THE LANCET Oncology

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Fundytus A, Sengar M, Lombe D, et al. Access to cancer medicines deemed essential by oncologists in 82 countries: an international, cross-sectional survey. *Lancet Oncol* 2021; published online Sept 21. http://dx.doi.org/10.1016/S1470-2045(21)00463-0.

Supplementary Appendix 1

Survey Questionnaire and Possible Responses to WHO EML Survey

Thank you for agreeing to participate in this WHO project. The objectives of this study are to understand which cancer medicines front-line clinicians consider essential to cancer care, and the extent to which these medicines are available in routine practice.

Survey Questionnaire

1a. Whi	ch country do you currently practice in?
A 218-c	country dropdown list derived from the world bank was available for selection.
1b. Oth	er Country (Free Text)
2. Are y	rou a:
0	Medical Oncologist that prescribes systemic anti-cancer therapy
\circ	Radiation Oncologist that prescribes systemic anti-cancer therapy
\circ	Clinical Oncologist that prescribes systemic anti-cancer therapy
\circ	Other Physician that prescribes systemic anti-cancer therapy
\circ	I do not prescribe systemic anti-cancer therapy
3. Are y	rou currently an oncology trainee (Medical Student, Resident or Fellow)?
\circ	Yes
\circ	No
4. Do y	ou provide:
\circ	Systemic anti-cancer therapy
\circ	Radiation therapy only
\circ	Both systemic anti-cancer therapy and radiation therapy
\circ	Neither systemic anti-cancer therapy nor radiation therapy
5. Do y	ou administer cancer treatment to children?
\circ	No
\circ	Yes but I treat adults as well
0	Yes I treat exclusively children

6. A dedicated survey for pediatric oncologists is being distributed through the International Society of Pediatric Oncology (SIOP).

If you are not a SIOP member and still wish to participate, please contact Christopher Booth: christopher.booth@kingstonhsc.ca

7. Imagine your government has put you in charge of selecting anti-cancer medicines for the country. You are only allowed to select a maximum of 10 medicines that will be available to treat all cancers in your country. Which drugs would you recommend to the government to achieve the greatest benefit for the most patients? Assume that cost (system and patient) is not an issue and that you have access to the necessary supportive care medicines, diagnostic, and laboratory services).

Abemaciclib
Abiraterone
Acalabrutinib
Afatinib
Aldesleukin
Alectinib
Alemtuzumab
Amsacrine
Anagrelide
Anastrozole
Apalutamide
Arsenic Trioxide
Atezolizumab
Avelumab
Axitinib
Azacitidine
Bendamustine
Bevacizumab
Bicalutamide
Bleomycin
Blinatumomab
Bortezomib
Bosutinib
Brentuximab Vedotin
Brigatinib
Buserelin
Busulfan
Cabazitaxel
Cabozantinib
Capecitabine
Carboplatin
Carfilzomib

Carmustine
Ceritinib
Cetuximab
Chlorambucil
Cisplatin
Cladribine
Cobimetinib
Crizotinib
Cyclophosphamide
Cytarabine
Dabrafenib
Dacarbazine
Dactinomycin
Daratumumab
Dasatanib
Danorubicin
Decitabine
Degarelix
Denosumab
Dexamethasone
Dinutuximab
Docetaxel
Doxorubicin
Durvalumab
Elotuzumab
Enzalutamide
Epirubicin
Eribulin
Erlotinib
Erwinia Asparaginase
Etoposide
Everolimus
Exemestane
Fludarabine
5-Fluorouracil
Flutamide
Fulvestrant
Gefitinib
Gemcitabine
Goserelin
Hydroxyurea
Ibrutinib
Idarubicin

