

CORRESPONDENCE

Open Access



“What’s measured gets done”: a call for a European semester for cancer to improve cancer outcomes in Central and Southeastern Europe

Christoph Zielinski¹, Christiane Thallinger^{1,2*} and Alexander Rödiger³

Abstract

Cancer mortality varies widely across Europe, and survival depends on where you live. In particular, the inequality between countries in Central and South-Eastern Europe (CEE) and Western Europe (WE) is striking. The COVID-19 pandemic has brought existing inequalities into sharp focus, and the economic disruption it has caused threatens to deepen them. The Central European Cooperative Oncology Group (CECOG) has created a platform with the aim to reduce health inequalities and to improve patient access to cancer care. The subject of discussion is the value of new treatments to create willingness to invest in improving cancer outcomes while managing the budget. The platform includes various stakeholders as scientific leaders, policy makers, payers, patients and industry.

Keywords Oncology, Mortality, Inequality, Central and South-Eastern Europe (CEE)

Main text

As recently noted, in the US cancer death rate continued to decline by 1.5% from 2019 to 2020, contributing to a 33% overall reduction since 1991 and an estimated 3.8 million deaths averted [1]. This progress increasingly reflects advances in prevention, diagnosis, and treatment. In parallel, in Europe but also in Asia Pacific or the US Cancer Control Plans had been launched to address cancer comprehensively and strategically [2, 3]. Given the positive US statistics and the widely recognized prioritization of cancer – will we able to beat cancer in the near future?

Despite the positive news of declining cancer mortality rates future progress may be attenuated by rising incidence for breast, prostate, and uterine corpus cancers [1]. Due to demographic change and population growth cancer continues to become disease burden number one [4]. Finally, as with health in general but more nuanced in cancer due to its life-threatening impact, inequalities in cancer care across the world and within regions including Europe are concerning. The 5-year survival rate for colorectal cancer is nearly 20% lower in Croatia than in Belgium. Eastern European countries rank also lower in screening, and access to healthcare resources is limited or at least delayed [5, 6]. Europe’s Beating Cancer Plan recognizes these inequalities, and their reduction has become a key priority with the flagship initiative of an Inequalities Registry.

Local stakeholder involvement is critical for the success of policies addressing inequalities. Between 2018 and 2020 a multi-stakeholder group (CECOG GOIA group*) under the leadership of the Central European

*Correspondence:

Christiane Thallinger

Christiane.thallinger@meduniwien.ac.at

¹ Central European Cooperative Oncology Group (CECOG), Ohmannngasse 26, HQ, Vienna 1190, Austria

² Department of Internal Medicine I, Medical University Vienna, 18-20 Waehringuer Guertel, 1090 Vienna, Austria

³ MSD International Business GmbH, Kriens, Switzerland



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article’s Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article’s Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Cooperative Oncology Group (CECOG) convened a series of conferences in Vienna, Bucharest, Zagreb and Warsaw, with a three-fold objective.

- 1) to reduce systemic health inequalities and improve patient access and funding to cancer care;
- 2) to focus on prevention, screening, early diagnosis, access to state-of-the-art cancer diagnosis and treatment;
- 3) to propose solutions which ensure progress in the implementation of cancer control plans.

The purpose of the initiative, funded by CECOG, AstraZeneca and MSD, was to create a platform for stakeholder dialogue in the above-mentioned countries and to make recommendations for Europe's Beating Cancer Plan. The outcome was the so-called CECOG Cancer Dashboard which identifies key metrics for Eastern European countries and shall contribute to the "Inequalities Registry" in the context of the European Commission's "Europe's Beating Cancer Plan" [7].

This document includes prevention (e.g. tobacco control, screening, HPV vaccination), diagnostics (e.g. molecular testing, radiologic interventions, workforce), treatments (e.g. time to access), clinical research (e.g. clinical trials) and involvement of patient advocacy groups (e.g. definition of patient pathways). The dashboard is based on two publications of the CECOG initiative which analyze the current state of cancer care in Central and Eastern Europe in the EU and provide recommendations for change [6, 8].

Another result of the CECOG exchange meetings was the view that the impact of cancer policies on cancer patients' lives depends on two critical factors. First, cancer control policies must be aligned with and integrated in public health strategies, particularly those addressing prevention related to disease prevention. Between 30 and 50% of all cancer cases are preventable [9]. Prevention offers the most cost-effective long-term strategy for the control of cancer. In addition, screening programs should be universally available, implemented and attract as much persons as possible. A report on actual and optimal radiotherapy capacity in 33 European countries described large availability deficiencies of equipment, primarily teletherapy units. Lack of qualified human resources for optimal delivery of radiotherapy services exacerbates the problem [6]. With regard to treatment, there has been an unprecedented wave of innovations in cancer treatment in the past few years. These developments may have a considerable budget impact and require new pathways and financing mechanisms to ensure timely patient access [10]. Finally,

better political, and societal awareness about cancer is needed: due to demographics and lifestyle change cancer is already in some countries disease burden number one and will soon become that in several other European countries.

Second, besides integration in public health strategies cancer policies are successful if they are guided by objectives, create transparency and are driven by consensus-based actions. The Cancer Inequalities Registry of Europe's Beating Cancer Plan will provide data points to inform activities [11], which is a necessary but not sufficient step. Another insight of the CECOG process was that additional mechanisms are needed to enable implementation and progress. This includes local consensus-building and local stakeholder such as healthcare professionals, patients, payers etc.

