Meeting protocols

- To protect the quality of the audio for everybody **please stay on "Mute" throughout the meeting**

- **We encourage all participants to join the interactive discussion in the Chat box: ask questions, share thoughts and comments**

- **Please note that the meeting will be recorded**

#InequalitiesRoundtable

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Community 365 Roundtable on Inequalities

Dr Matti Aapro

President

European Cancer Organisation

Meeting protocols

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#InequalitiesRoundtable

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Focused Topic Networks

Special Network Impact of COVID-19 on Cancer

Prevention Network

Quality Cancer Care Network

Suvivorship and Quality of Life Network

Inequalities Network

Workforce Network

HPV Action Network

Health Systems and Treatment Optimisation Network

Digital Health Network

Community 365 Roundtable on Inequalities

Treating Ageing Patients with Cancer

14:00-14:10 Welcome & Overview

Dr Matti Aapro, President of the European Cancer Organisation & EU Cancer Mission Assembly Member

14:10-14:30 Ageing with Cancer: Impacts on Health Systems

Peter Lindgren, Managing Director, The Swedish Institute for Health Economics

14:30-14:50 Challenges of Treating Ageing Patients: Overcoming Barriers

Professor Etienne Brain, Co-Chair Corporate Relations Committee for SIOG and Department of Clinical Research & Medical Oncology, Institut Curie

14:50-15:10 Developing Policy to Support Ageing Patients with Cancer

Dr Cary Adams, Chief Executive Officer, Union for International Cancer Control

15:10-15:15 Closing Remarks and Conclusions

Dr Matti Aapro & **Hampton Shaddock**

Community 365 Roundtable on Inequalities

The East-West Divide

15:15-15:20 Welcome & Overview

Dr Matti Aapro, President of the European Cancer Organisation & EU Cancer Mission Assembly Member

15:20-15:45 Deploying Cancer Intelligence to Inform our Priorities in Eastern European Countries

Professor Mark Lawler (European Cancer Organisation Board Member; Associate Pro-Vice Chancellor and Professor of Digital Health, Queen's University Belfast)

15:45-16:25 Catalysing Action to Advance Cancer Care: Learnings from the Field

Veronique Trillet-Lenoir MEP, Rapporteur, Special Committee on Beating Cancer; Shadow Rapporteur, EU4Health; Member, EU Special Committee on Beating Cancer; Member, ENVI Committee and Co-Chair of MEPs Against Cancer and an Oncologist herself, moderates a discussion on best practice and experience from Croatia, Slovenia and Poland as examples.

Professor Tit Albreht, Senior Health Services & Health Systems Researcher, National Institute Of Public Health Of Slovenia

Professor Piotr Rutkowski, Professor, Surgical Oncology, Maria Sklodowska-Curie Memorial Cancer Center & Institute Of Oncology

Professor Eduard Vrdoljak, Head, Center For Oncology & Professor, Faculty Of Medicine, University Of Split

16:25-16:30 Closing Remarks and Conclusions

Linda Gibbs, Oncology Lead for Central/Eastern Europe, Pfizer

Inequalities Network

#InequalitiesRoundtable

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European Code of Cancer Practice

YOU HAVE A RIGHT TO:

1. EQUAL ACCESS
2. INFORMATION
3. QUALITY, EXPERTISE & OUTCOMES
4. SPECIALISED MULTIDISCIPLINARY CARE
5. SHARED DECISION-MAKING
6. RESEARCH & INNOVATION
7. QUALITY OF LIFE
8. INTEGRATED SUPPORTIVE & PALLIATIVE CARE
9. SURVIVORSHIP & REHABILITATION
10. REINTEGRATION

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#cancerpatientrights #codeofcancerpractice

europeancancer.org/code

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Opening Remarks

Hampton Shaddock

Global Public Affairs, Head of When Cancer Grows Old Initiative

Sanofi

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Treating Ageing Patients with Cancer

Dr Matti Aapro
President, European Cancer Organisation
EU Cancer Mission Assembly Member

co-chaired with **Hampton Shaddock**, Head of Global Public Affairs, Oncology, Sanofi

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Ageing with Cancer: Impacts on Health Systems

Peter Lindgren, PhD
Managing Director
Swedish Institute for Health Economics

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Macro level challenges

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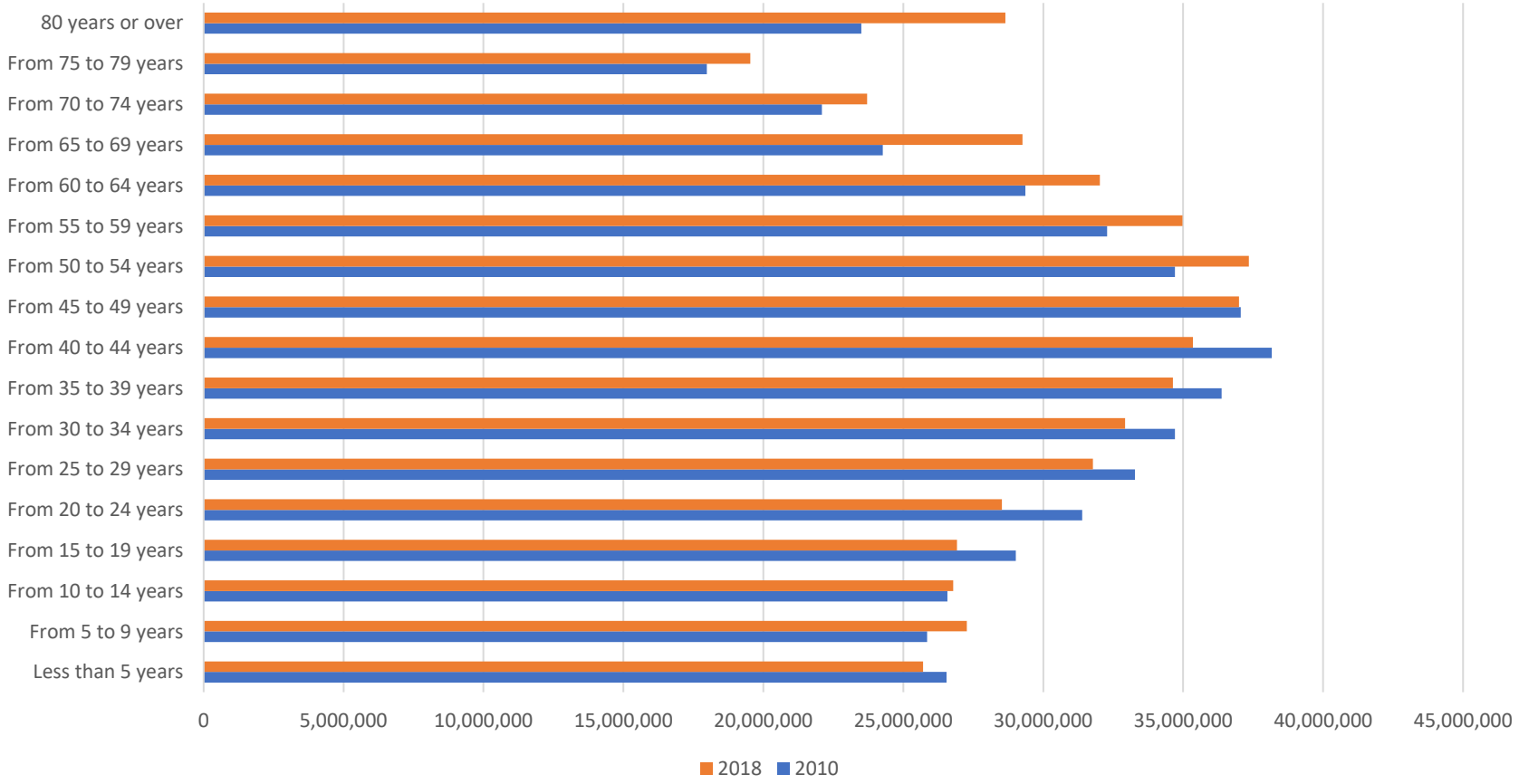
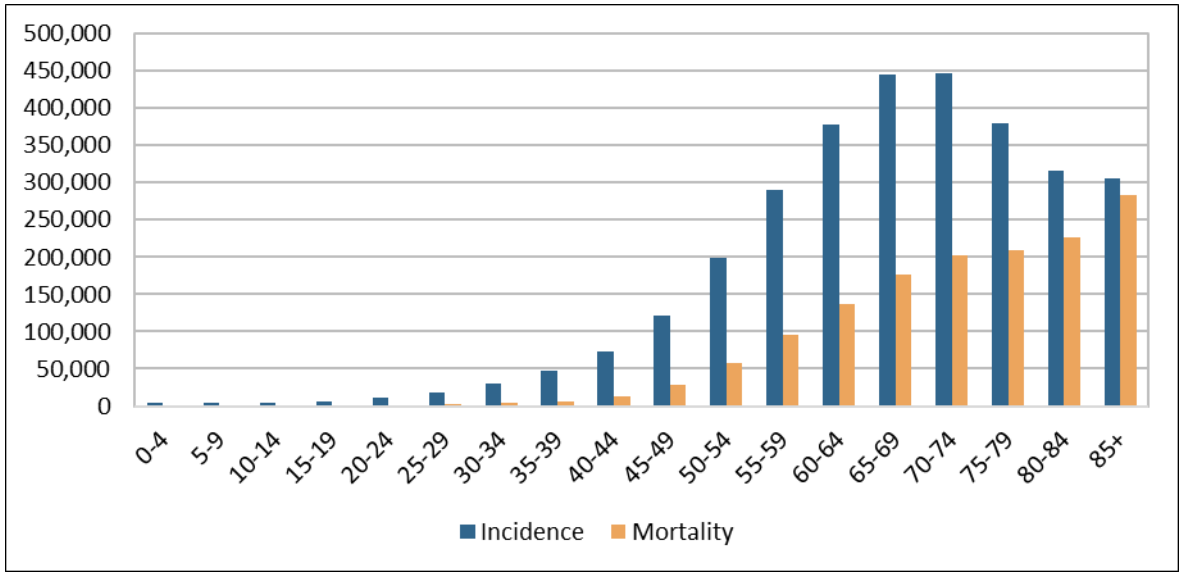
Europe is graying



Number of inhabitants by age group, EU-28

Source: Eurostat

Cancer is an aging-associated disease

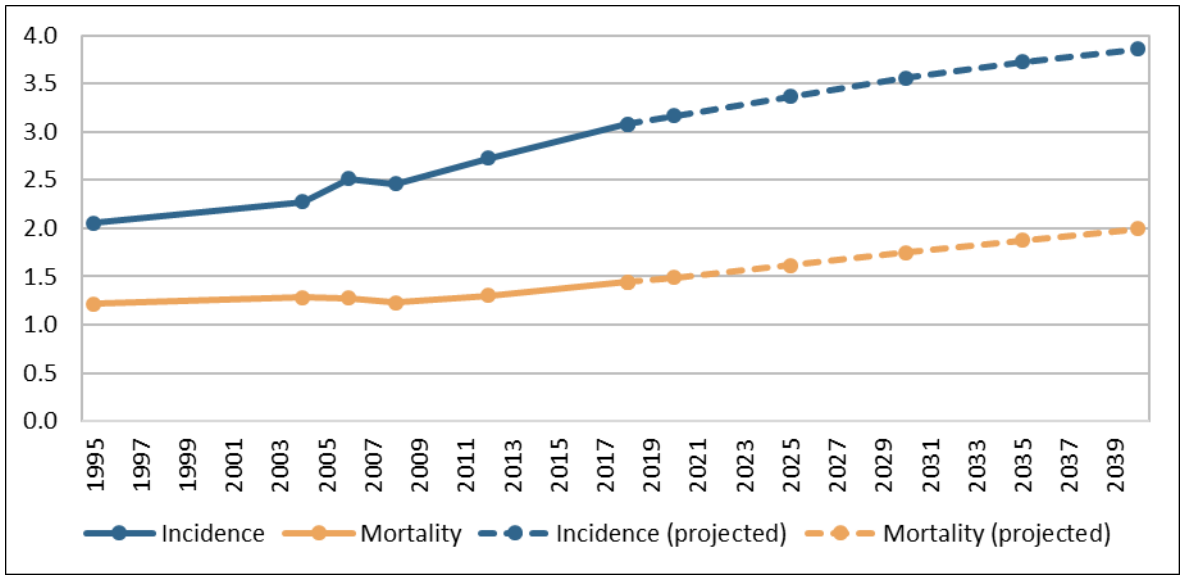


3 out of 5 incidence cases and 3 out of 4 mortality cases occurred in people aged 65+ in 2018

Number of cases of cancer incidence and mortality by age group in Europe, 2018

Source: Ferlay et al (2018)

Trends in incidence and mortality



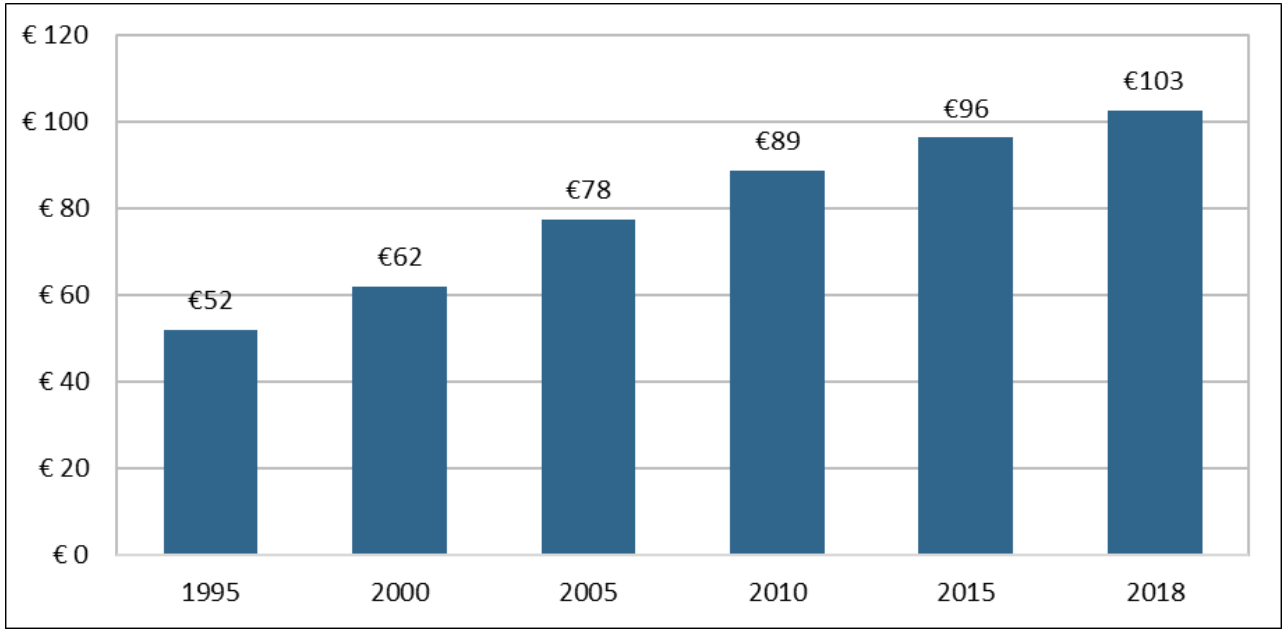
50% increase in incidence (from 2.1 to 3.1 million cases) 1995–2018
20% increase in mortality (from 1.2 to 1.4 million cases) 1995–2018

Population aging is a major determinant of trends in incidence and mortality

Cancer incidence and mortality (in million cases) in Europe, 1995–2018 and projection of status quo 2020–2040

Notes: Europe includes the EU-28, IS, NO, and CH. Cancer is defined as ICD-10 C00-C97/C44.
Source: Boyle et al (2005), Bray et al (2002), Ferlay et al (2007+2010+2013+2018)

Direct costs of cancer between 1995–2018



98% cost increase in Europe between 1995–2018
(86% cost increase in per capita)

Simultaneous developments:
- 50% increase in cancer incidence
- 118 EMA-approved medicines

Direct costs of cancer in Europe (in billion €, 2018 prices and exchange rates), 1995–2018

Source: Hofmarcher et al (2020)

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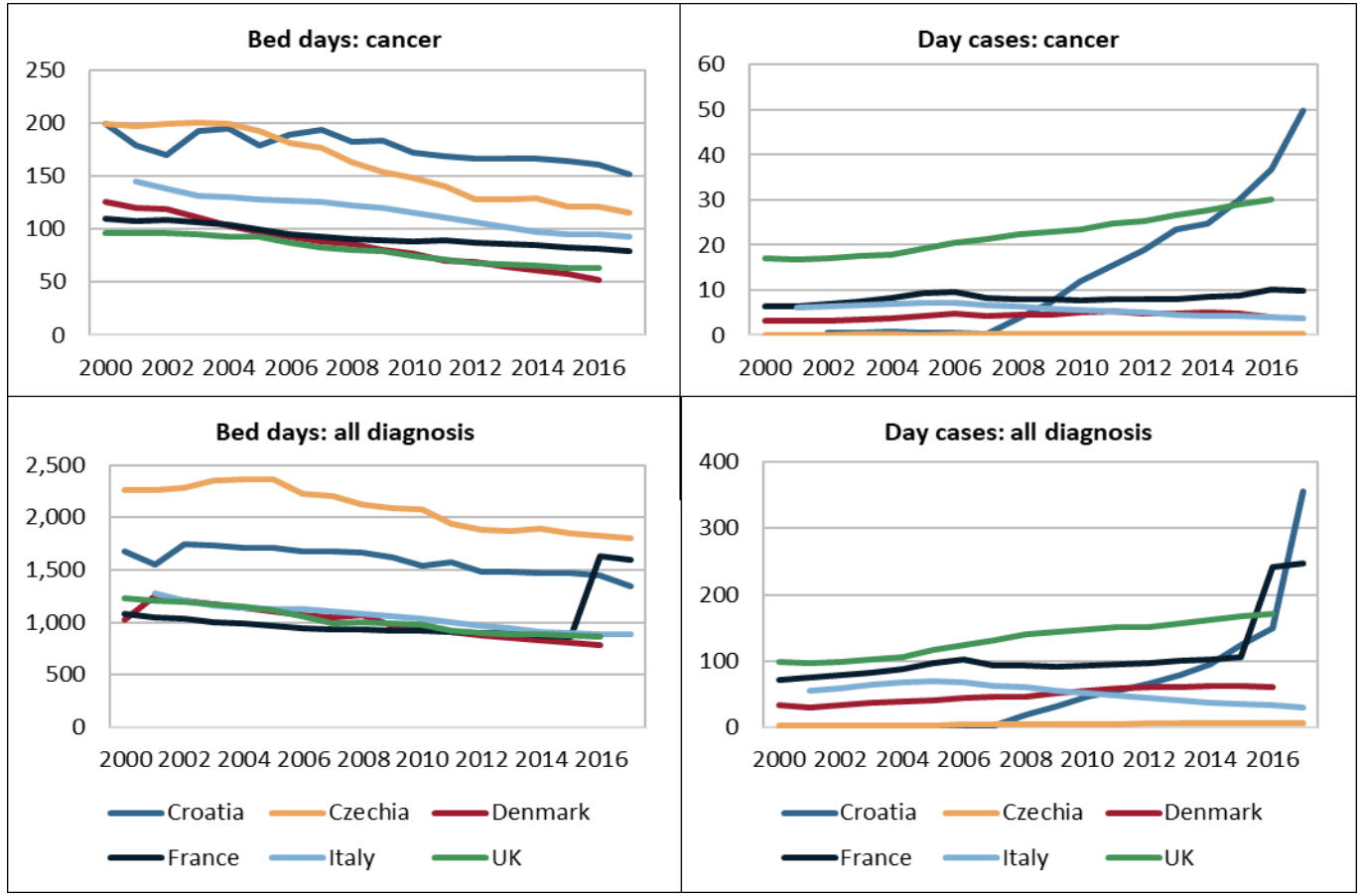
Meso and micro level challenges

Shift from inpatient care to ambulatory care



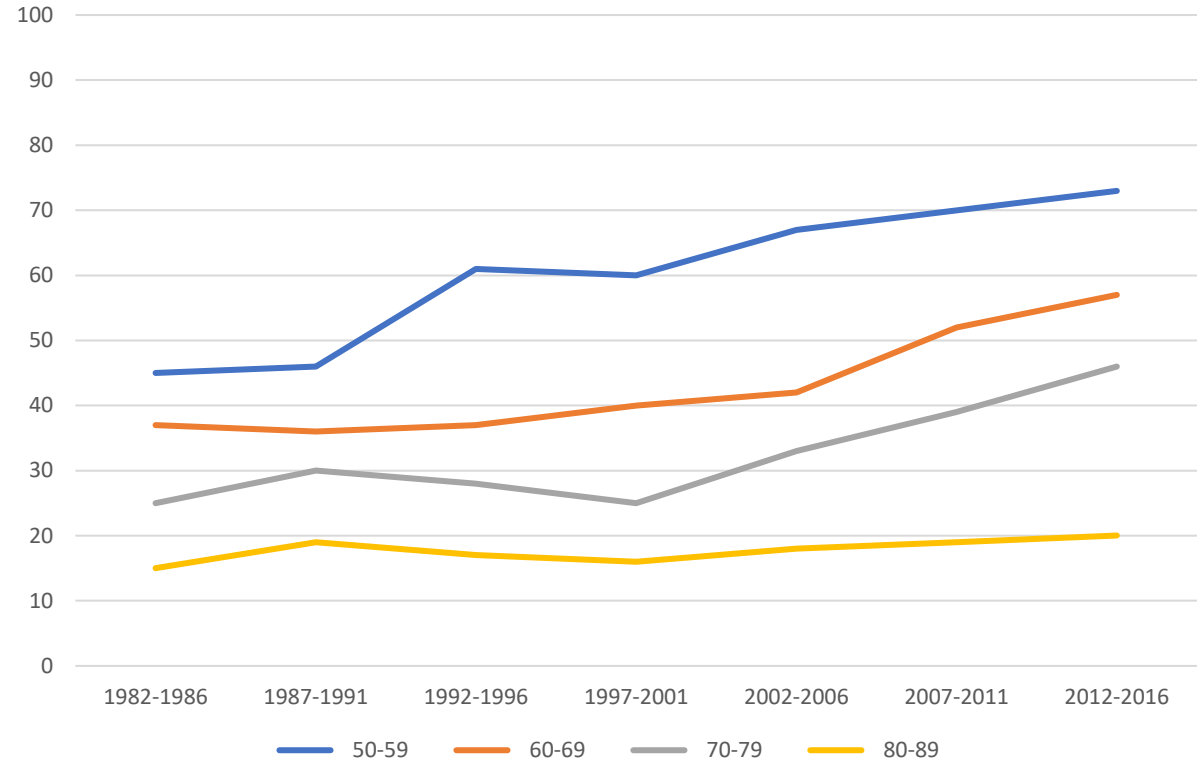
Bed days (left figures) and day cases (right figures) spent in hospitals per 1,000 inhabitants, 2000–2017

Trend toward fewer bed days is stronger in cancer care than overall

Trend toward more day cases (i.e. admitted & discharged on the same day)

Patients are shifted to ambulatory care or can receive (oral) treatment at home

Transition to a chronic condition?

