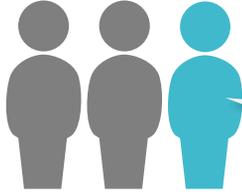




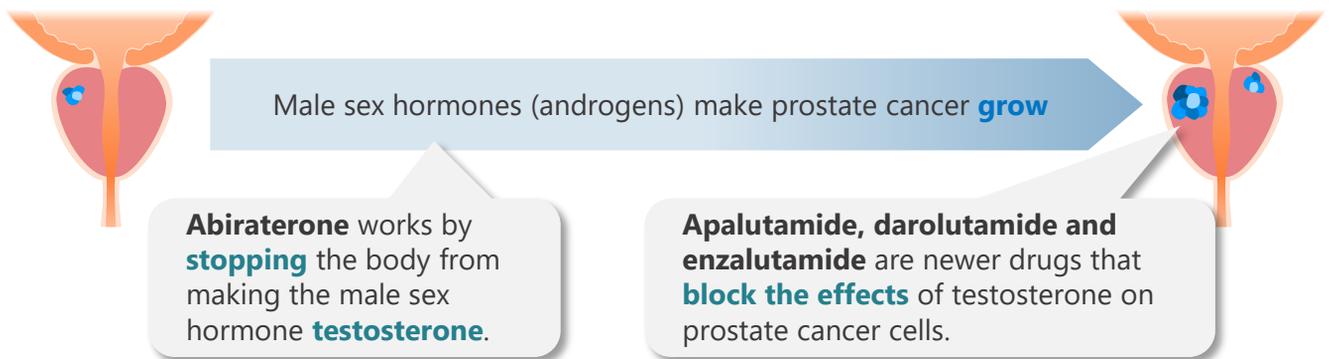
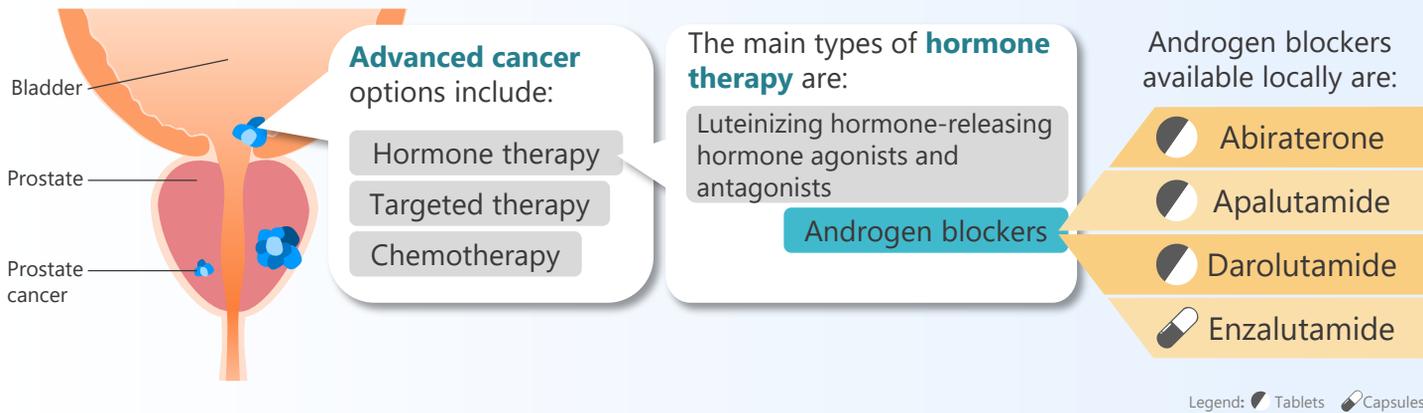
HORMONE THERAPY FOR ADVANCED PROSTATE CANCER



Three men are diagnosed with prostate cancer **every day**, making it the **second most common** cancer among men in Singapore.¹

One in three of these men² have cancer that has spread outside of the prostate to other parts of the body, which is known as **advanced or metastatic prostate cancer**.

How is prostate cancer **treated**?




Published studies show all 4 androgen blockers are **effective** treatments for advanced prostate cancer. They have **different** side effects from each other.

- ▶ For prostate cancer that has not spread outside the prostate but **continues to grow** even when treatment reduces the amount of testosterone to very low levels (non-metastatic prostate cancer), **apalutamide, darolutamide and enzalutamide** are **effective** treatment options.
- ▶ For **other forms** of advanced prostate cancer that has spread outside the prostate (metastatic prostate cancer), **abiraterone, apalutamide and enzalutamide** are **effective** treatment options.

ACE reviewed all of the clinical evidence for each androgen blocker and negotiated prices with the manufacturers.

Cost-effectiveness (value for money) of **enzalutamide** was **improved** when the manufacturer offered a **price reduction**.



Cash or MediSave* needed **every month** after subsidy* and MediShield Life for a **middle income patient** receiving **outpatient** treatment at **public hospitals**:

	After funding enhancements in September 2022 [#]		
Generic abiraterone (Abiratan)	Less than \$50	Subsidised ✓ MediShield Life: \$400 ✓	
Enzalutamide	\$700 to \$800	Subsidised ✓ MediShield Life: \$400 ✓	
Apalutamide	\$2,500 to \$3,000	Subsidised ✗ MediShield Life: \$400 ✓	
Darolutamide	\$3,500 to \$4,000	Subsidised ✗ MediShield Life: \$400 ✓	

Generic abiraterone (Abiratan) and **enzalutamide** were **recommended** for subsidy. Generic abiraterone provides the **best value for money**, followed by enzalutamide.



Apalutamide and darolutamide were **not recommended** for subsidy because their benefits do not justify their costs at the prices offered by the manufacturers.

Funding enhancements will be in place by September 2022. Talk to your **doctor** to discuss which treatment is suitable for you. You can speak to a **medical social worker** if you need further financial help.

* MediSave withdrawal is capped at \$600 per month for these treatments. For Singaporeans who are eligible for subsidy, treatment costs will be subsidised by 40% to 75%.

[#] Calculations for funding enhancements include new subsidies and changes to MediSave and MediShield Life. For subsidised drugs, expenses have been calculated using prices proposed by the manufacturers including patient assistance programmes. For non-subsidised drugs, prices at public healthcare institutions at the time of subsidy review were used. Expenses will differ according to the amount of medicine that each patient needs and does not include other costs for doctor consultations, medical tests etc.

Sources:
1. Health Promotion Board National Registry of Diseases Office. Singapore Cancer Registry Annual Report 2018. 31 March 2021.
2. Health Promotion Board National Registry of Diseases Office. Singapore Cancer Registry 50th Anniversary Monograph 1968 to 2017.
3. ACE Technology Guidance, Review of cancer drugs for prostate cancer. 04 January 2022

The Agency for Care Effectiveness (ACE) was established by the Ministry of Health (Singapore) to drive better decision-making in healthcare through health technology assessment (HTA), clinical guidance and education. It publishes guidances on diagnosing, treating, and preventing different medical conditions based on the latest research information available worldwide. This factsheet is not, and should not be regarded as, a substitute for professional or medical advice. Please seek the advice of a qualified healthcare professional about any medical condition. © Agency for Care Effectiveness, Ministry of Health, Republic of Singapore. All rights reserved. Reproduction of this publication in whole or part in any material form is prohibited without the prior written permission of the copyright holder.

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