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# HOW EUROPE CAN BETTER TACKLE RISING CANCER INCIDENCE

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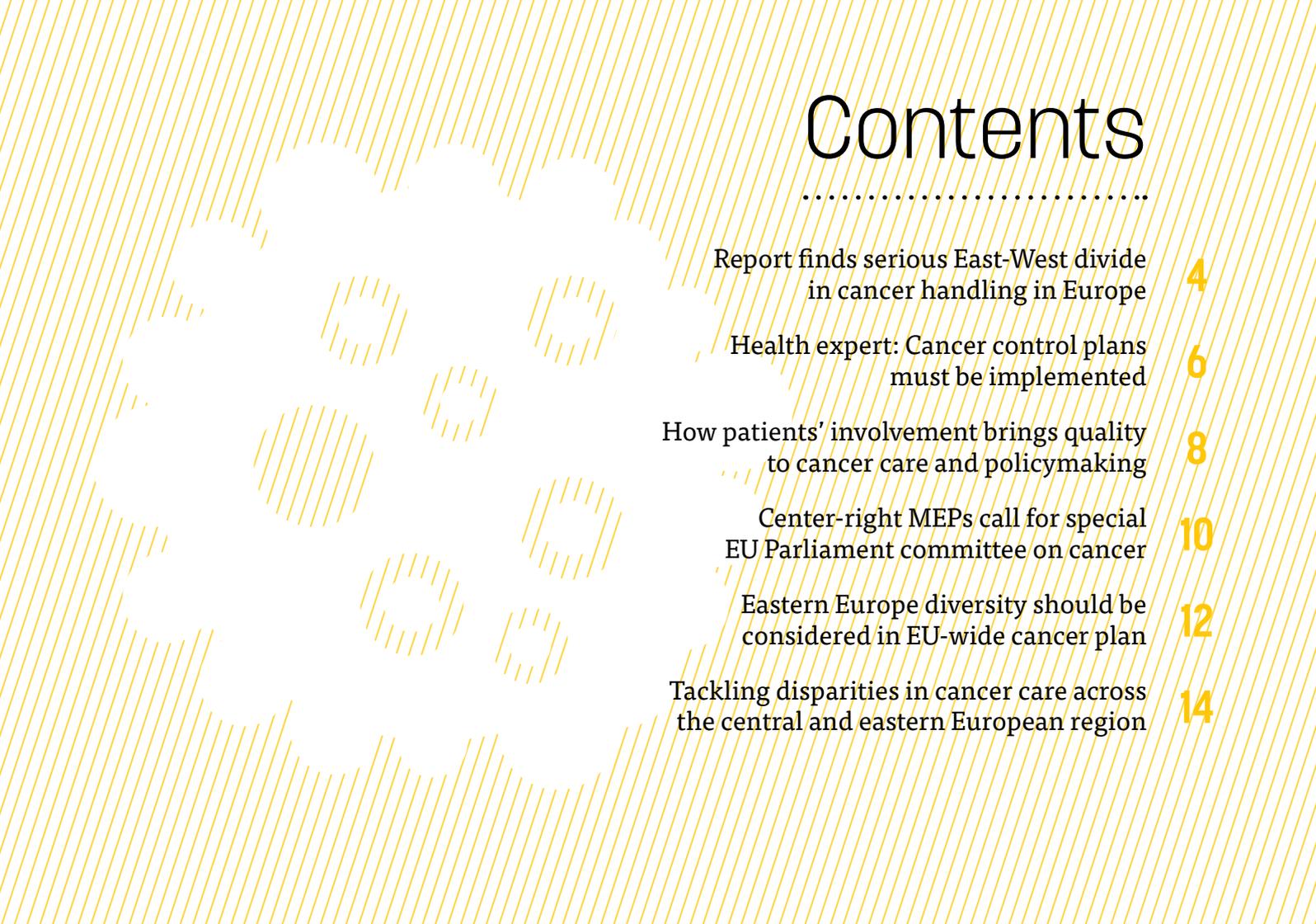
EVENT REPORT  
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*Cancer, the second leading cause of death globally according to the World Health Organisation, is responsible for an estimated 9.6 million deaths in 2018.*

*In light of projections that the cancer incidents in Europe will double by 2035, a new survey conducted by Central and Eastern European Cancer Action Group (CEEACG), has identified large differences between Europe's west and central and eastern countries in handling cancer.*

*In her mission letter to the proposed new EU Health Commissioner Stella Kyriakides, the President-elect of the EU executive, Ursula von der Leyen, said an EU-wide "Beating Cancer" plan should be put forward in order to help member states improve cancer prevention and care.*

*"This should propose actions to strengthen our approach at every key stage of the disease: prevention, diagnosis, treatment, life as a cancer survivor and palliative care. There should be a close link with the research mission on cancer in the future Horizon Europe programme," von der Leyen wrote.*



