

Oncopolicy Forum 2011: National Cancer Control Plans

Since the turn of the 21st century most European countries have put cancer plans in place, said **Josep Figueras** from the European Observatory on Health Systems and Policies. The aspects of cancer that should be integrated into cancer plans include primary prevention, secondary prevention, integrated care and research. Plans should also be highly visible, accountable and have clear policy goals.

Large differences, said Figueras, exist between the different cancer plans in European Union countries, raising questions about whether the EU should have a role to play in plans.

In the first vote 54.2% of the audience said this role should include monitoring, benchmarking (and targets) on structure, process and outcome indicators between and within countries; 25% said the role should include accreditation schemes, quality standards, treatment guidelines and reference centres and 20.8% said that the EU role should also include support for research networks, cross border collaborations and formulation of guidelines. No one felt that the EU should have no role or only a limited role.

International organizations such as the European Commission and the World Health Organisation (WHO), have an important role to play in fostering equitable cancer care across Europe, said **Jose M. Martin Moreno** from the WHO European Regional Office. This can be done, suggested Martin-Moreno, by contributing to the implementation of initiatives setting minimum standards for National Cancer Control Programmes (NCCPs). All countries, he added, have a role to play in examining their individual plans. They need to consider whether they should adapt elements from other plans to their national context, and whether their plans take sufficient account of internal inequalities.

NCCPs were conceived as a policy instrument to unify cancer programmes and foster effective and efficient health system responses. Underlining the significance placed on cancer in national agendas, the number of NCCPs in place in European countries rose from 19 in 2008 to 29 in 2011. But while NCCPs might be full of good intentions, said Martin-Moreno, they do not always provide explanations of how their programmes should be implemented. Of the 19 NCCPs in 2008, just nine mentioned macro-level financing, and only four estimated the total budget allocations required.

An additional concern has been around whether NCCPs have tackled issues of inequality sufficiently. While little data exist in this area, said Martin-Moreno, much can be learnt from examples of best practice. He cited Finnish initiatives delivering higher resources to cancer control in vulnerable areas, and French schemes where screening has increased by 50% in underserved areas compared with 15% for the country overall.

If no measurable objectives for tackling cancer inequalities are set, and no monitoring mechanisms put into place, cautioned Martin-Moreno, no progress will be made.

In the discussion, chairman Josep Figueras said that with only four national cancer plans in Europe having set a budget allocation, he wanted to gain insights into how cancer plans could be made more cost-effective.

One of the reasons cancer is now high on the European agenda, said **Michel Coleman**, from the London School of Hygiene and Tropical Medicine, UK, is that cancer registry studies revealed survival differences between European countries. Results from the EURO CARE 4 programme (publication of EURO CARE 5 is expected in 2012), showed a narrowing of the gap for premature avoidable cancer deaths between countries. Survival trends, however said Coleman, have not yet been widely used to evaluate the effectiveness of individual cancer control plans. Cancer registries can provide the data for this kind of study, but they have not been universally popular, with a disturbing tendency to “shoot the messenger”. He cited attempts by politicians and clinicians in Italy and the Czech Republic to close cancer registries after they revealed survival to be low.

The issue of informed patient consent has also placed the effectiveness or the existence of cancer registries under threat, and caused closure of registries in Germany and Hungary in the 1990s. In the UK in 2000 the General Medical Council (GMC) issued professional guidance that explicitly threatened doctors with losing their licence if they submitted information to registries without patient consent: the cancer registry almost collapsed, and emergency legislation was required to save it. Unless the pending revision of the European Directive on data transfers was modified to facilitate cancer registration, said Coleman, public health research would become increasingly difficult to carry out. There was good evidence that the general public supported confidential cancer registration without requiring patient consent. A member of the audience commented that one reason doctors may be reluctant to participate in registries, is the time needed for administration.

