

Comparator Report on Patient Access to Cancer Medicines in Europe Revisited

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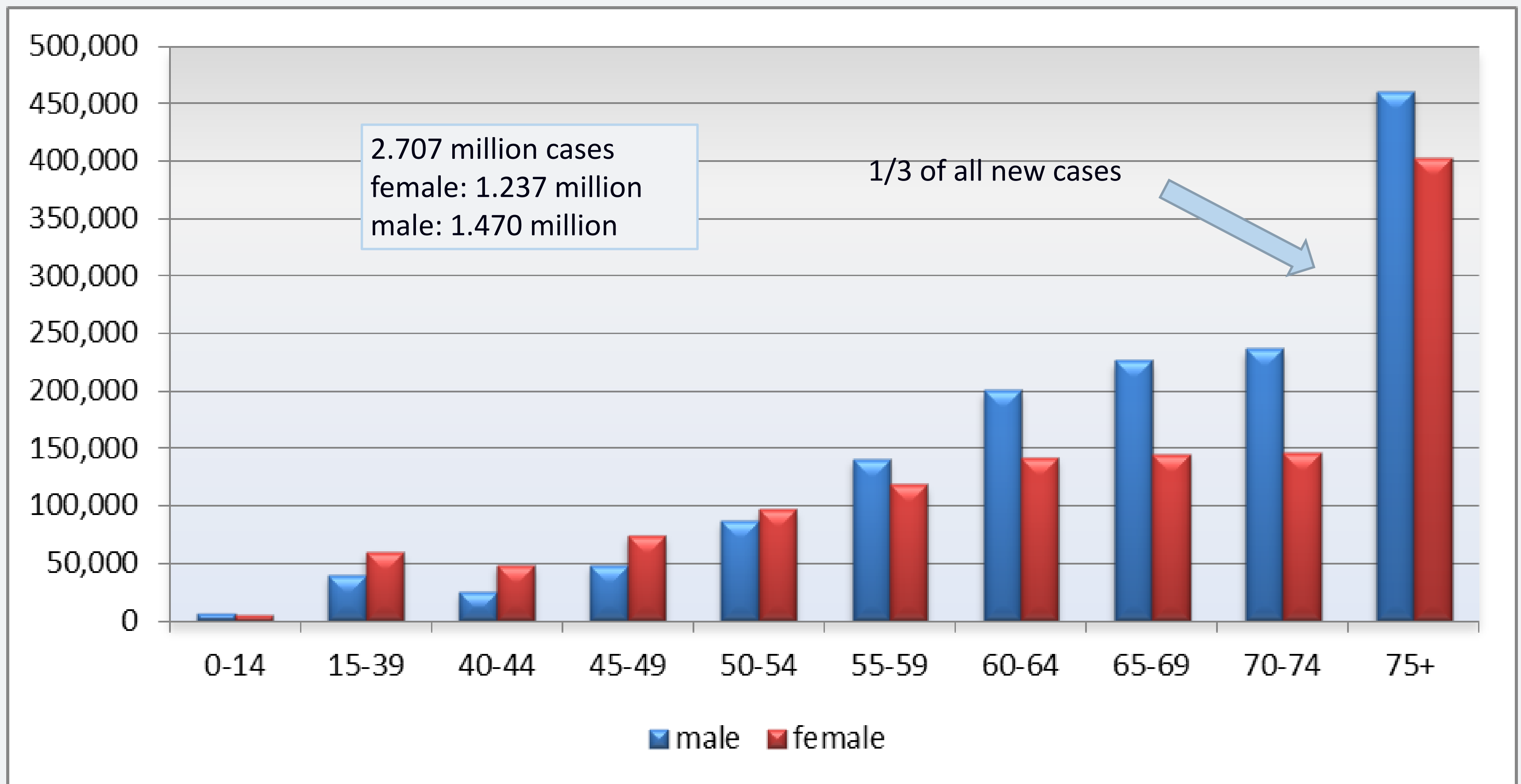
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University Hospital and Karolinska Institutet



