ICR The Institute of Cancer Research

Consensus statements on cancer drug pricing and access

Organised by The Institute of Cancer Research, London

November 2020

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Introduction

We now know more than ever about the genetic changes driving cancers and we are reaping the rewards of this with a range of exciting new targeted treatments and immunotherapies for cancer.

But cancer is enormously complex and we are not yet where we need to be. Only through radical innovation will we overcome and prevent the biggest challenges in cancer treatments – cancer evolution and drug resistance.

We are making progress in discovering exciting new cancer medicines but there are still key challenges that will need to be overcome to ensure more patients can benefit from these advances. Survival remains poor for many cancer types, and it is taking far too long to bring new cancer drugs to patients.

The ICR's Summer Summit brought together experts from academia, industry, the charity sector and policy makers to fully understand views across the community on what needs to be done to accelerate the delivery of innovative new drugs to patients and make big leaps forward in cancer survival, particularly in cancers of unmet need.

Sessions challenged the attendees to come up with and agree ideas for working together to reduce the price of cancer treatments, get drugs approved more quickly and ensure innovative drugs are approved for cancers of high unmet need.

The contributors sought to generate ideas and seek consensus on how to solve the current crisis in drug pricing and access for patients by working together across organisational boundaries and different perspectives.

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This report highlights the resulting consensus statements, looking at how to reshape the landscape for cancer drug discovery and development to accelerate access to today's innovative drugs and to incentivise creation of tomorrow's cures.

Professor Paul Workman FRS FMedSci

Chief Executive, The Institute of Cancer Research

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Recommendations

1. We support work to explore ways to tie a drug's price more closely to the outcomes it delivers for NHS patients. We see this as a promising way of ensuring the NHS gets value for money for innovative new cancer medicines while providing access to the newest and most exciting treatments for patients.

2. We recommend that the flexibility to vary the price of drugs for different indications be explored when the next medicines pricing deal is negotiated. Being able to vary a drug's unit price or apply discounts across multiple indications could encourage companies to bring drugs to market for new conditions, increasing access to treatments in areas of unmet need.

3. The NHS lacks the infrastructure to collect the robust and detailed prescribing data needed to support new models of drug pricing. We recommend that the Government and pharmaceutical industry work together to expand the necessary digital infrastructure and personnel, so drug prices can be aligned with outcomes or varied by indication.

4. We are concerned that competition law is preventing companies from working together to take innovative drug combinations to the market, by making it more difficult to share the prices of drugs. We strongly urge the Competition and Marketing Authority to issue clear guidance within existing legal arrangements to make it easier for companies to collaborate on potentially life-saving new combination treatments – which will be essential for overcoming cancer evolution and drug resistance. If necessary, we believe exemptions should be written into the relevant legislation.

5. We believe diagnostic tests for biomarkers are key to advancing precision medicine and want to see them used as standard with new targeted treatments. Initial plans to only update the National Genomic Test Directory annually could lead to delays of many months before the latest tests are

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available on the NHS, with potential knock-on impacts on drug access. We call for a clearer route for diagnostic tests to reach the NHS alongside new treatments, for example by adding new tests to the directory as drugs are approved, to open up faster access to the latest biomarker tests.

6. Waiting for clinical trials to show an overall survival benefit can take a long time and cause unacceptable delays for patients in accessing new treatments. We believe that the public and private sectors should collaborate on dedicated research to investigate the accuracy of surrogate measures in predicting future survival benefit, to support licensing bodies and NICE in making more flexible decisions on evidence.

7. We believe a drug's degree of innovation in its mechanism of action should be properly considered when evaluating new treatments for use on the NHS. It is vital that we give patients access to innovative new treatments that attack cancer in brand new ways, since these are most likely to deliver step-change advances in treatment, especially as part of drug combinations.

8. We call for greater cooperation between the public and private sectors in delivering research dedicated to the discovery and development of drugs for cancers of particularly high unmet need. We need to consider how new incentives or other Government interventions could strengthen research activity in those cancers where survival remains very poor.

9. We support efforts to develop a simple online portal for the health innovation ecosystem to provide access to a wide range of information for those working in the life-science sector. We commend the work of the Accelerated Access Collaborative in developing this resource, and recommend that it includes information and signposting on funding sources, regulatory processes and schemes to fast track new drugs – as a means of getting innovative treatments to patients as quickly as possible.

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