

Professor Dorothy Keefe, PSM MD
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Re: Australian Cancer Plan – AstraZeneca’s Feedback

Dear Professor Keefe,

AstraZeneca welcomes the 10-year Australian Cancer Plan (ACP) and thanks Cancer Australia, the Government and contributors for your collaborative work in establishing Australia’s first national framework for accelerating the delivery of world-class cancer outcomes in Australia. AstraZeneca supports the vision of optimal and equitable cancer care in Australia, with high quality care and improved outcomes for all. We agree with the plan’s six strategic objectives, guided by eight principles, which were determined through a rigorous process with input from stakeholder groups within the cancer care community.

While survival rates have improved across cancer types in general, cancer continues to be the leading cause of death in Australia^{1 2}. The effects of the COVID-19 pandemic, system inequities, and access challenges for indigenous Australians and rural, regional and remote communities, are a few factors that underpin the challenges faced. The short and long-term goals of the plan are timely, and align with AstraZeneca’s views about early cancer detection and rapid patient access to care and medicines, regardless of where you live. We believe no patient should be left behind.

The plan highlights critical areas of change and actions on how to address gaps in cancer care within a two, five and ten year time period. In order to extend patient quality of life and longevity in Australia for future generations, AstraZeneca is particularly supportive of:

- **Earlier diagnosis** through broader access to screening and investment in genomic testing.
- **Robust data collection** and real-world evidence to inform treatment decisions, patient access, the development and placement of resources and care.
- **Increasing investment in local clinical trials**, furthering Australia as a centre of excellence for medicines development.
- **More equitable access** to cancer care, especially for Aboriginal and Torres Strait Islander communities, as well as those living in regional, rural and remote parts of Australia where services can be limited.

However, AstraZeneca would like to highlight issues in the sequence of implementation and execution of prevention, early detection and screening. Many actions listed under the ‘strategic objectives’ are interdependent. For example, the two-year goal outlined in *Objective 1: Maximising Cancer Prevention and Early Detection* is improved access to prevention and screening approaches to reduce cancer risk, yet the policy framework for delivery of mechanisms to allow earlier detection, such as genomic

¹ Australian Institute of Health and Welfare 2021. Cancer in Australia 2021. Canberra. Accessed: October 2022; <https://www.aihw.gov.au/reports/cancer/cancer-in-australia-2021>.

² Australian Institute of Health and Welfare 2021. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018. Canberra. Accessed: October 2022; <https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-and-death-inaus>

screening (*Objective 1*) and expanded access to digitally enabled cancer care (*Objective 4: Strong and Dynamic Foundations*) will not be actioned in parallel.

We believe a pragmatic and more flexible approach that allows for tactical changes within the broader strategy be considered, as this will enable digital, technological and clinical advances to be incorporated into plans as they emerge, rather than within pre-determined timeframes. This will be more effective because the field of cancer is rapidly changing. Emerging innovative medicines, advanced diagnostics and digital services are leading to significant paradigm shifts, potential cures and more evolved clinical practices. AstraZeneca therefore recommends a review and potential adjustment to the ACP every 1-2 years, to ensure the plan remains responsive to the latest scientific and technological advances in cancer care and clinical practice.

AstraZeneca would like to emphasise and recommend actions we believe are critical to changing patient access and care that are currently lacking in the ACP:

- **Earlier diagnosis** - greater investment in broad and routine screening for a wider spectrum of cancer types (e.g. lung cancer³ and sub-types of ovarian cancer). Earlier detection and diagnosis is key to improving survival chances and reducing the future burden of cancer- which remains the leading cause of death in Australia.
- **Broad access to genomic testing** – cancer genomics are a key component of precision medicine providing molecular information to guide clinicians in their treatment decisions. A co-ordinated, national approach to the integration of funded genomics in cancer care that is independent of a specific medicine is critical to improving outcomes for Australian cancer patients.
- **Broader equity of access** - ensure the definition of equity of access is expanded, regardless of the patient's cancer type, age or stage of disease, so that no patient misses out. Currently those with rare and less common cancers, or sub-types of some common cancers, are left out or left waiting⁴.
- **Dedicated review of access to cancer medicines** – while access to medicines is out of scope for this first ACP, there must be a commitment to specifically review the way cancer medicines are assessed and valued. It is currently a part of other system-wide reviews, such as the HTA Review, which represents a significant gap in this national plan, limiting its potential to deliver optimal outcomes for patients. A dedicated approach for evaluating cancer medicines based robust analysis is urgently needed to deliver faster and fairer access to early-stage cancer therapies and for future combination therapies to ensure Australia remains a leader in providing world-class cancer treatments and care, with no patients left behind⁵.

AstraZeneca believes that investment in pharmaceutical innovation and the availability of new treatments is crucial to tackling the projected increase in cancer cases in the coming decade. A study released in 2019 showed that 44% of the increase in the survival rates for cancer patients in Australia from 2001–2005 to 2011–2015 were attributed to the availability of new cancer medicines⁶. Given the evidence of the benefits of timely access to medicines, we ask the question - when will new cancer treatments be included as part of a holistic approach to addressing the burden of cancer?

³ The Next Breath: Accelerating Lung Cancer Reform in Australia 2022-2025;p23-26 https://lungfoundation.com.au/wp-content/uploads/2022/08/OYO220615_LFA_Lung-Cancer-Blueprint-2_Digital.pdf

⁴ Counting the Cost: The true value of investing in cancer treatment, 2022. Rare Cancers Australia, Canteen and HT Analysts https://rcararecancers.blob.core.windows.net/assets/contentpage_htmlcontent/RCA4279%20Counting%20the%20Cost%20Report-final.pdf

⁵ Medicines Australia. Medicines Matter - Australia's Access to Medicines 2015-2020

⁶ Measuring the Impact of Pharmaceutical Innovation in Australia 1998–2018).

As part of reviewing the way cancer medicines are evaluated and accessed, we recommend alternative funding mechanisms be considered for cancer medicines in Australia, similar to the Cancer Drugs Fund (CDF) in the United Kingdom, which was introduced in 2011 to improve patient access to cancer drugs prior to the anticipated reform of the country's reimbursement arrangements for branded medicines at the end of 2013⁷.

Being at the forefront of the discovery and development of oncology medicines, AstraZeneca remains committed to improving the lives and health of all Australians, with the aim of one day eliminating cancer as a cause of death. We welcome the opportunity to strengthen our collaboration with the Department of Health and Aged Care so we can work together to shape the Australian Cancer Plan and its successful implementation.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'B McDonald', with a stylized flourish at the end.

Benjamin McDonald

Country President

AstraZeneca Australia and New Zealand

⁷ <https://www.gov.uk/government/publications/the-cancer-drugs-fund-guidance-to-support-operation-of-the-cancer-drugs-fund-in-2011-12>, p6