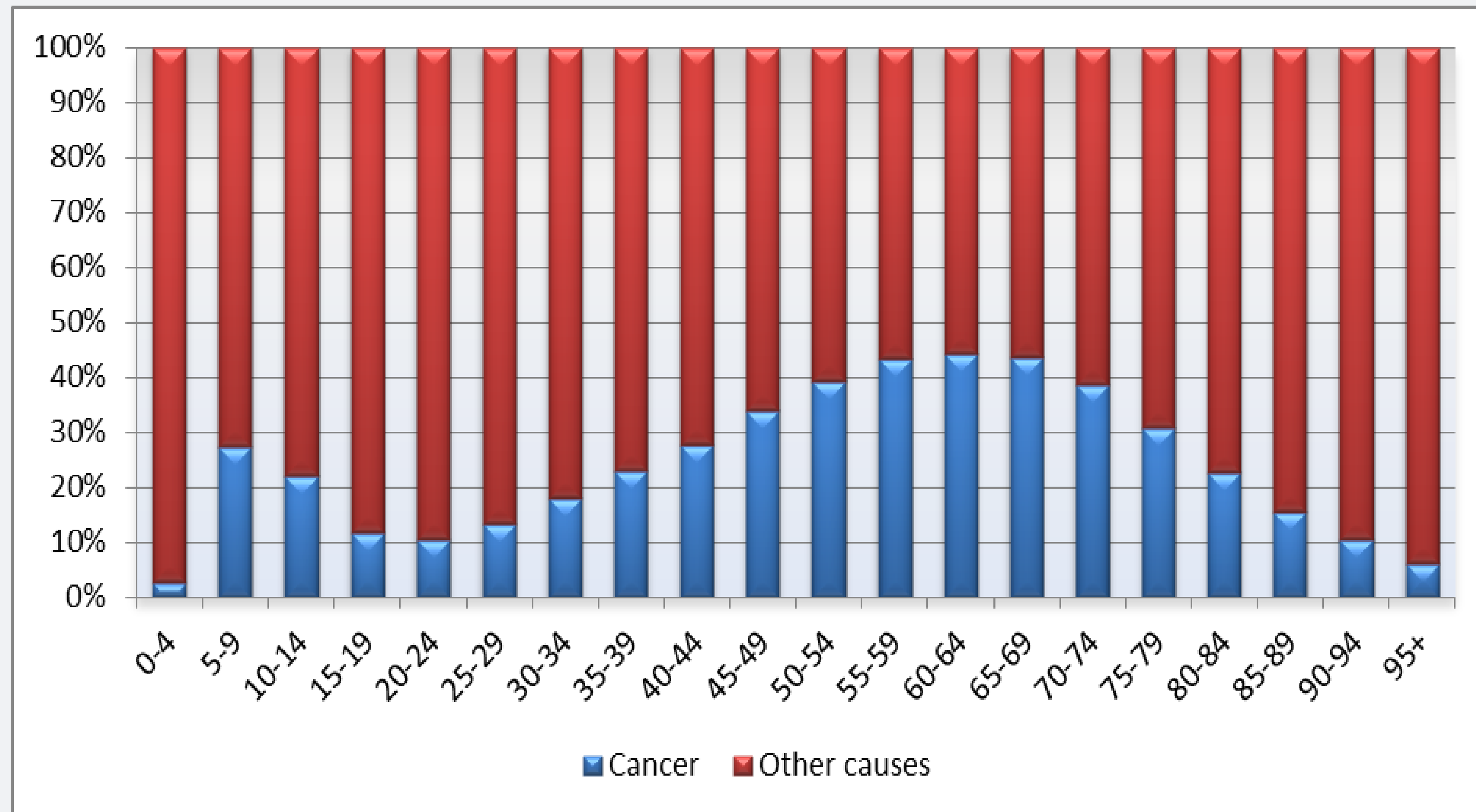
Cancer, an old-age disease.



