

COCIR General Assembly | Open Virtual Session | Thursday 2 July 2020

PANEL 2:

INEQUALITY IN PATIENT ACCESS
TO INNOVATIVE CANCER TREATMENT IN THE EU.

Do reimbursement problems still inhibit
Radiotherapy in Cancer Treatment?

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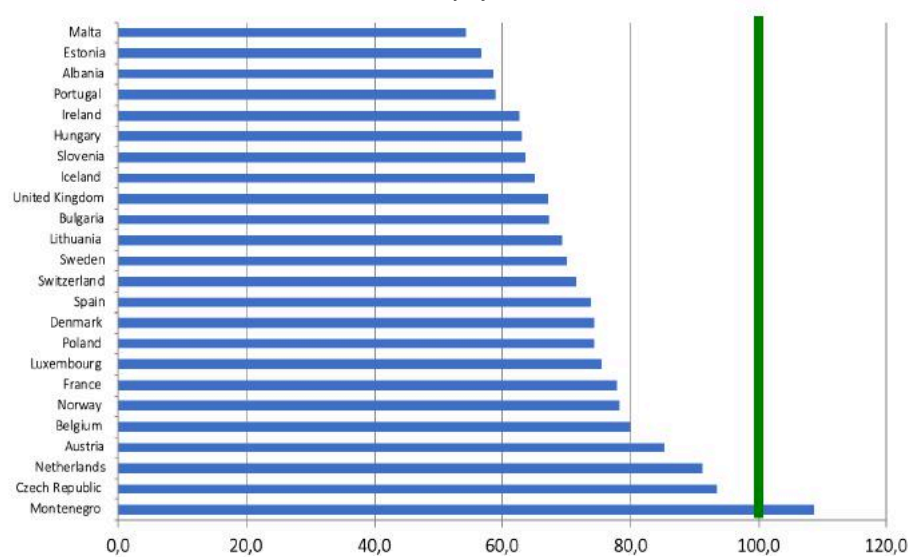
Co-chair ESTRO-HERO (Health Economics in Radiation Oncology project)



optimal cancer care requires

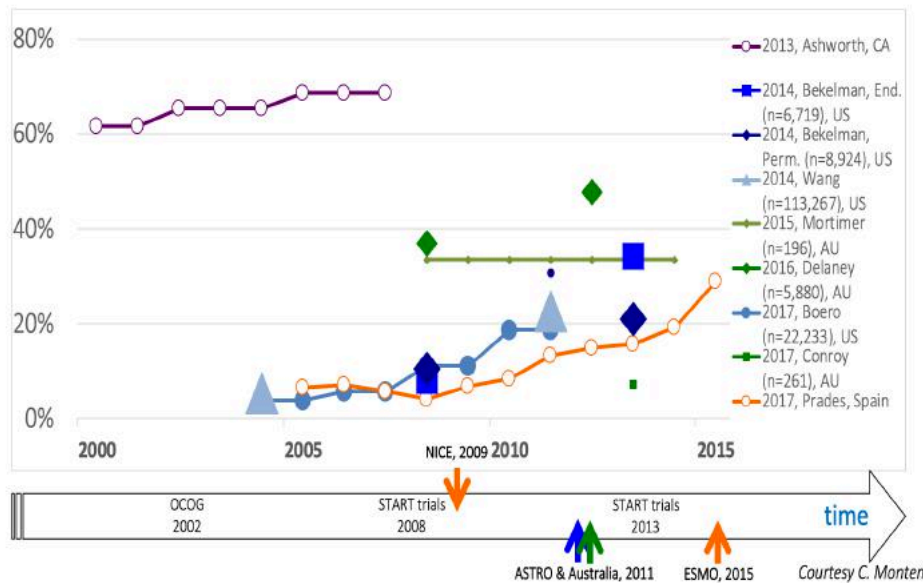
optimal access to evidence-based, innovative and high-quality RT as part of the multidisciplinary oncology care-pathway accounting for the patients' point of view

