



Cancer care in Europe:
Recovering from COVID-19 disruption

The publication of this article was financially supported by Accord Healthcare, who suggested the authors and contributed to the content of the article. Accord reviewed the article for scientific accuracy before submission. Any changes were made at the expert reviewers' discretion.

Funded by

accord



Cancer care in Europe: Recovering from COVID-19 disruption

The acute phase of the pandemic had a huge impact on cancer care across Europe, as healthcare services were repurposed to combat COVID-19, surgical procedures postponed, screening programmes paused, and patients avoided healthcare facilities.

In the UK, urgent consultant diagnosis cancer referrals plummeted by 60% in April 2020 compared to April 2019, not only swelling subsequent waiting lists but possibly resulting in many patients' diseases being at a more serious stage when they are eventually seen.



Furthermore, the significant backlog of untreated patients that has built up means that primary and secondary care services will be unable to return to full capacity for some time.

Consequently, there is a huge need to support the post-COVID-19 restoration of cancer care and help healthcare services to recover from the immense disruption brought by the virus.

Moving through 2021 the situation remains critical, with concerning short and long-term implications for patients and their care.

The pandemic has acted as a catalyst in the healthcare sector, encouraging new ways of working, adapting to new technologies and treating patients.

During the COVID-19 pandemic HCPs have been forced to change treatment strategies, such as switching to oral medication and treating patients at home, and in some instances those changes will remain.

This white paper will assess the disruption to patient care and the changes physicians implemented during the acute phase of the pandemic, with a focus on the way in which treatment strategies were altered.

It will also provide a series of recommendations for how the pharmaceutical industry can continue to support cancer care for the next 12 months and look at what physicians want, and need, from the industry.



COVID-19 impact on cancer patients

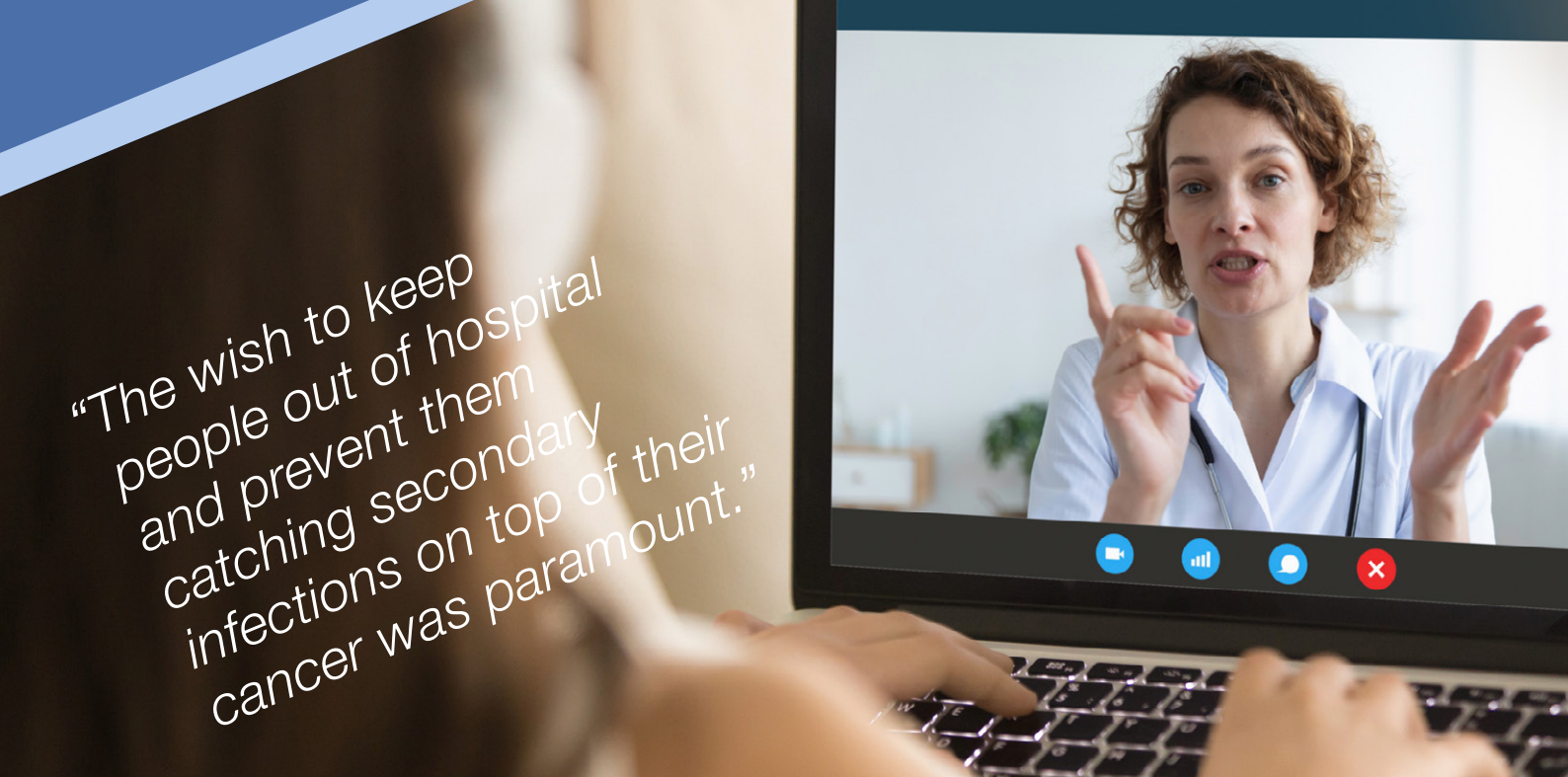
As some countries emerge from the acute phase of the pandemic the scale of COVID-19's disruption to cancer care is beginning to be laid bare, as research reveals the extent to which treatment was delayed and healthcare services avoided.

