RADIOTHERAPY CURES CANCER TODAY
Help us close the gap in access to treatment

5 December 2017
17:00 – 19:00
European Parliament, Brussels,
Room ASP 5G1

Organised by the European Society for RadioTherapy and Oncology (ESTRO)
and Ms Lieve Wierinck MEP

EVENT REPORT
“Radiotherapy cures cancer today, help us close the gap in access to treatment” was the driving theme of the event organised by Ms Lieve Wierinck, Belgian Member of the European Parliament (Member of the Alliance of Liberals and Democrats for Europe - ALDE), and the European Society for Radiotherapy and Oncology (ESTRO) and supported by the MEPs Against Cancer group, on the 5th of December 2017 at the European Parliament.

Over 65 policy-makers, experts in cancer care, patients, health advocates, industry representatives, delegates from national radiotherapy societies and citizens gathered to discuss access to radiation oncology care for all patients in need in Europe, during the conference.

In her capacity as host of the event, Ms Lieve Wierinck welcomed the participants and thanked ESTRO for the partnership. She outlined that cancer is still the second most common cause of death in Europe. Despite the key role of radiotherapy in cancer treatment, there is a large number of patients who do not get the needed radiotherapy. Substantial disparities exist in the availability of such treatments between countries, most European countries do not have the required resources to provide radiotherapy to their population. She welcomed and expressed support to the ESTRO-led HERO (Health Economics in Radiation Oncology) project, which maps the provision and accessibility of radiotherapy in Europe, along with the need for radiotherapy and now engaging in the assessments of the national cost of radiotherapy delivery.

The first keynote presentation was provided by Prof Cai Grau, co-chair of the HERO group and Radiation Oncologist at the Aarhus University Hospital. His presentation focused on access to radiation oncology in Europe, recalling ESTRO’s vision that “every cancer patient in Europe will have access to state of the art radiation therapy” by 2020. He introduced the HERO framework, focusing on the first work package, namely the availability of radiotherapy in Europe. His talk mentioned the substantial disparities between European countries regarding access to radiotherapy resources, depending also on the economic status of the countries. He pointed out that high-
income countries especially in the North-Western parts of Europe are better served with radiotherapy resources than other countries, which face important shortages of equipment able to deliver high precision conformal treatment. In addition, significant disparities in available staff were detected, calling for strong, harmonised training programmes. To tackle the disparities and plan efficiently the resources, we need accurate prediction models and long-term planning. Therefore, and most importantly, “it is time to start tackling the inequalities and shortages”, he concluded.

Prof. Josep M. Borras, Epidemiologist at the University of Barcelona, addressed the topic of unmet needs of cancer patients for radiation oncology and the importance of cancer planning. One in two cancer patients in Europe should receive radiation oncology during the course of their fight against cancer but a quarter do not receive the radiation oncology they need. He reviewed how the gap between the actual and the optimal use of radiotherapy and the importance of cancer planning can be assessed, in order to improve the situation. To this end not only data is needed, but also the translation of data into an appropriate cancer plan. Furthermore, the magnitude of the gap needs to be evaluated and reasonable targets have to be set, in order to define policies aiming at closing the gap. The data he presented give evidence that radiotherapy is currently underutilized in most European countries. When addressing the future needs, projections show that many of the European countries will face severe risks of radiotherapy shortages in the next decades - in some EU countries the need for radiotherapy will grow above 20%. Overall, he concluded that data are important and that data collection should be stimulated in Europe, in order to assess the need at national level. A combined effort of policymakers, scientific societies and patients and a long-term planning for radiotherapy resources and staff are required, though the situation has improved over the past years in the form of partnerships between Member States, the European Commission, patient organizations and scientific societies. Finally, he stated that National Cancer Control Programmes offer the right framework to overcome challenges posed by an increasing number of patients, the availability of new technologies and the need of multidisciplinary teams.
Prof Yolande Lievens, ESTRO President, co-chair of the HERO group and Radiation Oncologist at Ghent University Hospital, discussed the value of radiation oncology. While cost-effectiveness analysis focused initially very much on costing, in the last years the focus has shifted to value, intended as value for the patients. Focusing on radiotherapy, it has been observed that side effects significantly decreased and state-of-the-art radiotherapy does improve quality of life and also survival. Building on evidence from the Global Task Force on Radiotherapy for Cancer Control (2015) she concluded that radiotherapy does not only save lives (globally, it is estimated that access to radiotherapy can save 1 million lives) but pays off in terms of Human Capital Benefits and even more in terms of Full Income Benefits, especially if we move towards more advanced techniques. When looking at the expenditures for radiotherapy however we find a disbalance in comparison to other cancer treatments. Only 5-10% of the healthcare budgets in Europe for cancer care is spent on radiotherapy. While one out of two cancer patients requires radiotherapy, this spending rate can be considered low. A particular concern that Prof Lievens emphasized is the need to close gaps regarding access to care. To support timely access, it is important to generate evidence.