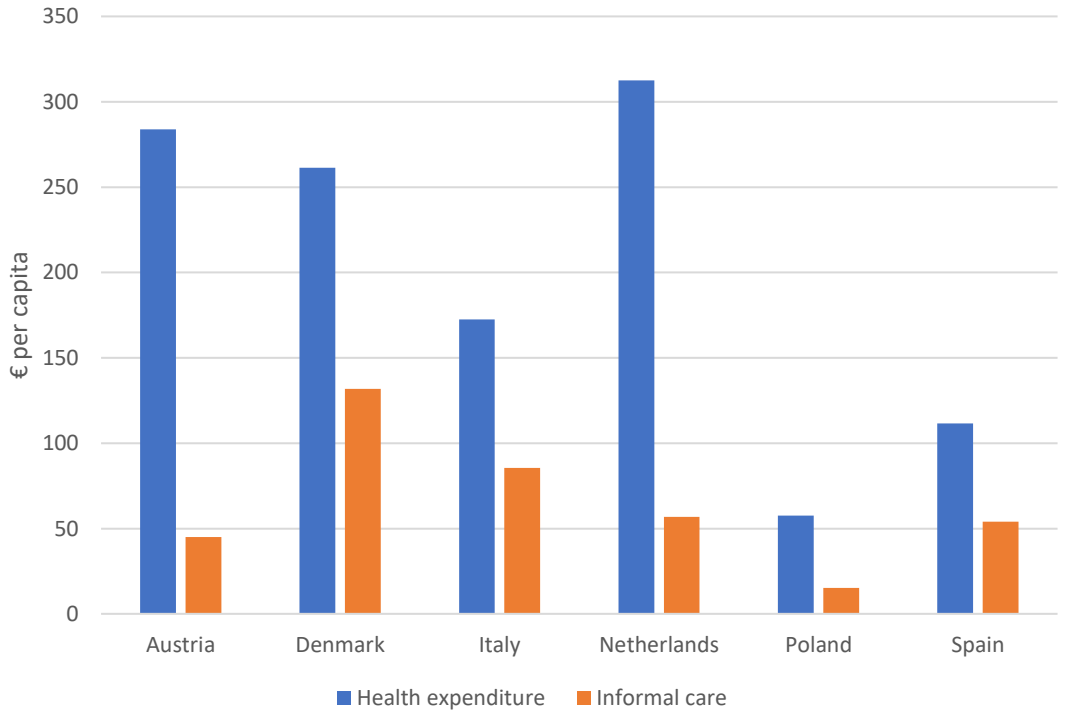


Multiple myeloma: 5-year survival by age at diagnosis, Swedish women

Source: NordCan

In addition to the usual disease panorama among the elderly, health care will now need to adapt to many being cancer survivors or having disease in remission.

Consequences outside health care



Per capita expenditure and informal care due to cancer (2018)

Source: Hofmarcher et al 2020

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Thank you!

Challenges of Treating Ageing Patients: Overcoming Barriers

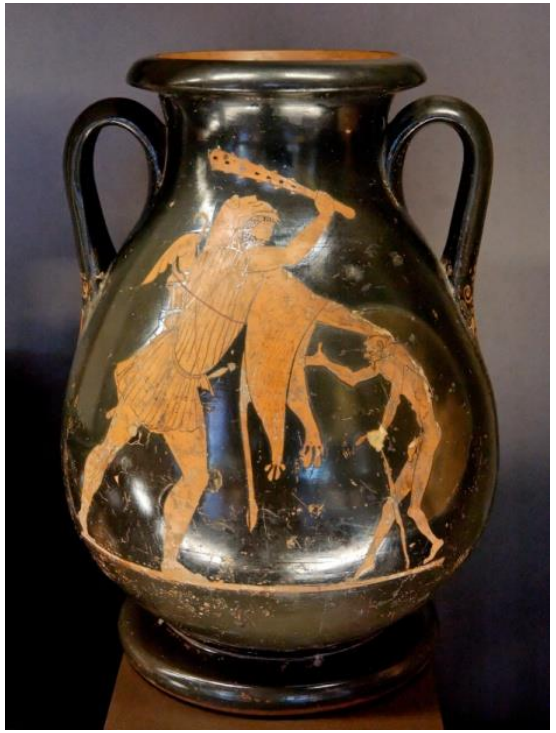
Professor Etienne Brain, MD, PhD
Co-Chair Corporate Relations Committee
International Society of Geriatric Oncology (SIOG)
Department of Clinical Research & Medical Oncology
Institut Curie

All adult oncologists are geriatric oncologists…

They just do not know it yet!

Dilemmas & extreme positions

1. Therapeutic **nihilism**
   - Elderly patients **do not receive** any treatment!
2. The **intermediate** position?
   - Elderly patients **may** benefit from treatments
3. Blind therapeutic **enthusiasm**
   - Elderly patients **receive futile/non beneficial** treatments



Pelike from Attica 480-470 BC
Musée du Louvre

Place and role of **geriatrician** and **oncologist**


LUVÉ
VANITY FAIR

Fit patient

Frail patient

Tumour extent

TNM

Tumour biology

Pathology

Gene expression profile

General health status

Geriatric assessment

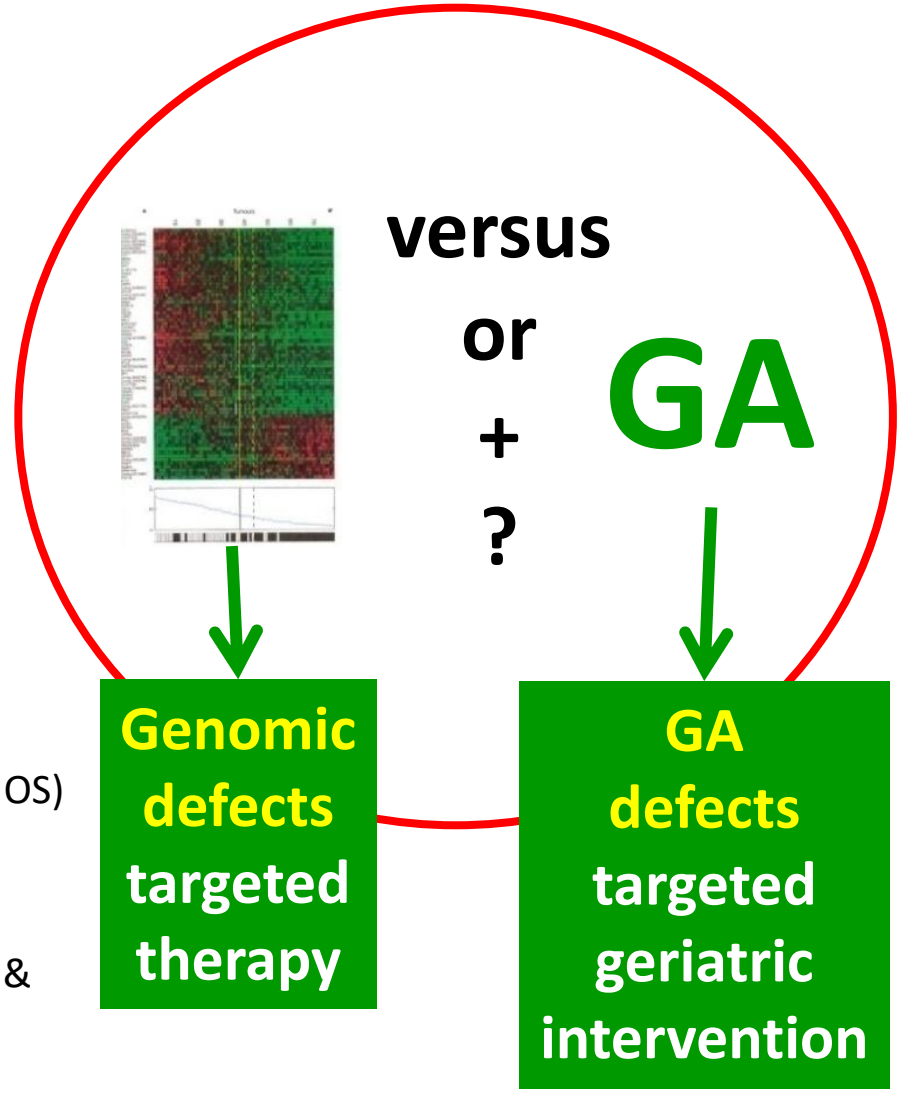
Life expectancy

Treatment toxicity

Patient preference & acceptability

2 worlds confronting one another?

- **Young patient**
  - Social and family obligations (children)
  - Quantity of life +++
- **Oncology**
  - Therapies and innovation
  - Toxicity, response, survival
    - RECIST
    - NCI CTC v4.0
    - Survival (DFS, PFS, DDFS, OS)
    - Translational research
  - Fast-moving world
  - "Molecular portrait" of tumour & **GEP**



- **Elderly patient**
  - QoL+++
  - Independence
  - Staying at home
- **Geriatrics**
  - Symptoms, diagnosis
  - Quality of survival, i.e. amount of life with good QoL
    - Cognition
    - Functional status
    - Nutrition, etc.
  - Requiring time
  - "Global portrait" of patient & **GA**

It matters!

- Oncological decision before or after “some kind of” geriatric assessment
  - ~ 40% modification of initial treatment plan
  - 2/3 cases w/ less intensive treatment
  - High role of functional & nutritional status
  - Potential helpful interventions in > 70% patients

Hamaker Acta Oncol 2014

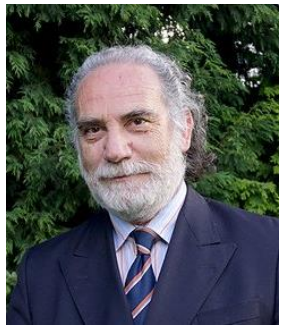
SIOG History

- SIOG was established in 2000:
  - Special thanks to the **Founding Members**:

  Paul Calabresi, Matti Aapro, Gilbert Zulian,
  Lazzaro Repetto, Martine Extermann, John Bennett,
  Riccardo Audisio, Lodovico Balducci and Silvio Monfardini





- SIOG Presidents:
  - 2000-2002: *Paul Calabresi (US)*†
  - 2002-2004: Silvio Monfardini (Italy)
  - 2004-2006: Harvey Cohen (US)
  - 2006-2008: Jean-Pierre Droz (France)
  - 2008-2010: Martine Extermann (US)
  - 2010-2012: Riccardo Audisio (UK)
  - 2012-2014: *Arti Hurria (US)*†
  - 2014-2016: Etienne Brain (France)
  - 2016-2018: Stuart Lichtman (US)
  - 2018-2020: Hans Wildiers (Belgium)

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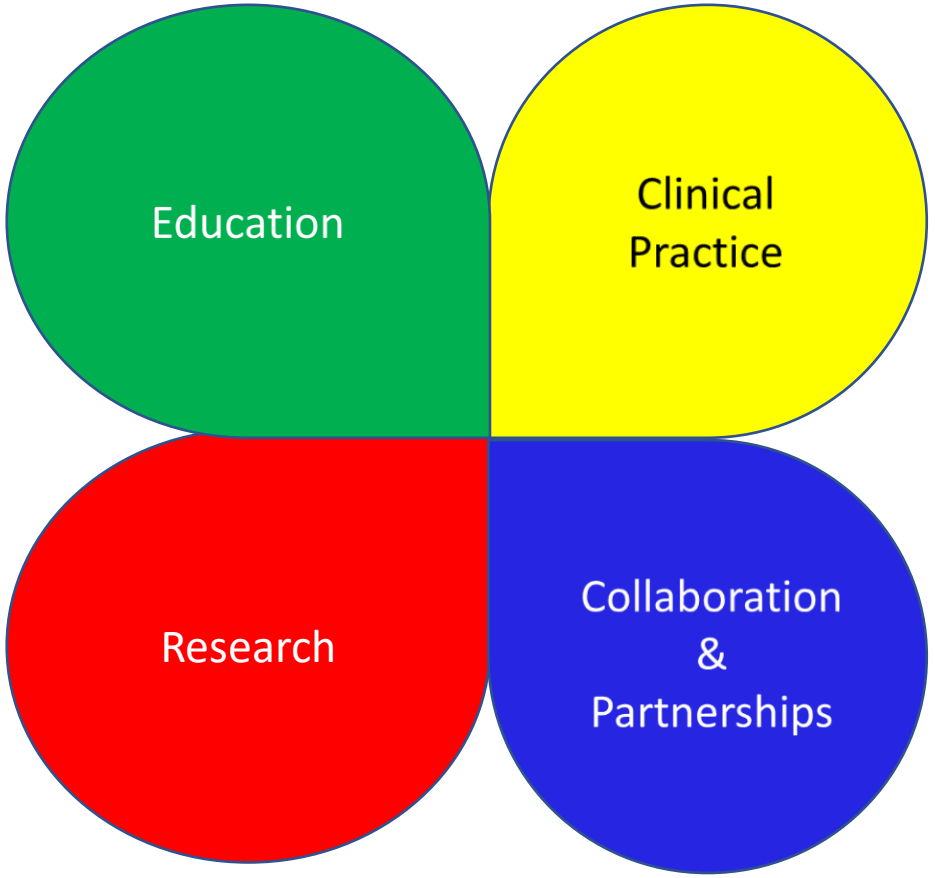
SIOG's Mission: Top Priorities

For the worldwide advancement of cancer care in older adults

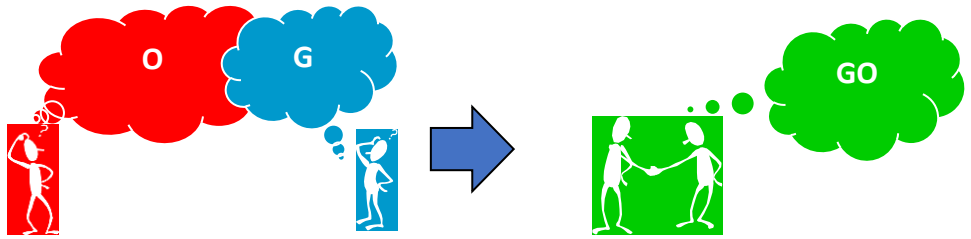


Lancet Oncology 2020, Martine Extermann et al, in press

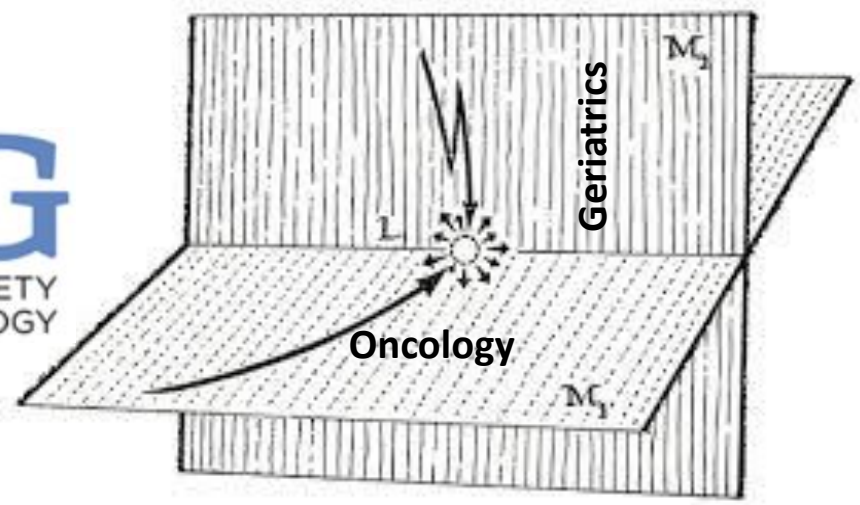
SIOG
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY

We need to…

- … be disruptive
  - *All decisive advances in the history of scientific thought can be described in terms of mental cross-fertilization between different disciplines (Arthur Koestler, The Act of Creation)*
  - *The progress of science is the discovery at each step of a new order which gives unity to what had long seemed unlike (Jacob Bronowski)*
- … share languages (be inclusive)



SIOG
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY



- … train young generations

Thank you!

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Intervention

Dr Enrique Soto

Older Adults Task Force of the

American Society of Clinical Oncology (ASCO)

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Developing Policy to Support Ageing Patients with Cancer

Dr Cary Adams
Chief Executive Officer
Union for International Cancer Control

uicc
global cancer control
A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Developing policies to support older adults with cancer

“We unite and support the cancer community to reduce the global cancer burden, to promote greater equity, and to ensure that cancer control continues to be a priority in the world health and development agenda.”

Leading the global fight against cancer

About UICC

- Oldest and largest cancer fighting organisation globally, established in **1933**
- **A team of 45 based in Geneva**
- Over **1200** members across **172** countries
- Official relations with **UN** agencies: **WHO, IARC, IAEA, UNODC** and consultative status at **ECOSOC**
- More than **60** partners including cancer organisations, corporations and foundations
- Founding member of the **NCD Alliance**, **McCabe Centre for Law & Cancer**, **City Cancer Challenge Foundation** and **ICCP**.

A vibrant UICC membership base in Europe

- **227 UICC members** in the region and **10 UICC partners**
- **3 Board members** from Europe
- **4 Young Leaders**: 2 from the current cohort and 2 alumni
- **613 European fellows**
- **780 fellowships hosted** (second most requested destination for learning visits)
- **2 Country Champions** as part of the Cancer Advocates programme
- **14 SPARC grantees** from the current and previous cohorts.
- Key upcoming events including the **2022 World Cancer Congress** in Geneva, with a strong European presence
- Planning a number of online events engaging members around the region on topics on importance to them
- Supporting EU-funding request for IARC-led project focused on **improving cancer prevention** in LMICs.

