

## INTRODUCTION

In Brazil, about 25% of the population has access to private healthcare insurance, while the rest depend entirely on the public health system ("Sistema Único de Saúde" – SUS).

Our objective was to evaluate the **approval rate of submission of new anticancer medicines in Brazil**, in the private sector (ANS – the agency responsible for the supplementary healthcare) and in the public sector (CONITEC – the agency for the public healthcare system) and compare technology availability in both sectors.

## METHODS

We evaluated submissions of new antineoplastic therapies between **2022-2024**, with a final recommendation available, published in the websites from ANS and CONITEC.



Approval rate was calculated considering only the final decision. Considering that some drugs could have been submitted in earlier years in one of the healthcare systems, we also searched the full list of submissions (without a calendar limit), to compare drug availability across the systems.

We also evaluated the probability of approval according to the source of the request (internal/external).

- In the Brazilian SUS, the Ministry of Health itself can submit technologies for CONITEC evaluation (known as "internal request"), in order to have a full HTA process preceding a possible incorporation.

The database analyzed can be downloaded here:



Table 1. Characteristics of the CONITEC appraisals

Variable	Results - N (%)
Tumor site	
Prostate	8 (22.9%)
Myeloma	5 (14.3%)
Leukemia	5 (14.3%)
Breast	4 (11.4%)
Lung	4 (11.4%)
Other	9 (25.7%)
Source of the request	
Internal (Ministry of Health)	23 (65.7%)
External	12 (34.3%)
Medical societies	6 (17.1%)
Pharmaceutical industries	5 (14.3%)
Other	1 (2.8%)

Table 2. Characteristics of the ANS appraisals

Variable	Results - N (%)
Tumor site	
Leukemia	6 (14.0%)
Lymphoma	5 (11.6%)
Lung	5 (11.6%)
Colon	4 (9.3%)
Ovarian	4 (9.3%)
Breast	4 (9.3%)
Prostate	4 (9.3%)
Myeloma	2 (4.7%)
Other	9 (20.1%)
Source of the request	
Pharmaceutical industry	41 (95.3%)
Medical societies	2 (4.7%)

There were 35 appraisals for 27 different technologies for the treatment of 11 cancer sites in CONITEC. Most appraisals (N=23, 66%) were requests submitted by the Ministry of Health (MoH) itself.

Positive final recommendation was obtained in 10 (29%) of the appraisals, with a higher positive result among external requests (industry or medical societies, 5/12, 41.7%) than MoH evaluation requests (5/23, 21.7%) – Figure 1. Among the 25 negative recommendations, only two (8%) are not available in the supplementary healthcare system – Figure 2.

In ANS, there were 43 appraisals for 32 different technologies for the treatment of 15 cancer sites.

**A total of 31 appraisals (72%) resulted in positive final recommendations. Of these, 29 (93.5%) are not available in SUS**, most of these were not submitted to CONITEC (N=21, 67.7%), and the remaining had a negative final recommendation (N=6, 19.3%) or were currently in analysis, with a preliminary negative recommendation (N=2, 6.5%).

## RESULTS

Figure 1. CONITEC approval rate according to source of the request.

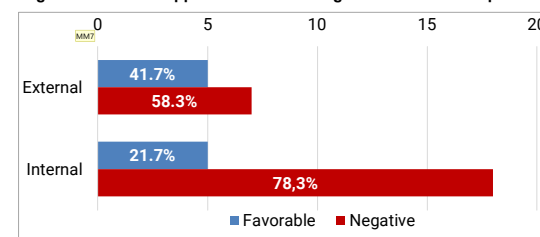


Figure 2. Results of CONITEC evaluated technologies in ANS

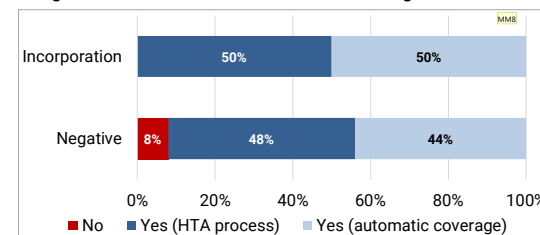
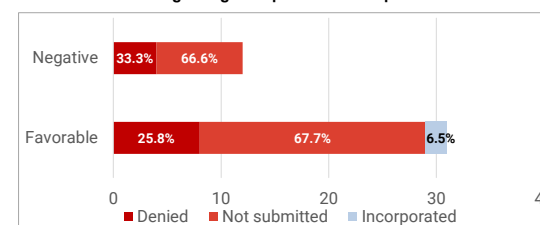


Figure 3. Availability of therapies in the public sector, according to ANS decisions regarding incorporation in the private sector



## CONCLUSIONS

There is a huge disparity in access to new anticancer therapies in Brazil, where the circa 75% of the population who depends on the public health sector has fewer therapeutic options than the population with private healthcare coverage. Although counterintuitive, HTA evaluation requests by the Ministry of Health itself results in a high negative approval rate.

**MM0** Troquei por were, pq isso foi válido quando estávamos escrevendo o resumo, mas pode ter mudado esse status né.

Miriam Marcolino;  
2025\_05\_07T17:11:25 700

**MM1** Aqui irias colocar o teu e o meu ou o teu e o contato@hemap?

Miriam Marcolino;  
2025\_05\_07T17:14:27 585

**MM2** Aqui estava em cinza, mas achei que estava com pouco contraste para leitura. Se queres chamar atenção dessa frase usaria outra cor.

Miriam Marcolino;  
2025\_05\_07T17:17:20 045

**MM3** Acho que isso fica melhor no final da metodologia.

Miriam Marcolino;  
2025\_05\_07T17:20:12 527

**MM4** Inverti essa parte aqui também

Miriam Marcolino;  
2025\_05\_07T17:20:24 246

**MM5** Essa parte ficou meio repetitiva com a adição do comentário na metodologia. Poderia reescrever aqui.

Miriam Marcolino;  
2025\_05\_07T17:20:44 284

**MM6** Troquei as figuras para barras horizontais. Assim caberia uma figura para essa parte.

Miriam Marcolino;  
2025\_05\_07T17:40:02 295

**MM7** Colei as figuras como gráfico, troquei fonte e cor da fonte pra ficar mais visível e pra poder editar aqui se

quiser.  
Miriam Marcolino;  
2025-05-02T12:40:50.036

**MM8** Não sei se essa legenda  
ficou clara. Demorei a  
entender ao que se referia  
essa figura.

Miriam Marcolino;  
2025-05-02T12:58:22.370