

Monitoring & Evaluation

2025 REPORT



Introduction

Welcome to The Max Foundation's 2025 Monitoring and Evaluation Report. This report brings together the data, trends, and learning that help us understand not only the scale of Max's work, but the difference it is making for patients and health systems.

In 2025, Max reached 40,561 patients across 84 countries, reflecting continued growth in both reach and depth of support. This included a 16% increase in new patient enrollment, expansion into new treatment areas including our 15th disease, ALK+ anaplastic large cell lymphoma (ALCL), and a 48% increase in patients supported through Social Determinants of Health programs.

By sharing these insights, we aim to foster transparency, encourage collective learning, and inform decisions that advance health equity for people worldwide.

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M&E Objectives & Indicators

OBJECTIVE 1: PATIENTS

To provide treatment and care to patients facing cancer and other critical illnesses in LMICs, ensuring timely and sustained access to high-quality medicines.

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- 1.1 Number of and growth in patients reached
 - 1.2 Expansion of diseases and treatments
 - 1.3 Median time-on-treatment (CML, GIST)
 - 1.4 Median time from diagnosis to treatment

OBJECTIVE 2: HEALTH SYSTEMS

To strengthen health systems in LMICs by expanding diagnostic capacity, equipping healthcare professionals, and ensuring quality controls.

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- 2.1 Countries and new countries reached
 - 2.2 Partnerships and Humanitarian PACT
 - 2.3 Diagnostic tests and tools provided
 - 2.4 PCR Test Results Recorded in PATS
 - 2.4 TFR patients and tests provided
 - 2.5 Site capacity assessments
 - 2.6 HCPs trained

OBJECTIVE 3: VALUE OF INVESTMENT

To maximize return on investments by optimizing operational efficiency, managing risks, and demonstrating impact.

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- 3.1 Investment of distributed medicines
 - 3.2 Defined daily doses delivered
 - 3.3 Suspected adverse events reported within 24 hours
 - 3.4 Active patient cases verified
 - 3.5 Team members and tenure
 - 3.6 Publications and presentations

01

Patients

Ensuring timely and sustained access to high-quality medicines that improve survival, quality of life, and economic well-being.



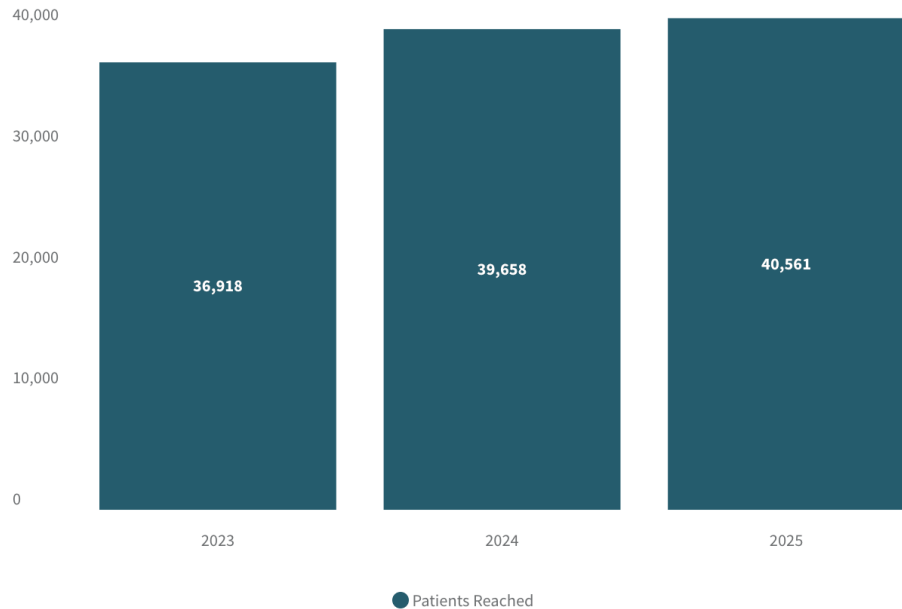
1.1 Patients Reached in 2025

40,561

PATIENTS REACHED WORLDWIDE

through Max Access Solutions, Social Determinants of Health programs and the Treatment-Free Remission Support Program

