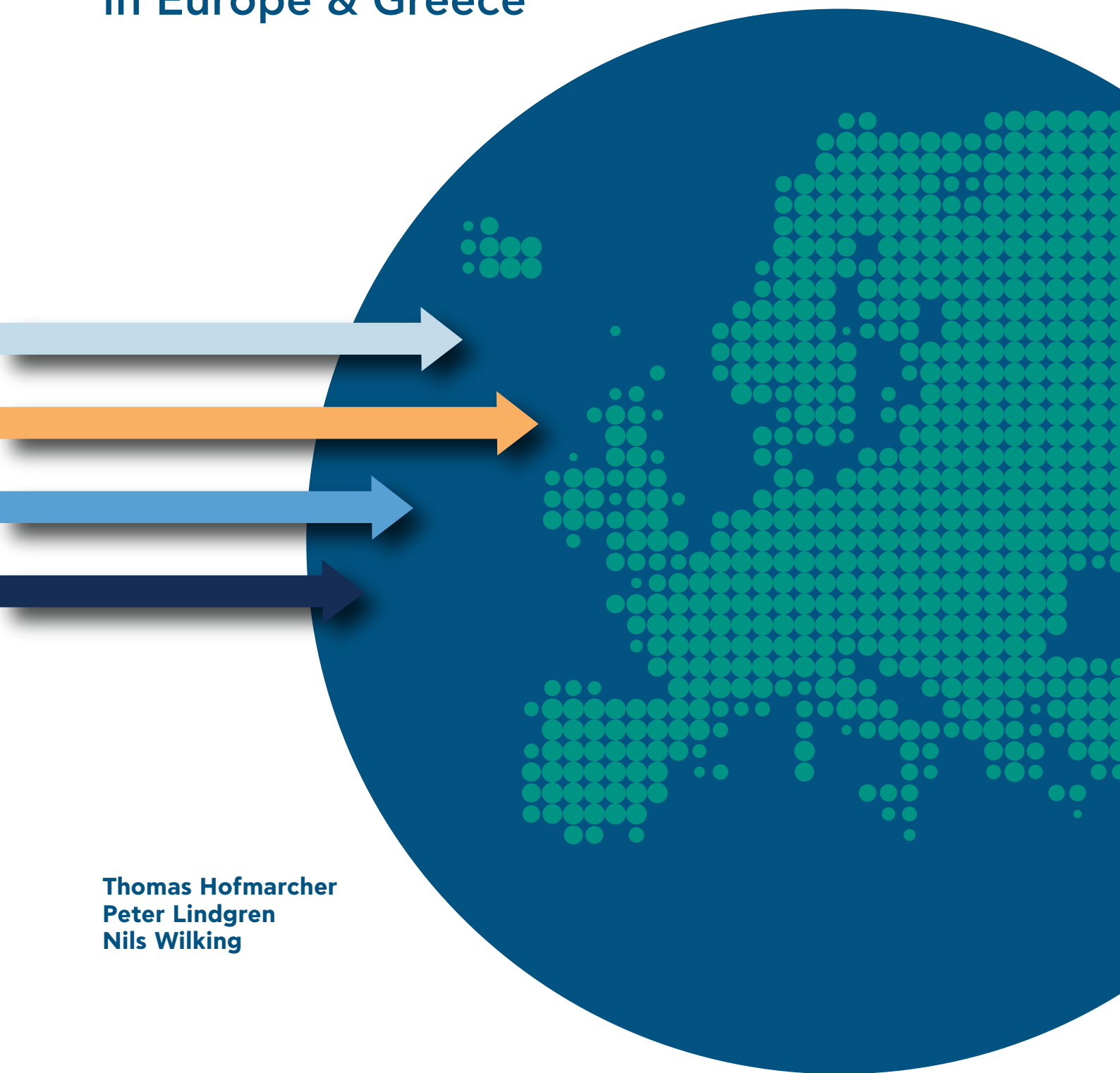


DIAGNOSED BUT NOT TREATED

How to improve patient access
to advanced NSCLC treatment
in Europe & Greece



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Introduction

With the EU Commission's recently published Europe's Beating Cancer Plan in February 2021, cancer is increasingly seen as a strategic health priority. Nonetheless, great disparities in access to treatment and outcomes of cancer patients remain. The Swedish Institute for Health Economics (IHE) focuses on non-small cell lung cancer (NSCLC), a common cancer type with a great unmet need, at locally advanced/ metastatic stages. The report describes the patient journey, available treatment options, calculates drug treatment rates across 12 European countries* and identifies barriers to achieving high treatment rates and using state-of-the-art mix of treatment options. Greece is among the participating countries (BE, BG, FI, HU, IE, NL, NO, PL, PT, RO, UK).

