



Newsletter

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Founder Speaks

Enhancing the quality of diagnosis, treatment, and care for cancer patients is largely dependent on reducing service fragmentation, particularly in low-resource environments. Till today, patients still frequently lack the assistance needed to navigate the healthcare system at a time when they are most at risk. Experience has shown that including a wide variety of decision-makers and stakeholders from both the public and commercial sectors increases the likelihood that new health solutions will be set up and implemented successfully. Keeping this in mind, over the past few months, we at RAPID Global Cancer Alliance have been working through an intersectional approach, focusing on bringing stakeholders from as many diverse backgrounds as possible such as governments, global leaders, pharmaceutical representatives, public health experts, global health diplomacy experts, epidemiologists, health economists, well-being health experts. To link healthcare professionals, patients, and information systems in a way that is scalable and sustainable, we continuously working to mobilise the appropriate stakeholders. While doing so, we remain grounded in our mission: to provide patients with excellent outcomes via high-quality, patient-centred care.

In that regard, I hope that RAPID is able to stimulate and accelerate greater advocacy, awareness, innovation, and research across various sectors in the cancer care ecosystem, possibly in other locations outside our own Country as well. Despite the diversity of the worldwide oncology space, we are all committed to improving the lives of cancer patients. As a result, I would urge

all interested parties to have an open discussion to share their experiences and skills and to build a strategic partnership that will benefit breast cancer patients, survivors, and their families.

Further, as the year draws to an end, we as an organization would like to take this opportunity to reflect and express our gratitude to all of you who supported us in our quest of building a strengthened cancer care ecosystem. Working together with a diverse range of stakeholders this past year has been a pleasure and we are glad to have you with us. As the new year approaches, we know there will be many challenges ahead. But we are excited for all that 2023 has in store for us – building around new opportunities with your help. Our combined strength is what drives us to make improvements in the cancer care continuum.



Mr. Kamal Narayan
CEO, RAPID global cancer alliance

Advisor Insight

Patient-centred cancer care is an essential component in the delivery of timely and quality healthcare. It has been observed that though patients are the end users of the service delivery, they have very little say in the decision-making process often due to a lack of awareness, expertise about the diagnosis, and hesitancy in conversing with the medical staff. Due to this, the final decisions taken by the health staff takes place in a manner that makes the patient's involvement is negligible. Hence, the patient's voice is not heard, thereby affecting their long-term health outcomes.

To create an inclusive and conducive environment for patients, it is important that the doctors and caregivers not only provide them with physical but also emotional support by involving the family and friends of the patient. The effective engagement of the medical community, patients, and patient's families would be a step forward in ensuring that the health system is robust, responsive, and sensitive to the needs of the patient. This would help in the identification of latent deficits and inequities in care delivery.

An equally important step in enhancing effective engagement between the medical community and patients is the utilization of Health and Wellness Centres, formerly known as Primary Health Centres, in offering cost-effective and accessible facilities to patients living far off from tertiary Centres.

In the healthcare industry, there is a need for integration and coordination between hospitals,

pharmaceuticals, and specialist doctors. It is not unknown that at times patients come for a diagnosis of one disease but due to the side effects of the treatment, may suffer from morbidities like diabetes, hypertension, and osteoporosis among others causing more harm to the patient in the long term. This creates a vicious cycle wherein the patient must visit multiple specialists in different clinics for the treatment of developed morbidities. Therefore, follow-up clinics need to be set up to address the issue and their functions need to be observed for proper delivery of the services.

With proper delivery of healthcare service to the patient during their diagnosis and treatment, it is vital to support them through their survivorship journey. As more and more people overcome cancer, there is a need to establish Survivor Clinics, which are cost-effective, scalable & sustainable models of care. The survivor clinic would act as a support group for survivors and help them fight the fear and stigma. The clinic would provide them with emotional support and help in rehabilitation.

