



DIGESTIVE CANCERS
EUROPE

The role of Biosimilars in tackling colorectal cancer in the EU

26 May 2021

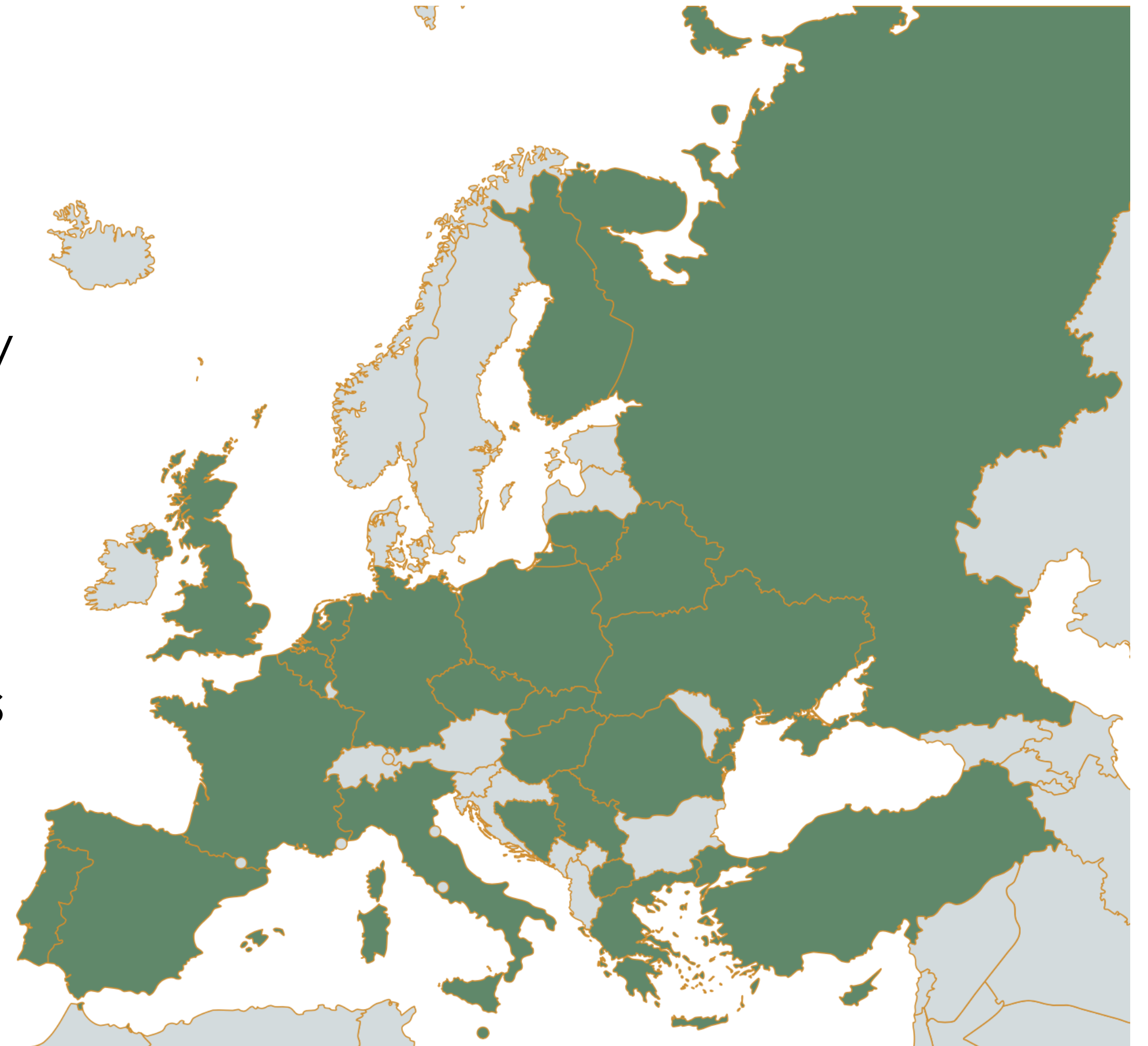
