

CANCER PREVENTION AND CARE: CLOSING THE GAP

A REVIEW OF CURRENT SERVICES & FUTURE OPTIONS FOR EU NEW MEMBER STATES

- *Nick Bosanquet, MA, MSc
Professor of Health Policy, Imperial College School of
Medicine, London*
- *Jim Attridge, BSc, PhD,
Research Fellow, Tanaka Business School, Imperial
College, London*
- *Karol Sikora, MA, PhD, FRCR, FRCP, FFPM
Professor of Cancer Medicine, Imperial College School of
Medicine, Hammersmith Hospital, London*

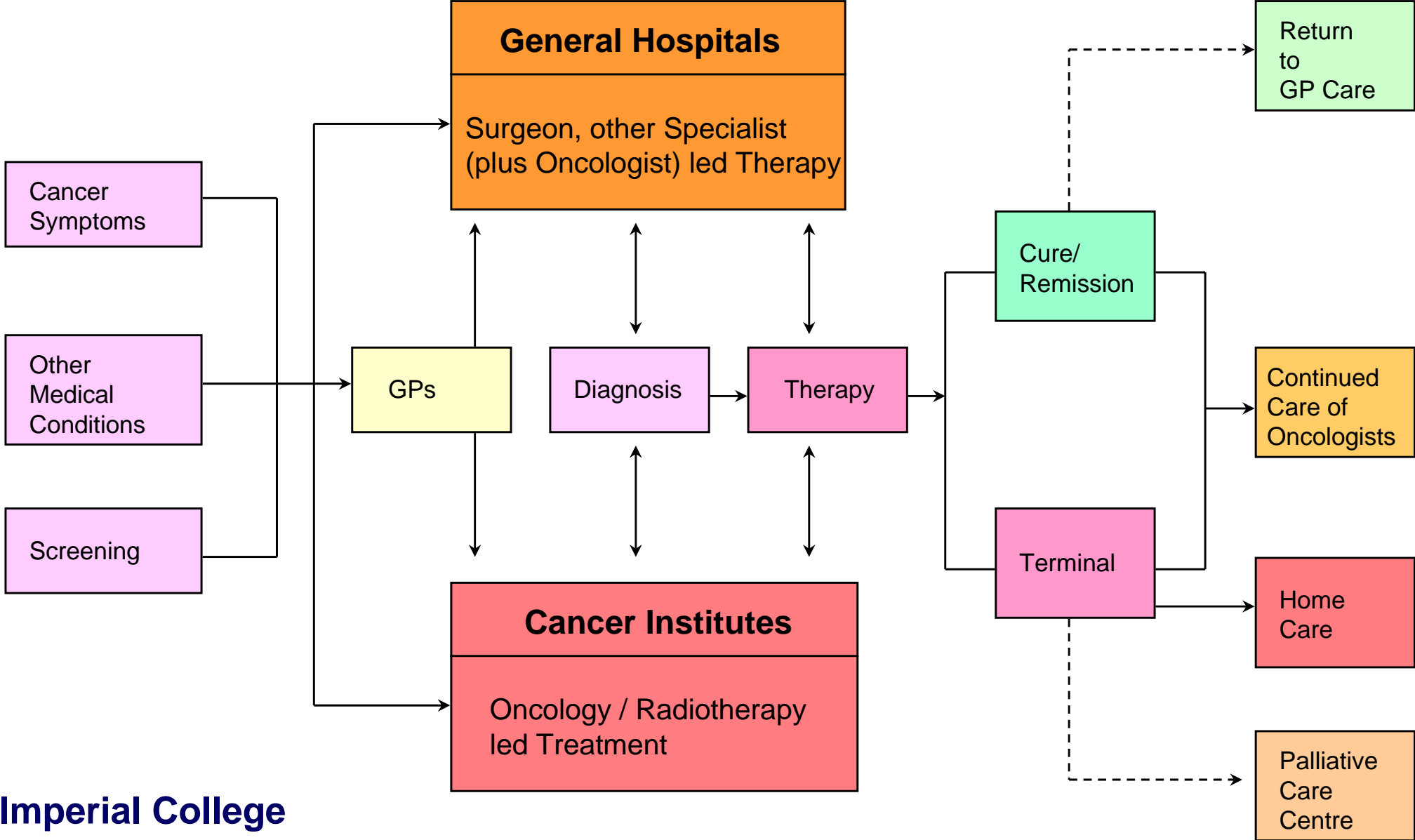
REPORT ON CANCER CARE IN EU NMS

Objectives

Our aims in this study were:

- To review existing evidence on disease burdens, likely changes in prevalence, prevention, screening, diagnostic and treatment services.
- To define options for investment in cancer services indicating the most cost-effective form for a national cancer strategy based on a feasible and fundable share of national health expenditures.
- To specify how funding can be allocated between cancer prevention, screening, treatment and palliative care.

