MSD

ISPOR Europe 2023

Improving Patient Access to Early-Stage Cancer Treatments in Europe

14 November 2023

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Improving Patient Access to Early-Stage Cancer Treatments in Europe

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Initial Remarks

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Treating early often comes too late

Access to early-stage cancer medicines varies across European countries.

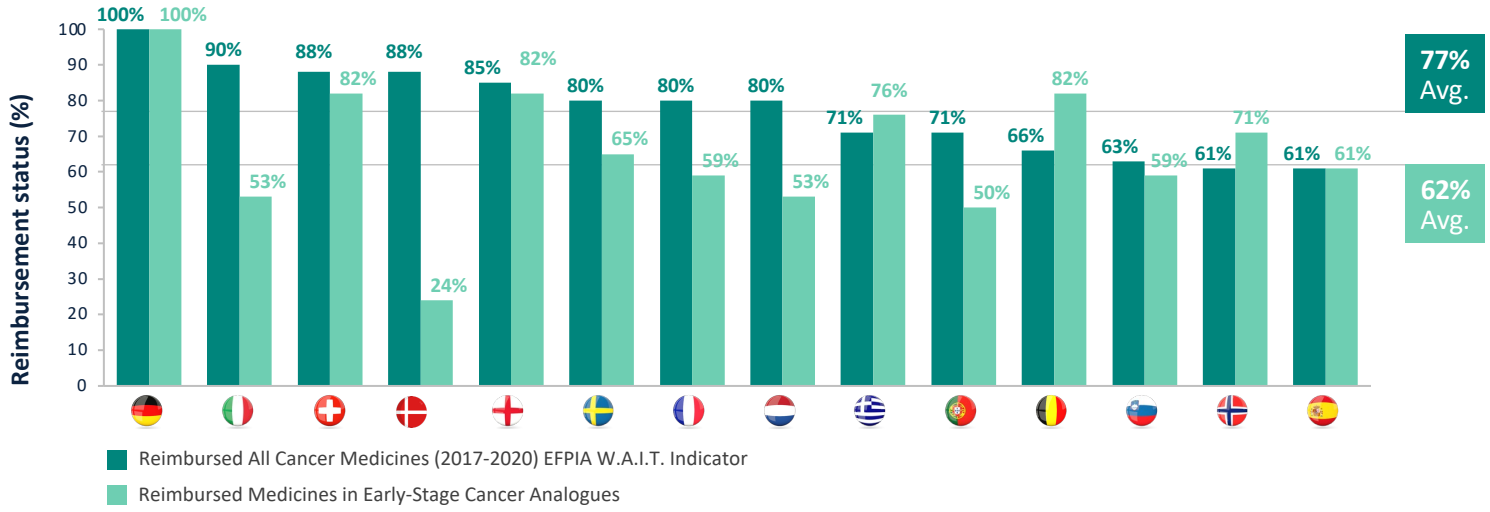
On average, only

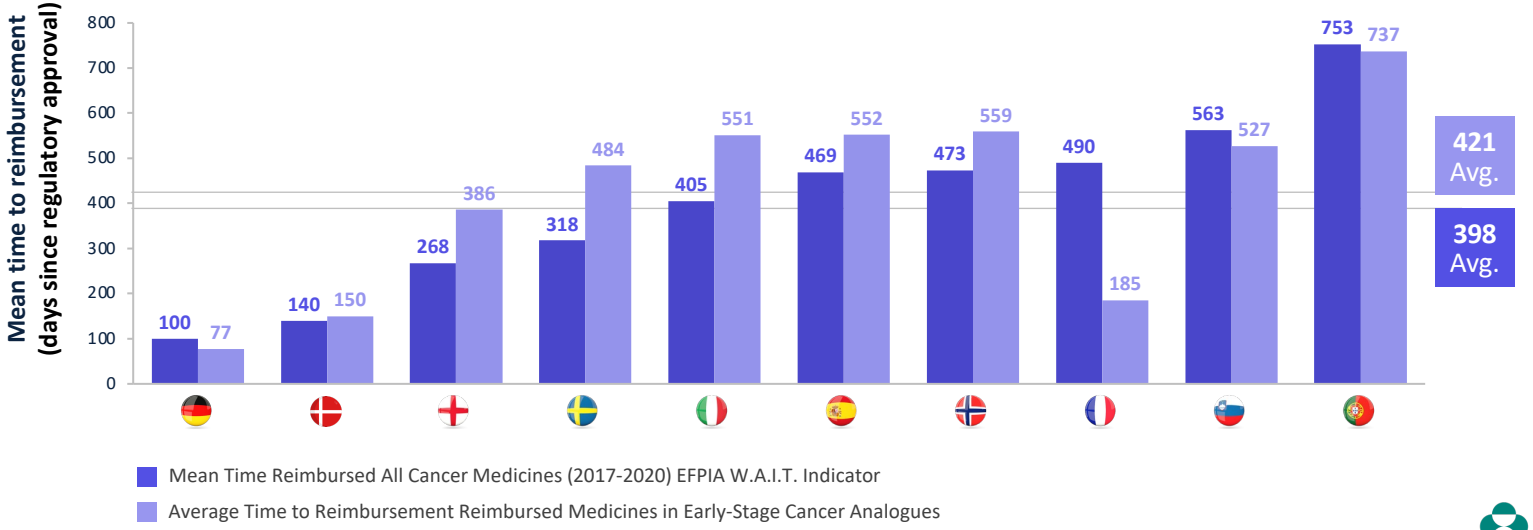
62%

of the medicines in early-stage cancers are reimbursed *versus*

77%

of all oncology medicines





References: Capdevila C, et al. Treating Early Often Comes Too Late. Presented at ISPOR EU 2023 (HPR94)

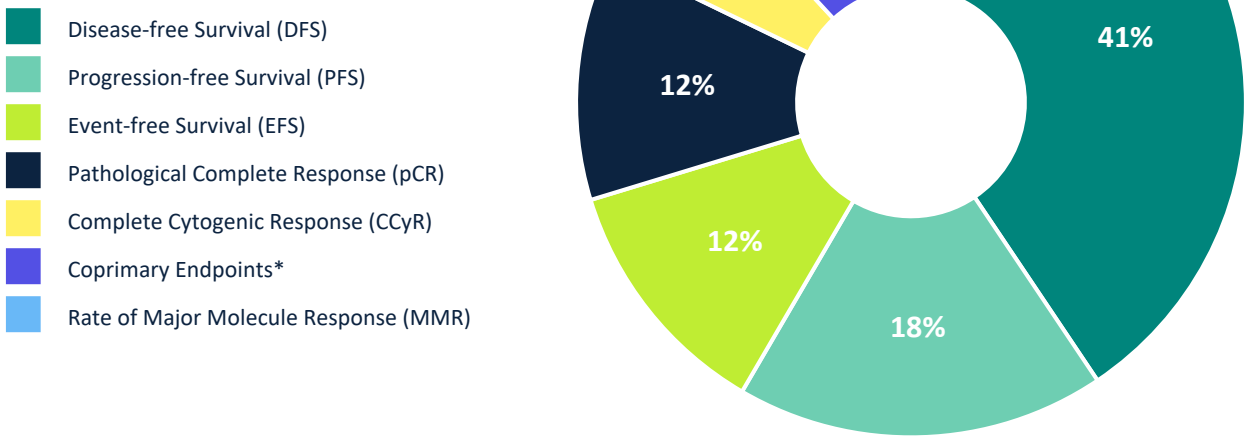
Challenges in the value recognition of early-stage cancer treatments

Uncertainty on clinical effectiveness, limited real-world data, and budget impact (short term costs)

Misalignment between regulatory agencies and HTA/payer bodies on the acceptance of disease-relevant endpoints

The acceptance of disease-relevant endpoints varies considerably between different countries and tumor types

The relative frequency of each DRE as primary endpoint in the 17 early-stage oncology treatments



Capdevila C, et al. Treating Early Often Comes Too Late. Presented at ISPOR EU 2023 (HPR94)

There is misalignment between stakeholder groups on the value of DREs.

Broader adoption of DRE beyond OS in regulatory and reimbursement decisions is limited by uncertainty on how to appropriately quantify the value and prolonged benefit of new medicines to patients and health care systems.

Benefits of measuring DRE

- Curative intent in slow progressing cancers[1-3]
- Assessment of patient's progression through complex treatment regimens (i.e., multiple lines of therapy)[1,4,5]
- Capturing patients' perspectives[6]

DRE, Disease Relevant End-point. OS, overall survival.

