



CDDF 10<sup>TH</sup> ALPINE CONFERENCE  
CURRENT AND FUTURE CHALLENGES OF INNOVATIVE  
ONCOLOGY DRUG DEVELOPMENT

26 - 28 February 2018  
Innsbruck, Austria

## **CDDF Multi-stakeholder workshop on *Access to Innovative Oncology Drugs in Europe***



Madrid, Spain – 7 & 8 September 2017

**Sonia García Pérez**

**Agencia Española de Medicamentos y Productos Sanitarios**



- No conflicts of interest to declare.

# Objective

- The CDDF multi-stakeholder workshop on the *Access to Innovative Oncology Drugs in Europe* aimed at facilitating a collaborative discussion between regulatory bodies, HTA organizations, healthcare providers, academics, patients and industry **on the challenges of equal access to oncology drugs** within and between European countries



# The figures



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Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: [www.ejcancer.com](http://www.ejcancer.com)



Original Research

More than 5000 patients with metastatic melanoma in Europe per year do not have access to recommended first-line innovative treatments

Kandolf Sekulovic L<sup>1</sup>, Peris K<sup>2</sup>, Hauschild A<sup>3</sup>, Stratigos A<sup>11</sup>, Nathan P<sup>5</sup>, Dummer R<sup>13</sup>, Hoeller



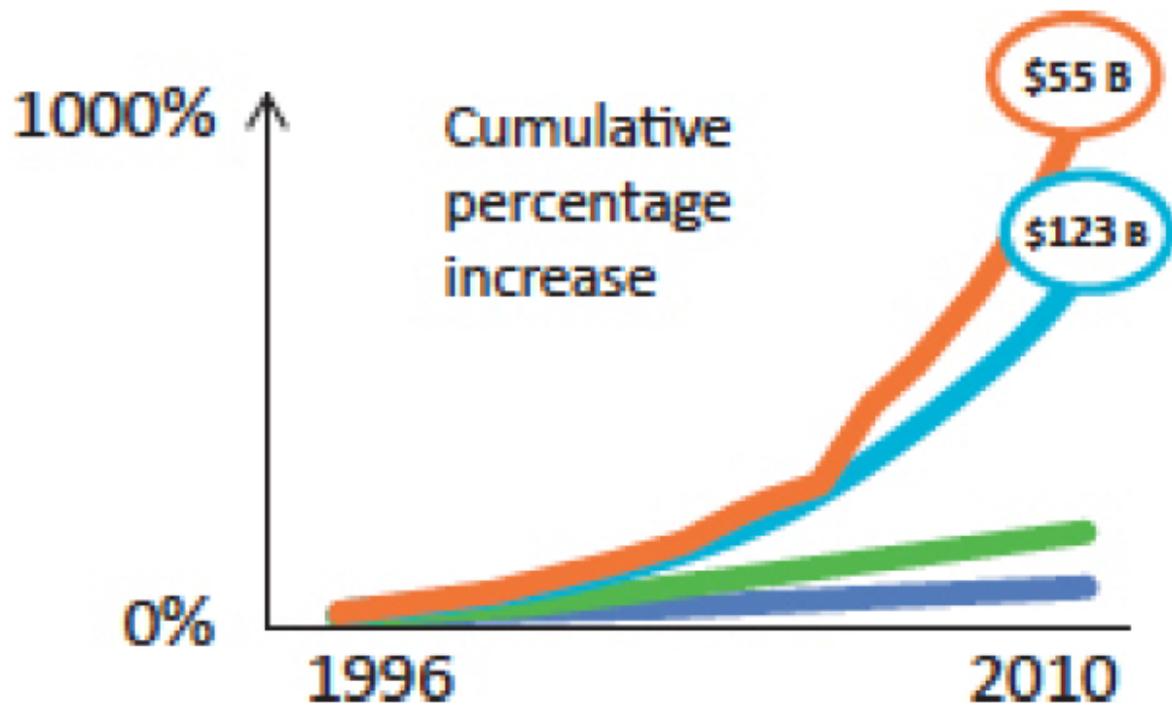
# ESMO European Consortium Study on the availability, out-of-pocket costs and accessibility of antineoplastic medicines in Europe

