

Oncology care in the Netherlands.

A call for timely access to innovation.





**Every step we take
today determines
whether, and how
quickly, innovation
reaches patients
tomorrow.**

Oncology care in the Netherlands is under **increasing pressure.**

Cancer affects almost everyone in the Netherlands, either directly or indirectly. **One in two Dutch people** will develop cancer during their lifetime.¹ It is the leading cause of death in the country.^{1, 16}



135,000

New cancer diagnoses
in 2025²



156,000

Expected new diagnoses
per year in 2032³



1.4 M

People expected to be living
with or after cancer in 2032³

Scientific progress has significantly improved treatment options in recent decades. As a result, more and more people with cancer can live longer, with a better quality of life. But only if new treatments reach them (in time).

In 2025, almost 135,000 people were diagnosed with cancer.² This number is expected to rise to 156,000 new diagnoses per year by 2032.³ By then, an estimated 1.4 million people in the Netherlands will be living with or after cancer. Prostate, breast and skin cancer will account for the largest patient groups.^{3, 16} Behind every number is a patient for whom time and access to the right treatment matter.

Yet Dutch patients often end up at the back of the European queue. The same treatment becomes available here later, or sometimes not at all.⁴ This is not inevitable. It is the result of choices in policy, reimbursement and collaboration. Those choices can therefore also be adjusted. Novartis is one of the parties committed to contributing to that change.



Challenges

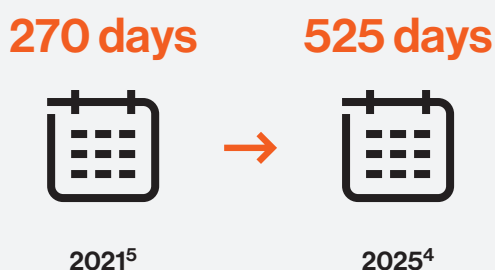
We see a number of challenges in Dutch oncology care:

1. **Access** to innovative medicines is falling further and further behind the rest of Europe.
2. The Dutch **innovation climate** for oncology is deteriorating.
3. **Freedom of treatment choice** for patients and physicians is under pressure.

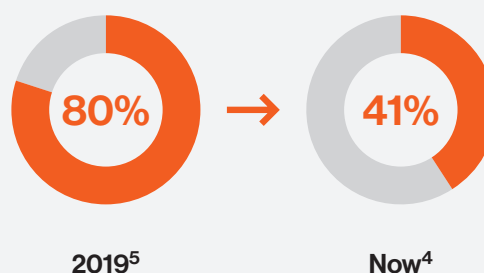
Challenge 1

Access to innovative medicines is falling further and further behind the rest of Europe.

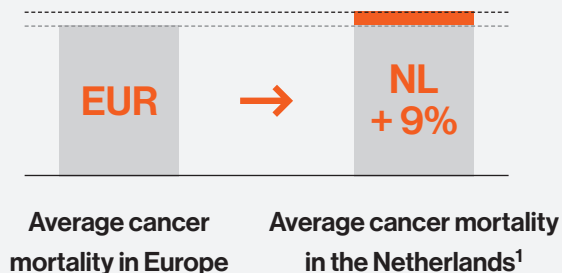
Average waiting time in the Netherlands for reimbursed access, in 2021 and 2025



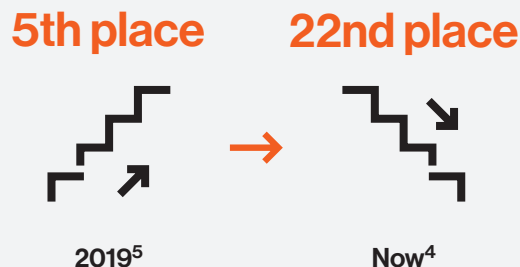
Availability of innovative oncology medicines in the Netherlands



Cancer mortality in the Netherlands compared with the European average



The Netherlands' position in the European ranking for adoption of new oncology medicines



Access to innovative medicines in the Netherlands has deteriorated compared with 2019 and with Europe.

