

DIFFUSION OF THE POSITRON EMISSION TOMOGRAPHY IN CATALONIA

*Strategies for managing the diffusion of high-cost diagnostic technology
The case of PET scanning*

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- ✓ **Public reimbursement of PET in Catalonia**
- ✓ **Preliminary register results**
 - Oncological indications
 - Patient management impact of PET in lung and recurrent colorectal cancer
- ✓ **Final remarks**

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CATALAN CONTEXT



Catalonia autonomous region with about 6.5 million inhabitants

Health Model: National Health Service

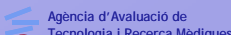

Catalan Health Service: The planning and the management of health services



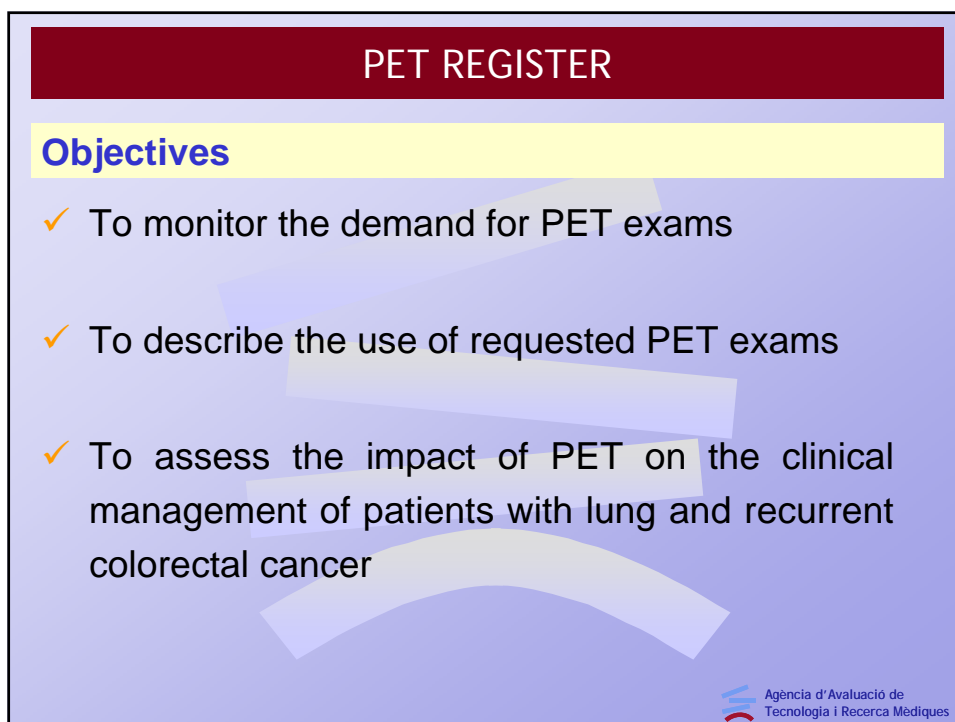
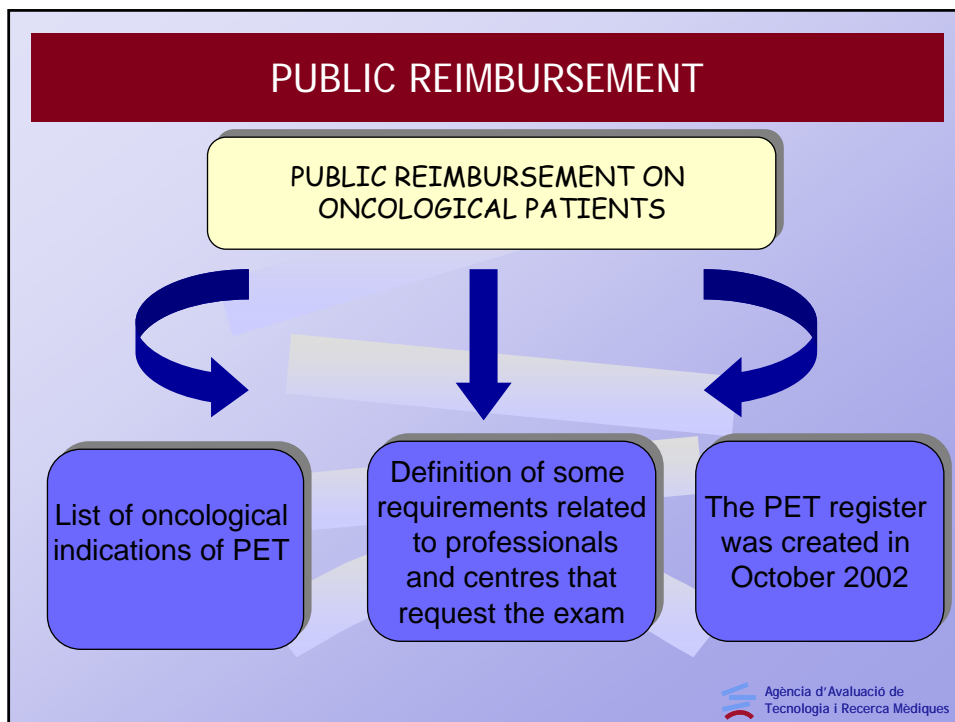
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PUBLIC REIMBURSEMENT

