Impact of licensing and reimbursement discrepancies on patient access to cancer treatments across Europe and Canada

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Background

- A large number of new cancer medicines have been developed in recent years, with the potential to prolong the life of patients or improve collecting outcomes.
- Regulatory agencies (e.g., the European Medicines Agency [EMA]) assess the benefits of new medicines against established medicines to determine whether to license and reimburses.
- A significant number of medicines have been granted a licence by the EMA and HC between January 2006 and June 2016.

Objectives

- To investigate whether there are discrepancies between regulatory licensing (EMA), health technology assessment (HTA) agencies, and national reimbursement decisions for cancer treatments in 11 European countries and Canada.
- To quantify the effect of these discrepancies on the number of clinically eligible patients.

Methods

- New oncology treatments for 6 cancer types (breast, kidney, lung, melanoma, multiple myeloma, and prostate) granted licence by the EMA and/or the HC between January 2006 and June 2016 are identified.
- The identified EMA approvals were matched with corresponding HC/HTA approvals.

Results

- A large number of new cancer medicines have been developed in recent years, with the potential to prolong survival.
- Several assessments may restrict access to new medicines to subpopulations of clinically eligible patients.
- These restrictions may be complete, partial, or none.

Discussion and conclusions

- The extent of population restrictions does not appear to be related to national GDP per capita, with the exception of Poland showed GDP per capita and extent restrictions.
- No restrictions were obtained between the extent of restrictions and the having of HTA/EMA decisions.
- The extent of restrictions can be identified through evidence from clinical trials to license effective cancer treatments.
- Initiatives exist to expedite approval of medicines for cancer treatments.

References

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Figure 1: Objective

Figure 2: Background

Table 1: Quantification of burden

Table 2: Impact of reimbursement decision on cancer type across 11 European countries and Canada

Figure 3: Example of a health technology assessment and reimbursement decision

Figure 4: Number of patients affected by restrictions