Number of new cancer cases by age group and gender in Europe, 2012

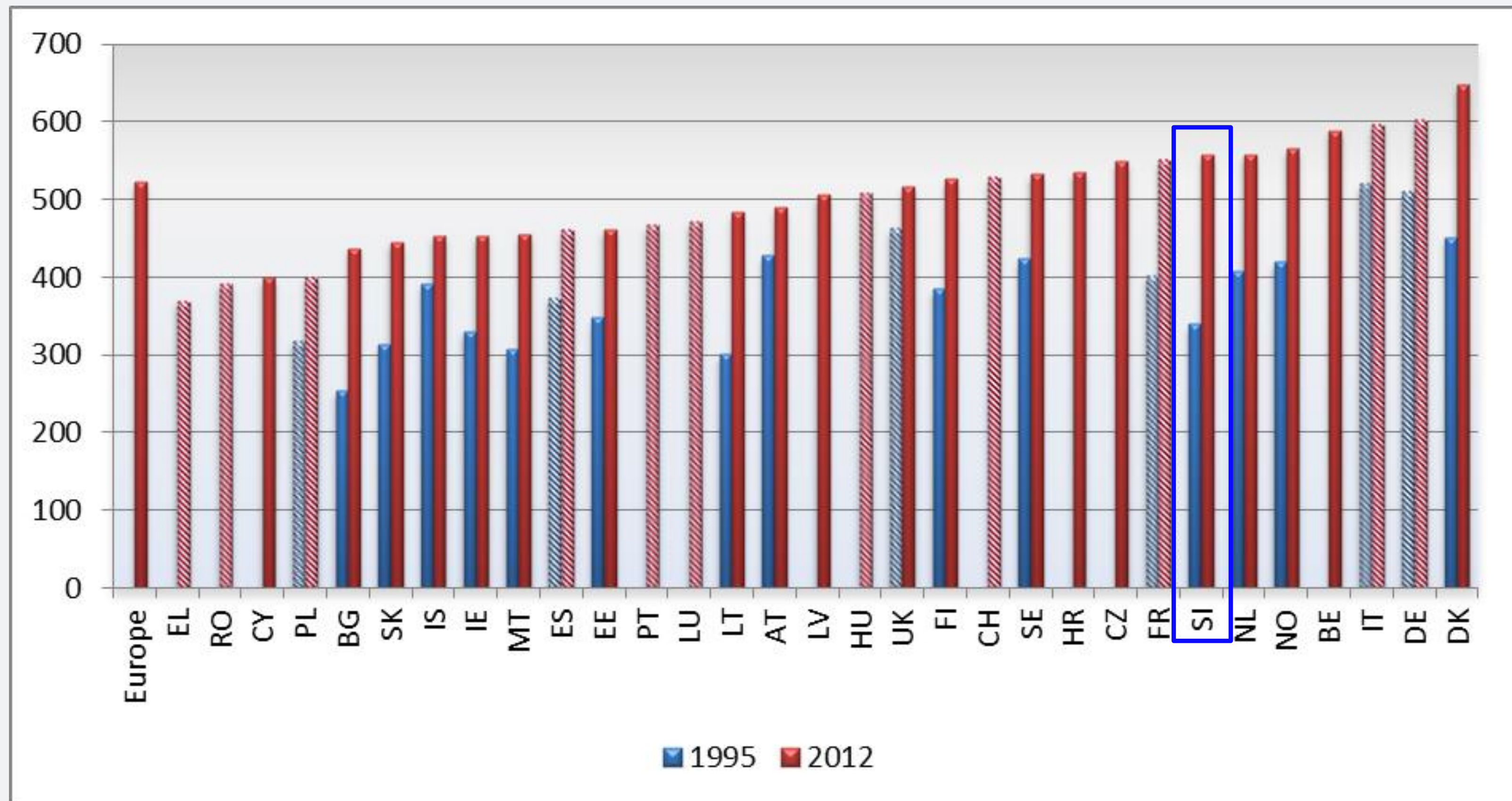
Source: Ferlay et al (2013)

Cancer is generally a disease of old age, but dominates mortality in persons of working age



SHARE OF DEATHS DUE TO CANCER OF ALL DEATHS BY AGE GROUP IN EUROPE, 2012

Cancer incidence in Slovenia is increasing



Cancer incidence cases per 100,000 inhabitants (crude rates, both sexes)

Notes: Hatched bars indicate that national estimates are based on regional data or based on neighboring countries.

