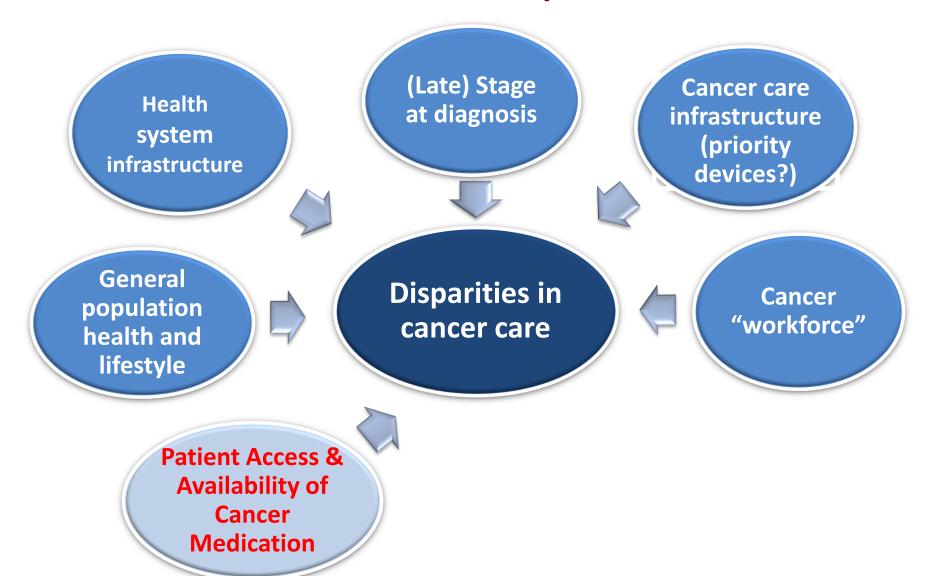


ESMO DATA ON INTERNATIONAL AVAILABILITY OF CANCER MEDICINES





Factors accounting for cancer outcomes disparities





ESMO Anti-Neoplastic Medicines Survey

Perception survey to map access to cancer medicines, including WHO Essential Medicines, reporting on:

- Approval status (yes/no)
 - Informative for new drugs
- Reimbursement (yes/no)
 - Highlight differences in cancer policies
 - Residual (out of pocket) cost to patients
 - Delays in access due to special authorization

Actual availability

- Drug shortage for old drugs
- Unavailability in the pharmacy (parallel export) for expensive drugs
- Two steps: European Data and International Data



Coordinating & Collaborating Partners

Coordinating Organization

ESMO

Collaborating Project Partners

- 1. World Health Organization (WHO), Geneva, Switzerland
- 2. Union for International Cancer Control (UICC), Geneva, Switzerland
- 3. Institute of Cancer Policy, Kings College, London, UK
- 4. European Society of Oncology Pharmacists

INTERNATIONAL SURVEY

- Breast Cancer(adjuvant)
- Breast Cancer (metastatic)
- Lung Cancer
- Colorectal Cancer

- Prostate Cancer
- Renal cell Cancer
- GIST
- Melanoma



Coordinating and Collaborating Partners

■ Collaborating Project Partners

- American Society of Clinical Oncology (ASCO)
- Chinese Society of Clinical Oncology (CSCO)
- Indian Society for Medical & Pediatric Oncology (ISMPO)
- Japanese Society of Medical Oncology (JSMO)
- Korean Association of Clinical Oncology (KACO)
- Myanmar Oncology Society (MOS)
- Medical Oncology Group of Australia Incorporated (MOGA)
- Medical Oncology Society of Peru (SPOM)
- Middle East Cancer Consortium (MECC)



