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Rule out chemotherapy for early breast cancer - but first take a \$5000 test

by **Jill Margo**

There is good news for women with early breast cancer, but for Australians it comes at a price.

New research from the United States has just shown that many women with early breast cancer need not have chemotherapy, which can take three to nine months, depending on their tumour.

This year about 18,000 Australian women will be diagnosed with breast cancer. The research results mean more than 7000 of them can be saved the cost, personal pain and complicated side effects of chemotherapy.

But to do this, they have to pay \$5000 to an overseas company for a gene test that is not covered by any payment system in Australia.

Called the Oncotype DX Breast Cancer Assay, it looks at the activity levels of 21 genes which mark the cancer's aggression.

The research, led by the Albert Einstein Cancer Centre in New York, used this test to analyse the cancers of 10,000 women who were then followed for nine years.

The results provide an important step forward in "precision medicine" for breast cancer, says Professor Sanchai Aranda, CEO of Cancer Council Australia.

She says the concept of using genetic profiling to predict the risk of a woman's cancer recurring and deciding whether she needs chemotherapy with hormone therapy has been around for several years.

It's known that those with very low risk cancers didn't need chemotherapy while those at high risk did. But there was uncertainty about women at intermediate risk.

The research showed they didn't benefit from the chemotherapy.

With it 93.8 per cent survived and without it, 93.9 per cent survived.

"It's a very important trial but the sting in the tail is that, in order to benefit, women have to pay \$5000 for the genetic test," says Professor Aranda.

"This research will now be important in helping put the case for subsidising the test."

The test has been approved for use in the UK and the US, says Elgene Lim, head of Breast Cancer Research at Sydney's Garvan Institute of Medical Research, leader of the breast oncology program at Sydney St Vincent's Hospital and an associate professor at the University of NSW.

He says the test has been rejected six times by the independent Medical Services Advisory Committee that advises the health minister on such matters.

"While there is obviously a cost issue for the government, there is also potentially a cost saving." It could come from many women not having unnecessary chemotherapy.

Chemotherapy is fully funded in the public sector.

"And there is a second imperative that relates to safety," he says. If a woman wouldn't benefit from chemotherapy, she needs to know that so she can avoid its harms.

"This is a major shift in the way we think about cancer therapy. In the old days, when we had few tools to treat cancer, it was the more treatment the better and side effects were not that much regarded."

"Now we think about ways to de-escalate therapy in those who don't need a lot of treatment and save them unnecessary toxicity."

The study's results, presented at the American Society of Clinical Oncology meeting in Chicago on Sunday and published in the New England Journal of Medicine, do not apply to all women with early breast cancer.

National Breast Cancer Foundation Research Director, Dr Chris Pettigrew, says the results could lead to more effective treatment for women with hormone-receptor positive, HER2-negative, node-negative breast cancer.

The Foundation funds research on treatments beyond chemotherapy that are more effective and targeted, such as immunotherapy which targets the immune system rather than the tumour.

"This allows potentially less toxicity and chance of better quality of life as it avoids chemotherapy for longer," he says.