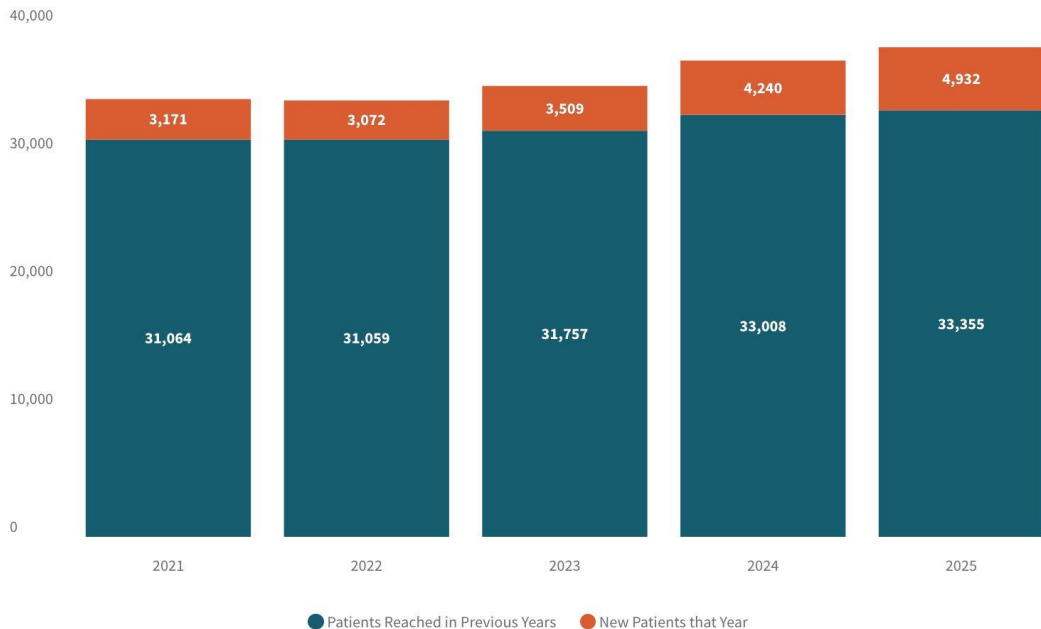
+2.3% from 39,658 in 2024



*Prior to 2023, patients reached only included Max Access Solutions

SIGNIFICANCE: Reaching over 40,000 patients worldwide for the first time demonstrates the continued scale and reach of Max's patient-centered model. This milestone reflects Max's ability to sustain long-term access to treatment and support while expanding its impact across diseases, countries, and health system contexts.

1.1a Growth in Patients: Max Access Solutions



38,287

Patients provided with medicine

+2.8% vs 2024

4,932

New patients enrolled (13%)

+16% vs 2024

~85%

Patient retention from 2024

Continuity of care

SIGNIFICANCE: Sustained growth in total and new patients receiving medicines reflects continued expansion into underserved populations, while strong retention rates underscore commitment to long-term continuity of care.

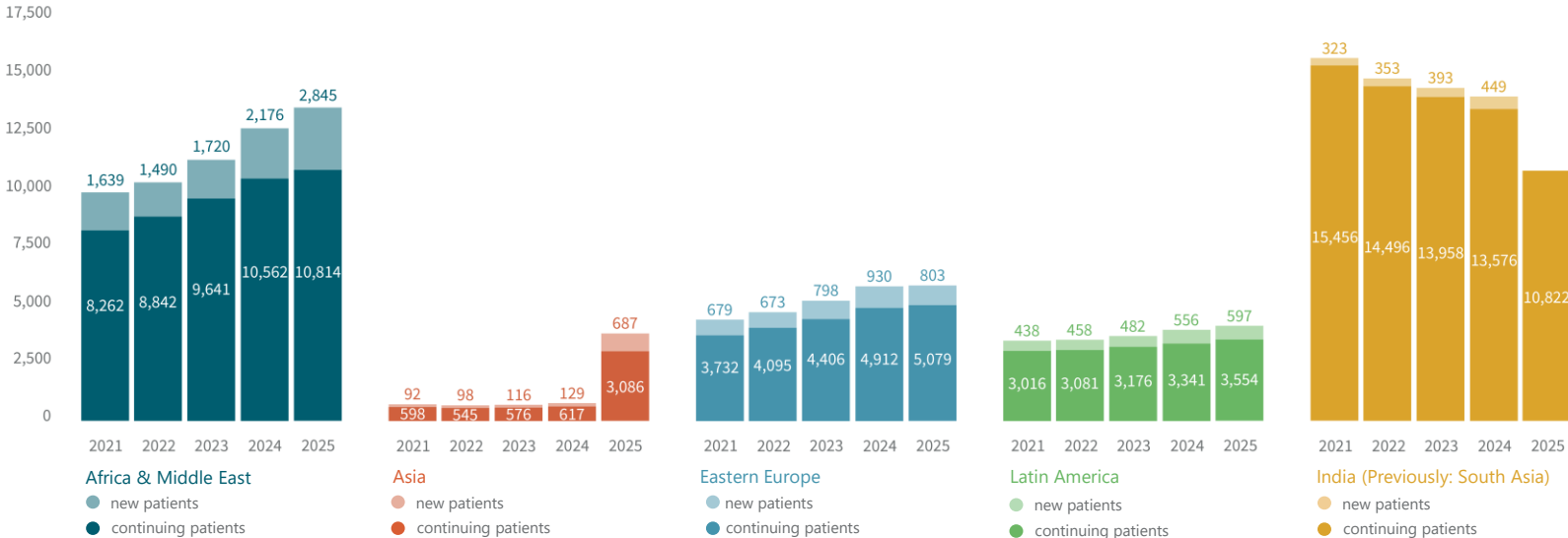
1.1b Patients by Region: Max Access Solutions

Regional Highlights

Africa accounted for the highest number of patients for the first time

In 2025, regional reorganization; India became its own region, other South Asian countries moved under Asia, explaining the shifts shown for those regions in the figure.

Ongoing efforts to strengthen data quality have improved the capture of dispensation records, supported by expanded staffing in Nigeria, India, Sudan, and Nepal.



SIGNIFICANCE: Regional shifts reflect evolving health systems, changing access pathways, and improved data management. Together, these trends provide important insight into where program strategies may need to adapt as country contexts continue to change.

