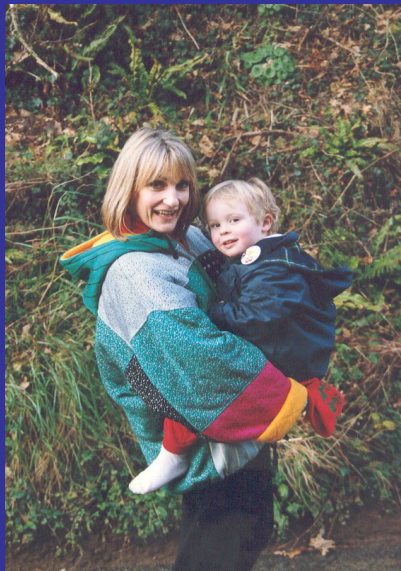


Access to new medicines – why is it so difficult?



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European Cancer Patient Coalition
200 member groups
4 major meetings a year ...



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European Cancer Patient Coalition



- “Army” of cancer patients across Europe
- Masterclasses in Cancer Patient Advocacy & patient Summits in CEE countries
- Joining influential committees/screening guidelines ..
- Secretariat for MEPs Against Cancer
- Patient seminars at medical conferences – ESMO, ECCO ..



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What is the value of new drugs if patients can't get them?

- Potentially useful new drugs are
 - Costly
 - Take a long time to get to us because:
 - Clinical Trials
 - Regulatory Authorities
 - Technology Assessment
- Can cancer patients afford to wait?
 - Life threatening disease
 - Few cure options



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QUES. 1 Are you aware of any cancer drugs that are not available in your country but are available in others?

1. Yes
2. No

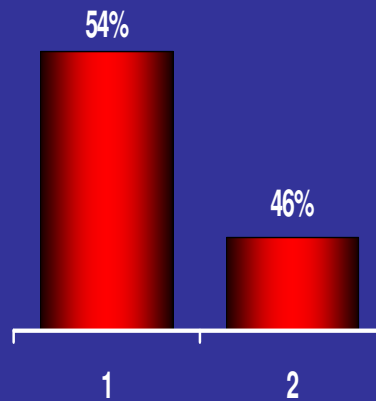


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QUES. 1 Are you aware of any cancer drugs that are not available in your country but are available in others?

1. Yes
2. No



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QUES. 2 If yes, why is the drug not available?

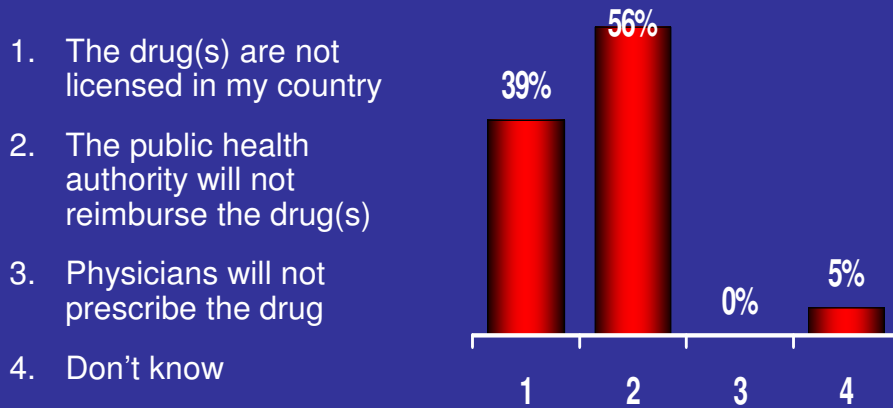
1. The drug(s) are not licensed in my country
2. The public health authority will not reimburse the drug(s)
3. Physicians will not prescribe the drug
4. Don't know



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QUES. 2 If yes, why is the drug not available?



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QUES.3 Do you know of anyone who has been refused access to a cancer treatment, because it was considered too expensive?

1. Yes
2. No

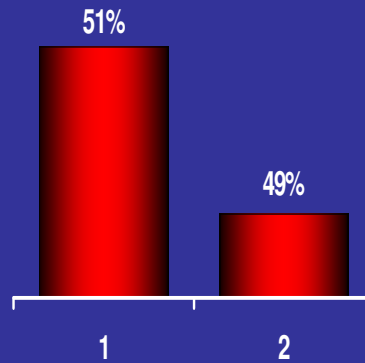


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QUES. 3 Do you know of anyone who has been refused access to a cancer treatment, because it was considered too expensive?

- 1. Yes
- 2. No



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QUES. 4 Do you know of anyone who has been refused access to a cancer treatment, because it was considered too expensive?

FRANCE – 100% NO

POLAND – 100% YES



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* Ability to access new anti-cancer therapies varies massively across Europe

* There is a need to ensure fair, equitable access to new advances



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New Medicines - Cancer Patients and Clinical Trials

- Offer hope, where there is no alternative.
- But - ability to access Clinical Trials with New Medicines:
 - Depends on our doctors doing trials
 - Depends on our ability to find out about appropriate trials – very difficult!



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EMA and FDA: FDA priority reviews ('97-'04)

	EMA	FDA
Xeloda	471	182
Temodar/Temodal	361	363
Thyrogen	812	353
Panretin	593	251
Paxane	606	268
Herceptin	551	144
Neotech/Neospec	741	414
Targretin	468	189
Depocyte	629	172
Mabcampath/Campath	448	501
Glivec/Gleevec	224	72
Trisonex	394	181
Zevalin	298	476
Celebrex/Onsenal	679	182
Average	551 days	251 days



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Last thoughts ...

- For cancer patients - wide variation in access across Europe
- After licensing, will your health system fund? Example: NICE in England
 - Is it really about trying to cut costs?
 - Decisions need to be honest
- If you've a life-threatening disease
 - Time is crucial
 - You'd accept different risk/benefit
- We need to examine the entire process – patients are the losers right now



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