



New Zealand House of Representatives
Te Whare Māngai o Aotearoa

Petitions Committee

Komiti Whiriwhiri Take Petihana

54th Parliament
August 2026

Petition of Catherine Cooke: Fund Keytruda for early stage triple negative breast cancer

Presented to the House of Representatives
by Greg O'Connor, Chairperson

Contents

Recommendation.....	3
Request to fund Keytruda	3
Background.....	3
Comments from the petitioner.....	3
Funding Keytruda	4
Benefits of treating early-stage cancer.....	4
Communication about Keytruda funding.....	5
Comments from the Breast Cancer Foundation.....	5
Comments from Pharmac	5
Assessment of pharmaceutical treatments for breast cancer.....	6
Information about funding for Keytruda.....	6
Our response to the petition	6
Administration of privately funded drugs in the public health system	6
Communication of Pharmac decisions.....	7
Appendix.....	8

Petition of Catherine Cooke

Recommendation

The Petitions Committee has considered the petition of Catherine Cooke—Fund Keytruda for early stage triple negative breast cancer—and recommends that the House take note of its report.

Request to fund Keytruda

This petition was signed by 17,096 people. It was presented to the House by Nancy Lu on 15 July 2025, and requests:

That the House of Representatives urge the Government to fund Keytruda for early stage triple negative breast cancer (TNBC), as recommended by Pharmac’s Cancer Treatments Advisory Committee in October 2023.

Background

Most New Zealand women diagnosed with breast cancer have types of breast cancer that responds to either hormone therapy or treatments targeting human epidermal growth factor receptor 2 (HER2) protein. Triple negative breast cancer (TNBC) is a type of cancer that does not have receptors for oestrogen, progesterone, or HER2 protein. Because TNBC lacks these receptors, it does not respond to hormonal therapy or anti-HER2 therapy. In New Zealand it is usually treated with surgery, radiation therapy, and chemotherapy. Around 10 percent of New Zealand women diagnosed with breast cancer have TNBC.¹

Keytruda (also known as pembrolizumab) is an immunotherapy cancer treatment. This is a type of cancer treatment that helps a person’s immune system to fight cancer. In New Zealand, Keytruda is funded by Pharmac (the New Zealand Pharmaceutical Management Agency) for patients with advanced TNBC.²

Comments from the petitioner

The petitioner, Catherine Cooke, was diagnosed with TNBC in November 2024. She said it is “an aggressive cancer that turns life on its head in an instant”. She said that Keytruda is a treatment that can improve chances of survival in early-stage TNBC and significantly reduce the risk of recurrence. However, Keytruda is not funded for early-stage TNBC in New Zealand.

Ms Cooke told us she is not just fighting for her life against cancer, but also “a funding system that leaves TNBC patients without access to the best available treatment”. The petitioner said that early-stage TNBC patients have two “unbearable” options: either take on \$85,000–\$110,000 debt to pay privately for Keytruda, or go without a treatment that can

¹ Further information about triple negative breast cancer is available on [the Breast Cancer Aotearoa Coalition website](#).

² Further information about Keytruda and other immunotherapy cancer treatments is available on [the Cancer Society website](#).

save their lives. She said that, for many patients, this is “a financial and emotional breaking point”. She told us that she has heard people voice despair, and even thoughts of suicide, when faced with this choice.

Ms Cooke told us that, at the time of our hearing with her, the treatment cost \$9,000 per dose. She was also paying \$3,000 every three weeks to have Keytruda administered privately. This is because unfunded drugs are not administered in Health New Zealand hospitals. She said that, on top of those costs, she pays 15 percent GST. She told us that she had “top tier” medical insurance, but had exhausted her entitlements within five months, meaning she had to cover the costs until the next financial year.

The petitioner said that, to meet her medical costs, her family decided to sell their family home and business. She said she had to do that in a tough economic environment and was unable to fix an interest rate while selling. As a result, she told us, she has lost over \$700,000. She said that, although it goes against her personal values to ask for money, she also had a Givealittle page to fundraise for her treatment.