1.1c Accompaniment & Social Determinants of Health

23,504 patients via Accompaniment Services

+6% since 2024 | 79,155 contacts logged

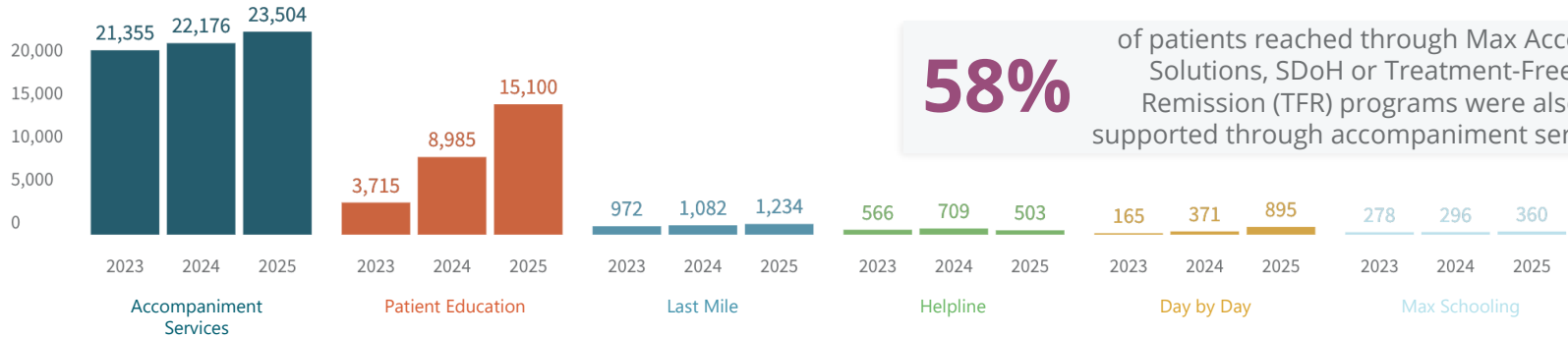
The emotional, adherence, and other support provided by Max to patients through 1:1 contact

16,884 patients via 5 SDoH programs

+48% growth since 2024 | 34 countries

Programs that address patients' social and practical needs. Currently includes 6 programs shown in figure below.

58% of patients reached through Max Access Solutions, SDoH or Treatment-Free Remission (TFR) programs were also supported through accompaniment services



SIGNIFICANCE: The rapid increase in patients supported through SDoH programs points to growing demand for services beyond medicines. Expanding these programs is critical to addressing barriers that affect adherence, quality of life, and overall outcomes.

1.2 Diseases Supported & Treatments Provided

15

Diseases — up from 11 in 2022

17

Treatments — across all programs

1 new disease

ALK+ anaplastic large cell lymphoma (ALCL)

Disease	Treatments	Patients
CML	imatinib, ponatinib, dasatinib, bosutinib, nilotinib, asciminib	31,857
GIST	imatinib, sunitinib	3,580
Breast Cancer	ribociclib, letrozole, abemaciclib	823
RCC	sunitinib, temsirolimus, axitinib	732
Ph+ALL	imatinib, ponatinib, dasatinib	457
CLL	zanubrutinib	282
Other (DFSP, NSCLC, ATTR-CM, HES/CEL, MDS/MPD, pNET, SM, IMT, ALCL)	imatinib, crizotinib, tafamidis, sunitinib	556

SIGNIFICANCE: The expansion to 15 diseases and 17 treatments reflects steady progress toward a more comprehensive access model. Broadening the portfolio allows more patients to benefit from innovative therapies across multiple conditions.

1.2 Diseases Glossary

Diseases supported through Max Access Solutions in 2025

Abbreviation	Full Disease Name	Abbreviation	Full Disease Name
● ALCL	ALK-Positive Anaplastic Large Cell Lymphoma	● IMT	ALK-Positive Inflammatory Myofibroblastic Tumors
● ATTR-CM	Transthyretin Amyloid Cardiomyopathy	● MDS/MPD	Myelodysplastic Syndrome / Myeloproliferative Disorders
● Breast Cancer	HR+/HER2- Advanced or Metastatic Breast Cancer	● NSCLC	ALK- and ROS1-Positive Non-Small Cell Lung Cancer
● CLL	Chronic Lymphocytic Leukemia	● Ph+ALL	Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia
● CML	Chronic Myeloid Leukemia	● pNET	Pancreatic Neuroendocrine Tumors
● DFSP	Dermatofibrosarcoma Protuberans	● RCC	Renal Cell Carcinoma
● GIST	Gastrointestinal Stromal Tumors	● SM	Systemic Mastocytosis
● HES/CEL	Hypereosinophilic Syndrome / Chronic Eosinophilic Leukemia		