MELANOMA: actual availability										
Country:	Interferon	DTIC	Fotemustine	High-Dose IL-2	TNF (intraarterial)	Temozolomide	Ipilimumab	Vemurafenib	Trametinib	Dabrafanib
Austria	Always	Always	Always	Always	Not available	Always	Always	Always	Always	Always
Belgium	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Cyprus	Always	Always	Not available	Always	Not available	Always	Not available	Not available	Not available	Not available
Denmark	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Finland	Usually	Usually	Usually	Usually	Not available	Usually	Usually	Usually	Usually	Usually
France	Always	Always	Always	Always	Usually	Always	Always	Always	Usually	Always
Germany	Always	Always	Always	Always	Usually	Always	Always	Always	Usually	Always
Greece	Always	Usually	Usually	Always	Not available	Usually	Usually	Not available	Not available	Not available
Holland	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Iceland	Always	Always	Not available	Always	Always	Always	Always	Always	Always	Always
Ireland	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Israel	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Italy	Always	Always	Always	Occasionally	Not available	Always	Always	Always	Always	Not available
Luxembourg	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Norway	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Portugal	Always	Always	Always	Always	Always	Always	Occasionally	Occasionally	Not available	Not available
Spain	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Sweden	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Switzerland	Always	Always	Not available	Always	Always	Always	Always	Always	Not available	Always
Turkey	Always	Always	Always	Never	Occasionally	Always	Always	Always	Always	Always
United Kingdom	Always	Always	Always	Never	Occasionally	Always	Always	Always	Occasionally	Occasionally

Always
Usually
Half the time
Occasionally
Never
Not available
Missing data

DTIC=Decarbazine,IL-2+Interleukin-2, TNF= Tumorr necrosis factor

# The Challenge



	Annual Increase
Cancer Drugs	20%
Cancer Medical	12-18%
Health Care	9%
US GDP	3%

FIGURE. Increase in cancer care and drug costs relative to overall health care costs.

SOURCE: Ensuring Patient Access to Affordable Cancer Drugs: Workshop Summary. National Cancer Policy Forum; Board on Health Care Services; Institute of Medicine. Washington (DC): National Academies Press (US); 2014.

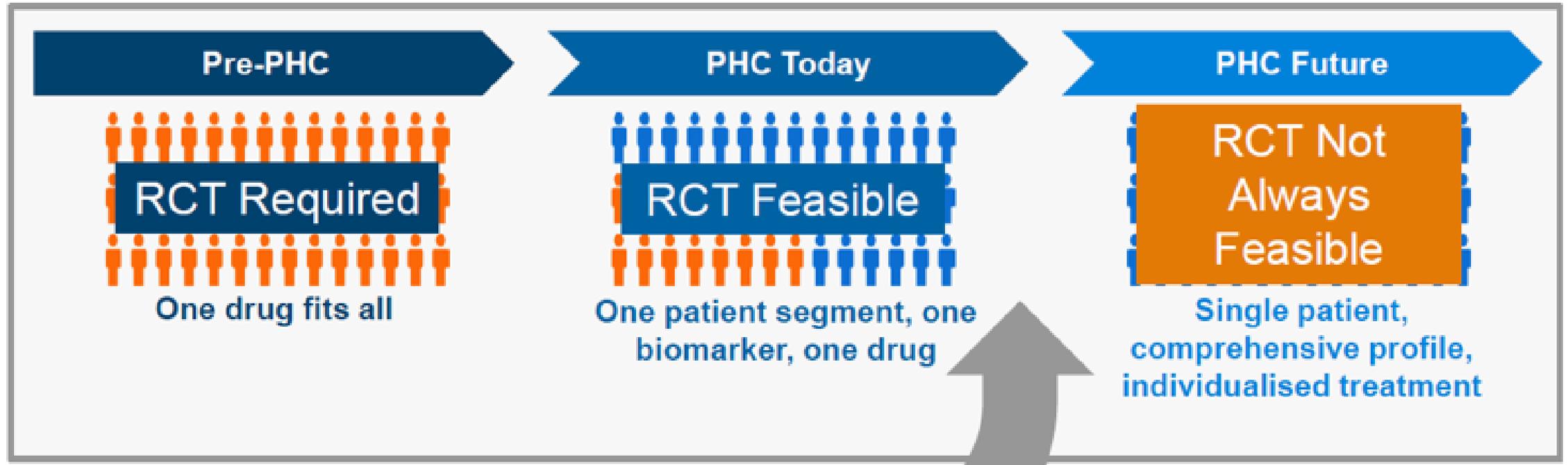


# Additional Challenges: Evidence

## Evolution in Personalised Healthcare (PHC)



*Science and technology are evolving fast and are shifting boundaries of what is possible in medical research and patient care*



