





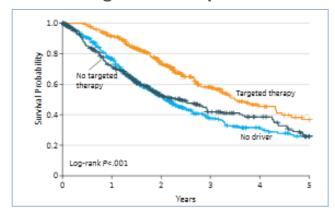




Lung Cancer Europe

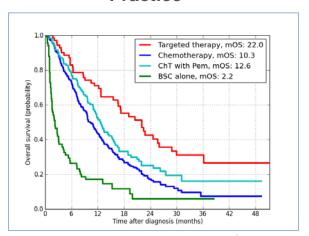
Use of Novel Therapies Improves Survival of Lung Cancer Patients

Survival of Advanced NSCLC Patients Treated or Not with Targeted Therapies



Lung Cancer Mutation Consortium Kris, et al. JAMA 2014.

Survival of Advanced NSCLC Patients Treated in Everyday Practice



UCG Registry data 2010 - 2013 Cufer T, et al. CELLC Abstract 2014.





Lung Cancer: Targeted Therapy Availability, 2014



	LUN	G CANC	ER: Bio	logical a	nd Bone	Actual
Country:	Erlotinib	Gefitinib	Crizotanib	Pamidronate	Zolederonate	Denosumab
Austria						
Belgium						
Cyprus						
Denmark						
Finland						
France						
Germany						
Greece						
Holland						
Ireland						
Israel						
Italy						
Luxembourg						
Norway						
Portugal						
Spain						
Sweden						
Switzerland						
Turkey						
United Kingdom						

Country:	Erlotinib	Gefitinib	Crizotanib	Pamidronate	Zolederonate	Denosumab
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						

Usually

Never

Half the time

Not available

Always

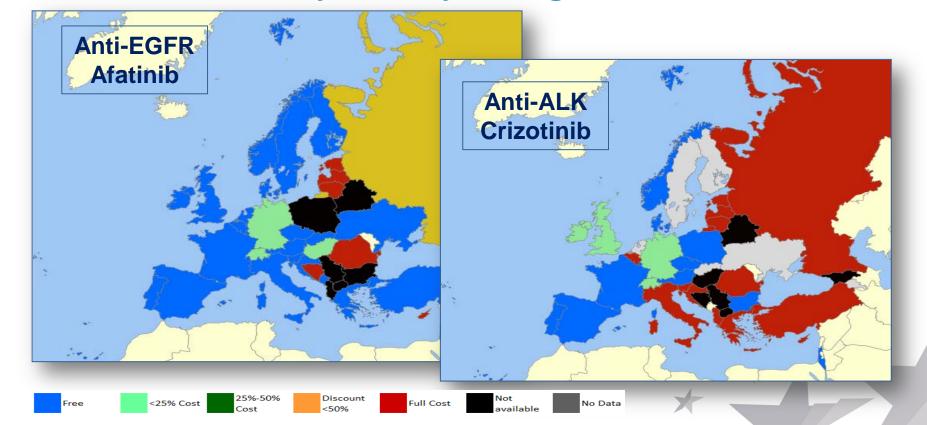
Occasionally





ESMO Anti-Neoplastic Medicines Availability Survey: Lung Cancer, 2014









Challenges and Barriers in Access to Novel Drugs



Drug approval

- EMA (European Medicines Agency) centralized the approval procedure for EU countries in 2006.
 - Indicative time from application 210 days, no major delays.
 - ✓ Conditional marketing authorization, based on accelerated assessment for drugs related to unmet medical needs, since 2015.
- National procedures for non-EU countries, with various and uncertain timelines.

Reimbursement/endorsement

- EU countries: ED 89/105/EEC52 suggested time 120 days
 - Still huge differences: From immediate access (Germany, UK) to various lag times (France, Belgium, Nordic countries, etc.)
 - Low level of controlled, standardized processes despite EUnetHTA network (63 partners from 23 countries) since 2004.
- Non-EU countries: Lack of data on endorsement regulation and on procedures.





Average Time Delay between Marketing Authorization and Drugs Uptake



All products, authorization 2002-2005

Country	No. of molecules	Average (min-max) days
Belgium	83	447 (28 - 1075)
Czech Republic	68	517 (60 – 1502)
Finland	89	210 (0 – 1310)
France	75	390 (58 – 1001)
Germany	74	0 (0 – 0)
Hungary	80	338 (79 – 791)
Italy	79	431 (28 – 920)
Netherlands	77	210 (0 – 711)
Norway	77	123 (0 – 426)
Portugal	82	235 (0 – 1071)
Slovakia	73	498 (31 – 1249)
Slovenia	45	404 (0 – 1383)
Spain	83	271 (0 – 662)
Sweden	89	156 (0 – 805)
UK	76	0 (0 – 0)

In some countries, like Slovenia lag time between oncology drug approval and reimbursement might be up to 3 years! In addition, there are substantial differences in utilization of novel drugs between countries (Kos et al., EJC 2008)!



Extremely High Price Tags



Regimen	Drug cost per 30 days of therapy in Slovenia (Euro)
Old chemotherapy regimens, since 1990	
Cisplatin/Etoposide	232
Cisplatin/Gemcitabine	416
New chemotherapy regimens, since 2000	
Carboplatin/Paclitaxel	1.187
Cisplatin/Pemetrexed	3.358
Targeted agents, since 2005	
Gefitinib/Erlotinib/Afatinib	2.187
Crizotinib	5.417
Immunotherapy, since 2015	
Nivolumab	7.517
Pembrolizumab	10.533

The doubling of median survival has been accompanied by a 20-fold increase in drug costs; the costs of Immunotherapy might reach 50 times the costs of chemotherapy



Number of Studies

78

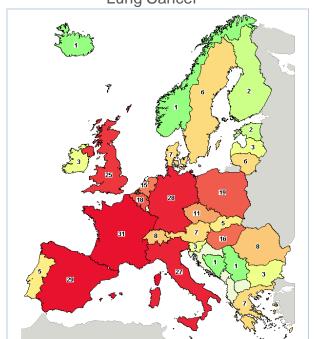
Region Name

World [map] Europe

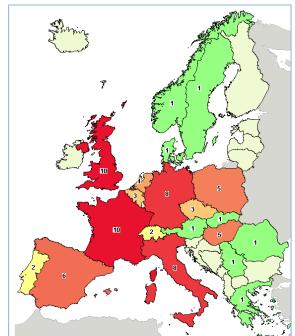
Access to Clinical Trials



Targeted Therapy for Advanced Lung Cancer



Immunotherapy for Advanced Lung Cancer



Region Name		Number of Studies
World	[map]	96
Furd	ne	22

Colors indicate the number of studies with locations in that region



How to Improve Access to Novel Therapies



- Advocating for increased cancer control and anti-cancer drugs funding (anti-cancer drugs represent only about 15% of cancer care costs and about 5% of total drug expenditure, *EJC 2006*).
- Shorter approval and reimbursement timelines across Europe.
- Fairer European pricing policy, price negotiations ahead of approval.
- Reimbursement policies following the level of clinical benefit (ESMO Magnitude of Clinical Benefit Scale, Ann Oncol 2015).
- Effective organization of cancer care (generics, human resources, equipment).
- Cross-border access to clinical trials.



To Conclude



- ➤ Joined European level action of patients advocacy groups, scientists and EU bodies in order to improve access to novel therapies and to minimize inequalities in Europe is the only way forward!
- ➤ Jean-Charles Soria (ESMO Perspectives 2017): "While we're talking about technology, what about an app? You can use your phone to find out where the nearest pizzeria is or to order a taxi or a car, why not to find out where the nearest clinical trial is that applies to your cancer?..".