1.3 Time-on-Treatment: CML & GIST

CML

28,699 active patients

67% on treatment 5+ years

49% on treatment 10+ years

10.4 yrs median, first-line imatinib

GIST

2,931 active patients

29% on treatment 5+ years

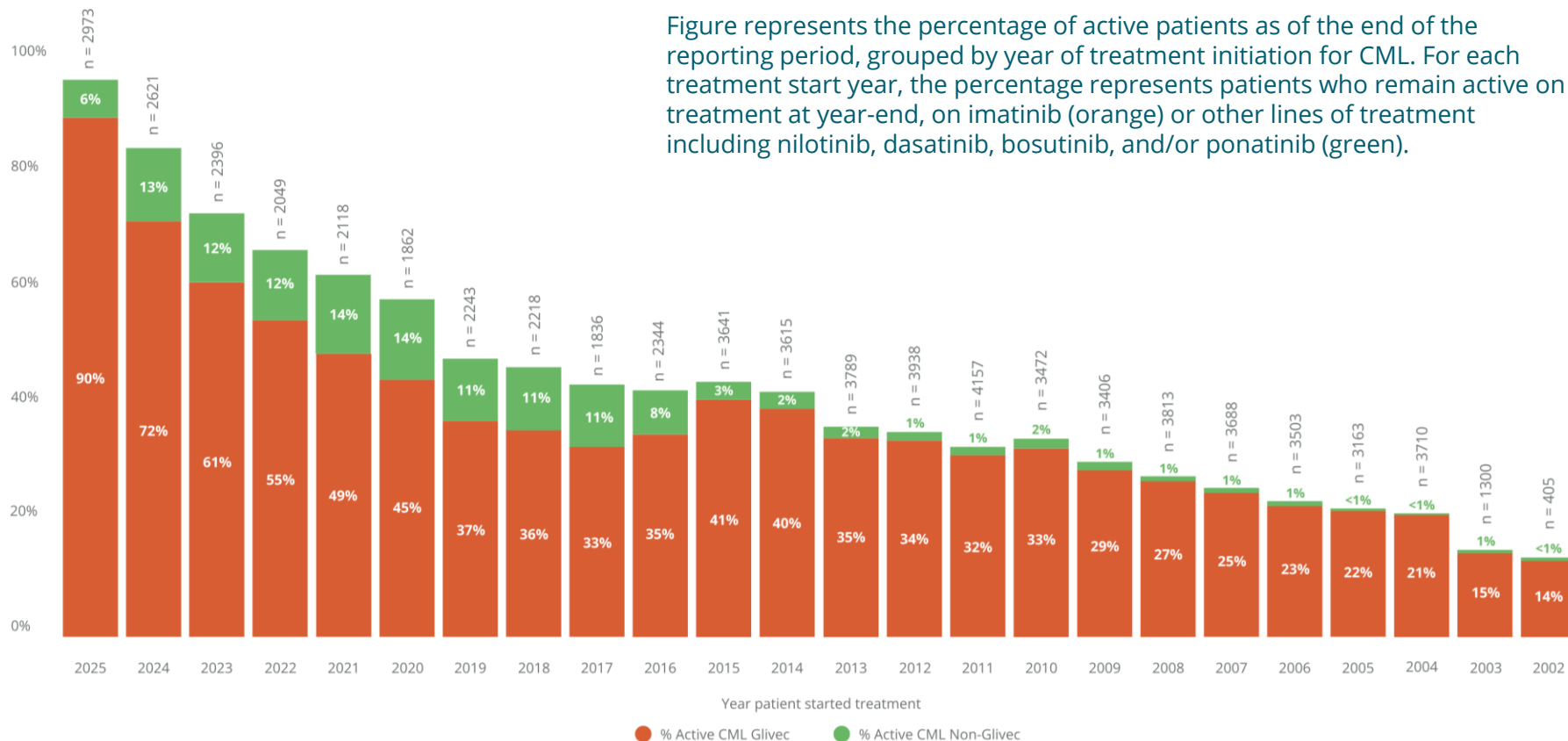
10% on treatment 10+ years

2.6 yrs median, first-line imatinib

Disease & Treatment	Median Time-on-Treatment, Active Patients (months)
CML - imatinib	125
CML - nilotinib	31
CML - dasatinib	30
CML - bosutinib	17
CML - ponatinib	30
GIST - imatinib	31
GIST - sunitinib	13
Ph+ ALL - imatinib	21
Ph+ ALL - ponatinib	19
Ph+ ALL - dasatinib	16
RCC - sunitinib	9
RCC - axitinib	11
NSCLC - crizotinib	10
Breast Cancer - kisqali (alone or combination)	5
Breast Cancer - verzenio (alone or combination)	8
Breast Cancer - femara alone	5
CLL - brkinsa	14

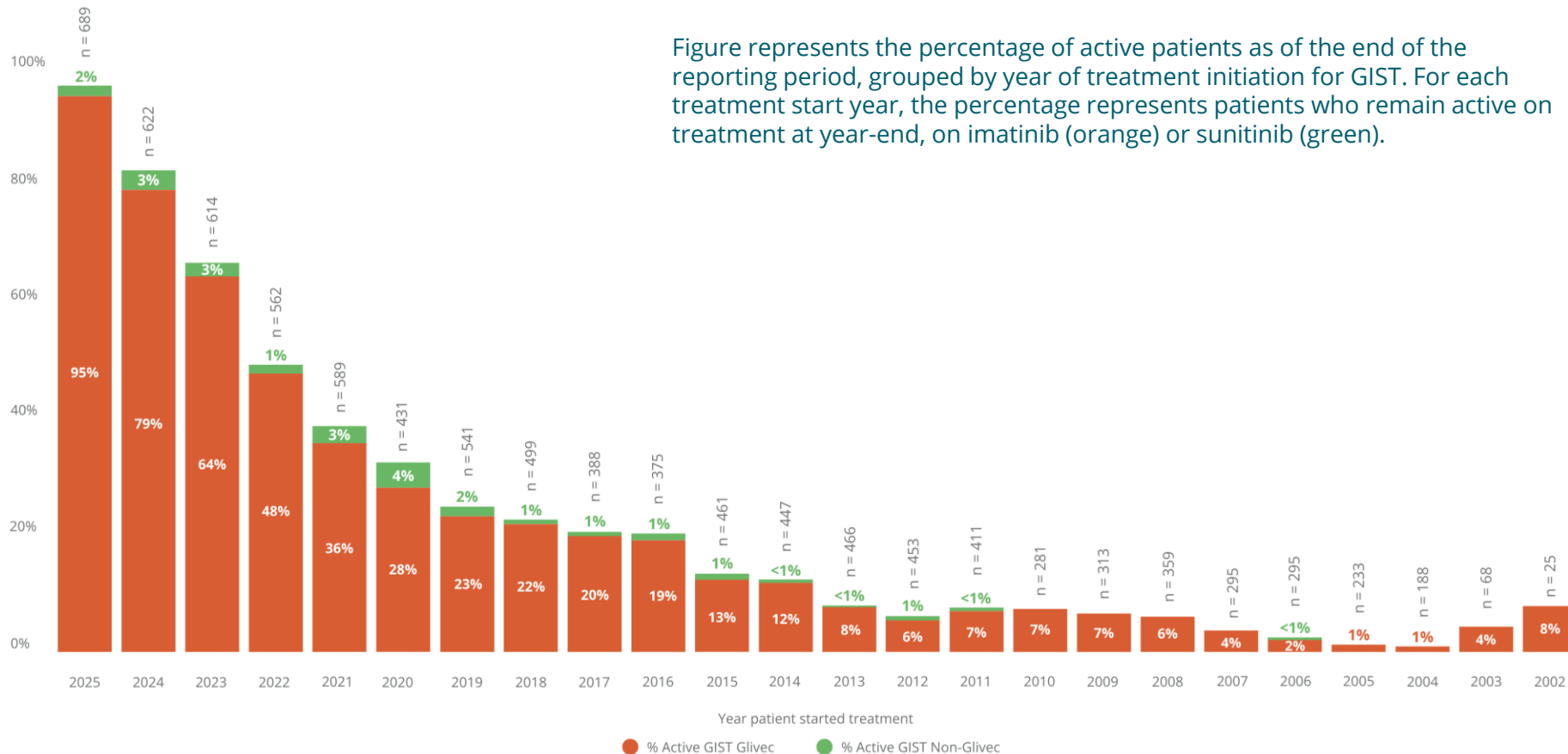
SIGNIFICANCE: Access to multiple treatment lines allows patients to switch therapies when needed due to drug resistance, intolerance, or other clinical factors, helping them remain on treatment longer. Nearly half of CML patients have been on treatment for 10+ years, underscoring the sustainability of care.

