

The War on Cancer

A patient's journey

HAC, London, November 21st 2017

In the two years since the launch of our War on Cancer series, our discussions have taken us to a place of cautious optimism about the future. We have explored how advances in diagnostics, therapy and information technology hold the potential to transform the outlook for people living with cancer. At the same time, we have interrogated the structures of our healthcare systems, and how the economics of healthcare, its incentives and its policies, can act as a barrier to optimal care.

So what are the goals of the global War on Cancer? Our aim, is not simply to wage war *against* cancer, but to improve care for cancer patients. What constitutes optimal care in an era of complex care, where cancer may be curable or transformed into a chronic disease? Whether the disease is curable or not, cancer leaves a legacy for patients, carers and broader society: disability, impaired quality of life, symptom control, stigma, psychological trauma, productivity and employment loss can have a profound impact. What are patients' needs? How well are these being met? How can this be improved? And, most critically, what will improve the patient journey, now and in the future?

The War on Cancer London 2017 will bring together industry representatives, employers and policymakers for a patient-led discussion. If the "war on cancer" is to be won, patients first need to define what victory looks like.

Conference moderators:

Vivek Muthu, chair, **The Economist Intelligence Unit Healthcare**
Natasha Loder, health-care correspondent, **The Economist**

8.00am Registration and refreshments

8.50am Chairman's opening remarks

9.00am Keynote interview: Setting out the challenge—the patient view

In this panel session we will hear from three people who have first-hand experiences living with a cancer diagnosis. We will discuss the insights that they have gained into the processes and extent of care, and what they see as the key questions and solutions that we need to examine today. What lessons can be learnt from their overall experience of care? How can treatment be managed over the long

term in a way that prioritises the patient's needs? And what does it really mean to be "cured"?

9.30am Policy panel: Patient-centricity in an age of cost constraint

Despite the rhetoric in healthcare systems around patient-centred care, reality still falls short of expectation. Although clinical outcomes have improved, these vary depending on where people live and are treated, even within countries. Good cancer care requires integration across primary, secondary, tertiary and community settings, yet still remains fragmented, with duplication and inefficiency in care transitions.

At the same time, health systems in Europe face a funding crisis. Is there an opportunity to reduce the inefficiencies that lead to suboptimal, fragmented cancer care, while also reducing cost? Do the two go hand-in-hand, or do they fundamentally pull in different directions? What is the right response to the dual challenge of delivering better patient value while also managing cost?

Victoria Thomas, head, public involvement, National Institute for Health and Care Excellence (NICE)

10.05am Caring for cancer patients: Research presentation from The Economist Intelligence Unit

In this session, The Economist Intelligence Unit presents the results of its current research.

10.20am Networking break

10.50am Innovations within the care continuum: Patient-centric models

Care of a cancer patient extends far beyond episodes of in-hospital treatment. In these circumstances, consistency, access, quality and continuity of care become all the more important and, in a fragmented and siloed health system, much more complicated to achieve. What are the innovative models of care that can improve the end-to-end patient experience of cancer care? How are providers innovating to provide care across different settings, in a way that is integrated and high quality? We bring together a multi-stakeholder panel, led by a patient, to discuss the theory and the reality of patient-centric integrated care models.

Lieve Wierinck, Belgian member, European Parliament

11.30am Innovations within the care continuum: Surgery and radiotherapy

How can innovations in surgery and radiotherapy improve care? In what ways are surgical practitioners, instrument manufacturers and radio-oncology technology firms thinking about patient-centric innovation? What are the latest developments that aim to optimise not only the clinical outcome of patients, but the overall experience of care? Our patient panellist will provide a grounded view of the discussion, helping us to ask whether the innovations being discussed really represent meaningful progress towards patient centric care.

12.10 pm Innovations within the care continuum: Precision medicine

Precision medicine is widely regarded as promising transformative benefits for patients. But does it, as much of the hype suggests, really hold the key to fighting the war on cancer? In this session, we debate the impact of precision medicine to date and ask whether and how its promise will be realised in future.

Jan Geissler, director, European Patients' Academy on Therapeutic Innovation (EUPATI)

12.50pm Lunch and networking

2.10pm Panel discussion: Digital health and cancer care

What is the role of digital technologies in improving patients' experience of care, and of living with cancer?

We ask how patients use digital technologies day-to-day. What do digital platforms enable, in terms of connecting patients with professionals (and with their peers), accessing support and services, and enhancing continuity and timeliness of care? Can digital technologies and social media be leveraged to enhance research and development?

Neil Bacon, founder and chief executive, iWantGreatCare

2.50pm Palliation and end-of-life care

Despite breakthroughs in care, many cancers remain fatal. End-of-life care, therefore, remains a critical function within the cancer care continuum. Despite this, palliation is a subject that provokes much discomfort for patients, and in the wider social discourse around cancer. With the proliferation of public rhetoric around "miracle cures", this is likely to become trickier still.

Progress towards patient-centricity in end-of-life care is fundamental, and the definition of quality and outcome in this setting are by necessity highly experiential. In this session, we break down the taboos, and ask stakeholders to discuss with patients and their carers, the gaps in our present models of palliative care, and how these can be closed. The direction of the discussion will be determined by crowd-sourced questions collected via social media ahead of the event.

Suzanne Wait, managing director, The Health Policy Partnership

3.30pm Networking break

4.00pm Panel discussion: patients and policy

If cancer care is to be truly patient centric, then patients need to be involved and empowered, not only in their own care, but in shaping the policies and structures that determine care policy and care systems. How should patients guide and inform policy decisions, around care design, outcomes design, quality metrics and quality assurance? What about product and drug regulation? How can patient advocacy groups better engage with these initiatives? And how can legislators effectively reach out to patients to ensure that new policies are fit for purpose?

Francesco DeLorenzo, President, European Cancer Patient Coalition

4.40pm Cancer and the workplace

Work is both the place where we spend much of our lives and the means through which we keep ourselves and our families financially secure. In this session, we explore the relationship between the cancer patient and the workplace, before and during treatment, and in the increasing condition of “survivorship”.

5.20pm Closing discussion: where next?

We close by asking our keynote patient panel to reconvene and reflect upon the insights and major takeaways from the day. This session will be followed by an opportunity for audience members to ask questions and position the day's outcomes in the context of the wider conversation.

5.40pm Networking cocktail reception