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The Pharmac Review Committee
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Kia Ora Koutou

As an alliance of 10 major cancer NGO's, CANGO is in daily contact with New Zealanders directly affected by failings of the current PHARMAC system.

Many of our members have made individual submissions to the Pharmac Review Committee, but ahead of our meeting on October 21st, we felt it important to collectively highlight the human impact of the current system.

This document contains a series of personal stories from a diverse set of New Zealanders who have suffered. They have suffered because the treatments we know would improve their outcomes are financially out of reach. They have suffered because every ounce of time and energy that should have been focused on their treatment and recovery, is being spent fundraising for treatments that should be freely available to every New Zealander who needs them.

Sadly, for some of our people it is too late. Jeff is no longer with us; Catherine has run out of treatment options and Damon does not know what is next for him. But for every one of these brave patients one thing is true; they are desperate to ensure no other New Zealander is forced to go through what they and their Whānau have suffered.

We implore you to listen to their voices.



Peter Fergusson
Chariperson
Alliance of Cancer NGO's



Lung Foundation – Maggie’s Story

22 June 2021



Today is my 1st Cancerversary. I am 57 this week. Yay, because I wasn't meant to see today. A year ago today I was diagnosed with stage four non small cell lung cancer. How did that happen I've never smoked but apparently 10% of us who get it have never smoked. It's more prevalent in women and it's generally found when it's too late. The focus and blame continues to be directed (stigmatised) towards people who smoke. That isn't my story. I only had subtle signs for a month, such a short time and there is no stage five. The prognosis was dire. Imagine not seeing the coming Christmas.

However, a tumour mutation that only 1:6 have, earned me a targeted med, a tyrosine kinase inhibitor (TKI), a once-a-day pill, which means I'm still here. NZ's Pharmac funds the drug tarceva (erlotinib) that the rest of the modern world has left behind for something better.

But fingers crossed it keeps working for as long as possible, because there's the rub at some stage the sneaky cancer will work out how to get round it. Any further meds, I will have to fund myself for \$11,000 a month, if I want to stay around longer. So every cancerversary is a huge celebration. Each generation of tki's gives us more hope and longer with our families.

I think what Pharmac doesn't see is that stage 4 does not define us, it doesn't describe a steady decline towards death. The meds kindly developed for us gives us our lives back, we are living in reverse and unlike everyone else we get more days to live every day we take our tki's.

Our symptoms improve and we get a reprieve. The science is strong and the evidence is clear. I read the last committee recommendation at the last refusal. You made it sound as if I was on my deathbed and that it would be a waste of resources. This is far from the truth. Please fund this next generation tki osimertinib for us.



18 October 2021



It doesn't seem long since I wrote my submission in June (below) but I have had changes already. I got 14 months from tarceva (erlotinib) as my first line treatment. I have now had to move on to second line tagrisso (osimertinib) which would have been first line had I lived in Australia, UK, EU, USA and the bulk of the other OECD countries.

We cannot afford to pay for access to osimertinib (a drug made by AstraZeneca), which I believe is about \$13,000 a month, paid every other month until I've paid \$93,000. Cancer robbed me overnight of my income as a midwife of 35 years. We now live off one income and savings. We import from Bangladesh a generic version of osimertinib which still costs me \$700 per month. Meanwhile NZ and Pharmac now save \$1400 a month that my pharmacist told me Erlotinib costs.

If I had received AstraZeneca's tagrisso (osimertinib) from the start I would very likely have had a longer disease free progression than I got with Tarveva. I know there have been submissions for years and I beg you to fund this for all those people who are about to get this lung cancer diagnosis.

It could be any of you on this hearing committee, it doesn't discriminate, and it changes your life, your hopes and your plans and it decimates families. The one thing we shouldn't have to worry about is funding life-saving drugs, the world has moved on from erlotinib and we must too.

After delivering up to 1000 babies in my career I just want the chance to hold a grandchild of my own. Every cancer patient has something they are holding on for, osimertinib is the gold standard that every country should aspire to, do not leave us behind. Give people some hope for their future. Photos included were taken a year apart, life changing.



