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## METASTATIC BREAST CANCER: STILL A LOT TO BE DONE

SPECIAL REPORT | OCTOBER 2021

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Although there is no cure for metastatic breast cancer (MBC), pharma innovation has helped to increase survivorship. However, patients with MBC face a number of challenges and inequalities across Europe, from screening to social discrimination and lack of knowledge.

Some 355,000 women in the EU have been diagnosed with breast cancer in 2020, however, it cannot be estimated how many have developed the advanced form.

Citing health technology assessment studies, EU lawmaker Frances Fitzgerald told EURACTIV that treating metastatic breast cancer is about ten times more expensive than dealing with early breast cancer.

“There is work to be done right across Europe,” she said.

In this Special Report, EURACTIV and its network analyse the different obstacles MBC patients face across Europe, as well as the opportunities arising from the European Commission's push for an EU-wide plan to tackle cancer.

This European Special Report was a joint publication between EURACTIV's network partners in Germany, France, Italy, Spain, and Poland.



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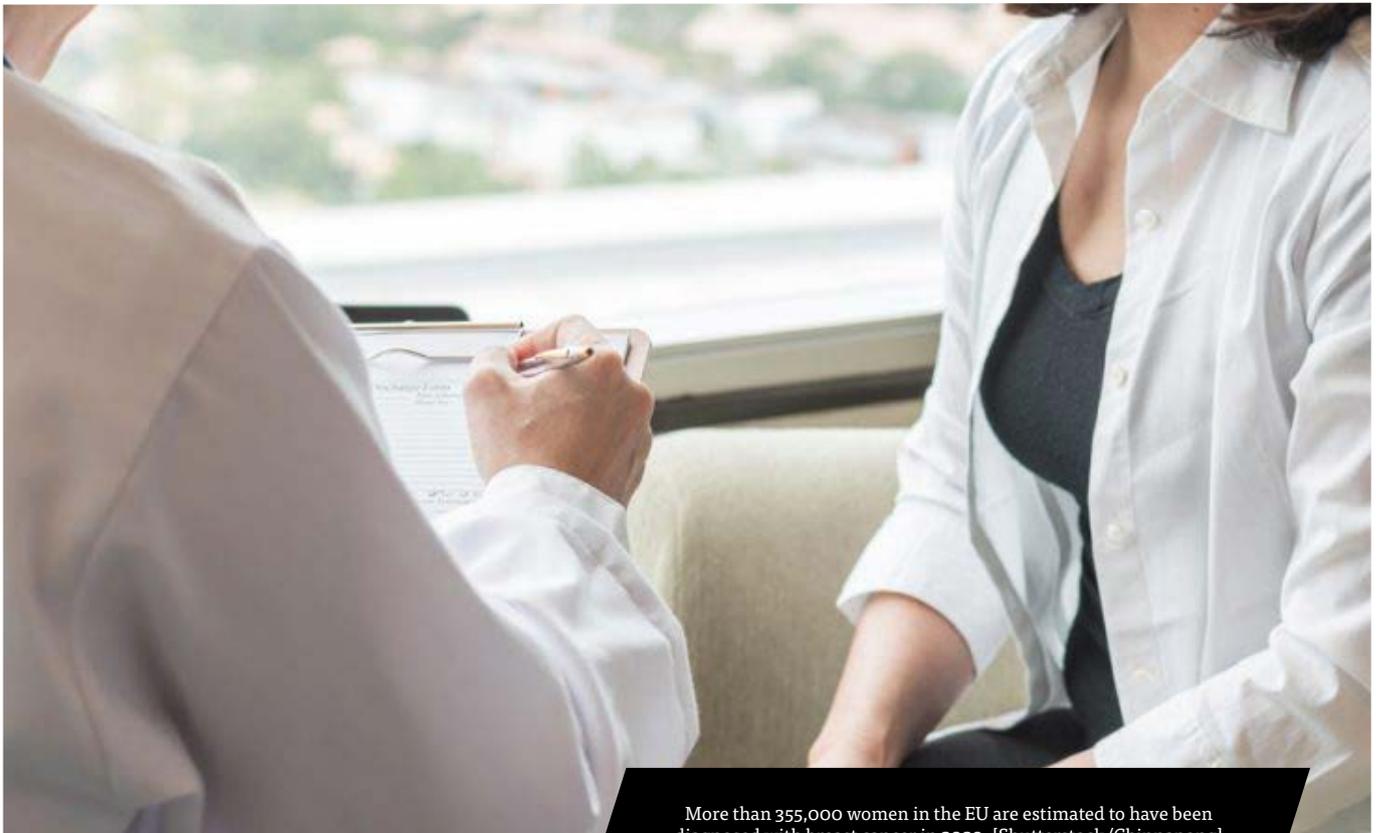
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# Expert: Decision makers lack knowledge on advanced breast cancer

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By Sarantis Michalopoulos | EURACTIV.com



More than 355,000 women in the EU are estimated to have been diagnosed with breast cancer in 2020. [Shutterstock/Chinnapong]

Read the article also in [French](#), [Spanish](#), [Polish](#), [Italian](#), and [German](#).

**T**reatments for metastatic breast cancer (MBC), which affects thousands of European women every year, have progressed and can now significantly prolong a patient's life but decision-makers still do not take this fully into account, an expert has told EURACTIV.

“There is a lack of knowledge from those who take decisions,” said Dr Fatima Cardoso, president of ABC global alliance, a multi-stakeholder platform focusing on MBC. Although there is no cure for MBC, there are now treatments that significantly prolong life, in some cases up to five years, Cardoso explained.

Critics suggest that despite

innovation achievements that can offer MBC patients a better chance to stabilise the disease and prolong life, policymakers continue to move slowly in embracing the innovations.

More than 355,000 women in the EU are estimated to have been diagnosed with breast cancer in 2020. But no one can tell precisely how many patients progress to MBC

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because cancer registries focus only on diagnoses and mortality rather than relapses.

