

# ESMO'S ACTIVITIES TO IMPROVE ACCESS TO CANCER MEDICINES

**George Pentheroudakis**

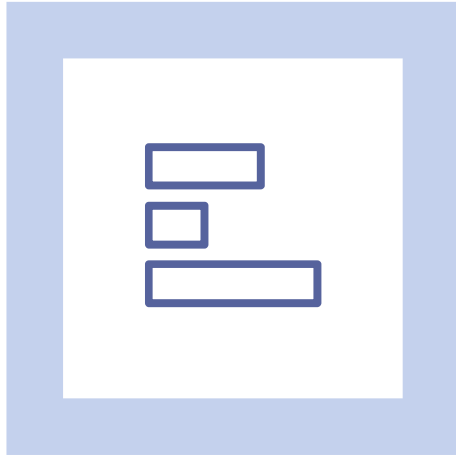
Chief Medical Officer, ESMO

**Open Session of the 24th WHO Expert Committee: Meeting on the Selection and Use of Essential Medicines**

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# UPDATE ON ESMO'S TOOLS & RESOURCES TO IMPROVE ACCESS TO CANCER MEDICINES



## ESMO-MCBS

- Used as a screening tool to identify cancer treatments that have potential therapeutic value that warrants full evaluation for the WHO Essential Medicines List (EML) listing
- Soon a haematological malignancies version will be launched (ESMO-MCBS:H)

## ESMO Clinical Practice Guidelines & Pan-Asian Guidelines Adaptation (PAGA)

- Recommendations on state-of-the-art management of patients with cancer
- PAGA integrates Asian ethnic, scientific, socioeconomic, and local practice characteristics.
- These will potentially improve accessibility to cancer care



## ESMO Reimbursement model

ESMO is developing a reimbursement model that will include:

- Clinical benefit (ESMO-MCBS)
- Key value indicators
- Geographical adaptation criteria
- Affordability criteria

# HIGH PRICES OF CANCER MEDICINES



High prices of new cancer medicines are limiting their access to patients and threatening the sustainability of health care systems

- Limited access is affecting both low- and middle-income countries and increasingly also high-income countries



Various instruments are being used by payers and competent authorities in pricing and reimbursement to make coverage decisions and to secure more affordable prices

# ESMO BIOMOLECULAR TECHNOLOGY STUDY (BMT)



## ESMO's vision

ESMO is committed to ensuring the timely and optimal treatment of cancer patients.

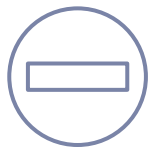


## The issue

Biomolecular technologies, which include biomarker testing, are extremely important in the treatment selection of patients with cancer, but there is very little data regarding their availability.



To advocate for increased access to these technologies, ESMO conducted the BMT Study in Europe to gather data and frame a dialogue with health authorities.



Two main barriers in access to Precision Oncology:

1. **Availability** of a suitable targeted medicine
2. **Availability and financial reimbursement** of the biomolecular test

