Radioligand therapy: realising the potential of targeted cancer care

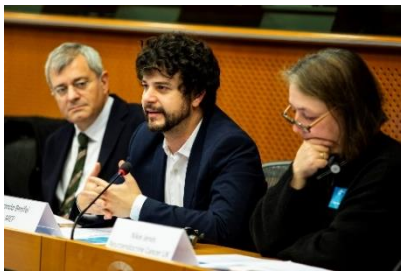
Meeting report

22nd January 2020 at the European Parliament in Brussels

Policymakers, decision-makers, nuclear medicine specialists, cancer specialists and patient advocacy representatives joined **MEP co-hosts Tanja Fajon and Ewa Kopacz** for a meeting on radioligand therapy and the launch of a new policy report, *Radioligand therapy: realising the potential of targeted cancer care*, developed by The Health Policy Partnership in conjunction with a multi-stakeholder expert steering committee.

Ms Tanja Fajon MEP (S&D, Slovenia) opened the session calling for solutions to scaling up therapeutic innovations such as radioligand therapy. She noted how radioligand therapy aligns well with the European political agenda on beating cancer and the European Union's public health goals to expand treatment options for rare diseases. Ms Fajon discussed how radioligand therapy is only available on a case-by-case basis in Slovenia and how she was looking forward to learning from European experts on the political steps required to support 'this renaissance of cancer care'.

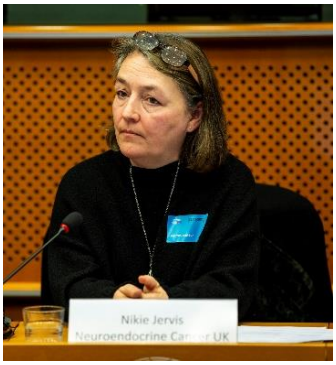
Ms Ewa Kopacz MEP (EPP, Poland) spoke next on the state of cancer care in her home country. She discussed the importance of innovative cancer therapies from her perspective as a physician and acknowledged the European Union's responsibility to ensure that all Europeans with cancer have equal access to treatments. She further emphasised the duty of policymakers to ensure that the European Union's forthcoming budget meets the needs of every patient and supports access to innovative therapies.



Mr Brando Benifei MEP (S&D, Italy) described his experience working as an MEP on rare diseases. He acknowledged that radioligand therapy represented a continued hope for people with rare diseases and that barriers should be tackled by the European Parliament. He called for collaborative work in order to reduce regional discrepancies and improve infrastructure for the delivery of radioligand therapy, thereby promoting innovation and improving care for all patients.

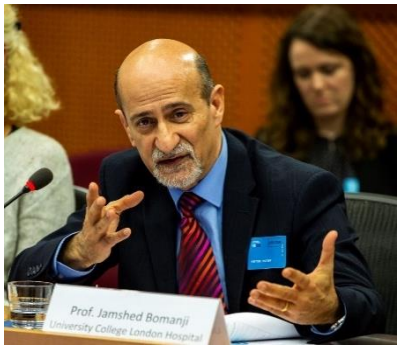
Attendees then saw presentations from representatives of the policy report's steering committee, beginning with **Professor Ken Herrmann**, Director of the Clinic for Nuclear Medicine at University Hospital Essen, Germany. Professor Herrmann showed an animation to demonstrate how radioligand therapy works. He then introduced the challenges in integrating radioligand therapy in cancer care programmes. Expanding on the issue of legislation, regulation and policy, he called for fast track mechanisms to replace the current 'one size fits all' approach to radiopharmaceuticals. He also critiqued often rigid reimbursement frameworks which restrict the use of radioligand therapy and affect delivery of this innovative cancer therapy.

Next **Ms Nikie Jervis**, Specialist Nurse: Patient Support, Information & Education with Neuroendocrine Cancer UK (formerly NET Patient Foundation) gave a moving presentation on the hope that innovations such as radioligand therapy can mean for people with neuroendocrine cancers. She introduced this rare and complex group of cancers that has a hugely growing incidence. Despite being one of the most common rare cancers, few therapeutic options currently exist. She concluded her presentation with a story of a man who lived for 13 years with neuroendocrine cancer while undergoing radioligand therapy, and who became a strong patient advocate for better access to treatment options for rare cancers.



