

ESMO Study of formulary listing, out of pocket cost and actual availability of anti neoplastic agents in Europe

Preliminary Findings

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European Society for Medical Oncology

Background



Project background

- ESMO is committed to assuring timely and optimal treatment of cancer patients.
- The availability of opioids and anti-neoplastic medicines directly affects the daily practice of ESMO members and their ability to treat cancer patients according to the ESMO Clinical Practice Guidelines.
- Affordibility of medications impacts on just distibution of care



Common issues with anti-neoplastic agents

■ Limitations in formulary

No comprehensive mapping of formularies in Europe

■ Actual availability

Recent drug shortages

■ Barriers to access to expensive drugs

- Resource allocation issues
- High out of pocket expense



Study development, design, methodology



Aims of the Study

■ To Evaluate in Europe

- 1. formulary availability of licensed anti-neoplastic medicines across Europe
- 2. Patient out of pocket cost for the medication
- 3. Pre approval requirements and delays
- 4. The actual availability of the medication for a patient with a valid prescription
- 5. Factor adversely impacting availability



Project leaders

European Society for Medical Oncology

- Alexandru Eniu, Romania
 - ESMO Emerging Countries Committee Chair
- Nathan Cherny, Israel
 - ESMO Palliative Care Working Group Past Chair
- ESMO Committees involved in developing and completing the survey
 - ESMO President and Executive Board
 - ESMO Emerging Countries Committee
 - ESMO Public Policy Committee
 - ESMO Membership & National Representatives Committee
 - ESMO Community Oncology Working Group
 - ESMO Palliative Care Working Group
 - ESMO Committee Chairs



Coordinating and Collaborating Partners

- Coordinating Organization
 - ESMO

- Collaborating Project Partners
- 1. World Health Organization (WHO)
- 2. Union for International Cancer Control (UICC)
- 3. Institute of Cancer Policy, Kings College, London
- 4. European Society of Oncology Pharmacy (ESOP)











Survey development

- O Modelled on previous opioid studies
- O Highlights common oncologic conditions
- O 2 parts
 - 1. General questions about health care system
 - 2. Formulary assessment for 13 diseases



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Diseases surveyed

- Breast Cancer
- Lung Cancer
- Colorectal Cancer
- Prostate Cancer
- Ovarian Cancer
- Sarcoma

- Pancreatic cancer
- Germ cell Tumors
- Renal cell Cancer
- GIST
- Urothelial Cancers
- Gastric and esophageal cancer
- Melanoma



General Questions regarding health care system

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General Questions

Does the country have a National Essential Medicines List that includes anti cancer drugs?	Yes	No
Does the country have a national oncology association?	Yes	No
Are cancer medications covered by national insurance?	Yes	No
Is generic substitution allowed in your country?	Yes	No
Is oncology pharmacy service provided in your country?	Yes	No

Which of the following would best describe the national health care system in your country

- 1. a nationalized government run health care service for all citizens without an option for supplementary insurance
- 2. a nationalized government run health care service for all citizens with an option for supplementary insurance
- a nationalized government run health care service for ALL uninsured citizens
- 4. a nationalized government run health care service ONLY for impoverished and or elderly uninsured citizens
- 5. a network of government funded but privately administered health management organizations WITHOUT an option for supplementary insurance
- 6. a network of government funded but privately administered health management organizations WITH an option for supplementary insurance



Example of form : Metastatic Breast Cancer

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BREAST CANCER (METASTATIC)

	Is it permitted to prescribe the medication for this indication?		reimburs	nedicine ed for this ation?	reimbu requi	oes rsement re pre- isation?	pre-auth proces treatmen	s the orisation s delay t by more weeks?	prop	ortion o	of the full r	patients (\ etail price IENT have	does	patient	s in your	country	en needed for r (Can patients a en it is prescrib	ctually	If the m			s available, wha ne or more)?	t are the
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Docetaxel	0	0	0	0	C	0	0	0	0	0	0	C	0	0	0	0	0	0					
Doxorubicin	0	0	0	0	С	0	0	0	0	O	0	0	C	0	0	0	O	0	П				
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Identification of data reporters

O National representatives

O Known credible professionals nominated by coordinating and collaborating partners