Example of form : Metastatic Breast Cancer

European Society for Medical Oncology

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	Cost of medication to patients proportion of the full retail price the AVERAGE PATIENT hav pay?)		etail price IENT have	does					If the medication is not always available, what are the reasons for this (one or more)?					
	Yes	No	Yes	No	Yes	No	Yes	No	Free	<25% cost	25-50% cost	Discount <50%	Full cost	Always	Usually	Half the time	Occasionally	Never	No / unreliable supplier	No commercial motive *	Parallel export	Manufacturing problems	Budget capitation
Albumin-bound paclitaxel	0	О	0	О	С	0	0	0	С	0	0	0	0	0	С	О	0	О	П				
Anastrozole	0	0	0	0	0	0	0	0	C	0	0	0	0	0	0	C	0	O	П				
Bevacizumab	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Capecitabine	0	0	0	0	0	0	0	0	Ó	0	Ô	0	0	Ċ	0	0	0	0					
Carboplatinum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	О	0					
Cisplatinum	0	0	Ó	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Cyclophosphamide IV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	C	0	0	O	П				
Cyclophosphamide (tablets)	0	Ō	0	0	0	O	O	0	c	O	Ö	0	C	0	0	O	0	Ċ	П				
Denosumab	0	0	0	0	О	0	0	0	C	0	0	0	C	0	0	0	0	C					
Docetaxel	0	0	0	0	С	0	0	0	0	0	0	C	0	0	0	0	0	0					
Doxorubicin	0	0	0	0	С	0	O	0	0	O	0	0	C	0	0	0	0	0	П				
Epirubicin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Eribulin	0	0	0	0	0	0	0	0	0	C	0	0	0	0	0	0	C	O					



Data reporters

- O ESMO National representatives
- O Known credible professionals nominated by coordinating and collaborating partners
- O Minimum of 2 reporters for each country nominated
- O Total 439 from 119 countries
 - O 185 from 49 European countries,
 - O 254 from 70 countries worldwide
- Respondents
 - 42 oncology pharmacists (22 countries)
 - 147 oncologists
 - 90 Academic cancer centers or hospitals



European Society for Medical Oncology

Response Rates

	Total	Surveyed		Total	Surveyed	
	Countries	Countries	percent	Pop (bil)	population	Percent
Sub Saharan Africa	51	9	18%	0.795	0.245	32%
North Africa	6	4	67%	0.161	0.155	96%
Mid East	16	9	56%	0.195	0.117	60%
Asia and Indian	29	13	49%	3.703	3.192	86%
Ocana	21	1	5%	0.033	0.02	61%
N America	5	2	40%	0.332	0.332	100%
Latin AM and Carrib	45	6	13%	0.562	0.423	75%
	173	44	25%	5.781	4.484	76%



European Society for Medical Oncology

Adjuvant breast cancer: **Cost & availability - Tamoxifen**



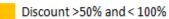








25-50% cost















WHO ESSENTIAL MEDICINES LIST 2015 Solid Tumors

- **UICC Task Force on EML**: UICC, Dana Farber Cancer Institute, ESMO, ASCO, SIOP, US NCI, NCCN International & others
- New drugs, tumor-specific indications

Cytotoxics	Cytotoxics	Cytotoxics	Hormones
bleomycin	docetaxel	irinotecan	anastrozole
calcium folinate	doxorubicin	methotrexate	bicalutamide
capecitabine	etoposide	oxaliplatin	dexamethasone
carboplatin	fluorouracil	paclitaxel	leuprorelin
cisplatin	filgrastim	rituximab	tamoxifen
cyclophosphamide	gemcitabine	trastuzumab	
dacarbazine	Ifosfamide+mesna	vinblastine	
dactinomycin	imatinib	vincristine	
		vinorelbine	

http://www.who.int/medicines/publications/essentialmedicines/EML2015 8-May-15.pdf



European Society for Medical Oncology

High

Multi-use EML

Upper Middle

Free	
<25% cost	
25-50% cost	
Discount >50% and <100%	
Full cost	
Not available	
Missing data	

-Low Middle

Low

					CO	ST AND A	AVAILABIL	.ITY					T	1	_
Country	Bleo	CarboP	CisP	Cyclo (IV)	Cyclo (tab)	DTIC	Dox.	Epir.	Etop (IV)	5FU	Ifos.	MTX (IV)	MTX (tab)	VBL	VCR
Argentina															
Australia															
Canada															
Chile															
Cyprus															
Israel															
Japan															
Korea, South															
Oman															
Qatar															
Saudi Arabia															
Singapore															
United Arab Emirates															
USA															
Algeria															
Brazil															
China															
Colombia															
Iran															
Kazakhstan															
Lebanon															
Malaysia															
Mexico															
Peru															
South Africa															
Thailand															
Tunisia															
Turkey															
Bangladesh															
Egypt															
Ghana															
India															
Kenya															
Morocco															
Pakistan															
Palestine															
Sudan															
Vietnam															
Zambia															
Afghanistan															
Burkina Faso															
Tanzania															
Uganda															
Zimbabwe															



