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Challenges ahead in the field of onco-haemathology

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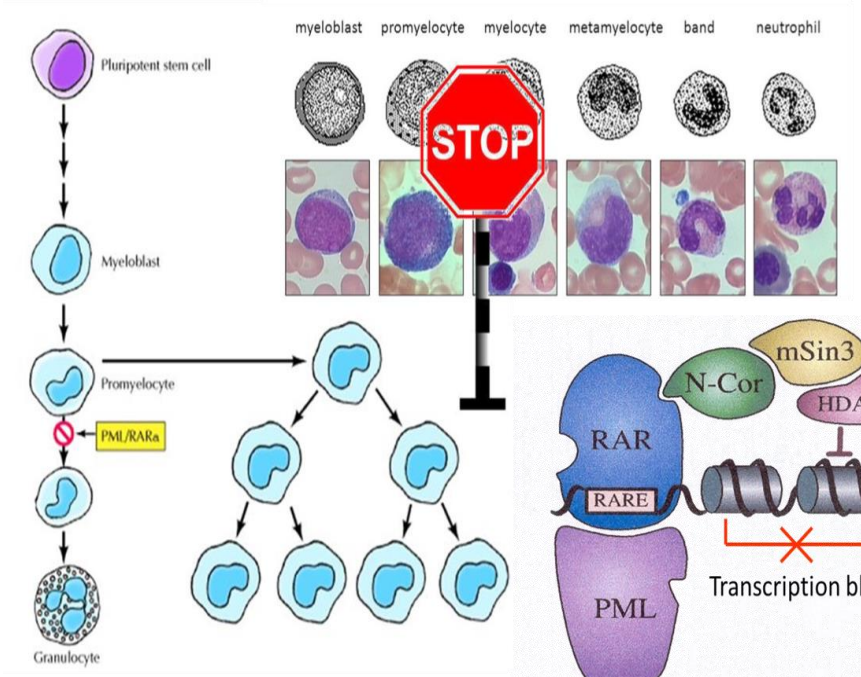
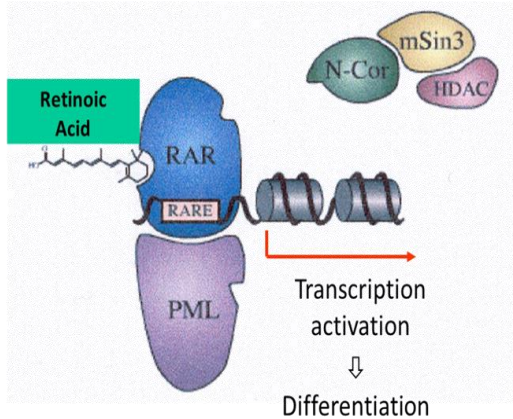
Big Challenge in Haematological cancers: To reach the CURE

1963: Cure should connote that in time –probably a decade or two after treatment- there remains a group of disease-free survivors whose annual death rate from all causes is similar to that of a normal population group of the same sex and age distribution.

