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

North America 9%
South America 7%
Europe 54%
Africa 5%
Asia-Pacific 25%

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

Nearly 600 experts across committees
ESMO’S 2020 VISION
Securing the best possible outcomes for people with cancer

1 INTEGRATED CANCER CARE
Bridging cancer prevention, research, early-diagnosis and treatment to improve patient outcomes

2 SPECIALISED EDUCATION
Supporting oncologists in a fast-changing professional environment

3 SUSTAINABLE CANCER CARE
Advocating for equal access to quality treatment and for cancer prevention
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.

COLLABORATION IS KEY: SINCE 2013 ESMO HAS ‘OFFICIAL RELATIONS STATUS’ WITH THE WHO

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

Collaboration with the WHO on ESMO cancer medicines initiatives:
• 2013 ESMO Opioid Survey
• 2015 ESMO Antineoplastic Medicines Survey

Special Sessions with the WHO at ESMO congresses
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.

ESMO keeps its members updated on the latest in personalised medicine, immunotherapies and biosimilars in a rapidly-advancing landscape of new cancer treatments.
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Cherny et al, Ann Oncol 2016
ESMO CANCER MEDICINES SURVEY EUROPE: WHO EML AVAILABILITY (2)

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Cherny et al, Ann Oncol 2016
## ESMO Cancer Medicines Survey International: WHO EML Availability

### Level Economic Development

<table>
<thead>
<tr>
<th>Country</th>
<th>Level Economic Development</th>
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</thead>
<tbody>
<tr>
<td>Anastrozol</td>
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<tr>
<td>Bleomycin</td>
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<tr>
<td>Capecitabine</td>
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<tr>
<td>Carboplatin</td>
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<tr>
<td>Cyclo (IV)</td>
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<tr>
<td>Cyclo (tab)</td>
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<tr>
<td>DTIC</td>
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<tr>
<td>Doxorubicin</td>
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<tr>
<td>Epirubicin</td>
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<td>Etoposide (IV)</td>
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<td>5-FU</td>
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<tr>
<td>Ifosfamide</td>
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<tr>
<td>Irinotecan</td>
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<td>MTX (IV)</td>
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<td>MTX (tab)</td>
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<tr>
<td>Oxaliplatin</td>
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<td>Paclitaxel</td>
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<tr>
<td>Tamoxifen</td>
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<td>VBL</td>
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<td>VCR</td>
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<td>Trastuzumab</td>
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<tr>
<td>Imatinib</td>
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</tr>
</tbody>
</table>

### High Income

- Argentina
- Australia
- Canada
- Chile
- Cyprus
- Israel
- Japan
- South Korea
- Kuwait
- New Zealand
- Oman
- Qatar
- Saudi Arabia
- Singapore
- United Arab Emirates
- USA
- Uruguay
- Venezuela

### Upper Middle Income

- Algeria
- Brazil
- China
- Colombia
- Cuba
- Dominican Republic
- Ecuador
- Iran
- Iraq
- Jordan
- Kazakhstan
- Lebanon
- Malaysia
- Mexico
- Peru
- South Africa
- Suriname
- Thailand
- Tunisia
- Turkey

### Lower Middle Income

- Bangladesh
- Benin
- Bolivia
- Burkina Faso
- Cambodia
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Congo Republic
- Côte d’Ivoire
- Colombia
- Dominican Republic
- Ecuador
- El Salvador
- Ghana
- India
- Indonesia
- Kenya
- Kyrgyzstan
- Laos
- Madagascar
- Malawi
- Mauritania
- Mauritius
- Morocco
- Myanmar
- Nepal
- Nicaragua
- Niger
- Nigeria
- Pakistan
- Panama
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Puerto Rico
- Romania
- Russian Federation
- Saint Vincent and the Grenadines
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- South Africa
- Sri Lanka
- Sudan
- Swaziland
- Syrian Arab Republic
- Tajikistan
- Tanzania
- Thailand
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Uganda
- Ukraine
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vietnam
- Yemen
- Zimbabwe

### Low Income

- Afghanistan
- Angola
- Bangladesh
- Benin
- Bolivia
- Botswana
- Burundi
- Cambodia
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Colombia
- Congo Republic
- Côte d’Ivoire
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- Ghana
- India
- Indonesia
- Iran
- Iraq
- Jamaica
- Jordan
- Kazakhstan
- Kuwait
- Kyrgyzstan
- Laos
- Madagascar
- Malawi
- Mali
- Mauritania
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- Tunisia
- Turkey
- Uganda
- Ukraine
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vietnam
- Yemen
- Zimbabwe

### Missing data

- Always
- Usually
- Half the time
- Occasionally
- Never
- Not available
- Missing data

**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: http://www.esmo.org/Guidelines
  - eUpdates, guidelines methodology, downloadable slides with flowcharts
- Translated into Cancer Guides for Patients: https://www.esmo.org/Patients/Patient-Guides

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
## 2017 WHO Model List of Essential Medicines for Solid Tumors

<table>
<thead>
<tr>
<th>Cytotoxics</th>
<th>Miscellaneous</th>
<th>Hormones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleomycin</td>
<td>Doxorubicin</td>
<td>Oxaliplatin</td>
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<td>Capecitabine</td>
<td>Etoposide</td>
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<td>Fluorouracil</td>
<td>Procarbazine</td>
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<td>Cisplatin</td>
<td>Gemcitabine</td>
<td>Vinblastine</td>
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<td>Cyclophosphamide</td>
<td>Ifosfamide + mesna</td>
<td>Vincristine</td>
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<tr>
<td>Dactinomycin</td>
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<td>Vinorelbine</td>
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<tr>
<td>Docetaxel</td>
<td>Methotrexate</td>
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</table>
ESMO-MAGNITUDE OF CLINICAL BENEFIT SCALE

Factors taken into account for the ESMO-MCBS

- Hazard Ratio, Long-term survival, RR
- Overall survival, Progression-free survival
- Quality of Life
- Magnitude of Clinical Benefit
- Toxicity
- Prognosis of the condition

Substantial improvements for patients:
- A&B in curative setting
- 5 & 4 in non-curative setting

Cherny et al, Ann Oncol 2015 & 2017
**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.

---

<table>
<thead>
<tr>
<th>Tested Agent</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>
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<tr>
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<td>docetaxel</td>
<td>(Randomised phase II study)</td>
<td>overexpressed invasive ductal breast</td>
<td>Cancer</td>
<td>Cancer</td>
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[https://www.esmo.org/Guidelines/ESMO-MCBS/](https://www.esmo.org/Guidelines/ESMO-MCBS/)
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.
2. Recommendations made to policy makers on how to prevent and manage shortages
Outline of the model: Reimbursement based on local-referenced value

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

Health economic parameters
- ESMO-MCBS score
- 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 medicines/regions

Geographically-adapted value-based reimbursement
**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 and **referral services for secondary and tertiary care** because cancer patients are treated at the secondary care level.
THANK YOU!

@rosagiuliani@gmail.com