



Enjoy life. Insure health.

PRESS RELEASE Dated 23 April 2007 - EMBARGOED UNTIL 11.00am on 24 April 2007

WPA¹ introduces *mycancerdrugs* - a thoughtful new form of insurance giving access to life-saving cancer drugs denied by the NHS, highlighting two issues:

- o Many cancer drugs are licensed for use by the European Medicines Agency (EMEA) but are not available to patients on the NHS in England and Wales, but are available in Scotland
- o Many NHS cancer patients have been denied these costly, though potentially life saving treatments, such as Herceptin^{®*}, Avastin[®] and Tarceva[®] as they await National Institute for Health and Clinical Excellence (NICE²) approval, and/or local health authority funding. (* Now approved)

Mycancerdrugs is a remarkably inexpensive (the equivalent of a tank of petrol) new type of NHS top-up insurance that allows people to get these 'wonder drugs' denied by the NHS³. The demand is endorsed by YouGov research in which the significant majority of people (74%) are willing to pay extra for cancer-care on top of what the NHS provides.⁴

Julian Stainton, Chief Executive of WPA, highlights why WPA is thinking innovatively about cancer funding. "Cancer is no longer an inevitable death-sentence. Recent and dramatic advances in medical technology make treatments ever more effective. *mycancerdrugs* helps fund the cost of such advanced drugs where the NHS denies their use. It is now time for this sort of top-up insurance to be available to the public."

Rod Bramston, Managing Director of WPA Private Clients, comments "*mycancerdrugs* sustains our 100 year (pre NHS) heritage as a not-for-profit Contributory Fund where UK workers contributed their hard earned wages into a fund that covered the cost of their healthcare. As a social enterprise we are now providing a top-up cover that will help people fund a gap in cancer drug availability within the NHS. Customers who are diagnosed with cancer will no longer have to wait for NICE to approve any licensed drugs that their cancer specialist would like to prescribe."

Karol Sikora⁵ of Cancerpartners comments "WPA is addressing a subject that Whitehall refuses to discuss in the open. Getting patients to contribute to their healthcare costs is already happening throughout the UK and we really need to plan for a mixed healthcare system where patients can openly work in partnership with the providers of care."

ENDS

WPA is authorised and regulated by the Financial Services Authority (FSA). The FSA website may be checked at www.fsa.gov.uk/register for WPA number 202608.

Publication reference – CME 240407

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Notes to Editors:

1. WPA is a leading UK health insurer with a heritage as one of the original contributory funds dating back to 1901. Headquartered in Somerset, WPA is a not for profit Provident Association.
2. National Institute for Health and Clinical Excellence (NICE, www.nice.org.uk) or the equivalent organisation (e.g. The Scottish Medicines Consortium in Scotland) gives guidance to UK health practitioners. As an overview, NICE will (but is not obliged to) review cancer drugs that are licensed by EMEA.

For a list of licensed cancer drugs approved by the European Medicines Agency (EMA), see attached or visit www.mycancerdrugs.org.uk.

3. Overview of mycancerdrugs:
 - o *Mycancerdrugs* provides up to **£50,000** lifetime benefit for advanced cancer drugs that have been licensed by the EMA. Where the NHS declines to administer the drug, *mycancerdrugs* will fund all the costs directly associated with administering the drug in the private sector up to the £50,000 lifetime benefit.
 - o **A year's premium is the same as your age** + 5% Insurance Premium Tax, smokers pay double i.e. **£50 a year** + tax for a 50 year old. £100 + tax if you smoke.
 - o Maximum age of cover is **65 years**.

To ensure that WPA can maintain *mycancerdrugs* value there are a number of limitations where applicants will **not be eligible for cover** where they:

- o have had, or currently have, cancer
- o are on a medically supervised health screening or review programme because they are considered to be at a higher risk of developing cancer
- o have a parent or sibling who developed or died from cancer before the age of 60.

In addition there is a **90 day deferment** period to prevent people joining the scheme with a foreknowledge of cancer i.e. does not cover the treatment of cancers that arise within the first 90 days.

