Fact Sheet:
Oncology Treatments

Medicines Australia

The reforms recommended by the HTA Review will open the door for faster patient access to oncology medicines.

Faster patient access to oncology products is essential – some patients do not have the time to wait. The HTA Review makes many reform recommendations relevant to patient access to oncology treatments.

These include:

- Revision of the policy and guidance frameworks for Managed Entry Arrangements (MEA) to provide more flexibility for sponsors and the Government to address identified uncertainties, while supporting timely patient access (Recommendation 19).
- Establishment of a Bridging Fund to facilitate earlier, temporary subsidised access to eligible therapies of high added therapeutic value which address high unmet clinical need for patients. This could include oncology medicines (Recommendation 20).
- Development of an Australian-specific framework to optimise timely access to relevant real world data (RWD) for HTA, covering enabling systems, pathways, evaluation and research the collection and use of RWD for HTA (Recommendation 27) and ensure early identification of data collections potentially suitable to support the resolution of uncertainties where it is expected an application may result in an MEA (Recommendation 31).
- Development of additional methods for the use of surrogate endpoints in HTA (Recommendation 36).
- Development of updates to methods for use of non-randomised and observational evidence (Recommendation 37).
- Development of further guidance on methods for assessing tumour agnostic therapies and therapies that target cells with particular gene alterations (Recommendation 38).
- Creation of a framework for PICO development to support HTA submissions (Recommendation 32).
- Updates to guidelines, assessment methods, public summaries to ensure it is clear how both consumer evidence and consumer input is integrated in HTAs (Recommendation 33).

Medicines Australia and the Oncology Industry Taskforce have advocated strongly for reforms. We've called for greater investment in real-world evidence, supported by revised evidence requirements for the valuation of cancer medicines; implementation of a provisional drug listing scheme; and further enhancements to consumer, clinician and community involvement. It is clear the use of surrogate endpoints is critical in the oncology space, with 50% of cancer medicines over a 10-year period being based primarily on a surrogate outcome.