



Science For A Better Life

**Ensuring patient access to optimal treatment:**

**Why does access to evidence-based innovative treatment remain a challenge?**

Melbourne, 5 December 2014

# Panel membership

## Chairs:

- **Madeleine Valera**, Advisor to the Ministry of Health, Philippines
- **Miri Ziv**, Israel Cancer Association

## Speaker panel:

- **Alison Ayers-Ptaszek**, Global Oncology, Bayer Pharmaceuticals
- **John Skerritt**, Therapeutic Goods Administration, Australia
- **Phil Haywood**, Centre for Health Economic Research and Evaluation, Australia
- **Gary Richardson**, Cabrini Academic Haematology & Oncology Service, Australia
- **John Stubbs**, CanSpeak, Australia



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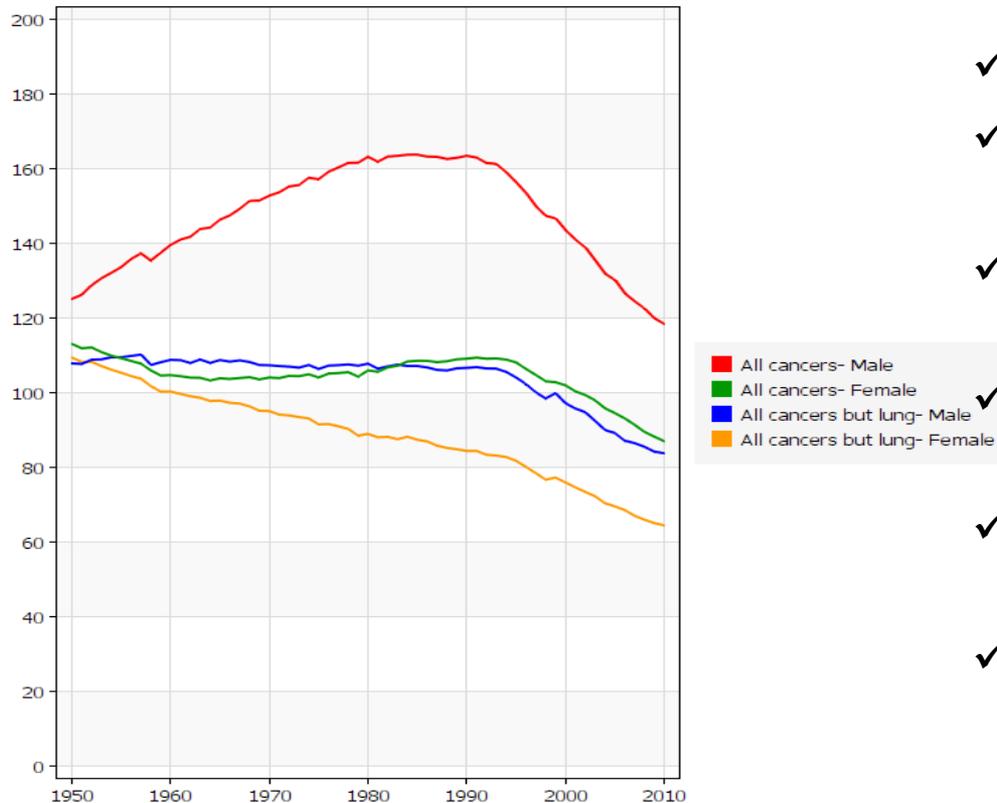
## UICC Melbourne

**Ensuring patient access to optimal treatment:  
Why does access to evidence-based innovative  
treatment remain a challenge?**

**Alison Ayers-Ptaszek**

# Mortality rates from cancer are declining

International Agency for Research on Cancer  
 United States of America  
 Age-standardised rate (World), all ages



- Factors influencing decreased mortality:
  - ✓ Screening/early detection
  - ✓ Prevention - including tobacco control and vaccines
  - ✓ Expanded healthcare capacity and infrastructure
  - ✓ Improved surgical techniques and access
  - ✓ Novel radiotherapy approaches and capacity
  - ✓ Improved diagnosis and staging: pathological, radiological, molecular
  - ✓ Novel drug treatments



# How can oncology drugs achieve maximum impact on survival?

	Localized disease Micro-metastases only	Early metastatic disease	Late stage disease
Treatment goal	<ul style="list-style-type: none"> <li>Prevent metastatic spread</li> <li>Prevent recurrence</li> </ul>	<ul style="list-style-type: none"> <li>Reduce tumor burden</li> <li>Reduce metastases</li> </ul>	<ul style="list-style-type: none"> <li>Disease stabilization</li> <li>Maintain quality of life</li> </ul>
Outcome	<ul style="list-style-type: none"> <li>Prolonged survival (years)</li> <li>Increased cure rate</li> </ul>	<ul style="list-style-type: none"> <li>Prolonged survival (months)</li> </ul>	<ul style="list-style-type: none"> <li>Prolonged survival, (weeks)</li> </ul>
Potential survival benefit for drug with 33% improvement	+ 3-5 years	+ 4-6 months	+ 2 months



*To get here... and it takes years!* ← *We have to start **HERE***

# Access to innovative drugs dependent on healthcare system



Health system	Commercial insurance	National Insurance	Government HTA	Self-Pay
<b>Examples</b>	<b>US</b>	<b>Germany</b>	<b>Australia</b>	<b>China</b>
Coverage determination	According to policy selected	Determination of clinical benefit	Determination of cost-effectiveness	Individual ability to pay
Drug availability	Generally all cancer drugs covered upon FDA approval	Access upon EMA approval Independent of ongoing evaluation	Depends on HTA outcome Restricted and delayed availability for many cancer drugs	Access restricted due to Health Care limitations and affordability
Impact for Patient	Cost of insurance and co-pays	Usually no severe access hurdles or delays	Limited access	Very limited access



# **Our common goal: ensure patient access to innovative treatments**

## **We all agree:**

- Cancer patients deserve early access to new treatments, including late stage patients
- We must invest, encourage and accelerate innovation
- Drug therapies are optimized through real-world experience, not just in clinical trials

## **We need to work together to ensure:**

- Access to fundamental oncology healthcare services for all patients
- Consideration of patient & caregiver assessments of value of therapy
- Creative approaches to achieve early and ongoing access for patients e.g. Coverage with Evidence Development, Adaptive Licensing, managed entry agreements, insurance schemes

# Discussion

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