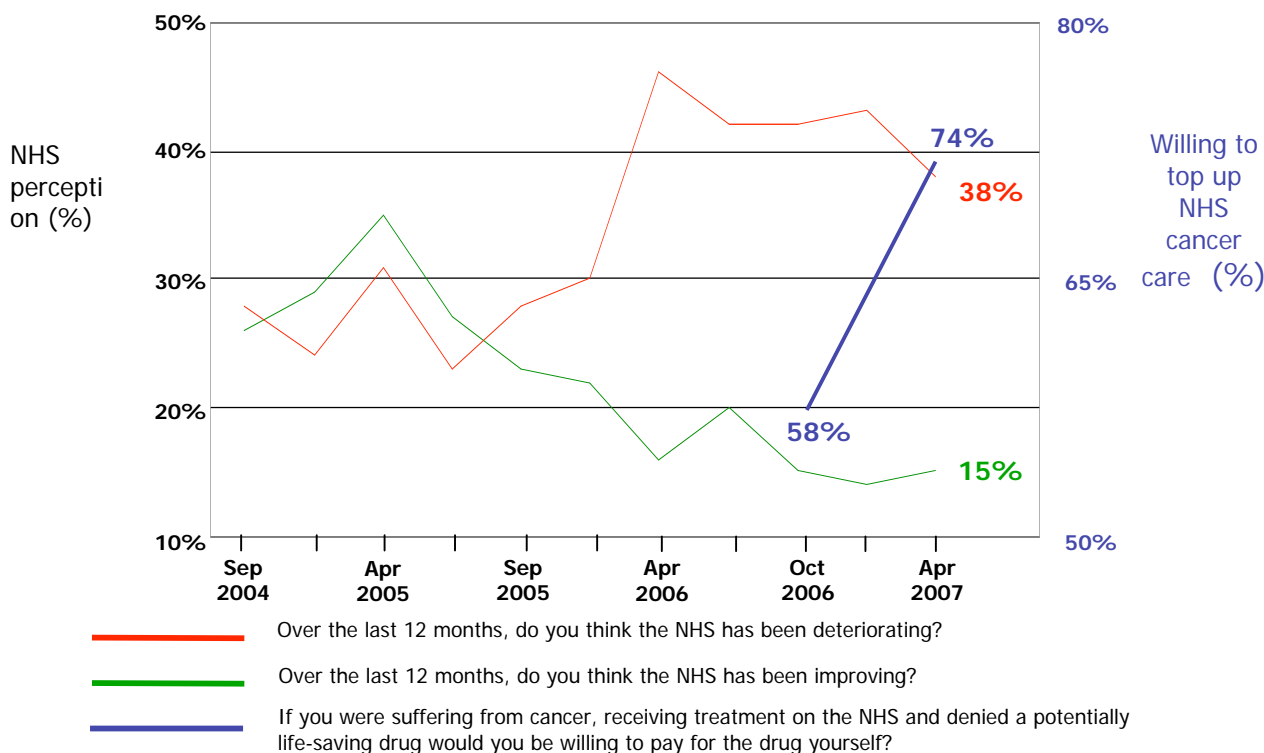
Children can be covered on an adult's policy. The annual premium for people aged 21 or under is £21 + tax.

mycancerdrugs is available on 24th April on-line at www.mycancerdrugs.org.uk or

WPA Direct at 0800 093 5678

4. YouGov* survey results:

Results of YouGov research to show public perceptions of the NHS between September 2004 and April 2007 and whether cancer sufferers are prepared to 'top-up' their NHS care (Oct 06 and Apr 07).



5. Professor Karol Sikora is a leading cancer specialist and senior editor of Treatment of Cancer - Britain's main postgraduate textbook on cancer care. He is Medical Director of CancerPartnersUK which is creating the largest UK cancer network as a series of joint ventures with NHS Trusts. He was Chief of the WHO Cancer Programme.

* Methodology: This survey has been conducted using an online interview administered members of the YouGov Plc GB panel of 115,000+ individuals who have agreed to take part in surveys. An email was sent to panellists selected at random from the base sample according to the sample definition, inviting them to take part in the survey and providing a link to the survey. YouGov Plc normally achieves a response rate of between 35% and 50% to surveys however this does vary dependent upon the subject matter, complexity and length of the questionnaire. The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample.

