



**EU Media Inquiries:**

Satu Kaarina Glawe  
Phone: +49 (0) 2638 947 9218  
Mobile: +49 (172) 294 6264  
Email: sglawe@its.jnj.com

**New Report Highlights Need for Long Term View to Improve Cancer Care**

Addressing chronic diseases key to sustainable healthcare reform in Europe

Beerse / Belgium, April 3, 2014 – Janssen Pharmaceutica NV (Janssen) has commissioned a new report based on independent research by The Swedish Institute of Health Economics<sup>1</sup> presented alongside the 2014 EU Summit on Chronic Diseases in Brussels today. The '*Access to high-quality oncology care across Europe*' report, states that for some cancer types, a shift from what was once a deadly disease to a more chronic disease is underway.<sup>1</sup> In light of this, outcome measures such as patient quality of life are becoming more important and there is a greater focus on ongoing contribution into work and society – both because of what it means for the patient and for the economy in these times of austerity.<sup>1</sup> The report cited advances in treatment and the availability of high-quality cancer care as key drivers for improved survival rates and better patient outcomes over the long-term.<sup>1</sup>

The report reveals significant inequalities in access to cancer care across Europe and provides recommendations for breaking down barriers and improving access to quality cancer care. Based on a review of colorectal, lung and prostate cancer care in France, Germany, Poland and Sweden, the report identifies key areas for improving outcomes across the cancer patient pathway including primary prevention measures, diagnostics and treatment.

Although, cancer treatment is commonly perceived to be one of the greatest financial drains on healthcare systems, the research uncovered that the introduction of newer and more effective cancer drugs does not actually increase total cancer-related *direct* costs, especially over the long-term.<sup>1</sup> Furthermore, more effective drugs actually lower medical costs through decreasing demand for other services, such as in-patient care and that cancer related *indirect* costs decrease due to increased survival and decreased mortality.<sup>1</sup> The research also showed that pharmaceutical expenditure as a total of health expenditures did not actually increase in any of the four countries



between 2003 and 2011, calling into question the belief that pharmaceuticals are the main cost driver of increasing healthcare expenditures.<sup>1</sup>

Further to this, the report references the significant innovation that has been seen within cancer care specifically, over recent years. This refers not only to improved clinical outcomes through breakthrough treatments, but also what it means for the patients and their families in terms of earlier and more accurate diagnosis and enhanced quality of life, such as reduced hospital stays.

Bengt Jonsson, Department of Economics, Stockholm School of Economics, co-author and speaking today on the report, was quoted saying, "In the face of austerity cuts and rising healthcare expenditures, a more sustainable approach to cancer care is fundamental for better patient outcomes. Despite the value of new treatments, our research showed significant inequalities in access to cancer drugs across the four countries studied. France has the quickest and most extensive uptake of new cancer drugs followed by Germany, while here in Sweden we are falling behind Germany and France. Poland meanwhile, falls significantly behind all three."

Cancer is still the second leading cause of death in the EU and responsible for approximately 1.3 million of all 5 million deaths in the region per year.<sup>2,3</sup> In addition, the 2.7 million<sup>2</sup> newly diagnosed cases per year show that the disease burden of cancer is still weighing heavily on societies in the EU. The European Commission has long recognised the burden of cancer, and the '*Access to high-quality oncology care across Europe*' report is a pro-active step in helping to further explore current cancer care access challenges, and puts forward a recommended framework for the development of policies to establish a high and sustainable standard of oncology care across Europe.

"A multi-stakeholder and evidence-based policy dialogue is fundamental to achieving sustainable health system reform," said Jane Griffiths, Company Group Chairman, Janssen EMEA, also speaking today on the report. She continued, "Janssen takes pride in delivering innovation which can make a real difference to cancer patients. We are driven by our commitment to addressing areas of high unmet need and providing solutions that make a difference to patients' lives and benefit society."

The report concludes that the main challenge for health policy is to ensure equal access to the best possible care for all cancer patients. It goes on to say that efficiency in the use of resources will be key drivers in achieving this.

Six specific policy recommendations have been identified from the analysis:<sup>1</sup>

1. Cost-effective allocation of resources is pivotal for a more accessible and sustainable oncology care system.
2. Improved funding and resourcing, for example the availability of high-quality treatment facilities and the geographical spread of such facilities to encourage patients to seek care.
3. Incentivisation of innovative research, including the design of reimbursement systems, reward of innovations in cancer care, and the development of new payment schemes.
4. A better integrated and organised cancer care system, to help avoid bottlenecks and ensure timely management of patients.
5. Collation of data on resource use and outcomes to monitor standards and regional differences, and to plan the allocation of resources.
6. More recognition of quality of life as an outcome measure for the individual and society.

