European Alliance for Personalised Medicine

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HTA & Congresses dominate coming months

Welcome to the October edition of the EAPM newsletter. The holiday season now seems an age away and the hard work has begun again in earnest.

Not only does the Alliance have an upcoming third roundtable on HTA in the pipeline, but it will also be present at the ESMO Congress while gearing up for the Alliance's own congressional gathering in Milan.

Also, EAPM is partnering a conference on HTA in Sofia, organised by the BAPPM, with the title '*Is HTA for Personalised Medicine products personalised?*'

And, lest we forget, we are not so far away now from the next European Parliamentary elections in May 2019, so spreading the personalised medicine gospel among MEPs old and new is an Alliance priority.

As suggested above, since the new working season began, EAPM has already been heavily engaged in the process surrounding the Commission's proposals on joint action on HTA and, most recently, this involved a lively roundtable meeting on the topic in the Brussels seat of Parliament.

More details of that meeting follow in this newsletter, but below is a recent timeline on HTA developments.

3 September: The Parliament's Industry, Research and Energy committee (ITRE) delivered its opinion, (which has been published in full, here, while talks continued in the Environment, Public Health and Food Safety Committee (ENVI), which met ahead of its own vote on compromises and amendments.

7 September: ENVI gathered once more to finalise a deal on the proposed EU-level HTA, largely backing the European Commission's plans.

13 September: Meeting in Strasbourg, ENVI overwhelmingly voted to adopt a series of amendments and compromises to the Commission proposal.

In all, there where 171 amendments and 62 compromises and there were 40 votes in support, with three against and two abstentions.

MEPs involved highlighted that there are many barriers to accessing medicine and innovative technologies. In the main, this comes down to a lack of new treatments for certain diseases and the high price of medicines.

In the pipeline:

- **12-13 October: HTA conference, Sofia**
- **19-23 October: ESMO Congress, Munich. EAPM engagement**
- **6 November: HTA meeting, Brussels**
- **26-28 November: Second Annual EAPM Congress, Milan**

Legal eagles

Those colleagues following the HTA debate will know that controversy surrounded the EU Executive's plans to make joint action mandatory and, while several Member States (notably France and Germany) feel that the Commission has overstepped its competence, Parliament's Legal Affairs Committee backed its plans as lawful under single market sections of the Lisbon Treaty.

The legal experts found that the Treaty sets out that the EU shares competence with the Member States regarding "common safety concerns in public health matters, for the aspects defined".

Parliament and the Council, acting in accordance with the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, will contribute to the achievement of the objectives through adopting, in order to meet common safety concerns, certain measures relating to public health, the committee pointed out.

Among these are "measures setting high standards of quality and safety for medicinal products and devices for medical use".

Crucially, Article 168(4) of the Treaty does not exclude any harmonisation of the laws and regulations of the Member States.

EAPM's roundtable on HTA

The Alliance continued its engagement in the ongoing debate on the Commission's proposals during a roundtable meeting on 26 September.

The stakeholder discussion, under the title '*Aligning the*

priorities between the healthcare community and the European Parliament: Where we are now and the necessary next steps for a regulatory framework for HTA', came ahead of a full European Parliament vote on the issue during the plenary in Strasbourg (3 October). Find the agenda here.

As mentioned, the ENVI committee oversaw amendments and compromises and the roundtable sought to provide a forum for MEPs to discuss them.

At the meeting, EAPM's executive director **Denis Horgan** (pictured above) said that, in particular, the roundtable aimed to support ways to enable Member States to strengthen their cooperation on HTA in a sustainable manner.

Also key was addressing the compromises "so as to ensure a better functioning of the internal market of health technologies".

Other solid aims included harnessing stakeholder views (patients, medical professionals, healthcare planners, industry and more), to give expert advice to MEPs on the practical consequences of the various amendments, and weigh up the pros and cons.

It was necessary to identify which ones will best facilitate "bringing new diagnostics and treatments into healthcare systems in a 'smart' way in order to achieve the desired outcome for patients and healthcare systems", Horgan said.

The roundtable was given an overview of where Europe is now, where it needs to be and what is required to ensure that the regulatory system responds to the needs of all stakeholders.

Alongside MEPs **Peter Liese** and **Soledad Cabezon Ruiz**, (the rapporteur for the ENVI committee) were representatives from DG Sante, relevant members of the Permanent Representations of Greece, Estonia and Malta, plus patient, payer and industry organisations.

They were joined by experts from EUnetHTA, the European Cancer Patient Coalition and MedTech Europe.

Speaking as Chair in the first session, Horgan said that ENVI had done a great job by reaching 62 compromise amendments, while in Strasbourg we will see what kind of amendments come from the political groups.

