CANCER IN EUROPE
A CHALLENGE OF GENERATIONS

CANCER IS SET TO BECOME THE BIGGEST DISEASE BURDEN¹

About a 30% rise in cancer incidence between 1995 and 2012.¹

21% Cardiovascular disease
19% Cancer
12% Mental and behavioural disorders
9% Injuries
8% Musculoskeletal diseases

SPENDING ON CANCER HAS NOT CHANGED IN 20 YEARS

The direct health cost of cancer has remained more or less flat around 6% of total health expenditure between 1995 and 2014.¹

IN THE SAME PERIOD, FEWER PEOPLE DIED OF CANCER, THANKS TO:¹

• Screening
• New treatment options
• Primary prevention

In 2012, more than 1 in 2 cancer patients lived 5 years after diagnosis - a 54% 5-year survival rate.¹

THREE PRIORITIES FOR BETTER CANCER CARE IN THE FUTURE²

Equal access
• Collaborate on alternative access models (e.g. managed entry agreements)
• Empower patients to better navigate the health system (health literacy)

Affordability
• Manage budget and secure predictability through framework agreements between all stakeholders
• Balance support for innovation with access to innovative medicines as well as access models for lower-income countries in Europe.

Innovation
• Secure continuous innovation
• Achieve better health outcomes and less resource use through the use of biomarkers in personalised medicine.

AND THERE ARE SIGNIFICANT DIFFERENCES BETWEEN COUNTRIES

Large differences in the 5-year survival rates for cancer patients in Europe in 2007

Sweden
Bulgaria

Other healthcare cost
Cost of cancer medicine

References:
Ref. 2: Adapted from: Khanna D. (2016), A Multi-Stakeholder Approach is Key to Ensure Access to Cancer Care; EFPIA Blog; (http://pharmaviews.eu/a-multi-stakeholder- approach-is-key-to-ensure-access-to-cancer-care/, accessed on 23/11/2016).

* The burden of disease is expressed as Disability Adjusted Life Years (DALYs). The percentage represents the increase/decrease in DALYs in 2012 compared to 2000.