



Remaining obstacles towards optimal pharmaceutical development of rare cancer treatments

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Drug Discovery and Innovation

The Core Dilemma

A. PHARMA INDUSTRY

- 1. Higher R&D Costs
- 2. Falling R&D Productivity
- 3. Smaller Return on Investments
- 4. Declining number approvals



B. HEALTH AUTHORITIES

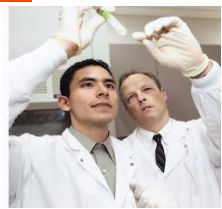
- 1. Increasing/ Higher costs of drugs
- 2. Higher epidemiology in many cancer types
- 3. Uncertainty in outcomes



Discover, develop and make accessible effective therapies for rare tumors

C. PHYSICIANS

- 1. Need more effective use of treatments
- 2. Need for high caliber Scientific Projects
- 3. CoE/Reference networks



D. PATIENTS (ASSOCIATIONS)

- 1. Access to effective and safe treatments
- 2. Information
- 3. Quality care



They all have a common goal ...

Major obstacles to develop rare cancers therapies

Scientific
challenges

1

Economic
challenges

2

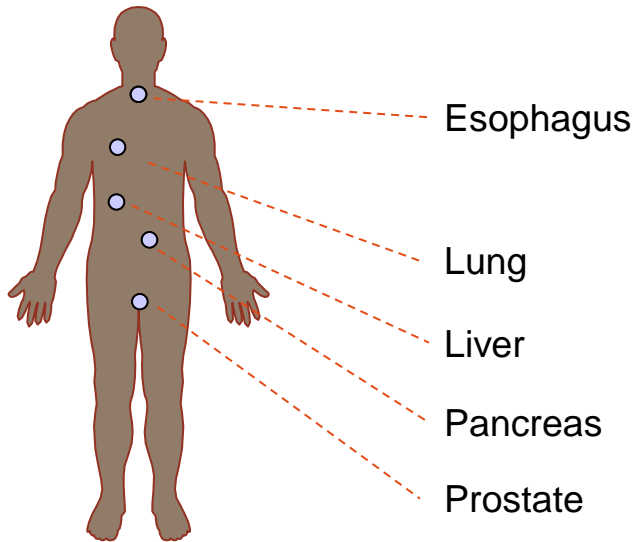
Operational
Framework/
rules

3

Old vs new paradigm ... Has regulatory framework kept up?

OLD PARADIGM

Targeting localized tumors with chemotherapy, combinations or use of specific drugs

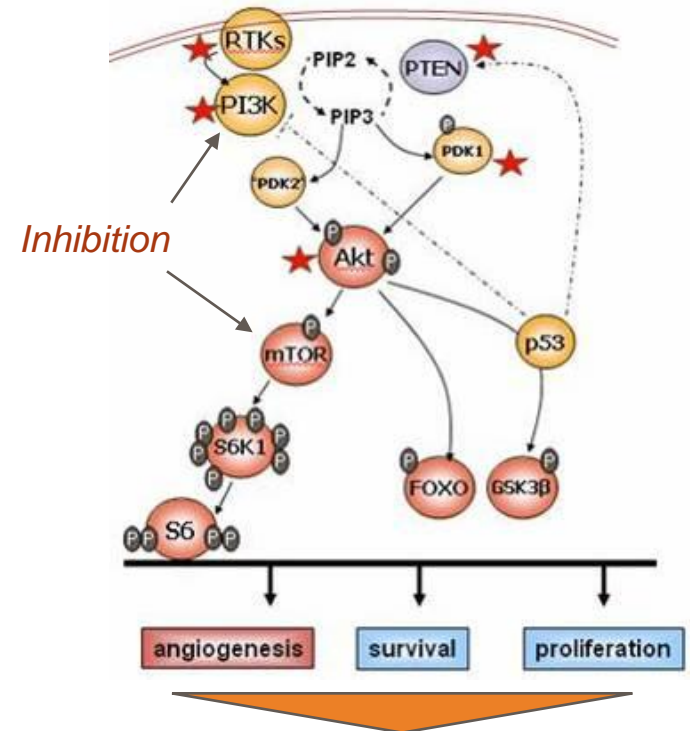


One specific therapy for each localized tumor



NEW PARADIGM

Targeting the mutational pathway may inhibit different tumors type (below an example of the PI3K pathway)