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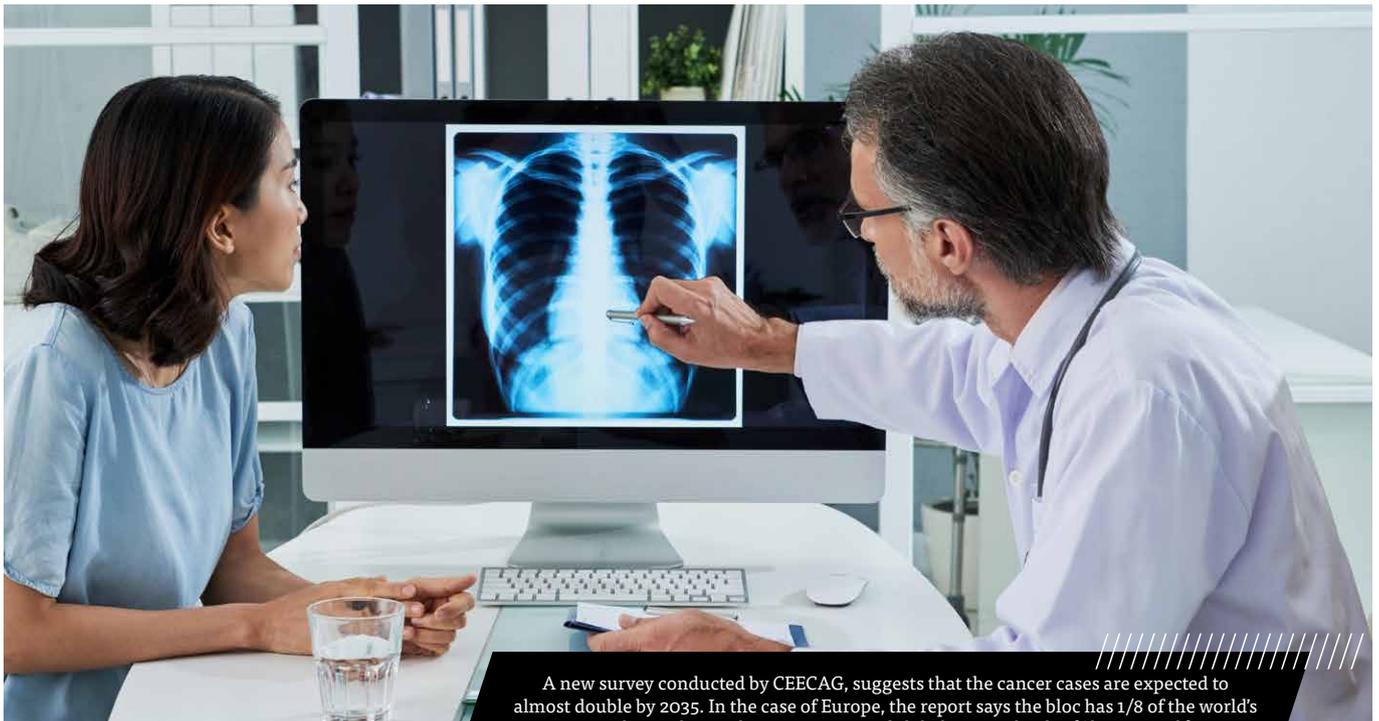
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# Report finds serious East-West divide in cancer handling in Europe

By Sarantis Michalopoulos | EURACTIV.com



A new survey conducted by CEECAG, suggests that the cancer cases are expected to almost double by 2035. In the case of Europe, the report says the bloc has 1/8 of the world's population, but at the same time 1/4 of global cancer deaths. [Shutterstock]

**A** new survey conducted by the Central and Eastern European Cancer Action Group (CEECAG) has found severe shortcomings in managing cancer incidents in Central and Eastern Europe (CEE), whose “young brains” increasingly move to the west.

According to the World Health Organisation (WHO), about one in six deaths is due to cancer worldwide, and the disease is the second leading cause of death globally. WHO data shows that cancer was responsible for an estimated 9.6 million deaths in 2018.

A new survey conducted by CEECAG suggests that cancer cases are expected to almost double by 2035. In the case of Europe, the report says the bloc has 1/8 of the world's population, but at the same time 1/4 of global cancer deaths.

In its report, CEECAG pointed out a number of challenges that the countries of Central and Eastern Europe are faced with compared to Western Europe.

In an interview with EURACTIV, Professor Mark Lawler, from the Centre for Cancer Research and Cell Biology, said there are “cancer inequalities” in Europe as well as

differences in relation to outcomes. The gaps range from the existence or implementation of National Cancer Control Plans (NCCP) to cancer registries and research.