Objective & Goals

The objective of this report is to research disparities in drug treatment rates in NSCLC which accounts for around 85% of all lung cancer cases

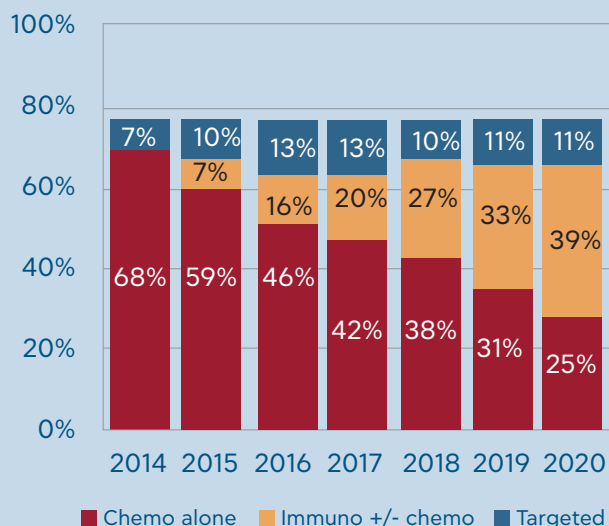
- Is there a way to calculate comparable drug treatment rates between countries and compare these to the ESMO benchmark (75%)?
- Which therapies do these patients receive (immunotherapies - IOs, targeted therapies, chemotherapies)?
- Identify barriers to achieving optimal treatment rates and result to policy suggestions, that would facilitate patients' access to optimal treatments on time.

Drug treatment rates (in %) across countries and years (2014 – 2020) were defined as

$$= \frac{\text{Number of treated patients}}{\text{Number of potentially eligible patients}}$$

- Epidemiological data were obtained by GLOBOCAN & relevant literature
- Sales data were obtained from the Ministry of Health, EOPYY and IDIKA
- All locally officially reimbursed drugs with approved NSCLC indications were considered.

ESMO's benchmark for optimal drug treatment rate

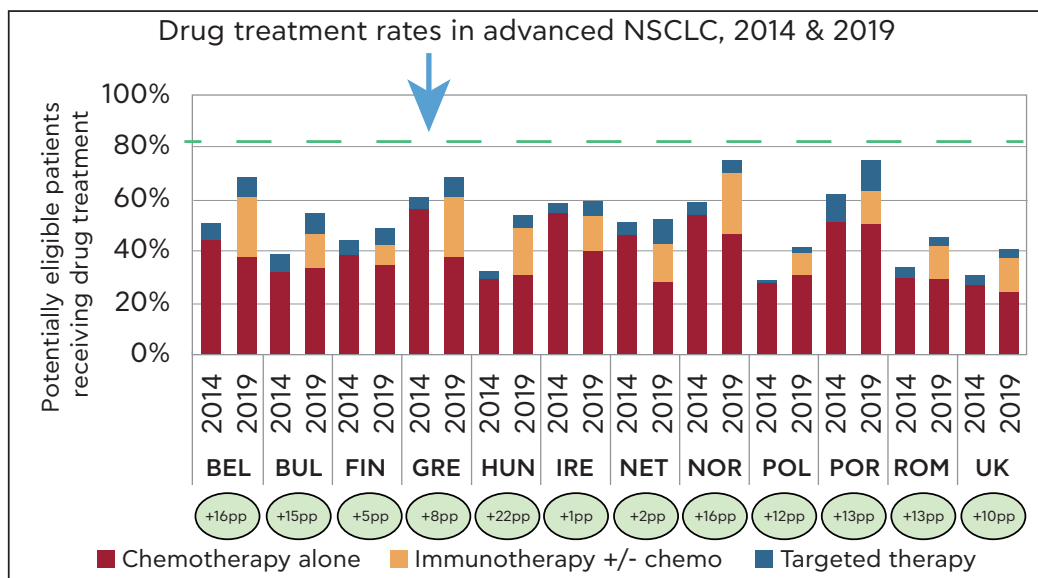


The ESMO benchmark

Treatment rates in adv/met NSCLC patients can theoretically range from 0% (no patient gets treated) to 100% (all patients get treated). ESMO's benchmark recommends that 75% of newly diagnosed patients should receive treatment, with a specific mix among immunotherapy, targeted therapies & chemotherapies.

