DANCING TO NEW TUNES TO REDUCE INEQUALITIES IN CANCER PREVENTION AND CARE IN CENTRAL AND SOUTH EASTERN EUROPE

By: Wendy Yared, Christoph C. Zielinski, Antonella Cardone, Darina Sedláková and Christiane Thallinger

Summary: Cancer and other health outcomes vary widely across Europe, especially between Western and Central and South-Eastern Europe (CEE) countries. While progress has been made, gaps are still wide. We must do more by employing new strategies, such as analysing inequalities by addressing the entire spectrum of cancer control, and with a cross-sectoral approach. The Central European Cooperative Oncology Group (CECOG) is an example of such a collaboration, with the goal of overcoming inequalities in cancer care in the CEE.

Keywords: Cancer Prevention, Inequalities, Treatment Access

Introduction

Unacceptable inequalities in cancer prevention and care is a hugely important and persistent problem that exists between Western and Central and South-Eastern Europe (CEE) and within countries according to socioeconomic status. The figures for survival rates are especially stark.

It is expected that the gap between East and West will widen further due to the ongoing COVID-19 pandemic, where prevention and health promotion campaigns have been frozen, and screening, patient support, treatment, and other cancer services have been severely disrupted.

It is now therefore more urgent than ever that actions are taken and with a collaborative approach. A timely session on “tackling access inequalities in cancer care” took place at the European Health Forum Gastein in October 2020, which provided perspectives on the challenges and issues in the CEE related to polices on cancer prevention, access to care, and health literacy. Cross-sectoral stakeholders highlighted the dire effects inequalities have on cancer patients and their families and friends. Key messages included the need for bold new political initiatives...
Empowerment and agency

and the introduction of a comprehensive Cancer Dashboard covering the entire spectrum of cancer control and specifically addressing CEE.

Cancer Prevention

Health promotion and disease prevention is a common vein that runs through the work of all health sectors. Prevention will be a prominent feature of the Europe’s new “Beating Cancer Plan” being launched at the end of the year, as prevention is the “easiest and most effective way of reducing cancer in the EU” European citizens agree. The public consultation for the Beating Cancer Plan found that more than half of respondents would like to see the Plan give prevention more attention. This was confirmed by a poll of the more than 200 participants during the European Commission’s townhall meeting on 10 September 2020 (see Figure 1).

Yet, CEE countries are less able to invest in cancer prevention, even though such investments can improve the health status of the population and reduce health inequalities. In Slovakia, for example, prevention accounts for only 1% of health spending, versus the EU average of 3% which is already low considering the importance of prevention.

Up to 50% of the cancer burden can be prevented. The European Code Against Cancer, developed by the International Agency for Research on Cancer, has 12 recommendations providing advice to the general population on actions to take, related to tobacco use; second-hand smoke; body weight; physical activity; diet; alcohol consumption; ultraviolet radiation (UVR) exposure; occupational carcinogens; radon; breastfeeding; hormone replacement therapy (HRT); human papilloma virus (HPV) and hepatitis B virus (HBV) vaccinations; and screening (bowel, breast and cervical).

Access to Care

The industry representative, Deepak Khanna of MSD, highlighted at the Gastein session that European countries invest only 4–7% of health expenditure in cancer. This is surprisingly low given that cancer may very well be on its way to being the top disease burden in many countries, overtaking cardiovascular diseases. He also pointed out that modelling showed that earlier access to care can result in the gain of life years, and in the prevention of additional adverse events. This would result in savings for the health care system, something especially important for low resource countries (see session recording). In order to achieve this, however, would require an analysis and update of the current reimbursement systems.

Health Literacy

Khanna also stressed that closing the inequality gap between countries would also require improving health literacy, which is linked to being one of the most important investments in cancer care. If we are to include the role of citizens, it is critical that they have a competent level of cancer and health literacy.

While digitalisation was not discussed during the Gastein session due to lack of time, it is important to remember that health literacy is linked to digitalisation. Digital health literacy is not only an issue for patients, but for health care providers as well. The European Commission is creating a common European Health Data Space (EHDS), with the aim of promoting better exchange and access to health data to support health research and health policymaking. The EHDS has the potential to address inequalities, for example, by providing quality eHealth services to reach underserved communities and across borders. For the EHDS to be a success, however, patients and the general public must be sufficiently literate to understand the issues of digitalisation, including privacy, the right to share or not share their data, and the importance of supporting the interoperability of data so that when they wish to seek cancer services across the border, they can be sure that their data has also travelled with them if they have given consent. During the COVID-19 pandemic, we have seen eHealth services boosted by

<table>
<thead>
<tr>
<th>% Most important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
</tr>
<tr>
<td>Early detection diagnosis</td>
</tr>
<tr>
<td>Treatment and care</td>
</tr>
<tr>
<td>Quality of life for cancer patients, survivors and carers</td>
</tr>
<tr>
<td>Knowledge and research</td>
</tr>
<tr>
<td>All of the above</td>
</tr>
</tbody>
</table>

Figure 1: Which do you think is the most important area of focus for EU level action and for Europe’s Beating Cancer plan success?

