

Cancer Medicines Forum

Rationale and Achievements

Denis Lacombe 5th April 2024

We would not be here today without....

- EMA Management: Emer Cooke
 - -Francesco Pignatti: Scientific Advisor for Oncology
 - -Caroline Voltz: Scientific Lead, Haematology and Oncology Division
- Minister Vandenbroucke: Vice Premier and Minister for Social Affairs and Public Health and his Cabinet: Anouk Waeytens, Anna Kubina, Gloria Ghequiere
- Representatives of the societies and organisations, members of the CMF
- The unconditional support of the EORTC Board of Directors represented by its president Prof W. van der Graaf
- Research Fellows: Robbe Saesen and Fabio Borges



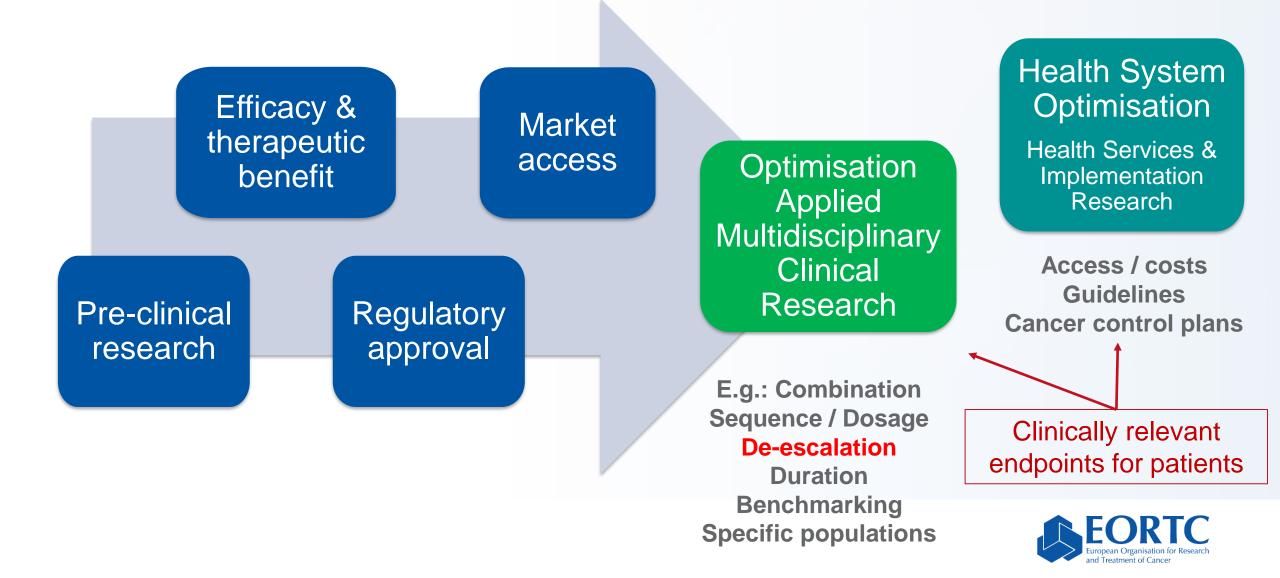


Why did the CMF get started?

Once upon a time in the late years 2000s....



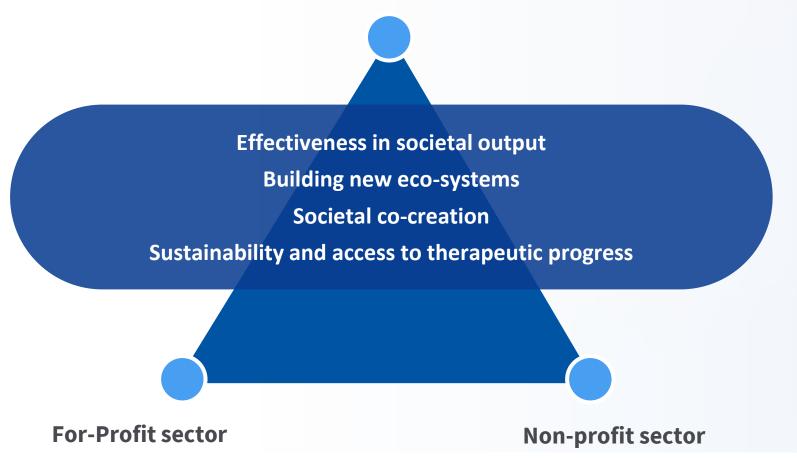
When we needed to re-think why and how!





