



iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Cancer: the changing trajectory of the disease course

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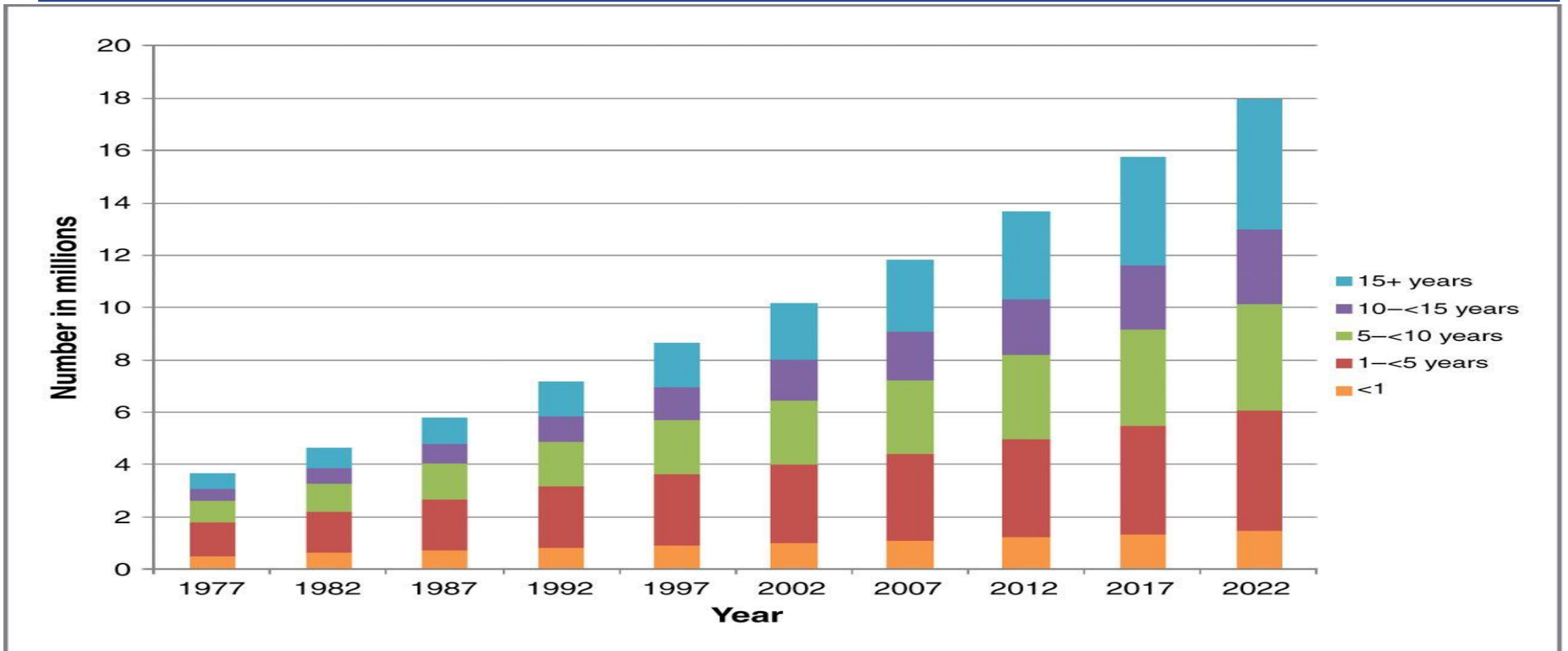
The cancer trajectory

- Traditional approaches focusing on diagnosis and treatment
- Gradual development of screening programmes
- More stress on early detection
- Introduction of health promotion programmes
- Increasing survival opening ‘new issues’:
 - Survivorship
 - Late effects of treatment
 - Living with extended disease
- Psycho-oncological and psychosocial care
- Palliative and end-of-life issues

