

ONTARIO INVESTS \$50 MILLION IN THREE CANCER DRUGS

July 2, 2008

Ontarians living with advanced colorectal cancer will now have access to Avastin as a first-line treatment. Ontario will provide more than \$30 million in funding over the next three years through the Ontario Public Drug Programs (OPDP) to make Avastin publicly available. Avastin will be used as the first treatment option in therapy for advanced colorectal cancer in Ontario.

Ontario will also provide approximately \$20 in funding over the next three years for Sprycel to treat acute lymphoblastic leukemia and Alimta to treat non-small cell lung cancer.

AVASTIN

Clinical trials have shown that Avastin is most effective when used as a first-line treatment for advanced colorectal cancer. The average length of survival for patients who receive Avastin in combination with other chemotherapy treatments is close to 2 years, compared to 15 months for patients who do not receive Avastin as part of their therapy.

Initially, Ontario will fund 12 cycles (treatment for 6 months) of Avastin. Four additional cycles (treatment for 2 months) will be funded if the patient's disease has not worsened.

Avastin will not be funded as a second-line therapy. Clinical trial results have only shown an improvement of less than 2 months. In addition, the manufacturer of Avastin does not have Health Canada's approval for Avastin in second-line use, nor did the manufacturer submit a request for funding to the Ministry of Health and Long Term Care (ministry) for second-line therapy. If the manufacturer submits new evidence supporting the use of Avastin for other types of therapy, or in combination with other chemotherapy regimens, it will be reviewed by the ministry's expert committee, the Committee to Evaluate Drugs.

First-line treatment refers to the medical therapy that is used for the initial treatment of a disease. Second-line treatment refers to the medical therapy that is used when the initial treatment (i.e., first line treatment) has either failed (disease progresses despite treatment) or has become intolerable.

TREATMENT FOR COLORECTAL CANCER IN ONTARIO

Since October 1, 2006, Ontario has increased access to drugs for colorectal cancer. Over the past three years, \$53 million has been invested through Ontario's public drug programs to provide patients suffering from colorectal cancer with the treatments and therapies they need.

With the addition of Avastin, Ontario provides the following first-line and second-line treatment options for advanced colorectal cancer:

First-line treatments

- Avastin + FOLFIRI (an irinotecan-based) chemotherapy regimen
- FOLFOX (an oxaliplatin-based) chemotherapy regimen
- FOLFIRI chemotherapy regimen
- 5-Fluorouracil and leucovorin chemotherapy regimen
- Raltitrexed single agent
- Capecitabine single agent

Second-line treatments

- FOLFOX chemotherapy regimen
- FOLFIRI chemotherapy regimen
- Irinotecan single agent

In the near future, the ministry intends to require K-RAS oncogene testing. K-RAS is like a genetic test that will help to identify those patients more likely to benefit from third-line treatment of advanced colorectal cancer. Third line treatment refers to medical therapy that is used when initial treatment (e.g., first-line treatment) and second-line therapy have failed (disease progresses despite treatment). The ministry will provide more details on this initiative soon.

ALIMTA

The ministry has also approved funding for Alimta under the New Drug Funding Program (NDFP) for patients in Ontario who require chemotherapy as second-line treatment for non-small cell lung cancer. Alimta has proven to be as effective and better tolerated in many patients than docetaxel, a chemotherapy drug that is routinely used for the second-line treatment of non-small cell lung cancer.

The funding of Alimta will provide a treatment option for patients with lung cancer who have not had success with first-line chemotherapy treatment.

SPRYCEL

Sprycel has also been approved by the ministry for funding under the Exceptional Access Program for the treatment of acute lymphoblastic leukemia (ALL) for both adult and pediatric patients who did not respond to previous treatment regimens for ALL.

ONTARIO'S TRANSPARENT DRUG SYSTEM FOR PATIENTS ACT

In 2006, Ontario passed the *Transparent Drug System For Patients Act* to improve patient access to drugs. The government's reforms included a rapid review process for new drugs and the ability to negotiate agreements with manufacturers. Together, these have enabled faster drug funding decisions. This means that Ontario patients now receive more timely access to effective new treatments such as Avastin. Since the Act was introduced (up to December 31, 2007), 142 new individual brand name drug products are now funded, of which 31 are specifically for cancer indications.