European Cancer care: Across Borders

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This year’s ECCO 2019 European Cancer Summit brought together leaders from cancer care, research, patient advocacy and public-private sectors to break down the borders of cancer care.

One of the highlights of the recent European CanCer Organisation (ECCO) Summit in Brussels earlier this month was a special ‘In Conversation With...’ session with outgoing EU Health Commissioner Vytenis Andriukaitis.

The Lithuanian policymaker argued that that current spending on cancer prevention across Europe was “a drop in the ocean” and urgently needed to be increased. “We are spending three percent of our resources on prevention but that’s a drop in the ocean and we urgently need to increase that amount.”
He also called for the creation of a network of “cancer champions” in each EU Member State with the role of advocating and promoting “much-needed” improvements in cancer care.

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Andriukaitis told a packed audience at the three-day summit - which this year had the theme “European Cancer Care: Across the Borders that “getting on top of cancer requires investment in research and innovation and I can assure you that cancer will remain a priority for the next Commission. Cancer is relentless and nobody knows that better than the patients and survivors here today.”

Andriukaitis, soon to relinquish his current role, told the summit that when he took up his Commission portfolio in 2014 one of his “major priorities” was the “promotion of health and protection and prevention of disease. Today, I am more convinced than ever of the need to get ahead of non-communicable diseases like cancer and tackle them at their source.”

He praised ECCO as a “constant, crucial” partner in cancer prevention, an effort that he said “requires a multifaceted approach.”

“We don’t have the time to talk to patients. Therefore, if one of the benefits of Artificial Intelligence is to allow us to focus on meeting patients, we welcome this” **Dr Adrian Brady, chair of the European Society of Radiology (ESR0 quality, safety and standards committee)**

Andriukaitis also reflected on the achievements and “noteworthy developments” during the last five years of the current Commission in aiding countries in combating cancer and helping patients to receive treatment and optimal care. “They are all important pieces of the bigger picture.”

Another highlight from the summit which brought together an impressive array of delegates spanning the public and private sectors was the presentation of a new survey highlighting cancer care ‘inefficiency’.

Developed by the All.Can initiative, the survey, unveiled during the opening session of the summit, quizzed patients on where and how they had encountered problems in their cancer care and on the broader impact on their lives of being diagnosed with cancer.

Kathy Oliver, co-director of the International Brain Tumour Alliance (IBTA) and vice-chair of ECCO’s
Patient Advisory Committee, presented the key findings from the report on the survey explaining that, “over a quarter (26 percent) of those questioned said that their initial diagnosis was where they experienced the greatest inefficiency. When diagnosis was communicated to them it was also not always appropriate.”

Respondents also highlighted lack of empathy by healthcare professionals as well as poor timing around diagnosis delivery as key failings.

“We are spending three percent of our resources on prevention but that’s a drop in the ocean and we urgently need to increase that amount” EU Health Commissioner Vytenis Andriukaitis

“These were recurrent themes unfortunately, said Oliver, adding, “Some patients were even given their diagnosis over the phone. We’ve all heard stories about these kinds of situations and it’s just not good enough to be told that you have cancer over the phone.”

The study also revealed that problems encountered early on, such as late diagnosis or misdiagnosis, tended to taint a patient’s view of their treatment. “Misdiagnosis or late diagnosis actually set the tone for some patients’ cancer journeys, affecting them throughout the whole of their pathway. If you get it right to start with, you set people off on the correct path, one that they have confidence in and not one that they are insecure about.”

Among a number of other concerns raised by the report, Oliver highlighted that information overload, where too much information was given at a single sitting or appointment which was often “overwhelming for patients.”

Around half of those surveyed (47 percent) said they did not feel sufficiently involved in deciding on their treatment options, while disturbingly, just under a third (31 percent) said they lacked adequate support in dealing with pain.

The lack of information on peer-support groups - 41 percent said they were not provided with information - “is a topic very close to my heart and those of patient advocates, said Oliver. “If patients are not referred to patient advocacy groups, they lose out on a huge chunk of support, information and advice.”

Oliver ended her presentation by saying, “These findings are intrinsically important as they express the views of people who are living with a cancer diagnosis day in, day out. There’s nothing new here, but what is disturbing is that I’ve been hearing these things for a number of years now. We really have to address these problems and make sure that the next survey doesn’t come up with the same results.”

The first day of the summit ended with delegates unanimously endorsing a resolution aimed at eradicating the virus that causes cervical cancer. The resolution also includes an action plan on vaccinating, screening and the early diagnosis of human papillomavirus (HPV), the infection responsible for cervical cancer and other diseases.

Addressing summit participants, Professor Murat Gultekin from the European Society of Gynaecological Oncology (ESGO) explained that globally half a million new cervical cancer cases were
diagnosed every year.

Gultekin made the case for eradicating cervical cancer through a combined strategy based on the gender-neutral vaccination of girls and boys and adult HPV screening programmes, a strategy that he argued had been successfully tested in his home country, Turkey.

