



Final Conference of the Joint Action on  
Comprehensive Cancer Control (CANCON)

**MALTA** EU2017

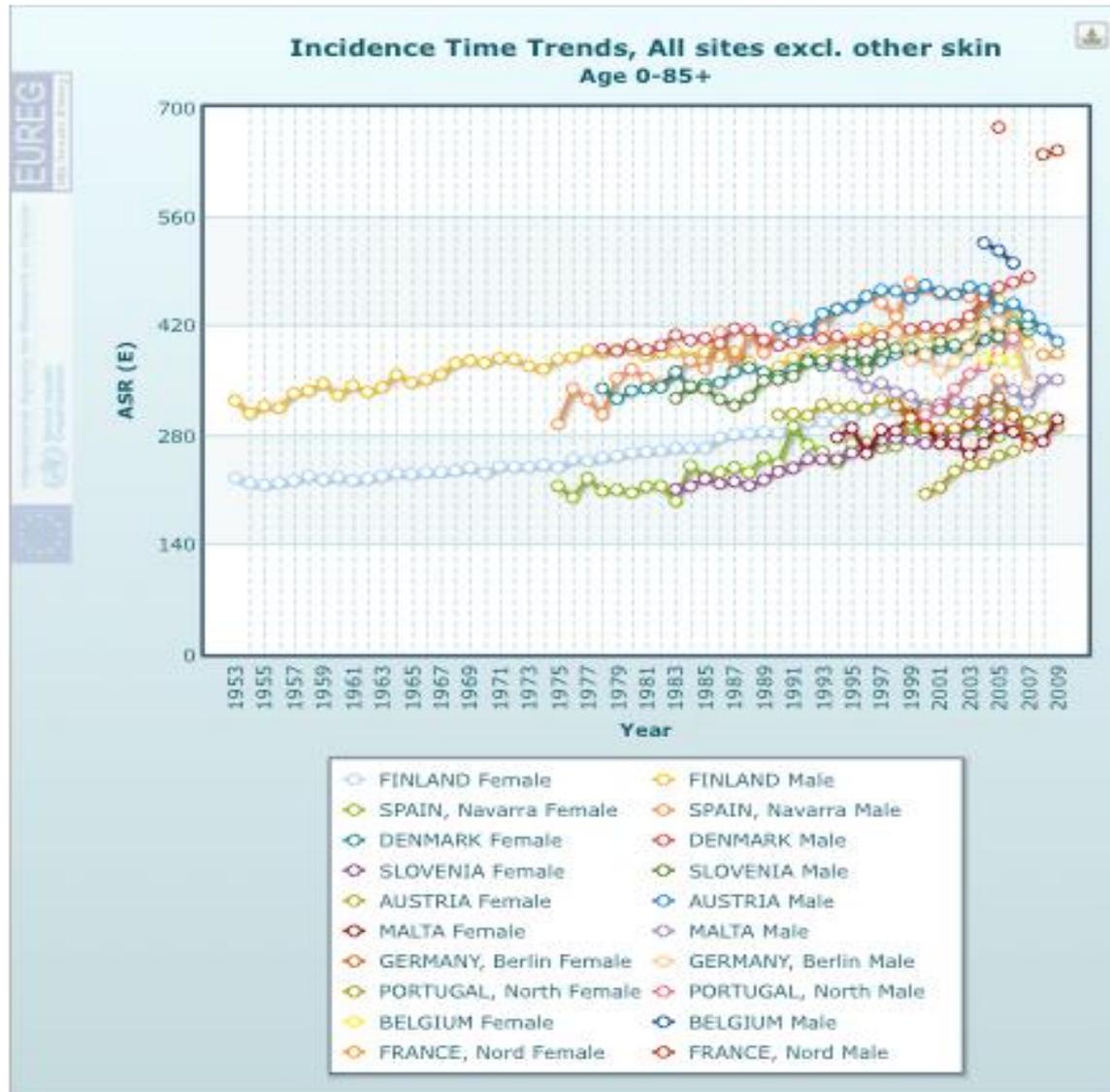
# Future challenges for cancer control in Europe

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# Cancer incidence time trends, all sites

