

**Victoria**  
100 York Street  
South Melbourne VIC 3205  
GPO Box 9993  
Melbourne VIC 3001

[www.kidney.org.au](http://www.kidney.org.au)  
[vic@kidney.org.au](mailto:vic@kidney.org.au)  
Telephone 03 9674 4300  
Facsimile 03 9686 7289

**KIDNEY  
HEALTH  
AUSTRALIA**

**Patron-in-Chief**  
Her Excellency Ms Quentin Bryce, AC  
Governor-General of the Commonwealth of Australia

**Patrons**  
Sir Jack Brabham, AO, OBE  
Lady Margaret Brabham

9 October 2012

Attention:  
Pharmaceutical Benefits Advisory Committee  
PBAC Secretariat  
[CommentsPBAC@health.gov.au](mailto:CommentsPBAC@health.gov.au)  
Canberra, ACT, 2601  
Department of Health and Ageing

**Kidney Health Australia Submission to the  
Pharmaceutical Benefits Advisory Committee:  
The Need for Second Line Treatments for Kidney Cancer.**

Kidney Health Australia is the peak national body representing the needs of those with kidney disease and kidney cancer in Australia. As the lead organisation in the kidney sector, Kidney Health Australia advocates on matters relating to the welfare of kidney stakeholders and the delivery of services to people affected by chronic kidney disease (CKD) and those with kidney cancer. Furthermore, Kidney Health Australia has close ties with consumers, the medical community, renal units around the nation and is a member of the Australian Chronic Disease Prevention Alliance (ACDPA) and the National Vascular Disease Prevention Alliance (NVDPA).

Specifically, Kidney Health Australia is currently working to improve the awareness and support available to patients with kidney cancer, including through a dedicated and comprehensive website ([kidneycancer.org.au](http://kidneycancer.org.au)), and through the development of a range of forthcoming publications, the training of a Kidney Health Australia renal nurse to offer telephone counselling, and the development of support groups for those with kidney cancer, as it is needed. Kidney Health Australia will be working to bring together patients, their families and carers for support and information sharing and to advocate on behalf of the cancer community for equitable access to available treatments, clinical trials and innovative medical developments.

In light of our work to support those with kidney cancer, Kidney Health Australia is strongly of the view that Australian consumers should have equitable, timely access to the necessary range of subsidised treatment options available internationally, which includes both first and second line treatments.



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## Kidney Cancer

In Australia, kidney cancer is the eighth most common cancer<sup>1</sup>, and accounts for 2.3% of all cancers. In 2007 there were 2,607 new cases of kidney cancer diagnosed, compared to 1,671 in 1997, representing a significant increase over the period<sup>2</sup>. Going back further, between 1982 and 2007 the incidence of kidney cancer had almost doubled, from 6.2 to 12 new cases per 100,000<sup>3</sup>.

The latest figures from 2008 highlight that Australians have a 1 in 71 risk of developing kidney cancer before the age of 85 (1 in 53 for males and 1 in 106 for females)<sup>4</sup>. Males are currently twice as likely to develop kidney cancer as females. Kidney cancer is mostly a disease seen in adults aged over 55, and is rare in children. Around 85% of kidney cancers are Renal Cell Carcinomas (RCCs). These cancers begin to grow in the lining of one or both kidneys, and without treatment, this type of cancer can spread to other parts of the body.

The increase in diagnosed kidney cancer may be due to the ageing of the population, better diagnostic methods, or increased rate of coincidental diagnosis during scans for other reasons. That said, kidney cancer presents a significant challenge in being treated early, due to the fact that there is a lack of overt warning signs or specific symptoms, resulting in the disease presenting late. Kidney cancer often does not produce symptoms and patients are often unprepared when diagnosed with kidney cancer, due to the lack of warning signs or symptoms. As a result, Kidney Health Australia would like to strongly reiterate the view that a reimbursed, second line treatment option for Australian consumers is needed.

Sadly, in the same 10 year period from 1997 to 2007, the number of deaths resulting from kidney cancer increased from 739 to 855<sup>5</sup> and now accounts for 2.1% of all cancer deaths<sup>6</sup>. The mortality rate from kidney cancer has changed very little, remaining at about 4 deaths per 100,000<sup>7</sup>. And while there have been improvements in the 5 year relative survival for kidney cancer, the survival rates are still much lower than many other cancers – testicular, lip, prostate and thyroid cancer and melanoma of the skin – which typically have 20% or higher survival rates compared to kidney cancer. Other cancer types such as breast cancer, Hodgkin lymphoma and uterine cancer also have relatively better survival rates, when compared to kidney cancer<sup>8</sup>.