Peter Liese pointed out the the HTA proposal is the first proposal of the Juncker Commission and Commissioner Andriukaitis covering health.

He added that he supported the Commission's proposal on HTA and the ENVI report, while acknowledging that there is resistance to the mandatory aspects from some Member States, as well as what ENVI found to be a misconception in that the Commission wants to interfere in reimbursement. It doesn't.

DG SANTE's **Anna Eva Ampelas** expressed pleasure that there was overall support for the Commission proposal albeit with some amendments. She emphasised that it is important that work will be carried on now in the Council, following the speedy work done in Parliament.

She added that moves on HTA represent an important initiative which could produce plenty of benefits for many stakeholders involved, while helping patients by increasing availability of innovative medicines.

Georgina Tzanakaki, Health Counsellor at the Permanent Representation of Greece, noted that there are existing Member State partnerships on HTA, but after 20 years of voluntary cooperation, there is a need to move forward.

She highlighted issues of distorted market access which has an impact on patients and the industry, and duplication. HTA , she added, is an important form of cooperation to identify whether newer medicines are better than those that already exist.

Menno Aarnout, of the International Association of Mutual Benefit Societies, flagged up flexibility, quality of assessment, and transparency.

Aarnout said that flexibility is not only limited to more-advanced countries but where the standard of treatment is less advanced.

On quality of assessment, he noted that the point for the payers is about flexibility as well, asking also if evidence is not available, we need to know how an assessment will be made, and what it will be based on.

Transparency of the data used is also important, he said.

Ansgar Hebborn, of Roche, said that industry supports the vision of making progress on patients' access to new innovative technologies. Cooperation at EU level in clinical scientific assessments can improve patient access, he said.

EUnetHTA's **Marcus Guardian** told the meeting that clinical assessments at EU level are a key issue. He mentioned that there still seems to be some ambiguity between separating clinical

and pricing parts of HTA. He emphasised the importance of transparency in the system, while not all information needs to be published necessarily. Guardian also flagged up the need for predictability, quality, harmonisation and timeliness.

Matteo Scarabelli, of EURORDIS, said that the regulation could bring about faster access to innovation for patients. Regarding the ENVI compromise amendments, he expressed concern about patient involvement, bureaucratic burdens and standards for orphan medicinal products (OMPs).

Lower standards for OMPs means lower-quality products for rare disease patients, he said, adding that such patients require the same standards as other patients. The status quo is no longer an option, he insisted.

Second session

This session examined the compromises involved in a new-look HTA and **Stephen Mifsud**, of the Permanent Representation of Malta, said he thought it too soon to say if a compromise could be found but, from a small Member State perspective, Malta is very constructive and looking for agreement.

Mifsud's counterpart from Estonia, **Tairi Täht**, said that her country is one of the true believers of the new proposals. But she added that Member States' flexibility is an issue and that it is important to allow for national specificities to be taken into account, either in the joint procedure or later at national level.

Isabelle Manneh-Vangramberen, of the European Cancer Patient Coalition, felt that joint assessment would be the best way to ensure best access to medicines for cancer patients. The current system suffers from delayed HTA decisions and this needs to be changed, she explained.

Meanwhile **Tanja Valentin**, on behalf of MedTech Europe, said that they have been cautious about introducing HTA in the area of medical devices and that, for them, the voluntary approach is better than mandatory.

She added that taking a long time to reach agreement between all Member States could delay access. Valentin said that she appreciated the comments on medical devices in the ENVI report, highlighting the intention of extending the adjustment period to seven years.

Valentina Strammiello, of the European Patient Forum, was of the opinion that there needs to be another look at the issues of conflict of interest. She would welcome a multi-stakeholder discussion on this topic, she said.

EAPM's Denis Horgan wrapped up the meeting, saying that a further roundtable (6 November) would focus on Member State representatives and key areas that have arisen with the Austrian Presidency (which will be followed by the Romanian Presidency).