For example, according to Dr Lawler, 90% of Europe's west has NCCP compared to only 54% in central and eastern Europe.

“That's really important because you need to have some sort of a framework that allows you to look and see what is your current situation in relation to cancer incidence and mortality. You need to use that data or

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cancer-intelligence to both construct and implement a national cancer control plan” he said.

Dr Lawler said cancer registries are a key challenge. Citing Bulgaria as an example, he noted that up to 2013, there was a National Cancer Registry, but was then stopped due to some local reasons.

“So cancer-intelligence is an incredibly important part of how we can plan going forward. So we don’t have data on how many cancers are in a particular country, what’s the mortality, what are the survival rates, and then other significant effects,” he added.

## RESEARCH AND SCREENING

Referring to resources in relation to GDP in Central and Eastern Europe, Dr Lawler noted spending is much lower than in the west. However, he called on these countries to spend the money “wisely”.

“If we look at several countries in Eastern Europe, they are spending a lot on pharmaceuticals. But that’s not being reflected in improved outcomes. So you need to use your resources appropriately, to actually fund the best possible approach that would give the best outcomes for your patients.”

He added that research is an integral part of a cancer strategy. “We have data showing that if you’re treated in a research-active hospital, you’re much more likely to have better outcomes.”

He emphasised the role of screening as well as the need to invest more in this direction considering that the CEE region does not have effective screening programs. He cited as an example Romania, which is not equipped with a cancer screening program and this has resulted in 14.3% mortality in cervical cancer cases compared to the EU average of 3%.

## BRAIN DRAIN

Another worrying challenge the CEE countries are faced with is related to the growing brain drain of specialised doctors moving to the west. This will inevitably make it much harder for these countries to implement a cancer plan.

“So it’s critical that we block or stop this brain drain and invest in people because people are the ones who are going to deliver at the end of the day. You can have the infrastructure, which is obviously very important, but we need people who will deliver,” he said, adding that in the UK, the biggest increase in terms of the number of doctors by country is actually from the Czech Republic.

## INTERVIEW

# Health expert: Cancer control plans must be implemented

By Sarantis Michalopoulos | EURACTIV.com



Dr Tit Albreht is a Senior Health Services and Health Systems researcher at the National Institute of Public Health of Slovenia.  
[Photo by Sarantis Michalopoulos]

**G**overnments should take full responsibility for implementing national cancer plans, which are a commitment toward people and not just a piece of paper, health expert Dr Tit Albreht told EURACTIV.com in an interview.

*Dr Tit Albreht is a Senior Health Services and Health Systems researcher at the National Institute of Public Health of Slovenia.*

*He spoke to EURACTIV Editor Sarantis Michalopoulos on the sidelines of the ECCO 2019 European Cancer*

*Summit on 12-14 September 2019 in Brussels.*

## SMOKING AND ALCOHOL

Dr Albreht said the risk factors

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in the region, mainly tobacco and alcohol consumption, remain insufficiently dealt with.

He said there is too much freedom of smoking as well as exposure to passive smoking for a large part of the population.

"In many countries, almost half of the adult population is still smoking. When you go to these countries, the restrictions to smoking in public places are sometimes either not introduced, or they're not implemented. Some of them have not even joined the framework convention of tobacco control. This had been for many years a problem in Bosnia, for example," he said.

He said for some countries it is a sort of a trade-off, considering that they also grow tobacco. "Especially the tobacco industry was pressuring, even the European Commission, that supposedly the incomes from excise tax, and from taxation are bigger than the costs of losing, basically productivity and lives. Which is not true, we know that, and it's just the bias that the industry has always had."

Referring to alcohol, he said it is common knowledge that 12 cancers are related to excessive consumption of alcohol. Apart from digestive cancers, he also said there is a link between breast cancer and excessive drinking.

"It's surprising, because, in this area, the European Commission did act in the past. And it's one of their missions, considering that in the field of public health the EU Commission has much more space to act than in the field care itself."

### **CANCER CONTROL PLANS, JUST ON PAPER**

Dr Albreht, who is also coordinating a joint action on cancer control, said when the EU Commission

called on member states to produce National Cancer Control Plans by 2013, a guide and a structure on what the plan should include were provided.

"But we still see that people skip evaluation, that there are no targets in the plan. The biggest problem is the implementation and the classical political game.

"We produce the document and now our job is done. So now it's up to actors in the society to implement it. Well, it's not, because of course, the cancer plan is a policy, political document, which is a commitment. So the ministry cannot delegate the responsibility to someone else. It can of course if they appointed an institution. But generally, it is still in the hands of the ministry," he said.

Referring to cancer registries, he noted that many governments view them as additional red tape because they do not understand the capacity that the data can have.

"I was asked to provide my advice for Serbia's national cancer plan. And the main problem there with the registry is that it does not catch the whole incidence."