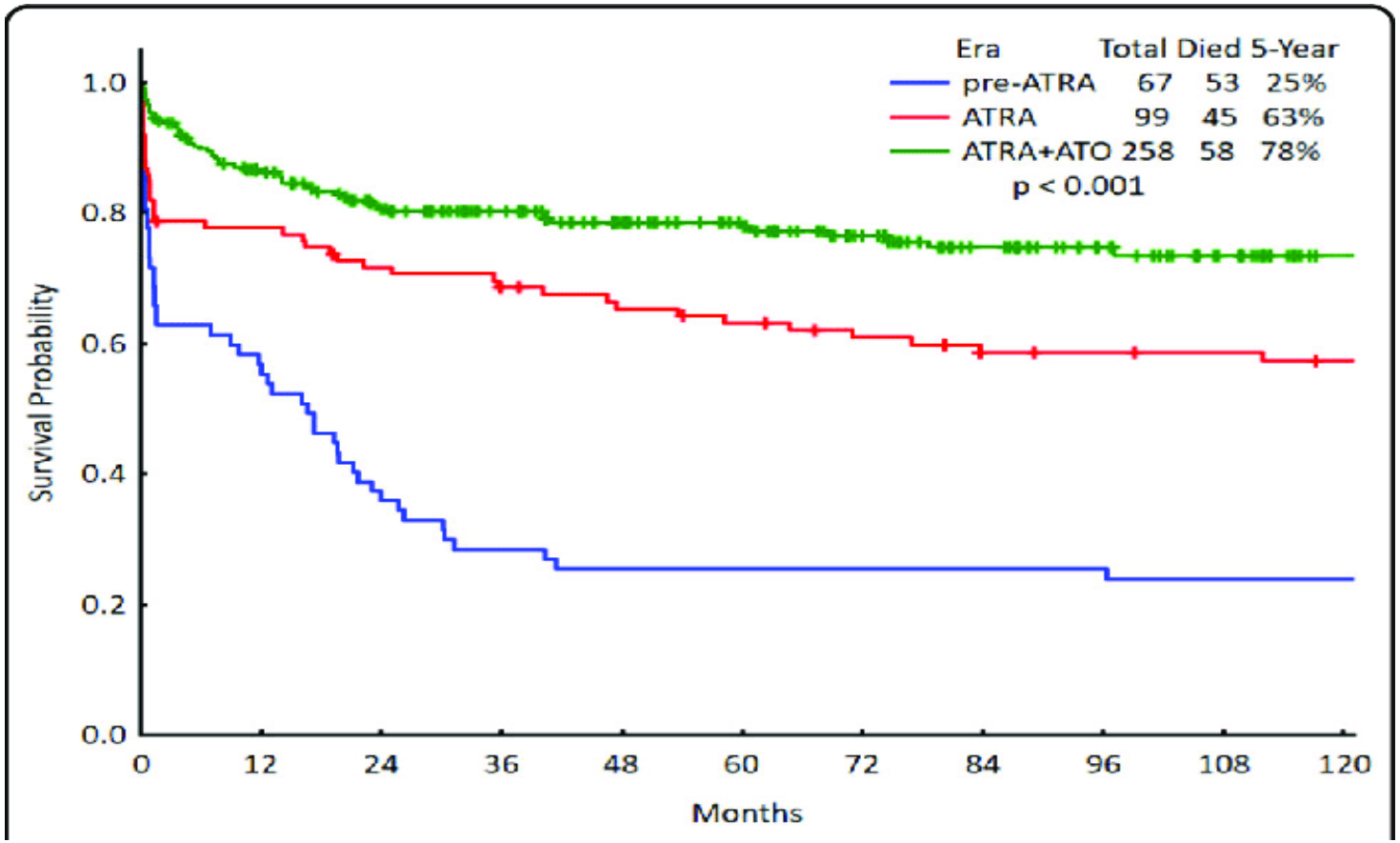
Where are we right now?

Promyelocytic leukemia





Promyelocytic leukemia



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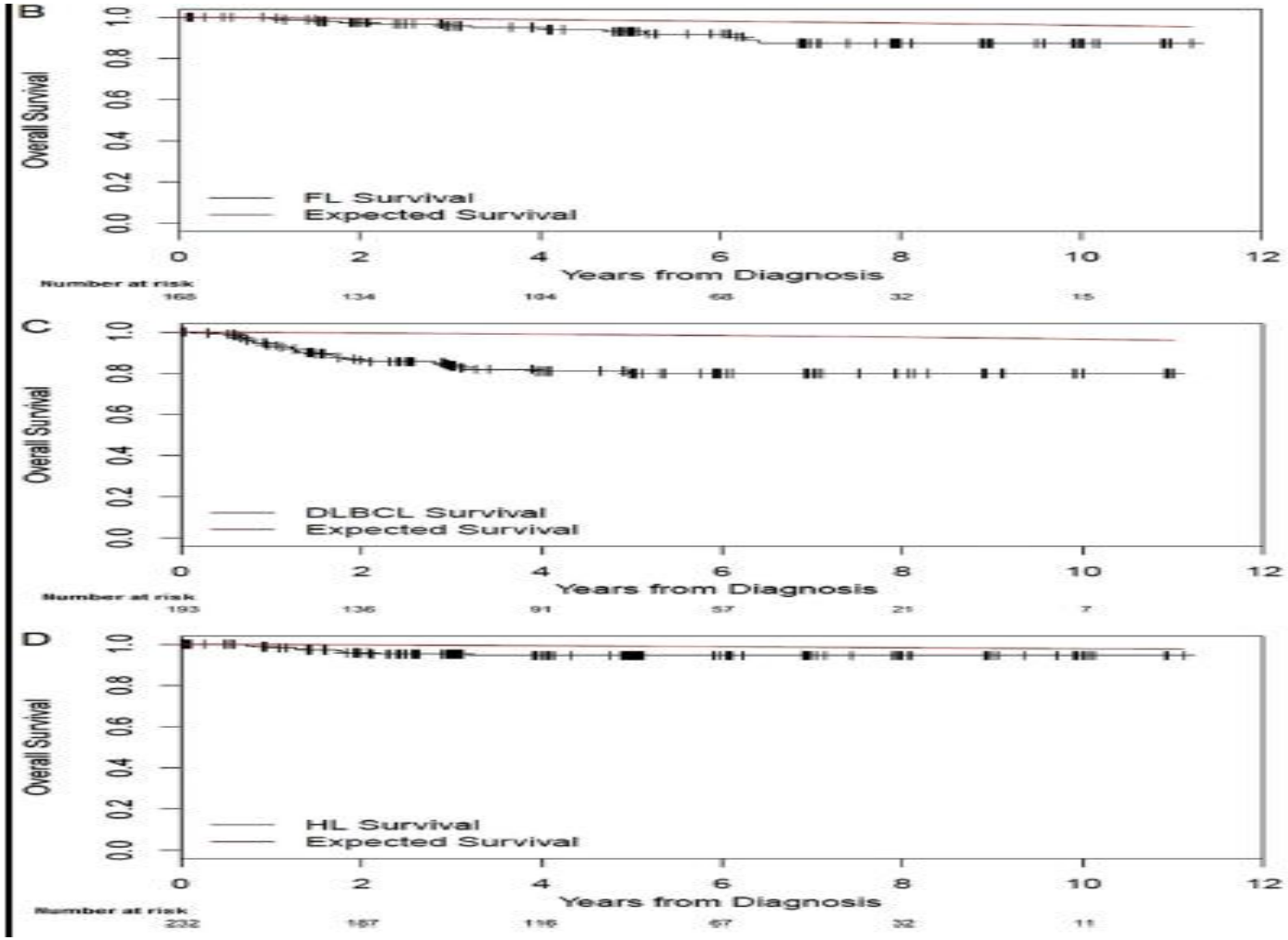
Other hematological diseases



