

Update on therapy areas – cancer

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Follow on from earlier studies of market access to new cancer drugs

1. Karolinska report 2005 on market access to cancer drugs in Europe

2. A global comparison regarding patient access to cancer drugs

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3. The 2009 report updates the previous reports to 27 European countries (EFPIA project) (www.comparatorreports.se)



Summary of finding in the cancer reports.

- Large investments in R&D and introduction of new drugs
- Targeted therapies
 - Well defined patients populations
- HTA and cost-effectiveness a growing obstacle for access
- Focus on short term costs and forgetting long term benefits
- Large differences in spending on both “mature” and “new” drugs
 - France is still the “top” spender and the UK spending is still lower than comparable countries
 - Large regional differences in some countries



Cancer 5 year cancer survival.

Patients diagnosed 2005-2007. Period analysis.

MP Coleman et al The Lancet Dec 22 2010

	Canada	Norway	Sweden	UK
Breast cancer	86.3	85.5	88.5	81.6
Colorectal cancer	63.7	62.0	62.6	53.6
Lung cancer	18.4	14.4	16.3	8.8



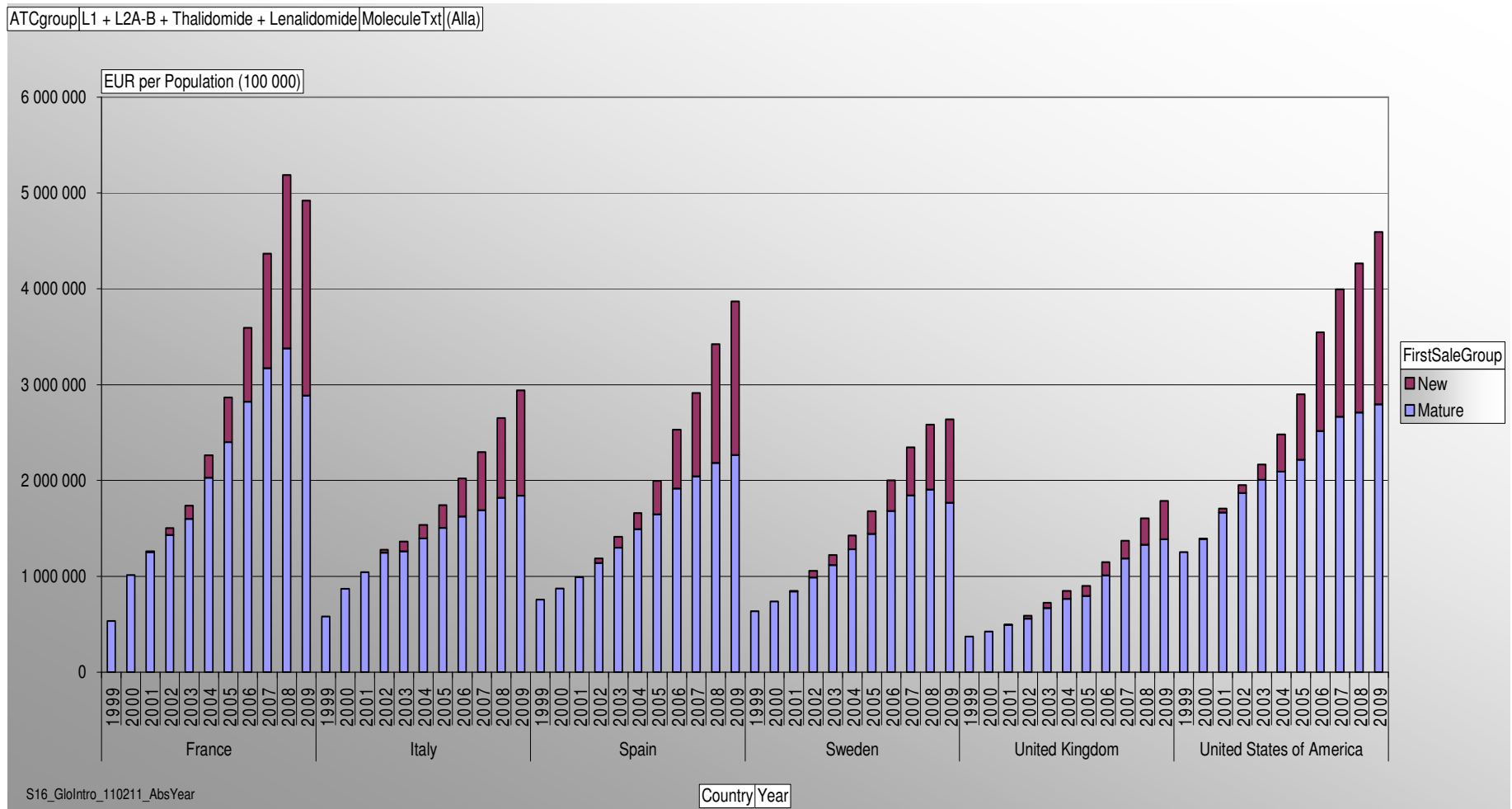
Direct cost of cancer in Euro per capita