Why EORTC stimulated the CMF?

Governments/public sector





It has been a journey... today is an important milestone



The Porto Declaration on Cancer Research

2. Infrastructures for clinical and prevention trials:

¹Proof-of-concept' studies may serve as a starting point for further clinical and prevention research, with a practice-changing aim, including the assessment of its utility in healthcare or prevention, patients/ individuals' at risk, cured survival and health-related quality of life. Well-developed clinical trial structures, and advanced diagnostic methods such as state-ofthe-art molecular pathology, notics technologies, and pharmacology to stratify patients as well as innovative imaging are crucial. CCCs can play a role in this together with clinical research networks. The European Organisation for Research and Treatment of Cancer (EORT) con facilitate this.

2021

PORTUGAL.EU

For prevention, infrastructures must include strong epidemiology closely connected to basic research, data acquisition capacity, and advanced computational capabilities, and both the International Agency for Research on Cancer (IARC) and Cancer Prevention Europe can play a prominent role in this, along with many other stakeholders. Again, it will be critical to establish funding mechanisms that stimulate these activities and guarantee sustainability. Funding should include resources for proof-of-concept trials initiated by academic investigators. European Parliament 2019 - 2024



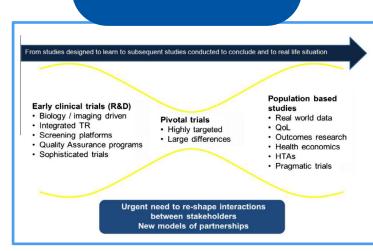
Directorate-General for Internal Policies Special Committee on Beating Cancer

SUMMARY

BECA Hearing "Mind the gap: For equal access to cancer medicines and treatments" Thursday 28 January 2021, 13:45 to 16:15 & 16:45 to 18:45

(Jósef Antall 4Q2 and with remote participation)

In the Chair: Bartosz ARŁUKOWICZ, Chair



.2013

Burock S, Meunier F, Lacombe D. How can innovative forms of clinical research contribute to deliver affordable cancer care in an evolving health care environment? Eur J Cancer 2013; 49:2777-2783.



2013-2019



2019-2024

I Journal of Cancer 188 (2022) 77–79 Available online at www.sciencedrect.com ScienceDirect Journal homepage: www.ejcencer.com

to the Editor

Advancing academia-driven treatment optimisation in oncology: Launch of the EMA Cancer Medicines Forum

Robbe Saesen ^{a,*}, Claire Espinasse ^b, Francesco Pignatti ^b, Denis Lacombe ^a

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Key questions to the policy makers

- How to address the gap between supra-national versus national competences?
- If treatment optimisation is to be structured in the process: when, how and who?
- How do we re-engineer the sequence of questions from development into access?
- How do we prioritise questions and select the most appropriate methodology?
- Can Pragmatic clinical trials help structuring and addressing some of the issues?
- How do we structure independent multidisciplinary clinical research in the EU?