Source: Mentimeter poll, Townhall Meeting on Europe’s Beating Cancer Plan, 10 September 2020.
necessity, but eHealth may not have been taken up fully, due to privacy concerns and lack of digital health literacy.

The Patient’s Perspective

The rise in inequalities in CEE is closely linked to demographic and lifestyle trends which are likely to persist or even amplify in the future.

There are many concrete examples of major disparities which exist in access to cancer care and overall survival rates across Europe. Gaps are significant when looking at 5-year survival rates for certain cancers across Europe:

- Colon cancer 5-year survival rates after treatment averaged 52% in Eastern European countries compared to 63% in Western Europe.[]
- Cervical cancer incidence and mortality rates in Romania are three times higher than in other European countries.[]
- For breast cancer, countries such as Bulgaria, Romania and Estonia have a low 5-year survival rate of 75–78% compared to Nordic and Western countries with a 82–87% rate.[]

The European Cancer Information System published a striking contrast recently showing CEE countries clustered on the lower spectrum of breast cancer survival (see Figure 2).

For all types of cancer, the range of 5-year survival rates can be as wide as 40% in Bulgaria to 64% in Sweden.[] This is a result of inequalities across the entire cancer journey from diagnosis to aftercare and those from Eastern European countries are more likely to experience:

- Lack of access to early screenings which can lead to late diagnosis
- Limited access to affordable care, medicines, and trials
- Lack of information and awareness on their rights after cancer treatment.[7]

The European Cancer Patients Coalition, an umbrella organisation of cancer patient groups, urges that Member States and the Europe’s Beating Cancer Plan recognise the gaps by addressing them in National Cancer Control Plans (NCCPs) and implementing a standard set of guidelines to support them through every stage of the cancer journey – prevention, diagnosis, treatment and aftercare.

A helpful and vital first step, would be the accessibility of data and the importance of efficient and up-to-date cancer registries in each country. Organisations such as the Central European Cooperative Oncology Group (CECOG) are creating committees from across Western, Central and South-Eastern Europe with the aim of harmonising cancer treatments across these countries. This research can be used as an example as to how we should move forward with cancer data at the EU level. Addressing these issues is complex as the needs of Western Europe and South-Eastern Europe differ and consistent data is needed to pinpoint these differences.

Currently, only 6 of 13 CEE countries have national cancer care plans in place. It will take health care organisations, patient advocacy groups, stakeholders, politicians and policymakers to come together to implement these changes. Investment in research, education and training to retain professionals in the clinical communities is also important, as well as recognising the importance of the patient in the role of treatment. In conclusion, there is a long way to go and many important steps to take before inequalities can be addressed across Europe. But with cohesive guidelines, data-collection and the proper patient information across Europe these changes can be possible.

The Policymaker’s Perspective

Mr Cristian Busoi, Member of the European Parliament (MEP) from Romania, is widely respected for his dedication to improving health for European citizens. At the Gastein session, he pointed out that while the situation of inequalities has improved somewhat, it is not by much. Mr Busoi gave his commitment to continue working with key stakeholders to use the current momentum to address disparities with a specific proposal.

Figure 2: Breast Cancer Survival (Ages >15, cancers diagnosed in 2000–2007) Percentage of patients who survived at least 5 years after diagnosis

A Cancer Dashboard for Central and South-Eastern Europe

A comprehensive tool for addressing inequalities in the CEE countries is through an ambitious Cancer Dashboard, developed by CECOG. CECOG was founded more than 20 years ago, under the Chairmanship of Professor Christoph Zielinski, with the original objective of harmonising treatment standards across Western, Central, and South-Eastern European countries. The ever-persistent problem of health inequalities between and within countries drove CECOG to create the Governmental International Affairs (GOIA) initiative two years ago. This active multi-stakeholder collaboration connects committed scientific leaders, policymakers, payers, patients and industry representatives to work together on solutions and to expand the focus to the entire cancer pathway—prevention, screening, early diagnosis, access to state-of-the-art cancer diagnosis and treatment.

