White paper "Radioligand therapy in Germany"

Medical innovation meets investment backlog

The recently published white paper "Radioligand therapy in Germany" lives up to its subtitle "A needs analysis and recommendations for action in nuclear medicine". Its aim is to formulate specific recommendations for action based on an in-depth analysis of care structures and obstacles. The white paper, produced by the IGES Institute with financial support from Novartis Pharma, was developed in collaboration with the Nuclear Oncology Patient Care Competence Network. Representatives of the network, consisting of patient self- help groups, various medical disciplines and experts from the pharmaceutical industry as well as representatives of the inpatient and outpatient medical profession - organised in various advisory boards - were involved in the preparation.

>> The challenges and recommendations for action for radioligand therapy are analysed in the current white paper using the example of prostate cancer. The following questions, among others, are answered:

- What is the state of nuclear medicine care with radioligand therapies in Germany?
- What are the key challenges in nuclear medicine care with radioligand therapies (e.g. for prostate cancer)?
- What recommendations for action can be derived for future nuclear medical care with radioligand therapies?

According to Dr Norbert Gerbsch, Head of Public Affairs at the IGES Institute, the healthcare landscape in the field of radioligand therapy has been changing for some time. This is mainly due to approved nuclear medicine therapy options in the field of prostate cancer and neuroendocrine tumours. These new therapies are increasingly shifting the focus from diagnostics to therapeutic application in hospitals, which in turn is creating a changing healthcare landscape and structure. According to Gerbsch, this is also linked to the fact that positron emission tomography is increasing the importance of established diagnostics. This is because it is necessary in order to evaluate whether a patient can be treated at all with the help of radioligand therapeutics. As this therapy has to be carried out in hospital due to radiation protection regulations, Gerbsch explains that there is again the challenge of organising intersectoral cooperation and interdisciplinary coordination between urologists and oncologists as the first point of contact for patients on the one hand, and physicians in outpatient and inpatient structures on the other.

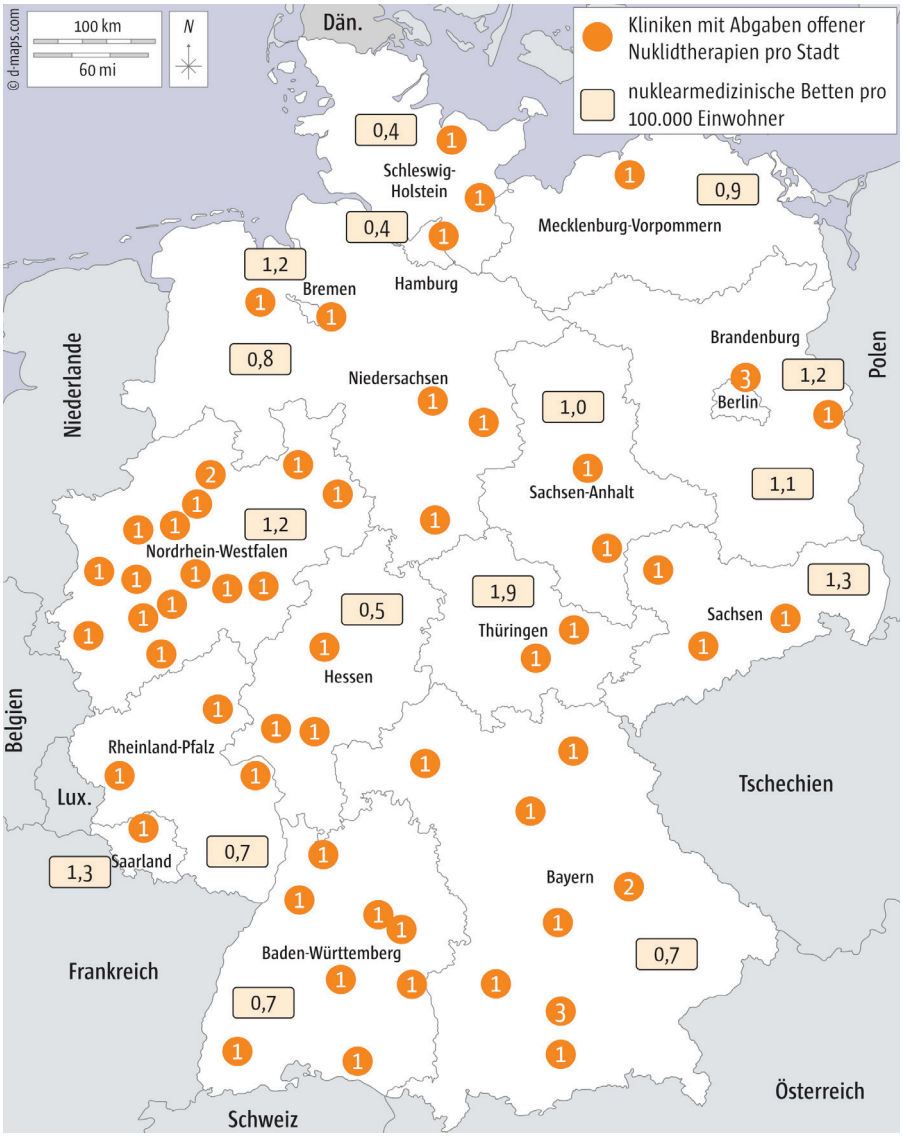


Fig. 1: Hospitals that treat with open radionuclides (according to operation and procedure code 8-530) and nuclear medicine beds per 100,000 inhabitants (as of 2022). Source: IGES (own presentation); data: Federal Statistical Office and Institute for the Hospital Remuneration System (InEK) (2023; 2022; 2022a). Note: Due to closures and bed reductions since 2022, the number of beds shown may be overestimated. Radioiodine therapies (OPS 8-531) are not included. From: White paper "Radioligand therapy in Germany".

