To: NHS Trust C/Es
Medical Directors
Chief Pharmacists
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Unavailability of intravesical BCG for treatment of bladder cancer

Dear Colleague,

I am writing to draw your attention to the current global shortage of products used to treat patients with bladder cancer.

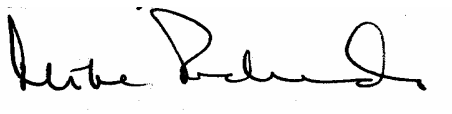
The extent and duration of the shortage is not yet known, and the DH, the Medicines and Healthcare products Regulatory Agency, the British Association of Urological Surgeons (BAUS) and industry are working together to identify the precise nature of the shortage and the availability of alternative products.

It is possible that a number of patients will be affected, with the need for alternative treatments, including cystectomy, increasing. It will be important to ensure that what supplies we have are directed to those patients with greatest potential to gain.

BAUS has developed guidance for clinicians and this can be found on its website www.baus.org.uk. Information for patients will also be on the BAUS website from Monday 9th July, but many patients are already concerned and seeking information about their treatment and you will want to alert all appropriate staff groups.

I have attached a more detailed note setting out the background to this issue, the advice already available and what is being done at a national level to address the shortage.

If you have any queries, please contact: Tracy Parker at tracy.parker@dh.gsi.gov.uk



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NHS briefing: Unavailability of intravesical BCG for treatment of bladder cancer

Purpose

1. The purpose of this briefing is to advise Trust C/Es, Medical Directors, oncology and cancer network pharmacists about the shortage of products used in the treatment of bladder cancer patients. To draw their attention to advice provided to clinicians, identify the potential impact on service and patients and to update on action currently being taken to identify alternative sources and treatments.

Background

2. Around 10,000 new patients are diagnosed with bladder cancer each year in England. Of these:

- 5000 are defined as lower risk. They are treated with surgery and usually with chemotherapy instilled into the bladder (intravesical mitomycin or intravesical epirubicin)
- 2500 are defined as higher risk but without the cancer having invaded muscle. Around 2000 of these patients would normally receive intravesical BCG immunotherapy. Some of the remaining 500 would be too frail for this treatment and some would be recommended to undergo cystectomy.
- 2500 have muscle invasive disease. They are normally treated by radical cystectomy (removal of the bladder), though some who are not sufficiently fit may receive radiotherapy.

Intravesical BCG immunotherapy

3. Intravesical immunotherapy is normally given to the higher risk patients (2000) in two phases, induction and maintenance. The induction phase involves six instillations at weekly intervals. These are followed by a check cystoscopy and biopsy and then a further three weekly instillations.

4. At the end of the induction phase, around 85% of patients will have achieved a complete response. Non-responders would be recommended to undergo cystectomy. Those who have had a complete response are normally advised to have maintenance BCG therapy over a period of up to 2½ years. The total maximum number of BCG doses administered over a 3-year period is 27, though in practice many patients do not receive every dose because of side effects still received from previous doses. These include urinary frequency, urinary urgency and bladder pain.

The Shortage

5. Two companies normally manufacture Intravesical BCG. Production of one of the two products (Immunocyst – manufactured by Sanofi Pasteur and distributed in the UK by Alliance Pharmaceuticals) has been stopped and is unlikely to resume before late 2013. The manufacturer of the second product (oncoTICE – MSD) is working hard to increase production, but this will take time.

Total number of patients affected

6. In any one year, 2000 patients will receive induction therapy with BCG and a further approximately 4000 will receive it as maintenance therapy. We do not currently have detailed figures on the proportion of BCG doses used for induction versus maintenance, but it is likely to be approximately 50:50.

Advice for clinicians

7. The British Association of Urological Surgeons (BAUS) has developed guidance for Urologists, this can be found at http://www.baus.org.uk/Updates/news/news-archive/2012/July+2012/BCG. The guidance advises clinicians on the prioritisation of patient groups for BCG. Prioritisation for existing (if any) and future stocks should be as follows:
   1 - Patients currently receiving induction therapy
   2 - Newly diagnosed patients who would normally be offered induction therapy
   3 - Patients receiving maintenance therapy, where the additional gains are likely to be small

Availability of alternative product - OncoTICE

8. Sanofi Pasteur supply ImmuCyst to other countries worldwide and all are likely to be affected by this shortage. In the UK, there is an alternative licensed product from MSD, OncoTICE. Supplies of OncoTICE in the UK have now been depleted because of an increased demand following the shortage of Immucyst. The manufacturer of OncoTICE is working hard to increase production. Supplies are expected at the end of August.

Impact of unavailability of the treatment on patients

9. In the period until new supplies arrive the following scenarios are almost inevitable:
   - patients on maintenance therapy will have to discontinue treatment,
   - patients already on induction therapy may have to stop (at least temporarily),
   - new patients who would normally be treated with BCG will either be offered intravesical chemotherapy as a holding measure or, if at the borderline of requiring a cystectomy, may be recommended to undergo major surgery. It is highly likely that the number of cystectomies will increase across the country.

10. Around 2000 patients start the treatment in a year. Uncertainty about how long the shortage will last and the proportion of patients likely to be changed to surgery make it impossible to know exactly how many patients will be affected. Initial estimates are that around 200 would normally start BCG each month and that 10-20% of these might now undergo surgery. This equates to around 20-40 additional patients undergoing cystectomy for every month that the shortage lasts.

Advice for patients

11. BAUS is drafting written information for patients that should be available from Monday (9th July).

12. This is a very unfortunate global situation that may have adverse consequences for some patients. After discussion with their consultant, some patients who might otherwise have received BCG, may now choose to undergo cystectomy to maximise their chance of long-term survival.

13. Clinical circumstances will vary so patients should be advised to discuss the situation with their consultant.

Advice for the NHS

14. All trusts with urology services, 158, are likely to use the drug. You are advised to:
    - make sure all relevant staff (especially urology teams and pharmacists) know about the position and are updated as new information on stocks becomes available,
    - ensure any additional surgery can be done without unnecessary delay,
    - ensure that stocks of the chemotherapy drugs that may be used as an alternative are available.

Action being taken to ensure supply.

15. MSD in the UK is expecting to secure additional supplies of OncoTICE for delivery into the UK from the end of August. However, deliveries after that time have not yet been confirmed. The DH will work closely with them to ensure that any available product is prioritised in the most effective way.

For further information, please contact: Tracy Parker (tracy.parker@dh.gsi.gov.uk)