Cancer Society
Te Kāhui Matepukupuku o Aotearoa

09 March 2026

Email: consult@pharmac.govt.nz

Cancer Society of New Zealand submission on **Proposal to widen access to nivolumab and ipilimumab for resectable melanoma**

About the Cancer Society of New Zealand
The Cancer Society of New Zealand (Cancer Society) is the country's leading organisation dedicated to reducing the incidence and impact of cancer in Aotearoa, New Zealand. We are committed to working with communities and decision makers by providing leadership and advocacy in cancer control, with core services in information and support, research, and cancer prevention. The Cancer Society's Equity Charter guides our commitment to reducing cancer inequities and supports our vision of a cancer free future.

This submission has been prepared by Emma Shields, Evidence and Insights Lead. It has been approved by: Rachael Nuemann, Head of Advocacy and Public Affairs.

The Cancer Society would like to acknowledge Melanoma NZ's expert advice in developing this submission.

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Cancer Society wish to make the following recommendations:

We recommend widening access to nivolumab and ipilimumab for resectable melanoma.

Cancer Society wish to make the following comments:

There are three implementation issues that we recommend considering when widening access to nivolumab and ipilimumab:

1. Definition of "significant response"
The proposal notes that patients with a significant response to neoadjuvant therapy may not require further systemic treatment. It would be helpful to clarify how "significant response" will be defined and assessed (e.g., pathology-based response criteria, imaging, and MDT decision-making) to ensure consistency across centres.

2. Surgery timing and pathway coordination
Eligibility requires treatment initiation prior to surgery and adjuvant therapy within 13 weeks post-surgery. In practice this may be affected by surgical capacity and MDT coordination, particularly outside major centres. Clarifying how clinical discretion will apply if system delays occur would help avoid unintended exclusion.

3. Toxicity monitoring and workforce preparedness
Combination nivolumab/ipilimumab therapy is associated with immune-related adverse events, which can be severe and may require urgent, highly specialised hospital treatments including pharmaceuticals. It is important that hospital specialists have ready and timely access to such medications; considerations include the formulary stock, application and procurement processes for the clinician. In addition, these patients present outside oncology settings. Implementation should include clear clinical pathways and education to support early recognition and management of these toxicities across services (including ED and surgical teams and GPs), not only infusion capacity.