1.3 Time-on-Treatment: CML



1.3 Time-on-Treatment: GIST

Figure represents the percentage of active patients as of the end of the reporting period, grouped by year of treatment initiation for GIST. For each treatment start year, the percentage represents patients who remain active on treatment at year-end, on imatinib (orange) or sunitinib (green).



1.4 Median Time (Days) from Diagnosis to First-Line Treatment

Diagnosis	Treatment	Median Time (Days)			
		2022	2023	2024	2025
CML	imatinib	31	38.5	37	34
GIST	imatinib	42	49	48	47
RCC	sunitinib	79.5	65	79	76
Ph+ALL	imatinib	26	27	28	21
DFSP	imatinib	45	125	101	70
ALK+ NSCLC	crizotinib	20	19	23	39
Breast Cancer	ribociclib/letrozole	nd	805	600	455
CLL	zanubrutinib	nd	nd	172	276

SIGNIFICANCE: Diseases where surgery is typically first-line, such as GIST, RCC, and DFSP, show longer median times to treatment, reflecting more complex care pathways. Longer intervals in breast cancer and CLL are partly driven by recent program launches and enrollment of previously diagnosed patients, though breast cancer time to treatment is decreasing as the program matures. Overall, delays also point to system-level barriers in diagnosis, referral, and data capture.

02

Health Systems

Expanding diagnostic capacity,
equipping healthcare professionals,
and ensuring quality controls for
effective delivery.



2.1 Countries Reached

84

COUNTRIES

78 Max Access Solutions

6 SDoH only

1 new country: Lesotho

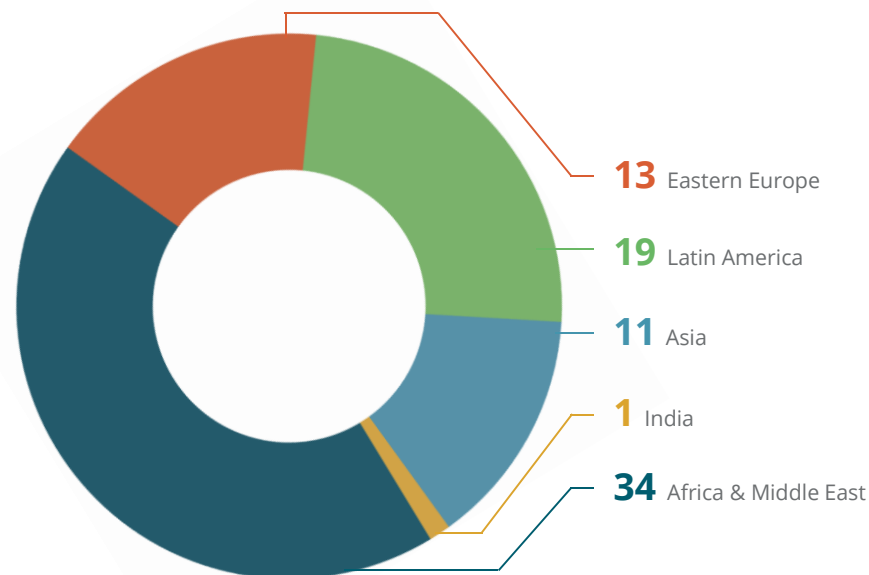
Local adoption of programs in 2 countries:
Morocco, North Macedonia

377

Treating Institutions

483

Partner Physicians



SIGNIFICANCE: Since 2022, Max Access Solutions has expanded to seven new countries, reflecting steady progress toward the goal of establishing programs in 10 additional countries by the end of 2026. This growing geographic reach, supported by a strong network of institutions and physicians, enables effective program delivery at scale.

