

## **THE CANCER PATIENT STATEMENT OF PRINCIPLES:**

### **Prevention, Innovation, Access, and Early Approvals**

#### ***PRINCIPLE 1:***

Prevention is the key to reducing the burden of cancer. We must support every reasonable attempt to encourage studies of cause and prevention to reduce the number of new cancer cases.

#### ***PRINCIPLE 2:***

Continuing innovation is critical to the early diagnosis and the more effective and safer treatment of the vast majority of patients with cancer.

#### ***PRINCIPLE 3:***

Equality of access (and equality of insurance coverage) should be available for all patients to all approved cancer treatments.

#### ***PRINCIPLE 4:***

National policies and procedures for early approval of new treatments for cancer and other deadly diseases need to be reformed and streamlined.

#### ***PRINCIPLE 5:***

An efficient and effective mechanism is needed to permit access to unapproved and experimental therapies for patients who have exhausted other available possibilities.

## **THE CANCER PATIENT STATEMENT OF PRINCIPLES: Prevention, Innovation, Access, and Early Approvals**

***PRINCIPLE 1: Prevention is the key to reducing the burden of cancer. We must support every reasonable attempt to encourage studies of cause and prevention to reduce the number of new cancer cases.***

- A study in the *Journal of Clinical Oncology* projects that the number of new cancer cases diagnosed each year will jump 45 percent in the next 20 years.
- In multiple myeloma an even greater increase (57%) is projected, and we are already seeing increasing diagnoses in patients under age 65 including patients in their thirties, in what was once a “rare disease of the elderly.”

***PRINCIPLE 2: Continuing innovation is critical to the early diagnosis and the more effective and safer treatment of the vast majority of patients with cancer***

- We are in full support of the tenets of the 21st Century Cancer ALERT Act and other federal initiatives that support and encourage research.
- We believe in the importance of new and better tests to ensure the early diagnosis of all clinically significant forms of cancer
- We believe a deep diverse pipeline of new and better treatments will lead to better outcomes and a better quality of life for all patients.
- We believe in full funding of legislation that promotes and encourages drug and biomarker research and development intended to bring new options for patients in need.

***PRINCIPLE 3: Equality of access (and equality of insurance coverage) should be available for all patients to all approved cancer treatments.***

- Every cancer patient should have access to the treatments recommended by their physicians.
- Patients should not suffer from *cost discrimination* based on the type of therapy provided or the mechanism of delivery
- Oral drugs should have the same coverage as intravenous drugs, surgery, radiation, transplantation, etc.
- The Medicare donut hole is an arbitrary and unfair burden on our most vulnerable citizens.

***PRINCIPLE 4: National policies and procedures for early approval of new treatments for cancer and other deadly diseases need to be reformed and streamlined.***

- In the interests of patients with disorders with a 5-year survival rate of less than 50 percent, the emphasis should be on proof of effectiveness and early availability, with full disclosure of risk for adverse effects.
- A more efficient mechanism is needed for early approval of off-label uses of already approved medications, possibly based on registry data, actual clinical practice, peer reviewed studies and NCCN guidelines without the expense and delay of complex and time-consuming clinical trials.

***PRINCIPLE 5: An efficient and effective mechanism is needed to permit access to unapproved and experimental therapies for patients who have exhausted other available possibilities.***

- In the United Kingdom, in 2008, the Department of Health gave approval to a network of 19 hospital units where terminally ill cancer patients can volunteer to participate in trials of experimental cancer therapies that may be years away from approval.
- It should be easy, not difficult, for patients who have run out of other options to gain access to investigational drugs whenever possible – with appropriate clinical input.