Leading the cancer community

Connecting the minds and voices

- Raising awareness and catalysing personal, collective and government action through World Cancer Day
- Uniting cancer professionals and policy makers in premier events like the World Cancer Congress and World Cancer Leaders' Summit
- Supporting collaboration through our increasing network of members and partners

Increasing its impact

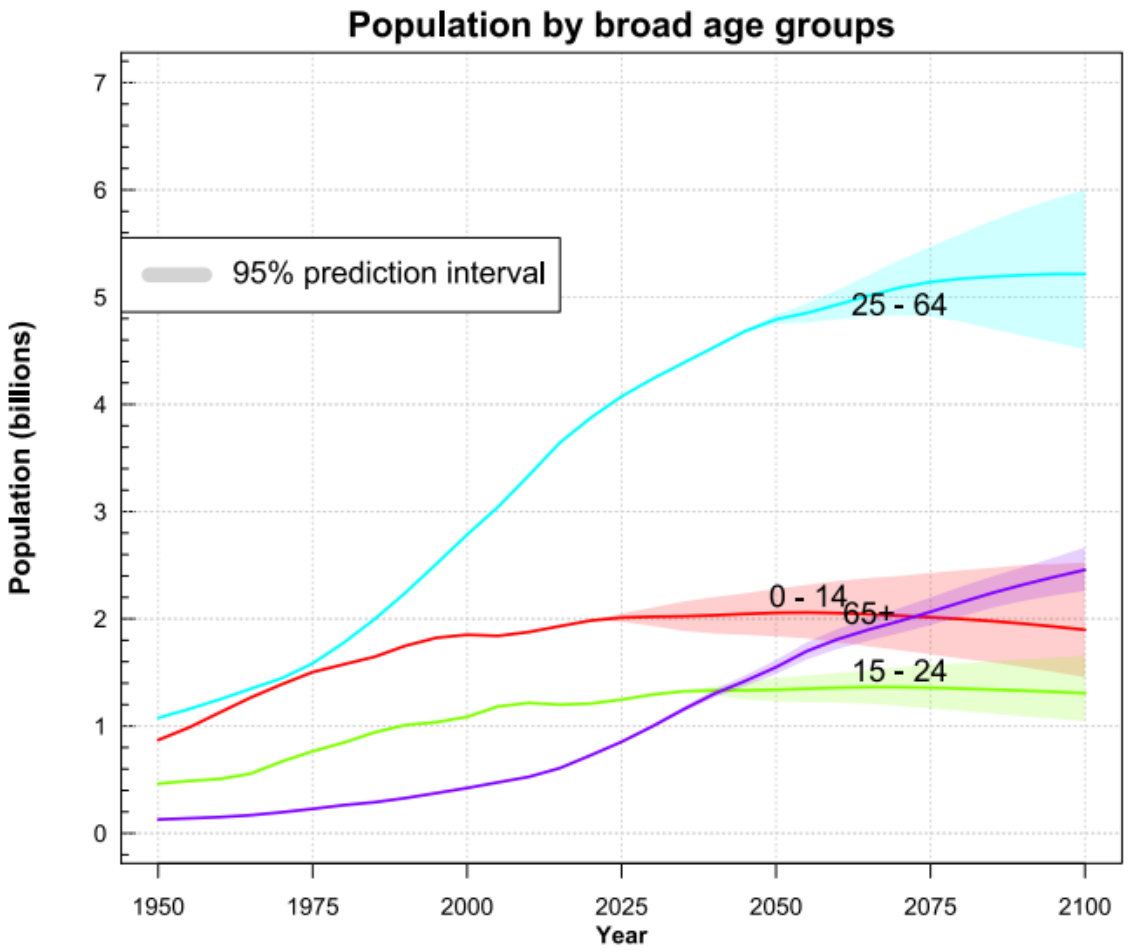
- Accelerating learning through training, expert guidance and peer-to-peer connections
- Developing and empowering leaders to sustain and advance cancer control for the future
- Providing resources and investing to support national-level initiatives
- Building a powerful portfolio of offline and online resources to expand knowledge

Bringing cancer to the attention of global leaders

- Engaging United Nations agencies, UICC members, civil society and other stakeholders to achieve the implementation of global cancer and non-communicable disease (NCD) commitments
- Keeping our members' perspectives at the forefront of global health discussions, strategies and events
- Ensuring that all countries develop and implement a national cancer control plan and that national health investments in cancer control and other NCDs increase over time

Using policy to improve care for older adults with cancer

The ‘longevity revolution’ globally



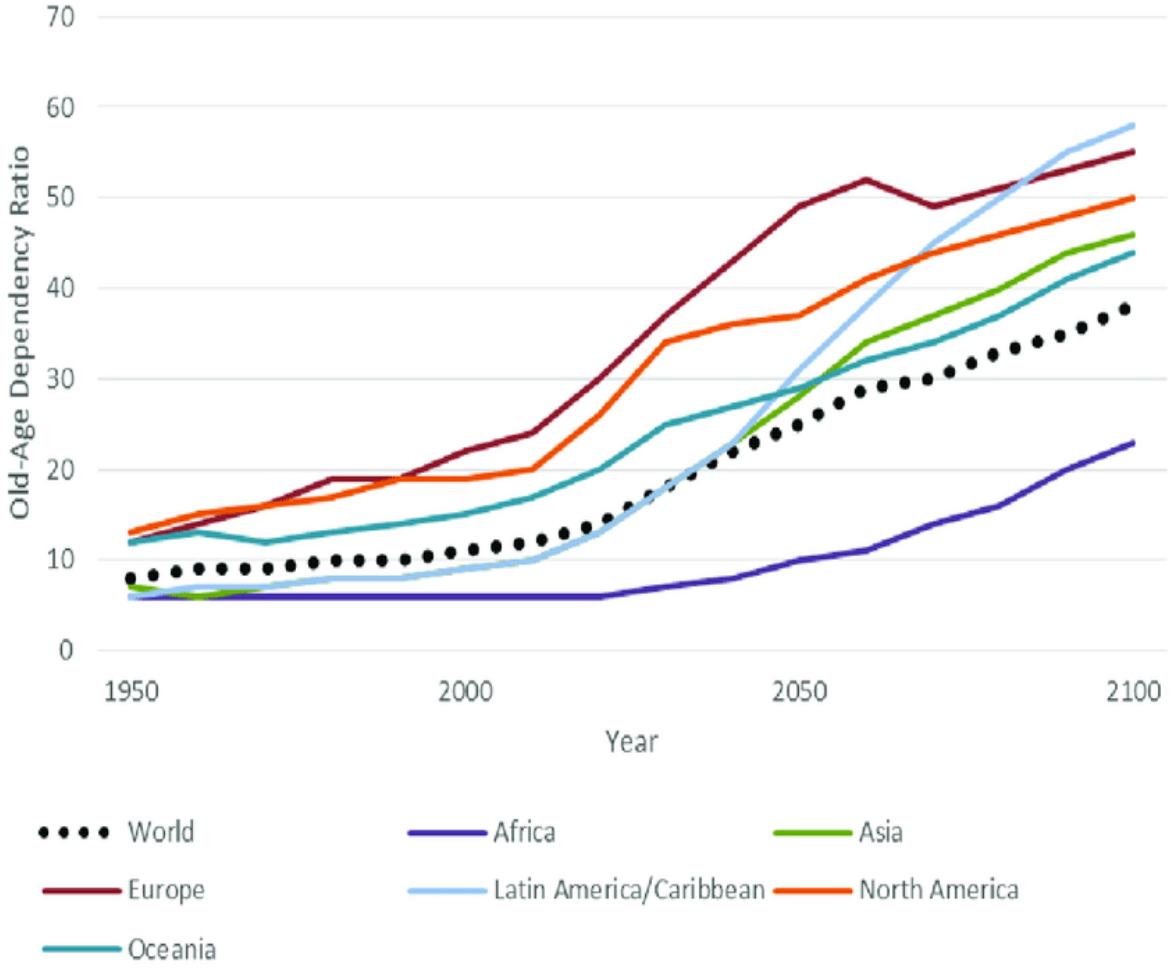
Source: United Nations, Department of Economic and Social Affairs, Population Division World Population Prospects 2019, Volume II: Demographic Profiles

Global population is ageing:

- In 2019, 703 million above the age of 65 globally (9.1% of the global population or 1 in 11)
- In 2050, UN estimates suggest a rise to 1.5 billion over-65s (15.9% of the global population or 1 in 6 people).

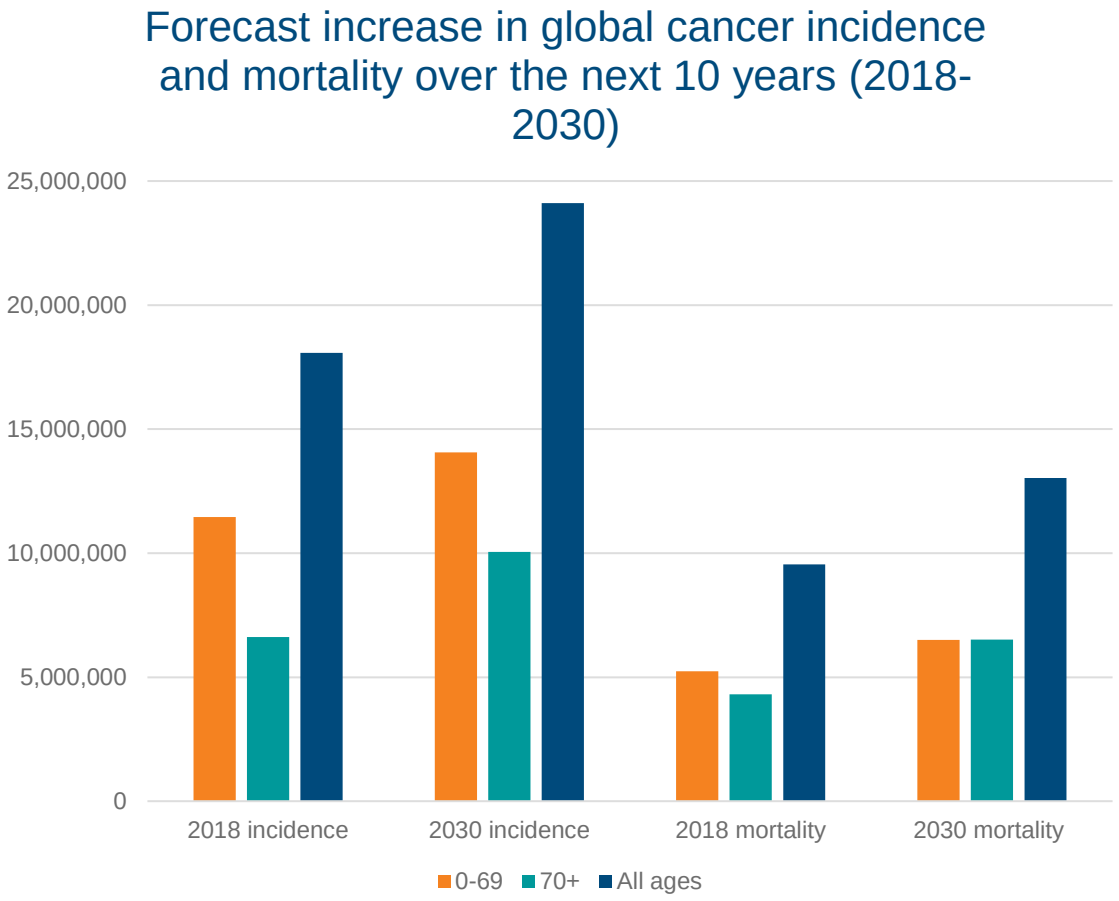
‘Longevity revolution’ shaping social, political and economic landscapes. Greatest increase in LMICs, but **all countries and regions will need to respond.**

Europe’s situation echoes the situation around the world



- Regionally, the proportion of people aged 65+ is forecast to increase from 14% in 2010 to 25% in 2050
- While people are living longer, the likelihood of maintaining good health and well-being during these additional years vary within and between countries
- Need urgent policy response that:
  - Improves health promotion and disease prevention
  - Builds health systems responsive to the needs of older adults
  - Supports older adults

The ‘longevity revolution’ in cancer



Models suggest increase in cancer incidence and mortality seen amongst the 70+ in the next 10 years:

- Anticipate 34% increase in cancer increase and 33% increase in cancer mortality globally

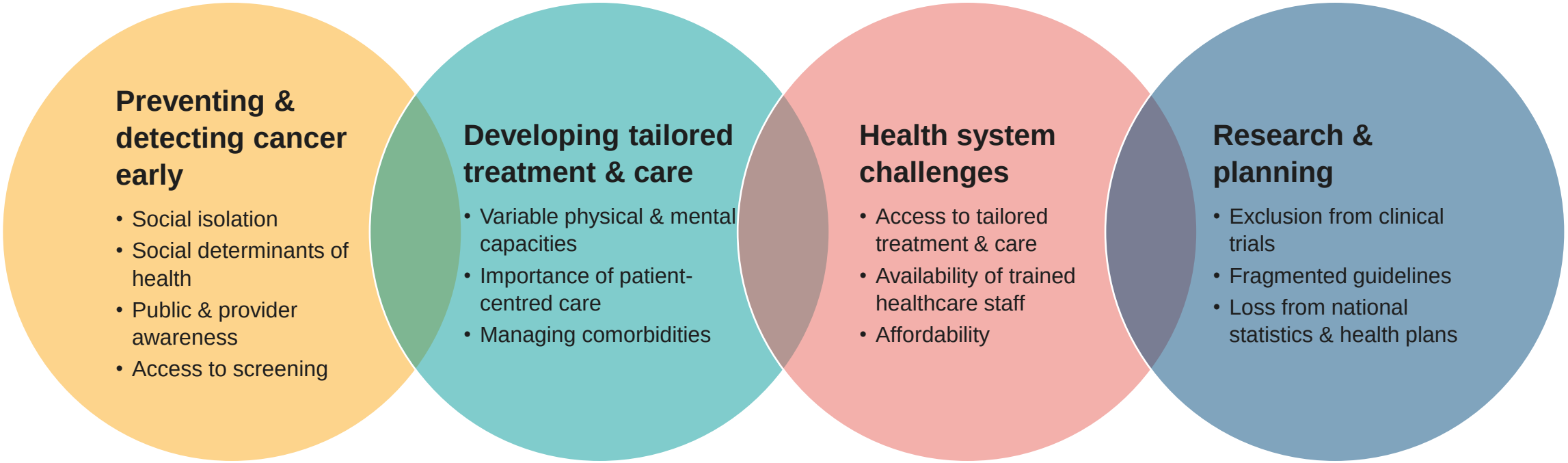
In Europe, IARC modelling suggests:

- **22% increase in cancer incidence** (over 560,000 additional cancer cases per year)
- **21% increase in cancer mortality** (over 317,000 extra cancer deaths)

Source: International Agency for Research on Cancer Global Cancer Observatory: https://gco.iarc.fr/tomorrow/graphic-bar?type=0&type_sex=0&mode=population&sex=0&populations=900&cancers=39&age_group=65%2B&apc_male=0&apc_female=0&single_unit=500000&print=0#collapse-others

Recognising unique needs

Older adults have a series of unique needs which interact and introduces additional complexity in managing cancer across every health system.



What this means for individuals

- Doreen Shotton was a mathematics professor then worked for the NHS in the UK, and was a Director at Age UK Mid Mersey.
- Doreen's cancer journey is emblematic of many of the challenges faced by older adults:
  - Sought care only after severe symptoms
  - Delayed diagnosis at primary care level
  - Delays in accessing treatment meant treatment was no longer curative
  - Palliative radiotherapy took a significant physical toll and reduced her quality of life

Listen to Doreen's story

Starting a coordinated policy response

The window of opportunity for countries is getting smaller:

- 150 years for France's over-60s to increase from 10% to 20% of the population
- WHO estimates suggest 20 years for Brazil, China and India to navigate the same demographic change

National

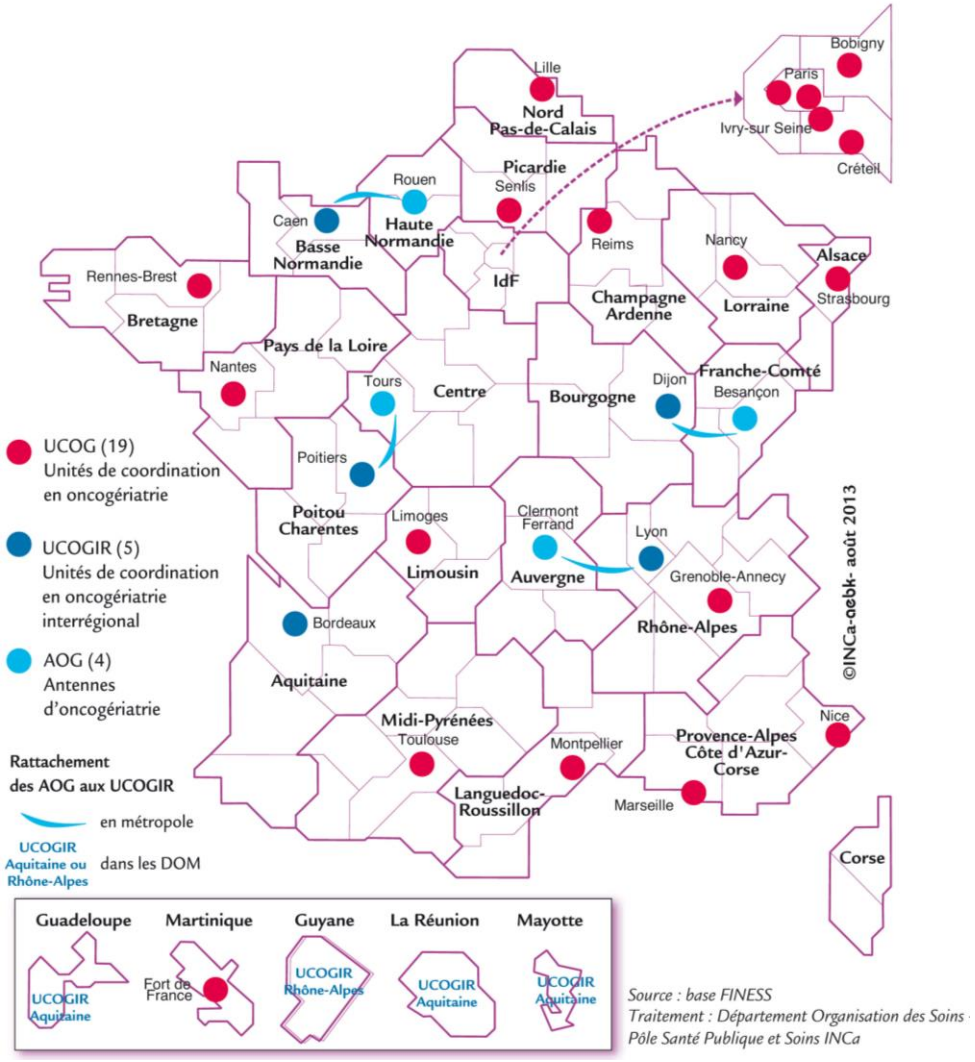
- Include older adults in National Cancer Control plans (NCCPs) and other national strategies
- Collect, disaggregate and monitor cancer outcomes for older adults
- Scale-up prevention and improve the availability of information
- Invest in multidisciplinary care and the development of national guidelines for older adults
- Ensure financial protection for older adults

Regional and Global

- Recognise and integrate older adults in global and regional strategies
- Share best practices, training, and guidelines
- Better understand the costs and financial case for investment in older adults
- Support inclusion of older adults in research

Driving change in France

- Older adults included in three successive national cancer plans
- Identified a number of priority actions and networks to lead these:
  - Developing coordinated network of geriatric oncology centres
  - Developing national guidelines and training oncology teams in non-specialist centres to treat geriatric patients
  - Increasing geriatric oncology research under the DIALOG network, including removing age barriers
  - Informing patient, families and the public about cancer
- Coordinated investment by Government est. €5.2 million per year



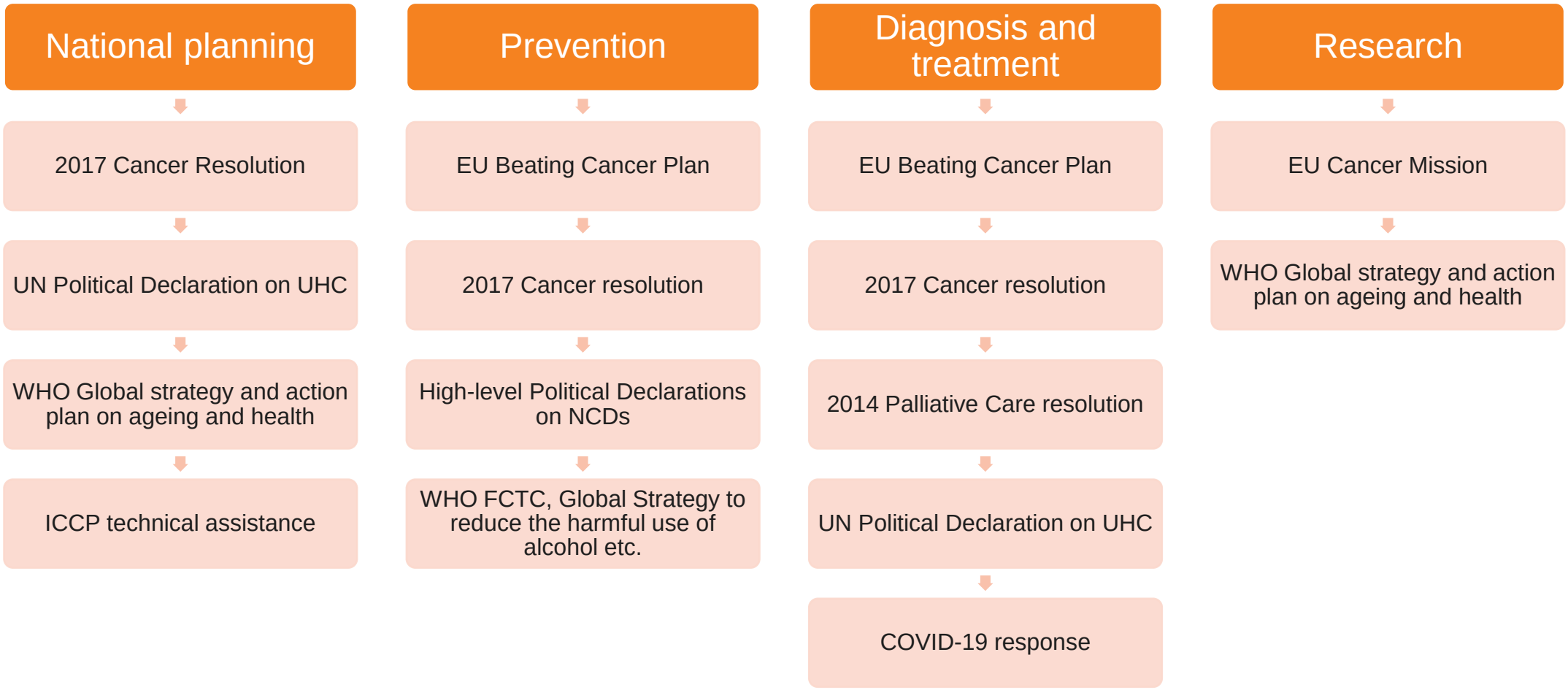
How we can respond?

Need comprehensive advocacy nationally, regionally and globally.

Seeing a global movement – opportunity to connect common themes to drive progress:

- EU Beating Cancer Plan
- Decade of Healthy Ageing
- Pursuit of Universal Health Coverage & responding to the impact of COVID-19
- EU’s role as a global actor and agenda setter

Connecting different levels of action



Connecting action

- **We need strong policies and health systems to deliver patient-centred care**.
  - Supporting cancer advocates to make the case for older adults
  - Working with technical experts to develop and disseminate guidance for cancer planners & clinical teams

- **Common needs across the NCD community = opportunity for joint advocacy**
  - Improving information on prevention, signs and symptoms
  - Increasing population living with comorbidities requires a joint response e.g. lifecourse approach to health planning, strong PHC, access to essential medicines and technologies
  - Engaging patient voices – recognising older adults as a key demographic

Global snapshot

	Incidence	Incidence 65+	65+ incidence as a % of regional incidence	Mortality	Mortality 65+	65+ mortality as a % regional mortality
AFRO	811,228	235,129	28.98%	533,877	190,242	35.63%
EMRO	676,508	218,152	32.25%	418,955	168,645	40.25%
EURO	4,573,972	2,718,762	59.44%	2,144,253	1,494,790	69.71%
SEARO	2,003,789	675,542	33.71%	1,336,026	523,794	39.21%
PAHO	3,791,517	2,159,920	56.97%	1,371,024	908,486	66.26%
WPRO	6,218,238	3,105,537	49.94%	3,748,973	2,342,877	62.49%
Global	**18,078,957**	**9,113,698**	**50.41%**	**9,555,027**	**5,629,910**	**58.92%**

Estimated incidence and mortality from cancer globally in 2018, by WHO region and age group (IARC, 2018)
Source: http://gco.iarc.fr/today/online-analysis-pie?v=2018&mode=cancer&mode_population=income&population=900&population

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Thank you!