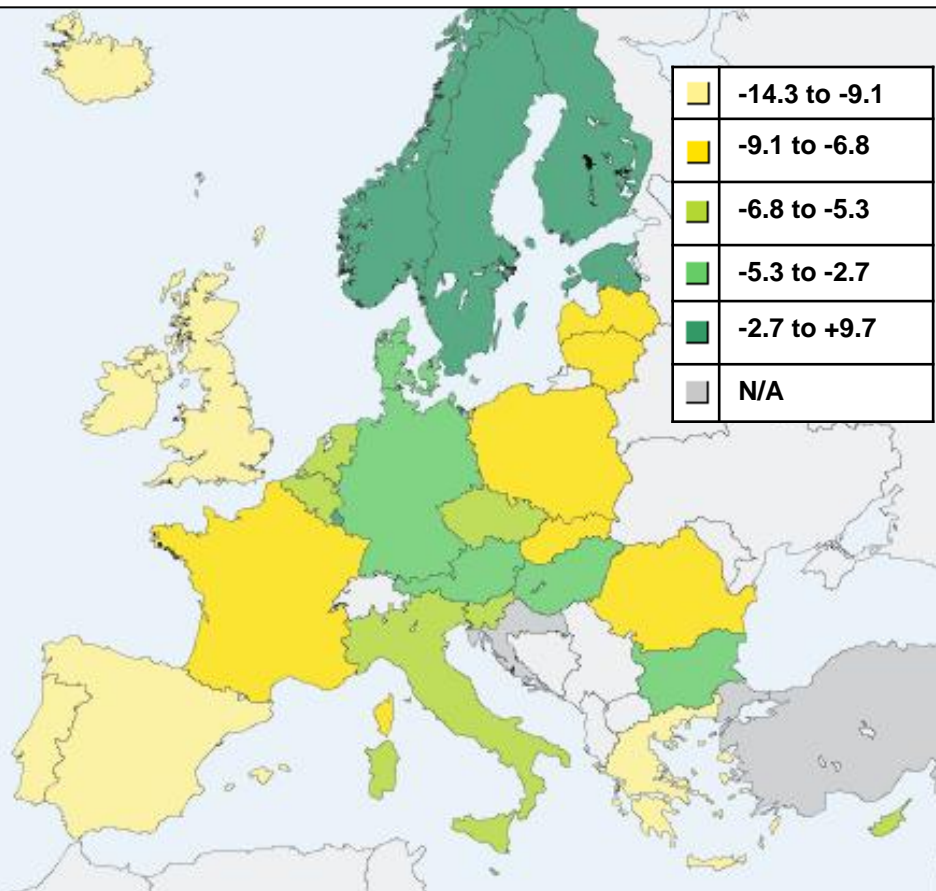


One drug for many different tumor types

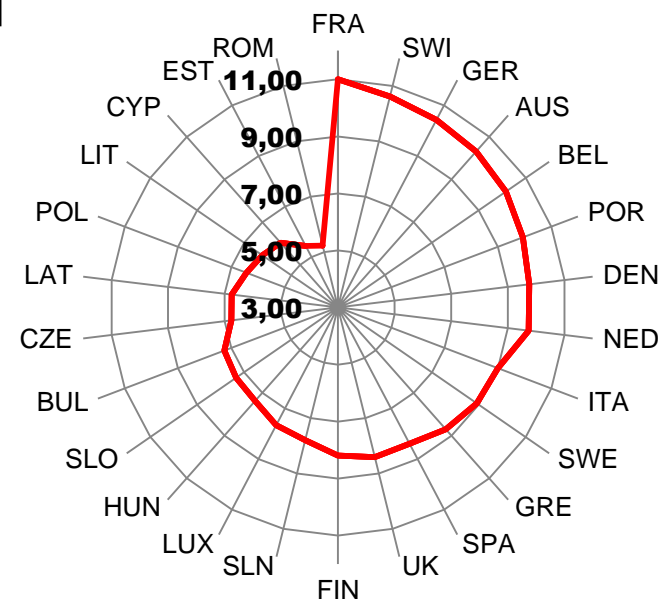
Economic Challenges

But broad data obscures high variability across countries

2010 General Govt Deficit (-) and Surplus (+) as % GDP



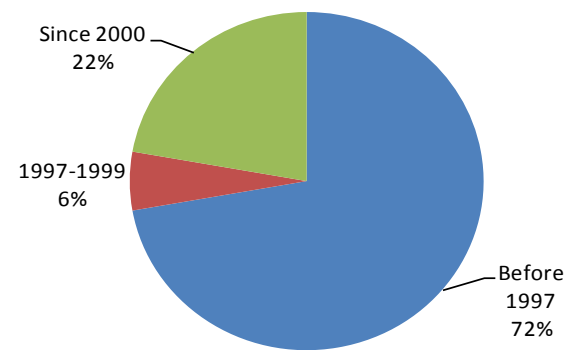
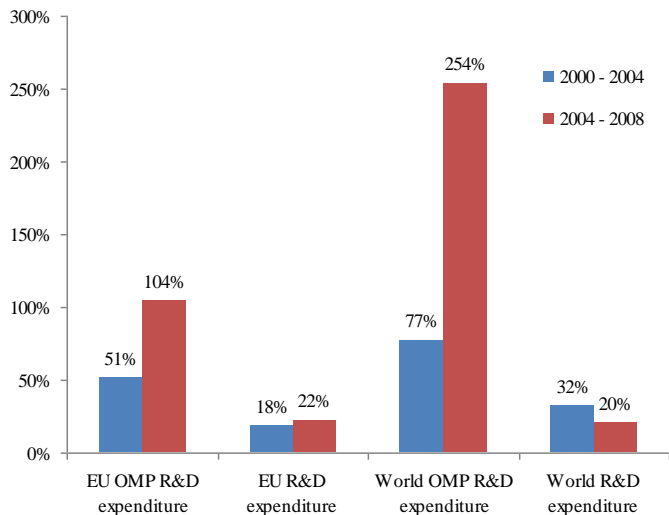
Healthcare % GDP (2008)



Country	Deficit % GDP (2009)	Healthcare % GDP (2008)
Greece	-13.6	9.7
Spain	-11.2	8.4
UK	-11.5	8.4
Italy	-5.3	9.0

Source: European Commission and OECD (underlying data)

.. But Orphan Drug budget impact remains low budget impact <2.5% of pharma budget, <0.4% hc spend)



Impact on Company Creation

2009 budget impact of ODs*

- **Germany 2.5%**
- **France 2.4%**
- **Italy 2.5%**
- **Spain 2.5%**
- **UK 1.8%**
- **Poland 1%**

(% total pharma spend)