Gut Cancer Foundation – Damon’s Story



Damon woke one Sunday morning with a 41°C temperature. Such a searing temperature would usually suggest a raging, life-threatening infection, but the hospital could find nothing.

“I was lying on the hospital bed, covered in facecloths, and I had ice all over my body. They couldn’t get my temperature down and they didn’t know where it was coming from.”

It was a month earlier when Damon began to feel unwell. Like so many New Zealanders, he was working long hours, juggling children, and getting to bed late at night. By the time he saw his GP, he

was losing weight, suffering night sweats, and had lost his appetite. The fatigue was like nothing he’d ever experienced in his life.

The doctors told Damon the worst-case scenario was metastasised cancer, and they began a process of elimination to find the source. The first step was a colonoscopy and an endoscopy.

“They put a camera down me, and a camera up me. Nothing. They didn’t find anything.”

The next step, a CT scan revealed black dots on Damon’s liver and what doctors’ initially thought was a collapsed bowel. Further tests revealed it was far more sinister. They discovered a primary tumour in Damon’s duodenum, the area where the stomach connects to the small intestine. Damon had his diagnosis. It was cancer.

“That was all we knew at that point. I wasn’t 100% clear on where the cancer was or if it had spread. I just knew that it was cancer.”

On December 5th, Damon and Holly, his wife of two years, had an appointment with a surgeon at Middlemore Hospital. The news wasn’t good. Damon had Stage 4 Gastrointestinal Cancer which had spread to his blood, spleen, lymph nodes and liver.

The primary tumour in his duodenum had died, but the cancer had metastasised in his liver. The surgeon said he had six months to live but if the chemotherapy didn’t work, he would be unlikely to survive more than 3-4 months.

“He basically told me to go home and sort my affairs out, and he put me in touch with an oncologist. I remember going for a coffee afterwards and all I thought was ‘how on earth do I tell the kids?’”



Damon's son, Ethan, was 12 at the time and his daughter, Scarlett, was two years younger. The prognosis meant Damon was unlikely to see his children reach high school.

The oncologist told Damon he had a HER2-positive strain of cancer which is also found in some breast cancers. She recommended Herceptin, which is a drug used in tandem with chemotherapy and publicly funded in New Zealand to treat HER2-positive breast cancer.

In much of the developed world, Herceptin is also used as an effective treatment for stomach and oesophageal cancer, but not in New Zealand. Here, it is only publicly funded for breast cancer.

If Damon wanted Herceptin, he would need to pay over \$150k. On top of that, he would have to pay another \$2,500 every three weeks to a private clinic to administer the drug. The DHBs, despite having the infrastructure, will only administer Herceptin for breast cancer. That pushed Damon's bill up over \$185k.

It was a monumental sum of money, but he was faced with no choice. Damon could pay for the drug and fight the cancer or accept he would be dead in six months. He chose to fight, and so began a journey where Damon was literally fundraising for his life.

Damon's family raised \$26k on Givealittle before the local Pukekohe community swung into action and organised a Garage Sale.

"Scarlett was baking donuts for the sale, there was a band playing, people turned up with things to sell, and one lady donated all the sausages for the sausage sizzle. It was an amazing day. Everyone was there."

The Garage Sale raised over \$7k and Cory's Electrical, Damon's employer at the time, raised another \$7.5k. Over the next six months, Damon adopted a 'pay as you go' plan and found \$6k every three weeks to fund the drug and its infusion at a private clinic.

"It was tough. Really tough. If I came off the drugs, I knew I would die. That's a lot to live with. You're sick from the chemotherapy and you're shattered, but you have to keep trying to find the money or your life is over."

Sadly, ten months ago, the chemotherapy stopped working. There was no point continuing with Herceptin because it was a complimentary drug. It worked best alongside its chemotherapy bedmate.

"It was about then that the depression started to kick on. I'd been fighting this thing for three years. Fighting to stay alive. Fighting to find the money. My body was tired. Really bloody tired."