CANCER PATIENT FLOW PROCESS



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Methodology

- Literature Review
- Data base Identification and Evaluation
- Interview programme in Poland, Czech Republic and Hungary
 - Leading Oncologist, surgeons radiographers
 - Government health Policy officials,
 - Social Insurance Fund Budget Holders,
 - Patient Groups

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Review of Findings – Disease Patterns

- Challenge of both rising incidence and rising prevalence
- High mortality from avoidable cancers
- Cancer burden as measured by premature life years lost will increase as CHD rates fall

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Review of Findings – Outcomes

- Outcomes overall running at two thirds of EU average, which in turn are slower than US levels
- Multiple causes
 - Environmental factors, most notably poor diet and smoking
 - Chronic under-funding of cancer services by EU standards
 - Post Communist era severe competition for limited Social Insurance funds
 - Dramatic, often chaotic reforms in overall funding and provision systems, creating instability and uncertainty
 - Under diagnosis, late stage diagnosis of many cancers
 - Slow adoption/access to new technologies

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Review of Findings – Awareness & Detection

- Public Awareness Programmes
- Screening
 - Breast
 - Colorectal
 - Prostate
- The Role of Patient Groups

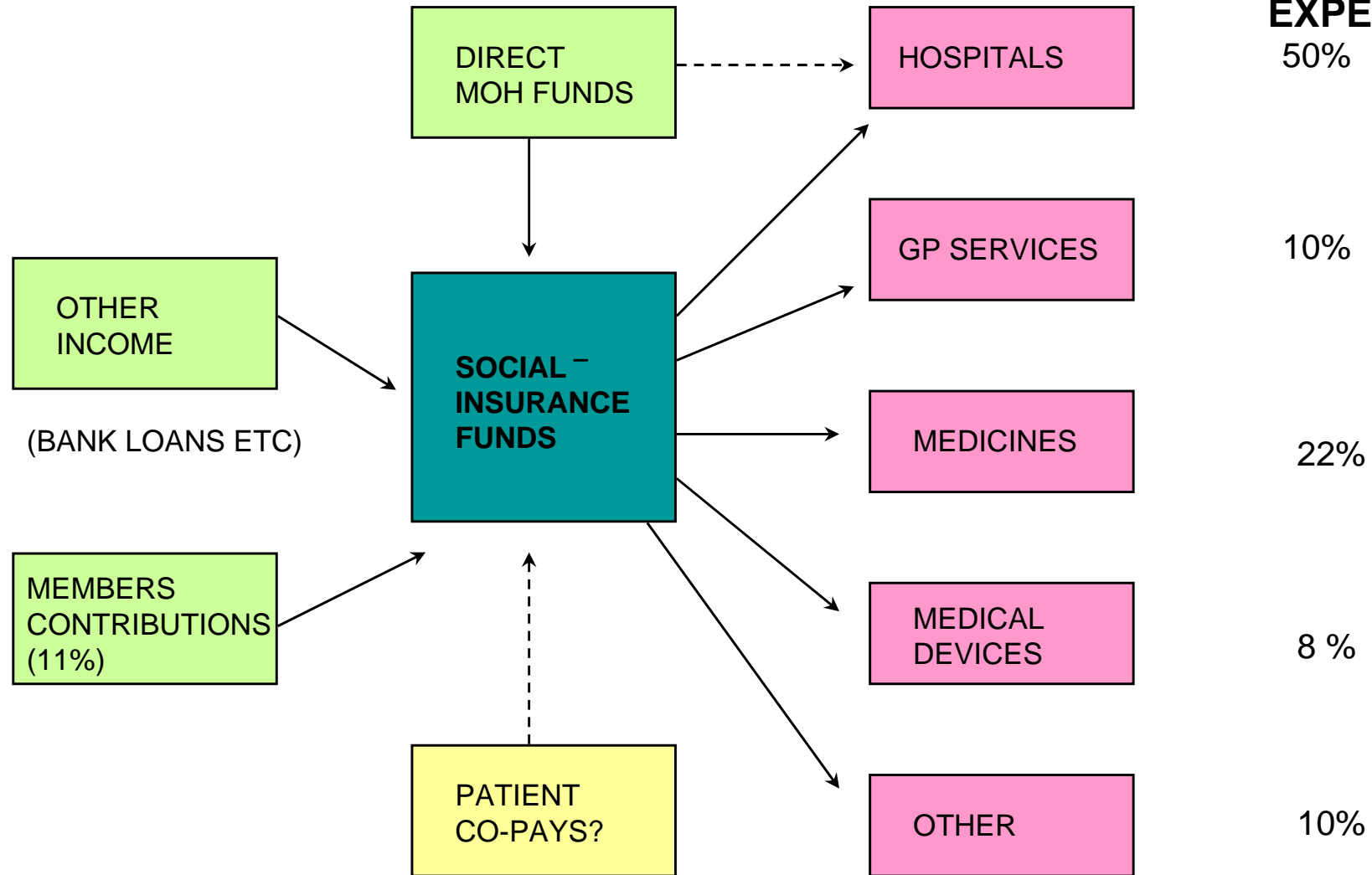
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Review of Findings – Funding