- ✓ Lack of evidence on the added value of PET
- ✓ The cost of PET images is very high
- ✓ The need to rationalize the demand to favour the appropriateness of indications




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PET REGISTER

Main characteristics

- ✓ All PET exams requested
- ✓ Catalan public hospitals
- ✓ Period: from October 2002 to February 2004
- ✓ Two forms were designed to collect the data
 - Request form and impact assessment form




PET REGISTER





PET REGISTER


Generalitat de Catalunya
Departament de Sanitat
i Seguretat Social

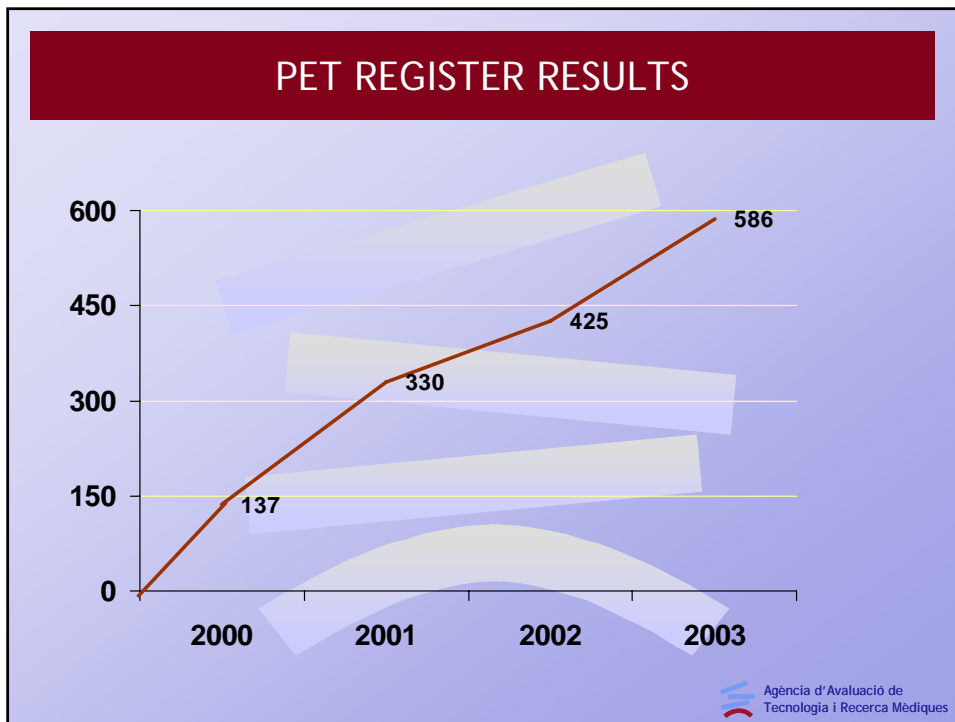
Valoració de l'impacte de la tomografia per emissió de positrons (TEP) en el tractament del malalt (plà que fa d'implantar el registre/mesura que ha afectat la prova)