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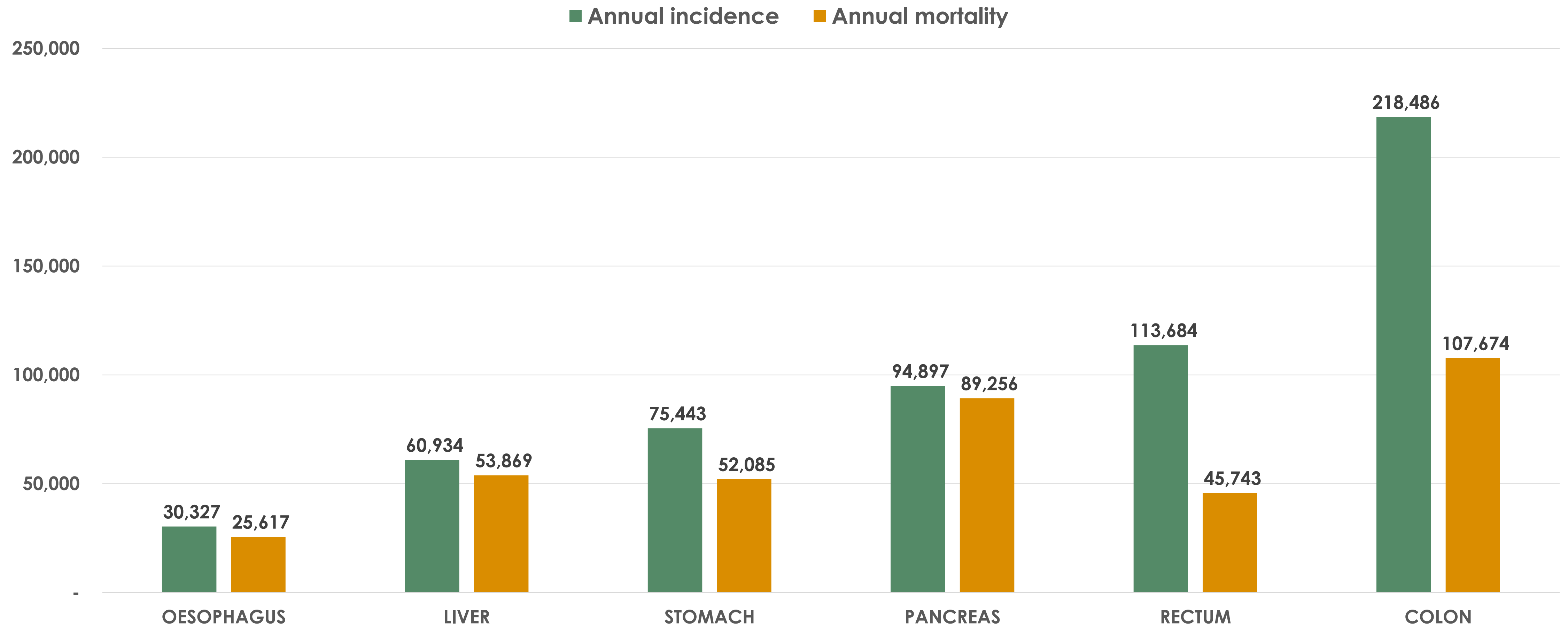
Digestive Cancers Europe (DiCE)

