

Improving cancer care Patient Perspective on value & access

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To be meaningful for patients, innovation should aim to:



- Promote patient-centred, multidisciplinary care that makes optimal use of all therapeutic modalities
- Improve upon existing care, improving quality of life as well as extending life
- Reduce inequalities in care.

Main systemic barriers

- Low health expenditure on cancer:
 - Cancer is the #1 killer in 17/28 EU Member States
 - 19% of overall disease burden in Europe
 - Only 4-6% of health budgets is allocated to cancer
- Lack of enabling environments
 - Lack of dialogue patient/ health professionals = suboptimal relations at hospital level = innovation does not target patients' needs
- Limited patient involvement in decision making
 - At all levels



Improving access to innovative medicines: Development of new drugs

Clinical trials

 European Commission & industry should support the creation of a patient-friendly European clinical trials database

Fast-track approvals

 European Commission should promote fast track approvals, but: more transparency needed on the criteria

Transparency Directive

- European Commission should tighten implementation of 180-day time limit for Member States to implement pricing and reimbursement decisions
- Patients should routinely involved in R&D (IMI-PREFER)
- Quality of Life must be integrated as endpoint in all phase
 2 & 3 trials



HTA and Access to Innovative Medicines



- Health Technology Assessment can be instrumental in promoting innovation that delivers
 better outcomes for patients and society, and as a tool to ensure faster access, measuring
 what matters to patients
- HTA is not a purely technical process: includes economic, ethical, political & societal aspects
- It is necessary to embed patients in all levels of HTA
- Delays in access can result in **disease progression**, **reduced quality of life and distress** for the patient and carers, and potential additional cost to the healthcare system.
- Regulatory, HTA and payer decision-making processes need to evolve, recognising the need for patient-focussed assessments of benefit, including Quality of Life, consideration of surrogate endpoints, comprehensive patient involvement, appropriate data monitoring to confirm expected benefits, and with accountability for timelines.



Thank you!

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