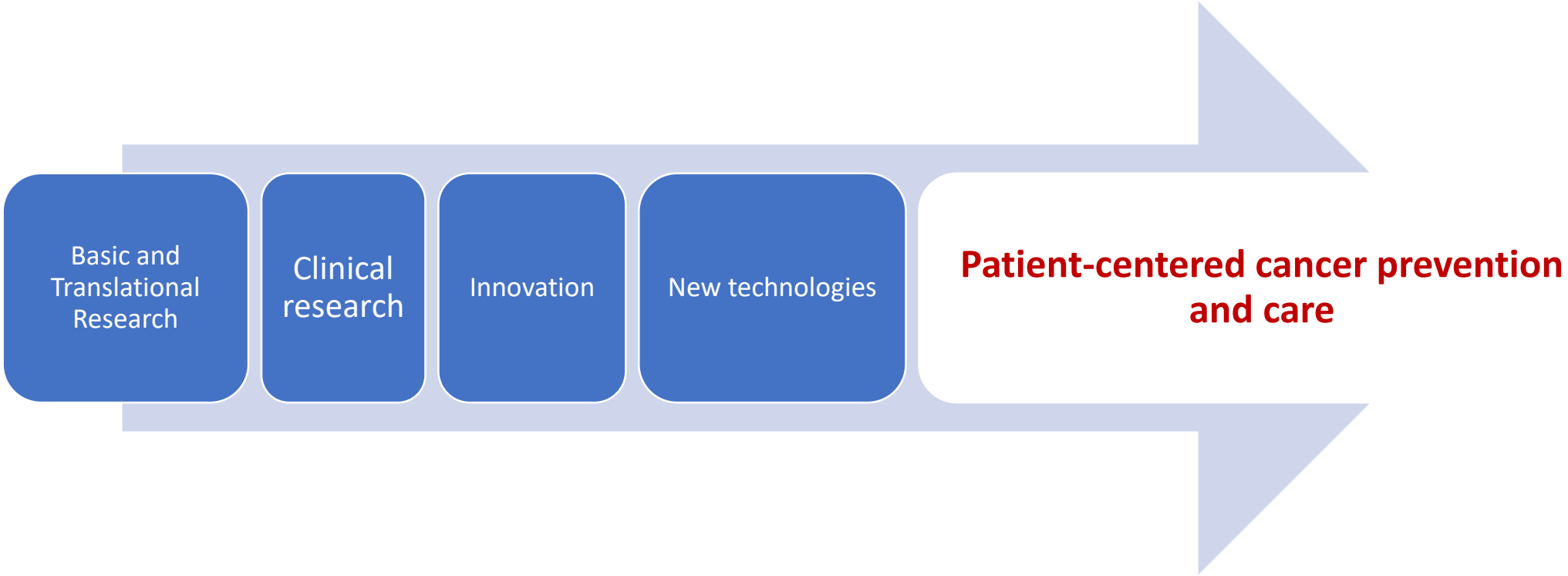
How was this achieved?

For diseases like promyelocytic leukemia or chronic myeloid leukemia, unprecedented coincidence of **advances in both biological and clinical research.**

These diseases represent today a model for i) tailored treatment targeting a molecular aberration, ii) value of minimal residual disease assessment as a surrogate of clinical outcome, and iii) translational research in general.