# ESMO INTERNATIONAL CONSORTIUM STUDY OF THE AVAILABILITY OF ANTINEOPLASTIC MEDICINES (ANMS) 2.0

Results: Out of pocket cost of available old, inexpensive essential medicines

## High-income

List of Countries	5FU	Capecit	Irin.	CarboPI	CisPI.	OxaliPI	PacliTx.	DocetTx	Dox.
Australia	Free	>50% but less than full cost	Free	Free	Free	Free	Free	Free	Free
Austria	Free	Free	Free	Free	Free	Free	Free	Free	Free
Belgium	Free	Free	Free	Free	Free	Free	Free	Free	Free
Canada	Free	Free	Free	Free	Free	Free	Free	Free	Free
Chile	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost
Taiwan, China	Free	Free	Free	Free	Free	Free	Free	Free	Free
Croatia	Free	Free	Free	Free	Free	Free	Free	Free	Free
Cyprus	Free	Free	Free	Free	Free	Free	Free	Free	Free
Czech Republic	Free	Free	Free	Free	Free	Free	Free	Free	Free
Denmark	Free	Free	Free	Free	Free	Free	Free	Free	Free
Estonia	Free	<25% cost	Free	Free	Free	Free	Free	Free	Free
Finland	Free	<25% cost	Free	Free	Free	Free	Free	Free	Free
France	Free	Free	Free	Free	Free	Free	Free	Free	Free
Germany	Free	Free	Free	Free	Free	Free	Free	Free	Free
Greece	Free	Free	Free	Free	Free	Free	Free	Free	Free
Hungary	Free	Free	Free	Free	Free	Free	Free	Free	Free
Ireland	Free	Free	Free	Free	Free	Free	Free	Free	Free
Israel	Free	Free	Free	Free	Free	Free	Free	Free	Free
Italy	Free	Free	Free	Free	Free	Free	Free	Free	Free
Japan	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost
Korea	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost
Lithuania	Free	Free	Free	Free	Free	Free	Free	Free	Free
Luxembourg	Free	Free	Free	Free	Free	Free	Free	Free	Free
Malta	Free	Free	Free	Free	Free	Free	Free	Free	Free
Netherlands	Free	Free	Free	Free	Free	Free	Free	Free	Free
New Zealand	Free	<25% cost	Free	Free	Free	Free	Free	Free	Free
Norway	Free	Free	Free	Free	Free	Free	Free	Free	Free
Poland	Free	Free	Free	Free	Free	Free	Free	Free	Free
Portugal	Free	Free	Free	Free	Free	Free	Free	Free	Free
Singapore	Free	Free	Free	Free	Free	Free	Free	Free	Free
Slovakia	Free	Free	Free	Free	Free	Free	Free	Free	Free
Slovenia	Free	Free	Free	Free	Free	Free	Free	Free	Free
Spain	Free	Free	Free	Free	Free	Free	Free	Free	Free
Sweden	Free	Free	Free	Free	Free	Free	Free	Free	Free
Switzerland	Free	Free	Free	Free	Free	Free	Free	Free	Free
UK	Free	Free	Free	Free	Free	Free	Free	Free	Free
United States of America	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost

## Upper-middle income

List of Countries	5FU	Capecit	Irin.	CarboPI	CisPI.	OxaliPI	PacliTx.	Docetax.	Dox.
Botswana	Free	Free	Free	Free	Free	Free	Free	Free	Free
Brazil	Free	Free	Free	Free	Free	Free	Free	Free	Free
Bulgaria	Free	Free	Free	Free	Free	Free	Free	Free	Free
China	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost
Costa Rica	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	Free	Free
Georgia	Free	Free	Free	Free	Free	Free	Free	Free	Free
Jamaica	Free	Free	Full cost	Free	Free	Free	>50% but less than full cost	Free	Free
Kazakhstan	Free	Free	Free	Free	Free	Free	Free	Free	Free
Malaysia	Free	Free	Free	Free	Free	Free	Free	Free	Free
Mexico	Free	Free	Free	Free	Free	Free	Free	Free	Free
Moldova (Republic of)	Free	Free	Free	Free	Free	Free	Free	Free	Free
Montenegro	Free	Free	Free	Free	Free	Free	Free	Free	Free
Namibia	Free	Free	Free	Free	Free	Free	Free	Free	Free
North Macedonia	Free	Free	Free	Free	Free	Free	Free	Free	Free
Peru	Free	Free	Free	Free	Free	Free	Free	Free	Free
Romania	Free	Free	Free	Free	Free	Free	Free	Free	Free
Russian Federation	Free	Free	Free	Free	Free	Free	Free	Free	Free
Serbia	Free	Free	Free	Free	Free	Free	Free	Free	Free
South Africa	Free	Free	Free	Free	Free	Free	Free	Free	Free
Suriname	Free	Free	<25% cost	Free	>50% but less than full cost	>50% but less than full cost	>50% but less than full cost	Free	Free
Thailand	Free	Free	Free	Free	Free	Free	Free	Free	Free
Turkey	Free	Free	Free	Free	Free	Free	Free	Free	Free
Turkmenistan	Free	Free	Full cost	Free	Full cost	25-50% cost	25-50% cost	Free	Free