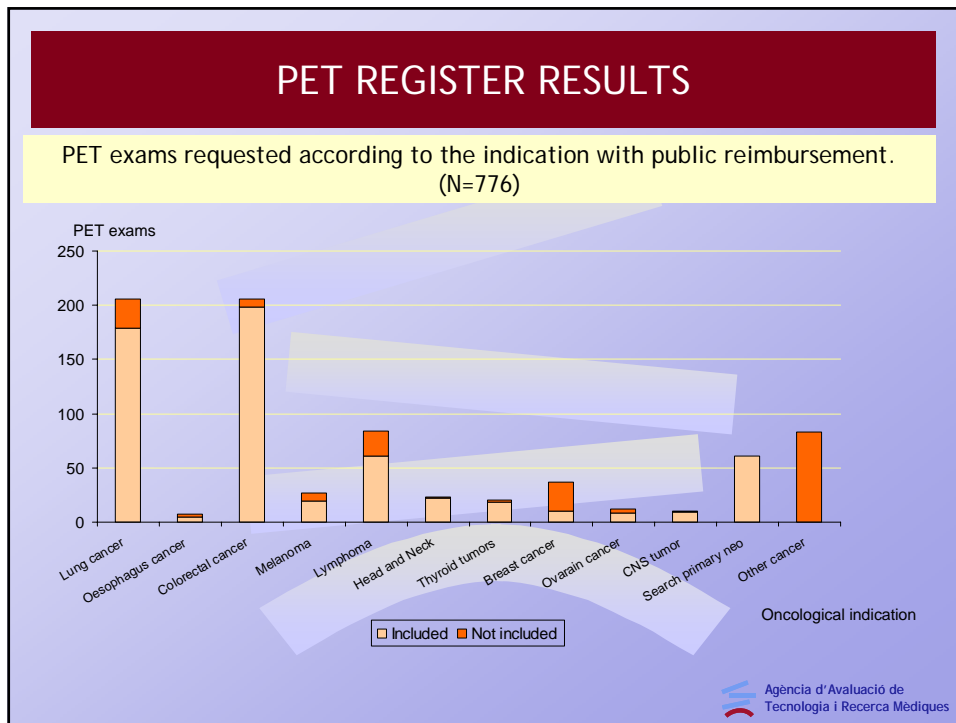
Dades del pacient
Cognoms: _____ Nom: _____ CP: _____
Sexe: M F

Dades del metge/investigador i del centre on treballa
Cognoms i nom del metge/investigador: _____ Dades de registre: _____
Especialitat: _____ Hospital: _____

Valoració de l'impacte de la TEP en el diagnòstic i tractament del malalt
Afecta la tomografia al resultat de la TEP?
Indicador actual del malalt segons el resultat de la TEP:
 Sí No No se sap No aplica
Motivació de l'impacte (indicar sempre "per" justificació respecte de l'indicador actual abans de qualsevol altre motiu de la TEP):
 diagnòstic i/o tractament
 altres indicadors
Impacte mèdic segons el resultat de la TEP:
 malalt diagnosticat
 imatge mèdica
 diagnòstic curatiu
 diagnòstic pronòstic
 diagnòstic curatiu
 diagnòstic pronòstic
 altres (specificar-ne): _____
Impacte del registre/mesura: _____
Data: _____

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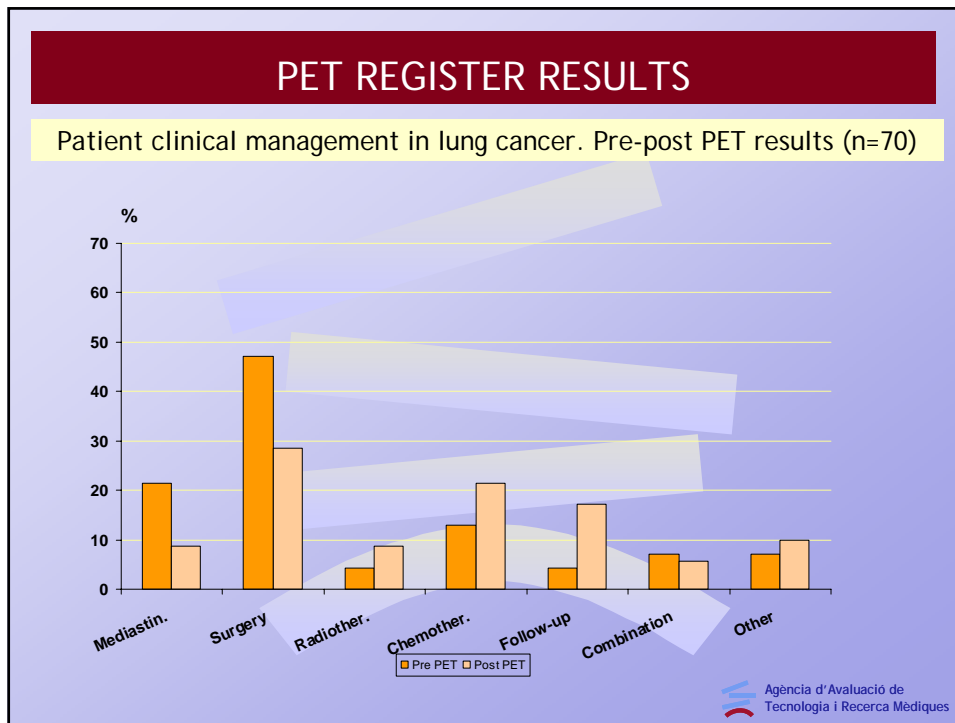


PET REGISTER RESULTS

Non-samll cellular lung cancer (N=206)