Source: Steliarova-Foucher et al (2012), Ferlay et al (2013)

Several factors can explain the increased incidence

Increase from 2.6 to 3.4 million cases between 1995–2012 in Europe*

Equals a 31% increase

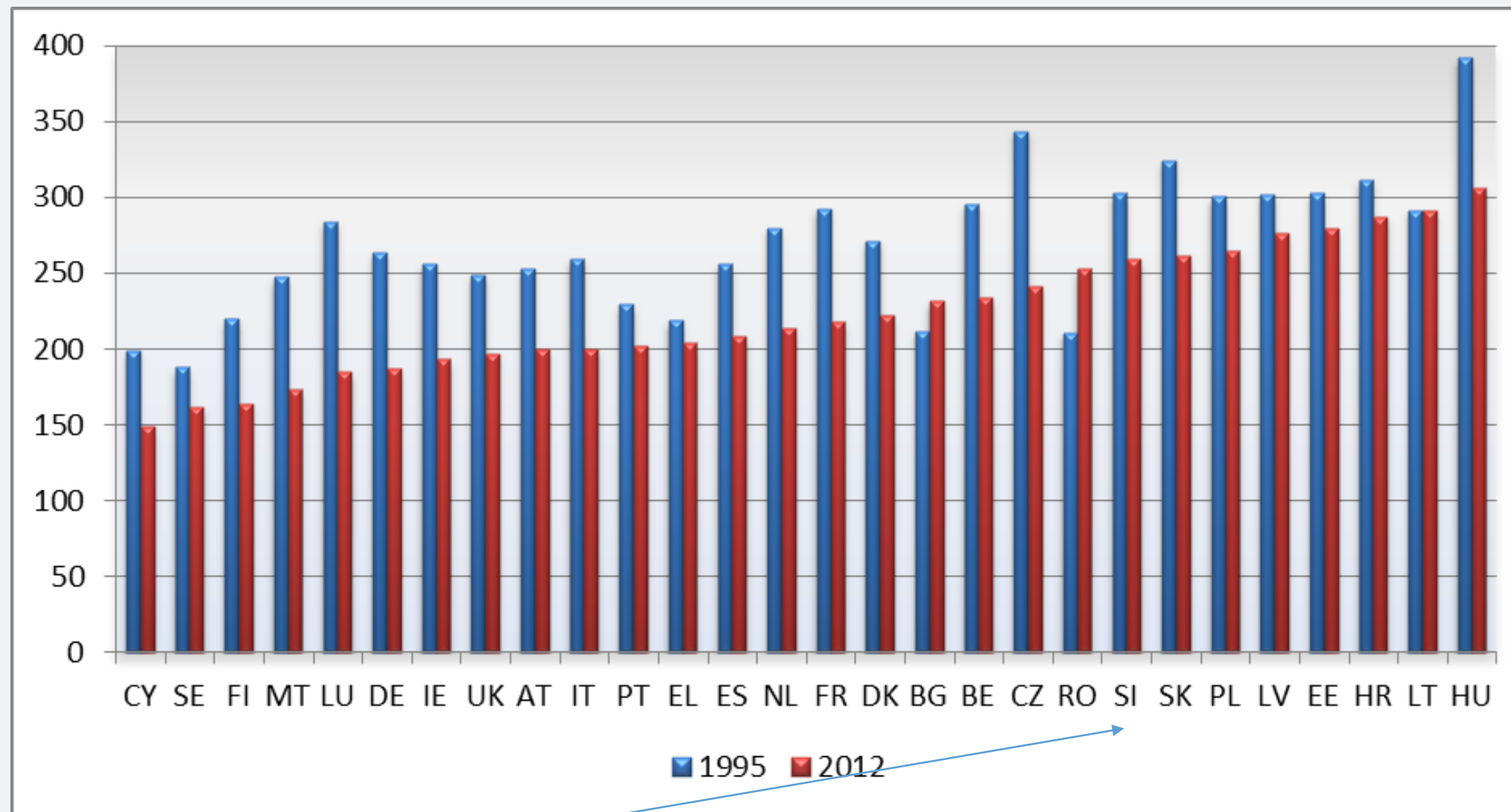
Possible reasons

- Population growth: Total population grew by 5%
- Population aging: Share of 65+ in the total population up from 15 to 18%
- Risk factors: smoking, obesity, physical activity
- Screening
- Epidemiological development in other major diseases

* Europe includes here even the remaining Balkan states, Belarus, Moldova, Ukraine, and Russia.

