

Patient Travel and Treatment Center Selection for New Gene Therapies in Brazil

Sarah Wertheimer, MIT CTL July 2024

Project Overview

Project Blurb

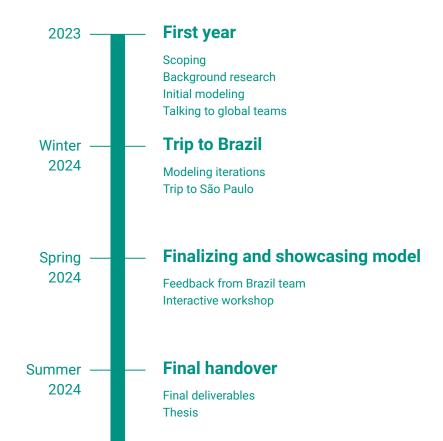
Optimizing Gene Therapy Supply Chains and Patient Travel

How can optimization modeling shed light on how patient travel considerations could be incorporated into gene therapy treatment center selection?

After exploring various steps along the gene therapy supply chain and their connections to patient access, we've decided to focus on gene therapy treatment center selection and patient travel. Choosing how many and which treatment centers at which to offer a gene therapy to patients is a crucial decision which impacts how far the treatment has to be transported and how far patients have to travel to receive treatment. Many gene therapies are for patients with severe diseases that make it difficult to travel. On the other hand, cold chain requirements give gene therapies short transport windows and expensive transportation costs. Using optimization modeling paired with local input we hope to explore how to best balance these considerations as the supply chain is being designed. Expected outputs of this work are a case study on a product in Brazil, a model that could be used for other cases, and a thesis.

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Project Timeline



Scope

Background on Brazil

Statistics:

- 3.3 million mi² / 8.5 million km² area
- 26 states, 1 federal district
- 215.3 million people

Health system:

- Sistema Único de Saúde (SUS)
 - Government-run, public health system
 - Free, universal care
- Product in pre-approval distribution stage, working towards approval

Currency:

- Brazilian Real (BRL)
 - 1 BRL ≅ 0.2 USD
 - 5 BRL ≅ 1 USD

Focus on treatment infusion locations

Referral Center (Diagnosis, eligibility, & follow-up)

- Requires specialized physician
- Does **not** require center willingness to handle high value product
- Does **not** require gene therapy product

Treatment Center (Infusion)

- Requires specialized physician with extra training
- Requires center willingness to handle high value product
- Requires gene therapy product

Focus of my project

Focus on TC-selection-dependent costs

1. Country entry cost

- Health
 authority
 approval
 process
- Country
 health
 system
 incorporation
 process

2. Patient cost (cost per patient treated)

- Fixed cost of treatment
- Fixed cost of administration
- Fixed cost of cold chain treatment transportation into country

3. Treatment center fixed cost (cost per treatment center)

- Site contracting and physician registration
- Site training on operations process
- Database maintenance IT cost
- Admin helpline burden

4. Last-mile variable treatment transport cost (proportional to distances from country entry point to treatment centers)

- Additional cold chain transport mileage
- Incremental cold chain duration

- 5. Patient travel variable cost (proportional to distances from patients to treatment centers)
 - Additional cost to further travel
 - Additional burden to further travel beyond 'travel cost', esp. with potential for multiple required trips

Not dependent on TC selection

Focus of my project

Model

Model: Balancing three factors

Treatment center cost

(cost per center)

The higher priority this is, the smaller the number of centers.

The lower priority this is, the larger the number of centers.

Last-mile treatment transport cost

(cost per km of in-country treatment transportation)

The higher priority this is, the closer treatment centers will be to the treatment start points.

The lower priority this is, the farther treatment centers will be to the treatment start points.

Patient travel cost

(cost per km of patient travel)

The higher priority this is, the closer treatment centers will be to patients.

The lower priority this is, the farther treatment centers will be to patients.

