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Re: **PBAC submission for Vorasidenib**

The undersigned organisations on behalf of the Australian Brain Tumour Collaborative (ABTC)\* wish to write in unanimous support of the application to list **Vorasidenib** on the PBS.

Brain cancer has one of the highest total disease cost burdens on patients, families, and societies.

Despite low grade glioma representing a small number of affected Australians, this type of brain cancer has a disproportionate impact on their lives, given patients are typically younger adults. Recent embargoed research conducted independently by Evohealth funded by Servier Laboratories (Aust) found the financial burden of IDH-mutant glioma was estimated household was \$53,460 per year – including medical costs, lost income, and care expenses.

The total cost to society is estimated at \$3.5 billion, or \$1.1 million per person per year.

We believe this new drug therapy supported by results from the 2023 INDIGO phase 3 trial, represents a significant step forward for brain cancer patients with low grade glioma.

This targeted therapy has potential to block the activity of mutated enzymes IDH1 and IDH2, while sparing healthy cells. This medication is able to cross the blood-brain barrier and offers a unique treatment option for affected people.

While Vorasidenib is not a curative option, these IDH positive brain cancers are often diagnosed in younger adults, and therefore the disease has a disproportionate effect on the individuals and their, often young, families. It is estimated that in 2024, the impact from disease and treatments of this form of brain cancer equates to:

- 9.125 years of life, with an average of 22 years lost person due to premature death;
- 3,715 years of healthy life lost due to disability;
- 12,840 total disability-adjusted life years (DALYs) lost annually.

Use of Vorasidenib after surgery delays the need for radiation therapy or chemotherapy, thereby reducing the treatment burden and possible side effects of these treatments.

We recommend building the therapeutic armamentarium through this listing, supported by the evidence that Vorasidenib delays progression and time to next treatment intervention in this disease, thus improving patient's quality of life. In this way patients are able to better maintain neurological function, stay out of hospital, and remain active in the community for longer.

We are strongly supportive of this PBS listing application for Vorasidenib. We would be grateful for your careful consideration of listing it for reimbursement.



Professor Mike Fay - MHF Centre for Brain Cancer Research



Dr Kim Wark, Head of Research



Dr Hamza Anwer – Head of Research



Professor Haryana Dhillon – University of Sydney



Dr Adrian Lee



Bec Mallett – CEO/Founder



Associate Professor Eng-Siew Koh



Sam McGuane – CEO



Catherine Hindson – Vice Chair



Craig Cardinal - Chair

\*The Australian Brain Tumour Collaborate (ABTC) aims to develop and convey a united national voice that provides consolidated and evidence-based advocacy to governments, stakeholders and the Australian brain cancer patient, family and carer community. This advocacy seeks to clearly define key issues and national responses that achieve better support and outcomes for individuals, carers and families impacted by brain tumour in Australia.