But according to [data](#) by the ABC Global Alliance, 5-10% of patients worldwide are diagnosed at the metastatic stage of the disease.

For Cardoso, screening and early detection of breast cancer are crucial in fighting the disease. “However, we cannot forget that even when detected early and with the best treatments, 30% of breast cancers will become metastatic,” the expert said.

According to Elena Kountoura, an EU lawmaker from the leftist GUE-NGL, the first months of 2020 delivered a huge setback to MBC efforts as breast cancer screening programmes and treatments were disrupted or even suspended because of limited access during successive lockdowns.

“The delay and disruption of such services increased the risk for women to be diagnosed months later, at a more advanced stage,” she told EURACTIV.

## STIGMA AND INEQUALITIES

The second element is the stigma linked to the disease.

According to Cardoso, some countries are reluctant to “spend our resources on people who are going to die”.

“I know, this sounds really strong, but it is unfortunately what our patients are experiencing,” she added.

For her part, Greek MEP Kountoura called on societies to move away from the distorted notion that women with metastatic cancer have nothing to

expect.

“Right now, newer, more effective drugs and treatments, as well as clinical trials are very promising. It is no longer rare that a woman with metastatic cancer may live for more than a decade, with a stable disease. To this end, targeted action is needed at both a European and national level,” she said.

Another issue is that of growing inequalities in Europe when it comes to access to therapies, not just from one country to another, but also within a single country.

“It’s very common in many countries to treat patients differently, according to their health coverage”, Cardoso said.

Dr Fiorita Poulakaki, a board member of Europa Donna, the European Breast Cancer Coalition, said patients face discrimination in terms of work, but also private insurance.

“Reimbursement of multiple medical expenses including rehabilitation are not always guaranteed depending on the country, on the type of insurance and so on,” she said.

To drive change, Poulakaki added, the attitude of the society must change first. “Patients with MBC should be encouraged to continue with their lives and not face discrimination of any kind.”

## MEP: DO IT LIKE WITH THE COVID VACCINES

Earlier this year, the European Commission published a [Beating Cancer Plan](#) based on four key pillars – prevention, early diagnosis,

treatment, and follow-up care.

“The plan will support the creation of a new network of expertise, where difficult to treat cancers will be addressed and metastatic diseases will be included,” a European Commission spokesperson told EURACTIV.

The file is currently under discussion in the EU Parliament.

MBC Patients and stakeholders have pinned their hopes on the Commission’s plan but Cardoso warned that the plan barely touches on MBC. However, she said it still represents “a big opportunity to end discrimination over advanced cancers, with the necessary changes in the plan,” she said.

Frances Fitzgerald, an Irish MEP from the Fine Gael party (EPP), told EURACTIV that public-private partnerships struck at the EU level during the pandemic – between the pharma industry and the EU institutions – show the way to boost innovation in MBC, “like we did with the vaccines”.

The Irish MEP said that there is more and more innovation from the pharmaceutical companies but it is very expensive.

“We have to incentivise research and development of products with the highest therapeutic value that can address the needs of these patients,” she added.

## S PATIENTS, CAREGIVERS ARE ‘FELLOW SUFFERERS’

The European Cancer Patient Coalition (ECPC) acknowledges progress in survivorship thanks to pharma innovation but says MBC patients’ quality of life has not

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improved.

ECPC's Charis Girvalaki told EURACTIV that patients with MBC will still have to accept and learn how to live with an incurable disease, which can induce great psychosocial distress in patients and their caregivers.

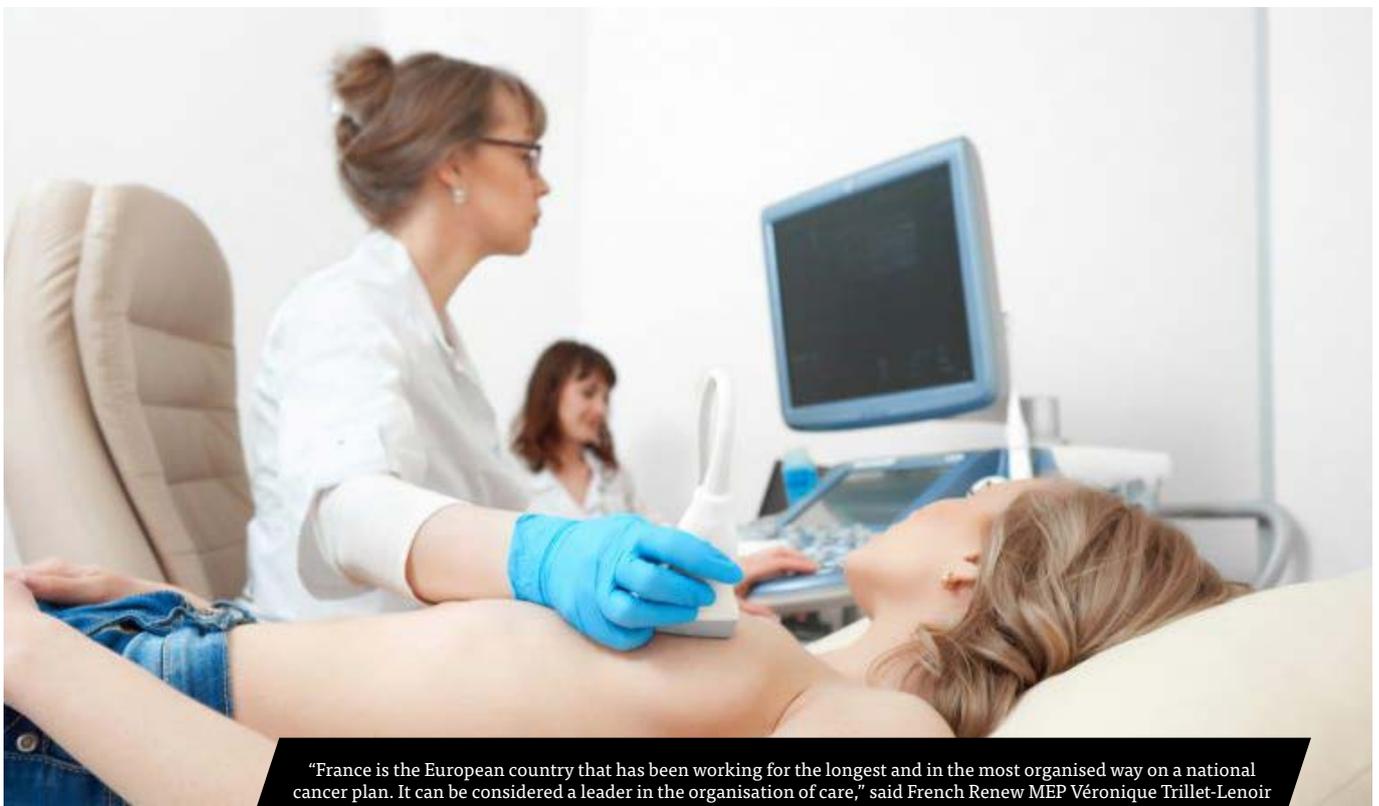
"We often say cancer patients and caregivers are fellow sufferers along the cancer journey," she added.

