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DEBATE PACK

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Removal of drugs from Cancer Drugs Fund list

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Tom Powell

Westminster Hall, Tuesday 19 January 2016 at 2.30pm.

This debate was initiated by Pauline Latham MP

Contents

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1. Background to the removal of drugs from the Cancer Drugs Fund list

Availability of Cancer Drugs

There are a number of different steps a drug must go through to be authorised for use by the NHS and the process for the assessment of drugs' clinical effectiveness and value for money varies in different parts of the UK. England is the only part of the UK that has a specific fund, known as the Cancer Drugs Fund, to pay for cancer drugs that would not ordinarily be provided by the NHS due to their high cost. Cancer drugs may also be funded by the Scottish Government's New Medicines Fund, set up last year to expand and replace the Rare Conditions Medicines Fund, which supports health boards to fund the cost of orphan, ultra-orphan and end-of-life drugs for patients.

Before a medicine can be sold or prescribed in the UK it must receive a marketing authorisation (previously known as a product license) either from the European Medicines Agency or from the UK Medicines and Healthcare Products Regulatory Agency (MHRA). Doctors can prescribe any medicine that has received a marketing authorisation although the NHS has policies, both at the local and national level, which specify what will and will not be funded.

Patients in England and Wales have the right to cancer drugs and treatments that have been recommended by the National Institute for Health and Care Excellence (NICE). NICE technology appraisals consider the clinical and cost-effectiveness of new healthcare interventions and the NHS in England and Wales is legally required to fund those treatments recommended by NICE in its technology appraisal guidance. The Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland also uses guidance issued by NICE in determining its funding decisions.

There is a different system for making decisions on the funding of drugs in Scotland, where the Scottish Medicines Consortium (SMC) also reviews all new drugs on the basis of their clinical and cost-effectiveness. NHS boards in Scotland are expected to follow the advice of the SMC.

Further information about how each part of the UK decides which drugs to fund can be found on the Cancer Research UK website.

The Cancer Drugs Fund (England)

Where a cancer drug is not routinely funded by the NHS in England, patients may be able to access the drug through the Cancer Drugs Fund (CDF). The UK Government established the CDF in 2010 to help improve access to cancer drugs in England and its budget has been increased a

number of times to meet demand; the CDF budget for 2015-16 is £340 million.

NHS England is responsible for administering the CDF, and decisions on which treatments are funded are taken by an expert clinical panel. For cancer drugs not on the national funding list, regional clinical panels can consider individual applications for funding in exceptional cases.[1]

Day-to-day administration of the CDF is carried out by NHS England's 4 regional teams (London, Midlands and East of England, North of England and South of England), and applications are made through these teams.

NHS England's Standard Operating Procedures for the Cancer Drugs Fund in 2015-16 (2015) notes that the current CDF operating model has the following features:

- single national allocation of funding
- single national list of approved drugs, and approved criteria for funding the use of such drugs through the CDF, based on cohort policies (the National CDF List), developed and regularly updated by the National CDF Panel (the NCDF Panel) on behalf of Chemotherapy Clinical Reference Group (Chemotherapy CRG)
- Individual CDF Requests (ICDFRs) for drugs not available to a patient either through normal NHS funding routes or the National CDF List to be decided by regional clinically-led expert panels (Regional CDF Panels)
- national clinical audit of outcomes for patients whose treatments have been funded by the CDF.

An NAO report on the CDF published in September 2015 set out information on how much the fund had cost since its introduction:

> 5.1 The government set an initial budget for the Fund of £650 million to March 2014. Following the government's decision to extend the Fund to March 2016, NHS England increased the annual budget from £200 million to £280 million for 2014-15 and 2015-16. In January 2015, it increased the budget for 2015-16 again to £340 million. This means that the Fund now has an expected total lifetime budget of £1.27 billion.
>
> 5.2 The total cost of the Fund from October 2010 to March 2015 was £968 million, compared with the budget of £930 million:
>
> - Between October 2010 and March 2013, the 10 strategic health authorities, on behalf of the Department, underspent the budget by 28% in total (£128 million). The Chair of the Fund told us that underspending of this kind was common in the early stages of a new programme and that it reflected the variable take-up across the 10 strategic health authorities that managed the Fund (see Figure 7, page 19).
> - In 2013-14 and 2014-15, NHS England overspent the allocated budget for the Fund by 15% (£31 million) and 48% (£136 million) respectively (Figure 13). The overspend was partly offset by NHS England underspending against other budgets but also meant the deferral of some planned spending on primary care services.[2]