Idelalisib

Ifosfamide	
Imatinib	
Inotuzumab ozogamicin	
Interferon alfa-2b	
Ipilimumab	
Irinotecan	
Ixazomib	
Trastuzumab Emtansine	(TDM-1)
L-Asparaginase	
Lanreotide	
Lapatinib	
Lenalidomide	
Lenvatinib	
Letrozole	
Leucovorin	
Leuprolide	
Liposomal Irinotecan	
Lomustine	
Lorlatinib	
Medroxyprogesterone	
Megestrol Acetate	
Melphalan	
Mercaptopurine	
Methotrexate	
Midostaurin	
Mitomycin	
Mitotane	
Mitoxantrone	
Nab-Paclitaxel	
Nelarabine	
Nilotinib	
Nilutamide	
Nivolumab	
Obinutuzumab	
Octreotide	
Olaparib	
Osimertinib	
Oxaliplatin	
Paclitaxel	
Palbociclib	
Pamidronate	
Panitumumab	
Pazopanib	

Pegaspargase

	Pegylated liposomal Doxorubicin
	Pembrolizumab
	Pemetrexed
	Pertuzumab
	Pomalidomide
	Ponatinib
	Pralatrexate
	Prednisone
	Procarbazine
	Radium-223
	Raltitrexed
	Ramucirumab
	Regorafenib
	Ribociclib
	Rituximab
	Romidepsin
	Ruxolitinib
	Siltuximab
	Sorafenib
	Strontium-89
\cup	Sunitinib
	Tamoxifen
	Talazoparib
	Temozolomide
	Temsirolimus
	Thalidomide
	Thioguanine
	Topotecan
	Trabectedin
	Trametinib
	Trastuzumab
	Tretinoin (ATRA)
	Trifluridine / Tipiracil
	Triptorelin
	Vandetanib
	Veleparib
	Vemurafinib
	Venetoclax
	Vinblastine
	Vincristine
	Vinorelbine
	Vismodegib
\cap	Vorinostat

Zoledronic acid

	Other
	t is the current access to each of Drug 1-10 selected by participant in question 7 (was auto populated using cs code) in your practice setting?
O un	Available for all patients with no significant out of pocket expenses for more than 90% of patients (i.e. iversal healthcare coverage)
ins	Available for all patients with significant out of pocket expenses for some patients, based on the health surance schemes (mixed model, not universal healthcare coverage)
	Available for all the patients with significant out of pocket expenses for more than half of the patients (no iversal healthcare coverage, substantial risk of catastrophic health expenditure*) * spending that absorbs ore than 40% of total consumption, net of an allowance for food expenditures
\circ	Not readily available due to problems with drug supply/procurement/production
\circ	Not available as drug is not approved in my country
\circ	Not available for other reasons (Free text provided if selected)
govern	w is the list of medicines you previously selected for your country assuming cost was NOT an issue. If your ment now tells you that drug cost IS an issue - would you remove any of these drugs from the list? pants 10 selected drugs are displayed with checkbox)
	ow is a list of cancer medicines (not including supportive care) currently listed on the WHO EML. [c] s drugs present on the children's EML.
	there important cancer medications which are not currently listed that should be considered for addition to IO EML?
0	Yes
0	No
	ase list the important cancer medications that are not currently listed that should be considered. (Free Text vailable)