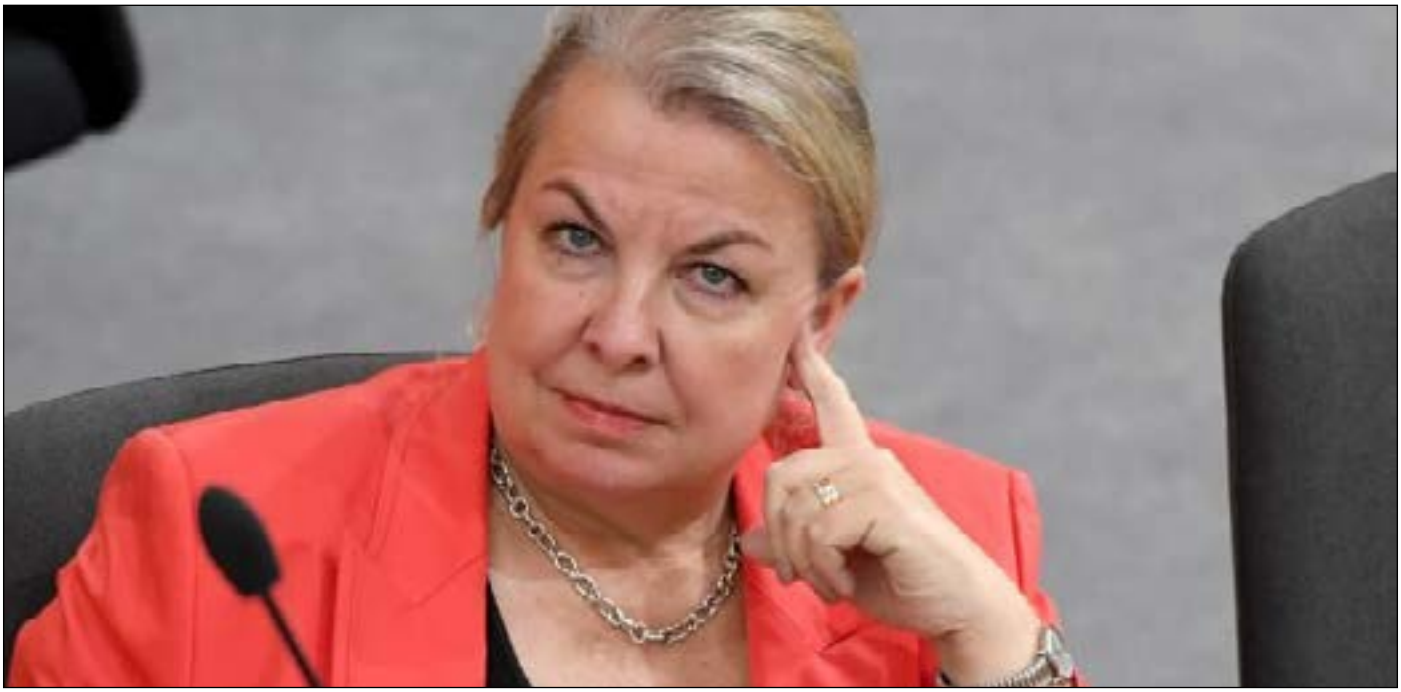
The key challenge is reaching consensus and how to synthesise this information. Experts are needed in the room, he said, but echoed concerns that experts may have conflicts of interest.

He finished by asking how greater mandatory cooperation between Member States could be achieved.

Austria signs up for genome project

Austria, the current holder of the rotating Presidency of the EU, has signed up to what began life as EAPM's MEGA initiative, joining those who signed a declaration in April.

MEGA stands for Million European Genomes Alliance and the welcome addition of Austria is the result of continued engagement over recent months, with the addition of the Presidency representing a great boost to the ongoing project.



At the European Commission's Digital Day 2018, 15 Member States representatives co-signed a Joint Declaration indicating political support for linking existing and future genomic databanks, on a voluntary basis, in order to reach a cohort of one million sequenced genomes accessible by 2022.

In essence, the joint initiative aims to share genomic data across European countries in a secure way. Central to the plan is that the data-sharing effort should help to develop more personalised medical treatments for cancer and other diseases, as well as aid vital prevention efforts.

An EU Informal Health Council meeting held in Vienna saw digital health, as well as access to innovative medicines and - by association - Health Technology Assessment on the agenda.

During the gathering the Austrian Council presidency pledged to produce proposals in December to improve the interoperability of patient data systems across the EU.

The country's Health Minister **Beate Hartinger-Klein** (pictured above) said she is looking for the EU to adopt "concrete measures" on eHealth by the end of the year. This topic will be a focus of EAPM's work going forward.

The meeting also heard from **Vytenis Andriukaitis**, Commissioner for Health and Food Safety, who said: "We are a long way off making full use of digital health; we need frank and open discussions like this to build opportunity and break down the barriers that block its potential."

He called for support for eHealth solutions that are interoperable to allow health systems to "speak to each other". This means tackling the technical, legal and political barriers that currently limit cross-border data exchange, he said.

Andriukaitis also urged Member States to prioritise digital health going forward.

Meanwhile, a recent communication from the European Commission on enabling the digital transformation of health and care in the Digital Single Market - empowering citizens and building a healthier society, has received a positive response from the European Economic and Social Committee (EESC).

