

## **5.9 The Connétable of St. John of the Minister for Health and Social Services regarding the prescription of the drug Cabazitaxel in recent months:**

Can the Minister give the number of occasions over the last 24 months that recommendations have been made for cancer patients to be given Cabazitaxel, giving details of the number approved and those declined? Of those declined, the reasons for so doing and whether the patient's general practitioner was consulted in reaching the decision, and if not, why not?

### **Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):**

I am aware that there were a very small number of cases in the last 24 months where Cabazitaxel has been requested by clinicians for patients with advanced prostate cancer. It would not be appropriate to disclose the precise number as being so small this would risk identifying the individuals concerned. However, on each occasion the request for Cabazitaxel was declined. The decision not to make Cabazitaxel available was based on a detailed review by the N.I.C.E. (National Institute for Health and Care Excellence), which concluded that Cabazitaxel was not a cost-effective treatment when compared to an alternative treatment which also prolonged survival and which is also available in Jersey. This same decision was reached by the Scottish Medicines Consortium for the N.H.S. (National Health Service) in Scotland. G.P.s are being kept informed by cancer specialists regarding the treatment choices for their patients, however, G.P.s are not specialists in cancer treatment and so would not routinely be directly involved in the decision as to which chemotherapy drug to use.

### **5.9.1 The Connétable of St. John:**

Given that the General Hospital send their patients to the United Kingdom for cancer treatment, if a consultant in the United Kingdom makes a recommendation of a certain drug to that patients, why, on their return to the Island does the Minister's Department overrule that consultant's advice?

### **The Deputy of Trinity:**

That is not the case. As a matter of policy, the Health and Social Services does not fund non-N.I.C.E. approved treatments. Where a consultant believes a patient should be considered as a special case for treatment not routinely available, the case can be submitted to the Health and Social Services Drugs and Therapeutics Committee for review.

### **5.9.2 The Connétable of St. John:**

Are the patients when they are declined this medication they told that they can go to the committee for a review?

### **The Deputy of Trinity:**

Yes, as I understand it, but it is a clinician's point of view too. This is for advanced prostate cancer and the side-effects can sometimes be quite debilitating so it is done on very many different criteria.