Under 50	50-100	100-150	150-200	Over 200
Bulgaria Romania	Czech Republic	Italy	Belgium Netherlands	Austria Norway
Estonia Latvia Lithuania	Finland Hungary	Spain Portugal	Denmark	France Germany
Poland	Slovenia	United Kingdom	Ireland Iceland	Luxembourg
Slovakia			Greece	Sweden Switzerland

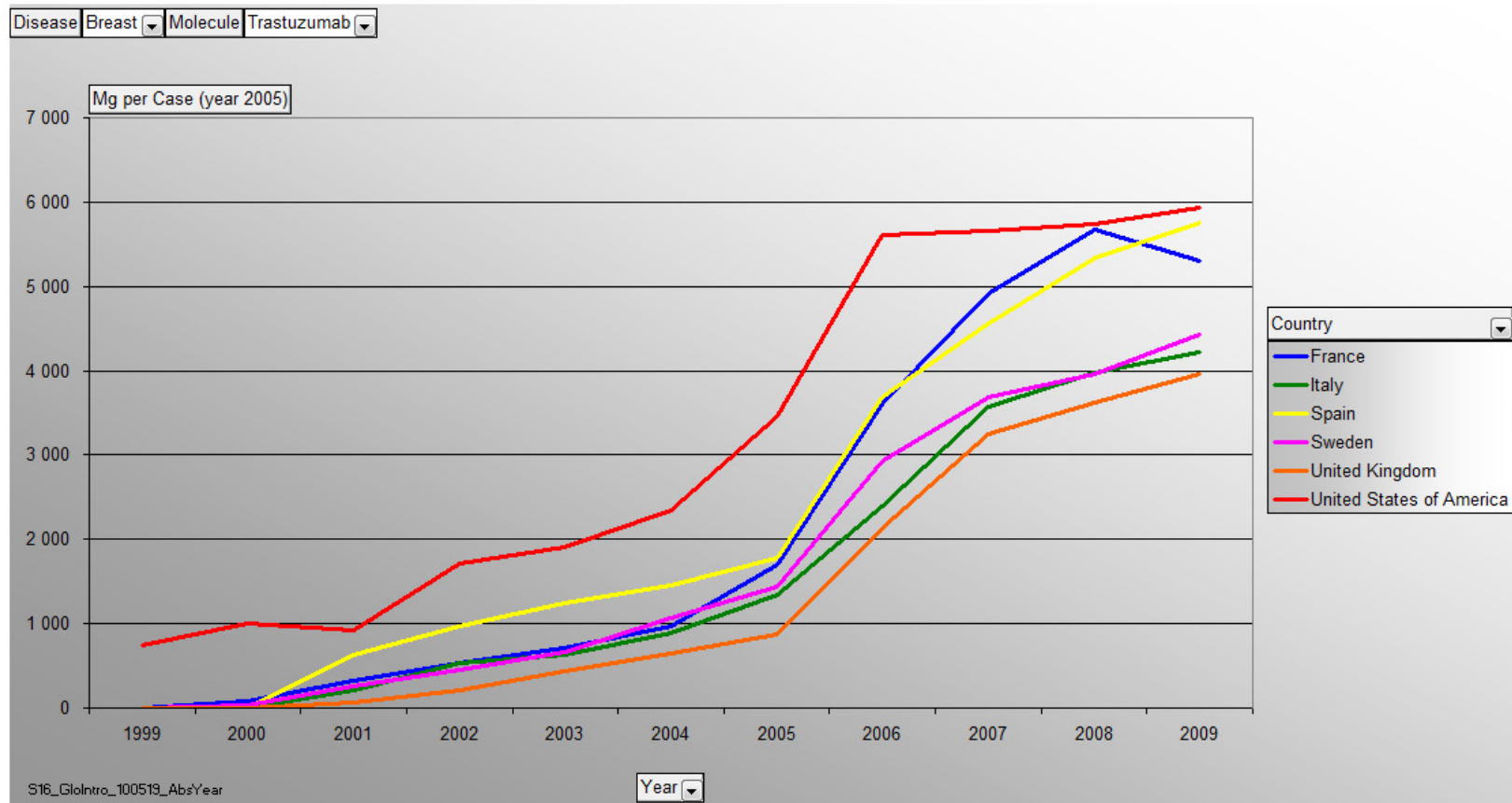
Cancer accounts for 5-8 % of total health care costs.
Cancer represent 16% of all DALYs lost.
Drugs account for 10-20% of direct costs of cancer care