Three years had passed since his initial diagnosis. He'd snatched holidays with his family and the Herceptin had given him three incredibly valuable years with his children.

"I took my son to his first school formal. I went with him to choose a suit. I picked him up in my friend's 1967 Cadillac, and I drove him and three of his mates to the ball. It was a very, very special night."

There was one other option Damon could consider. His oncologist told him about a drug called Cetuximab, a highly effective immunotherapy that could extend his life. The only problem was the cost. For years, gastrointestinal specialists have lobbied Pharmac to publicly fund Cetuximab, and while it's funded in countries like Australia, Colombia, and Venezuela, it remains out of reach and unfunded in New Zealand. It meant Damon would have to find another \$20k to fund it.

"If you're faced with my situation, trust me, you'd do exactly the same. Put yourself in my shoes. You would spend a million bucks if you could, just to spend more time with your kids and the people you love."

It was close to Christmas and Damon didn't want to ask his friends for money again. His sister-in-law took over and raised \$7k on Givealittle, a platform that is rapidly becoming a mechanism for survival in New Zealand. Damon scrimped and saved and found another \$13k. He still works. He says he can't afford not to.

This time, the drugs are taking their toll. The combination of treatments leaves Damon feeling nauseous and exhausted. His skin is red, dry and cracked.

In Australia, Damon would have accessed all of his treatment on the public health system for free. In New Zealand, he is the \$200,000 man that a community has kept alive.

"I think the thing is, I was just like every other New Zealander. I was just like you. I was rolling through life, having a ball, enjoying hanging out with friends, raising my kids, just getting on with life. Then bang. I was sick and I needed drugs. Modern, everyday drugs. And Pharmac said no. Pay for them yourself."

If Damon hadn't accessed the Herceptin and Cetuximab, he would have likely died in the winter of 2018. He's outlived his prognosis by three and a half years and, as he points out, "I'm still going".

Damon is now 44, and is incredibly grateful to everyone who has fundraised, donated money, delivered food to his home and supported him to extend his life, and the time he has with his family. But he also hopes that change is coming for New Zealanders.



“Kiwis have it pretty tough. You’re given a terminal diagnosis and then you’re told that our system doesn’t fund any of the modern medicines you need to save or extend your life. Is this really New Zealand today? Are we just sending people home to die?”

Damon doesn’t know what’s next. He doesn’t know what’s around the corner. His only ask is that other New Zealanders don’t have to go through what he has.

“It’s been a hell of a journey. New Zealand needs to start funding modern medicines. Help us to live. That’s all. Help us live.”



Bowel Cancer NZ - Catherine's story



It was just before Christmas in 2019 and Catherine was sitting in front of her G.P.

“I had been going to see her every two or three months since 2017 because I was bleeding, and I was always exhausted.” Catherine thought it was most likely menopause-related and while the iron and blood transfusions gave Catherine some short-term relief, the bleeding never stopped and neither did the fatigue.

“I asked the doctor for some laxatives because I thought I was constipated but after I took them, well.....I don't know how to describe what happened next. It was horrific. It was the worst day of my life.”

Catherine says her stomach began to bloat and distend to the point she looked heavily pregnant, and the pain was excruciating. She was barely able to walk when she arrived at hospital, where they ran a series of tests and scans.

It wasn't until the results of the CT scan came back that Catherine knew she was facing a challenging diagnosis. She was told that she should ask her family to return to hospital.

“They said I would need some support around me. That's when I knew. I knew it wasn't going to be good news.”

Catherine says the next few hours are a blur, but she remembers when the doctor told her she had terminal cancer.

“They said I had a 6-8cm tumor blocking my colon and two months to live, at best. I don't remember much after that except my daughter next to me. I remember her breaking down. I remember her grief. I've been a solo mother since she was three years old, and I was so worried about her and my family. I still am.”

The hospital thought they could remove the tumor to create some relief, but further tests showed the cancer was in Catherine's lymph nodes and her liver too. The time it would take to recover from surgery would be longer than her life span, so palliative chemotherapy was her only option.

