

Framing problem of affordability is complex and multi-faceted



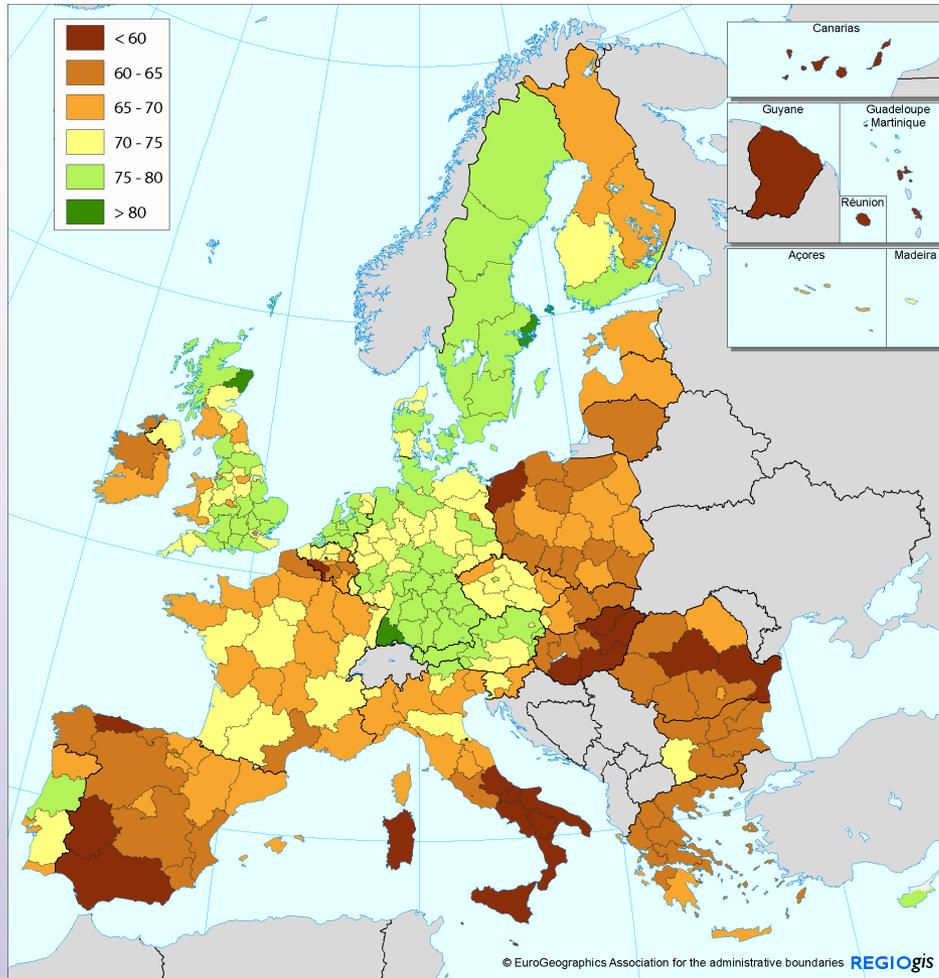
Inequality and inequity



Growing global divide e.g. Europe

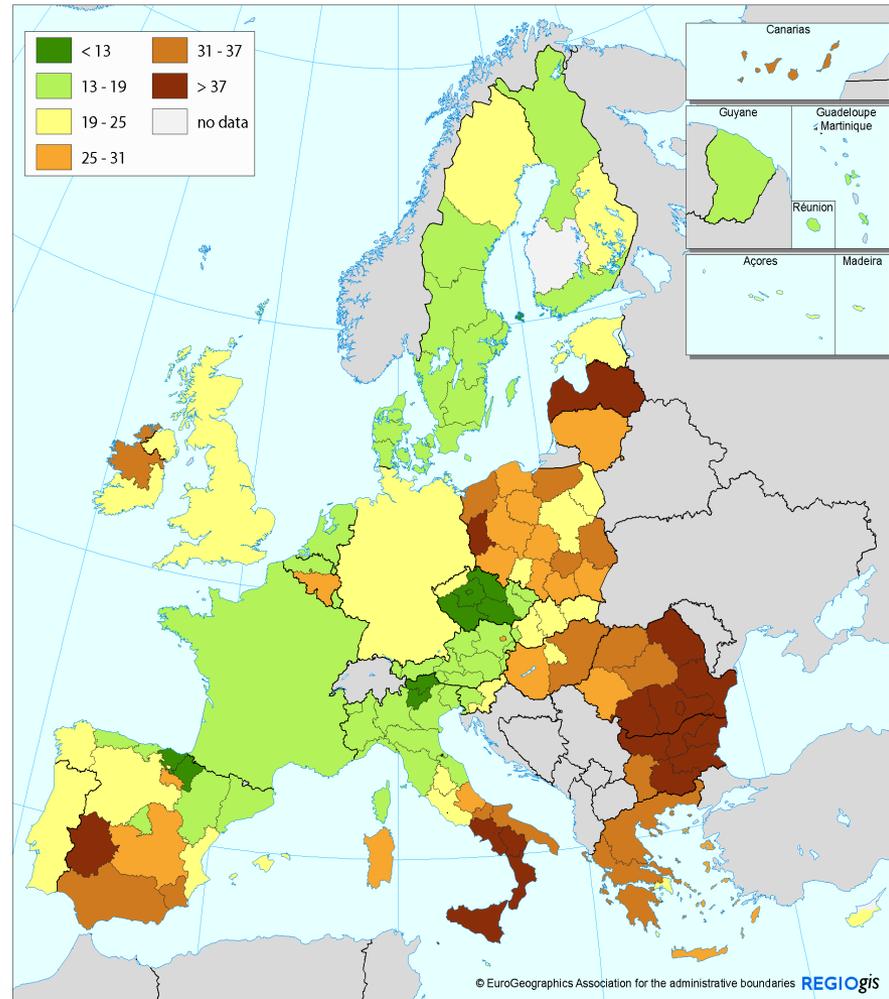
Employment rate, 20-64 in 2010

