

# Challenges ahead in the field of solid cancers Josep Tabernero

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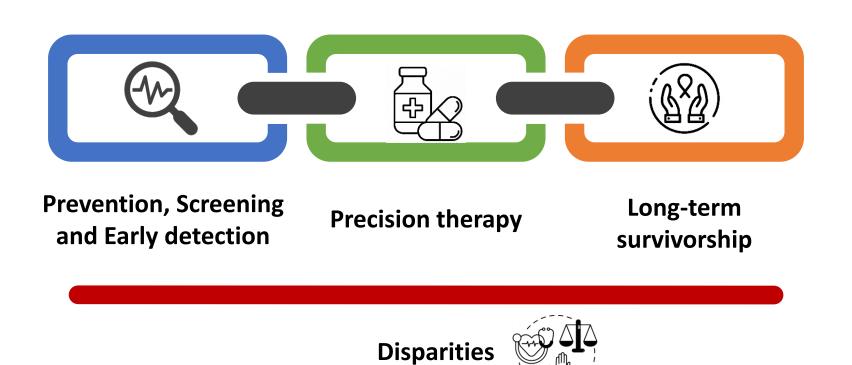
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#### Challenges in research and treatment of solid tumours







Prevention, Screening and Early detection

- Prevention strategies for preventable solid tumours
- Screening programs are lacking for many solid cancers, including some with high mortality
- A large percentage of solid tumours are diagnosed at advanced stages where they are harder to combat
- There is a limited understanding of early stage to support interception strategies



- Sensitive and specific biomarkers to support early interventions
- New non-invasive screening technologies
- Scalable, cost-effective methodologies
- Integrate population diversity
- Encourage **patient adherence** and participation







**Precision therapy** 

- Most of patients with solid tumours present secondary resistance after initial response
- Approved immunotherapies do not benefit the majority (70%) of cancer patients ("cold tumours")
- o **Tumour adaptation** causes resistance



- Need for selective and effective therapies
- Improved drug delivery systems
- Personalized biomarkers to guide patients' treatment
- Enhance immunotherapy efficacy, in particular in "cold tumours" and cell-based therapies
- Overcome tumour plasticity and heterogeneity
- Track dynamic evolution of the disease



- Anti-cancer therapies have detrimental effects on cognition, fertility, or pain that compromise quality of life
- A large fraction of patients suffering late effects have preexisting conditions
- Cancer survivors are at higher risk of developing a secondary cancer



- Understand the causes underlying physiological challenges associated to treatment and the emergence of secondary cancers
- Improve the characterization and management of chronic symptoms to allow patients to live longer and better
- Develop models and biomarkers to predict the development of late-effects associated to treatment



Long-term survivorship



- Uneven cancer awareness across socio-economic groups and patient engagement
- Geographical barriers to access cancer prevention, diagnosis, treatment and supportive care
- Unbalanced distribution of infrastructures, resources and services for cancer diagnosis and care

- Limited coordination between comprehensive cancer centres and tertiary hospitals and primary care in providing continuum of care
- Fragmented and non-patient-centered healthcare systems
- Need for decentralized, patient-centered clinical trials
- o **Prohibitive cost** of medicines









### GLOBAL ACTIONS THAT BOTH EU GOVERNAMENTAL BODIES AND MEMBER STATES MUST ADDRESS IN CANCER PREVENTION, CARE & RESEARCH

- Increase the **investment in behavioural epidemiological research and awareness** (smoking restrictions, foster school health education programs in diet & exercise, primary care programs, etc.)
- Improve equitable access and adherence with population-based, cancer screening programs, addressing the whole population (especially socially vulnerable groups)
- Promote hubs of expertise for management of individuals with genetic cancer susceptibility
- Develop national cancer survivorship policies, underpinned by an equity perspective. Also improve psycho-oncological care and rehabilitation
- Rationalising expenditures on cancer care (Member States) and establish an EU policy on cancer drugs price/reimbursement to support the sustainability of Health Systems
- Work on the standardization of clinical guidelines for solid tumours at EU level
- Create and consolidate an EU network of Comprehensive Cancer Infrastructures with high standards to improve cancer care & research (specially in cancers with poor prognosis or orphan diseases) and avoid disparities, promoting collaborations among cancer centres
- Create an EU federated hub (federation of federations) to optimize the use of anonymised clinical/-omics data at transnational level, fully necessary to address current research challenges in solid tumours





## **THANK YOU**





#### Ministerio de Sanidad