## **CANCER CARE: CHALLENGES & ACTIONS**





## **LEADERSHIP**

Strategic leadership is needed to address several challenges and sustain current and new initiatives.

	SCIENTIFIC	DATA	LOGISTIC/CAPACITY	ECONOMIC	LEGAL/REGULATORY	CULTURAL
CHALLENGES	Challenges associated with unanswered questions that stem from the scientific complexity of the disease.	<ul> <li>The lack of population- based cancer registries in developing countries hinders prevention and control of the disease.</li> </ul>	<ul> <li>Inadequate cancer care infrastructures in LMICs.</li> <li>Limited number of specialized healthcare workers.</li> <li>Limited participation from patients in clinical trials.</li> </ul>	Diverging perceptions on the actual treatment value including the relative cost of medicines compared to total care expenditure.	<ul> <li>Differences in assessment of the medical value of new treatment across countries.</li> <li>Regulatory requirements for clinical trial designs not always adapted to new therapies.</li> </ul>	Cultural differences influence cancer approach on: • Patient's role in the continuum of care. • The prioritization of certain cancers. • The importance given to prevention, screening and palliative care.
FACTS	Cancer is more than 2000 diseases all of which have different causes & treatments <sup>1</sup>	83 32 4 19 6 1 80  Percentage of population covered by cancer registries <sup>2</sup>	1 doctor  50,000 people <sup>3</sup>	Global Cost of Cancer <sup>4</sup> 5%  Annual sales of cancer medicines by top 40 pharma companies 2010 (USD 55.3bn)  Global Cost of Cancer <sup>4</sup> 95%  Annual economic cost of cancer 2010 (USD 1.16trn))	Cancer New Medicines: Regulatory Challenges <sup>5</sup> 10 9 8 8.8 7 6 60% 5 50% 4 40% 3 30% 2 20% 1 1 0 100% 900% 8 80% 7 70% 6 60% 5 50% 4 40% 3 10% 0 Percent Approved (years)	Myths and perception of cancer which can present challenges to cancer control <sup>6</sup> Death/Helplessness - "cancer is always fatal"  Fear - "cancer is a punishment"  Pain and suffering  Loss of control and independence  Isolation - Silence surrounding the disease, especially gynecological and breast cancers
ACTIONS	<ul> <li>Support research to define the value for patients of treatment.</li> <li>Foster consortiums and others ways to work together in order to share scientific knowledge.</li> </ul>	<ul> <li>Develop capacity in countries to improve the quality and completeness of cancer registries.</li> <li>Enhance the importance of robust database to monitor and evaluate the impact of specific interventions in targeted populations.</li> </ul>	<ul> <li>Adapt existing health infrastructures to specific needs.</li> <li>Raise awareness on opportunities to participate in cancer clinical trials.</li> </ul>	Increase international collaboration among stakeholders to define value of novel interventions.	<ul> <li>Develop more adapted pathways that can keep pace with advances in cancer innovation and patients expectations.</li> <li>Harmonize regulatory requirements within regions.</li> </ul>	<ul> <li>Increase patient engagement in discussions.</li> <li>Development of more prevention programs and national action plans from governments.</li> </ul>

<sup>1</sup> http://www.cancerresearchuk.org/about-cancer/cancers-in-general/cancer-questions/how-many-different-types-of-cancer-are-there

3 www.who.int/hrh/statistics/en

<sup>2</sup> http://www.uicc.org/programmes/global-initiative-cancer-registry-development-gicr. Within regions disparities exist in terms of coverage across countries.

<sup>4</sup> International Agency for Research on Cancer (IARC), Data Monitor Healthcare, World Cancer Report 2014.

<sup>5</sup> Metrics on Technical Risks, Clinical Development Times and Approval Times For Cancer Drugs, Joseph A. DiMasi, PhD ASCO/IOM Workshop Washington, DC February 2013. Available at http://www.iom.edu/~/media/Files/Activity Files/Disease/NCPF/2013-FEB-11/DiMasi.pdf

<sup>6</sup> M. Daher, Cultural beliefs and values in cancer patients, Annals of Oncology 2012 23: 66-69.