Data Inputs

Parameter Patient travel (cost * # trips) per km Patient travel (cost * # trips) per km Patient transport per km Patient travel (cost * # trips) per km Patient Travel

Shapefiles geobr package boundaries and coordinates)

Approach definitions

Ex: Centralize Center cost: HIGH Patient travel: LOW Treatment transport: MEDIUM Options: 15 biggest cities

Treatment start GRU GYN

Fstimated

populations

patient

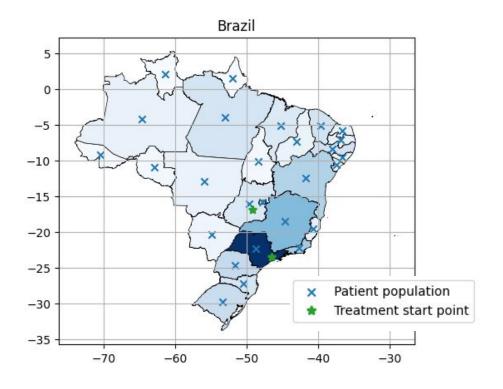
Census data & prevalence data

Center candidates

Biggest City in Each State City Region São Paulo São Paulo 3 15 Most Populous Cities 5 City Region 6 2 São Paulo São Paulo 3 **RD Reference Center Cities** 8 4 9 City Region 10 6 Rio de Janeiro Rio de Janeiro 11 Brasília Distrito Federal 12 8 **Previous GT Cities** 13 9 City Region 14 10 15 São Paulo São Paulo 11 Salvador 16 Dahia 12 8 17 4 "Main" Cities 13 18 City Region 14 10 19 São Paulo São Paulo 15 20 11 Rio de Janeiro Rio de Janeiro 16 21 12 Salvador Bahia 22 João Pes Santo An Minas Gerais Belo Horizonte 23 Maceió Vitória 24 Aracaju Florianópolis Santa Catarina 25 Espírito Santo Serra 26 Joinville Santa Catarina Campo Grande Mato Grosso do Sul Mato Grosso 28 Cuiabá

Fixed Model Parameters

- Number of patients
- Population distribution
- Treatment start points (where the gene therapy treatment enters the country)



582 patients, distributed proportionally to the population Treatment enters the country at GRU and GYN airports

Baseline Costs

(cost per center)

Based on the line-item breakdown of distribution costs from an international distributor for the pre-approval stage in Brazil, we came up with a <u>lower bound</u> of 8,500 EUR for the cost per treatment center location, which is approximately **50,000 BRL**

Last-mile treatment transport cost

(cost per km of in-country treatment transportation)

Based on a driving-distance calculator, using the trip from Cuiabá, MT to Goiâna, GO as a representative trip, we estimated a <u>lower bound</u> of 0.2 USD/km, which is approximately <u>1 BRL/km</u>

Patient travel cost (cost per km of patient travel)

Assuming patients will need to travel both to and from treatment center locations, we therefore estimated a <u>lower bound</u> of 0.4 USD/km of distance (=2 * 0.2 USD/km), which is approximately **2 BRL/km**

Since these lower bounds were significant underestimates, they were doubled to come up with our MEDIUM (1x) reference costs used to make model estimations

Menu of Input Options

- Candidate locations
- Priority levels for:
 - Patient travel
 - Treatment transportation
 - Center costs

Candidate locations		
Locations with previous GT experience	Government RD reference center locations	Biggest cities in each state
Patient travel cost priority level		
HIGH (5x)	MEDIUM (1x)	LOW (0.5x)
Treatment transportation cost priority level		
HIGH (5x)	MEDIUM (1x)	LOW (0.5x)
Center fixed cost priority level		
HIGH (5x)	MEDIUM (1x)	LOW (0.5x)

Results

- Five defined approaches
- Interactive workshop results

Five Approaches to TC-Selection

Approach descriptions

Centralize

Minimize complexity by centralizing and limiting the number of centers. Not concerned much with patient travel.

Candidate locations: 15 Biggest cities

Priorities:

Center: HIGH,

Transport: MEDIUM,

Patient: LOW

Copy Prev. Therapy

Only consider centers which already provide other gene therapies. The treatment center cost priority is low, as the centers are mostly setup.

Candidate locations: Cities with previous gene therapy offerings

Priorities: Center: LOW, Transport: MEDIUM, Patient: MEDIUM

Early Physicians

Allow influential physicians in the biggest states to defacto choose by bringing the treatment to their centers.

Candidate locations: 4 "main" cities

Priorities:

Center: MEDIUM, Transport: MEDIUM, Patient: MEDIUM

Government

The government decides to spread treatment centers among existing rare disease reference centers. Not interested in transportation costs as those likely born by the company.