As for how to better address this critical situation, she said EU-wide awareness-raising campaigns should be stepped up and Brussels should come up with guidelines on MBC for both patients and caregivers in plain language.

Finally, the expert said it would be also key to design and provide tailored palliative care services for MBC patients as a central European policy implemented nationally, in order to decrease the inequalities of care around Europe.

# France leads Europe in care for metastatic breast cancer patients, but not in screening

By Clara Bauer-Babef | EURACTIV France | translated by Daniel Eck



“France is the European country that has been working for the longest and in the most organised way on a national cancer plan. It can be considered a leader in the organisation of care,” said French Renew MEP Véronique Trillet-Lenoir MEP of the special committee on combating cancer (BECA). [Serhii Bobyk/Shutterstock]

This article was originally published on EURACTIV.fr. [Read the article.](#)

**A**lthough France is seen as a “leader” in organising the care of women with metastatic breast cancer, whose quality of life has become an essential aspect of patient care in France, screening – which can reduce mortality by 20% – needs to be stepped up. EURACTIV France reports.

“Within the EU, there are big disparities regarding breast cancer screening,” French EU lawmaker Véronique Trillet-Lenoir (Renew), who sits on the European Parliament’s special committee on combating cancer (BECA), told EURACTIV France.

Breast cancer is the most common cancer among women in Europe, with 400,000 cases per year and 100,000 deaths. In France, 10-15% of breast

cancers are metastatic.

Trillet-Lenoir, who is also a hospital oncology practitioner in Lyon, said bilateral mammography can reduce breast cancer mortality by 20%, which explains why early detection is so important.

“The countries of the North are the most advanced, while the countries of

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the South and East are very late. There is a greater risk of discovering breast cancer at a late stage," said Trillet-Lenoir, adding that "France is in the middle of the pack".

Breast cancer can be broken down into three sub-categories. The most aggressive one is triple-negative breast cancer, with a median survival of less than two years, which accounts for 15-20% of the total metastatic breast cancers. The other two less aggressive forms have a life expectancy of five years.

To avoid metastatic breast cancer, it is thus necessary to "accelerate initial treatment and screening", Trillet-Lenoir continued. Delays in diagnosis can lead to serious and aggressive forms of the disease, "even if progress has been made in recent years".

This progress is reflected in breast cancer patients seeing an increase in life expectancy as a result of new treatments.

### IMPROVING PATIENTS' QUALITY OF LIFE

As the life expectancy of patients has increased, the authorisation of new drugs is now based on a dual assessment: therapeutic progress and the non-diminishing quality of life of women with breast cancer.

"France is the European country that has been working for the longest and in the most organised way on a national cancer plan. It can be considered a leader in the organisation of care," said Trillet-Lenoir.

François-Clément Bidard, a professor of medical oncology at the Curie Institute in Paris, confirmed that "for the past four to five years, there

has been a very strong tendency to systematically integrate the quality of life of patients when a new treatment is the subject of a clinical trial".

But for women with metastatic breast cancer, the situation is slightly different. "The treatment's effectiveness is still the primary objective, given that this is a fatal disease. This is the best guarantee of a satisfactory general state and quality of life," Bidard told EURACTIV France.

A patient's quality of life is measured through two levels of assessment, both at the research and consultation stage.

In terms of research, future drugs need to show quality of life criteria that are evaluated by questionnaires before they are to be put on the market.

When it comes to consultations, the second level of evaluation, Bidard said "we always try to minimise side effects. We propose solutions to deal with them".

In practice, this translates into what is known as supportive care. The aim is to reduce all the symptoms experienced by patients whose quality of life is most affected by the disease. This care, which is not compulsory, is of "great benefit" to the patient's treatment.

### ENDING DISCRIMINATION

Finding a job, taking out a loan, or integrating into society is often a difficult process for women with breast cancer, which is why it is important to talk openly about the disease.

"Twenty years ago, few women dared to say they had metastatic breast cancer," Bidard said, but "it is

no longer seen as a shameful disease".

In France, initiatives like Pink October have improved the lives of cancer patients. "Informing society of the fact that life expectancy is long and treatments are better and better tolerated favours job retention and non-discrimination," Bidard also said.

Trillet-Lenoir, for her part, would also like to see the right to be forgotten, which applies to women cancer patients who no longer show symptoms after five years in France, to be "developped in all European countries".

On patient care, she also called for "a Europe-wide training programme to move towards quality criteria that are the same for everyone. This would avoid a brain drain of carers like in Romania."

The European Commission announced a European plan to beat cancer in February 2021, which aims, among other things, to improve access, quality, and diagnostics and also support EU countries in ensuring that 90% of the EU population who need breast, cervical and colorectal cancer screenings are offered screening by 2025.