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1 NHS England, Cancer Drugs Fund website
2 National Audit Office, *Investigation into the Cancer Drugs Fund* (September 2015)

Removal of drugs from the Cancer Drugs Fund list

In light of the rapid growth of the cost of the CDF, NHS England has carried out two reviews of clinical effectiveness and cost that have led to the removal of some drugs from the national CDF list of funded treatment. Details of the drugs removed from the national CDF list in March and November 2015 were shown in a PQ response [HL3340, 19 November 2015].

NHS England completed the latest review of the effectiveness of the treatments it funds on 4 September 2015, leading to the removal of funding for 23 separate cancer treatments on 4 November 2015.[3] Examples of treatments removed from the CDF list in November are Abraxane (nab-paclitaxel), for the treatment of pancreatic cancer[4], and Imnovid (pomalidomide) for the treatment of relapsed myeloma.[5]

The Chair of the CDF explained that despite previous efforts to contain costs it was projected the Fund would face an over-spend of £70m unless it took further action. NHS England state the review was carried out to ensure that the CDF's budget is spent on the best available drugs, at appropriate costs.[6]

NHS England has said that for those drugs recommended for removal from the CDF the manufacturer will have an opportunity to reduce their costs, and a number of negotiations have taken place.[7] Patients who were already receiving a drug when it was removed from the CDF will continue to be treated with that drug until they and their clinicians consider it appropriate to discontinue treatment. In addition, drugs removed from the CDF will continue to be available via Individual Funding Requests if the individual patient meets clinical exceptionality criteria.[8]

The future of the Cancer Drugs Fund

On 19 November 2015 NHS England and NICE launched a 12-week consultation on proposals for a new CDF operating model, to be introduced from April 2016 (with a target to complete the full transition by the end of March 2017).

The CDF currently funds cancer drugs in England that are not approved by NICE and the consultation document outlines a new system that would instead be integrated into the NICE appraisal process. Under the proposed model, the CDF would become a transitional fund that would only pay for new drugs in advance of NICE carrying out a full assessment of whether the drugs should be recommended for routine commissioning. NHS England considers that this would provide time for further 'real world' evidence to be collected to support the NICE

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3 Cancer drugs fund cuts 23 treatments, BBC News website, 4 September 2015
4 For further information see Petition, Health: Chemotherapy drug Abraxane, 8 September 2015 c9-10P
5 NHS England, September 2015 decision summaries.
6 Further information on the CDF review of the effectiveness of treatments is available here.
7 See for example: *Guardian,* 17 November 2015
8 NHS England provide guidance on this process.

appraisal process. The consultation document provides the following summary:

> The proposal is that the CDF should become a 'managed access' fund for new cancer drugs, with clear entry and exit criteria. It would be used to enable access to those drugs which appear promising but where NICE indicates that there is insufficient evidence to support a recommendation for routine commissioning. These drugs would be given a conditional recommendation by NICE and their use enabled by the CDF for a pre-determined period whilst further evidence is collected. At the end of this period the drug would go through a short NICE appraisal, using this additional evidence. It would attract either a NICE positive recommendation, at which point it would move out of the CDF into routine commissioning, or a NICE negative recommendation, at which point it would move out of the CDF and become available only on the basis of individual patient funding requests. This approach will enable the money in the CDF to be more effectively managed, as well as providing a new pathway for innovative drugs to be assessed and made available to patients.[9]

NHS England note that its proposals are in line with the recommendation of the independent Cancer Taskforce report, which proposed that the new CDF should operate with NHS England and NICE.[10]

An independent review of access to innovative treatments (the Accelerated Access Review or AAR) is also currently underway. The aim of this review is to identify options for speeding up access to transformative innovative drugs, devices and diagnostics for NHS patients. NHS England note that its proposals for the new CDF are consistent with the emerging conclusions of the AAR.

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9 NHS England, NICE, *Consultation on proposals for a new Cancer Drugs Fund Operating Model from 1 April 2016*, (November 2015)

10 Independent Cancer Taskforce, *Achieving world-class cancer outcomes – a strategy for England 2015–2020* (July 2015)

2. Press releases

NHS England
NHS England and NICE ask for views on the future direction of the Cancer Drugs Fund

19 November 2015

A 12-week consultation on draft proposals outlining a new Cancer Drugs Fund (CDF) has been launched.