The graph also highlights the rapid change in recommended treatment options among therapy lines between 2014 - 2020. Key trend was the introduction of immunotherapy in 2015, thereby replacing chemotherapy.

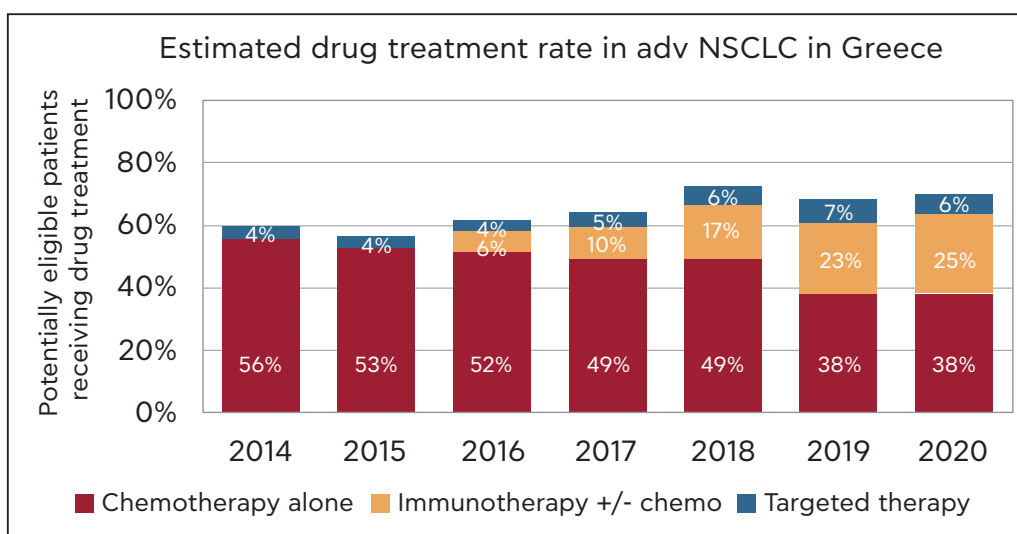
EU results – country comparisons



Notes: pp = percentage points. BEL = Belgium, BUL = Bulgaria, FIN = Finland, GRE = Greece, HUN = Hungary, IRE = Ireland, NET = Netherlands, NOR = Norway, POL = Poland, POR = Portugal, ROM = Romania, UK = United Kingdom

1. Treatment rates varied widely among countries in all years
2. Only Norway and Portugal met the ESMO benchmark in 2019
3. There is no clear correlation between economic strength & treatment rates
4. Treatment rates' composition changed profoundly between 2014 – 2019; targeted therapy use increased slightly, and access to IO became more prominent since its introduction in 2015/2016
5. Treatment rates' composition deviated from the ESMO benchmark, with underuse of both targeted therapy & IO, with patients receiving instead – most of the times clinically inferior – chemotherapy

The results in Greece



1. In Greece, 7 out of 10 patients diagnosed with adv/ met NSCLC, received therapy in 2019/2020.
2. EPAS (Electronic Pre-Approval System) enabled cancer patients' access to innovative treatments.
3. Treatment mix: patients with adv/met NSCLC in Greece, have consistently fallen below the optimal ESMO benchmark for IOs since 2016 and for targeted therapies since 2014.

In order to increase access to therapies of higher clinical value (immunotherapies & targeted therapies) in Greece, it is suggested to:

- Shorten time to treatment through faster patient pathways & rapid referral patterns from primary to secondary and tertiary oncology care
- Better diagnostic infrastructure to perform and speed up diagnostic testing
- Support continuing medical education of lung cancer specialists to keep them up to date with medical information
- Support of Centers of Excellence & Cancer Networks in lung cancer treatment
- Ensure better geographical access to comprehensive lung cancer care and promote smoking prevention with public health interventions
- Improve access sustainability via a supplementary public fund for cancer drugs, that will adequately cover patients' needs, based on the local epidemiological landscape

The results of the analysis have been validated through an online survey and policy suggestions have been shared by Dr. Zenia Saridaki – Medical Oncologist, President of the BoD of HeSMO (Hellenic Society of Medical Oncologists) and FairLife Lung Cancer Care Patient Group in Greece.



This study was conducted with the support of MSD.

Report link: <https://ihe.se/en/publicering/treatment-of-non-small-cell-lung-cancer-in-europe/>