

# Breathing in a new era: a comparative analysis of lung cancer policies across Europe



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INVENTING  
FOR LIFE

The  
Economist

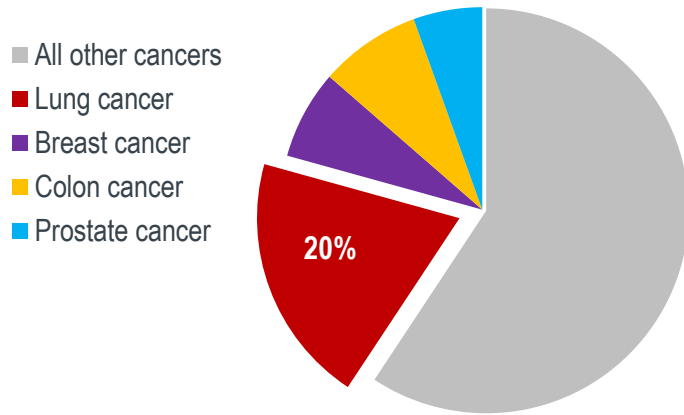
INTELLIGENCE  
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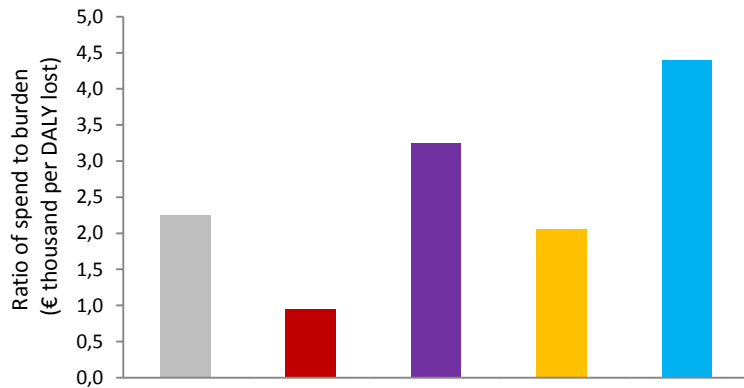
Cancer & Personalised Medicines

17 October 2019

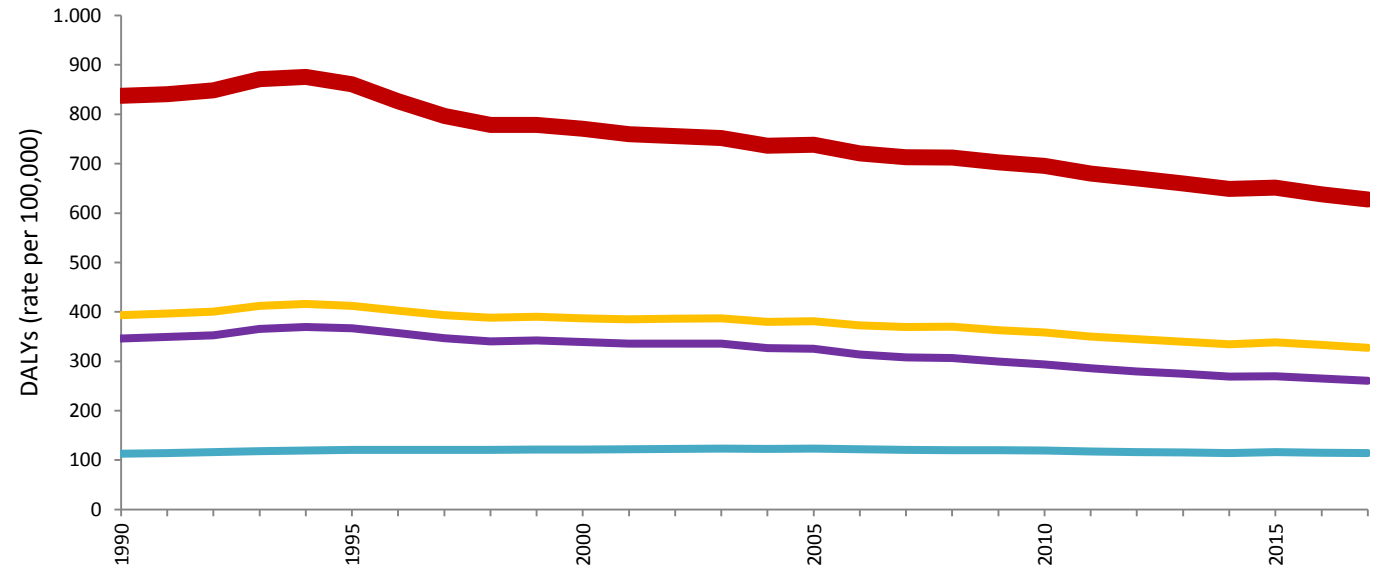
# Lung Cancer kills as many people as breast, colon and prostate cancer combined