The aim of the new CDF is to help patients receive new treatments with genuine promise, while real world evidence is collected for up to two years on how well they work in practice. This will then help determine whether the treatment should be accepted for routine use in the NHS in the future.

The original CDF was established in 2011 to fund cancer drugs in England that are not currently approved by NICE. It will run until April 2016. The CDF has helped more than 72,000 cancer patients in England access drugs not routinely funded, but it is now widely acknowledged that a new system is needed.

The proposal issued today for public consultation outlines a new system, fully integrated into the NICE appraisal process, where the CDF becomes a transitional fund – with clear criteria for entry and exit. This is in line with the recommendation of the recently published independent Cancer Taskforce report, which proposed that the new CDF should operate with NHS England and NICE.

Simon Stevens, Chief Executive of NHS England, said: "Over the next five years we're likely to see many new cancer drugs coming on to the worldwide market – some of which will be major therapeutic breakthroughs, and some of which will turn out to offer little extra patient benefit but at enormous cost. The new Cancer Drugs Fund offers a route for sorting out the wheat from the chaff, so that patients in England get faster access to the genuinely most promising new treatments. For those drug companies willing to price their products affordably while sharing transparent information about 'real world' patient benefit, the new CDF will offer a new fast-track route to NHS funding."

Professor Peter Clark, Chair of the Cancer Drugs Fund, said: "The CDF has enabled thousands of cancer patients to access treatments that were not routinely available on the NHS. However, there is now a consensus that in its current form it is no longer fit for purpose and needs to evolve – better targeting those drugs with greatest promise."

Sir Bruce Keogh, National Medical Director, NHS England, said: "While it won't avoid the ongoing need to make difficult judgements about how best to use the NHS' funding for cancer care, the development of these proposals is a big step forward in ensuring a process which will get the most promising drugs to NHS patients at an affordable price as quickly as possible."

Sir Andrew Dillon, Chief Executive of NICE, said: "The joint NHS England and NICE proposals will ensure that the Cancer Drugs Fund is used to provide patients with promising medicines at a fair price, and at the same time, generate additional data to help the NHS make a longer term decision on whether and how to use them."

Myeloma UK
Cancer Drugs Fund decisions to be upheld

4-11-2015

NHS England has today published their final decision on the delisting of drugs from the Cancer Drugs Fund (CDF).

In September, two myeloma drugs were identified for removal from the CDF as they were no longer considered to be value-for-money to the NHS. The decision to remove these drugs has been upheld and they will no longer be available to myeloma patients on the NHS in England, although patients currently receiving the drugs will not have their treatment stopped.

The myeloma drugs that will no longer be available, are as follows:

- Lenalidomide (Revlimid®) for the treatment of myeloma patients at first relapse, who have previously been treated with Velcade® (bortezomib)
- Pomalidomide (Imnovid®) for the treatment of relapsed myeloma patients after two or more prior treatments, including Velcade and Revlimid

You can read a previous Q&A on the CDF delisting here. Please note that Revlimid is still available for myeloma patients at second relapse via guidance approved by the National Institute for Health and Care Excellence (NICE) – the drug approval body for England. These announcements only affect myeloma patients living in England.

Myeloma UK is continuing to pursue other avenues for funding these important drugs, particularly through NICE where they are still subject to ongoing appraisals. NICE approval would ensure that they become routinely available on the NHS.

How can myeloma patients access Imnovid?

Myeloma UK has been in constant dialogue with all stakeholders, in particular the pharmaceutical company Celgene, to secure both short and long-term access to these two drugs. These discussions, although complex, are going well and we will report back as soon as we have agreed plans.

At the current time, we do know that Imnovid will definitely be available through ongoing clinical trials in the UK:

- **MM007 (OPTIMISMM) trial:** A Phase III trial looking at Imnovid, Velcade® (bortezomib) and low-dose dexamethasone vs. Velcade and low-dose dexamethasone in patients with relapsed or refractory myeloma. It is currently open at 11 hospitals in the UK

and to between 50-100 patients who have had at least one but no more than three prior treatments.

