



## COCIR Response to EPF Open Memo to the Health Industry and how we can support EPF and its members during COVID-19 outbreak

For the attention of the EPF President  
Chausseé d'Etterbeek, 180

1040 Brussels - Belgium

*Brussels, 21 April 2020*

**Dear Marco,**

Thank you for taking this welcome initiative at what is a difficult and challenging time for all of us. It is vital that the healthcare sector demonstrates solidarity and commitment at this moment. COCIR and its members are taking all available actions to ensure that the health of patients - and those that care for them; families, carers and healthcare professionals - are at the core of what we do.

Our industry is working ceaselessly to maximise its contribution to tackling the COVID-19 pandemic. Members are prioritising manufacturing capacity - and increasing it where possible - to ensure continuity of access to diagnosis and treatment and ensuring essential supplies for patients and healthcare professionals across Europe and beyond. They are also working to develop innovative technologies and applications that will help public health authorities and health service providers deal more effectively with the outbreak.

COCIR is also aware that - above and beyond the threat posed by COVID 19 - there are many other patients that rely on our technologies and services for their existing treatment. There are other patients that are in urgent need of diagnosis and treatment. We must also continue to provide live-saving equipment and support to these patients during this crisis. This is why our members are committing sufficient resources to safeguard the supply chains needed to diagnose and treat those with other chronic or life-threatening conditions.

COCIR is maintaining regular contacts with the relevant EU and international institutions at highest level, assisting them in maintaining supply chains and providing them with insight and assistance wherever they can. Our sectors are critical for supporting patients, as we provide the industry voice for medical imaging, radiotherapy, digital health and electromedical sectors.

When we reach the end of this crisis, we will continue to work collaboratively with authorities and all critical stakeholders, including the EPF, to do what we can to help restore healthcare systems to full capacity as soon as is practicable.

A more comprehensive overview of what COCIR and its members are doing can be found on the dedicated [COVID-19 Information Centre](#) section of our website. It also provides details of the steps all our members are taking to continue to support patients and professionals during these challenging times.

As you know, many of our members have shifted their priorities to supply critical products to tackle COVID-19 where needed. However, we are still facing challenges in providing that equipment. We are still experiencing export restrictions and we are trying to see how some unnecessary administrative burden such as granting exemptions from each of the EU Member States. For this reason, we have asked the European Commission to help, by having EU-wide derogations in order to expedite delivery of critical products such as ventilators in response to the demand.

Below are some concrete examples of how our sectors are supporting patients during this crisis:

**Computer Tomography systems** (CT scanners) are used to monitor critically ill patients with acute lung failure and to ensure appropriate therapies (continuous monitoring). In the intensive care treatment of ventilated patients, a wide range of relevant indications for using CTs should be considered. **Low dose CT** is an important additional diagnostic tool to identify patients showing symptoms of COVID-19 but for whom a laboratory test proved negative. The low dose scan can detect whether there is a viral pneumonia present.

**Classic x-ray systems** – primarily used for imaging the thorax - are also used as a supplement throughout the entire care process for patients. Specifically, **mobile devices** sharply reduce the risk of infection as there is no need to transport patients. They are also easier to sterilise.

The use of **ultrasound systems** at the bedside may also be indicated, particularly for at-risk patients. These devices should also be available wherever infected citizens and patients are treated.

### **Electromedical Equipment**

The virus can cause both unilateral and bilateral pneumonia. Patients with particularly severe COVID-19 pneumonia are invasively ventilated in the intensive care unit to counteract lung failure. **Ventilators** are the most important measure in the treatment of pneumonia.

However, the increased demand for ventilation systems not only requires a corresponding increase in capacity of CT systems to **monitor these critically ill patients** with acute lung failure, but also generate an increased need for blood gas systems to monitor those patients ventilated. These systems are used to monitor lung function in respiratory diseases such as those caused by COVID-19. Blood gas systems can also be used to clarify inflammation and incipient sepsis.

### **Digital health technologies**

Digital Health is also a sector we cover, and one for which we see opportunities, although challenges remain. The need for confinement has seen technologies such as telemedicine and teleconsultations growing exponentially, in all EU countries and beyond. However, the necessary tools are not always there to facilitate the use of those.

Digital technologies, including **software based on Artificial Intelligence**, help in screening and tracking the outbreak of infectious diseases such as COVID-19 within a population. **Decision support software**, including for image analysis or triage, supports the detection and diagnosis of COVID-19, and helps healthcare organisations allocate resources efficiently. **Digital infrastructure** for Electronic Health and Medical Records allows the rapid sharing of patient information and can support patient outcome predictions. **Telemedicine** provides a safe option for pre-triage patients and to facilitate remote monitoring of patients. This ensures access to care for citizens under confinement while minimising the risk of spreading the disease among citizens and healthcare professionals.

### **Radiation Therapy**

Patients with cancer are a high-risk group in the COVID-19 pandemic. They are already vulnerable to infection because of their underlying illness and often immunosuppressed status. Hence, they are at increased risk of developing severe complications from the virus. Consequently, surgeries and immunosuppressing systemic therapies are currently being postponed. Radiotherapy, which is a key component of **modern cancer therapy**, is increasingly applied as an effective treatment option.

If clinically possible, radiotherapy can be administered in a shorter course and within fewer sessions. **Remote treatment planning solutions** enable radiotherapy teams to increase the share of staff working from home. This further minimises potential patient exposure to the virus.

Finally, radiotherapy patients regularly undergo CT investigations during the course of treatment. As radiographic changes in lung imaging have been reported 36 hours prior to symptom development,<sup>1</sup> this regular CT investigation can serve as a basic rapid assessment tool in the COVID-19 pandemic and provide further reasons to prioritise lifesaving radiotherapy treatment.

Read more [here](#) on how the radiotherapy community is responding to COVID-19.

To conclude, we would be delighted to remain connected with your organisation and will be happy to respond to your members needs for those sectors that we cover. This pandemic is affecting all of us - it is essential that we retain collaborative ways of working.

With our best regards,



Nicole Denjoy  
COCIR Secretary General

### **About COCIR:**

*COCIR is the European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries. Founded in 1959, COCIR is a non-profit association headquartered in Brussels (Belgium) with a China Desk based in Beijing since 2007. COCIR is unique as it brings together the healthcare, IT and telecommunications industries. Our focus is to open markets for COCIR members in Europe and beyond. We provide a wide range of services on regulatory, technical, market intelligence, environmental, standardisation, international and legal affairs. COCIR is also a founding member of DITTA, the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association ([globalditta.org](http://globalditta.org)). COCIR is also a partner of [the EU Health Coalition](#) among many other initiatives at EU and Global levels.*

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<sup>1</sup> Suppli MH, Riisgaard de Blanck S, Elgaard T, Josipovic M, Pøhl M, Early appearance of COVID-19 associated pulmonary infiltrates during daily radiotherapy imaging for lung cancer., *Journal of Thoracic Oncology* (2020), doi: <https://doi.org/10.1016/j.jtho.2020.04.004>.