Of the 56 oncology medicines approved by the EMA between 2021 and 2024, 51 are currently available in Germany, 34 in Belgium and 23 in the Netherlands.⁴

The assessment system for expensive medicines is grinding to a halt. It focuses on cost, effectiveness and budget impact, but lacks a holistic approach.⁶ Dutch assessment criteria (such as PASKWIL for solid tumours) deviate from European criteria, which can limit availability in the Netherlands.⁷

Call to action: Accelerate reimbursed access

Reimbursement procedures should be completed without unnecessary delay, while maintaining due diligence. This way, valuable, innovative oncology treatments become and remain available to patients in the Netherlands in time.

Challenge 2

The Dutch innovation climate for oncology is deteriorating.

The Dutch innovation climate for oncology is under pressure. Decisions on assessment and reimbursement affect not only access to today's treatments, but also tomorrow's research and investment. This is because:

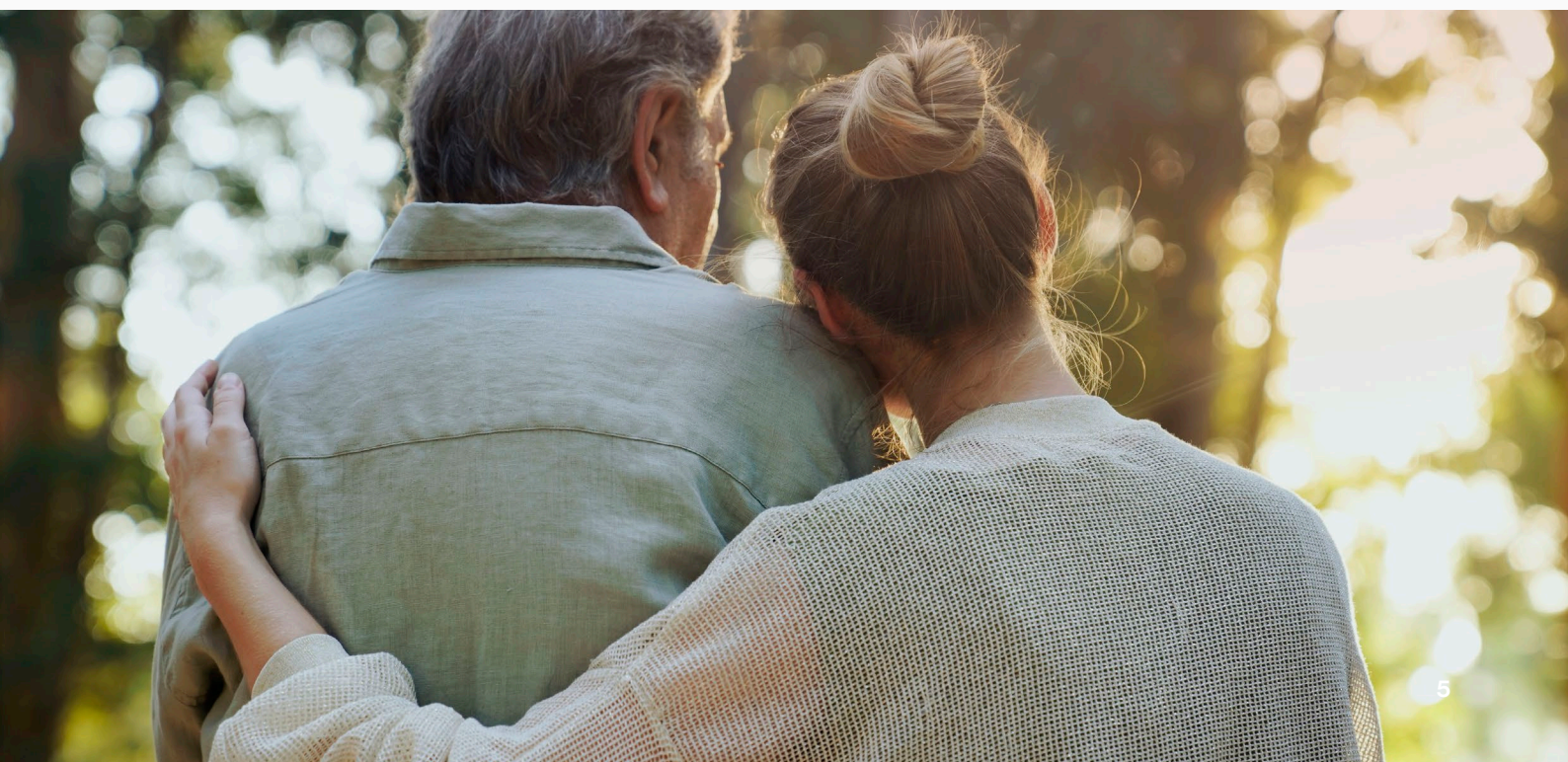
- The focus on cost-effectiveness and budget impact crowds out the broader value of innovation for patients, healthcare and the economy.
- Limited reimbursed access to authorized medicines puts pressure on the innovation chain and results in fewer clinical trials in the Netherlands. The number of newly initiated clinical trials for innovative medicines in the Netherlands fell from 660 in 2021 to 354 in 2025.⁹ Because authorized treatments are sometimes unavailable here, the Dutch standard of care increasingly differs from that in other EU countries. This makes participation in international studies more difficult and weakens the Netherlands' position in research and innovation. We are also seeing a growing number of Dutch patients seeking treatment abroad.

