



Good practices of involving technology assessment in Cancer Centres policy: Case FALP-Chile

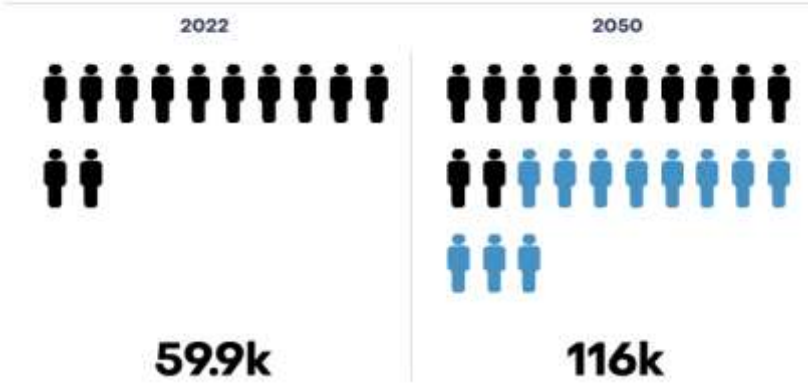
Camila Quirland Lazo MSc, PhD (c)
 Head of HTA Fundación Arturo López Pérez (FALP)
 OECD Cancer Economics Working Group Board Member
 Oncology Days – Warsaw 2026



Why HB-HTA in a Chilean Cancer Centre?

Growing demands meets accelerating innovation

Estimated number of new cases from 2022 to 2050, Both sexes, age [0-85+]
All cancers
Chile

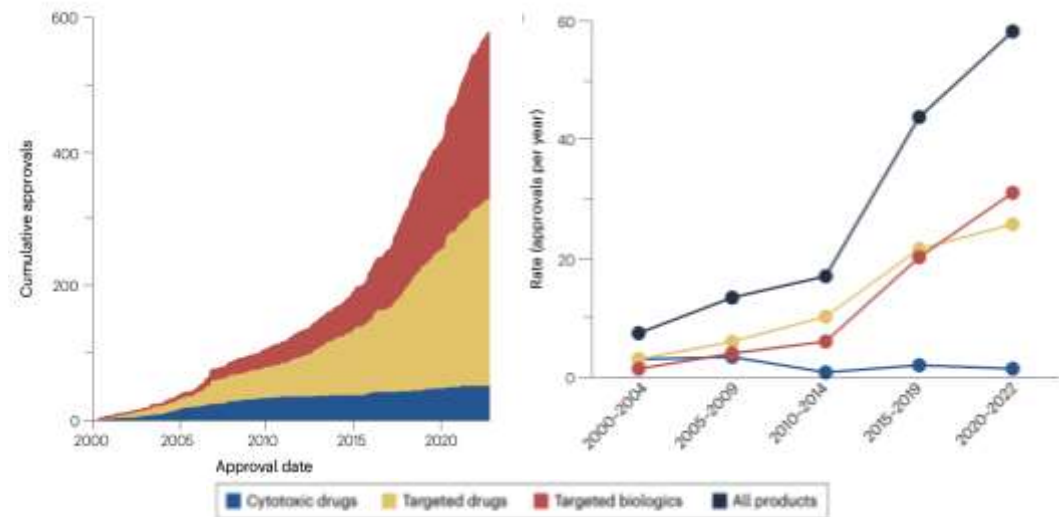


Estimated number of deaths from 2022 to 2050, Both sexes, age [0-85+]
All cancers
Chile



Cancer Tomorrow | IARC - <https://gco.iarc.who.int>
Data version: Globocan 2022 (version 11) - 08.02.2024

Trends in oncology therapeutic indication FDA approvals (2000-2022)



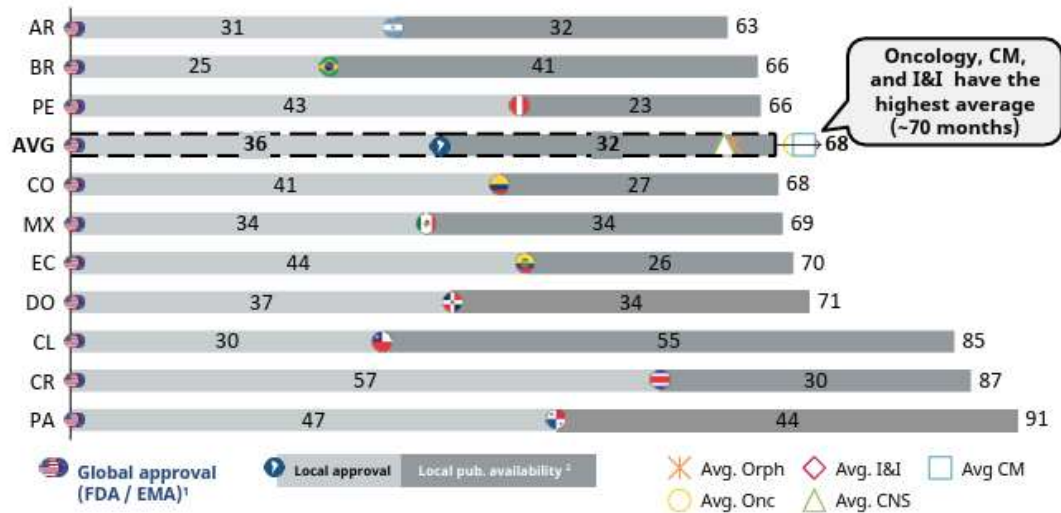
Scott et al. (2023). Trends in the approval of cancer therapies by the FDA in the twenty-first century. Nature Reviews Drug Discovery, 22(8), 625-640.