Candidate locations: Cities with rare disease reference centers

Priorities:

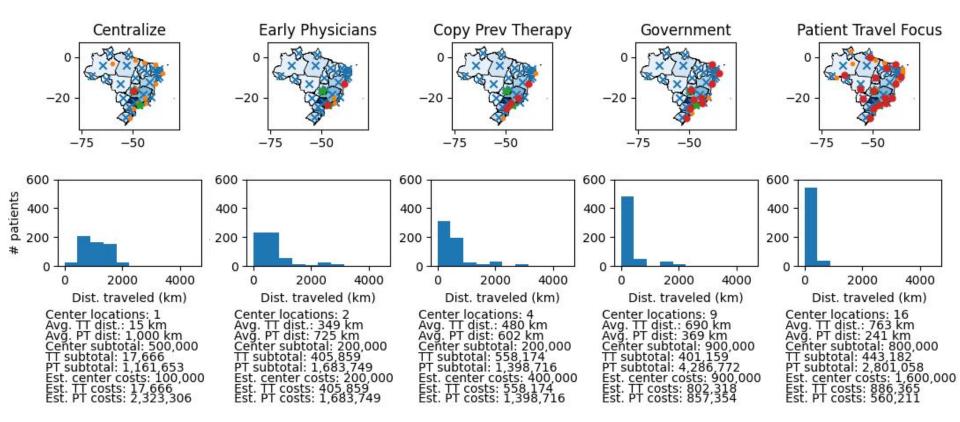
Center: MEDIUM, Transport: LOW, Patient: HIGH

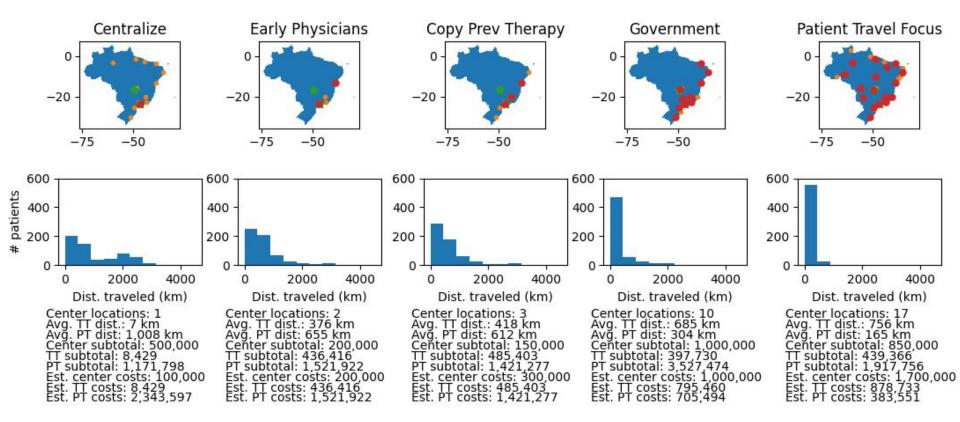
Patient Travel Focus

Strong focus on patient travel.

Candidate locations:
Biggest city in each state

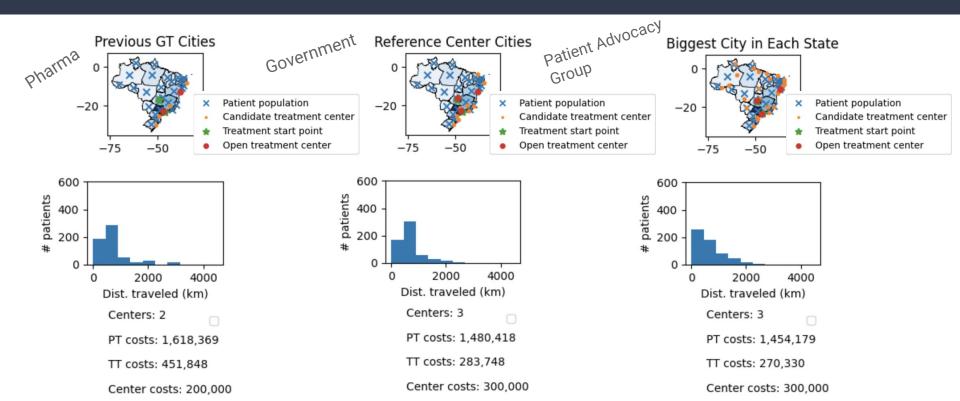
Priorities: Center: LOW, Transport: LOW, Patient: HIGH