"The second problem is that the linkages to the registry of the diseased persons, so that you would calculate the mortality and survival rate, does not exist, although it's just a bureaucratic matter. So, that could be resolved if they could do it. And they don't do it. And the ministry doesn't understand the meaning of that. Survival is a very important piece of information," he added.

Referring to the EU member states in the region, he said on paper all of them have national cancer plans except Slovakia, which has not formally adopted it yet. The Czech Republic, Slovenia and Hungary have implemented them.

But he insisted that in many countries, implementation remains an issue. He cited as an example Romania, where the plan was technically prepared in 2016 but since

then nothing has happened.

"The plan is sitting there. And we even asked the government or the ministry to provide us with a copy. And they said they could give us pieces of it. What do you mean pieces?" he wondered.

Asked if, in Slovenia, his home nation, the national cancer plan has brought results, he replied: "We reduce the incidence of colorectal cancer because of the screening or program. It took us eight years. But we now have 25% less incidence than before."

### **THE IMPORTANCE OF SCREENING**

Dr Albreht emphasised the role of screening programmes, which in the beginning indeed increase the incidence because more cancers are detected. But in the long run, it saves lives.

However, he said some countries have to reconsider their stance toward screening programmes, as they view them as an additional cost.

"In Slovenia, introducing the colorectal cancer screening program meant that apart from the tests, people who are positive have to go for colonoscopy and you have to pay for treatment for all these people that you detect earlier than before."

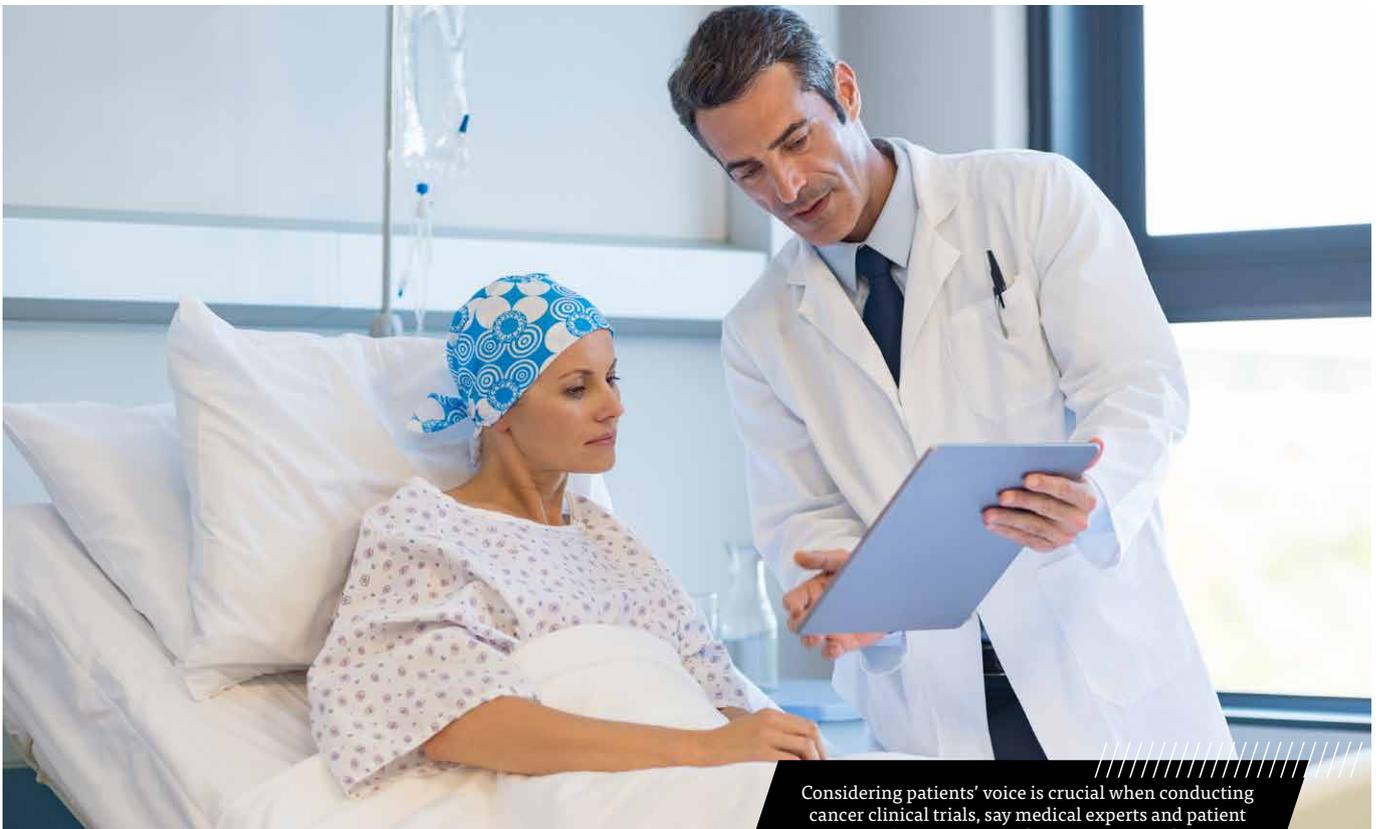
"And this is all technically additional costs. It's hard to say additional as it's a cost that would appear sometime in the future. And now it appears sooner. More people have chances of survival. So it's cost-effective for sure," he added.