- Social Insurance Fund Crises
- More Pressure to Come
- Co-pay could relieve pressure
- Cancer specialists well placed

EU ACCESSION COUNTRY FUNDING - EXPENDITURE MODEL

INCOME



CZECH REPUBLIC EXPENDITURE

50%

10%

22%

8%

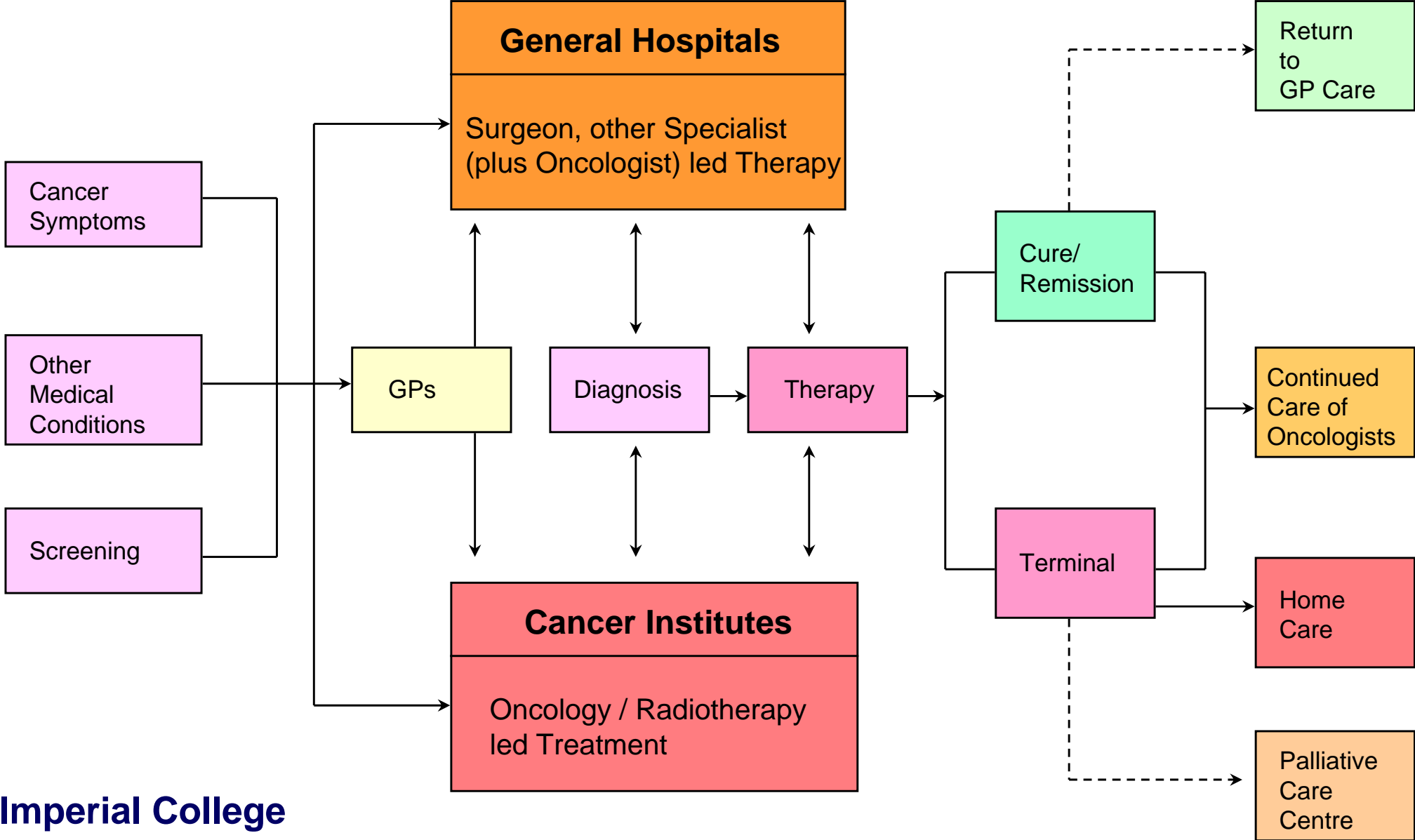
10%

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Review of Findings – Infrastructure

- Leading Cancer Institutes – World Class
- Much lower standards in other hospitals
- Excess of Hospital beds & general surgeons
- Lack of radiologists & oncologists
- Weak GP infrastructure – no gatekeeper system
- Limited connection between funding allocation & patient populations
- Little specialist nursing & palliative care

