



National Comprehensive
Cancer Network®



GLOBAL POLICY WEBINAR SERIES:

Understanding the Global Challenges to Equitable, High-Quality Cancer Care

The Impact of Policy and Regulation on
Guideline-Concordant Cancer Care Globally

In 2022, the National Comprehensive Cancer Network (NCCN) hosted the NCCN Global Policy & Advocacy Webinar: The Impact of Policy and Regulation on Guideline-Concordant Care Globally. Speakers and panelists included physicians, patient advocates, and policy experts. Topics covered included the value of National Cancer Control Plans (NCCP), coordinated policy changes to expand cancer care services in the European Union (EU), and access to essential medicines low and lower-middle income countries (LLMICs). This summary article provides background on these issues, as well as initiatives and recommendations for improving and promoting equitable access to high-quality cancer care discussed during the webinar.

To view a recording of the series, visit <https://www.nccn.org/global/global-policy>

Introduction

Globally, a significant number of patients with cancer lack access to essential medicines, crucial health infrastructure, and coordinated multidisciplinary cancer care. One path forward is an active effort from policymakers and leaders around the world to remedy these issues through coalition building focused on high-incidence cancer types and standardization of care through clinical practice guidelines in oncology. Moreover, National Cancer Control Plans (NCCPs), access to medicines programs, cancer care funding legislation, and coordinated networks of care are all policy strategies to improve access.

At a national level, National Cancer Control Plans (NCCPs) serve as frameworks to plan, coordinate, and deliver cancer care based on relevant clinical cancer-care guidelines. NCCPs are developed based on the best practices, health infrastructure, and resources available in each country. Alongside NCCPs, access to essential cancer medicines is a crucial part of guideline-concordant cancer care. There are several global initiatives seeking to increase access to these medicines in low and lower-middle income countries (LLMICs). In some countries however, limitations on health infrastructure and a skilled health workforce create additional barriers to accessing essential cancer medicines. Without these crucial systems in place, the successful implementation of NCCPs is not possible. The **NCCN Global Policy & Advocacy Webinar: The Impact of Policy and Regulation on Guideline-Concordant Care Globally** provided a platform to address the role of policymakers, advocates, and non-governmental organizations in refocusing the discussion on remedying barriers and promoting policy strategies to improve guideline-concordant care.

National Cancer Control Plan (NCCP) Development and Implementation to Reduce Cancer Burden

In 2020, there were an estimated 19.3 million new cancer cases, and approximately 10 million deaths. Overall, cancer incidence and overall mortality are increasing worldwide, reflecting both population growth, aging, and changes in the distribution of the main risk factors for cancer, many of which are

related to socioeconomic factors¹. Beginning in the 1990s, Comprehensive Cancer Control (CCC) became a clearly defined concept, encompassing collaboration among multi-sector stakeholders, use of data to drive priority actions, research to identify evidence-based interventions, and the development and implementation of a written plan reflective of a community's cultural context and health system to drive change². Building on the tenants of CCC, National Cancer Control Plans (NCCPs) are a country-level plan that considers the available resources and infrastructure within a country to best reduce cancer incidence and burden.

NCCPs are defined by the World Health Organization (WHO) as public health programs designed to reduce cancer incidence and mortality and improve the quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment and palliation, making the best use of available resources. There are several crucial factors in the construction of NCCPs, including a country's population age and cancer burden, what will be included in the plan and how it will be executed, the available resources in-country, as well as the in-country healthcare system and socioeconomic environment. In recent years, there has been progress in the creation and early implementation of NCCPs. In 2013, 66% of countries had operational cancer plans, which grew to 81% of countries in 2017³. However, a joint report from the International Cancer Control Partnership (ICCP) and Union for International Cancer Control (UICC) noted that despite an uptick in the creation of NCCPs, many of the cancer control plans do not address country specific issues in a goal-oriented, problem-specific, and resource-appropriate manner.

There are, however, several macro-level interventions that countries can take to help prevent specific cancers. One significant step to reduce cancer incidence is to eliminate tobacco usage within countries, as tobacco is the single most important risk factor for cancer and accounts for 22% of cancer-related deaths globally⁴. A second major policy action focuses on immunization programs within countries. In lower- and lower-middle income countries, about 25% of cancers come from infections,

such as HPV and Hepatitis B. Available vaccines for these diseases are a proven and useful tool in reducing the cancer burden in countries with high infection rates. A third approach for countries to take is to promote healthier lifestyles among their populations. Promoting healthier lifestyles, including more physical activity and less alcohol consumption leads to a reduction in all non-communicable diseases (NCDs) risk, and freeing up critical healthcare resources. Finally, countries can strengthen primary care services, while integrating primary, secondary, and tertiary care to improve screenings and ensure the continuum of care. Primary care physicians play a crucial role in early cancer diagnoses, and increased screenings throughout lifelong care can help reduce late-stage cancer presentation.

