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Abstracts

In this update, payers offer their views on the recent reform of the cancer drugs fund (CDF) and its impact on access to cancer immunotherapies in the UK. In light of the impressive data recently released for Juno Therapeutics' lead CAR T-cell therapies for B-cell malignancies, payers express opinion about reimbursement and cost containment strategies for these drugs. Payers also react to the recently expanded approval of Keytruda for the first-line treatment of advanced melanoma, as well as Opdivo monotherapy and Opdivo plus Yervoy combination therapy for patients with unresectable or metastatic melanoma, regardless of BRAF mutation status

How do UK payers view the proposed changes to the Cancer Drugs Fund (CDF) approved by NHS England?

What opportunities does the reform present to companies developing cancer immunotherapies for the UK market?

From a UK payers' perspective, what concerns does the CDF reform bring with it, especially in terms of NICE's strategy?

Will the CDF reform allow improved access to cancer immunotherapies for the treatment of rarer cancers?

How will the CDF reform impact the Early Access to Medicines Scheme (EAMS) in the UK?

Given the promising results from early-stage trials of Juno Therapeutics' lead CAR T-cell therapies, what expectations do payers hold in terms of their likely coverage?

What cost containment strategies do payers foresee for CAR T-cell therapies and will these differ based on indication?

How do payers view the expanded approval of Keytruda for the first-line treatment of unresectable or metastatic melanoma?

With multiple cancer immunotherapies now available for the same indications, who will be most influential in terms of patients' access to drugs in the US – payers or physicians?

How do payers view the extended approval of Opdivo plus Yervoy, and Opdivo monotherapy, for patients with unresectable or metastatic melanoma, regardless of BRAF-mutation status?

What role will predictive biomarkers play in guiding access to Opdivo and Yervoy in combination and to Opdivo monotherapy?

What strategies do US payers envisage could be used to contain the cost of cancer immunotherapies in the future?

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