References: 1. Clinical trial endpoints for the approval of cancer drugs and biologics: guidance for industry. US Department of Health and Human Services. December 2018. https://www.fda.gov/media/71195/download **2.** Schuller Y, Biegstraaten M, Hollak CEM, et al. Oncologic orphan drugs approved in the EU - do clinical trial data correspond with real-world effectiveness? *Orphanet J Rare Dis*. 2018;13(1):214. doi:10.1186/s13023-018-0900-9 **3.** Nie RC, Zou XB, Yuan SQ, et al. Disease-free survival as a surrogate endpoint for overall survival in adjuvant trials of pancreatic cancer: a meta-analysis of 20 randomized controlled trials. *BMC Cancer*. 2020;20(1):421. doi:10.1186/s12885-020-06910-5 **4.** Kaufman HL, Schwartz LH, William WN Jr, et al. Evaluation of classical clinical endpoints as surrogates for overall survival in patients treated with immune checkpoint blockers: a systematic review and meta-analysis. *J Cancer Res Clin Oncol.* 2018;144(11):2245-2261. doi:10.1007/s00432-018-2738-x **5**. Llovet JM, Montal R, Villanueva A. Randomized trials and endpoints in advanced HCC: Role of PFS as a surrogate of survival. *J Hepatol.* 2019;70(6):1262-1277. doi:10.1016/j.jhep.2019.01.028 **6.** Selby P, Velikova G. Taking patient reported outcomes centre stage in cancer research - why has it taken so long? *Res Involv Engagem.* 2018;4:25. doi:10.1186/s40900-018-0109-z

For today

1. What are healthcare system benefits of treating cancers early? How can moving beyond clinical perspectives improve patient access to early-stage cancer treatments?