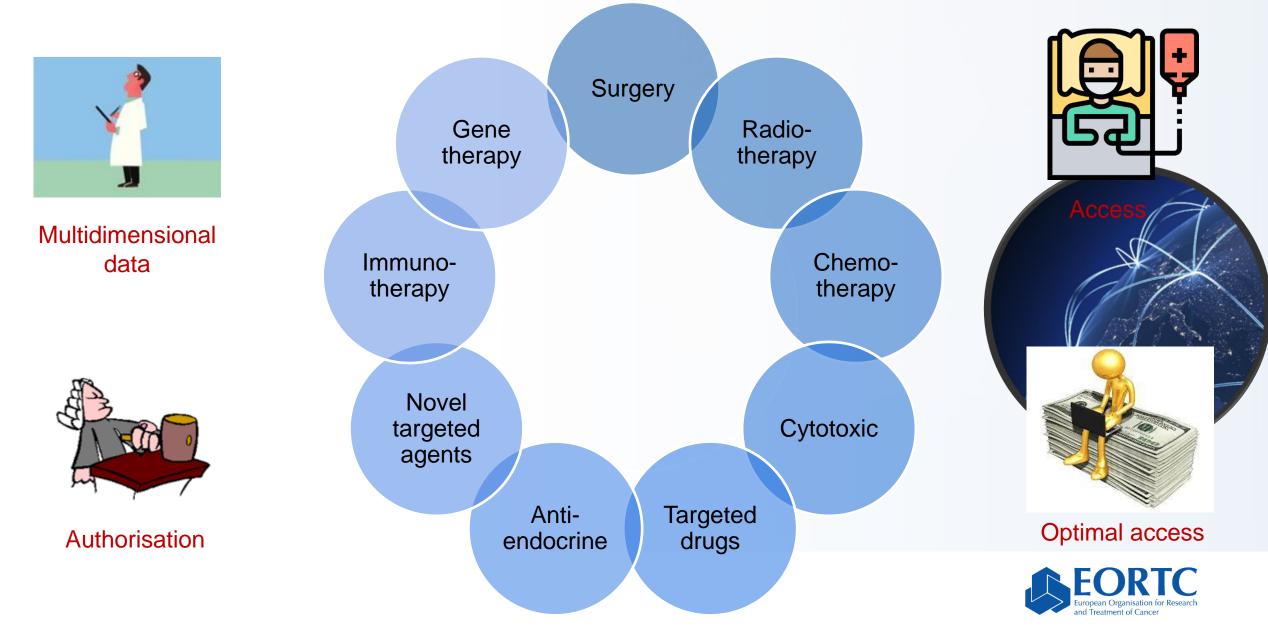


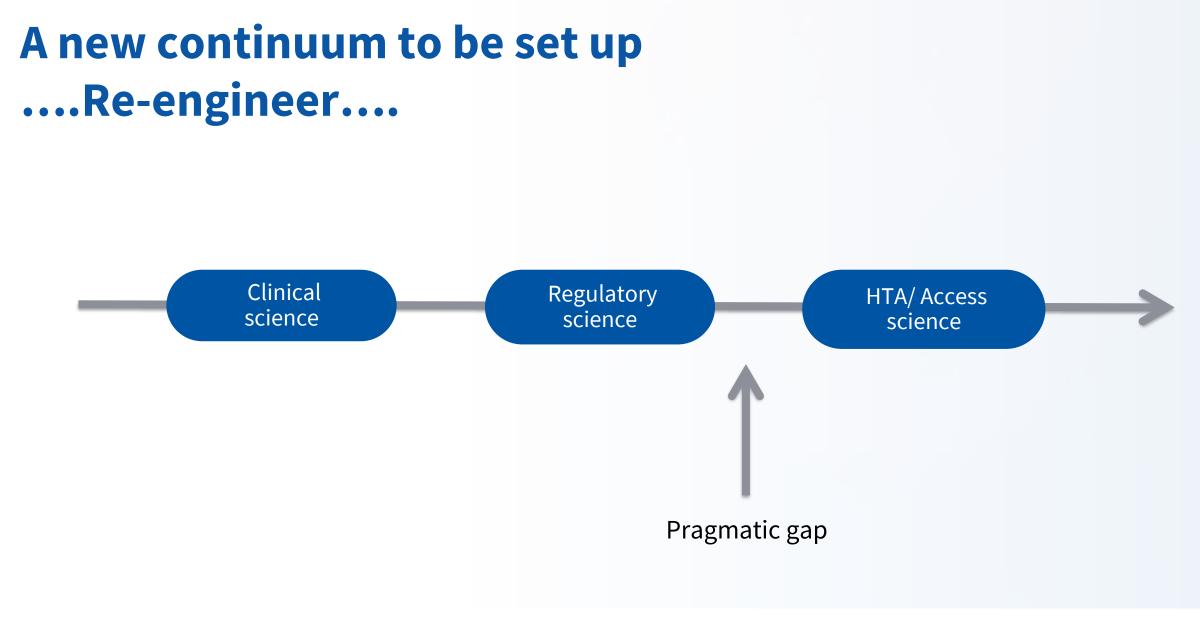
Need for strategic intelligence approaches





