



EIB Support to Investments in Proton Therapy: Key Issues and Proposed Action

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General features to be fulfilled by all Bank-financed health projects

- The investment must be **in line with EU and international agencies' sector policies and established good practice**; and the corresponding national, regional and local policies and strategies;
- **Technologies and service models** supported by Bank investments are based on **sound scientific evidence** demonstrating their **effectiveness and efficiency**;
- Projects must strive to **deliver high quality and affordable health care to the general population**, and support **equity of access**; and it must be possible to measure the output generated by the investment and to establish accountability;
- The investment must be **economically viable**, and foster sustainable long-term growth and population well-being.


Radiation therapy for cancer treatment

Photon therapy: Standard radiation therapy for most cancers

- Linear accelerator
- Gamma knife / cyber knife

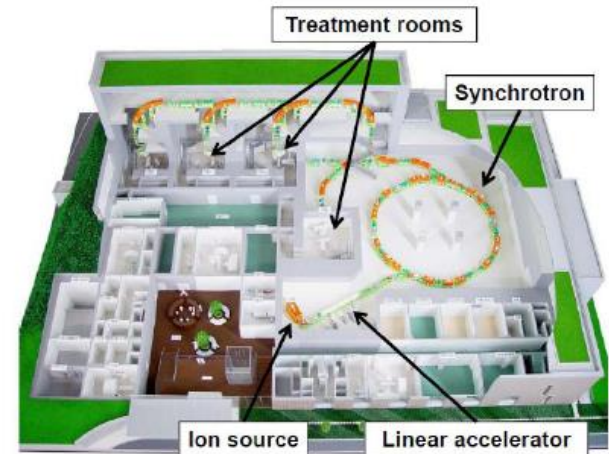
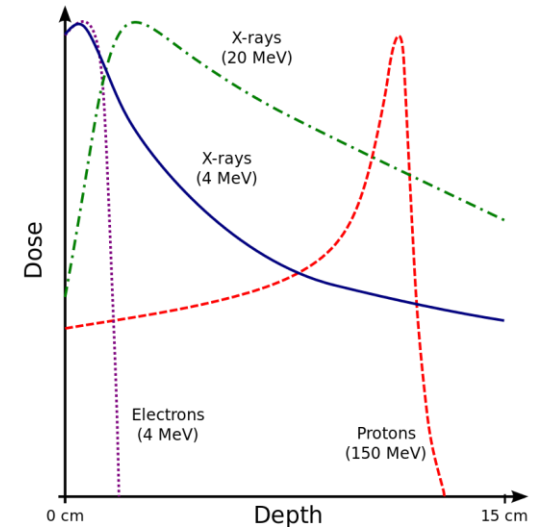
Charged particle (hadron) therapy:

- **Proton**
- Neutron
- Heavy Ion

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- Sophisticated, but much more costly than photon therapy
 - Insufficient or incomplete evidence for better results (efficacy) compared with photon therapy for most applications

Proton Therapy Basic Features

- **Particle therapy** treatment techniques (*also called hadron therapy*) are based on the utilization of Neutrons, Positive Ions and Protons.
- **Proton therapy** is a type of non-invasive radiation which uses charged particles instead of X rays to **more precisely deposit radiation dose** as compared with traditional external beam radiotherapy.
- The energy deposited at a given depth is inversely proportional to the square of the velocity of the particle. This release of energy (or dense ionization) is called a **Bragg peak**.
- The fixed-energy proton beam, accelerated through a cyclotron (or **synchrotron**), is distributed by the high energy beam transport line to the treatment rooms.



