

New cancer drugs on the PBS

Elizabeth Lord

Metastatic melanoma drug ipilimumab (Yervoy) will be listed on the PBS from August, saving patients more than \$110,000 a year.

Its inclusion is one of a raft of changes announced by Health Minister Tanya Plibersek including the approval of abiraterone (Zytiga) for treatment of prostate cancer.

The current listing of breast cancer drug vinorelbine (Navelbine) has also been extended to include treatment after other therapies have failed.

The subsidies for the three cancer medicines are expected to cost the Australian Government more than \$430 million over the next four years.

Ipilimumab was approved by the TGA in June 2011 but the PBAC twice declined to recommend it be listed on the PBS.

Ms Plibersek said the drug



Treatments for skin, breast and prostate cancers will be listed

was the first in a new class of medicines for melanoma treatment.

"While prevention is always the best option, the PBS listing of ipilimumab is a major step forward for people who have developed malignant melanoma," she said.

She said the PBS listing of abiraterone, which previously cost

around \$27,000 a year, would benefit more than 1,000 Australian men.

"This medicine offers an important treatment option for patients who are not well enough to tolerate further chemotherapy," she said.

Vinorelbine currently costs around \$17,000 for an average

of six prescriptions a year.

Medical abortion pill mifepristone was also approved for inclusion on the PBS.

The new listings and amendments will come into effect between August 1 and October 1 this year.

What do you think?

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Cholangitis a harbinger for GI cancer

Nicola Garrett

All patients presenting with cholangitis should receive a diagnostic workup for GI cancer, experts advise after finding a stronger than expected link between the two conditions.

There was already a well-known link between GI cancer and the risk of cholangitis, but it was less clear whether the condition was a marker for occult cancers, the Danish researchers wrote in *Gut*.

Long-term relative and absolute risk estimates for all types of GI cancers after a diagnosis of cholangitis were also unclear, they said.

However their **population-based study of 4,333 patients** found a 50 times higher than expected rate of gastrointestinal cancers in patients with cholangitis compared to the general population.

Within the first six months the excess absolute risk was 175



additional cancers per 1,000 persons-years at risk, the study authors from Aarhus University in Denmark reported.

The highest risks were for pancreatic cancer, followed by gallbladder and biliary tract cancer and liver cancer.

It was possible that surveil-

lance bias could explain their findings, particularly as most cancers were diagnosed within six months of initial presentation.

But when they excluded patients who were diagnosed with cholangitis and cancer in the same admission they still found a pronounced increase in the overall relative risk.

Over the 17 year study period prevalence of localised cancer among patients was 25%, with a SIR of 6.75, whereas the prevalence of advanced cancer was 41% with an SIR of 7.08, they found.

"Considering the location of gastrointestinal cancers and the risk of obstructing the bile duct system, this increased risk is plausible," the study authors concluded.

Their data suggested that 14 patients with cholangitis would need a diagnostic workup in order to detect one additional GI cancer within 6 months of admission.

"A more thorough diagnostic workup in patients admitted to hospital with cholangitis of unknown origin may be reasonable in order to detect or rule out an occult gastrointestinal cancer," they concluded.

Gut 2013; online

What do you think?

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Shift work link with breast cancer confirmed

Hugo Wilcken

Women who work night shifts may want to consider taking fish oil supplements, if two recent breast cancer studies are to be believed.

A large Canadian study has found that women who had worked night shifts for 30 or more years were more than twice as likely to develop breast cancer than matched controls.

Although previous studies have linked shift work to breast cancer, almost all were restricted to nurses, the authors from Vancouver and Ontario noted.

The current study of over 2,300 breast cancer cases and controls was one of very few to include other occupations and demonstrate the link in a general population, they said.

Women who had worked night shifts for less than 30 years did not seem to be affected and there appeared to be no interaction with hormone receptor status.



It was unclear why shift work should raise the risk of breast cancer but there were several plausible explanations, the researchers said.

Differing melatonin levels have been proposed as a possible mechanism, as well as sleep disturbances, clock gene dysregulation or lifestyle differences, they said.