The Future of Cancer Treatment is Combinatorial









Objectives of the Cancer Medicines Forum



To serve as a direct and official communication channel with the academic community in oncology



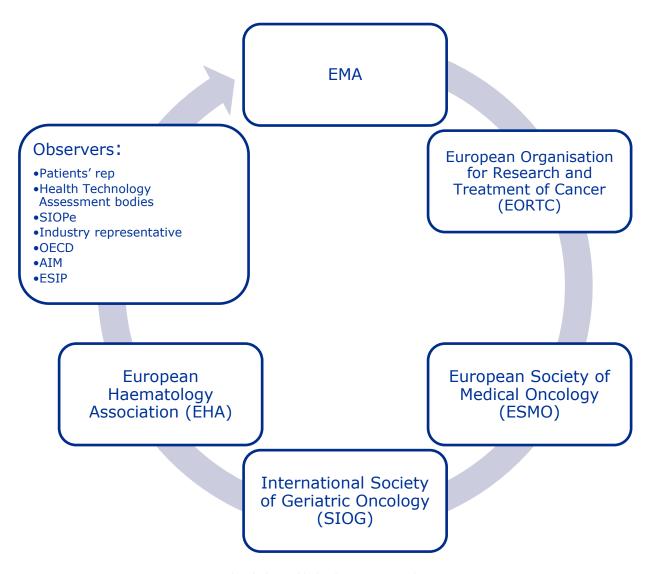


To identify key research questions and best methodological approach to improve the clinical use of cancer medicines To discuss the uptake of academic work in the wider context of regulatory decision-making in oncology

Treatment optimisation



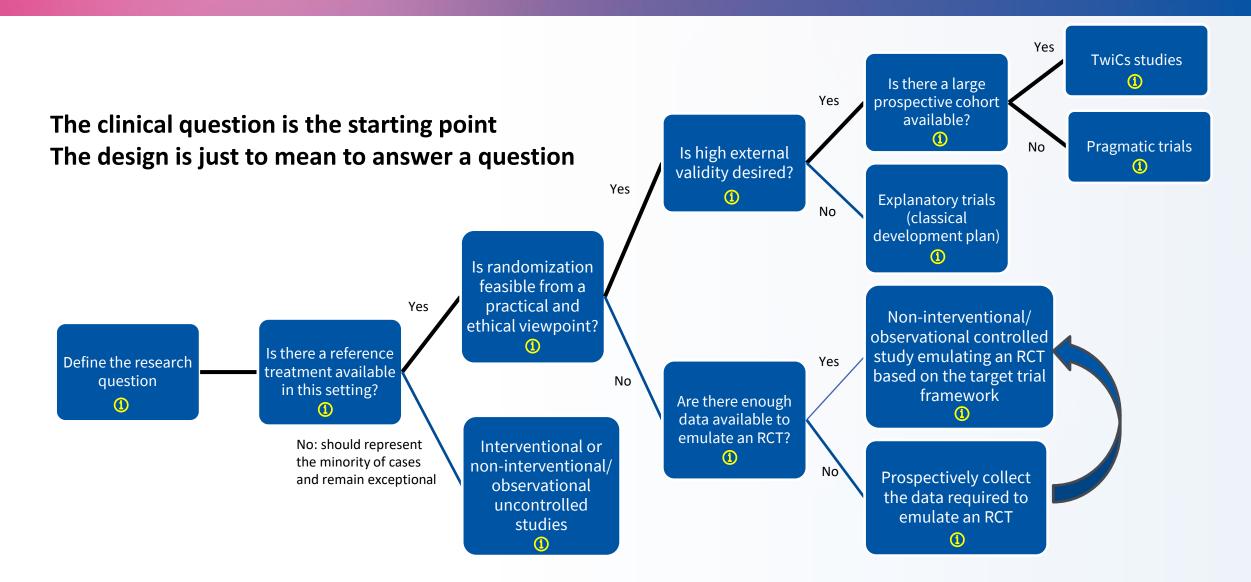
Focus on academia with other stakeholders