CANCER PATIENT FLOW PROCESS

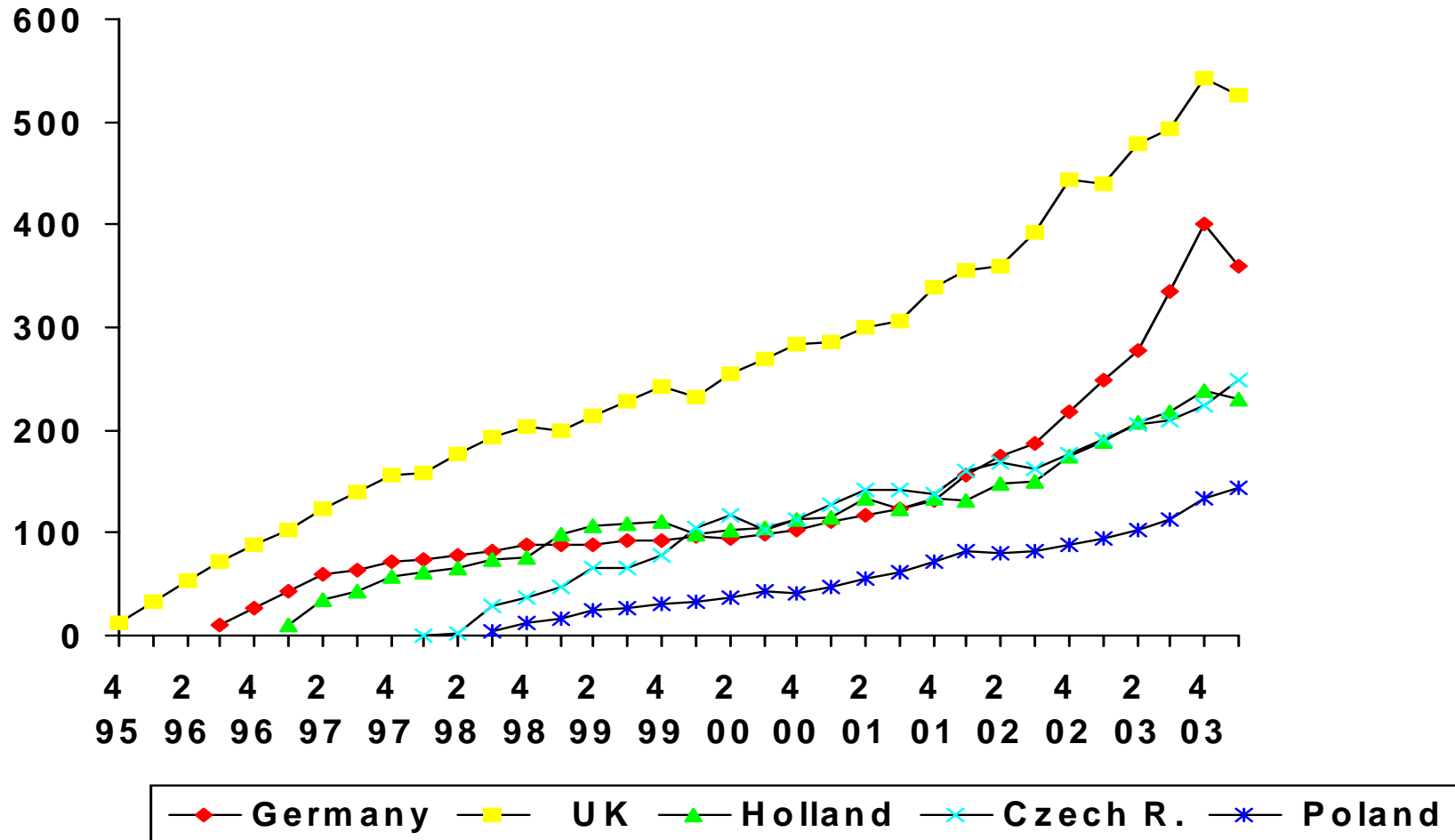


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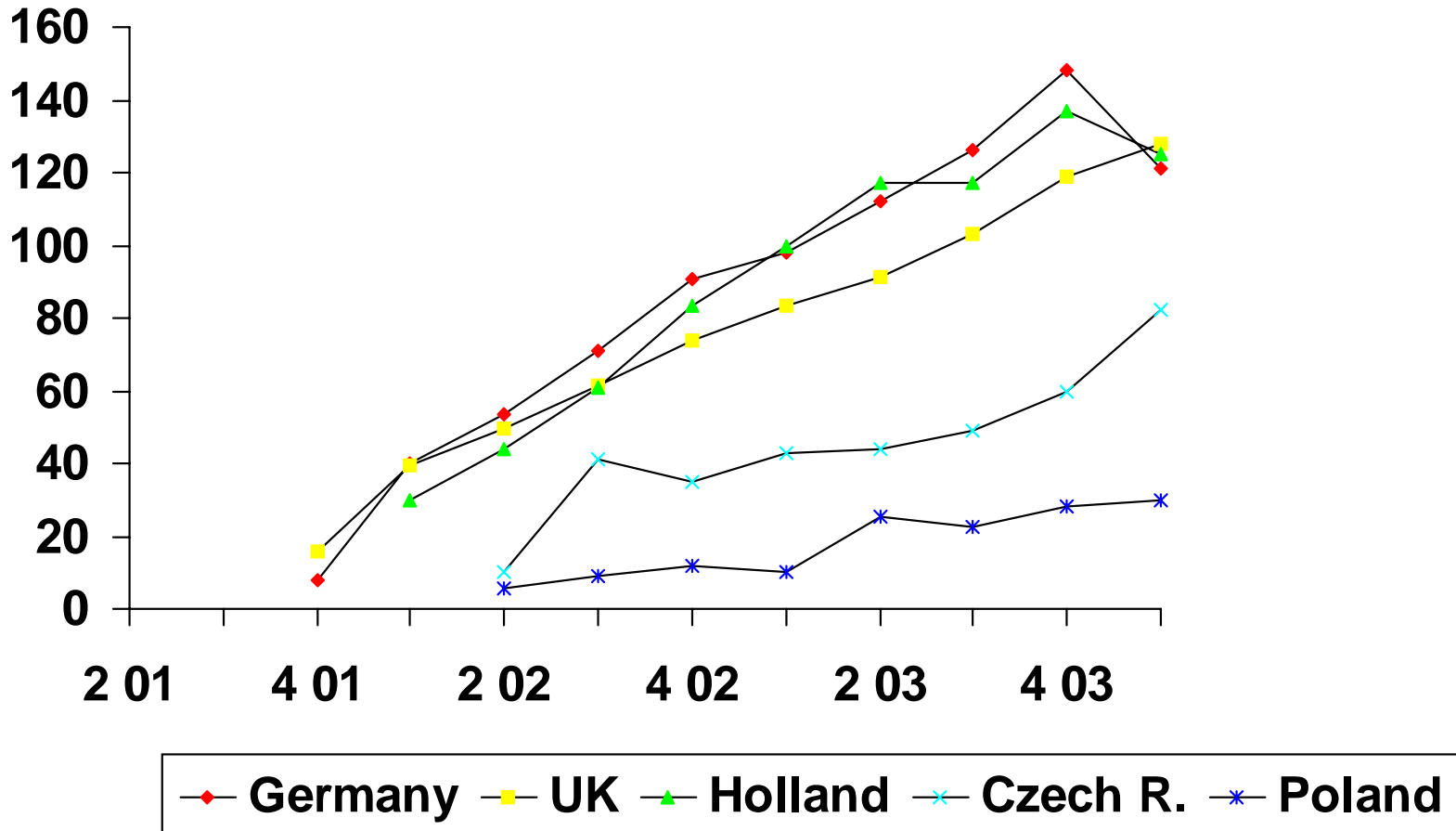
Review of Findings – Chemotherapy

- Access to current Therapies
- Access to Future 'New Wave' Therapies
- Need for New Dual 'Diagnostics – Treatment' Models and Capabilities
- Price and Reimbursement Issues