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Intervention

John Ryan
Director for Public Health, DG SANTE
European Commission

Intervention

Maria Carvalho, MEP

Member of the European Parliament

Portugal

The East-West Divide

Dr Matti Aapro
President, European Cancer Organisation
EU Cancer Mission Assembly Member

co-chaired with **Linda Gibbs,** Oncology Lead for Central/Eastern Europe, Pfizer

Deploying Cancer Intelligence to Inform our Priorities in Eastern European Countries

Professor Mark Lawler
Board Member
European Cancer Organisation
Associate Pro-Vice Chancellor and Professor of Digital Health
Queen's University Belfast

Disclosures

- Supported by an unrestricted educational grant from Pfizer
- Research partnership with IQVIA
- Received honoraria from Pfizer, EMD Serono, Roche, Bristol-Myers Squibb

Despite the Obvious Challenges, Some Chinks of Light in the Past 12 Months

Significant alignment of circumstances that could precipitate **a real step change** in cancer care across Europe

- **New European Parliament** and a European President who has clearly identified **health as an EU priority**
- New European Commissioner for Health and Food Safety **(with a significant cancer focus)**
  - **Seven fold increase** in the health budget **(EU for Health)**
  - European **Beating Cancer Plan** / EU **Cancer Mission**
  - Lancet Oncology **European Cancer Groundshot**
  - **Refocussed and re-energised** European Cancer Organisation
  - Launch of **European Code of Cancer Practice**

Important that these new opportunities are realised for all of Europe

- Critical that we **grasp these opportunities**
- **Political momentum** towards cancer at European level is **encouraging**
- But we must **use this opportunity wisely**
- Important as we grasp the nettle that we redouble our efforts to **close the cancer inequalities divide**
- Must be a **key focus** of our cancer control and cancer research efforts, particularly in **Central and Eastern Europe**

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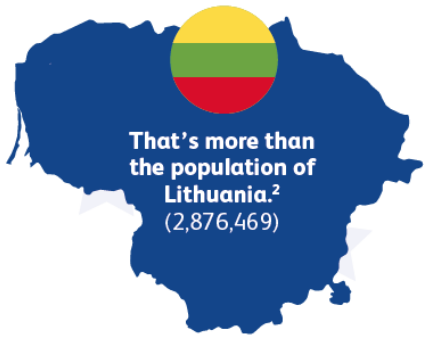
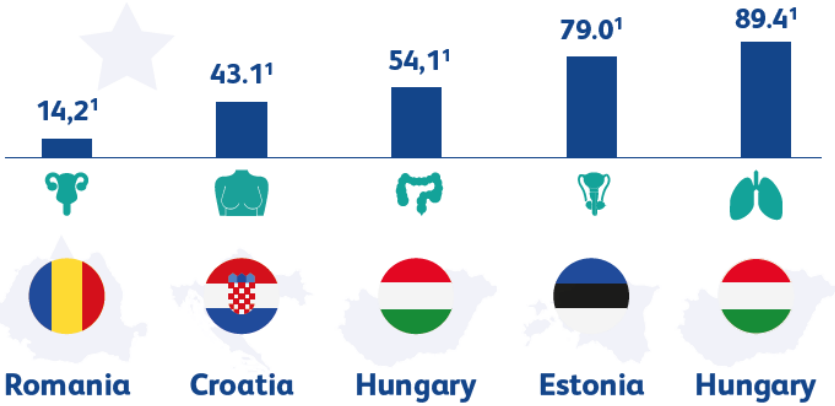
Cancer Data that Highlight our Collective Challenge

3.91 million

new cancer diagnoses in Europe in 2018[1]





EU Member States with the **highest death rate** per cancer.[2]

European Age Standardized Rate (per 100,000 people)

The Primacy of Operational, Appropriately Resourced National Cancer Control Plans

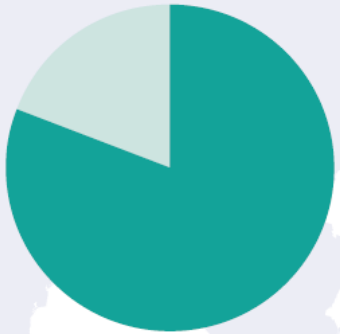
46%

54%

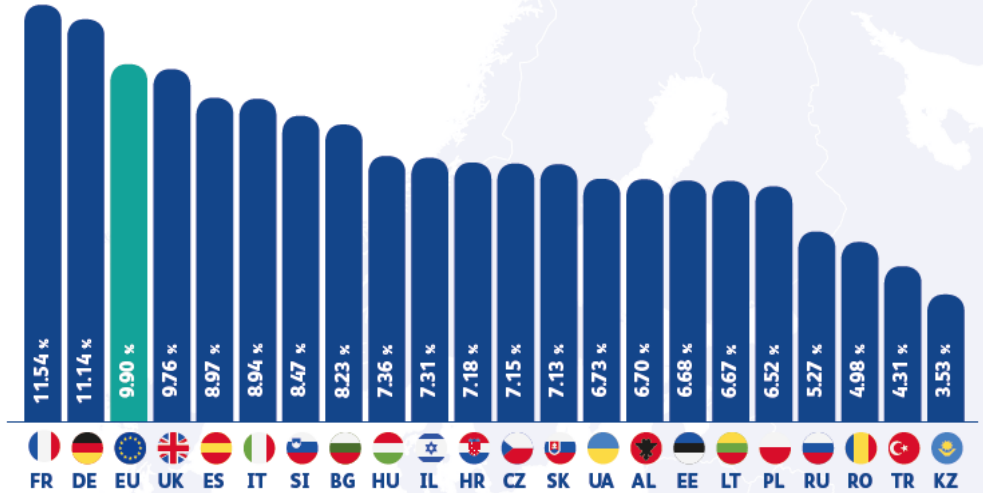
More than half (**54%**) of CEE countries **do not have national cancer control plans** (NCCPs).[1]

Globally, **81%** of countries **have an operational cancer plan.**[2]

19%



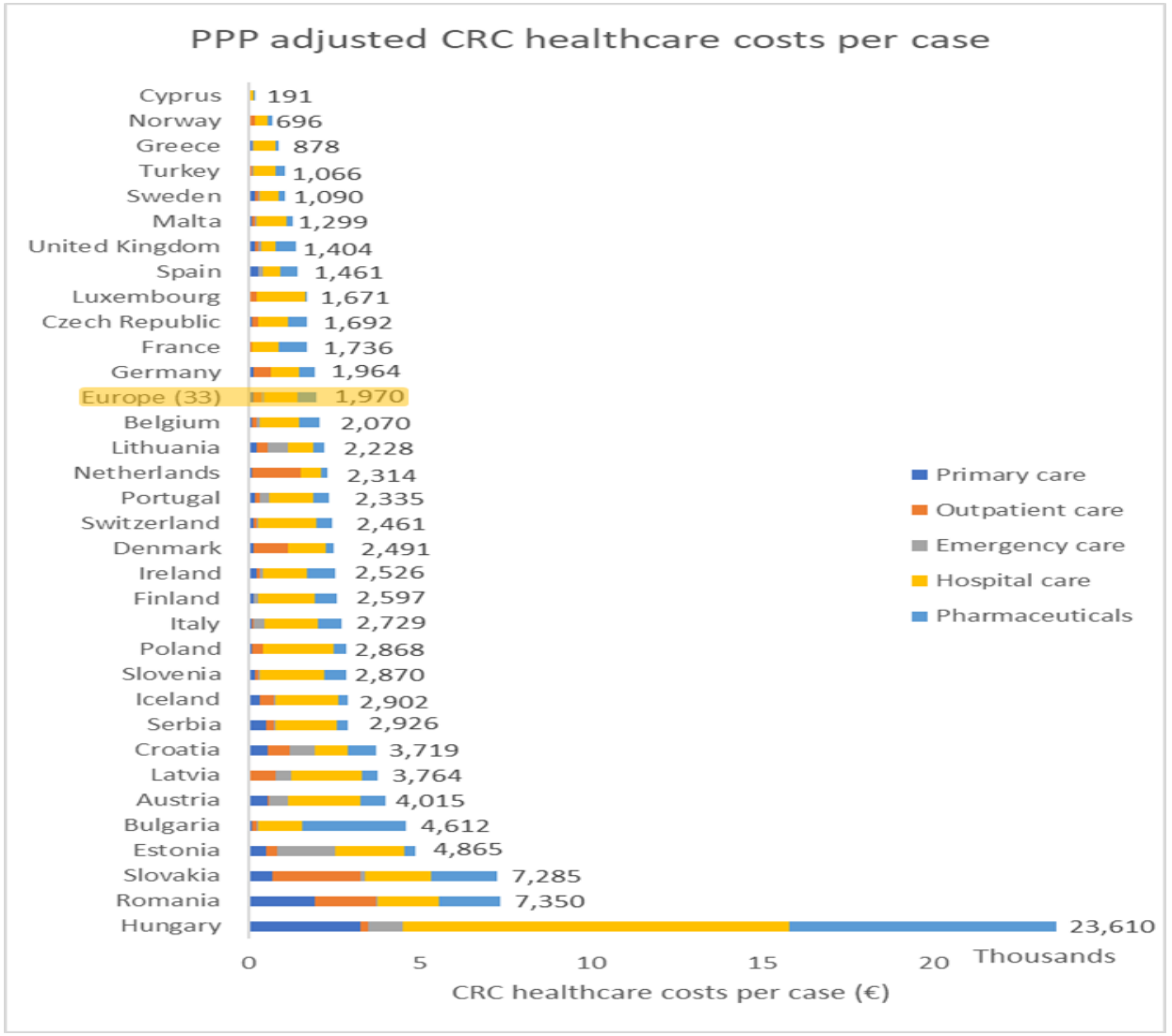
81%



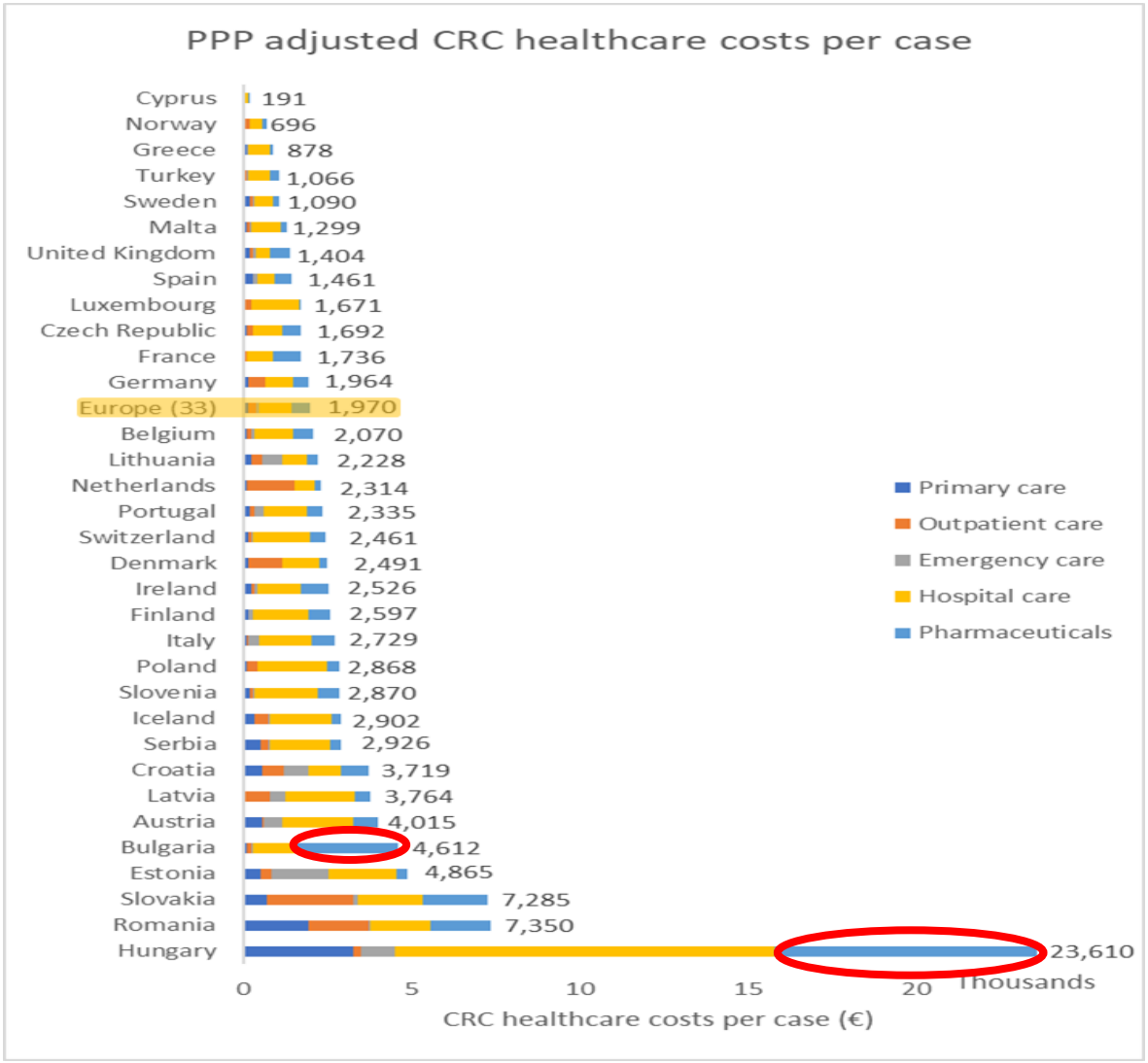
Total **healthcare spending*** falls **below the EU average** in all **CEE countries.**

*Current health expenditure (% of GDP)

But It's Not Necessarily What You Spend…



It’s the Way that You Spend It…



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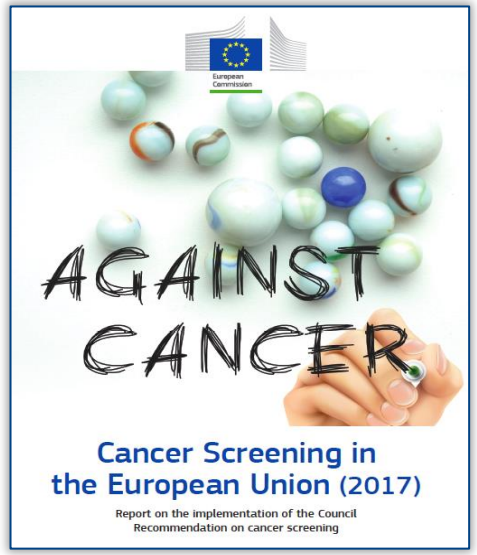
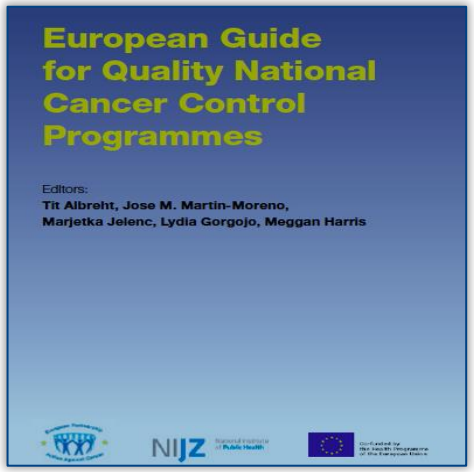
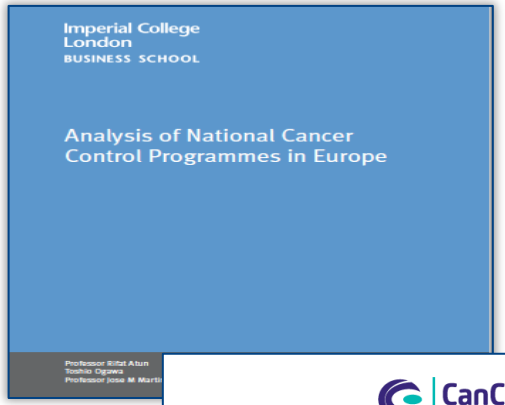
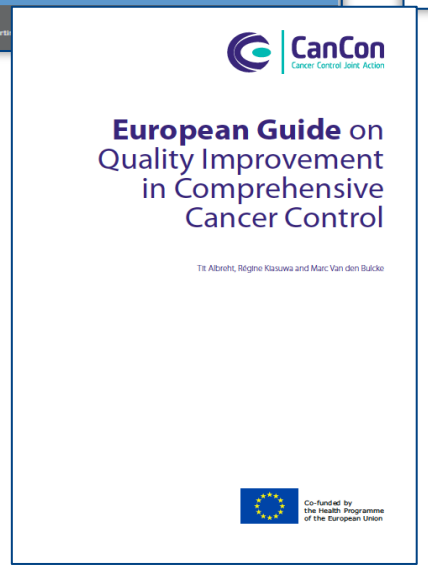
Data and Cancer Intelligence Must Be the Clear Enabler of ACTION!









Empowering Enhanced Cancer Control Through Use of Data

- **Access** to reliable **data (including patient-reported data)** and its robust **evaluation** are **key drivers** for **improved cancer control**
- Data are critical to **underpinning** the introduction of **innovation** within cancer care pathways and health systems
- **Cancer policy** must be **informed** by use of **data** that **reflect** local and regional **context**
- Our data on **cancer disparities** underpinned the development of the **European Cancer Patient's Bill of Rights**[1, 2]
- **Led** to the prestigious 2018 **European Health Award**

European Code of Cancer Practice

YOU HAVE A RIGHT TO:

1. EQUAL ACCESS
2. INFORMATION
3. QUALITY, EXPERTISE & OUTCOMES
4. SPECIALISED MULTIDISCIPLINARY CARE
5. SHARED DECISION-MAKING
6. RESEARCH & INNOVATION
7. QUALITY OF LIFE
8. INTEGRATED SUPPORTIVE & PALLIATIVE CARE
9. SURVIVORSHIP & REHABILITATION
10. REINTEGRATION

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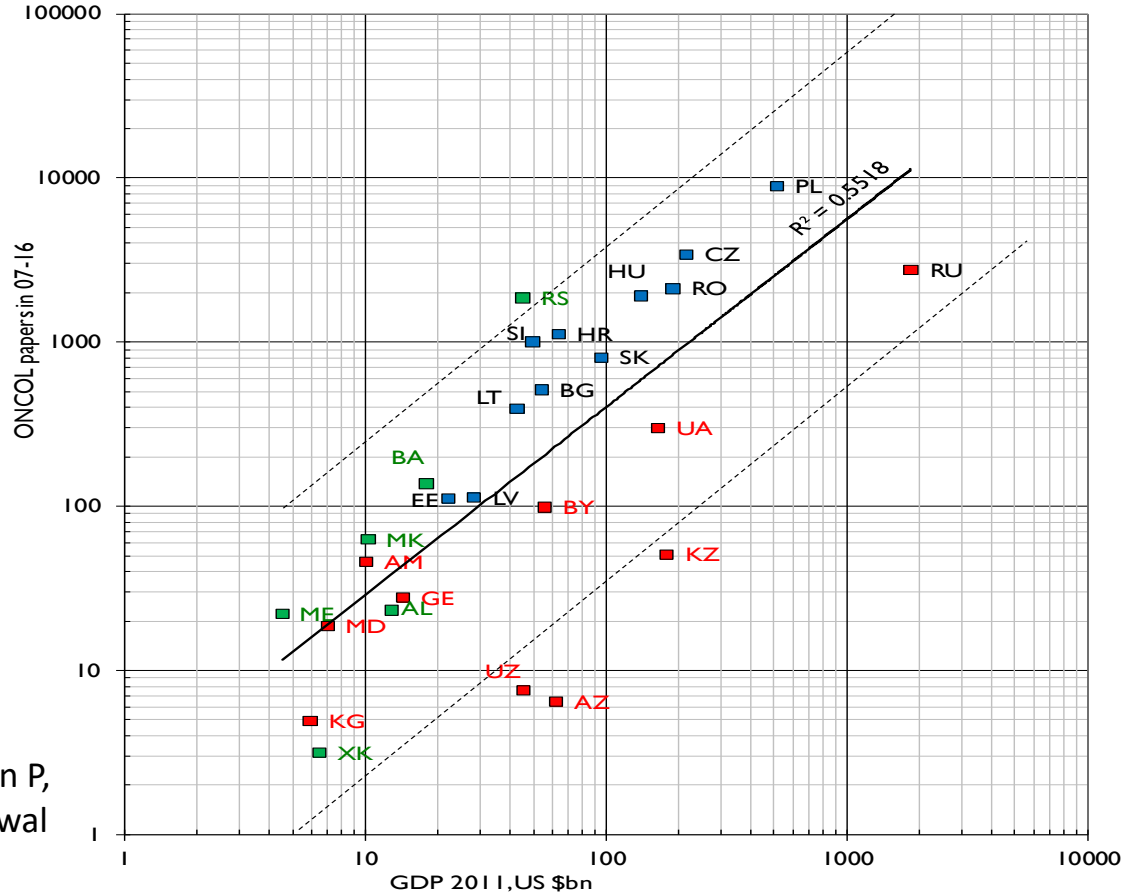
#cancerpatientrights #codeofcancerpractice

europeancancer.org/code

So What Is the Quantity and Quality of Cancer Research in the Region?

