From Podium into Practice: Working Together to Revolutionise Cancer Care in the Real World

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PHARMA PARTNERSHIP

Interview Summary

Cancer is on course to be the leading cause of death in the EU by 2035. Europe's population is ageing rapidly, and obesity rates continue to climb; meanwhile, healthcare systems struggle with delayed diagnoses and unequal access to treatments.

Despite these challenges, the oncology community has many reasons to be optimistic. Our increased understanding of cancer has enabled us to create potentially transformative treatments, which could deliver life-changing outcomes that were unimaginable 20 years ago. Much of this emerging science has been showcased at this year's European Society for Medical Oncology (ESMO) Congress, leading to well-warranted excitement across the community.

However, it will take more than early research and positive clinical trial data to transform cancer care. We must embed new technologies and approaches in real health systems, looking 10 or 20 years ahead, to truly redefine cancer care.

Greg Rossi, Senior VP, Head of Oncology, Europe and Canada, AstraZeneca, shares his thoughts on the critical approaches and concrete steps needed for progress and the importance of collaboration to achieve these goals.

INTRODUCTION

Based on current projections, cancer will be the leading cause of death in the EU by 2035.[1]

Why? Firstly, demographic factors associated with cancer are on the rise, especially age and obesity. Europe's population is ageing rapidly, with the over-65 population doubling from 11% to 22% between 1970–2023.[2] At the same time, obesity rates across Europe have climbed from around 12% in the early 1980s to well over 20% by 2016.[3] These demographic factors are compounded by a combination of delays in presentation and diagnosis, inequitable access to medicines, lack of clarity around expected treatment responses, and suboptimal care pathways, which can ultimately lead to progression and mortality. Too many people wait too long to access potentially lifesaving diagnostics and treatments, while pressures continue to grow on already stretched healthcare systems.

Sadly, an individual's experience of cancer and chances of survival depends very much on who they are and where they live. Differences between countries are stark; for example, based on the EUROCARE-3 study published in 2018, 5-year survival in lung cancer ranged from under 10% in Bulgaria to over 20% in Latvia.[4]

There is also immense inequality within countries in Europe. For example, cancer mortality rates are 75% higher for men than women across the EU27, a pattern which pertains in every European country.[5] People with lower levels of education have higher mortality rates for nearly all types of cancer compared with their highly educated counterparts.[6] Across the globe, there are also poorer cancer survival rates for people living in rural areas compared with those in urban areas.[7]

TRANSLATING PROMISING PODIUM PRESENTATIONS INTO BETTER CARE FOR PATIENTS

The cancer community has many reasons to be optimistic. Over the last few decades, our increased understanding of cancer has enabled us to take significant strides forward in tackling the disease. We now have transformative treatments with the potential to deliver life-changing outcomes that would have been unimaginable 20 years ago. Many people with cancer are now living longer, healthier lives.[8]

Looking ahead, we can see critical trends for how the future of cancer treatment will continue to evolve. For example, the next wave of immuno-oncology therapies has the potential to empower the immune system to better recognise and kill cancer cells, overcoming immunosuppressive mechanisms that cancers can develop as they evolve. In addition, the next generation of cell and gene therapies, multi-specific biologics, or radioconjugates have the potential to change the lives of more patients than ever before. Collaborative research partnerships, such as the joint AstraZeneca–Cancer Research UK Functional Genomics Centre[9] that uses CRISPR technology, big data, and clinical insights to discover new targets and disease pathways in oncology, are critical for continuing to advance the science and develop innovative cancer medicines.

Much of this emerging science has been showcased at this year's ESMO Congress. It has been exciting to see scientific research continue to elevate treatment expectations across many different cancer types, including those that have traditionally been tough to treat and have seen little progress in decades.

We must, however, recognise that it will take so much more than positive clinical trial data to transform cancer care. Embedding new personalised treatments, technologies, and clinical approaches in real health systems and patient pathways is incredibly complex and intertwined with multifactorial issues. Together, across healthcare, research, patients, governments, and industry, we

need to look ahead to the next 10–20 years and seize the opportunities to redefine cancer care.

Rossi sees four key areas of focus:

Early Detection and Screening

An essential first step is to detect cancers earlier. A 20-year follow-up of the International Early Lung Cancer Action Plan (ELCAP) found that when lung cancer is detected at an early stage, up to approximately 80% of people live for 10 years or more;[10] the 5-year survival rate drops to a mere 10% if the cancer is detected at a late stage.[11] This pattern is mirrored in other cancers.[12]

Screening is a core component of early detection, but its full potential is yet to be realised across Europe. In 2023, the European screening recommendations were expanded to include lung and prostate cancer.[13] However, while many European countries have already seen promising results from pilot screening programmes for lung cancer, very few have made the transition to implementing a national programme. Furthermore, "we need to accelerate the use of blood tests alongside screening to detect cancer earlier and expand population-scale initiatives, like the NHS-Galleri study, which randomised 140,000 people in just 1 year," Rossi emphasised.[14] "In future, I would like to see all people at high risk of cancer benefit from early detection and screening."