# Additional Challenges: Combinations

FROM THE ANALYST'S COUCH

## Combination therapies in oncology

Rachel M. Webster



Red chair courtesy of Юлия Давиденко/Alamy Stock Photo

Table 1 | Selected combination therapies in the late-phase oncology pipeline

Product	Company*	Target or mechanism of action	Indications	Development status
Durvalumab + tremelimumab	AstraZeneca	PDL1 mAb + CTLA4 mAb	NSCLC, SCCHN or urothelial bladder cancer	Phase III
Durvalumab + Tagrisso (osimertinib; AZD9291)	AstraZeneca	PDL1 mAb + EGFR TKI	NSCLC	Phase III
Atezolizumab + Avastin (bevacizumab)	Roche	PDL1 mAb + VEGF mAb	RCC	Phase III
Imlygic (talimogene laherparepvec) + Keytruda (pembrolizumab)	Amgen	Oncolytic viral therapy + PD1 mAb	Melanoma	Phase III
Encorafenib + binimetinib	Array BioPharma	BRAF inhibitor + MEK inhibitor	Melanoma	Phase III
JNJ-927 (ARN-509) + Zytiga (abiraterone)	Aragon Pharmaceuticals	Androgen receptor antagonist + CYP17 inhibitor	Prostate cancer	Phase III
Cediranib + Lynparza (olaparib)	AstraZeneca	VEGFR TKI + PARP inhibitor	Ovarian cancer	Phase III
AGS-003 + Sutent (sunitinib)	Argos Therapeutics	Dendritic cell vaccine + multi-TKI	RCC	Phase III
VB-111 + Avastin (bevacizumab)	VBL Therapeutics	Gene therapy + VEGF mAb	Glioblastoma	Phase III

CYP17, cytochrome P450 17 $\beta$  hydroxylase/17,20 lyase; CTLA4, cytotoxic T lymphocyte antigen 4; EGFR, epidermal growth factor receptor; mAb, monoclonal antibody; MEK, MAPK/ERK kinase; NSCLC, non-small-cell lung cancer; PARP, poly(ADP-ribose) polymerase; PD1, programmed cell death protein 1; PDL1, PD1 ligand 1; RCC, renal cell carcinoma; SCCHN, squamous cell carcinoma of the head and neck; SLAMF7, signalling lymphocyte activation molecule family 7; TKI, tyrosine kinase inhibitor; VEGFR, vascular endothelial growth factor; VEGFR, VEGF receptor. \*Primary commercial sponsor of pivotal study.

# Additional Challenges: Too High Expectations from the Society

## Buying cancer drugs New is not synonym for better.

- JAMA Clin Oncol 2017 Salas-Vega et al

### 62 cancer drugs 2003-2013 EU and USA

- Overall survival
  - 43% : better > 3 months
  - 11%: < 3 months
  - unknown or not proven
- Quality of life
  - 42% better
  - 45% less
- improvement OS – QoL – safety: 79%

“doubtful efficacy reflects real-world effectiveness”.

- Letter JAMA Oncology 2017 Overestimating the benefit of cancer drugs.