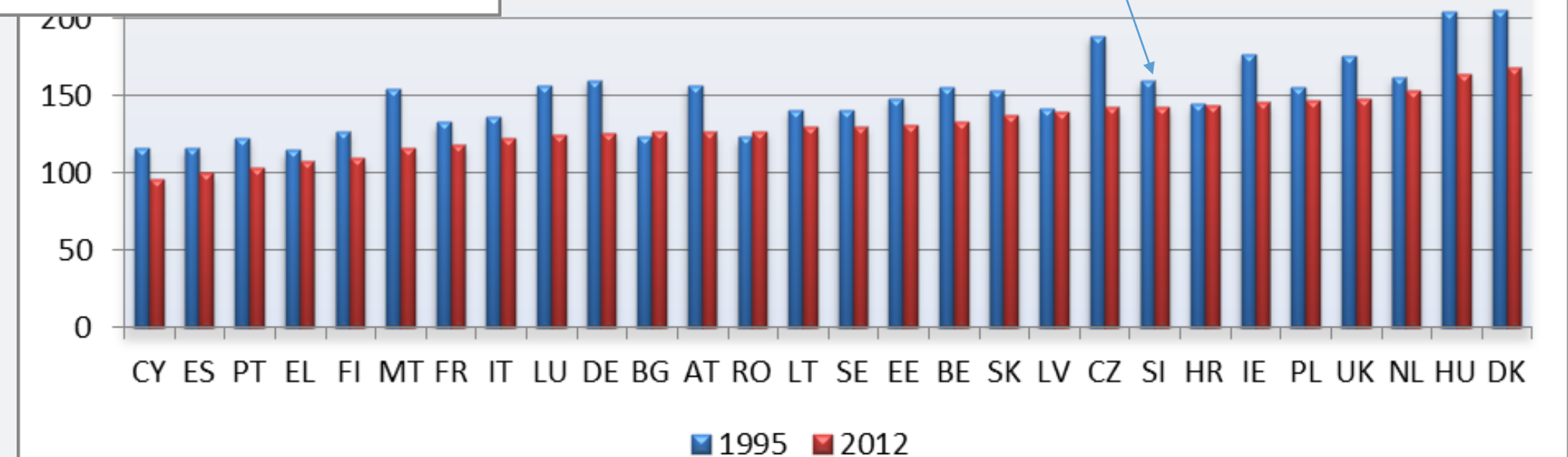


Since 1995, cancer mortality has decreased in almost all countries (after accounting for demographic factors)