# Germany frontrunner for metastatic breast cancer drug approvals, with some hiccups

By Oliver Noyan | EURACTIV.de | translated by Stina Nölken



According to estimates by the Center for Cancer Registry Data (ZfKD) at the Robert Koch Institute, there are about 18,000 new cases of metastatic breast cancer in Germany each year. [siam.pukkato/shutterstock] [Shutterstock / siam.pukkato]

This article was originally published on EURACTIV.de. [Read the article.](#)

**W**hile the German healthcare system is at Europe's forefront in terms of making drugs available for the treatment of metastatic breast cancer, problems still arise as some important drugs have been withdrawn from the market.

According to estimates by the Center for Cancer Registry Data (ZfKD) at the Robert Koch Institute, there are about 18,000 new cases of metastatic breast cancer in Germany each year.

Although there is no cure for metastatic breast cancer, modern

forms of therapy can significantly improve patients' quality of life and extend their lifespan, making quick treatment of the disease absolutely essential.

Germany leads the way in Europe with regard to making new forms of therapy available.

"In general, I would say that Germany is one of the best-supplying countries," Diana Lüftner, executive director of the German Foundation for Young Adults with Cancer, told EURACTIV.

This is because, from the day the European Medicines Agency (EMA) approves an active ingredient, all

patients with public health insurance are entitled to the new drug in Germany, with costs covered by the insurance.

"This gives us a unique selling point, as this is not the case in other countries, where there are much more restrictions or delays in approval," Lüftner emphasised.

## MEDICAL CARE

While in other countries there are lengthy price negotiations between health insurance companies and pharmaceuticals before a drug is placed on the market, in Germany the process is the other way around.

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After the EMA approves a drug, it goes directly onto the German market and is available to patients there. In the first year, the manufacturer is then free to set the price of the drug while health insurers cover the cost of treatment.

“All patients with public health insurance are entitled to the innovations that are approved, and in that respect, I think, Germany is already almost unique,” Eva Schumacher-Wulf, editor-in-chief of breast cancer magazine *Mamma Mia*, told EURACTIV.

Price negotiations between manufacturers and the Federal Joint Committee – the highest decision-making body of health insurers, doctors and hospitals – will then begin after one year, in the so-called AMNOG process.

However, this is precisely the point that receives most criticism, as in the past there had been cases where the manufacturer withdrew treatment medication for metastasizing breast cancer from the market once the negotiations failed.

Schumacher-Wulf emphasised that price negotiations often “don’t always end up in patients’ favour.”

German patients are then dependent on individual imports from other countries, as the active ingredients are still approved in the EU. This is associated with a high bureaucratic effort while at the same time increasing costs due to the import.

### WITHDRAWING DRUGS FROM THE MARKET

There have been reported cases where companies withdrew a drug from the market after negotiations

with the Federal Joint Committee failed.

In the meantime, these drugs are being imported from other countries, where they are not only approved but are also the cheapest on offer.

In some cases, the Federal Joint Committee has halted the negotiations saying there is lack of additional benefit.

However, their methodology of assessing the added benefit of drugs has been criticised by the German Society for Hematology and Medical Oncology which, for its part, says that these drugs have an added benefit for some patients with metastatic breast cancer.

“We have to address this systematic error politically,” Lüftner told EURACTIV. While the AMNOG process is fundamentally positive, she added, it has “hit substances that we could use very well in individual cases and there is already a very high risk of misuse,” she stressed further.

There are several reasons for a manufacturer to take such a drastic step and remove an entire drug from the lucrative German market.

On the one hand, companies are speculating that an improvement of the database will give them a stronger position in price negotiations, and are therefore withholding their drugs from the German market short-term.

More crucially, however, more than 30 countries around the globe are using the outcome of the German AMNOG process as a guide for their own price negotiations.

When manufacturers cannot get their prices accepted in Germany “they’d rather not launch in Germany

and have a reasonable price in more than 30 countries in return,” Lüftner said.

### EARLY DETECTION

Another controversial issue is early detection, which is especially essential in the pre-metastatic stage, during which breast cancer is still curable.

“Overall, it is important that the disease is detected as early as possible,” Schumacher-Wulf emphasised.

Between 2004 and 2009, Germany already introduced a breast cancer screening program for early detection across the country, which invites women aged between 50 and 69 to a screening examination every two years.

In addition, an extension of the age limit to all women between 45 and 74 years is currently being discussed by the Federal Joint Committee, as the European breast cancer guideline contains recommendations to extend screening to these age groups.

However, experts disagree about whether such an age extension is plausible.

Schumacher-Wulf, for example, emphasised that there should be more offers, especially for younger women. “I say 50 is just too late,” she warned.

