## **The Cancer Drugs Fund**

David Thomson, Lead Pharmacist

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Yorkshire Cancer Network

# *Yorkshire Cancer Network*

# Number of approved CDF applications by treatment (1 Apr 2011 – 20 Dec 2011)

Drug Name	Total approved
Avastin (bevacizumab)	2,118
Erbitux (cetuximab)	807
Tyverb (lapatinib)	486
Zytiga (abiraterone)	480
Afinitor (everolimus)	474
MabThera (rituximab)	426
Nexavar (sorafenib)	377
Levact (bendamustine)	312
Faslodex (fulvestrant)	222
Velcade (bortezomib)	144
Halaven (eribulin)	143
Vidaza (azacitidine)	127
Tarceva (erlotinib)	100
Jevtana (cabazitaxel)	98
Other	92
Sutent (sunitinib)	77
Revlimid (lenalidomide)	62
Tasigna (nilotinib)	52
Sprycel (dasatinib)	51
Torisel (temsirolimus)	51
MabCampath (alemtuzumab)	48
Glivec (imatinib)	47
Yervoy (ipilimumab)	45
Victibix (panitumumab)	43
Alimta (pemetrexed)	42
Paclitaxel (abraxane)	38
Votrient (pazopanib)	36
Caelyx or Myocet (liposomal doxorubicin)	26
Arzerra (ofatumumab)	25
Evoltra (clofarabine)	22
Javlor (vinflunine)	21
(folfox)	21
(yttrium)	19
Herceptin (trastuzumab)	14
Total	7,146

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Rarer Cancers Foundation, The Cancer Drugs Fund (CDF) – An overview of progress so far , 03 January 2012.

.... but the CDF has also created many headlines.



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# Fears of postcode lottery in £200m Cancer Drugs Fund

A £200million a year fund to buy much-needed treatment for cancer sufferers is launched today but campaigners fear it could lead to a postcode lottery in care.

The Telegraph, 1<sup>st</sup> April 2011. <a href="http://www.telegraph.co.uk/health/healthnews/8419354/Fears-of-postcode-lottery-in-200m-Cancer-Drugs-Fund.html">http://www.telegraph.co.uk/health/healthnews/8419354/Fears-of-postcode-lottery-in-200m-Cancer-Drugs-Fund.html</a>

## Are CDF lists really that different?

- Yes if you simply look at the different SHA lists.
- However many factors may help account for the differences:
  - Some drugs will be in baseline commissioning in some areas and therefore not on lists.
  - No requests received for drugs to be added to cohort lists
    - <u>Clinical</u> opinions differ on whether some new medicines should be offered and/ or at what line of treatment

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Cancer fund betrayal: It promised £200m for vital drugs, but millions haven't been spent - and patients are paying the price

Patients being turned down in underspent regions - with some funding their own drugs

The Daily Mail, 26<sup>th</sup> December 2011: <a href="http://www.dailymail.co.uk/health/article-2078575/Cancer-Drugs-Fund-Millions-havent-spent-patients-paying-price.html#ixzz1x7zw1k2o">http://www.dailymail.co.uk/health/article-2078575/Cancer-Drugs-Fund-Millions-havent-spent-patients-paying-price.html#ixzz1x7zw1k2o</a>

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# Yorkshire and Humber SHA Financial Summary

Fund Summary FY 2011/12	£'000
Total Fund 2011/12	14,137
Total Committed/Agreed 2011/12	8,423
Total Variance 2011/12	5,714

Fund Summary FY 2010/11	£'000
Total Fund FY 2010/11	5,247
Total Committed/Agreed 2010/11	965
Total Variance FY 2010/11	4,282

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## Take-up of the Cancer Drugs Fund

"...panels are tasked with making very difficult decisions on future commitments. By approving a drug for a patient the panel is potentially committing funds from next year's allocation of the Fund as well as the current year's allocation."

**Macmillan Cancer Support.** Improving Access? Report on the implementation of the Cancer Drugs Fund and the development of a value-based pricing system. December 2011

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## **Example drug - Costalotamumab**

- Estimated cost per patient, per 8 month course = £19,200
- Estimated 170 eligible patients per annum
  - = Estimated per annum cost of £3,264,000

	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12			
No. of patients	14	28	42	56	70	84			
Cost	£33,600	£67,200	£100,800	£134,400	£168,000	£201,600			

- In year 1 we only spend £705,600
  - Or commit spend on 84 patients (£1,612,800)

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Total Variance 2011/12	5,714
Total Committed/Agreed 2012/13	4,127
Total Committed/Agreed	12,550
Total Variance / Remaining	1,588

Fund Summary FY 2010/11	£'000
Total Fund FY 2010/11	5,247
Total Committed/Agreed 2010/11	965
Total Variance FY 2010/11	4,282
Total Committed/Agreed in 2011/12	1,650
Total Committed/Agreed in 2012/13	318
Total Committed/Agreed	2,933
Total Variance / Remaining	2,314

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	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12
No. of patients	14	28	42	56	70	84	98	112	112	112	112
Cost	£33,600	£67,200	£100,800	£134,400	£168,000	£201,600	£235,200	£268,800	£268,800	£268,800	£268,800

- In year 1 we only spend £705,600
  - Or commit spend on 84 patients (£1,612,800)
- In year 2 we would spend £2,923,200
  - Or commit spend on 170 patients (£3,264,000)

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# **Estimated** spend in 2012/13 on drugs approved in 2010/12

Fund Summary FY 2012/13	£'000
Total Fund 2012/13	20,000
Estimated pre-commitment 2012/13	19,956

- Based on the estimated commitment in 2012/13 for the drugs already approved in 2010/12
- Does not include new drugs available in 2012/13

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# What is the impact of the CDF on Cancer Outcomes?

