



PACE Cancer Perception Index Fact Sheet

The **PACE Cancer Perception Index**: *A Six-Nation, Public Opinion Survey of Cancer Knowledge and Attitudes*, polled 4,341 individuals, including the general population (3,009), cancer patients (663) and caregivers (669), from August 28 to October 4, 2012. Survey participants were from six countries: the United States, France, Germany, Italy, Japan and the United Kingdom.*

PACE (**P**atient **A**ccess to **C**ancer care **E**xcellence), a Lilly Oncology initiative, commissioned the survey. PACE is an emerging global network of collaborations between industry and other sectors intended to improve public policies that determine the accessibility, speed and value of progress against cancer. The PACE network includes a Global Council of internationally renowned patient advocacy, medical, policy, scientific and health care industry leaders. Following are survey highlights.

Public's Cancer IQ Rising, but Myths Persist

- A near majority does not think a cancer diagnosis is a death sentence. Forty-eight percent of respondents overall, and 65 percent in the U.S., do not believe that cancer always leads to death. Indeed, many types of cancers have shifted from acute to chronic diseases, and some cancers are now highly curable.ⁱ
- Large numbers of the public surveyed underestimate the cost and time involved in making a new medicine available to be prescribed to patients. For example, nearly three quarters of U.S. respondents believe cancer medicine development costs \$100 million or less. In fact, the average cost of developing and delivering one medicine from the laboratory to patients is estimated at \$1.2 billion.^{ii,iii}

U.S. respondents come closest to estimating the number of years it takes to develop a drug, with 55 percent indicating 10 or more years. Between 41 and 52 percent in the five other countries believe it takes less than 10 years. In actuality, it takes an average of 10 to 15 years for a potentially effective and safe medicine to go from laboratory to patients.^{iii,iv,v}

* Unless otherwise specified, reported percentages refer to the general population surveyed.



- More than half of overall respondents (56 percent) realize incremental advances are responsible for treatment progress, although more than one-third (37 percent) still believe progress is attributed to major breakthroughs, with the highest percentage in France (47 percent).
- Awareness of personalized medicine (the tailoring of medical treatment to the individual characteristics of each patient) is not high overall (one-third of overall respondents and nearly half of U.S. respondents), but support is strong after the concept is explained. Eighty-five percent think doctors need to discuss personalized medicine with their patients, and 70 percent say they are willing to be tested for it. More than 50 percent see it as a cost-saving measure.
- More than four out of 10 people worldwide believe that cancer is a single disease, when, in fact, it is more than 200 different diseases with many different biological, genetic and environmental origins.^{vi} However, a clear majority (62 percent) believes that the same cancer treatment can produce very different results in patients with similar diagnoses.

Public Recognizes Cancer Progress, but Wants Faster Results

- Nearly six in 10 surveyed are satisfied with the progress made in the fight against cancer over the past 20 years. The UK is the most satisfied (73 percent), while more than half of Japan respondents expressed ambivalence. However, in every country but France (43 percent), a majority or near majority thinks its country invests too little in fighting the disease. Overall 30 percent of global respondents think the right amount is being spent.

Strong majorities (as high as 83 percent in Japan and 73 percent in the U.S.) agree it takes too long for new cancer medicines to reach patients. In every country but Japan, most agree that progress in cancer research will be slowed as a result of the poor economy, including two out of three in the U.S.

- When asked which group plays the most significant roles in cancer treatment development, academic researchers came out on top, with 73 percent selecting this group, followed by pharmaceutical companies at 59 percent.



- There is strong demand for greater collaboration in cancer research across borders (86 percent), and across key stakeholders—government, academic, non-profit and pharmaceutical sectors (83 percent).

High Interest in Clinical Trial Participation, Sharing Medical Records

- The public expresses a willingness to be part of an improved clinical trial and drug development system. For example, more than 70 percent of the general public says that patients need more opportunities to participate in clinical trials. Today, overall clinical trial participation typically does not exceed five percent of cancer patients.^{vii}
- Close to nine in 10 respondents would agree to share medical records for the improvement of cancer research and treatment. Still, sizable minorities report concerns about potential misuse of data, with Italian respondents expressing the most concern (53 percent), and Japanese respondents expressing the least concern (35 percent). The U.S. is at 48 percent.

Tough Questions and Concerns

- There is no consensus on how much money should be spent on treatment in exchange for an extra year of life. A sizable minority in European Union nations (40 percent) places a high value on this extra year (up to €200,000 or more). In the U.S., 24 percent believe an extra year of life is worth as much as \$200,000-plus.

However, there is consensus on who should pay for life-prolonging treatments—72 percent say insurers. Furthermore, strong majorities of respondents want patients and families (78 percent), along with physicians (41 percent), to decide on these treatment options.

- When it comes to a cancer diagnosis, the effect on family and friends is the biggest fear among the public (67 percent), followed closely by fear of death (66 percent) and inability to pay for treatment (65 percent). Among patients across countries, information about the financial impact of cancer tops the list of unmet needs (55 percent), though navigating treatment options and emotional impact are not far behind.

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ⁱ National Coalition for Cancer Survivorship, “The Power of Hope,” <http://www.canceradvocacy.org/resources/hopeful/>. Accessed December 11, 2012.

ⁱⁱ J.A. DiMasi and H.G. Grabowski, “The Cost of Biopharmaceutical R&D: Is Biotech Different?” *Managerial and Decision Economics* 28, no. 4–5 (2007): 469–479.

ⁱⁱⁱ J.A. DiMasi, R.W. Hansen, and H.G. Grabowski, “The Price of Innovation: New Estimates of Drug Development Costs,” *Journal of Health Economics* 22 (2003): 151–185.

^{iv} J.A. DiMasi, “New Drug Development in U.S. 1963–1999,” *Clinical Pharmacology & Therapeutics* 69, no. 5 (2001): 286–296.

^v M. Dickson and J.P. Gagnon, “Key Factors in the Rising Cost of New Drug Discovery and Development,” *Nature Reviews Drug Discovery* 3 (May 2004): 417–429.

^{vi} Cancer Research UK, “Can cancer be prevented?,” <http://www.cancerresearchuk.org/cancer-info/healthyliving/introducingcancerprevention>. Accessed January 11, 2013.

^{vii} American Cancer Society, “Clinical Trials: What You Need to Know,” <http://www.cancer.org/treatment/treatmentsandsideeffects/clinicaltrials/whatyouneedtoknowaboutclinicaltrials/clinical-trials-what-you-need-to-know-why-do-we-need-clin-trials>. Accessed January 3, 2013.