WHO EML

O Agree

WILL	LIVIL		
Cytoto	xic Medicines	Procarbazine [c]	Leuprorelin
	c Trioxide [c]	Realgar-Indigo naturalis formulation[c]	Methylprednisolone [c]
Aspara	ginase [c]	Tioguanine [c]	Prednisolone [c]
	nustine	Vinblastine [c]	Tamoxifen
	yein [c]	Vincristine [c]	
	m Folinate [c]	Vinorelbine	Supportive Medicines
Capeci			Allopurinol [c]
	olatin [c]	Targeted Therapies	Mesna [c]
Chlora		All-trans retinoid acid (ATRA) [c]	Zoledronic Acid
Cisplat		Bortezomib	
	hosphamide [c]	Dastinib [c] Erlotinib	
	bine [c]	Imatinib [c]	
	azine [c]	Nilotinib [c]	
	omycin [c]	Rituximab [c]	
Doceta	rubicin [c]	Trastuzumab	
		1145tteedimo	
	ibicin [c]	Immunomodulators	
Etopos		Filgrastim [c]	
	uracil [c]	Lenalidomide	
Gemci		Nivolumab	
	cycarbamide [c]	Thalidomide	
	nide [c]	RECOMMENDATION OF THE PROPERTY	
Irinote		Hormones and Antihormones	
Melph		Abiraterone	
	otopurine [c]	Anastrozole	
	rexate [c]	Bicalutamide	
	latin [c]	Dexamethasone [c]	
Paclita		Hydrocortisone [c]	
	argase [c]		
12 In 41	some a matical EMI list (that in a	hadaa aanaan madisinaa) in vaan aaantus?	
13. IS tr	iere a national EML list (that inc	ludes cancer medicines) in your country?	
\circ	Yes		
\circ	No		
\circ	I don't know		
14. Is th	e national EML list shaped on th	ne WHO list?	
	_		
\circ	Yes		
\circ	No		
\circ	I don't know		
15. The	use of a national EML improves	s the access of patients to cancer treatments?	
0	Strongly Disagree		
\circ	Disagree		
0	Neutral		

\circ	Strongly Agree
16. The	current WHO EML improves the access of patients to cancer treatments?
\circ	Strongly Disagree
\circ	Disagree
\circ	Neutral
\circ	Agree
\circ	Strongly Agree
17. Do	you play a role in any of the following drug guideline related activities? (Check all that Apply)
0 0 0	Formulary (hospital, regional, or national) Health Technology Assessment Guideline Writing Regulatory or Funding Decision Making
18. Do	you work in the:
0	Public health care system
0	Private health care system Both
-	our primary practice located in an urban or rural center? Note: rural is defined as a population of less than busand and not within a two hour reasonable commuting distance of a large center
\circ	Urban
\circ	Rural
\circ	I work in both
20. Wh	ich types of cancer do you treat?
\circ	Solid Tumors
\circ	Hematological Malignancy
\circ	Both
21. Wh	ich cancers do you treat? (Check all that apply)
	Brain Breast Gastrointestinal Genitourinary Gynecological Head and Neck Lung Sarcoma Skin/Cutaneous Hematologic Other

22. Do you currently work in an academic center?
O Yes
○ No
23. What describes your current practice best?
Hospital-based clinic
 Clinic not affiliated with hospital
○ Both
24. Please state the number of years of practice in oncology since you completed your training (Free text box)
25.Gender
○ Male
○ Female
Other
26. Age (Free text Box)
27. Is there anything else you would like to share regarding the WHO EML? (Free Text Box)
28a. If you would be willing to be contacted for follow-up of the study, please provide your name and email address:
○ Yes
○ No
28b. Name (Free Text Box)
28c. Email (Free Text Box)

Appendix 2- Distribution Networks and Response Rates

Country/Region	Contact Type	# of	Denominator	Response
		responses		Rate
North America				
Canada	National	43	213	20%
	organization			
United States	National	100	Unknown	Unknown
	organization			
Caribbean	Personal network	9	Unknown	Unknown
South America				
Latin America	Regional network	22	Unknown	Unknown
Argentina	National	27	170	16%
-	organization			
Brazil	National	39	2073	2%
	organization			
Chile	National	7	Unknown	Unknown
	organization			
Venezuela	Personal network	3	5	60%
Europe		<u> </u>	1 -	1
Andorra	Personal network	1	2	50%
Belgium	Personal network	10	Unknown	Unknown
Dengium Denmark	National	1	Unknown	Unknown
Definition	organization	'	OTIKITOWIT	OTIKTIOWIT
Estonia	National	7	35	20%
LStoriia	organization	'	33	2070
Finland	National	8	300	3%
rillialiu	organization	0	300	370
Гианаа		20	040	400/
France	Personal network	29	243	12% 7%
Greece	National	25	378	/%
11	organization	40	11.1	11.1
Hungary	National	43	Unknown	Unknown
	organization			
Luxembourg	National	1	20	5%
	organization			
Netherlands	Personal network	1	Unknown	Unknown
Portugal	National	24	811	3%
	organization			
Romania	National	7	300	2%
	organization			
Russia	National	1	1350	0%
	organization			
Serbia	Personal network	1	100	1%
Slovenia	National	13	46	28%
	organization			
Spain	National	41	Unknown	Unknown
	organization			
Switzerland	Personal network	27	Unknown	Unknown
Turkey	Personal network	30	Unknown	Unknown
UK	National	14	1000	1%
	organization			
	1 3	1	_1	1
Asia				