- Umbrella organisation of more than **30 national Member Organisations** from the WHO European Region
- Representing the digestive cancer patient community diagnosed with cancer of the **oesophagus, liver, stomach, pancreas, rectum, colon** and other **rare digestive cancers**
- Acting on behalf of **900.000 people who get a diagnosis of digestive cancer** every year in Europe, as well as the **1,5 million digestive cancer survivors**; also representing the families of the **600.000 patients who die** every year from digestive cancers

<https://www.digestivecancers.eu/>



Digestive Cancers in the EU

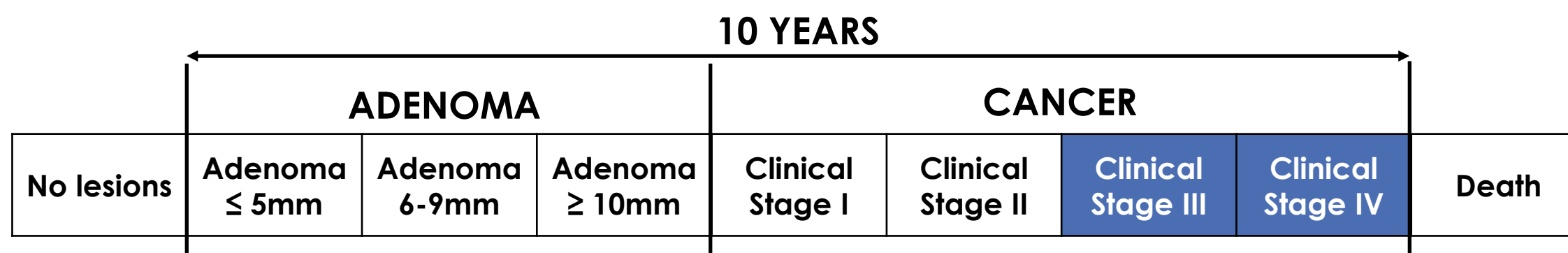


European Cancer Information System, 2020

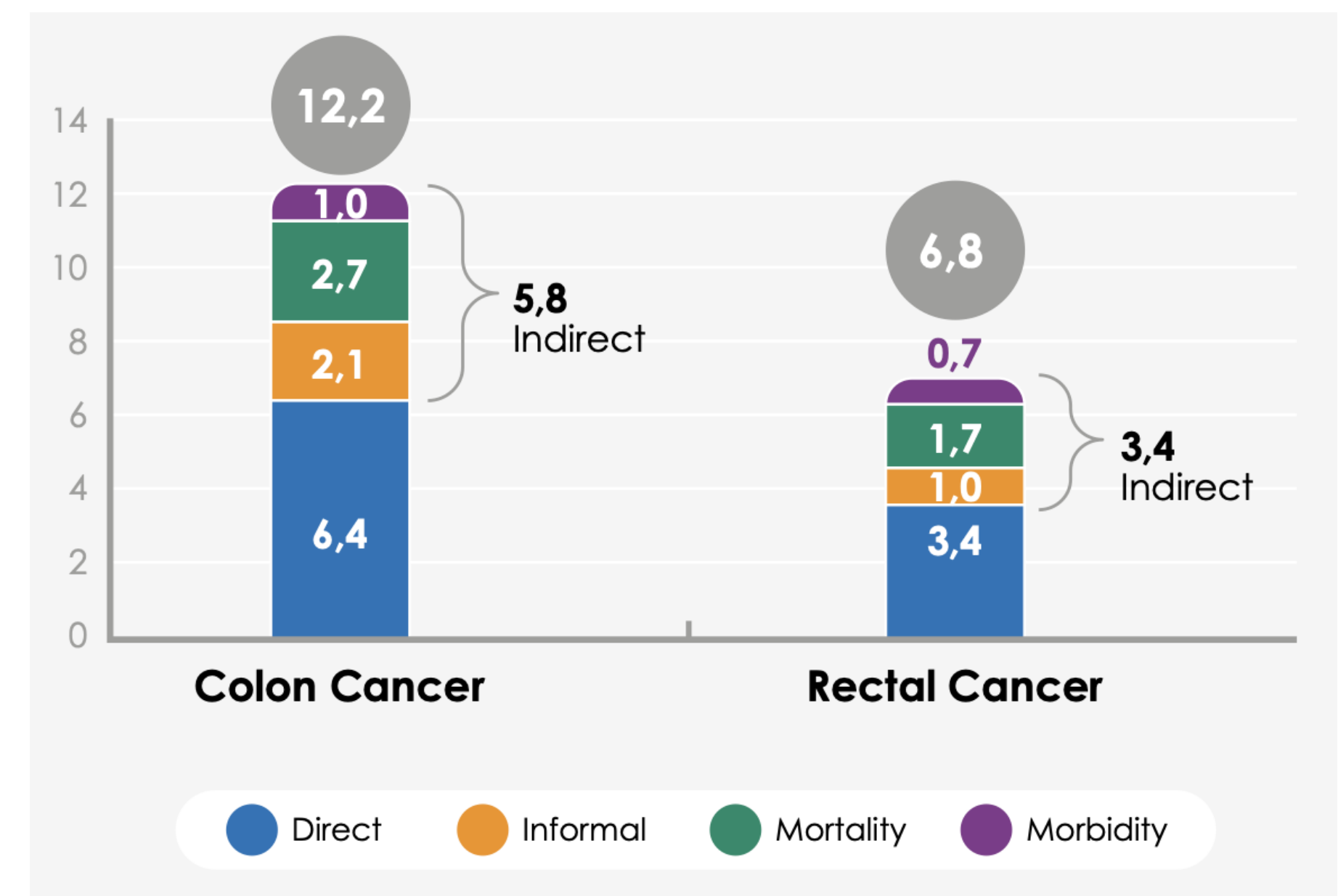
Colorectal Cancer (CRC)