access to radiotherapy



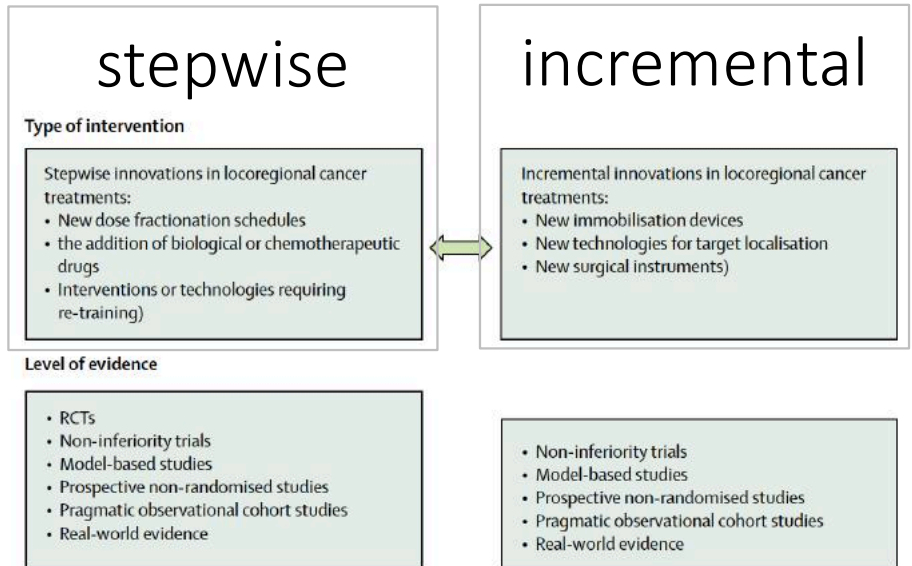
ESTRO-HERO. Borrás et al, R&O 2015

access to evidence-based radiotherapy

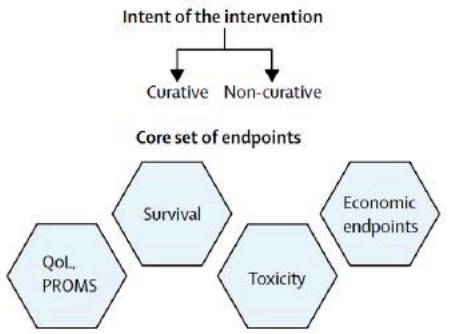


ASTRO & Australia, 2011 ESMO, 2015 Courtesy C. Monten

innovation in radiotherapy



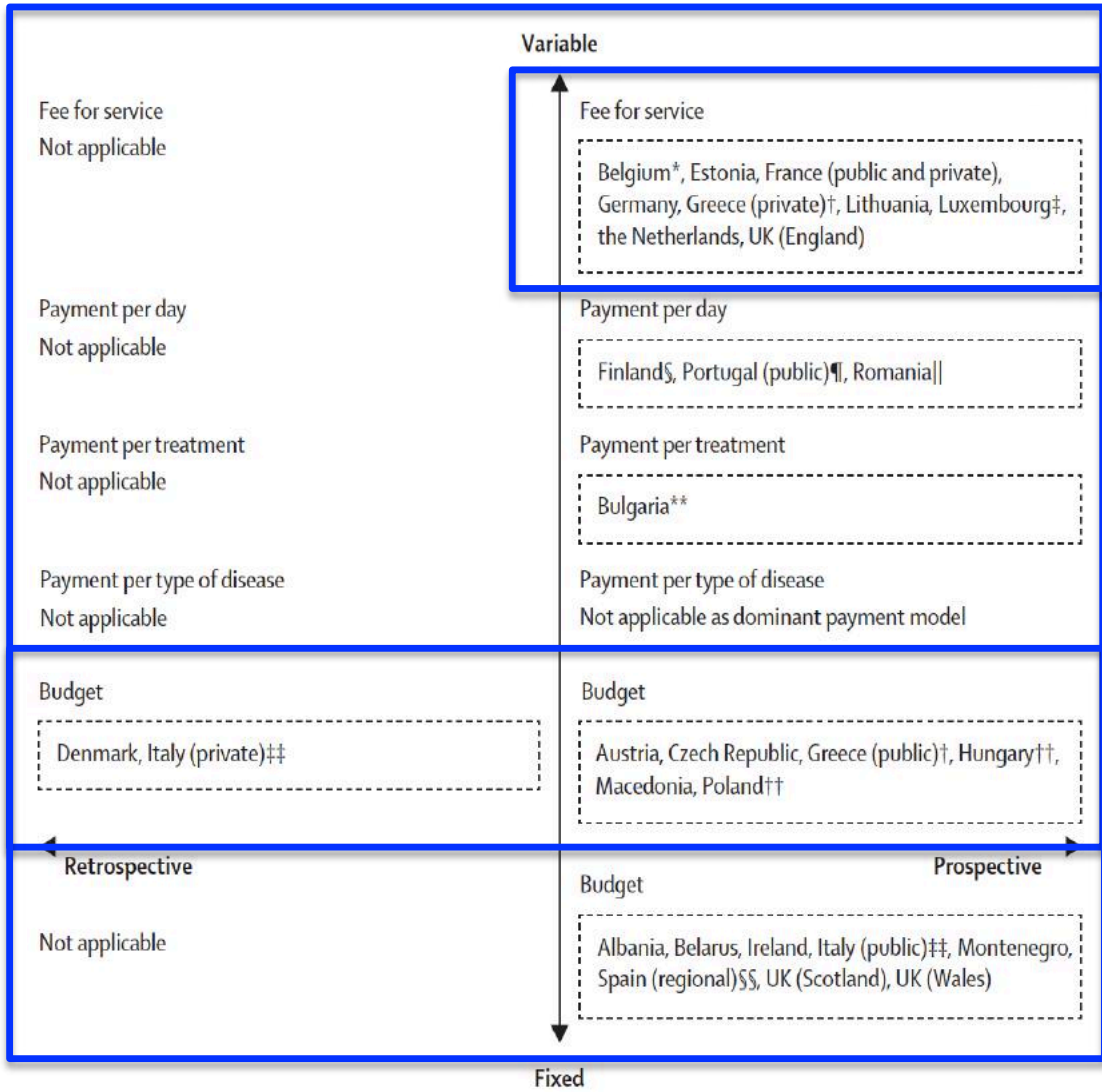
technologies
techniques
treatments



ECCO-VBHC. Lievens et al, Lancet Oncol 2019



“ The type of reimbursement adopted in a country or jurisdiction offers insight into how the health-care system pays for specific therapeutic strategies such as radiotherapy. ”

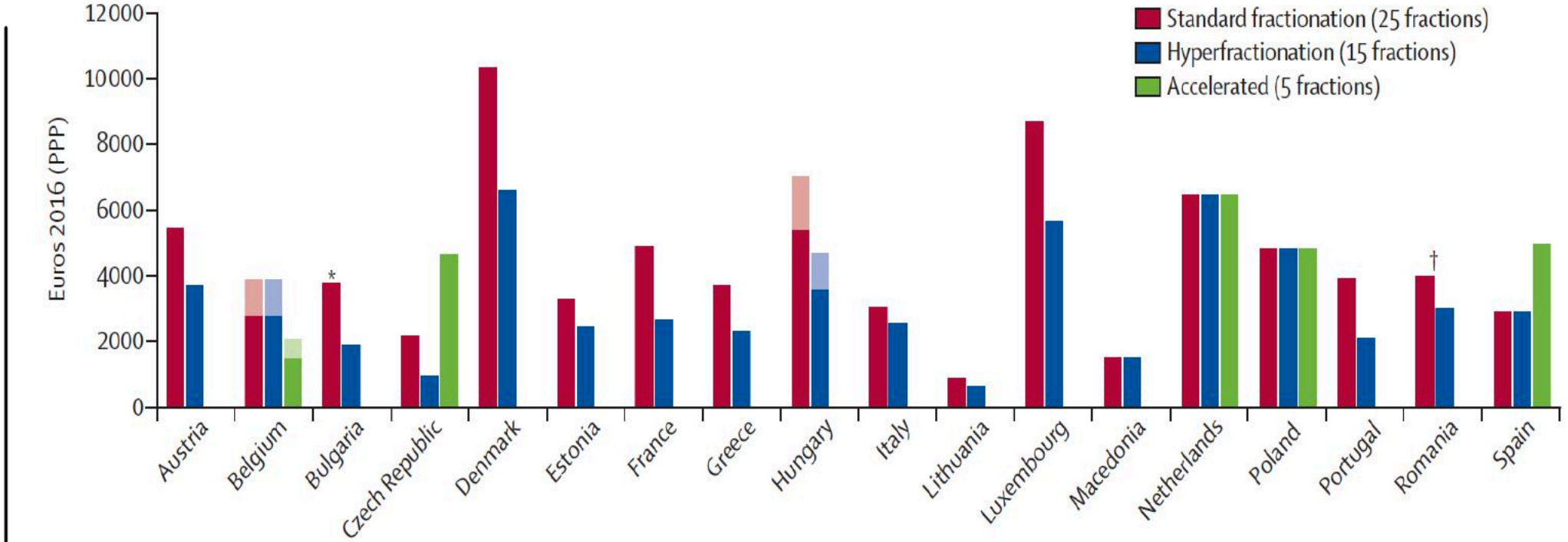


“ Most countries have payment systems that remained unchanged during the past 20 years! ”

- almost no ‘bundled payment’
- specificities for techniques and fractionation
- many are fractionation-based



Breast radiotherapy:
 Lower reimbursement for hypofractionation
 No specific reimbursement for acceleration to 5 fractions



ESTRO-HERO. Lievens et al, Lancet Oncol 2020



annual expenses for radiotherapy, including capital investment:

- 7,8% of the cancer care budget (range: 4,3% - 12,3%)
- 0,42% of the total health-care budget (range: 0,24% - 0,67%)

“
*Radiotherapy is an **inexpensive** treatment modality.
Stakeholders across Europe need to discuss
new strategies for reimbursement,
combining **flexibility** with incentives
to improve **productivity** and **quality**, and allowing
radiation oncology services to follow evolving **evidence**.”*

ESTRO



thank you for your attention!