Professor Daniele Generali is the head of the Breast Centre and Pharmacology Unit of ASST-Cremona in Italy, as well as associate professor in medical oncology at the University of Trieste. Italy was the first western country to experience the full effects of COVID-19 and its Lombardy region, home to ASST-Cremona, was at the epicentre of that first wave.

“More and more in oncology we stopped screening, we postponed surgery. We tried to

treat patients remotely more and to increase safety procedures,” Professor Generali said of the immediate reaction to try and refocus healthcare resources on COVID-19, while also keeping immunologically vulnerable populations out of hospitals wherever possible.

Delays to treatment were unavoidable. Professor Generali said: “The problem was about surgery – where all the cancer patients should have been sent to hubs, the country wasn't



“The wish to keep people out of hospital and prevent them catching secondary infections on top of their cancer was paramount.”

able to afford all the requests. So, we increased the number of neoadjuvant approaches compared to adjuvant, because we were forced to postpone the surgery time.”

This is supported by Accord’s research, which found that up to 33% of HCPs surveyed across Spain, Germany, Italy, France and the UK said they avoided bringing cancer patients to hospital in order to protect them from COVID-19.

Patients too were reluctant to visit hospitals as the ‘fear factor’ of COVID-19 took hold. “There’s a lot of people now that are afraid of everything there,” noted Professor Generali. A UK-wide study by Cancer Research UK and Cardiff University found that during the first wave of the pandemic almost half of people with potential cancer symptoms did not contact their GP, with not wanting to overburden the health service being one of the reasons given for this.

Professor Kate Brain, a health psychologist from Cardiff University’s School of Medicine

and the principal investigator of its study with Cancer Research UK, said people had “put their health concerns on hold to protect the NHS”. The impact of that is fewer opportunities to diagnose cancer and Prof. Brain added: “From the early data we collected after the first lockdown we can see that the COVID-19 pandemic has affected public attitudes to seeking help for signs and symptoms of cancer which may translate into delayed referrals, missed tests and later-stage diagnosis.”