Timely and Equitable Access to Diagnostics and Treatment

In the past 10 years or so, incredible advances in genomics, imaging, and other fields have transformed the ability to characterise cancer based on genetic markers or individual risk profiles. This has opened the door for personalised care approaches, where treatments can be tailored, improving people's survival and quality of life and reducing their exposure to side effects from treatments that are likely to be ineffective.[11]

Unfortunately, not everyone has access to the diagnostic tools needed to achieve personalised cancer care. There are significant disparities in access even for some of the more conventional biomarker tests that have been around for years.[15] "We need to challenge health systems to integrate these new diagnostics into models of care, with appropriate and up-to-date regulatory and funding pathways to make sure this happens," said Rossi. Ambitious pilots should be considered to increase the national adoption rate of these new technologies; for example, AstraZeneca (Cambridge, UK) has established a consortium with three pathology laboratories in France that are completely digitising their activities to prepare for AI algorithm implementation. Over the next 5 years, Rossi mentioned that they aim to establish best practices, demonstrate value, and build the case for nationwide investment.

Even when patients are diagnosed, Europe still lags behind in terms of access to medicines. Recent data regarding access to medicines in the EU shows that only 50% of EMA-approved indications are available in all EU member states, with the average EU patient waiting over 500 days after EMA approval to gain access.[16] This can have devastating consequences for patients, and improvement is needed. Rossi emphasised that: "We must work together to remove these barriers and ensure that Europeans receive timely access to treatments." The EU regulation on Health Technology Appraisals (HTA) is one initiative that aims to address some of these challenges. However, for this to be successful in accelerating timely access across the entire region, member states must work with the relevant stakeholders to align their clinical evidence reviews and, in many countries, significantly speed up their access decision processes.

Equitable Access to Clinical Trials

Clinical trials are fundamental to bringing new treatments into practice, so it is important to make Europe an environment that promotes research and innovation as recognised in the Accelerating Clinical Trials in the EU (ACT EU) initiative.[17] Rossi

said: "I despair seeing obstacles hindering a productive environment for clinical trials in Europe, including a slow approvals process and conflicting application requirements between countries.[18] This needs to change if we are to make Europe a hub of innovation and research in health." He added that "data must flow for research, and healthcare records must be used to bring new efficiencies to trials. This includes digital tools for patient identification, consent, treatment, and follow-up. The European Health Data Space[19] offers a promising framework, and we must ensure that this is implemented in a way that benefits our ability to do effective research."

Another area of concern is inequity in clinical trials. In Europe and globally, only a minority of people with cancer participate in clinical trials, and participation is particularly low among those from underserved communities, who are often disenfranchised from health systems and have the poorest outcomes.[20,21] Ensuring that participants in clinical trials accurately represent the entire population these treatments are designed for is thus an important goal and one that, if not achieved, risks developing ineffective and inappropriate interventions.

Sustainable and Resilient Healthcare Systems

"We will not progress in cancer care without strengthening health systems as a whole and tackling the challenges facing them," Rossi said. Probably the most urgent among these is the workforce crisis; the number of people diagnosed with cancer in Europe is projected to increase by 21% in 2040,[22] while the total healthcare workforce is expected to grow by only 5%.[23] This imbalance could lead to a shortage of 4.1 million healthcare workers in Europe by 2030; "a scary thought".[23]

Rossi added: "Of course, clinically trained staff will not materialise overnight, so creative thinking is needed to optimise models of care. This is where AI and digital technologies can help cancer care professionals deliver faster, more accurate, and resource-efficient care. Better integration of patient care pathways will also be key, building on Europe's growing network of comprehensive cancer centres."

CONCLUSION

"Now, more than ever," Rossi emphasised, "we have the opportunity to change the course of cancer care for future generations. Forging even stronger partnerships between clinicians, governments, industry, and patients is the right thing to do; it will enable us to take concrete action. People living with cancer need us to take on this challenge, and I'm confident that by working together, we can deliver."