% of population aged 20-64

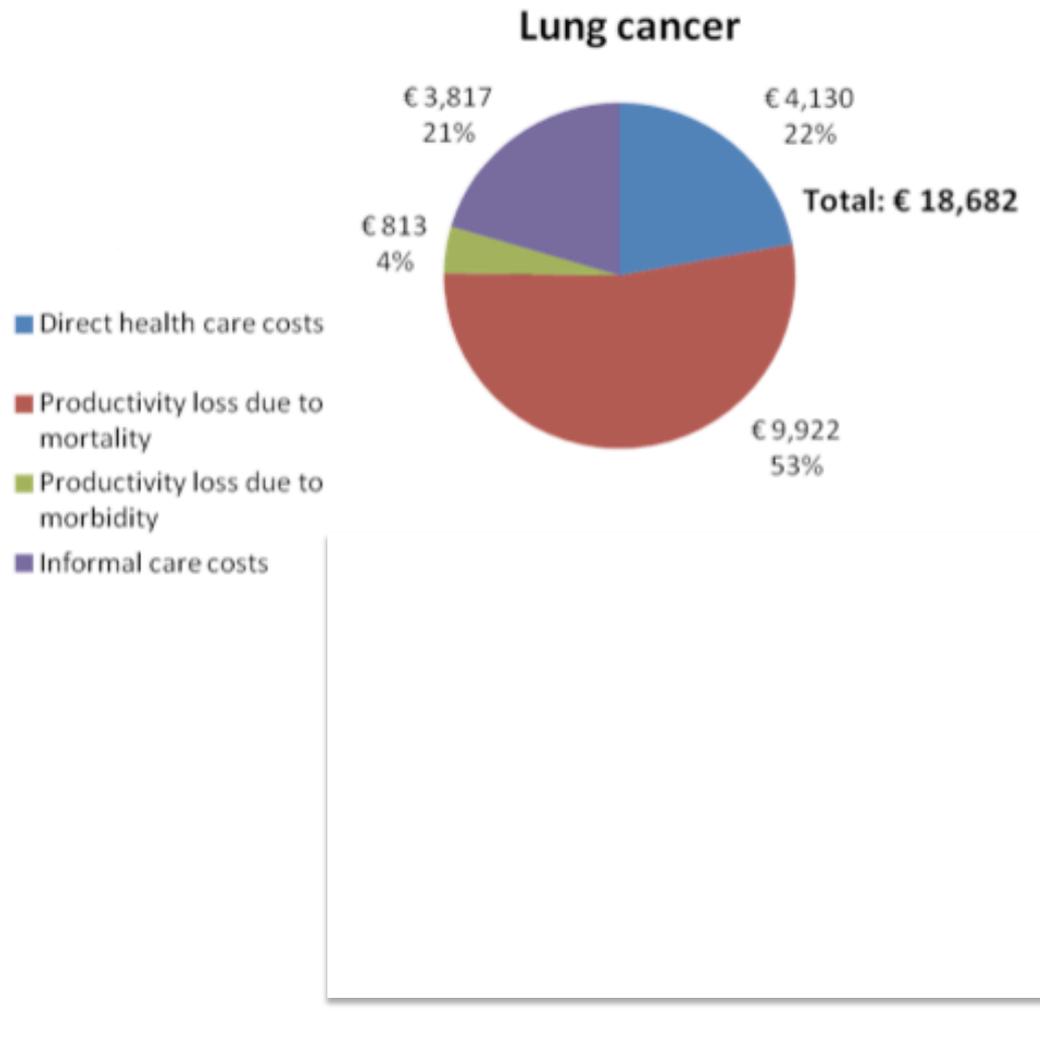


Population at risk of poverty or exclusion, 2009

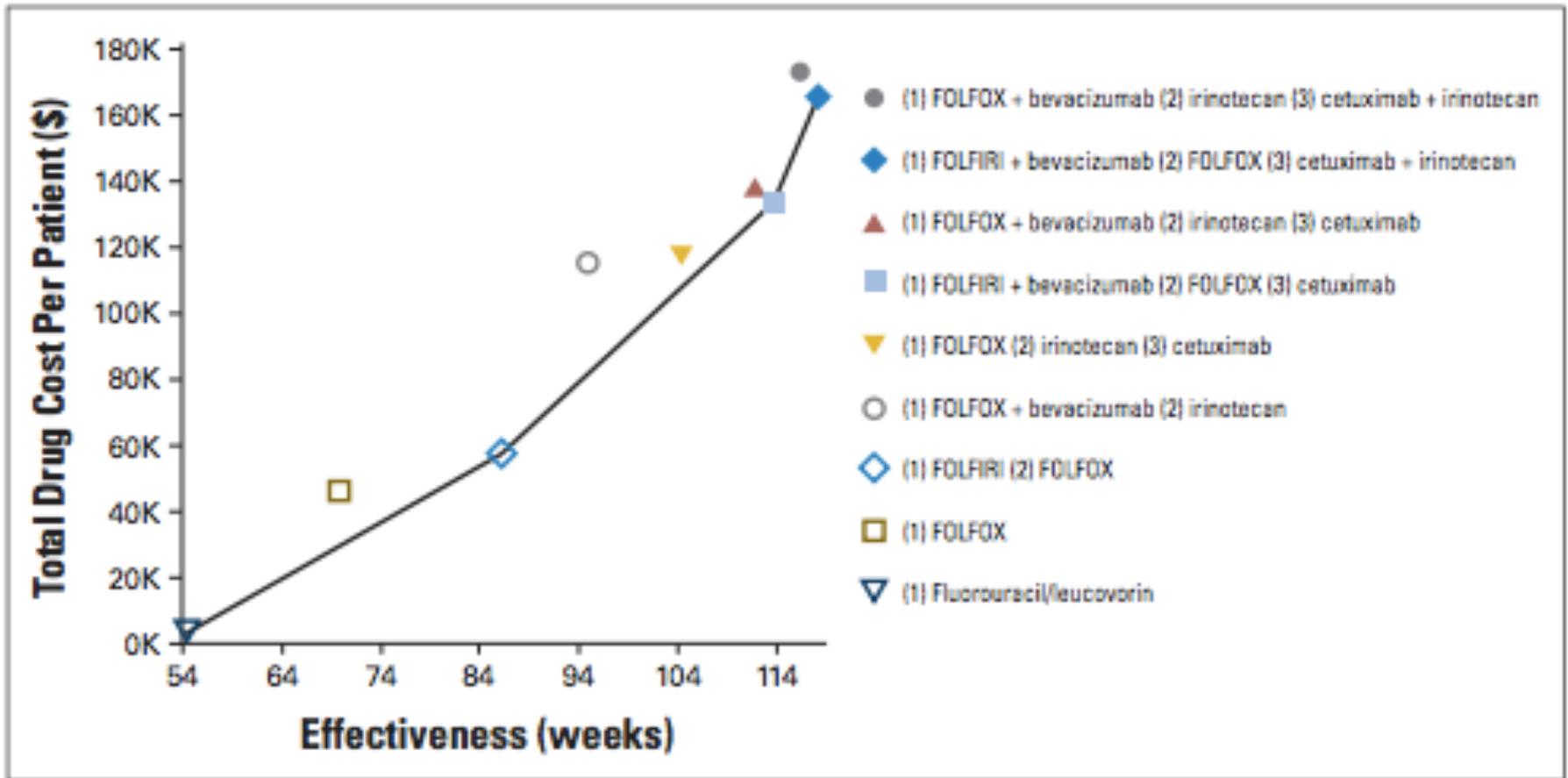
% of total population



Cancer care IS expensive BUT so too is not doing anything (prevention & treatment)

