



HEALTH ECONOMICS

How public health services pay for radiotherapy in Europe: an ESTRO-HERO analysis of reimbursement.

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The European Society for Radiotherapy and Oncology (ESTRO) launched the Health Economics in Radiation Oncology (HERO) project in 2010. The objective is to develop a knowledge base and a model for costing and health economic evaluation of radiation treatments for European countries. The overall aim is to provide solid data to the radiotherapy community to engage with governments, payers and decision-makers, and to advocate for better resource planning of radiotherapy, better funding for radiotherapy and ultimately better care for cancer patients.

In January 2020, the most recent paper from the ESTRO-HERO working group was published in *The Lancet Oncology*.

Yolande Lievens, Noémie Defourny, Julieta Corral, Chiara Gasparotto, Cai Grau and Josep Maria Borrás, in close collaboration with representatives of the European radiotherapy national societies within the ESTRO-HERO Consortium, explored the topic of reimbursement of radiotherapy in Europe.

Reimbursement is a key factor in the definition of which resources are made available to ensure access to, and quality and efficiency of, specific health-care interventions.

In this policy review, the authors assessed publicly funded radiotherapy reimbursement systems in Europe. A survey was disseminated to the national societies of radiation oncology in Europe that focused on the general features and global structure of the reimbursement system, the scope of activities covered and the level of financing for typical radiotherapy indications. Data regarding the annual expenditure that covered radiotherapy in each country was also collected.

The major finding was that, while most countries have a predominantly budgetary-based system, there was variability in reimbursement amongst European countries. This applied both to the components of the treatment considered for reimbursement, and to the fees paid for specific treatment techniques, fractionation schemes and indications. The reimbursement systems in many countries have remained unchanged over the years, in contrast with the evolution that has taken place in radiotherapy technology, techniques and treatment approaches. Annual expenses for radiotherapy, including capital investment, that were available in 12 countries, on average only represented 7.8% of the cancer care budget, and 0.42% of the total healthcare budget.

Radiotherapy is an essential pillar of multidisciplinary oncology and an inexpensive modality that makes a modest contribution to total cancer care and healthcare costs. The authors strongly advocate that scientific societies and policy makers across Europe should discuss new strategies for reimbursement that combine flexibility with incentives to improve productivity and quality, thereby allowing radiation oncology services to follow evolving evidence.



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Link to additional publications on the ESTRO-HERO project:
<https://www.estro.org/Science/Activities/HERO>