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## **Rarer Cancers Foundation**

## **RCF Number of RCF Total** Expenditure<sup>1,2,c</sup> patients1,2 Present usage 2,200a £45,806,200 Usage in year 1 4,840<sup>b</sup> £100,773,640 Usage in year 2 7,163<sup>b</sup> £149,144,987 Usage in year 3 10,602<sup>b</sup> £220,734,581

## RCF Assumptions

- a) 2,200 approved exceptional case applications per annum.
- b) Increase in demand in  $1^{st}$  year after a positive NICE recommendation is 120%; Increase in demand in  $2^{nd}$  and  $3^{rd}$  years after a positive NICE recommendation is 48%.
- c) Average cost of an unfunded cancer treatment £20,821 per patient (nb. Includes cost of admin and medical management, ?VAT)

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- 1. Rarer Cancers Foundation, Exceptional England?: An investigation of the role of Primary Care Trusts in making cancer medicines available through exceptional case processes, 23 October 2008.
- 2. Rarer Cancers Foundation, Exceptional funding: Recommendations for improving access to cancer medicines and delivering better value for money for the NHS, August 2010.

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# Estimate using same methodology but based on experience so far....

	RCF Number of patients	RCF Total Expenditure	Estimated No of patients	Estimated total expenditure <sup>d</sup>
Present usage	2,200	£45,806,200	2,837a	
Usage in year 1	4,840	£100,773,640		
Usage in year 2	7,163	£149,144,987		
Usage in year 3	10,602	£220,734,581		

## Assumptions

a) Actual number of approvals between Oct10 - Mar111.

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1. Hansard, Commons Debates, 18 Apr 2012 :Column 415W.

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http://www.publications.parliament.uk/po/cm201212/cmhansrd/cm120418/text/120418w0003.htm

Accessed 12th June 2012

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Usage in year 1	4,840	£100,773,640	10,799 <sup>b</sup>	
Usage in year 2	7,163	£149,144,987		
Usage in year 3	10,602	£220,734,581		

## Assumptions

a) Actual number of approvals between Oct10 – Mar111.

b) 9,899 treatments made available between Apr11 - Feb12 $^1$ ; total number of patients treated in 2011/12 by extrapolating this figure is 10,799.

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Usage in year 1	4,840	£100,773,640	10,799 <sup>b</sup>	
Usage in year 2	7,163	£149,144,987	15,983 <sup>c</sup>	
Usage in year 3	10,602	£220,734,581	23,655 <sup>c</sup>	

## Assumptions

- a) Actual number of approvals between Oct10 Mar111.
- b) 9,899 treatments made available between Apr11 Feb121; total number of patients treated in 2011/12 by extrapolating this figure is 10,799.
- c) Applying same factor (1.48) as in column 2 year on year

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## Estimate using same methodology but based on experience so far....

	RCF Number of patients	RCF Total Expenditure	Estimated No of patients	Estimated total expenditure <sup>d</sup>
Present usage	2,200	£45,806,200	2,837 <sup>a</sup>	£59,069,177
Usage in year 1	4,840	£100,773,640	10,799 <sup>b</sup>	£224,845,979
Usage in year 2	7,163	£149,144,987	15,983 <sup>c</sup>	£332,782,043
Usage in year 3	10,602	£220,734,581	23,655 <sup>c</sup>	£492,520,755

## Assumptions

- a) Actual number of approvals between Oct10 Mar111.
- b) 9,899 treatments made available between Apr11 Feb121; total number of patients treated in 2011/12 by extrapolating this figure is 10,799.
- c) Applying same factor (1.48) as in column 2 year on year
- d) Average cost of an unfunded cancer treatment £20,821 per patient

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1. Hansard, Commons Debates, 18 Apr 2012 :Column 415W.

http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120418/text/120418w0003.htm Accessed 12<sup>th</sup> June 2012

# Double the patient numbers but one third the expected expenditure ?!?!

		RCF Number of patients	RCF Total Expenditure	Actual No of patients <sup>1</sup>	Estimated total expenditure	Actual expenditure <sup>1</sup>
	Oct 10 – Mar 11	2,200	£45,806,200	2,837	£59,069,177	£38,254,000
	Apr 11 – Mar 12	4,840	£100,773,640	10,799	£224,845,979	£80,529,000

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1. Hansard, Commons Debates, 18 Apr 2012 :Column 415W.

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http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120418/text/120418w0003.htm

Accessed 12th June 2012

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## Possible reasons?

".....but we're starting to realise that the way these drugs are used in normal practice is rather different from how they're used in the setting of carefully controlled clinical trials"

Professor Adrian Newland; Chair, London New Cancer Drugs Group . 21st March 2012. http://info.cancerresearchuk.org/news/archive/cancernews/2012-03-21-Analysis-reveals-most-common-

Cancer-Drugs-Fund-applications?rss=true Accessed 11th June 2012

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## **Implications**

- If reduced duration of treatment results in or is a result of poorer outcomes it may question the DH assessment of the impact of the CDF.
  - Need to better understand the reasons for the differences and the effects on outcomes.
  - National CDF audit/ SACT Dataset very important.



# Real world oncology evidence and VBP - A unique opportunity for an integrated NHS solution? SACT Systemic Anti-Cancer Therapy Chemotherapy Dataset Chemotherapy Dataset