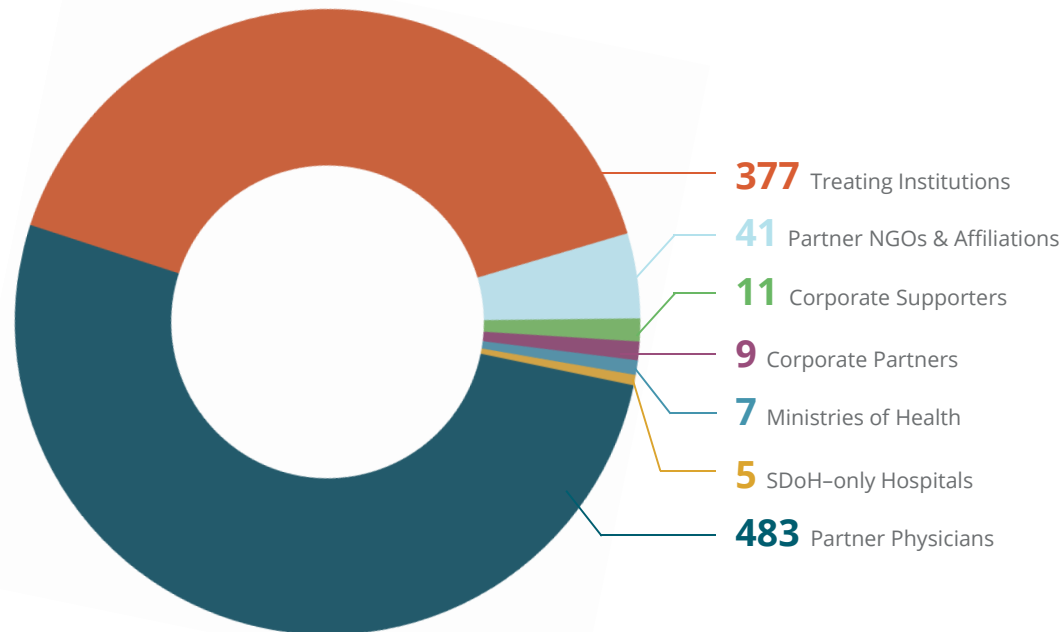
2.1 Countries Reached with a New Treatment for the First Time

Country	Region	Treatment	Disease
Burkina Faso	Africa	bosutinib	CML
Cameroon	Africa	sunitinib	GIST
Central Africa Republic	Africa	bosutinib	CML
Fiji	Asia	letrozole, ribociclib	Breast cancer
Guinea	Asia	letrozole, ribociclib	Breast cancer
Kyrgyzstan	Eastern Europe	bosutinib	CML
Lesotho	Africa	imatinib, nilotinib	CML
Malawi	Africa	letrozole, ribociclib	Breast cancer
Nigeria	Africa	asciminib, crizotinib	CML, NSCLC
Papua New Guinea	Asia	bosutinib, letrozole, ribociclib	CML, Breast cancer
Republic of Congo	Africa	letrozole, ribociclib, sunitinib	Breast cancer, GIST
Rwanda	Africa	bosutinib	CML
Surinam	Latin America	letrozole, ribociclib	Breast cancer
Tanzania	Africa	crizotinib	NSCLC
Togo	Africa	letrozole, nilotinib	Breast cancer, CML
Uganda	Africa	bosutinib	CML
Vanuatu	Asia	asciminib	CML

2.2a Partnerships

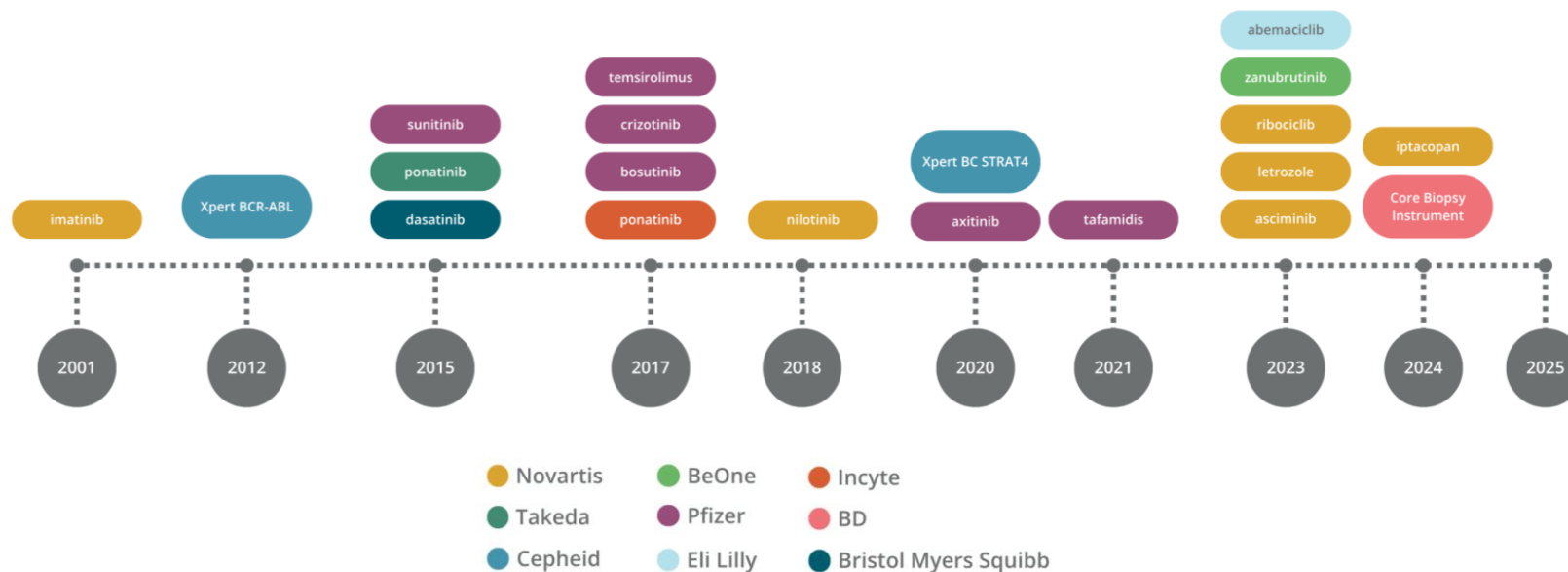
933

PARTNERSHIPS



SIGNIFICANCE: While total partners remained stable, many collaborations have deepened to support a wider range of activities. This shift strengthens the overall impact of partnerships across treatment, diagnostics, and capacity building.