Alongside these shifts there was also a move from IV drugs to oral therapeutics that could be easily self-administered by patients, with 21% of the HCPs in Italy surveyed by Accord saying they prolonged the use of oral therapies to help protect their cancer patients.

Professor Generali said: “Generally speaking, we moved wherever possible to oral drugs. Looking at our budgets, there was a completely changed approach with a very clear shift from IV to oral drugs. Increasing patients’ use of oral

drugs gave us a chance to take care of them outside the hospital. We increased the use of telemedicine and in this way, we were able to give them the drugs and monitor them during the pandemic.”

Joseph Dunford, Accord’s associate vice president for specialty brands, said: “At the start of the pandemic, the wish to keep people out of hospital and prevent them catching secondary infections on top of their cancer was paramount. It’s been remarkable how much the academic community has learned since then about the virus. Certainly, our understanding as a company of what is required, what products are being required, what strategies were being used, is growing all the time as well.”



Cancer care in Europe: Recovering from COVID-19 disruption

How HCPs responded to the disruption

The clear trends for greater at-home care and patient reluctance to visit healthcare facilities has, as already noted, changed oncologists' priorities during the 2020 experience of COVID-19.

A core strategy for 34% of HCPs surveyed by Accord was to either increase the use of, or introduce for the first time, at-home nursing services as a way for them to manage their cancer patients and help minimise COVID-19 cases in cancer wards.

Professor Generali predicts that this home/hospital split of care will continue "In the long term in Italy we will have a situation where patients needing IV chemotherapy or treatment go to the hospital, while those requiring monoclonal antibody

treatment will be treated outside the hospital in a protected area. And for all the patients receiving oral drugs, they will be treated outside the hospital with home delivery of their medication and visits by the oncologist every three months. We are planning this kind of approach. This is the landscape we are facing."

Thankfully, widespread product shortages were not part of the cancer treatment landscape, noted Dunford. "The problem is very much more about delivering care as normal.

That did make people rethink their supply chains and also their cancer care delivery.

"Across Europe, you also see quite large variations in terms of what medications patients think can and cannot be self-administered and how much of their care they are willing to take into their own hands or be more involved in. That's a lesson for all healthcare stakeholders to learn going ahead."



“All patients receiving oral drugs will be treated outside the hospital.”



Cancer care in Europe: Recovering from COVID-19 disruption

How can pharma help

From its heroic efforts to develop vaccines in record-breaking time to incredible work to support patients and HCPs, the pharmaceutical industry made a huge contribution in the fight against COVID-19.

Professor Generali explains: “There were three different phases of interactions with pharma. From February to June 2020, the industry was completely focused on helping patients and health services, supporting us in the battle against COVID with devices, masks and all kinds of support in order to save lives, independently of whether the company is linked to cancer or not.

“From June to September 2020, there was an increase of webinars about ways of

managing cancer patients in a different way, helping us with new tools like telemedicine and systems for organising the delivery of oral drugs to any single home for cancer patients. So, they put aside the COVID to help us try to organise the onco care services in a different way, telemedicine and the structuring of a new system for helping patients outside of a hospital. After September, we started getting back to normal life and normal standards for procedures and relationships.”

As the pandemic continues through 2021, the sector is well placed to tackle the consequences of COVID-19 disruption to cancer care.

Looking at what future industry assistance would be most valuable, Professor Generali sees many synergies between public hospitals and the private pharma sector when it comes to supporting the evolution of oncology care. He highlights the “externalisation of treatments and delivery approaches” for at-home cancer care and/or in

protected area and the need for help to maintain them.

Dunford added: “As we have throughout, we need to supply healthcare systems with the medicine that they request. That’s something we’re committed to doing as a company, as an industry. If we can provide them with easier to use products, that has got to be something that we can look at.