This is not applicable to all haematological diseases

Challenges in haematological cancers and opportunities to overcome them



What about individual-centered prevention for haematological cancers?

EU Mobile App for Cancer Prevention	• To empower people to manage their own health
Improving health promotion	• Healthy diet and physical activities
Reduce environment polution	
Tobacco and alcohol-free spaces	
Reduce exposure to radiation	• Bone marrow in one of the most radiosensitive organs
Preventing cancers caused by infections	• EBV->African Burkitt NHL and increase of HL and FL; B and C hepatitis, HIV virus->increases risk for NHL
Research for discovering new risk factors	• European Health Data space

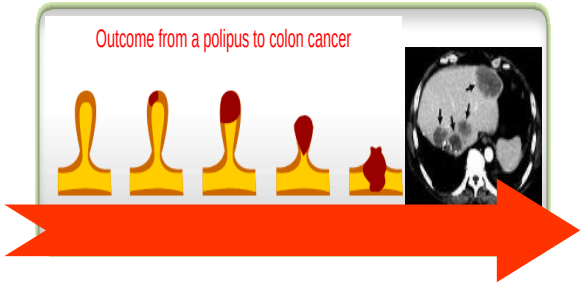
What about screening programs in haematological cancers?

Screening strategies in haematological cancers are limited because of the rapid and aggressive course of these diseases

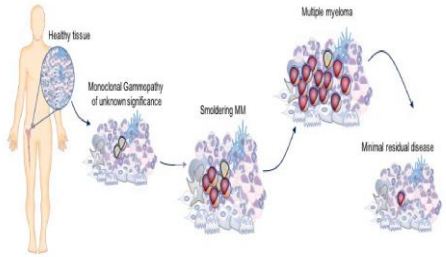
However, **awareness and education** can initiate a cascade and lead to further support, which in turn allows for more research.

What about screening programs in haematological cancers?

Early detection and early intervention

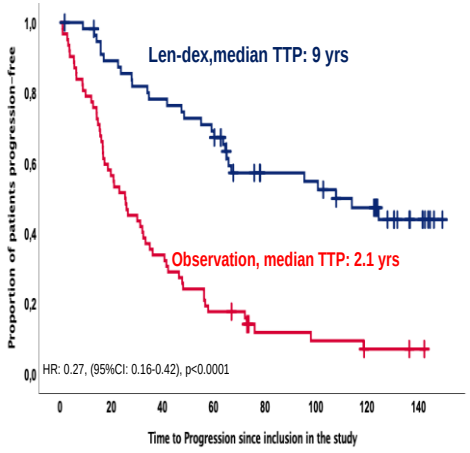


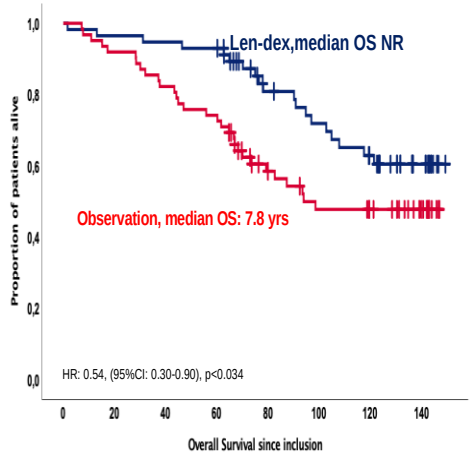
- **Early intervention in oncology**
  - In almost all malignancies (breast, prostate, colon cancers,...)
- **Two possible objectives:**
  - To cure/erradication
  - To delay progression to active disease



- **Early intervention in MM**
  - Only for high-risk Smoldering MM (50% risk of progression at 2 yrs)
- **Two possible objectives:**
  - To cure/erradication
  - To delay progression to active disease (CRAB symptomatology)