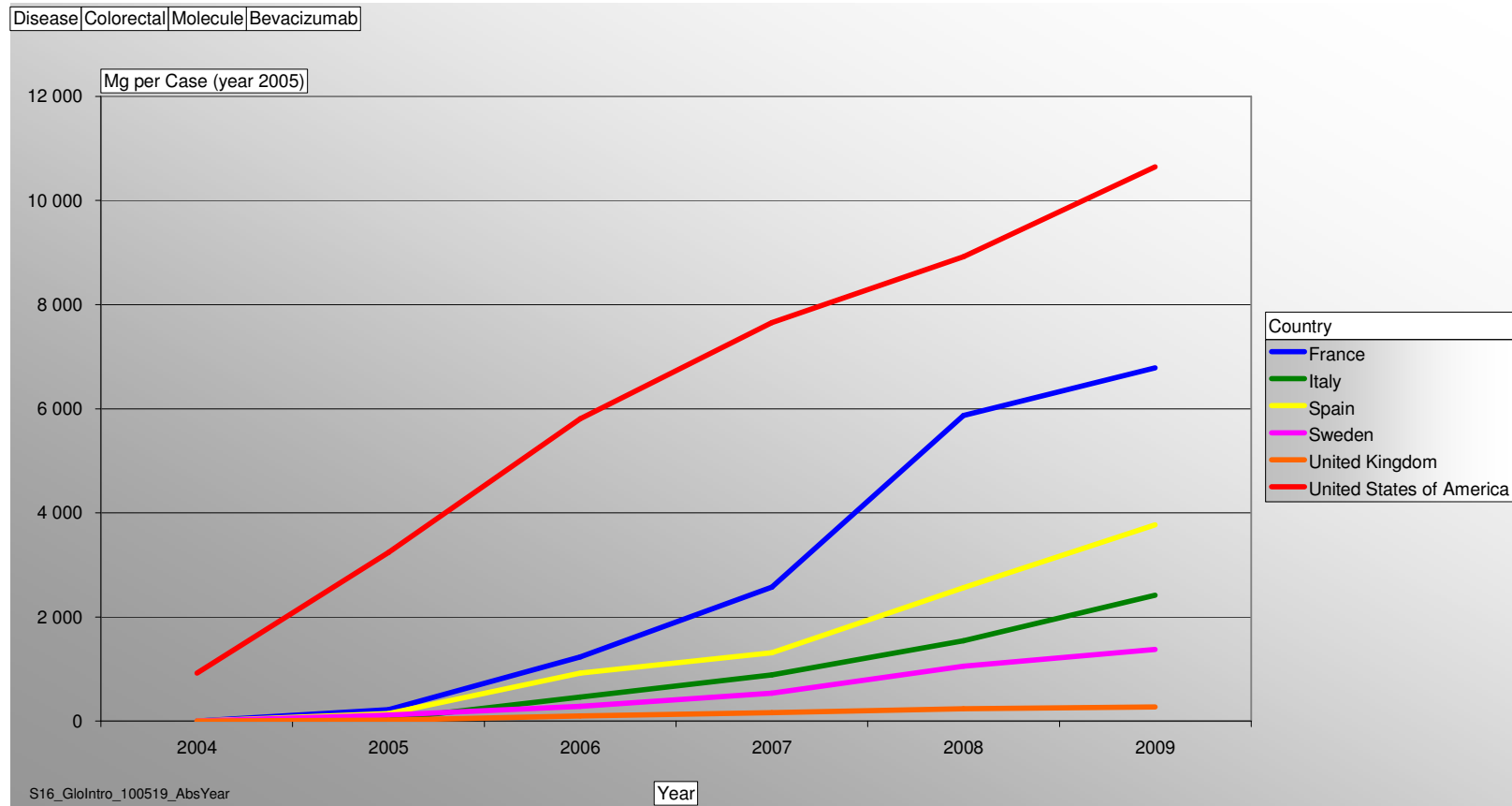
Use of cancer drugs in France, Italy, Spain, Sweden, UK and the US over time (1999-2009).