"But, you know, in healthcare, it's often like this. First, you have the cost, and then you have the gains. And for accounting, first, you have to pay and then you will probably see benefits in the future," he concluded.

# How patients' involvement brings quality to cancer care and policymaking

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By Gerardo Fortuna | EURACTIV.com



Considering patients' voice is crucial when conducting cancer clinical trials, say medical experts and patient advocacy groups. [SHUTTERSTOCK]

**M**edical experts and stakeholders from patient advocacy groups are keen to point out how crucial it is to consider patients' voice as an added value when conducting cancer clinical trials, whatever policy on cancer, national or EU-wide, will eventually be put together.

The idea of a European Master Plan against Cancer was launched by the current European People's Party (EPP) parliamentary group president, Manfred Weber, during his unsuccessful bid to become European Commission president.

On Wednesday (18 September), Weber himself relaunched his 10-point proposal from Strasbourg's

benches during a plenary debate, asking to set a special committee tasked with improving the EU coordination in the fight against cancer.

It should not surprise that Commission President-elect Ursula von der Leyen, also coming from

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the EPP, gave Health Commissioner-designate Stella Kyriakides the mandate to prepare a Europe's Beating Cancer Plan, which is meant to be a support tool for member states to improve national cancer prevention and care systems.

The EU has been committed to finding a cure for cancer since the first "Europe against Cancer" programme launched in Milan in 1985, from the leaders of what used to be called the European Community.

Many things have changed since then and the new efforts should be focused more on bringing quality in cancer health care, considering new challenges of high survivorship, rehabilitation and continuity of care.

"It's something that is not seen that much by policymakers, but for patients changes everything," said Dr Tit Albreht, a senior researcher at the National Institute of Public Health of Slovenia.

### EXCELLENCE, NOT MINIMUM STANDARDS

In addressing the challenge of bringing quality in cancer treatment, however, the patients' voice has not yet been considered by policymakers, according to Ian Banks from the patient advocacy group European Men's Health Forum.

"I find it staggering when we're discussing the lives of patients without actually listening to what they want, and how they think it should be done," he said.

As it is always difficult to have a one size fits all approach, he added that countries need both national inputs within national cancer plans, but also an overarching one which lays down the essential requirements for the different national cancer approaches.

These essential requirements for quality cancer care (ERCC) are currently under development by the

European Cancer Organisation (ECCO), which is preparing a series of charters that advocate for improvements in patient care.

But to bring more quality and deliver excellence, Banks also pointed out that an overarching approach should set down guidelines rather than mere standards.

"We don't want minimum standards, but quality cancer care that can be implemented and applied in any country," he said.

For instance, some companies already started putting patients into the design of clinical trials, with the aim of overturning the rate of 50% of clinic trials collapsed due to lack of recruitment, meaning that not enough patients make themselves viable for the trial.

"If you include patient advocacy group in the design of the trial and all the way through it, the recruitment rate goes up and the crashed rate goes down," commented Ian Banks.

### WELL-BEING IS THE NEW FOCUS

A survey of more than 16,000 participants, recently conducted in the Eastern countries, has tried to identify how patients could drive a positive change to cancer healthcare.

The survey highlights that, despite the introduction of screening programs for early detection, an average of more than 60% of participants were diagnosed with breast and colon cancer only after they first visited the doctor because they felt something was wrong.

But it also underlines that patients have faith in doctors or the healthcare personnel, although they don't feel to get the rest of the support that they want.

Indeed, patients start seeing the healthy condition not only as the absence of disease but also as the presence of social well-being during, and particularly after, the care.

"I was surprised by how much patients know about treatments," said Professor Slavica Sović from the University of Zagreb School of Medicine, who presented the outcomes of the study.

She added that healthcare professionals measure numbers like mortality or complications of a certain disease, but not the quality of social services or not directly related to healthcare.

"These are important for the wellbeing and the quality of life, and bringing quality in health care is the added value of patients' involvement, as well-being which is particularly difficult to assess," she said.

Ian banks said that "what patients want most from their treatments is normality. They want to be able to do the things that cancer took away from them."