David Khayat, from the Hôpital de la Salpêtrière, France, recounted his experience as the oncologist who spearheaded the introduction of the French National Cancer Plan in 1998. The key to success, he said, had been the early engagement of the French president Jacques Chirac, who appreciated that with 2.5 million survivors in France cancer was an important political issue. Instead of leaving the legacy of a new building to commemorate his presidency, Chirac decided instead to set up the national cancer plan. Another factor was the engagement of the media, with maps used to show differences in cancer mortality across France.

Outcomes of the French National Cancer plan included national coordination of cancer research (with researchers working across 10 platforms), the creation of units treating large numbers of cancer patients and the launch of breast and colorectal cancer screening initiatives. Altogether 55 of the 71 measures included in the plan have now been introduced. During the current period of financial crisis, suggested Khayat, there is a need for European countries to work together in undertaking “benchmarking” of cancer plans to see what has been successful.

Anna Kaminska, from the Polish Ministry of Health, provided the Polish perspective of establishing a national cancer plan. Screening for the early detection of breast and colorectal cancer had been introduced, together with a smoking reduction initiative (celebration of World No Tobacco Day on May 31, 2011 and World Quit Tobacco Smoking Day on November 3, 2011). Other initiatives have included the reduction of waiting times for treatment of patients from 8-10 weeks in 2006 to a current 4-5 weeks, a radical change in the equipment in cancer centres for example the increase in the number of megavolt cameras from 70 to 106, the population attributable to a camera is 343 850 people and also refreshment of training courses providing information about cancer for approximately 3,000 GPs. Uptake of breast screening programmes has, however, been disappointing because of a lack of social awareness among women and poor response to invitation for breast screening.

Cancer plans, said **Harry Vertio** from Finland, need to involve society in general in addition to involving health care services and must consider issues of prevention, health promotion and social determinants. In Finland the need for a cancer plan was first recognised in 2005 when a study by the Finnish Society of Oncology showed “alarming” differences in waiting times at different hospitals. The first part of the Finnish Cancer Plan addresses “chains of care”, i.e. finding the most efficient way to treat a patient; with the second part of the plan, planned to start autumn 2011, including aspects such as prevention and rehabilitation. Although initially reluctant to provide additional funding the Finnish Ministry of Health was persuaded of the importance of the plan.

More emphasis, commented a delegate, needed to be placed on issues such as quality of life, survivorship and rehabilitation. A representative from the European Oncology Nurses Society said that health plans need to acknowledge the important roles that can be played by nurses.

Tit Albreht, from the European Partnership for Action Against Cancer, said that any EU involvement in national cancer plans would need to take into consideration economic

disparities between EU countries and avoid proposing central ideas that cost too much money. Plans, he added, need to be comprehensive, catering both for survivors who have successfully overcome cancer as well as individuals needing palliative care. Albrecht highlighted the important role that national cancer societies could play in the production of cancer plans, citing the French experience.

Figueras concluded that discussions had highlighted the fact there is not a “one size fits all” approach for developing national cancer plans. Structures that are as “comprehensive” as possible need to be put in place to save lives.

In the second vote on the role of the EU in national cancer plans 57.9 % of the audience said the role should include monitoring, benchmarking (and targets) on structure, process and outcome indicators between and within countries; 42.1% said that the role should include accreditation schemes, quality standards, treatment guidelines and reference centres; but 0% said that in addition to support the role should include research networks, cross border collaborations and formulation of guidelines. Again, no one voted for the two options of the EU having no role in national competence, or only having a limited role to encourage member states to develop national cancer plans and disseminate information.

The fact the vote for involvement of the EU in national cancer plans had increased, said Figueras, showed that the session had demonstrated the importance of the EU having a role to play in increasing standards and benchmarking. Clearly there is a need for Europe to respond.

If you have any comments about any of the issues raised in this report or would like further information, please contact ECCO Public Affairs: EccoPublicAffairs@ecco-org.eu