



The cancer challenge – a multi-faceted challenge

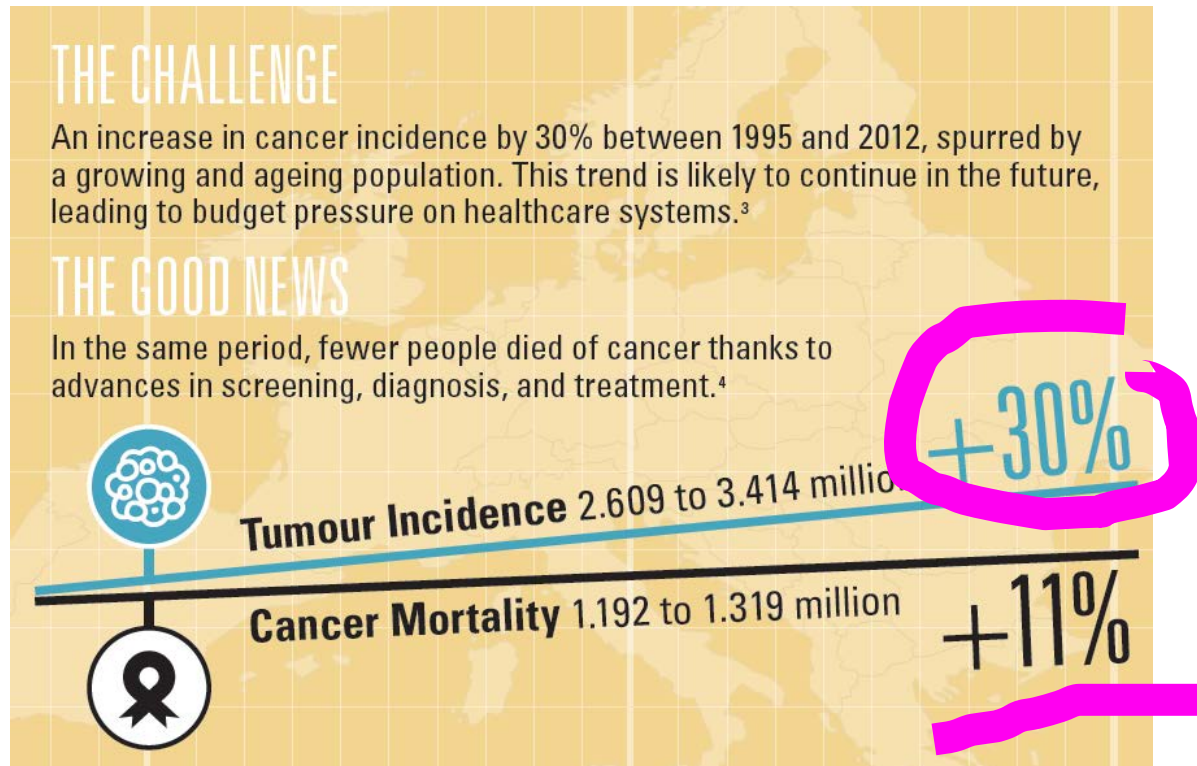
CDDF HTA Workshop, Madrid, 7-8 October 2017

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Cancer Care In The Future Will Require Collaboration

- * Increasing cancer incidence, decreasing mortality
- * New treatment options requiring budget planning and tackling health inequalities
- * Multi-stakeholder platform identified three priority areas 1) faster access to cancer care, 2) more flexible payment models and 3) mechanisms to improve sustainability of future cancer care
- * Future cancer challenge cannot be resolved by a single stakeholder but requires collaboration

Cancer Care In The Past 20 Years – Complex Picture With Challenges And Successes



Source: MSD Infographic (2017; based on: Jönsson B et al. (2016), Comparator Report on Patient Access to Cancer Medicines in Europe Revisited

Cancer Care Expenditure Remained Stable Between 1995 And 2014

Table 1
Health expenditure on cancer in the EU (current prices), 1995 and 2014.