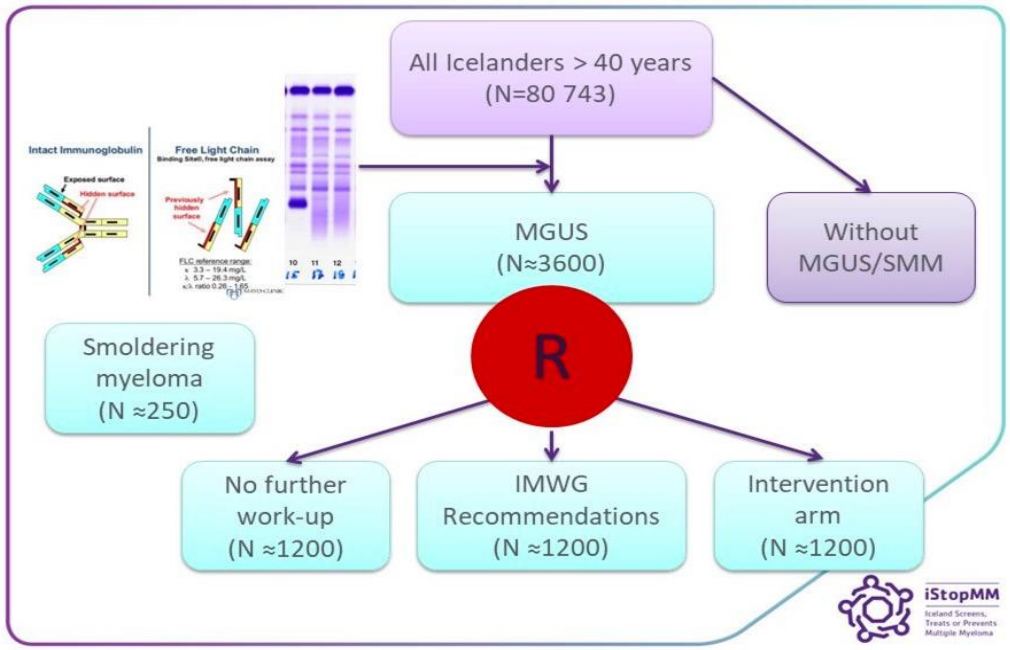
QuiRedex: Phase 3 trial of Len-dex vs observation in HR-SMM patients (n=119)

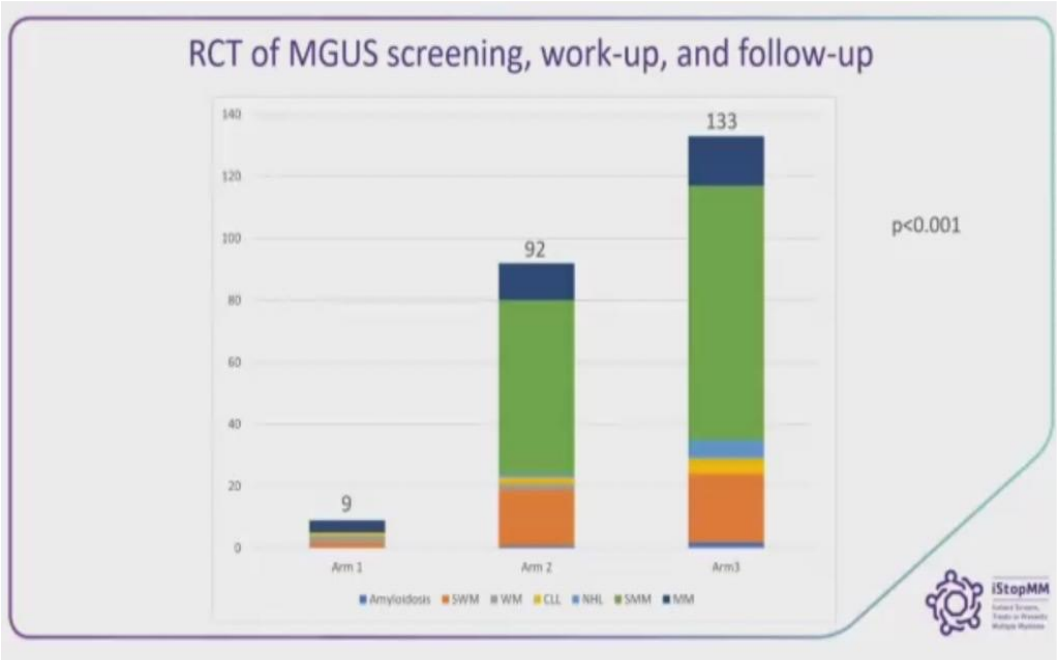




Mateos MV, et al. NEJM 2013
Mateos MV et al. The lancet Haematology 2016
Matetos MV et al. EJC 2022