The EU plan is to promote health, prevent and fight diseases, help respond to unmet patient needs and make it easier for citizens to have equal access to high-quality care through appropriate use of digital innovations and social economy.

The EESC has backed this, as has EAPM, which is constantly in contact with the committee due to the Alliance's long-standing aim to ensure that innovation is embedded into the EU's healthcare systems at the earliest opportunity.

NELSON study unveils results

The long-awaited NELSON study into computed tomography (CT) screening of lung cancer has shown that such screening reduces lung cancer deaths by 26% in high-risk asymptomatic men.

Unveiled in Toronto in late September, the findings also indicate that with screening the results could be even better in women.

NELSON rolled out across The Netherlands and Belgium in 2003 and was eventually made up of 15,792 individuals in controlled trials, with a follow-up period of no less than ten years for survivors.

Speaking in Toronto to launch the results, **Harry De Koning**, of Erasmus MC in The Netherlands, said: "These findings show that CT screenings are an effective way to assess lung nodules in people at high risk for lung cancer, often leading to detection of suspicious nodules and subsequent surgical intervention at relatively low rates and with few false positives, and can positively increase the chances of cure in this devastating disease."

Explaining that NELSON was the second-largest such trial ever conducted, he added: "These results should be used to inform and direct future CT screening in the world."

To put the need for lung-cancer screening in perspective, the disease kills more Europeans than any other cancer. In 2013, 269,000 citizens of the EU-28 died as a result and 'crude' lung cancer incidence is on the rise, largely due to the ageing population.

Yet, in its early stage, lung cancer has a very good prognosis over a five-year period which becomes a great deal poorer in later stages, as treatment by then has little effect on preventing deaths. NELSON has demonstrated this and unequivocally shown that screening has the potential to detect lung cancer at an early stage.

EAPM's Denis Horgan greeted the news by saying: "These results back up EAPM's work in conjunction with key medical societies in the arena in putting the case for lung-cancer screening on the political agenda. This has been done not least through two conferences under the rotating EU Presidencies of Bulgaria in 2017 and Malta in April this year."

"There is clearly a case for such screening and the results from NELSON cannot be ignored."

Horgan pointed out that EAPM was an early adopter of the case to support lung-cancer screening in the European Union, not least due to the benefits that early diagnosis would bring to the patient.

He added: "This has been a key focus of our work which highlights the multi-stakeholder efforts of EAPM as we act as a platform allowing scientists, researchers and patients, for example, to meet and communicate with policy makers."

EAPM believes that, without screening, Europe as a whole and individual Member States will be unable to identify those citizens that could have lung cancer (or any other disease).

This lack of pre-knowledge is a major issue in lung cancer as, by the time symptoms are recognised without screening, it is usually too late to save the patient.

The EU has said that, overall, for screening to be cost effective, it has to be applied to the population at risk.

Research and open access

In a recent development, **Robert-Jan Smits** (a former Commission director-general for research, pictured above) was asked by his former bosses to come up with a plan to facilitate a move by a group of 11 national research money-allocating agencies who aim to open up science.

Despite a lot of academic journals operating with paywalls, the group wants researchers benefiting from its funds to publish for free from 2020.

Quoted in *Politico*, **Marc Schiltz**, president of Science Europe, which represents national funders in Brussels, said: "The aim of this plan is to switch the model of scientific publishing. To move away from the subscription-based model, which made sense in the 20th century when scientific papers were published in hardback, paper journals."

"The internet changes completely the model for scientific publishing, and yet we keep the old-fashioned subscription-based model," Schiltz added.

For his part, Smits said that "the national funding agencies need to change the rules of the game. They have to make it very clear that if in future you get a grant from them you can only publish in an open-access journal".

The move to free-access publishing has been backed by Research Commissioner **Carlos Moedas**, while editor of *The Lancet,* **Richard Horton**, took to Twitter to say: "In debates about open access/science, Plan S, and the future of science publishing, it is disappointing to note the silence from leaders in scientific publishing."