However, healthcare services tend to be focused more on longevity than on the quality of life. "But patients are not stupid, they don't want to live forever. They just want normality," concluded Banks.

# Center-right MEPs call for special EU Parliament committee on cancer

By Aneta Zachová and Sarantis Michalopoulos | EURACTIV.com and EURACTIV.cz



MEP Peter Liese also emphasised the critical role of data for both research and patients' therapy. [European Parliament]

The European People's Party (EPP), the biggest political group in the EU assembly, will ask for the creation of a special parliamentary committee to help formulate a new EU-wide plan to combat cancer. EURACTIV.com and EURACTIV.cz report from Strasbourg.

"The EPP will ask for a special committee on cancer, so that we really have a parliamentary follow-up on all the related issues and be the counterpart for the new Health

Commissioner," said Peter Liese, a German MEP from the Christian Democratic Union (CDU), in comments to EURACTIV.

Ursula von der Leyen, the President-elect of the European Commission, has said she would put forward a new plan to combat cancer during her five-year mandate, which begins on 1 November.

In her mission letter to Stella Kyriakides, the incoming EU health Commissioner, von der Leyen wrote: "I want you to put forward Europe's

Beating Cancer Plan to support member states to improve cancer prevention and care."

"This should propose actions to strengthen our approach at every key stage of the disease: prevention, diagnosis, treatment, life as a cancer survivor and palliative care. There should be a close link with the research mission on cancer in the future Horizon Europe programme," the letter reads.

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## HEALTH POLICY, A NATIONAL COMPETENCE

Peter Liese said he wanted the Parliament to assist the European Commission in this endeavour.

“I believe that Europe can really do a lot,” he told EURACTIV. “We shouldn’t give the impression that it’s only us because we need the member states,” he said.

Health policies are mainly a national competence where the EU has little say. But the rising number of cancers in Europe has raised concern among policymakers, who have started exploring ways of addressing the issue collectively.

According to the World Health Organisation (WHO), Europe is faced with more than 3.7 million new cancer cases and 1.9 million deaths each year. Cancer represents the second most important cause of death and morbidity in Europe.

“If everything goes right, we can really save many lives. Our goal is that, in 20 years, nobody would die from cancer anymore. And that’s of course an ambitious goal, but scientists tell us it is possible,” Liese said.

Elena Kountoura, a leftist MEP (GUE-NGL), believes cancer could be more effectively tackled if a common European policy were in place.

“In this respect, the will and determination of Cyprus Commissioner Stella Kyriakides will be of high importance to push the first European plan to address cancer,” she told EURACTIV.

“Kyriakides is a woman who is deeply aware of the problem and the challenges created by national health systems’ differences,” she added.

## FOCUS ON RESEARCH, EXCHANGE OF DATA

Peter Liese, for his part, said focusing on research will be of crucial

importance. And the EU’s upcoming Horizon 2020 programme for innovation and research will include a particular “mission” on cancer to this effect.

According to him, the priority should be to save children who suffer from cancer. “More European cooperation – more than in other areas – is needed,” he said.

Liese also emphasised the critical role of data for both research and patients’ therapy.

“The cancer registries established in the member states are not yet able to communicate with each other. So we need to develop a European network of cancer registries,” he said.

EU institutions, including the European Centre for Disease Prevention and Control (ECDC), should also do their part and exchange as much data as possible to achieve the best outcomes for patients, Liese continued.

The so-called national cancer intelligence units, which inform about the number of cases in a particular country, the mortality and survival rates, is considered an integral part of national control plans to combat cancer.

But in reality, studies have found severe discrepancies among member states when it comes to cancer registries.

“Many governments view them as additional red tape because they do not understand the capacity that the data can have,” told EURACTIV Dr Tit Albreht, a Senior Health Services and Health Systems researcher at the National Institute of Public Health of Slovenia.

## TAMING THE SIDE EFFECTS OF CHEMOTHERAPY

Another issue relates to patients who survived cancer but who are still socially marginalised, Liese said.

“They are still discriminated

in the area of social and private insurance, jobs. They are labeled as cancer patients even though they are no longer,” the German MEP said, adding this issue should be addressed under the EU’s non-discrimination principles.

Last but not least, Liese said member states should enhance cross-border collaboration.

“Sometimes, especially in children and rare cancers, the specialist is not in one particular member state, but maybe just across the border. We need to strengthen patients’ rights,” he said.

The German MEP also called on the pharmaceutical industry to get involved, saying public institutions alone won’t be able to beat cancer. “But we need to understand that the pharma industry will only invest in research which pays off,” he added.

For instance, Liese said the pharma industry wouldn’t necessarily invest in research to reduce patient suffering during chemotherapy. But there are non-commercial scientists and universities who are looking for ways of reducing the doses so that chemotherapy still effectively treats patients while taming the side effects.