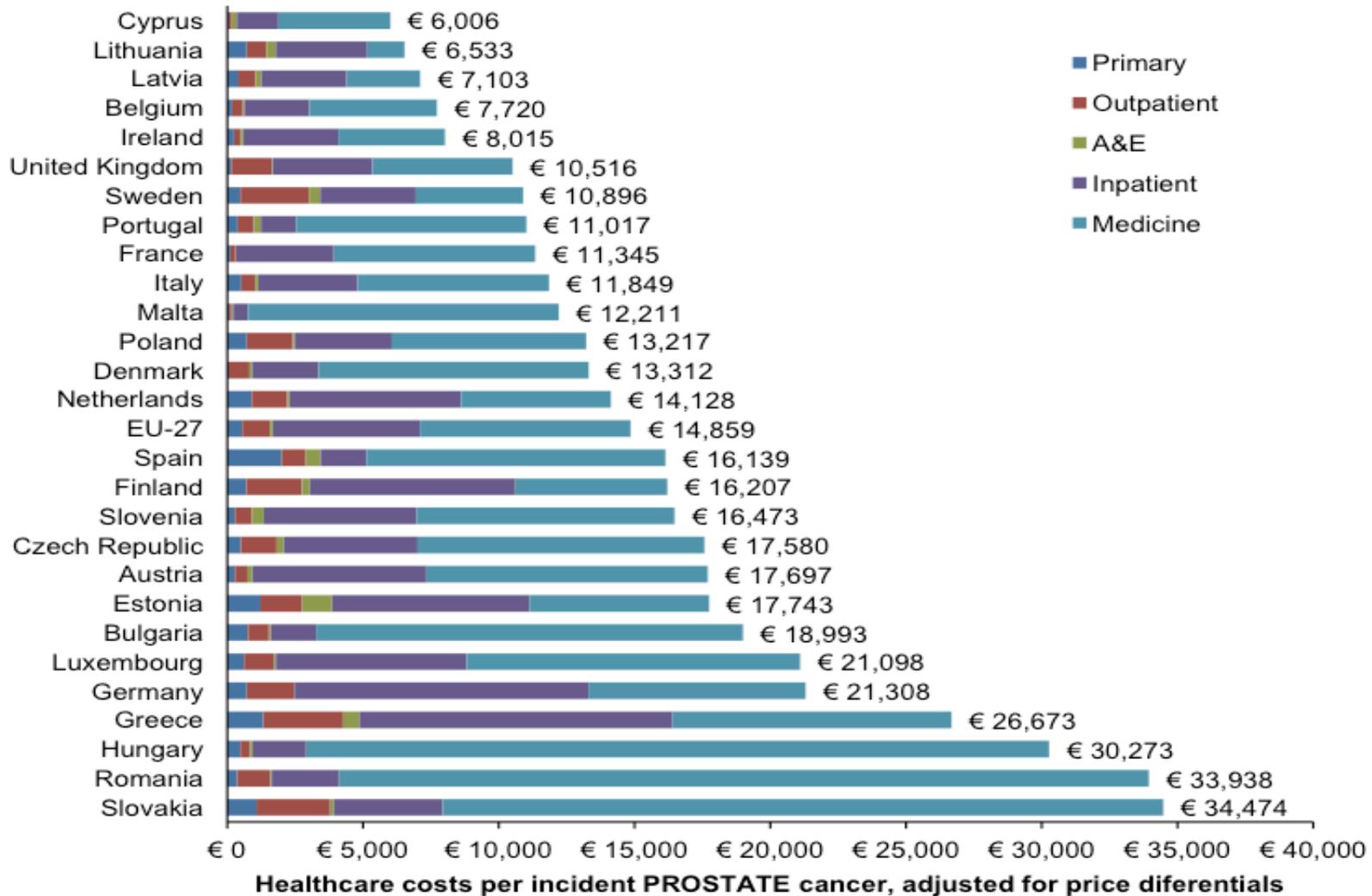


We are seeing a rapid escalation of costs

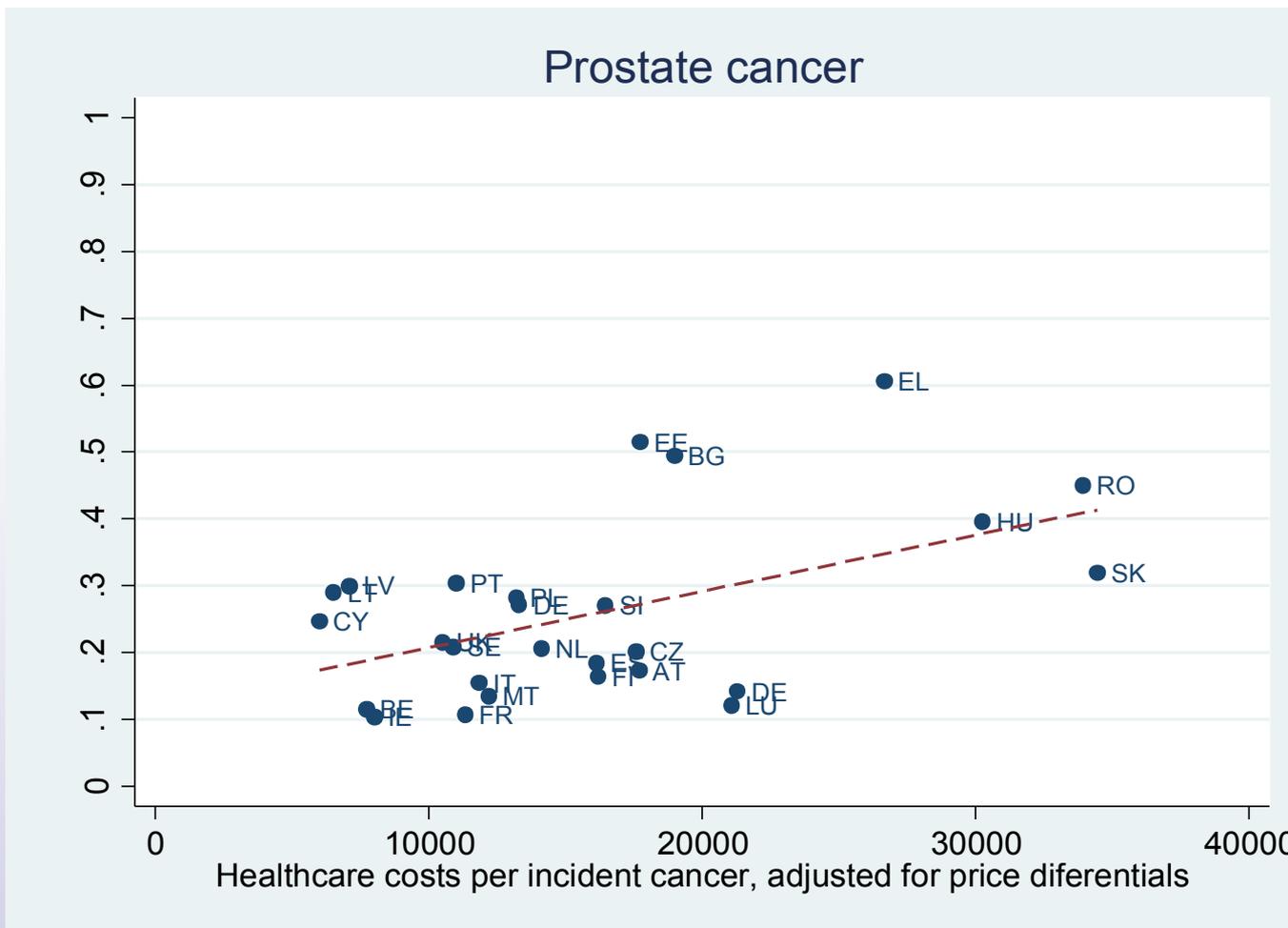


\$96 USD per month to \$40-53,000 USD per month (520% increase)

And huge variation in spending NOT correlated with outcomes



Case fatality of cancer care expenditure (prostate)



Can we reasonably address & overcome cancer care inequalities across Europe?

THE WORK OF THE EUROCHIP3
WP7 on BREAST CANCER

Prof. Franco Cavalli,
Institute of Oncology of Southern
Switzerland

Session Code: 205

Track²

Disclosure of Interest: None Declared



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www.worldcancercongress.org

Rationale

Could cost constraints be a significant factor explaining why patients do **so much worse** in some countries or regions than in others?

WP7 Objectives

Early and advanced breast cancer as a model

- availability of cost-effectiveness data
- possibility to consider **cost effective alternatives**
- role of costs in the cancer health strategy for reducing survival disparities in the EU

EUROCHIP Conclusions 1

- In all settings definition of:
 - **minimum requirements** for acceptable care
 - additional tools for **improvement** of care
- Definition of **cost effective alternatives**:
“cost information must be included for monitoring delivery of affordable quality and equitable care across the EU”