Consequences of the new trajectory

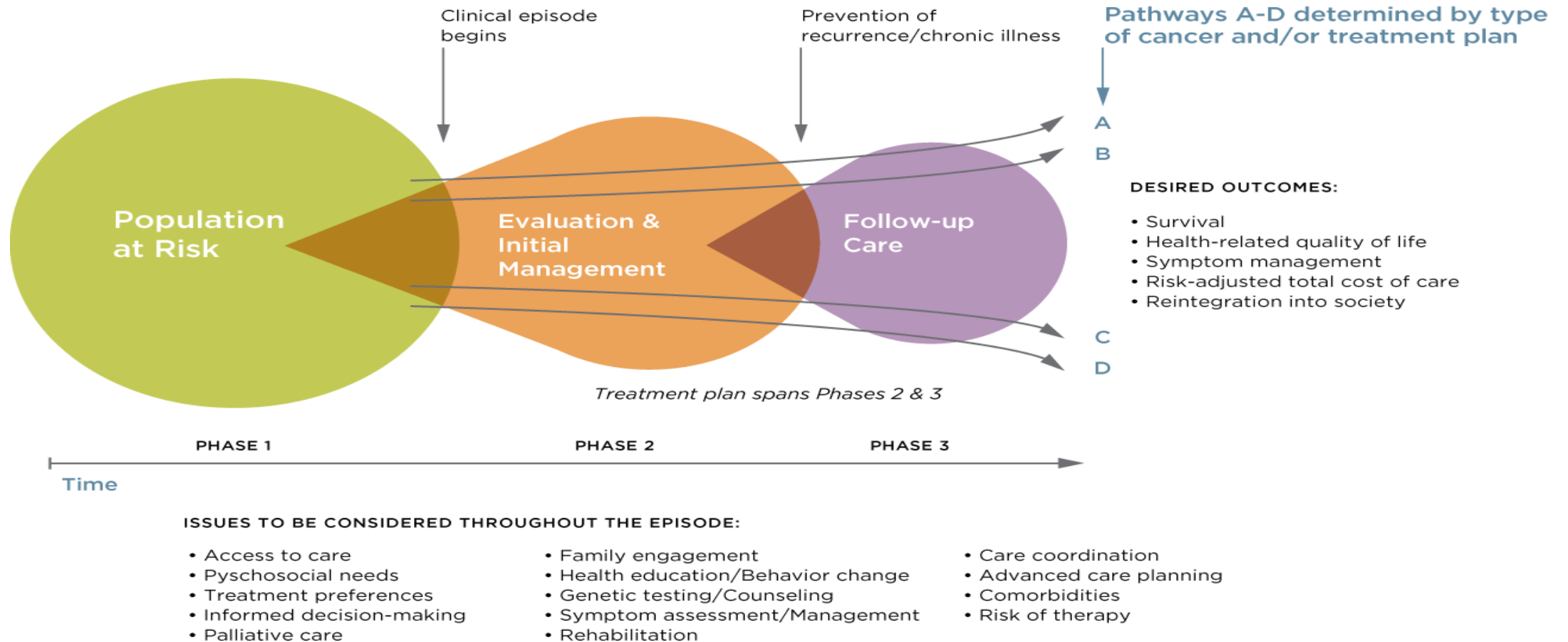
- Diversification of the inputs for cancer control
- Rising importance of primary care
- After-care for an extended period of time - a resource and guideline challenge
- Rehabilitation becoming one of the crucial issues given the improvements in survival
- Living with extended disease
- Palliative and end-of-life care

Estimated and projected number of cancer survivors in the United States from 1977 to 2022 by years since diagnosis



