



GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

CANCER MEDICINE ACCESS IN ASIA

The European Society for Medical Oncology recognises that progress in cancer management and care is not meaningful unless there is sustainable cancer care. This is why it is one of the objectives of the ESMO 2020 Vision to advocate for equal access to quality treatment and cancer prevention for all patients, wherever they live.

The ESMO 2020 Vision identified three major trends for short and mid-term developments in oncology:



1 INTEGRATED
CANCER CARE

Bridging cancer prevention, research, early-diagnosis, and treatment to improve patient outcomes

2 SPECIALISED
EDUCATION

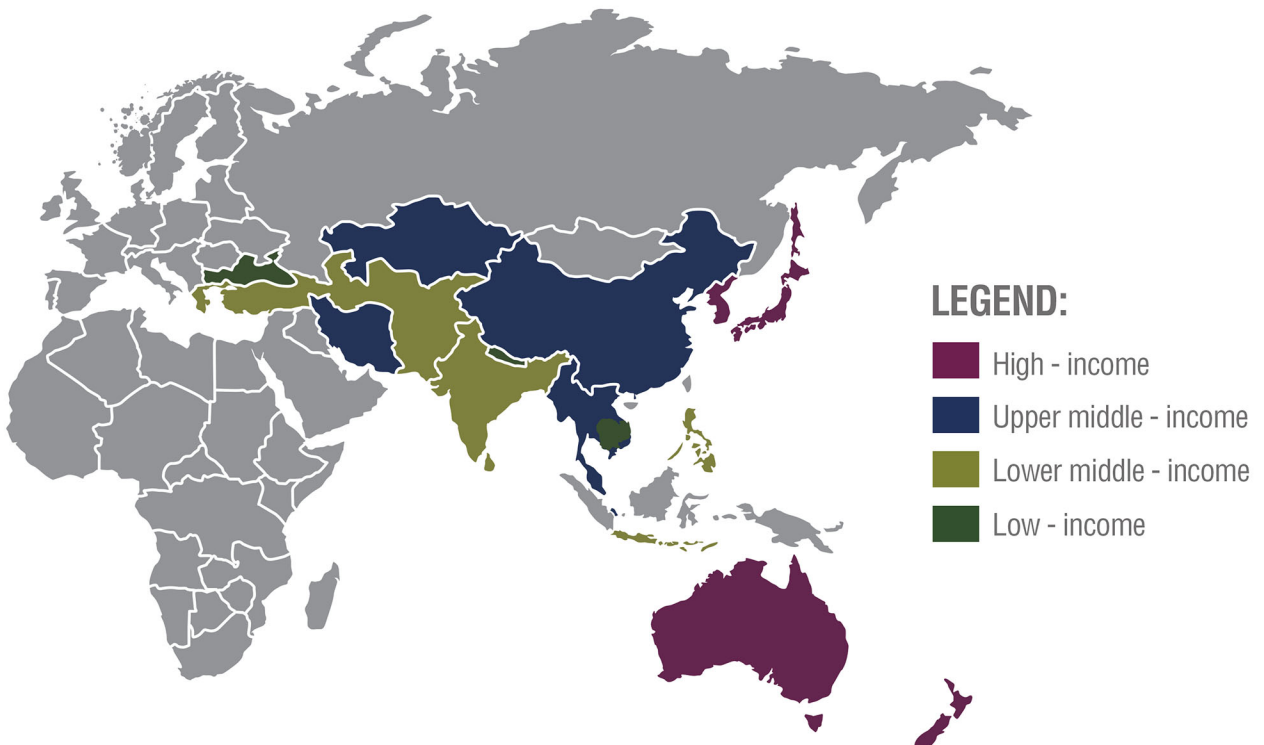
Supporting oncologists in a fast-changing professional environment