2. Moderated discussion and Q&A

Bocconi

HEALTHCARE SYSTEM BENEFITS OF IMPROVING PATIENT ACCESS TO EARLY-STAGE CANCER (ESC) TREATMENTS IN EUROPE

ISPOR Europe 2023, HEOR Theatre

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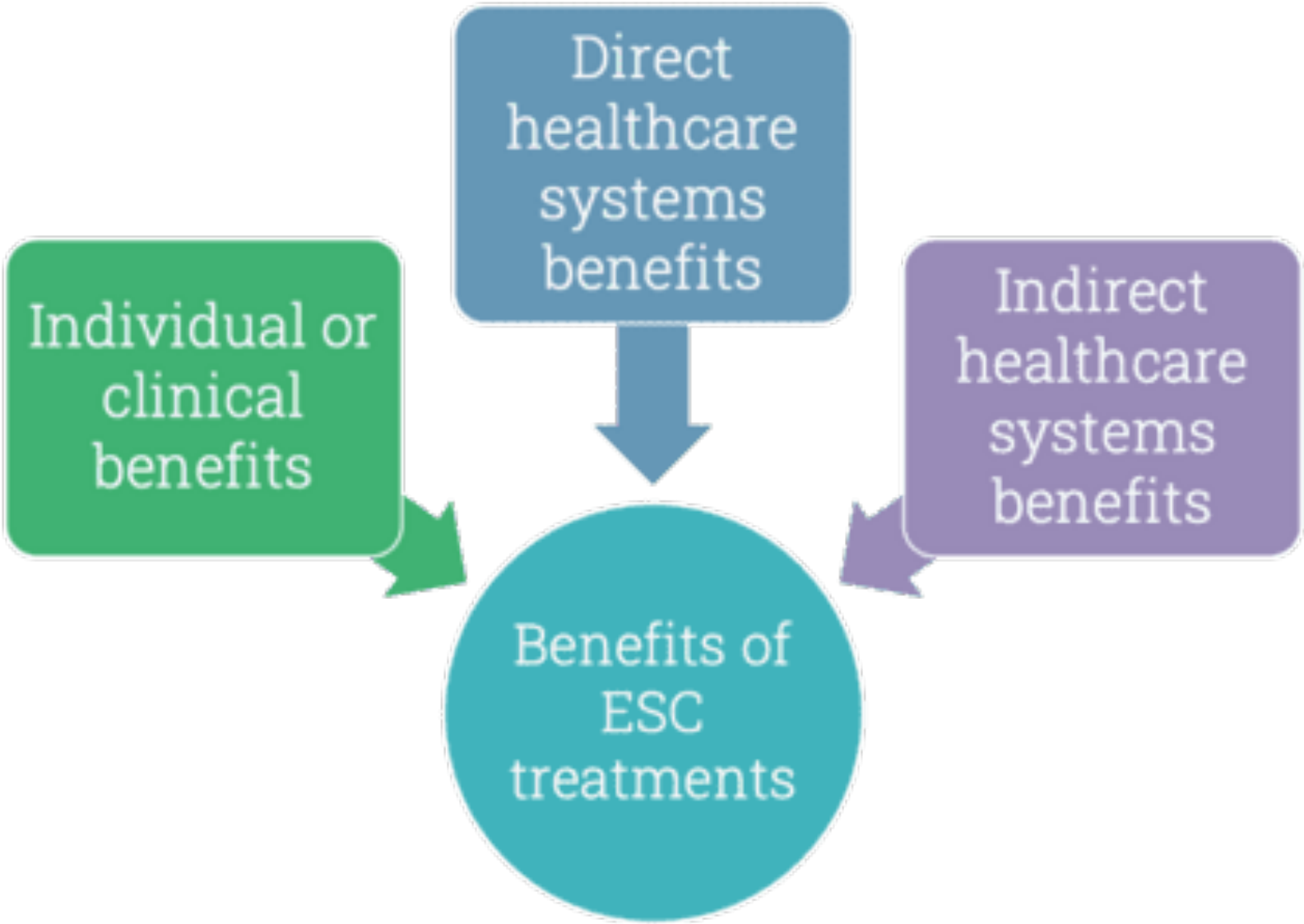
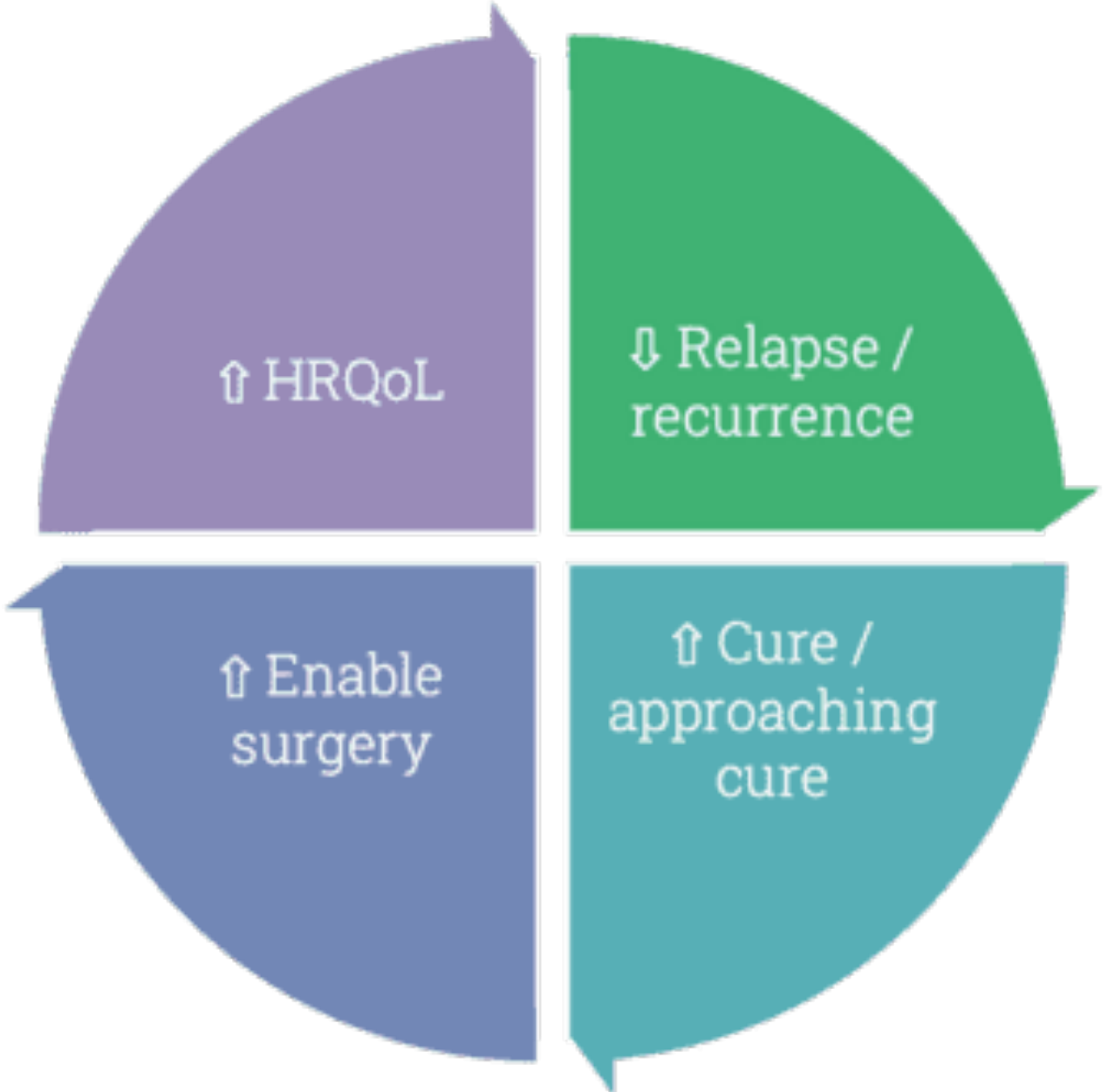
SCHOOL OF MANAGEMENT