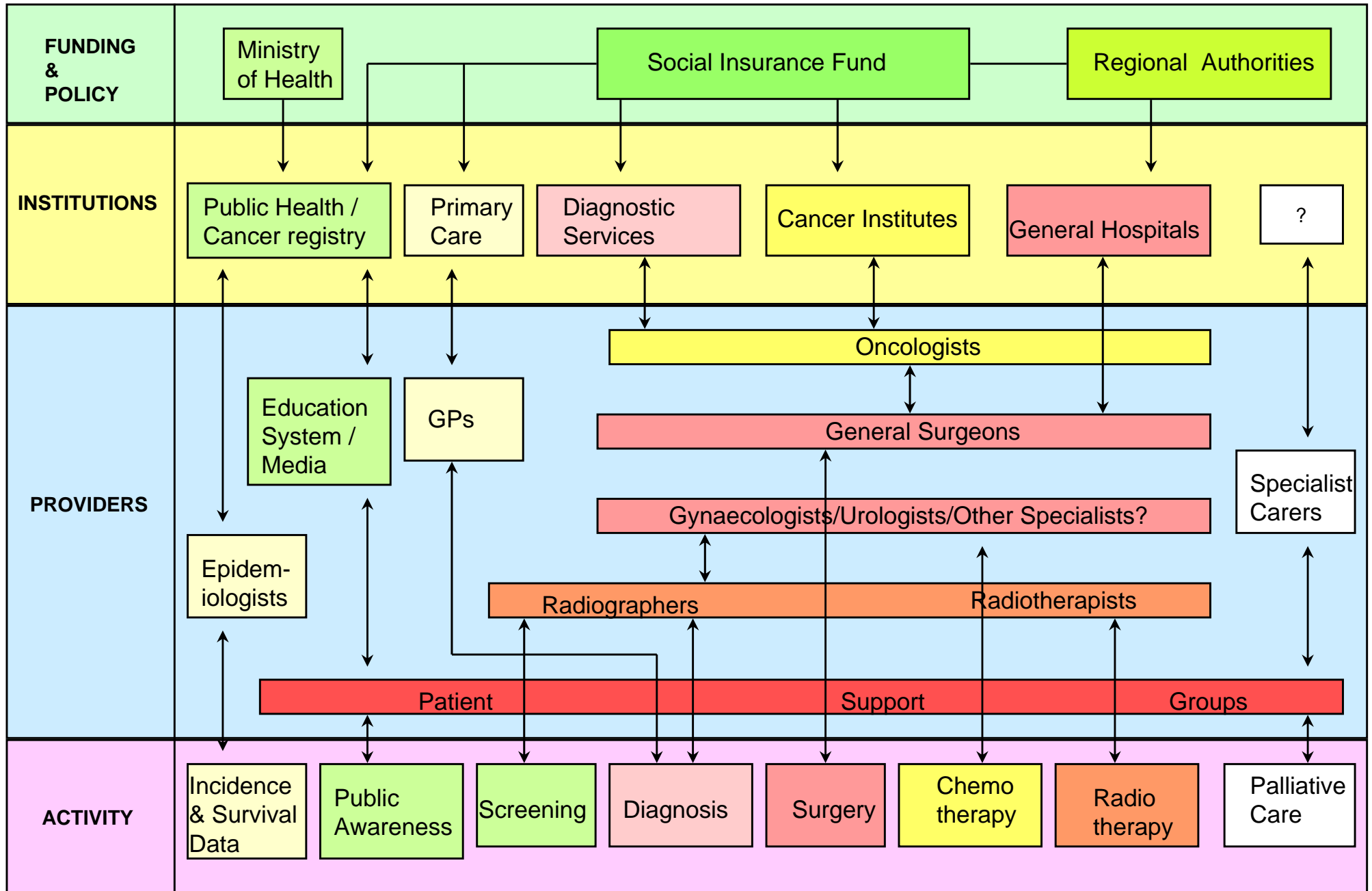
ANASTROZOLE (ARIMIDEX) DIFFUSION IN SELECTED EU COUNTRIES



IMATINIB (GLEEVEC) DIFFUSION IN SELECTED EU COUNTRIES

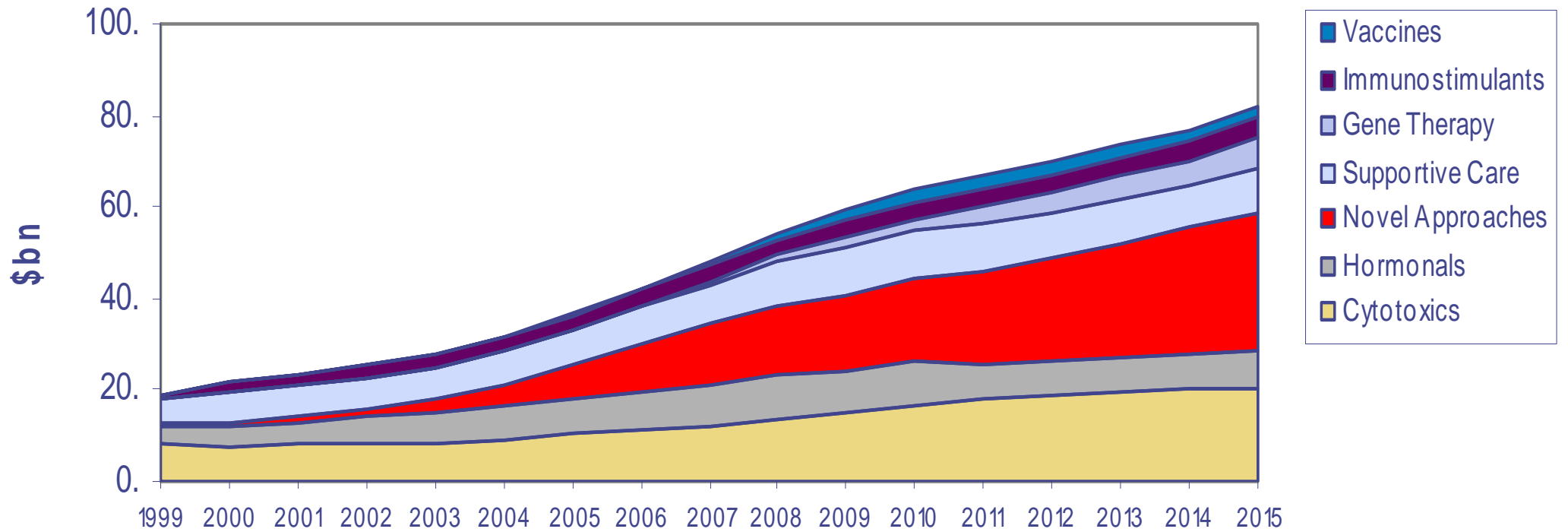


THE CANCER PREVENTION & CARE PROCESS



CANCER MARKET SET TO TRIPLE BY 2010

