# Judicialization demands for bladder/ureteral cancer in the public health system in Brazil

Fernando Korkes, Mariana Avelar da Silveira, Flavio Moreira Pedrotti, Flavio Tocci, Vanessa Damazio Teich, Luciana Holtz, Sidney Glina









## INTRODUCTION

Petitioning for medications via the judiciary system in Brazil represents a legal right, but also a measure that influences national drug policy. The NAT-Jus system has been created to integrate the judiciary system with relevant health institutions. Since 2019, it has released over 50,000 technical notes (TN) based on individual legal demands.

The present study aimed to evaluate lawsuits against the Brazilian Public Health System SUS concerning bladder/ureteral cancer, in order to better advise the formulation of public policies regarding oncologic care.

## **METHODS**

A cross-sectional study evaluated the technical notes issued by NAT-Jus regarding lawsuits from patients against SUS from 2019-2023, concerning bladder or ureteral cancer.

## **RESULTS**

A total of 137 TN were issued. Most demanders were male patients (70.8%), with a mean±SD age of 69.1±17.6 years. Lawsuits intended to obtain medications(67%), medical care or procedures(26%), or other health products(7%).

The most common medications requested were immunotherapeutic agents, in 66 cases (pembrolizumab, avelumab, nivolumab, atezolizumab), followed by BCG(n=13), chemotherapeutic agents in 5 cases, erdafitinib in two cases and enfortumab vedotin in one case. Almost all demands granted these medications for unlimited time.

Pembrolizumab was the medication more frequently requested by patients treating bladder or ureteral cancer. Of more than 50,000 TN, there were 1,349 requests for this medication. Bladder or ureteral cancer was responsible for 3.4% of all the demands for pembrolizumab.

The distribution of the legal demands within the Brazilian states and cities are outlined. Legal demands were more common in the South (n=47), followed by the Southeast (n=26), Northeast (n=20), and Central-west (n=6) regions. Lawsuits in the South were more often related to expensive medications. In the Northeast and Central-west, there were proportionally more lawsuits demanding medical procedures. The Federal Government lost the causes representing BRL 42.1 million with these novel medications within the period evaluated.

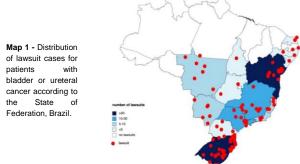
Table 1 - Demands in 137 lawsuits notes evaluated and their outcome

Request	Lawsuits	Favorable	
Surgical procedure	20	75.0%	(15)
Cystoscopy	4	100.0%	(4)
TURBT	9	88.9%	(8)
Major surgical procedure	7	42.8%	(3)
Specialist consultation	7	100.0%	(7)
Hospital admission	2	50.0%	(1)
Home care	2	50.0%	(1)
Exams	3	0	(0)
Materials	4	100.0%	(4)
Medications	87	71.3%	(62)

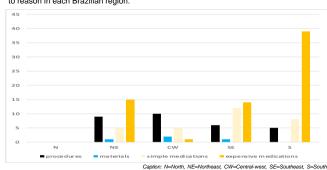
Table 2 – Number of cases of lawsuits demanding drugs and their current approval and recommendations

1 1 1 Sand

	Lawsuits	Favorable		ANVISA	CONITEC	NCCN
				approval	approval	guideline
Pembrolizumab	46	69.6%	(32)	Yes	-	Yes
Avelumab	13	76.9%	(10)	Yes	-	Yes
Atezolizumab	5	40.0%	(2)	Yes	-	Yes
Nivolumab	1	100%	(1)	Yes	-	Yes
Erdafitinib	2	100%	(2)	Yes	-	Yes
Enfortumab Vedotin	1	100%	(1)	Yes	-	Yes
BCG	13	92.3%	(12)	Yes	Yes	Yes
Chemotherapy	5	40.0%	(2)	Yes	Yes	Yes



**Figure 1 -** Geographic distribution of lawsuits according to reason in each Brazilian region.



### CONCLUSION

The Brazilian Constitution guarantees the right to universal healthcare for all citizens through the SUS. However, there are significant challenges in realizing these rights, with patients resorting to the judicial system to access treatments. Bladder cancer treatment within SUS faces obstacles such as long queues and shortages of essential medications. Moreover, advanced and costly therapies are not widely available, straining the public healthcare system and resulting in increasing legal costs. Collaboration between the government, the scientific community, and patient advocacy organizations is crucial to ensure the sustainability of the Brazilian healthcare system in the face of these challenges. If a rational and cautious evaluation of the incorporation of new technology into the public system is not adopted, the system will soon collapse.

### REFERENCES

The first fi