

**“ COOPERATION IS STRENGTH: SHARING
KNOWLEDGE AND DATA, IMPROVING
CROSS-BORDER CARE TO
BEAT CANCER”**

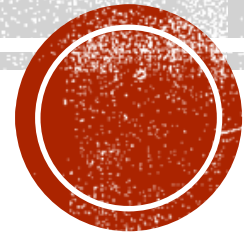
BE-CA PUBLIC HEARING 15/4/2021

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SHARED DATA AND CANCER REGISTRIES

- Cancer registries and EHR contain important data used for validation and analysis,

But

Some EU countries don't have registries or their registries are incomplete, or with old data and sometimes invalid data.

Some EU countries don't have Cancer Screening programmes and this leads to the loss of data and reduced Cancer Diagnosis and care due to delayed diagnosis.



DATA IS EXTREMELY IMPORTANT IN THE FIGHT AGAINST CANCER

- **FACT:** Shared data can help Oncologists get knowledge and initiate treatment for rare cancers without any delays.
- **FACT:** Data can help spread BEST PRACTISE initiatives across the EU making the treatments across Europe uniform.
- **FACT :** ONCOLOGISTS WANT TO BE ABLE TO:
administer quickly RELIABLE AND EVIDENCE BASED TREATMENTS

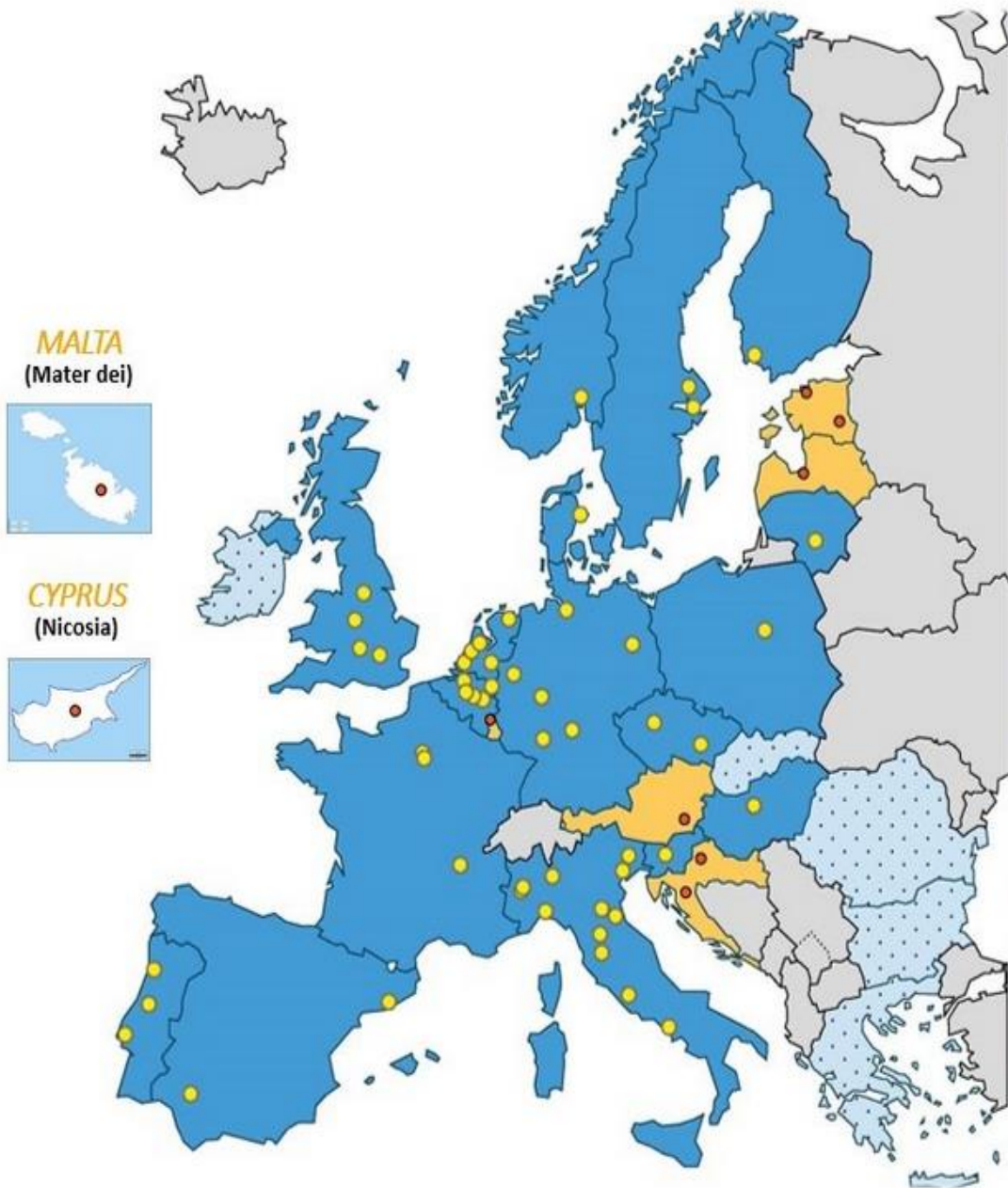


■ THE EUROPEAN CANCER DIVIDE

- A new survey conducted by CEECAG suggests that cancer cases are expected to almost double by 2035.
- 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. (Lack of Phase 1-2-3 Clinical Trials)
- 90% of Europe's west has NCCP compared to only 54% in central and eastern Europe.
- No or outdated National Cancer Registries