Delivering Affordable Cancer Care in High Income Countries

Lancet Oncol Commission 2011



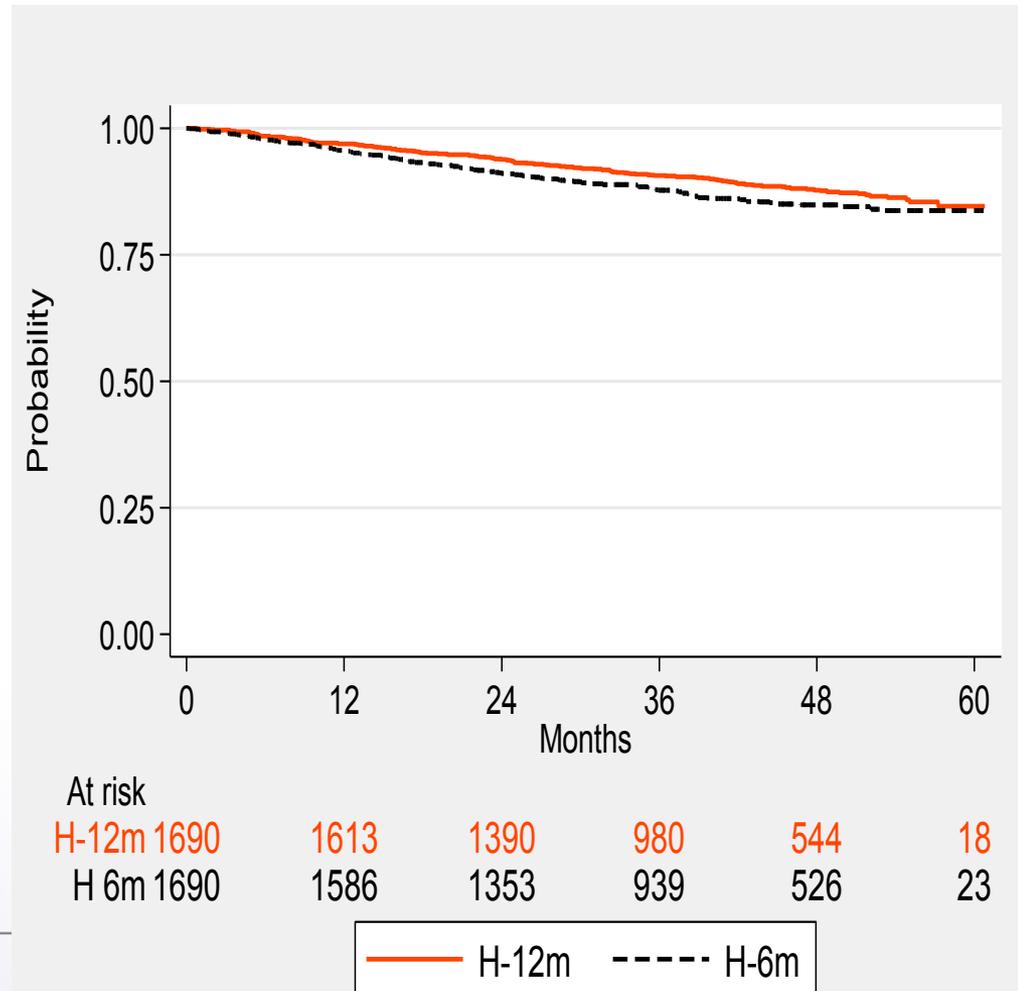
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EUROCHIP Conclusions 2

Adjuvant TRASTUZUMAB in HER2 positive early breast cancer

- The cost effectiveness of shorter TRASTUZUMAB (6 versus 12 months) should be investigated
- EC should help Member States develop regulations over TRASTUZUMAB biosimilars



In high income countries 'value' is declining



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The latest version is at <http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2013.00.3466>

JOURNAL OF CLINICAL ONCOLOGY

EDITORIAL

The Just Price of Cancer Drugs and the Growing Cost of Cancer Care: Oncologists Need to Be Part of the Solution

David G. Pfister, Memorial Sloan-Kettering Cancer Center; Weill Cornell Medical College, New York, NY

Our expanding knowledge of the molecular biology of malignancy, the rational identification of drug-specific targets, and the subsequent development of cytotoxic agents that inhibit cell

for cancer drugs and pay-for-value strategies where pharmaceutical companies with existing drug systems pay less to delay the introduction of competing generics. Their proposed solutions

The New York Times The Opinion Pages

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY

OP-ED CONTRIBUTOR In Cancer Care, Cost Matters

By PETER B. BACH, LEONARD B. SALTZ and ROBERT E. WITTES
Published: October 14, 2012

AT Memorial Sloan-Kettering Cancer Center, we recently made a decision that should have been a no-brainer: we are not going to pay for a phenomenally expensive new cancer drug to our patients.

Related in Opinion
11/20/12 Topic: Health Care

The reasons are simple: The cost of Zaltrap, has proved to be more than a simi-

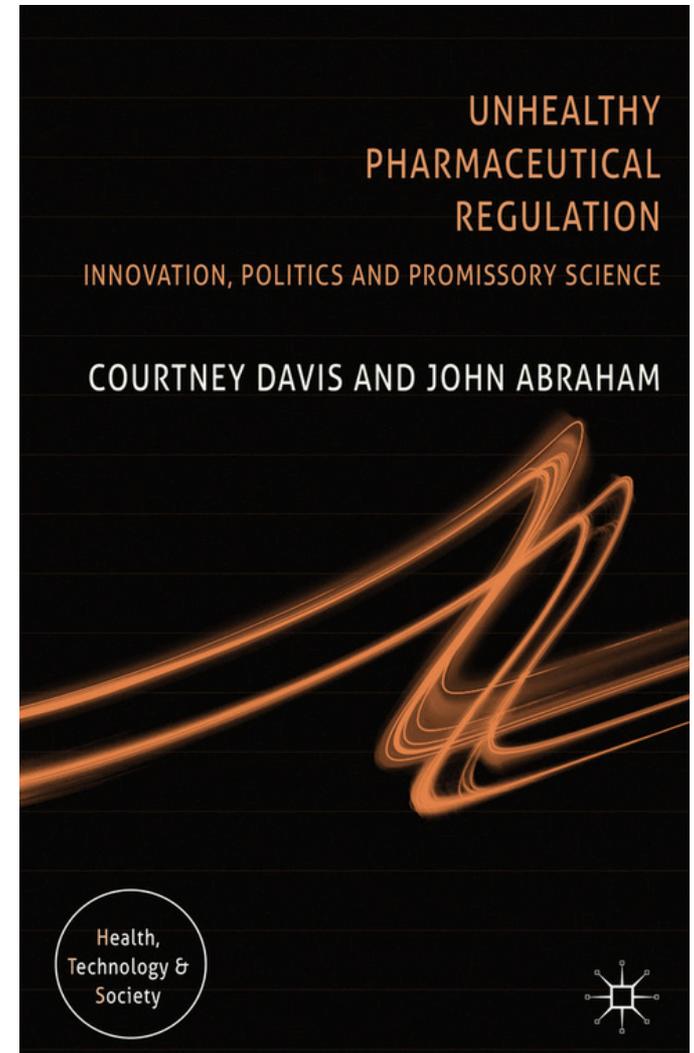


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Spill over effect is that we are now allowing new technologies into the clinic with greater uncertainty as to their clinical benefits compared with toxicity, and economic impact.