Why HB-HTA in a Chilean Cancer Centre?

Innovation creates difficult value decisions

Time to availability from global approval (2014 - 2025) – Combined

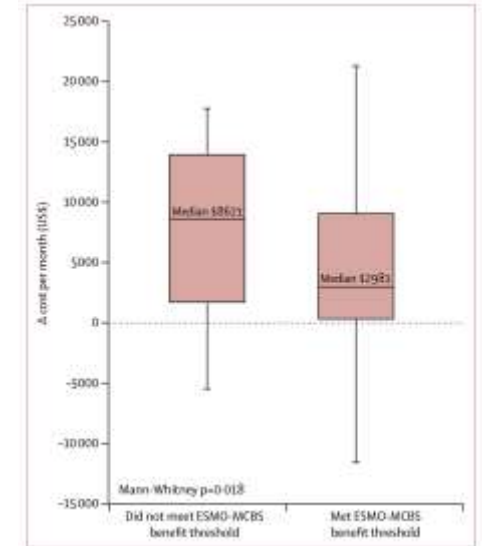
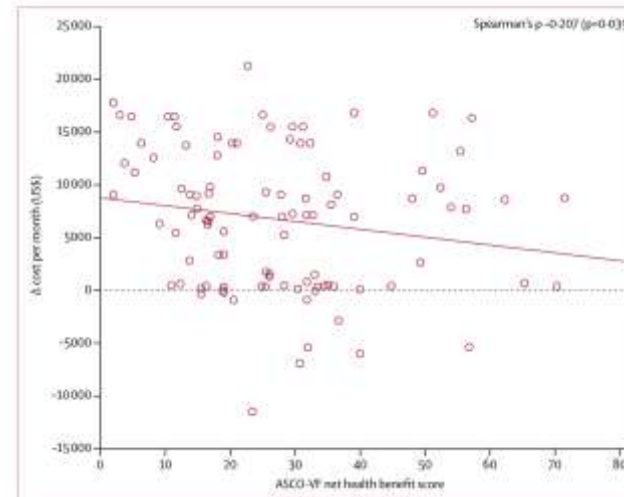


¹ Global approval date considered the earliest date between FDA or EMA
² Considering molecules with Full and/or Limited Availability

IQVIA (2026). FIFARMA Patient WAIT Indicator 2026 - Latin America.

The average time from local approval to first availability is 32 months, or ~2.6 years.

Correlation between ASCO-VF net health benefit scores (left), association between ESMO-MCBS threshold for meaningful benefit (right), and incremental monthly drug cost in a cohort of RCT in NSCLC, BC, CRC, PC published 2011–15



Del Paggio et al (2017). Delivery of meaningful cancer care: a retrospective cohort study assessing cost and benefit with the ASCO and ESMO frameworks. The Lancet Oncology, 18(7), 887-894.

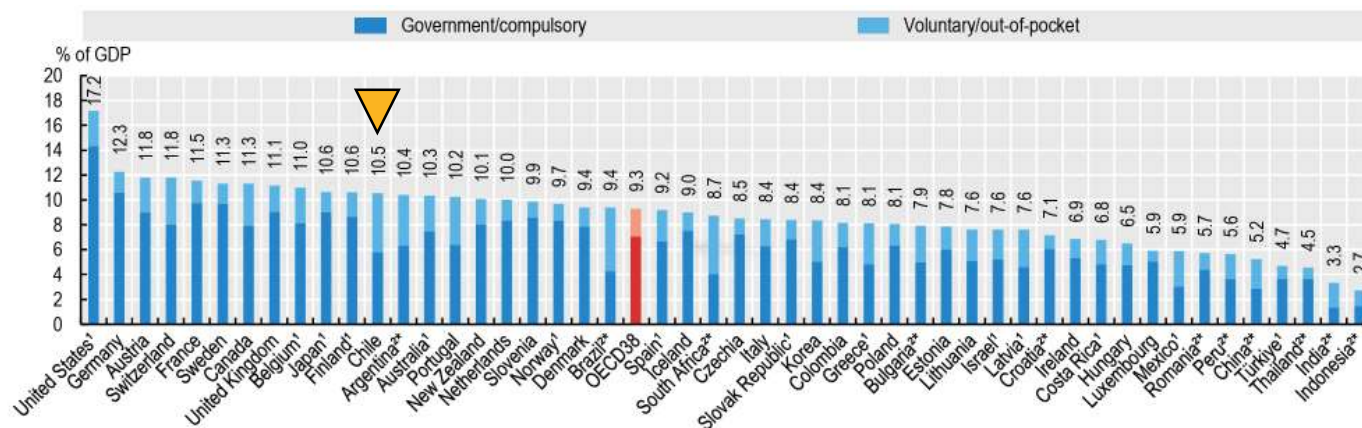
- ASCO benefit score and monthly incremental drug costs were negatively correlated.
- Treatments that met ESMO benefit thresholds had a lower median incremental drug cost than did those that did not meet benefit thresholds.



