Cutting-edge cancer treatments: expense and expectation?
Note of the ICPV workshop

Thursday 23rd February 2012
Cancer Research UK, London Research Institute, 44 Lincoln's Inn Fields, WC2A 3LY

The main actions from the meeting included:

1. ICPV to consider what approach it could take to lobbying for off-patent cancer therapeutics to be granted a licence to be used in prevention.
2. ICPV to consider how it could lobby MEPs to support a revision of the Directive that will benefit cancer research.
3. ICPV to organise a full day on radiotherapy.
4. ICPV to discuss a policy with pharma around involving patients.
5. ICPV to look into getting involved with VBP

What do cancer patients want from the NHS?

Laura Thomas, Ipsos MORI

The presentation focused on how patients viewed the NHS and the healthcare challenges of the future. It set a scenario asking which types of treatment people in the audience thought society should value most.

Laura said that gauging public opinion on healthcare were very difficult compared to other fields and that there were many conflicting opinions. She demonstrated the slow shift in public opinion from believing that the NHS should be maintained no matter what the cost and that all treatments should be made available to one in which certain sections of the public had begun to accept that debates about rationing and efficacy were needed.

The presentation demonstrated the difficulty in dealing with public's perception of the NHS and the challenge that health and patient groups had in influencing change.

Stratified medicine – What is it and could it reduce costs in long term?

Dr Emily Shaw, Clinical Lead, Stratified Medicines Programme, Cancer Research UK

Stratified medicine looks to characterize a target population based on its DNA. It is used to divide patient populations into different subtypes and tailor treatments so that they are as effective as possible. This has the potential to be a significant innovation for the health service.

Emily gave an overview of how the first phase of Cancer Research UK's stratified medicine programme was running. It is currently in a proof of concept phase demonstrating that a biopsy can be taken from a patient to an expert pathology lab to undergo genetic tests and that this data can then be relayed back to health professionals in a clinically relevant timescale.

If molecular testing can be applied to target drugs to patients it will be effective in, it is expected that it will make treatments more cost effective and also assist with clinical trials and drug development. NHS resources such as pathology labs need to be greatly improved in order to facilitate wide spread genetic testing.

What is the role of chemoprevention & do we need to licence drugs for this use? What is the future for use of orphan drugs?
Professor Jack Cuzick, Wolfson Institute, Centre for Cancer Prevention

Jack outlined how cancer therapies should prevent cancer and stated that breast cancer was the obvious place to start because it affected women younger and there were established treatments on the market which could prevent the disease.

Using tamoxifen it is possible to prevent half of oestrogen receptive tumours, although 10% of women who used it reported serious hormonal issues. For women with a particularly high risk of breast cancer, evidence showed that using particular compounds such as aromatase inhibitors, a 75% protection against oestrogen receptive breast cancer could be achieved.

Despite the evidence presented in these studies the use of these drugs could not be provided as treatments on the NHS as they did not have marketing authorisation. Jack said that marketing authorisation could only be achieved via a submission by a drug manufacturer but none were willing to submit an application.

Jack stated that there is a potential change in NICE guidelines which would mean that GPs could start prescribing these drugs for prevention. There are also ongoing discussions about how to get the drugs licensed so that GPs could start routinely prescribing them.

Imaging in research and early drug development – role of ECMC.
What happened to the "Star Wand?"
Professor Kerry Chester, Professor of Molecular Medicine, University College London

Kerry outlined the role of Experimental Cancer Medicine Centres, their work in the early stages of research and in the development of new treatments. The ECMC's are particularly patient focused and look at how to optimise the patient experience and deliver innovative new treatments to patients. The resources of the ECMC created the best possible environment for scientific breakthroughs in cancer as they are well resourced and foster collaboration between clinicians and basic scientists.

Kerry gave an overview of the 'starwand' project that was currently underway at the UCL ECMC. The concept of the starwand was to target specific tumours using specially designed antibodies which are attracted and connect with certain types of tumour cell. Using this targeted pathway it is hoped that the antibody could deliver nano-particles to the tumour area. Once these particles have been delivered they are then activated which means that they heat up the tumour cells, killing them in the process. The advantage of this method is that the heating is localised and does not damage the surrounding tissue.

Currently the project has received funding to test this method in a clinical trial in global blastoma. In this case the antibody and nano particles will be injected directly into the brain. Researchers are currently working on a way in which the antibody can locate the tumour itself.

A significant advantage of antibody delivery is that it delivers drugs directly to the tumour site, making toxic drugs more effective and less harmful to the patient. Currently Kerry and her team are receiving European funding despite the lengthy negations that had to take place.

