
WAR ON CANCER MIDDLE EAST

Care for all

March 12th 2019

Dubai

SUMMARY PAPER

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Ridwaan Jhetam
Clinical oncologist and
pharma executive



How can innovation revolutionise cancer care in the Middle East, and in time to meet the challenge of a doubling in cases by 2030? “People talk about treatment; they should talk about management,” said Sunil Anand, the executive director of ECHO Trust, at the start of the day’s final session. “You need team-based care, closer to where the problem lies [...] Even if you double the number of specialists you won’t deal with this problem; you have to take it to the peripheral. Don’t call it the last mile, call it the first mile; you go there and see how the problem is addressed.”

“A lot of practical measures could be levelled at tapping

innovation from elsewhere,” said Ridwaan Jhetam, a clinical oncologist and pharma executive, questioning why colorectal cancer has declined in the US and Europe but risen in the Middle East. One solution might be home testing kits for colorectal cancer, as issued in the post to over 50s in the UK. “Screening must be more accurate, more personalised,” added Dr Jhetam. How could AI be leveraged to improve the accuracy of screening? And how can western and alternative medicine be brought together to develop integrated oncology?

Management of costs is one area where a more innovative approach could be taken, suggested Danijela Jelovac,



assistant professor of oncology at Johns Hopkins Medicine. "It's important to engage all stakeholders when assessing costs and insurance costs. Targeted therapy could ultimately be more cost-effective than inefficient drugs." Extra care or complications of drugs could drive costs in such a situation, said Dr Jelovac. "You need good monitoring to see if treatment is working," she added.

Dr Jhetam added that this could tie in with innovative "success-based" access models, through which insurers only cover patients for a treatment if they respond to it. Dr Jelovac in turn suggested that regulations needed adapting to cut the cost

of drugs by allowing for wider use of generics and biosimilars. "An innovative treatment can come to the market within a year," she said, "whereas it might take four years for generic drugs to become available."

The Middle East could do more to appeal to pharmaceutical firms to come to the region ahead of Europe once FDA approval had been granted, said Manel Chikh, founder and CEO of Zaphyr Pharmaceuticals. "We have excellent infrastructure, good clinics, fast-track approval is strong; the challenge is that firms go to Europe first, they don't think about the Middle East—but they can start immediately here."

True innovation should view a problem through a different lens—and in this case one is more important than the rest. "Patients should be the centre of all your activity," said Dr Anand. "Then, innovation will come."

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