

Plain English Summary

Treatments for advanced urothelial cancer

What does the guidance say?

Avelumab and pembrolizumab are recommended for listing on the Medication Assistance Fund (MAF) for government funding for patients with advanced urothelial cancer who meet certain clinical criteria from 1 September 2022.

Erdafitinib is not recommended for subsidy for this condition.

What is urothelial cancer?

Urothelial cancer occurs when urothelial cells that line the bladder, urethra, ureter (tube that connects the bladder to the kidneys), and the renal pelvis (top part of the ureter), grow abnormally and form a mass (tumour). Approximately 190 people are diagnosed with urothelial cancer in Singapore each year.

Symptoms of urothelial cancer include blood in the urine and back pain. Some people with urothelial cancer can have surgery to remove the tumour from the affected area. If it cannot be removed (unresectable) or has spread to other parts of the body, this is known as advanced or metastatic disease.

Doctors will usually prescribe platinum-containing chemotherapy as initial treatment. Other treatments can be considered after chemotherapy, if the cancer continues to worsen.

What are avelumab and pembrolizumab?

Avelumab and pembrolizumab belong to a group of medicines called PD-1/PD-L1 checkpoint inhibitors. They are a type of cancer treatment called immunotherapy that help the immune system find and kill cancer cells.

Doctors will usually prescribe avelumab as maintenance treatment after platinum-containing therapy to stop or delay the urothelial cancer from coming back. Pembrolizumab is usually given to patients with urothelial cancer that has worsened despite receiving platinum-containing chemotherapy. Both treatments are given as a slow drip into a vein (intravenously).

If avelumab or pembrolizumab is a suitable treatment for you, your doctor will tell you how much you need to have and how long you need to receive it for.

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Who can have avelumab or pembrolizumab?

Patients with advanced urothelial cancer can have avelumab as maintenance treatment if the cancer has not worsened while receiving platinum-based chemotherapy.

Patients with advanced urothelial cancer can have pembrolizumab if:

- The cancer has worsened despite treatment with platinum-containing chemotherapy;
- They have not had treatment with a PD-1/PD-L1 inhibitor before for their condition

Treatment with pembrolizumab should be stopped after two years or earlier if the cancer worsens while on treatment.

Treatment with pembrolizumab can start again if it was previously stopped for reasons other than the cancer worsening.

Pembrolizumab has not been recommended for subsidy for patients who have not had any treatment before for urothelial cancer.

Your doctor can advise if avelumab or pembrolizumab is a suitable treatment for you.

Why were these treatments recommended for funding?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Avelumab and pembrolizumab were recommended for funding because their benefits in improving survival for certain patients with advanced urothelial cancer justify their costs.

Erdafitinib was not recommended for subsidy because its benefits do not justify its cost. If you need erdafitinib for urothelial cancer, you can speak to a medical social worker to find out if there is other financial assistance available.

What does listing on MAF mean for me?

The MAF helps people pay for expensive treatments that are clinically effective and cost effective. If your doctor prescribes avelumab or pembrolizumab for you, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

Both drugs have also been included on the Cancer Drug List (CDL) and are claimable under MediShield Life. The subsidy class and MediShield Life claim limits are available at go.gov.sg/moh-cancer-drug-list.

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 Agency for Care Effectiveness - ACE

 Agency for Care Effectiveness (ACE)

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