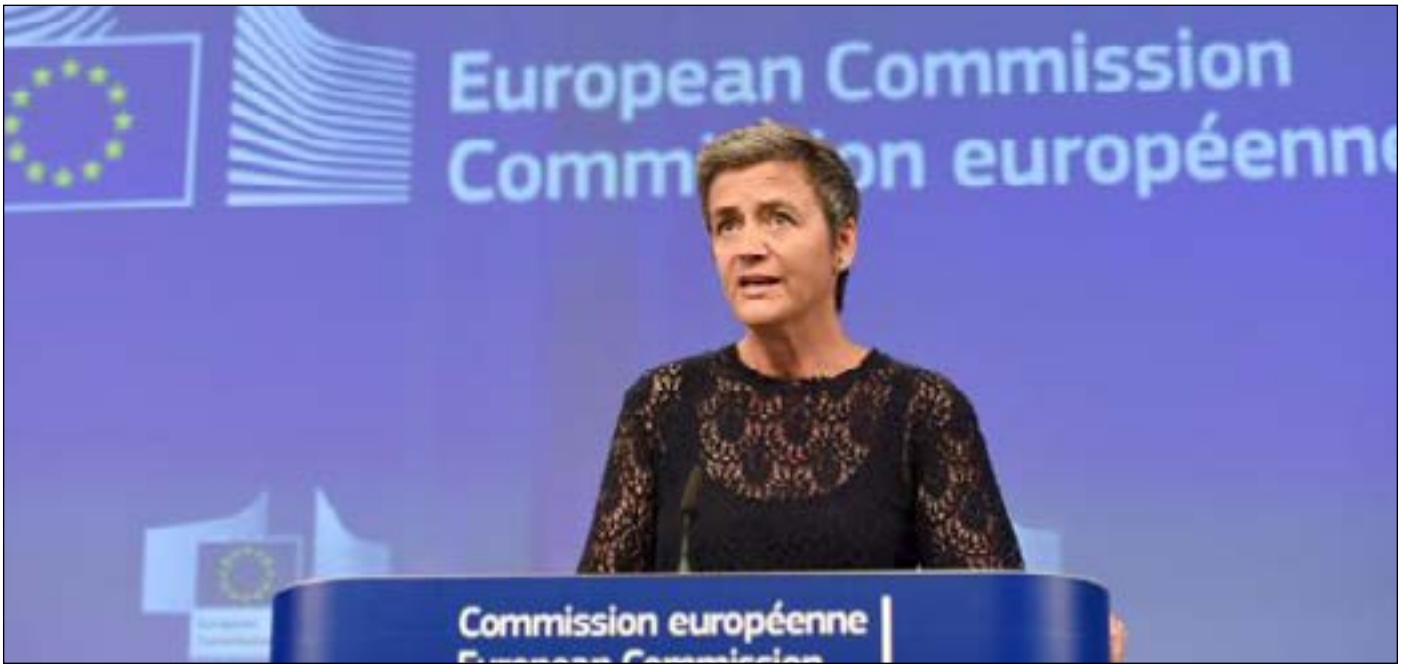
AI and the UK

Britain's junior health minister, **Lord James O'Shaughnessy**, in early September announced new guidelines tackling how health tech firms can enter into partnerships with the National Health Service (NHS) in respect of artificial intelligence and other data-based projects, to safeguard patient data.

But the NHS had other motives too: "When NHS data goes into creating an algorithm and the company owns the algorithm, does the NHS get a fair share for the contribution that the patient data has made to that algorithm?" O'Shaughnessy was reported as saying in *The Times*. "There has to be a sense of a fair distribution of benefit," he added.

Medicines in the spotlight

As previously mentioned, health ministers gathered for an



informal meeting in Vienna, which also discussed drug pricing.

The Austrian Health Ministry's director-general, **Clement Martin Auer**, seemed to have nudged his country's current EU presidency into asking ministers to consider cost transparency in research and development marketing after a drug is authorised, alongside orphan drug incentives. The meeting also discussed security of supply.

Meanwhile, at the same meeting, The Netherlands continued its war on drug prices by asking Member States to put together an action plan on the EU's pharma policy. This will not only address things as they stand but look at future benefits and the challenges of pharmaceutical innovations, such as personalised medicines.

Elsewhere, the Commissioner for Competition **Margrethe Vestager** (pictured above) has opened a formal investigation against South-African drug manufacturer Aspen Pharma over the price of its cancer medicines last year.

This looks very much like a move to curtail what some see as inflated prices being negotiated with national health systems.

And as Austria continues its stint in the EU's presidential chair, the country's Health Minister Beate Hartinger-Klein said in Vienna that she wants to give more information to payers about the benefits of new drugs, allowing them to "plan appropriately".

As reported by *Politico* she said it may "be necessary to extend the essential criteria for the approval of these drugs to enable the provision of reliable information on new drugs".

But she also said that this shouldn't affect the speed or costs of drug approvals.

Hans-Georg Eichler, of the European Medicines Agency meanwhile, used a podcast to highlight the stand-off between pharmaceutical companies and payers, calling it a situation "where two cowboys face each other, both hold a pistol in their hand…and none of them can now move."

