CONFLICT OF INTEREST DISCLOSURE

Solange Peters

I have received education grants, provided consultation, attended advisory boards and/or provided lectures for the following organizations, from whom I have received honoraria (all fees to institution):

• **Consultation / Advisory role:** Abbvie, Amgen, AstraZeneca, Bayer, Biocartis, Bioinvent, Blueprint Medicines, Boehringer-Ingelheim, Bristol-Myers Squibb, Clovis, Daiichi Sankyo, Debiopharm, Eli Lilly, F. Hoffmann-La Roche, Foundation Medicine, Illumina, Janssen, Merck Sharp and Dohme, Merck Serono, Merrimack, Novartis, Pharma Mar, Pfizer, Regeneron, Sanofi, Seattle Genetics, Takeda and Vaccibody

• **Talk in a company’s organized public event:** AstraZeneca, Boehringer-Ingelheim, Bristol-Myers Squibb, Eli Lilly, F. Hoffmann-La Roche, Illumina, Merck Sharp and Dohme, Novartis, Pfizer, Sanofi, Takeda

• **Receipt of grants/research supports:** (Sub)investigator in trials (institutional financial support for clinical trials) sponsored by Amgen, AstraZeneca, Biodesix, Boehringer-Ingelheim, Bristol-Myers Squibb, Clovis, F. Hoffmann-La Roche, Illumina, Merck Sharp and Dohme, Merck Serono, Novartis, and Pfizer
ESMO MEMBERSHIP: GROWING WORLDWIDE

ESMO MEMBERS
A global community

North America 10%
South America 7%
Europe 54%
Africa 5%
Asia-Pacific 24%

- 24,867 members
- 161 countries
- Reciprocity agreements with 43 national oncology societies
- Over 800 experts across committees
ESMO 2020 VISION

Securing the best possible outcomes for people with cancer

1. INTEGRATED CANCER CARE
   Bridging cancer prevention research, early-diagnosis, and treatment to improve patient outcomes

2. SPECIALISED EDUCATION
   Supporting oncologists in a fast-changing professional environment

3. SUSTAINABLE CANCER CARE
   Advocating for equal access to quality treatment and for cancer prevention
WHAT IS THE ESMO-MAGNITUDE OF CLINICAL BENEFIT SCALE?

The scale uses a rational, structured and consistent approach to derive a relative ranking of the magnitude of clinically meaningful benefit that is expected from anti-cancer treatments.

The ESMO-MCBS is an important step to the critical public policy issue of value in cancer care, helping to frame the appropriate use of limited public and personal resources in the delivery of cancer care.

The ESMO-MCBS is a dynamic tool and its criteria revised on a regular basis.

SCORING WITH ESMO-MCBS V1.1
Five forms in 2 settings and various endpoints

Curative intent
- **Adjuvant/Curative therapy**
  - Form 1

Non-curative intent
- **OS**
  - Form 2a
- **PFS**
  - Form 2b
- **Comparative:**
  - RR or QoL or Non-inferiority
  - Form 2c
- **Single arm**
  - Form 3

The highest grades of the ESMO-MCBS in the curative setting are A and B and in the non-curative setting 5 and 4, which indicate a substantial magnitude of clinical benefit.
The ESMO-MCBS Score Card allows you to filter either by Agent, Tumour, or Score, giving priority to different criteria such as Agent, and Tumour Type and Tumour sub-type or Tumor sub-group in the Curative and Non-curative setting. This content will be updated regularly and communicated to ESMO Members.

![EMO-MCBS Score Card Table]

https://www.esmo.org/score/cards
At the 2017 World Health Assembly, the WHO ‘Cancer Resolution’ was adopted by governments to:

- Reduce mortality from cancer by 25% by 2025 and 33% by 2030.
- Achieve Universal Health Coverage by 2030.

ESMO is supporting WHO projects that can help African countries implement the Resolution:

- Promote cancer prevention
- Optimize the cancer workforce
- Scale-up national cancer control plans
- Benchmark national essential medicines and medical devices lists against the WHO lists
- Improve survival of childhood cancer
- Accelerate the elimination of cervical cancer
- Implement effective public policies for cancer control

http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_ACONF9-en.pdf?ua=1
ESMO delivered an official statement requesting the UN Political Declaration on Universal Health Coverage ensure that governments include a core set of comprehensive and affordable cancer services in national universal health coverage benefit packages.

The Declaration demonstrates political commitment by governments around the world. The text calls to further strengthen efforts to address cancer as part of universal health coverage.

https://undocs.org/en/A/RES/74/2
Launched on World Cancer Day, 4 February 2020:

- The **IARC World Cancer Report** provides the most up-to-date science on cancer.
- The first **WHO Report on Cancer: Setting priorities, investing wisely and providing care for all**, indicates how that science can be translated into policies for government action to reduce deaths from cancer and achieve the goal of Universal Health Coverage by 2030.


