

## ESMO'S ACTIVITIES TO IMPROVE ACCESS TO CANCER MEDICINES

Rosa Giuliani, Chair of the ESMO Global Policy Committee

WHO EML Selection Committee Meeting, Open Session 1 April 2019, Geneva, Switzerland



### **ESMO IN A NUTSHELL**

Europe's leading Medical Oncology Society

ESMO is the leading European professional organisation for medical oncology.

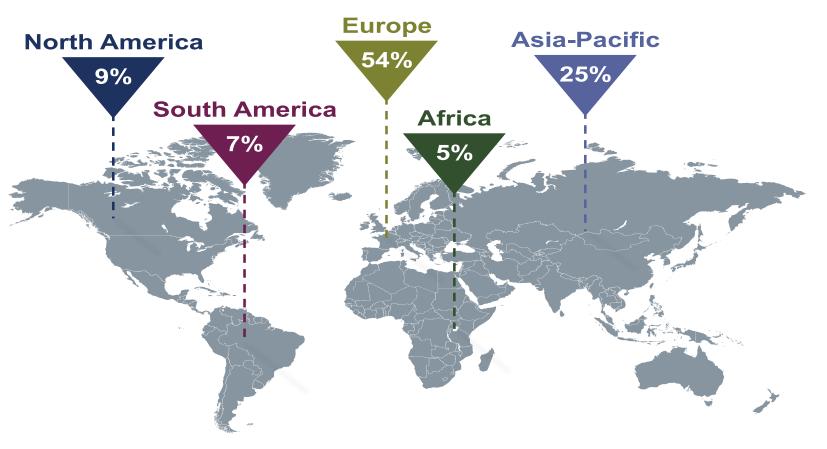
ESMO works across Europe and around the world to erase boundaries in cancer care and to provide medical oncology education within an integrated approach to cancer care.





### **ESMO MEMBERS**

A global community



- > 20,000 members
- > 150 countries
- Reciprocity agreements with 41 national oncology societies
- Nearly 600 experts across committees



## **ESMO'S 2020 VISION**

Securing the best possible outcomes for people with cancer





# 2018 GLOBAL CANCER OBSERVATORY DATA: THE CANCER BURDEN IS GROWING EXPONENTIALLY

The global cancer burden has risen to 18.1 million new cases and 9.6 million cancer deaths.

It is estimated that:

- One-in-five men will develop cancer and one-in-eight will die.
- One-in-six women will develop cancer and one-in-eleven women will die.

The majority of cases will be in low- and middle-income countries.

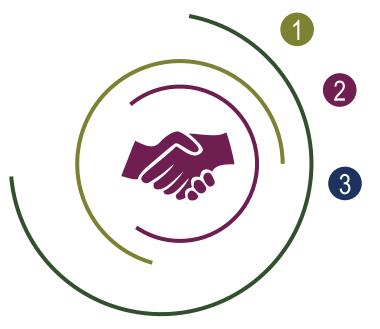
http://www.iarc.fr/en/media-centre/iarcnews/2018/gco\_globocan2018.php







# COLLABORATION IS KEY: SINCE 2013 ESMO HAS 'OFFICIAL RELATIONS STATUS' WITH THE WHO



Special Sessions with the WHO at ESMO congresses

#### Collaboration with the WHO on ESMO cancer medicines initiatives:

- 2013 ESMO Opioid Survey
- 2015 ESMO Antineoplastic Medicines Survey

#### **Supporting WHO and UN resolutions and initiatives:**

- 2013-2020 WHO Global Action Plan on Non-communicable Diseases
- 2015 WHO Model List of Essential Medicines review
- 2017 WHO Cancer Resolution
  - Oncology Workforce; National Cancer Control Plans; Global Cancer Report
- 2018 WHO Global Childhood Cancer Initiative
- 2018 UN High-Level Meeting on Non-communicable Diseases
- 2019 WHO Elimination of Cervical Cancer Initiative
- 2019 WHO Model List of Essential Medicines review
- 2019 UN High-Level Meeting on Universal Health Coverage



## ENSURING ACCESS TO CANCER MEDICINES: A CRITICAL ISSUE FOR MEDICAL ONCOLOGISTS



To treat patients according to the ESMO Clinical Practice Guidelines, medical oncologists need access to the cancer medicines recommended.