Why HB-HTA in a Chilean Cancer Centre?

Healthcare needs exceed available resources

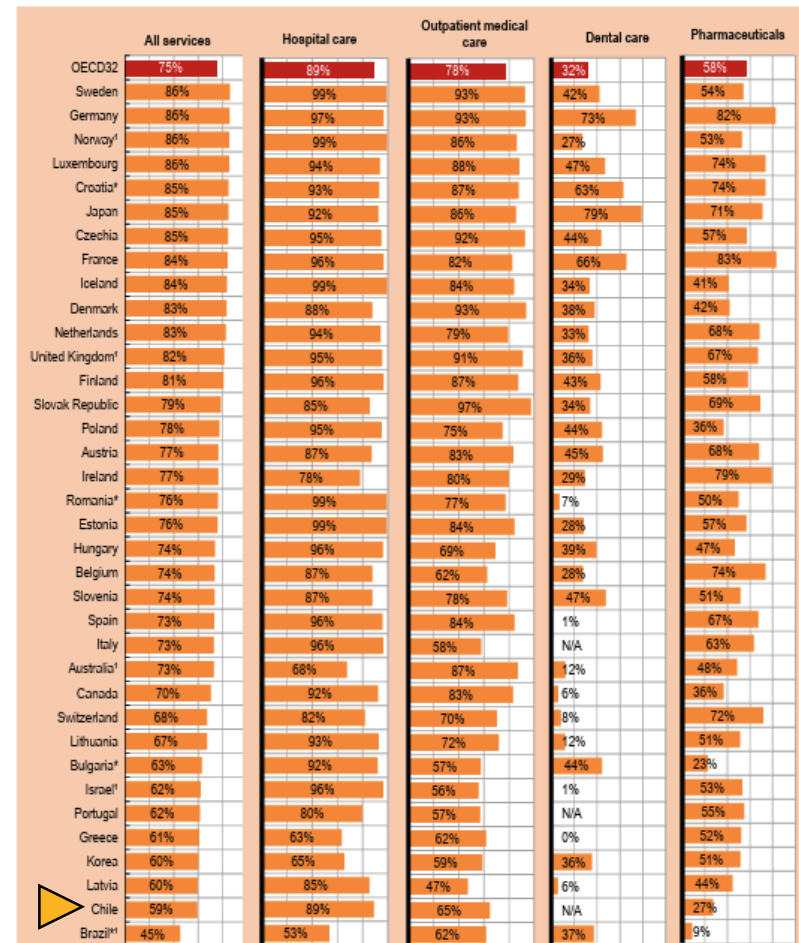
Health expenditure as a share of GDP, 2024 (or the nearest year)



1. OECD estimate for 2024. 2. 2022-2023 data. * Accession/partner country.

Source: OECD Health Statistics 2025; WHO Global Health Expenditure Database.

Extent of healthcare financial coverage, 2023 (or nearest year)
Government and compulsory insurance spending as proportion of total health spending by type of care



Note: Coverage of pharmaceuticals for Israel calculated using spending on medical goods (non-specified by function). * Accession/partner country. 1. Latest available data from 2022.
Source: OECD Health Statistics 2025.