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## **Notes to Editors**

### **Additional report information**

#### Country strategies

- All countries included in the report adopted a national cancer plan during the last decade.<sup>1</sup>
- All countries have cancer registries, but very different degrees of completeness and scope. Sweden has the most comprehensive registries whereas France monitors its cancer patients less thoroughly with a system of regional registries that only covers around 20% of the population.<sup>1</sup>
- In all countries but Germany the whole or almost the whole population is covered by public health insurance. Statutory Health Insurance Funds cover about 90% of the population in Germany and the remaining part of the population has private health insurance.<sup>4</sup>

#### Reimbursement

- In recent years, significant changes in the regulative procedures for reimbursement and pricing of pharmaceuticals have occurred in all countries included within the report but Sweden. In France and especially in Germany, the main reason for these changes was cost containment of pharmaceutical expenditures.<sup>1</sup>
- Germany was the last of the four countries to introduce a mandatory assessment of all new pharmaceuticals claiming public funding in 2011. It is also the only country where the therapeutic relevance of pharmaceuticals (additional benefit claimed over the appropriate comparator when a new product is launched or authorised for new indications) is the main criterion used to inform the reimbursement decision.<sup>1,5</sup>
- The “high” cost of cancer drugs has already led to substantial changes in the reimbursement policy in Germany in 2011 and in France in 2013. However, the share of the pharmaceutical expenditures on total health expenditures did not increase in any of the four countries between 2003 and 2011.<sup>1</sup>

### Cancer costs

- Cancer corresponds to around 16% of the total health burden of all disease and illnesses in the EU.<sup>1</sup>
- The share of cancer-related direct costs on total health care expenditures ranges from 5% in Poland to 7.3% in Sweden; however, purchasing power adjusted per-capita spending on cancer is around four times higher in Sweden, Germany and France than in Poland.<sup>1</sup>
- The share of cancer-related indirect costs on total costs is around 60% in the EU but differs greatly between cancer types.<sup>6</sup>
- Lung cancer accounts for around 15% of the total direct and indirect cost of cancer in the EU, colorectal cancer for 10% and prostate cancer for 7%.<sup>6</sup>
- Cancer also accounts for more than 10 million DALYs (disability-adjusted life years) lost in the European Union. This corresponds to a share of around 16% of the total health burden of all diseases and illnesses.<sup>7</sup>
- The cancer disease burden does not exhibit a uniform pattern across all cancer types.<sup>1</sup>

### **About the report**

The "Access to high-quality oncology care across Europe" [report](#) was commissioned by Janssen Pharmaceutica NV and based on independent research delivered by The Swedish Institute of Health Economics (IHE). Janssen has no editorial control over the content of the document, and the views and opinions of the authors are not necessarily those of Janssen.

Additional information about the report can be found on the Janssen Health Policy Center <http://www.janssen-emea.com/healthpolicycenter>.

### **About Janssen**

Janssen Pharmaceutical Companies of Johnson and Johnson are dedicated to addressing and solving the most important unmet medical needs of our time, including oncology (e.g. multiple myeloma and prostate cancer), immunology (e.g. psoriasis), neuroscience (e.g. schizophrenia, dementia and pain), infectious disease (e.g. HIV/AIDS, hepatitis C and tuberculosis), and cardiovascular and metabolic diseases (e.g. diabetes). Driven by our commitment to patients, we develop sustainable, integrated healthcare solutions by working side-by-side with healthcare stakeholders, based on partnerships of trust and transparency. More information can be found on [www.janssen-emea.com](http://www.janssen-emea.com). Follow us on [www.twitter.com/janssenEMEA](http://www.twitter.com/janssenEMEA) for our latest news.

### **Janssen in Oncology**

In oncology, our goal is to fundamentally alter the way cancer is understood, diagnosed, and managed, reinforcing our commitment to the patients who inspire us. In looking to find innovative ways to address the cancer challenge, our primary efforts focus on several treatment and prevention solutions. These include a focus on haematologic malignancies, prostate cancer and lung cancer; cancer interception with the goal of developing products that interrupt the carcinogenic process; biomarkers that may help guide targeted, individualised use of our therapies; as well as safe and effective identification and treatment of early changes in the tumour microenvironment.

### **About The Swedish Institute of Health Economics**

IHE is a well-established and independent research institute specialised in health economic analysis. It provides high quality research and expert consulting within the health care field. IHE contributes to well-founded decision-making in healthcare by bridging the gap between academia, industry and health care providers. IHE is based in Lund, Sweden, and is part of the dynamic Medicon Village area. IHE has been a pioneer in health economic research in Sweden since 1979 and has a strong academic profile with close ties to Lund University.

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