Slovenian females have the 8th highest cancer mortality

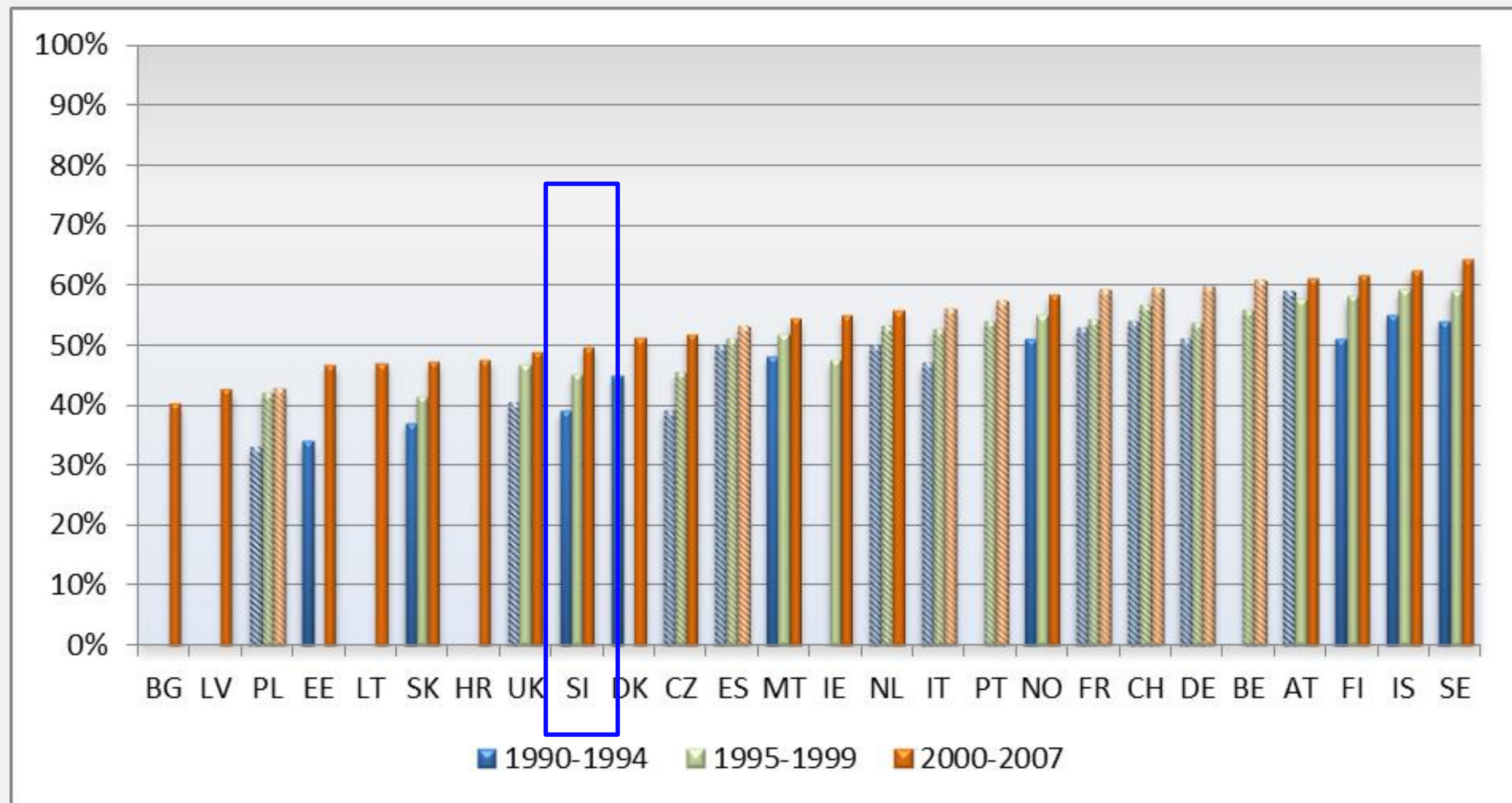
Slovenian male cancer mortality is the 8th highest



Male and female cancer mortality cases per 100,000 inhabitants (age-standardized rates)

Source: Bray et al (2002), Ferlay et al (2013)

Cancer survival is improving across Europe



5-year age-adjusted relative survival rates for all cancers in patients aged ≥ 15 years, 1990–2007

Notes: Hatched bars indicate that national estimates are based on regional data.

