

Back to the essence of medical treatment in oncology

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The latest article to appear on *ESMO Open* highlights ESMO's hope that the 2015 WHO Model List of Essential Medicines (EML) will empower oncologists and advocates to demand routine availability of the medicines considered essential to guarantee quality care of cancer patients.

The WHO Model List of Essential Medicines represents those essential medicines that should be available to all patients everywhere, free or at affordable prices and it represents a guide for governments.

The addition of 16 new —and re-affirmation of 30 medicines already on the EML, is a significant step towards the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases target of 80% availability of cancer medicines by 2025 and lays foundations for stronger cancer treatment systems.

Article author Dr Alexandru Eniu, Chair of the ESMO Global Policy Committee, says: "The revision of the WHO EML is a big step forward by including tumour-specific indications for 46 essential medicines needed for the treatment of 26 different types of cancers. An important advance is the inclusion, for the first time, of targeted therapies that represent the only option for the treatment of specific types of tumours (for example trastuzumab for HER2 positive breast cancer, imatinib for GIST tumours)."

"These innovative medicines have changed the life of many patients, and

have recently become affordable due to the development of biosimilars (in the case of monoclonal antibodies) or generics, fully deserving their designation as essential medicines," says Eniu.

The authors of this new article believe the new WHO EML, published in 2015, will help demystify misconceptions about the availability of cancer medicines and can help set the tone of important dialogues related to regulatory mechanisms -nationally, regionally and globally- as well as pharmaceutical industry partnerships, supply chain mechanisms and overall care delivery by skilled personnel.

Currently there are wide discrepancies between the numbers of cancer medicines listed on national EMLs around the world and these differences have recently been highlighted by the ESMO-led Global Opioid Policy Initiative and the ESMO European Consortium Study on the Availability of Anti-neoplastic medicines survey. Dr Eniu adds: "A vital next step is the formal review by national health sectors that can employ the new WHO EML as a reference and alignment with national cancer control plans."

Dr Eniu continues: "It is the aim of ESMO and the Union for International Cancer Control (UICC), plus the other organisations and individuals who contributed their expertise to support the work of the WHO, that the foundation laid by creating a new model for selecting essential medicines for cancer care —and developing a new list itself— will over time reduce the disparities that persist in survival outcomes today. With the ever-increasing set of medicines we have in our anti-cancer toolkit, it is long overdue that we bring cancer care to the developing world and we invite all stakeholders to join us in these efforts."

Spearheaded by the UICC, the closing date for contributions to feed into the next round of applications for cancer medicines to be considered by

the WHO Expert Committee on the 2017 WHO Model List of Essential Medicines is Friday 25 March 2016.

"UICC is keen for all interested stakeholders to feed their expert opinions into the next cycle of discussion with WHO and help consolidate the framework adopted in 2015," says Dr Julie Torode, UICC Deputy CEO.

Dr Nicola Magrini, Secretary of the WHO Expert Committee on the Selection and Use of Essential Medicines, adds: "The 2015 WHO EML lists together the cancer medicine and the disease for which it has efficacy, instead of all medicines being listed under the single heading of cancer. The guiding principle for expanding the list of cancer medicines was to offer options to countries to be able to tackle the most curable forms of the disease, including childhood leukaemia, testicular cancer and lymphoma as well as early breast cancer. We worked hard to prioritize those cancer medicines with the largest magnitude of benefit."

ESMO President Professor Fortunato Ciardiello concludes: "Cancer patients and their needs remain at the centre of all that we do: our profession is driven by our determination, individually and collectively, to secure the best possible outcomes for people with cancer across Europe and around the world."

"As our understanding of immunology and the complex molecular biology underlying different cancers advances, the potential for personalised therapies continues to grow—but so do the costs of each patient's cancer treatment," Ciardiello says. "Government authorities must increasingly seek a balance between treatment costs and clinical benefit when assessing reimbursement policies. Ensuring sustainability of and access to optimal [cancer](#) care for all patients is essential."

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