C/Can

To the Secretary

Expert Committee on the Selection and Use of Essential Medicines Medicines Selection, IP and Affordability (MIA)

Department of Health Products Policy and Standards (HPS)

20 Avenue Appia

CH-1211 Geneva 27

RE: Application to extend the listing of erythropoiesis-stimulating agents to include chemotherapy induced anaemia to the WHO Model List of Essential Medicines

On April 18, 2025

Dear Secretary and Expert Committee Members,

The City Cancer Challenge Foundation (C/Can) respectfully submits this letter in strong support of the application to extend the listings of erythropoiesis-stimulating agents (ESAs) to include chemotherapy induced anaemia (CIA) to the 24th WHO Model List of Essential Medicines (WHO EML) and the 10th WHO Model List of Essential Medicines for Children (EMLc).

C/Can is a global, impact-driven non-governmental organization committed to transforming cancer care in resource-limited settings by empowering cities to lead systemic change. Through strategic partnerships and a data-driven methodology, we strengthen local health systems, address context-specific gaps in cancer care, and promote equitable access to high-quality treatment and services.

Among our initiatives is the Readiness to Medicines programme, which focuses on identifying and overcoming barriers within health systems that hinder the effective delivery and sustained impact of essential cancer medicines.

Chemotherapy-induced anaemia is a frequent and serious complication among cancer patients receiving myelosuppressive therapy, with prevalence estimates ranging from 30% to 90%. CIA significantly impacts patients' quality of life, often resulting in fatigue, reduced physical functioning, and cardiovascular stress. While blood transfusions remain a standard treatment, we strongly advocate for the use of ESAs as an effective alternative in managing CIA. It is, however, imperative that their use be accompanied by appropriate clinical oversight and that potential adverse effects, particularly venous thromboembolism (VTE), are clearly communicated to both patients and healthcare providers.

The efficacy of ESAs in managing CIA is well established in high-income countries and supported by international clinical guidelines, including those from ASCO, ASH, NCCN, and ESMO. Although regulatory authorities in numerous countries have approved ESAs for this indication, their current listing on the WHO EML is limited to the treatment of anaemia associated with chronic kidney disease.

This application proposes the inclusion of epoetin alfa, epoetin beta, darbepoetin alfa, and their biosimilars for the indication of CIA. Expanding the WHO EML and EMLc to include these agents could significantly improve access in low- and middle-income countries (LMICs), enhancing anaemia management for both adult and paediatric oncology patients.

The addition of ESAs for CIA to the WHO EML could help to close critical treatment gaps, especially in LMICs, by broadening access to a vital therapeutic option that enhances patient outcomes. Given that the WHO EML serves as a guide for national procurement and medicine prioritization, the inclusion of ESAs would support their integration into national essential medicines lists, facilitate procurement processes, and ultimately strengthen treatment infrastructure.

Furthermore, this addition would align with the objectives of Sustainable Development Goal (SDG) 3.4, which calls for a reduction in premature mortality from non-communicable diseases through prevention and treatment. ESAs, which are already widely available in high-income countries, should also be accessible in resource-constrained settings—where the burden of cancer is often greatest.

We respectfully urge the Committee to consider the inclusion of ESAs for CIA in the WHO EML and EMLc, in line with the list's mission to identify and prioritize medicines that address the most pressing global health needs.

Yours sincerely,

Isabel Mestres

CEO