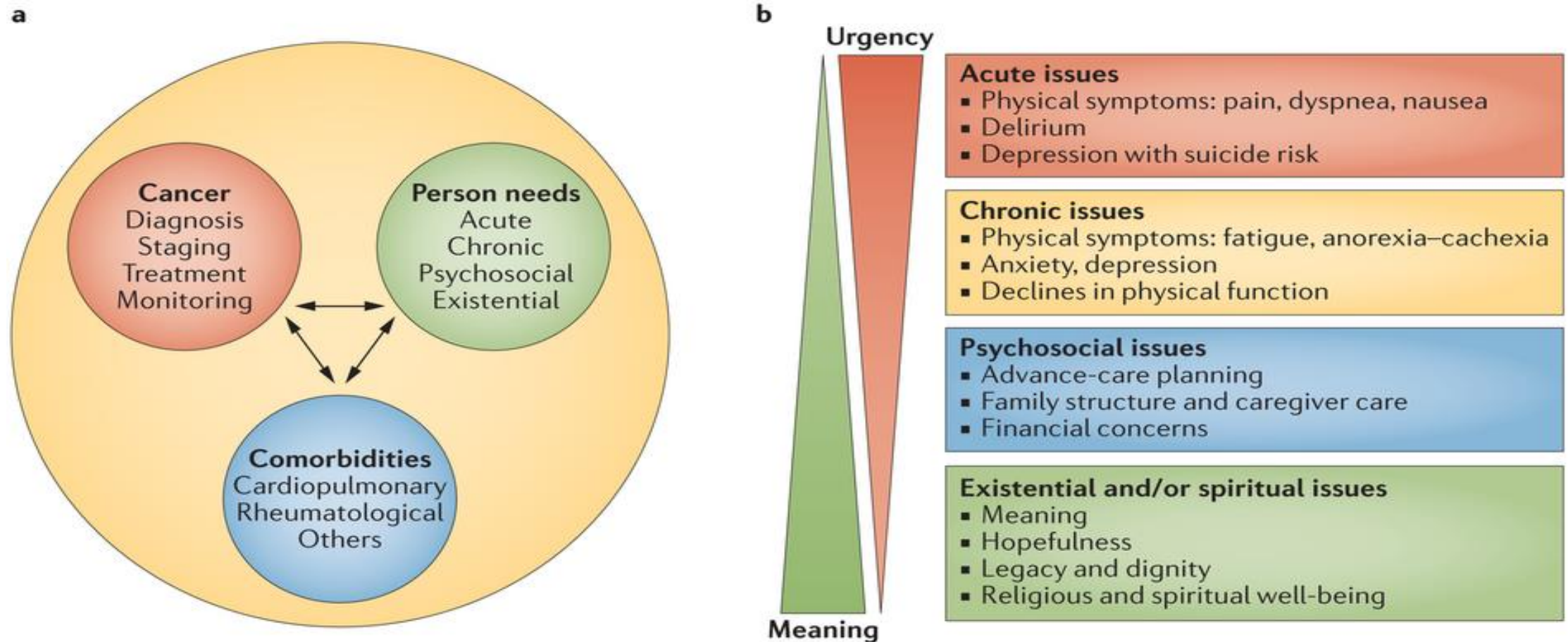
Source: De Moor JS, Mariotto AB, Parry C, Alfano CM et al. **Cancer Survivors in the United States: Prevalence across the Survivorship Trajectory and Implications for Care.** *Cancer Epidemiol Biomarkers Prev*; 22(4); 561-70. doi: 10.1158/1055-9965.EPI-12-1356

Patient Focused Episode of Care Model for Cancer Care



Performance Measurement Coordination Strategy for PPS-Exempt Cancer Hospitals - June 2012