In Europe, ESMO works closely with the European Medicines Agency and the European Network of Health Technology Assessment to harmonise the approval and reimbursement process for cancer medicines.



Internationally, ESMO has conducted surveys on the availability of cancer medicines, including opioids, and has proposed recommendations on how to reduce the barriers.



members
updated on the
latest in
personalised
medicine,
immunotherapies
and biosimilars in a
rapidly-advancing
landscape of
new cancer
treatments.



## ESMO CANCER MEDICINES SURVEY EUROPE: WHO EML AVAILABILITY (1)

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Cherny et al, Ann Oncol 2016

## ESMO CANCER MEDICINES SURVEY EUROPE: WHO EML AVAILABILITY (2)

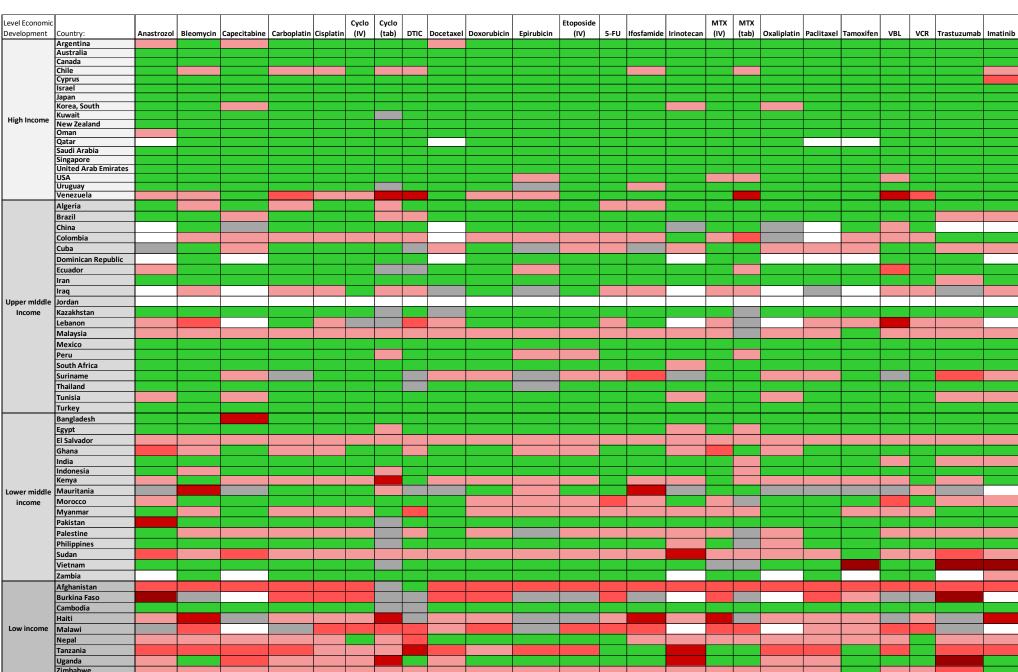
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		5-FU		Gemci	tabine		famide	Imatinib	Irinotecan	MTX	Oxaliplatin		Pacli			Trastu		Vinblastine	Vinorel	lbine
Country:	Adj. BC	MBC	CRC	Ovarian	Lung	GCT	Sarcoma	GIST	CRC	Adj BC	CRC	Ovarian	Adj BC	MBC	Lung	Adj.BC	MBC	GCT	Lung	MBC
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Cherny et al, Ann Oncol 2016

