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As health stakeholders, we need to work across the regulatory approval and reimbursement process to explore how healthcare systems can be modified to provide earlier access to new treatments

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Speaking at the 2020 European Cancer Forum in Brussels, MSD's Deepak Khanna outlines the progress that the company is making at the forefront of oncological innovation, the importance of multi-stakeholder collaboration, and the potential impact of a Europe-wide cancer plan.

How is MSD bringing innovation to the field of oncology?

Oncology is a top priority for MSD as reflected by the more than 1000 ongoing clinical trials we conduct around the world – many of which use our PD-1 inhibitor. We also run trials with other oncology therapies which are in our pipeline and have more than 600 trials that are in combination with other agents from both our internal portfolio and external collaboration. Whether it be lung, skin, head and neck, renal, or any of the various forms of cancer, we believe there is significant opportunity to improve cancer care through the major benefits of PD-1 innovation.

This results of this research activity on the pharmaceutical industry – not only on MSD – became visible in patient outcomes: 20 years ago, a lung cancer diagnosis was considered a death sentence. Since then, the five-year lung cancer survival rate has increased by five to ten percent globally.[1] Ten years ago, only five out of 100 patients with skin cancer were alive five years after they were diagnosed. Today, every second patient can expect to be live.[2]

How important is multi-stakeholder collaboration to tackling cancer?

Despite this progress, cancer remains a big challenge for societies. One in three people in Europe will at some point in their life be diagnosed with cancer. Cancer is set to replace cardiovascular diseases as the number one disease burden and has already done so in countries like France, Italy, Spain, and the United Kingdom. The number of new cancer cases has increased by 50 percent since 1995.[3] This challenge cannot be met by a single stakeholder alone. It requires collaboration between governments, payers, medical societies, patient advocacy groups and industry. We also have to consider the funding; currently, between four and seven percent of the healthcare budget goes into cancer care. At the same time, the disease burden of cancer accounts for 20 percent. Do we spend enough? Can we achieve more if we invest more in prevention, screening, treatment and survivorship?

As far as the research-based industry is concerned, we see that innovations in oncology are becoming more complex. New therapies have more indications than ever before, and a single drug may have efficacy in up to 30 different tumour types. At the same time, many health systems do not have the processes in place to assess and reimburse these new innovations – which may delay access or hamper the availability of new innovations.

Since this is so complex, as health stakeholders we need to work across the regulatory approval and reimbursement process to explore how healthcare systems can be modified to provide earlier access to new treatments. Whether this falls on authorities to modify the health technology assessment (HTA) system of the EU or changing our own approach to reimbursement such as through multi-year and multi-indication agreements, above all, we need to work together towards a solution and create the right kinds of partnerships with all stakeholders. Only when we work together can we achieve the big policy changes necessary to ensure patients' needs are kept at the centre.

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With the European Commission soon kicking off the 'Europe's Beating Cancer Plan', how do you expect the initiative to shape discussions around combating cancer in the

future?

There has already been some amazing work done in cancer – nearly all Member states have cancer plans in place and Germany, for example, has just launched the ‘Decade against cancer’ initiative. However, there are issues such as measuring progress in Europe and sharing best practices which no Member state can tackle alone. Therefore, the new cancer plan is a great opportunity for the EU.

There is a lot we can do by working together in Europe not only to get earlier access to innovations but also to identify inefficiencies in the system, starting from how long it takes patients to first be diagnosed, then to be tested, and finally to begin initial treatment.

The question is: what we can do across Europe to improve these patient pathways? How can we continue to look at policies that focus on prevention, earlier diagnosis, and faster treatment? Furthermore, this European Cancer Plan will allow us to pinpoint the best practices that certain countries are following which can then be relayed to other member states. This will help us answer the question of why there is such a difference between the timeline for access to innovation between countries. Having a cancer plan across Europe will be a major catalyst in finding the right solutions to ensure patients can have equal access, no matter where they are from.

Do you have any final message to deliver?

In addition to all the innovation being developed today, we are confident that with earlier diagnosis and better access to treatment we will be able to give hope to a lot more patients and give them more quality time in life to spend with loved ones. What matters to patients is what matters most.

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Citations

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[2] ESMO (2019), One in Two Patients with Metastatic Melanoma Alive after Five Years with Combination Immunotherapy (ESMO 2019 Press Release); 28 September 2019

[3] Hofmarcher, T. et al. (2019) Comparator Report on Cancer in Europe 2019, IHE Report 2019:7. IHE: Lund, Sweden

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