#### DISEASE LANDSCAPE

# LUNG CANCER (NSCLC) IN V4 IS HIGH — IT'S TIME TO ACT

# THE GAP IN ACCESS TO THERAPIES

**GAP** analysis for NSCLC revealed moderate restrictions in access to both diagnosis and treatment. The combined indicator varies moderately across the countries with differences of about 10 **points.** The gaps are driven mainly by the limited access to registered drugs, either due to lack of reimbursement or population limitations, including come restrictions in access to PD-1/PD-L inhibitor drugs, which results in a moderate proportion of patients treated with this group of drugs.

# TTTT

## **POPULATION BURDEN**

DALY\* - RATE PER 100K



## TARGET POPULATION

PD-1/PD-L1



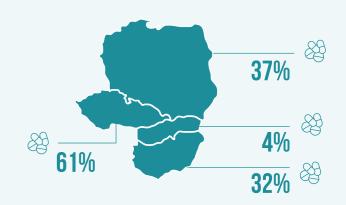
### DRUG ACCESS

LIBTAYO

NUMBER OF PATIENTS TREATED (2021)



#### **POPULATION TREATED (%)**





## **CROSS-COUNTRY**

COMPLIANCE WITH GUIDELINES

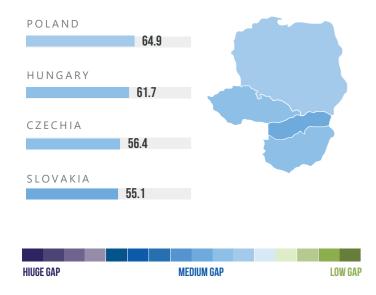
Of the 25 drugs recommended by the ESMO clinical

in the access to newly authorized drugs - the results

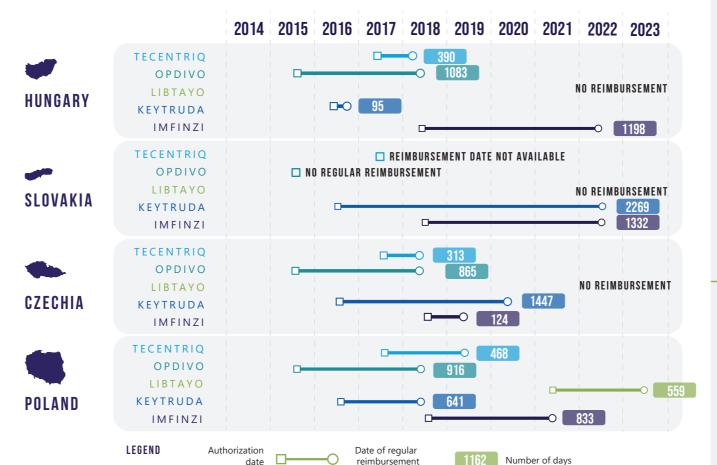
varied across the countries by 16 percentage points.

available in the V4 countries. There are some differences

practice guidelines, on average, about 55-60% are



# FROM REGISTRATION TO REIMBURSEMENT



# MAIN ISSUES



- The proportion of patients in the target population treated with PD-1/PD-L1 inhibitor drugs in V4 countries varied widely between the V4 states in 2021: from 4% in Slovakia, through 32-37% in Hungary and Poland up to 61% in Czechia.
- The population burden defined by DALYs (disability adjusted life-years) in lung cancer is significant in all V4 countries.



### G.A.P. PROJECT

DATA FROM 2021

We measured the gap in innovative drug access and diagnostics in selected therapeutic areas in the Visegrád (V4) countries (Poland, Hungary, Czechia and Slovakia).