Another essential component for the patients is nutrition for their quick and healthy recovery. This is often ignored by specialists and has an impact on the patient's health. Therefore, the intake of nutrition during and post-treatment is indispensable and the specialists should take note of the same. The advancement in patient care should be made a priority for all stakeholders involved in the decision-making. This would ensure a swift and vigorous improvement in the patient-centred care provided to cancer patients.



Ms Jyotsna Govil
Chairperson, Indian Cancer
Society, Delhi Branch

Stories of Hope

I, Nishtha Sharma was diagnosed with first-stage ovarian cancer at the age of 23. This can happen to anyone. It's on us now how to try to survive a crisis whether cancer or otherwise.

I understand that at times you feel alone and lonely in a crowded room and that destiny has been unfair to you. To everyone out there I want to say that it's okay to grieve. We are frequently told it will be all right and stay positive but aren't these negative thoughts negative for a reason? Grieving is a major part of acceptance and acceptance is a major part of overcoming grief but despite this, I would say do not give up. Because ultimately our actions, the treatment we choose, and how we stick by it matters. We take baby steps every day to follow what is important to us and this determines the songs in our hearts and our souls and that it will all get better and we shall come out stronger.

Before every chemotherapy, I used to sign a four-page long list of side effects – and I used to question myself that if cancer doesn't kill me chemotherapy might. My body was completely beaten down – every move I made was punished for its audacity to even try. But for me it was important to rise from the gloom and take the entire aggressive treatment I was going through. It was my choice to continue making those baby efforts, to do everything I wanted to do. Our fluid minds have the capacity to be formidable, to rebuild the strength we once lost. Courage is a skill, we are not born with, we choose to be it. We choose to not lose ourselves in the sorrow, we choose to continue with the treatment- to still have love in our hearts and to still pursue what we consider as our meaning.

Several months I wasted crying over what all cancer took away from me but it left me with what I did not have before- Gratitude and a sense of self that I probably wouldn't have gained otherwise. Ultimately, it does get easier but the key is to keep doing it. Yes, your normal is going to change but your new normal can be as beautiful as your last one or even more. The strength is just being there. The strength is standing vulnerable in the face of the storm and that is what defines survival, not a beating pulse but the fight put into living life to the fullest.



Nishtha Sharma
Ovarian Cancer Survivor

National Developments



Policy Insight

- **THEME:** Cancer burden
- **UPDATE:** Vaccine against cervical cancer to be included in national immunisation programme by mid-2023

Key Highlights

- By the middle of 2023, according to NTAGI chairperson Dr. N K Arora, India would be ready to provide the locally created Human Papillomavirus Vaccine (HPV) against cervical cancer for girls between the ages of 9 and 14 under the National Immunization Program.
- Prakash Kumar Singh, Director, Government and Regulatory Affairs at the SII, stated on the sidelines of the South Asia meeting on HPV here that the CERVAVAC vaccine is likely to be released by the Serum Institute of India (SII) in April of next year and will be offered at a much lower price than the international vaccines currently on the market.
- The nation currently depends entirely on foreign manufacturers for the vaccination. Two businesses offer their vaccinations in India out of the three international companies that produce the HPV vaccine. The market-available vaccine costs more than Rs 4,000 for each dosage. The vaccine created by Serum Institute will probably be sold for a much less money.

- According to SII CEO Adar C Poonawalla, the cost of the HPV vaccination in India would range from Rs 200 to Rs 400 each dosage. A quarter of all cervical cancer occurrences and close to a third of all cervical cancer fatalities worldwide occur in India, which is also home to around 16% of the world's women.