Characteristics	Lung cancer n (%)
Mean age : year (SD)	60 (11.0)
Sex	
Woman	44 (21.4)
Histological classification	
Carcinoma	47 (22.9)
Adenocarcinoma	53 (25.7)
Unknown classification	106 (51.4)
Exams done before the PET	
1 exam	29 (10.7)
2-3 exams	143 (69.4)
>= 4 exams	14 (19.9)
Request reason for the exam	
Initial staging (preoperative)	107 (52.0)
Preoperative staging	34 (16.5)
Preoperative staging /recidivism	23 (11.2)
Other (end of treatment, search for the primary tumor etc)	4 (1.9)
Not available	-

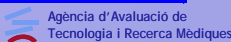
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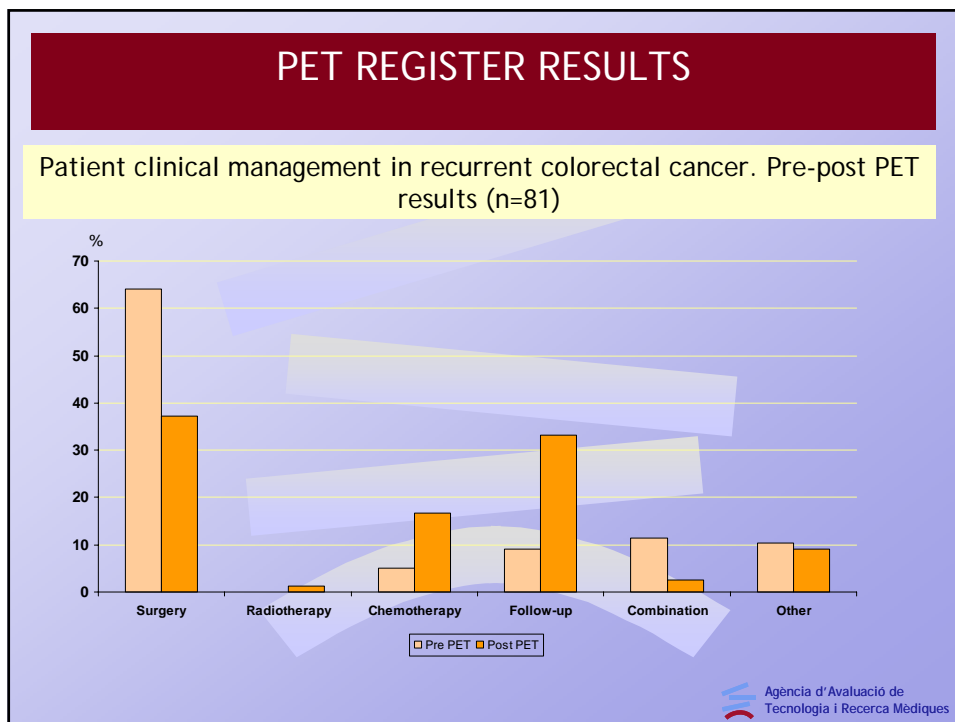


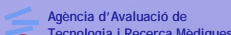
PET REGISTER RESULTS

Recurrent colorectal cancer (N=206)

Characteristics	Colorectal cancer (n (%))
Mean age : year (SD)	60 (13.2)
Sex	
Woman	75 (36.4)
Histological classification	
Carcinoma	11 (5.3)
Adenocarcinoma	122 (59.2)
Unknown classification	73 (34.9)
Exams done before the PET	
1 exam	30 (14.6)
2-3 exams	124 (60.2)
>= 4 exams	51 (24.9)
Request reason for the exam	
Initial staging (preoperative)	-
Preoperative staging	34 (16.5)
Preoperative staging /recidivism	66 (32.0)
Tumoral markers	79 (38.3)
Other (end of treatment, search for the primary tumor etc)	8 (2.9)
Not available	19 (9.2)


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- ### FINAL REMARKS
- ✓ The study shows how PET is used in our country and in routine of clinical practice
 - ✓ There is an imbalance between the supply and demand in the first phases of PET diffusion. This growing supply is more related to the marketing of some institutions and to the technology imperative instead. Public reimbursement policy will be determinant for the demand
 - ✓ About 24% of PET exams are not included in the list of indications with public reimbursement. In the future there will be less inadequate cases as the list of indications with public coverage will increase
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FINAL REMARKS

✓ PET works as an add on technique in the patient management and it does not work as a substitute in front of other diagnostic technologies. However, in some types of cancer PET information contributes to a change in the clinical management of patients

✓ Finally, it seems advisable to spread out this information to physicians if we want to improve patients referrals and the diagnostic exam adequacy.