

**Clinical Researches and Increasing  
Affordability of Cancer Treatment in Middle  
Income Countries: Breast Cancer as a  
Research Model.**

**Interactive discussions**

International Clinical Trials Workshop  
Cairo – January 27-28, 2011



# Introductory note and points for interactive discussions

By

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**Conducting researches that aims at lowering total cost of appropriate cancer treatment and increasing its affordability:  
Needs, barriers and examples of proposals for breast cancer treatment as a model.**

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**Exploring scientific avenues to increase affordability of treatment for more millions of patients with cancer in the world.**

**Future prospects of win-win Scientific approaches.**

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## The problem is that :

By the year 2020, there will be around **twenty million new cancer cases** , **70% of them in countries with only 5% of total resources** for cancer control.

With the increasing costs of the novel drugs and the equipment of radiotherapy, and with the **increase of incidence** of cancer, **we assume that in the next decade, there would be more difficulties of affordability of Cancer treatment in Low and Middle Income Countries (LMCs) .**

**Even, advanced countries are facing relative difficulties in affordability of novel and expensive cancer treatment**

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The overall and disease-free survival rates, cost effectiveness and cost utility are **not increasing in a measure commensurate** with the expenses of treatment.

Hence, there would more difficulties and challenges for patients and their families, governments, physicians, industrialists and economists.

**It is not just for idealistic thoughts**. But, If we continue practicing – as we are now-**there would be pressing crisis for all.**



ICEDOC : “We should be positive and **not just to show gloomy figures**. It is better to **try to find solutions** ,even partial ,or to make suggestions for progress and to build **constructive scientific coalitions**”

The win-win initiative proposed by ICEDOC’s Experts in Cancer without Borders ( ICEDOC: is the International Campaign for Establishment and Development of Oncology Centers) started in December 2007 with preparatory communications, and publications.

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## Examples: Two articles :

**Elzawawy AM : Breast Cancer Systemic Therapy: The Need for More Economically Sustainable Scientific Strategies in the World.** Breast Care 2008;3:434–438  
(full text is available online in the website of Breast Care, Karger [www.karger.com/brc](http://www.karger.com/brc))

- **Elzawawy A :The "Win-Win" initiative: a global, scientifically based approach to resource sparing treatment for systemic breast cancer therapy .**World Journal of Surgical Oncology 2009, 7;44 (Free full text online browse <http://www.wjso.com/content/7/1/44>)

We explore the recent scientific approaches and potential prospects **that could lead to lower costs of breast cancer drugs and radiation treatment without significant evidence of compromising the overall outcome.**

We started with **breast cancer treatment as a model** that could be extended to other cancers.

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We recommend to adopt win-win scientific approaches to foster innovative scientific thoughts and strategies and researches that would aim at designing cost-effective, accessible, and more affordable treatment for more millions of patients with cancers in the world .

All stakeholders – including pharmaceuticals and radiotherapy equipment companies are considered. Despite of all challenges, it would be truly a “win-win” scenario in which **no one would lose.**

**From The 2<sup>nd</sup> meeting of the Win-Win Initiative, 6<sup>th</sup> June, 2010 , Chicago, IL, USA ( During the ASCO 2010 Conference) Currently:**

-We are disseminating the concept and we update regularly our presentations , publications , communications and working meetings

-We are working to build progressively cooperation , coalitions and relevant research studies. There are many key players. The way is opened for all to add, to improve and to collaborate. We don't claim **leadership role or patent ideas.**

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I would like to introduce to you my proposal for the new term: “ **The Relevant Clinical Oncology**”.

“**The Relevant Clinical Oncology**” considers the variability in biologic and pharmacologic factors among the human hosts and the nature of tumors, cost effectiveness and cost utility as well as the real socio-economic conditions. It respects the expectations and priorities of the human beings of each community. All are via Science and mostly based on the published and ongoing researches of many scientists in the world. ( **A.Elzawawy, 2010**)

The term “ **personalized**” or “ **customized** ” cancer treatment is usually concentrating on hitting one or more biological targets that could varied from a tumor to another.