Country	1995				2014					
	% of THE	Total (M€)	Total (M€, PPP)	Per capita (€)	Per capita (€, PPP)	% of THE	Total (M€)	Total (M€, PPP)	Per capita (€)	Per capita (€, PPP)
Austria	6.0% ^a	1049	901	132						
Belgium	5.6% ^a	927	814	92						
Bulgaria	6.6% ^a	35	135	4						
Croatia	6.9% ^a	79	147	17						
Cyprus	6.3%	21	25	32						
Czech Republic	5.4%	160	419	16						
Denmark	4.5%	509	368	97						
Estonia	5.8%	11	28	7						
Finland	4.4%	346	278	68						
France	6.2%	7721	6471	130						
Germany	6.0%	11,708	9336	143						
Greece	6.5%	562	731	53						
Hungary	7.0%	179	398	17						
Ireland	5.1% ^a	174	183	48						
Italy	6.7%	4093	4778	72						
Latvia	6.0% ^a	13	39	5						
Lithuania	6.0% ^a	17	61	5						
Luxembourg	5.6% ^a	49	42	120	101	8.2%	211	174	379	311
Malta	6.5% ^a	10	18	27	48	6.5% ^a	44	57	102	132
The Netherlands	4.6%	1228	1069	79	69	5.7%	4507	4096	268	243
Poland	6.2%	361	814	10	21	6.5%	1757	3031	46	79
Portugal	3.9%	263	332	26	33	3.9%	639	795	61	76
Romania	6.6% ^a	61	230	3	10	6.8% ^a	534	1048	27	53
Slovakia	6.2% ^a	56	140	11	26	6.2% ^a	376	564	69	104
Slovenia	6.7%	80	108	40	54	6.7%	225	283	109	137
Spain	5.6%	1903	2203	48	56	5.8%	5319	5961	116	130
Sweden	6.8%	1050	876	119	99	6.8%	2746	2119	283	219
United Kingdom	5.1%	3082	3338	53	58	5.0%	9554	8298	148	128
EU	5.9%	35,747	35,747	74	74	6.1%	83,184	83,184	164	164

- Total health expenditure on cancer remained relatively stable in Europe at approximately 6%
- Per capita expenditure increased from €74 in 1995 to €164 in 2014

M = million; THE = total health expenditure; PPP = purchasing power parity; EU = European Union.

Notes: cancer is defined as ICD-10 C00-D48.

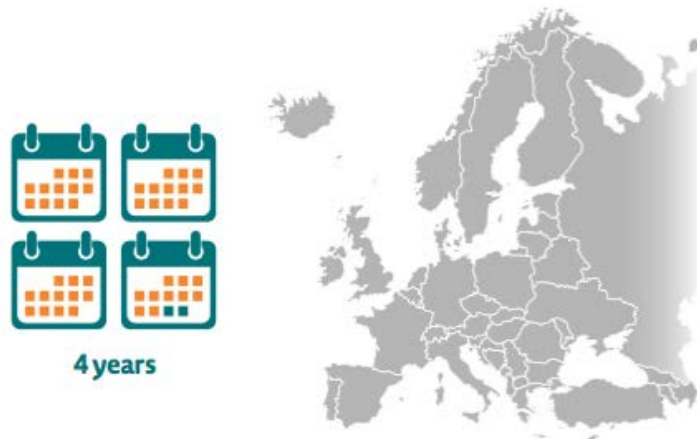
The sum of all PPP-adjusted estimates does not equal the estimate for the EU because the different shares of cancer-specific health expenditure change the weighting of the national estimates.

^a Estimated share based on data from similar countries; see Ref. [1].

... But Access To Cancer Care Not Only Differs But Creates Health Inequalities



Patients in some countries face long delays in gaining access to effective new cancer drugs ...