2.2b Humanitarian PACT Partnerships



SIGNIFICANCE: The continued expansion of the Humanitarian PACT (Partnership for Access to Critical Treatments) marks important progress toward the goal of engaging 10 active partners by the end of 2026. By strengthening the pipeline for innovative medicines and diagnostics in LMICs, this model shows how cross-sector collaboration can accelerate more equitable access.

2.3 Diagnostic Tests & Tools Provided

Through a collaboration with Cepheid, partner institutions in 68 countries can access GeneXpert PCR testing at preferential pricing. Additional support includes subsidized local testing, and free Spot On CML testing (with Fred Hutchinson Cancer Center).



KEY RESULTS

11,475

diagnostic and monitoring tests provided across 43 countries

+15% increase since 2024

GeneXpert donated: 3 instruments, 9 check kits, 2 modules, 30 lysis kits

STRAT4 for breast cancer (validation completed in Cambodia, ongoing in Sierra Leone).

3 new countries reached through diagnostics for the first time: Eswatini, Gambia, and Sierra Leone

SIGNIFICANCE: The increase in diagnostic tests provided reflects both rising demand and improved in-country capacity. Expanding access to diagnostics is essential to ensuring timely diagnosis and effective treatment monitoring.

2.4 PCR Test Results Recorded in PATS

PCR (polymerase chain reaction) is used to diagnose CML and monitor treatment response. This indicator tracks PCR test results recorded in Max's proprietary digital Patient Access Tracking System (PATS), providing a new tool for physicians to document and access PCR results digitally. Because PCR result entry has remained voluntary since 2024, the data should be interpreted as a baseline for strengthening digital result tracking over time, rather than as a complete measure of all PCR testing conducted.

4,356

PCR test results from
2,815 patients recorded in PATS

30

countries with
PCR data in PATS

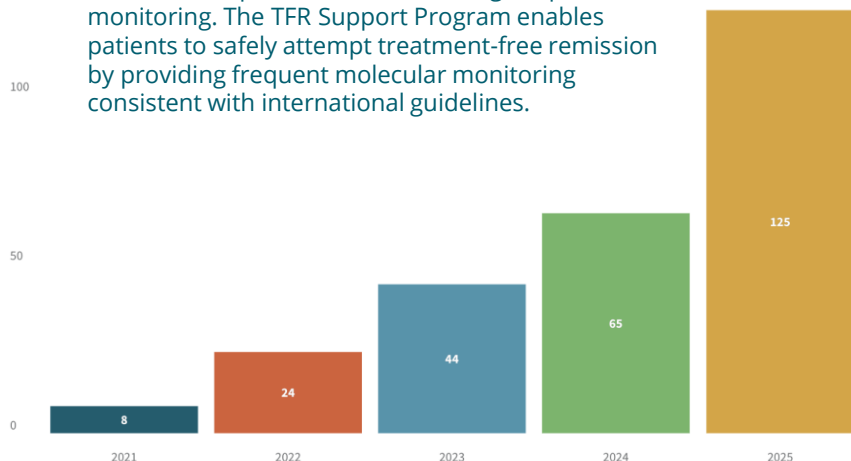
+205%

increase in results
recorded since 2024

SIGNIFICANCE: This is the first time Max has reported PCR test results recorded in PATS, marking an important step toward providing physicians with a digital tool to document and access PCR results for treatment monitoring. Growth in recorded results reflects improved data entry workflows and stronger coordination with physician partners, while establishing a foundation to better support patient monitoring and better understand monitoring gaps over time.

2.5 CML Patients Supported for Treatment-Free Remission

Treatment-Free Remission (TFR) allows eligible CML patients to stop treatment after a sustained deep molecular response, while continuing frequent monitoring. The TFR Support Program enables patients to safely attempt treatment-free remission by providing frequent molecular monitoring consistent with international guidelines.



125 patients supported in 9 countries

+92% increase in patients from 2024

71% patients active on TFR 6+ months

50% Patients active on TFR 12+ months

Expanded to 2 new countries in 2025:
El Salvador and Nepal

SIGNIFICANCE: The expansion of the TFR program shows that advanced care approaches can be implemented in LMICs with the right diagnostic and clinical support. Patient outcomes from this program are comparable to those reported in high-income countries, highlighting the potential to reduce disparities and improve long-term patient outcomes.

2.6 Number of Site Capacity Assessments Conducted

9 site capacity assessments conducted in 2025

CLL	5 sites in 5 countries
Breast Cancer	3 sites in 3 countries
PNH	1 site in 1 country

Assessments by Year

Disease Area	2022	2023	2024	2025
Breast Cancer	15	3	1	3
CLL		5	11	5
NSCLC			5	
PNH				1

SIGNIFICANCE: Site assessments provide important insights into local health system strengths and gaps. These findings help guide targeted investments and ensure that program expansion is aligned with capacity on the ground.

2.7 Number of Clinical Trainings Facilitated

Clinical training plays a critical role in supporting health systems strengthening by building the capacity of healthcare professionals (HCPs) to deliver quality care, improve patient outcomes, and address health system challenges. Trainings are facilitated by Max and conducted by medical experts from the Humanitarian PACT.

57 HCPs trained from
10 countries in 2025

Disease	# Countries	# HCPs & Staff	Format
Breast Cancer	3	30	On-site (1), Virtual (3)
PNH	4	8	On-site (1), Virtual (4)
STRAT4 Diagnostics	1	6	On-site
Pharmacy Training	2	13	Virtual
TOTAL	10	57	

SIGNIFICANCE: Training healthcare professionals strengthens the ability of health systems to deliver quality care. Building this capacity is essential to translating access to medicines into improved patient outcomes.

03

Value of Investment

Optimizing operational efficiency, managing risks, and demonstrating impact and accountability.