Dr Josep Maria Borras, Director of the Catalonia Cancer Strategy, Spain, outlined the report's ten policy recommendations to overcome the barriers to greater integration of radioligand therapy into mainstream cancer care. Dr Borras then looked at the parallels between current use of radioligand therapy and the historic uptake of radiotherapy. Similar to radioligand therapy, radiotherapy also faced many challenges such as limited availability, low awareness from health professionals and competing indications and preferences based on clinical specialties.

Following the presentations, **Dr Suzanne Wait**, Managing Director of The Health Policy Partnership, UK, moderated a panel discussion with these three experts in addition to Professor Jamshed Bomanji, Head of Clinical Department, Institute of Nuclear Medicine, University College London Hospital, UK; and Professor Marianne Pavel, Chair-Elect of ENETS, Germany. The topic of the session was *How can we create an enabling environment for radioligand therapy?* Dr Wait first asked for Professor Bomanji's perspective on the most important aspects to consider when setting up a new radioligand therapy programme in clinical practice.



Dr Bomanji described the challenge of funding. Even with proven treatments, obtaining sufficient funding to scale-up programmes has been difficult in his experience. He asked why we invest in new treatments if the average patient cannot benefit due to cost barriers. His suggestion was a managed care plan where innovative treatments are funded for patients and data collected to inform broader use. **Ms Jervis** commented that the patient perspective and real-world experiences must be included and actively encouraged from healthcare professionals.

Dr Wait's next question was to **Professor Pavel** regarding the successes and learnings from the ENETS' centres of excellence for neuroendocrine cancers. Professor Pavel gave the audience a brief background on the organisation of these ENETS centres, of which there are currently 15 across Europe. All clinicians in these centres have at least 10 years of experience with neuroendocrine cancers, important due to the cancers' rarity and heterogenous nature. They are all high-volume centres providing access to a wide range of treatments and clinical trials. The value of such a model for treating rare cancers is clear, and as such, the ENETS has accredited centres as far away as Australia, Israel and the United States.

Dr Wait then asked **Professor Herrmann** where he saw the future of radioligand therapy in the decades to come. He responded that 'the future is now; if the use of radioligand therapy for neuroendocrine cancer can be considered a heavy rain, its implementation with prostate cancer that has metastasised to bone will be a tsunami.' European healthcare systems may have only a few years to prepare for this, and indeed should be ready now. Professor Herrmann stated that educating physicians and addressing regulatory barriers are key political steps to preparing for the future of radioligand therapy.

Dr Borras then spoke from his experience in radiotherapy and the value of updating clinical guidelines as a mechanism to build consensus with different specialists in the multidisciplinary cancer care team. He recommended prioritising regulation and reimbursement. However, he noted that such processes will be very different based on the context in each European country. Finally, he stressed that we must emphasise education now, because training a new healthcare professional can take 4–6 years.

All panellists were asked their opinion on the role of the European Union moving forward. **Dr Borras** thought the European Union's decision to work in rare cancers and rare diseases meant it must also focus on reference networks and pan-European regulatory issues. **Professor Pavel** agreed with these priorities, in particular around the value of reference networks and centres of excellence. She emphasised that research funding must also be supported by the European Union. **Professor Bomanji** seconded the call for more funding,

saying if this aspect were resolved all other issues would fall in line, and that new funding mechanisms should be considered. **Professor Herrmann** added that awareness must be raised to make sure that people understand the potential of radioligand therapy. **Ms Jervis** concluded by calling for better understanding around the health economics of radioligand therapy in order to make a better case for funding. She also emphasised the need to explore creative funding streams.

Opening the floor to the question and answer session, representatives from the **Joint Research Centre of the European Commission**, the **European Association of Nuclear Medicine**, the **German Federal Office of Radiation Protection** and an expert from the **Belgian ENETS Centre for Excellence** shared their experiences and thoughts for the future. Many discussed the value of new stakeholders working together to set consensus-driven research, as well as clinical and political frameworks to ensure that radioligand therapy is available to all people who could benefit.

Ms Fajon's closing remarks summarised the recommendations, particularly the need for greater capacity, training of personnel, clearer legislation and increased funding. She wanted to integrate these recommendations into the upcoming strategy on beating cancer, given that they are challenges faced by all therapeutic innovations. Referring to the upcoming Europe's Beating Cancer Plan and the Multiannual Financial Framework, **Ms Kopacz** underlined her belief in the importance of the European Union to support infrastructure developments in the healthcare sector, and her determination to realise the potential of radioligand therapy.