The colorectal team at North Shore Hospital placed a stent in her tumor to relieve the blockage and Catherine began her first cycle of chemotherapy.



When she reacted badly to a government-funded medicine, her oncologist told her about Cetuximab, a highly effective immunotherapy drug that could extend her life. The only problem was the cost. Cetuximab isn't publicly funded in New Zealand.

Some 50 countries including Australia, Venezuela, Libya and Colombia fund Cetuximab, but it remains out of reach and unfunded in New Zealand. Medsafe have approved it for use here, but Pharmac has declined four applications to fund it as an immunotherapy treatment for bowel cancer.

Catherine suddenly had to find \$30,000.

Her health insurer covered the first \$10,000 before Catherine's daughter, Brijana turned to the internet for help. She set up a Givealittle page and asked friends and family to help her raise \$20,000.

"I got to the point where I needed another round of Cetuximab but I said we can't go out to fundraise on Givealittle again. We can't keep asking people for money. There are so many people in my position, and I'm just grateful for the donations that have kept me alive until now."

"My mokopuna are beautiful. I was there for my grandson's fifth birthday, and my granddaughter is now three. In a way, this has been the best time of my life for my family. I am calm, I live every day and I know I could have been angry at my misdiagnosis but that won't help anyone. I've tended to lean towards my faith instead."

Catherine says it is her daughter who has shouldered the greatest strain. She emptied her colostomy bag every day when Catherine couldn't bear to look at it and helped her finally accept it. And she has cared for her mother while juggling two jobs and two young children.

"She took me to the mall in a wheelchair at Christmas and at the same time she was trying to push my granddaughter in a stroller. It is so hard for her. She's a young mum, she shouldn't have to do this."

Catherine has planned her funeral and now spends a lot of time resting. The stent in her tumor recently snapped in two and her specialist says it can't be removed. She moves gingerly amid fears it may perforate her bowel.

"I don't want pity. I am only telling my story because I don't want this to happen to other people. I have been gifted more time with my family because of the kindness and charity of others who funded this drug. But I think we have to ask ourselves if we are comfortable living in a country where only the rich can access medicines."



Melanoma Foundation – Jeff’s story



It has been five years since Jeff Paterson died from melanoma at the age of 23.

Jeff was studying his Masters in Architecture and was a talented all-rounder – intelligent, good at sports and music, and he loved to socialise with his family and friends.

But he had battled melanoma on and off from the age of 16; it was a ticking time bomb of a diagnosis due to his family having a high genetic risk of the disease.

Towards the end of his life, and despite being unwell, tired and in pain, Jeff fought an heroic battle for PHARMAC to fund Keytruda for advanced melanoma patients. And although his campaign was successful in part – the job remains far from done.

There are thousands of New Zealanders battling melanoma right now, and unfunded treatments remain at the heart of this. Around 300 people in Aotearoa die from melanoma each year, yet the most effective treatments remain unfunded and are financially out of reach for many New Zealanders - immunotherapy drugs at stage 3 and BRAF-MEK inhibitors at stage 3 and 4.

Please take this opportunity to step up to the plate and make the changes needed to PHARMAC to act on the undeniable lessons we learned from Jeff’s death and the extraordinary cause he championed.

Jeff’s mother Anita Kooge explains:

“The enormous stress of having to fundraise \$11,000 a month for Jeff’s treatment and to publicly campaign for funding was so unfair. Looking back, I wish we hadn’t done it. It took away precious time. It wasn’t fair on us.

“It went beyond just financial implications too,” says Anita. “The psychological stress of knowing your child’s life depended on your ability to find the next dollar, was unbearable. It’s all consuming. You do it because you’d move mountains for your child, but you shouldn’t have to.”