3 SUSTAINABLE
CANCER CARE

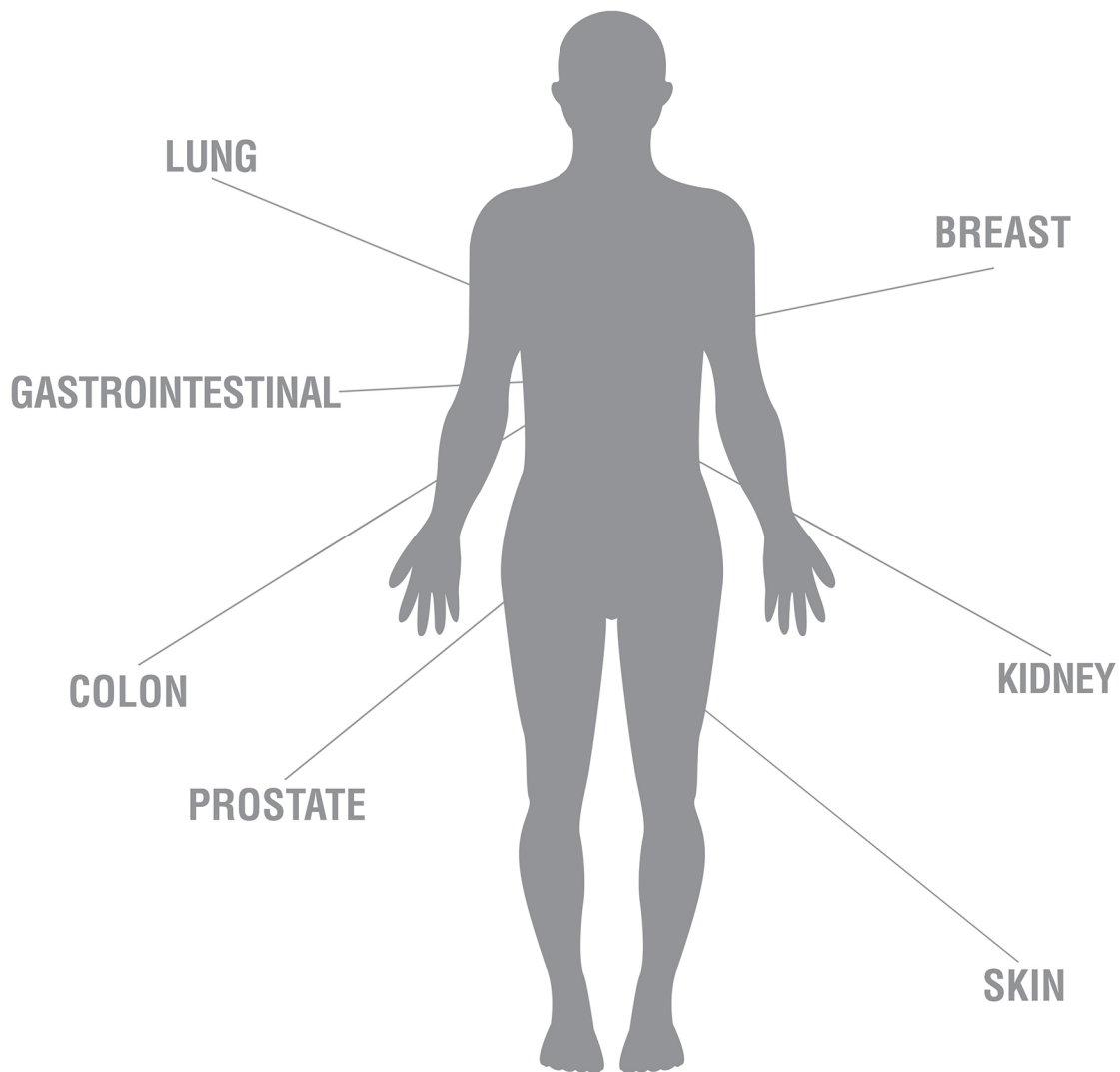
Advocating for equal access to quality treatment and for cancer prevention

Previous ESMO studies indicated there are dramatic disparities of access particularly to new anti-cancer medications in wealthier countries of Western Europe vs developing economies of Eastern Europe.

Building on the results, ESMO extended the study to cover countries outside of Europe to further inform about the current state of access to cancer medicines.



THE STUDY LOOKED AT: THE FOLLOWING CANCERS



Access of the following two categories of cancer medicines

EML^{1,2}

**Cancer medicines in the
WHO Essential Medicines List**

**ESMO
MCBS^{3,4}**

**Recently approved medicines
with an ESMO-MCBS score > 2**

CONCLUSIONS



Profound differences in access to treatment were found even among medications on the WHO Essential Medicines List.



In lower middle – and low-income countries, many anti-cancer medications recommended on the WHO Essential Medicines List are available only at high level of full cost as an out-of-pocket expense, and accessibility is limited because of unreliable supply.



Many of the recently approved anti-cancer agents are often unavailable or available only at great personal expense in countries other than those which are most economically developed.



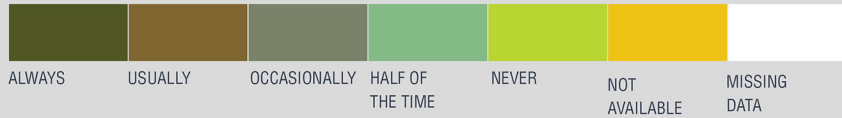
Substantial reforms in health service delivery are needed to meet the goal of providing accessible and affordable cancer care.

