Project brief – Access to chemopreventative drugs
January 2014

Aim of project
To better understand the potential barriers for patients to accessing appropriate chemopreventative drugs by understanding the views of clinicians, regulators (including NICE), national decision-makers and commissioners in the NHS.

Background
Chemoprevention is the use of medication to lower the risk of cancer (or risk of recurrence) or prevent cancer in healthy people. Examples include:

• the use of drugs called aromatase inhibitors in women who are healthy, but have a high risk of developing breast cancer in their lifetime due to genetic factors;¹
• the use of aspirin to prevent people from developing bowel cancer.²

The development of chemoprevention drugs is an exciting and fast developing area of cancer research. Supporting people to take steps that are known to lower their risk of developing cancer is crucial to giving many people the best chance of avoiding debilitating disease.

Use of such drugs is also a relatively new approach to cancer care. As such, there exist concerns from researchers, charities and the wider cancer community about the ease with which chemoprevention drugs will in future be adopted by clinicians in routine NHS care. There may also be issues around patient attitudes to taking chemoprevention.³

A particular issue in chemoprevention is that these drugs will generally be old ones (i.e. used in clinical practice for certain conditions for some time) that have been investigated for new uses (and shown to be effective), so will likely have come off-patent.⁴ Generally this means these drugs are not commercially attractive, and commercial sponsors will not seek licenses for them in the new setting. As such, prescribing of chemopreventative drugs will often be ‘off-label’ i.e. the drug may have been licensed for another use, but is not licensed for use in chemoprevention. Some researchers and charities have expressed concern that clinicians may be reluctant to prescribe off-label drugs to patients due to the professional risk this entails.⁵ An Off-Patent Drugs Bill⁶ was tabled in Parliament seeking to address this issue - though the Bill did not progress, there are active policy discussions between researchers, charities and the Department of Health on this issue.

² http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/about/risks/protecting-against-bowel-cancer#nsaid
⁴ i.e. Out of patent restrictions, meaning the company holding the patent loses exclusive rights over the intellectual property around the drug and associated commercial benefits.
⁵ General Medical Council guidance states that off-label prescribing is permitted if there is no licensed alternative: http://www.gmc-uk.org/guidance/ethical_guidance/14327.asp
⁶ http://services.parliament.uk/bills/2015-16/offpatentdrugs.html
The new Cancer Strategy\(^7\) sets out the need to consider optimising chemoprevention in cancer care (section 4.7). It contains two recommendations (6 and 7) that should be considered as part of this work:

- NHS England should work through CCGs to ensure that GPs are appropriately prescribing chemopreventive agents to reduce the risk of invasive breast cancer where their use is established through NICE guidelines.
- NHS England should commission NICE to develop updated guidelines for the use of drugs for the prevention of breast and colorectal cancers. Updated guidelines should consider the use of aromatase inhibitors for untreated post-menopausal women at high risk and the use of aspirin for individuals with HNPCC. Once these guidelines are published, CCGs should ensure that GPs appropriately implement them.

Cancer Research UK interest in this issue

Cancer Research UK (CR-UK) has a strong interest in chemoprevention research as part of our organisational commitment to tackling cancer through prevention.\(^8\) We fund a range of trials looking at chemoprevention agents, and we would like to ensure that any research findings are quickly translated into clinical practice to help the public and patients. Trials we fund in this area include:

- ADD-ASPIRIN\(^9\) is a trial looking at whether aspirin can be used to prevent recurrence of a number of different cancer types (breast, colorectal, oesophageal, prostate). It is the world’s largest clinical trial, taking place in the UK and India. It is jointly funded by CRUK, the National Institute for Health Research (NIHR), the Medical Research Council (MRC) Clinical Trials Unit and UCL.
- CAPP3,\(^10\) which is looking at the use of aspirin to prevent bowel cancer in people who have Lynch Syndrome, an inherited genetic condition. The trial follows on from the CAPP2\(^11\) trial, also part-funded by CRUK.
- The IBIS\(^12\) trials looking at a range of preventative agents in breast cancer. IBIS I showed that the drug tamoxifen (an aromatase inhibitor) reduced the incidence of breast cancer in high risk women. The IBIS II Prevention and IBIS II DCIS trials are continuing the work of this trial, also looking at the drugs anastrazole (also an aromatase inhibitor) and drugs called bisphosphonates. IBIS III will look at a range of aromatase inhibitor drugs as well as the drugs zoledronic acid and metformin.

