All.Can Belgium: 2023 General Assembly

On the 26th of June, the offices of the Stichting tegen Kanker/Fondation contre le Cancer formed the background for the 2nd general assembly of All.Can Belgium, a multi-stakeholder platform that aims at mobilizing the Belgian cancer care community to engage in specific projects to improve the efficiency of cancer care in our country.

All.Can: changing cancer care together

Presented by: Eduardo Pisani (CEO All.Can international)

All.Can is multi-stakeholder not-for-profit organization working to improve the efficiency of cancer care by focusing on what matters to patients. In this spirit, they bring together healthcare professionals, representatives from patient organizations, policymakers, researchers, and the pharmaceutical industry. Anno 2023, All.Can is active in 24 countries, including many European countries, Australia, Argentina, Colombia, Canada, Japan, South Korea, etc. Across these different countries, All.Can tries to work in a spirit of collaboration with the aim to have as much impact as possible. To this end, All.Can is always looking for a mandate to help with the aim of creating value for patients and for the healthcare system. The latter is amply illustrated by the fact that All.Can has been approached by the Organization for Economic Co-operation and Development (OECD) to help in drafting up their cancer report. Similar things are also happening on a regional level. For example, All.Can Australia is currently involved in the development of the country's cancer related policy.

Increasing the efficiency of cancer care has always been the mantra for All.Can. For example, in 2022 they published an efficiency metrics study, proposing a set of internationally applicable, real-world measures that were generated and collected from daily clinical practice. The report, developed in collaboration with the university of Southampton, identified 8 core efficiency metrics that can be used by stakeholders to assess and improve cancer care efficiency. In a next step, All.Can together with the Amsterdam Medical Center (AMC) will look at ways to implement these metrics in different healthcare systems. Another way to improve efficiency is showcasing good practices. In this light, All.Can has created an 'efficiency hub' collecting different examples of best practices in cancer care from around the world. This creates a learning platform around efficient practices which could help organizations to find and implement potential solutions for common issues.

On a final note, *Mr. Pisani* underscored that there has never been more momentum to rethink cancer care than now. In fact, the European Union has recently launched its cancer plan, providing a framework for projects that aim at improving the care for cancer patients. While

this cancer plan offers an excellent platform for new projects, it also comes with the risk for dilution and fragmentation of projects. To improve the potential impact of these projects it seems wiser to bring experts and resources together and set up projects in a more coordinated way. And that is exactly what All.Can is all about.

All.Can Belgium: a state of affairs and future plans

Presented by An Cloet (MSD Belgium & Luxembourg)

All.Can Belgium is a multistakeholder platform that was launched in 2018 with the aim to align the different stakeholders on a joint vision on cancer care. To this end, All.Can Belgium initiates projects that deliver this vision and proposes solutions that contribute to a more efficient and innovative cancer care across the patient pathway. Furthermore, All.Can Belgium proactively provides input into the policy debate and wants to create societal support for their vision on cancer care. In 2022, the main activities of All.Can Belgium consisted of the OPTIMOC study (discussed later), a webinar on survivorship and the launch of the JUVENTAS project. The aim of JUVENTAS is to create awareness among adolescents and young adults on the early signs of breast cancer, testicular cancer, and sarcoma. In addition to an awareness campaign in schools and in the media, this project also includes surveys looking into the cancer knowledge of adolescents and assessing the obstacles they encounter in discussing potential early signs of cancer with their physician. In 2023, All.Can Belgium will continue to focus on OPTIMOC and JUVENTAS. In addition to this, a memorandum discussing the priorities for cancer care in the next 4 years is being prepared and All.Can Belgium is also looking into ways to improve the efficiency of clinical trials. Finally, 2023 also features the launch of the lung cancer working group of All.Can Belgium, with plans for a round table debate on lung cancer screening and a number of initiatives during the lung cancer awareness month in November.