O Minimum of 2 reporters for each country nominated

O Total 185 from 49 countries



Data Collection and Management

- Electronic dissemination of surveys and automated data entry
- Crosschecking data entry and clarification of discrepancies between reporters
- Conflicting data (Individual reporters, multiple reporters)
 - Priority given to highly credentialed reporters
 - Representative data presented
- Open peer review of preliminary representative data (planned)



Color coded tabulated data presentation

- Color coded tabulated data presentation
- Methodology developed on ESMO Opioid studies
- Established and widely endorsed clarity
- Readily allow cross county comparisons
- Facilitates presentation of changes over time



Expected results and outcomes: General

- Identification of inequalities in availability and patient costs
 - Potential Users
 - 1. European Medicines Agency (EMA)
 - 2. European Union (EU)
 - 3. WHO
 - 4. Ministries of Health in improving national cancer control plans.
 - 5. National cancer organizations
 - 6. Patient advocacy organizations
- Future Uses
 - Cross correlation with essential drug lists
 - Evaluation of formulary priorities



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Results



Results

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- ■102/185 responses from 46/49 countries
- Respondents
 - ■25 oncology pharmacists (22 countries)
 - ■77 oncologists
 - ■74 Academic cancer centers or hospitals



Diseases with high levels of variability in cost and availability

Renal cell

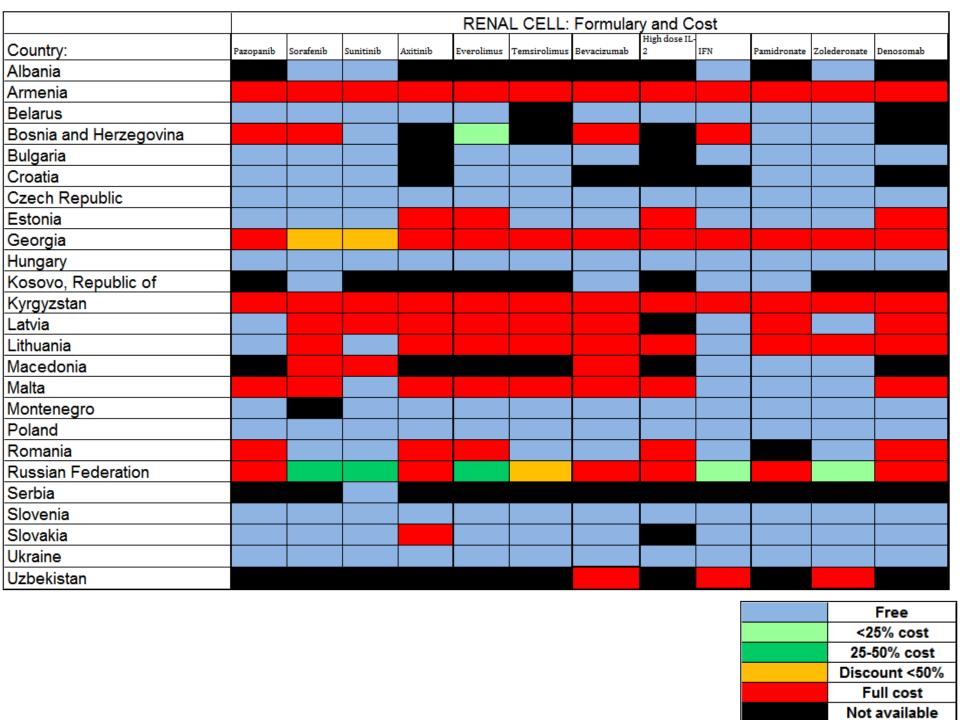
Melanoma



Renal Cell: Formulary and cost

					RENA	L CELL:	Formular	y and C	ost			
Country:	Pazopanib	Sorafenib	Sunitinib	Axitinib		Temsirolimus		High dose IL- 2	IFN	Pamidronate	Zolederonate	Denosomab
Austria												
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Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available





Renal Cell: Actual Availability

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Country:	Pazopanib	Sorafenib	Sunitinib	Axitinib	Everolimus	Temsirolimus	Bevacizumab	High dose IL- 2	IFN	Pamidronate	Zolederonate	Denosomab
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Always
Usually
Half the time
Occasionally
Never
Not available

		RENAL CELL: Actiual Availability										
Country:	Pazopanib	Sorafenib	Sunitinib	Axitinib	Everolimus	Temsirolimus		High dose IL	IFN	Pamidronate	Zolederonate	Denosomab
Albania												
Armenia												
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Always
Usually
Half the time
Occasionally
Never
Not available