Prof Lievens announced the launch of a new tool in the HERO project, which aims at calculating the actual cost and resources usage of External Beam Photon Radiotherapy (EBRT) at national level in Europe. Her presentation concluded with a quote of the founder of Value Based Healthcare, Michael Porter, stating that “achieving high value for patients must become the overarching goal of health care delivery”.

Andrzej Rys, Director for “Health systems, medical products and innovation” at the European Commission Directorate General for Health and trained radiologist, presented the role of the European Commission in strengthening healthcare systems in the context of cancer care. He started his speech by discussing the human
resources challenge, which was mentioned in the previous presentations and is of paramount importance. “It is easier to buy machines then get people who are able to work with the machines”, he noted. Referring to the work and role of the European Commission, Dr Rys pointed at the recently published 28 country health profiles and companion report, part of the “State of Health in the EU” cycle, a two-year initiative of the Commission providing stakeholders with comparative data and insights into the health status of Europeans and health systems of EU countries. Main findings of the report include the importance of integrated care and health workforce planning. He also highlighted that one of the current Commission’s flagship initiatives is to prepare a new EU initiative on HTA, which is close to finalisation. In this project the Commission will focus on the clinical assessment, without going into pricing and reimbursement issues, which is left to the Member States. The aim is to improve the current EUnetHTA (European Network on HTA), to turn it into an improved and more sustainable network, with the overall aim to establish a permanent cooperation in the EU on HTA. The topic of digitalization and the collection of real world data was raised, with the observation that the preparatory work to define methodologies of assessment, standardization and ways to share data is a prerequisite before any further implementation. Dr Rys emphasized the continuous investments of the Commission and especially mentioned two areas: The European Reference Networks (ERNs), and the Innovative Medicines Initiative, in which he called for participation from the medical device industry.
Further to the discussions, a panel debate was convened on the topic of “How to foster positive policy environments at EU and national levels to ensure equal access to radiation oncology care for all patients in need, as part of the multimodality treatment of cancer?”, which was moderated by well-known EU-accredited Brussels-based journalist Peter O’Donnell.

During the exchange of views, **Ms Wierinck** underlined the power of the patients and the need to work in a multi-stakeholder way, to guarantee every person in Europe the same quality of health.

**Ms Nicole Denjoy**, Secretary General of the European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry (COCIR), pointed at the need for a digital transformation of health systems. Innovation has to be in accordance with the needs of the patients. She also outlined the importance of patient focused approaches, and the need to place further emphasis on outcomes. The industry can and should be part of the solution to overcome challenges, it is crucial to work in partnerships and ensure that healthcare systems allow patient access to innovative technologies.

**Dr Tit Albreht**, Head of the Health Care Centre at the National Institute of Public Health of Slovenia, discussed the role that EU-funded Joint Actions can play in addressing some of the issues that are currently being faced. He referred to three instruments that help to manage care from different perspectives: Guidelines, Patient Pathways and Cancer Control Programmes. According to Dr Albreht, coordinator of the recently ended Joint Action on Cancer Control (CanCon), Joint Actions do not have the time nor the capacity to help developing guidelines, patient pathways are on the other hand extremely important to identify the needs and requirements of patients to finally plan resources. Tit Albreht also referred to the role of HTA, which he noted is too much focused on medicines. Other technologies are more challenging and in that sense the HERO project can be important, he noted.
Dr Jean-Francois Daisne, President of the Belgian Society for Radiation Oncology (ABRO-BVRO), was invited by Peter O’Donnell to discuss the necessities and potentials of radiotherapy in Belgium. Dr Daisne mentioned that Belgium has the potential of being a best practice example in terms of availability of up-to-date services for the patients, however some challenges remain, such as small but numerous departments. Radiotherapy should be more concentrated but at the same time also more available. Collaborating in ESTRO’s HERO initiative gives the opportunity to evaluate the Belgian model, its cost-effectiveness and be able to provide information to policy-makers.