STUDY RESULTS

COST AND AVAILABILITY



ACCESS



BARRIER

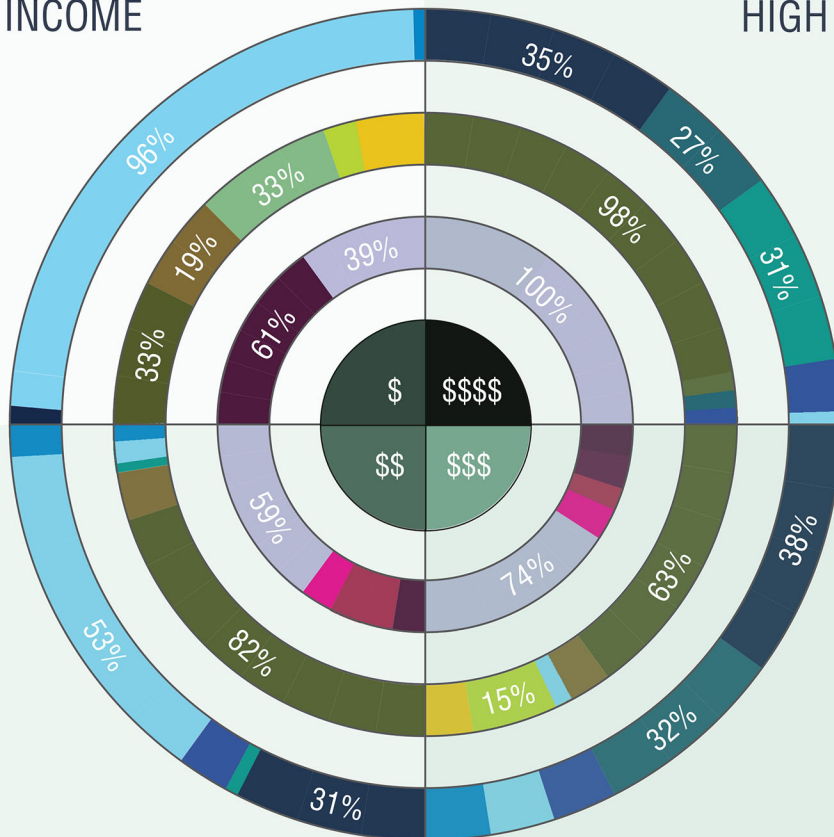


Essential Medicines

METASTATIC BREAST CANCER

LOW INCOME

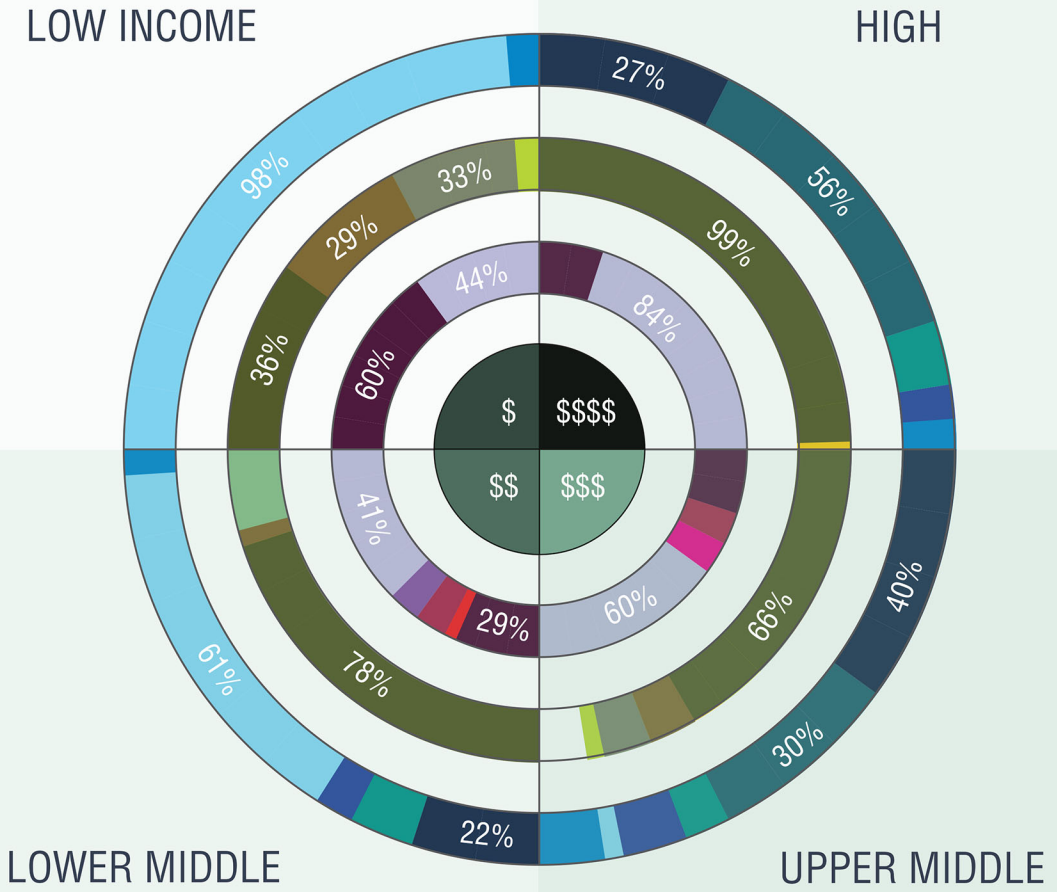
HIGH



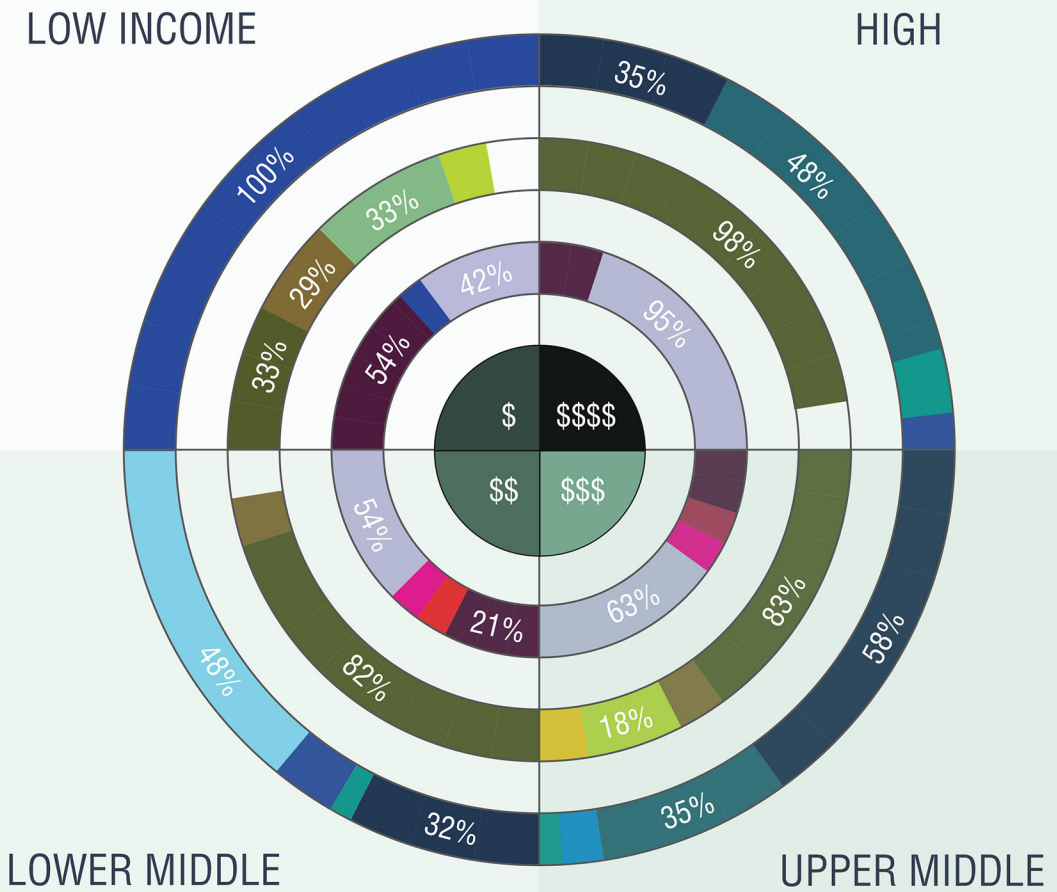
LOWER MIDDLE

UPPER MIDDLE

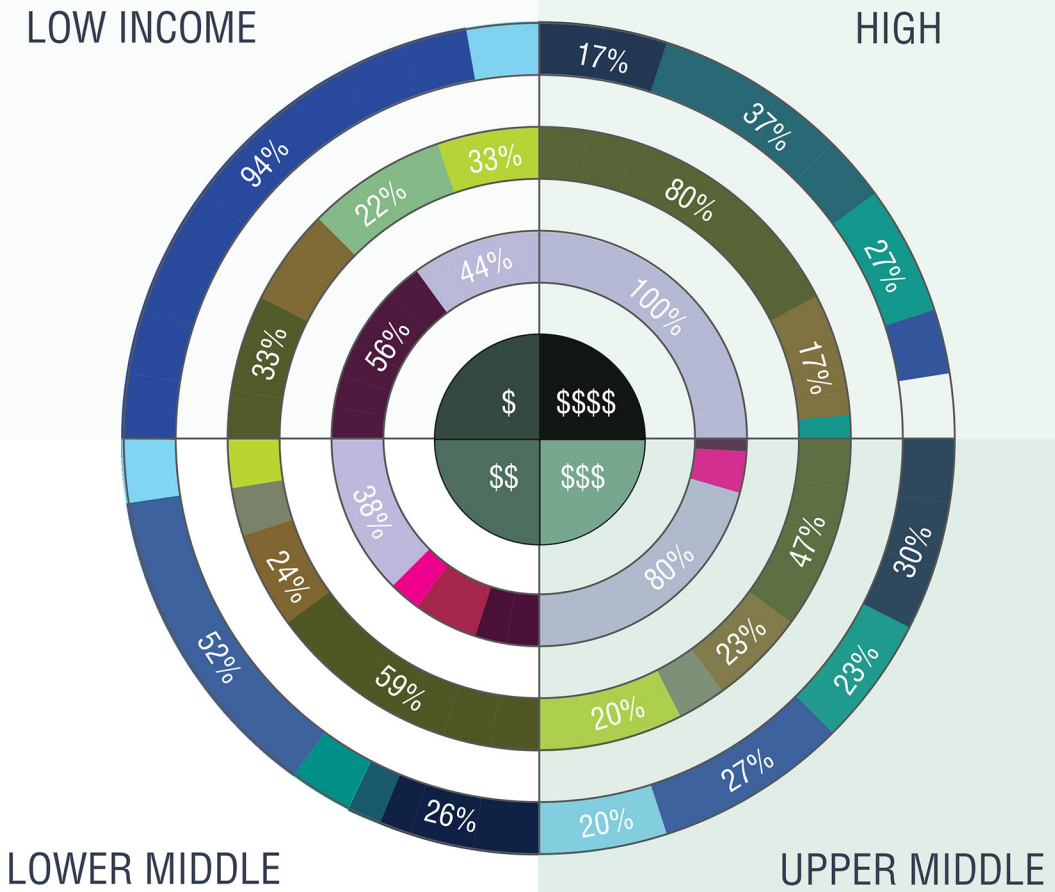
ADJUVANT BREAST CANCER



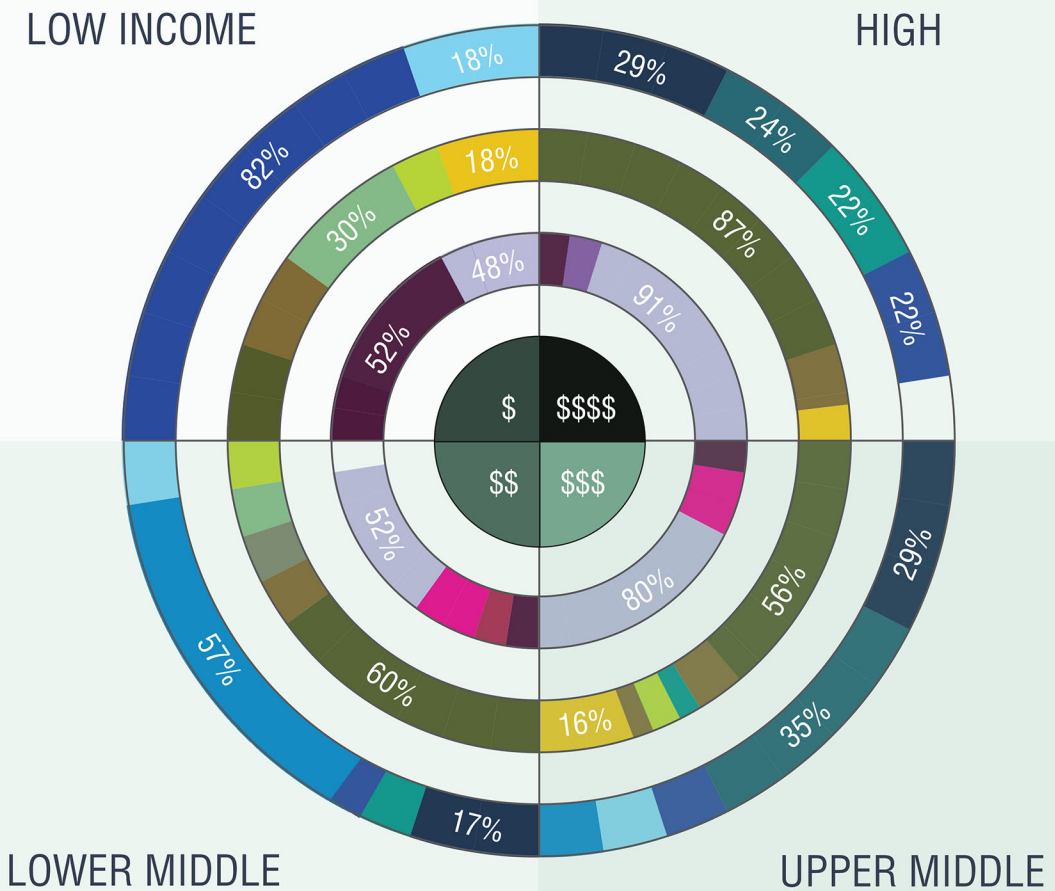