- Cancer research activity from **29 countries across Central & Eastern Europe, the Russian Federation and Central Asia** over a ten-year period (2007-16)
- Research activity was compared with:
  - The countries' **wealth**

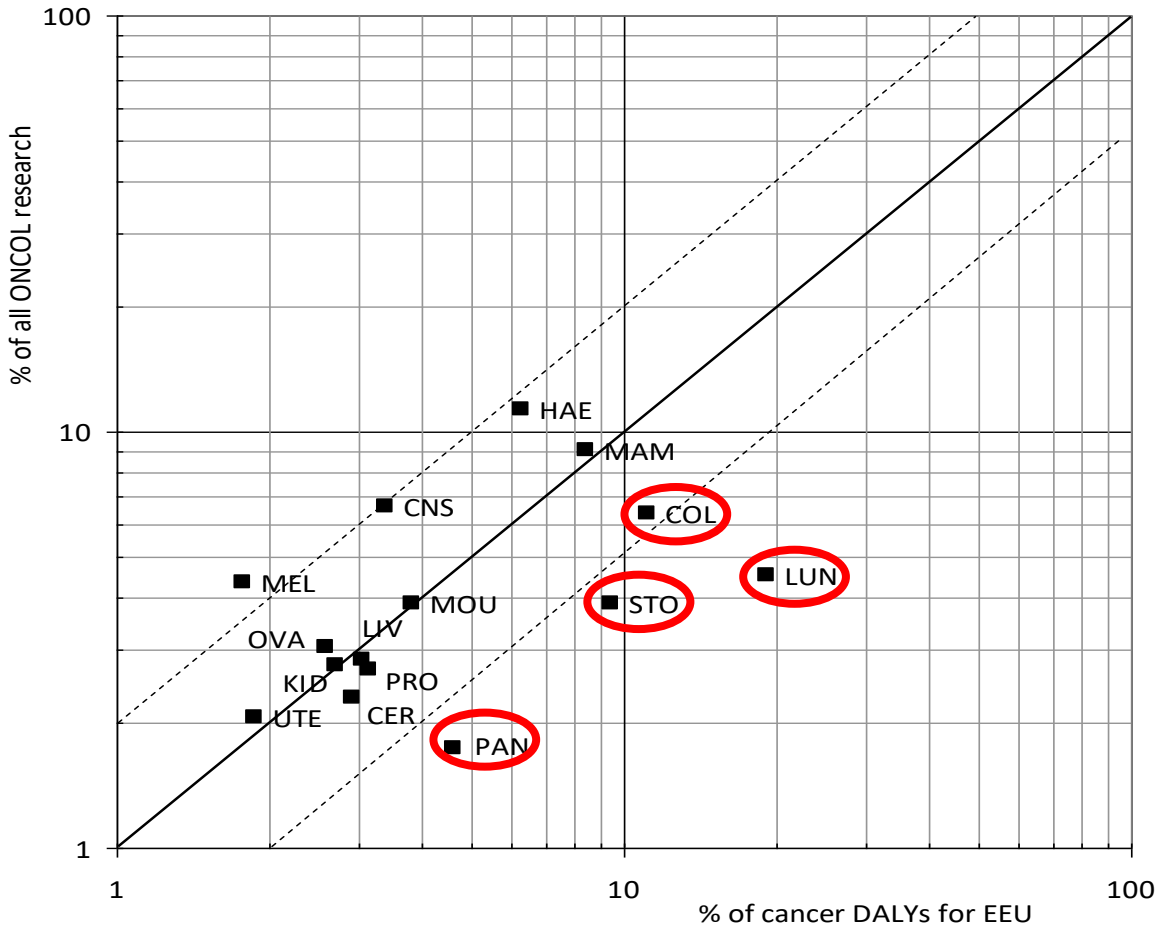


Begum M, Lewison G, Jassem J, Mixich V, Cufer T, Nurgozhin T, Shabalkin P, Kutluk T, Voko Z, Radosavljevic D, Vrdoljiak E, Eniu A, Walewski J, Aggarwal A, Lawler M* and Sullivan R*. (*Joint Senior Authors)
Mapping cancer research across Central & Eastern Europe, the Russian Federation and Central Asia: implications for future National Cancer Control Planning. ***Eur J Cancer 2018***

Many counties not doing enough cancer research

So What Is the Quantity and Quality of Cancer Research in the Region? (Con't)

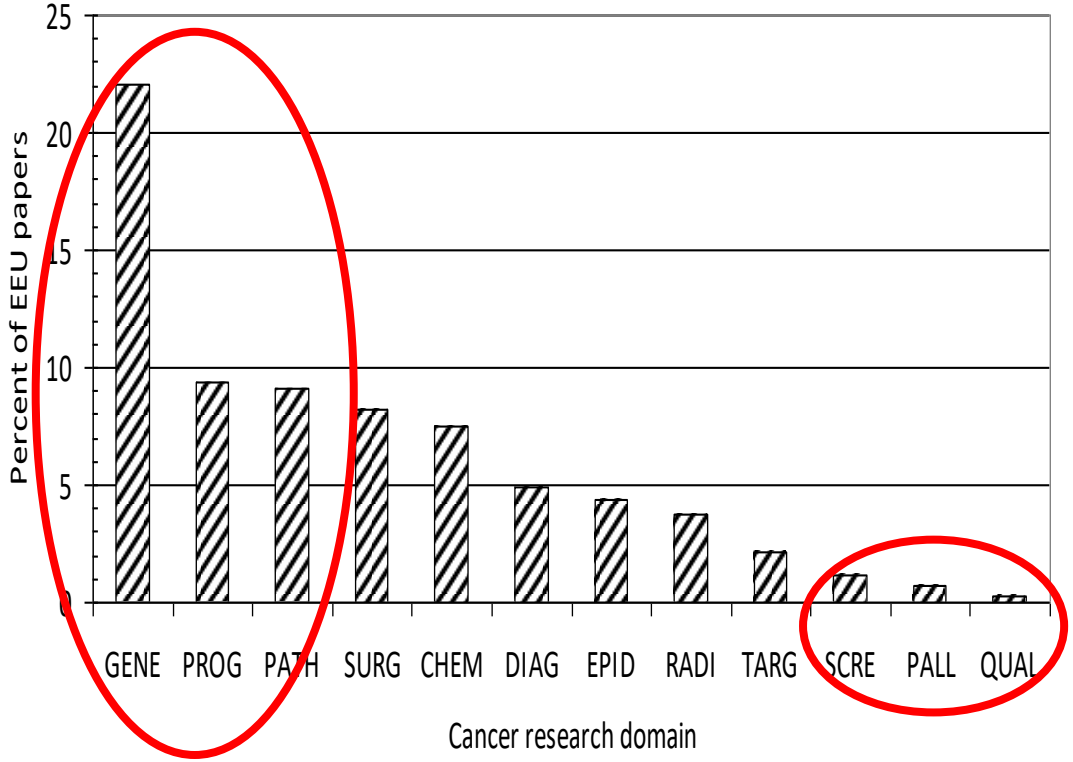
- Cancer research activity from **29 countries across Central & Eastern Europe, the Russian Federation and Central Asia** over a ten-year period (2007-16)
- Research activity was compared with:
  - The countries' **wealth,**
  - The **disease burden** from different cancers



Lack of focus on the cancers that need more research

So What Is the Quantity and Quality of Cancer Research in the Region? (Con't)

- Cancer research activity from **29 countries across Central & Eastern Europe, the Russian Federation and Central Asia** over a ten-year period (2007-16)
- Research activity was compared with:
  - The countries' **wealth,**
  - The **disease burden** from different cancers
- Analyses were also performed by **research focus** (e.g., fundamental cancer biology, surgery etc).



Lack of focus on the research domains that are required

Central and Eastern European Cancer Action Group (CEECAG)

Established over 3 years ago

Multi-stakeholder group: Patient Advocates, Clinicians, researchers, cancer system experts, industry, Seven countries initially: Bulgaria, Croatia, Poland, Romania, Russia, Slovenia, Turkey and Northern Ireland

Reviewing the cancer landscape in Central and Eastern Europe (CEE)

Developing **new tools and collecting cancer intelligence** that will help improve Cancer Care in CEE Countries

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CEECAG Consensus Recommendations

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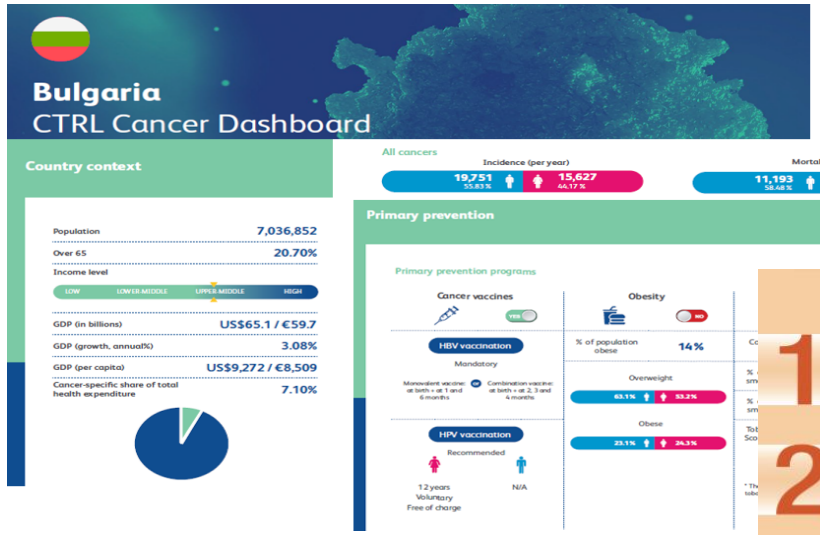
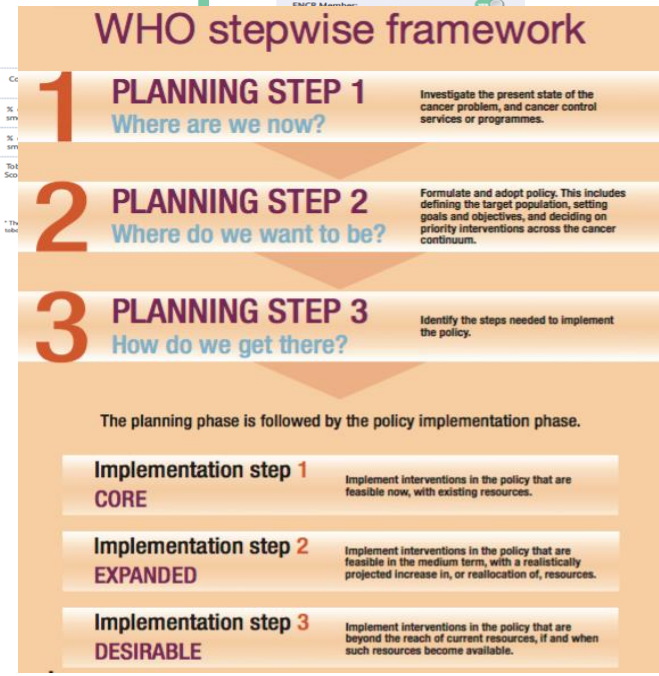
Making Change a reality: Intelligence as an Enabler

	RECOMMENDATIONS	OBJECTIVES
1	**IMPROVE CANCER INTELLIGENCE**	Inform an **evidence-based approach** to decision making and policy for **affordable, high-quality and equitable** cancer control
2	**INVEST IN RESEARCH, EDUCATION AND TRAINING**	**Develop expertise** and **retain cancer professionals** in the clinical, nursing and allied communities
3	**DEVELOP AND STANDARDISE PATIENT PATHWAYS**	**Enhance** the **quality** of care **across the continuum** from diagnosis through to treatment and end-of-life care, while **optimising** the use of **resources**
4	**ENHANCE CAPACITY BUILDING FOR PATIENT ORGANISATIONS**	Play a role in **promoting healthy behaviours**, targeting risk factors such as smoking, obesity and alcohol consumption, as well as **increasing public awareness** of cancer care financing and organisation

Critical Enablers for Central and Eastern Europe

- **Robust Cancer intelligence**
- **Resilient National Cancer Control Plans (NCCPs) Patient-centred multidisciplinary teams**
- **A research and innovation-empowered culture**

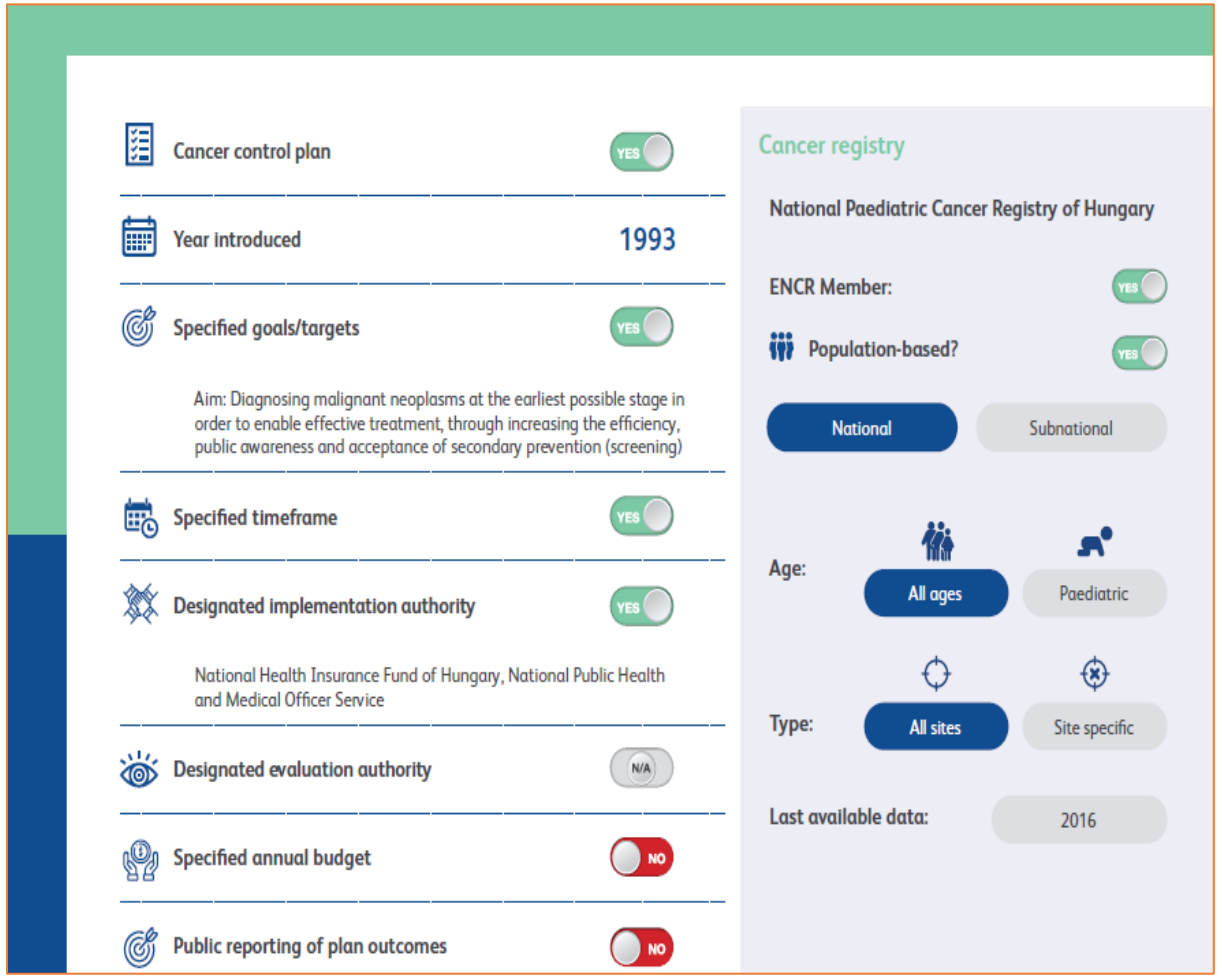




NCCP, National Cancer Control Plan; WHO, World Health Organization. Images: World health Organisation. National Cancer Control Plan. https://www.who.int/cancer/nccp/en/ (Accessed September 2020); Oncology Central. https://www.oncology-central.com/videos/the-importance-of-a-multidisciplinary-team-in-the-care-of-head-and-neck-cancer/ (Accessed September 2020).

Cancer Country Dashboards: *Intelligence to Inform Policy Change*

- Develop a cancer **"learning environment"** that benefits and informs cancer policy in CEE by highlighting key **challenges** and **inequalities** across the region
- Ensure that **evidence** becomes an effective **enabler of action** for stakeholders
- Leverage key cancer policy indicators to **measure progress** over time and provide a **benchmark** for best practice sharing across the region



The CTRL Cancer Country Dashboard: An Enabler of cancer policy change?

Why Create Country Dashboards?

- Easy-to-use infographic-style **country dashboards** to show the **current status of cancer care, cancer research and key components** within NCCPs
- Standardised **benchmark** to **monitor, measure and communicate** on NCCP progress in CEE countries

CTRL Cancer Country Scope

16 Countries: Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Israel, Kazakhstan, Lithuania, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, Turkey, and Ukraine

Bulgaria
CTRL Cancer Dashboard

Country context

Population	7,036,852
Over 65	20.70%
Income level	LOW · LOWER-MIDDLE · UPPER-MIDDLE · HIGH
GDP (in billions)	US$65.1 / €59.7
GDP (growth, annual%)	3.08%
GDP (per capita)	US$9,272 / €8,509
Cancer-specific share of total health expenditure	7.10%

All cancers

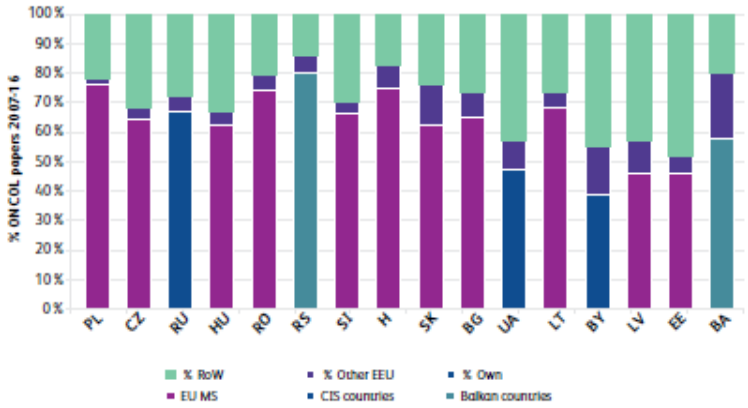
Incidence (per year)

19,751 55.83 % | 15,627 44.17 %

Mortality (per year)

11,193 58.48 % | 7,946 41.52 %

Extent of international collaboration in cancer research



Primary prevention

Primary prevention programs

Cancer vaccines — YES

HBV vaccination

Mandatory

Monovalent vaccine: at birth + at 1 and 6 months

or

Combination vaccine: at birth + at 2, 3 and 4 months

HPV vaccination

Recommended

12 years
Voluntary
Free of charge

N/A

Obesity — NO

% of population obese: 14%

Overweight: 63.1% | 53.2%

Obese: 23.1% | 24.3%

Tobacco — YES

Comprehensive smoke-free legislation introduced in 2012

% of population smokers (adults): 28%

% of population smokers (teens): 37% (of 15- to 16-year-old girls)

Tobacco Control Score & Ranking*: 48

2016 19th ▼ 8 2019 27th

* The scale quantifies the implementation of tobacco control policies at country level

References: Association of the European Cancer Leagues. The Tobacco Control Scale 2019 in Europe. Association of European Cancer Leagues (ECL), Brussels, 2020. Available at: https://www.tobaccocontrolscale.org/TCS2019.pdf; European Centre for Disease Prevention and Control (ECDC). Bulgaria: Recommended Vaccination. ECDC, 2020. Available at: https://vaccine-schedule.ecdc.europa.eu/Scheduler/ByCountry?SelectedCountryId=35&IncludeChildAgeGroup=true&IncludeChildAgeGroup=false&IncludeAdultAgeGroup=true&IncludeAdultAgeGroup=false; OECD/European Observatory on Health Systems and Policies. Bulgaria: Country Health Profile 2019, State of Health in the EU. OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels, 2019. Available at: https://ec.europa.eu/health/sites/health/files/state/docs/2019_chp_bulgaria_english.pdf; World Health Organization. Nutrition, Physical Activity and Obesity - Bulgaria. World Health Organization, 2013. Available at: http://www.euro.who.int/__data/assets/pdf_file/0020/263298/Bulgaria-WHO-Country-Profile.pdf

Cancer registry

Bulgarian National Cancer Registry

ENCR Member: YES

Population-based? YES

National | Subnational

Age: All ages | Paediatric

Type: All sites | Site specific

Last available data: 2013

Time to Grasp the Nettle

- Key **challenges**, **inequalities** in Central/Eastern Europe, fostering **an East West Divide**
- **European Code of Cancer Practice – a patient-centred enabler**
- **Intelligence** on cancer control/cancer research activities **illuminating the path to take**
- **Cancer country dashboards** can capture key intelligence, underpinning cancer policy decision- making and monitoring progress, locally, nationally and regionally
- Developing a cancer **"learning environment"** which would **benefit** the entire CEE region
- **Less Talk ….MORE ACTION**
- We have a great opportunity here… **LET'S GRASP IT!**

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Thank you!

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Catalysing Action to Advance Cancer Care: Learnings from the Field

Veronique Trillet-Lenoir MEP

Rapporteur, European Parliament Special Committee on Beating Cancer

Co-Chair, MEPs Against Cancer

Oncologist

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Catalysing Action to Advance Cancer Care: Learnings from the Field

Professor Tit Albreht
Senior Health Services & Health Systems Researcher
National Institute of Public Health of Slovenia

Slovenia and the Status of its Cancer Care

- Slovenia has been committed to cancer care and cancer control
- On 2nd October 2020 we celebrated the 70th anniversary of the national population cancer registry, which is one of the oldest in the world
- This fact enabled very precise monitoring of cancer care and facilitated the introduction of screening programmes
- Cancer is a ‘protected’ disease in terms of health insurance as its diagnosis and treatment enjoy full coverage from compulsory health insurance

Slovenia and the Status of its Cancer Care (con't)

- Slovenia has all three recommended cancer screening programmes functioning and covering the entire populations envisaged by guidelines
- We managed to significantly lower the incidence and mortality of all three cancers in question
- The latest data on five-year survival show that in 2017 it has reached 61% for women and 55% for men (source: Zadnik V, Žagar T. SLORA: Slovenija in rak. Epidemiologija in register raka. Onkološki inštitut Ljubljana. www.slora.si (06.10.2020).
- There have been significant investments and improvements in access to innovative treatments over the past years.

