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Director of Public Policy Mission

To further strengthen ESMO's public policy, in collaboration with national oncology societies, around a shared, multidisciplinary European and global agenda addressing inequalities in cancer care, with a view to: cancer planning; oncology professions; value-based, GDP-sensitive, reimbursement of drugs, over-/micro-regulation and bedside rationing; academic research; rare cancer policies and networking.

Director of Public Policy Vision

ESMO is bound by its mission to "promote equal access to optimal cancer care for all cancer patients". Avoiding inequalities in cancer care is thus the ultimate goal of what ESMO has been doing on public policy in these last years. While it is natural for a medical oncology society to be concerned about the medical therapy of cancer, ESMO's political actions should acknowledge the inherently multidisciplinary nature of cancer treatment. In the field of public policy, therefore, ESMO should always try and work in partnership with other cancer societies. Likewise, patient advocacy groups should always be our partners.

ESMO has been trying to develop a position in principle in favour of policies of value-based, possibly GDP-sensitive, reimbursement of anticancer drugs by third payers. This is complementary to ESMO's efforts on its "magnitude of clinical benefit scale" to prioritize access to anticancer drugs. Efforts requesting to harmonize efficacy assessment in approval and reimbursement of drugs should continue. In addition, ESMO should counteract the increasing trend to over-/micro-regulate the use of new therapies, trying to preserve medical oncologists' ability to personalize their patient-shared clinical decision-making. At the same time, ESMO should oppose "bedside rationing" of resources on the shoulders of physicians, calling health administrators to transparently exert their responsibilities thereon. More generally, market influences on the agenda of research and the practice of oncology should be extensively debated within the society. Conflicts of interests should be viewed as part of this, and an effort should be made to work out innovative solutions looking at both the independence of the medical community and its need to effectively interact with the industry, along with an attempt to explain such a complex issue to the public.

ESMO should continue its partially rewarding efforts towards data protection regulations allowing patient's "one-time consent" to donate data and tissues to academic research. More generally, ESMO should keep focusing on public policy measures aimed at strengthening academic research, enabling the academia to pursue its own research agenda, with a view to diminishing inequalities due to market-driven irrational determinants of cancer treatment.

Within *Rare Cancers Europe*, now also giving rise to *Rare Cancers Asia*, ESMO should keep regarding rare cancers as a priority, in order to approach a set of inequalities but also as a model of creative solutions in the political and methodological domains, including artificial intelligence, to foster precision and personalized medicine in small populations, also within common cancers. This should include the item of clinical networking.



ESMO is a European society, obviously targeting the European Union (EU) as well as Eastern European countries. Not forgetting this, with more than 40% of members from non-European countries, it is natural that ESMO looks at all world regions, with special reference to Asia Pacific. Collaborations with global agencies, such as the recently upgraded partnership with the *World Health Organization*, are crucial. Cancer planning, shortage of oncology professionals, access to expensive and inexpensive anticancer medicines, and the like, are all challenges to approach globally. However, even in the EU, all the more elsewhere, a major operational difficulty for a supranational society like ESMO is that many political real-world issues are dealt with nationally more than supranationally. The new ESMO's Public Policy Division has been shaped to tackle this difficulty. This was the result of a long process within ESMO. Now, there is room for serving national medical oncology societies on public policy, thereby involving a substantial number of ESMO members in single countries, valuing their variegated contributions. We can afford to step up ESMO's public policy efforts around a European and global agenda internally discussed and shared.

Comprehensive list of **current and past positions within ESMO**

Current

- Director of Public Policy, thereby member of the Executive Board and the Council, 2019
- Chair of the European Policy Committee, 2019
- member of the Cancer Medicines Committee, since 2018
- member of the Inexpensive, Essential Cancer Medicines Working Group, since 2018
- member of the Expensive, Innovative Cancer Medicines Working Group, since 2018
- member of the Big Data Task Force Member, since 2017
- member of the Sarcoma Faculty, since 2006
- member of the Clinical Practice Guidelines steering committee, since 2018
- member of the Editorial Board of *Annals of Oncology*, since 2014
- Coordinator of the steering committee of *Rare Cancers Europe*, since 2013
- member of the steering committee of the *Clinical Academic Cancer Research Forum* (CAREFOR), since 2015
- ESMO Media Ambassador, since 2010

Past

- member of the Publication Committee, from 1999 to 2001
- Treasurer and Executive Board member, from 2005 to 2010
- Chair of the Public Policy and European Affairs Committee and Executive Board member, from 2011 to 2015
- Chair of the Public Policy steering committee and the EU Policy Committee and Executive Board member, from 2016 to 2018
- Member of the Clinical Practice Guidelines Committee as Subject Editor, from 2008 to 2014
- Sarcoma Faculty Coordinator, from 2006 to 2011
- Member of scientific committees of ESMO congresses and conferences/symposia



Comprehensive list of **current and past positions** as an employee, officer or in a body of a company, society, foundation, charity or organisation, paid or not, **outside ESMO**

- *University of Milan, Italy*: Associate Professor, from 2016 to present
- *Fondazione IRCCS Istituto Nazionale Tumori, Milano, Italy*: Director of Medical Oncology Unit 2 (in the past: Clinical Fellow from 1985 to 1989; Clinical Researcher from 1989 to 1992; Staff Physician from 1992, Responsible/Director of units from 2002)
- *Fondazione IRCCS Istituto Nazionale Tumori, Milano, Italy*: Secretary of the Ethics Committee, from 2005 to present
- *Clinical Sarcoma Research*: founder and co-Editor-in-chief
- *Joint Action on Rare Cancers (JARC)*, within the framework of the Third Health Programme of the European Union (EU), 2017-2019: Coordinator
- *European Reference Network for Adult Rare Solid Cancers (EURACAN)*: Chair of the Sarcoma domain, from 2017 to present
- *Italian National Network on Rare Cancers*: member of the Coordinating group, from 2018 to present
- *Italian Sarcoma Group (ISG)*: Secretary, from 2002 to present
- *European School of Oncology (ESO)*: Coordinator of the Rare Tumours Programme, from 2015 to present
- *Connective Tissue Oncology Society (CTOS)*: Member of the Board of Directors, from 2017 to present
- *Federation of Italian Cooperative Oncology Groups (FICOG)*: Member of the Board of Directors (on behalf of the *Italian Sarcoma Group*), from 2015 to present
- *American Society of Clinical Oncology (ASCO)*: Member (and Track leader in 2009) of the Cancer Education Committee, from 2006 to 2009
- *European CanCer Organization (ECCO)*: Member of the Board of Directors, from 2014 to 2015