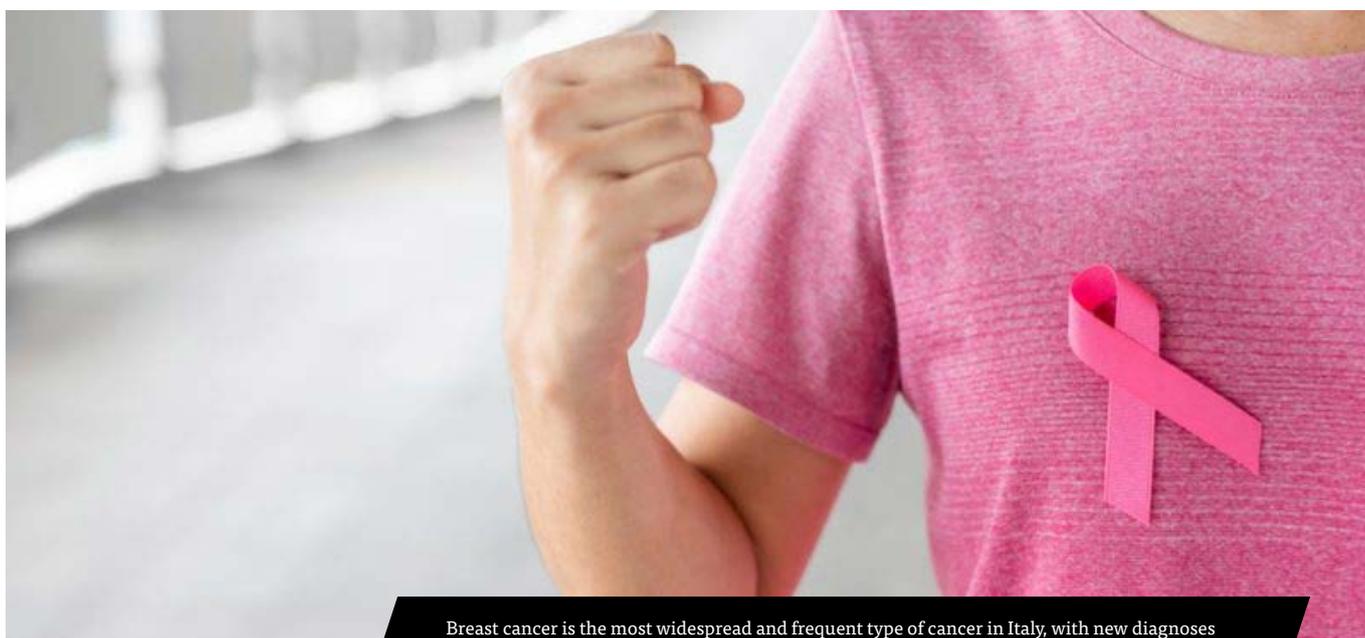
Lüftner, on the other hand, said extending the age limit downward would not be very effective, as breast cancer occurs primarily in women over fifty.

Screening younger patients would only lead to unnecessary biopsies and other examinations and “that is not the purpose of screening,” she said.

# Italian patients with advanced breast cancer in search of information

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By Viola Stefanello | EURACTIV.it



Breast cancer is the most widespread and frequent type of cancer in Italy, with new diagnoses amounting to over 55,000 annually. In total, 834,000 women were living with a breast cancer diagnosis in Italy in 2020. [Shutterstock/Jo Panuwat D]

This article was originally published on EURACTIV.it. [Read the article.](#)

Despite efforts to raise awareness by the authorities, patients with metastatic breast cancer in Italy are still struggling to understand what options they have and often lose precious time trying to identify the latest available treatments.

“Italy still lacks awareness of how far treatments for metastatic breast cancer (MBC) have come,” Dr Rossana Berardi, president of the Women

for Oncology, told EURACTIV Italy, adding there was still “work to do in communicating medical and scientific progress in Italy”.

“I do not feel political or social resistance to this, but many are still not fully aware of the consistent results that can be obtained from new kinds of therapies in MBC patients, especially those with a biological profile that benefits from hormonal therapies or from biomolecular target drugs,” she said.

Berardi’s call for a better

communication strategy mirrors previous calls from experts in the country.

Earlier this year, professor Adriana Bonifacino, president of IncontraDonna Onlus, an NGO helping breast cancer patients, [stated that](#) “an effective and scientifically appropriate language” is central to the scientific literacy process.

“The ultimate goal is to make women understand how it is possible to live with the disease,” Bonifacino said.

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“Plenty of communication efforts have been targeted at patients with non-metastatic forms of breast cancer – campaigns aimed at the majority of women who manage to achieve a cure. For this reason, metastatic patients often report being left alone and at the mercy of unclear, confused and in any case not comforting information,” she added.

Breast cancer is the most widespread and frequent type of cancer in Italy, with new diagnoses amounting to more than 55,000 annually. In total, 834,000 women lived with a breast cancer diagnosis in Italy in 2020.

Among them, more than 37,000 women had metastatic breast cancer, an advanced stage of cancer where the disease spreads to other parts of the body, usually the liver, brain, bones, or lungs. The past 30 years have seen a steady decline in mortality and an extension of the life of diagnosed women.

Thanks to the latest advances in science and medicine, MBC is now a treatable disease, although not yet curable, meaning that it can be kept under control for years with therapies, but patients still have to live with the fact that metastases tend to reappear.

MBC patients must therefore undergo frequent checks, since any new symptom can be a reason to re-evaluate the therapy. Still, the medical field has made some significant progress in allowing MBC patients a long, quality life – especially when the disease is diagnosed early on.

### **PATIENTS ARE CONFUSED**

But MBC patients in Italy

often report feeling confused and disoriented in trying to navigate information and options available to them, to the point that, by the time they have identified the signs, their disease is at an irreversible stage.

The government instituted 13 October as the National MBC Awareness Day, starting in 2021, and a few initiatives to place focus on MBC patients’ quality of life have been launched on a regional level. For example, the Marche region is set to launch a regional programme for the reintegration of MBC patients in the workplace.

National training sessions for journalists to cover MBC in an informed and helpful way have also been held. Since 2016, “Pink Room” initiatives have provided patients with free medical consultations on every aspect of living with the diagnosis, from nutrition to rehabilitation, and supplementary treatments ranging from yoga courses to mental coaches.

The country has also seen a strong rise in the number of specialised Breast Units, going from 84 in 2012 to 173 in 2020.

According to an agreement between the central government and the regions, each region must have a multidisciplinary breast care centre for every 250,000 inhabitants; each centre must treat at least 150 new cases every year and must have at least a core team of six dedicated professionals, radiologist, surgeon, pathologist, oncologist, radiotherapist, data manager.

Almost 50% of all Breast Units [are in the north of the country](#), while 28.8% are in the centre and 25.6% in

the south.