Policy Insight

- **THEME:** Cancer burden
- **UPDATE:** Cervical cancer vaccine will primarily be provided through schools: Govt

Key Highlights

- The Center has notified the state and Union Territories (UTs) and asked them to begin compiling the number of females enrolled in classes 5th to 10th in each district for the countrywide cervical cancer immunisation push for girls aged between 9 and 14 years.
 - Additionally, the states have been urged to establish "HPV vaccination centres in schools for vaccination," educate parents through parent-teacher conferences held in schools, and work with government and private school management boards to achieve these goals.
 - Based on age, the campaign for out-of-school girls would be run by Community Outreach and Mobile teams (9-14 years). The U-WIN App would be used for vaccination number registration, recording, and reporting. In order to make the campaign "successful," the government asked states to issue the necessary directives at the proper levels, asking them to tell district education officers to assist district immunisation officers and participate in the work of the district task force on immunisation (DTFI), which reports to district magistrates (DMs).
- The states are required to designate a nodal person in each school to coordinate immunisation efforts, compile the number of females in grades 9 through 14 enrolled in the institution, and bulk upload the data into U-WIN. "Attend a Special Parents-Instructors' Meeting to raise awareness among all parents through school teachers" (PTAs). Support the health team's efforts to schedule vaccination programmes in the state outside of exam and vacation months," the letter stated. The states have called for the creation of an up-to-date list of all UDISE data in each block for micro planning as well as access to GIS school mapping for district immunisation officials to create micro plans to ensure that "no school is neglected during the vaccination push."

Policy Insight

- **THEME:** Cancer burden
- **UPDATE:** More Boys With Cancer Being Diagnosed Than Girls In India: Lancet Study

Key Highlights

- According to a research published in The Lancet Oncology, gender bias in society is likely to blame for the fact that more boys than girls are being diagnosed with cancer in India.
- Between January 1, 2005, and December 31, 2019, the researchers gathered individual information on children with cancer aged 0 to 19 years from hospital-based records of three cancer centres in India.
- They also examined information from two population-based cancer registries, the Madras Metropolitan Tumour Registry from January 1, 2005 to December 31, 2017, and the PBCRs in Delhi from January 1, 2005 to December 31, 2014.
- The male to female sex ratio from the three hospitals was computed by researchers from the All India Institute of Medical Sciences in New Delhi and the Cancer Institute (WIA) in Chennai in relation to the ratio in the corresponding PBCRs. They were able to determine how many males with cancer sought treatment for every female

who did so thanks to this ratio. The researchers also examined the male to female ratios of cancer patients receiving stem cell transplants, a somewhat pricey surgery.

- In comparison to Southern India, the researchers found that fewer females were seeking treatment in hospitals and clinics in Northern India. Patients from rural regions saw a greater gender gap than those from metropolitan locations. They suggested that this could be related to the diverse socioeconomic structures seen around the nation. The study also discovered that fewer girls visited hospitals when they were more than 100 kilometres away from their homes, indicating that if treatment expenses rose, the bias would probably worsen. The researchers noticed that during the previous 15 years, Delhi's male to female ratios have been improving.
- The expense of therapy also has an impact on sex ratios. When out-of-pocket costs are higher, such as when receiving care from private hospitals or living far from the treatment centre, the researchers observed that fewer females sought cancer treatment. This suggests that several social and economic factors interact to produce the gender bias that has been seen.

Policy Insight

- **THEME:** Cancer burden
- **UPDATE:** Breast cancer tops the list for females accounting for 33 per cent of cases.

Key Highlights

- According to a population-based cancer registry created by Tata Memorial Centre, Homi Bhabha National Institute, Mumbai, and Post Graduate Institute of Medical Education & Research (PGI), Chandigarh, breast cancer affects 33% of females in Chandigarh.
- It is predicted that one in 18 to 20 Indian females would acquire the disease at some point in their lives. It is challenging to care for the vast number of patients due to the complexity of multimodal treatment (which involves surgery, radiation, chemotherapy, hormone therapy, target therapy, immunotherapy, etc.), the current healthcare delivery system, and the financial situation of the nation.
- In India, the illness is more common in younger girls, more than half of patients had localised advanced disease at the time of their initial appointment, and the majority of patients are extremely poor and unable to pay for expensive tests and multimodal therapy. Only a small percentage of patients with breast cancer receive competent and thorough comprehensive therapy due to a severe dearth of committed doctors in all domains.