- MUK seven trial: A Phase II trial looking at Imnovid, cyclophosphamide and dexamethasone compared to Imnovid and dexamethasone in myeloma patients with relapsed and refractory myeloma. It will open to recruitment early 2016 to approximately 250 myeloma patients who have had two or more prior treatments.

To find out more information about the availability of these trials in your local area, please speak to your consultant haematologist or call the Myeloma Infoline on 0800 980 3332.

You can also view the Myeloma UK Clinical Trial Finder here.

National Audit Office
Investigation into the Cancer Drugs Fund

17 September 2015

Full report: Investigation into the Cancer Drugs Fund

The National Audit Office has published the findings from its investigation into the Cancer Drugs Fund. The government set up the Fund in 2010 to improve access to cancer drugs that would not otherwise be routinely available on the NHS.

The Fund is unique in that no other condition has a dedicated fund to provide access to drugs not routinely available on the NHS. It was initially intended to run until March 2014, with a budget of £650 million, while a long-term pricing mechanism was worked out that would allow patients access to the drugs and treatments that their doctors thought would help them. In 2013, the government extended the Fund until March 2016. The Fund now has a total lifetime budget of £1.27 billion.

The **key findings** of this investigation are as follows:

- The Fund has improved access to cancer drugs not routinely available on the NHS. From October 2010 to March 2015, over 74,000 patients were approved to receive drugs through the Fund. Between 2009 and 2013, use of new cancer drugs (those launched in the previous 5 years) increased in the UK relative to the average in other comparable countries, although it remained below this average.
- 51% of the patients supported by the Fund between April 2013 and March 2015 accessed drugs that were appraised by NICE but not recommended for routine NHS commissioning because they did not meet its clinical and/or cost-effectiveness thresholds. The remaining patients accessed drugs that were in the process of being appraised, or had not been appraised, by NICE.
- More than 40 cancer drugs were available through the Fund at some point during 2013-14 and 2014-15, but the most common 10 drugs accounted for 71% of the patients supported.
- Due to a lack of data, it is not possible to evaluate the impact that the Fund has had on patient outcomes, such as survival. However,

a data sharing agreement between NHS England and Public Health England, signed in July 2015, should enable the outcomes of patients supported by the Fund to be tracked.

- The cost of the Fund from October 2010 to March 2015 was £968 million, slightly above the allocated budget. In the early years of the Fund, the budget was underspent. However, taking 2013-14 and 2014-15 together, NHS England overspent the allocated budget by 35% and the cost of the Fund rose by £241 million – an increase of 138%. Over half of the rise was because of an increase in the average cost of treatment per patient and the remainder was due to an increase in the number of patients supported.
- NHS England has taken action to control the rapid growth of the cost of the Fund, including removing drugs on the grounds of cost for the first time. In March 2015, it stopped providing access to some drugs after a review of clinical effectiveness and cost, and in September 2015 it announced that it was proposing to remove more drugs from the national list of available drugs.
- All parties agree that the Fund is not sustainable in its current form. In July 2015, NHS England proposed that the Fund should become a 'managed access' fund that pays for promising new drugs for a set period before NICE decides whether the drugs should be routinely available on the NHS. The implication is that the Fund would no longer support the provision of drugs that have been appraised but not recommended by NICE. NHS England plans to consult on its proposals in autumn 2015, with the aim of implementing the new arrangements from April 2016.

Rarer Cancers Foundation
Cancer Drug Fund cuts are a blow for patients, with over 5,500 set to miss out on life-extending treatment

NHS England has announced that 25 treatments are due to be cut from the CDF in November, potentially affecting over 5,500 patients. The revised national CDF list can be read here.

Following treatments are due to be removed from the CDF list, meaning that they will no longer be routinely funded by the NHS in England:

- Albumin Bound Paclitaxel for advanced pancreatic cancer
- Bendamustine for Chronic Lymphocytic Leukaemia
- Bendamustine for relapsed mantle cell non-Hodgkin's lymphoma
- Bevacizumab for first line treatment of recurrent or metastatic cervical cancer
- Bevacizumab for advanced breast cancer
- Bevacizumab for second or third line treatment of advanced colorectal cancer
- Bosutinib for refractory chronic phase Chronic Myeloid Leukaemia
- Bosutinib for refractory accelerated phase Chronic Myeloid Leukaemia
- Bosutinib for accelerated phase Chronic Myeloid Leukaemia
- Brentuximab for refractory systemic anaplastic lymphoma