Jeff’s family fundraised constantly throughout his illness to raise the \$220,000 needed for his treatment, including taking dabrafenib (and within two weeks of starting this drug, Jeff’s tumours had gone). They held galas, raffles, sausage sizzles, and Jeff sold donated items on



Trade Me – all to fundraise for treatment. Anita recalls they had to decline a combination of BRAF/MEK inhibitor drugs on offer, because of the unaffordable \$20,000 a month cost.

“The stress of organising those fundraising events was huge,” says Anita. “When you’re sick you need to concentrate on getting well, not on having to fundraise for treatment.”

Anita stopped working as a cook in a childcare centre in order to support Jeff. She has never been able to return to work because she suffers PTSD and other ongoing health issues following Jeff’s untimely death.

Jeff’s melanoma had spread to his brain and he had four inoperable lung tumours – so drugs were the only option to save his life.

“He wasn’t able to have Keytruda in the end, because he was just too sick. But if it had been funded and given to him at stage III, when it was in his glands, he may still be with us. That makes me so angry. It was too late,” says Anita.

“PHARMAC has been sitting on Keytruda’s registration for treatment of patients with stage III melanoma for more than two years,” says Anita. “When are they going to act? PHARMAC buries its head in the sand, while we bury our family members.

“One of the last things Jeff said to me in his final weeks before he died, and as he was slipping in and out of consciousness, was, “keep going Mum”.

“So here I am. Five years later and still asking the Government to give PHARMAC the funding for melanoma drugs, so others don’t have to suffer the way Jeff did.”



Leukaemia and Blood Cancer New Zealand – Nichola’s Story



Nichola Oakenfull’s journey with blood cancer started like so many others, with seemingly unrelated and vague symptoms. For about two years, she struggled to piece together the medical breadcrumbs that would lead her to a myeloma diagnosis. She experienced extreme fatigue, headaches, shortness of breath, pins and needles in her hand, and chest and back pain throughout her path to an answer.

She had been in touch with her GP, who didn’t dismiss her symptoms and sent her to a couple of specialists, but she was told she was just a busy 40-year-old mum. While no news is usually good news, Nichola knew something was wrong with her body.

“I thought that I was going crazy and that I must be a hypochondriac. I had all these things that you can’t make up. But they couldn’t find anything, so I had been seeing a psychologist to try and make myself stop thinking that I had cancer.”

It was after a back injury in October 2019 that Nichola’s back pain got much worse. After family illness forced Nichola to take time off work and travel to Hawke’s Bay, she had to stop going to physiotherapy.

“Then, in March last year, I tried running to pick up my little boy from athletics, and I couldn’t run. It hurt too much. That was the Monday, and then on Thursday, I was at the supermarket, and I sneezed, and I couldn’t move.”

Once she had healed enough to go to physio, the therapist thought she had a slipped disc. Again, the physiotherapy helped, but two weeks later, the country went into lockdown.

“My haematologist said that she would have been helping to relax all the tense muscles during our in-person sessions by massaging them. So then during the lockdown, when I wasn’t getting that, the pain got progressively worse

After the lockdown, the physio asked Nichola to get an x-ray of her back. This imaging showed that her back was broken, but there was a suggestion it was an old fracture. Simultaneously, she went to visit her GP for a long-lasting sore throat.

“I asked my GP to clear me to go to physio and asked her about my back. She said that she disagreed the fracture was old. ‘A 41-year-old doesn’t get a compression fracture for no



reason.” I thought that I was going crazy and that I must be a hypochondriac. Her GP ended up ordering more tests, which included an ultrasound due to extreme abdominal pain.0

“I had an ultrasound and blood test on that Friday, then I saw on my “Manage my Health” page on Sunday that the ultrasound had come back clear so I thought I was okay. But then, on the following Monday morning, my GP’s nurse called first thing. She asked if I could go for another blood test that morning.”

Later that day, her GP called her in and told her that she needed to see a haematologist.

“I saw the haematologist the next day. He said that there was a chance that my broken back showed up as inflammation, but he thought it was more likely than not Multiple Myeloma. Two weeks later, after an MRI and bone marrow biopsy, I was diagnosed. I’m so grateful that my GP took all of my symptoms seriously, which led to my diagnosis.”