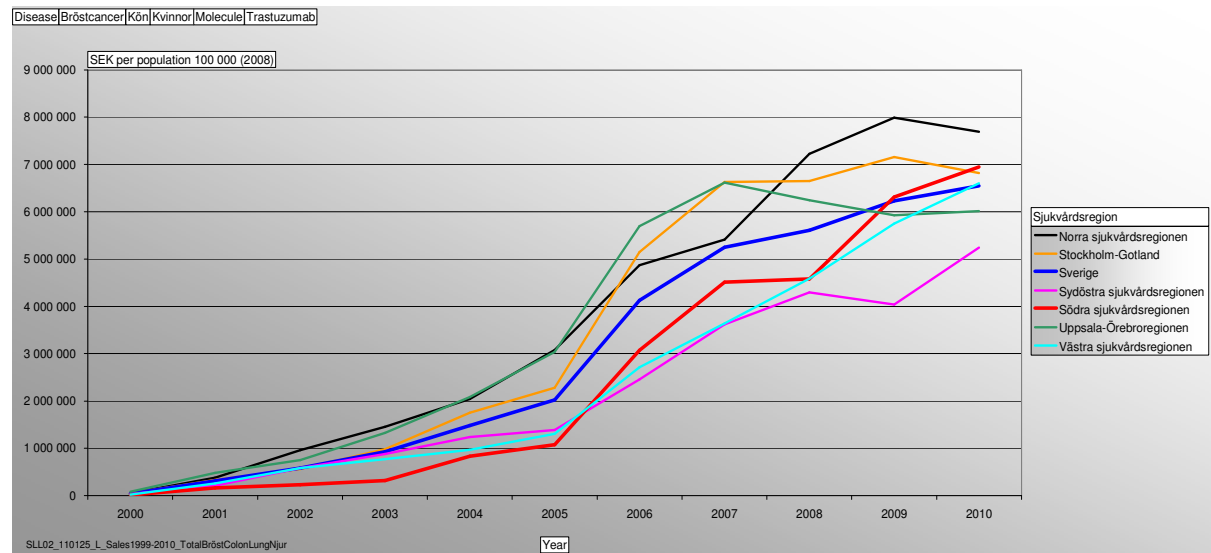
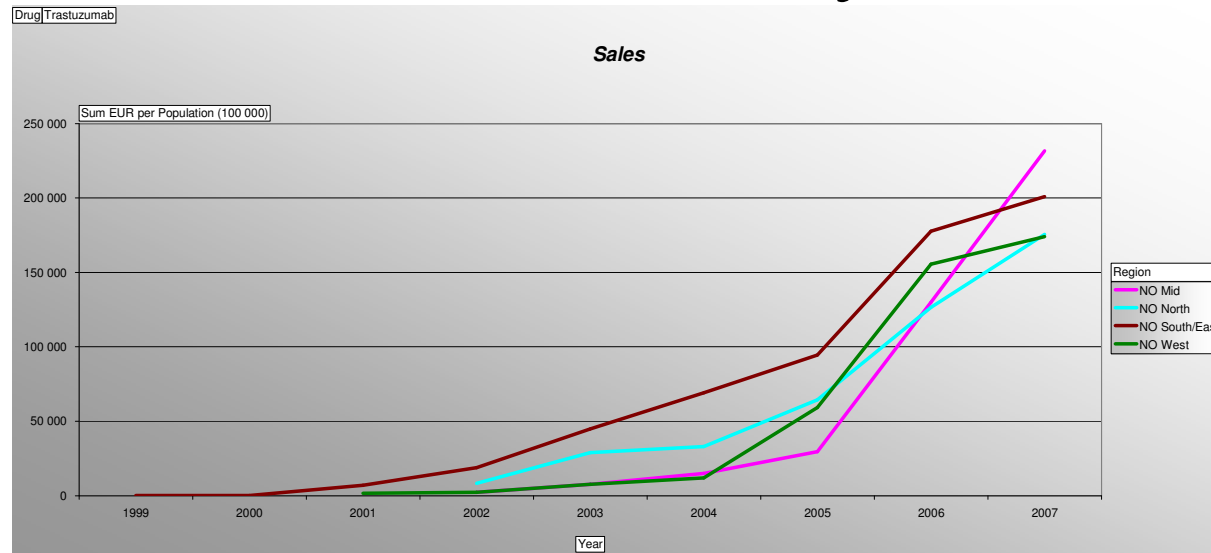
Use of trastuzumab per case in France, Italy, Spain, Sweden, UK and the US.