EUREG | Analysis | Chart Result

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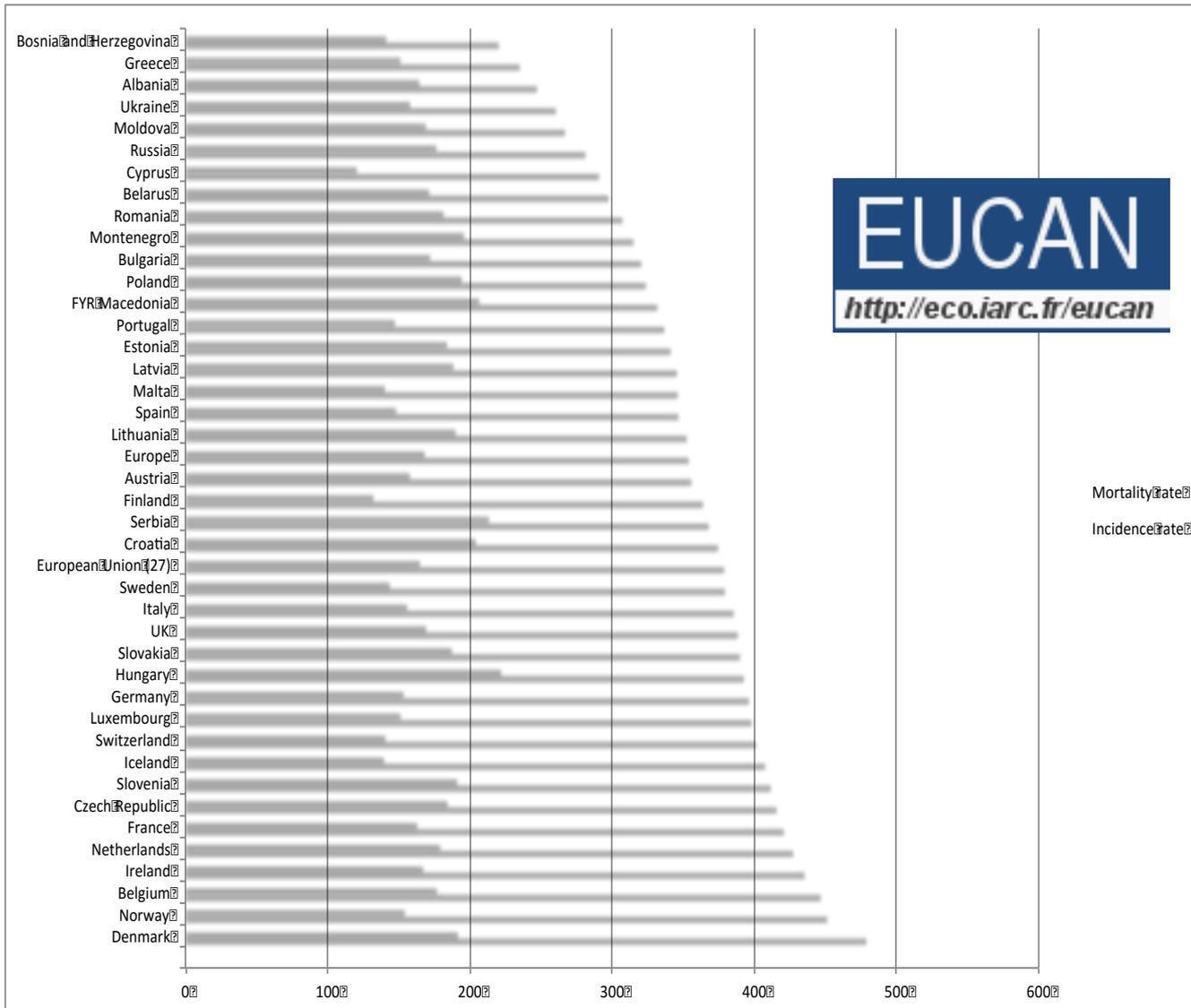


Europe is facing a cancer epidemic, with rapidly increasing incidence rates. Population growth and ageing will further increase the annual number of new patients with cancer.

**EUREG**

<http://eco.iarc.fr/eureg>

# Incidence and mortality rates due to cancer, EU, 2012



Even though survival from different cancers has improved markedly since 1990, reflecting advances in diagnosis and treatment, marked inequalities remain, and survival for many cancers still varies widely between Member States.

# Cancer is a complex issue...

...spanning:

- Primary prevention
- Secondary prevention (screening)
- Integrated care (treatment, palliative care, rehabilitation, psychosocial support)
- Research

It is also a health systems issue...

... where policy-makers must make decisions regarding *4 framework functions*:

- ❖ Governance: Who is responsible for overseeing cancer control activities and what are their competencies?
- ❖ Financing: What funds are needed to cover costs (best diagnostic and therapeutic procedures), and where will they come from?

... where policy-makers must make decisions regarding 4 framework functions:

- ❖ Resource generation: What structures need to be in place to ensure adequate human, physical, and technological resources?
- ❖ Service provision: *What* services are needed and *where*? (needs assessment, distribution of resources)

# Primary prevention challenges

- About 40 per cent of cancers could be prevented if people stopped smoking and overeating, limited their alcohol, exercised regularly and got vaccines targeting cancer-causing infections
- The European Code Against Cancer provides a practical tool for health promotion and cancer prevention in Europe.

# Primary prevention challenges

- Invest in behavioural epidemiological research  
(Why we are not preventing what could and should be prevented??)
- Foster school health education programs!!

# Secondary prevention challenges:

- Improve equitable access and compliance with population based, cancer screening programmes.
- Provide screening processes that address the whole population with additional emphasis among socially vulnerable groups.