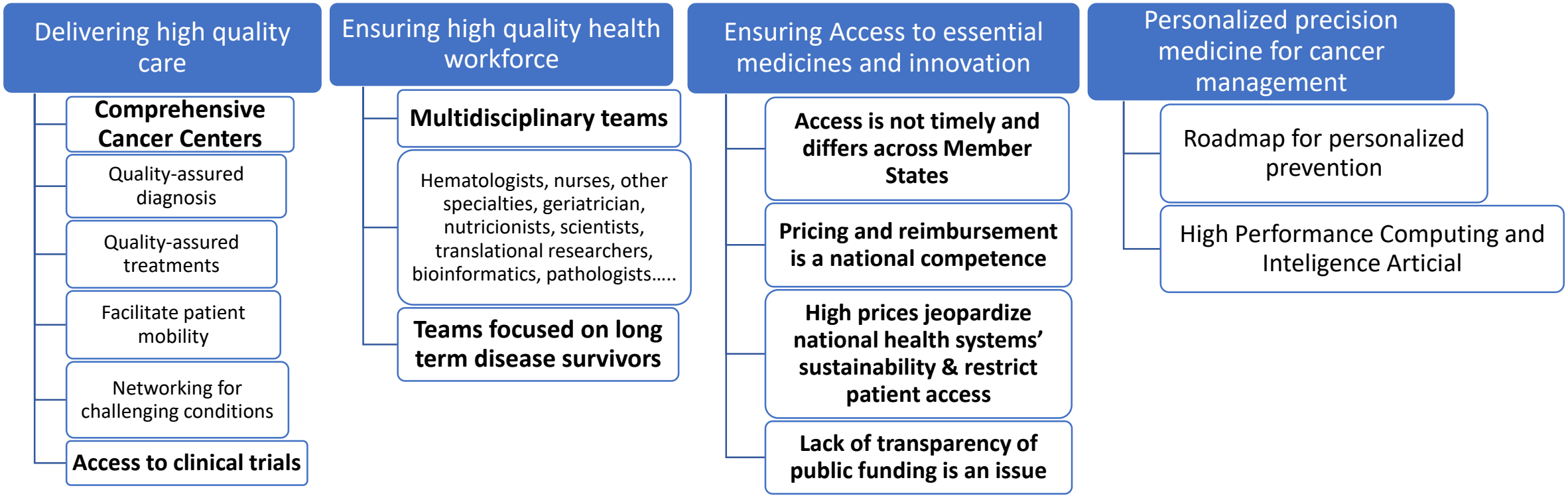
What about screening programs in haematological cancers? iStopMM for screening for Monoclonal Gammopathies





- Active screening identifies significantly higher number of individuals with full-blown malignancy and SMM
- Early detection and early intervention is achievable

What about Patient-centered care in haematological cancers?



Streamlined and agile regulatory framework catering for innovation

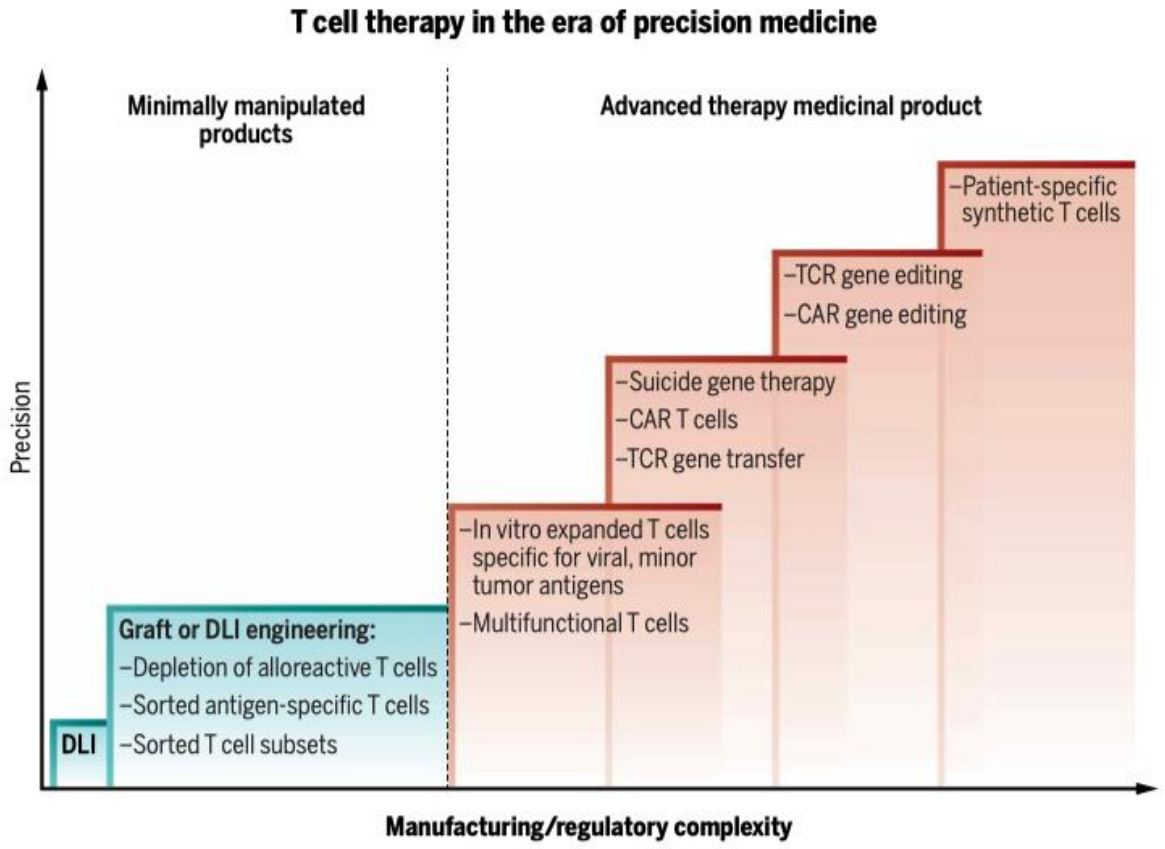
What about Patient-centered care in haematological cancers?