## Low and low-middle income

List of Countries	5FU	Capecit	Irin.	CarboPI	CisPI.	OxaliPI	PacliTx.	DocetTx	Dox.
Bangladesh	Free	Free	Free	Free	Free	Free	Free	Free	Free
Egypt	Free	Free	Free	Free	Free	Free	Free	Free	Free
El Salvador	Free	Free	Free	Free	Free	Free	Free	Free	Free
Ghana	25-50% cost	<25% cost	Full cost	Full cost	Full cost	Full cost	25-50% cost	25-50% cost	Full cost
Haiti	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost	<25% cost
Honduras	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
India	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Kenya	25-50% cost	25-50% cost	25-50% cost	25-50% cost	25-50% cost	25-50% cost	25-50% cost	25-50% cost	25-50% cost
Morocco									
Myanmar	Free	Full cost	>50% but less than full cost	25-50% cost	Free	>50% but less than full cost	>50% but less than full cost	Full cost	<25% cost
Nepal	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Nicaragua	Free	Free	Free	Free	Free	Free	Free	Free	Free
Nigeria	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Pakistan	<25% cost	<25% cost	25-50% cost	<25% cost	<25% cost	25-50% cost	25-50% cost	25-50% cost	25-50% cost
Palestine	Free	Free	Free	Free	Free	Free	Free	Free	Free
Papua New Guinea	>50% but less than full cost	Full cost	Full cost	>50% but less than full cost	>50% but less than full cost	Full cost	Full cost	Full cost	>50% but less than full cost
Philippines	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Tanzania	Free	Free	Free	Free	Free	Free	Free	Free	Free
Zimbabwe	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Afghanistan	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Burkina Faso	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Ethiopia	>50% but less than full cost	>50% but less than full cost	>50% but less than full cost	>50% but less than full cost	>50% but less than full cost	>50% but less than full cost	>50% but less than full cost	>50% but less than full cost	>50% but less than full cost
Madagascar	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Malawi	Free	Free	Free	Free	Free	Free	Free	Free	Free
Rwanda	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost	Full cost
Sudan	Free	Free	Free	Free	Free	Free	Free	Free	Free
Syria	Free	Free	Free	Free	Free	Free	Free	Free	Free
Venezuela	Free	Free	Free	Free	Free	Free	Free	Free	Free

Note: Preliminary data presented at the ESMO Congress 2022 in Paris.

Dario Trapani. ESMO ANMS 2.0 survey about access to cancer medicines. ESMO Congress 2022. Available at <https://oncologypro.esmo.org/meeting-resources/esmo-congress/esmo-anms-2.0-survey-about-access-to-cancer-medicines>



# ESMO KEY MESSAGES

## Precision oncology

One of the main barriers in access to precision oncology is the availability of a suitable targeted medicine and its companion biomolecular diagnostic

## Access to essential, inexpensive medicines

Access to 'essential, old, inexpensive' cancer medicines' has improved, although **often at full-cost or at substantial out-of-pocket expenditure for patients**