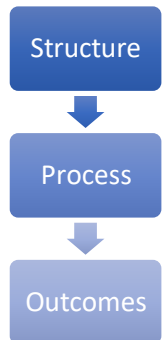
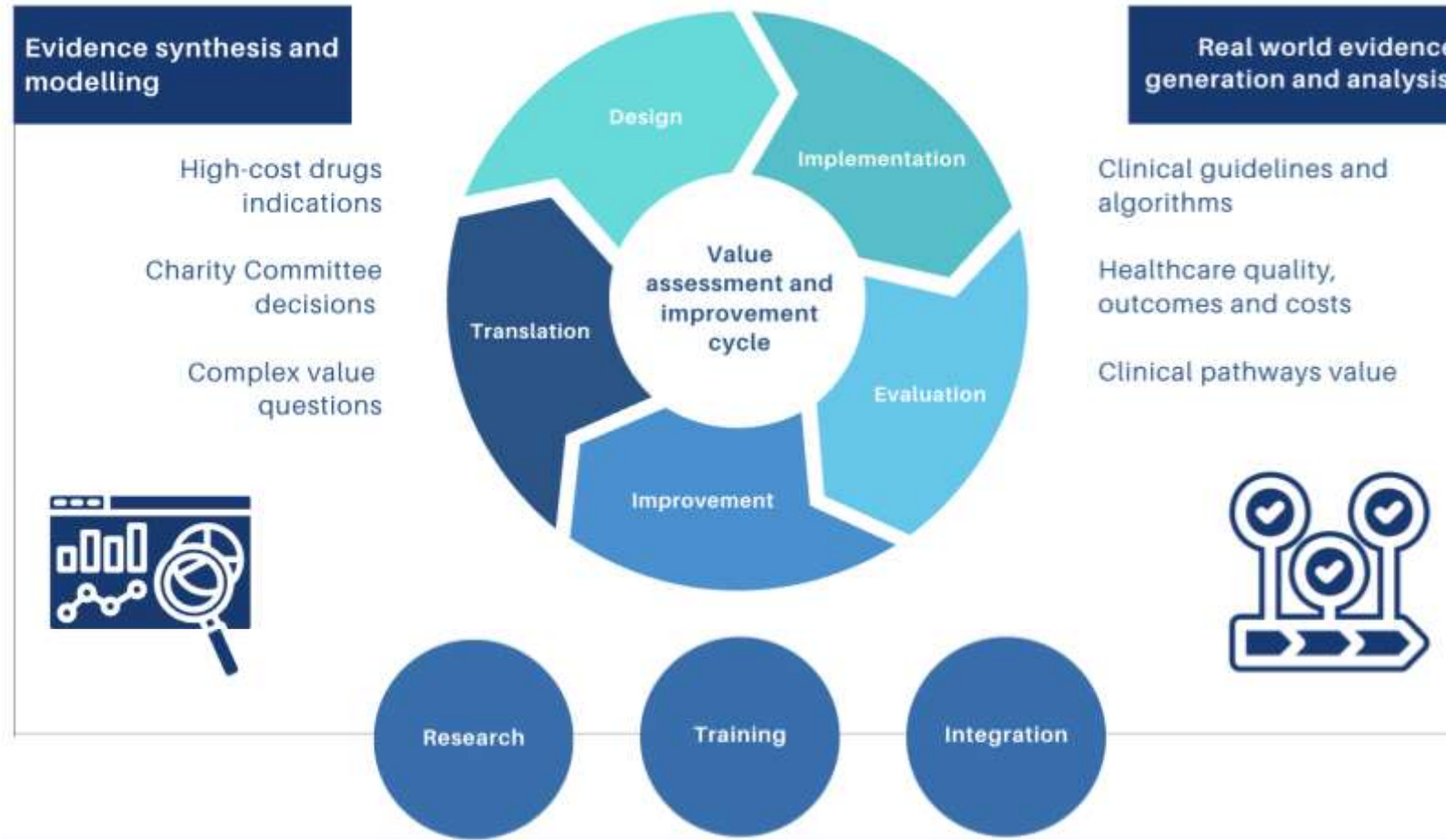
To expand timely access to comprehensive, high-quality cancer care, with a preferential option for the most vulnerable, in order to alleviate the individual and societal burden of cancer.



HB-HTA supports decision-making across FALP strategic functions.



FALP HB-HTA Unit



High-cost drugs indications (HCD)



**HCD value framework
literature review**



**Decision-makers
consensus**



**Application and
annual evaluation**



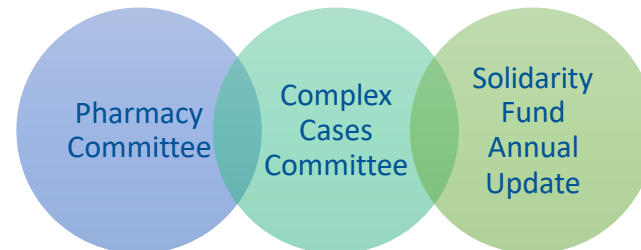
Evidence scoping review and case appropriateness assessment

- Regulatory agencies (FDA/EMA, local)
- Clinical guidelines (NCCN/ESMO, local)
- RCT updates.
- HTA agencies reports (NICE/CADTH, local, others)
- Evidence critical analysis
- FALP cohort outcomes
- Clinical case appropriateness



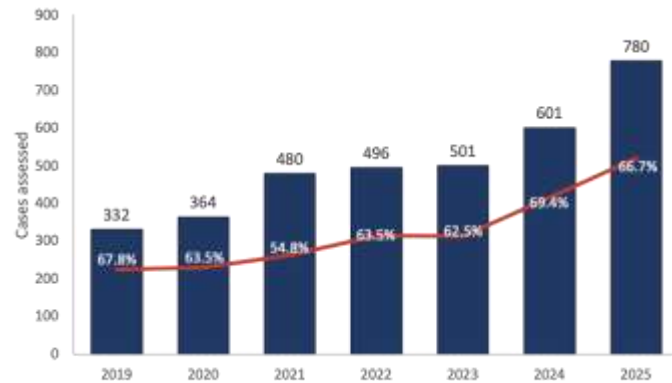
Assessment

- Magnitude of clinical benefit
 - Regulatory approval (efficacy/safety/quality)
 - Significant differences in the primary outcome
 - HTA recommendations
- Incremental cost-effectiveness
- Budget impact

