



2016-05/010
T:/D102

May 25, 2016

Danae Staples-Moon
Therapeutic Group Manager
PHARMAC
PO Box 10254
Wellington 6143
By email: danae.staples-moon@pharmac.govt.nz

Tēnā koe

[Proposal to list nivolumab \(Opdivo\) for advanced melanoma](#)

The New Zealand Nurses Organisation (NZNO) and, in particular, the Cancer Nurses College warmly welcome and support the proposal to list the above medicine to treat advanced melanoma. We trust that PHARMAC will make this available to DHB's immediately, so that eligible patients can commence treatment as soon as possible. We are aware of the extreme hardship and stress caused to families trying to fund treatment for loved ones, as well as the loss and anguish suffered by those who haven't had the means to pay for treatment privately and have died prematurely.

Aotearoa New Zealand enjoys the unenviable distinction of having the highest incidence of melanoma in the world¹, so it is entirely appropriate that access to this medication is made universal. Indeed, we trust that evidence of the financial cost of this much needed treatment may prompt more commitment from government to regulate, and implement strategies to prevent and reduce harm from ultraviolet radiation (UVR) as other countries have done eg by banning sunbeds² and updating guidelines for workers³. We also expect that it will help workers who have not been properly informed about, or protected from UVR exposure to

¹ <http://www.worldlifeexpectancy.com/cause-of-death/skin-cancers/by-country/>

² The government declined to act on the consistent recommendations of the health sector to ban sunbeds in the recent Health Protection Amendment Bill.

³ The current guidance document for the protection of workers from solar UV radiation provided by WorkSafe is a grossly outdated 1994 Department of Labour Document which does not encompass the more recent epidemiological observations and health consequences concerning exposure to UVR (180-400 nm) in the World Health Organization's guidance document (2007).

claim fair compensation for occupational harm from the Accident Compensation Corporation (ACC) as per the social contract outlined in section 3(d) of the ACC Act 2001⁴.

The proposal will add to pressure on oncology treatment centres in terms of resource and facility to accommodate the extra patients needing treatment. NZNO would like to know what consideration has been given to this aspect in both the development and anticipated implementation of the proposal. We also note that while the proposed treatment nivolumab (Opdivo) is comparable to pembrolizumab (Keytruda) in terms of outcomes, it has to be administered fortnightly rather than three weekly. We assume that the extra costs this entails has been factored into your decision.

NZNO would be happy to discuss any of the above should you require more detail from our expert cancer nurses.

Nākū noa, nā



Marilyn Head
Snr Policy Analyst
DDI: 04 494 6372
Marilynh@nzno.org.nz

NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

⁴ le “ensuring that, during their rehabilitation, claimants receive fair compensation for loss from injury, including fair determination of weekly compensation and, where appropriate, lump sums for permanent impairment”. At the Forum on Workplace Carcinogens held at Te Papa O Tongarewa, 28 November 2013, John Monigatti and others from ACC noted that the number of workers compensated for occupational disease such as cancer is a tiny fraction of the likely number harmed, despite improved in diagnostic capabilities. <http://publichealth.massey.ac.nz/assets/Uploads/Forum-panel-final-notes-17Dec2013-Session-4.pdf>

