POLICY BRIEF

Diagnosis and Treatment :
Recommendations to strengthen cancer care in Belgium

This policy brief outlines three priority recommendations on Diagnosis and Treatment to strengthen cancer care in Belgium:

- **ensuring equitable access to standard and innovative treatments,**
- **unlocking the full potential of precision medicine, and**
- **strengthening the translation of research into clinical practice.**

This document provides a summary of the policy brief. The full version has been published in the Belgian Journal of Medical Oncology and the Belgian Journal of Hematology. Click below to access it.

Belgian Journal of Medical Oncology

Belgian Journal of Hematology

Although Belgium benefits from a robust healthcare and research system, important challenges remain in **guaranteeing timely, equitable, and sustainable access to high-quality diagnosis and treatment**.

Through the proposed actions, this brief aims to inform and support policymakers in advancing to a **high-quality, person-centred, and equitable cancer care system**.

This policy brief is based on the Belgian EBCP Mirror Group's Thematic Working Group "Diagnosis and Treatment" desk research and consultation with experts through thematic working group meetings and email.



KEYWORDS
Diagnosis
Treatment
Cancer
Policy
Recommendations

GAPS & RECOMMENDATIONS

Access to standard and innovative treatment

Despite a strong healthcare system and high reimbursement levels, Belgium still faces gaps in availability and affordability and lags behind most Western European countries in access to innovative treatments.[1,2]

Time lage between EMA approval and national reimbursement for anticancer drugs remains substantial by:

- Continued reliance on overall survival data as a primary reimbursement criterion[3]
- Challenges in evidence generation, regulatory, financial and logistics constraints

Disparities in access to innovative cancer treatments are also reflected in **unequal participation in clinical trials**[4]:

- Most trials are concentrated in universities and major cancer centres, limiting access for patients in rural or remote areas
- Strict eligibility criteria exclude many real-world patients, reducing the relevance of results for routine care.
- Administrative complexity is contributing to a decline in new trials.

Telemedicine can improve access through monitoring and more efficient, patient-centered care, but Belgium has no measures specific to cancer care.

RECOMMENDATIONS

Further optimise the organisation of cancer care by

- Promoting home-based hospitalization
- Scaling up the use of telemedicine and other digital health solutions
- Integrating Oncology Care Coordinators and Advanced Practice Nurses into multidisciplinary teams
- Actively involving patient organisations and helpful instruments (e.g. checklists, information material, decision-aids, questionnaires…) in informing and supporting patients

Improve data collection and data use by developing a national real-world data platform build on existing infrastructures (e.g. The Belgian Cancer Registry)

Improve access to innovative cancer treatments by

- Strengthening system readiness using clinical trial insights
- A coordinated national framework for Coverage with Evidence Development
- Evaluation frameworks that go beyond overall survival (with the involvement of patient organisations (e.g. validated intermediate endpoints, PROMs, Patient-Reported Outcome Measures))
- Supporting implementation by healthcare professionals

Precision medicine

Despite current efforts and initiatives[5-7], precision medicine within the Belgian healthcare system have not yet reached its full potential and faces several challenges regarding reimbursement and structural organisation. Additionally, there is the need to build on the existing public-private partnerships to implement comprehensive genomic profiling (CGP) and biomarker-driven treatments in clinical routine.

Remaining challenges after current efforts are **reimbursement alignments and procedures, insufficient funding, fragmented structural organisation and limited support** for nationwide implementation

Key gaps in CGP and biomarker-driven treatments are:

- Absence of a **coordinated, well-structured sample referral organisation** with unequal access to CGP and national Molecular Tumor Board (nMTB) recommendations
- **Limited mechanisms to secure equitable access** to innovative targeted therapies
- **Lack of standardisation,** fragmented data infrastructure without a unified precision oncology database or decision-support platform
- **Insufficient systematic evidence generation** on clinical and cost effectiveness

RECOMMENDATIONS

Reinforce previous efforts by
- Harmonising biomarker testing reimbursement with ComPerMed workflows
- Expanding biomarker testing reimbursement to non-molecular tests
- Integrating innovative approaches such as digital pathology, liquid biopsy