Challenges of particle therapy treatment centres

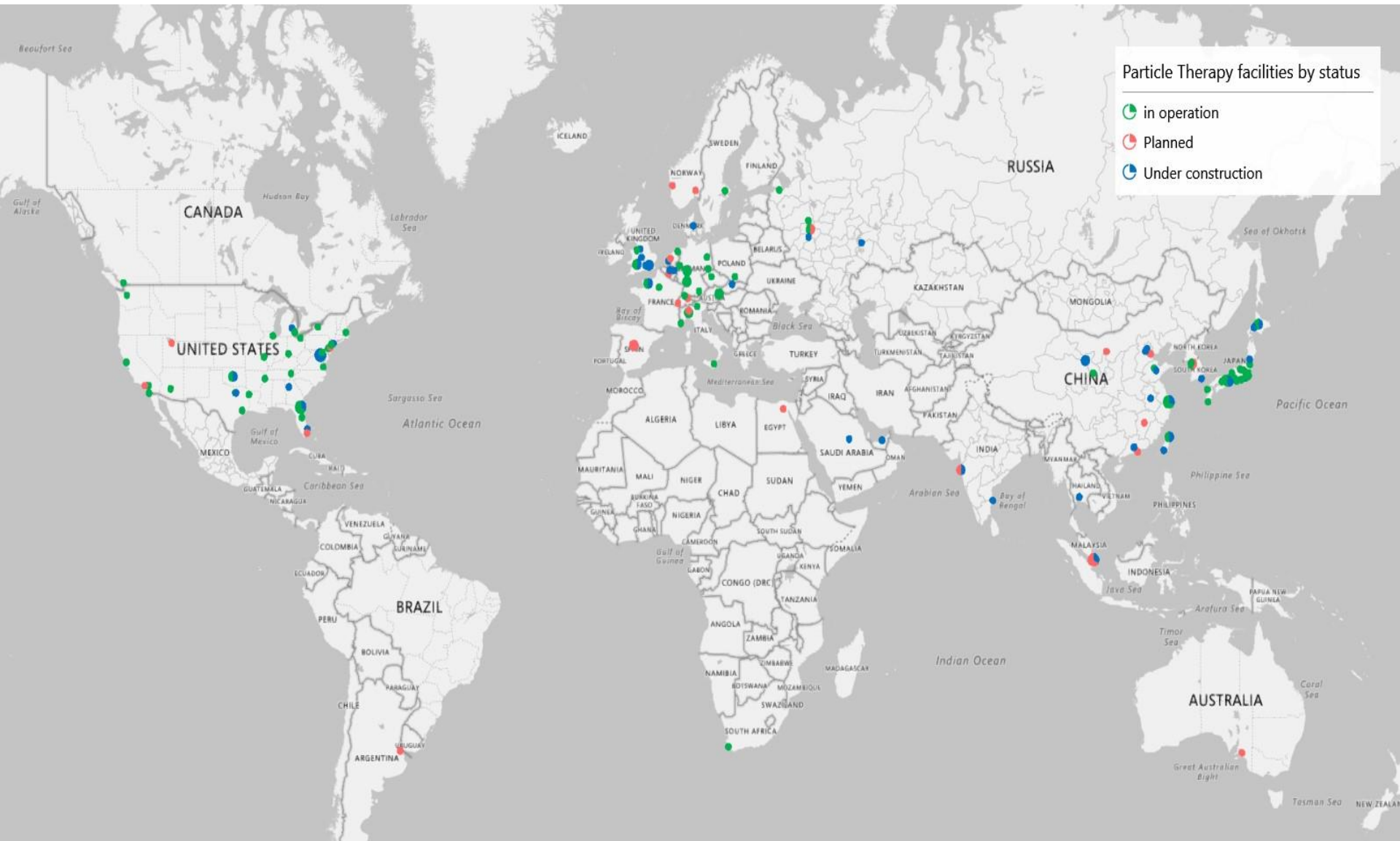
- **Current indication for proton therapy for only a small number of cancers**
 - Some skull, spine, ocular soft-tissue cancers
 - Cancers in children (long-term side effects of radiation)
- **Treatment very costly and time consuming**
 - High unit costs per treatment episode
 - Lack of established reimbursement scheme from public payers (often case by case decision)
 - Poor financial track record of (commercial) operators
 - Over-optimistic business plans, revenue forecast not met
- **Geographic coverage**
 - Small countries may have too few patients to justify own centres
 - Access for patients from other regions / countries
 - Knowledge about technology and treatment opportunities and guidelines
 - Referral system unclear
- **Limited research activity (especially for rare cancers)**
 - Lack of sufficiently large patient cohorts
 - Resource limitations in financially constrained public systems
 - Few facilities with explicit research focus and programme
- **Obstacles for project implementation and operation**
 - Delays in investment project implementation and start-up of operation
 - Human resources constraints

