ESMO’S ACTIVITIES TO IMPROVE ACCESS TO CANCER MEDICINES

Rosa Giuliani
Director of Public Policy
European Society for Medical Oncology (ESMO)

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THE ESMO #ONEONCOLOGYCOMMUNITY

With 50% of its members being young oncologists, the ESMO membership base offers a good representation of the next generation of oncologists and of the diversity of oncology professionals worldwide.

ESMO MEMBERS

- > 25,000 members
- A global community from 160 countries
- 50% ≤ 40 yrs old
- 49% women
- > 40 specialties
WHAT ARE CLINICALLY MEANINGFUL CANCER MEDICINES?

Medicines on the Essential Medicines List of the World Health Organization (WHO)

Medicines that score high on the ESMO-Magnitude of Clinical Benefit Scale (ESMO-MCBS)

Meaningful cancer medicines
ESMO-MAGNITUDE OF CLINICAL BENEFIT SCALE

Factors considered – does not include cost

Overall survival, progression free survival

Magnitude of clinical benefit

Quality of life

Hazard ratio, long term survival, response rate

Prognosis of the condition

Toxicity

The highest grades of the ESMO-MCBS in the curative setting are A and B and in the non-curative setting 5 and 4, which indicate a substantial magnitude of clinical benefit.

Cherny et al, Ann Oncol 2015 & 2017
ESMO-MCBS UPDATES

- ESMO-MCBS scores for cancer medicines are included in the ESMO Clinical Practice Guidelines and the Pan-Asian Adapted ESMO Clinical Practice Guidelines when applicable.

- The ESMO-MCBS ‘Scorecards’ are available on the ESMO website where cancer agents can be sorted by ‘agent’, ‘tumour type’ or ‘score’ in the curative or non-curative setting.

- The ESMO-MCBS version 1.1 is being updated to version 2.0.

- The ESMO-MCBS 2.0 will serve as the basis to expand the tool to cover hematological malignancies, currently being field-tested.

- Additional resources can be found here: https://www.esmo.org/guidelines/esmo-mcbs

- For questions please contact: mcbs@esmo.org

### The ESMO-MCBS Scorecards

The ESMO-MCBS Scorecards allow 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. This content will be updated regularly and communicated to ESMO Members.

#### Filter by

- Agent
- Tumour
- Score

<table>
<thead>
<tr>
<th>Tested Agent(s)</th>
<th>Combined Agent(s)</th>
<th>Control Arm</th>
<th>Treatment Setting</th>
<th>Tumour Type</th>
<th>Tumour Sub-type</th>
<th>Tumour Sub-group</th>
<th>Tumour Stage</th>
<th>Score</th>
<th>Ref.</th>
<th>Scorecard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trastuzumab</td>
<td>-</td>
<td>Chemotherapy</td>
<td>Adjuvant or neo-adjacent HER2 positive tumours</td>
<td>Breast Cancer</td>
<td>Breast Cancer</td>
<td>HER2+</td>
<td>Early</td>
<td>A</td>
<td><img src="scorecard.png" alt="Scorecard" /></td>
<td>A</td>
</tr>
<tr>
<td>Trastuzumab</td>
<td>Lapatinib + capecitabine</td>
<td>2nd line metastatic after trastuzumab failure (extensive crossover)</td>
<td>Breast Cancer</td>
<td>Breast Cancer</td>
<td>HER2+</td>
<td>Metastatic</td>
<td>4</td>
<td><img src="scorecard.png" alt="Scorecard" /></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Trastuzumab</td>
<td>Lapatinib + capecitabine</td>
<td>3rd line metastatic</td>
<td>Breast Cancer</td>
<td>Breast Cancer</td>
<td>HER2+</td>
<td>Metastatic</td>
<td>4</td>
<td><img src="scorecard.png" alt="Scorecard" /></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
ESMO’S GEOGRAPHICALLY ADAPTED VALUE-BASED REIMBURSEMENT MODEL

Value of “X” drug (tumor type/setting)

- HE parameters
- ESMO-MCBS
- Frequency of the disease

Adapt to the country/region level

- Country/Region parameters:
  - GDP
  - % of GDP in health expenditures
  - Frequency of the disease (registries, extrapolation)

Planned Outcome:
- Models and Tools (template)
- No specific discussions on specific drugs/regions

Geographically-adapted value-based reimbursement

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ESMO STUDIES ON ANTI-CANCER MEDICINES AND BIOMOLECULAR TECHNOLOGIES

PUBLIC POLICY

THE ESMO AVAILABILITY OF ANTINEOPLASTIC MEDICINES STUDY 2.0

PUBLIC POLICY

The ESMO Study on Availability and Accessibility of Biomolecular Technologies in Oncology
THANK YOU!

rosagiuliani@gmail.com