In Haematology, the **genomic characterization at diagnosis** of some of the haematological cancers is something mandatory because some of them are actionable and this should be warranted for all patients. The complete characterization at diagnosis should be done in a centralized way

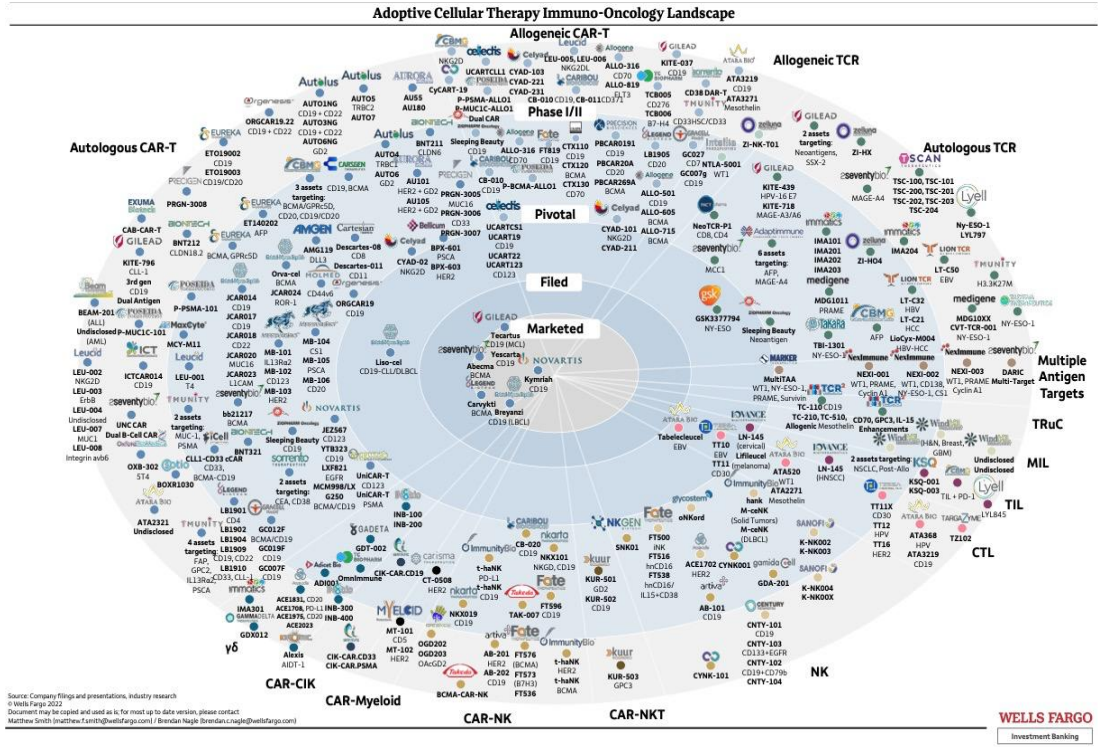
In Haematology, the **response assessment** through sensitive assessments (Measurable Residual Disease) is another challenge and should be funded and done also in a centralized way

Haematological cancer management is being, overall, risk and response-adapted. Through centralizing the diagnosis and response assessment will warrant the harmonization of results, and will result in a more efficient and sustainable care

Cell Therapy in our country as a model



CAR-T cell Success has led to Massive Investment in Cellular Therapy



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Cell Therapy in our country as a model

OBJETIVOS DEL PLAN PARA EL ABORDAJE DE LAS TERAPIAS AVANZADAS EN EL SNS Y ACCIONES DESARROLLADAS

Organizar de forma planificada, equitativa, segura y eficiente la utilización de los medicamentos CAR

- Criterios y estándares para la designación de centros para la utilización de los medicamentos CAR-T
- PNT valoración de solicitudes por el grupo de expertos SNS
  PNT derivación de pacientes centros designados
- Designación de centros
- PNT obtención de la muestra y administración medicamento
- PF manejo efectos adversos graves
  PFC uso tisagenlecleucel