References

1. European Commission. Europe's Beating Cancer Plan. 2021. Available at: https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf. Last accessed: 14 October 2024.
2. World Bank Group. Population ages 65 and above (% of total population) - European Union. Available at: https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=EU. Last accessed: 14 October 2024.
3. World Health Organization (WHO). WHO European Regional Obesity Report. 2022. Available at: https://iris.who.int/bitstream/handle/10665/353747/9789289057738-eng.pdf. Last accessed: 14 October 2024.
4. The Swedish Institute of Health Economics (IHE). Tackling inequalities in cancer care in the European Union. Available at: https://efpia.eu/media/cnygfywo/tackling-inequalities-in-cancer-care-in-the-european-union.pdf. Last accessed: 14 October 2024.
5. European Cancer Inequalities Registry (ECIR). ECIR data tool. Available at: https://cancer-inequalities.jrc.ec.europa.eu/. Last accessed: 14 October 2024.
6. Vaccarella S et al. Socioeconomic inequalities in cancer mortality between and within countries in Europe: a population-based study. Lancet Reg Health Eur. 2022;25:100551.
7. Afshar N et al. Rural-urban residence and cancer survival in high-income countries: a systematic review. Cancer. 2019;125(13):2172-84.
8. Botta L et al. Changes in life expectancy for cancer patients over time since diagnosis. J Adv Res. 2019;20:153-9.
9. Cancer Research Horizons. Functional Genomics Centre. Available at: https://www.cancerresearchhorizons.com/our-translational-science/functional-genomics-centre. Last accessed: 14 October 2024.
10. Henschke CI et al. A 20-year follow-up of the International Early Lung Cancer Action Program (I-ELCAP). Radiology. 2023;309(2):e231988.

11. The Health Policy Partnership (HPP). Powering the future of cancer care with advanced diagnostics. 2024. Available at: https://www.healthpolicypartnership.com/app/uploads/Powering-the-future-of-cancer-care-with-advanced-diagnostics_report.pdf. Last accessed: 14 October 2024.
12. United States National Institutes of Health (NIH), National Cancer Institute (NCI); Surveillance, Epidemiology, and End Results (SEER) Program. Cancer stat facts. Available at: https://seer.cancer.gov/statfacts/. Last accessed: September 2024.
13. Lung Cancer Policy Network. What can imaging-based screening programmes learn from each other? 2024. Available at: https://www.lungcancerpolicynetwork.com/what-can-imaging-based-screening-programmes-learn-from-each-other/. Last accessed: 14 October 2024.
14. NHS Galleri Trial. About the trial. Available at: https://www.nhs-galleri.org/about-the-trial. Last accessed: 14 October 2024.
15. The European Federation of Pharmaceutical Industries and Associations (EFPIA). Unlocking the potential of precision medicine in Europe. 2021. Available at: https://www.efpia.eu/media/589727/unlocking-the-potential-of-precision-medicine-in-europe.pdf. Last accessed: 14 October 2024.
16. EFPIA Patients W.A.I.T. Indicator 2022 survey. Available at: https://www.efpia.eu/media/s4qf1eqo/efpia_patient_wait_indicator_final_report.pdf. Last accessed: 14 October 2024.
17. European Medicines Agency (EMA). Clinical trials in the EU - improving the clinical research environment. 2021. Available at: https://www.ema.europa.eu/en/annual-report/2021/clinical-trials-eu-improving-clinical-research-environment.html. Last accessed: 14 October 2024.
18. European Federation of Pharmaceutical Industries and Association (EFPIA). Breaking down barriers: making cross-border access to clinical trials a reality. 2024. Available at: https://www.efpia.eu/news-events/the-efpia-view/efpia-news/breaking-down-barriers-making-cross-border-access-to-clinical-trials-a-reality/. Last accessed: 14 October 2024.
19. European Commission. European Health Data Space. Available at: https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space_en. Last accessed: 14 October 2024.
20. Dunn C et al. Older cancer patients in cancer clinical trials are underrepresented. systematic literature review of almost 5000 meta- and pooled analyses of phase III randomized trials of survival from breast, prostate and lung cancer. Cancer Epidemiol. 2017;51:113-7.
21. U.S Food & Drug Administration (FDA). 2019 drug trials snapshots summary report. Available at: https://www.fda.gov/media/135337/download. Last accessed: 14 October 2024.
22. European Commission. European Cancer Information System: 21% increase in new cancer cases by 2040. 2022. Available at: https://joint-research-centre.ec.europa.eu/jrc-news-and-updates/european-cancer-information-system-21-increase-new-cancer-cases-2040-2022-03-16_en. Last accessed: 14 October 2024.
23. Vintura. Innovation for sustainable cancer care. Addressing urgent workforce shortages. 2023. Available at: https://www.efpia.eu/media/qdknvwve/addressing-urgent-workforce-shortages.pdf. Last accessed: 14 October 2024.

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