



NHS Wales approves funding for SIR-Spheres® (Y-90 resin microspheres) – an innovative form of internal radiotherapy for liver tumours – to patients in Wales under a new scheme

6th October 2014. NHS Wales announced today that Selective Internal Radiation Therapy (SIRT) will be made available to eligible patients in Wales with liver cancer that has spread from the bowel or bile duct cancer. NHS Wales has confirmed that they will join the Commissioning Through Evaluation (CtE) process to enable access for patients to SIRT and provide central funding to support this.

The announcement means that SIR-Spheres Y-90 resin microspheres, the most commonly used form of SIRT, will now be available for funding on the NHS for all eligible patients throughout the UK for the first time.

SIRT is now also the first treatment to be funded in Wales through the NHS CtE policy to expand the availability of innovative cancer treatments. Access to SIRT in Wales was previously only available if the treatment was paid for privately, or if an application was made for its use under exceptional circumstances, a process that could take many months at a time when the patient's need may be quite urgent.

Patients in South and Mid Wales will be treated with SIR-Spheres Y-90 resin microspheres at University Hospital Wales in Cardiff and arrangements have been made for patients in North Wales to be treated at the Christie Hospital in Manchester.

The news follows the announcement earlier this week that the European Society for Medical Oncology (ESMO) has recommended the use of Yttrium-90 resin microspheres (SIR-Spheres), as a clinically proven technology to “prolong time to liver tumour progression” in patients with liver cancer that has spread from the bowel and who have failed available chemotherapy options.

SIR-Spheres Y-90 resin microspheres, the lead product of Sirtex Medical Limited, is the only form of SIRT that is recommended in the new ESMO guidelines.

Welcoming the decision by NHS Wales, Nigel Lange, CEO of Sirtex Medical Europe GmbH, said, “This is tremendous news for cancer patients and their families in Wales and a further indication of the increasing support for SIR-Spheres Y-90 resin microspheres in the UK. This is especially welcome following the publication of the ESMO clinical guidelines recommending SIR-Spheres Y-90 resin microspheres.”

Dr Richard Adams, Consultant Clinical Oncologist in Cardiff said, “This is a very welcome announcement and it will mean a great deal to patients in Wales with bowel cancer that has spread to the liver who can now be offered this innovative treatment

for the first time at a stage when few other treatment options are available to them. I am delighted that patients in South Wales will be treated in Wales”.

“This is tremendous news for cancer patients and their families in Wales”, said Mark Flannagan, Chief Executive from the charity Beating Bowel Cancer. We are delighted that NHS Wales has extended CtE to Wales to enable eligible patients to benefit from a better quality of life and extended survival”.

Treatment with SIRT will be available to eligible patients in Wales by referral from their local specialist consultants. SIRT will only be funded for patients where all other routine approaches, such as surgery and chemotherapy, are no longer appropriate.

The SIRT procedure is a form of radiotherapy in which millions of tiny radioactive beads are injected into the artery that supplies the cancer, direct into the site of the liver. SIRT (using SIR-Spheres Y-90 resin microspheres) has been shown to significantly improve survival by about five months in patients with bowel cancer that has spread to the liver and who have failed prior chemotherapy.^{1,2}

¹ Seidensticker R *et al.* Matched-pair comparison of radioembolization plus best supportive care versus best supportive care alone for chemotherapy refractory liver-dominant colorectal metastases. *Cardiovasc Intervent Radiol* 2012; 35; 1066–1073.

² Bester L *et al.* Radioembolization versus standard care of hepatic metastases: comparative retrospective cohort study of survival outcomes and adverse events in salvage patients. *J Vasc Intervent Radiol* 2012; 23: 96–105.

SIR-Spheres® is a registered trademark of Sirtex SIR-Spheres Pty Ltd.

- ENDS -

Notes to editors:

About Selective internal radiation therapy (SIRT)

SIRT is an innovative treatment for liver metastases (the spread of cancer from other parts of the body to the liver) and primary liver cancer. It involves millions of very tiny 'beads' (microspheres) being injected into the major blood vessel that supplies the liver with oxygen and nutrients. Each bead is small enough to reach the tiny blood vessels in and around the active tumours, where they give out concentrated doses of direct radiation specifically to these tumour cells. The treatment is then active within the liver for about two weeks of continuous treatment. Because internal radiation is delivered directly to the tumours, patients may receive radiation doses many times greater than is possible with external beam radiation.

About bowel cancer that has spread to the liver

In the UK bowel cancer is the UK's second biggest cancer killer and the fourth most common cancer.³ In 2010, 40,695 people in the UK were diagnosed with bowel cancer.⁴ Cancer of the bowel can spread to other parts of the body but typically spreads to the liver first. About a quarter of people who are diagnosed with bowel cancer will already have cancer that has spread to the liver. A further 25-30% of patients will go onto develop liver cancer.⁵

About bile duct cancer

The bile ducts are narrow tubes that carry bile, a fluid made in the liver, to the bowel where it helps digest fats. Bile duct cancer (cholangiocarcinoma) arises from the bile

ducts located in the liver. It is rare, with around 1,000 new cases each year in the UK.⁶

About Commissioning through Evaluation (CtE)

This policy allows approved hospitals to offer innovative treatment like SIRT, where initial effectiveness and safety has been shown and supported by guidance from the National Institute for Health and Care Excellence (NICE), but where further proof on clinical and cost effectiveness is required for routine NHS use. CtE is particularly relevant to specialised treatments that treat smaller numbers of patients, because there is typically less evidence available in these areas to support the development of a full NHS funding policy. CtE will lead to a bank of information that will help to inform future funding policies or NICE decisions. Each of the CtE treatments will be funded for between two and three years while new evidence is gathered. The outcomes of the use of SIRT under the CtE policy will be evaluated in 2016.

For media enquiries, please contact:

Iga Rawicka

Sirtex

irawicka@sirtex-europe.com

+48 (0)600 600 166

www.sirtex.com

Hugh McKinney

denovo strategy

hmckinney@denovostrategy.co.uk

+44 (0)7961 323810

¹ Seidensticker R *et al.* Matched-pair comparison of radioembolization plus best supportive care versus best supportive care alone for chemotherapy refractory liver-dominant colorectal metastases. *Cardiovasc Intervent Radiol* 2012; 35: 1066–1073.

² Bester L *et al.* Radioembolization versus standard care of hepatic metastases: comparative retrospective cohort study of survival outcomes and adverse events in salvage patients. *J Vasc Interv Radiol* 2012; 23: 96–105.

³ Beating Bowel Cancer. Facts and figures. www.beatingbowelcancer.org/facts-and-figures. Last accessed 3/11/13.

⁴ Cancer Research UK. Bowel cancer statistics. www.cancerresearchuk.org/cancer-info/cancerstats/types/bowel. Last accessed 3/11/13.

⁵ Sirtex. Colorectal cancer in the liver. www.sirtex.com/eu/patients/about-cancer/colorectal-cancer-in-the-liver. Last accessed 3/11/13.

⁶ MacMillan. Bile duct cancer (cholangiocarcinoma)

www.macmillan.org.uk/cancerinformation/cancertypes/bileduct/bileductcancer.aspx. Last accessed 4/11/13.

SIR-Spheres[®] is a Registered Trademark of Sirtex SIR-Spheres Pty Ltd.