*My proposal is to extend this term to include more aspects of the human host like variability in pharmacogenomics , pharmacodynamics and pharmacokinetics for different drugs, and other personal variations inhuman like socio-economic aspects* .Hence ,hopefully in the future, the term personalized treatment would pass from “ The mechanics” of hitting one target in the tumor by a drug ,to the more broad concept and vision of medicine to consider biological tumor factors, human factors and wisdom without compromising the overall outcome and via evidence based researches and trials. It is a real challenge.

## Examples of the positive response to the Win-Win initiative from the South:

The remarkable activities of **ICON** - Indian Co-operative Oncology Network (301 Oncologists from 52 Indian cities) who recently expressed their will of collaboration in the Win-Win initiative of ICEDOC

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## **CanTreat international :**

**The Informal Working Group on Access to Cancer Treatment in Developing Countries**

**Who we are:** CanTreat International comprises **experts from leading global cancer organizations** working in an individual capacity to develop new models for the delivery of treatment and palliative care for cancer in developing countries.

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## Members of CanTreat international

- **Benjamin Anderson** (Breast Health Global Initiative),
- **Michel Ballieu** (The European Cancer Organization),
- **Colin Bradley** (European Leukemia Net Foundation),
- **Ahmed Elzawawy** (International Campaign for Establishment and Development of Oncology Centers (ICEDOC) and ICEDOC's Experts in Cancer Without Borders),
- **Eduardo Cazap** (International Union against Cancer UICC and Latin American and Caribbean Society of Medical Oncology),
- **Alexandru Eniu** (Cancer Institute, Romania; Breast Health Global Initiative),
- **Joe Harford** (National Cancer Institute, National Institutes of Health),
- **David Kerr** (AFROX, Oxford University),
- **Len Mafrica** (Oncology Nursing Society),
- **Ian Magrath** (International Network for Cancer Treatment and Research),
- **Doug Pyle** (American Society of Clinical Oncology),
- **Anne Reeler** (Axios International),
- **Lewis Rowett** (European Society for Medical Oncology ),
- **Joseph Saba** (Axios International),
- **Massoud Samiei** (Programme of Action for Cancer Therapy, International Atomic Energy Agency) **and**
- **Leslie Sullivan** (Breast Health Global Initiative).

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## Now, we would like to hear from you

- 1 -Is there pressing need to do more efforts to lessen increasing problem of affordability of treatment to more millions of cancer patients in the world? ( I think it yes! What do you think?)
- 2- Is that possible ,via scientific approaches, to get more resource sparing , cost -effective and more affordable and appropriate cancer treatment? ( I think it is yes..yes,..Yes! What do you think?)

Regarding barriers , obstacles and needs for clinical trials in Egypt and in most middle income countries, what do you think, is it:

- Lack of real awareness of their value and needs ?
- Regulations?
- Lack of enough – if any?- number of trained essential members of the team like: Clinical research coordinators, data managers, statisticians, research nurses, research assistants , ....., .....,and Good Editors!

- Lack of financial resources? Or is it the lack of enough knowledge and efforts to find funds?

....and/or what else in your opinion ?

(Feel free to propose and to pay attention on feasibility....you can e-mail )

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- Is there pressing need to do more efforts to reduce effectively the increasing problem of affordability treatment to more millions of cancer patients in the world? ( I think it yes! What do you think?)
- Is that possible ,via scientific approaches, to get more resource sparing , cost -effective and more affordable cancer treatment?

**What do you about dessiminating,  
applying and innovate in the concept  
of the Win- Win Scientific initiative?  
( ... after all, it belongs to all)**

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**Finally, In this planet, aren't we are all  
cousins?**

**YES !**

**Going forward in fruitful cooperation and  
collaboration, hands in hands !**

**Thank you all !**

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