He pointed out that, in price negotiations, payers never start high as pharmaceutical companies will not then let them move lower, adding that his vision is for payers to accept an initial price that includes an "uncertainty discount." However, as new information comes about, "the price would have to go up or down", he said.

More money, money, money

One of the key areas to which EAPM is paying a great deal of attention is the ongoing discussion regarding the Commission's proposals for the next EU budget - or Multiannual Financial Framework - for the period 2021-2027, and the Horizon Europe programme.

Horizon Europe, the EU's long-term research and innovation funding programme, will come on the back of Horizon 2020 and as it stands has a focus on driving economic growth and creating jobs, with a strong leaning towards health within Pillar II.

This should see a positive impact on health and healthcare and is especially the case as there is an emphasis on the challenges of health promotion and disease prevention, the rise of non-communicable diseases, and health inequalities.

Indeed, under its so-called health cluster, the Commission proposal suggests actions that will "render health systems accessible, cost-effective, resilient, sustainable and trusted and designed to reduce health inequalities".

Parliament's ENVI committee has been discussing it of late, while EuroHealthNet has also produced an analysis. In all cases this is hardly surprising given that, currently, the budget allocates some €95 billion for research and innovation in areas that include health.

ENVI and others, including EAPM, have expressed concern about the Commission plans to place health programmes under the umbrella of the so-called European Social Fund+ , with the Parliament committee calling for the health programme "to be restored as a robust stand-alone programme".

And in another development, the European Council's Legal Service has said that the European Parliament is having too much say in the details of legislation surrounding Horizon Europe. It will be up to Member States to decide whether or not the proposals need to be amended.

Mission: Impossible?

Meanwhile, "A mission on cancer makes more sense now than ever", said EU Research Commissioner Carlos Moedas in Vienna.

But Moedas's and the Commission's vision could be hampered by a lack of finance and detail, according to the European Council and Parliament. Moedas is pictured above.

And with a proposed spring deadline for the relevant Horizon Europe programme not too far away, these so-called moon shot plans due under the next EU budget could fail to make it off the ground.

The missions won't begin until 2021 and the Commission is wary of making the goals concrete right now. For their part, Member States clearly want more information before committing the necessary cash.

Cross-border healthcare

Commissioner Vytenis Andriukaitis is clearly a fan of European Reference Networks, and sees them as a model for cross-border healthcare.

On 25 September the Commission chaired a live-streamed discussion during a hearing of the Expert Panel on Effective Ways of Investing in Health, under the title: "*Application of the ERN model in European cross-border healthcare cooperation outside the rare diseases area*."

The idea was to present a draft plan for expanding the ERN model beyond such diseases, but the panel heard that the model isn't ready for that yet.

Among the cited problems are adverse selection, with many countries and patients most in need of ERNs not a part of them. There's also inadequate funding, as well as issues with evaluating ERNs.

However, it has been revealed that healthcare professionals have used ERNs in the cases of more than 200 rare disease patients so far, although ESMO's **Paolo Casali** called them "networks of hubs" adding that success depends on them becoming "networks of networks".

Clinical trials - where are the results?

According to the *British Medical Journal*, around half (49%) of clinical trials on the EU's register have not reported results within 12 months of completion. This is a breach of EU rules, and academics are the biggest culprits.

The journal says that 68% of company-sponsored trials are reported (and this includes 11 major pharmaceutical companies with perfect compliance), while just 11% of academic studies fulfil their legal obligations.

The EMA has been blamed by the AllTrials campaign, which it says hasn't pointed out the missing reports with no contact being made or sanctions going to sponsors. In a statement AllTrials said: "We hope the EMA will now explain why they have not done so."