- Brentuximab for relapsed or refractory CD30+ Hodgkin¹s lymphoma
- Cetuximab for third or fourth line treatment of metastatic colorectal cancer
- Cetuximab for third or fourth line treatment of metastatic colorectal cancer (with response to previous Cetuximab)
- Dasatinib for treatment of chronic phase chronic myeloid leukaemia
- Everolimus for metastatic renal cell carcinoma
- Ibrutinib for treatment of relapsed/ refractory Chronic Lymphocytic Leukaemia
- Ibrutinib for treatment of relapsed/ refractory Mantle Cell Lymphoma
- Lenalidomide for second line treatment of multiple myeloma
- Panitumumab for third or fourth line treatment of metastatic colorectal cancer
- Panitumumab for third or fourth line treatment of metastatic colorectal cancer (with a response to previous Cetuximab)
- Pegylated Liposomal Doxorubicin for named sarcomas
- Peptide Receptor Radionucleotide Therapy (Lutetium177 Octreotate or Yttrium90 Octreotide/ Octreotate) for advanced neuroendocrine tumours
- Pomalidomide for relapsed and refractory multiple myeloma
- Radium-223 Dichloride for prostate cancer
- Trastuzumab Emtansine for breast cancer

The cuts will affect patients with many forms of cancer:

Breast cancer – 986 patients denied treatment

- Bowel cancer – 845 patients
- Prostate cancer – 601 patients
- Blood cancer – 1,759 patients
- Upper gastrointestinal cancer – 549 patients
- Brain and central nervous system – 229 patients
- Sarcoma – 12 patients
- Gynaecological cancer – 188 patients
- Urological cancer – 376 patients

There is still time for manufacturers and the NHS to reach agreement on these drugs and the RCF will be urging all sides to work together in the interests of patients.

Following news that the Department of Health and the Association of British Pharmaceutical Industries has reached an agreement to limit the rebates paid by drugs companies as a result of CDF expenditure, we will also be urging the Government and manufacturers to reassure patients that the CDF budget will not be reduced.

Commenting on the cuts announcement, **Andrew Wilson, Chief Executive of the Rarer Cancers Foundation**, said: *"These cuts will be a hammer blow to many thousands of desperately ill cancer patients and their families. It is deeply disappointing that NHS England has pressed ahead with knee jerk cuts to the CDF before introducing the reforms to NICE that are so urgently required. Ministers told us they*

wanted to work with charities to develop a solution but now the NHS has announced big reductions in access to existing life-extending treatment, with no action to make available the newest game-changing drugs. This is a complete breach of faith.

There is still time to save access to these drugs and we urge Ministers, the drugs companies and the NHS to do all that they can to strike a deal. There has to be a better way.

We are concerned that these cuts are just the start of even more savage reductions in access to cancer treatment that will be required as a result of the deal struck in secret between the Department of Health and the ABPI which could have the effect of slashing the resources available to the CDF in future years. We want urgent assurances from the Government and the drugs companies that there will be no reduction in the resources available to the CDF until NICE has been reformed and these changes have been proven to deliver improved access to clinically-effective cancer drugs. "

3. Press articles

The Guardian, 19 November 2015
Expensive cancer drugs may be offered to NHS patients during trial period

The Guardian, 23 September 2015
UK NHS cancer patients denied drugs due to inflated prices – experts

The Pharmaceutical Journal, 18 September 2015
Cancer Drugs Fund needs overhaul, NAO investigation finds

Independent, September 5 2015
NHS cuts to drugs fund mean thousands of cancer patients in England will be denied life-extending treatments

Telegraph, 4 September 2015
Thousands of cancer patients to be denied treatment

Guardian, 4 September 2015
Cancer charities condemn NHS England for axing medicines

Guardian, 3 September 2015
Life-extending cancer drugs to be axed by NHS

Telegraph, 7 August 2015
NHS cancer drug approval needs radical change

Telegraph, 7 August 2015
NHS accused of 'shambles' as dying cancer sufferers denied drugs

Health Service Journal (HSJ), 23 July 2015
NHS England unveils revamp of cancer drugs fund

Health Service Journal (HSJ), 19 July 2015
Cancer commissioning overhaul could save 30,000 lives

Health Service Journal (HSJ), 17 July 2015
Updated: NHS England halts cancer drugs working group

Nursing Times, January 13, 2015

Options cut from cancer drugs fund list, despite surprise £60m boost

BMJ, 28 November 2014

Reforming the Cancer Drug Fund

4. Parliamentary questions and debates

PQs

NHS: Drugs

Asked by: Sturdy, Julian

To ask the Secretary of State for Health, what representations he has received on reforming of NICE's procedure for appraisal of medicines.

