Dear Mr Ryner and colleagues,

Thank you for your letter dated 27th July 2015 regarding the Cancer Drugs Fund (CDF) and treatments for chronic myeloid leukaemia (CML). I have been asked to respond on behalf of Simon Stevens.

You specifically highlight access to two medicines – bosutinib and ponatinib.

As you have indicated, bosutinib has been subject to recent review by the CDF Panel for two indications:
- treatment of accelerated phase CML where there is significant intolerance or refractoriness to dasatinib and nilotinib; and
- treatment of chronic phase CML where there is significant intolerance or refractoriness to dasatinib and nilotinib.

The decisions following discussions at the CDF Panel meeting are currently being summarised for agreement between the panel members. Once this has been completed, discussions will take place between the CDF Team and the manufacturer regarding continued access to the drug for these indications. These discussions will be held in September. I am afraid I cannot comment on this further at this time whilst the panel's work is still underway. The CDF Standard Operating Procedure does however stipulate that a CDF drug will not be removed from the CDF if it is the only proven systemic therapy available in the NHS for that particular cancer.

Ponatinib is currently available on the CDF List for two indications:
- treatment of Chronic Myeloid Leukaemia with T315I Mutation; and
- treatment of Ph+ Acute Lymphoblastic Leukaemia with T315I Mutation.

A new application to the CDF was made for Ponatinib for CML in its full licenced indication to be considered. However, NHS England had to make the difficult decision not to review any new applications due to the financial status of the CDF. This situation is unlikely to change during the remainder of 2015/16.

A different way of evaluating and commissioning cancer drugs in the future is being reviewed with key stakeholders and proposals will be publically consulted.
on from September this year, with the aim for a new system to be introduced from 1st April 2016. This will be in line with the direction of the Accelerated Access Review. However in the meantime, whilst the CDF remains operational in its current form, it has to be managed within its allocated budget and therefore re-prioritisation of the Fund is the only way of managing this. This method for re-prioritisation was also publicly consulted on during the autumn last year.

I hope you understand the current situation. We agree that the system needs to change and we are working with key stakeholders to ensure this happens.

Yours sincerely,

[Signature]

Professor Sean Duffy
National Clinical Director for Cancer