

Ashley Dalton MP
Parliamentary Under-Secretary of State
The Department of Health and Social Care
Sent by email

2 June 2025

Dear Ashley,

We are writing to you today regarding the provision of abiraterone on the NHS for men diagnosed with high-risk non-metastatic prostate cancer.

We understand that the decision has been taken not to fund abiraterone due to 'discretionary budget constraints', which could mean that men in England with high-risk non-metastatic and locally advanced prostate cancer will be without access to abiraterone indefinitely. This is a huge cause for concern as the evidence shows 13 men will die every week for lack of this medicine. We are aware of men right now paying privately to access this drug watching their pensions and life savings slip away.

Health economic analysis¹ looked at how far the price of abiraterone in this indication would need to drop for it to become cost effective. In the non-metastatic cohort, it falls below the NICE affordability threshold at a cost beneath £28/day. Below £11/day it goes beyond "cost effective" and becomes cost saving to the NHS. Abiraterone is currently available at £2.75/day – i.e. far below the threshold at which prescribing it saves NHS money. Prostate Cancer UK's analysis of this issue, which we understand has been shared with your department, demonstrated that over a 5-year period approving this drug in this indication would provide up to £100m in net savings for the NHS.

We understand that during the specialised commissioning process abiraterone was wrongly classified as requiring resource. Had it been assessed through the cost-neutral/cost-saving pathway (as it was in both Scotland and Wales) then both the initial treatment costs and the follow-up treatment savings would have sat with the care providers – resolving any accounting problems.

We urge you to look into this issue as quickly as possible in order to save lives and save money for our NHS. We look forward to your response.

We would also like to invite you to attend an upcoming meeting of the APPG to hear more about issues like this affecting thousands of men in the UK, and some of the solutions that can lead to more men living longer happier lives. Please do contact contact@appgprostatecancer.org to arrange attendance.

Yours sincerely,

The Officers of the APPG on Prostate Cancer

Calvin Bailey MBE MP, Ben Obese-Jecty MP, Dr Peter Prinsley MP, Josh Babarinde OBE MP

¹ Cost-utility analysis of adding abiraterone acetate plus prednisone/prednisolone to long-term hormone therapy in newly diagnosed advanced prostate cancer in England: Lifetime decision model based on STAMPEDE trial data - PMC