Delays in patient access to innovative new treatments can range from five months to up to four years across Europe

If we achieve wider, faster, more even access across Europe...



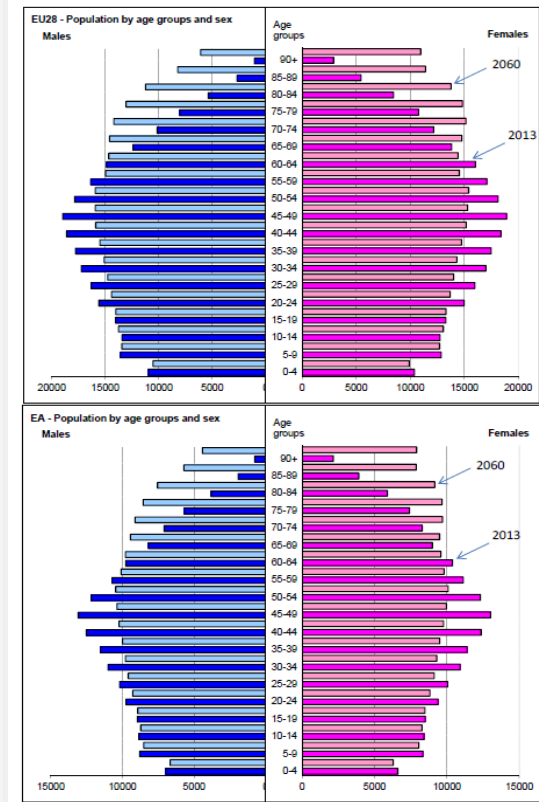
If every country were to achieve the survival rates of Sweden, then an additional 270,700 people would survive for at least five years²¹

Source: EFPIA (2016)

Despite Successes – Challenges Remain Because Of Demographic Change ...

- * During childhood, adolescence and up to the age of 40 years cancer is relatively uncommon. Above that age, it becomes increasingly more common. [1]
- * One third of all new cases were diagnosed in people aged 75 years or older in the EU in 2012, and one half of all cancer deaths occurred in this age group. [1]
- * Those aged 65 and over will become a much larger share (rising from 18% to 28% of the population). [2]
- * Those aged 80 and over (rising from 5% to 12%) will almost become as numerous as the young population in 2060. [2]

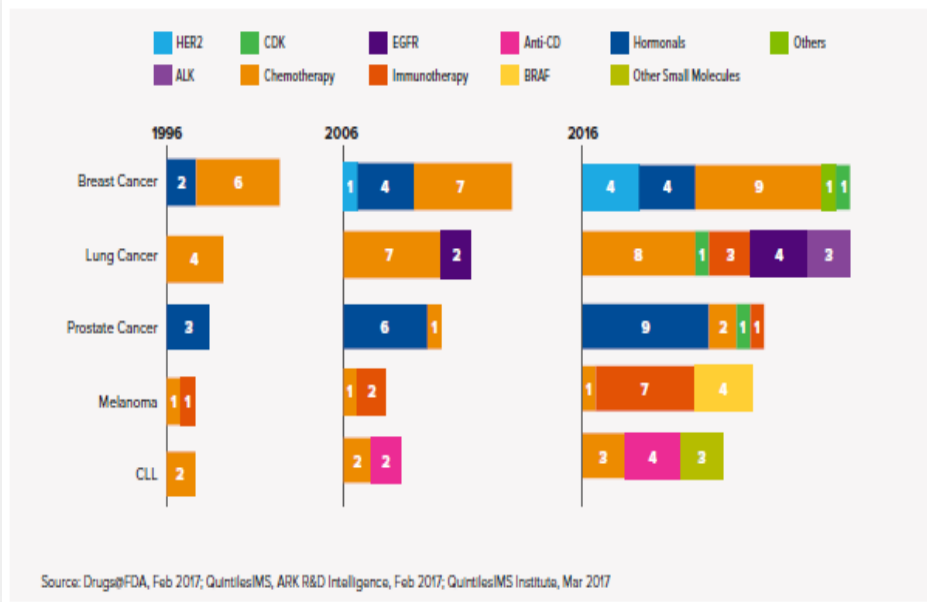
Graph I.1.2: Age structure of the population in 2013 and 2060, EU28 and EA (persons)



Source: Commission services based on Eurostat EUROPOP2013 data.