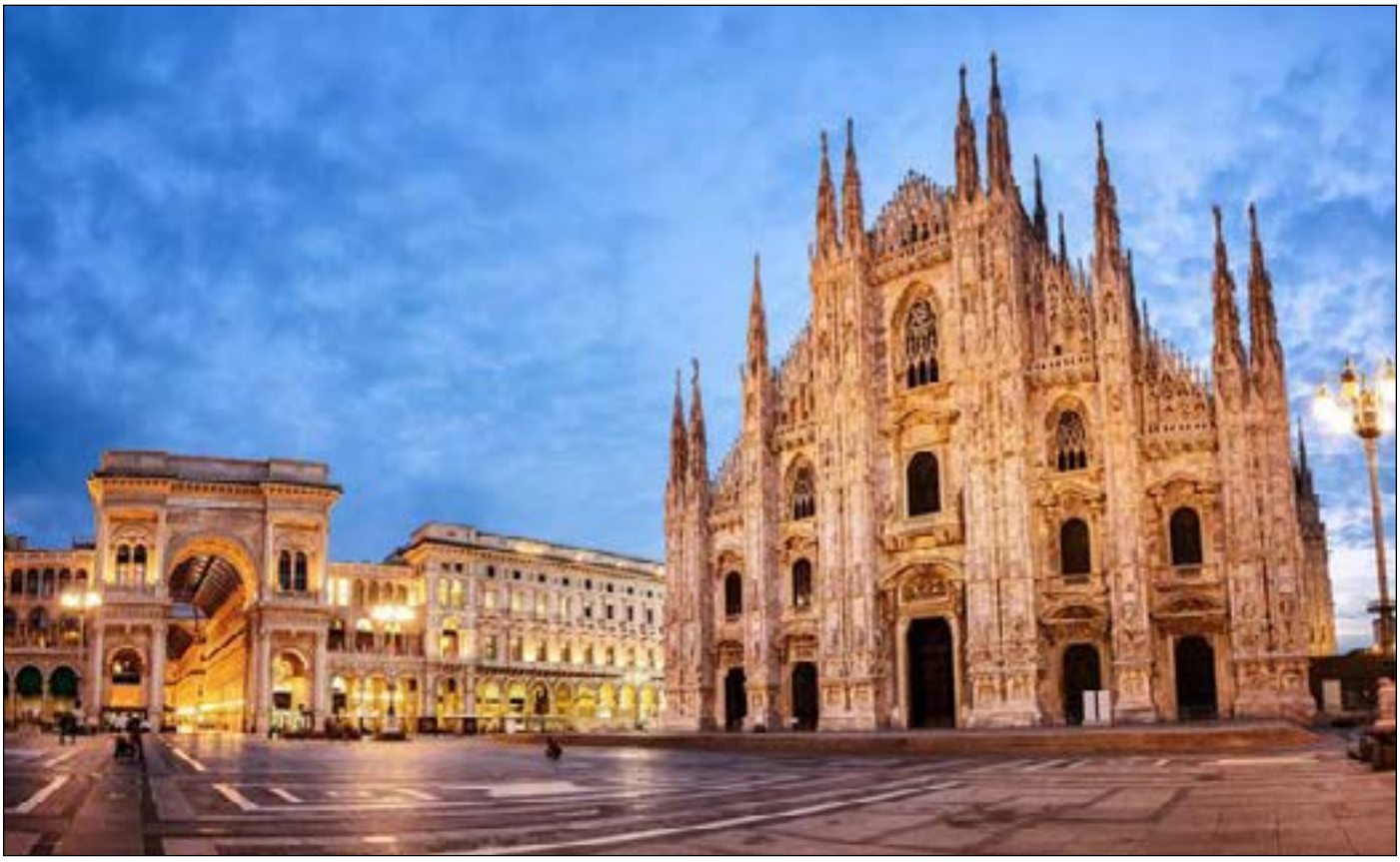
Congress in Milan draws closer

The second annual EAPM-run Congress will take place in Milan from 26-28 November, with the Alliance working in partnership with the Regional Council of Lombardy for the event.

The report from last year's Congress in Belfast is available here and the Milan edition will seek to match last year's successful event in the Northern Ireland capital.

At the Congress, more than 1000 Life Sciences thought leaders are expected to convene and, as it did last year in Northern Ireland, the event will bring together key audiences who contribute to the vast programme content, themed tracks, and vital knowledge exchange. Learn more, here.

This second annual Congress will pull together leading experts in the arena drawn from patient groups, payers, healthcare professionals plus industry, science, academic and research representatives. You can register now, here.



The event comes under the title '*Forward as One: Integrating Innovation into Europe's Healthcare Systems*', and will provide the ideal space to allow for a meeting of minds and expertise plus a vital opportunity for the formulation of real action plans.

The Congress will amount to an ideal 'one-stop shop' with the aim of bringing innovation into the EU's healthcare systems.

In the news

As ever, the Alliance has been busy engaging with the media. Below you can find links to recent articles.

NELSON trial reveals benefits of lung-cancer screening

Regional backing for Commission plans on digital transformation in healthcare

Busy times ahead for the EU, while Health Committee rolls out its positions

HTA sails through ENVI vote – but there may be trouble ahead…

European Parliament ENVI committee gives a positive treatment to the Commission HTA proposal – but what next?