Mortality: Top 4 Cancers, Europe



Spend to Disease Burden: Top 4 Cancers, Europe



DALYs: Top 4 Cancers, Europe

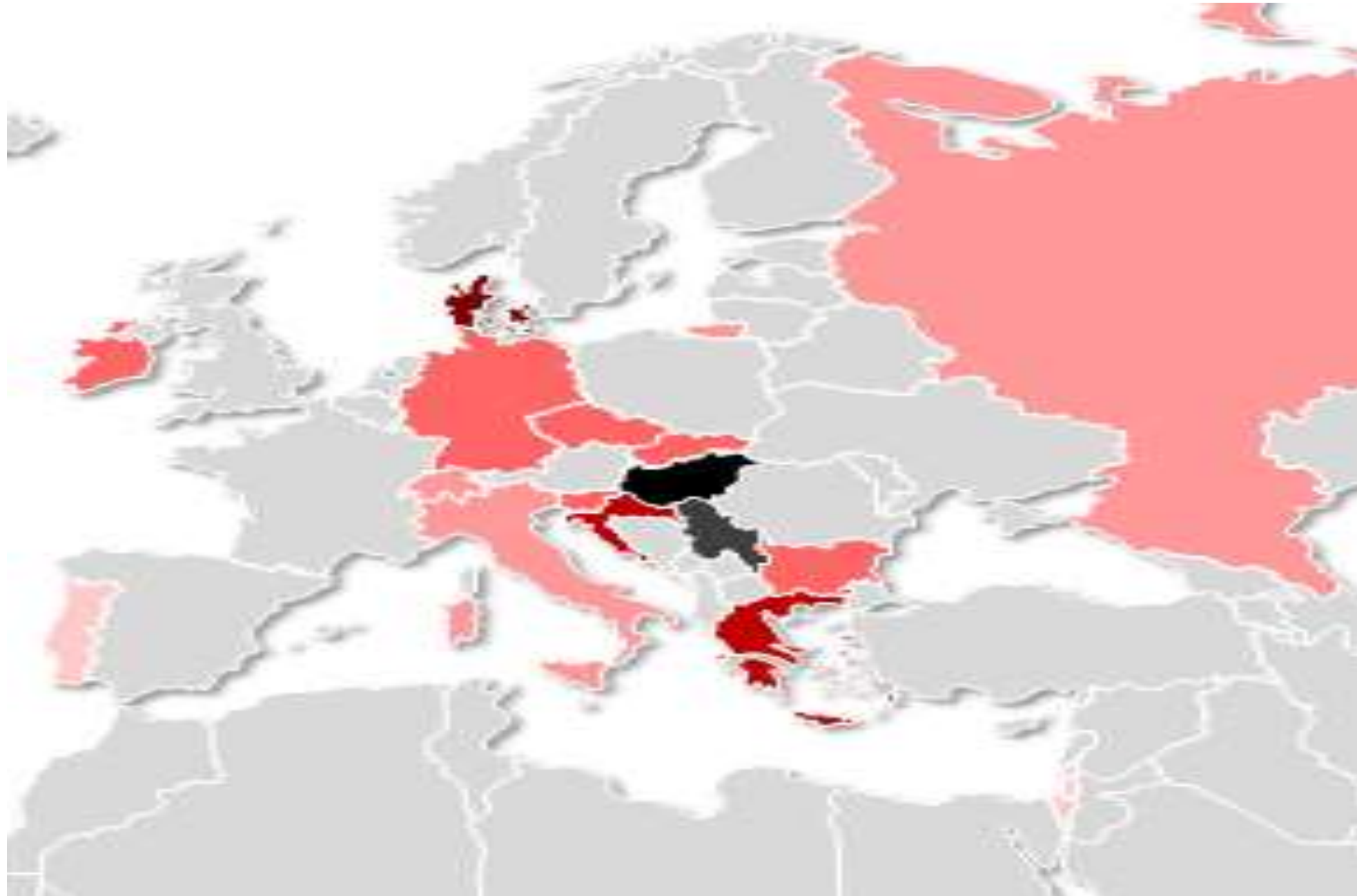
Disability-Adjusted Life Years: a measure of overall disease burden, expressed as the number of years of life lost due to ill-health, disability or early mortality.