Answering member: George Freeman

We receive representations about the National Institute for Health and Care Excellence's (NICE) technology appraisal programme from hon. Members, members of the public, clinicians and the pharmaceutical industry.

NICE is the independent body that provides guidance on the prevention and treatment of ill health and the promotion of good health and social care and is responsible for its own processes and methodology.

NICE regularly reviews these and its internationally renowned technology appraisal programme has evolved constantly to meet new challenges. NICE has demonstrated its ability to adapt to changes in the health and care environment, and we expect it will continue to evolve in the future, in particular through the recommendations of the Accelerated Access Review which NICE is centrally involved in.

Further guidance on NICE's processes of technology appraisal is available at:

www.nice.org.uk/article/pmg19/chapter/Foreword

15 Dec 2015 | Written questions | 19235

Myeloma

Asked by: Smith, Henry

To ask the Secretary of State for Health, what steps he is taking to ensure that the treatment of patients with multiple myeloma is not affected by the (a) delisting of treatments from the Cancer Drugs Fund and (b) ongoing consultation on that Fund's future.

Answering member: George Freeman

NHS England has advised that a draft treatment pathway for patients with multiple myeloma, which takes into account the potential impact of treatments removed from the Cancer Drugs Fund (CDF), is currently being finalised. It is likely to be published early in 2016.

The Government remains committed to the Fund. NHS England and the National Institute for Health and Care Excellence are currently consulting on draft proposals on the future direction of the CDF. The consultation is open until 11 February 2016 and further information is available at:

www.engage.england.nhs.uk/consultation/cdf-consultation

10 Dec 2015 | Written questions | 18734

Cancer: Drugs

Asked by: Lord Avebury

To ask Her Majesty's Government which drugs have been delisted from the Cancer Drugs Fund; how many patients are currently being treated with each drug; and what steps they are taking to develop a new system for prescribing each drug.

Answering member: Lord Prior of Brampton

Details of the drugs removed from the national Cancer Drugs Fund (CDF) list following re-prioritisation are shown in tables 1 and 2. The latest version of the list is available on NHS England's website at:

www.england.nhs.uk/ourwork/pe/cdf/. A copy is attached.

Table 1: Confirmation of previously notified drugs and indications delisted on 12 March 2015

Drug	Indication removed
Aflibercept	2nd line in combination with irinotecan-based combination chemotherapy for metastatic colorectal cancer
Bendamustine	Treatment of patients with indolent non-Hodgkin's lymphoma who are refractory to rituximab
Bevacizumab	1st line in combination with oxaliplatin–based combination chemotherapy for metastatic colorectal cancer
Bevacizumab	1st line in combination with irinotecan–based combination chemotherapy for metastatic colorectal cancer
Bevacizumab	1st line in combination with single agent fluoropyrimidine–based chemotherapy for metastatic colorectal cancer.
Bevacizumab	In combination with carboplatin and gemcitabine chemotherapy for recurrent platinum sensitive ovarian cancer
Bortezomib	Re-treatment in patients with relapsed myeloma
Bortezomib	Treatment of patients with relapsed Waldenstrom's macroglobulinaemia
Bortezomib	Treatment of patients with relapsed mantle cell lymphoma

Bosutinib	Treatment of blast phase chronic myeloid leukaemia
Cetuximab	2nd line in combination with irinotecan chemotherapy for metastatic colorectal cancer in patients with RAS wild type (non-mutated) tumours
Dasatinib	Treatment of the lymphoid blast phase of chronic myeloid leukaemia
Everolimus	Treatment of progressive unresectable or metastatic well differentiated neuroendocrine tumour of the pancreas
Lapatinib	In combination with capecitabine chemotherapy for HER-2 receptor positive locally advanced or metastatic breast cancer
Ofatumumab	Treatment of relapsed or refractory chronic lymphatic leukaemia
Pazopanib	Treatment of previously treated metastatic non-adipocytic soft tissue sarcomas
Pegylated liposomal doxorubicin	1st or 2nd line chemotherapy of angiosarcoma
Pegylated liposomal doxorubicin	Chemotherapy of primary malignant sarcomas of the heart and great vessels
Source: National Cancer Drugs Fund List Ver 6.0	

