Access to newly licensed medicines

Health & Sport Committee – November 2012

Anonymous Submission

My brother in law, AAA, was recently being diagnosed with stage 4 cancer of the colon.

AAA was admitted, on an emergency basis, to BBB Hospital in May 2012 and, following surgery, was diagnosed with cancer of the colon. The diagnosis was obviously a great shock to all family members, particularly AAA and his wife, CCC. With a view to ensuring provision of the best and most appropriate treatment, CCC and AAA researched the illness and had numerous questions when, several weeks after AAA’s surgery, they attended BBB for an appointment with the Consultant Oncologist.

At the initial meeting, the Consultant Oncologist explained the treatment plan which was essentially standard chemo therapy treatment. In the course of their research CCC and AAA had discovered that patients, who combined chemo therapy with drugs generically known as Monoclonal Antibodies, had a greatly improved quality of life and significantly longer life expectancy. Unfortunately, when AAA and CCC enquired about the Monoclonal Antibodies, particularly the drug Cetuximab, they were advised by the Consultant Oncologist that the drugs were not available on the NHS in Scotland. The Consultant Oncologist did state, in response to AAA and CCC’s questions, that the drugs would undoubtedly assist AAA. Furthermore, the Consultant Oncologist added that Scotland was the only country in Western Europe (including England and Wales) where these drugs were not made available to cancer patients.

AAA was informed he could submit an Individual Patient Request Form (IPTR) however, he was then told that none of these forms had been approved for patients with cancer of the colon and submitting the form was essentially a waste of time. It has subsequently come to light that some other health board areas have, following pressure from patients, approved these drugs for colon cancer patients (in particular I refer to the case of DDD a patient from NHS EEE) which is well documented on the internet. I refer to Mr DDD’s particular circumstances as AAA is also having to consider paying privately for this treatment and it highlights the lack of provision has caused concern for many years.

As they continue to pursue what is evidently the most effective treatment, AAA and CCC have met with several senior medical staff and some local politicians. It seems, to date, the matter has bounced back and forward between medical personnel and politicians. When Nicola Sturgeon was responsible for health she was contacted in writing by AAA, me and other relatives/friends and asked why Monoclonal Antibodies were not being made available to patients in Scotland. My impression of the response I received from Ms Sturgeons office was that the Scottish Government was simply abdicating all responsibility.
At this time, AAA’s case has been highlighted to his local MP, FFF, and she is trying to obtain local authority funding which will enable AAA to attend the most convenient English hospital for treatment.

I’m aware that AAA is not your constituent, however, as stated at the outset, his case highlights the lack of appropriate treatment for colon cancer patients in Scotland. To my knowledge, Scotland has the highest incident of stage 4 colon cancer in the UK and it is increasing. It would be greatly appreciated if you would use your influence to remedy what appears to be inequitable drug provision for colon cancer patients across the UK.