Austria signs up for genome project and puts emphasis on digital health

Crucial time ahead for HTA and access to new medicines

Information for the nation – healthcare gaps need to be filled

HTA debate ongoing: Amendments to be decided, compromises to be agreed

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About EAPM

The European Alliance for Personalised Medicine (EAPM) , launched in March 2012, brings together European healthcare experts and patient advocates involved with major chronic diseases. The aim is to improve patient care by accelerating the development, delivery and uptake of personalised medicine and diagnostics, through consensus.

As the European discussion on personalised medicine gathers pace. EAPM is a response to the need for wider understanding of priorities and a more integrated approach among distinct lay and professional stakeholders.

The mix of EAPM members provides extensive scientific, clinical, caring and training expertise in personalised medicine and diagnostics, across patient groups, academia, health professionals and industry. Relevant departments of the European Commission have observer status, as does the EMA. EAPM is funded by its members.

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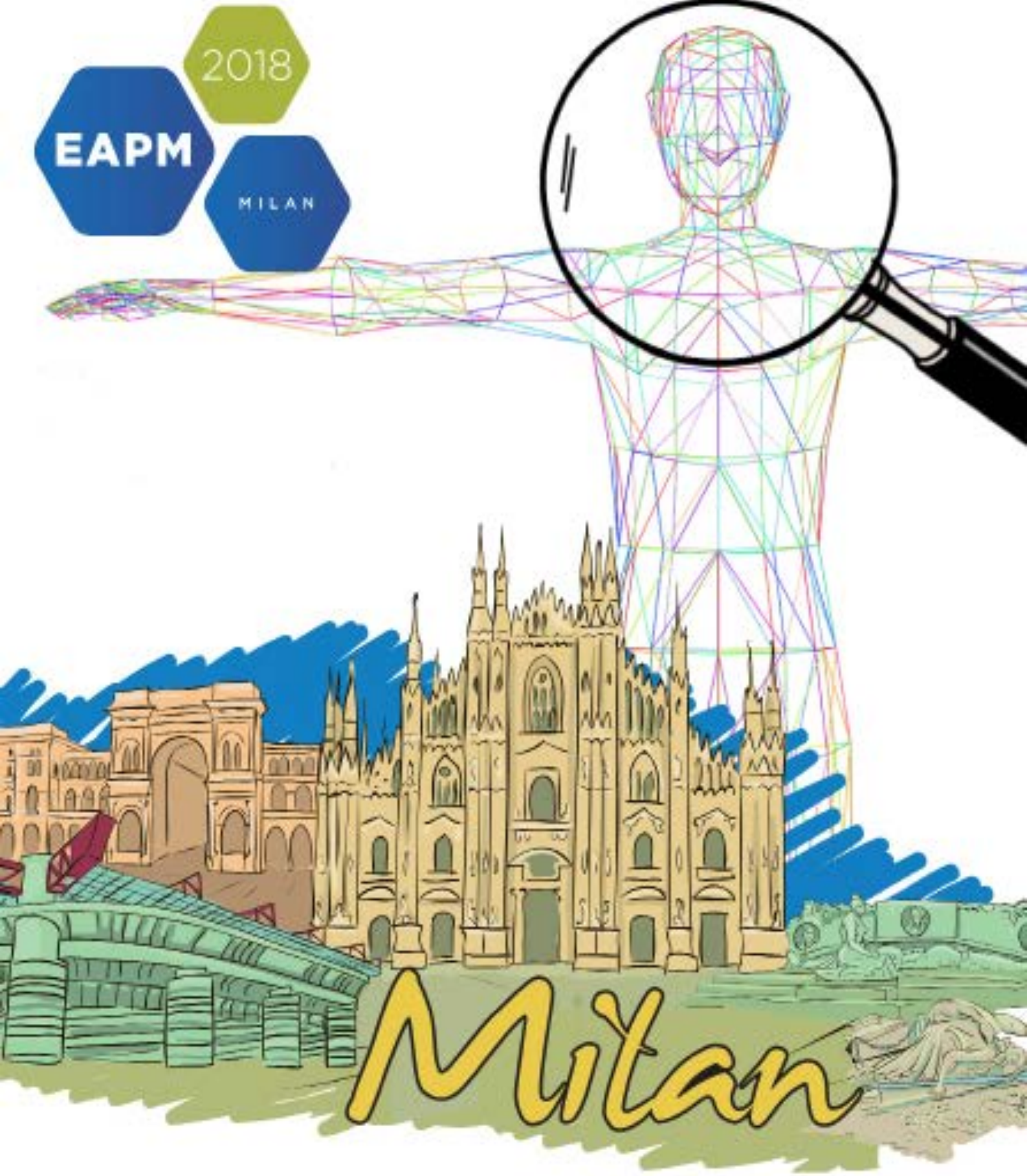

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