- Further, more than 60% to 70% of patients in India arrive to the hospital in stage 3 or stage 4. More than 90% of stage 1 patients are cured of the condition, while only 30% of stage 3 and stage 4 patients survive, according to well-established statistics.

Policy Insight

- **THEME:** Cancer burden
- **UPDATE:** Cancer Cases In India Rose To Over 14 Lakh In 2022, Deaths More Than 8 Lakh

Key Highlights

- According to Union Health Minister Mansukh Mandaviya, between 2020 and 2022, there was a rise in cancer diagnoses and related fatalities in India.
- The anticipated incidence of cancer cases in India by the various states and Union territories in 2020 was 13,92,179, and it grew to 14,26,447 in 2021 and 14,61,427 in 2022, per the National Cancer Registry Programme of the Indian Council of Medical Research (ICMR).

Policy Insight

- **THEME:** Risk Factor
- **UPDATE:** Air pollution major cause of lung cancer in India, say health experts

Key Highlights

- Globally, air pollution poses a serious threat to the health of billions of people, particularly in emerging nations like India.
- Air pollution is the main factor contributing to the growth in lung cancer cases in India, according to the conference on lung cancer awareness, prevention, challenges, and treatment conducted by the Associated Chambers of Commerce and Industry of India (ASSPCHAM). About 63 of the top 100 polluted locations on world are in India.
- In India, there are roughly 70,275 instances of lung cancer. There are around 2.20 million new cases worldwide, accounting for 11.4% of all thoracic tumour cases, and 1.79 million fatalities (18% of all cancer-related deaths). These figures are projected to quadruple by 2025.

Policy Insight

■ **THEME:** Cancer treatment

■ **UPDATE:** 1.3 lakh health & wellness centres across country: Health minister

Key Highlights

- The goal of 1.5 lakh health and wellness centres is anticipated to be reached by the end of the month, according to Union Health Minister Dr. Mansukh Mandaviya, who spoke at the opening of a gathering of healthcare professionals in Varanasi ahead of the December 12 Universal Health Coverage Day. Over 1.3 lakh health and wellness centres have already opened throughout the nation.
- On the platform, he claimed, more than 8 billion teleconsultations had been offered.

Policy Insight

■ **THEME:** Cancer treatment

■ **UPDATE:** India may soon ban sale of loose cigarettes, smoking zones at airports may go

Key Highlights

- According to reports, the Indian government may soon outlaw the selling of loose cigarettes in an effort to reduce tobacco consumption and sales. Such a restriction was suggested by a standing committee of the Indian parliament. The group has also advocated eliminating smoking areas from all domestic airports.
- The Standing Committee noted that despite the Goods and Services Tariff (GST) regime's adoption, the tax on tobacco goods hasn't increased when making recommendations. The committee has also called attention to the cancer risk associated with smoking or chewing tobacco.
- According to the current tax rates, cigarettes are subject to a 53% tax, while smokeless tobacco is subject to a 64% tax. The Government of India has been advised by the World Health Organization (WHO) to tax tobacco in the nation by 75%.

Policy Insight

- **THEME:** Cancer treatment
- **UPDATE:** Parliamentary panel calls for free cancer treatment

Key Highlights

- A parliamentary subcommittee has requested that the Centre cap cancer diagnosis and treatment services in public and private institutions and offer free cancer care to middle-class households through a government-funded health insurance programme.
- The government has also been urged to enhance radiation facilities in the nation by the parliamentary standing committee on health, which is concerned about the country's weak infrastructure and lengthy wait times, which are contributing to low rates of cancer survival.
- The panel requested the health ministry to include middle-class families among the beneficiaries of the Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (PMJAY) for cancer treatment in a report on cancer management in the nation that was presented to Parliament earlier this week. The PMJAY, which was introduced in 2018, offers low-income households hospitalisation coverage of up to Rs 500,000 year. According to the panel, providing cancer care to middle-class households might help prevent cancer patients' middle-class families from "falling into penury."