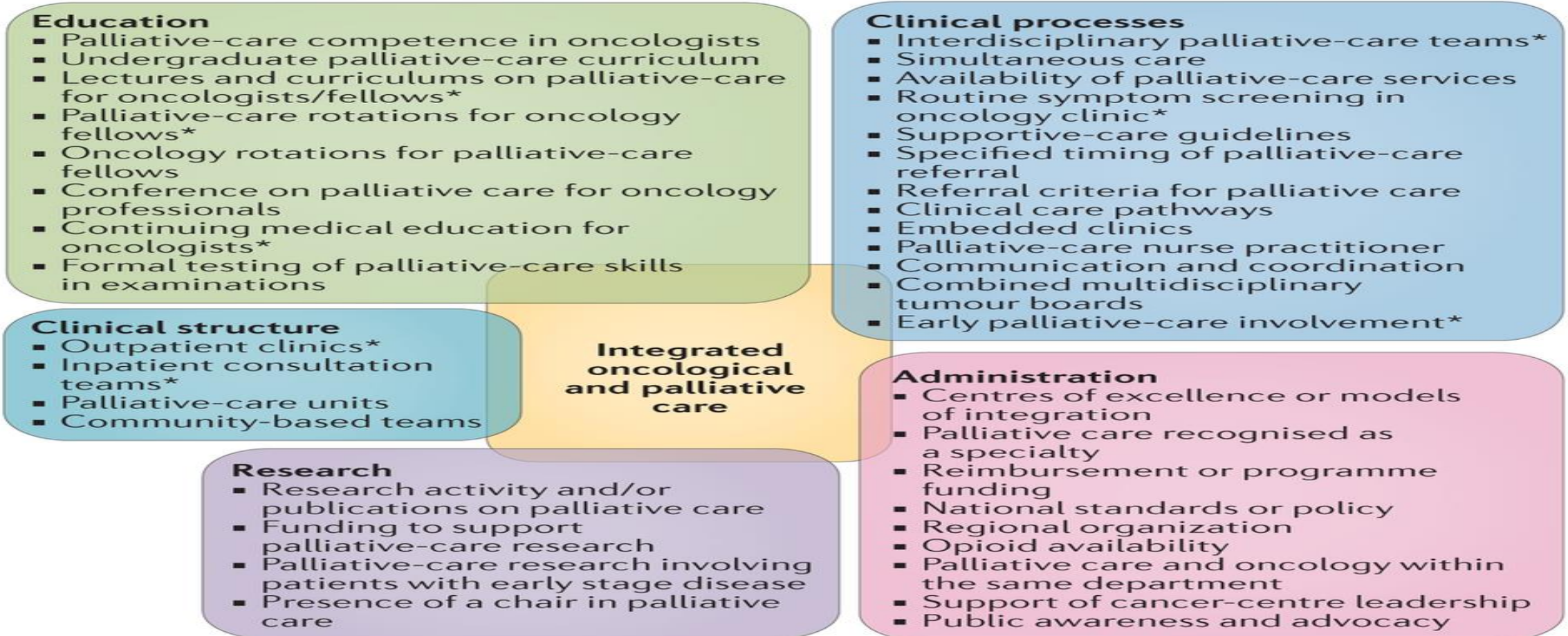
Care needs of patients with advanced-stage cancer



Nature Reviews | Clinical Oncology

Source: Hui D, Bruera E. Integrating palliative care into the trajectory of cancer care. Nature Reviews/Clinical Oncology. March 2016;13: 159-171.

Indicators of successful integration of palliative care into oncology practice



Challenges – current and future

- Health promotion and various lifestyle interventions
- Screening and early detection – developments underway
- Diagnostics – more sophisticated and leading to more stratification of patients
- Therapies: developments in all main branches
- Genomics: important in risk assessments, stratification of screening, classification of tumours
- Long-term therapies: prevention and treatment
- Survivorship challenges
- Palliative care as an inseparable part of the process of cancer care

„External“ elements of cancer control

- Governance and financing
- Cancer resources
- Cancer data and information
- Research

Health promotion and lifestyle interventions

- Constant developments
- Implementation of the European Code Against Cancer (ECAC) and its continued development
- Addressing ALL harmful substances, which can be impacted through legal actions – e.g. bans, requirements, environmental standards, food chain control, additives, housing, traffic, etc.
- Working with the different sectors involved

Screening programmes and early detection



- Updating and reviewing existing established screening programmes
- Stringent assessment of new programmes – level of evidence, ratio between harms and benefits, methodological issues
- Stratification of populations
- Early detection – focusing on cancers, which have limited options for screening, but may be accessible through markers
- Role of genomics – overexpectations?, aid in stratification?