Slovenia and the Status of its Cancer Care (con't)

- There was a clear commitment to prepare National cancer control programmes
- So far, there were two programmes, the first one, running from 2010 to 2014 and the second one from 2016 to 2021 (source: www.dpor.si , 06.10.2020)
- The first one was important for the mapping of services and the role given to ensuring access to high quality care
- The second one brought about the concept of survivorship, which had been a neglected topic in the past and thus raised it to the level of other aspects of cancer care and control

Lessons and Challenges from Slovenia

What we have learned

- High level policy commitment and priority setting offering cancer a special status and ensuring resources and investments at all levels
- Clear allocation of funds to finance screening programmes in their entirety
- Establishment of multidisciplinary teams in the treatment of all major tumours
- Concentration of care in the cases of infrequent cancers, e.g. testicular cancer
- Development of a joint guideline with GPs for treatment of pain in patients undergoing end-of-life palliative care

Some of the important challenges

- Exploration of the introduction of other screening and early detection programmes (e.g. lung cancer, prostate cancer)
- Economic evaluation and hta at all levels and phases of oncological care
- Establishment of secondary oncological centres (already envisaged in the NCCP) a more consistent development of activities related to the survivorship challenges

Slovenia and the Status of its Cancer Care (con't)

- There was a clear commitment to prepare National cancer control programmes
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Slovenia's Involvement in the European Cancer Policy

Slovenia's presidency to the council of the EU revived the high priority given to cancer in the european health policy

- Recommendations included:
- Development of national cancer control programmes/strategies by 2013
- Building a closer co-operation among european member stated on the topic of cancer policy
- The first recommendation resulted in 24 out of 28 EU member states having nccps by 2013
- The second recommendation led to the establishment of the european partnership for action against cancer (epaac)

Slovenia's Involvement in the European Cancer Policy

- Slovenia – similarly to the other member states decidedly worked towards the development of its first nccp in 2010 and built on the experiences of the first one developed the second one in 2015, which is now in force
- EPAAC was developed as a loose partnership but it needed operationalisation
- This led to the launch of a project – joint action – with the same name
- Joint actions are policy projects jointly financed by the eu and the member states providing advice and recommendations for both levels

Slovenia's Involvement in the European Cancer Policy

EPAAC

- The first joint action covering the entire cancer trajectory
- Deliverables:
  - Boosting Innovation and Co-operation in the European Cancer Control
  - European Guide for Quality National Cancer Control Programmes

CanCon

- The second joint action dealing mostly with cancer care and survivorship
- Deliverables:
  - European Guide on Quality Improvement in Comprehensive Cancer Control

iPAAC

- The third joint action covering selected topics in several aspects of cancer control
- Deliverable:
  - Roadmap towards implementing the policy recommendations of the EU Guide on quality improvement in cancer control

Co-funded by
the Health Programme
of the European Union

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Summary

- Slovenia has kept its strong commitment to improving its national cancer policy and control across a long period of time

- It also showed determination in bringing cancer to the european agenda by promoting it during its Presidency to the council of the European Union

- Through the co-ordination of the three joint actions, by developing an excellent epidemiological team at the cancer registry, which is actively involved at the activities at the EU level and by aiming at the accreditation of its national cancer institute by OECI this commitment shows its international dimensions

Thank you!

Maria Sklodowska-Curie
National Research
Institute of Oncology

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Catalysing Action to Advance Cancer Care: Learnings from the Field

Professor Piotr Rutkowski

Professor, Surgical Oncology
Maria Sklodowska-Curie Memorial Cancer
Center & Institute of Oncology

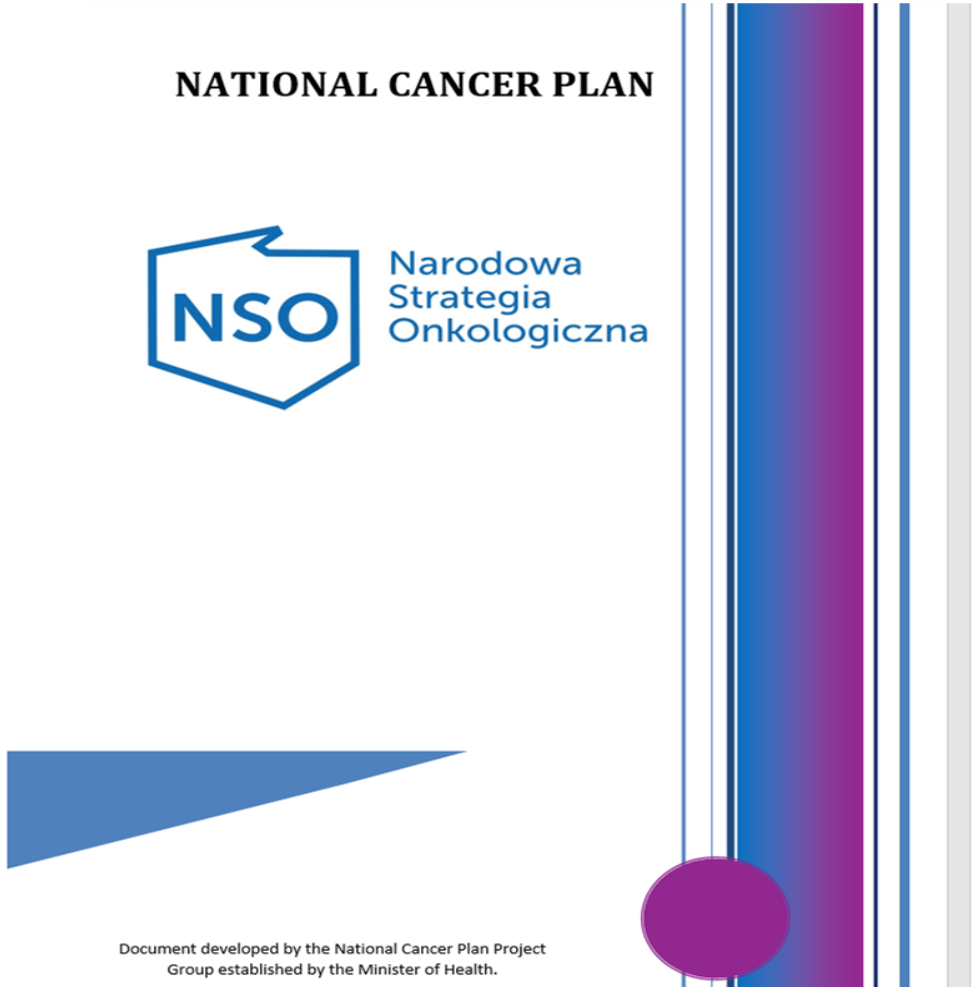
National Cancer Plan 2020-2030 (National Oncological Strategy)

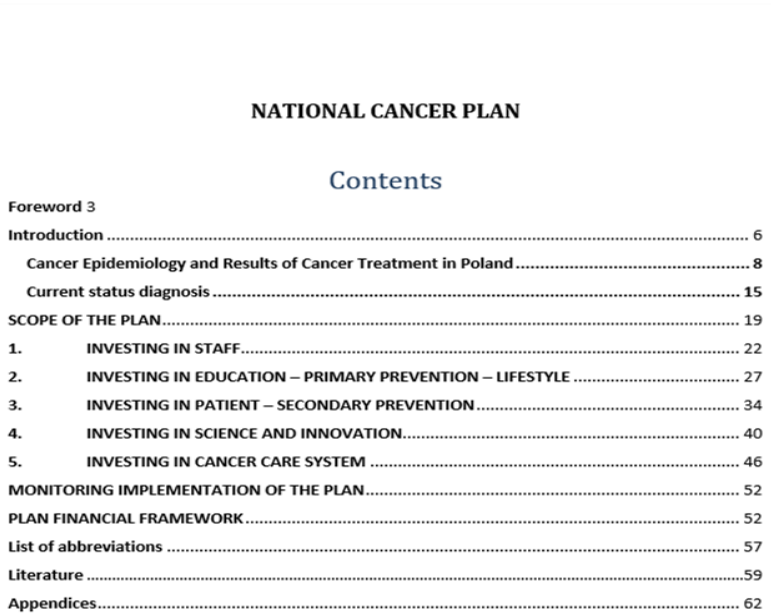
30 November 2019
submission to Council of Ministers

Beginning of February 2020
final version signed by Prime Minister of Poland

NSO Narodowa Strategia Onkologiczna

National Cancer Plan 2020-2030





NATIONAL CANCER PLAN

Contents

Aims of the National Cancer Plan

1. **Reducing** cancer incidence through **health education**, **promotion** and **prevention** measures including s**haping pro-health awareness** and p**opularizing healthy lifestyle**;
2. **Improving prevention**, **early detection**, **diagnostics** and **treatment** of cancer patients;
3. **Developing** the **health care system** in the area of oncology through concentration of activities on the patient and his or her needs, with particular emphasis on **improving the quality of life** of patients and their families;
4. **Ensuring** equal **access to high quality cancer care benefits** according to current medical knowledge;
5. **Developing and introducing organizational changes** to provide cancer patients with an equal access to coordinated and comprehensive cancer health care;
6. **Developing training and educational activities** as well as educating medical staff in cancer care;
7. **Developing scientific research** to improve and increase the effectiveness and innovativeness of cancer treatment.

Prognosis of Cancer Incidence in Poland

- **Increased exposition** of Polish citizens o**n cancer risk factors**, including these related to lifestyle (tobacco smoking, alcohol consumption, diet, lack of physical activity).

According to WHO data 50% of cancer deaths may be preventable

- Oncologists in Poland predict that within:
  - the **next five years the number of cancer patients may increase** by **15%**,
  - the **next decade** – even by **28%;**

- In Poland about **990 000 people live after the diagnosis** of cancer, what indicates that oncological disorders are chronic nowadays.

Introduction – Cost of Cancer in One Province

GENERAL COSTS OF THE ANALYZED CANCERS

Direct expenses of NFZ

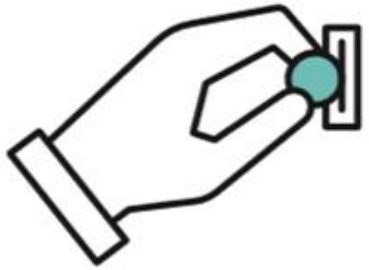
of the analyzed cancers (in general)

242,9 mln zł (2015)
262 mln zł (2016)

Increase 7,2%

Indirect costs

of the ZUS expenses on social insurance benefits related to the analyzed cancers



47,5 mln zł (2015)
53,5 mln zł (2016

Increase 11,2%

Indirect costs

economic losses

878,1 mln zł
0,579 % PKB (2015)

917,9 mlz zł
0,589 % PKB (2016)

Expected Results - Target Mortality Rates for Selected Types of Cancer in Poland

Indicator	Target rate in 2025*	Estimated rate based on APC model in 2025	Observed rate in 2016
The mortality rate for colorectal cancer (ICD10: C18–C21, ESP2013)	42.5 in men; 20.5 in women	47.2 in men; 22.7 in women	54.1 in men; 26.6 in women
The mortality rate for breast cancer in women (ICD10: C50, ESP2013)	22.8	25.3	32.3
The mortality rate for cervical cancer (ICD10: C53, ESP2013)	4.9	5.5	7.8
The mortality rate for melanoma (ICD10: C43, ESP2013)	2.9 in women; 4.1 in men	3.2 in women; 4.6 in men	3.2 in women; 5.4 in men
The mortality rate for lung cancer (ICD: C33–C34, ESP2013)	71.3 in men; 36.7 in women;	79.3 in men; 40.8 in women	114,4 in men; 37,9 in women

***** For both genders 90% value of mortality rate forcasted in 2025 according to the model *age-period-cohort* (without closing *gender gap*).

National Cancer Plan – Scheme

Scope 1
Investing in medical staff – Improvement of the staff's situation and quality of education in oncology

Scope 2
Investing in education, primary prevention and lifestyle – Decreasing cancer incidence through a reduction of risk in cancer primary prevention

Scope 3
Investing in patient, secondary prevention – Improvement of the secondary prevention effectiveness

Scope 4
Investing in science and innovations – Increasing the potential of scientific research and innovative projects in Poland in order to provide patients with the most effective diagnostic and therapeutic measures

Scope 5
Investing in the cancer care system – Improvement of cancer care system structure through providing patients with organizational conditions enabling the highest quality of diagnostic and therapeutic processes as well as comprehensive care across the entire "patient path"

National Cancer Plan

5 scopes, 23 actions, 98 measures

Scope	Actions	Measures
Investing in medical staff	1	13
Investing in education, primary prevention - lifestyle	6	15
Investing in patient - secondary prevention	5	22
Investing in science and innovations	4	14
Investing in the cancer care system	7	34

Scope 2: Investing in Education – Primary Prevention – Lifestyle

OBJECTIVE: Decreasing cancer incidence through reduction of cancer risk factors, investing in education and primary prevention

Expected results, by the end of 2030

a) The percentage of **overweighted and obese adolescents shall be reduced** from 10.4% to 8% in girls, and from 19.2% to 17% in boys.

b) The percentage of **non-smoking adolescents shall be decreased** from 83% to 77.3% in girls, and from 85% to 80% in boys.

c) The percentage of **overweighted and obese adults shall be reduced** from 45.7% to 43% in women, and from 62.1% to 60% in men.

d) The percentage of **adult smokers shall be reduced** from 20% to 15% in women, and from 30% to 25% in men.

e) The **melanoma incidence shall be reduced** from 5.7 to 5.0; by this time it is also planned to **minimize the exposure of adult populations to UV radiation**.

f) By the end of 2028, 60% of **adolescents shall be vaccinated against human papilloma virus (HPV)** .

g) More than 50,000 medical employees in Poland shall become acquainted with the recommendations of the European Code Against Cancer.

Responsibility

1. **Ministry of Health**
1. **Ministry of Science and Higher Education**
1. **National Cancer Institute**

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Example measures/actions for Scope 2

RESPONSIBLE ENTITY:

Ministry of Health

Ministerstwo Zdrowia

4. Introduction of HPV vaccination refunds for adolescents between ages 9 and 15

4.1 **Starting from 2021**, one **will launch a HPV vaccination procedure** for two relevant age group of girls.

4.2 **By the end of 2023**, **all the relevant age groups** (9-15 years old) of girls **shall be vaccinated**.

4.3 **In 2026** a **HPV vaccination procedure for boys** between ages 9 and 15 shall be launched.

5. Implementing legal regulations to support healthy nutrition

5.1 I**n 2021**, one will **introduce a simple food labeling system** to provide information on the nutritional value and potential health impact of a full product contents.

5.2 **In 2022**, one will **introduce an excise on excessive amounts of sugars in food products**.

5.3 **In 2021**, one will **introduce new standards for mass nutrition of children and adolescents as well as patients in medical institutions**, taking into account dietary needs for selected diseases.

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RESPONSIBLE ENTITY:

Ministry of Health

Ministerstwo Zdrowia

6. Implementing legal regulations to support tobacco prevention policy

6.1 **By the end of 2021**, one will **modify Tobacco Disease Prevention Program** [Pol.: "Program Profilaktyki Chorób Odtytoniowych"] (including Chronic Obstructive Pulmonary Disease) and **adjust it to the challenges indicated in the Maps of Health care Needs**.

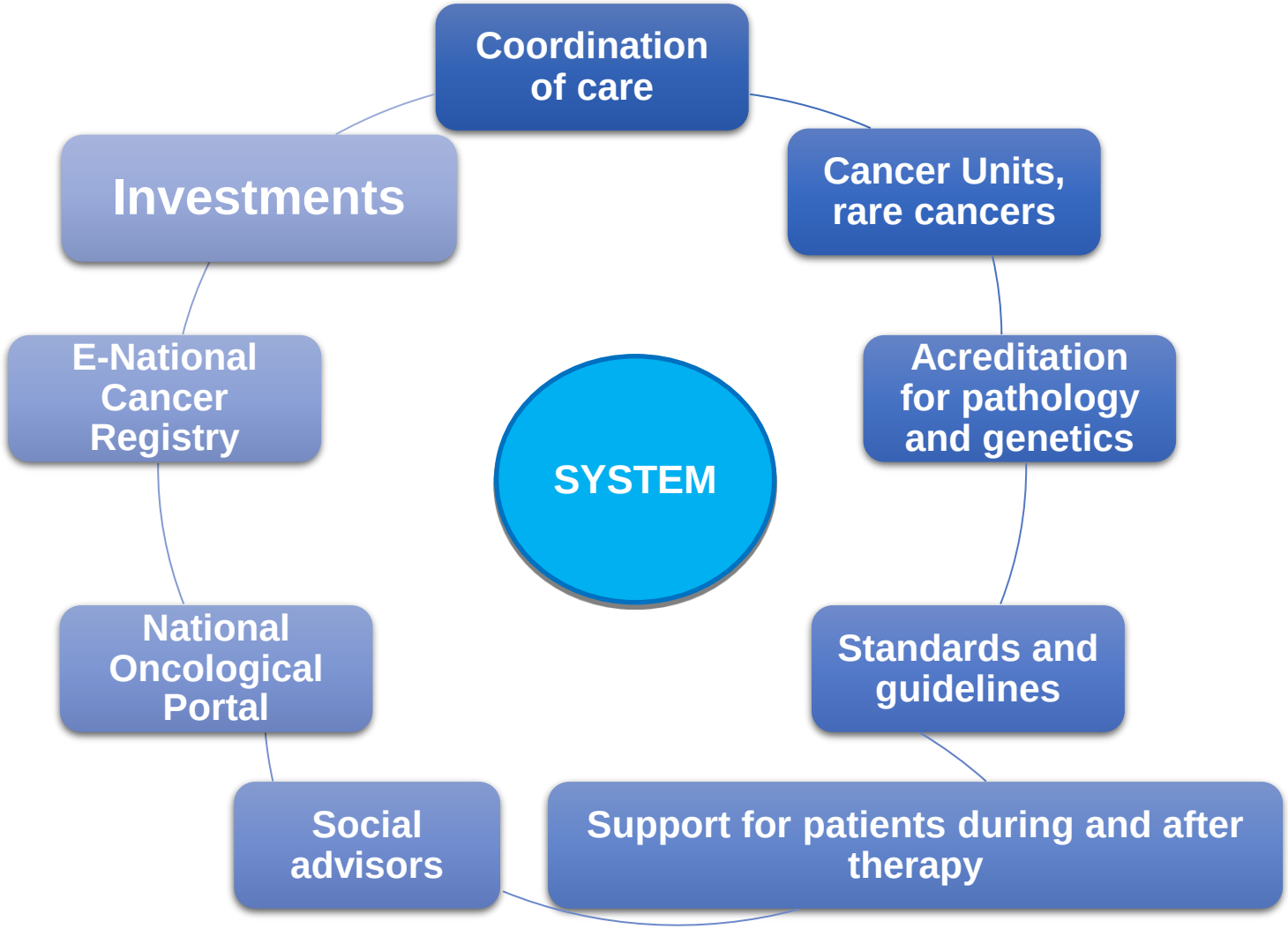
6.2 **By the end of 2023**, **Smoking Cessation Clinics** [Pol.: "Poradnie Pomocy Palącym"] will be **established in each province**. They will be responsible for coordination of educational measures on tobacco prevention as a part of the National Smokers Support Network [Pol.: "Krajowa Sieć Pomocy Palącym"].

6.3 **In 2024**, one will **introduce a ban on the promotion** and **advertising tobacco products**, including heated tobacco and e-cigarettes at the point of sale.

6.4 **In 2024**, one will **impose an obligation to use plain packages for tobacco products.**

6.5 **By the end of 2025**, one will impose **an obligation to carry out a medical interview concerning level of exposure to the tobacco smoke** (active or passive smoking) of patients in hospitals all over the country, as well as a **requirement to offer an appropriate medical support**.

National Cancer Plan



Cooperation for Monitoring of National Cancer Plan

- **6 index cancers**: lung cancer, breast cancer, colon/rectum cancer, prostate cancer, ce
rvix/ovarian cancer, melanoma – opening report + annually monitoring

- **New Unit in MSCNRI: for coordinating and monitoring of National Cancer Plan**

- **Memorandum for cooperation between MoH, MSCNRI, NHF**

Narodowy Instytut Onkologii im. Marii Skłodowskiej-Curie Państwowy Instytut Badawczy + Ministerstwo Zdrowia + NFZ = NSO Narodowa Strategia Onkologiczna

A New National Oncological Portal

- **The National Oncological Portal is the** basic source of information for Poland

- To be ready until the end of 2022:
  - for patients and physicians
  - with statistics
  - guidelines
  - prophylaxis
  - list of centers
  - reports
  - quality data
  - base of clinical trials etc.
  - like in NHS or INCA France

Joint Efforts and Multi-stakeholder Collaboration (at National and EU levels)

*Most of the **points identified in Europe's Beating Cancer Plan are in the line with the Polish National Cancer Strategy**

- It is justified to emphasize more clearly in Europe's Beating Cancer Plan the actions enabling patients to use the most effective diagnostic and therapeutic solutions, including participation in clinical trials. Increasing the participation of oncology and hematology patients in clinical trials as well as supporting and improving the organization of the research system and funding of clinical trials in oncology should also be the subject of the "cancer" mission under the Horizon Europe program, what would lead to decreasing the inequalities in access to new therapeutic options in member states.