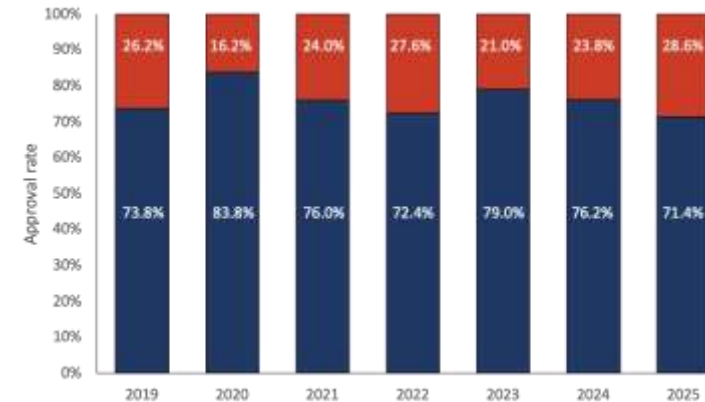


High-cost drugs indications (HCD)

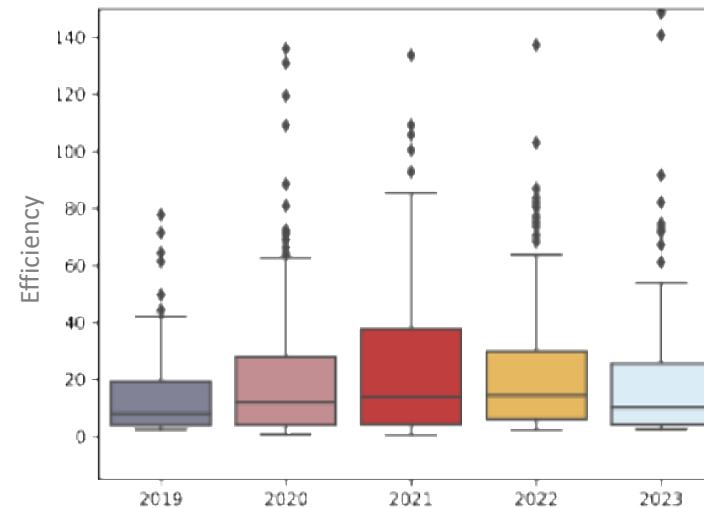
Assessed cases of HCDi



HCDi cases approval rate over time

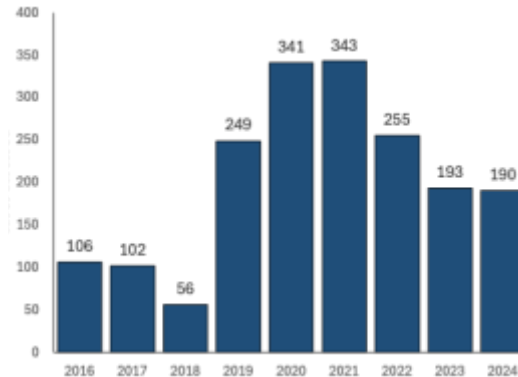


Efficiency in the HCDi cohort (cost/LY)