Unveiling the resolution, Professor Daniel Kelly - ECCO Board member and past president of the European Oncology Nursing Society (EONS) - said, “It’s clear that there is a lot of evidence out there about the efficacy and potential of vaccination. Elimination is possible with the right infrastructure. This is something that we can prevent, so we need to get the message out there.”

“It’s clear that there is a lot of evidence out there about the efficacy and potential of HPV vaccination. Elimination is possible with the right infrastructure. This is something that we can prevent, so we need to get the message out there” **Professor Daniel Kelly - ECCO Board member and past president of the European Oncology Nursing Society (EONS)**

The resolution states, “By 2030, effective strategies to eliminate cancers caused by HPV as a public health problem should be implemented in all European countries.”

Kelly said the resolution was “intended to be a bit of a ‘catch all’, but also something that we can use and measure”.

Alongside the resolution are a series of recommended actions aimed at facilitating the resolution, including a call by 2025, for all European national cancer plans to include actions to deliver the HPV vaccination.

“We would like to see and expect gender-neutral vaccination to be available, but that will take political will and investment. We would also like 90 percent of adolescents to have access to vaccination by 2030”.

Another action calls for at least 70 percent of women in Europe to have been screened for cervical cancer with an appropriate high-precision HPV test. “There’s no good reason why that should not be possible. Coverage should be reached at minimum by 35-45 years of age and should be part of a national programme,” said Kelly, who added, “We need to think about ways we can do this.

Additionally as an organisation ECCO can work with our colleagues to increase overall awareness of this problem. What we require now is momentum and political leadership. We need to take this forward.”

One of the most fascinating sessions of the summit looked at the potential of Artificial Intelligence (AI) in breaking down borders in cancer care. Professor Ivana Isgum of the Amsterdam University Medical Centre said, “There are two distinct ways in which AI can be used in cancer care; one is diagnosis and the other is treatment.”

She highlighted research studies showing how AI was particularly useful in radiology by analysing x-ray photos and CT scans to find abnormalities and signs of cancer.
AI was also of use in analysing and manipulating laboratory research and patient data. In one medical study, algorithms achieved a better diagnostic performance than a panel of 11 oncologists in a simulated exercise designed to mimic routine pathology work.

ECCO board member and Vice-President of the European Society of Radiology (ESR), Professor Regina Beets-Tan, told the audience that the introduction of AI, “will change radiology beyond recognition.”

“Everything is already changing in hospitals, except radiology departments, where technicians are still sitting in the dark, examining x-ray photos and CT scans.”

Dr Adrian Brady, chair of the ESR quality, safety and standards committee, agreed that radiology’s roles will change. “We don’t have the time to talk to patients. Therefore, if one of the benefits of AI is to allow us to focus on meeting patients, we at ESR welcome this.”

Dr William Allum, consultant surgeon at the Royal Marsden Hospital in the UK, said that as far as surgery is concerned, AI is still very much in its “infancy”, but added that in the future AI’s most obvious use is in robot-assisted surgery.

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“I think AI will give us better focus, with better imagery of anatomy, as we will have better accuracy of where we need to operate.”
Programme officer for EU policies at the European Commission’s DG CONNECT, Saila Rinne said that the possibility of using AI in cancer care comes at an exciting moment, “as the EU will be starting two new funding programmes from 2021, where there will be provisions looking at health care.”

The European Commission came in for strong criticism for its handling of the EU “mission” to cure cancer during the summit, with several leading cancer groups arguing that the executive’s so-called “moonshot” approach is not an effective model for fighting cancer.

Curing cancer is one of five “missions” that Horizon Europe, Europe’s next research funding programme. These missions are portfolios rather than single-policy goals, with the aim of promoting research and innovation partnerships led by “Mission Boards” comprised of key stakeholders.

The missions have taken inspiration from the US approach, such as the 1969 moon landing itself, and more recently with former US Vice President Joe Biden launching the “Cancer Moonshot”.

Session moderator Professor Mark Lawler was less than impressed with the approach, asking, “Do we really want to shoot for the moon? It does not necessarily follow that the US model should be mirrored in a European Cancer Moonshot.”

He also took aim at the EU for omitting patient representatives from the board, saying, “I’m disappointed to hear there isn’t a cancer sufferer on the cancer moonshot board.”

Lawler instead called for a “groundshot” for improving cancer treatment and care. MEP and oncology professor, Véronique Trillet-Lenoir, said she appreciated the opportunity to hear about the EU’s fight against cancer and agreed that patients should always be included in strategies to this end.

Providing a political perspective, the deputy said she would highlight the urgency of fighting cancer with her MEP colleagues and would raise the issue of improving access to innovative therapies for cancer patients with Stella Kyriakides, the candidate for European Health Commissioner, during her hearing next month in the European Parliament.
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[8] https://www.theparliamentmagazine.eu/tags/health