EUROCHIP-3 for Cancer Health Indicators in Europe: DG SANCO against Cancer Inequalities in the EU27

A 10-year network of cancer experts from international agencies, institutions, ministries of health and medical associations promoting actions through comparing and analyzing data and disseminating results

KEY: CANCER INDICATORS

EUROCHIP-1 (2001-2003): cancer health indicators to describe cancer risk, care and survival in Europe for the European Community Health Indicators framework (www.echim.org)

KEY: USE EU KNOWLEDGE

EUROCHIP-2 THE ACTION (2004-2007): cancer control actions in all EU member states covering screening, registration and healthcare using the existing knowledge to close the information gaps and help reduce inequalities

KEY: SUGGESTIONS FOR A EU CANCER PLAN

EUROCHIP-3 COMMON ACTION (2008-2011): a common cancer control vision for a EU action fighting inequalities on screening, registration, rehabilitation, and introducing the element of cost in the evaluation of cancer outcomes

The EUROCHIP-3 project is composed by 3 horizontal packages: WP1 – Coordination (A.Micheli, Italy); WP2 – Dissemination (A. Costa, ESO); WP3 – Evaluation (Z. Valerianova, Bulgary) and 4 packages of scientific content

WP4

Adherence to cervical cancer screening programmes in 5 Eastern EU countries

(Leader: A. Anttila, Finland)

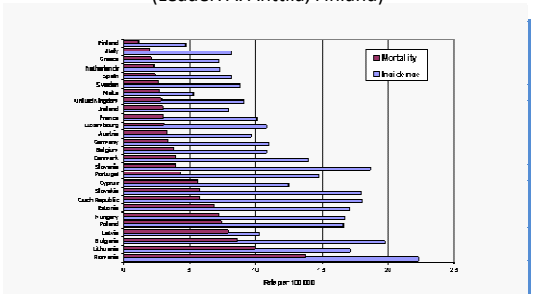


Fig. 1. Age-standardised rated of incidence of and mortality from cervical cancer (/100,000 women-years) in the 27 member states of the European Union, estimates for 2004 (direct standardisation using the World reference population). (derived from Ariza *et al.*, *Ann Oncol.* 2007).

RATIONALE Incidence and mortality of cervical cancer in Eastern European countries are five times higher than those with the best organised screening programmes

OBJECTIVES Promoting organised Cervical Cancer screening in 5 Eastern EU countries and increase their adherence rates

METHODS Assess coverage & standards, identify barriers trough questionnaires, inform campaigns, help reach targeted attendance rates

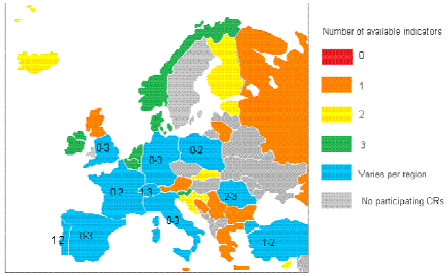
RESULTS Studies on cervical screening awareness and adherence to guidelines WP-4 obtained much new information about reasons and importance of interventions related to increasing screening attendance/coverage; and on the problems and readiness of the screening lab systems in those 2 countries where a programme is not yet working

MESSAGE The role of Europe (European imprimatur) in these activities is really fundamental. It helps to leverage national activities in screening promotion

WP5

Cancer care indicators from cancer registries: availability and future

(Leaders: R. Otter and S. Siesling, The Netherlands)



Source: OVERVIEW OF CANCER REGISTRATION PRACTICES ENCR Questionnaire

RATIONALE Comparison of population based data allows to better understand EU inequalities in cancer risk, care and survival. The use of CRs data on cancer care indicators (figure) is optimized if used for national cancer control strategies development and cancer care evaluation.

OBJECTIVES Promote cancer registration in Greece and Luxembourg (countries without a CR) and assess whether cancer registries collect well defined variables to determine the indicators identified as closely associated with the observed wide inter-country variation in cancer survival:
- "stage at diagnosis"
- "cancer treatment delay"
- "compliance with cancer guidelines"

METHOD *Lobby* in Greece and Luxembourg and preparation of the survey "OVERVIEW OF CANCER REGISTRATION PRACTICES ENCR Questionnaire" in collaboration with the EUROCOURSE project and sent to all EU CRs.