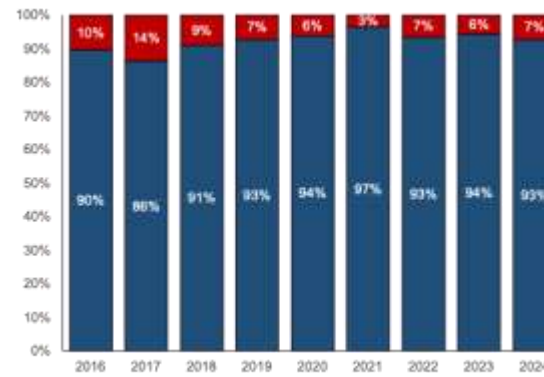


Charity Committee Decisions

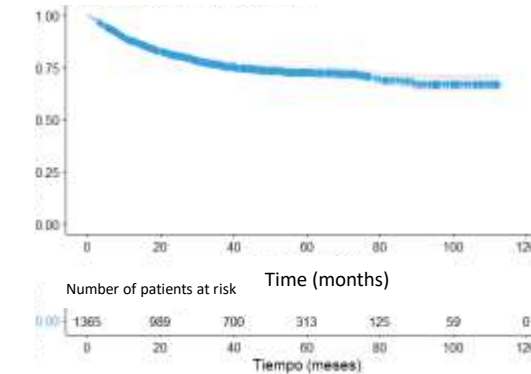
Assessed charity cases



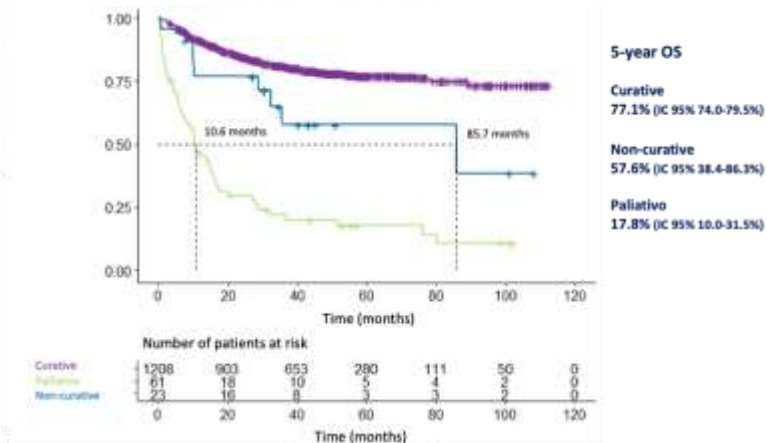
Charity Committee approval rate



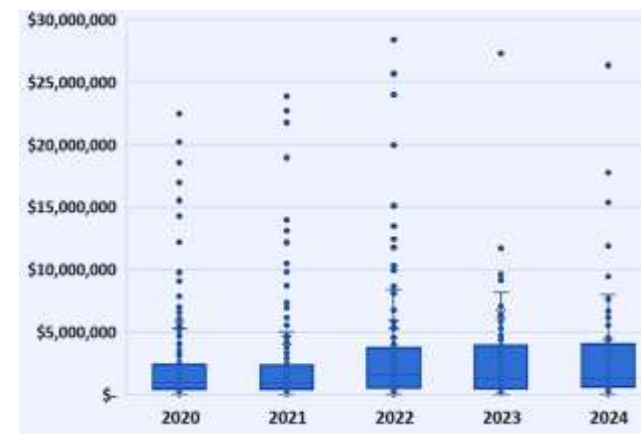
Overall Survival Charity cases (2016-2024)



Overall Survival Charity cases per treatment intent (2016-2024)



Charity Committee decisions efficiency over time (cost/LY)



Complex value questions

Muñoz-Montecinos et al. BMC Health Services Research (2024) 24:417
<https://doi.org/10.1186/s12913-024-10739-0>

BMC Health Services Research

RESEARCH

Open Access

Cost-effectiveness of intraoperative radiation therapy versus intensity-modulated radiation therapy for the treatment of early breast cancer: a disinvestment analysis



Carlos Muñoz-Montecinos^{1†}, Catalina González-Browne^{1†*}, Felipe Maza¹, Diego Carreño-Leiton¹, Pablo González², Badir Chahuan³ and Camila Quirland¹

Muñoz-Montecinos et al. BMC Health Services Research (2026) 26:752
<https://doi.org/10.1186/s12913-026-14524-z>

BMC Health Services Research

RESEARCH

Open Access

Cost-effectiveness and budget impact of a fecal immunochemical test-based colorectal cancer screening program in a cancer center



Carlos Muñoz-Montecinos¹, Camila Quirland^{1,2}, Felipe Maza¹, Carlos Barrientos³, Cristian Ayala⁴ and Catalina González-Browne^{1*}

Vol. 71 No. 2 February 2026

Journal of Pain and Symptom Management e111

Review Article

Role of Implantable Intrathecal Pumps in Refractory Cancer Pain: Systematic Review and Meta-Analysis

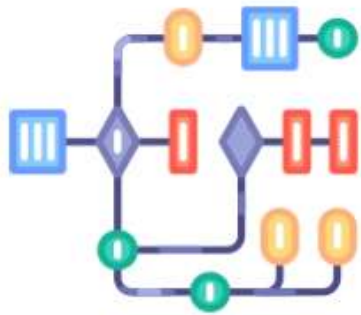


Alejandro Cubillos, MD, Carlos Muñoz-Montecinos, MSc, Felipe Maza, BS, Katia Duhalde-Saez, PD, Macarena Vera, MSc, Camila Quirland, MSc, and Catalina González-Browne, MSc
Neurosurgery Team (A.C.), Department of Surgery, Instituto Oncológico, Fundación Arturo López Pérez (FALP), Santiago, Chile; Health Technology Assessment Unit (C.M.M., F.M., K.D.S., M.V., C.Q., C.G.B.), Cancer Research and Innovation Center, Fundación Arturo López Pérez (FALP), Santiago, Chile; Biomedical Research Methodology and Public Health (C.Q.), Department of Pediatrics, Obstetrics and Gynecology and Preventive Medicine and Public Health, Universitat Autònoma de Barcelona, Barcelona, Spain