- The panel has underlined that India has just 1.5 radiation oncologists for every million people, compared to 20 in the US, and only 3 linear accelerators for every 10 million people, as opposed to the global average of 18 for every 10 million. The panel noted that the high cost of radiation in the private sector is mostly due to the fact that equipment are imported, and has requested the health ministry to work on measures to ensure that radiotherapy devices be imported or constructed in the nation.

Pipeline News

- **THEME:** Cancer Infrastructure
- **UPDATE:** Medica launches Eastern India's first home-based palliative cancer care services

Key Highlights

- National Cancer Awareness Day was observed with a panel discussion hosted by the oncology department of the Medica Superspecialty Hospital in Kolkata's Science City Auditorium. The Oncology Department of Medica made the announcement that home-based palliative cancer care services will be made available to cancer patients, making it the first institution in Eastern India to do so.
- In order to relieve the symptoms and stress brought on by a serious illness like cancer, a trained team of doctors, nurses, psychiatrists, and other medical staff members administer the specialised medical treatment known as "Palliative Care." As it offers patients respite, palliative care is often given to patients who are in the final stages of their illness and have a constrained time left to live.

Pharma and Device

- **THEME:** Cancer Technology
- **UPDATE:** Indian Scientist Develops Microscope That Will Make It Much Easier To Identify Breast Cancer

Key Highlights

- An Endo Microscope was created by Imperial College, London scientists. This device was created by Indian doctor Khushi Vyas. It has a diameter of just one millimetre and is made to be injected into the body during surgery. This gadget transmits images of cancerous tissue from within the body, making it simpler to remove the cancerous tissue. Even cancer cells as tiny as one tenth of a millimetre can be found with it. According to the team who created it, this will significantly reduce the need for cancer follow-up surgery. Because not all cancer cells could be found at once until recently, the majority of the time, repeated surgeries had to be carried out to eliminate the cancer cells.
- The use of this tool is also possible during breast-conserving surgery. Following the removal of the cancerous cells, the breast is rebuilt during this procedure. Currently, this procedure is necessary for 20% of breast cancer patients. This tool can swiftly and precisely identify the precise location of the tissue around malignancies. The Engineering and Physical Sciences Research Council, a UK research and innovation institution, helped design the gadget. The World Cancer Research Fund International reports that breast and lung cancer account for the majority of cancer cases worldwide. 12.5% of all cancer cases are breast cancer-specific instances. Every fourth patient with cancer in women has breast cancer.

International Developments



Policy Insight

- **THEME:** Cancer burden
- **UPDATE:** India records highest number of cervical cancer cases in Asia: Study

Key Highlights

- According to a recent Lancet report on the disease, China ranks second in Asia in terms of the number of cervical cancer cases behind India. According to the study, 23% of the world's cervical cancer deaths—or 40% of all cervical cancer deaths—took place in India and 17% in China.
- In 2020, there were 3,41,831 fatalities worldwide from cervical cancer and an estimated 6,04,127 new cases. According to the data, India recorded about 21% of all cervical cases.
- The analysis is based on projections from The Global Cancer Observatory (GLOBOCAN) for 2020, which take into account historical, geographic, and socioeconomic changes.
- More than 58% of all cervical cancer cases in the world are believed to have occurred in Asia, followed by Africa (20%), Europe (10%), and Latin America (10%). Additionally, more than half of all cervical cancer deaths are believed to have occurred in Asia (58%) before Africa (22%), and Latin America (9%). According to the study, 39% of all cases and 21% and 22%, respectively, of cervical cancer fatalities occurred in China and India, respectively.

- Cervical cancer is the fourth most prevalent malignancy in women worldwide, affecting an expected 6,04,000 new cases and 3,42,000 fatalities in 2020, with the Region accounting for 32% and 34%, respectively.

