

Capital Region of Denmark introduces new personalized non clear-cell renal carcinoma treatment regimen



Pathway problem

Clinical problems

- Patient group with relatively bad prognosis
- Treatment complications and therapy side-effects
- Current limited effect of standard treatment options
- Insufficient use of precision medicine
- Treatment insufficient patient centric (at start & throughout)

Economic problems

- Focus on direct treatment costs instead of focus on value and total costs along care-cycle
- Limited monitoring/data collection based on real-world individual data (RWE)



VBP solution employed

VBP partnership

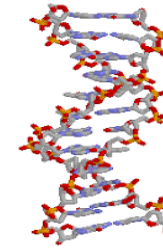
- Partnership agreement with selected vendor and additional agreements on home monitoring devices & monitoring software

VBP criteria focus

- Outcome: Primary and secondary patient outcomes – increased PFS and O/S, reduced treatment complications, increased quality of life, reduced hospitalization & hospital visits
- Total cost of care cycle: diagnosing, patient monitoring, treatment, medication, hospitalization, hospital visits
- Other benefits: Reduced burden to patient relatives, increased insight in health status, RWE data availability

Diagnostic solution applied

- Tumor genomic profiling to guide personalized treatment decision in 1st line of treatment
- Tele-medical monitoring of PRO, blood pressure, pulse and blood based biomarkers for continuous remote disease control



Expected stakeholder impact

Patients at the Herlev-Gentofte Hospital

- Prolongation of life expectancy
- Improved quality of life
- Active involvement in course of treatment
- Reduced treatment-heavy and hospitalization-requiring complications

Herlev-Gentofte Hospital

- Access to wider range of treatment options and ability to deviate from standard treatment guidelines
- Insight into patient home condition using tele-medical devices (PRO, sensor and biomarker analysis)
- Improved RWE & research data
- Better foundation to future patient guidance
- Reduced total cost of care delivery

Outcomes to be tested during the project

- Whether patients live longer and better
- Possibility to guide course of treatment by combining FMI-tools with PRO/sensor data and blood based biomarker analysis device
- Possibility to build out a generic VBHC model to other treatments/hospitals