Table 2: Confirmation of previously notified drugs and indications delisted on 4 November 2015

Drug	Indication removed
Albumin bound Paclitaxel	First line treatment of advanced adenocarcinoma of the pancreas in combination with Gemcitabine
Bendamustine	2nd or subsequent line treatment of chronic lymphatic leukaemia for patients whom fludarabine combination therapy is not a therapeutic option
Bendamustine	2nd and subsequent line of treatment of mantle cell lymphoma in patients who have not received previous Bendamustine
Bevacizumab	Treatment of patients with triple negative metastatic breast cancer and/or prior Taxane therapy

Bevacizumab	2nd or 3rd line treatment of metastatic colorectal cancer in combination with standard chemotherapy in patients who have not previously received Bevacizumab
Bosutinib	Treatment of chronic phase CML refractory to Nilotinib or Dasatinib
Bosutinib	Treatment of accelerated phase CML refractory to Nilotinib or Dasatinib
Bosutinib	Treatment of accelerated phase CML where there is significant intolerance to Dasatinib and Nilotinib.
Cetuximab	3rd and subsequent line treatment of metastatic colorectal cancer as a single agent
Cetuximab	3rd and subsequent line treatment of metastatic colorectal cancer as a single agent in patients not treated to progression under NICE TA176
Dasatinib	Treatment of adults with Philadelphia chromosome positive (Ph+) acute lymphoblastic leukaemia (ALL) with resistance or intolerance to prior therapy including Imatinib
Everolimus	2nd or 3rd line treatment of metastatic renal cell carcinoma where disease has progressed on or after treatment with VEGF-targeted therapy
Lenalidomide	2nd line treatment of multiple myeloma in patients who have contraindications to the use of Bortezomib
Panitumumab	3rd and subsequent line treatment of metastatic colorectal cancer as a single agent
Panitumumab	3rd and subsequent line treatment of metastatic colorectal cancer as a single agent in patients not treated to progression under NICE TA176
Pegylated Liposomal Doxorubicin	2nd line treatment of Fibromatosis
Peptide Receptor Radionucleotide Therapy (Lutetium177 Octreotate or Yttrium90 Octreotide/Octreotate)	Treatment of advanced neuro-endocrine tumours i.e. for pNETS after Sunitinib/chemotherapy, for mid-gut carcinoid, after octreotide/somatostatin therapies.

Pomalidomide	Treatment of relapsed and refractory multiple myeloma in patients who have received at least 2 prior treatment regimens, including both lenalidomide and bortezomib, and have demonstrated disease progression on the last therapy

Source: National Cancer Drugs Fund List Ver 6.0

NHS England publishes information on the number of patient applications for particular drugs/indications contained on the national CDF list on a quarterly basis. This information also includes the number of applications approved through the individual CDF request process. The latest information isattached as it is too long to be included in this answer. It is also available at: www.england.nhs.uk/ourwork/pe/cdf/ and a copy of this is also attached.

The Government is committed to the CDF and is working with NHS England and the National Institute for Health and Care Excellence on the future arrangements for the Fund.

19 Nov 2015 | Written questions | HL3340

Myeloma: Drugs

Asked by: Tami, Mark

To ask the Secretary of State for Health, if he will take steps to ensure that funding is available for treatments for multiple myeloma after the removal of treatments for that condition from the Cancer Drugs Fund.

Answering member: George Freeman

NHS England has advised that a draft treatment pathway for patients with multiple myeloma is currently in the process of being finalised. This has been the subject of public consultation and is being revised to take into account the comments received and the potential impact of treatments removed from the Cancer Drugs Fund.

The treatment pathway is likely to be published early in 2016.

02 Nov 2015 | Written questions | 13233

Cancer

Asked by: Lord Willis of Knaresborough

To ask Her Majesty's Government, further to the Written Answer by Lord Prior of Brampton on 21 September (HL2284), when the cancer dashboard will be published, and whether it will include metrics on rare and less common cancers, such as multiple myeloma.