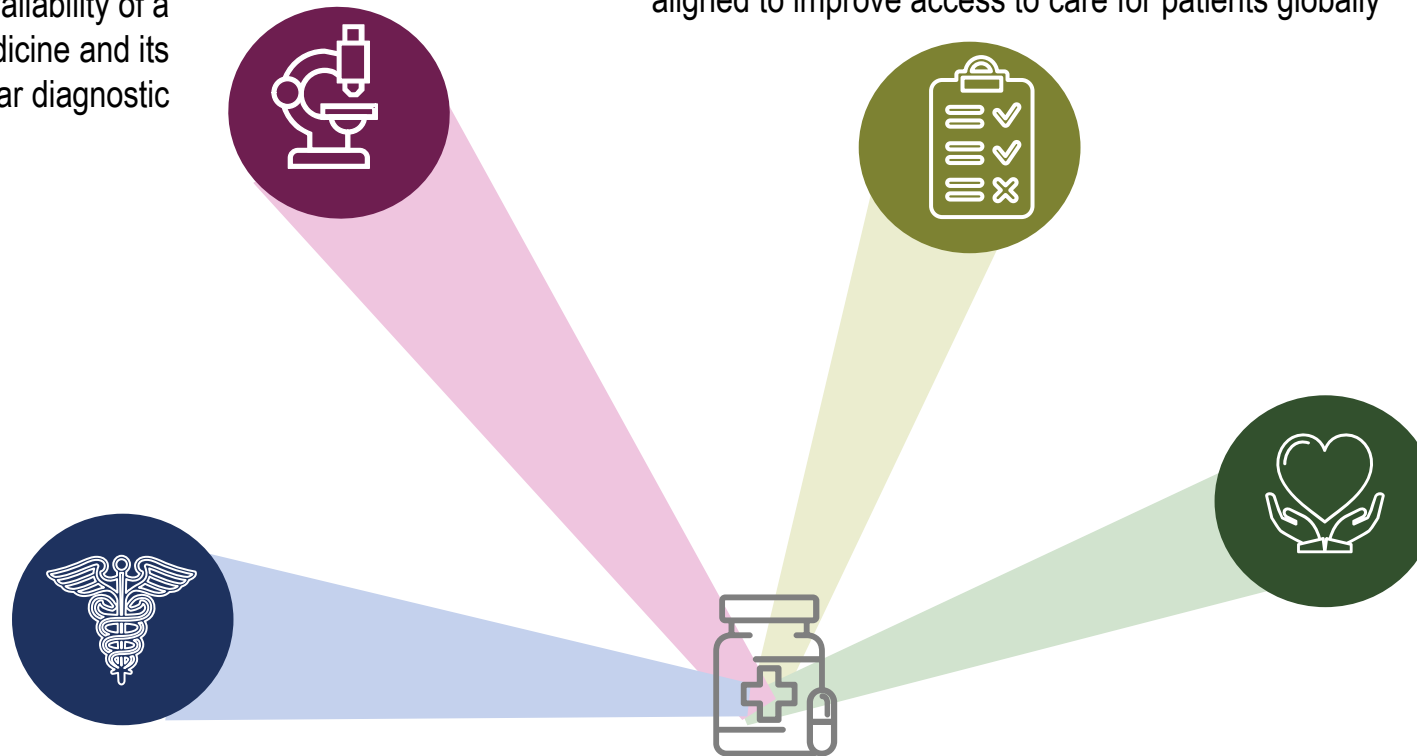
## WHO Essential Medicines List (EML) and Essential Diagnostic List (EDL)

The WHO EML and EDL are key tools to help prioritise cancer medicines and technologies and, with ESMO's support, should be aligned to improve access to care for patients globally

## Novel essential medicines

High clinical value, novel cancer medicines (ESMO-MCBS 4 and 5, A and B) should be considered for inclusion in the WHO EML in order to elicit:

- Fair pricing and economically-justifiable price-setting,
- Impact-oriented capacity-building to deliver the medicine/care
- Country-specific assessment for sustainable integration in national EML, based on public health relevance and health systems characteristics.



**THANK YOU!**



## ESMO Statement for the Open Session of the 24th WHO Expert Committee Meeting on the Selection and Use of Essential Medicines, 24 April 2023

- Access to ‘essential, old-inexpensive’ cancer medicines’ has improved, although **often at full-cost or at substantial out-of-pocket expenditure for patients.**
- One of the main barriers in access to precision oncology is the availability of a suitable targeted medicine and its companion biomolecular diagnostic.
- The WHO Model List of Essential Medicines and WHO Model List of In-Vitro Diagnostics are key tools to help prioritise cancer medicines and technologies and, with ESMO’s support, should be aligned to improve access to care for patients globally.
- High clinical value, novel cancer medicines ([ESMO-Magnitude of Clinical Benefit Scale](#) scores 4 and 5, A and B) should be considered for inclusion in the WHO Model List of Essential Medicines in order to elicit:
  - Fair pricing and economically justifiable price-setting
  - Impact-oriented capacity-building to deliver the medicine and care
  - Country-specific assessment for national EML sustainable integration based on public health relevance and health systems characteristics.