

Cancon Policy Brief 5

This is a summary of Cancon Policy paper #5 *Tackling Social Inequalities in Cancer Prevention and Control for the European Population*. You can find the full versions at www.cancercontrol.eu

Tackling social inequalities in cancer prevention and control for the European population

The fifth Cancon policy paper concerns social inequalities in cancer control, coordinated by **Rosana Peiró**. Other participants were **A. Molina Barceló, F. De Lorenzo, T. Spadea, S. Missinne, F. Florindi, N. Zengarini, K. Apostolidis, M. P Coleman, C. Allemani, and M. Lawler**.

Europe is characterised by unacceptable and significant social inequalities between and within European countries, in the continuum of cancer: primary and secondary prevention, and access to cancer care which deeply impact cancer incidence, survival and mortality.

Social inequalities in cancer refers to differences in health that are systematic, socially produced, unnecessary and avoidable, and in addition are considered unfair and unjust.

Social inequalities between European countries

- In Eastern Europe, the mortality rates for many cancers are above the European average.
- Western and Northern European countries also have social inequalities in cancer care, such as low survival rates for lung, colorectal and ovarian cancers in the UK and Denmark as compared to Norway and Sweden.
- Some European countries have inadequate access to surgery, radiotherapy and essential and personalised medicines, treatments that have been shown to prolong lives and in many cases achieve long-term cures.
- Access to innovative treatment interventions, a number of which have demonstrated substantial therapeutic benefit, are also inadequate in some European countries.

Social inequalities among social groups within countries in Europe

- In general privileged groups have better cancer outcomes because:
 - they have fewer risk factors for cancer and /or
 - can take advantage of new interventions and screening programmes more quickly,
 - more easily access health services, and
 - can minimize the social and financial consequences of cancer when it occurs.
- Socially disadvantaged groups are more exposed to risk factors leading cancer as tobacco consumption, obesity
- Lower participation in breast or colorectal cancer screening programmes and delayed cancer diagnosis and treatment have been reported for those with lower socio-economic status.
- Differing social circumstances across the lifespan generate a social gradient in cancer through a myriad of complementary mechanisms that's why:
 - Social inequalities in cancer are originated in childhood, where childhood social conditions influence longer-lasting exposures. Behavioural risk factors can be transferred from parents to children.
- Other vulnerable groups also affected by social inequalities in cancer:
 - people with physical handicaps,
 - children and adults with intellectual disabilities,
 - illiterate persons,
 - refugees,
 - prisoners

- Socially disadvantaged groups face even greater unmet needs for rehabilitation services
- Inequality in access to treatments including - surgery, radiotherapy and essential and personalised medicines

The Policy Paper promote equity-oriented policy-making on cancer prevention and control in order to reduce this social inequalities in cancer. Proposals contained in the Policy Paper are

- For policy-makers in Member States to assess the burden of social inequalities in cancer in their country or region;
- To highlight practical actions to tackle social inequalities at European and national level;
- To give top priority to reducing social inequalities in cancer within European and national strategies on cancer prevention and control - National Cancer Plans.

13. Recommendations

The policy paper has 13 general recommendations that focus on 3 main areas: capacity-building; primary and secondary prevention; and cancer treatment, survivorship and rehabilitation. In the policy paper, each general recommendation includes a detailed background based on evidence, specific recommendations, and examples identified through a Member States Survey, experts' knowledge, and the literature review.

Capacity building for tackling social inequalities in cancer prevention and control

1. Embed equity in all aspects of cancer prevention and control strategies.
 - a. Formulate specific objectives that aim to tackle social inequalities in cancer across the whole population with additional emphasis on socially vulnerable groups.
 - b. Include indicators of social cancer inequality in the quality criteria established for cancer prevention and control programmes and services.
2. Align cancer prevention and control policies with a Health in all Policies approach.
 - a. Create a multi-sectoral working group that includes experts on social inequalities in health to embed a Health in all Policies approach within cancer policies.
 - b. Assess the impact of current and new policies, programmes, and health services on social inequalities in cancer.
 - c. Produce a report on social inequalities in cancer, and make it available to the public
3. Adopt a Health Equity Impact Assessment framework.
 - a. Assess the evidence on social inequalities in cancer and identify any gaps in knowledge.
 - b. Introduce a unique national identifier to facilitate safe record linkage between different databases in each European country in order to monitor social inequalities in cancer.
 - c. Collect information on patient reported outcome measures (PROM), and link this information with cancer registry data.
 - d. Use the Health Equity Impact Assessment tool to assess systematically the impact of policies on social inequalities in cancer.
4. Engage and empower communities and patients in cancer control and prevention activities.
 - a. Involve communities and patient associations in decision-making processes.
 - b. Ensure that socially vulnerable groups are involved in the design, implementation and evaluation of health policies related to cancer prevention and control.
 - c. Ensure that all patients receive up-to-date and accurate information and are proactively involved in their care.
5. Promote the exchange of experiences of good practices and support development of professional expertise on social inequalities in cancer.
 - a. Foster European exchanges of professional experience in cancer and in tackling social inequalities in cancer
 - b. Provide appropriate training for cancer prevention, care, and rehabilitation professionals in tackling social inequalities in cancer.

6. Support the development of European research programmes that help deliver equity in cancer prevention and control in all European Union Member States.

Primary and secondary prevention

7. Implement proportionate universalism policies to develop and maintain living environments favouring compliance with the European Code Against Cancer.
 - a. Ensure that tobacco and alcohol control policies account for the whole social scale within a population and targeted to socially vulnerable groups.
8. Improve equitable access and compliance with cancer screening programmes
 - a. Provide screening processes that address the whole population with additional emphasis among socially vulnerable groups
 - b. Ensure the development and implementation of guidelines for quality assurance in cancer screening, which must include equity as a quality criterion.

Cancer treatment, survivorship and rehabilitation policies

9. Ensure equitable access to timely, high quality and multi-disciplinary cancer care.
 - a. Implement an integrated model of cancer care management, whereby primary and secondary care are seamlessly linked.
 - b. Implement measures to ensure access to and use of appropriate treatments that are addressed to the whole population with additional emphasis on socially vulnerable groups.
 - c. Ensure the development and implementation of guidelines in all involved disciplines, which must include equity as a quality criterion.
10. Ensure equitable access to high-quality surgical care in all European Union Member States.
 - a. Establish optimal benchmarking standards for surgical oncology in all European Union Member States to help reduce the current inequalities experienced by cancer patients.
 - b. Promote the creation of national information sources on the volume of surgeries per cancer centre, to provide patients with accurate activity data to aid in their choice of surgical centre.
11. Ensure availability of sufficient radiotherapy capacity with appropriate technology innovation in all European Union Member States.
12. Ensure that all patients have timely access to appropriate systemic therapy
 - a. Promote access to innovative therapies that deliver value-based, effective care, by harmonising Health Technology Assessment in all Member States.
13. Develop national cancer rehabilitation and survivorship policies, underpinned by an equity perspective.
 - a. Make survivorship care and rehabilitation an integral part of the patients' care pathways from the time of diagnosis.
 - b. Raise awareness about late effects with the aim of providing recommendations to all patients and tailoring information specifically for socially vulnerable groups.
 - c. Integrate employment programmes into follow-up survivorship care with additional emphasis among socially vulnerable groups, to support return to work after acute treatment
 - d. Develop financial incentives to help employers to introduce adaptations to work environments/situations.