

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES BY DEPUTY  
G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 22nd JUNE 2010**

**Question**

“Will the Minister inform members of the extent to which access to chemotherapy for cancer patients is being rationed in Jersey and in particular to the drug ‘Avastin’ which is currently being trialled?”

**Answer**

With respect to access to the newer generation of more costly anti-cancer therapies, the guiding principle is that Jersey patients should be no worse off than their UK-resident counterparts.

Availability of new drugs in Jersey is controlled by the Consultant-led Drugs & Therapeutics Committee (DT&C), before becoming available in Jersey and prescribable at taxpayers’ expense.

The Drugs & Therapeutics Committee routinely approves drugs for use in Jersey based upon two criteria. Firstly, legal licensing of the drug for its specific medical condition(s) by the European Medicines Agency (EMA), and secondly endorsement of treatment as a cost effective therapy for NHS use by the UK National Institute for Clinical Excellence (NICE).

Avastin (Bevacizumab) is a higher cost drug, priced at £2,000-£3,000 per month of therapy. Therefore a 12 month non-curative treatment course may cost up to £40,000 per patient.

Avastin is legally licensed – when combined with other anti-cancer drugs - for use in metastatic cancer of the colon, cancer of the rectum, metastatic breast cancer, and for advanced kidney cancer. Although legally licensed for use in these conditions, NICE has consistently withheld approval for use of Avastin in the bulk of its legally-approved applications. Taking the view that Avastin is disproportionately expensive.

With NICE withholding approval Avastin is not routinely available to UK NHS cancer patients, treated at the taxpayers’ expense. An identical position pertains for public patients in Jersey.

A funding anomaly does however exist, whereby some - but not all - medically insured patients in the UK may have access to Avastin therapy - dependent upon the policy of their private Medical Insurer. Some Medical Insurers fund Avastin for the majority of its legally licensed medical indications, whilst other Insurers block all funding for Avastin - citing the NICE guidance of only short-term benefit at high cost.

In a situation where a Jersey resident cancer patient has a sympathetic Medical Insurer - prepared to re-imburse the full costs of Avastin therapy - it becomes theoretically possible for that patient to travel repeatedly to the UK for anti-cancer treatment, as a private patient. However, it has been seen as unreasonable within H&SS to demand that medically insured patients - seriously ill patients with widespread cancer - travel repeatedly to the UK for fortnightly Avastin infusions for up to a year.

Therefore, on a case-by-case basis, a small number of fully insured patients have received non-curative repeat Avastin infusions in Jersey. This flexible approach is consistent with the principle that fully insured Jersey patients are no worse off than their fully insured UK counterparts.

Finally, Avastin is neither legally licensed nor NICE approved for use in patients with cancer of the ovary. A cancer for which Avastin therapy remains classed as unproven and experimental. It cannot be regarded as reasonable for H&SS to spend up to £40,000 of taxpayers’ money on treatment that remains unproven.