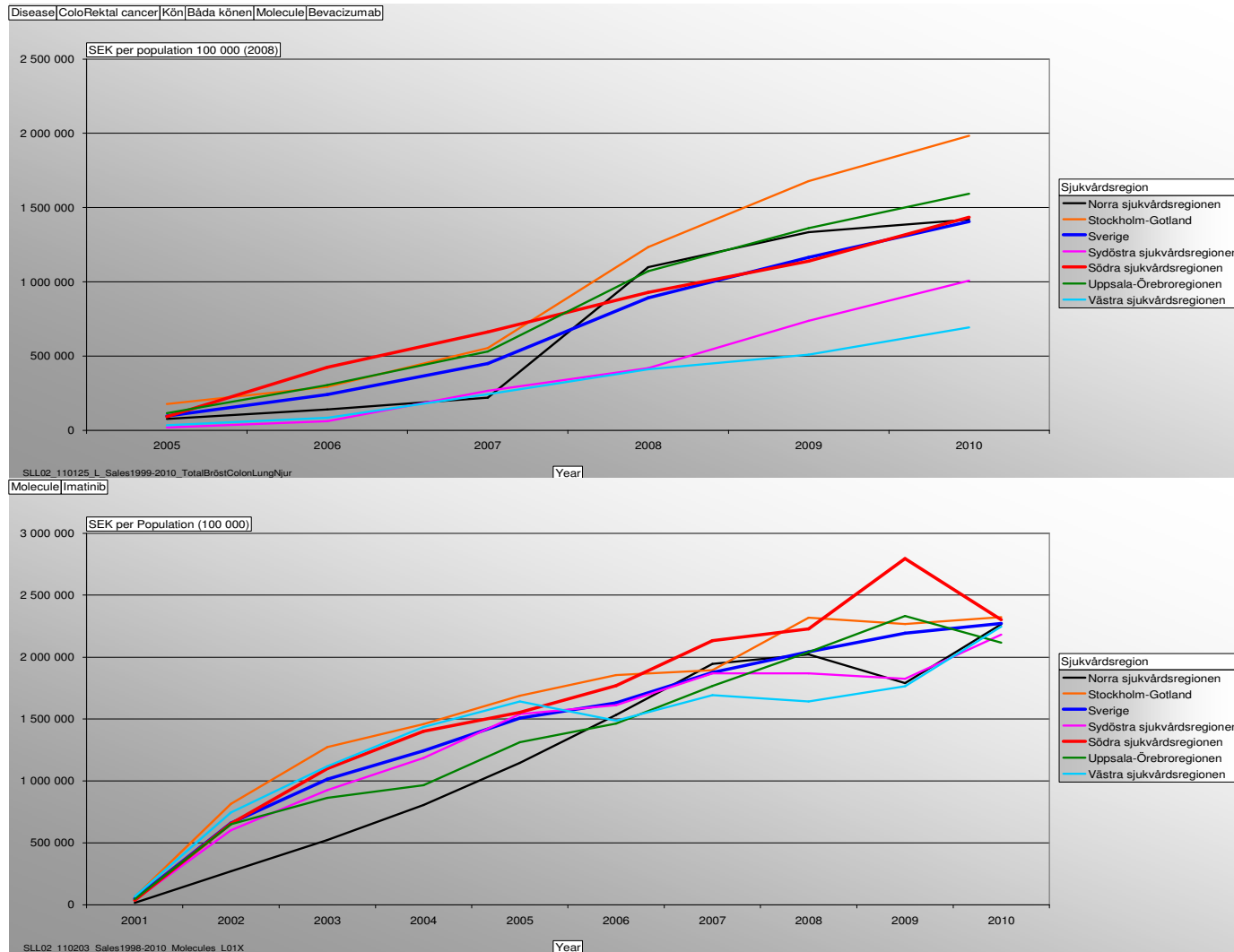
Use of bevacizumab per case in France, Italy, Spain, Sweden, UK and the US.



Regional differences in the use of trastuzumab in Norway and Sweden



Regional differences in the use of bevacizumab and imatinib in Sweden.



Methodology and data

- The methodology developed has been generally accepted
 - UK report “Extent and causes of international variations in drug use”
 - Belgian EU Presidency INAMI/RIZIV project
 - Similar results regarding variations in access to cancer drugs
- Data limitations is a major problem
 - Analysis of variations within countries can complement
 - But individual patient data still lacking
- Linking access and outcome is the key for the future
 - Individual patient data will drive the future interpretation of consequences of variations in access
 - Data from Pulte, Gondos and Brenner (hematology) as well as von Plessen et al (lung cancer) show strong support for link between access and outcome.



Conclusions

- Differences in access to cancer drugs persist in Europe.
 - Strong impact of income level (ability to pay)
 - Health care system factors important
 - Impact of HTA and reimbursement is evolving
 - Controlled introduction including "coverage by evidence development" a new policy instrument
- Reduced increase in the costs for cancer drugs
 - Competition in some areas (renal cancer)
 - Innovative pricing models reduce costs
 - Many costly drugs go off patents
 - docetaxel, aromatase inhibitors,...