Myeloma patients have an average of about 6 years once diagnosed. In other countries with better access to funded drugs this is a lot longer. Patients like Nichola who have gone through treatment and stem cell transplant, but who then relapse, have few options. Daratumumab is funded in Australia after first line treatment relapses, but not in NZ. She will be reliant on yet to be funded drugs like Daratumamab, or a clinical trial to keep her alive.



Prostate Cancer Foundation of NZ – Bill’s story

Bill (not his real name) is a 57-year-old man recently diagnosed with an aggressive and metastatic prostate cancer. He faces the prospect of an unnecessarily premature death, as the most effective late-stage treatment for his condition involves a drug called Lutetium 177.

This drug is unfunded and unattainable to Bill due to its cost, despite its proven efficacy and potential to extend length and quality of life to men in Aotearoa affected by a diagnosis of metastatic prostate cancer.

It is a double insult; not only does our health system not provide for comprehensive, equitable and affordable screening that would have detected Bill’s condition at a stage when his prospects for recovery (and need for Lutetium 177 therapy) would have been radically different, our system also will not fund the drug that can make the crucial difference now his cancer has been found.

Breast Cancer Foundation NZ – Hollie’s Story

Hollie was diagnosed with stage 4 triple negative breast cancer in October 2019, at the age of 30. She first noticed a lump six months earlier but was told it was a cyst and nothing to worry about. By the time she got the diagnosis, after being rushed to hospital with severe symptoms, she was given a six-month prognosis.

Since then, Hollie’s tried a number of different treatments which haven’t worked, and the cancer has spread to her spine, chest and ovaries. Her oncologist suggested she try the unfunded chemotherapy Halaven (eribulin), which costs \$8580 for each three-week cycle in NZ but is completely funded in Australia.

Hollie spent more than \$50,000 on this treatment, using money raised through fundraisers and an ACC pay out following her misdiagnosis. When Halaven stopped working, she was recommended another unfunded drug called Trodelvy (sacituzumab govitecan), costing \$55,000 every two weeks. Hollie was barely able to keep up with the costs of Halaven, so Trodelvy – not yet standard-of-care anywhere, but likely to join the list of drugs Kiwis are missing out on – was out of the question.



New Zealand Gynaecological Cancer Foundation – Sara’s story

Sara had suffered from bloating and discomfort for a many years. She had tried gluten free diets and natural therapies, but nothing seemed to help. As a woman in her late 30’s much of these vague symptoms were not considered significant. She says ‘I never had good guts’.

Just before her diagnosis of stage 3c ovarian cancer she had very severe stomach cramps. She had a new GP who recommended some urgent investigations. She quickly had an Ultrasound, blood tests and a CT scan. The diagnosis was devastating meaning the cancer had spread to her lymph nodes and liver, and the recommended treatment was likely to be chemotherapy to shrink the cancer followed by major surgery and more chemotherapy.

As a 41 year old single mum and teacher she was facing a 39 percent five year survival. Ovarian Cancer is the deadliest of the gynaecological cancers as it is often recognised late as the symptoms are put down to other benign conditions. Sara says “I wasn’t in a position to leave. I wasn’t ‘done’, so I thought ‘why shouldn’t I be part of that 39 percent?’” So she quickly got herself into the head space of wanting to get on with her treatment.

However, she faced a delay as her case needed to be discussed at a Multi-Disciplinary Meeting (MDT) where specialists from different areas meet and confirm that the correct course of treatment is being recommended. The MDT meeting was held once a week and due to the volume of women with gynaecological cancers they could not all be discussed within the week of referral. She says, “I had this feeling of ‘I just want to start already’”.

After 5 weeks of waiting, she finally started her chemotherapy. After three brutal rounds of chemotherapy, she underwent major abdominal surgery to remove her ovaries, fallopian tubes and omentum. The chemotherapy had been successful in shrinking the cancer and allowed the surgery to proceed with an excellent result and no need for bowel surgery and a stoma as had been expected.