Renal Cell: Preapproval requirements and delays >4 weeks

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	RENAL CELL: Pre Appoval Required											
Country:	Pazopanib	Sorafenib	Sunitinib	Axitinib	Everolimus	Temsirolimus	Bevacizumab	High dose IL- 2	IFN	Pamidronate	Zolederonate	Denosomab
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		RENAL CELL: Approval Delays > 4 weeks											
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Melanoma: Formulary and cost



Country:	Interferon	Dacarbazine	Fotemustine	High-Dose IL-	TNF (intraarterial)	Temozolomide	Ipilimumab	Vemurafeni b	Trametinib	Dabrafanib
Austria										
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United Kingdom										

Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available

Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available



Melanoma: Actual Availability

	MELANOMA: actual availability									
Country:	Interferon	Dacarbazine	Fotemustine	High-Dose IL-2	TNF	Temozolomid	Ipilimumab	Vemurafeni b	Trametinib	Dabrafanib
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Belgium										
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	MELANOMA: actual availability									
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Melanoma: Preapproval requirements and delays >4 weeks



European Society for Medical Oncology

				MELA	NOMA: Pre	approval req	uired			
Country:	Dacarbazine	Interferon	Fotemustine	High-Dose IL- 2	TNF (intraarterial)	Temozolomide	Ipilimumab	Vemurafenib	Trametinib	Dabrafanib
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Uzbekistan										



Diseases with segmental of variability in cost and availability

Sarcoma

Lung Cancer

Breast Cancer

Colorectal Cancer

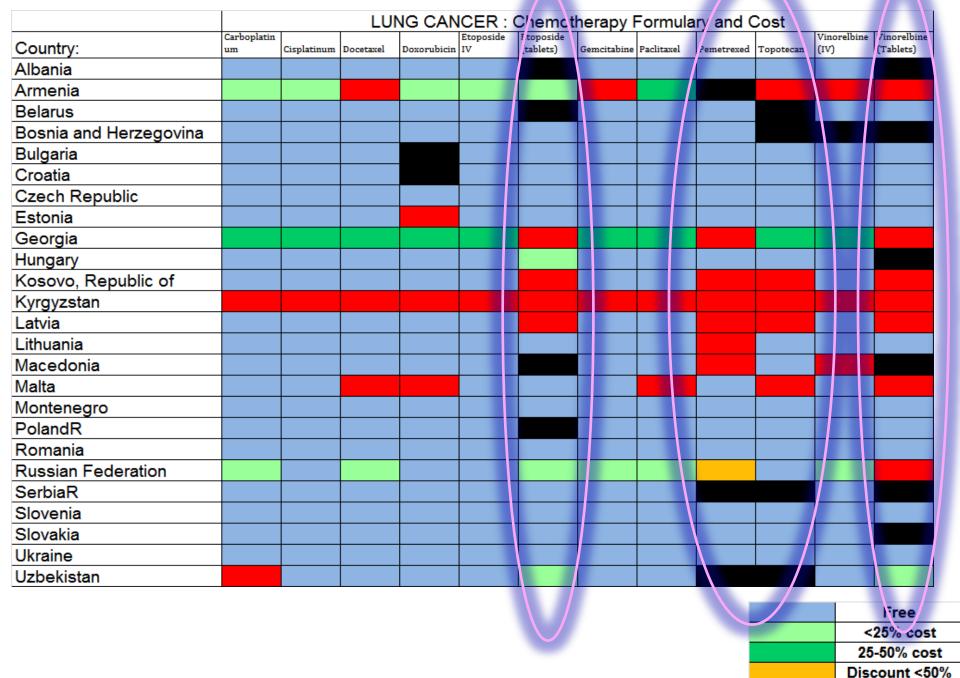
Ovarian Cancer



Lung Cancer: Formulary and cost

			LUI	NG CAN	ICER :C	hermot	herapy l	Formula	ry and (Cost	
Country:	Carboplatin um	Cisplatinum	Docetaxel	Doxorubicin	Etoposide IV	Etoposide (tablets)	Gemcitabine	Paclitaxel	Pemetrexed	Topotecan	Vinorelbine (Tablets)
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Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available



Full cost Not available



LUNG CANCER: Biological and Bone Formulary and Cost

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Country:	Erlotinib	Gefitinib	Crizotanib	Pamidronat e	Zolederonat e	Denosumab			
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Belgium									
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Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available