... More Treatment Options Which Have Not Been Available Before

Chart 14: Number of Treatment Options over Time for Selected Tumors (1996–2016)



- * In 1996, a physician had 4 treatment options in lung cancer; in 2016, there were 19 medicines available [1]
- * # of treated melanoma patients has nearly tripled globally between 2011 and 2016 [1]

Sources: [1] QuintilesIMS Institute (2017), Global Oncology Trends 2017; [2] Jönsson B et al. (2016), Comparator Report on Patient Access to Cancer Medicines in Europe Revisited

... Has Already Led To Shift In Costs

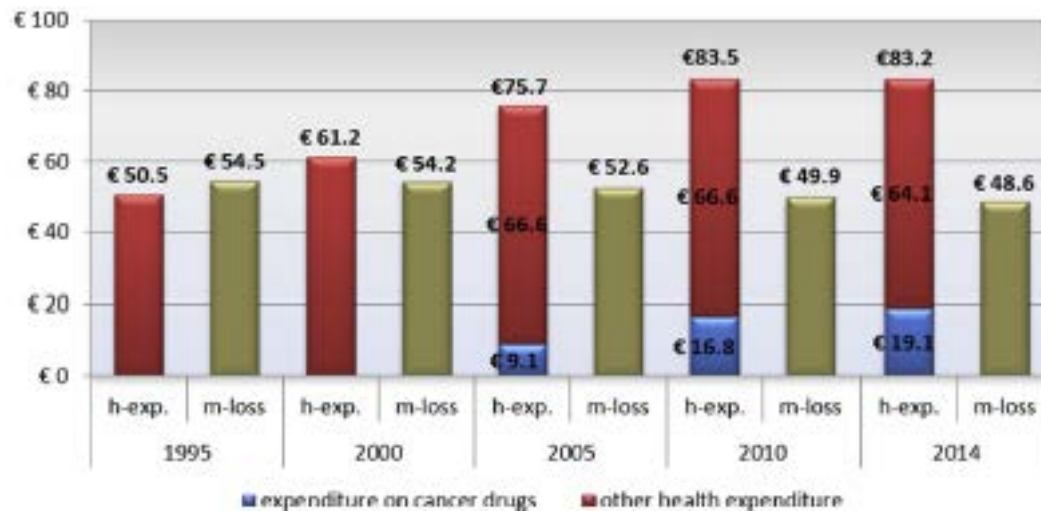
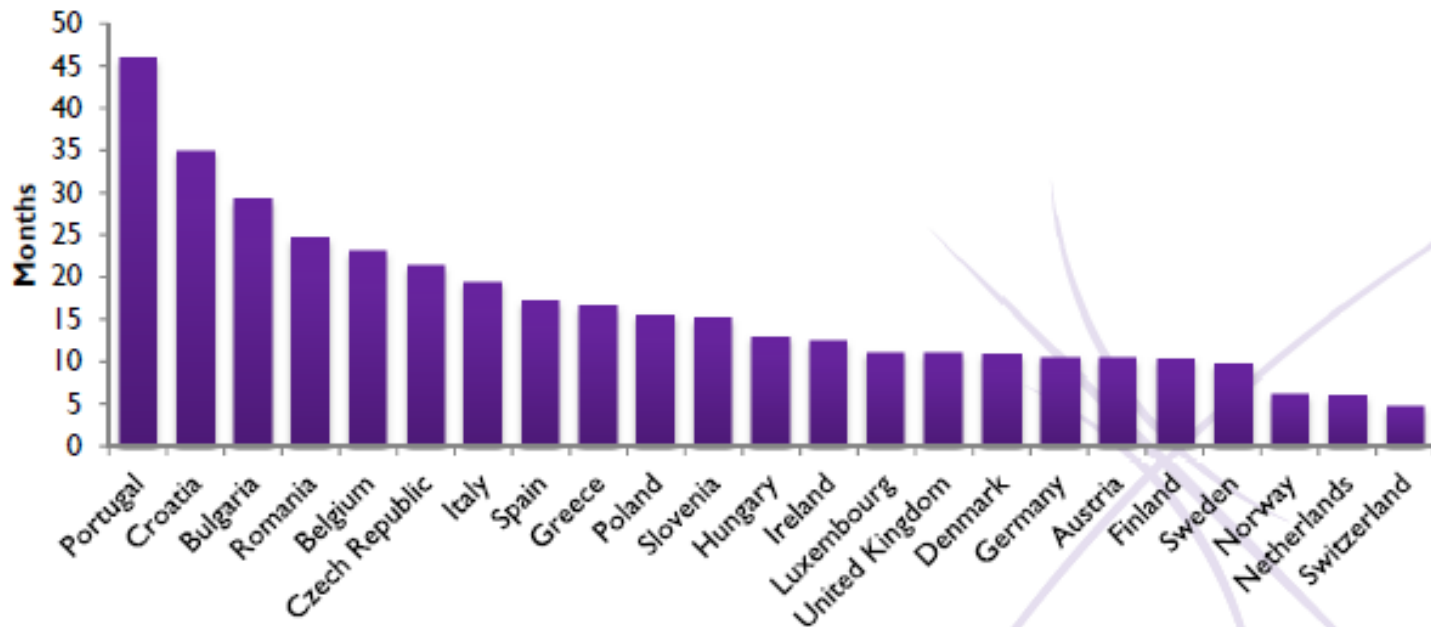


