



Access to oncology drugs in France, Germany, Great Britain (GB), Italy and Spain. A comparison based on sales years 1998-2008



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Background

Drugs constitute a key element in the treatment of cancer. Drugs provide prolonged survival, or even increased cure rates in many malignancies. Thus, it is important to offer patients in Europe similar treatments, irrespective of country of residence.

We have analyzed the access and uptake of oncology drugs in 27 countries over a 10 year period (1998-2008) based on sales data provided by IMS Health.

Methods

In five European countries (France, Germany, GB, Italy, Spain) we study cancer drugs with three different perspectives:

1. "all" cancer drugs (ATC code L1-L2A+B)
2. "mature" cancer drugs a selection of drugs approved in 2002 or before (irinotecan, aromatase inhibitors (AIs), oxaliplatin, docetaxel, rituximab, gemcitabine, trastuzumab, imatinib)
3. "new" cancer drugs a selection of drugs approved in 2003 or later (bortezomib, cetuximab, bevacizumab, pemetrexed, erlotinib, sorafenib, sunitinib, dasatinib)

The "mature" drugs have been selected based on the fact that there is accumulated evidence from clinical trials, as well as from clinical practice, that they impact outcome. The "new" drug were selected based on the timing of introduction, as well as new therapeutic targets.

Results

We see very different patterns of use in countries studied. The total use of cancer drugs (€/capita) in 2008 is highest in France and lowest in GB, with the other countries at a relatively similar level in-between. The small price differences between countries do not explain the differences seen.

The pattern of use of "new" drugs follows that of "mature" drugs, but the very low use of "new" drugs in GB is noticeable. The differences seen between groups, are also reflected in the use of individual drugs, although for example AIs and trastuzumab in the "mature" group have a more uniform use across the countries.

The expected survival for cancer patients have been lower in GB compared to other western European countries, but further studies are needed to establish the impact of treatment patterns on population based outcome.

Conclusions

Our findings indicate that differences in access between countries is related to health care system factors rather than evidence on outcome of cancer drugs.

More data are available at www.comparatorreports.se

"All" Cancer Drugs L1 + L2A+B

X axis = Years
Y axis = Sales in €/100,000 inh.

"Mature" Drugs

E 13 = 
 France (FR) = 
 Germany (DE) = 
 Great Britain (GB) = 
 Italy (IT) = 
 Spain (ES) = 

"New" Drugs

Total sales of oncology drugs during 1998-2008 in Euros/100,000 inhabitants in E13= western European average; France (FR), Germany (DE), Great Britain (GB), Italy (IT) and Spain (ES).