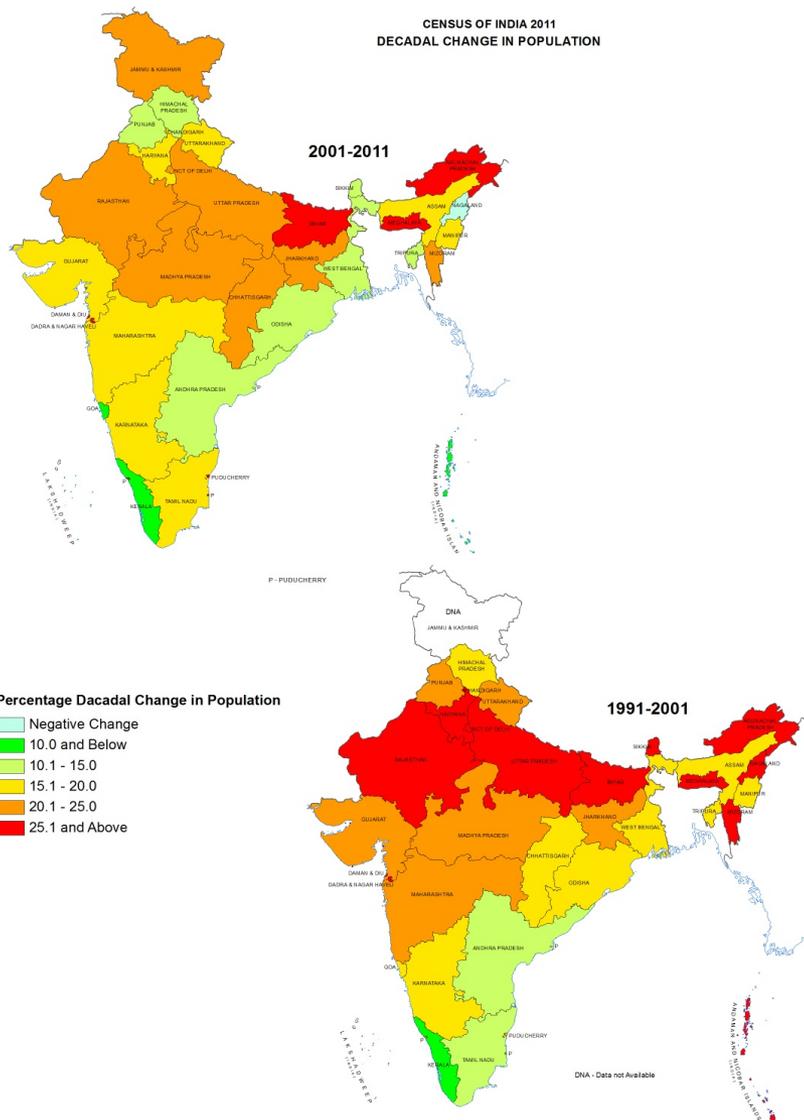
Decisions made by high income countries and systems have **MAJOR effects globally**



Outside high income countries we
have almost **NO** idea of economics
of cancer



Emerging economies have by far the MOST serious problems, e.g. India



- **Massive populations** 1.21 Billion (17-21% population growth rate every ten years)
- **Rural-centric** 833M rural cf. 377 urban (8% urban growth rate pa)
- **Basic health education:** 40 and 25% population illiterate.
- 67% out pocket expenditure with financial hardship and 21% catastrophic expenditure

Cancer care is mostly a unregulated private dominated system in most LMIC

price elasticity makes macro economic calculations & CE very hard



- Long history of global health and development failing public health
- Myth of private and public partnership in global health at every level
- Socio-political buy-in is very weak BUT not everywhere