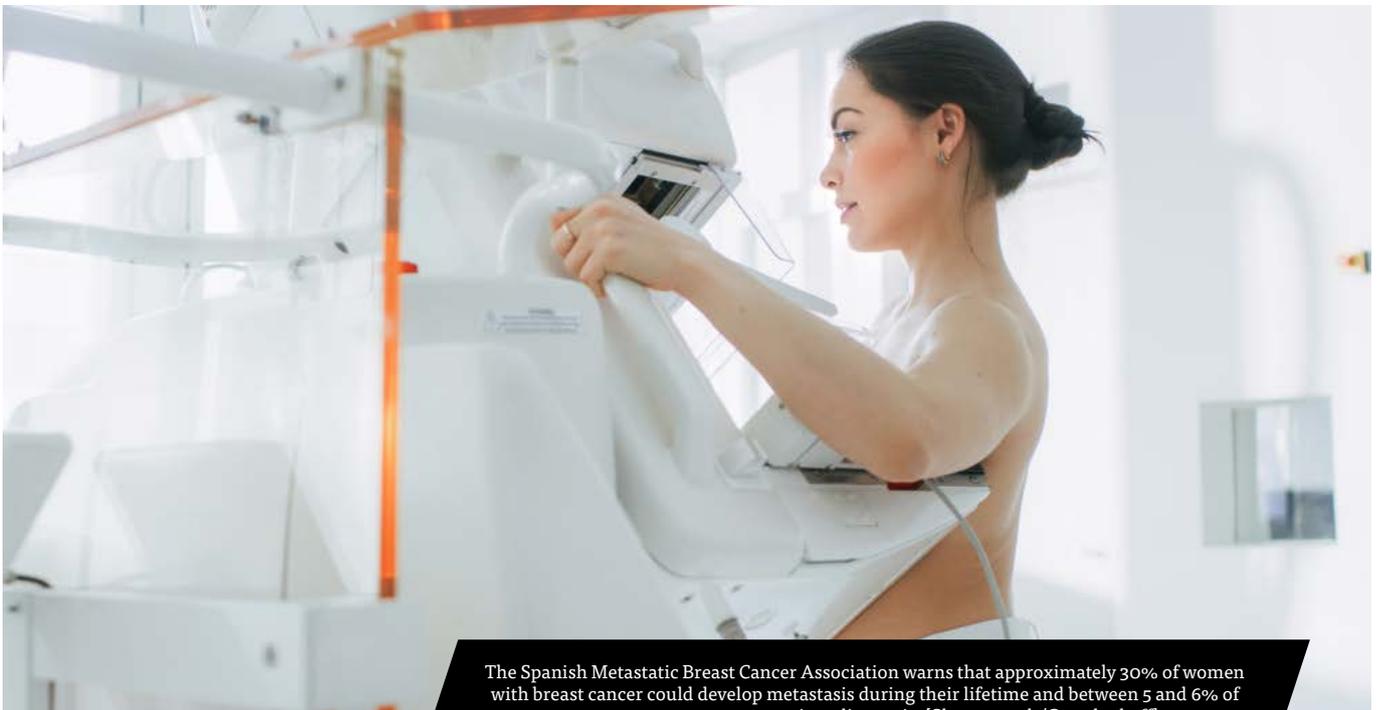
On the downside, this year, a survey on mental health services in 44 Breast Units showed that only 17% of patients benefit from psychological support.

Part of the reason is a lack of dedicated and qualified personnel to manage this delicate aspect of cancer care, with 30% of health professionals working on this in the Breast Units being made up of part-time consultants, doctoral students, postgraduates and trainees.

# Spanish medical experts warn about advanced breast cancer after COVID-19 slowdown

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euroefe.es



The Spanish Metastatic Breast Cancer Association warns that approximately 30% of women with breast cancer could develop metastasis during their lifetime and between 5 and 6% of new cases present metastasis at diagnosis. [Shutterstock/Gorodenkoff]

This article was originally published on [EUROEFE.es](https://euroefe.es) [Read the article.](#)

Spain's focus on handling the COVID-19 pandemic has overshadowed other vital healthcare fields. One of them is breast cancer prevention, and medical professionals warn that an increasing number of patients are now only accessing treatment when the cancer has already spread.

Spanish medical professionals have long been aware of the problems

in the public health system, which has prioritised its efforts to tackle COVID-19. They have tried to adapt, "not without difficulties" to a new and complex situation.

Stakeholders have also detected a slowdown in R&D investment which is crucial for developing therapies and drugs to manage the disease.

One of the most severe consequences of the pandemic, according to experts, has been a decline in procedures such as mammograms.

Detecting the disease in its early stages through mammograms boosts the recovery rate to 80%.

## BREAST CANCER RESEARCH AND TECHNOLOGY

In the European Union, the probability of developing breast cancer before 75 is 9%, while in Spain, it is 7%.

The Spanish Society of Senology and Breast Pathology (SESPM) has

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released a report that states that Spain's incidence is among the lowest, behind countries such as Denmark, Ireland, the Netherlands, the United Kingdom, and Germany.

Despite this encouraging situation, the Metastatic Breast Cancer Association warns that approximately 30% of women with breast cancer could develop metastasis during their lifetime and between 5 and 6% of new cases present metastasis at diagnosis.

Metastasis is where cancer has spread from the initial site to different or secondary sites within the patient's body. It typically occurs after the disease has been present and untreated for some time.

For this reason, the president of the Spanish Breast Cancer Research Group (GEICAM), Miguel Martín, insists on the importance of continuing to invest in new drugs, therapies and screening. "It is very clear that research into this cancer over the last 25 years has led to a notable increase in survival, but there are still many women who continue to die from the disease," he told EFE.

The latest technologies in molecular biology mean it is possible to study aspects of each tumour that can pinpoint how it will behave and better group tumours according to similarities. In addition, other digital tools such as big data make it possible to share masses of information in databases, from which algorithms can be generated based on actual patients.

### **EQUITY IN ACCESS TO TREATMENT**

Eva Ciruelos, an oncologist at the 12 de Octubre Hospital and HM

Madrid Hospitals, explained that many people, "especially those who only have public health coverage," have been left without the usual monitoring. This situation can translate into up to 10 or 20% higher mortality.

