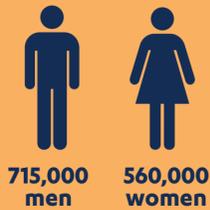


Access to high-quality oncology care across Europe

Current Cancer Environment

► cancer: the facts

2.7 million new cases of cancer diagnosed and some **1.3 million** people died of cancer in the EU-28 in 2012¹



Cancer is the **second most common cause of death** in the European Union, after cardiovascular diseases²



Cancer presents a considerable **economic challenge** for healthcare systems

► a challenging environment

Despite advances in prevention, the number of new cancer cases continues to increase as a consequence of population

ageing in Europe³



Technological improvements allow for treatment of more patients, and **increases in survival** mean that patients are being treated for a longer period of time, which increases the **demand for resources**³



On top of this, the **economic crisis** placed a financial strain on the health care systems in Europe³

These factors make it difficult for health care systems to consistently provide **high-quality** oncology care³



► value of innovation

The value of research innovation in cancer care is not sufficiently **recognized and rewarded**³



Health policies need to acknowledge

quality of life

as an outcome measure in cancer care³



Potential benefits derived from high quality cancer care that improves patient quality of life, includes enabling participation in activities of **daily living**, and maintaining or restoring **work performance**³



Burdens and Barriers

► the cancer burden

Cancer corresponds to around



of the total health burden of all diseases and illnesses in the EU⁴

Cancer accounts for more than

10m DALYs lost in the European Union⁴

The share of cancer-related indirect costs on total costs is around

60%

in the EU but differs greatly between cancer types⁵

Lung cancer accounts for around

15%

of the total direct and indirect cost of cancer in the EU, colorectal cancer for **10%** and prostate cancer for **7%**⁵



► access to cancer treatment

Several factors affect access to cancer treatment:³



The availability of oncology facilities / geographic availability



Financial barriers



Social and cultural barriers



Access to treatment impacted by internal processes and waiting times

The Need for Change

Six initial policy recommendations have been identified from an analysis by the IHE:³

- 1 Cost-effective **allocation of resources** is pivotal for a more accessible and sustainable oncology care system.
- 2 **Improved funding and resourcing**, for example the availability of high-quality treatment facilities and the geographical spread of such facilities to encourage patients to seek care.
- 3 **Incentivisation of innovative research**, including the design of reimbursement systems, reward of innovations in cancer care, and the development of new payment schemes.
- 4 A **better integrated and organised cancer care system**, to help avoid bottlenecks and ensure timely management of patients.
- 5 **Collation of data** on resource use and outcomes to monitor standards and regional differences, and to plan the allocation of resources.
- 6 More **recognition of quality of life as an outcome measure** for the individual and society.



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