“Some evidence came back from our own research showing that they really like products that can reduce reconstitution and infusion times. Anything we can do to minimize that over the next 12 months, but also in the future, would be a good thing.”

Throughout the course it has so far run, the pandemic has proved to be fast-moving and changeable as the virus evolves and mutates, and knowledge about it grows. The industry will need to continue to be similarly adaptable, says Dunford.

“We need to be agile and flexible in our manufacturing and in our supply to try and reflect the new and different needs for medicine across this pandemic time. That could be making sure that perhaps we have a greater supply of oral chemotherapy than we do of injectable chemotherapy moving ahead or the provision of different ways for patients to take their medicine that may be easier, such as through prefilled syringes or auto-injectors.”

As noted in Accord’s research, HCPs identified a number of oral cancer products that they would like to have in stock for 90-day prescriptions, so ensuring sufficient supply of the therapy would also be a useful step to take. It’s something that’s closely associated with the need to have a sustainable model for medicine supply and more flexibility around procurement. By drawing lessons from the pandemic on, for example, the use of emergency medicines buffer stock by the UK to ensure supply continuity, there are ways to work to future proof medicines access against future pandemics or other natural disasters.



Key recommendations for pharma to support cancer care

- Provide higher volume of product to reduce reconstitution time
- Increase provision of broad anti-infectives





Cancer care in Europe: Recovering from COVID-19 disruption

Further industry implications

As the pharmaceutical industry continues to support HCPs and provide them with the most up-to-date information about new and existing oncology treatments, COVID-19 huge societal changes will have an impact on how contact is maintained.

The Accord survey found that the preferred contact method was actually, in these times of Zoom fatigue, the telephone for oncologists located in Germany, France, Spain and Italy. The UK was found to be an outlier in that respect, with telephone and e-detailing contacts providing to be equally popular.

The provision of digitised content through a mobile or computer device was comfortably second-place in all the non-UK major European markets, and oncologists said they expect this e-detailing to persist for at least the rest of 2021.

But, whether contact was facilitated by e-detailing, an online voice platform like Skype, a face-to-face meeting or the telephone, oncologists' preferred frequency for pharma contact was found to be once a month.

Adapting contact approaches to HCPs' needs are just some of the important contributions the generics and biosimilar industry can make to assisting with the recovery of cancer care in Europe. Dunford explained: "As an industry, we've got to adapt the strange patterns in demand that we're seeing, as hospitals try to make safe spaces for

treatment and continue with cancer care, but in slightly different formats or settings.

"It's important to involve patients in these changes to the provision of care and to provide them with solutions that can reduce the risks that they need to take. The industry needs to look at what solutions we can provide that minimise contact to reduce the very real risks of infection, while continuing with high standards of cancer care in Europe."



“The industry needs to look at what solutions we can provide that minimise contact to reduce the very real risks of infection”



Cancer care in Europe: Recovering from COVID-19 disruption

The road to recovery

European cancer care faces a difficult road ahead as countries strive to recover from COVID's huge disruption, even though the pandemic has yet to be overcome. One of the main challenges will be to resume all the delayed treatments, and it's clear that getting back to normal service will not happen overnight.

"Aside from screening," Professor Generali said, "we are discussing about the end of 2021 or early spring 2022 for surgery and oncology treatments. The problem will be the screening – that will take more time to come back to its normal numbers. In Italy, my perception for screening is that it will return to normal by mid-2022."

