

A composite image showing a microscopic view of biological cells. The top left shows a cell with a textured, orange-brown surface and thin, branching filaments extending from it. The top right shows a more complex, blue-tinted structure with a porous, crystalline appearance. The background is a soft, out-of-focus light blue and white, suggesting a cellular or molecular environment.

## Access to high-quality oncology care across Europe

### Key Facts

#### New report on access to high-quality oncology care

- The Swedish Institute for Health Economics (IHE) has developed a report which reveals significant inequalities in access to cancer care across Europe and offers recommendations for breaking down barriers and setting standards for improving access to, and quality of, cancer care in Europe.<sup>1</sup>
- The comprehensive "**Access to high-quality oncology care across Europe**" report encompasses the whole patient pathway from prevention to treatment.
- The report focuses on three cancer types: colorectal, lung and prostate cancer and examines four selected countries: France, Germany, Poland and Sweden. These countries were selected on the basis of data availability and because resources and care in each country are allocated differently.<sup>1</sup>
- The report was commissioned by Janssen Pharmaceutica NV and based on independent research delivered by 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.

#### Current cancer environment

- 2.7 million cases of cancer are diagnosed every year and some 1.3 million people (715,000 men and 560,000 women) died from cancer in the EU-28 in 2012.<sup>2</sup> Nonetheless, premature death is only *one* component of the health burden that cancer presents to society.
- In the past almost all cancer types were considered to be incurable, which meant that the mortality component constituted the major share of the health burden. In time, with more effective care, survival chances continue to improve and more and more patients live for a longer time with the disease<sup>1</sup>, however this is often with a decreased quality of life.
- In fact, for some cancer types, a shift from what was once a deadly disease to a more chronic disease is under way.<sup>1</sup>
- In this respect, cancer presents a considerable economic challenge for healthcare systems. Add this to a speedily ageing population and an economic crisis and it renders it difficult for healthcare systems to consistently provide high-quality oncology care.<sup>1</sup>
- Cancer currently corresponds to around 16% of the total health burden of all diseases and illnesses in the EU.<sup>3</sup>

#### Report outlines the value of innovation and access to quality treatment

- Pharmaceutical expenditure as a total of health expenditures did not increase in any of the four countries included in the report between 2003 and 2011, calling into question the belief that pharmaceuticals are the main cost driver of increasing healthcare expenditures.<sup>1</sup>
- It is projected that spending on cancer drugs is expected to continue increasing, not only as a result of newer and more expensive drugs but also due to an increasing number of cancer patients.<sup>1</sup>
- However, there are some considerations: more effective drugs may lower medical costs through decreasing demand for other medical services, such as in-patient care, while yielding economic benefits such as patients continued ability to work. In addition, cancer-related indirect costs may decrease due to increased survival, decreased morbidity and less time needed for informal care.<sup>1</sup>

- The value of innovation within cancer care can be seen, not just in terms of improved clinical outcomes through breakthrough treatments, but also enhanced patient quality of life, as a result of reduced hospital visits.<sup>1</sup>
- However, the introduction of new drugs that come at a high cost remains a challenge for healthcare systems, even if the superiority in terms of health benefit has been proved. For a drug to be granted reimbursement by a national or regional HTA agency, the cost-effectiveness of the drug plays a decisive role.<sup>1</sup>

### Six initial 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.

### References

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2. Ferlay J, Steliarova-Foucher E, Lortet-Tieulent J, *et al.* Cancer incidence and mortality patterns in Europe: Estimates for 40 countries in 2012. *Eur J Cancer*. 2013;49:1374-1403.
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