Mycancerdrugs.org.uk

These are advanced cancer drugs that are licensed by the European Medicines Agency (EMA) for the therapeutic indications shown below. **These drugs are not approved by the National Institute for Health and Clinical Excellence (NICE)** or the equivalent body. Such drugs are covered by mycancerdrugs for these indications. Information correct as of 18 April 2007.

Alimta[®] - Pemetrexed (infusion)

- Alimta in combination with cisplatin is indicated for the treatment of chemotherapy naive patients with unresectable malignant pleural mesothelioma. **Note 1**
- Alimta is indicated as monotherapy for the treatment of patients with locally advanced or metastatic non small cell lung cancer after prior chemotherapy.
- Typical cost per month – £8,000 Note 2**

Avastin[®] - Bevacizumab (infusion)

- Avastin (bevacizumab) in combination with intravenous 5-fluorouracil/folinic acid or intravenous 5-fluorouracil/folinic acid/irinotecan is indicated for first-line treatment of patients with metastatic carcinoma of the colon or rectum.
- £1,848.80 per month

Erbix[®] - Cetuximab (infusion)

- Erbix in combination with irinotecan is indicated for the treatment of patients with epidermal growth factor receptor (EGFR)-expressing metastatic colorectal cancer after failure of irinotecan - including cytotoxic therapy.
- Erbix in combination with radiation therapy is indicated for the treatment of patients with locally advanced squamous cell cancer of the head and neck. **Note 1**
- £3,685.50 per month

MabCampath[®] - Alemtuzumab (infusion)

- Treatment of patients with chronic lymphocytic leukaemia (CLL) who have been treated with alkylating agents and who have failed to achieve a complete or partial response or achieved only a short remission (less than 6 months) following fludarabine phosphate therapy.
- £9,619.16 per month

Nexavar[®] - Sorafenib (tablet)

- Nexavar is indicated for the treatment of patients with advanced renal cell carcinoma who have failed prior interferon-alpha or interleukin-2 based therapy or are considered unsuitable for such therapy.
- £2,772.95 per month

Sprycel[®] - Dasatinib (tablet)

- Sprycel is indicated for the treatment of adults with chronic, accelerated or blast phase chronic myeloid leukaemia (CML) with resistance or intolerance to prior therapy including imatinib mesilate.
- Sprycel is also indicated for the treatment of adults with Philadelphia chromosome positive (Ph+) acute lymphoblastic leukaemia (ALL) and lymphoid blast CML with resistance or intolerance to prior therapy.
- £2,606.63 per month

Sutent[®] - Sunitinib (tablet)

- Sutent is indicated for the treatment of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST) after failure of imatinib mesylate treatment due to resistance or intolerance.
- Sutent is indicated for the treatment of advanced and/or metastatic renal cell carcinoma (MRCC).
- £3,304.00 per month

Tarceva[®] - Erlotinib (tablet)

- Tarceva is indicated for the treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after failure of at least one prior chemotherapy regimen. **Note 1**
- Tarceva in combination with gemcitabine is indicated for the treatment of patients with metastatic pancreatic cancer.
- £1,685.91 per month

Velcade[®] - Bortezomib (infusion)

- Velcade is indicated as mono-therapy for the treatment of progressive multiple myeloma in patients who have received at least 1 prior therapy and who have already undergone or are unsuitable for bone marrow transplantation. **Note 3**
- £3,049.52 per month

Zevalin[®] - Ibritumomab Tiuxetan (infusion)

- The [90Y]-radiolabelled Zevalin is indicated for the treatment of adult patients with rituximab relapsed or refractory CD20+ follicular B-cell non-Hodgkin's lymphoma (NHL).
- \$30,000 per regimen **Note 4**

Note 1: Approved by Scottish Medicines Consortium (SMC) and available to NHS patients in Scotland

Note 2: The Sunday Times, 11 March 2007, cost per treatment

Note 3: Approved by SMC for this indication but patients must have received at least two prior therapies

Note 4: <http://www.lymphomation.org/compare-bexxar-zevalin.htm>

Source: <http://www.emea.eu.int/> and www.scottishmedicines.org.uk

Costs were calculated using emims (electronic version of the Monthly Index of Medical Specialities) as well as manufacturer details on treatment cycles. These are indicative drug costs and may vary depending on the patient's height and weight.

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