"Sadly, we have witnessed the arrival of many patients with advanced disease at the outset, with metastasis at diagnosis. In breast cancer, this only happened before the pandemic between 8 and 10% of the time," she told EFE.

The breast cancer specialist believes that not all health centres can carry out research.

Ciruelos acknowledged more and more mechanisms to achieve this, such as the SOLTI Group, where she is vice-president. The group shares clinical trials, clinical and molecular information and offers patients treatments and the possibility of participating in clinical studies "regardless of where they live."

The Spanish Breast Cancer Federation (FECMA) president, Antonia Gimón Revuelta, agreed that equity must be achieved and any exclusion, including geographical, must be avoided.

"Every cancer has its own particularities, and every patient is different. It is not the same if you have a stable partner or not; if you have children or if there are other people who depend on the patient; if you are employed or self-employed; age matters, if you are a sociable person or more accustomed to personal autonomy or solitude, etc.," Gimón said.

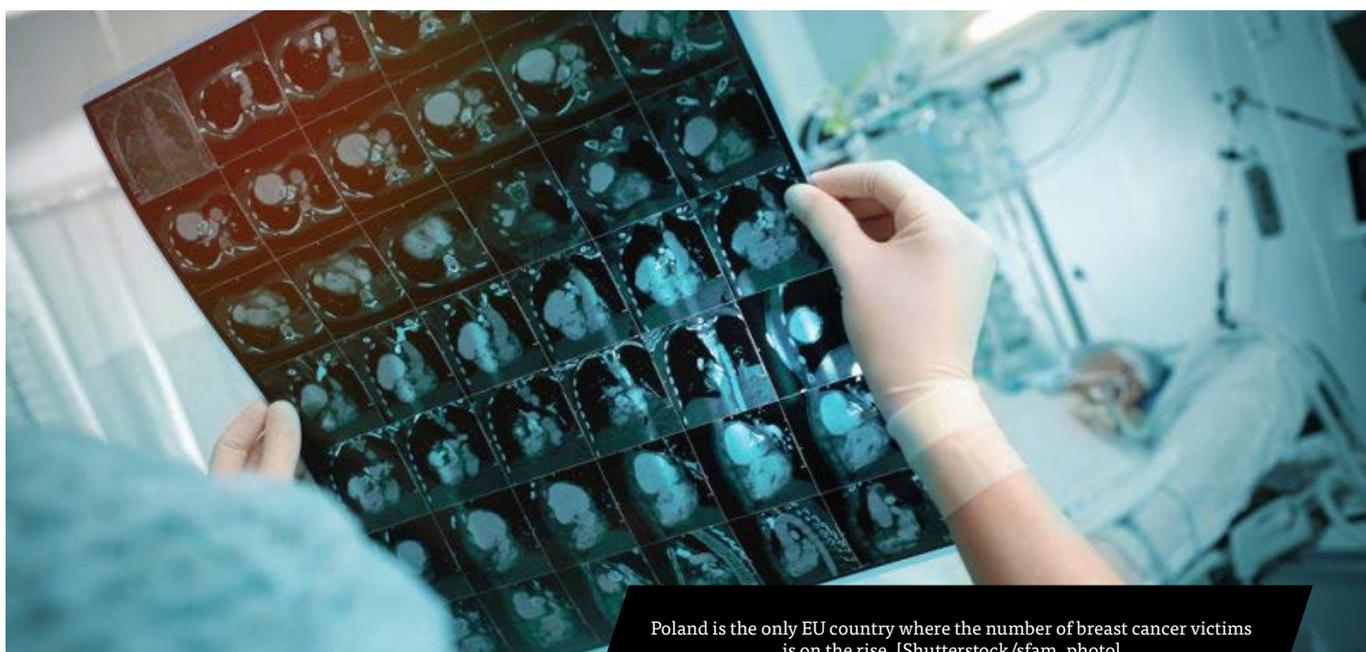
However, the president of GEICAM believes that "a major budget problem" in the healthcare system makes it difficult to explore these avenues of research. In an ageing population such as in Spain, Martín considered it essential to focus the political and social debate on healthcare funding and the search for new models of care adapted to the current situation.

Many experts believe that now is the time to reflect on the role of primary care in oncological processes, both in the diagnostic phase and in treatments, to develop a way to increase precision in breast cancer.

# Fighting metastatic breast cancer is a race against time in Poland

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By Piotr Maciej Kaczynski | EURACTIV.pl



Poland is the only EU country where the number of breast cancer victims is on the rise. [Shutterstock/sfam\_photo]

This article was originally published on EURACTIV.pl. [Read the article.](#)

**E**wa Myślińska is 29-years-old and has been fighting cancer for four years. She remembers it was 9 October when she touched her breast by chance and felt a strange hardness. Four years later, she has suffered metastatic relapses in the brain and second breast. EURACTIV Poland reports.

“The next day, I saw my family doctor, who did not recognise the problem. My gynaecologist performed an ultrasound test and sent me to

an oncologist. It was a blessing in disguise: I saw a doctor on Wednesday, on Thursday, I had a mammography test, and on Friday, the breast ultrasound. It happened fast”, Ewa told EURACTIV.

Poland is the only EU country where the number of people with breast cancer is on the rise.

Between 2014 and 2021, the number of women taking preventive measures fell from 40% to 30%. As a result, patients in Poland identify the problem later than in other EU countries. Their cases are also

statistically more severe, with some becoming metastatic, where cancer spreads to other parts of the body.

The EU Commission’s data suggests that a person diagnosed with cancer in Poland has a 41% chance of living past five years, while it is 53% in Spain.

## THE PANDEMIC AND GOVERNMENT’S FAILURE

The fight against metastatic cancer in Poland got even more challenging during the COVID-19 pandemic, says MEP Bartosz Arłukowicz, a medical doctor and former health minister. He also currently chairs the special EU

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Parliament committee dedicated to the fight against cancer (BECA).

“We lost time”, he said. “Unfortunately, the government failed to prepare the healthcare system in a proper and timely way so that tumour treatments would not halt once we faced the coronavirus”, said Arłukowicz.

