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Thank you for your email dated the 12th of December providing correspondence from your constituent, Mr Rob Lester, about access to abiraterone (Zytiga®)for first line treatment of advanced prostate cancer.

I note that Mr Lester is receiving treatment with abiraterone (Zytiga®) as part of the STAMPEDE clinical trial and that he is very keen that new medicines to treat cancer patients, including abiraterone (Zytiga®) as a first line treatment, are made available to help others.

In Scotland we have a clear and consistent route for licensed medicines to be appraised through the SMC. Following receipt of a submission by the manufacturer, the SMC carry out an appraisal of the medicine and then determine whether it should be accepted for routine use in the NHS in Scotland. The SMC do this independently of Ministers and our Parliament which is important because it means decisions on whether to accept newly licensed medicines are based on clinical and cost-effectiveness at a national population level for all Scotland.

In relation to abiraterone (Zytiga®) specifically, I can advise that since 2012 it has been licensed for a number of indications by the European Medicines Agency (EMA) and the manufacturer, Janssen-cilag Ltd, has applied to the Scottish Medicines Consortium (SMC) for two of those indications to be made routinely available within NHSScotland.

In August 2012, abiraterone (Zytiga®) was accepted for restricted use in Scotland in combination with prednisone or prednisolone for the treatment of (mCRPC) in adult men whose disease has progressed on or after a docetaxel-based chemotherapy regimen. This was restricted to patients who have received only one prior chemotherapy regimen.

In October 2015, it was accepted for use in combination with prednisone or prednisolone for the treatment of mCRPC in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated.

My officials contacted the SMC who have advised that since October 2015 no further submissions have been made by the manufacturer, Janssen-Cilag Ltd, for the use of abiraterone (Zytiga®) in Scotland for any additional indications. However, it is expected that the company will make a submission for abiraterone (Zytiga®) for treatment in metastatic hormone-sensitive prostate cancer in the first quarter of 2019.

I hope that this information is helpful when responding to Mr Lester.

Best wishes

JEANE FREEMAN