Supporting research, protecting patients Cancer Research UK's recommendations to reform the Clinical Trials Directive

Emma Greenwood, Policy Manager, Cancer Research UK

Emma Greenwood gave an overview of the work of Cancer Research UK and its commitments to clinical research. In particular Emma focused on the effects that the European Clinical Trials Directive has been having on creating a complex regulatory environment which delays or prevents research from taking place due to the amounts of bureaucracy. Cancer Research UK and other funding organisations are lobbying the European Union and its institutions to reform the Directive to make clinical research easier to perform. Emma stated that using patients' stories of research was important to bringing this issue to life.

To download on CRUK's recommendations to reform the clinical trials directive and other policy documents http://info.cancerresearchuk.org/publicpolicy/workingwithgovernment/europe/

Delivering World Class Radiotherapy

Tim Cooper, NCAT

The presentation focused on the progress in radiotherapy that has been made over the last few decades. 2011 was the 'Year of Radiotherapy' which promoted the key messages that radiotherapy cures cancer, is cost effective and is cutting edge. A YouGov survey conducted at the beginning and end of the year showed that awareness of and positivity towards radiotherapy among the public have increased. Waiting times for radiotherapy are now being met, saving around 2,500 lives per year. New technologies such as the more precise Intensity Modulated Radiotherapy are being rolled out across the NHS.

An update to the 2007 National Radiotherapy Advisory Group report will soon be published to look to 2020 and beyond. A survey of patient experience of radiotherapy is currently underway. This will assess patient demand for out of hours radiotherapy appointments, amongst other things. Tim updated the group on the progress made against each of the recommendations set out in a 2009 Cancer Research UK report. The service is now planning for the future, measuring success via the Radiotherapy Dataset, using a modelling tool to ensure equality of access, working to ensure the workforce has the appropriate training, introducing new technologies and raising awareness.

New models of radiotherapy

Dr Jayant Vaidya, UCL

Jayant presented on the TARGIT method of radiotherapy. This works by irradiating the tumour bed during surgery, meaning that the dose is more precisely delivered to where it is needed. This work has been ongoing since 1997 when exploratory research looked at whether radiotherapy around the tumour works. Patients were often undergoing unnecessary mastectomy as it was not always possible for patients to attend hospital every day for radiotherapy. This could have significant psychological effects, for example, that patients' outlook may be worse if they are undergoing a mastectomy. The TARGIT method allows fewer, better targeted doses of radiotherapy to be delivered, and could save money.

This method is slowly being introduced in the UK, and researchers are investigating the possibility of applying it to other cancer types.

Drug Pricing Issues
Rob Day, Pfizer

Rob pointed out the huge impact pharmaceutical innovation has had on healthcare (as well as contributing to the economy), illustrating with key milestones. He stated that drugs cost a lot of money and take a long time to develop, especially at the point of phase II and III clinical trials. He acknowledged that beating cancer is not all about medicines, but prevention also plays a key role. The number of branded medicines is decreasing, and the number of generic medicines increasing as patents expire. This could save money for the NHS. In cancer the research and development process is increasingly focusing on smaller patient populations as drugs become more targeted. He finished by asking about what will happen to Cancer Drugs Fund Drugs when it ends in 2014.

Relationships between pharma and patients
Stuart Pritchard, GSK

Stuart started by stating that the relationship between pharmaceutical companies and patients is a controversial area that has received some negative press attention. Patients and pharma have the shared concern around ensuring that patients can access effective treatments. Patient groups have an increasingly powerful voice. Industry engages through: funding, donations, educational support, training, collaboration and discussing health policy. Stuart stated that this engagement is not designed to market products, but to support public policy work. The key principles around this engagement are that: the independence of patient groups should be assured, transparency, mutual respect and trust, there is no undue influence from GSK in terms of product promotion and GSK will always comply with local laws/governance when working with patient groups. They do not offer any groups more than 25% of that specified group's income, to ensure independence and because diversity of funding streams is important. GSK also disclose both their financial and non-financial support. The ABPI has a code of practice.

General discussion

Value Based pricing
The pharma representatives set out that VBP aims to assess drugs using criteria focusing on unmet need, severity of disease and innovation. The Government consulted on this issue and is now working up proposals, though no-one knows what they will look like and time is running out before the deadline of 2014.

There are a number of unanswered questions about VBP, e.g. what happens to drugs currently funded on the CDF? Cancer Research UK is involved in this issue and has published a report looking at the patient perspective.

Go the link below for a copy of the report.
http://scienceblog.cancerresearchuk.org/wp-content/uploads/2011/12/CR-UK-Patients-Views-on-VBP.pdf