Meanwhile, a *BMJ*-published

study has found high consumption of marine n-3 polyunsaturated fatty acids (PUFA) lowers the risk of breast cancer by 14%.

The odds of developing breast cancer were reduced by five percent for every 0.1g of n-3 PUFA consumed per day, the investigators calculated.

Fish intake in itself was associated with lower breast cancer risk in Asian populations but not in the West. This could be because typical fish intake was much higher among Asians, whereas a large proportion of Westerners got their marine n-3 PUFA from fish oil supplements rather than fish, the authors said.

The study provided "solid and robust evidence" that marine n-3 PUFA lowered risk, although the protective effect of fish or individual n-3 PUFAs needed further investigation, they concluded.

Occupational and Environmental Medicine 2013; online

What do you think?

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Home chemo treatment in WA

A new home-based chemotherapy service has been launched in Western Australia.

Chemo@home has partnered with health insurer HBF to test their home chemotherapy service with eligible members.

The company said the vast majority of chemotherapy was suitable for home administration including treatments for breast, colon and lung cancers as well as haematological malignancies.

It could dramatically reduce costs for both patients and the health service, the company said.

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Australian Government
Department of Health and Ageing
Therapeutic Goods Administration

EXPRESSIONS OF INTEREST MEMBERSHIP OF TGA STATUTORY ADVISORY COMMITTEES

The Therapeutic Goods Administration (TGA) is seeking expressions of interest from experts for various positions on a number of statutory advisory committees. These committees include the Advisory Committee on Biologicals, the Advisory Committee on Complementary Medicines, the Advisory Committee on Prescription Medicines, the Advisory Committee on Non-prescription Medicines, the Advisory Committee on Medical Devices, the Advisory Committee on the Safety of Medical Devices and the Advisory Committee on the Safety of Medicines.

These committees provide independent expert advice to the Minister for Health and to the TGA on specific scientific and technical matters, which aids the TGA's regulatory decision making and other regulatory processes. Terms of appointment are for a period of up to three years, commencing in early 2014.

Remuneration and travel for all TGA statutory advisory committees is in accordance with the latest determination of the Remuneration Tribunal. Members are bound by committee-in-confidence obligations, as well as obligations to declare all potential conflicts of interest.

More than 50 expert advisors are being sought from a range of fields, so if you have expertise in relevant clinical or scientific fields or appropriate consumer issues, and want to contribute to the regulation of therapeutic goods in Australia we would like to hear from you.

Applications must be received by 5pm (AEST) 4 August 2013. Further information on the positions and instructions for submitting expressions of interest are available on the TGA website at:

www.tga.gov.au/about/committees-expert-vacancies.htm.

AG75942

Aspirin's anticancer effects depend on BRAF mutation

Nicola Garrett

The protective effect of aspirin in colorectal cancer differs by BRAF status, **new research** suggests.

The study involving more than 127,000 people in the Nurses Health Study and the Health Professionals Follow Up Study found regular aspirin use was associated with a 27 percent lower risk of BRAF-wild type colorectal cancer.

People taking a higher number of aspirin tablets a week had an even lower risk of BRAF-wild type cancer compared to those who did not take aspirin, the researchers discovered.

But aspirin had no effect in people with the mutated form of BRAF, the researchers from the Dana-Farber Cancer Institute in Boston found.

And regular aspirin use after a diagnosis of either type of colorectal cancer did not improve patients' survival.

"This suggests that the potential protective effect of aspirin may differ by BRAF status in the early phase



of tumor evolution before clinical detection but not during later phases of tumor progression," the study authors wrote in this week's *JAMA*.

The findings - which applied irrespective of status of tumour, PTGS2 expression or PIK3CA or KRAS mutation - supported the hypothesis that BRAF-mutated cells may show resistance to the anticancer effects of aspirin because of "up-regulation of the MAPK pathway".

But given the 'modest differences' in absolute risk more research was needed to determine clinical relevance, the authors concluded.

JAMA 2013; online

What do you think?

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