- The **2nd most common cancer** with the incidence predicted to rise significantly in the next decade
- The **2nd most common cause of cancer deaths**; highest mortality rates observed in Central and Eastern Europe
- CRC is both preventable and treatable



Total cost of CRC in the EU is 19 billion EUR



The costs of CRC
Factsheet

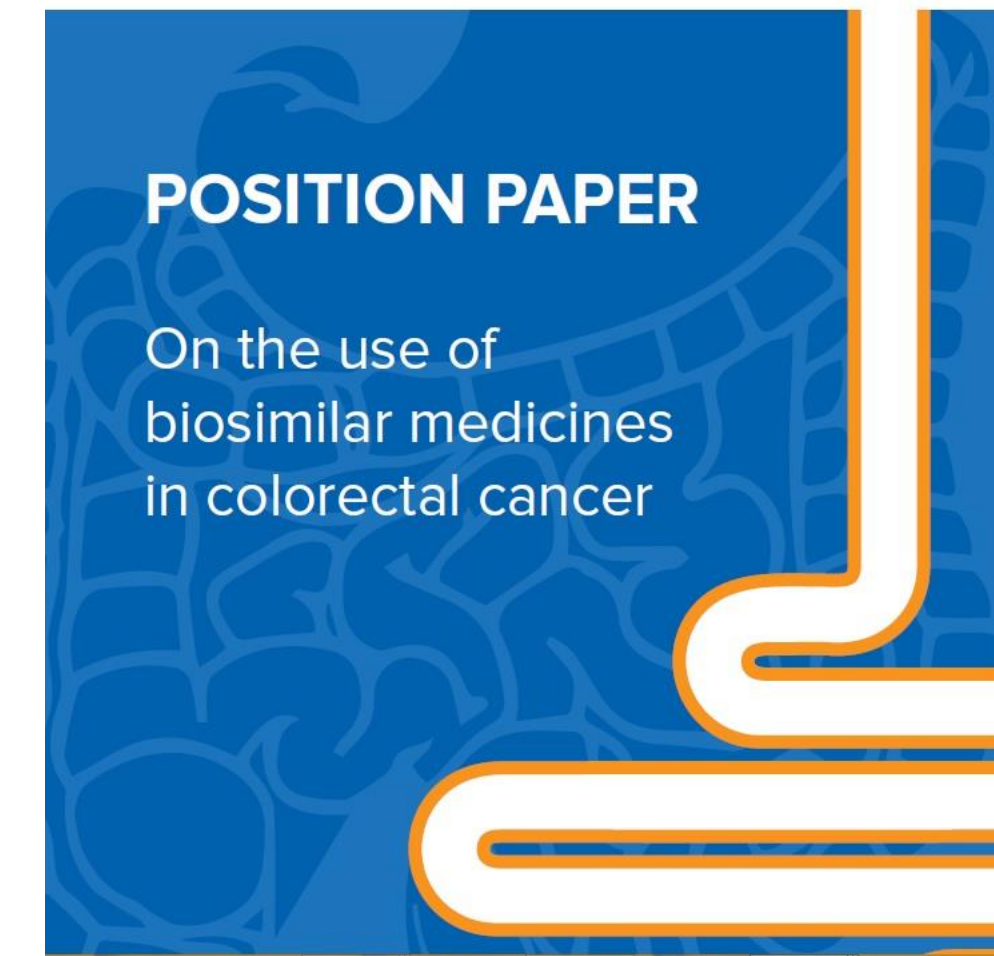
1. Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, Rebelo M, Parkin DM, Forman D, Bray F. GLOBOCAN 2012 v1.1. Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11, International Agency for Research on Cancer; 2014. <http://globocan.iarc.fr>,
 2. Hofmarcher, T., Lindgren, P. The Cost of Cancers of the Digestive System in Europe. IHE Report 2020:6. https://digestivecancers.eu/wp-content/uploads/2020/10/IHE_DiCE_HealthEcoStudy_2020.pdf
 3. GBD 2017 Colorectal Cancer Collaborators. The global, regional, and national burden of colorectal cancer and its attributable risk factors in 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet Gastroenterol Hepatol. 2019; 4(12):913-933. doi: 10.1016/S2468-1253(19)30345-0

What Are Biosimilar Medicines

- **Biosimilar medicines or biosimilars:** Biologics that contain the same active substance as the innovator (**originator or reference**) drug.
- Biosimilars undergo the same rigorous checks as the originators through EMA, guaranteeing equivalent **quality, safety,** and **efficacy** with their originator product.
- Biosimilars can gain **market access** after the originator's exclusivity rights have expired.