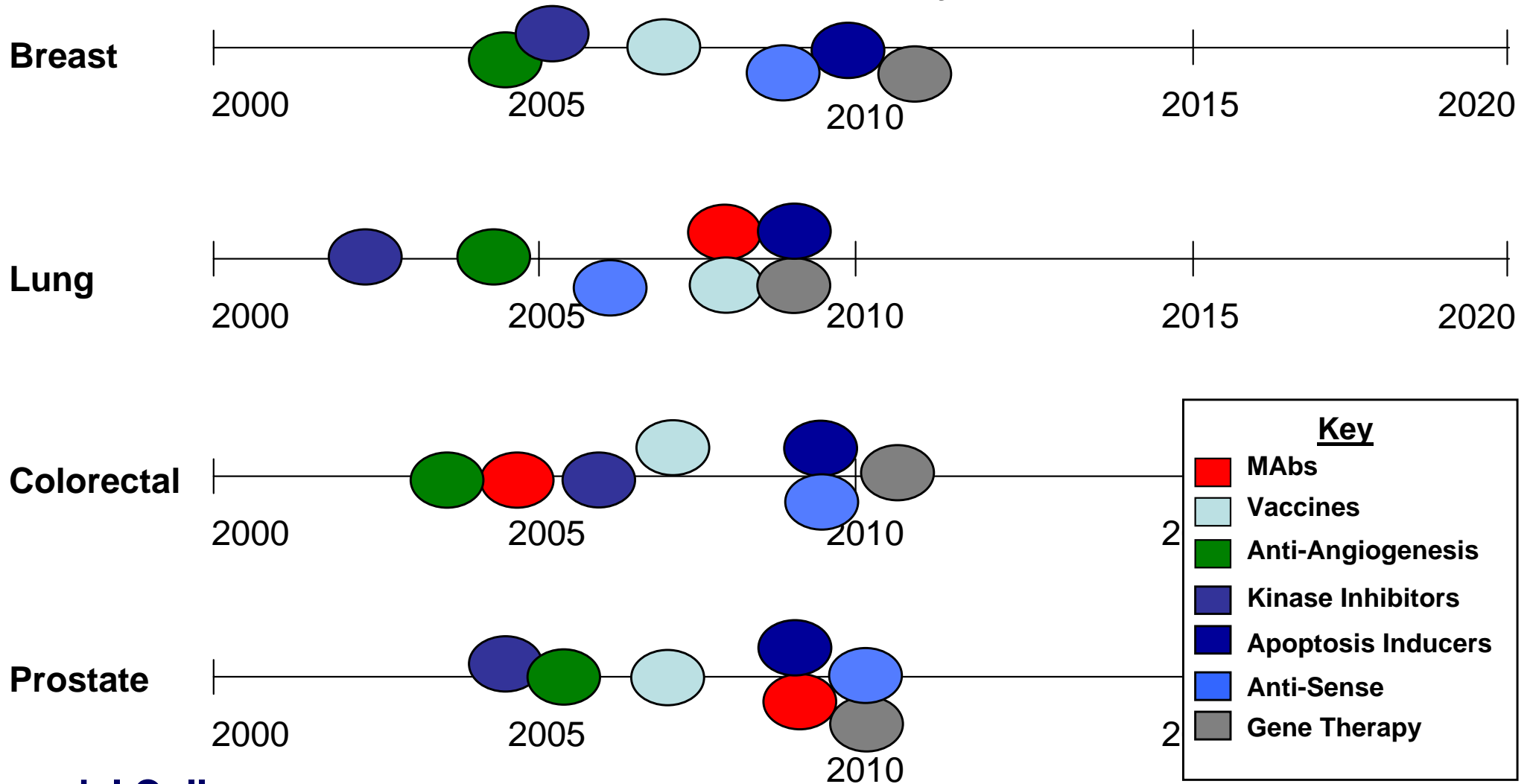
Global Cancer Market by Sector



- 2010 sales \$64bn, CAGR 12% driven by
 - new technology - targeted therapies
 - earlier intervention
 - patient numbers (ageing population - other diseases controlled)