It is a way of comparing overall health and life expectancy.

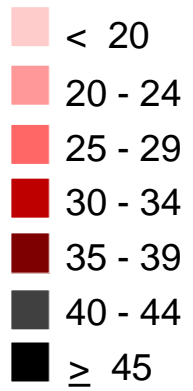
**Lung Cancer, global**  
 Mortality: 18.4%  
 Mortality rate: 23.7  
 DALY rate: 503.1



# Lung Cancer kills



## Lung Cancer Mortality Rates



Lung Cancer Mortality Rates  
Europe: 26.8  
Global: 23.7

- Phase 1
  - Austria
  - Belgium
  - Finland
  - France
  - Netherlands
  - Norway
  - Poland
  - Romania
  - Spain
  - Sweden
  - United Kingdom
- Phase 2
  - Bulgaria
  - Croatia
  - Czech Republic
  - Denmark
  - Germany
  - Greece
  - Hungary
  - Ireland
  - Israel
  - Italy
  - Portugal
  - Russian Federation
  - Serbia
  - Slovakia
  - Slovenia
  - Switzerland



## What is the “Breathing in a new era: a comparative analysis of lung cancer policies across Europe” by The Economist Intelligence Unit (EIU)

- A comparative analysis across 27 EU countries
- Examines the burden of lung cancer in Europe and how countries are responding to its challenge
- Assesses unmet needs within health systems and opportunities for improvement
- Aims at identifying and improving outcomes for those with lung cancer across Europe by helping to provide the impetus for the improvement of cancer plans and national policies



# Methodological approach



Lit review, ad board & interviews

Benchmarking scorecard

Country profiles

Country workshops

Finalised scorecard & country profiles

Final report

Working draft

Indicator	Target	Score	Justification
Long tobacco in a strategic priority			
Long tobacco in a cancer prevention strategy			
Long tobacco in a public health law			
Long tobacco in all a comprehensive			
Long tobacco in all a specific			

Working draft

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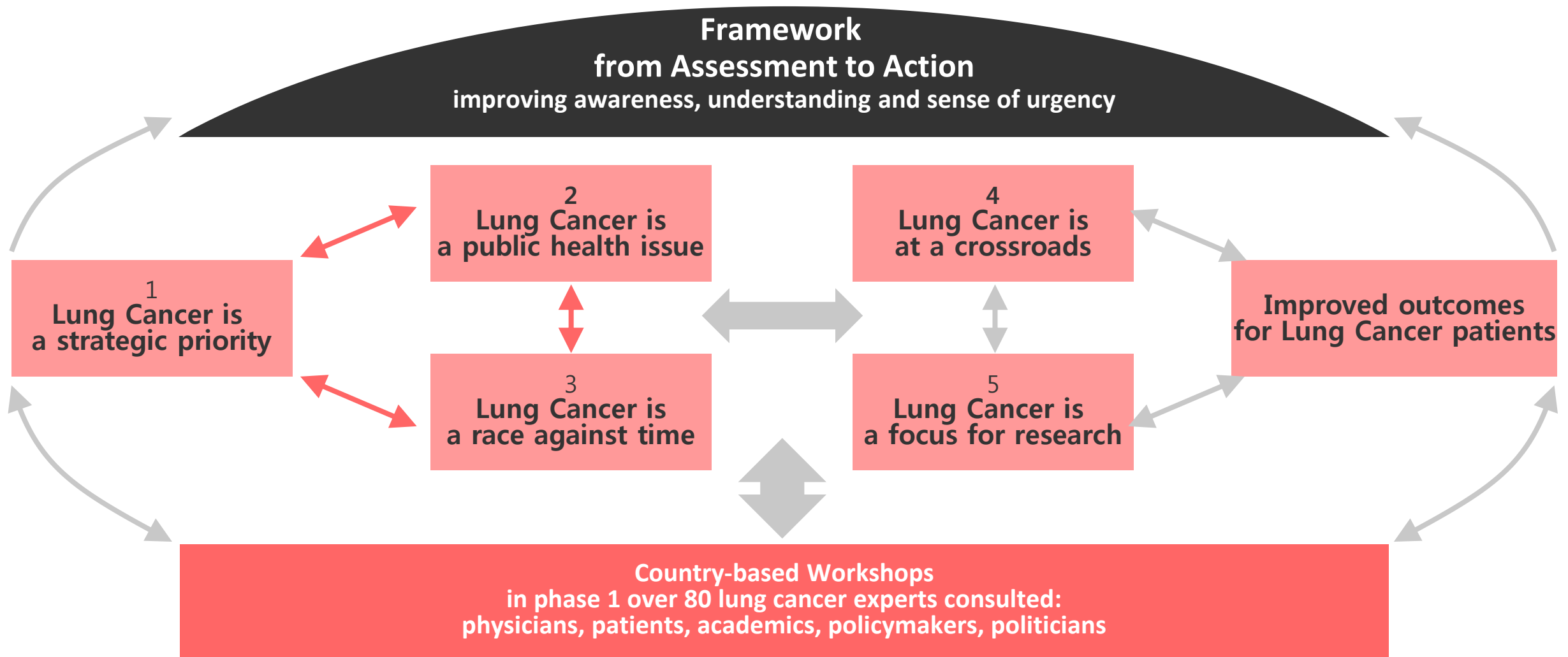