Digestive Cancers Europe Work on Biosimilars

- In June 2019, we produced a position paper stating our support for EMA approved biological medicines for patients with digestive cancers – this includes biosimilars.
- In April 2020, we initiated an educational project to raise awareness among healthcare professionals and patients on the value of biosimilars for treating patients with colorectal cancer. (ongoing)
- In March 2021, we have initiated an educational project on the value of biologics, including biosimilars, in personalised medicine in gastric cancer.



Biosimilars Project Objectives

- **Main objectives:**
 - Create a consensus narrative/message on biosimilars
 - Create educational materials for patients and healthcare professionals
 - Inform guidelines and policies around biosimilars at EU and national levels
- **Focus**
 - Belgium
 - Poland
 - Spain

Creation of an Expert Group on Biosimilars

Oncology (Clinicians)



▪ Dr Rosa Giuliani



▪ Prof Marc Peeters



▪ Dr Ana Ruiz-Casado



▪ Prof Wojciech M. Wysocki

Health Economics



▪ Prof Zoltán Kaló

Oncology (Nurses)



▪ Mr Johan de Munter



▪ Ms Marta Méndez

Health Communications



▪ Ms Kate O'Regan

Pharmacology



▪ Prof Fernando de Mora



▪ Prof Arnold Vulto

Patient Advocates



▪ Mrs Iga Rawicka

Visiting Research Scientist



▪ Mr Yannick Vandenplas

The benefits of biosimilars for patients

No additional
(therapeutic)
benefit

More patients can
be treated with
biological
medicines

Savings for the
healthcare system
(sustainability)

Savings by hospitals to
return to the same
hospitals and to be used
to improve services (e.g.
hire more hospital staff)

Waiting time to be
treated is reduced

The downsides of biosimilars for the patient

NONE

Barriers in biosimilar acceptance

Geographic & Cultural

(North – South)

(East – West)

Political/policy-related

(market access)

(reimbursement)

(regional differences)

HCPs' relationships with pharma

past and current working relationships with originator companies

Local differences within healthcare systems

(differences in hospital administration/incentives)

Conceptual

(different development model – difficult to understand)

HCPs lack of trust for biosimilars & reluctance to change

How to overcome barriers?

Education

- Tailor-made – needs of HCPs are different to those of patients
- Closely work with HCPs and patient organisations to inform them

Communication

- Multi-stakeholder approach
- One-voice principal
- Create good level of trust
- No need of scientific detail
- Solidarity-based message: more drugs for more people

Policy Changes

- Pressure at national level
- Put least expensive treatment options first
- Create patient incentives

DiCE Educational Material on Biosimilars

- A short document (brochure) for patients with colorectal cancer about biosimilars in a simple to understand language (translated in three languages)
- A document for healthcare professionals with answers to patients' questions about biosimilars (translated in three languages)
- A role-playing video to help the conversation around biosimilars between an oncologist and a patient
- Two short presentations (lunch-time presentations) for nurses and clinicians about biosimilars and the value for patients and the healthcare system
- A podcast about what biosimilars mean to colorectal cancer patients
- A website platform that will collect all the above educational material

Biosimilars and the Healthcare System

- Support educational activities around biosimilars to increase healthcare professionals' trust
- Improve communication strategies around biosimilars
- Increase transparency about the savings biosimilars bring to hospitals
- Share best practices around biosimilars

Conclusions

- The **inclusion of the important role of biosimilars in CRC treatment** as part of the BECA committee response to the Beating Cancer Plan and in enhancing the role within the ENVI response to the Pharmaceutical Strategy
- In order to **translate the Beating Cancer plan into concrete actions** it is necessary to establish **actionable agendas, detailed targets and timelines**. It is urgent to set up **mechanisms and investments that can deliver on the obvious potential of the Beating Cancer plan** to avoid an implementation gap in translating Europe's plans into concrete actions
- The **involvement of patient organisations**, together with other stakeholders, is imperative to ensure that Europe's Beating Cancer Plan delivers





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Thank you!



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