<sup>1</sup> AIHW (2012) *Cancer survival and prevalence in Australia: Period estimates from 1982 to 2010*.

<sup>2</sup> <http://www.aihw.gov.au/acim-books/>

<sup>3</sup> AIHW (2012) *Cancer survival and prevalence in Australia: Period estimates from 1982 to 2010*, p.66.

<sup>4</sup> <http://www.aihw.gov.au/acim-books/>

<sup>5</sup> <http://www.aihw.gov.au/acim-books/>

<sup>6</sup> <http://www.aihw.gov.au/acim-books/>

<sup>7</sup> AIHW (2012) *Cancer survival and prevalence in Australia: Period estimates from 1982 to 2010*, p.66.

<sup>8</sup> AIHW (2012) *Cancer survival and prevalence in Australia: Period estimates from 1982 to 2010*, p.20



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## **Kidney Cancer Treatment**

Treatment options for those with kidney cancer depends upon age, overall health and how advanced to cancer has become, but can include surgery, radiation, chemotherapy or biologic therapy. While surgery is usually the first course of treatment for those with kidney cancer, it often does not cure people with advanced kidney cancer, and as such additional medicinal treatment may then be recommended. This is also true of patients who have undergone surgery, only to have the cancer recur.

However, currently in Australia there are only two reimbursed systemic treatment options available for the advanced Renal Cell Carcinoma (RCC) form of kidney cancer listed on the Pharmaceutical Benefits Scheme (PBS). It is important to note that both of these treatments are for first line use only.

Therefore, should a patient with advanced RCC fail their first line treatment option as a result of disease progression, they are currently unable to access any other treatment on the Pharmaceutical Benefits Scheme (PBS), other than palliative and best supportive care treatments, which do not prolong disease progress nor survival of the patient.

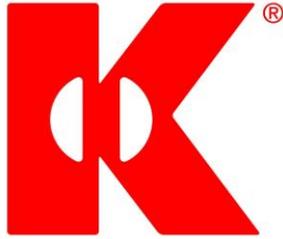
The sad fact is that patients are left without a subsidised, government supported second line treatment option available to them to treat their cancer or improve their outcome or quality of life. As outlined above, the diagnosis of kidney cancer can often come quite late and be unexpected, and the fact that a second line treatment is not currently accessible through the PBS, further compounds the situation for patients.

Currently there is one TGA approved treatment for second line treatment, but it is not reimbursed, therefore limiting the ability of patients to utilise it. Furthermore, Kidney Health Australia understands that progression to this drug is dependent upon the first line drug utilised - it does not include progression for all patients on first line treatments, only those using specific treatments. This is clearly an undesirable situation.

Furthermore, Australia currently does not align with major European nations or the United States of America, both of whom have further treatment options available beyond first line treatments, should a patient with advanced RCC require it. Indeed, currently Germany, France, Spain, Italy, Norway and the United States of America have between two and five treatment options available to patients, while Australia has none.

## **Conclusion**

As the peak body for those with kidney disease and kidney cancer, Kidney Health Australia is the leading advocate for consumers, and draws upon an extensive network of patients and their families, medical professionals, renal units and other peak health organisations.



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Kidney Health Australia is strongly of the view that the most effective form of treatments should be made available, as matter of equity, for Australians with kidney cancer. In order to improve the outcomes for patients with advanced RCC in Australia, and noting the overall increasing trend in prevalence, there must be improved equity and access to further treatment options for this group of patients, which should include listing such drugs on the PBS.

Kidney Health Australia is strongly of the view that the improvements and benefits of progression free survival (PFS) represent an important outcome, and that treatments are making clear improvements in overall survival that could otherwise not be attributed to changes in best supportive care. As such new treatments, such as second line treatments, warrant the consideration of the PBAC.

We would welcome the opportunity to further elaborate on these views either in person or in writing.

Yours Sincerely,

Anne Wilson  
MD/Chief Executive Officer  
Kidney Health Australia

Dr Timothy Mathew AM  
Medical Director  
Kidney Health Australia