



# Access to innovation in oncology is under increasing pressure.

Cancer is the leading cause of death in the Netherlands. As patient numbers keep rising, so does the need for cancer care<sup>1</sup> Meanwhile, patients here wait an average of 525 days<sup>2</sup> for access to innovative cancer medicines. Valuable time they don't have.

**That is why joint action is needed to safeguard timely access to innovative medicines and address three urgent challenges.**



## Three challenges in the Netherlands

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.** Faster reimbursement procedures and fair valuation are needed so that innovative cancer medicines reach patients sooner.
2. **The Dutch innovation climate for oncology is deteriorating.** Science, clinical practice, policy and industry need to align more closely to build a sustainable innovation chain, with consistent policy and complementary roles.
3. **Freedom of treatment choice for patients and physicians is under pressure.**<sup>8</sup> For the right care, patients and physicians must be able to jointly choose the treatment that is medically the best fit.



Dutch people will develop cancer.<sup>7,10</sup>



Dutch people expected to be living with or after a cancer diagnosis in 2032<sup>3</sup>



**Prostate, breast and skin cancer**

Most common forms of cancer in 2032<sup>1</sup>

## Oncology care policy needs to be revised.



### Faster reimbursement procedures

- The waiting time for reimbursed access to cancer medicines in the Netherlands **rose** from **214 days** in 2020<sup>3</sup> to **525 days** in 2025.<sup>2</sup>
- The Netherlands adopts **fewer cancer medicines** than the European average, **ranking 22nd**.<sup>2</sup>
- **Only 23 of the 56 EMA-approved cancer medicines are available in the Netherlands**, compared to 51 in Germany and 34 in Belgium, for example.<sup>2</sup>



### A sustainable innovation chain

- The **assessment system for expensive medicines is grinding to a halt**. It places emphasis on cost-effectiveness and budget impact, while a holistic approach is lacking.<sup>5</sup>
- Dutch **assessment criteria** (PAS-KWIL) **deviate from European criteria**, limiting availability and opportunities for research.<sup>4</sup>
- Because of the focus on cost containment, there are examples of the Netherlands **deviating from the European regulatory process** by using unauthorised preparations.<sup>5,6</sup>



### Freedom of treatment choice

- The growing influence of health insurers is **reducing the freedom** of physicians and patients **to choose**.<sup>8</sup>

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Reimagining medicine, together.



More information  
and contact:



Innovation doesn't wait:  
Every step we take today  
determines **whether, and  
how quickly**, innovation  
reaches patients tomorrow.



### Call to action Novartis: integral, holistic approach

Novartis calls on healthcare professionals, policymakers, patient organisations and other parties to work together on a holistic approach. From assessment and reimbursement to application in practice.



### Top 50 R&D

Novartis is among the 50 largest  
R&D investors in the Netherlands,  
ranking 38th<sup>9</sup>



10+

Number of Novartis medicines  
available in the Netherlands for various  
oncology and haematology indications



€ 13 M

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

## How Novartis contributes.

At Novartis, we are committed to better outcomes for people with cancer, today and tomorrow. From research and development to timely access and use by patients.

In doing so, we help patients gain timely access to the most suitable care, with freedom of choice for patients and physicians based on what is medically best.



### We go first

- We pioneer the discovery of **innovative therapies and mechanisms of action**, and work to make them accessible (e.g. radioligand therapy, CAR-T and gene therapy).
- With a **focus on both common and rare forms of cancer**.\*



### We go further

- We **invest in all phases** of clinical oncology research in the Netherlands.
- Working to optimise and **safeguard access** to innovative medicines and **freedom of treatment** choice in the Netherlands.
- Developing **future-proof production technologies**.



### We go together

- Optimising **efficient care pathways** and **value-based care**.
- Supporting the **appropriate use of medicines** through data, education and accessible patient information.
- Promoting **active dialogue and policy development**.
- Supporting initiatives that **contribute to better outcomes** for patients and their loved ones (e.g. the Dutch Cancer Agenda<sup>7</sup>).

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#### References

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4. Rol beroepsgroep in toegang en toepassing nieuwe geneesmiddelen en indicatie-uitbreidingen. Vereniging Innovatieve Geneesmiddelen (VIG).
5. Kamerbrief minister van VWS. 15 april 2026. 4365452-1095706-GMT
6. De vergoeding van CAR-T-behandelingen bij verschillende vormen van kanker. ZIN. 24 feb 2025.

7. Nederlandse kanker agenda. Uitgave nov 2023, v2.0 feb 2026. Nederlands kanker collectief.
  8. Zorgverzekeraars moeten voorkeursbeleid CDK4/6-remmers staken. De rechtspraak. 25 feb 2025.
  9. Aantal kankerdiagnoses stijgt tot 2045 naar bijna 170.000 per jaar. IKNL. 7 okt 2026
  10. R&D Top 50. 2025. Technisch Weekblad. VNO-NCW en TNO. dec 2025.
- \* O.a. borstkanker, prostaatkanker, melanoom en hematologische indicaties zoals chronische myeloïde leukemie (CML), myeloproliferatieve neoplasmata (MPN) en paroxismale nachtelijke hemoglobinurie (PNH).