In Greece, the workshop held with participation of:

- HESMO
- EEPA
- ELLOK
- ENE



# Assessment to Action



# Unmet needs = Opportunities

Domain	Bulgaria	Croatia	Czech Republic	Denmark	Germany	Greece	Hungary	Ireland	Israel	Italy	Portugal	Russia	Serbia	Slovakia	Slovenia	Switzerland
Lung cancer is a strategic priority	Orange	Orange	Orange	Green	Yellow	Yellow	Orange	Green	Red	Yellow	Green	Yellow	Yellow	Orange	Green	Green
Lung cancer is a public health issue	Green	Green	Orange	Green	Green	Yellow	Green	Green	Red	Green	Green	Yellow	Orange	Orange	Orange	Orange
Lung cancer is a race against time	Green	Yellow	Yellow	Green	Yellow	Red	Red	Green	Red	Yellow	Green	Yellow	Yellow	Red	Yellow	Yellow
Lung cancer is possible to address	Yellow	Yellow	Yellow	Green	Yellow	Orange	Green	Green	Red	Green	Green	Yellow	Yellow	Orange	Green	Yellow
Lung cancer is ready for innovation	Green	Green	Green	Green	Yellow	Red	Orange	Green	Red	Yellow	Orange	Yellow	Yellow	Green	Green	Green



## For further exploration:

### Data comparability:

Lack of national benchmarks result in variations and inequalities within a country in all aspects of care and impacts patient outcomes.

### Role of the patient and patient organisations:

More can be done to include patient organisations in development of guidelines and policy.

## strategic priority

National Cancer Control Plans and Lung Cancer specific control plans should be in place, regularly updated and properly funded.  
Guidelines should encompass all aspects of care with clear pathways, timeframes and quality indicators.

## public health issue

Improvements are needed in all aspects of a lung cancer patient’s journey from screening through to diagnosis and treatment.  
Prevention is key: need increased tobacco control and smoking cessation programmes.

## race against time

Implement screening to improve early detection via a trial or fully-fledged programme.  
Reduce delays by introducing / strengthening fast tracking for diagnostic testing and rapid referral systems with pathways to secondary / tertiary care.  
Address stigma that surrounds lung cancer to remove barriers to care.

## crossroads

Ensure access to histological testing for specific biomarkers enabling patients to receive the targeted treatment they need.  
Improve access to innovative therapies once authorised.  
Better access to psychological and supportive / palliative care.  
Empower patients and enable shared decision making.  
Multidisciplinary care teams foster coordinated treatment and improve outcomes.

## focus for research

Integrate a clinical cancer registry with epidemiological data in cancer registries to improve insights into patient care.  
Promote research and development for lung cancer and better access to clinical trials.

## call to action

Partnerships and collaboration between national stakeholders – Ministries of Health, Finance, Social Services, healthcare providers and patient organisations – to promote meaningful dialogue and policy development.

# Outcomes & Next steps



## *Wave 1 report*

The report concludes with five calls to action:

1. **An improvement in strategic planning and the means to collect data to inform it**
2. **A renewed focus on early detection, including an assessment of the pros and cons of a national screening programme**
3. **Put patients front and centre, and ensure they're heard by decision makers**
4. **Create systems to ensure sustainable and equitable access to innovations**
5. **De-stigmatise the disease through education, awareness and compassion**

## *Wave 2*

Delivery early 2020

## *Next steps*

- Report presentation & dissemination
- Follow up with medical societies & PAGs
- Formulation of targeted policies addressing lung cancer



***Thank you***