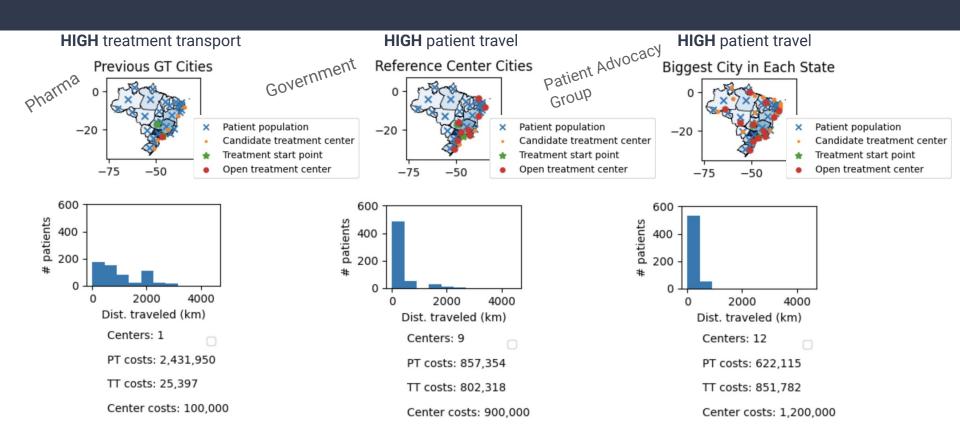


Interactive Workshop Results

All Medium Priority (pre-workshop)



High Top Priority, Others Medium (pre-workshop)