- Joint multi-stakeholder collaboration is necessary for primary prevention measures as tobacco control, HPV vaccination etc.

- It is advisable that at the EU level, standardization of pathomorphological and molecular assessment of tumors is carried out. This standardization should include the possibility of obtaining a second pathomorphological opinion (in doubtful, difficult or rare tumors). The justification for introducing this condition is due to the fact that designated centers of reference within the network, eg. EURACAN, do not have the possibility to perform a "pathological review / second opinion".

- Access to proper molecular testing is also limited in some Member States.
- Additionally, it is recommended that the National Cancer Registries are based on histopathological results that are centrally digitized.

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Thank you!

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Catalysing Action to Advance Cancer Care: Learnings from the Field

Professor Eduard Vrdoljak
Head of Centre for Oncology and Professor
University Hospital Split, Croatia

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NCCPs IN EUROPE

… EU27 ☑

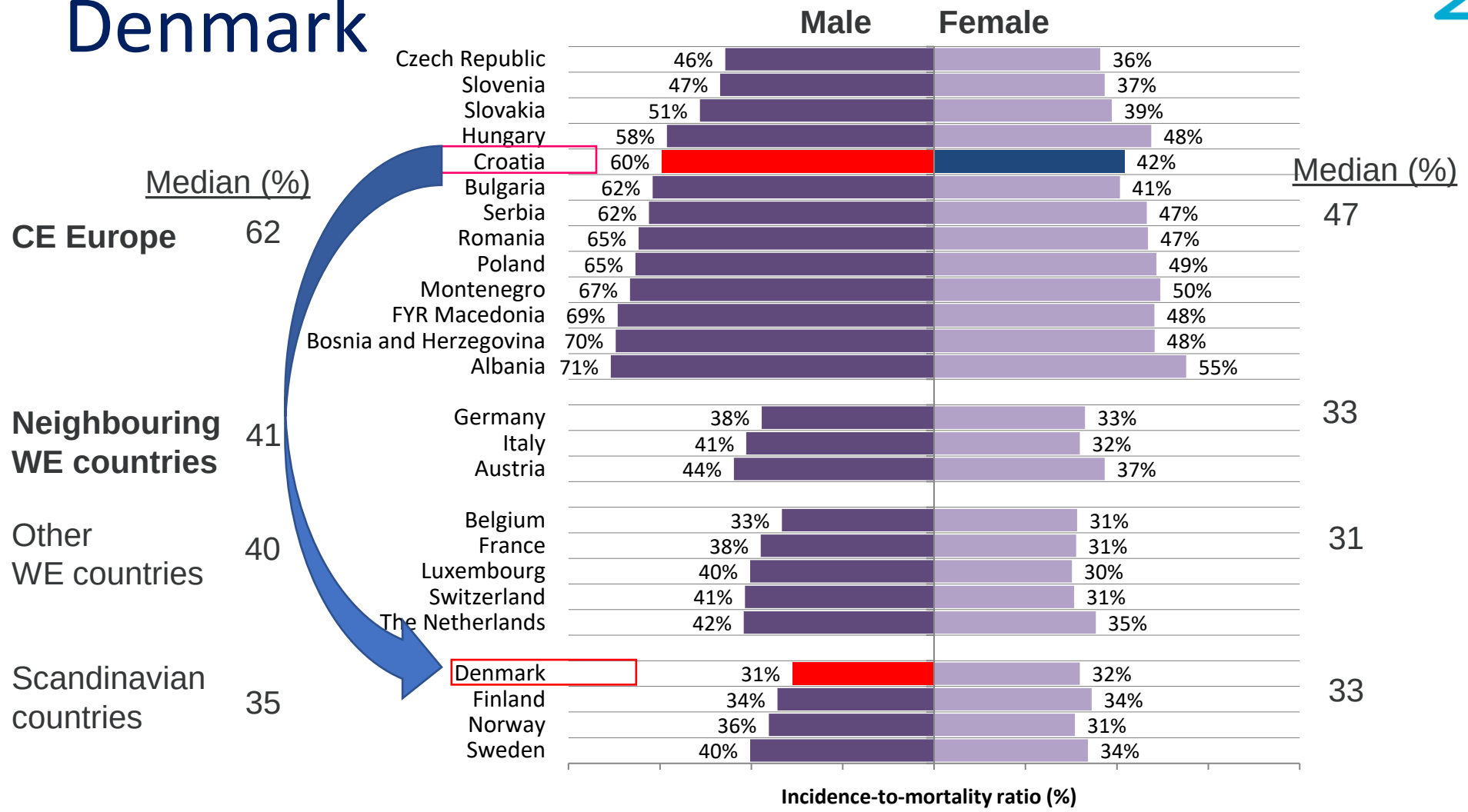
… EU28 (Croatia) ☒

RISKS of not having effective NCCP:

- People will continue to unnecessarily die from preventable & treatable cancer
- Expenditures will increase, but will not be spent efficiently and outcomes will remain poor

https://www.iccp-portal.org/map

Probability of Male Cancer Patients to Die Due to Cancer in Croatia and Denmark



GLOBOCAN 2012 (International Agency for Research on Cancer) online analysis results. Available from: http://globocan.iarc.fr/Pages/age-specific_table_sel.aspx Accessed Jun 19, 2015

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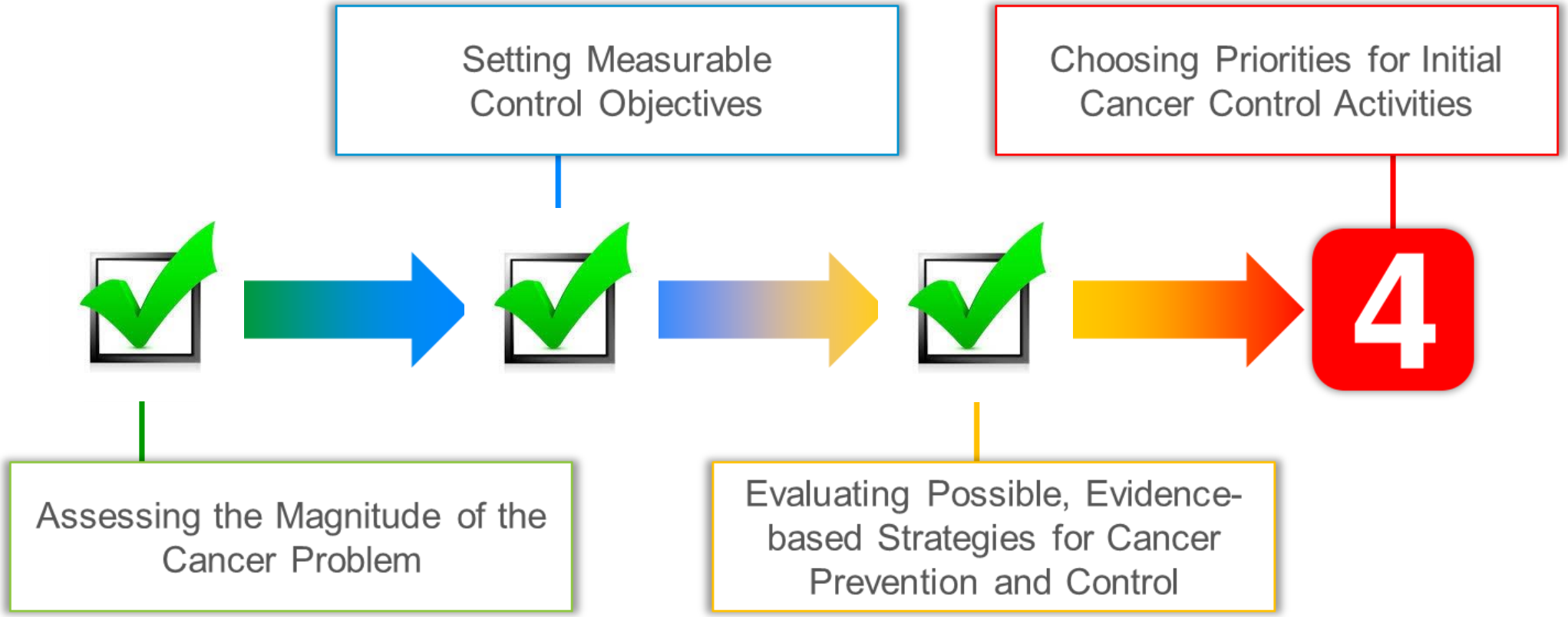
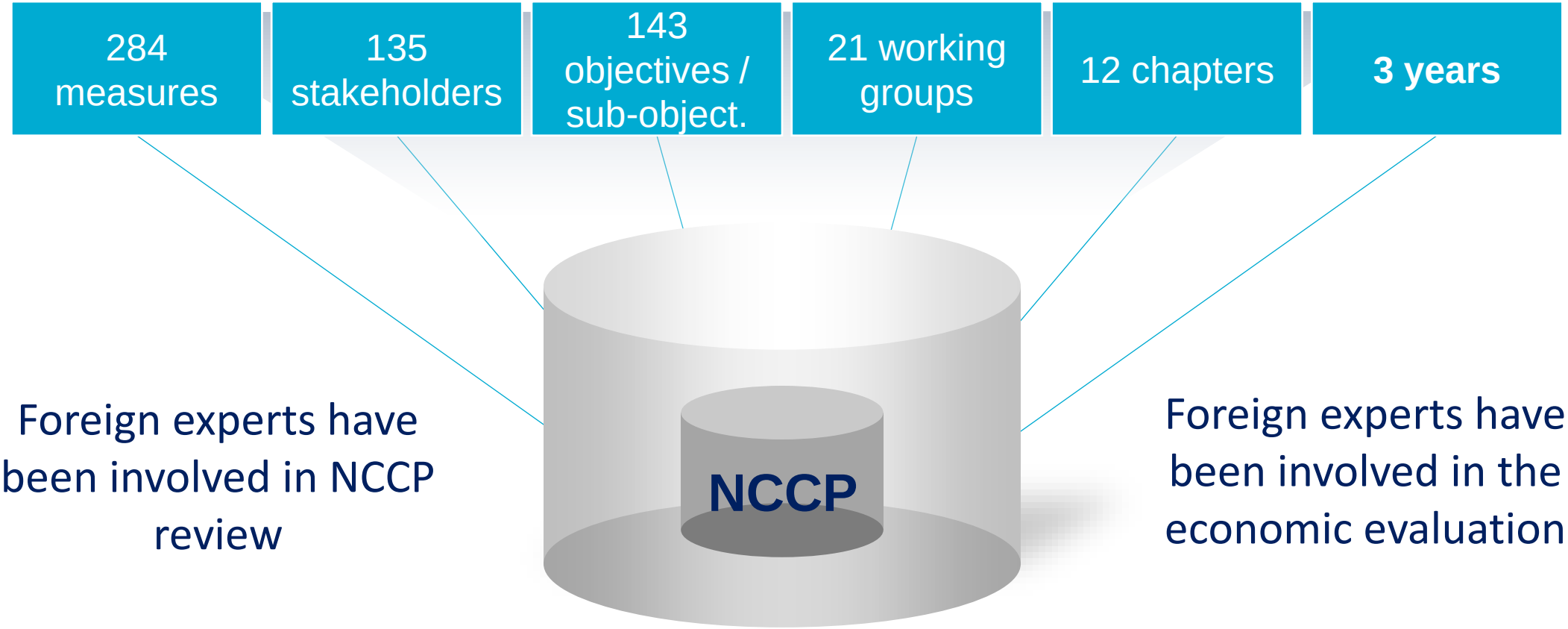
Managing National Cancer Control Programs

Four Basic Steps of NCCP Planning Process



*Policies and managerial guidelines for national cancer control programs http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1020-49892002001100015#back1

Croatia's NCCP in Numbers



Croatia's NCCP: Functional Chapters

STRUCTURE

- INTRODUCTION
- VISION
- OBJECTIVES / SUB-OBJECTIVES
- MEASURES / ACTIVITIES
- STAKEHOLDERS
- RESOURCES
- ECONOMIC EVALUATION
- REFERENCES

1. **PRIMARY PREVENTION**
2. **SECONDARY PREVENTION** (early detection)
3. **DIAGNOSIS OF CANCER** (imaging techniques, pathology and molecular diagnostic, genetic testing and counselling)
4. **TREATMENT OF CANCER** (promoting MDT, oncological surgery, radiotherapy, systemic treatment, psychological support, rehabilitation and reintegration of cancer patients)
5. **SPECIFIC ONCOLOGY AREAS** (pediatric oncology, malignant tumors of hematopoietic system, rare tumors)
6. **PALLIATIVE CARE AND PAIN RELIEF**
7. **CANCER EDUCATION**
8. **CANCER RESEARCH**
9. **CREATING A NATIONAL ONCOLOGY NETWORK, QUALITY CONTROL, REPORTING & MONITORING**
10. **INTEGRATED NCCP COST EFFECTIVENESS ANALYSIS**

STEP 4 – Choosing Priorities for Initial Cancer Control Activities

PRIORITY 1

National oncology network and patient registries

PRIORITY 2

Enhance and expedite primary and secondary prevention programs

PRIORITY 3

Improve access to modern radiotherapy

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Creating a National Oncology Network, Quality Control, Reporting & Monitoring

VISION:
Existence of comprehensive, national oncological network where all patients will receive guidelines driven oncology care and with single and complete database which will generate continuous source of information about quality of oncology care.

A. **NATIONAL ONCOLOGY NETWORK**
B. **NATIONAL DATA BASE REGISTRY**
C. **QUALITY CONTROL**
D. **MONITORING & REPORTING**
   - → Separate onco platform
   - → Guidelines
   - → Clinical research
   - → OUTCOMES
   - → Quality control

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Building an Oncology Network and a Cancer Registry

CREATING A NATIONAL ONCOLOGY NETWORK, QUALITY CONTROL, REPORTING & MONITORING

Future patient journey: full implementation of networking, monitoring and reporting

early & accurate diagnosis

cont
remot
mana

ored
e plan

full access to optimal care intervention

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Primary Prevention

VISION: To have primary prevention programs fully implemented and controlled, consecutively public cancer awareness on the level of western EU countries average in order to reduce malignant disease incidence through primary prevention to the level of western EU countries average.

A. **PROMOTING HEALTHY EATING HABITS AND REGULAR PHYSICAL ACTIVITY**
   - → Number of measures identified plus the need to continuously introduce new effective measures, in line with EU strategies (https://ec.europa.eu/health/nutrition_physical_activity/platform_en)

B. **PREVENTING SMOKING-RELATED CANCER**
   - → Number of measures identified plus the need to continuously introduce new effective measures, in line with EU strategies (https://ec.europa.eu/health/tobacco/overview_en)

C. **REDUCING THE HARMFUL EFFECT OF ALCOHOL CONSUMPTION**
   - → Awareness, education, focus to adolescents

D. **PREVENTING CANCER CAUSED BY INFECTIONS**
   - → Immunoprophylaxis and vaccination

E. **PREVENTING CANCER CAUSED BY RISK FACTORS RELATED TO LIFESTYLE AND WORK ENVIRONMENT**
   - → Regulation, regulation, regulation,…

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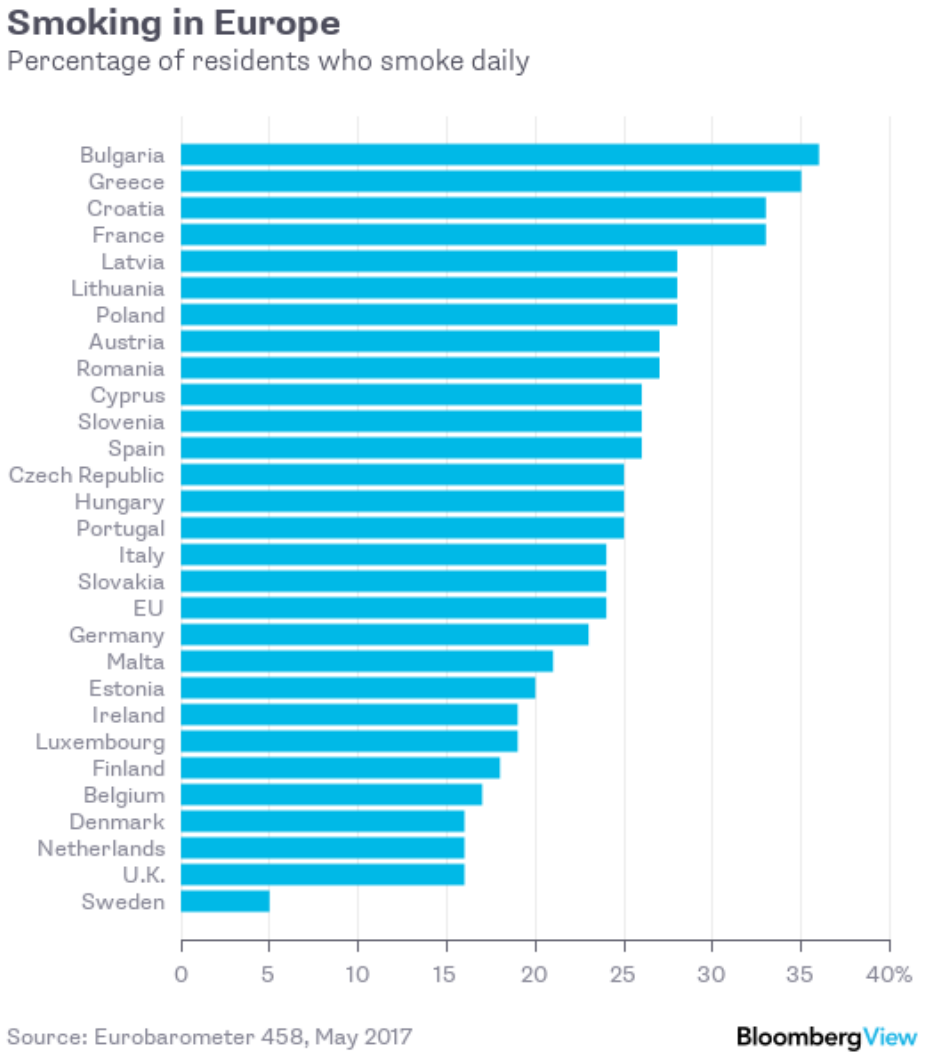
Not to be proud of!



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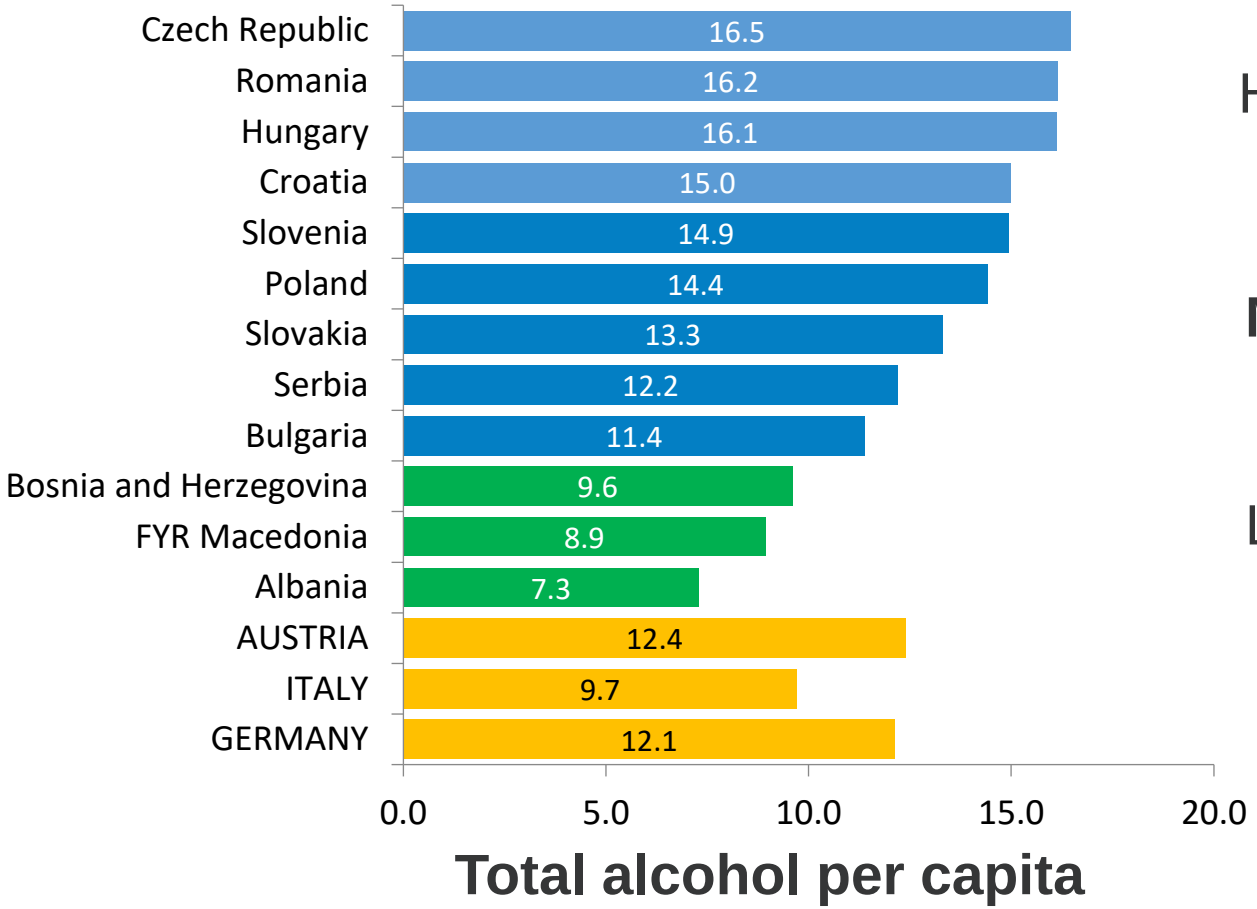
Alcohol Consumption