Support the implementation of comprehensive genomic profiling (CGP) and biomarker-driven treatments by
- Organising CGP testing across all NGS labs within the NGS Convention
- Providing structural funding for a national Molecular Tumor Board (nMTB)
- Securing access to treatments via a Belgian DRUP-like model supported by public–private collaboration

Facilitate Standardisation and Evidence generation by
- National protocols and guidelines (supported by ComPerMed)
- A national precision oncology database with an integrated software platform including a decision-support tool

From research to clinical practice

Bridging the gap between research and clinical practice remains a persistent challenge in Belgium.

- The systematic valorisation and clinical translation of findings into routine diagnostics and treatments often remains fragmented and constrained by **regulatory and financial barriers.**
- Academic research outcomes, particularly from early-phase or investigator-initiated clinical trials, often fail to reach patients due to **complex regulatory frameworks, limited funding for investigator-initiated trials, and lack of sustainable reimbursement pathways**[2]
- The implementation of promising innovations, such as academically developed cell (ATMP) and radiopharmaceutical (radioligand) therapies are confronted with **delays**
- **No optimal use and unawareness of real-world data** from diagnostics, treatments, and outcomes **linked in a national platform**

RECOMMENDATIONS

- **Strengthen Belgium's leadership in clinical trials** by
  - optimising clinical trial timelines,
  - improving ethics committee review processes,
  - establishing a clinical trials network
- **Ensure systematic translation of research into clinics** by
  - Developing a national valorisation framework for research innovations with stakeholder collaboration.
  - Implementing pragmatic, real-world and treatment-optimisation trials[8]
  - Sustained investment in academic, investigator-initiated, early-phase trials with unique development challenges and no commercial interest (e.g. ATMPs[9], radioligand therapies[10])
  - Building researcher capacity for innovation
  - Improving data access and use through the European Health Data Space (EHDS)
  - Continuous participation in EU initiatives

The content of this policy brief represents the views of the co-authors only and is their sole responsibility;
it cannot be considered to reflect the views of Sciensano.

REFERENCES

1. https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/02/eu-country-cancer-profile-belgium-2025_bff984a7/744aaaba-en.pdf
2. Newton M, et al. (2025), EFPIA Patients W.A.I.T. Indicator 2024 Survey. Accessible at : efpia-patients-wait-indicator-2024-final-110425.pdf
3. Piccart M, et al. Rethinking the reimbursement of innovative medicines in oncology: looking beyond overall survival. Belg. J. Hematol. 2023;14(6):245–9.
4. https://pharma.be/sites/default/files/2024-01/20240131-belgium-as-a-clinical-trial-location-in-europe-2022-vpublic-sent.pdf
5. Van Valckenborgh E, et al. Roadbook for the implementation of next-generation sequencing in clinical practice in oncology and hemato-oncology in Belgium. Arch Public Health. 2018 Sep 6;76:49.
6. www.compermed.be
7. Thouvenin J, et al. PRECISION: the Belgian molecular profiling program of metastatic cancer for clinical decision and treatment assignment. ESMO Open. 2022;7(4):100524.
8. https://cancerpatientseurope.org/wp-content/uploads/2025/09/CPE_CTA-Treatment-Optimisation.pdf
9. Pouppez C, et al. Academic development of ATMPS in Belgium – an exploratory study of the legal and strategic options. KCE Reports 396C. DOI : 10.57598/R396C.
10. Inovigate – Maes I., Van Nuwenborg J., Kok E., Debruyn V., A Radioligand Therapy Action Plan For Belgium.

AUTHORSHIP

Els Van Valckenborgh[1], Victoria Leclercq[1], Nicolas Latteur[1], Jinane Ghattas[1], on behalf of the BE-EBCP Mirror Group Thematic Working Group 'Diagnosis and Treatment'

[1] Cancer Center, Department of Epidemiology and Public Health, Sciensano, Brussels, Belgium