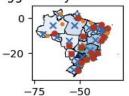


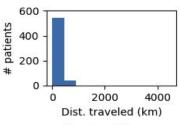
PAG preferences

Center: LOW Patient: HIGH

Transport: MEDIUM

Biggest City in Each State





Centers: 17

PT costs: 551,407

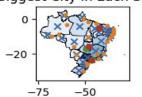
TT costs: 879.012

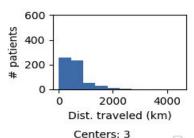
Center costs: 1,700,000

Middle ground exploration

Center: MEDIUM Patient: MEDIUM Transport: LOW

Biggest City in Each State





PT costs: 1,355,308

TT costs: 422,323

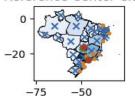
Center costs: 300,000

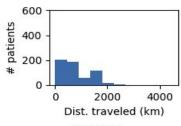
Government preferences

Center: LOW Patient: LOW

Transport: MEDIUM

Reference Center Cities





Centers: 2

PT costs: 1,834,255

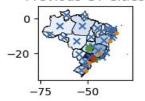
TT costs: 54,176

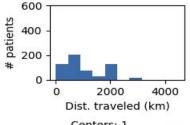
Center costs: 200,000

Pharma preferences

Center: HIGH Patient: MEDIUM Transport: MEDIUM

Previous GT Cities





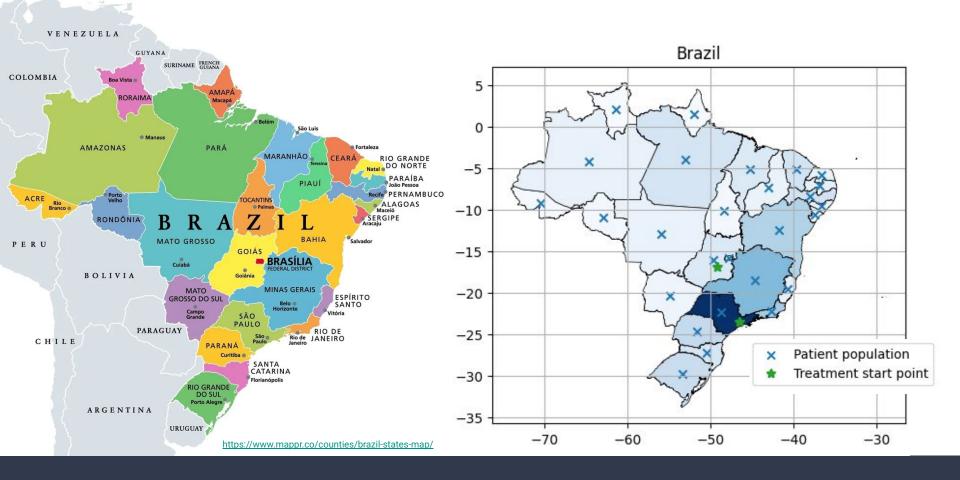
Centers: 1

PT costs: 2,332,511

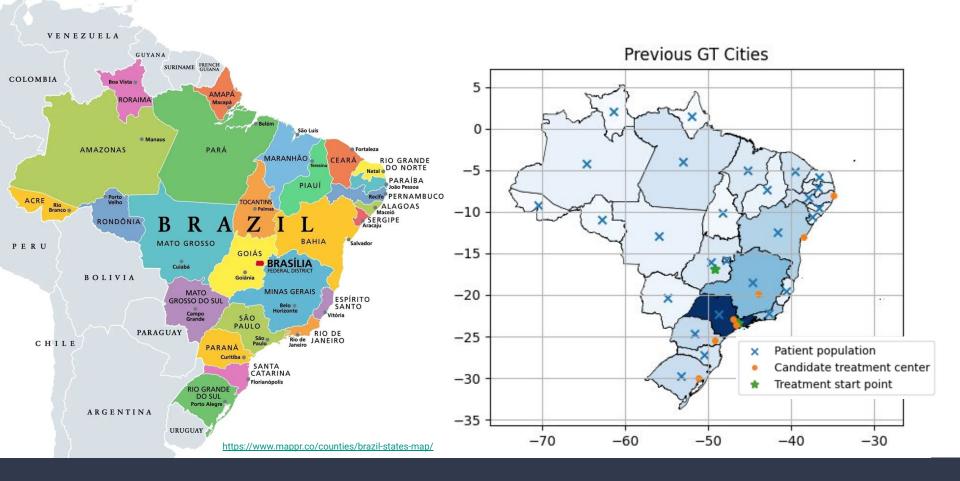
TT costs: 95,287

Center costs: 100,000

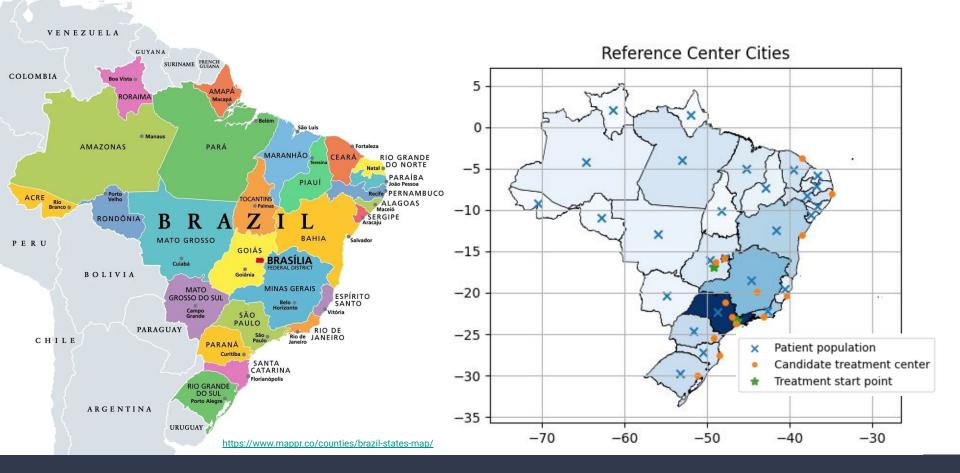
Appendix: Reference Maps



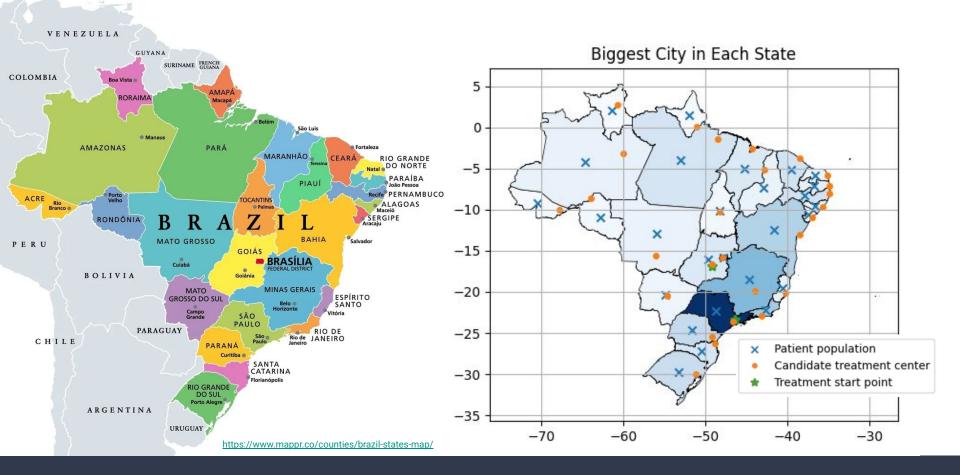
Treatment Start Points and Patient Populations



Previous Gene Therapy Treatment Center Cities



Reference Center Cities



Biggest City in Each State