Multi-use (WHO) Essential Medicines: Cost & availability

European Society for Medical Oncology





25-50% cost

<25% cost

Discount >50% and < 100%

Full cost





Missing data

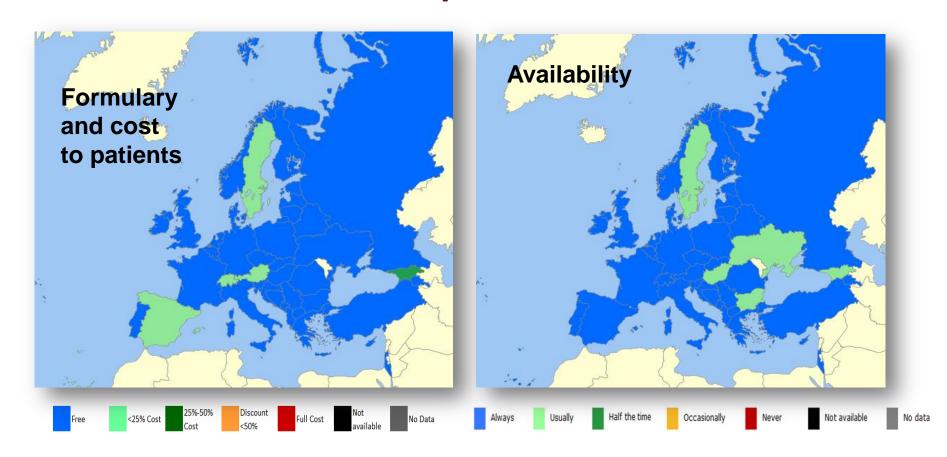
European Data

Not available



BETTER MEDICINE Adjuvant breast cancer: : formulary inclusion European Society for Medical Oncology and availability: TAMOXIFEN





- Drug shortages affect several essential, old and inexpensive drugs (tamoxifen, doxorubicin, cisplatin, 5-FU, bleomycin...)
- Not an issue of resources!



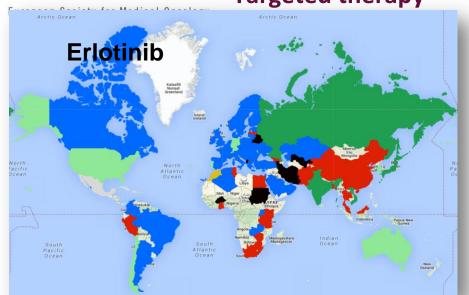
Lung cancer: formulary inclusion and cost to patients:

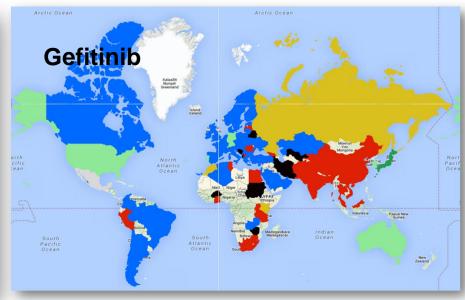
Discount

<50%

Full Cost

Targeted therapy

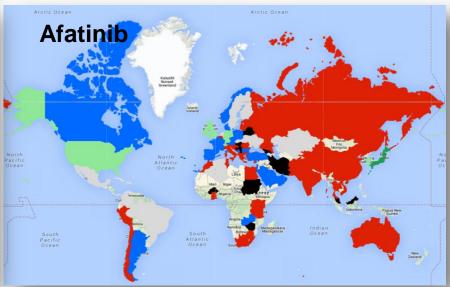






<25% Cost

Cost



No Data

available



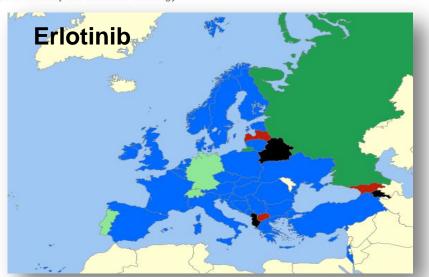
Lung cancer: formulary inclusion and cost to patients: Targeted therapy