				LUNG CANCER Biological and Bone								
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	Slovenia											
	Slovakia											
	Ukraine											
	Uzbekistan											

Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available



Lung: Actual Availability

		LUNG CANCER: Chemotherapy actual availability									
Country:	Carboplatin um	Cisplatinum		Doxorubicin	Etoposide	Etoposide (tablets)	Gemcitabine		Pemetrexed	Vinorelbine (IV)	Vinorelbine (Tablets)
Austria											
Belgium											
Cyprus											
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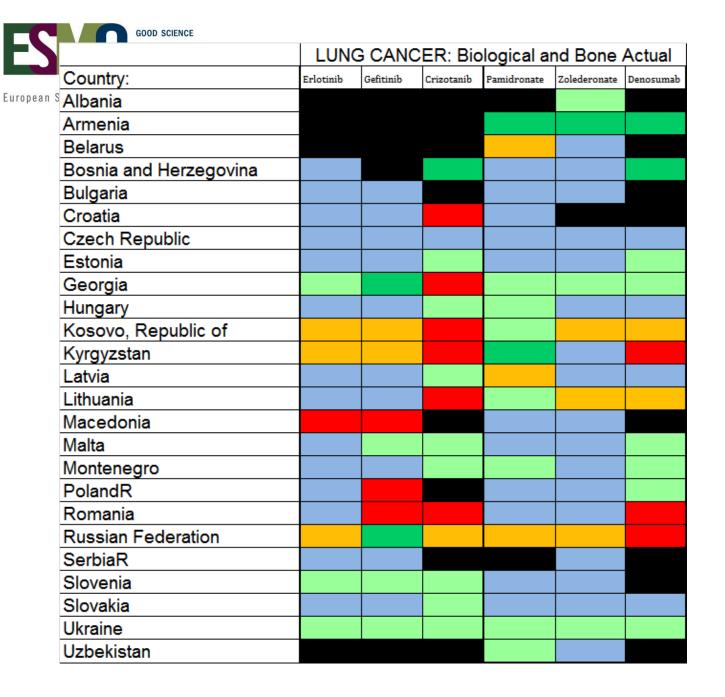
Always
Usually
Half the time
Occasionally
Never
Not available

		LUNG CANCER: Chemotherapy actual availability										
Country:	Carboplatin um	1		Doxorubicin	Etoposide	Etoposide (tablets)	Gemcitabine				Vinorelbine (IV)	Vinorelbine (Tablets)
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	LUNG CANCER: Biological and Bone Actual						
Country:	Erlotinib	Gefitinib	Crizotanib	Pamidronate	Zolederonate	Denosumab	
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United Kingdom							

Always
Usually
Half the time
Occasionally
Never
Not available



Always
Usually
Half the time
Occasionally
Never
Not available



Colorectal: Formulary and cost



BEST PRACTICE		COLORECTAL CANCER : Formulary and cost									
Country:	Capecitabine	Fluorouracil	Irinotecan	Mitiomycin C		Bevacizumab		Panitumumab		Ralititrexed	Aflihercent
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Turkey											
United Kingdom											

Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available

		COLORECTAL CANCER : Formulary and cost									
Country:	Capecitabine	Fluorouracil	Irinotecan	Mitiomycin C	Oxaliplatin	Bevacizumab	Cetuximab	Panitumumab	Regorafenib	Ralititrexed	Aflibercept
Albania											
Armenia											
Belarus											
Bosnia and Herzegovina											
Bulgaria											
Croatia											
Czech Republic											
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Slovenia											
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Uzbekistan											

Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available



Colorectal: Actual Availability

	COLORECTAL: Formulary and Cost										
Country:	Capecitabine	Fluorouracil	Irinotecan	Mitiomycin C	Oxaliplatin	Bevacizumab	Cetuximab	Panitumumab	Regorafenib	Ralititrexed	Aflibercept
Austria											
Belgium											
Cyprus											
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Always
Usually
Half the time
Occasionally
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Not available

		COLORECTAL: Formulary and Cost									
Country:	Capecitabine	Fluorouracil	Irinotecan	Mitiomycin C	Oxaliplatin	Bevacizumab	Cetuximab	Panitumumab	Regorafenib	Ralititrexed	Aflibercept
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Never
Not available