India	Personal network	84	Unknown	Unknown
Japan	National	141	6842	2%
	organization			
Korea	National	13	500	3%
	organization			
Malaysia	National	9	120	8%
	organization			
Nepal	National	9	Unknown	Unknown
	organization			2-04
Pakistan	Personal network	21	60	35%
Singapore	National	9	130	7%
0.11	organization			
Sri Lanka	National	6	Unknown	Unknown
T-:	organization	00	I Indian accord	I below soons
Taiwan	National	20	Unknown	Unknown
Middle East	organization			
Iraq	National	2	Unknown	Unknown
ııaq	organization	2	OTIKITOWIT	Olikilowii
Israel	Personal network	2	Unknown	Unknown
Jordan	National	7	Unknown	Unknown
Jordan	organization	'	Onknown	Griknowii
Kuwait	Personal network	7	Unknown	Unknown
Lebanon	National	12	179	7%
	organization			
UAE	National	4	95	4%
	organization			
Sub Saharan Africa				
Sub Saharan Africa	Regional Network	32	Unknown	Unknown
Oceania				
Australia	National	38	Unknown	Unknown
	organization			
New Zealand	Personal network	3	Unknown	Unknown

Note: 89 countries and regional networks (SLACOM, Sub-Saharan Africa) were invited to participate in this study. This table shows responses from the 46 countries/regional networks who accepted the invitation and distributed the survey. From these 46 networks, the study had 948 respondents from 82 different countries.

Appendix 3-Complete List of "Essential" Drugs Ranked by Frequency of Selection by 948 Oncologists in Global Essential Medicines Survey

			% of Oncologists
			who Chose Drug on
			List of Top 10 Most
Rank	Drug	Frequency of Selection	Essential
1	Doxorubicin	499	53
2	Cisplatin	470	50
3	Paclitaxel	423	45
4	Pembrolizumab	413	44
5	Trastuzumab	399	42
6	Carboplatin	390	41
7	5-Fluorouracil	386	41
8	Tamoxifen	345	36
9	Capecitabine	329	35
10	Cyclophosphamide	318	34
11	Docetaxel	296	31
12	Oxaliplatin	269	28
13	Dexamethasone	248	26
14	Nivolumab	204	22
15	Rituximab	203	21
16	lmatinib	184	19
17	Gemcitabine	180	19
18	Etoposide	170	18
19	Osimertinib	157	17
20	Letrozole	143	15
21	Bevacizumab	120	13
22	Abiraterone	118	12
23	Goserelin^	110	12
24	Anastrozole	100	11
25	Irinotecan	99	10
26	Methotrexate	95	10
27	Vincristine	86	9
28	Palbociclib	75	8
29	Cytarabine	73	8
30	Epirubicin	71	8
	Prednisone	68	7

32	Zoledronic acid	67	7
33	Pemetrexed	63	7
34	Alectinib	61	6
35	Atezolizumab	59	6
36	Bortezomib	59	6
37	Cetuximab	58	6
38	Leuprolide	57	6
39	Bleomycin	56	6
40	Nab-Paclitaxel	56	6
41	Temozolomide	51	5
42	Pertuzumab	50	5
43	Sunitinib	49	5
44	Gefitinib	48	5
45	Ipilimumab	47	5
46	Denosumab	46	5
47	Olaparib	46	5
48	Enzalutamide	45	5
49	Trastuzumab Emtansine (TDM-1)	45	5
50	Lenalidomide	44	5
51	Leucovorin	42	4
52	Fulvestrant	37	4
53	Ribociclib	35	4
54	Ibrutinib	34	4
55	Erlotinib	32	3
56	Dasatanib	31	3
57	Afatinib	28	3
58	Cabozantinib	26	3
59	Lenvatinib	25	3
60	Durvalumab	24	3
61	Lorlatinib	24	3
62	Sorafenib	23	2
63	Brentuximab Vedotin	22	2
64	Danorubicin	22	2
65	Panitumumab	22	2
66	Daratumumab	21	2
67	Hydroxyurea	21	2
68	Ifosfamide	21	2