Answering member: Lord Prior of Brampton

The independent Cancer Taskforce published its report, **Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020**, in July this year. NHS England is currently working with partners across the health system to determine how best to take forward the recommendations of the report. A specific timeline for publication of the dashboard, and the metrics it will include, has not yet been finalised.

A copy of the Taskforce's report is attached.

26 Oct 2015 | Written questions | HL2595

Cancer: Drugs

Asked by: Reed, Mr Jamie

To ask the Secretary of State for Health, what the forecast expenditure of the Cancer Drugs Fund is for 2015-16; and what plans he has to fund cancer drugs when the Cancer Drugs Fund expires in 2016.

Answering member: George Freeman

Thanks to the strong economy this Government is delivering, we have increased the Cancer Drugs Fund's budget by £160 million (£80 million in both 2014-15 and 2015-16) and NHS England currently estimates that the budget for the Fund will rise to £340 million in 2015-16.

We will carefully consider with NHS England what arrangements should be put in place to fund cancer drugs in the long term.

11 Mar 2015 | Written questions | 226630

NHS: Drugs

Asked by: Burns, Mr Simon

To ask the Secretary of State for Health, how much the NHS spent on (a) all drugs, (b) cancer drugs and (c) drugs funded through the Cancer Drug Fund in each of the last five years for which figures are available.

Answering member: George Freeman

Figures provided for Primary Care for total drug spend are the total of net ingredient cost (NIC) and for Secondary Care the cost of the medicines at NHS list price.

Cost of drugs in primary and secondary care, England: 2009-10 to 2013-14

Total drugs			Cost (£ million)
	Primary Care[1]	Secondary Care[2]	Total
2009-10	8,621.4	3,890.8	12,512.2
2010-11	8,881.1	4,173.9	13,055.0
2011-12	8,778.0	4,497.6	13,275.5
2012-13	8,439.0	5,020.8	13,459.8
2013-14	8,703.2	5,780.6	14,483.8

Sources: Prescription Cost Analysis (PCA), IMS HEALTH: Hospital Pharmacy Audit

Cost of cancer drugs[3] in primary and secondary care, England: 2009-10 to 2013-14

Total drugs			Cost (£ million)
	Primary Care1,4	Secondary Care2	Total
2009-10	230.2	748.1	978.3
2010-11	228.2	846.1	1,074.3
2011-12	190.0	964.1	1,154.1
2012-13	142.0	1,119.6	1,261.6
2013-14	143.0	1,350.2	1,493.2

Sources: PCA, IMS HEALTH: Hospital Pharmacy Audit

Spend through the Cancer Drugs Fund between October 2010 and March 2014

Year	Spend (£000's)
2010-11 (Q3 and Q4)	38,254
2011-12	108,327
2012-13	175,334
2013-14	230,539

Source: Prior to April 2013, information supplied to the Department by strategic health authorities. From April 2013, information supplied by NHS England.

Notes:

1 Primary Care NIC is the basic cost of the drug, which does not take account of discounts, dispensing costs, fees or prescription charges income.

2 Secondary care cost is the cost of the medicines at NHS list price which may not reflect the price the hospital paid.

3 Cancer drugs are defined by British National Formulary Sections 8.1 Cytotoxic drugs, 8.2.3 Anti-lymphocyte monoclonal antibodies (but also used in other indications), 8.2.4 Other immunomodulating drugs (Interferon-Alfa, Aldesleukin, Bacillus Calmette-Guerin (B.C.G.), Lenalidomide, Pomalidomide, Thalidomide and Mifamurtide only), and 8.3 Sex hormones and hormone antagonists in malignant disease.

4 The main reason for the reduction in cancer drugs in Primary Care is the introduction of lower cost generic formulations.

29 Jan 2015 | Written questions | Answered | House of Commons | 221615

Debates

New Cancer Strategy

Backbench debate

19 Nov 2015 | 602 cc898-927

Cancer Drugs

Westminster Hall debate

HC Deb 20 Oct 2015 | 600 cc265-289WH

5. Further reading

Independent Cancer Taskforce

Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020.

Public Accounts Committee

Cancer Drugs Fund inquiry

National Audit Office

Investigation into the Cancer Drugs Fund

NHS England

Standard Operating Procedures for the Cancer Drugs Fund in 2015-16 (2015)

DEBATE PACK
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