# The Tools: HTA

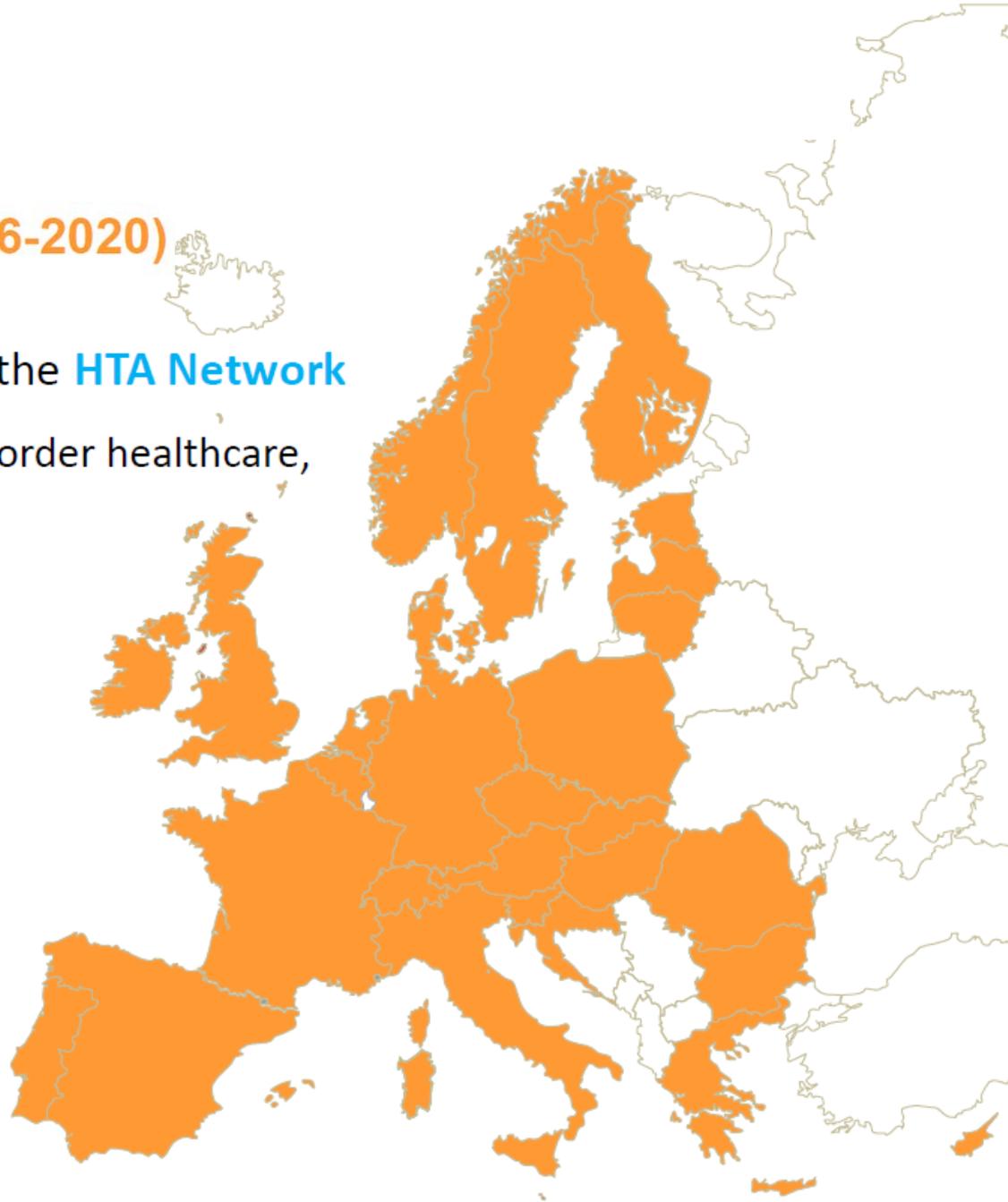
## EUnetHTA Joint Action 3 (2016-2020)

Scientific and technical support to the **HTA Network**

(Directive on patients' rights in cross-border healthcare,  
2011/24/EU)

**29 countries, 81 partners** consisting  
of national, regional and non-for-  
profit agencies that produce or  
contribute to HTA

**Project Coordinator:** ZIN  
Dutch National Health Care Institute





EUROPEAN  
COMMISSION

Brussels, 31.1.2018  
COM(2018) 51 final

2018/0018 (COD)