Dr Edward Naessens, Chair of the ESTRO Patient Advisory Group, emphasized the necessity of both a bottom-up and a top-down approach in the pursuit of optimal provision. The top-down approach should however be predominantly used, so that basic provisions are delivered to all European citizens, regardless of their nationality or socioeconomic background, and the model of best-practice is followed by all Member States. Patients want European standards of care, he noted.

Prof Philip Poortmans, ESTRO past President and ECCO President-elect, outlined ESTRO’s efforts to bring radiation therapy to higher standards. A point that needs to be improved is communication he noted, especially between scientific societies and the European Institutions, to ensure multidisciplinary care.

Participants were also invited to interact with the panel. A representative of the European Cancer Care Organization (ECCO) asked the European Commission to develop further on the benefits of the forthcoming EU HTA legislation for non-pharmaceuticals. Andrzej Rys, referred to the investment from DG RTD in the Seventh Framework Programme for Research and Innovation, to understand which methodology can be used to assess devices. He explained that this is a question of standardization of the processes of collection and assessment of clinical data. The commenced journey needs to be continued and more research is needed.
Dr Tit Albreht stated that the EUnetHTA is the right place to further develop and include different technologies. After highlighting the need for dedicated methodologies for HTA for non-pharmaceuticals, Ms Nicole Denjoy noted that the entire care pathway needs to be assessed, especially when taking into account multidisciplinarity.

Ms Mary Coffey from the HERO Group, outlined the importance of health care professionals’ education to deliver high quality care all over Europe.

A representative of the European Society of Paediatric Oncology (SIOP-Europe) underlined the importance of the EU Joint Action on Rare Cancers funded by the EU Third Health Programme (2014-2020). One of the tasks of the project SIOPE is involved in focuses on the availability of radiotherapy equipment for children with cancer. She pointed at the opportunity to collaborate with ESTRO and highlighted that the work and findings of the HERO project are essential in this regard.

To conclude the exchange, each panel member was given the floor to provide a final reflection on how to foster a positive policy environment at a EU and national level regarding access to, and quality of, radiotherapy:

- **Dr Edward Naessens**: Multidisciplinarity can be singled out as the most important factor to ensure patients receive state-of-the-art information and treatment.

- **Dr Jean Francois Daisne**: More scientific and health economic data needs to be collected. National societies are key structures to communicate with policy makers to make better informed decisions for the benefit of the patient.

- **Dr Tit Albreht**: The crucial point is to meet patient needs and there should be no imbalances between countries in access to cancer care.

- **Prof Philip Poortmans**: Patients need to be active partners, every effort should always be with and around the patient including in the context of multidisciplinarity or when engaging in dialogue with policy-makers.

- **Ms Nicole Denjoy**: Raising awareness of radiotherapy is crucial. Building and strengthening partnerships is also important to accelerate access to treatment, to maximize the value of investment and to improve patient satisfaction. The EU has a key role to play in helping with funding mechanisms and achieving a better synchronization/harmonization between hospitals.
Concluding the event, Ms Wierinck raised the importance of continuing dialogue between stakeholders, stressing that she has been “on all sides”, in her past role as a pharmacist (care provider), a patient and now as a policy-maker. She encouraged all stakeholders to sustain the conversation with policy makers and share knowledge and expertise to help them make informed decisions. The role of the European Parliament is to continue stimulating the debate on access to radiotherapy, at both national and European levels, but also boosting investment and education. The event ended with a short video celebrating the valuable contribution of Marie Skłodowska-Curie to the field of radiation oncology, on the occasion of her 150th anniversary.

The EU has a key role to play in supporting Member States improving the performance of national healthcare systems and providing access to quality healthcare services for patients. Ms Wierinck, ESTRO and partners remain committed to pursue the discussions to help make policy change happen towards the objective of ensuring that more and more patients in need can access radiotherapy to help them fight cancer.

Participants continued to exchange during a cocktail reception that followed the event.
The event is supported by the MEPs Against Cancer Group