Spiderweb: an innovative way to conduct clinical trials in cancer patients with rare genetic aberrations

Presented by Prof. Ahmad Awada (Institut Jules Bordet, Brussels - All.Can Belgium board chair)

Over the last decades, we have witnessed a dramatic increase in the number of innovative anticancer drugs. Back in the 80s, one new anticancer drug became available every 2-3 years. More recently, however, we are seeing a tsunami of innovative agents, including targeted therapies, immunotherapies, antibody-drug conjugates, theranostics, etc. In parallel, there has been a shift in the way clinical trial are being conducted. Whereas clinical trials traditionally focused on one specific disease entity, we now see a growing interest for a tumor agnostic

approach in which patients with different tumor types are grouped based on the presence of a common oncogenic driver mutation. This shift comes with important challenges, especially when dealing with very rare genetic alterations. In fact, for individual centers it is near impossible to screen hundreds of patients just to find a couple of patients with a specific genetic alteration that can be included in a clinical trial. Performing clinical trials that focus on rare genetic alterations in such a way comes with an enormous workload, administrative burden, and cost. The spiderweb project tries to overcome this by rethinking the way clinical trials are run. The basic idea is that instead of starting with a clinical trial and look for suitable patients, you start with the patient and subsequently look for a suitable clinical trial to bring to the treating center of the patient. As such, instead of organizing lots of clinical trials in individual centers, the idea is to set up a permanent collaboration between a large group of participating centers. This enables patients from a given site to be treated at this site in any biomarker-driven clinical trial that is open in any of the collaborating centers. From a theoretical point of view this idea may seem clear cut, but in practice many hurdles need to be tackled (regulatory issues, align different clinical trial ecosystems in different centers, etc.). All.Can Belgium has endorsed this project and hopes to help in overcoming some of these hurdles. Recently, a pilot project is being prepared with one clinical trial within the context of the oncodistinct network, a non-profit academic network that brings together 26 clinical centers across Europe. If this pilot project turns out to be a success, the idea would be to roll it out in a larger number of centers, across the globe.

In parallel to setting up this collaborative network, it will be important to invest in a common database which collects all the clinical and molecular information of patients with a rare genetic aberration. If a new innovative drug is developed for this specific alteration, this database will allow for a quick site identification of suitable patients for a clinical trial.

OPTIMOC: Optimization of the multidisciplinary oncological consult

Presented by: Nadine Boesten (PhD student, Vrije Universiteit Brussel & Ghent University)

OPTIMOC is the first research project to receive financial support of All.Can Belgium. The project, which is an interdisciplinary collaboration between the Vrije Universiteit Brussel and the Ghent University, was set up to optimize collaborative treatment decisions during multidisciplinary oncology consultations (MOC) at Belgian oncology departments. A MOC is well-established structure for team-based treatment decision-making in oncological healthcare across the world. Since 2003, the MOC is legally regulated in Belgium and is described as a single multidisciplinary consultation per individual patient. In practice, however, multiple cases

are clustered in a collective meeting, generally per tumor indication. For hospitals, MOCs are resource and time-intensive and previous studies have revealed an unequal participation and suboptimal sharing of information between medical and non-medical disciplines. As such, there is a need to increase the efficiency of a MOC, with a more patient-centered decision-making process and a more equal contribution of the different disciplines that are present during the MOC. To address this, OPTIMOC aimed at the development of an intervention that improves the workflow of a MOC and facilitates a more patient-centered decision-making. This intervention consists of a checklist to guide the multidisciplinary discussion and a tool to determine the complexity of the individual cases. In total, 5 Belgian hospitals (both academic and peripheral) are participating in the study. In a first step, the study assessed the baseline situation, recording what went well and what went wrong during a MOC in the different hospitals. This includes an assessment of the quality of the information that was shared during the meeting and a measurement of the level of participation from the different disciplines. Currently, the second step of the project is ongoing during which the impact of the intervention is being assessed. Preliminary findings of the project indicate that there is considerable room for improvement. However, it also became apparent that there is no one-size-fits all solution to improve the MOC efficiency and that the intervention needs to be adjusted to the individual needs of the MOC meeting. In this respect, the checklist proved to be a good intervention for MOCs that miss a clear structure. In contrast, the complexity tool seems to be an intervention that could benefit all MOCs. For example, this tool allows the identification of complex cases that are best discussed first. In addition, it can also provide information on who should be present during the MOC and what timepoint. Final results of this project are expected in 2024.