Structuring Treatment Optimisation



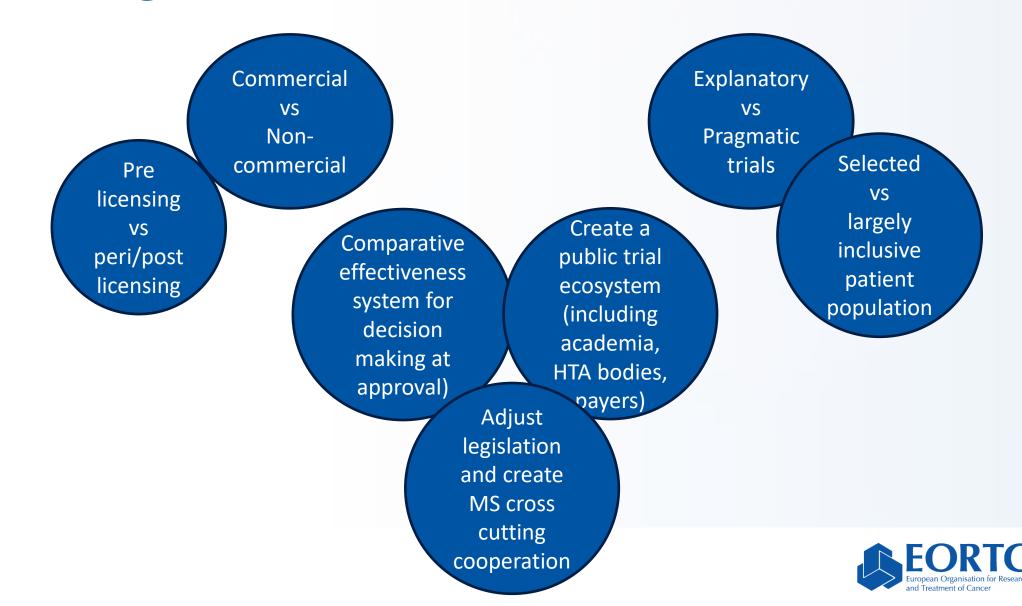




Thick lines represent the default route to deliver evidence for trial design selection



Addressing What-When-How-Who



Treatment Optimisation is a spectrum

| | What | Who | How | feasibility |
|------------------------------|--|--------------------------|---|--|
| Early stage Pre-licensing | Dose/safety R/B | Manufacturer | Regulatory process (i.e Optimus) | Explanatory trials |
| Late stage Post licensing | Combo, de-escalation, population, duration, schedule | Manufacturer academia | Public trial eco-system (adjust legislation) | Pragmatic trials Registry based trials Platform trials |



Operational challenges to implementation

Methodological research: Pragmatic trials, TwiCs... Recruitment and ethics Adapt the clinical research environment Education of stakeholders

Reporting and access to datasets

Health economic dimension and funding



Continued refinement of the pyramid of evidence-based medicine

