



# A cancer strategy facing the needs of tomorrow

Swedish cancer care has made great progress, but there is still much more to be done. Many of the healthcare treatments, diagnostic methods and digital technologies that are common today simply did not exist at all ten years ago. They demand a new and updated cancer strategy to focus on the new opportunities of today... and the ones coming tomorrow.

Every day at Pfizer we meet patients, healthcare professionals, researchers and decision makers. Their needs formed the starting point for our proposal for a new cancer strategy based on four key objectives:

## 12 concrete proposals for improving Swedish cancer care

### 1. REDUCING THE INCIDENCE OF CANCER

- **Better use of health data.** There is a lot of data in Sweden that we could use more effectively to improve prevention and develop new forms of screening. But Sweden does not perform as well as other comparable countries when it comes to the actual use of health data. The system needs to be more efficient.
- **Knowledge, centre for individual prevention.** Today we have a good understanding of the major risk factors for cancer, but we are not good enough at helping people to change their habits to reduce those risks. We propose a centre with overall responsibility for researching and disseminating knowledge of models that work.

### 2. PUT THE PATIENT AT THE CENTRE

- **National coordinator for living with cancer.** More and more people will be living with cancer as a chronic disease. A national coordinator should assume the

task of reviewing the growing need for, for example, assistance following the completion of treatment and support to enable people to return to work following a cancer diagnosis.

- **Special focus on children and young people.** Child cancer care needs a special focus. This should include support for children and families with cancer, increased knowledge of children's illnesses and education for people working with children with cancer.

### 3. IMPROVING SURVIVAL RATES AND QUALITY OF LIFE

- **National clinical centre for the collection and analysis of molecular diagnostic information and health data.** Many of the new treatments in cancer care require advanced diagnostics which will require large investments. A national centre could create the same conditions throughout the country, enabling more people to get the help they need.

- **Plan for the provision of skills.** A shortage of qualified staff is a major problem in cancer care. It is also worrying that Sweden risks losing ground in research. We require a national effort including everything from funding to participation in international conferences to digital platforms allowing specialist skills to be used remotely across the country.
- **Faster and better coordinated logistics in the assessment and implementation of clinical trials in Sweden.** There are too few clinical trials taking place in Sweden. Only about four percent of all Swedish cancer patients are included in any research study. There is a great deal of work to be done to simplify the management of clinical trials.

### 4. ENSURING EQUAL CARE

- **Increased national control of cancer care.** We still do not have equal cancer care in terms of geography nor between different social groups. No cancer patient should have to wait unnecessarily for treatment that can enhance the quality of life or increase their chances of survival.
- **Coordinated financing of new drug treatments.** Differences between our

regions are still too big, especially when it comes to access to new cancer drugs. Once we have decided that a new drug is appropriate for use in Sweden, there must be national funding to allow all regions to start using it.

- **Interim financing for direct access to approved cancer funds.** Many other countries have systems ensuring new drugs to be used as soon as they are approved. We also need to be able to test and price new combination treatments.
- **Extended Horizon Scanning.** Today, the regions collaborate on what is known as Horizon Scanning, identifying promising new drugs and deciding which ones are to be coordinated nationally. This work needs to be developed also in order for us to collaborate on the practical introduction of these drugs.
- **Power collection for national standardization and coordinating national use of radiology and pathology.** Developing IT systems, concepts and data management must be given higher priority. There is also great potential for increased use of artificial intelligence and better coordination of resources.

### Our proposals are based on four goals:

1. Reducing the incidence of cancer
2. Putting the patient in the centre
3. Improving survival rates and quality of life
4. Ensuring equal care



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