PROLONG vzw

Presented by: Bernard Carton (PROLONG vzw)

Patient involvement is very important for All.Can Belgium. In this spirit, the 2023 General assembly also featured a presentation of PROLONG, a patient organization that wants to increase the public awareness on lung cancer and mesothelioma. PROLONG is active in Flanders, with a close collaboration with patient organizations in the Netherlands. In brief, PROLONG wants to take part in national and international initiatives on lung cancer and mesothelioma, representing the interests of fellow sufferers in the widest sense. In this light, they focus on providing accurate and clear information on these disease entities. Furthermore, PROLONG wants to participate in the search for innovative treatments for patients with lung

cancer or mesothelioma. For more information on the organization and an overview of their planned activities please visit www.prolong.be.

Access to innovation in Belgium

Presented by: Marjan Willaert (Policy Advisor, Pharma.be)

The treatment landscape for cancer patients continues to evolve at an ever-increasing pace, with a continued treatment personalization, an increasing role for biomarker testing and a larger potential for cure. In parallel to this therapeutic evolution, we are witnessing a growing interest in out-of-hospital care, digital health, and the use of artificial intelligence. While these innovations hold great potential for patients, implementing them into clinical practice in a timely manner continues to be challenging. Specifically for Belgium, this challenge is amply illustrated by disappointing data on the availability of innovative drugs. In fact, in 2021, half of the recently authorized innovative medicines were inaccessible for Belgian patients. This puts Belgium halfway the European ranking, but below most Western European countries. In addition to this, also the time between EMA approval and reimbursement is particularly long in Belgium, with an average of 598 days. This refers Belgium to a disappointing 25th place in the European ranking, again well behind most Western European countries. Furthermore, this metric is getting worse over time from 395 days in 2017 to 440 days in 2019 and 598 days in 2021. The Belgian government recognizes that we urgently need to improve on this and is currently working on a new reimbursement procedure. This optimization of the reimbursement procedure is part of a 'roadmap to access' that was developed by RIZIV/INAMI. Importantly, this roadmap also foresees a better patient representation in the Commission for Reimbursement of Medicines (CRM) and stipulates that patient evidence (e.g., real-world evidence, unmet medical need information, results from patient preference studies, etc.) should be included in CRM reports. The rapidly evolving treatment landscape for cancer patients also adds continuously new levels of complexity to the CRM evaluations. For example, the use of surrogate endpoints and alternative trial designs make it increasingly complex for the CRM to adequately assess the potential impact of innovative therapies. To address this, the roadmap to access foresees a bigger involvement of clinicians and scientific associations in the reimbursement procedure. On the other hand, pharmaceutical companies seem to lose possibilities for interaction with the CRM. Nowadays, companies have 2 options to organize a hearing with the CRM during the reimbursement procedure: either during the scientific evaluation or during the reimbursement proposal step. During these hearings, companies have the opportunity to invite a medical expert who has experience with the innovative drug. Their

opinion and insights into the potential impact for the Belgian patient of a new drug can be very useful during CRM evaluations. Nevertheless, in the new proposal, the first of these two options (i.e., the one during the scientific evaluation) has been cut out. Finally, the roadmap limits unfortunately the application of the convention framework. Working through a convention allows patients to have faster access to innovative drugs and gives the company time to provide extra information (e.g., real-world evidence, long-term read-out of randomized trials, etc.). As such, the government can mitigate the potential risks that come with the reimbursement of a drugs that is associated with a certain level of clinical and/or financial uncertainty.

In contrast to the suboptimal reimbursement situation in Belgium, the country ranks among the top European countries when it comes to participation in clinical trials. As such, Belgian patients often have better access to new treatment options prior to marketing authorization than afterwards. Hopefully, a revised reimbursement process will turn this around, allowing faster access to novel treatments for patients and giving them all the chances to fully benefit from the continued innovations in cancer care.