

PRIVATE MEMBERS' BUSINESS

Mesothelioma

Mrs HULL (Riverina) (3.45 p.m.)—Members have risen in this House numerous times to support the provision of life-saving and life-enhancing drugs, and this is yet another occasion. We have heard a lot of the speakers go through the issues of mesothelioma sufferers and their inability to access a choice of medication. It has been stated in the debate that the PBAC has rejected past submissions for the use of Alimta for mesothelioma on a wide scale but that it has indicated that there was not enough evidence and that any improved survival was accompanied by improved quality of life. The PBAC has said that Alimta treatment maybe did not represent value for money, that Alimta can have toxic effects and that patients with mesothelioma are more likely to develop serious side effects than those patients with non-small cell lung cancer.

The PBAC is an independent advisory board. This is a bipartisan issue; it is not a political issue. There is an independent board to assess these applications. Those on the board are the appropriate medically trained people to assess the applications of all drugs that may be looked at to treat certain illnesses, so it is appropriate that they assess it. I ask the PBAC, as an independent advisory body, to consider whether, if Alimta does not agree with a patient and the side effects are intolerable for that patient, the patient will use it. The issue here is that sufferers of mesothelioma must be provided with a choice. It is also a fact that there are patients who react favourably. We have heard about those who do not react favourably to Alimta, but there are those who do react favourably to the combination treatment of Cisplatin and Alimta and, for these people, multiple courses of the treatment may be required. Of course, these courses cost much more. If a single course can cost up to \$25,000, then if Alimta is agreeable to the body it will cost a lot more money.

It is for this reason that some sufferers are not made aware of the possible option of Cisplatin and Alimta. It is suggested that some clinicians choose not to discuss these options with somebody who may not be financially able to consider this treatment; or a surgeon may consider that it is beyond the means of their patient to access this treatment so they do not discuss it. But it is also noted that mesothelioma patients in rural and regional areas are less likely to be diagnosed with this disease or to be diagnosed correctly and informed about Alimta. This is an inequity of different proportions for different areas and for the many patients and sufferers who would get enormous advantage from the use of Alimta.

We heard some significant stories the other day, and anyone who has had personal dealings with mesothelioma, or cancer in general, will always hear a heartbreaking story. We have heard many stories, provided by many strong and courageous mesothelioma sufferers, which have really convinced me that, as a bipartisan effort, the PBAC needs to sincerely look at the positive values that can be provided to the sufferers of mesothelioma who can adequately take this treatment without side effects. Bodies react differently to every sort of treatment, but this treatment must be made available as a choice of treatment. If you are racked with mesothelioma and pain, any treatment or assistance to reduce that in your last stages of life are welcomed and should be made available.

The DEPUTY SPEAKER (Hon. AM Somlyay)—Order! The time allotted for this debate has expired. The debate is adjourned and the resumption of the debate will be made an order of the day for the next sitting.