ALK-Positive Lung Cancer
Tyrosine Kinase Inhibitors (TKIs)
Treatment Breaks: NHS Funding Rules 2024
This summary of the current NHS England Cancer Drug Funding Rules has been written by the charity’s Medical & Scientific Advisory Panel. Awareness and understanding of the rules will help you and your clinical team to plan your treatment.

If you are in a situation when your treatment with a TKI is paused, you should discuss with your oncologist how and when the re-introduction of a TKI after a treatment break will take place.

It is possible that your oncologist may be required to reapply for funding under the rules. If the funding request is denied, you can ask your oncologist to appeal the decision. It may be useful for your clinical team to contact oncologists in hospitals with large numbers of ALK-Positive patients in order to produce the best evidence to support the appeal.

*ALK Positive UK Medical & Scientific Advisory Panel 2024*
TKI TREATMENT BREAKS: NHS FUNDING RULES

NHS England has a published policy of the rules for funding for cancer treatments such as the Tyrosine Kinase Inhibitors (TKIs) which are used to treat ALK Positive lung cancer. These TKIs are Critzotinib, Ceritinib, Alectinib, Brigatinib and Lorlatinib.

TKIs are licensed to be used on a daily basis. Breaks in daily treatment are described as **unplanned treatment breaks** (in contrast to planned treatment breaks, e.g. in three weekly chemotherapy cycles).

Oncologists will tell patients when to take an unplanned treatment break. This might be to allow for an intolerable side effect (e.g. diarrhoea) to settle or an abnormal blood test result (e.g. indicating disturbed liver function) to improve. Treatment with TKIs might need to be stopped when a patient has to undergo/recover from surgery or radiotherapy. Unplanned treatment breaks may also occur for reasons unrelated to the TKI such as treatment for another serious illness or major trauma.

If a person has an **unplanned treatment break of less than or equal to six weeks**, their oncologist can restart the same TKI and does not have to ask for further funding. This is because recovery from surgery, radiotherapy or blood test abnormalities is expected, in the majority of people, to occur within the six week window.

If a person has an **unplanned treatment break of greater than six weeks**, the oncologist will have to submit a treatment break request form for further funding before the same TKI can be prescribed again.

The NHS England regional cancer pharmacists, on behalf of the Cancer Drugs Funding Team, assess all applications (treatment break forms) within the rules for resumption of funding following a treatment break.

Further funding will be considered if an unplanned extended treatment break has occurred because of unforeseen events (e.g. longer than expected recovery from surgery or toxicity, or medical emergency i.e. major trauma, concurrent disease needing immediate treatment) and the person’s cancer is not considered to have progressed during the break from treatment.

However, for **treatment breaks during which cancer progression has occurred**, restarting the same TKI is not approved under the policy and funding for the same TKI will not be approved.

Under these circumstances, oncologists can appeal the decision. If unsuccessful, the oncologist will prescribe a next line TKI or other treatment as per NICE guidelines.

REFERENCE:


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