“And this kind of research needs public funding. The pharma industry won’t do it because they don’t earn money by selling less,” he said.

# Eastern Europe diversity should be considered in EU-wide cancer plan

By Gerardo Fortuna | EURACTIV.com



Many of central Eastern European countries are not at the same pace, but science is moving very quickly, said Pfizer's Linda Gibbs. [SHUTTERSTOCK]

**H**aving a pan-European cancer control plan is crucial, but some flexibility should be granted to member states in choosing which aspect to prioritise within the framework, said Linda Gibbs from the Eastern European Cluster Lead of Pfizer Oncology in an interview with EURACTIV.com.

Gibbs has worked in central Eastern Europe for ten years and in the health quality sector for fourteen years, having the opportunity to

assess national cancer plans on the ground in many member states over a number of years.

According to her, relaunching the idea of an EU framework could be very useful, as progress on cancer may be more difficult if national plans are different across Europe.

However, she argued that a pan-European plan should also take into account the differences in healthcare systems existing between Eastern and Western countries.

"Having looked at national cancer

plans all over Eastern Europe, they're all somewhat different," she said, adding that even clinical trials are not comparable, as they all have different inclusion criteria or design.

Similar to what happened with the debate over the Health Technology Assessments (HTA), countries should look at the overall impact of cancer control framework based on the way their current systems are able to accept innovation.

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“We’re basing HTA in Eastern Europe as if they are Western European countries. Can you really do it the same way? It cannot be a blanket approach,” she said.

Besides an overarching and uniform framework, national cancer control plans will still be necessary as they can help to prepare these countries for the innovation they need.

“Many central Eastern European countries are not at the same pace, but science is moving very quickly,” Gibbs said.

Romania, for instance, has showed its intention to adopt some kind of risk-sharing pricing schemes, considered by many experts a good means to bring innovation.

However, these programs are very much based on how many patients are going to be treated and unfortunately, there has been no good cancer registry in Romania since 2011 and no reliable data.

“If we had a national cancer plan that works, we would have a registry, so we would have data to inform our decisions and maybe to help countries making their important investment decisions,” she pointed out.

## INDUSTRY ROLE

Asked about what the industry could do to in reducing the gap in cancer treatment, she said that the private sector has a role in helping countries not just by bringing innovation, but also by bringing it in a way that will be sustainable for these countries.

In her view, the industry has not been recognised yet as a player, or at least a partner, in informing people, despite the fact that companies have not only financial but, above all, human resources to better understand a variety of different healthcare systems and to develop health

infrastructures.

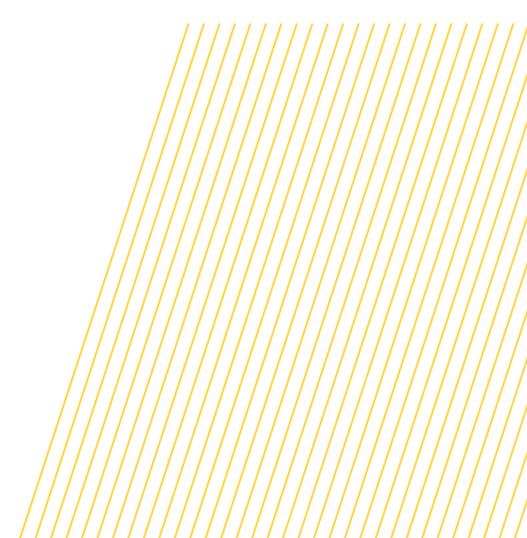
“For instance, we sometimes discuss access, like in the HTA debate, but we should think about access to good health care, as opposed to only the treatment perspective,” she said.

The main contribution the industry can give is in making investments more effective, in a way that is good for patients and for countries’ budgets as well.

In this regard, molecular testing is a good example. “In many central Eastern European countries, the government is not supporting this technology, although the science of targeting different genes for the blocking of cancer is advancing,” Gibbs explained.

Many governments have asked the industry to pay for the testing, which was considered by the private sector a short-term approach, but still a positive one in addressing a bigger advancement in cancer care.

“We were happy to play a part in building infrastructure and helping governments on how to do the testing, and this should be done in the context of a cancer control plan,” she concluded.



## OPINION / PROMOTED CONTENT

*DISCLAIMER: All opinions in this column reflect the views of the author(s), not of EURACTIV.COM Ltd.*

# Tackling disparities in cancer care across the central and eastern European region

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*By Linda Gibbs | Pfizer Biopharmaceuticals Group/Oncology*



Linda Gibbs at this year's Annual CTRL Cancer Summit. [Pfizer]

Despite encouraging advances in science and technology, cancer rates continue to rise across the world. The International Agency for Research on Cancer (IARC) estimates that one-in-five men and one-in-six women worldwide will develop cancer over the course of their lifetime, and that one-in-eight men and one-in-eleven women will die from their disease.