Diagnostics

- Rapidly advancing area
- Helping in refining staging and also the characteristics of tumours and their invasiveness
- Its refinement may sometimes lead to upstaging (!)
- Essential today in the proper stratification of patients
- Diversity of techniques as another requirement for MDTs

Therapy

- Important advancements in various fields
- Technology needs to be seen in the broadest sense – IT, equipment, surgical techniques, immunotherapies
- The need to advance and adapt health technology assessment (HTA)
- Reorganisation of services -> more role to networks and links between levels (secondary/clinical -> primary)
- Special attention that needs to be given to studies of organisational and system's approaches

- Great potential in various aspects of cancer care:
 - Screening and its potential stratification
 - Use for diagnostic purposes
 - Extended uses as to be determined through additional research
- The need for health systems to steer, monitor and evaluate its use
- But, also to further stimulate research with a view to improving precision and outcomes

Long-term therapies for extended/advanced cancer



- A rising group of patients previously either without serious options for treatment or treated with relatively inefficient therapies
- The main challenges are in:
 - Proper follow-up and continued research
 - Ensuring that these patients are not discriminated against
 - Importance of the measurement of the QoL and in general developing tools to measure process quality and not only final outcomes
- Importance of secondary and tertiary prevention as well as prevention of late effects and their management



- Increasing survival rates are opening more questions:
 - Viability of employment and societal attitudes towards cancer patients
 - Rational monitoring of patients in remission
 - Ensuring continuity of care and also of dealing with social issues
 - Defining clearly health and social system's responsibilities for bringing solutions
- “Droit à l’oublié” – a single action or a potential model to follow?
- Detailed monitoring of late effects and secondary cancers
- The need to monitor longitudinally either/or through clinical as well as through population registries

Survivorship issues

- Psycho-oncological and psychosocial care as necessary and indispensable elements of the cancer care continuum
- The need to ensure full rehabilitation and return to work or to pre-morbid life

Palliative care and end-of-life care

- The need to plan palliative care from early on
- Palliative interventions that serve also patients with limited disease, but having side effects and/or symptoms to treat
- Assistance to be organised and secured as a part of a single disease trajectory, not as a separate basket!

Governance and financing

- Cancer resources
- Cancer data and information
- Research

Governance and financing 2.

- European health systems recognise that cancer care can represent a catastrophic cost and needs to be financed predominantly from public finance
- Having said that, there are challenges ahead:
 - Increasing need for screening and early detection programmes
 - Diagnostics is becoming increasingly complex as it steers the actual care of oncological patients
 - Therapies are diversified and are often not adequately assessed through HTA
 - Securing sufficient funding and financing of cancer care and cancer control
- International collaboration and networking of cancer institutions is becoming a necessity, in particular for smaller countries, e.g. ERNs, CCCs

Governance and financing 3.

- In cancer care, we need to appreciate both outcomes as well as process results, since isolated focus on outcomes alone, especially final, excludes for example patients with disseminated disease
- It is important to develop governance instruments at all levels:
 - Regularly updated guidelines and protocols
 - Patient pathways
 - Quality indicators
 - Policy documents, such as NCCPs – last but not least

Cancer resources



- Governance and financing
- Cancer data and information
- Research



Cancer resources 2.

- In cancer care, there is very intense activity around patients in the initial phases of their treatment
- Cancer care is one of the most resource-intensive activities in health care
- Development of skills and of formed professionals is complex and takes a significant amount of time
- Jointly shared resources in big centres to include smaller hospitals and even patients and institutions from other countries may become inevitable

Cancer data and information



- Governance and financing
- Cancer resources

- Research



Cancer data and information 2.

- Cancer is one of the best studied health problems globally
- Registries have had a long-standing tradition of their development and different uses
- Today, population registries need to be further strengthened with additional sets of data, e.g.: on treatment, after-care, outcomes, clinical trials, social determinants, etc.
- Putting more stress on the outcomes, such as PROMs

Research

- Governance and financing
- Cancer resources
- Cancer data and information

Research 2.

- Research is an inseparable part of the continuum of cancer care and care development
- Supporting research also through its public funding seems to be important
- Combination of national and international funding and collaboration
- Overcoming barriers with involvement of own patients in international clinical trials

iPAAC – Implementing for the future



THANK YOU!