Source: EUROCARE-3 to EUROCARE-5

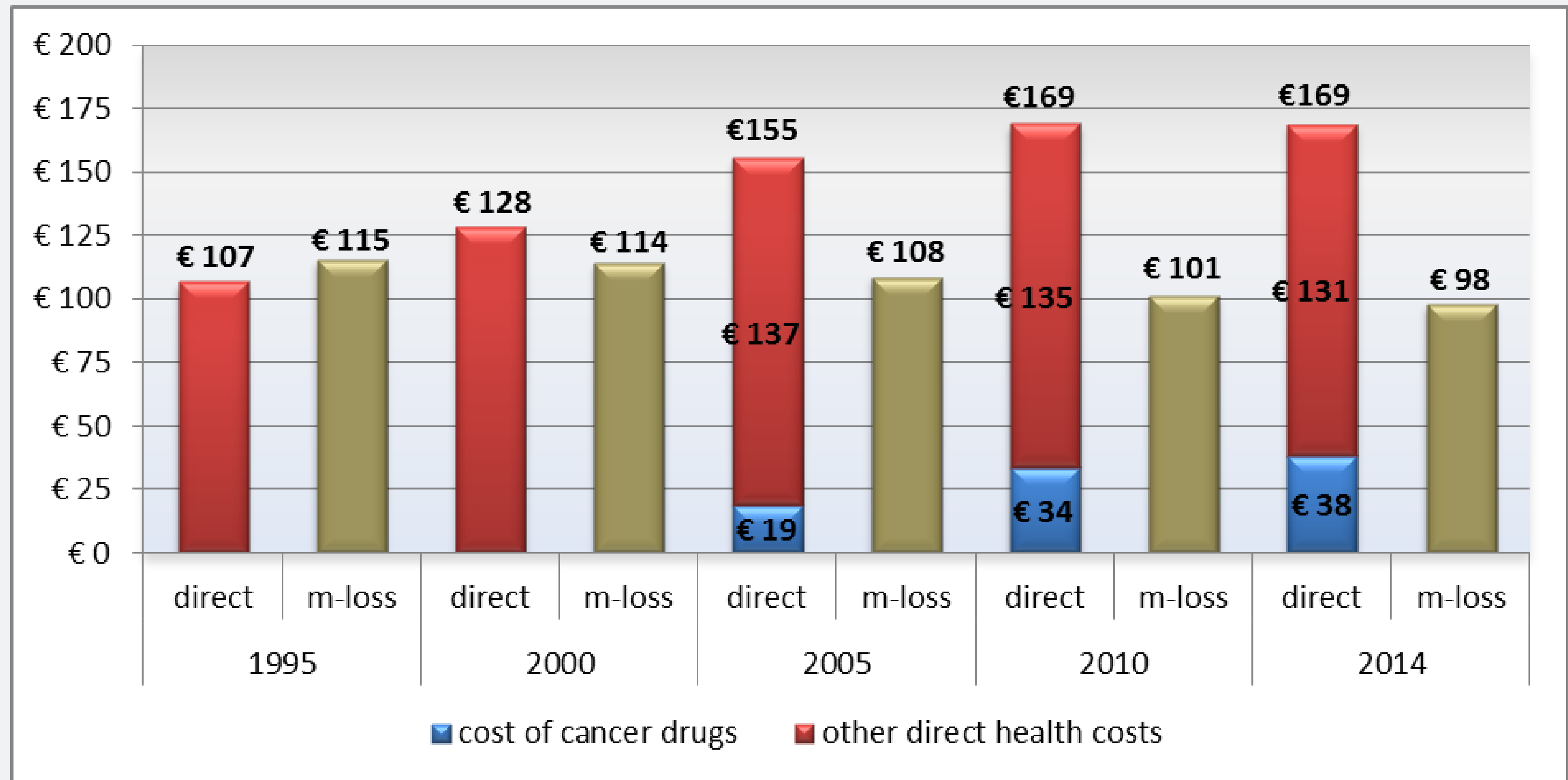
Multiple factors contribute to increased survival

- Stronger increase in cancer incidence ($\approx 30\%$) than in mortality (11%) between 1995 and 2012
- Reflected by simultaneous **improvements in survival rates**

Explanation: “*major advances in cancer management*” (De Angelis et al, 2014)

- **Primary prevention:** affected incidence, but **cannot** explain differential trends between incidence and mortality
- **Screening:** roll-out of mass screening programs since the 2000s; but large **improvements in survival happened even before**
- **Diagnostics:** enhanced possibilities of accurate treatment (Lichtenberg, 2014)
- **Treatment:** advances in medical treatment (e.g. novel cancer drugs) (Lichtenberg, 2014; Uyl-de Groot et al, 2010)

