

Evidence-based approach to closing the gaps in access to high-quality cancer care

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Figure 1. ESMO four-phase approach to prioritize cancer systemic therapies.
Credit: DOI: 10.1016/j.esmoop.2021.100362

In anticipation of World Cancer Day and its campaign to "Close the Care Gap," ESMO announces a methodology designed to empower governments and other cancer stakeholders globally to make efficient spending decisions that support equitable access to cancer services within their populations. The generalisable model, published today in the Society's open-access, peer-reviewed journal *ESMO Open*, was originally developed to help the key stakeholders in Kazakhstan update and rationalize the national list of essential cancer medicines and treatment protocols.

"Offering an evidence-based methodology for the evaluation of national medication formularies that relies on freely accessible, validated tools, this approach constitutes a practical aid for decision-makers to maximize the impact of their cancer programs, allowing them to invest in care that offers the highest value for money," said ESMO President Prof. Solange Peters. The ESMO President further underlined that the open-source approach could be replicated independently by national health authorities and governments anywhere, thus making tangible ESMO's commitment, shared with World Cancer Day, to ensuring that every [cancer patient](#) receives the [best treatment](#) for them regardless of who they are or where they live.

Faced with a significant cancer burden accompanied by rapidly rising costs of cancer care, Kazakhstan collaborated with the WHO and in 2017 ESMO was brought in as the expert to review the national [medicine](#) formulary and treatment protocols in oncology.

In a four-phase approach described in the ESMO-WHO paper, a comprehensive list of all anticancer medicines used in Kazakhstan was created and cross-checked against the WHO Model List of Essential Medicines, therapeutic indications from the European Medicines Agency (EMA) database and, where applicable, scores on the ESMO Magnitude of Clinical Benefit Scale (ESMO-MCBS) were provided. National treatment protocols for different cancer types were equally compared with recommendations from the ESMO Clinical Practice Guidelines. Following an expert review of the findings, ESMO shared a summary report based on the collected evidence with the WHO, to enable further dialog with Kazakhstan's health authorities.

According to co-author and chair of the ESMO-MCBS Working Group Prof. Nathan Cherny, Shaare Zedek Medical Centre, Israel, ESMO's validated and publicly available evidence-based tools helped identify changes that Kazakhstan could implement in a budget-constrained policy-

making environment to remove structural barriers to accessing high-quality care within the country. "The ESMO-MCBS scoring of medicines according to their actual clinical benefit and the ESMO Guidelines' focus on sustainability enabled the prioritization of high-value treatments to achieve the best possible balance between the health system's financial viability and the need to offer all patients equitable care," he said.

As a result, Kazakhstan actually increased its total budget allocated to cancer care by demonstrating value for money and focusing on essential and highly effective treatment options. This included an update of 45 treatment protocols for solid and hematological cancers and adding 13 new targeted medicines to the national benefit package, while removing eight low-value medicines from the formulary. "The efficiency gains and improvements to the standard of cancer care achieved in Kazakhstan are a proof of principle for the model we are proposing and confirm the utility of ESMO resources not just for individual physicians, but also for governments and public health authorities," Cherny highlighted.

Co-author André Ilbawi from the WHO Department of Noncommunicable Diseases, reaffirmed the importance of data-driven priority setting and partnerships as essential steps to sustainably improve cancer care globally, principles further highlighted in the joint WHO-ESMO editorial: "Increasing access to quality cancer care requires that cancer programs are evidence-based, founded on equity and solidarity, and achieve value for money. WHO, ESMO and key stakeholders in Kazakhstan were able to deliver on the potential of universal health coverage," he said.

Ilbawi added: "WHO and ESMO have established a template that can support additional governments in strengthening their cancer programs, ensuring that all populations have access to quality [cancer](#) care, today and in the decades ahead."

More information: N.J. Latino et al, Prioritising systemic cancer therapies applying ESMO's tools and other resources to assist in improving cancer care globally: the Kazakh experience, *ESMO Open* (2022). [DOI: 10.1016/j.esmoop.2021.100362](https://doi.org/10.1016/j.esmoop.2021.100362)

B. Mikkelsen et al, WHO-ESMO collaboration in cancer control: policies into action to save lives, *ESMO Open* (2022). [DOI: 10.1016/j.esmoop.2021.100373](https://doi.org/10.1016/j.esmoop.2021.100373)

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