The so-called European Semester process may serve as a role model or may integrate health outcomes targets including cancer [12]. This European framework provides integrated surveillance and coordination of economic and employment policies across the European Union. Since its introduction in 2011, it has become a forum for discussing EU countries' fiscal, economic and employment policy challenges under a common annual timeline.

A European Semester process for cancer would not only map the status quo but also ensure progress in cancer outcomes:

- 1) it calls on stakeholders to agree on key indicators and targets;
- 2) it requires to create and collect the data and to measure progress; and
- 3) it triggers improvement at local level.

A simple example may illustrate the last point: although nearly all Eastern European countries have National Cancer Control Plans (NCCP) in place, differences still exist compared to other European countries because of a lack of implementation and measuring progress. A recent study showed that breast cancer screening coverage is still lowest in Eastern European countries (49%). If the maximum of full coverage was reached, 23% of breast cancer deaths could be prevented in Eastern countries, two times as much as Northern countries [13].

Europe's Beating Cancer Plan, launched in 2021, represents a unique new opportunity for Central and Eastern European countries, considering the challenge cancer will be for future societies in Europe [11]. The mid-term in 2023, when the first horizontal report will be issued [14], represents an opportunity to review what enables implementation and to develop a process which ensure long-term progress in reducing inequalities in cancer outcomes.

Abbreviations

CEE (Central and South-Eastern Europe)
CECOG (Central European Cooperative Oncology Group)

Acknowledgements

*CECOG GOIA group: Zielinski Christoph, Central European Cooperative Oncology Group (CECOG), Vienna, Austria; Thallinger Christiane, Central European Cooperative Oncology Group (CECOG), Vienna, Austria; Roediger Alexander, Teodorescu Gabriela, AstraZeneca, Bucharest, Romania; Eniu Alexandru, Hopital, Riviera-Chablis, Vaud-Valais, Rennaz, Suisse; Jassem Jacek, Medical University of Gdansk, Poland; Wilking Nils, Albrecht Tit, Busoi C⁸, Sokol T⁸, Cardone A⁹, Gijssels S¹⁰, Comanescu A¹¹, Sørensen K¹², Yared W¹³, Eckart Gertrud,

Authors' contributions

The manuscript was written by CT, CZ and AR. All named GOIA platform members were participants of the CECOG project, have regularly participated at the meetings, reviewed the manuscript, added comments and approved the current version.

Funding

This manuscript was supported by a grant from MSD and AstraZeneca.

Availability of data and materials

The GOIA dashboard can be found on the CECOG homepage: <https://www.cecog.org/goia/fighting-cancer-the-cecog-cancer-dashboard-for-cee/>.

Declarations**Ethics approval and consent to participate**

Not applicable.

Competing interests

The authors declare no competing interests.

Received: 21 April 2023 Accepted: 30 July 2023

Published online: 08 August 2023

References

- Siegel RL, Miller KD, Wagle NS, Jemal A. Cancer statistics, 2023. *CA Cancer J Clin.* 2023;73(1):17–48.
- SOM Steering Committee on Economic and Technical Cooperation (SCE) HWGH. Best Practices and Recommendations for APEC Collaboration on Cancer Control: APEC; 2022. <https://www.apec.org/groups/som-steering-committee-on-economic-and-technical-cooperation>.
- Institute NC. Cancer Moonshot. 2016. <https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative> (accessed 03.03.2023 2023).
- Hofmarcher T, Bradvik G, Svedman C, Lindgren P, Jönsson B, Wilking N. Comparator Report on Cancer in Europe 2019. Disease Burden, Costs and Access to Medicines. Lund: IHE, 2019.
- OECD/European Union. Health at a Glance: Europe 2020: State of Health in the EU Cycle. Paris: OECD Publishing; 2020. <https://doi.org/10.1787/82129230-en>.
- Thallinger C, Belina I, Comanescu A, et al. Limitations of cancer care in Central and South-Eastern Europe: results of the international conference organized by the Central European Cooperative Oncology Group (CECOG). *J Health Inequal.* 2020;6(2):139–52.
- (CECOG) CECOG. CECOG Cancer Dashboard. 2022. <https://www.cecog.org/goia/fighting-cancer-the-cecog-cancer-dashboard-for-cee/>.
- Wilking N, Bucsiacs A, Kandolf Sekulovic L, et al. Achieving equal and timely access to innovative anticancer drugs in the European Union (EU): summary of a multidisciplinary CECOG-driven roundtable discussion with a focus on Eastern and South-Eastern EU countries. *ESMO Open.* 2019;4(6): e000550.
- OECD, Union E. Health at a Glance: Europe 2022; 2022.
- Cardoso F, Wilking N, Bernardini R, et al. A multi-stakeholder approach in optimising patients' needs in the benefit assessment process of new metastatic breast cancer treatments. *Breast.* 2020;52:78–87.
- Albrecht T. Europe's beating cancer plan—a new step towards more comprehensive and equitable cancer control in Europe. *Eur J Pub Health.* 2021;31(3):456–7.
- Union CotE. European Semester. 2022. <https://www.consilium.europa.eu/en/policies/european-semester/#:~:text=The%20European%20Semester%20is%20a,policy%20fields%20in%20the%20process>.
- Zielonke N, Kregting LM, Heijnsdijk EAM, et al. The potential of breast cancer screening in Europe. *Int J Cancer.* 2021;148(2):406–18.
- Commission E. Europe's Beating Cancer Plan: Implementation Roadmap. In: Sante D, editor.: DG Sante; 2022. https://health.ec.europa.eu/system/files/2022-01/2021-2025_cancer-roadmap1_en_0.pdf.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