FALP Clinical pathways framework for continuous value improvement

Local clinical practice



Evidence-based clinical algorithms

Clinical processes
Updated evidence
Available resources
Priority cohorts

Indicators monitoring



Process-outcomes-impact

Adherence - waiting times
OS - PROMs
Resources - costs
Value

Value assessment



Priority cohort assessment

Cohort identification
Query library
RWE assessment
Data model

Improvement cycle



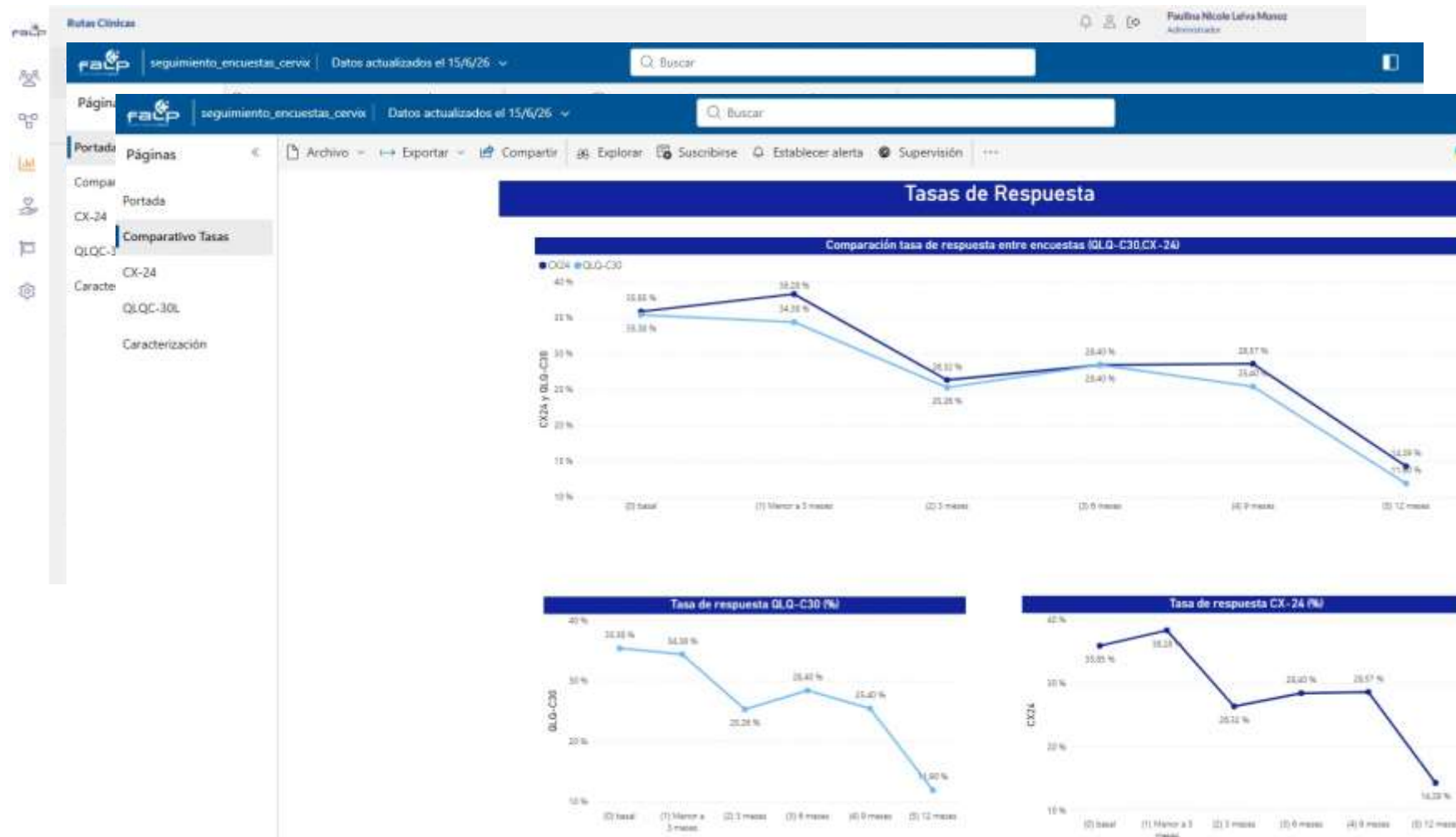
Clinical pathways annual meeting

Improvements identification
Health technology gaps
Planification



[illegible]

Indicators monitoring



3^{ra} Jornada de
Rutas Clínicas



Radioquimioterapia concomitante en Cáncer Cervicouterino Localmente Avanzado (LACC): Análisis de Resultados Clínicos en un Centro Oncológico

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¹Servicio de Oncología Médica; ²Servicio de Radioterapia; ³Servicio de Cirugía Ginecológica; ⁴Unidad ETESA