69	Arsenic Trioxide	20	2
70	Crizotinib	20	2
71	Pazopanib	19	2
72	Venetoclax	19	2
73	Azacitidine	18	2
74	Bendamustine	17	2
75	Dabrafenib	17	2
76	Bicalutamide	16	2
77	Axitinib	15	2
78	Pegylated liposomal Doxorubicin	15	2
79	Ramucirumab	15	2
80	Tretinoin (ATRA)	14	2
81	Degarelix	13	1
82	Apalutamide	12	1
83	Dacarbazine	12	1
84	Cabazitaxel	11	1
85	Other	11	1
86	Brigatinib	10	1
87	Exemestane	10	1
88	Idarubicin	9	1
89	Melphalan	9	1
90	Trametinib	9	1
91	Eribulin	8	1
92	Everolimus	8	1
93	Ponatinib	8	1
94	Regorafenib	8	1
95	Acalabrutinib	7	1
96	Blinatumomab	7	1
97	Octreotide	7	1
98	Pomalidomide	7	1
99	Vinblastine	7	1
100	Dactinomycin	6	1
101	Fludarabine	6	1
102	Mercaptopurine	6	1
103	Nilotinib	6	1
104	Pamidronate	6	1
105	Vemurafinib	6	1
106	Avelumab	5	1

107	Cobimetinib	5	1
108	Inotuzumab ozogamicin	5	1
109	Pegaspargase	5	1
110	Thalidomide	5	1
111	Topotecan	5	1
112	Triptorelin	5	1
113	Alemtuzumab	4	0
114	Carfilzomib	4	0
115	Chlorambucil	4	0
116	Decitabine	4	0
117	Flutamide	4	0
118	L-Asparaginase	4	0
119	Lanreotide	4	0
120	Medroxyprogesterone	4	0
121	Midostaurin	4	0
122	Obinutuzumab	4	0
123	Radium-223	4	0
124	Ruxolitinib	4	0
125	Talazoparib	4	0
126	Trifluridine / Tipiracil	4	0
127	Busulfan	3	0
128	Erwinia Asparaginase	3	0
129	Lomustine	3	0
130	Mitomycin	3	0
131	Nilutamide	3	0
132	Bosutinib	2	0
133	Ceritinib	2	0
134	Cladribine	2	0
135	Interferon alfa-2b	2	0
136	Lapatinib	2	0
137	Megestrol Acetate	2	0
138	Nelarabine	2	0
139	Vinorelbine	2	0
140	Vismodegib	2	0
141	Anagrelide	1	0
142	Buserelin	1	0
143	Dinutuximab	1	0
144	Idelalisib	1	0

145	Ixazomib	1	0
146	Liposomal Irinotecan	1	0
147	Mitotane	1	0
148	Procarbazine	1	0
149	Trabectedin	1	0
150	Veleparib	1	0
151	Aldesleukin	0	0
152	Amsacrine	0	0
153	Carmustine	0	0
154	Elotuzumab	0	0
155	Mitoxantrone	0	0
156	Pralatrexate	0	0
157	Raltitrexed	0	0
158	Romidepsin	0	0
159	Siltuximab	0	0
160	Strontium-89	0	0
161	Temsirolimus	0	0
162	Thioguanine	0	0
163	Vandetanib	0	0
164	Vorinostat	0	0

^Not explicitly on EML, but therapeutic interchange with leuprorelin is permitted as these medications are of the same class. Therefore it was listed as included.

Bolded entries are represented on the 21st EML (2019)