She then underwent further chemotherapy and had an excellent response. Now at age 45 and with four years of follow-up showing no recurrence she is very likely to be one of the 39 percent of five-year survivors.

We know that Sarah was one of the lucky ones as her cancer responded to the funded chemotherapy, however many women face the news their cancer is only sensitive to Avastin. This drug is not Pharmac funded and requires the patient to finding the money to cover the cost which is significant.



Appendix

The table below is an indication of the as yet unfunded cancer treatments CANGO members are advocating for.

Cancer Type	Drug	Brand name
Acute Myeloid Leukaemia	Midostaurin	Rydapt & Tauritmo
Breast Cancer	Atezolizumab	Tecentriq
Breast Cancer	Eribulin	Halaven
Breast Cancer	Everolimus	Afinitor
Breast Cancer	Neratinib	Nerlynx
Breast Cancer	Pertuzumab	Perjeta
Breast Cancer	Trastuzumab deruxtecan	Enhertu
Breast Cancer	Trastuzumab emtansine	Kadcyla
Breast Cancer	Lapatinib	Tykerb
Breast Cancer	Nab-paclitaxel	Abraxane
Breast Cancer	Abemaciclib / Ribociclib	Verzenio / Kisqali
Cervical Cancer	Pembrolizumab	Keytruda
Chronic Lymphocytic Leukaemia	Ibrutinib	Imbruvica
Chronic Lymphocytic Leukaemia	Venetoclax	Venclexta
Colorectal	Bevacizumab	Avastin
Colorectal cancer, K-RAS wild-type metastatic	Cetuximab	Erbitux
Colorectal cancer, metastatic, RAS wild-type, left-sided, first-line	Cetuximab	Erbitux
Colorectal	Raltitrexed	Tomudex
Colorectal	Pembrolizumab	Keytruda
Colorectal & GIST Cancers	Regorafenib	Stivarga
Gastric Cancer	Trastuzumab	Herceptin
Gastric, cholangiocarcinoma, pancreas	Pembrolizumab	Keytruda



GIST Cancers	Sunitinib	Sutent
Hepatocellular carcinoma	Lenvatinib	Lenvima
Hepatocellular carcinoma	Sorafenib	Nexavar
Lymphoma	Obintatuzumab	GAZYVA
Lymphoma	Ibrutinib	Imbruvica
Melanoma	Dabrafenib	Tafinlar & Rafinlar
Melanoma	Trametinib	MEKINIST
Melanoma	Vemurafenib	Zelboraf
Melanoma	Cobemetinib	Cotellic
Melanoma	Ipilimumab	Yervoy
Melanoma	Encorafenib	Braftovi
Melanoma	Binimetinib	Mektovi
Melanoma	Pembrolizumab	Keytruda
Melanoma	Nivolumab	Opdivo
Myeloma	Lenalidomide	Revlimid
Myeloma	Carfilzomib	Kyprolis
Myeloma	Pomalidomide	Pomalys
Myeloma	Daratumumab	Darzalex
Neuroendocrine Tumours	Lanreotide	Somatuline Autogel
Neuroendocrine Tumours (widened access)	Somatostatin inhibitors	Sandostatin LAR/ octreotide / Somatuline Autogel
Neuroendocrine Tumours	Everolimus	Afinitor /Everolimus Sandoz
Neuroendocrine Tumours	Sunitinib	Sutent/ Sunitinib Sandoz
Neuroendocrine Tumours	Pembrolizumab	Keytruda
Neuroendocrine Tumours	Nivolumab	Opdivo
Neuroendocrine Tumours	Avelumab	Bavenco
Neuroendocrine Tumours	Ipilimumab	Yervoy
Oesophagogastric	Ramucirumab	CYRAMZA
Oesophagogastric	Tifluradine/tipiracil	Viroptic



Ovarian Cancer	Bevacizumab	Avastin
Pancreatic Cancer	Nab-paclitaxel	Abraxane
Pancreatic Cancer	Olaparib	Lynparza