External factors impacting on treatment results

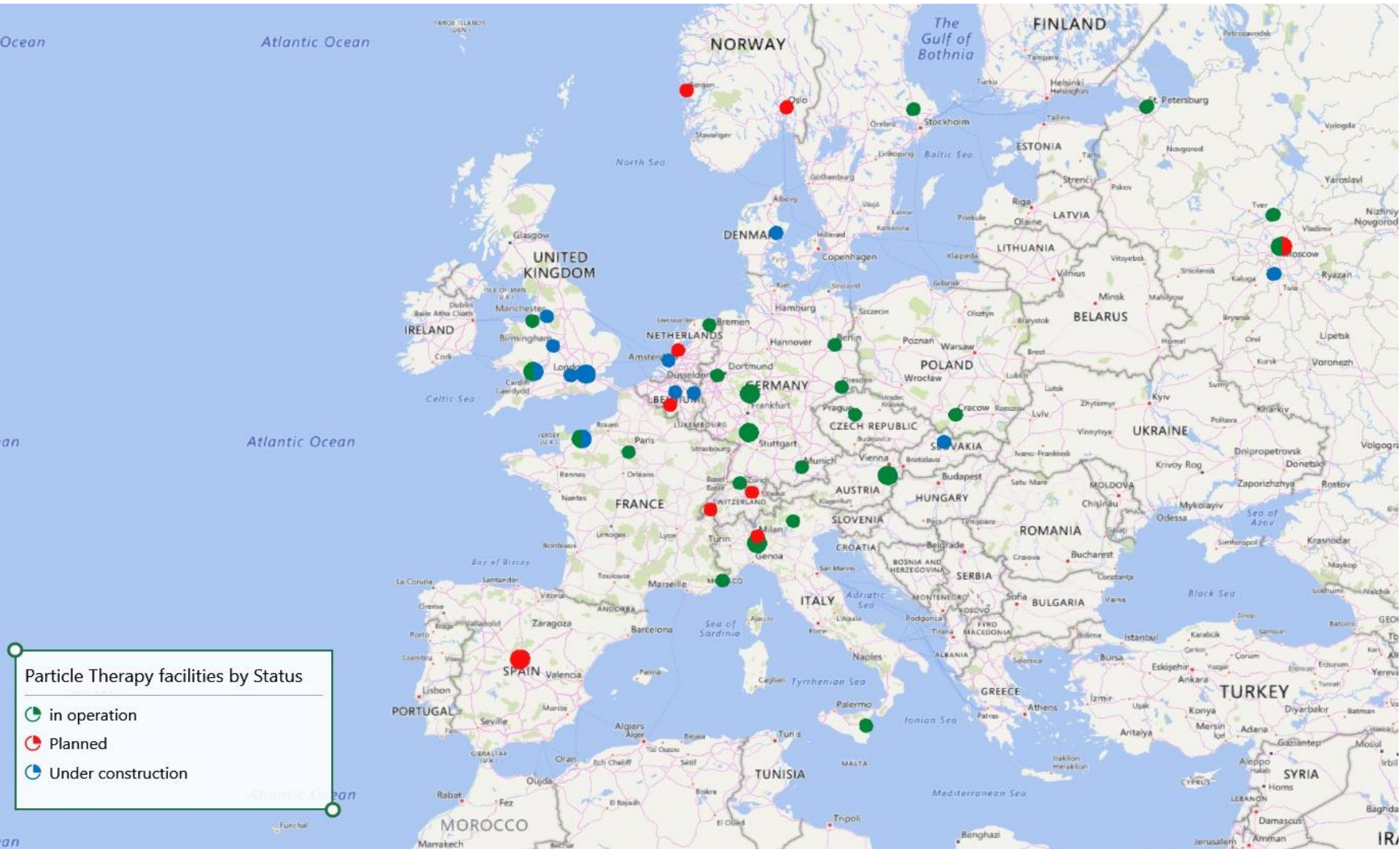
Various external factors seem to affect the **actual output** of a Centre **and treatment outcomes**:

- Formal approval of indications and reimbursement tariffs at central level; regulatory process
- Patient selection, referral and decision chain (inter-regional or international; curative vs. palliative)
- Quality of surgery prior to particle-therapy treatment
- Logistics (patient travelling and accommodation arrangements and costs coverage)
- Case mix (different time and productivity capacity)
- Training and recruitment of specialist (medical and technical)
- Competing technologies (including pharma) and further developments of photon therapy (IMRT or robotic)
- Project Management capacity for the planning, design, construction and installation phases, including procurement
- Operations and maintenance costs
- Pressure on media and marketing by private players beyond approved indications

The Particle Therapy World



...and the European landscape



Particle Therapy Centres in Europe

- **20** Centres in operation

• Austria	1
• Czech Republic	1
• France	3
• Germany	6
• Italy	3
• Netherlands	1
• Poland	1
• Sweden	1
• Switzerland	1
• United Kingdom	2

- **11** Centres under construction

• Belgium	1
• Denmark	1
• France	1
• Netherlands	2
• Slovak Rep	1
• United Kingdom	5

- **7** Centres planned.....
.....but several more in the pipeline

• Belgium	1
• Italy	1
• Netherlands	1
• Norway	2
• Switzerland	2

Current issues and questions for EIB

Shall the EIB expand lending to proton therapy treatment centres?

- Support to strategic investments that promote the use of innovative technologies
- Facilitate the roll-out and improvement of technology and procedures
- Long-term lending for infrastructure with a relatively long economic life

Trends observed:

- Single-room centres seem to have operational and financial advantages over multi-room centres
- Investment costs have seen a substantial reduction in the last 2-3 years
- Clinical results in some areas are promising
- Public payers / social health insurance reimbursement schemes increasing

Current point of view: Lending can possibly be justified if

- Public sector is involved
 - Authorisation and permits are clear and available
 - Tariffs specified and cost-covering
 - Appropriate technology and size of centre
 - Business plan financially sustainable
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- ***Remains a case-by-case assessment***
 - ***General policy still evolving and to be adapted and approved by management***

Opportunities and challenges: The case for a European approach

- **Kick-start strategic investments:**
 - Experience from technology development in the past suggests a potential for accelerated deployment of new technologies with a joint initiative
 - Exploration of economies of scale and scope
 - Improve patient access to treatment
 - Engage (European) industry to foster innovation and R&D
- **Informed planning** to guide efficient allocation of (public) investments in infrastructure
- Prepare for **future growing demand** due to demography
- Follow-up on basis laid by European research networks and international agencies



Sub-group objectives: Cooperation for information exchange and avoiding duplication of efforts

Part A – Mapping and Fact Finding

- What are the current **evidence-based indications** for using proton therapy (mapping of the current state of play - which therapy for which indication including on-going research activities)? What are the indications where clinical studies are ongoing?
- What are the different **features** and the **pros and cons** of currently available **proton therapy systems** in terms of clinical value?
- What are the **potential future indications** for using proton therapy?
- What **human resources** need to be available for running a proton therapy facility and what skills are needed?
- What should be **research priorities** for identifying further indications of using proton therapy?

Part B – Additional Analysis

- **Cost-effectiveness:**
 - different features and pros and cons of currently available systems
 - Catchment area: characteristics of a cost-effective catchment area for facilities?
 - **Reimbursement schemes:**
 - Use of existing cross-border reimbursement schemes?
 - What are the ideal characteristics of such a scheme, ensuring both cost covering operation of centres and equitable and fair access of all potential patients in the catchment area?
 - **Geography:** Best distribution in the geographical area of participating countries regardless of borders?
- ⇒ Report will be a technical document that may facilitate relevant analysis by the EIB and the Member States.
- ⇒ It will not provide political recommendations on national competences such as access or reimbursement of healthcare services.

Study: Timeframe

- Review and update clinical evidence on indication for particle therapy: end 2018
- Mapping and market study: First half 2019
- Discussion and next steps – action plan: late Spring 2019
- Contacts with Member States' Institutions desired