Citations

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This is a case study par excellence that shows how the sectors must be connected and cooperate with each other in order to achieve the best possible outcome for the patient. According to Gerbsch, this leads to further questions that keep cropping up in the healthcare system: What does this mean for reimbursement and payment structures? Are they actually prepared for this development?

Do they reflect the need? Is there a need for change? And finally, the very central issue: What is the situation regarding capacities in medicine? Gerbsch: "You will see that this is a very relevant point that will certainly pose a challenge for the current healthcare policy and reform debate." Prof Dr Ken Herrmann, Director of the Clinic for Nuclear Medicine at Essen University Hospital, gratefully took up the core issue of capacity in his presentation. He stated that this was the first time he had been involved in such a white paper, which he described as a very, very valuable source. After a brief excursion into the history of the therapy, which dates back to the 1940s, Herrmann went on to discuss the current situation: There are currently more than 200 phase 1 to phase 3 trials in almost all solid tumours, he said. This means that sales of therapeutics in this area will rise sharply.

Globally, sales are expected to triple from the current USD 8 billion to USD 22 billion between 2025 and 2033, with a tenfold increase in the field of radioligands when comparing the years 2013 to 2026. According to Hermann, this significant increase in turnover will be triggered by diagnostics on the one hand, but primarily by radioligand therapy on the other. As a curative physician, this leads him to question whether the nuclear medicine infrastructure available in Germany is sufficient for the large number of new therapy options. According to Herrmann, this is unfortunately not the case: The number of inpatient nuclear medicine beds and also therapy wards has declined significantly over the last 10 to 15 years: while there were 921 beds in 2010, there were only 748 in 2022. Herrmann cited the historically rather low bed utilisation as the main reason for the decline in the number of beds, as until a few years ago there was only thyroid therapy. No one had actually expected that new, innovative and high-frequency therapies would come onto the market - and

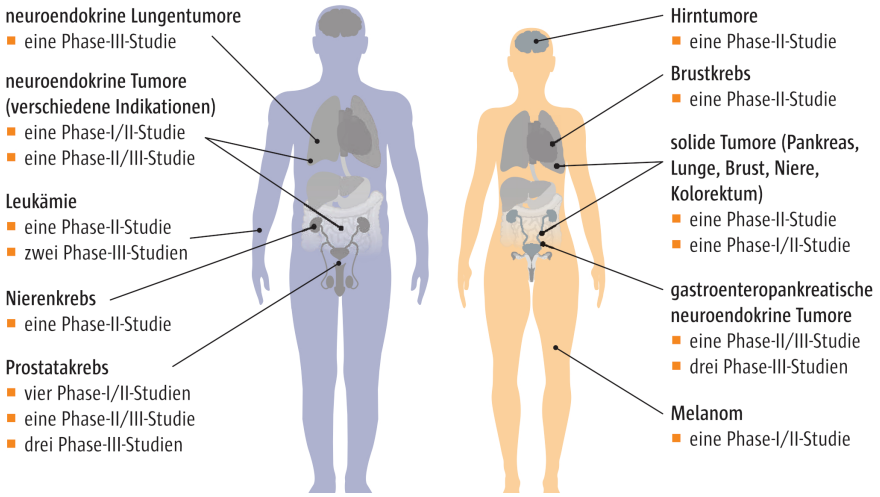


Fig. 2: Indication areas and development status of radiopharmaceutical therapy approaches (clinical studies from phase I/II). Source: IGES (own presentation) based on ClinicalTrials.gov (2024). From: White paper "Radioligand therapy in Germany".

that these would now come up against an infrastructure in Germany that, like railway tracks and bridges, was suffering from an investment backlog. Further obstacles over the last few years have been the tightening of radiation protection regulations and a shortage of skilled labour in all areas of inpatient care.

The latter could be countered to a certain extent by reducing the length of stay of patients receiving radioligand therapy from the current minimum 48 hours of inpatient hospitalisation to 24 hours. However, it would then be necessary to ensure that shorter lengths of stay did not result in any discounts in the DRG, as the DRG amount is currently partly linked to the length of the inpatient stay.

This is also because the number of nuclear medicine beds in Germany is heterogeneous. For example, federal states such as Schleswig- Holstein and Hamburg have less than half a bed per 100,000 inhabitants, while Thuringia is an outlier with almost two beds per 100,000 inhabitants. Overall, Germany has around 0.9 beds per 100,000 inhabitants. By way of comparison: There is around 50 per cent more bed capacity for rheumatic diseases. Herrmann: "However, the redistribution of existing resources is not sufficient due to the overall limitation. We need to consider whether it makes sense to implement a special funding category with regard to the investments required in the future, and with regard to the shortage of specialists, it is very, very important to ensure that there are enough well-trained and willing employees available, from nursing to medicine, through more intensive public relations work and a stronger presence of nuclear medicine as a result."

"Sustainable nuclear medicine care requires the joint efforts of all stakeholders in the healthcare system - from politicians and payers to medical associations and patient organisations. Only through forward-looking planning and overcoming sectoral boundaries can we ensure that innovative nuclear medicine therapies are accessible to all patients who can benefit from them," says IGES expert Gerbsch, summarising the findings of the White Paper. <<

by: MVF-Editor in Chief Peter Stegmaier

Literature

1: https://www.iges.com/presse/2025/weissbuch-radioligandentherapie/index_ger.html