PREDICTED NDA DATES FOR MOLECULAR THERAPIES

base case launch years in the US



THE FUTURE CHALLENGE FOR PROVIDERS OF CHEMOTHERAPY

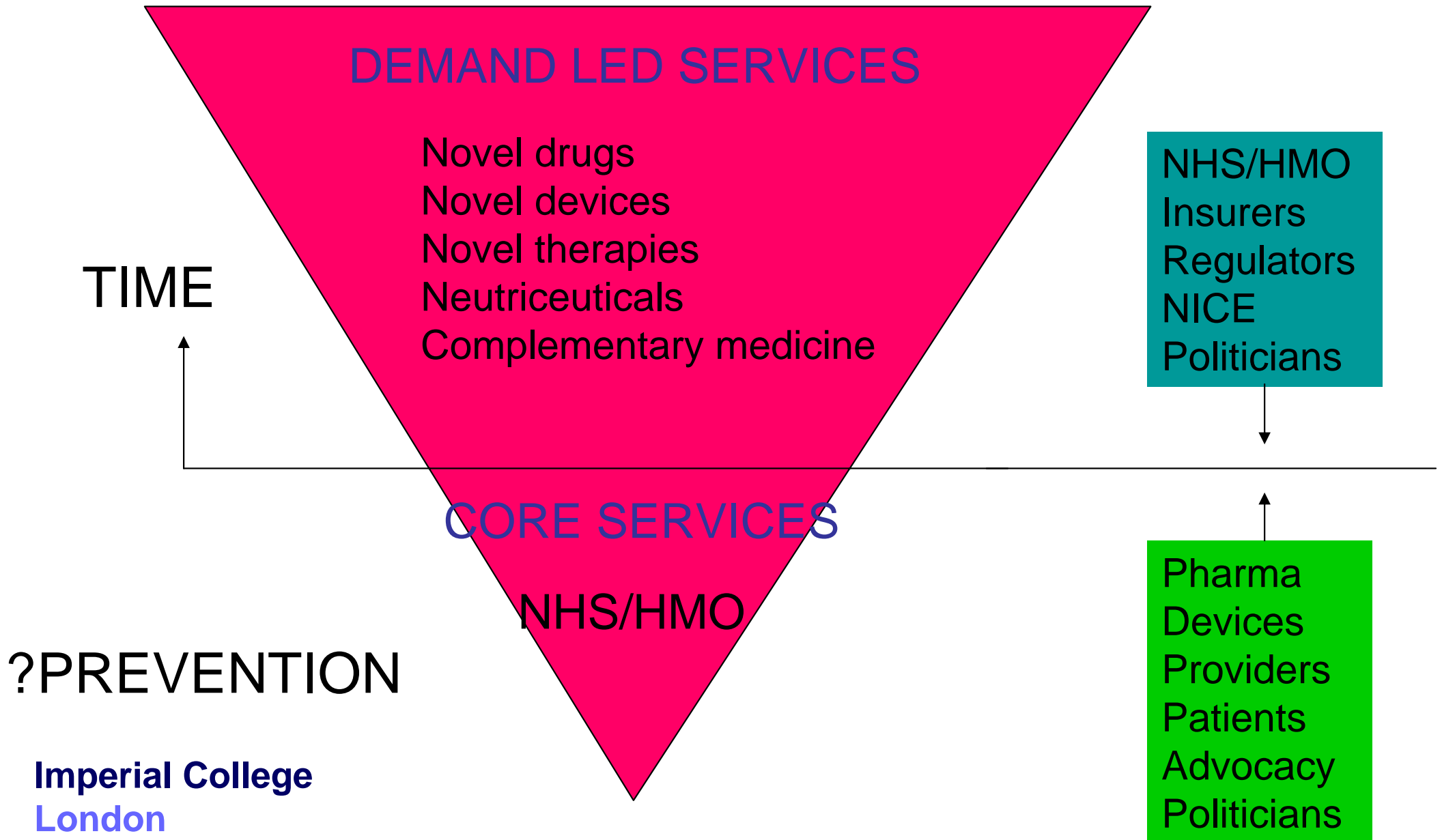
<p>LEADING TIER INSTITUTES</p>	<p>CZECH & HUNGARY - Well placed</p> <p>POLAND – Some weakness</p>	<p>MOST INSTITUTES AWARE AND ESTABLISHING NEW CAPABILITIES</p>
<p>PROVIDER</p> <p>2nd/3rd TIER HOSPITAL ONCOLOGY CENTRES</p>	<p>CONSTRAINED AND VARIABLE ACCESS</p>	<p>MAJOR FUNDING AND STRUCTURAL CHALLENGES</p>

ESTABLISHED

NEW WAVE
'DIAGNOSIS-
CHEMOTHERAPY'

CHEMOTHERAPY TREATMENT TECHNOLOGIES

THE CANCER DEMAND PYRAMID



KEY RECOMMENDATIONS

- Increase total health spend and the share allocated for cancer
- Build a national consensus in the form of national cancer plans
- Access international sources for additional funding for 'one off' programmes of capital equipment upgrades, staff development and training and ICT systems
- National plans need to embrace new models for diagnosis and treatment based upon network groups, of the type being developed in existing EU countries
- Care should be taken to ensure that national cancer plans are consistent with more broadly based reforms in healthcare funding and provision infrastructures.