This Cancer Dashboard includes not only an analysis of shortcomings, but also concepts with defined plans and key metrics for the measurement of suggested achievements (see Box 1).

CECOG believes it has generated a viable document which analyses shortcomings in cancer care in CEE, and at the same time to have suggested solutions and key performance indicators to measure the success of their implementation. It would be useful to see the CEE Dashboard become part of the EU Cancer Plan currently being developed by the European Commission.

New Tunes

The EU has always been committed to addressing health and cancer inequalities in partnership with the Member States. An important example is the policy report on cancer ineqities which was a part of the EU Joint Action on Cancer Control. This second Joint Action in cancer control involving 25 European countries concluded that progress in cancer control is hampered by disparities in access to quality cancer care in Southern and South-Eastern European countries and published important recommendations.

During the current Joint Action Innovative Partnership Action Against Cancer (iPAAC), the theme of inequalities continues to be an important vein. One concrete example is the launch of a competition to identify “Best Practices tackling social inequalities in cancer prevention, including both health promotion and cancer screening.

Box 1: Elements in the Cancer Dashboard for CEE

**Recommendations**

- for prevention and cancer control,
- national cancer prevention and control programs
- population-based screening programs and cancer registries
- for reimbursement decisions on and access to newly EMA-registered compounds,
- the implementation of the ESMO Magnitude of Clinical Benefit Scale
- abbreviations in decision times regarding reimbursement on the national level
- increased appreciation of patient advocacy groups as important stakeholders and their involvement in
- increasing education regarding cancer-related issues including
- participation in clinical trials
- involvement in approval processes
- cancer drug reimbursement
- the analysis and subsequent monitoring of a “cancer patient pathway”.

**Key Metrics**

- for screening including the generation and monitoring of numbers of educational initiatives, awareness and prevention programs on cancer risk factors including the assessment of smoking rates in adults, percentage of inhabitants with obesity, number of women diagnosed with cervical cancer and other HPV- as well as HBV- and HCV-associated cancers (Key performance indicator (KPI): number of new cancer cases with early stage cancer in 2025–2030–2035)
- for imaging diagnostics and molecular testing, an increase in the regional coverage with and modernisation of state-of-the-art medical imaging tools (KPI: wait time for diagnostic imaging) and general reimbursement of molecular testing (KPIs: percentage of patients with molecular testing results and consequent individualised therapy)
- for radiotherapy and systemic treatments, an increase in the number and modernisation of machines and an increase in manpower (KPIs: wait time for adjuvant radiotherapy and number of people living with cancer for >10 years after diagnosis on 2025–2030–2035) and an ameliorated access to cancer drug treatments (KPIs: time between diagnosis and initial treatment, percentage of patients treated on a clinical trial at any time after diagnosis, percentage of patients presented to a multidisciplinary tumour board at any time after diagnosis), respectively, resulting in the assessment of overall survival by stage at initial therapy for individual malignant diseases.
programmes” with the aim of promoting and facilitating their implementation across Europe.

Key findings from the public consultation on Europe’s Beating Cancer Plan note that there are high expectations for the Plan, and that the public is urging the Plan to address the issue of “access and equity (which) are uneven both within and between countries across Europe”. This year’s Gastein Forum invited all participants to explore new partnerships to “dance with elephants”, which CECOG and its Governmental International Affairs multi-stakeholder initiative have been doing gracefully. Health inequalities are still very much a problem, however. Let us now dance to new tunes, which should include the new hits of the CECOG Cancer Dashboard, and Europe’s Beating Cancer Plan.

The COVID-19 response webinar series

Europe’s governments are struggling to curb the spread of COVID-19 and to gear health systems up to meet new surges. They are implementing or tightening measures to prevent transmission and looking to strengthen infrastructure and workforce capacity, health services provision and health systems governance overall.

The European Observatory on Health Systems and Policies is running a series of webinars which draw lessons from country experiences with COVID-19. They will look at how health systems can respond to the pandemic and what makes them more resilient to external shocks and crises.

Join the Observatory every Tuesday at 12pm CET for the webinar series.

Forthcoming topics include:

- COVID-19 apps and the future of digital technologies
- COVID-19 lockdowns and their broader impact: social costs and potential co-benefits
- COVID-19 and health financing: sustainability and crisis budgets during the pandemic.

For further information and to register see: https://www.covid19healthsystem.org/Webinars.aspx

The COVID-19 Health System Response Monitor (HSRM) is available at: https://www.covid19healthsystem.org/mainpage.aspx

References