Direct healthcare systems benefits
Individual or clinical benefits
Indirect healthcare systems benefits
Benefits of ESC treatments

Benefits of ESC treatments

Clinical benefits



Benefits of ESC treatments

Financial benefits – direct costs savings

Table 4. Health-care services accessed by patients with lower and higher stage cancer

	Age 18–64			Age ⩾65		
	Stages 1–2	Stages 3–4	Difference	Stages 1–2	Stages 3–4	Difference
Colorectal						
Surgery in first 12 months	69.22%	56.28%	12.94%	60.03%	46.55%	13.48%
Total bed days first 12 months	14.36	17.02	−2.65	18.91	20.21	−1.30
Number of admissions						
Ordinary elective	1.13	1.21	−0.08	0.94	0.84	0.10
Ordinary emergency	0.64	1.17	−0.52	0.72	1.02	−0.31
Day case/regular	3.63	7.18	−3.56	1.68	3.54	−1.86
Outpatient	10.35	13.43	−3.08	7.26	8.84	−1.58
Breast						
Surgery in first 12 months	80.48%	69.98%	10.50%	65.97%	42.37%	23.60%
Total bed days first 12 months	4.28	7.22	−2.93	6.50	11.10	−4.61
Number of admissions						
Ordinary elective	1.10	1.06	0.04	0.83	0.60	0.23
Ordinary emergency	0.36	0.68	−0.31	0.34	0.63	−0.29
Day case/regular	3.72	5.33	−1.61	1.06	1.38	−0.32
Outpatient	16.24	16.65	−0.42	11.18	10.40	0.78

"A lower stage diagnosis is associated with larger cost savings for colorectal and breast cancer in both age groups."

Laudicella, M. et al. (2016). Cost of care for cancer patients in England: evidence from population-based patient-level data. *Br J Cancer* 114, 1286–1292

Benefits of ESC treatments

Financial benefits – productivity loss averted

Table 3 Number of deaths, mortality rate, YLL, YPLL, PVFLP, and PVFLP/deaths by country in 2019

Country	Number of deaths	Crude mortality (%)	YLL	YPLL	PVFLP (€)	PVFLP (€)/lung cancer death
Belgium	5910	0.051	67,791	10,010	242,761,058	41,076
Netherlands	10,261	0.059	126,720	19,393	509,070,690	49,612
Norway	2151	0.040	23,784	1455	38,739,430	18,010
Poland	23,146	0.061	234,119	28,387	191,401,864	8269
All countries	41,468	–	452,413	59,246	981,973,042	23,680*

YLL years of life lost, *YPLL* years of productive life lost, *PVFLP* present value of future lost productivity
*This is the average PVFLP/lung cancer death for the four countries included in the analysis

"In 2019, there were 41,468 lung cancer deaths in the included countries resulting in 59,246 Years of productive life lost and more than €981 million in productivity losses due to premature mortality."

Bencina, G. et al. (2023). Indirect Costs Due to Lung Cancer-Related Premature Mortality in Four European Countries. Adv Ther 40, 3056–3069.

Questions for discussion

- What are the challenges for patient access to ESC treatments?
- How will the European Joint Clinical Assessment (JCA) impact access to ESC medicines?
- Can innovative payment models support patient access to ESC treatments?

THANK YOU

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