Colorectal: Preapproval requirements and delays >4 weeks



European Soc

					COLORECT	AL: Pre approva	al Required				
Country:	Capecitabine	Fluorouracil	Irinotecan	Mitiomycin C	Oxaliplatin	Bevacizumab	Cetuximab	Panitumumab	Regorafenib	Ralititrexed	Aflibercept
Austria											
Belgium											
Cyprus											
Denmark											
Finland											
France											
Germany											
Greece											
Holland											
Ireland											
Israel											
Italy											
Luxembourg											
Norway											
Portugal											
Spain											
Sweden											
Switzerland											
Turkey											
United Kingdom											
Albania											
Armenia											
Belarus											
Bosnia and Herzegovina											
Bulgaria											
Croatia											
Czech Republic											
Estonia											
Georgia											
Hungary											
Kosovo, Republic of											
Kyrgyzstan											
Latvia											
Lithuania											
Macedonia											
Malta											
Montenegro											
PolandR											
Romania											
Russian Federation											
SerbiaR											
Slovenia											
Slovakia											
Ukraine											
Uzbekistan											
UZDEKISIAN	I	I	1	I	I	l	1	I		1	1



			COLORE	CTAL: /	Approval	delays:	>4 weeks	<u> </u>		
Country:	Capecitabine	Fluorouracil			l	Cetuximab	Panitumumab		Ralititrexed	Aflibercept
Austria			 ,							
Belgium										
Cyprus										
Denmark										
Finland										
France										
Germany										
Greece										
Holland										
Ireland										
Israel										
Italy										
Luxembourg										
Norway										
Portugal										
Spain										
Sweden										
Switzerland										
Turkey										
United Kingdom										
Albania										
Armenia										
Belarus										
Bosnia and Herzegovina										
Bulgaria										
Croatia										
Czech Republic										
Estonia										
Georgia										
Hungary										
Kosovo, Republic of										
Kyrgyzstan										
Latvia										
Lithuania										
Macedonia										
Malta										
Montenegro										
PolandR										
Romania										
Russian Federation										
SerbiaR										
Slovenia										
Slovakia										
Ukraine										
Uzbekistan										



