

HAVE YOUR SAY – SUBSIDISATION OF MEDICINE FOR HIGH-RISK PROSTATE CANCER

The Australian Government Pharmaceutical Benefits Advisory Committee (PBAC) has invited consumers to comment on an application for subsidisation of the medicine ERLYAND, also known as apalutamide, and what it may mean for men living with prostate cancer.

The application is seeking Pharmaceutical Benefits Scheme (PBS) subsidisation specifically for the treatment of patients with high-risk castration-resistant prostate cancer with no distant metastases, defined by PSA doubling time of less than about 10 months.

PBAC would like to hear from Australian men living with this particular stage of prostate cancer, their carers, and family members to help inform their decision on whether to subsidise the drug.

PCFA, through its Prostate Cancer Support Group Network, is gathering comments via an open form [survey](#) to send to PBAC – exactly as provided – on behalf of Network consumers.

This document provides brief evidence-based background for those who are interested in commenting via the survey or directly via the PBAC [online portal](#).

What is ERLYAND (Apalutamide)?

ERLYAND helps to stop male hormones (like androgen and testosterone) from making prostate cancers grow and spread. It comes in tablet form and has been found effective in delaying the progression of prostate cancer that has become resistant to hormone therapies like ADT (androgen deprivation therapy).

Who can be treated with ERLYAND?

Men without distant metastases who are castration-resistant and have high-risk prostate cancer are suitable for treatment using ERLYAND. These are men with a rapidly rising PSA level (the level doubles within a 10 months) despite hormone therapy (ADT), but who do not have prostate cancer cells outside the prostate, such as in the bones or soft tissues outside the pelvic region.

What evidence is there to support its use in treatment of high-risk prostate cancer?

Clinical trials have found ERLYAND can delay the appearance of metastases (sites of tumour cell growth) when ADT has failed to keep the PSA levels from rising and can extend life by 14 months compared to taking ADT only. Men who received the drug were less likely to die than those taking ADT alone, were less likely to see their cancer progress, and took longer to progress to metastatic cancer than those who did not.

Are there any side effects?

Side effects might include feeling very tired, skin rash, weight loss, hot flushes, hypothyroidism, joint pain, and falls and fractures. Seizures may occur in rare cases and majority of skin rash is mild and transient and resolve on therapy.

How much will it cost?

Without subsidisation, ERLYAND costs about \$45,000 per year whilst on treatment. Eligible patients can apply for a cost-share arrangement with the manufacturer.

[If you would like to provide comment on the application via PCFA, please click here.](#)