Projections for total (recorded + unrecorded) alcohol per capita (15+) consumption (litres of pure alcohol per person per year), 2008



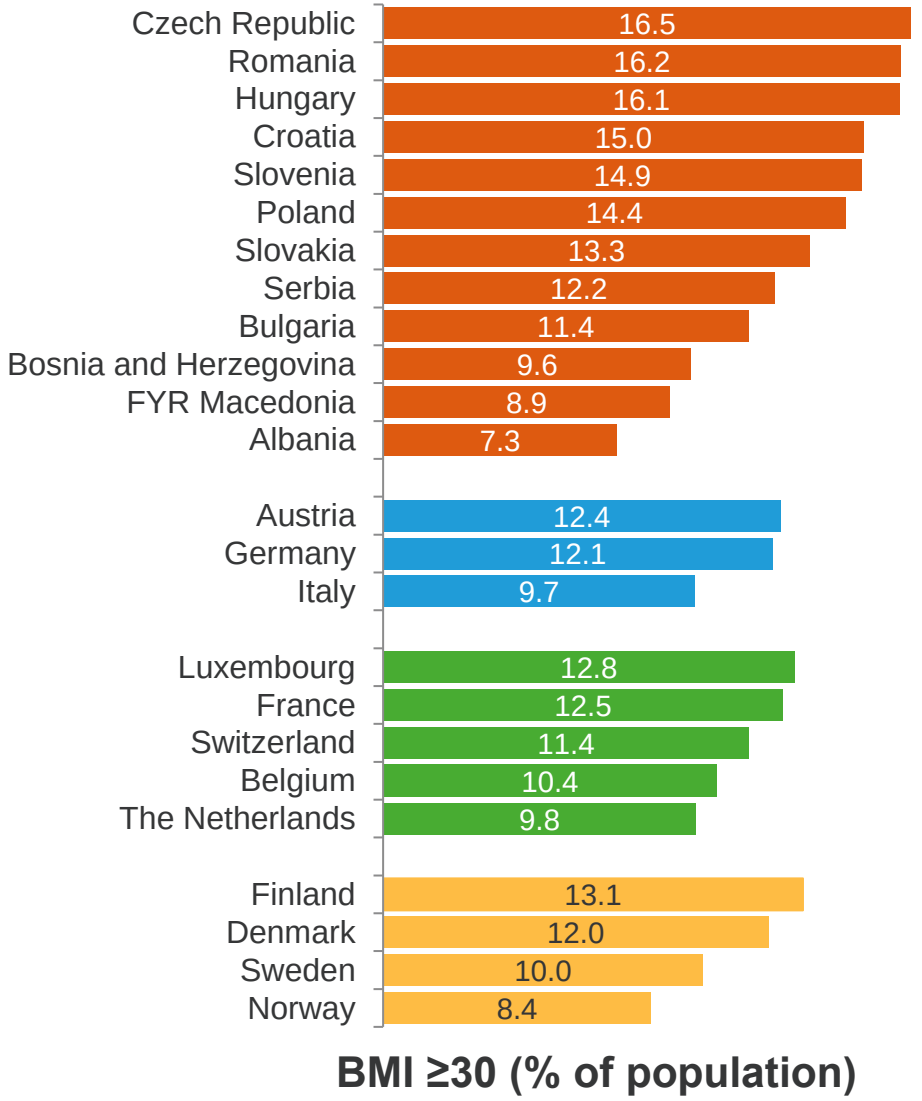
Highest quartile

Median=13.9

Lowest quartile

World Health Organization. Global Health Observatory Data Repository. http://apps.who.int/gho/data/node.main.510?lang=en (Last accessed 23 Aug 2015).

Population Obese: BMI ≥30 (Age Standardised)



	Median (%)
CE Europe	**23.2**
Neighbouring WE countries	20.1
Other WE countries	20.2
Nordic countries	20.6

BMI, body mass index. The World Bank. World Bank Open Data. http://data.worldbank.org/indicator (Last accessed 23 Aug 2015).

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Secondary Prevention (Early Detection)

VISION: Improve ratio of early to late stage cancers at diagnosis by 20%, for all cancer sites with implemented screening programs (breast, cervix, colon and lung) and implement new screening programs based on possible positive cost effectiveness analysis (prostate, gastric)

A. **BREAST CANCER**

→ Continue with current program + introduce new measures to improve response rates (e.g. KPIs for GP)

B. **COLON CANCER**

→ Continue with current program + introduce new measures to improve response rates (e.g. KPIs for GP)

C. **CERVICAL CANCER**

→ Re-initiate the screening program + introduce new measures to improve response rates (e.g. KPIs for GP)

D. **LUNG CANCER**

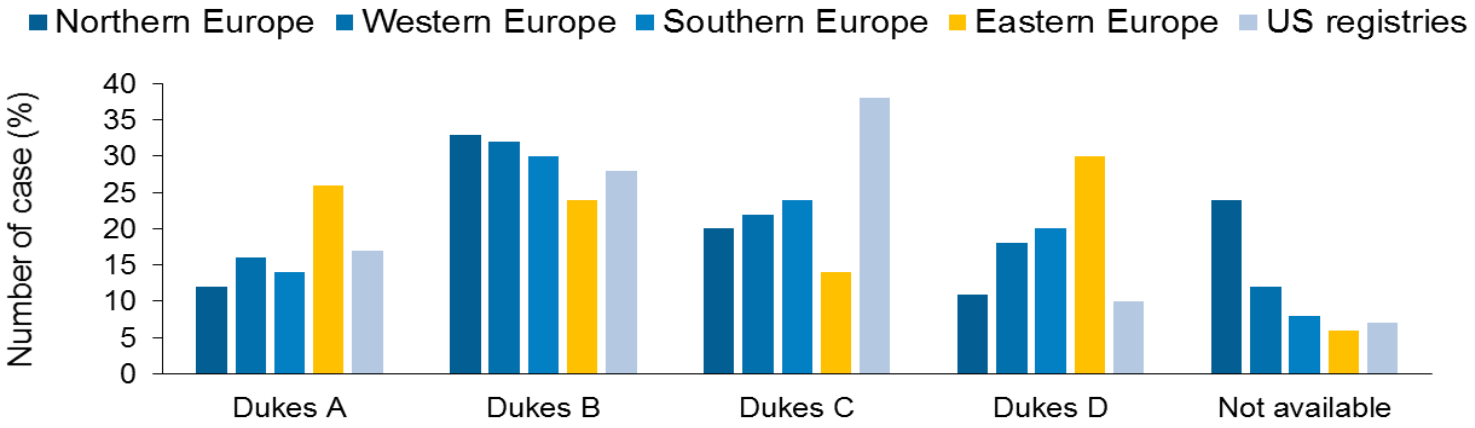
→ Implement low-dose CT screening program for tobacco-related risk groups

E. **OTHER**

→ Perform cost effectiveness study for screening programs for at minimum prostate and gastric cancers and implement accordingly

Investing to Improve Earlier Cancer Diagnosis

- Stage at CRC diagnosis across Europe and the US: CONCORD high-resolution study
- Eastern Europe showed the highest mean excess HR (up to 5 years post-diagnosis), mainly among those with Dukes D stage tumours



Region	Resected with curative intent, %
Northern Europe	74
Western Europe	84
Southern Europe	76
Eastern Europe	62
US registries	85

- Allemani C, et al. BMJ Open 2013;3:e003055.

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Cancer Research

VISION:
To increase scientific coverage, output, in oncology to the level of western EU average.

- **Legislative part (especially considering new EU directive)**
- **Infrastructure (scientific unit) and staffing**
- **Professional education**
- **Institutional network and registry**
- **Promotion to healthcare professionals and public, involving patient associations**

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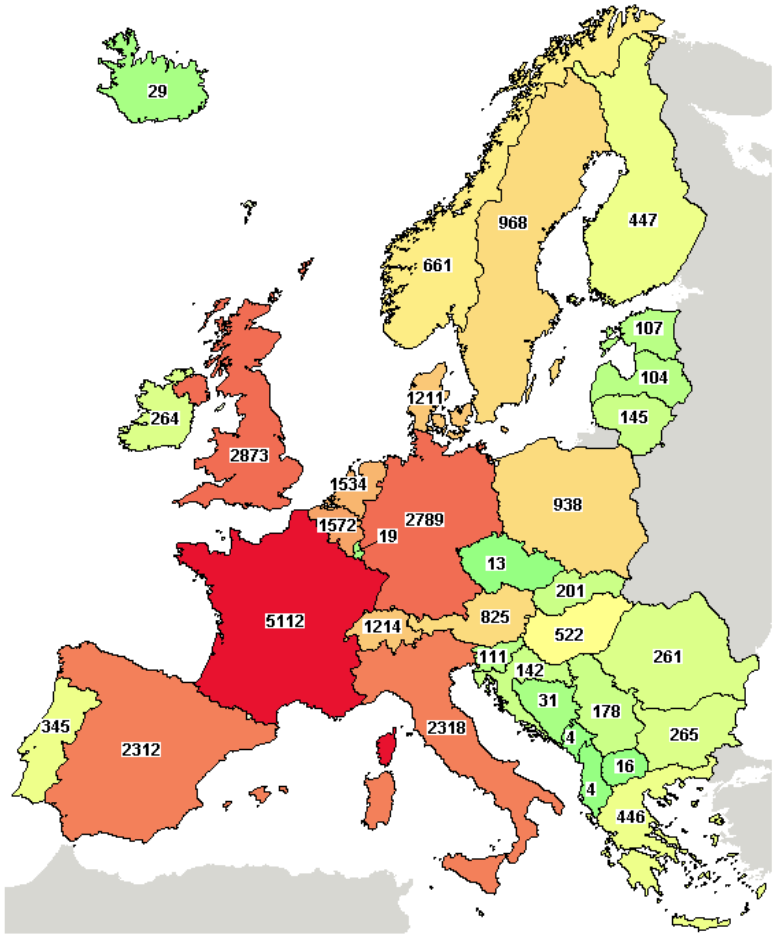
Actively Recruiting for Clinical Trials across the EU



EU total (34 countries): **16.569**

33% of all World's studies

823 / per country

West EU av. (17 c., 413m): 1.441 / per country

East EU av. (17 c., 131m): **205 / per country**

7x

<u>Excluding EU5 & PO from analysis due to population size</u>

West EU av. (12 c., 90m): 757 / per country

East EU av. (16 c., 93m): **159 / per country**

5x

Clinical trial conduct can have a significant positive impact to healthcare in general, but also to national economy and GDP growth. It is estimated that if East EU countries would get closer to the average of comparable West EU countries, this could improve their **GDP growth by 0.2-0.5%**

Source: ClinicalTrial.Gov (May, 2019), 5th Adriatic Congress of Pharmacoeconomics

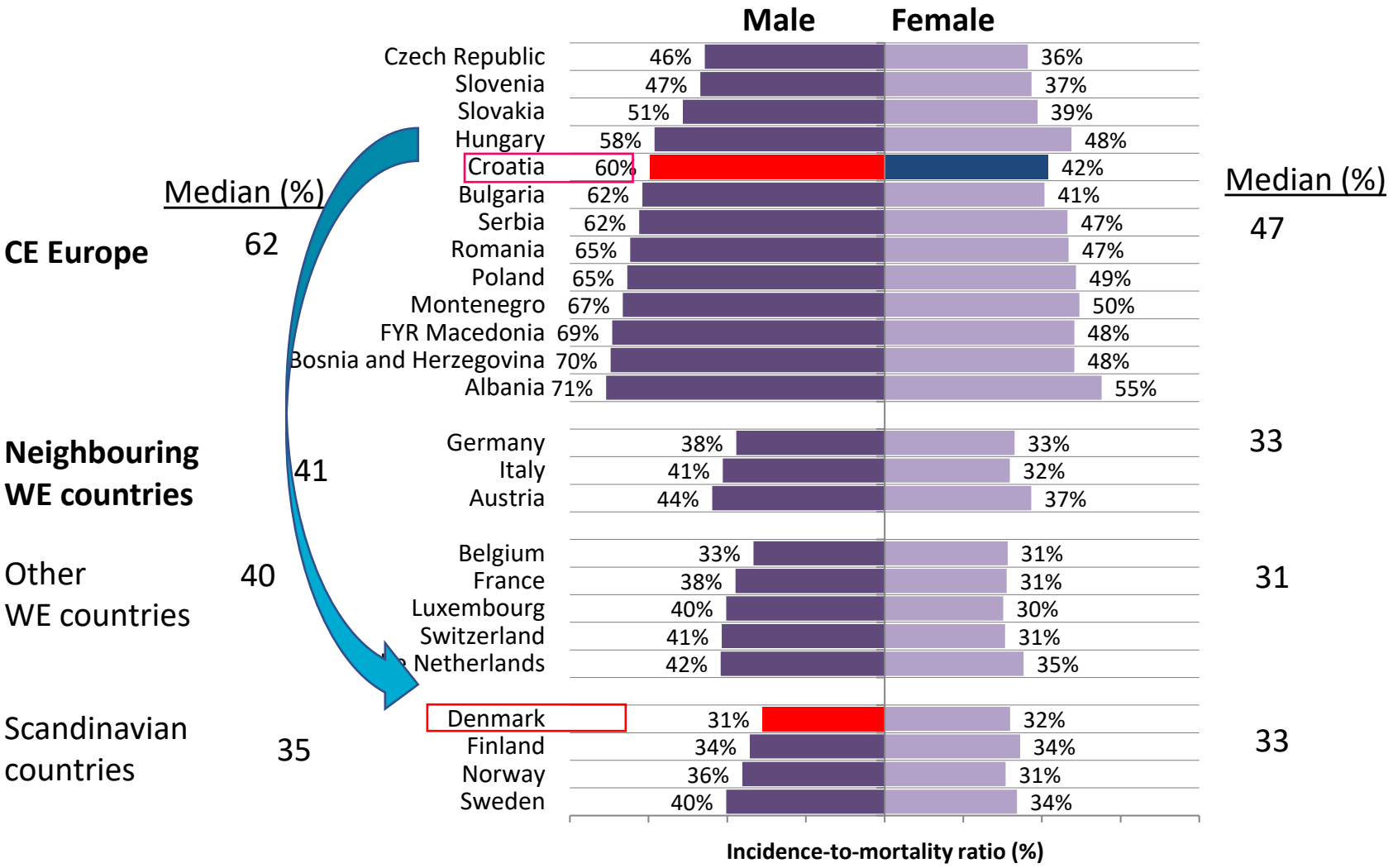
Integrated NCCP Cost Effectiveness Analysis

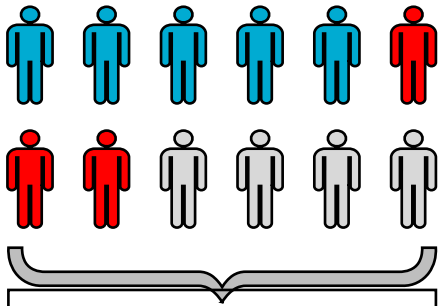
VISION:
To ensure that all measures proposed in the NCCP and their respective combined outcomes will lead to a reasonable level of cost effectiveness, from both the payer and societal perspectives.

- Integrated economic evaluation of the costs and the effects of the entire NCCP from 2020-2030 was performed, as the individual chapters are highly interdependent.
- Two scenarios were compared: a) with all planned NCCP activities vs b) no NCCP activities.
- Economic evaluation included all direct and indirect costs with the methodology developed in collaboration with international experts
- Extensive sensitivity analysis was undertaken to test the robustness of results.
- Publication of the economic evaluation is planned

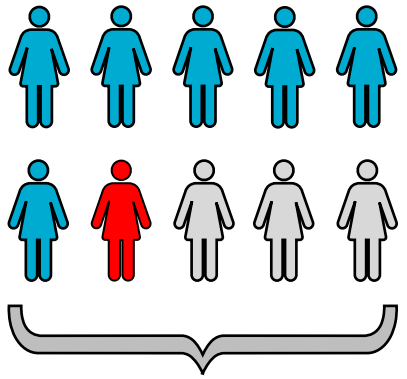
Leveraging Regional Evidence to Inform Action

Incidence and **survival targets** were set based on Croatian trends and Western European benchmarks >4.530 lives saved per year





Improving I/M from 60% to 31% could save **3.480 men** every year

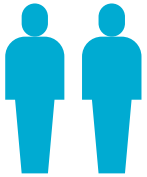


Improving I/M from 42% to 32% could save **1.050 women** every year

GLOBOCAN 2012 (International Agency for Research on Cancer) online analysis results. Available from: http://globocan.iarc.fr/Pages/age-specific_table_sel.aspx Accessed Jun 19, 2015

Croatia's Highly Encouraging Results

The EUR 198 million investment in the implementation of the Croatian NCCP is highly cost-effective



- **5,296 people not developing cancer** due to better prevention = 3% of expected cancer cases avoided and improvements in incidence are expected to rise sharply in the coming years.
- **6,979 more people cured** (8%). These individuals will reach average life expectancy.
- **113,392 life years gained**. This translates to cca. 88,000 QALYs (reduced by 30% to take account of quality of life).
- **EUR 45 million saved on indirect costs**: sick-leave, early retirement and informal care. Discounted at 3% annual rate.
- **Cost per QALY gained:** EUR 1,345
- **Sensitivity analysis:** If both cost are underestimated by 35%, and outcomes overestimated by 35%, cost per QALY rises to EUR 1,885
- **WHO recommended 3 x GDP per capita threshold** = EUR 38,863

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Remember:
Small Countries Can Do Big Things!

Thank you!

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Intervention

Kathy Oliver

Vice-Chair, Patient Advocacy Committee

European Cancer Organisation

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Closing Remarks

Linda Gibbs, BSc, MBA
Oncology Lead, Central/Eastern Europe
Pfizer Biopharmaceuticals Group

A Time for Policy Action in Europe!

Despite encouraging advances in science and technology, the inequality gap between CEE and Western Europe continues to rise

Mortality rates are higher in CEE than in Western Europe

LUNG CANCER [1]

The mortality rate for lung cancer in Hungary is 82.9 per 100,000 inhabitants vs. 52.9 per 100,000 inhabitants in the EU

CERVICAL CANCER [2]

In Romania, the mortality rate for cervical cancer is 14.2% compared with an EU average of 3.7%

Survival rates in Western Europe are up to 40% higher than in CEE countries [3]

RECTAL CANCER

5-year standardized net survival in 2010-2014:

- Norway (69.2%) vs. Malta (56.1%)
- Bulgaria (45.9%) vs. Slovenia (60%)

BREAST CANCER

5-year standardized net survival from 2010-2014:

- Iceland (89.1%) vs. Ireland (82%)
- Slovenia (83.5%) vs. Russian Federation (70.8%)

Pfizer | Breakthroughs that change patients' lives

[1] https://ec.europa.eu/eurostat/statistics-explained/pdfscache/39738.pdf
[2] https://ecancer.org/en/news/7820-ecc-2015-cancer-health-disparities-in-europe-must-end
[3] Allemani C, Matsuda T, Di Carlo V, et al. Global surveillance of trends in cancer survival 2000-14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries. Lancet. 2018;391(10125):1023-1075. doi:10.1016/S0140-6736(17)33326-3

Making Change in Cancer Control a Reality across Europe

Collaboration with stakeholders including cancer policy experts, patient groups, government and industry is critical to improve cancer control across Europe

Evidence and robust cancer data is a key driver in enabling system stakeholder action

Momentum in Europe with the EU's Beating Cancer Plan is encouraging and experiences in countries like Croatia, Slovenia and Poland show that **great progress can be achieved**

Working together, we can drive change in cancer control, improve patient outcomes and close the inequality gap with Eastern Europe

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Thank you!

Inequalities Network

Co-Chairs:

Dr Nicolò Matteo Luca Battisti

International Society Of Geriatric Oncology

Prof Hendrik Van Poppel

European Association Of Urology

#InequalitiesRoundtable

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Thematic Network on Inequalities

Member Organisations

EANM
European Association of Urology
European Society of Pathology
ESR
ECL Association of European Cancer Leagues
European Oncology Nursing Society
esso The European Society of Surgical Oncology
ESTRO
ESOI European Society of Oncologic Imaging
ESOP
OECI Organisation of European Cancer Institutes
SIOG International Society of Geriatric Oncology

Patient Organisations

Childhood Cancer International
European Cancer Patient Coalition
IBIA International Brain Tumour Alliance
INCA International Neuroendocrine Cancer Alliance
Lung Cancer Europe
Melanoma Patient Network EU
World Bladder Cancer Patient Coalition

Co-Chairs

Dr Nicolò Matteo Luca Battisti
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY

Prof Hendrik Van Poppel
EUROPEAN ASSOCIATION OF UROLOGY

Charities and Foundations Part of this Network

Anticancer Fund
EMANUELE Cancer Research Foundation Malta
ABC GlobAlliance

Priorities and activities

Immediate priorities for the Network, including a ‘call to action’ paper, have been identified on the following inequalities:

- **East-West** divide
- **Gender**, **ethnicity** and **age**
- Other **marginalised** and **neglected** patient groups

The **‘call to action’ report** will be launched during the session on “Inequalities: Disparities and Discrimination in Cancer Care” during the Summit.

A **position paper** will also be prepared for *Journal of Cancer Policy*.

European Cancer Summit

Inequalities: Disparities and Discrimination in Cancer Care
14:15-15:30 Wednesday 18 November

- **Dr. Lori J. Pierce,** President of the American Society of Clinical Oncology
- **Richard Sullivan,** Editor-in-Chief, Journal of Cancer Policy, and Director, Institute of Cancer Policy, King's College London
- **Robert Greene,** Member of the European Cancer Organisation's Patient Advisory Committee
- **Masum Hossain,** President, International Developed Markets, Pfizer
- **Katie Reeder-Hayes,** Chair, Health Equity Committee, American Society of Clinical Oncology

Thank you!