Diseases with less variability

Adjuvant Breast Cancer

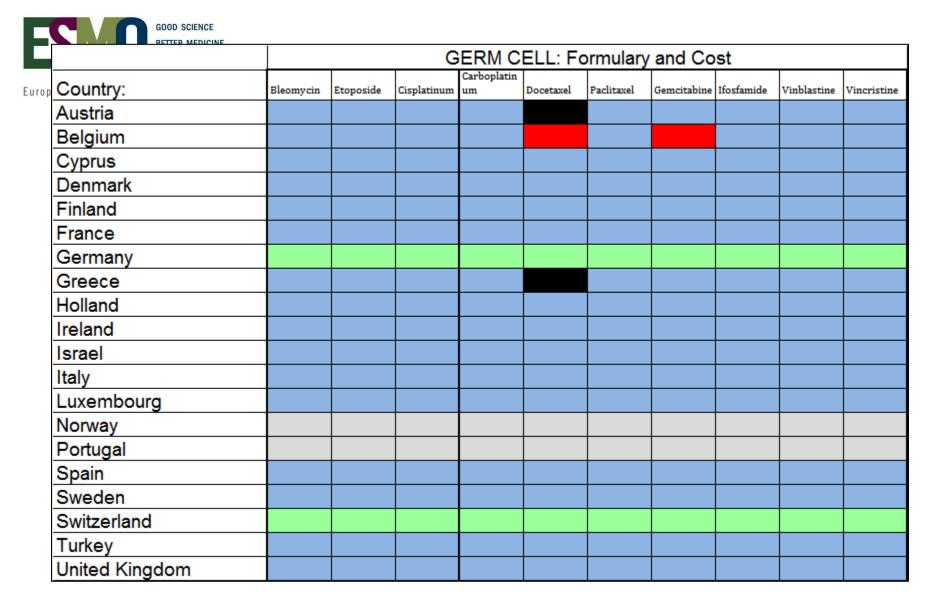
Gastric

Germ Cell

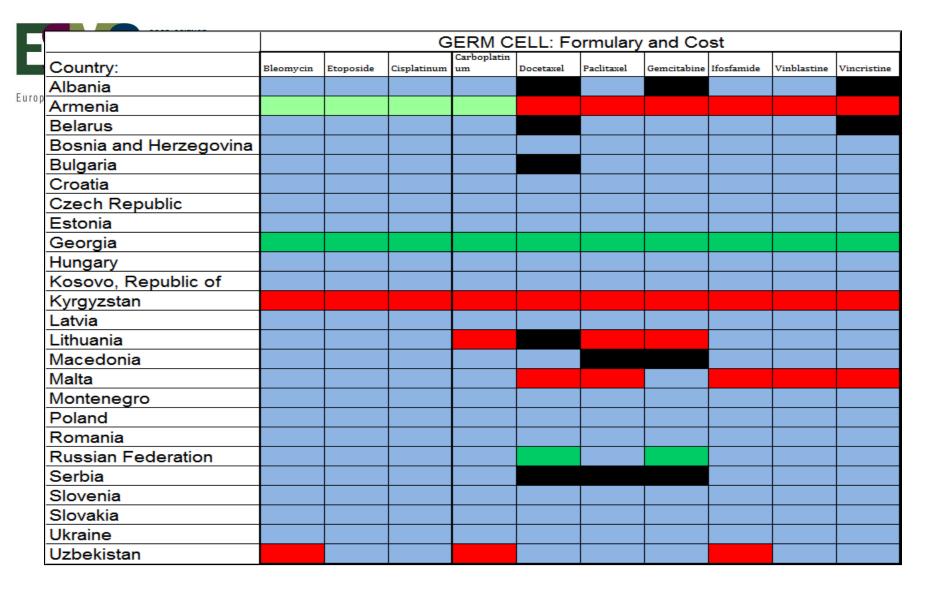
Urothelial



Germ Cell: Formulary and cost



Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available



Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available



Germ Cell: Actual Availability



					M CELL: Ac	tual Availa	bility			
Country:	Bleomycin	Etoposide	Cisplatinum	Carboplatin um	Docetaxel	Paclitaxel	Gemcitabine	Ifosfamide	Vinblastine	Vincristin
Austria										
Belgium										
Cyprus										
Denmark										
Finland										
France										
Germany										
Greece										
Holland										
Ireland										
Israel										
Italy										
Luxembourg										
Norway										
Portugal										
Spain										
Sweden										
Switzerland										
Turkey										
United Kingdom										

Always
Usually
Half the time
Occasionally
Never
Not available

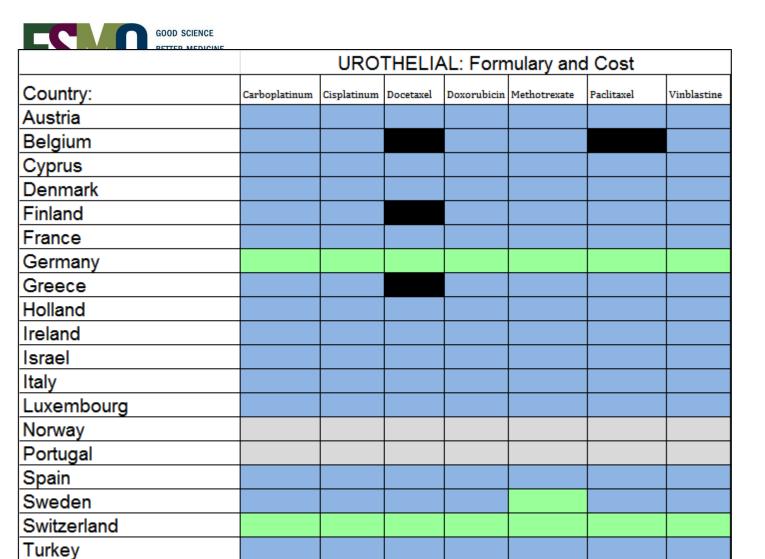


E		GERM CELL: Actual Availability								
Country:	Bleomycin	Etoposide	Cisplatinum	Carboplatin um	Docetaxel	Paclitaxel	Gemcitabine	Ifosfamide	Vinblastine	Vincristine
Albania	Dicomy cm	Deoposiae	Cispiacinam	um	Doccusier	rucircuici	Gemeratine	Hosiamac	VIIIOIUSCIIIC	VIIICIIIC
Armenia										
Belarus										
Bosnia and Herzegovina										
Bulgaria										
Croatia										
Czech Republic										
Estonia										
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Kosovo, Republic of										
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Malta										
Montenegro										
Poland										
Romania										
Russian Federation										
Serbia										
Slovenia										
Slovakia										
Ukraine										
Uzbekistan										

