's draft guidance is positive.
- He highlighted that NICE processes are not fixed or static and change, when necessary to take account of new types of treatment and new forms of evidence. He stated that NICE is an independent body but cannot exist in isolation from the NHS. It needs to align with NHS ambitions and capacity, taking into account that the NHS is working within fixed resources.
- AD referred to current cancer appraisals and the challenges they present, noting that to the extent that its current methods of appraisal were standing in the way of a fair assessment of any new treatment, NICE would want to review and makes changes, where appropriate.
- AD echoed PC by highlighting that a fixed amount of money from the NHS means that if we adopt for high cost cancer treatments, then “something else in the system has to give” and

that this issue is something that NICE can't address alone but requires a solution involving NHS England and the Department of Health.

Discussion:

- SH: thanked the speakers for their contributions and introduced the parliamentarians around the table as well as Tim Elliot from the Department of Health.
- Craig Tracey MP (CT) questioned how we fix the view that the UK is hostile to innovation.
- EN stated that price will always be an issue in a global, transparent market but that the UK needs to encourage speed, diffusion, and the overall uptake of new medicines. He questioned why the UK had been offered the lowest price in the developed world for the 5th most developed country and that the process is too long.
- PC stated that NHS England and NICE do not recognise a hostility to new drugs.

- Jo Churchill MP (JC) stated that patients don't experience timely access to treatments. She highlighted how oversubscribed the CDF is and how it doesn't tackle the issue of drugs for rarer cancers. She advocated for the need for flexibility within the CDF model.
- Nina Pinwill (NP) stated that reforms to the CDF will take time to come through and it now acts as a pot of money which means that when NICE approves a treatment, it can fund them straight away giving patients immediate access.
- JC asked how many (new generation) drugs are available to breast cancer patients.
- PC replied that these are the only 3 breast cancer drugs not yet approved by NICE.

- RE again discussed the need for reform, questioning why we put a value on a woman's life when no other developed country does. He stated that some drugs would not be deemed cost-effective even if they were given for free because they'd be prolonging other treatments, such as chemotherapy, for the patient. He asked why £29.5k was ok but £30.5k wasn't considered cost-effective and called for the need for a broader assessment of the value of medicines, technologies and innovation.

- Thangam Debbonaire MP (TD) asked for clarity on how politicians can work with NHS England and NICE for new frameworks, along with the need for information sharing.
- AD could commented that the Government should set the broad priorities for the NHS and hold organisations like NICE and NH England to account for the work they do.
- AD noted that overall, NICE approves more than 80% of the treatments but for cancer drugs it is less than 65%. He said that what is driving the difference is that the costs of new cancer drugs, relative to their additional is high and sometimes very high, compared to treatments for other diseases and conditions. He stated that companies put a premium on what they believe developed countries are prepared to pay for certain drugs. Nevertheless, he repeated that NICE needs to make sure that its methods fully take account of the value that cancer drugs offer to patients.
- EN questioned whether NHS England and NICE wanted to be proactive or reactive with regard to reforms. He used Greece as an example stating that the government paid out for treatments and then squared the budget with pharma companies at a later stage. However, in the UK, pharma companies have been left out of the decision making process. He called

on NICE and NHS England to be more agile in how they lead. We have waited long enough for the Accelerated Access Review

- Siobhain McDonagh MP (SMD) asked how long it would take to adapt the methodologies in order to be more flexible when appraising the new generations of drugs that we are seeing.
 - AD responded that to the extent that it is appropriate and possible to interpret its existing methods in a way which will be helpful in the current appraisals, it will do so. Substantive changes would require consultation with NHS England and the Department of Health.
 - SMD asked whether the drugs discussed today would be re-appraised using this new method.
 - AD stated referred to his earlier remarks.
 - RE showed support for potential changes, elaborating on the complexity of health economics and looking at how the monthly price of these drugs than other drugs which are approved. This may work out cheaper if they allow patients to return to work and contribute to the economy and that this should be taken into account when doing appraisals.
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- **SH invited questions and statements from the public**
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- Jo said she was concerned as she saw success of a treatment amongst other people in the room, but she has been told that she won't be able to access the same treatment, highlighting how unfair the system is.
 - Nicola stated that NICE and NHS England were letting people with secondary breast cancer down as these are drugs which allow people to go back to work and live full lives.
 - Gill stated that everyone in the room should be on the same side. We are asking for the lowest price of drugs, despite being the 5th largest economy. She questioned what should happen: different criteria? Reduce profits of pharma?
 - Bonnie asked what will change as a result of us all coming together for this meeting.
 - Joanna stated that NICE hasn't got all the necessary information which is available. She said that she has been on Kadcyra for 3 and a half years and says that at no point in her patient journey is she asked what she is doing; whether she is working and contributing to society or not.
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- AD stated that he empathised with the women in the room and that he accepted that no argument about the pressure that the NHS is under would sway their points of view. He accepted that the perspective of individuals directly affected was inevitably different from that taken by those who have overall responsibility for the fair allocation of NHS resources. These perspectives may be difficult to reconcile, but it is important that the process of making decisions is objective, consistent and fair
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- **SH asked for closing remarks.**
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- EN stated that we need to stop talking about end of life and look at cancer more as a chronic condition. He said that Pfizer want to be part of the solution and would engage.

- RE highlighted the importance of talking about cancer as the number one disease burden in the UK. Cancer research, in comparison to Alzheimer's and other diseases is where breakthroughs are happening in technology and they are all committed to trying to find a way to move things forward.
- AD emphasised that public voices do matter He stated he admired the members of the public who attended the meeting for attending to make their voices heard.
- NP re-emphasised the necessity of CDF reforms in aligning the work of NICE, industry and NHS England.