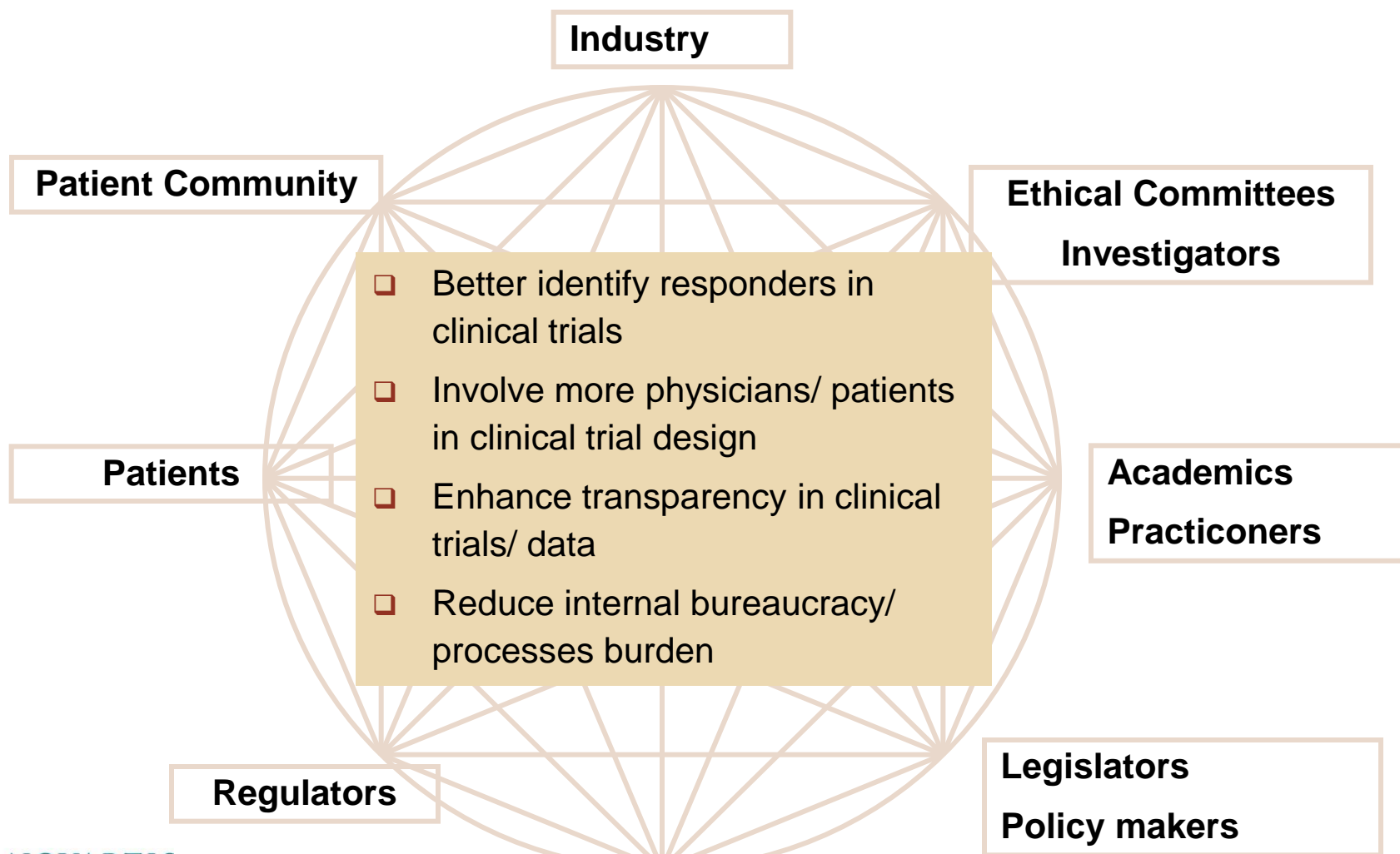
209% growth in R&D Investment

Sources: EU and World OMP R&D expenditure: OHE Consulting confidential survey; EU R&D expenditure: EFPIA (up to 2007); World R&D expenditure: PICTF
 Note: EU OMP-specific R&D expenditure, in absolute terms, (obtained from our confidential survey) represents 1.01%, 1.30% and 2.16% of EU pharmaceutical R&D expenditure (from EFPIA) in 2000, 2004 and 2008 respectively.

Uncertainty in Assessing value - An example

- Drug for myelofibrosis
- Phase II data, no OS, non standard end-points
- High Burden of symptoms for the patients
- High unmet need (no drug approved for the disease)
- What is the value?
 - For the industry
 - For the patient
 - For the physician
 - For the payor