However, he also voiced his concerns that it will still take some time for patients to feel comfortable returning to healthcare facilities. "There's a

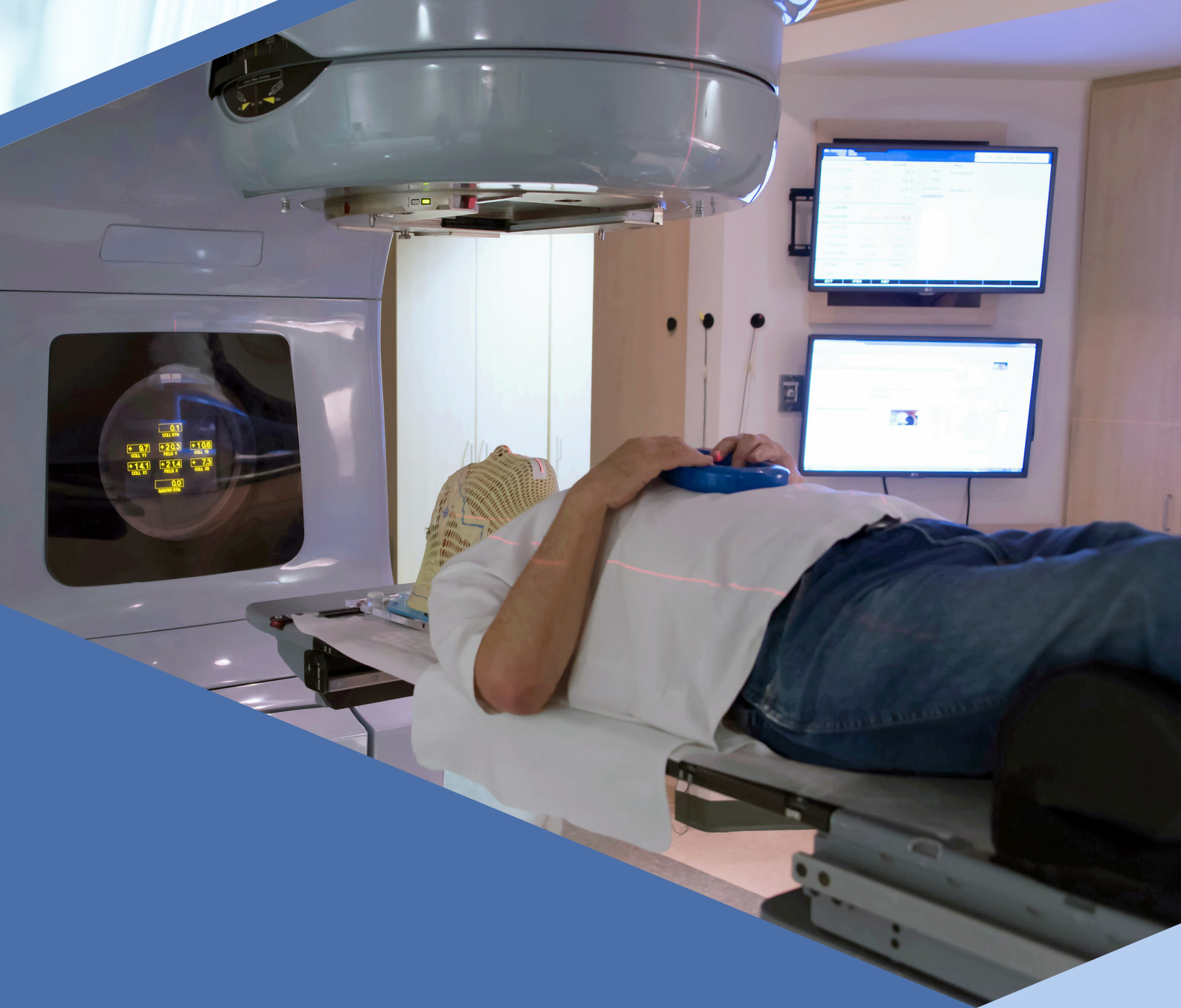
lot of people now who are afraid of everything there," he said.

But Professor Generali is positive about the gradual return to normality for cancer services and the unexpected role that the pandemic has played in acting as a catalyst for healthcare innovation.