The COVID impact is shocking. In Poland, a country of 38 million people divided into 16 regions, mammograms have almost stopped entirely in the two most populous areas.

In Mazovia, a region surrounding Warsaw, there were 96% fewer tests in April 2020 compared to April 2019. In Silesia, the reduction was 95%. The onset of the pandemic saw vital resources, including personnel and spending, being redirected towards managing the influx of COVID-19 patients.

The consequence is Poland is now facing an increase of unnecessary victims as more people will succumb to the disease. “For many patients, there simply won’t be enough time”, Arłukowicz said.

### POOR FINANCING OF MEDICINES

Yet, the challenges go beyond the pandemic disruption.

EURACTIV obtained figures from the Oncological Foundation Alivia, which reveal a concerning reality. The national health fund (NFZ) only finances 27 of 132 recommended medicines, while 59 are unavailable. Metastatic breast cancer patients can participate in only 2 ESMO-

recommended therapies.

“Breast cancer is foreseeable in 99% cases”, reminded Arłukowicz. However, there are situations when the sickness is atypical or becomes metastatic before it can be detected.

The European Parliament’s BECA calls for a mechanism to exchange information between oncologists in EU member states. This system could facilitate gathering and sharing expertise, which is particularly useful in rare or complex cases.

There are already national networks of oncologists, like the Polish Association of Oncologists (PTO). Adam Maciejczyk is the president of PTO.

“We focus particularly on the access issue”, he said.

Among the more significant structural challenges are the lack of financial resources for the diagnosis and the functionality of Breast Cancer Units (BCU). These specialised units are popular in some EU member countries and were introduced in Poland in 2019.

Joanna Frątkczak-Kazana from Alivia adds there are too few BCUs in the country (19), and “there is dramatically low participation in the prevention programs”. Tadeusz Piątkowski, a leading oncological expert, indicated there should be about 70 BCUs to provide adequate coverage for Polish people.

The unique challenge is related to the patients living outside larger cities. “It is our objective so that the domicile does not negatively impact access to oncological treatment”, said

Maciejczyk.

### ‘WHITE HOSPITALS’

Lessons from the pandemic need to be learned “and never repeated”, said Arłukowicz, adding that diagnosis and cancer treatment must never grind to a halt again.

Arłukowicz’s idea is to develop a network of “white hospitals” which would be fully protected from coronavirus. In those hospitals, all cancer patients could continue their treatment.

Maciejczyk added there is an urgent need for a better model of finance distribution. “The best oncological hospitals should receive additional financial support”, he said.

Money should be spent on creating a network of oncological hospitals, a repository, a registry of oncological patients, and a better organisation of oncological support based on accurate data. “I remain hopeful that the technological progress will allow for a swift realisation of those tasks”, added Maciejczyk.

Arłukowicz’s hopes for medical research are even more advanced: “I hope for cancer vaccination”. Apparently, there is a company working on such a solution. “This could be a breakthrough”, he added.

### THE EU INVOLVEMENT

The EU needs to be involved, too. Both doctors want a European network of oncological hospitals to be created. A new cross-border form of cooperation could include providing second opinions from doctors in different countries, especially in

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challenging cases such as metastatic ones.

Arłukowicz added that the EU needs to spend more on cancer research, and it should update its 2003 recommendation on cancer screening.

Ewa Myślińska is a 29-year-old patient who has been fighting cancer for four years now

The EU also needs to ensure and increase testing equality across the bloc. “Investment into medical equipment is no novelty for the EU”,

said MEP Arłukowicz.

Meanwhile, the metastatic cancer patient Ewa wonders why NFZ keeps changing rules on refunding the medicines.

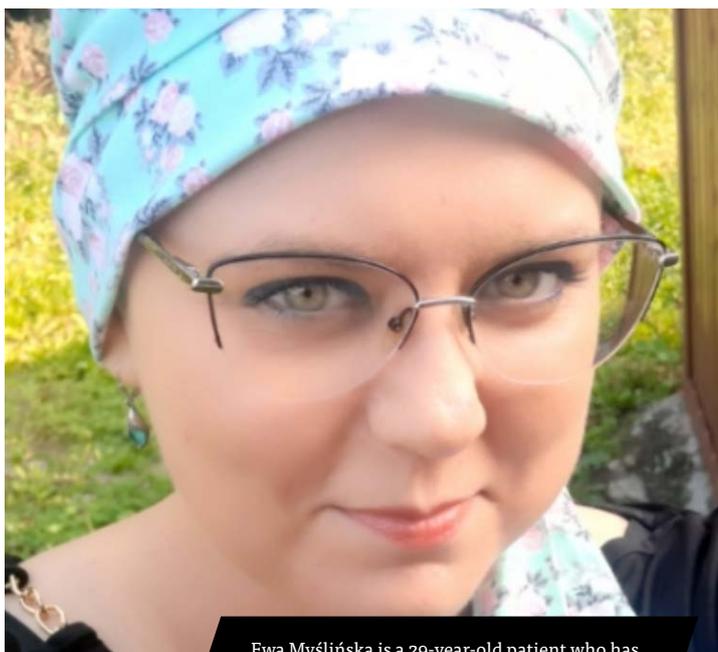
“I was scared I may lose the treatment. Luckily, my therapy continued to be funded, only because I began the therapy a few weeks earlier”.

Unfinanced treatments and medicines are common. Now Ewa is [fundraising for genetic examination](#)(unfinanced by NFZ),

which could help detect tumour’s mutation and indicate a more suitable treatment. “This is my future security when the current medicine stops to work”.

The genetic examination costs about 24 thousand zlotys (€5,300), more than eight times the monthly minimum wage.

For many of Poland’s breast cancer and metastatic patients, time has already run out, but if policymakers move quickly, many lives stand to be saved.



Ewa Myślińska is a 29-year-old patient who has been fighting cancer for four years now



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