Always
Usually
Half the time
Occasionally
Never
Not available



Urothelial: Formulary and cost



United Kingdom

Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available

	UROTHELIAL: Formulary and Cost									
Country:	Carboplatinum	Cisplatinum	Docetaxel		Methotrexate	Paclitaxel	Vinblastine			
Albania										
Armenia										
Belarus										
Bosnia and Herzegovina										
Bulgaria										
Croatia										
Czech Republic										
Estonia										
Georgia										
Hungary										
Kosovo, Republic of										
Kyrgyzstan										
Latvia										
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Macedonia										
Malta										
Montenegro										
Poland										
Romania										
Russian Federation										
Serbia										
Slovenia										
Slovakia										
Ukraine										
Uzbekistan										

Free
<25% cost
25-50% cost
Discount <50%
Full cost
Not available



Urothelial: Actual Availability

			URO	THELIA	L: Actu	al availab	ility	
	Country:	Carboplatinum		Docetaxel		Methotrexate	Paclitaxel	Vinblastine
Eur	Austria							
	Belgium							
	Cyprus							
	Denmark							
	Finland							
	France							
	Germany							
	Greece							
	Holland							
	Ireland							
	Israel							
	Italy							
	Luxembourg							
	Norway							
	Portugal							
	Spain							
	Sweden							
	Switzerland							
	Turkey							
	United Kingdom							

Always
Usually
Half the time
Occasionally
Never
Not available

		UROTHELIAL: Actual availability							
Country:	Carboplatinum	Cisplatinum	Docetaxel	Doxorubicin	Methotrexate	Paclitaxel	Vinblastine		
Albania									
Armenia									
Belarus									
Bosnia and Herzegovina									
Bulgaria									
Croatia									
Czech Republic									
Estonia									
Georgia									
Hungary									
Kosovo, Republic of									
Kyrgyzstan									
Latvia									
Lithuania									
Macedonia									
Malta									
Montenegro									
Poland									
Romania									
Russian Federation									
Serbia									
Slovenia									
Slovakia									
Ukraine									
Uzbekistan									

Always
Usually
Half the time
Occasionally
Never
Not available



Preliminary Conclusions

- There are substantial differences in formulary availability , out of pocket costs and actual availability for many medications
- These differences
 - Are more profound in Eastern European Countries
 - Are related to the cost of new agents
- The impact of these differences are most profound in diseases where non curative outcomes are dependent on availability of expensive anticancer agents such as
 - EFGR or ALK mutated non small cell lung cancer
 - Melanoma
 - Renal Cell Cancer
 - RAS/RAF wild type colorectal cancer



Preliminary Conclusions 2

- These discrepancies are less pronounced in curative settings
 - This is best illustrated for Trastuzumab in adjuvant breast cancer which though expensive is generally subsidized and available in most countries
 - The discrepancies are even less when curative treatment do not require expensive therapies such as in Germ Cell Tumors
- Requirement for pre approval of treatments for purposes of coverage or reimbursement
 - is more common in Israel and many Eastern European Countries
 - is common for expensive anti cancer therapies
 - does not usually delay treatment by more than 4 weeks
 - Delays of more than 4 weeks caused by the pre-approval process tended to occur in specific countries in Eastern Europe (Albania, Armenia, Georgia, Romania)



Special Acknowledgments

European Society for Medical Oncology

ESMO Committees

- ESMO President and Executive Board
- 2. ESMO Emerging Countries Committee
- 3. ESMO Public Policy Committee
- 4. ESMO Membership & National Representatives Committee
- 5. ESMO Community Oncology Working Group
- 6. ESMO Palliative Care Working Group
- 7. ESMO Committee Chairs

Coordinator:

1. European Society for Medical Oncology (ESMO)

Collaborating Partners:

- 1. World Health Organization (WHO)
- 2. Kings College London Institute of Cancer Policy
- 3. European Society of Oncology Pharmacy (ESOP)
- 4. Union for International Cancer Control (UICC)

GOOD SCIENCE BETTER MEDICINE BEST PRACTICE European Society for Medical Oncology









102 individual reporters

ESMO Logistics

Gracemarie Bricalli, Project Manager Tanya Kenny, Project Coordinator Marina Cogo, Survey Coordinator



