

UNMET MEDICAL NEEDS

Different data & market protections are needed to differentiate the value of medicines. The combination of the following elements plays central role in defining UMNs:

- ❖ Incidence in the EU
- ❖ Overall survival rate in the EU
- ❖ Impact on the quality of life
- ❖ The availability of alternative treatments
- ❖ The n. of clinical trials can guide funding decisions along with low survival & lack of treatment

EMA authorization in normal times and during crisis

Some administrative steps could be performed simultaneously, and the availability of life-saving health technologies is critical to patients. Yet, **timely approval should be coupled with:**

- ❖ Guaranteeing patient safety;
- ❖ Gathering sufficient proof of added patient benefit compared to alternatives, also using ESMO magnitude of clinical benefit scale ;
- ❖ Clear policies on the responsibilities in case of side effects.

Unequal access to affordable medicines for patients across the EU

- ❖ “the **costs of new pharmaceutical drugs** can be very high, with significant implications for health care budgets.” Please refer to the OECD publication *Health at a Glance 2020/2021*;
- ❖ Support EMA, national authorities, and developers to achieve **fair prices**. [ECL paper on the topic](#).
- ❖ Encourage **cross-border collaborations and extend EU joint procurement** to steer availability of cancer treatments. [ECL paper on the topic](#)

Vulnerability of supply of medicines, shortages of medicines

The ECL Access to Medicine Task Force wishes to redirect you to two recent **ECL publications** that reflect on the latest policy developments in relation to medicine shortages:

- ❖ <https://www.europeancancerleagues.org/wp-content/uploads/ECL-Statement-Shortages-Forecasting.pdf>
- ❖ <https://www.europeancancerleagues.org/wp-content/uploads/ECL-Reflections-medicine-shortages June 2021.pdf>

The current legislative framework may not be fully equipped to respond quickly to innovation

- ❖ The legislation needs to adequate (i) when new technologies will be marketed and (ii) to respond to national healthcare **budget** constraints;
- ❖ Provide scientific and administrative **support to academia and non-profit research centers** to that they can develop and bring to patients much needed medicines;
- ❖ **Transparent reporting** of public funds and R&D costs should be a condition to obtain certain incentives.