Proposal for a

**REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL**

**on health technology assessment and amending Directive 2011/24/EU**

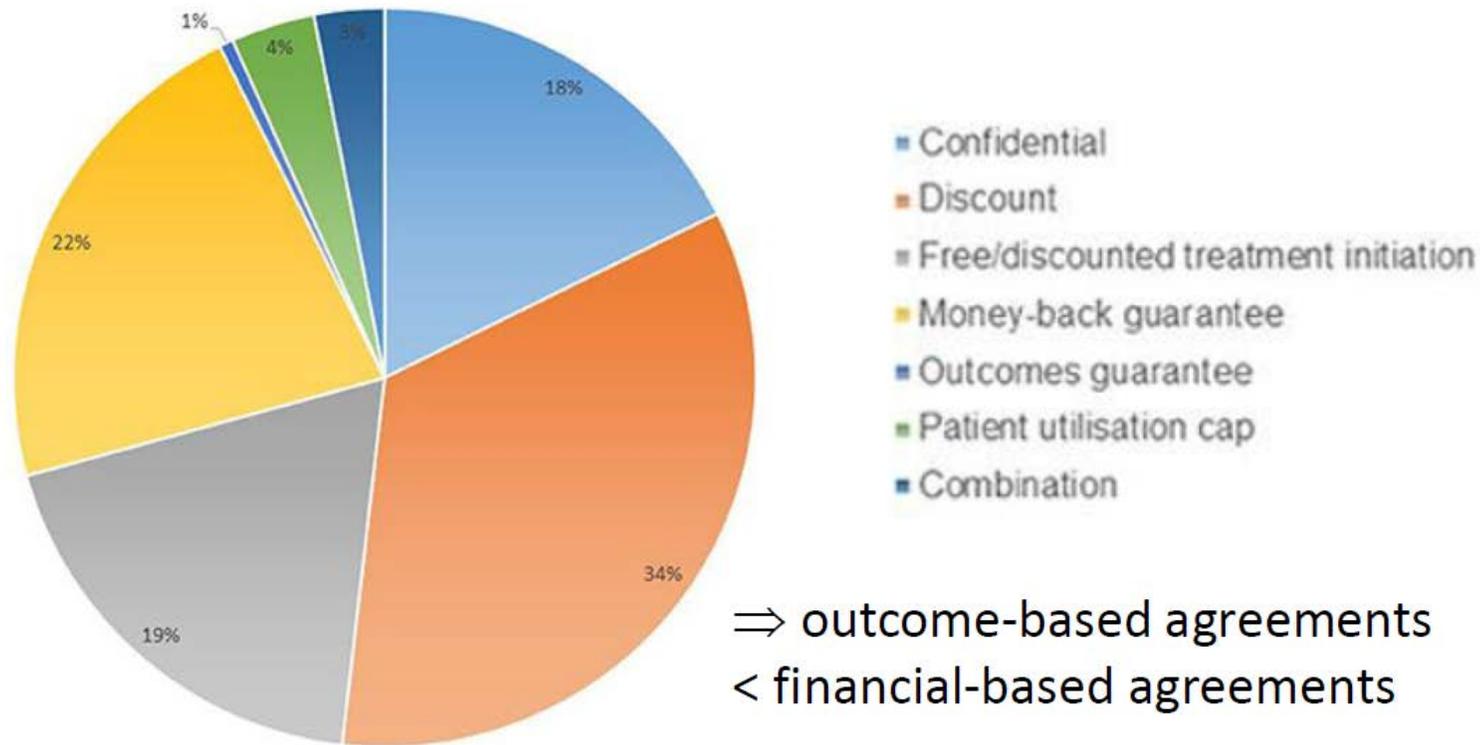
(Text with EEA relevance)

{SWD(2018) 41 final} - {SWD(2018) 42 final}



# The Tools: Pricing Strategies

## Market Entry Agreements in Europe



# The Tools: Pricing Strategies

**BENELUXA:**

*First results of  
multi-country  
cooperation on  
medicine price  
negotiations*

# The Tools: Pricing Strategies

**Amsterdam, May 11th 2017**  
**Fair Pricing Forum Meeting Report**



**World Health  
Organization**

**We need transparency on the real costs of R&D  
for new products and anticipated profit margins.**



# The Tools: Regulatory Strategies

Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ) (2016) 112S, S34–S37



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Online verfügbar unter [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: <http://www.elsevier.com/locate/zefq>



## Adaptive Licensing – Gefahr für Patienten?

*Adaptive licensing – a threat to patient safety?*

Bernd Mühlbauer\*

Institut für Pharmakologie, Gesundheit Nord GmbH, Bremen, Germany



- **Safety risk for patients**
- **“compulsory” real life data**
- **Methodologic risks and uncertainties: causality – adherence ...**



# Supportive Tools



**A standardised, generic, validated approach to stratify the magnitude of clinical benefit that can be anticipated from anti-cancer therapies: the European Society for Medical Oncology Magnitude of Clinical Benefit Scale (ESMO-MCBS)**