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\(^8\) See our research strategy for further details: [http://www.cancerresearchuk.org/funding-for-researchers/how-we-deliver-research/our-research-strategy](http://www.cancerresearchuk.org/funding-for-researchers/how-we-deliver-research/our-research-strategy)

\(^9\) [http://www.addaspirintrial.org/](http://www.addaspirintrial.org/)


\(^12\) [http://www.ibis-trials.org](http://www.ibis-trials.org)
• PROTEC1, looking at giving hormonal treatment to prevent endometrial cancer in obese women.

CRUK is a partner of the Experimental Cancer Medicines Centres (ECMCs), a network made up of 18 centres across the UK bringing together world-leading clinicians and scientists. The UK Therapeutic Cancer Prevention Network Group (UKTCPN) sits across this. The group is pulling together chemoprevention and drug re-purposing research teams within the UK to help develop a radical new approach to make prevention studies more cost-effective and targeted.

Key questions

• Is it possible to quantify what access to these drugs is currently in those indications that are already established in NICE guidelines?
• How do clinicians (primary, secondary, tertiary care) and commissioners become aware of research evidence around chemopreventative drugs?
• Is chemoprevention high on their agenda in terms of providing excellent cancer services for patients?
• How do clinicians and commissioners treat different types of guidance coming forward (e.g. NICE Technology Appraisal Guidance, NICE Clinical Guidelines, NHS England commissioning policies, local formulary decisions) and information sources (e.g. the British National Formulary)?
• How well used are decision aids?
• What, if any, barriers to clinicians (at all levels of care) face in speaking to patients about chemopreventative drugs?
  o What role does the fact that these drugs will likely be prescribed off-label play?
• What attitudes to clinicians and commissioners have towards off-label prescribing?

Methodology

We welcome proposals on methodology. Examples of methods include:

• Interviews with clinicians and patients across the UK
• Online stakeholder surveys
• A literature review and evidence search should there be any existing evidence of NHS views on this issue

Key stakeholders to engage with for this project will be clinicians and commissioners. The chosen methodology should allow the project team to engage with a large sample of these groups.

The sample should include clinicians and commissioners from all four UK nations where appropriate.

Product

The product(s) of the research is likely to include:

• An executive summary of key findings

The methodology and approach to the work
A full account of all of the research findings
Recommendations for policy around supporting use of evidence-based chemopreventative drugs in the NHS.

Timescale
This is a short, qualitative piece of work that we would like to be completed within a relatively short time period.

Informal expressions of interest should be sent to Zoe Molyneux (details below) by Monday 28th January – this is so that we can anticipate your application and answer any questions you may have about the project.

A full application giving detailed methodology and budget breakdown should be submitted by 5pm on Monday 5th February.

The intention is that a decision will be made by Tuesday 9th February.

The full report should be submitted to Cancer Research UK by the middle of April 2016.

Submission
Please send the following to Zoe Molyneux, zoe.molyneux@cancer.org.uk, 0203 469 8362.
- Proposed approach to project and methodology
- Budget breakdown – we would welcome a suit of options in terms of what is possible
- CVs of staff who will work on the project and a short summary of experience carrying out this type of work
- Information about relevant governance arrangements within your institution.

Or via the following address:
Policy Department, Cancer Research UK, 407 St John St, London EC1V 4AD.

Further information
Should you have any questions about this project, please contact Zoe Molyneux using the contact details above.