

Lung Cancer In Europe: New Ideas for Policy Action

Speakers:



Cristian-Silviu Buşoi
Chair on the European Parliament
Intergroup on Cancer
European Parliament



Tommy Björk
Board Member
Lung Cancer Europe



Mike Morrissey
CEO
European Cancer Organisation



Claudia Gamon
Member of MEPs Against Cancer
European Parliament



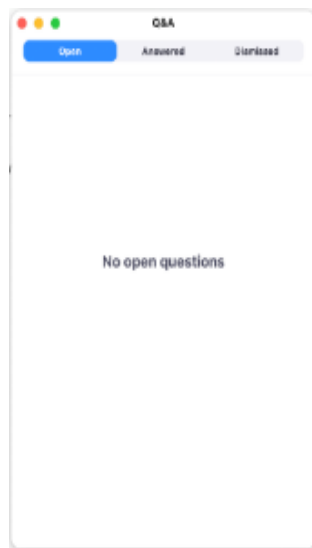
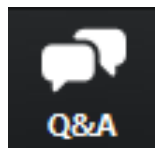
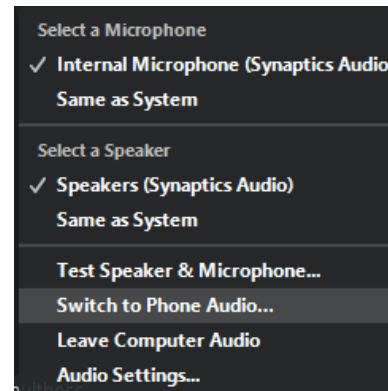
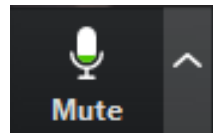
Marina Garassino
National Cancer Institute,
Milan



Duane Schulthess
Managing Director
Vital Transformation
(moderator)

How is your connection? Ask a question?

If you are having problems with your connection, you can switch between phone and computer audio



We appreciate audience questions, please use the question bar in the control panel

Lung Cancer In Europe: New Ideas for Policy Action

Speakers:



Cristian-Silviu Buşoi
Chair on the European Parliament
Intergroup on Cancer
European Parliament



Tommy Björk
Board Member
Lung Cancer Europe



Mike Morrissey
CEO
European Cancer Organisation



Claudia Gamon
Member of MEPs Against Cancer
European Parliament



Marina Garassino
National Cancer Institute,
Milan



Duane Schulthess
Managing Director
Vital Transformation
(moderator)

Lung Cancer In Europe: New Ideas for Policy Action

Question 1: Cristian-Silviu Buşoi

The report by The Economist Intelligence Unit shows that of the 27 countries studied 41% have not updated their National Cancer Control Plans in the past five years, and 19% do not have a National Cancer Control Plan at all.

The report's 1st recommendation is to recognize that lung cancer needs to be a high priority throughout Europe: develop specific lung cancer plans and improve strategic planning with National Cancer Plans that include details on implementation and funding. Could you please share your perspective on the work that is ongoing in your own country, Romania, to create a national cancer plan, and the inclusion of lung cancer in European cancer policy, for example, in Europe's Beating Cancer Plan?

Lung Cancer In Europe: New Ideas for Policy Action

Question 2: Dr. Marina Garassino

Lung cancer is a race against time.

However, in the lung cancer clinical guidelines of 27 EU countries, 41% do not include the fast-tracking of those suspected of having lung cancer for diagnostic testing. 44% do not include a specific timeframe for obtaining diagnostic testing, and 52% do not include rapid referral for newly diagnosed patients to obtain treatment.

As a member of the study's Expert Panel, and from your experience as a thoracic oncologist, can you discuss the importance of fast-tracking people for diagnosis and the rapid referral to treatment? What needs to be done to improve timelines across the patient journey?

Lung Cancer In Europe: New Ideas for Policy Action

Question 3: Tommy Björk

As a Board member of Lung Cancer Europe, you work with lung cancer patient groups across the EU.

The report tells us that in 44% of the countries studied, a lung cancer specific patient organisation does not exist. Patient organisations are included in the development of clinical guidelines in only eight of the 27 countries, and in the health technology assessment (HTA) process, only in 15 out of 27 countries.

How is Lung Cancer Europe trying to ensure that the voice of lung cancer patients is heard and included in decision-making across all EU member states?