2020 WHO REPORT ON CANCER:
South Africa – Country Profile

**BURDEN OF CANCER**

<table>
<thead>
<tr>
<th>Total population (2019)</th>
<th>58,558,267</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # cancer cases (2018)</td>
<td>107,467</td>
</tr>
<tr>
<td>Total # cancer deaths (2018)</td>
<td>57,373</td>
</tr>
<tr>
<td>Premature deaths from NCDs (2016)</td>
<td>133,675</td>
</tr>
<tr>
<td>Cancer as % of NCD premature deaths (2016)</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

**Most common cancer cases (2018)**

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Incidence</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>13.1%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Cervix uteri</td>
<td>12.1%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Colorectum</td>
<td>6.5%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Liver</td>
<td>2.3%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Lung</td>
<td>7.7%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>3.5%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>3.4%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Prostate</td>
<td>11.6%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>2.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Vulva</td>
<td>2.1%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

## 2019 WHO MODEL LIST OF ESSENTIAL MEDICINES

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dactinomycin</th>
<th>Mercaptopurine</th>
<th>Bortezomib</th>
<th>Anastrozole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arsenic trioxide</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asparaginase</td>
<td>Daunorubicin</td>
<td>Methotrexate</td>
<td>Dasatinib</td>
<td>Bicalutamide</td>
</tr>
<tr>
<td>Bendamustine</td>
<td>Docetaxel</td>
<td>Oxaliplatin</td>
<td>Erlotinib</td>
<td>Dexamethasone</td>
</tr>
<tr>
<td>Bleomycin</td>
<td>Doxorubicin</td>
<td>Pacitaxel</td>
<td>Imatinib</td>
<td>Hydrocortisone</td>
</tr>
<tr>
<td>Calcium folinate</td>
<td>Etoposide</td>
<td>Pegasparagsae*</td>
<td>Nilotinib</td>
<td>Leuprolelin</td>
</tr>
<tr>
<td>Capecitabine</td>
<td>Fludarabine</td>
<td>Procarbazine</td>
<td>Rituximab*</td>
<td>Methyprednisolone</td>
</tr>
<tr>
<td>Carboplatin</td>
<td>Flourouracil</td>
<td>Realgar-indigo naturalis formulation</td>
<td>Trastuzumab*</td>
<td>Prednisolone</td>
</tr>
<tr>
<td>Chlorambucil</td>
<td>Gemcitabine</td>
<td>Tioguannine</td>
<td>Filgrastim</td>
<td>Tamoxifen</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>Hydroxycarbamide</td>
<td>Vinblastine</td>
<td>Lenalidomide</td>
<td>Allopurinol</td>
</tr>
<tr>
<td>Cyclophosphamide</td>
<td>Ifosfamide</td>
<td>Vincristine</td>
<td>Nivolumab</td>
<td>Mensa</td>
</tr>
<tr>
<td>Cytarabine</td>
<td>Irinotecan</td>
<td>Vinorelbine</td>
<td>Thalidomide</td>
<td>Zoledronic acid</td>
</tr>
<tr>
<td>Dacarbazine</td>
<td>Melphalan</td>
<td>All-trans retinoid acid</td>
<td>Abiraterone</td>
<td></td>
</tr>
</tbody>
</table>

[https://www.who.int/medicines/publications/essentialmedicines/en/]
WHO GLOBAL INITIATIVE ON CHILDHOOD CANCER

Goal: To increase the survival rate for all children with cancer to 60% by 2030, thereby saving an additional one million lives and doubling of the global cure rate for children with cancer.

The WHO targets to accelerate the elimination of cervical cancer are:

1. 90% coverage of HPV vaccination of girls (by 15 years of age)
2. 70% coverage of screening (70% of women are screened with high-performance tests by the ages of 35 and 45 years) and 90% treatment of precancerous lesions
3. Management of 90% of invasive cancer cases.

https://www.who.int/activities/a-global-strategy-for-elimination-of-cervical-cancer
CANCER PREVENTION: A NECESSITY

Prevention offers the most cost-effective long-term strategy for the control of cancer. Thirty percent of cancers are preventable.

The International Agency for Research on Cancer (IARC) Global Cancer Observatory data shows the global cancer burden has risen in 2018 to 18.1 million new cases and 9.6 million cancer deaths.

In 2040 these numbers are expected to rise to 29.5 million and 16.5 million, respectively.

In Africa the cancer incidence 2018 vs 2040 is:
  ➢ Estimated new cases in 2018: 1,055 million
  ➢ Expected new cases in 2040: 2,126 million

In Africa the deaths from cancer 2018 vs 2040 are:
  ➢ Estimated deaths in 2018: 693 thousand
  ➢ Expected deaths in 2040: 1,43 million

https://gco.iarc.fr/tomorrow
Case study of cancer in Universal Health Coverage agenda in Kazakhstan (excerpt)

WHO enlisted support from ESMO to analyse for the Kazakhstan Ministry of Health 20 cancer disease settings. ESMO reviewed over 300 protocols using the WHO EML, the European Medicines Agency’s medicine indications, the ESMO Clinical Practice Guidelines, the ESMO-Magnitude of Clinical Benefit Scale version 1.1 and expert peer review.

The assessment supported the Ministry of Health in optimizing its cancer treatment protocols and linking them to the national essential medicines list. The joint project supported Kazakhstan’s long-standing commitment to universal health coverage.
CONCLUSIONS

• Cancer is a high priority on the WHO and UN global health agendas.

• WHO and UN Member States, including African governments, have fully supported the adoption of the 2017 WHO Cancer Resolution, the 2018 UN Political Declaration on Noncommunicable Diseases, and the 2019 UN Political Declaration on Universal Health Coverage to accelerate and intensify action on cancer.

• ESMO is working closely with the WHO on global projects to develop tools and policy recommendations to support governments to implement the WHO Resolutions and UN Declarations.
CONCLUSIONS (2)

• The WHO Report on Cancer provides policy recommendations for governments to improve cancer prevention and control, and work towards universal health coverage. The WHO Report is accompanied by ‘country profiles’ that provide valuable data on the current situation for cancer in each country so that policy makers can make informed decisions.

• ESMO encourages national oncology societies to support their government’s cancer efforts, and also to hold them accountable to achieve the goals in the WHO Resolution and UN Declarations for the reduction of cancer deaths by 25% by 2025 and by 33% by 2030, and to provide a system of universal health coverage by 2030 that leaves no cancer patient behind.
THANK YOU!