Impulsar la investigación pública

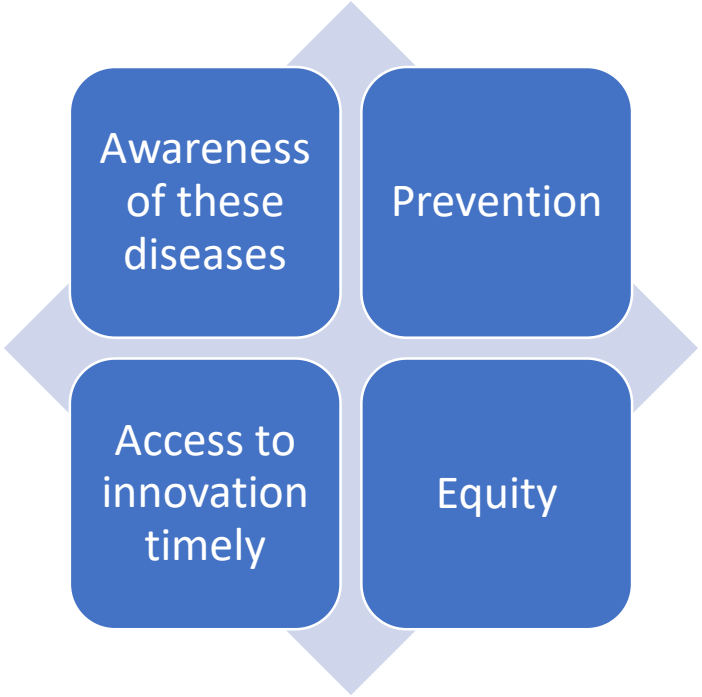
- Convocatoria de concesión de subvenciones para Proyectos de Investigación Clínica Independiente de la Acción Estratégica en Salud 2017-2020

Impulsar la fabricación propia y pública

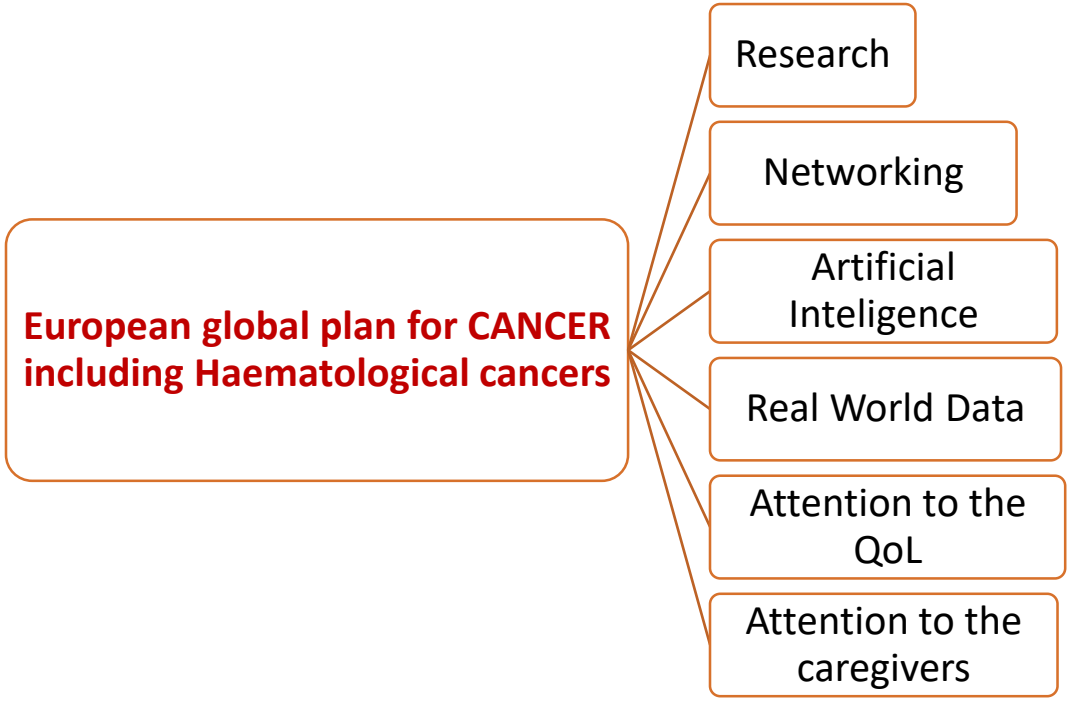
- Acuerdo mediante el cual se determinan las condiciones generales de planificación, coordinación, contratación y la adquisición de medicamentos de terapia avanzada de fabricación no industrial cuya titularidad es de las estructuras y servicios de titularidad pública integrados en el SNS
- Primer medicamento de fabricación no industrial con autorización de uso incluido en la prestación farmacéutica del SNS

Summary

Main challenge: cure



How to overcome this challenge



Addressing Cancer needs to become a shared POLITICAL, OPERATIONAL AND SCIENTIFIC priority

"The needs of the patient are the only needs to be considered"

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THANK YOU

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