Reimbursement News

New oncology reimbursements in Belgium

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Overview of Belgian reimbursement news (Belg J Med Oncol 2013;7(3):101)

Vandetanib, Caprelsa®

Caprelsa® can be reimbursed for the treatment of patients with aggressive locally advanced or metastatic medullary thyroid cancer when progressive disease according to RECIST 1.1 has been demonstrated within twelve months prior to the start of the therapy with Caprelsa® and when the doubling time of CEA and/or calcitonine is shorter than 24 months.

S-1, Teysuno®

Teysuno® can be reimbursed when used in combination with cisplatin for the treatment of patients with advanced gastric cancer when treatment with capecitabine and cisplatin was contraindicated or when it was demonstrated that capcitabine in combination with cisplatin was not tolerated or had to be stopped due to hand-foot-syndrome.

Pazopanib, Votrient®

Votrient® is reimbursable when used for the treatment of adult patients with advanced soft tissue sarcoma after failure of one prior chemotherapy regimen for metastatic disease or in case of progressive disease within 12 months after (neo)adjuvant therapy.

Adjuvant hormonal therapy for early hormone-sensitive breast cancer

Adjuvant tamoxifen or an aromatase inhibitor (AI) are reimbursed in patients with early-stage hormone sensitive breast cancer for a maximum period of 5 years in the following cases:

- Tamoxifen as initial therapy or as continuation therapy following an AI
- Letrozole or anastrazole as initial therapy for

newly-diagnosed postmenopausal women with one of the following characteristics: lymph node involvement or lymphovascular invasion, tumour size >2 cm, grade 3 differentiation, HER2 amplification demonstrated by ISH or oestrogen receptor positivity in combination with a negative progesterone receptor status.

- Letrozole or anastrazole as initial therapy for postmenopausal women who did not yet receive hormonal therapy with an increased risk of thrombosis or endometrial complications.
- Letrozole or anastrazole following adverse events with tamoxifen in postmenopausal women who experienced a deep vein thrombosis, a cerebrovascular thrombosis or endometrial abnormalities with atypical cells in an endometrial biopt under tamoxifen, or with tamoxifen intolerance.
- Anastrazole or exemestane following two to three years of tamoxifen in postmenopausal women with at least one of the following tumor characteristics: lymph node involvement or lymphovascular invasion, tumor size >2 cm, grade 3 differentiation, HER2 amplification demonstrated by ISH.

Prolonged therapy with letrozole is reimbursed in postmenopausal women with lymph-node involvement who previously received adjuvant tamoxifen for at least 4,5 years. In order to be eligible for reimbursement, the interval between the end of the tamoxifen therapy and the start of the letrozole therapy should be shorter than three months. The total duration of the prolonged letrozole therapy may not exceed 3 years.

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