LUNG CANCER



COLON CANCER

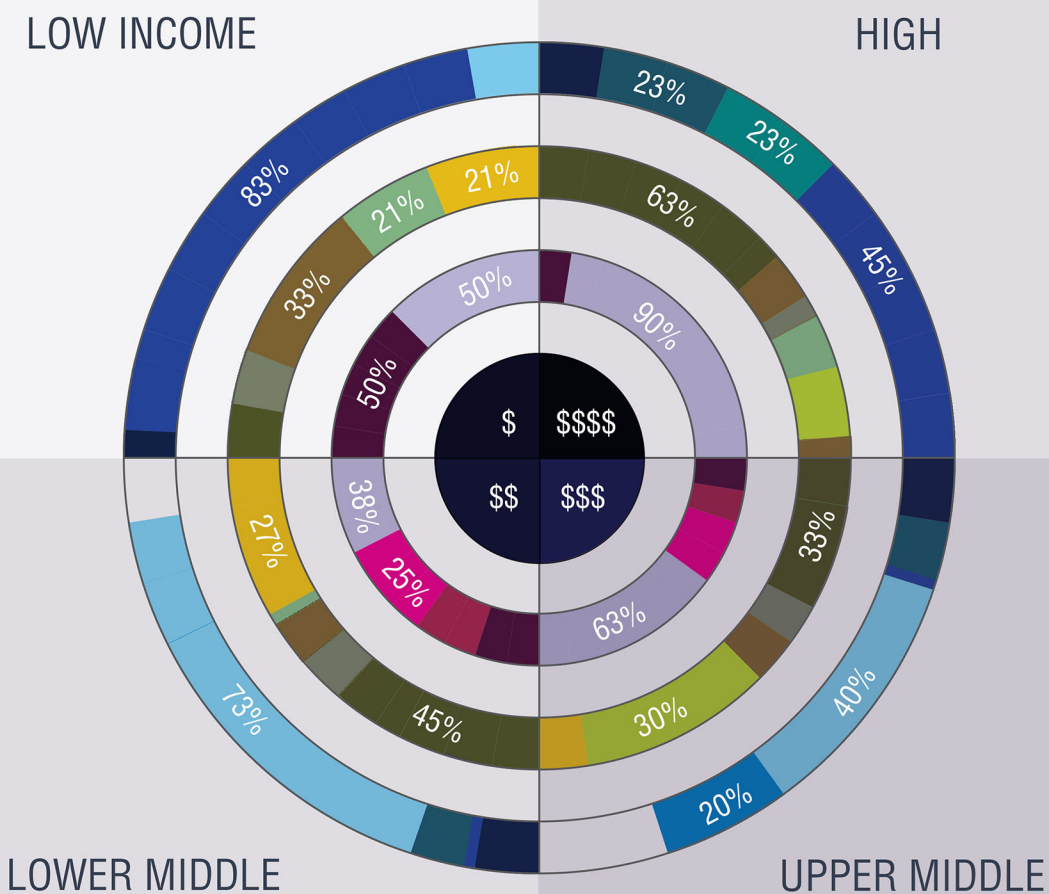


PROSTATE CANCER

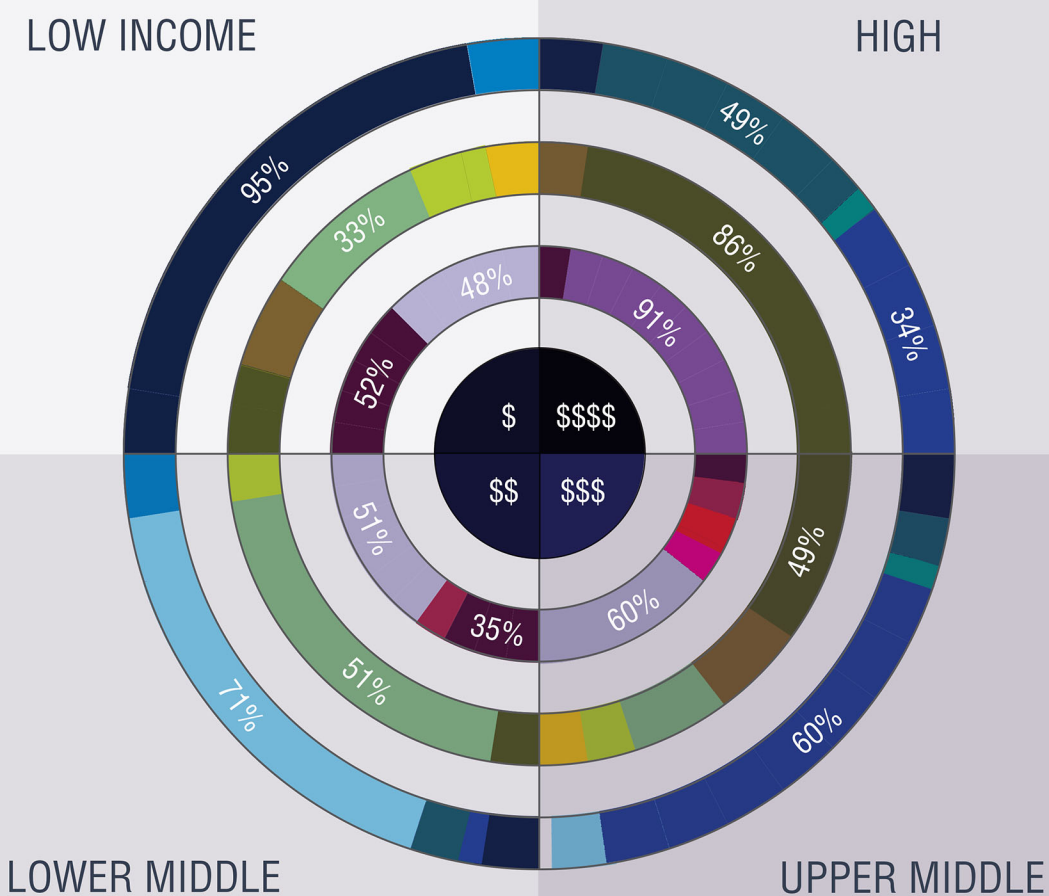


Recently Approved Medicines

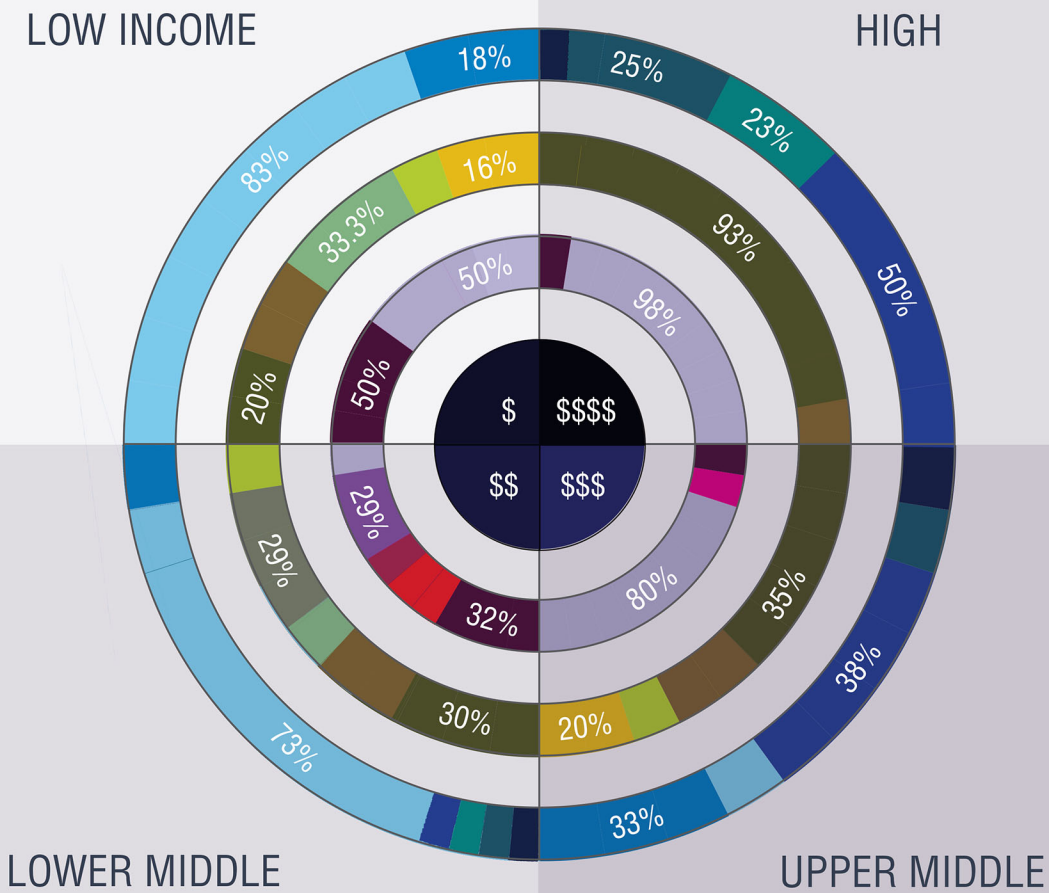
METASTATIC BREAST CANCER



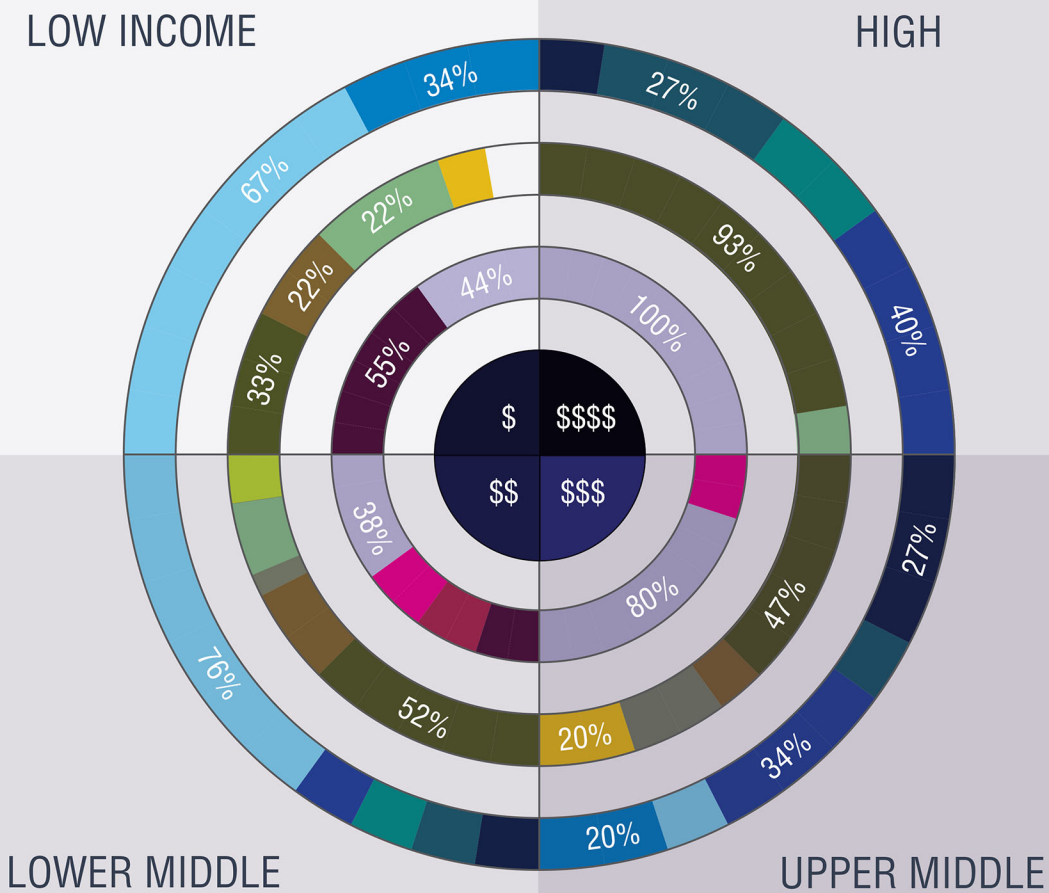
LUNG CANCER



KIDNEY CANCER



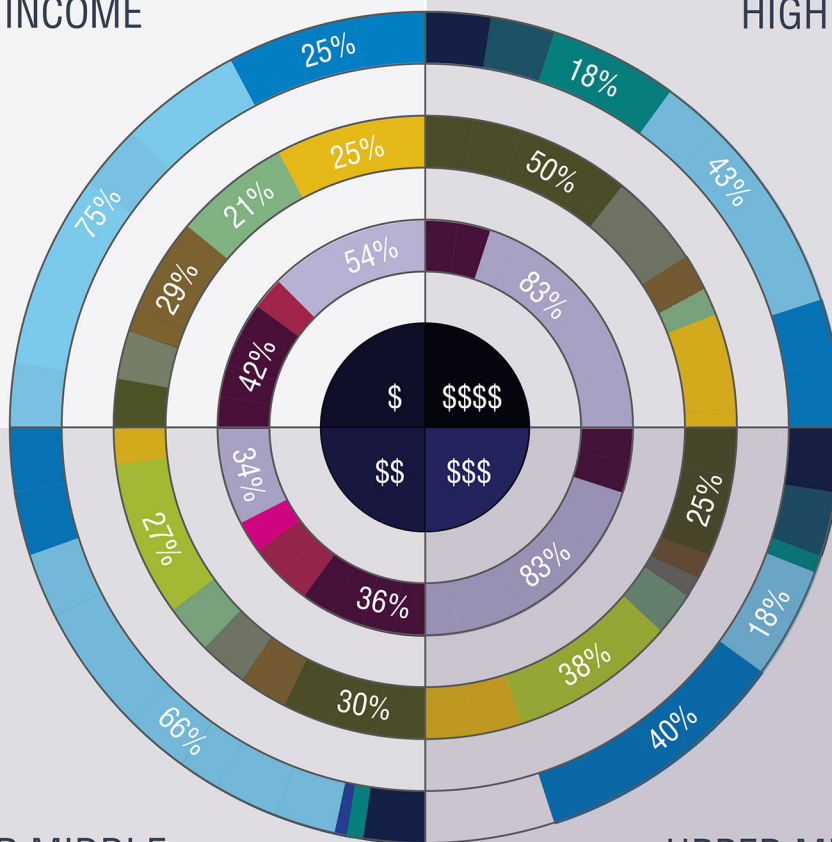