Linda Gibbs is the Senior Director for Central and Eastern Europe in Pfizer Biopharmaceuticals Group/Oncology.

Even in developed regions such as Europe, cancer continues to place a significant burden on patients and countries across the continent. According to the European Commission, cancer accounts for

a quarter of all deaths and is the number one cause of death for people aged 45-64 in an increasing number of member states. In particular, the inequality between countries in Central and Eastern Europe (CEE) and Western Europe (WE) is stark. In 2018, CEE countries reported the lowest

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incidence rates for cancer in males and females (280.1 and 216.5 million respectively) yet the highest mortality rates (171 and 92 million respectively) in comparison to the countries in Northern, Southern and Western Europe.

These statistics can be attributed to varied levels of cancer control and preparedness among and within CEE countries. Furthermore, significant discrepancies in investment in health systems and infrastructure between the WE and CEE regions impede the adoption of advanced technologies and services available in WE.

From this view, it is clear that for any strategy to improve cancer survival in Europe to be effective, it must focus on addressing the evident inequalities present in the CEE region, with the advocacy of National Cancer Control Plans (NCCPs) at its centre. This will not only help address the problems of today but also aim to reduce future burden, as there is a significant chance that there will be more problems in future if we do not address them now.

### THE EXTENT OF THE DISPARITY PROBLEM

At present, NCCPs are either not in place or not being implemented effectively across CEE countries. Of the CEE countries, 7 of 13 (54%) have not produced a NCCP and of countries that have produced an NCCP, many face problems in implementation[5].

The problem extends from diagnosis to screening and treatment. A 2019 patient survey found that in Bulgaria, 94% of patients reported their cancer was only detected after seeing a physician due to the suspicion of a problem whilst only 6% reported detection via a screening program for an unrelated health problem[6]. Similarly, this survey also revealed that only 47% of patients began treatment within 1 month of

their cancer diagnosis in the Czech Republic, Hungary and Slovenia[6].

Thus far, only 46% of CEE countries have implemented screening programs for cervical, breast and colorectal cancers[7] whilst Bulgaria and Slovakia are 2 of the 3 EU member states which lack a population-based breast cancer screening program[8].

To put these data into comparison with WE, the recent CONCORD-3 study found that five-year standardized net survival for rectal cancer tended to be higher in non-CEE countries across Europe from 2010-2014. For example, Norway reported as high as 69.2% and the lowest rate was from Malta with 56.1%. In comparison for CEE, Bulgaria reported as low as 45.9% and only one country, Slovenia, reported over 60%[9]. Similarly, non-CEE countries tended to have higher survival rates for breast cancer from 2010-2014. Notably, Iceland went as high as 89.1% whilst the lowest was Ireland with 82%. In comparison, the highest CEE rate was Slovenia with 83.5% whilst the lowest was the Russian Federation with 70.8%.<sup>9</sup>

### HOW NCCPS CAN SOLVE THE PROBLEM?

The adoption of national cancer control strategies, supported by NCCPs, will be vital in reducing the considerable inequalities across the region by ensuring a more balanced and efficient use of resources for better prevention, outcomes and quality of life for cancer patients and survivors.

Across the CEE region, there must be a coalition of policymakers, politicians, patient organizations, the pharmaceutical industry and clinicians to improve the uptake and development of NCCPs. This coalition can be achieved via several means, firstly by improving cancer intelligence to inform an evidence-based approach to decision making and policy for affordable, high quality and equitable cancer control.

Investment in research, education and training to develop expertise and retain professionals in the clinical communities is also key, as well as developing and standardizing patient pathways and models of care that reflect patient needs and requirements. For example, the European Cancer Organisation (ECCO), have produced checklists and explanations of organizations and actions that are necessary to give high-quality care to patients. They are written by European experts representing all disciplines in cancer care and give an overview to oncology teams, patients, policymakers and managers of how high-quality care can be provided[10]. Finally, the enhancement of capacity building for patient organizations is also needed.

The value of such changes will be significant in my view, allowing genuine, meaningful progress towards better outcomes in cancer across the CEE region.

### THE NEXT STEPS

Key stakeholders realise this, and in the words of Professor Tit Albrecht[11] – “It is vital that clinicians, policymakers, patient organizations and other stakeholders unite to ensure that we can improve cancer outcomes in CEE. Otherwise, we risk widening the disparity of care.”

There is much to be done in addressing cancer across Europe, ranging from prevention to survival. Reducing the inequalities that the CEE region faces can be a major contributor to helping address cancer across Europe. With an already existing disparity between CEE and the other regions of Europe, these inequalities must be urgently addressed with the adoption and development of NCCPs to ensure that no patient is left behind.



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