- As a result of the focus on cost containment, the Netherlands has in some cases deviated from the European regulatory process, using unauthorised hospital preparations instead.^{6,8}

Call to action:

Build a reliable innovation chain

Better alignment between all parties across the entire innovation chain, from research to reimbursed use of authorized products for patients, to secure a sustainable innovation ecosystem. This requires predictable and consistent policy, with room for everyone's complementary expertise.





Challenge 3

Treatment choice for patients and physicians is under pressure.

Health insurers have an increasingly greater influence on the availability of treatments.¹⁰ This creates tension with the freedom of physicians and patients to jointly choose the most suitable treatment based on medical considerations.



Call to action: **Keep treatment decisions between physician and patient**

The final choice for the most suitable treatment should be made jointly by the physician and patient, based on medical considerations.

Three real-world examples.

The challenges outlined are not abstract observations. They are already affecting patients in the Netherlands today. The following three examples illustrate how freedom of treatment choice, access and the innovation climate are coming under pressure.



Real-world example 1

Kisqali (ribociclib)

Early breast cancer (eBC)

This medicine is available for the treatment of early hormone-sensitive breast cancer in 26 other European countries, based on the NATALEE study. In the Netherlands, this treatment is not reimbursed for this indication because the study results do not

meet the current PASKWIL criteria.¹¹

As a result, the treatment is unavailable to a large group of patients in the Netherlands.

Challenge: Access



Real-world example 2

Pluvicto (lutetium (177Lu)-

vipivotide tetraxetan)

Metastatic prostate cancer

Since 2022, this medicine has been the first and only radioligand therapy authorised in Europe for patients with metastatic prostate cancer. It meets the Dutch PASKWIL criteria.¹² Yet this medicine is not reimbursed in the Netherlands, while it is reimbursed in

most other European countries. In the Netherlands, an unauthorised hospital-compounded preparation is used for some patients instead.⁶ The benefits and risks of this preparation have not been assessed by a regulatory authority such as the European Medicines Agency (EMA). Novartis advocates the inclusion of the authorised medicine in the basic health insurance package.

Challenge: Access and innovation climate



Real-world example 3

Kisqali (ribociclib)

Metastatic breast cancer (mBC)

Several CDK4/6 inhibitors are available for the treatment of metastatic hormone-sensitive breast cancer. Zorgverzekeraars Nederland applies a procurement procedure with financial incentives for this group of medicines. This raises the question of whether medicines containing different active substances within a

single cluster can be treated as interchangeable. Novartis believes that there is insufficient evidence to demonstrate that CDK4/6 inhibitors are therapeutically interchangeable. The 2026 ESMO-MCBS guidelines indicate differences between CDK4/6 inhibitors in important outcome measures.¹⁵

In the absence of sufficient evidence, treatment decisions should be based on medical considerations and remain free from financial incentives.¹⁰

Challenge: Freedom of treatment choice

How Novartis contributes.