GASTROINTESTINAL CANCER



SKIN CANCER

LOW INCOME

HIGH



LOWER MIDDLE

UPPER MIDDLE

REFERENCES:

¹ World Health Organization. The selection and use of essential medicines. World Health Organ Tech Rep Ser 2007; 1-162, (back cover).

² World Health Organization. The Selection and Use of Essential Medicines: Report of the WHO Expert Committee, 2015 In WHO Technical Report Series. Geneva: World Health Association 2015; pp553

³ <http://www.esmo.org/Policy/Magnitude-of-Clinical-Benefit-Scale>

⁴Cherny N, Sullivan R, Torode J, Saar M, Eniu A. ESMO International Consortium Study on the availability, out-of-pocket costs and accessibility of antineoplastic medicines in countries outside of Europe. Ann of Oncol 2017; 28: 2633–2647. <https://academic.oup.com/annonc/article/28/11/2633/4110377>

World Health Organization Model List of Essential Medicines:

Anastrozole, Bleomycin, Capecitabine, Carboplatin, Cisplatin, Cyclophosphamide (IV), Cyclophosphamide (Tab.), Dacarbazine, Docetaxel, Doxorubicin, Etoposide, 5FU, Ifosfamide, Irinotecan, Methotrexate (IV), Methotrexate (Tab.), Oxaliplatin, Paclitaxel, Tamoxifen, Vinblastine, Vincristine, Trastuzumab, Imatinib, Zoledronate

Recently approved medications with an ESMO-MCBS score greater than two:

Lapatinib, Pertuzumab, Eroltinib, Gefitinib, Afatinib, Cetuximab, Panitumumab, Sunitinib, Pazopanib, Axitinib, Sorafenib, Everolimus, Ipilimumab, Vemurafenib, Abiraterone, Enzalutamid, TDM-1, Crizotinib, Temezirolimus