### ESMO CANCER MEDICINES SURVEY INTERNATIONAL: WHO EML AVAILABILITY





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Cherny et al, Ann Oncol 2016

## ESMO INITIATIVES TO PREVENT AND MANAGE SHORTAGES OF CANCER MEDICINES







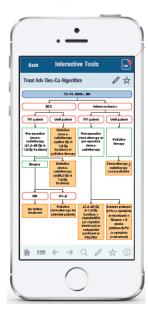
## ESMO CLINICAL PRACTICE GUIDELINES SET THE STANDARD OF CANCER CARE

#### The 77 ESMO Clinical Practice Guidelines are:

- Written by experts and reviewed regularly
- Standards of care for cancer screening, diagnosis, treatment & follow-up
- ESMO-MCBS scores included for medicines approved by EMA since 2016
- Published in Annals of Oncology and online: <a href="http://www.esmo.org/Guidelines">http://www.esmo.org/Guidelines</a>
  - eUpdates, guidelines methodology, downloadable slides with flowcharts
- Translated into Cancer Guides for Patients: <a href="https://www.esmo.org/Patients/Patient-Guides">https://www.esmo.org/Patients/Patient-Guides</a>
- Adaptable to national contexts: First 3 Pan-Asian Adapted ESMO Guidelines in 2018 (metastatic gastric, oesophageal, NSCL cancer) <a href="https://www.esmo.org/Guidelines">https://www.esmo.org/Guidelines</a>

#### The ESMO Clinical Practice Guidelines App includes:

- ESMO Pocket Guidelines as basic PDF files
- ESMO Interactive Guidelines: HTML with interactive tools (algorithms, calculators)





## **ESMO PROMOTES** THE WHO MODEL LIST OF ESSENTIAL MEDICINES

#### The cancer medicines on the WHO Model List of **Essential Medicines are:**

- Referenced in the ESMO Clinical Practice Guidelines
- Used to treat the majority of cancers
- Inexpensive, and also available as generics and biosimilars

#### They should be:

- On national essential medicines lists
- Prioritized for procurement and reimbursement
- Protected against shortages

#### **Open Access**

Editorial



#### Back to the 'essence' of medical treatment in oncology: the 2015 WHO Model List of Essential Medicines

Alexandru Eniu, 1 Julie Torode, 2 Nicola Magrini, 3 Gracemarie Bricalli, 4 Union for International Cancer Control EML Steering Committee Members

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 Prepublication history for this paper is available online. To view these files please visit the journal online (http://dx.doi.org/10.1136/ esmoopen-2015-000030)

Accepted 15 December 2015

Forty years ago, a group of physicians gathered in Nice, France, with a shared optimism for the promise of systemic therapies to treat cancer. This conference became the inaugural meeting of what is now the European Society for Medical Oncology (ESMO), which today convenes nearly 20,000 individuals from around the world. At that time, in 1975, it was becoming clear that contemporary scientific discoveries related to the properties of chemotherapeutic agents were spring-loading the oncologist's ability to address malignancies. Clinicians were able to employ adjuvant chemotherapy for the treatment of early-stage breast cancer, and combination chemotherapy for patients with testicular cancer, both of which would soon lead to marked improvements in overall survival. Medicines such as cyclophosphamide, cisplatin, bleomycin and others-which we often take for granted in our practices today -were then new instruments in the clinician's anticancer toolkit.

treatment approaches we currently have to address the needs of our patients with cancer reached its 19th version, and has been is vast. With advanced techniques in radi- recently updated, prompting us to reflect on ology, pathology, radiation oncology, surgical the worldwide implications of this project.

gains from productivity life-years (not to mention the social and moral imperatives implicit in cancer care), the conception of cancer as a death sentence is not a fallacy in many impoverished regions of the world; it is