Ms Cooke said that while cancer is life limiting, the stress and financial strain has also been life threatening. She said she feels guilty for “financially crippling our family and not being able to leave my children a legacy”. Women who are affected in New Zealand were limited, she said, not by the availability of a treatment, but by the affordability of that treatment. She told us, “we either pay or we play Russian roulette and go without”. She does not want other women to have to choose between debt and survival.

The petitioner told us that Keytruda significantly reduced her tumour. We were pleased to hear that her cancer is now in remission.

Funding Keytruda

The petitioner told us that over 40 countries currently fund Keytruda for early-stage TNBC. She told us Pharmac’s consideration followed the following timeline:

- November 2022: Pharmac received an application to fund Keytruda for early-stage TNBC
- October 2023: Pharmac clinical advisors recommended Keytruda be funded for both early and advanced TNBC
- July 2024: Pharmac announced its intention to fund Keytruda for advanced TNBC
- October 2024: Keytruda funded for advanced TNBC.

Ms Cooke told us that outcomes were reported of an international study of Keytruda, the KEYNOTE-522 trial, in September 2024. The petitioner said the study showed that Keytruda treatment significantly improves overall survival rates for TNBC.

Benefits of treating early-stage cancer

Ms Cooke said that it costs more to treat advanced cancer. She asked, “Who wants to wait to become sicker in order to be able to have access to treatment?” The petitioner said that preventing the worst outcome is not just compassionate, but also economically sensible. She said that funding Keytruda at an early stage would reduce long-term healthcare and social

service costs. This includes wider mental health and social support for families, caregivers, and communities, who the petitioner said are “pushed to breaking point”.

The petitioner said not treating cancer early can lead to workforce loss and reduced productivity, because patients with advanced cancer may be unable to work during treatment or return to work afterwards. She said funding Keytruda for early-stage TNBC would allow patients to recover faster and return to work. Ms Cooke commented that New Zealand is not an attractive destination for skilled migrants, innovators, and entrepreneurs, because cancer care in this country is behind other developed nations.

Communication about Keytruda funding

Ms Cooke told us that many New Zealanders believe that Keytruda is already funded for all stages of TNBC. She believes the press releases about Keytruda funding have been confusing. She asked that Pharmac publicly clarifies what Keytruda is funded for. She added that some women have not been told that they can self-fund their treatment.

Comments from the Breast Cancer Foundation

The petitioner was accompanied during her oral submission by Ah-Leen Rayner and Mehdi Shahbazzpour of the Breast Cancer Foundation. They acknowledged Ms Cooke’s efforts to petition Parliament “at the hardest time of her life”. Mr Shahbazzpour said that TNBC is an aggressive form of breast cancer and confirmed that currently chemotherapy is the only funded treatment for it.

Mr Shahbazzpour said it does not make sense that Pharmac funds Keytruda for the advanced stage of the cancer, but not the early stages. He said that medicines for advanced breast cancer are necessary because they prolong life. However, they are also needed for the early stages of the disease, because they reduce the risk of the cancer returning. He told us that Pharmac has now completed its assessment of Keytruda and has placed it on the options for investment (OFI) list. However, he said medicines on the OFI list “can languish there for many years”.

The foundation said that there is not much Pharmac can do if it is not allocated the budget to fund medicines. Mr Shahbazzpour said Pharmac has done its work; it has completed the evaluation, and found Keytruda to be valuable, but there is no funding available to make it accessible to patients who need it. He said that Keytruda is available to TNBC patients in comparable jurisdictions, such as Australia. He told us that New Zealanders deserve that access too.

Comments from Pharmac

Pharmac is a Crown entity. Its objectives are set out in section 68 of the Healthy Futures (Pae Ora) Act 2022. They include “to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided”.

Pharmac decides which medicines and related products to fund for the best health outcomes from within its available funding. It manages the Medicines Budget. Pharmac told us this is a fixed budget which must cover the cost of all currently funded treatments, and any remaining funds are used to consider and invest in new medicines. It said that, because resources are

limited, it must make careful, evidence-based decisions to ensure that funded treatments deliver the greatest possible health benefits for New Zealanders. Pharmac said this includes making difficult choices between competing priorities.³

Assessment of pharmaceutical treatments for breast cancer

We received a submission from Pharmac in September 2025 and an update in April 2026. Pharmac outlined the treatments it funds for breast cancer and investigations it has been undertaking into other treatments, including Keytruda.