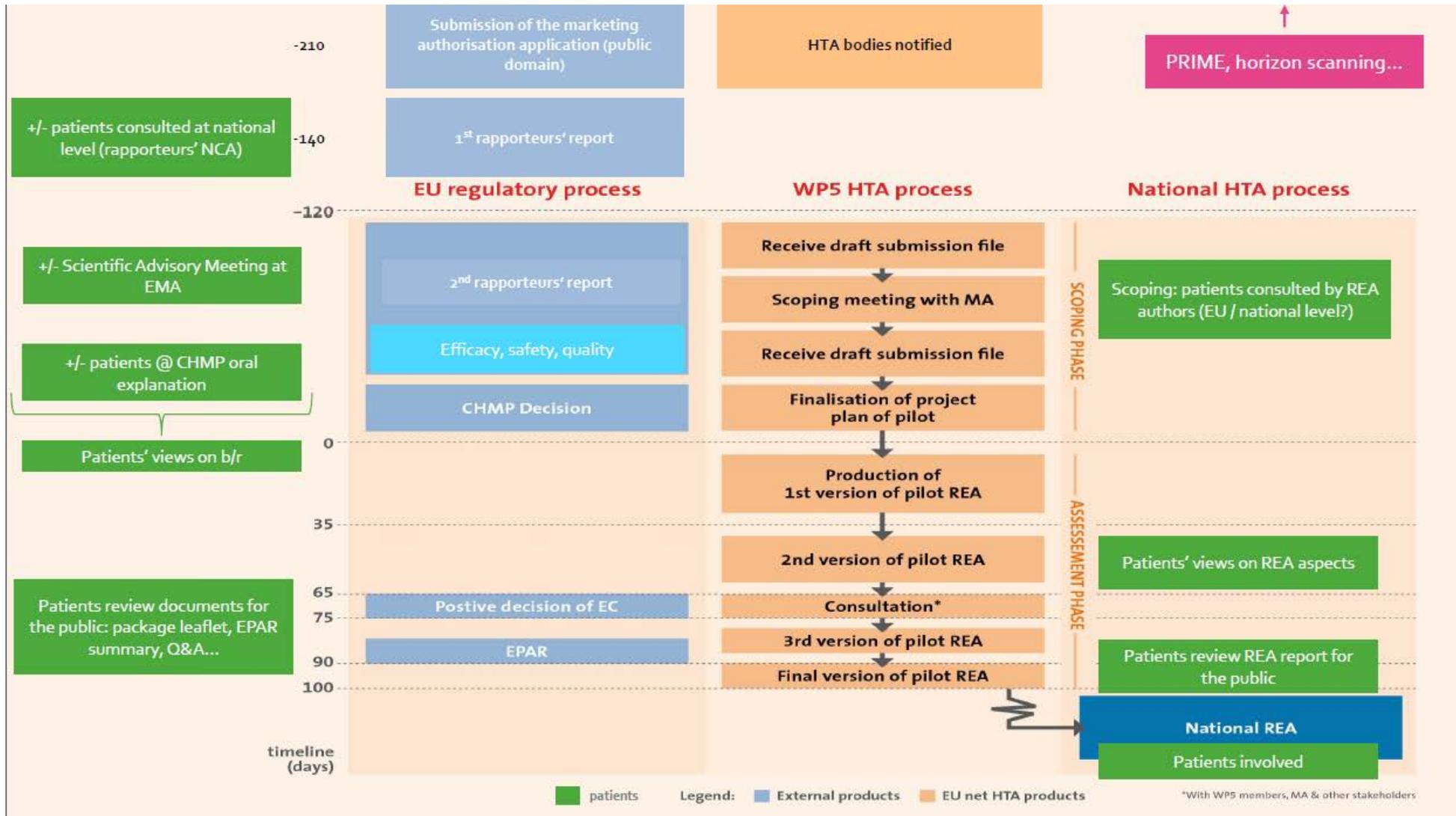
N. I. Cherny<sup>1\*</sup>, R. Sullivan<sup>2</sup>, U. Dafni<sup>3</sup>, J. M. Kerst<sup>4</sup>, A. Sobrero<sup>5</sup>, C. Zielinski<sup>6</sup>, E. G. E. de Vries<sup>7</sup>  
& M. J. Piccart<sup>8,9</sup>

ESMO-Magnitude of Clinical Benefit Scale version 1.1

N. I. Cherny<sup>1\*</sup>, U. Dafni<sup>2</sup>, J. Bogaerts<sup>3</sup>, N. J. Latino<sup>4</sup>, G. Pentheroudakis<sup>5</sup>, J.-Y. Douillard<sup>4</sup>, J. Tabernero<sup>6</sup>,  
C. Zielinski<sup>7</sup>, M. J. Piccart<sup>8</sup> & E. G. E. de Vries<sup>9</sup>



# The Tools: Patient Involvement



A panoramic view of a snowy mountain range under a clear blue sky. In the foreground, a ski resort building with a glass facade and a parking lot is visible, surrounded by snow-covered evergreen trees. The middle ground is filled with a dense forest of snow-laden trees. In the background, majestic snow-capped mountain peaks rise against the sky. The text "THANK YOU!" is overlaid in a bold, yellow, serif font across the center of the image.

**THANK YOU!**