The authors of this editorial have been sobered time and again by the sight of patients with cancer in wards of hospitals where treatment options readily available in developed countries have not extended their reach. Even after a century of discovery in therapeutics, our society's ability to deliver medicines to places where they are needed has been an imperfect—if not an exiguous—

Current advances rely on availability of certain interventions, including medicines considered essential for the success of therapy in certain cancers. The WHO recognised the importance of these medications to improve the outcome of patients worldwide, and, since 1977, proposed and subsequently maintained, the WHO Model List of Essential The number of systemic therapies and Medicines. Containing only a few anticancer medicines at the beginning, the list has



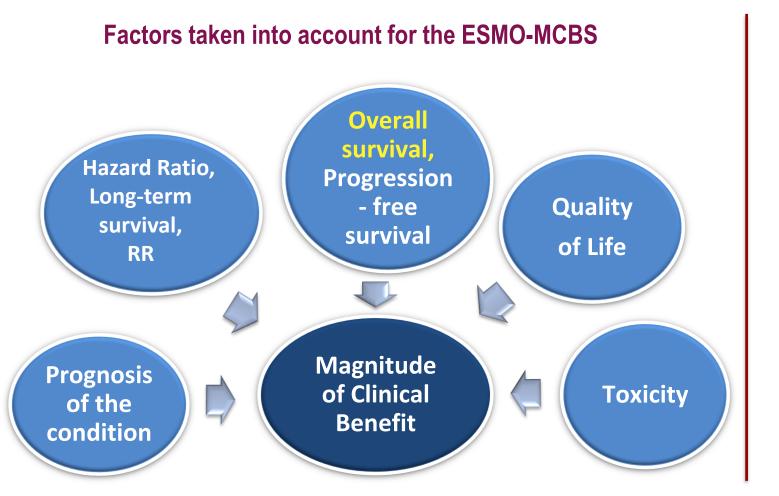


## 2017 WHO MODEL LIST OF ESSENTIAL MEDICINES FOR SOLID TUMORS

Cytotoxics			Miscellaneous	Hormones
Bleomycin	Doxorubicin	Oxaliplatin	Calcium folinate	Anastrozole
Capecitabine	Etoposide	Paclitaxel	Filgrastim	Bicalutamide
Carboplatin	Fluorouracil	Procarbazine	Imatinib	Dexamethasone
Cisplatin	Gemcitabine	Vinblastine	Trastuzumab	Leuprorelin
Cyclophosphamide	Ifosfamide + mesna	Vincristine	Zoledronic acid	Tamoxifen
Dactinomycin	Irinotecan	Vinorelbine		
Docetaxel	Methotrexate			

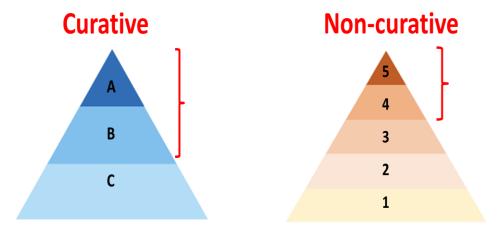


### **ESMO-MAGNITUDE OF CLINICAL BENEFIT SCALE**



#### **Substantial improvements for patients:**

- A&B in curative setting
- 5 & 4 in non-curative setting



### **ESMO-MCBS SCORE CARD**

## Contact: mcbs@esmo.org

#### >> The ESMO-MCBS Score Card

The ESMO-MCBS Score Card allows you to filter either by **Agent**, **Tumour** or **Score** giving priority to different criteria such as **Agent** and **Tumour Type** and **Tumour sub-type** and **Tumour sub-group** in the **Curative** or **Non-curative** setting.

Detailed scorecards will be available to ESMO Members in December 2018.

This content will be updated regularly and communicated to ESMO Members.