In April 2026, Pharmac confirmed to us that it had completed its assessment of pembrolizumab (Keytruda) for neoadjuvant and adjuvant treatment of early-stage II or III TNBC.⁴ Pharmac said Keytruda is ranked on the options for investment list (OFI). This list is of medicines that Pharmac would like to fund when it has funding available in its budget. It said it is unable to disclose the specific ranking position of treatments on its list, as doing so would affect negotiations with suppliers.

Information about funding for Keytruda

Pharmac acknowledged the petitioner's concern that there may have been some lack of clarity about whom Keytruda is funded for. It said that in its consultation and notification documents, Pharmac intended to make it clear who this treatment was funded for and why. It said it is interested in feedback about how it can improve its communication.

Our response to the petition

We thank Ms Cooke for bringing her petition to Parliament. She brought a very strong case to us. We were moved by her story, particularly her account of how she has had to fund her own treatment, which has affected her financial security. We wish her well.

While we commend the petitioner's advocacy, we respect Pharmac's independence and impartiality. We are satisfied that its decision-making process is robust and evidence-based. We do not believe it is Parliament's role to influence which medicines should be funded. We are pleased that Pharmac continues to consider funding Keytruda for early-stage TNBC.

Administration of privately funded drugs in the public health system

We discussed the petitioner's concern that privately funded drugs cannot be administered in hospitals in the public health system, even if the patient is meeting the cost of the drugs. We note that this matter was considered by the Health Committee of the 53rd Parliament when it reported on the Petition of Jane Ludemann for Cure Our Ovarian Cancer.⁵ That committee considered the view of the Cancer Control Agency | Te Aho o Te Kahu that requiring the public health system to provide services associated with unfunded cancer medications could have negative consequences. These could include compromising the provision of funded

³ More information about Pharmac's prioritisation of medicines is available [on its website](#).

⁴ Adjuvant therapy means supplementary treatment given after the main treatment, such as chemotherapy following surgery. Neoadjuvant therapy is a first treatment given before the main treatment, such as treatment to shrink a tumour before surgery.

⁵ The report of the Health Committee of the 53rd Parliament on the [Petition of Jane Ludemann for Cure Our Ovarian Cancer: Improve outcomes for women with ovarian cancer](#) is available on the Parliament website.

cancer care to the general population and increasing waiting times for funded chemotherapy. It also noted that unfunded cancer medicines could displace cancer treatments that Pharmac had assessed as providing the best overall health outcomes.

We thank the petitioner for bringing this to our attention. We acknowledge that, for patients paying privately for treatments not currently funded by Pharmac, paying for the administration of the medication on top of paying for the medication itself will add to their financial stress. However, we agree with the Health Committee of the 53rd Parliament that the costs of administering cancer treatments are linked to other Pharmac decisions about priorities.

Communication of Pharmac decisions

It appears to us that Pharmac's media releases clearly state that Keytruda was initially considered and later approved for treatment of advanced TNBC.⁶ However, we note that the language of these media releases is quite technical. There can be no doubt that the medical community needs to receive correct and detailed technical information. However, we think the media releases may have targeted medical professionals rather than patients and the wider community. We encourage Pharmac to consider letting people know about its decisions using plain language aimed at a wider range of readers.

⁶ Pharmac's media releases of [5 July 2024](#) and [9 September 2024](#) are available on the Pharmac website.

Appendix

Committee procedure

The petition was signed by 17,096 people on the Parliament website. It was presented to the House by Nancy Lu on 15 July 2025 and referred to us that day. We met between 21 August 2025 and 6 August 2026 to consider it. We received written submissions from the petitioner and Pharmac, and heard oral evidence from the petitioner.

Committee members

Greg O'Connor (Chairperson)
Hon Andrew Bayly (from 1 July 2026)
Kahurangi Carter (until 11 February 2026)
Greg Fleming
Paulo Garcia (until 1 July 2026)
Celia Wade-Brown (from 11 February 2026)

Dr Hamish Campbell and Nancy Lu also participated in our consideration of this petition.

Related resources

The documents we received as evidence in relation to this petition are available on [the Parliament website](#).

A recording of our hearing can be accessed online on [the Parliament website](#).