

#WEWONTREST until cancer is nothing to fear



Every year, more than **3.4 million** people are diagnosed with cancer in Europe and, if trends continue, cancer will soon become the biggest cause of disease burden in Europe¹.



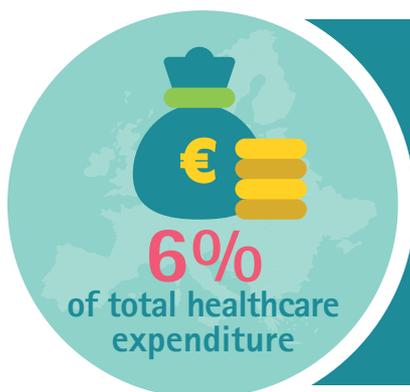
Scientific advances in cancer care offer hope of further improvement in patient outcomes. More people are being diagnosed with cancer but screening, prevention, diagnosis and treatments are helping patients live longer and with a better quality of life. **Cancer death rates have fallen by 20% over the past 20 years².**



There is significant variation in the time it takes for European patients to access treatment. Patients in some countries face long delays in gaining access to effective new cancer drugs, **ranging from five months to up to four years across Europe³.**



Inequalities in access are reflected in cancer patient outcomes. Five-year survival in Bulgaria is much lower than in Sweden. This means mortality could be decreasing even more if more people had access to cancer care. If every country were to achieve the survival rate of Sweden, **an additional 270,700 people would survive for at least five years⁴.**



Spending on cancer medicines accounts for just 1.5% of the yearly healthcare expenditure in the US and Europe. Cancer medicines account for about 23% of the total cancer care expenditure. Although there have been 30% more cancer cases, the spending on cancer care has remained more or less flat around **6% of total healthcare expenditure on average in the EU over the last 20 years⁵.**

EUROPE'S CANCER CARE CHALLENGES



Policy priorities: despite the scale of the cancer challenge, the disease is not always prioritized on the public policy agenda.

Slow uptake: health systems are not ready for the latest advances in cancer treatment – personalized medicines, combination therapies, multi-indication medicines.

Pricing & reimbursement: There is a disconnect between regulatory systems and HTA value assessment frameworks.

Outcomes variation: there are big differences in care delivery and patient outcomes within and between countries.

Quality matters: while patients value quality of life issues along with survival rates, health systems have been playing catch-up in focusing on outcomes that matter to patients and their families.

The EFPIA Oncology Platform brings together 17 companies whose aim is to transform the lives of patients diagnosed with cancer. Together with various stakeholders such as patient organizations, medical societies, civil society and payers we work on projects in Access to Cancer Medicines, Access to Clinical Trials and Oncology Health Data. In our regular stakeholder round tables we have identified three priority areas for better cancer care in the future:



TAKING ACTION ON CANCER TOGETHER DELIVERING THE FUTURE OF CANCER MEDICINES IN EUROPE



Improving the sustainability and integration of cancer care

- * Produce an analysis of best practice in cancer service design across Europe against the backdrop of National Cancer Control Plans to optimise patient outcomes.
- * Map initiatives to improve data collection and usage, share experiences of successes and blockages and consider what action can be taken to accelerate progress.
- * Develop a shared vision for cancer care that delivers best outcomes for patients.



Accelerating the time it takes to get new treatments to patients

- * Assess options to improve participation in clinical trials within the EU.
- * Assess current systems to understand what works and what does not across countries, and measure performance using the following criteria: level of access, quality of coverage and delays.
- * Develop a model for accelerating the time it takes for patients to benefit from a new cancer medicine that better integrates regulatory approval and reimbursement decisions.



Developing tailored pricing and reimbursement models for cancer medicines

- * Develop a consensus framework for tailored access agreements, identifying good practice examples and continue to raise awareness of the importance of data infrastructure for these agreements.
- * Discuss the challenges of and opportunities for innovative approaches to combination treatments and how to manage patient access in terms of pricing and reimbursement.
- * Work together to advocate the benefits of differential pricing across Europe to patients and the issues which are preventing this from occurring.

¹ Bengt Jönsson et al., Comparator Report on Patient Access to Cancer Medicines in Europe Revisited, 2016 – page 4: Cancer incidence increased by 31% from 1995 to 2012 (external reference: Ferlay J, et al. Cancer incidence and mortality patterns in Europe: estimates for 40 countries in 2012. Eur J Cancer. 2013;49(6):1374–403)

² Jönsson B et al. (2016), The cost and burden of cancer in the European Union 1995-2014

³ Europe Economics, External Reference Pricing, 1 July 2013, page 16, accessible at: http://www.europe-economics.com/publications/external_reference_pricing_-_final_report.pdf

⁴ Bengt Jönsson et al., Comparator Report on Patient Access to Cancer Medicines in Europe Revisited, 2016, page 16

⁵ Bengt Jönsson et al., Comparator Report on Patient Access to Cancer Medicines in Europe Revisited, 2016