3.1 Total Investment of Distributed Medicines

\$395.9M

estimated strategic investment of medicines distributed through Max Access Solutions in 2025

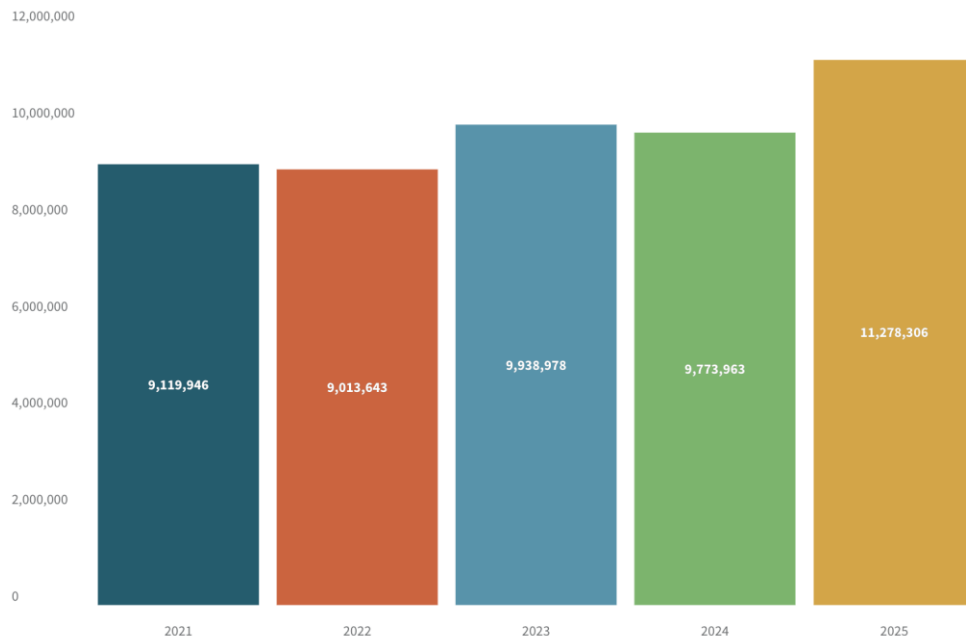
+10.4% from 358.5M
in 2024

These strategic investments supported 38,287 patients across 78 countries, enabling access to treatment for cancer and other diseases where such treatments would otherwise be inaccessible.

7 Pharmaceutical
Partners

SIGNIFICANCE: The significant investment in medicine access reflects the scale of resources mobilized through partnerships. These contributions translate directly into expanded access for patients who would otherwise be unable to receive treatment.

3.2 Defined Daily Doses of Medicine Distributed



11,278,306

defined daily doses distributed globally in 2025

+15.4% vs 2024

The increase from 2024 reflects improved operational efficiency and more precise forecasting, reducing overstocking and minimizing excess distribution.

SIGNIFICANCE: The volume of defined daily doses delivered provides a standardized measure of treatment access across programs. Increases over time reflect improvements in operational efficiency and resource utilization.

3.3 Suspected Adverse Events Reported within 24 Hours

Suspected Adverse Event Reporting

>99%

Suspected AEs reported within 24 hours
across all program regions

Indicates strong adherence to reporting protocols

AE Reporting Training

100%

training attendance among
required team members

All staff in contact with patients, caregivers, and physicians

SIGNIFICANCE: This high level of compliance underscores the effectiveness of our internal systems and staff responsiveness in prioritizing patient safety. We will continue to conduct annual AE refresher training for all relevant staff.

3.4 Percent of Active Patient Cases Verified

99.9%

average verification rate
across all regions in 2025

Verified via physician reapprovals,
patient contact, and dispensation data

Verification by Region

Africa & Middle East	99.8%	
Asia Pacific	100%	
E. Europe / Central Asia	99.9%	
Latin America	100%	
South Asia	100%	

SIGNIFICANCE: Consistently high verification rates reflect the impact of standardized procedures, enhanced data tracking, and stronger coordination with partners. Verifying that enrolled patients remain on treatment strengthens reporting credibility and ensures responsible resource use.

3.5 Number of Team Members and Average Tenure

Global Team

103 team members based in 24 countries where we operate programs

+11 new team members in 2025

18% have 10+ years at Max

79% of team members who have 10+ years at Max are based outside HQ, in regions where we operate programs

45 languages spoken by team members in direct contact with patients

SIGNIFICANCE: As we expand into new geographies, a strong and experienced team ensures continuity, local insight, and patient-centered care. Tracking growth and tenure helps us identify needs for investment in talent.

3.6 Presentations, Abstracts, and Publications

37

External Presentations

Conferences, webinars,
and partner events

15

Conference Abstracts

Accepted at 11 major
conferences

1

Peer-Reviewed Publication

Published in
Blood Global Hematology

Publication: Max Access Solutions: an innovative model to bring life-saving medicines to low- and middle-income countries. Cook, G., Wrigglesworth, J. M., & Garcia-Gonzalez, P. (2025) Max Access Solutions: An innovative model to bring life-saving medicines to low- and middle-income countries. *Blood Global Hematology*, 3(1), 100023. <https://doi.org/10.1016/j.bglo.2025.100023>.

SIGNIFICANCE: Sharing evidence, data, and patient stories through publications and presentations helps elevate key issues in global health. This visibility supports advocacy efforts and strengthens Max's role in shaping the broader access agenda.

2025 at a Glance

40,561

patients reached

+2.3%

38,287

treated via Max Access Solutions

+2.8%

4,932

new patients enrolled

+16%

84

countries reached

+1 new

15

diseases supported

from 11 in 2022

11,475

diagnostic tests

+15%

\$395.9M

medicine investment

+10.4%

933

partners

9 Humanitarian
PACT partners

>99%

AE reporting in 24h

all regions

Thank You

Accelerating health equity, one patient at a time



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