Interview: Manuel Hidalgo, Director, CIOCC, Spain



23.07.2014

Tags: cancer, research, medical tourism,

Manuel Hidalgo, director of the Centro Integral Oncológico Clara Campal (CIOCC), discusses the expansion of the private sector of hospitals in Spain and the latest developments that CIOCC has taken in the area of personalized medicine.

How has the quality of healthcare in Spain changed or evolved over the last five years?

Overall, the standard is very high. Spain's healthcare system has primarily been publicly run, and has been in some trouble lately due to the restriction of access to and decrease of investment in medicines and, more importantly, in technology. Prescription policies are now highly scrutinized; while Spain is not at the same level as the UK in this regard, it is becoming like our northern neighbors with stricter indications and rules. In some areas like oncology, access to registered but very expensive medicines is becoming more difficult. Consequently, the public system's quality has slightly decreased and now we have to look more carefully about how we will proceed in the future, as it is not clear that the current model is sustainable in the long-term.

Conversely, the private sector in Spain has blossomed. Many private hospitals have evolved from boutique clinics run by a doctor to full developed Hospitals They are professionally managed, they can attract good professionals, invest more in state of the art technology, and they are collaborating more with pharmacies and universities to do research. The future of private hospitals, in this sense, is bright.

Will the private sector expand with networks like HM Hospitales?

I think there is still room for growth, both in quantity and quality; of course that must be linked to better insurance companies. The private sector does have some of the same problems as the public system with insurance companies always trying to contain cost. But I think that if people are asked to pay slightly more for better coverage, as the crisis is fortunately coming down, this will become a bigger trend. This must start with consumers, since many will suffer and die from cancer and therefore must invest and pay higher policies to get better coverage. This will permit insurance companies to support better treatments. The system is now moving towards larger coalitions of hospitals; in fact, for example, CAPIO recently signed an agreement with Quiron, and the organization will now run 20 percent of the market. We will see more agreements like this in the future to end up with 3 or 4 large groups managing the private sector, which is here to stay and offers significant opportunities.

How was CIOCC established?

The center was founded in 2007 as an addition to HM Hospital Norte Sanchinarro. This was the vision of Dr. Juan Abarca Campal, the founder of HM Hospitals. He believed that oncology would become an important area in Spain, and that there were very few such comprehensive cancer centers in the private sector that would inevitable become necessary in the future. HM Hospitales therefore invested in a comprehensive, multi-dimensional center, nurtured in research as the ultimate source of innovation and new molecules for our patients, most of who are already in an advanced stage of cancer beyond the curative stage. Access to new medicines and technologies for these patients is critical.

CIOCC's multi-disciplinary nature is certainly one of the center's defining characteristics. What does this mean for the future of personalized oncology medicine in terms of having a leadership position?

Multidisciplinary care is the basic, personalized medicine is the future. CIOCC is now in a transition period in which we are moving from a good multidisciplinary system where we manage patients individually but treat diseases on population-based data, incorporating patient-owned data into the management process to a full personalize medicine approach. That will take a while. The leading centers in the world are implementing this technology to gather the information and use bioinformatics to analyze the information. This is still within the boundary between clinical care and research. We have this technology in Spain, which CIOCC is embracing. The Center is engaging in some very innovative clinical trials and we write, publish and present at meetings about this topic.

This is a very exciting time for CIOCC; personalized medicine necessitates the ability to not only personalize but to also have medicines. Without either, you cannot have personalized medicine. Our investment in clinical research which brings many new medicines matches very nicely with our efforts to investigate the unique characteristics of each patient tumor to put the two together. This is possible in a small boutique center like CIOCC, which is easily manageable and has a similar structure to larger organizations. We are looking at patients from the beginning to end, and while implementing these things is challenging and time-consuming, it will ultimately provide many benefits to Spanish society.

How many clinical trials is CIOCC currently performing?

We usually involved with anywhere between 80 and 100 trials, with 500 to 600 patients a year, which includes about 25 percent of new patients that we see.

CIOCC is engaged in a number of partnerships across the spectrum; how do you look for partners?

We work with a number of pharmaceutical companies in clinical research and we have an interest in early clinical development. We partner with them when they have new molecular entities that they want to develop. They come to us as one of their hospitals in which they will develop new drugs. CIOCC partners with Roche, Genentech, Pfizer, Novartis, Celgene and PharmaMar to name a few, and thus we have a very broad portfolio. These companies want a rapid, quality-based turnaround, and we want new molecules for our patients. They provide us with the molecules and we try to conduct a good trial for them. Ultimately, our partnerships are based on quality and speed.

Where does the Center stand in its positioning in the world of cancer research centers?

In terms of clinical research, CIOCC and Vall d'Hebron in Barcelona are the two predominant centers for early trials development in Spain. Our partners in Europe like Royal Marsden have the same volume. This Center is probably ranked in fourth or fifth in Europe, and is likely in the top 20 worldwide in this area, largely due to competition in the US.

The number of visits to CIOCC increases significantly every year; might this center become a hub for medical tourism?

Most people are from Spain, especially Madrid. But we do attract people from Portugal and North Africa. I think we could and should develop our internationalization even more. But this requires investment and organization as a hub for international patients; we are considering this

opportunity.

How do you find the best talent, especially with so many professionals leaving Spain today?

It is tough; when many professionals leave it is hard to bring them back since you are competing with very good organizations and universities. Lately we have been trying to generate our own people; in the long-term we would like to take bright trainees whom we can support abroad and bring them back. In fact, this year we have already succeeded in bringing back two professionals from the US. For recruiting, there are many talented people around but moving them is not easy. Spain does not have a culture of mobility. That has been a bit of a challenge for us and the way we can solve this issue is by starting from the beginning and generating “la cantera”.

As the crisis begins to wear down, will we see more people come back?

I think so, but people will not come back just because the crisis is over and the world is more linked. There needs to be a concerted effort. Spain needs a long-term plan, which has to be driven by professionals, not politicians. However the two ruling parties should create a consensus regarding what are the key elements for science and innovation and develop a unanimously chosen long-term blueprint for professionals to run. The government would simply need to allocate the funds. I am optimistic; I think Spain is growing with talented people, some of whom will come back. The country’s science is improving, and while our current funding situation is low, dry days stimulate creativity. There is much movement throughout Spain, particularly in the biotech area. All of this will be capitalized much better if there was a long-term, well-thought out consensus plan as to where we want to be in 20 years, not in two months. That I do not see; each administration just makes a few small changes but never things about the long-term horizon.

What is the potential in the future for this Center to change some paradigms in the way we look at cancer today?

We do not discover things, as we are not a discovery group. Our source of innovation is by partnering with industry. We have taken a lot of effort to build that up and we want to continue improving this. We expect to obtain more effective molecules with which we can maximize their potential, once acquired. We want new, effective agents and to be able to develop them successfully. We want to innovate by incorporating elements of personalized medicine and applying genomics to characterize each patient. CIOCC is also a pioneer in the generation of avatar mouse models, where we can generate a model for each patient and use them as bench testing for new medicines. Pharmaceutical companies find this attractive to maintain a better development

process. Room for innovation will stem mainly from genomics, imaging and liquid biopsies. These are our goals.

To read more articles and interviews from Spain, and to download PharmaBoardroom’s latest free report on the country, click here.

See more interviews