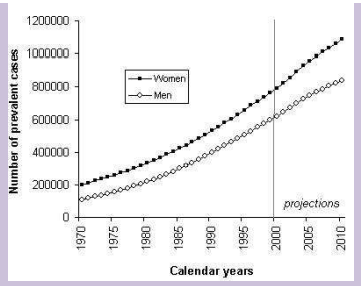
RESULTS Greece and Luxembourg MoH decided to develop a CR in own country. 103 CRs (out of 206) responded to the survey questionnaire: 81% collect stage, 37% waiting time from diagnosis to 1st cancer treatment, 30% type of treatment, 48% compliance to guidelines on diagnosis & treatment.

MESSAGE Improve communication between CRs, clinicians, European networks and governments on the value of collecting these variables

WP6

Discussion on a list of Cancer Rehabilitation Indicators

(Leader: P. Veerus, Estonia)



Data for Italy. Source: I Tumori in Italia (www.tumori.net)

RATIONALE In Europe prevalent cases are more than 18 million. All EU countries are experiencing a dramatic increase of prevalent cases so needs for rehabilitation services for cancer patients are increasing too.

OBJECTIVE Deliver a list of indicators able to describe cancer rehabilitation in all EU countries

METHOD Discussion among rehabilitation experts and survey on rehabilitation status across Europe.

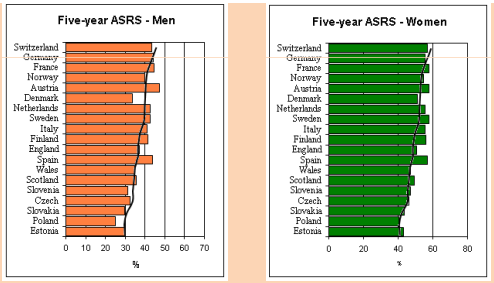
STATUS Final list includes:
1. Total Prevalence and Qualified prevalence
2. Return to work of cancer patients
3. Quality of life of cancer patients
4. Presence of rehabilitation needs and their satisfaction:
   - Speech & language therapy for H-N cancer
   - Physiotherapist for female breast cancer
   - Dietician for colorectal cancer
   - Psychological support for all cancers

MESSAGE Rehabilitation services in most countries are fragmented: there are clearly many barriers to rehabilitation including a weak interface between oncology and rehabilitation providers, a lack of training for service providers and a lack of well-controlled outcome studies.
Future data collection of rehabilitation indicators will meet various problems and obstacles but the dramatic increase of cancer prevalence oblige researchers to start to work on this field: it is strongly necessary to describe patient needs in order to give fundamental information to cancer control planners

WP7

Cancer costs and outcomes

(Leader: A. Micheli, Italy)



Source: Verdecchia A, European Journal of Public Health, 2008

RATIONALE EUROCARE-3 data for all cancers combined 5-year relative survival (ASRS) compared with survival expected from Total National Expenditure on Health (superimposed curve in the figure) show that some countries perform better than expected from their TNEH level while others perform worse than expected

OBJECTIVE Introducing cost in the evaluation of clinical outcome as a mean to reduce inequalities and finding possible solutions for assisting low-income European countries in complying with the highest standards of cancer outcome and taking into account the most updated guidelines of care proposed by EUSOMA and SIOP-E.

METHOD Mapping information on the cost-effectiveness of care components used in breast cancer and childhood acute lymphoblastic leukemia (ALL) covering screening, diagnosis, pathology, surgery, medical oncology radiotherapy and rehabilitation and accountable for direct costs, to discuss on possible alternatives at same outcomes but lower cost

CONCLUSIONS Comparable information on costs and cost effectiveness for the two cancer sites considered across the EU is not sufficiently available

MESSAGE Research must be promoted at EU level to ensure that this information is included in the model we use for monitoring delivery of affordable quality and equitable care

The EUROCHIP-3 work closed in February 2012 and final report was sent in April 2012. For more information on the EUROCHIP-3 please visit: http://www.tumori.net/eurochip