Discount

<50%

Full Cost

European Society for Medical Oncology

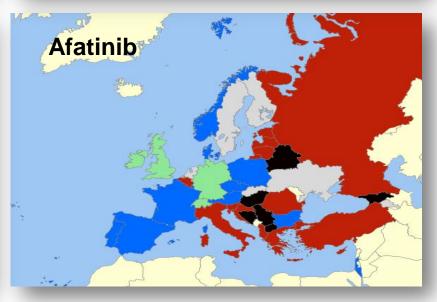






<25% Cost

Cost



available

No Data



Field testing Lung Cancer (1)

Medication	Trial	Setting	Primary outcome	PFS control	PFS gain	PFS HR	OS control		QoL	•	ESM0 MCBS
	CTONG-	1 st line stage 3b/4 non-squamous + EGFR mutation	PFS	4.6 m	8.5 m	0.16 (0.10-0.26)				12% < serious adverse events	4
Erlotinib vs Pt-based chemo doublet	EURTAC	1st line stage 3b/4 non-squamous + EGFR mutation	PFS, crossover allowed	5.2 m	4.5 m	0.37 (0.25-0.54)	19.5 m	NS		15% < severe adverse reactions	4
Gefitinib vs carboplatin + paclitaxel	IPASS	1 st line stage 3b/4 non-squamous + EGFR mutation	PFS, crossover allowed	6.3 m	3.3 m	0.48 (0.34-0.67)			1	< toxicity	4
	LUX Lung 3	1st line stage 3b/4 non-squamous + EGFR mutation	PFS, crossover allowed	6.9 m	4.2 m	0.58 (0.43-0.78)			1		4
		Del19/L858R		6.9 m	6.7 m	0.47 (0.34-0.65)			↑		4
Crizotinib vs chemo	Shaw 2013	1st line stage 3b/4 non-squamous + ALK mutation	PFS, crossover allowed	3.0 m	4.7 m	0.49 (0.37-0.64)			1	1% > toxic death	4
Crizotinib vs cisplatin + pemetrexed	Solomon 2014	1 st line stage 3b/4 non-squamous + ALK mutation	PFS	7.0 m	3.9 m	0.45 (0.35-0.60)			1		4

Cherny, N et al, Ann Oncol epub 30 May 2015



Example of using MCBS data: Lung cancer, Romania

European Society for Medical Oncology

	•		
Medication	Setting	Primary outcome	ESMO- MCBS
Erlotinib vs	1 st line stage 3b/4 non-	PFS	4
carboplatin	squamous + EGFR mutation		•
gemcitabine			
Erlotinib vs Pt-based	1st line stage 3b/4 non-	PFS,	4
chemo doublet	squamous + EGFR mutation	crossover allowed	
Gefitinib vs	1st line stage 3b/4 non-	PFS,	4
carboplatin +	squamous + EGFR mutation	crossover allowed	•
paclitaxel			
Afatinib vs cisplatin +	1st line stage 3b/4 non-	PFS,	4
pemetrexed	squamous + EGFR mutation	crossover allowed	•
Crizotinib vs chemo	1st line stage 3b/4 non-	PFS,	4
	squamous + ALK mutation	crossover allowed	•
Crizotinib vs cisplatin	1st line stage 3b/4 non-	PFS	4
+ pemetrexed	squamous + ALK mutation		
Cisplatin pemetrexed vs cisplatin gemcitabine	1 st line 3b/4 (non-squamous)	PFS	4
Erlotinib vs placebo	Stage 3b/4 disease maintenance (response	PFS	1



Conclusions

- Disparities exist across Europe and the world in access to cancer medicines
- Drug shortages affect several "essential", old and inexpensive drugs
 - THIS SHOULD BE UNACCEPTABLE!
- Inequalities exist in availability and patient costs, especially for newer, more expensive drugs

The ESMO Magnitude of Benefit Scale, applied on the availability data (ESMO Antineoplastic Medicines Survey) can inform the process of prioritization access to medicines, when resources are limited