Policy Insight

- **THEME:** Prevention and treatment
- **UPDATE:** Breast cancer: NHS England offers life-saving drug that can make tumour 'disappear'

Key Highlights

- A breakthrough immunotherapy medicine recently made available by the National Health Service (NHS) of England has given hope to numerous women suffering a severe type of breast cancer. The National Institute for Health and Care Excellence (Nice) has authorised the medicine, pembrolizumab, for use in up to 1600 women every year. It is claimed that the treatment can cause tumours to "disappear." Triple-negative breast cancer, an aggressive type of the illness that predominately affects persons under the age of 40, will now be treated with pembrolizumab.
- Trials show that when combined with chemotherapy, the medicine decreases the likelihood of the disease advancing by about two-fifths. Pembrolizumab may also make cancer go away before surgery, sparing women from having to undergo risky procedures. The medication is infused intravenously to boost the immune system's ability to combat cancer cells. The medications target immune cell surface proteins, which serves as a brake on their incapacitating effects.

Starting on November 8th, the procedure was accessible through the NHS. In addition, the health organisation announced that it had reached a confidential discount agreement with MSD, the drug's maker, to cover the medication immediately at the advertised price of £91,000 per patient.

- Only individuals with the highest risk of developing breast cancer will receive the new medicine, and doctors will assess which patients are most suitable for therapy based on these criteria.

Policy Insight

■ **THEME:** Cancer treatment

■ **UPDATE:** PCOS increases risk of pancreatic cancer

Key Highlights

- The risk of acquiring pancreatic cancer is increased by a history of polycystic ovary syndrome (PCOS), according to a recent study published in the journal JAMA Oncology. An elevated risk of developing pancreatic cancer has previously been linked to PCOS, a common endocrine disease linked to multiple carcinogenic pathways. According to a 2019 study, women with PCOS had a 3.4-fold increased chance of developing pancreatic cancer; however, this study only included five women with PCOS who had the disease.
- After accounting for oestrogen usage, BMI, ethnicity, and age, it was shown that PCOS was linked to a 1.9-fold increased risk of pancreatic cancer. Notably, among those with type 2 diabetes, this beneficial link was somewhat diminished. The last link between PCOS and pancreatic cancer was unaffected by a family history of the disease. The second of its type to evaluate the connection between PCOS and the risk of pancreatic cancer, the present study, indicates a high correlation between these two conditions. Therefore, a previous PCOS diagnosis can be utilised by doctors to heighten their awareness of prospective pancreatic cancer patients and to give these at-risk patients particular education.

- Despite these findings, more investigation is required to fully comprehend the underlying molecular mechanisms that may be responsible for this connection. Furthermore, more thorough retrospective investigations may offer new perspectives on the likelihood that PCOS patients may acquire pancreatic cancer.

Pipeline News

■ **THEME:** Cancer treatment

■ **UPDATE:** UA scientists make new advancements in breast cancer treatment through a promising drug

Key Highlights

- A new medication is being developed by scientists at the University of Arizona to treat the triple-negative subtype of breast cancer. The medicine targets protein trafficking and mobility of the epidermal growth factor receptor within the cell to treat this kind of breast cancer. The medicine being developed by UA researchers, according to their results, "blocks cellular migration and survival in an EGFR- and tumor-specific way." The medicine, they found, reduced and regressed tumour development, had little to no impact on the body's healthy cells, and had no hazardous side effects in the mice models they studied.
- According to the American Cancer Society, cancer is the second leading cause of death in the country. It is a terrible and difficult disease. The American Cancer Society (ACS) notes that triple-negative breast cancer is aggressive and more likely to spread throughout the body. It is more likely to recur following therapy compared to other forms of breast cancer.

- Further, as reported by postdoctoral researcher Benjamin Atwell in the department of molecular and cellular biology, EGFR is a crucial factor in driving cancers. The new medicine the UA is creating prevents EGFR from entering the nucleus and changing what the cell does there. According to Atwell, the impact of this medication on tumours is that they either stop growing or decrease, eventually to the point that calliper measurements are no longer accurate.