UHC in Turkey: enhancement of equity

Lancet 2013, 382: 65-99

Also see letters

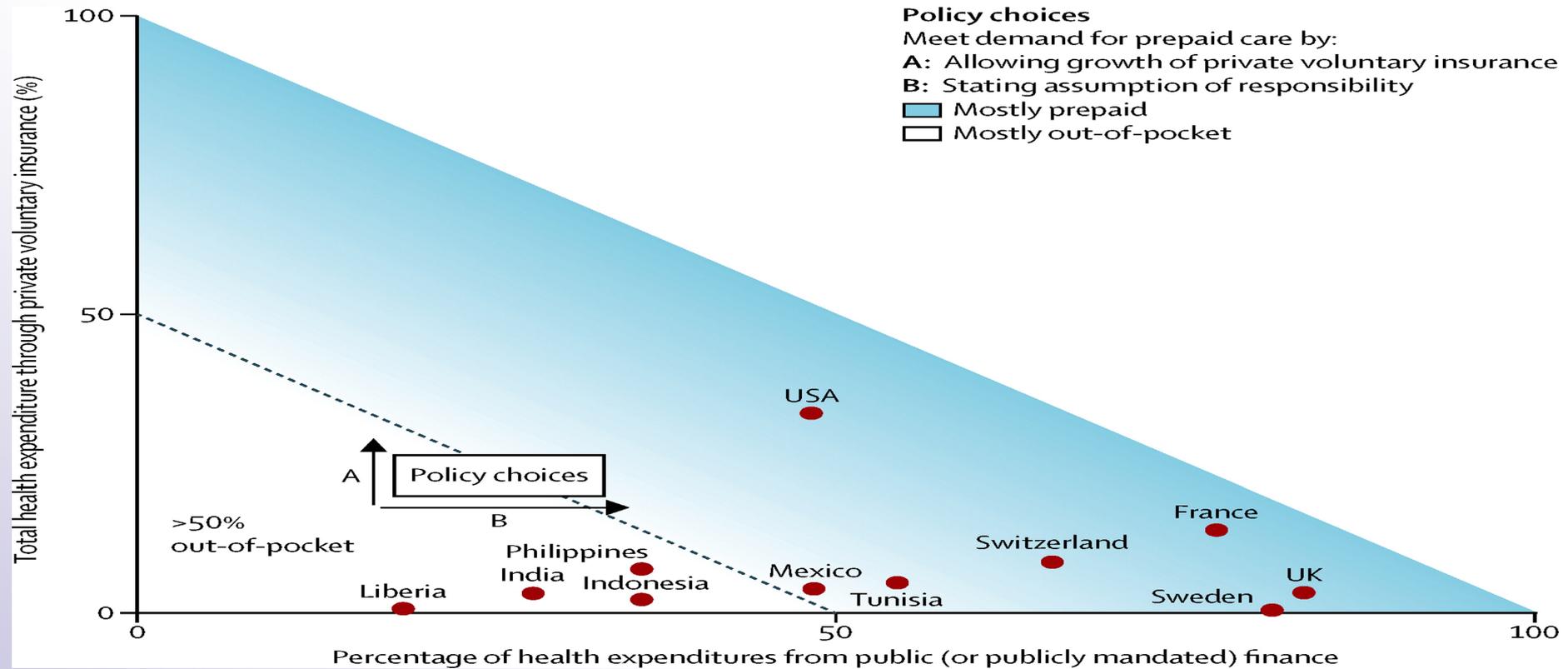
Healthcare reform in Turkey: far from perfect

Lancet 2014 383: 25-26

 KING'S HEALTH PARTNERS

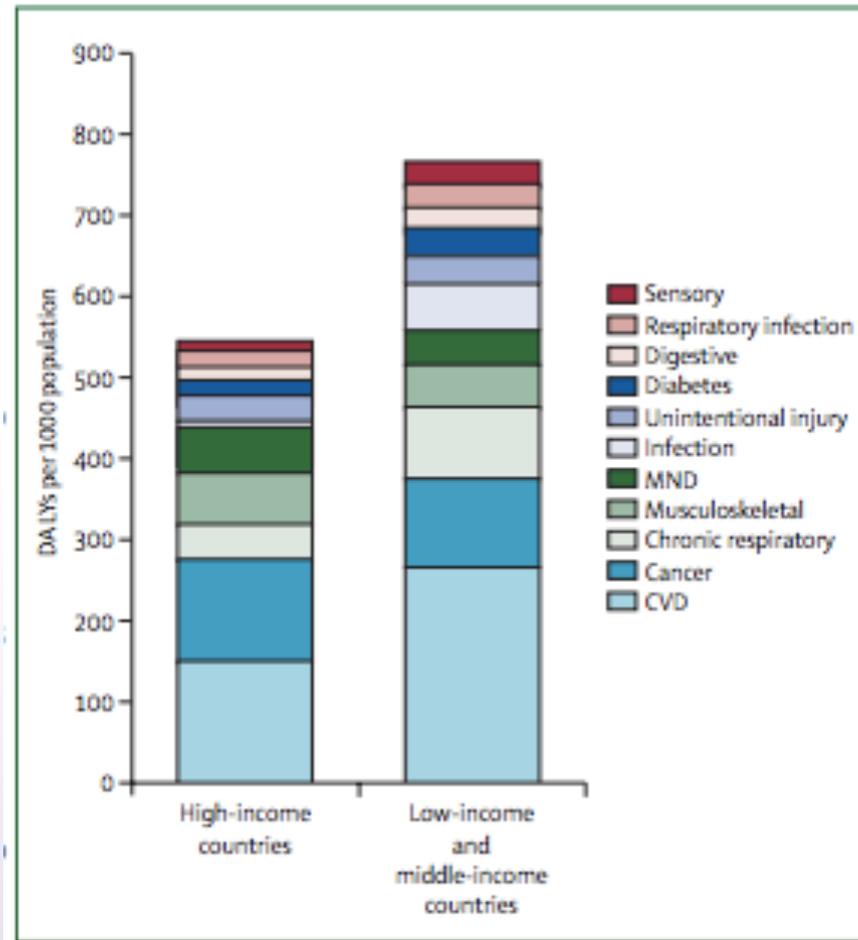
Integrated Cancer Centre

The scale & complexity of delivering financial protection & equity for cancer patients is THE major challenge