ESMO Study of formulary listing, out of pocket cost and actual availability of anti neoplastic agents in Europe

Concluding Remarks

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Preliminary Conclusions

- There are substantial differences in formulary availability, out of pocket costs and actual availability for many medications
- These differences
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 - EFGR or ALK mutated non small cell lung cancer
 - Melanoma
 - Renal Cell Cancer
 - RAS/RAF wild type colorectal cancer



\$1000 per tablet

European Society for Medical Oncology





Make important medicines cheaper

International New York Eimes

http://nyti.ms/1qDD7C3



INTERNATIONAL BUSINESS NYT NOW

Maker of Costly Hepatitis C Drug Sovaldi Strikes Deal on Generics for Poor Countries

By GARDINER HARRIS SEPT. 15, 2014

NEW DELHI — The maker of one of the costliest drugs in the world announced on Monday that it had struck deals with seven generic drug makers in India to sell lower-cost versions of the medicine — a \$1,000-a-pill hepatitis C treatment — in poorer countries.

Gilead Sciences, which is based in California, also said it would begin selling its own version of the drug in India and other developing countries at a fraction of the price it charges in the United States.

The company intends to provide greater access to the medicine, Sovaldi, for most of the nearly 180 million infected worldwide with hepatitis C who do not live in rich countries. Some 350,000 people die every year of hepatitis C infections, most of them in middle- and low-income nations.

Sovaldi, in only its initial year on the market after gaining approval in the United States in December, is on pace to exceed \$10 billion in sales in 2014, becoming one of the world's best-selling drugs. Its high price has led to intense criticism even in the United States, where officials say it could drain Medicaid budgets and insurers say it could cause increases in

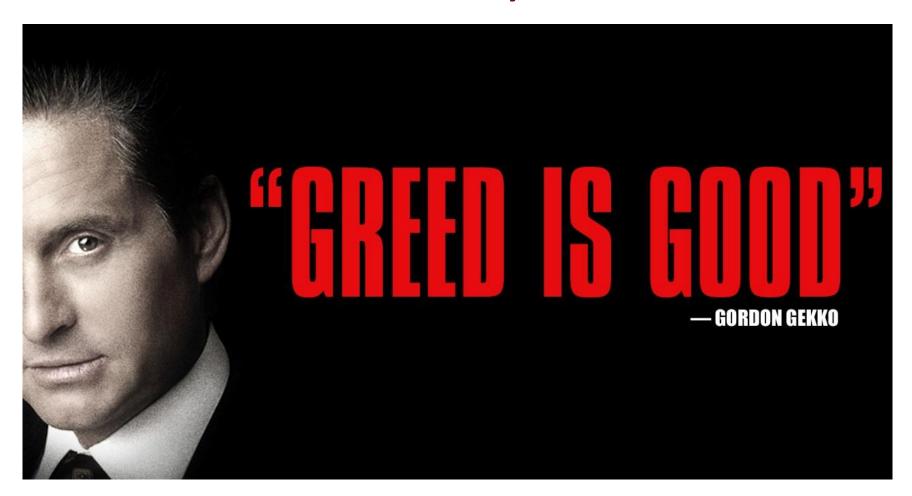


Finding the right balance for the cancer medicine industry





Finding the right balance for the cancer medicine industry



JOURNAL OF CLINICAL ONCOLOGY

E D I T O R I A L

Efficacy Does Not Necessarily Translate to Cost Effectiveness: A Case Study in the Challenges Associated With 21st-Century Cancer Drug Pricing

Bruce E. Hillner and Thomas J. Smith, Department of Internal Medicine and the Massey Cancer Center, Virginia Commonwealth University, Richmond, VA

(Table 1). Profiteering, the act of making a profit by methods considered unethical, such as raising prices after a natural disaster, is a pejorative term that we believe can be applied to this recent trend where a life-threatening disease is the natural disaster. Inequalities of

28/09/2014



Professional public health advocacy

Responsibility

- Individual clinicians
- Professional organizations

Advocate for

- Affordability
 - Pharmaceutical industry: reduce prices
 - Governments: subsidies and reimbursements
- Equal access to care

Pharmaceutical industry

- Not bound by same ethical commitments as physicians
- Inherently seek to maximize profit and return
- Dynamic relationship: sometimes partner, sometimes adversary