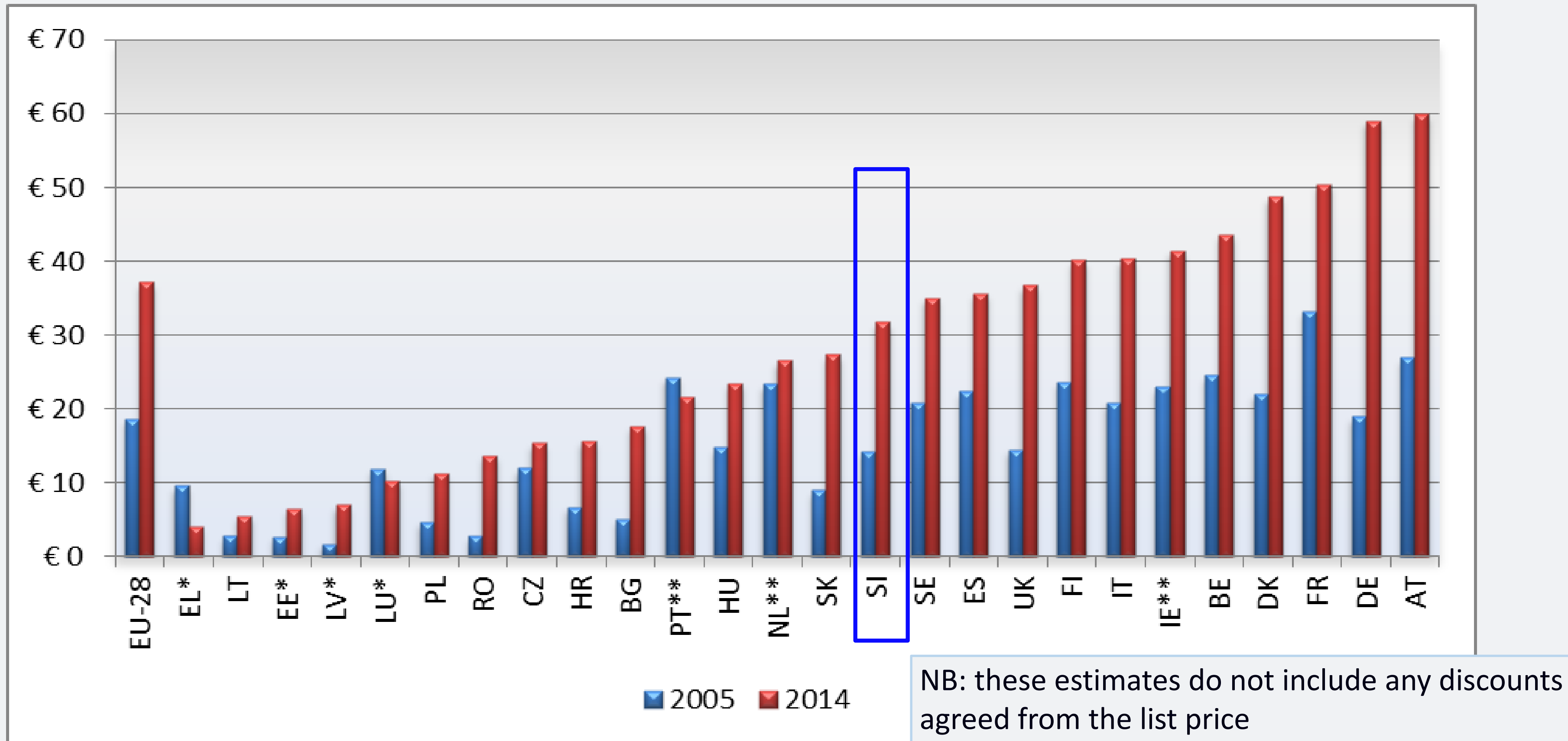
12% of direct health costs of cancer across Europe were due to cancer medicines in 2005 compared to 23% in 2014.



Notes: “direct” = direct health cost of cancer; “m-loss” = productivity loss due to premature mortality from cancer. 2014 prices.

Cancer is defined as ICD-10 C00-D48 for direct health costs, and C00-C97,B21 for productivity loss.

Slovenian spend on cancer drugs per capita is at a similar level as Sweden.



Cost of cancer drugs per capita (in 2014 prices), 2005–2014

Notes: *Data for EE, LV, LU, and EL only comprise retail sales. ** The value for 2005 for IE is from 2006, for NL from 2011, and for PT from 2010.

Source: IMS Health MIDAS database



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Policy: Pricing, HTA and market access.

- **Differential Pricing** may improve patients' access.
- **Decentralised solutions** are more realistic.
- Early HTA advise and REA help **align** industry with national priorities.
- As more and more personalised medicines are launched **uncertainty** will increase at time of launch.
- **Market access agreement** can help manage uncertainty and reduce inequalities in access.
- Possible **shift from commissioning** of products to services.

Final remarks

- **Good cancer care has a focus on a person with a cancer diagnoses.**
- **Understanding how cancer care is delivered is key.**
- **Cancer drugs are corner stones in good cancer care.**
- **Patients in EU should have equal access to good cancer care.**