Fig. 4. Components of the total cost of cancer in the EU (in billion €; 2014 prices), 1995–2014. Notes: Cancer is defined as ICD-10 C00-D48 for health expenditure and ICD-10 C00-97, B21 for production loss due to premature mortality. EU = European Union; h-exp = health expenditure on cancer; m-loss = production loss due to premature mortality from cancer during working age.

... And Unequal Access: Portugal had to wait an average of 46 months for new oncology drugs

Figure 3.5 Average launch delays for in-patent oncology drugs: 2001-2013



Note: Delays based on packs common to at least 15 countries in the sample.
Source: IMS Health

Source: Glynn D (2013), External Reference Pricing; Europe Economics; http://www.europe-economics.com/publications/external_reference_pricing_-_final_report.pdf

The Cancer Challenge Has Many Other Causes – And Touches On Many Stakeholder Groups

* Cancer care

- * **Slow adaptability of healthcare systems to the speed of evolution in cancer treatment** e.g. combination therapy, personalized medicines, immuno-therapy
- * **Funding constraints** as a result of economic downturn and growing disease burden due to demographics
- * **Inconsistencies in prioritization of healthcare and cancer care** on the public policy agenda across Europe

* Access to treatment

- * **Disconnect between regulatory and HTA/ pricing & reimbursement procedures** resulting in delayed/ denied access
- * **Restrictive value assessment frameworks** i.e. reluctance to use RWD/ surrogate endpoints, inadequate assessment of socio-economic impact
- * **Limited flexibility in access agreements and policies interfering with access** (External Reference Pricing, price transparency)

EFPIA Member Initiated Broad Multi-Stakeholder Project To Work Together On Future Cancer Care

A wide variety of stakeholders engaged in the discussion



* Objective

- * Initiate stakeholder consensus on future cancer care and to join forces

* Themes of collaboration

- * Accelerate the time to get new treatments to patients
- * Develop new pricing models for cancer medicines
- * Improve the sustainability of cancer care

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