The European Cancer Organisation (ECO) is contributing to a comprehensive cancer plan to use evidence-based interventions to reduce cancer incidence across the European Union (EU). The initiative, known as the Beating Cancer Plan for Europe, was presented at the **NCCN Global Policy Webinar Series: The Impact of Policy & Regulation on Guideline-Concordant Care**. The Beating Cancer Plan realizes shared challenges in cancer control, such as a continent-wide aging society and access to innovation. The Plan also seeks to leverage the power of data for better outcomes, implement measurable targets, and utilize a public-facing mechanism by which the continent can see progress toward the reduction and elimination of cancers across Europe. Richard Price, Head of Policy at ECO, outlined the ten flagships of the Plan, ranging from expanded vaccination efforts, to increasing education initiatives around the dangers of cancer. He also discussed both hard approaches such as policy change, and soft approaches such as education as critical elements of the plan in curtailing cancer incidence. During the corresponding panel discussion, Richard Price and Agata Polinska, a Polish patient advocate from the Alivia Foundation, discussed the importance of standardizing European cancer care through data-driven cancer registries, creating a baseline from which European cancer centers can share data, best practices, and knowledge. This standardization is crucial for linking cancer centers across Europe through data-driven and evidence-based interventions to provide the best cancer care for patients.

Access to Cancer Essential Cancer Medicine

An invaluable part of NCCPs, and cancer care in LLMICs specifically, is access to essential cancer medicines and treatments at an affordable price. This is a complex, albeit critical problem that must be addressed to ensure access to guideline-concordant care globally. Today, quality, guideline-concordant cancer care is available in less than 15% of LMICs, compared to more than 90% of high-income countries delivering care⁵. Additionally, around 70% of the estimated 10 million cancer deaths occurred in LLMICs in 2020, a much larger share of the burden in resource-scarce countries⁶.

The WHO Essential Medicines List (EML) is a frequently updated list of medicines that address gaps in access to priority care. The list identifies priority medicines that are most important to public health and aims to allow increased access to these life-saving medicines. As the global disease burden has shifted from communicable to NCDs over the past three decades, the EML has reflected these changes. Cancer, which is the second leading cause of NCD mortality, has seen the number of treatments rise on the EML from seven in 1977 to fifty-five in 2019⁷. A 2021 study published in *Lancet Oncology* examined access to cancer medicines on the EML across the economic spectrum of countries. The study found that respondents indicating universal availability of each top 20 medication was 9–54% in LLMICs countries, 13–90% in upper-middle-income countries, and 68–94% in high-income countries⁸. Additionally, the risk of catastrophic expenditure on cancer medication was much more common in low-income countries compared to high-income; 13-68% to 0-9% respectively.

During the webinar, Melissa Rendler-Garcia, Global Special Advisor at UICC, gave a presentation on the Access to Oncology Medicines (ATOM) Coalition. This new initiative, established by UICC and collaborators, including NCCN, aims to improve access to oncology medicines based on the WHO EML for cancers with the highest incidence in LLMICs. These cancers include lung, colorectal, breast, cervical, prostate, and childhood cancers. The coalition uses a partnership model to assess country-specific

needs, support access to medicines including through generics and biosimilars, and increase capacity for diagnostics and medicine storage. The ATOM Coalition is a crucial step forward in ensuring that all countries have access to essential, life-saving medicines regardless of economic status. As noted in the panel discussion by Zambian oncologist Dr. Msadabwe-Chikuni, Agata Polinska, and Richard Price, access to oncology medicines varies both regionally as well as across continents. Dr. Msadabwe-Chikuni further pointed out that resource stratified guidelines, such as the NCCN Harmonized Guidelines, can allow coalitions such as ATOM to have great success in ensuring access to oncology medicines in LLMICs.

The barriers to accessing crucial cancer medicines in LLMICs are clear; frontline providers and patients do not have the medicines they need. In ensuring guideline-concordant care, there are steps that policymakers can take to remedy these issues. These include updated national, evidence-based medicines lists (NEMs), procurement and supply chain practices, and clinical guidelines and training healthcare workers⁹. Governments alone cannot solve these complex issues. Instead, a multi-stakeholder approach comprising physicians and patients, patient advocates, industry, and policymakers is essential in ensuring increased access of important cancer medicines to patients.

To conclude the webinar, NCCN CEO Dr. Robert Carlson asked panelists which single policy they would change, or enact, to ensure timely access to guideline-concordant care in the next 5 years. Richard Price of ECO, as well as patient advocate Agata Polinska both spoke of the need for standardized and measurable standards of care across Europe. Dr. Matti Aapro, Immediate Past-President of ECO, Dr. Msadabwe-Chikuni, and Melissa Rendler-Garcia all highlighted the need for cancer to become a government priority, shown through funded NCCPs and legislation ensuring access to resources for cancer control plans. All these items are data-driven, and essential for worldwide access to guideline-concordant care.

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