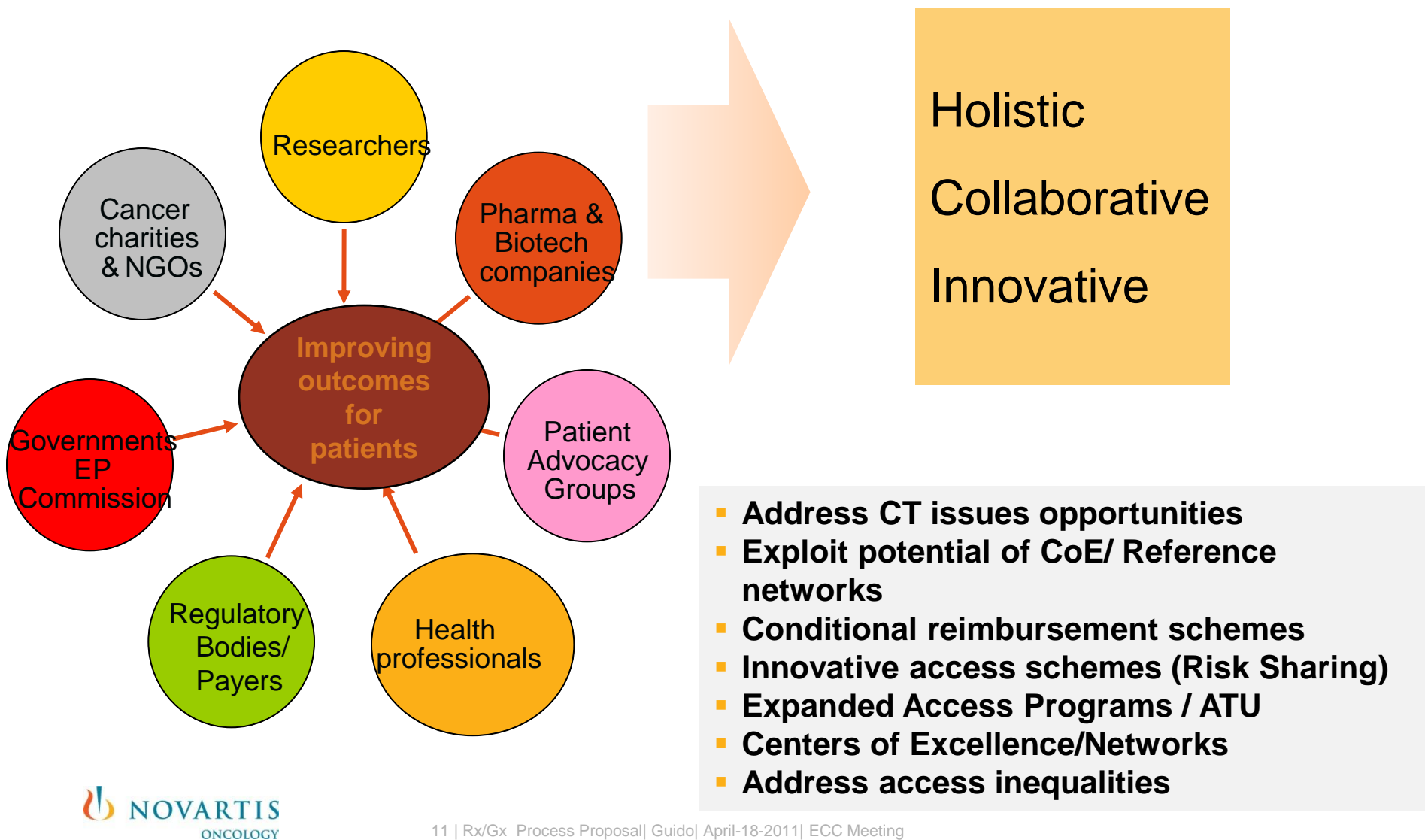
Stakeholders Involved in Clinical Trials Access Issues



Focus issues for this conference and related opportunities

- Rare cancers as an issue → manage budget impact for sustainability
 - Generic entry, biosimilars
 - Outcomes based risk sharing schemes /pay for performance
 - Evidence and value based pricing
 - Explore new approaches: dynamic pricing; differential pricing
- Design of clinical trials → revision of CT Directive
 - Acceptance Bayesian statistical methods
- End-points of clinical trials → alignment between payers & regulators
 - Expansion of expanded access, compassionate use prgs (ATU/648)
- Summarizing available evidence
 - Consistent framework for registries (EUCERD, EuropaBio)
 - Launch with evidence generation

Conclusions: Innovative Partnerships for a more effective approach towards cancer solutions



THANK YOU