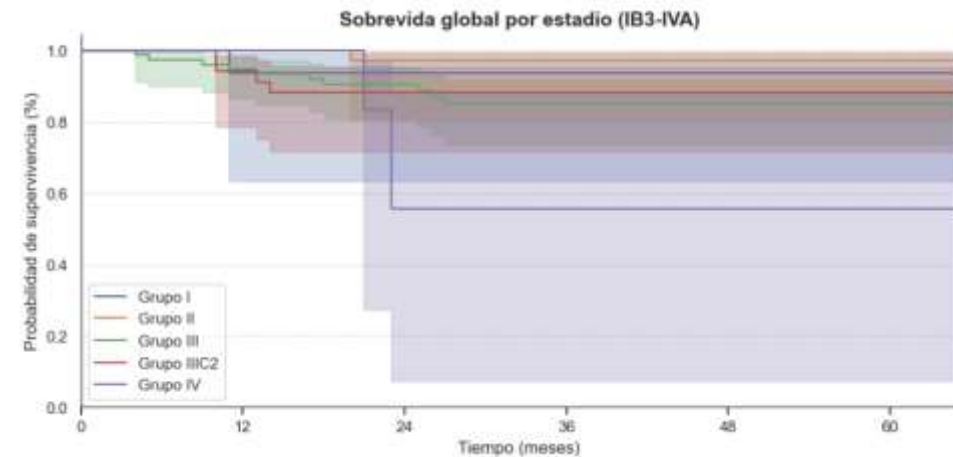
Introducción

El tratamiento estándar del cáncer cervicouterino localmente avanzado está basado en radioquimioterapia concomitante y braquiterapia que ha demostrado mejorar la sobrevida global (SG) y libre de recaída (SLR). En 2024, el estudio INTERLACE, publicado en The Lancet, evaluó la adición de quimioterapia de inducción previa a la radioquimioterapia, mostrando un incremento absoluto en SG y SLR a cinco años.

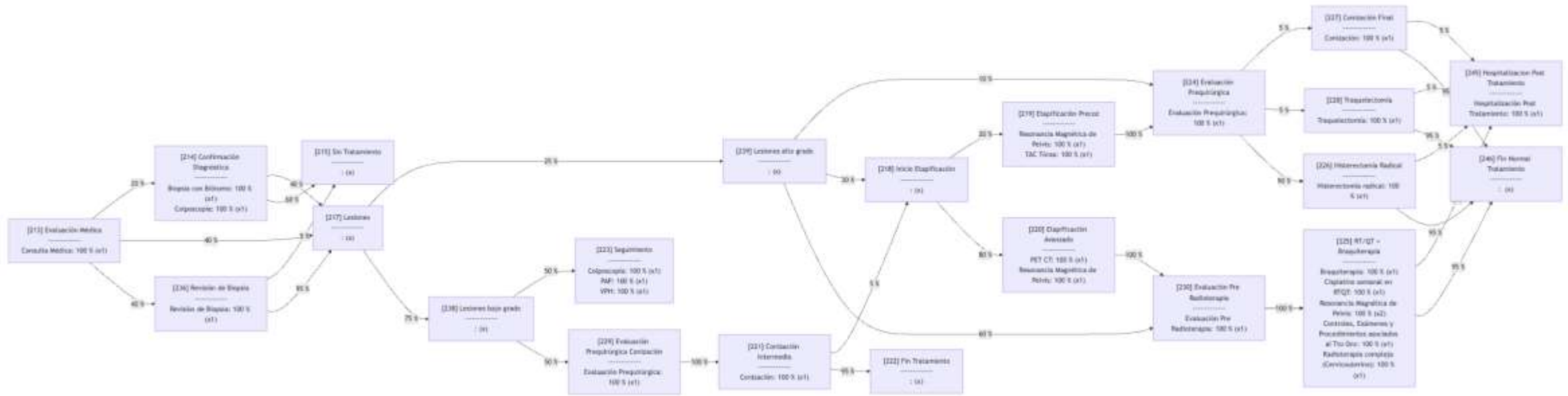
El presente trabajo analiza los resultados institucionales de la cohorte FALP (2019–2025) y los coteja con los reportados con el propósito de evaluar la eficacia de la estrategia terapéutica actual y determinar si los resultados son comparables.

Tabla I. Comparación de estudios clínicos

Estudio	SG (5 años)	SLR/SLP (5 años)	Comentarios
FALP	88%	81%	Cohorte nacional 2019–2025
EMBRACE II	74%	89%	Resultados RetroEmbrace
INTERLACE	80%	72%	Ensayo fase III con inducción semanal QT



Clinical pathways value assessment



What is actually happening in our clinical pathways?

How much our clinical pathways cost?

How much of what is happening is being paid for public/private insurance?

How can we adjust our pathways to improve value?



III Jornada de Rutas Clínicas FALP: Reafirmando nuestro compromiso por la excelencia clínica



Closing remarks

- Cancer centres are often the first point of access to innovation. Delays between approvals and reimbursement creates increasing pressure on hospitals to respond to patients' needs.
- Hospital-Based Health Technology Assessment (HB-HTA) can play a critical role in supporting transparent, evidence-informed and value-oriented organisational decisions.
- At FALP, HB-HTA started as a process to assess high-cost technologies. Over time, however, HTA and value-based healthcare principles provided a structured and reproducible framework that extended beyond individual technologies.
- This evolution led us to integrate HTA with clinical pathways, implementation and outcome monitoring, creating a continuous cycle of value assessment and improvement across the organisation.
- **Ultimately, frameworks do not transform organisations on their own. Sustainable value improvement requires leadership committed to using evidence, asking value-oriented questions and consistently embedding these principles into decision-making processes.**





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