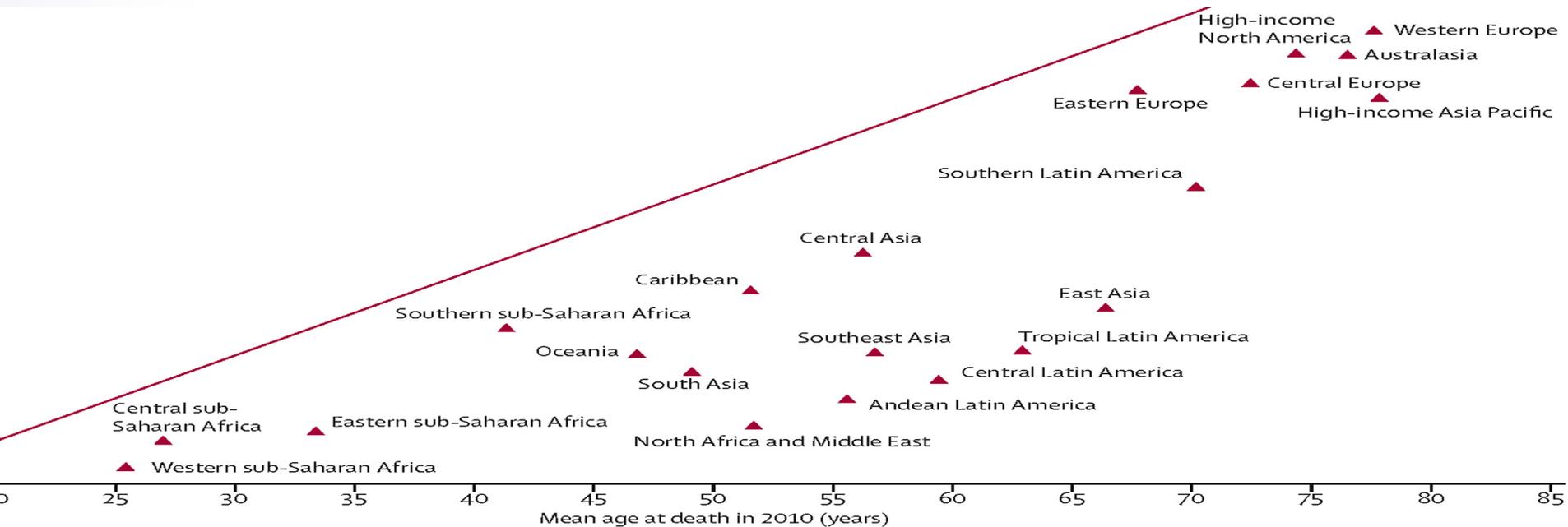


Ageing LMI countries: NCD are not the only or indeed the most 'important' health economic problems

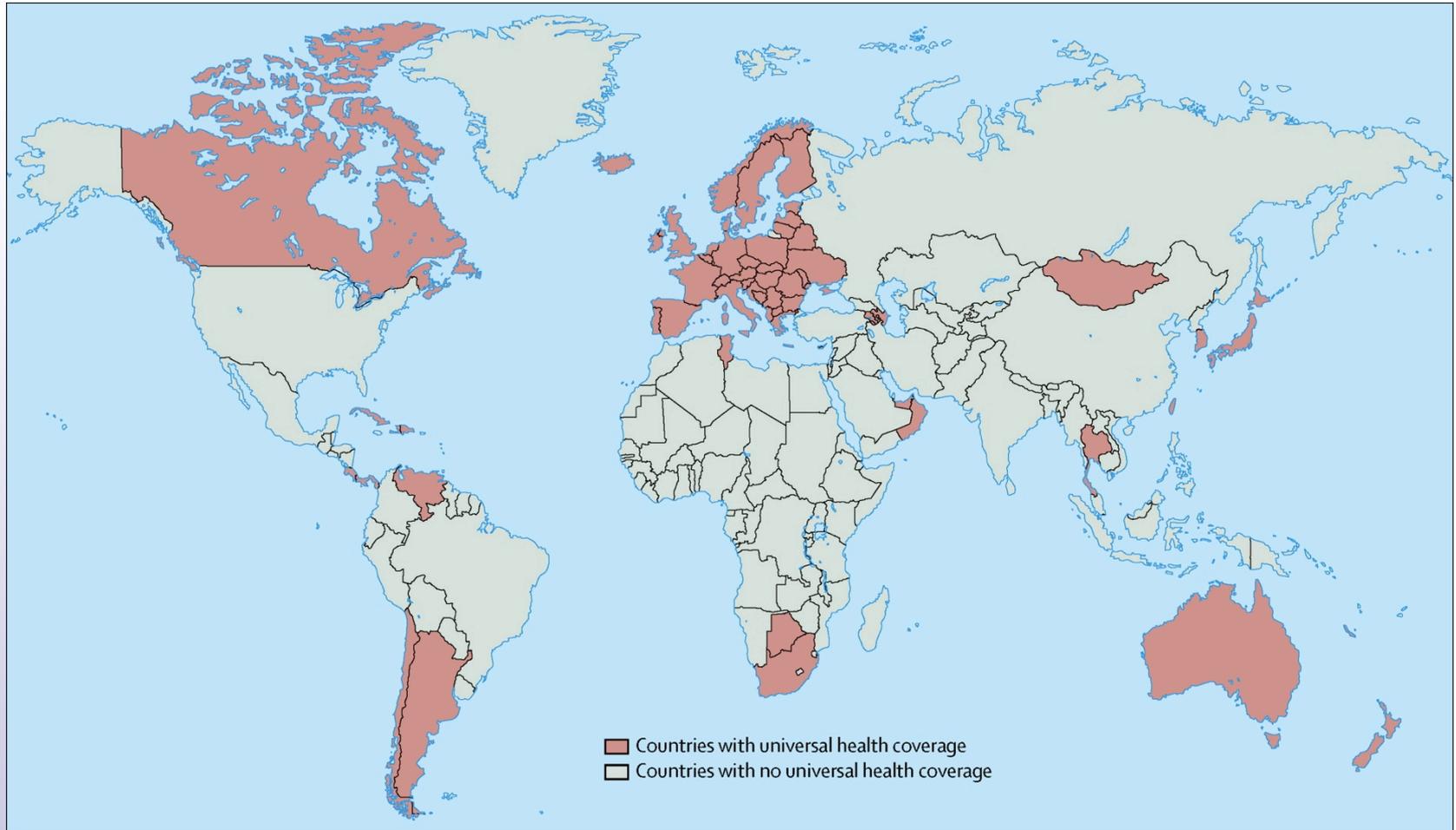
double, triple and quad burden healthcare systems



The challenge in economic terms is health development, and the place of cancer in UHC and post 2015 SDG's



High income models of cancer control **CANNOT** be affordable within the context of Universal Health Coverage



If we aren't more intelligent about designing affordable cancer (health) care systems then we will end up with this



A supermodel with a Louis Vuitton handbag...lovely to look at, very expensive, affordable to only few and of no real value to society as a whole