

New European tools to fight cancer inequalities

Since the launch of the EU Beating Cancer Plan, political awareness about the regional disparities in cancer care has grown, with attention now being placed on the financial resources and other needs to be met to rectify those disparities and inequalities. "In order to address this kind of inequalities we need to accurately measure every area of inequalities and the EU Beating Cancer Plan, for example, introduces the Cancer Inequalities Registry. So inequalities all around Europe will be registered in a very sustainable and a very comprehensive way. This will allow a timely identification of where these inequalities exist within countries or between regions", says Professor Andreas Charalambous, President of the European Cancer Organisation.

DE VALENTINA GRIGORE



INTERVIEW WITH
DR. ANDREAS
CHARALAMBOUS,
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When we are talking about registries, there are a lot of countries, Romania included, that don't have national oncology registries, for example. How can a country without registries take part in the inequality registry?

We suggest there could be funds allocated through the EU Beating Cancer Plan and the Cancer Mission in order to help countries develop their cancer registries. And, what is important, is that those cancer registries will be interconnected. It is quite some work to be done. For example, in Romania the cancer registry might be one of the tools or actions that can be supported by your National Cancer Plan and fortified by the EU4Health in a future call to support the development of cancer registries and their interoperability.

From your point of view, what are the key priorities that national authorities should address when talking about cancer inequalities?

It is difficult to put the inequalities framework as a general concept that every country could relate to. Romania could be a country facing its own particular set of challenges in respect of inequalities. But speaking about inequalities, we cannot ignore the context and the conditions where these dialogue is taking currently place within Europe. For example, sub-

sequent to the EU Beating Cancer Plan and the Mission publication in 2021, there were two major geopolitical events: the coronavirus pandemic and the war in Ukraine. The COVID-19 pandemic devastated many areas of the cancer healthcare system, such as screening, HPV vaccination and early detection, which is now coming true in the form of later detected cancer. These are areas that have generated inequalities based on not only external events, but also, weaknesses exposed in the resilience of healthcare systems. This new burden that is being created will likely be felt harder to those countries or health systems which have been under high pressure before the pandemic. The Time to Act campaign, run by the European Cancer Organisation, estimates that there are about one hundred million diagnostic tests that have not been performed because of the COVID-19 pandemic. That is translated into about one million undiagnosed patients around Europe. There is a backlog of this pandemic that we have to be dealing with. All countries, including Romania, should be paying close attention to the screening and vaccination catchup needs.

We have to think also about the war in Ukraine, because it is not only about resources, it is also about the flow of refugees to surrounding countries, Romania included. This brought fresh attention

to the resilience and also to the ability of the countries in the region and their healthcare systems to be able to face this high flow of refugees, specifically if we talk about cancer treatments. This is something that was recorded as part of the ECO-ASCO special network on the war on Ukraine and the onco help resources and initiatives set up that we created in order to trace this challenges on the ground.

Romania is one of the first states to create a national cancer plan. From your experience at European level, how do you think such a plan should be implemented - strictly by authorities or it needs a multidisciplinary collaboration between authorities, patient's associations, the private sector and, maybe, the media?

I would like to praise the Romanian government and your country in general for their initiative to create a national cancer plan. Romania will be joining many other European countries who have done the same. I come from even a smaller country - Cyprus, which has a national cancer plan. It is not perfect, but I don't see how any national cancer plan can be perfect as these are dynamic documents and establishments that will develop over time and become better and more able to address inequalities, the cancer continuum in its totality and not to over compensate when it comes to cancer

treatment, for example, and not paying attention to prevention and survivorship. Every national cancer plan needs to be balanced. Having a national cancer plan is not enough by itself, it needs a realization that will successfully reflect the realities of the country and take into consideration any specificities. A national cancer plan needs to be very country specific and this requires a collective approach. I do not believe it is enough that this task to be driven solely by the authorities. Cancer is a very complex disease and in order to succeed in dealing with it, all the perspectives of those in need are required.

We have to approach the fight against cancer from a more collective point of view. All the concerned parties, such as the patient organizations, should come together and contribute to the implementation and the formation of the plan. Also, because any cancer plan can be influenced by external conditions and events, the efforts of these relevant stakeholder needs to be constant, so that any needed adjustments are implemented in a timely manner. National cancer plans that cannot be flexible to the realities of the crowd are determined to fail.

What are the ECO priorities in cancer management improvement and in tackling the cancer inequalities?

Challenges are not few - we are currently facing moments of great

test for cancer care in Europe. This is felt most strongly in particular regions. But there is a strong will and our commitment to meet these challenges together. ECO will continue to play its role in making that happen.

One of our initiative is that we are redoubling our efforts and activities in the inequalities area and cancer management in a more general sense, including, for example, the creation of a new European Cancer Pulse, in order to compliment the EU Cancer Inequalities Registry. It builds upon our positive experience of constructing a Time to Act Data Navigator on the impact of Covid-19 on cancer.

Also, we are working to create a new intra parliamentary exchange group across Europe on defeating cancer inequalities, but also addressing cancer management in general. Of course, this includes areas such as screening, vaccination, also areas that generate inequalities. The inter parliamentary group is based on the network that we have built through our Time to Act campaign for the COVID-19 pandemic -we aim to bring in touch those representatives from national parliamentary representatives and ministries with the MEPS against cancer and EU40 Group. It will be a more comprehensive approach in order to put cancer care and cancer inequali-

ties into the spotlight and try, through those discussions, to align the actions and the policy making that can support the work of organizations such as ECO, but also national member countries in order to tackle cancer in a more efficient and effective way.

We are very proud that the European Cancer Organization is leading the Interact Europe project which is designed to develop an interspecialty training in the context of cancer care, bringing a multi profession and multidisciplinary approach to cancer care.

Do you think that this model of European plan translated into national legislation is a good example for other diseases?

I strongly believe that what has been introduced through the Cancer Mission and EU Cancer Plan is the pathway that shows how to proceed when it comes to cancer issues on a national level. But is not something that can be replicated one hundred percent. We need to be taken into consideration the national realities on the ground including legislation, clinical realities, how cancer care is being delivered. The cancer plan is a template but you should be adjusting it and make it relevant to your reality. I do think that replication on the cardiovascular region will follow the same pathway as the cancer plan. 🇨🇭