# Secondary prevention challenges:

- Further development of screening and early detection technology
- Links to genetics/genomics
- Exploration of new organ sites for screening and early detection
- Rationale for population-based screening programmes – governance and QA&QC issues

# Integrated care challenges

- Direct expenditures on cancer care have proportionally been frozen over time in the percentage of all health expenditure, reaching between 6 and 7% (UK a little lower)
- HTA has for long focused only on medicines, but there is need to extend it to other branches: *Rodin D, Aggarwal A, Lievens Y, Sullivan R. Balancing Equity and Advancement: The Role of Health Technology Assessment in Radiotherapy Resource Allocation. Clinical Oncology 29 (2017) 93-98*

# Integrated care challenges

- Ensure availability of sufficient radiotherapy capacity with appropriate technology innovation in all European Union Member States.
- Develop national cancer survivorship policies, underpinned by an equity perspective. Need to improve psycho-oncological care and rehabilitation.

# Socio-economic differences and integrated care challenges - 1

**Involve communities and patient associations in decision making processes.** Examples:

The principles of the European Cancer Patients' Bill of Rights (BoR) promote three main rights for all cancer patients in Europe.

1. The Right of every European citizen to receive the most accurate information and to be proactively involved in his/her care.
1. The Right of every European citizen to equal and timely access to appropriate specialised care, underpinned by research and innovation.
1. The Right of every European citizen to receive care in health systems that ensure improved outcomes, patient rehabilitation, best quality of life and affordable healthcare.

# Socio-economic differences and integrated care challenges - 2.

**Foster exchanges of professional experience in all European Member States in tackling social inequalities in cancer. Example:**

The EUROCOURSE action (Europe Against Cancer: Optimisation of the Use of Registries for Scientific Excellence in Research) aims to develop necessary standards to support use of registry data in research.

This is part of the infrastructure to streamline data collection by European cancer registries, in order to provide better cancer statistics for Europe.

# Some cancer research challenges

- The proactive management of innovation, detection, and facilitation of collaborations, within the European cancer research community;
- The development and use of an exchange portal of information for health professionals, patients and policy makers;
- The coordination of calls and better financial management of cancer research projects;
- The support of greater involvement of health care professionals in translational research and multidisciplinary training.

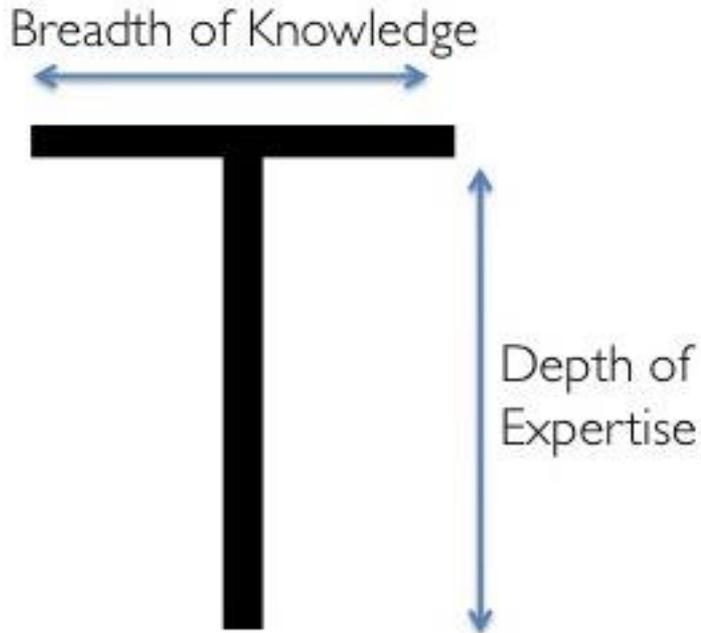
# Overall recommendations for NCCPs

- **Governance:** Identify the institution that will have responsibility for cancer control at the national/regional level. Define accountability, through periodical reports...
- **Financing:**  
Define the economic budget of the NCCP. Beyond the financing of new programmes, the overall cancer-related spending should be substantiated  
Ensure the necessary financial resources for the implementation of the NCCP, including necessary innovations

# Overall recommendations for NCCPs

- **Resource generation:** Allocate specifically trained human resources for the implementation process, and outline how they will be involved within the NCCP.
- **Service delivery:** Ensure proper systematic implementation and maintain effective communication with the public regarding the evaluation of NCCPs.

# T-shaped, competency-based learning



- Specialist vs. generalist approach is flawed
- All professionals must acquire deep expertise in one field or area . . .
- But have a broad understanding of contextual issues and related fields.

*-Re: Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world, The Lancet 2010*

# Self-criticism and self-reflection: pre-requisites for positive change



## Applying principles of health research to cancer control:

- Collaboration
- Peer review
- Explicit assessment
- Translational approaches
- Excellence

# Transform advocacy into activism

## The voice of cancer control advocacy:

- Participation
- Contribution
- Involvement
- Observation

## The voice of cancer control activism:

- Engagement
- Leadership
- Commitment
- Imagination



**Raise your voice**

**Raise your hand  
& act**



# Closing reflections

- Understand cancer prevention and control with a personalised perspective and at the same time with a broad community approach
- Bi-directional communication with partners and peers
- Commitment to excellence and improvement
- Personal action and activism for our cause

Thank you!

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