"From November 2020, the situation in Italy where I live began getting calmer and so we were able to start to come back to the normal life. Surgery and screening are still not completely

back to normal - screening basically stopped and this is a problem, but on the other side in surgery, operating theatres are coming back to normal, and this is a good thing obviously."

He added: "COVID has also left some good, in terms of now being able to organise differently how patients are treated there's much more confidence in using some drugs outside the hospital and following the patient via telemedicine. This is really helping to reduce hospital costs and their workload."





Cancer care in Europe: Recovering from COVID-19 disruption

Conclusion

Cancer care was severely disrupted during the acute phase of the 2020 COVID-19 pandemic, but it also acted as a catalyst in the healthcare sector, encouraging the uptake of new technologies and new ways of working.

HCPs made a series of changes to traditional treatment strategies, including switching to oral medication and treating patients at home, and some of those adaptations to the crisis will remain in place once the threat from the virus eases.

However, for now, the situation remains critical for both patients and the healthcare stakeholders working to treat and care for them.

There will likely be ongoing delays and long-term consequences for patients, and over the next 12 months the

pharmaceutical industry will need to reconsider the types of products it provides, reassessing them in light of patient and HCP needs for home use, delivery and administration.

There are also important lessons for the sector about how it communicates and interacts with HCPs. These will all be of immense importance for pharma as its huge contribution in the fight against COVID-19 continues during 2021 and beyond.

The publication of this article was financially supported by Accord Healthcare, who were given the opportunity to review the article for scientific accuracy before submission. Any resulting changes were made at the expert reviewers' discretion.

About the interviewees



Prof Daniele Generali completed a degree in medicine and surgery from the University of Brescia (Italy) and went on to undertake a specialist Diploma training in Medical Oncology at the University of Turin (Italy).

He then obtained a Master's degree in Molecular Oncology from the University of Turin (Italy) and DPhil in Molecular Oncology from the University of Oxford (United Kingdom).

After his post-doctoral training he joined the Azienda Istituti Ospitalieri di Cremona as the Head of Molecular Therapy Unit focused on molecular oncology and drug development and was a Consultant in Medical Oncology at the Breast Cancer Unit.

He is the head of the Breast Centre and Pharmacology Unit of ASST-Cremona (Italy)

From the 2015 he is the Associate Professor in Medical Oncology at University of Trieste and he has an honorary contract in Molecular Oncology at University of Oxford (United Kingdom)

Dr Daniele Generali has been a speaker at numerous national and international meetings and has authored over 200 scientific papers and 2 scientific books.

He is a member of a number of organizations including:

- Italian Association of Medical Oncology (AIOM)
- American Society of Clinical Oncology (ASCO)
- American Society of Cancer Research (ACCR)
- European Society of Medical Oncology (ESMO)
- European Organisation for Research and Treatment of Cancer (EORTC).



Joseph Dunford is Associate Vice President of Specialty Brands at Accord Healthcare.

Joe is responsible for bringing to market a range of biosimilars, New Chemical Entities, and drug/device combinations that aim to align with the patient and healthcare professional needs across a number of key therapeutic areas.

Joe has a BSc in Pharmacology. He started his career in Quality Control before moving into and biosimilar sales & marketing, where he has over 20 years' experience. Joe has worked across a range of therapeutic areas with a particular focus on oncology including launching the first oncology biosimilar in 2008 and Accord Healthcare's first biosimilar in 2014.



About Accord

Headquartered in the United Kingdom, Accord Healthcare is one of the fastest growing pharmaceutical companies in Europe.

Accord has one of the largest market footprints of any European generic and biosimilars companies selling generic medicines in over 80 countries around the world.

This global footprint enables us to deliver, affordable medicines to national health systems supporting healthcare professionals to transform patient lives worldwide.

accord

The publication of this article was financially supported by Accord Healthcare, who were given the opportunity to review the article for scientific accuracy before submission. Any resulting changes were made at the expert reviewers' discretion.