**CENTRAL AND
EASTERN
EUROPEAN CANCER
ACTION GROUP
(CEEACAG)**





- AUSTRIA** (Graz)
- BELGIUM** (Antwerp, Brussels, Leuven, Liège)
- CROATIA** (Zagreb, Sestre)
- CZECH REPUBLIC** (Brno, Prague)
- DENMARK** (Aarhus)
- ESTONIA** (Tallin, Tartu)
- FINLAND** (Turku)
- FRANCE** (Lyon, Paris, Villejuif)
- GERMANY** (Berlin, Essen, Mannheim, Hamburg-Eppendorf, Marburg, Würzburg)
- HUNGARY** (Budapest)
- ITALY** (Aviano, Bologna, Candiolo, Firenze, Genoa, Meldola, Milan, Naples, Roma, Siena, Torino, Treviso)
- LATVIA** (Riga)
- LITHUANIA** (Kaunas)
- LUXEMBOURG** (Luxembourg)
- NETHERLANDS** (Amsterdam, Leiden, Maastricht, Nijmegen, Rotterdam, Groningen)
- NORWAY** (Oslo)
- POLAND** (Warsaw)
- PORTUGAL** (Coimbra, Lisboa, Porto)
- SWEDEN** (Karolinska)
- SPAIN** (Barcelona, Sevilla)
- SLOVENIA** (Ljubljana)
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MALTA
(Mater dei)



CYPRUS
(Nicosia)



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 Non EU countries

EURACAN

EUROPEAN REFERENCE NETWORKS DIVIDE





Index of Cancer Preparedness: 2019

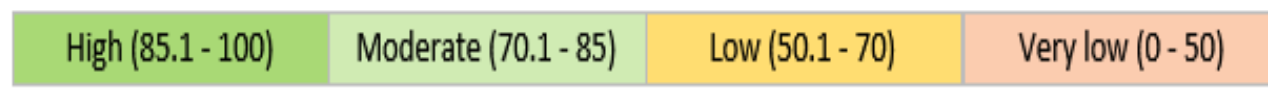
RESET



- MAP
- SUMMARY**
- INDICATOR SCORING
- COUNTRY SCORECARD
- COUNTRY COMPARE
- REGION COMPARE
- CORRELATIONS
- SCATTER
- DATA/SCORES
- WEIGHTS

COUNTRY HIGHLIGHT: Romania
 GROUP HIGHLIGHT: High income
 GROUP FILTER: Europe Show average score in table below
 EIU Default WEIGHTS

Normalised scores 0-100, where 100 = most prepared



[Click on country name to highlight](#)

[Click titles to see description](#)

OVERALL SCORE

1 Netherlands	89.9
2 Germany	88.7
3 France	87.5
4 United Kingdom	85.3
5 Spain	84.0
6 Sweden	82.5
7 Italy	79.9
AVERAGE	79.1
8 Russia	63.4
9 Romania	51.1

1) POLICY & PLANNING

1 United Kingdom	96.3
2 Netherlands	94.0
3 France	93.8
4 Germany	91.8
5 Spain	89.7
6 Italy	85.9
AVERAGE	83.7
7 Sweden	77.3
8 Russia	64.9
9 Romania	59.4

2) CARE DELIVERY

1 Netherlands	92.1
2 Germany	91.8
3 Spain	89.2
4 France	86.9
5 Sweden	85.6
6 Italy	84.7
AVERAGE	80.9
7 United Kingdom	80.0
8 Russia	72.9
9 Romania	45.0

3) HEALTH SYSTEM & GOVERNANCE

1 Sweden	86.7
2 Netherlands	77.1
3 Germany	76.3
4 France	76.1
5 United Kingdom	74.0
AVERAGE	66.4
6 Spain	62.1
7 Italy	58.1
8 Romania	46.5
9 Russia	41.1

- Data shows that if you're treated in a research-active hospital, you're much more likely to have better outcome
- Inadequate cancer screening programs
- Growing brain drain of specialized doctors moving to the west
- 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.



- For most cancers, 5-year net survival remains among the highest in the world in the USA and Canada, in Australia and New Zealand, and in Finland, Iceland, Norway, Denmark and Sweden. (CONCORD Study)
- 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
- 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,
- Access to information for patients



- Europe's Beating Cancer Plan has announced the establishment of an EU Network by 2025
- Every EU citizen should have equal access to medication/treatment

ISSUES to be addressed:

- Harmonizing Cancer Care throughout Europe
 - Guidelines /Oncologist Training/Funding/Research/Clinical Trial availability in all member States
- The Cancer Care Inequalities within Europe
 - Drug availability / Infrastructure
- Validity and Availability of Data /EHR

BECA ACTIONS



THANK YOU

for all you do to help fight cancer.

Dr George Astras



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