These challenges require action from government, health insurers, healthcare professionals, patient organisations and industry. Novartis also takes responsibility, with one goal: better outcomes for the growing number of people with cancer and timely, sustained access to innovation, now and in the future.



We go first

Novartis plays a pioneering role in oncology and is at the forefront of developing new treatment approaches for both common and rare forms of cancer.

The focus includes breast cancer, prostate cancer, melanoma and haematological conditions, such as chronic myeloid leukaemia, myeloproliferative neoplasms and paroxysmal nocturnal haemoglobinuria.



A leader in new treatment methods

Novartis has a long track record of advancing new treatment approaches. This pioneering role is reflected in several global firsts, including:

- The first authorised therapy platforms in radio-ligand therapy, CAR-T therapy and gene therapy.
- The first medicines authorised worldwide based on novel mechanisms of action, including a tyrosine kinase inhibitor, TPOR agonist, JAK1/2 inhibitor, STAMP inhibitor and oral factor B inhibitor.



We go further

Novartis is committed to optimising and maintaining access to innovative medicines and freedom of treatment choice in the Netherlands. We invest substantially in all phases of clinical oncology research in the Netherlands, connecting scientific innovation with patient care. In doing so, we ensure that tomorrow's therapies are already relevant today.

Thanks to collaboration between academic centres, hospitals and industry, the Netherlands holds a leading position in European clinical research.¹⁴

That position cannot be taken for granted. Maintaining it requires continued commitment from all parties across the healthcare ecosystem.

In addition to clinical research, Novartis invests in a sustainable and innovative manufacturing chain in the Netherlands. The radioligand therapy production facility in Baarle-Nassau is being expanded, alongside investment in new production technology to recover scarce raw materials. In this way, Novartis contributes to the availability of new treatments, now and in the future.



Number of active Novartis clinical oncology studies in the Netherlands



Number of Dutch patients in Novartis oncology studies since 2021



Amount Novartis has invested in oncology research in the Netherlands since 2021



Novartis ranks among the top 50 R&D companies in the Netherlands¹³

Reference date: September 2026.



We go together

To continue innovating and make innovation available to patients in oncology care, we need each other. That is why Novartis works with healthcare stakeholders to optimise care pathways, contracting models and value-based healthcare. We also support the appropriate use of medicines through data, education and accessible patient information. The aim is not only for patients to live longer, but also to have a better quality of life.

We are also actively involved in policy development, including the National Ambition Roadmap for Nuclear Medicine (Roadmap nationale ambitie nucleaire geneeskunde), the ATMP and RLT tracks of FAST, and Dutch-Swiss innovation missions. In addition, Novartis supports initiatives such as the Dutch Cancer Agenda, part of the Dutch Cancer Collective¹



**Innovation that
reaches the patient
too late helps no one.**



From advocacy to **action.**

Better outcomes for people with cancer require targeted action from all stakeholders involved. Novartis takes responsibility and invites these parties to jointly translate the three action points into concrete agreements and next steps. Together, we can make valuable treatments available in a timely manner and help the Netherlands regain its leading position in oncology care.

Would you like to contribute or discuss concrete next steps? Please contact your Novartis representative or email info.nederland@novartis.com.



About Novartis

As one of the largest pharmaceutical companies in the Netherlands, we feel a strong sense of responsibility. We act on that responsibility by investing and collaborating. Because achieving better outcomes for the growing number of people with cancer is something we can only do together. That is why Novartis aims to be an engaged partner in dialogue with everyone who can contribute to this goal.

Every step we take today determines whether, and how quickly, innovation reaches patients tomorrow.

What step will we take together?

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