Pipeline News

- **THEME:** Cancer treatment
- **UPDATE:** Revolutionary gene therapy offers hope for untreatable cancers

Key Highlights

- An infant with relapsed T-cell leukaemia was treated by UK scientists using a novel form of gene therapy. The technique's use, a first of its kind, has sparked hope that it would soon aid in the fight against other young malignancies and other illnesses.
- T-cells were extracted from a healthy donor and modified to destroy other T-cells as well as her leukaemia cells. This was accomplished utilising base editing, which enables researchers to make a single modification to the enormous number of DNA letters that make up an individual's genetic code.
- Other technologies are capable of making such minute alterations, but they come with more negative side effects. Since base editing makes this less of an issue, the Gosh team was able to apply a number of distinct modifications to the donated T-cells.

- These intricate modifications were required to make sure that the realigned T-cells exclusively targeted leukemic T-cells and did not kill one another accidentally. Additionally, they stopped them from harming healthy cells and allowed the cells to function following treatment.

Pipeline News

- **THEME:** Cancer treatment
- **UPDATE:** New cancer treatment destroys bone marrow cancer cells with 73% success rate in trials

Key Highlights

- A new medication that stimulates the immune system to eliminate bone marrow cancer cells was effective in up to 73% of patients in two clinical studies. The effectiveness of the over-the-counter immunotherapy known as talquetamab was demonstrated, even in patients whose malignancy was resistant to every licenced treatment for multiple myeloma. It targets the GPRC5D receptor, which is expressed on the surface of cancer cells, unlike other approved medicines.
- The majority of myeloma patients who get standard care relapse often. Patients who relapse or develop resistance to any of the authorised treatments for multiple myeloma urgently need new therapeutics due to their poor prognosis. Even though it's an early-stage examination meant to establish acceptability and a safe dosage, this study is crucial to fulfilling that need.

- The majority of myeloma patients who get conventional treatment experience repeated relapses. Due to their dismal prognosis, patients who relapse or develop resistance to all approved multiple myeloma medications urgently require new therapies. This study is an essential part of meeting that criterion, even if it's an early-stage investigation aimed to determine acceptance and a safe dose.

Pharma and Medical device

■ **THEME:** Cancer treatment

■ **UPDATE:** FDA Approves New Treatment for Ovarian Cancer

Key Highlights

- A new treatment has been authorised by the U.S. Food and Drug Administration (FDA) to treat specific forms of ovarian cancer in patients who don't respond well to current medications.
- According to MedlinePlus, the most prevalent type of ovarian cancer is epithelial, and the new medication mirvetuximab soravtansine-gynx (Elahere) has been approved for some patients with this disease as well as cancers of the fallopian tubes and peritoneum, a thin membrane that covers the abdominal walls, uterus, bladder, and rectum.
- According to a statement from the FDA, Elahere is only licenced for people with a particular kind of cancer termed folate receptor alpha-positive platinum-resistant illness who have already taken so-called systemic therapies including chemotherapy, immunotherapy, or hormone therapy. A diagnostic test that can locate patients with malignancies that precisely match this profile was separately authorised by the FDA.

- Scientists examined Elahere in 106 patients who were receiving the cancer drug bevacizumab (Avas-tin) and up to three different systemic therapy treatment regimens in a crucial clinical study. A diagnostic test was administered to each study participant to determine if they had folate receptor alpha-positive platinum-resistant illness. Every three weeks after that, they all began receiving intravenous infusions of Elahere, which continued until either their tumours began to develop once again or adverse effects forced them to stop. In all, 31.7% of patients showed improvement after receiving care. In the majority of these cases, the cancerous tumours reduced or there was less cancer in the body as a result of the treatment. Five of the individuals in this group did experience a full response, meaning that all traces of cancer in their bodies vanished throughout the experiment.