Agent

OR

Tumour

OR

Score

ested gent	Combined Agent(s)	Control Arm	Treatment Setting	Tumour Type	Tumour Sub-type	Tumour Sub-group	Tumour Stage	Score	Ref.
astuzumab		Chemotherapy	Adjuvant or neo- adjuvant HER2 positive tumours	Breast Cancer	Breast Cancer	HER2+	Early	Α	Piccart-Gebhart et al, N Engl J Med 2005; 353:1659-1672
Pertuzumab	Trastuzumab + docetaxel	Trastuzumab + docetaxel (Randomised phase II study)	Neo-adjuvant HER2 overexpressed invasive ductal breast	Breast Cancer	Breast Cancer	HER2+	Early	С	Gianni et al, Lancet Oncol 2012; 13:25-32 Gianni et al, Lancet Oncol 2016; 17:791- 800
DM1		Lapatinib + capecitabine	2nd line metastatic after trastuzumab failure (extensive	Breast Cancer	Breast Cancer	HER2+	Metastatic	4	Verma et al, N Engl J Med 2012; 367: 1783 1791



### ESMO'S ACTIVITIES TO ENSURE SUSTAINABLE CANCER CARE

## **ESMO-MCBS Working Group**

2013



ESMO-Magnitude of Clinical Benefit Scale a tool designed to assess the magnitude of therapeutic benefit for medicines registered in the treatment of cancer

### **Cancer Medicines Committee**

## Expensive, innovative cancer medicines 2015

- 1. Advocacy
- 2. Biosimilars
- ×
- 3. Develop an economic model to tackle issues related to reimbursement of innovative medicines

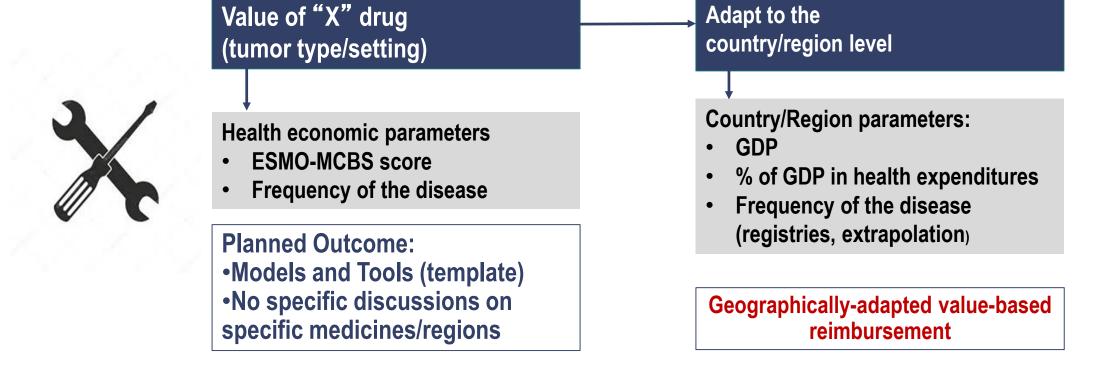
## Inexpensive, essential cancer medicines 2015

- 1. Report on Cancer Medicines Shortages in Europe developed with The Economist Intelligence Unit.
- Recommendations made to policy makers on how to prevent and manage shortages



# DELIVERING ON ESMO'S MISSION OF FACILITATING EQUAL ACCESS TO OPTIMAL CARE FOR ALL CANCER PATIENTS

#### Outline of the model: Reimbursement based on local-referenced value





## ESMO ADVOCACY FOR THE 2019 UN HIGH-LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE

- ✓ Universal access to affordable cancer services should be included in the text of the 2019 Political Declaration of the UN High-Level Meeting on Universal Health Coverage.
- ✓ UHC packages should include a core set of comprehensive cancer and palliative services, to reduce cancer deaths through prevention, early detection, diagnosis, cancer treatment, and follow-up care.
- ✓ To leave no one behind, UHC must strengthen primary care <u>and</u> referral services for secondary and tertiary care because cancer patients are treated at the secondary care level.





## THANK YOU!

@rosagiuliani@gmail.com