Lung Cancer In Europe: New Ideas for Policy Action

Question 4: Claudia Gamon

You hosted an event in the European Parliament last November to raise awareness of lung cancer during Lung Cancer Awareness month, and highlight the need for increased visibility of the disease in EU policies.

As you are a member of MEPs Against Cancer, can you tell us more about your commitment to making lung cancer an EU political priority?

Lung Cancer In Europe: New Ideas for Policy Action

Question 5: Mike Morrissey

Lung cancer is the leading cause of cancer mortality and has a wide variation in treatment and outcomes in Europe.

The European Cancer Organisation has led the development of Essential Requirements for Quality Cancer Care to improve lung cancer treatment.

Written by experts representing all disciplines involved in lung cancer care in Europe, it gives patients, health professionals, managers and policymakers a guide to essential care throughout the patient's journey.

While not yet published, could you please give us a preview of these essential requirements?

The Essential Requirements for Quality Cancer Care: Lung Cancer

Lung cancer centre/unit

Core multidisciplinary team (MDT)

Professionals from these disciplines must form the multidisciplinary unit that plans and carries out treatment of all patients

Pulmonary/respiratory medicine

Pathology

Radiology

Nuclear medicine

Thoracic surgery
Two or more surgeons

Radiation oncology

Medical oncology

Nursing

Extended multidisciplinary team (MDT)

Professionals from these disciplines must be available to the core MDT to provide holistic care throughout the patient journey

Anaesthesia/intensive care

Interventional radiology

Oncology pharmacy

Geriatric oncology

Psycho-oncology

Rehabilitation

Palliative care

Allied professionals

Primary care doctors
 Community nurses
 Social workers
 Physiotherapists
 Chaplains
 Occupational therapists
 Pain specialists

Access to information and patient advocacy

Patient involvement in informed decision making; advocacy at national and European level (through Lung Cancer Europe, LuCE); transparency of organisational performance

Administration

Care pathways; data and performance management, including quality indicators and audit of outcomes; MDT performance; unit/hospital accreditation

Research, registries, training and education

A target of 5% of lung cancer patients entered into clinical trials

- Checklists and explanations of organisation/actions for high-quality care for cancer patients.
- Written by European experts representing all disciplines involved in cancer care.
- Issues such as multidisciplinary team working, timelines of care, audit of outcomes, professional education needs and delivery of patient education.

4.2 Performance and quality

4.2.1 Metrics

A lung cancer centre must develop:

- Performance measurement metrics/quality indicators based on the essential requirements in this paper and on clinical guidelines, in alignment with national requirements and legislation
- Operational policies to ensure the full benefits of a coordinated clinical pathway based on published guidelines
- Accountability within the governance processes in individual institutions
- Systems to ensure safe and high-quality patient care and experience throughout the clinical pathway
- Effective data management and reporting systems
- Engagement with patients, their carers and support groups to ensure reporting of patient outcomes and experience.

- Publication in Autumn 2020 – Journal of Cancer Policy Exec Summary
- Further work on implementation – KPIs, evaluation and measurement of quality
- Code of Cancer Practice launch in September 2020 – then tumour types
- Prevention and Quality Cancer Care Networks
- European Cancer Summit – 18/19 November 2020 – european-cancer.org

Lung Cancer In Europe: New Ideas for Policy Action

Question 6: Dr. Marina Garassino

As a practitioner, can you to give us your perspective on these essential requirements? In terms of Key Performance Indicators – or: quality indicators –

Do you have any further advice or suggestions?

Lung Cancer In Europe: New Ideas for Policy Action

Question 7: Tommy Björk

Stigma remains an issue for lung cancer. According to the study, people diagnosed with lung cancer have spoken openly about the stigma and unconscious bias they have experienced from healthcare professionals and others. Lung cancer Europe is currently running a survey to analyze the emotional and social impact of lung cancer in patients and caregivers.

How big is the issue of stigma, and what needs to be done to ensure that all people with lung cancer are treated with compassion and dignity?

Lung Cancer In Europe: New Ideas for Policy Action

Question 8: Dr. Marina Garassino

Early reports on patients with cancer and COVID-19 have suggested a high mortality rate compared with the general population. Lung cancer patients are thought to be particularly susceptible to COVID-19 given their older age, smoking habits, and pre-existing cardiopulmonary comorbidities, in addition to cancer treatments. For this reason, you and other physicians around the world have formed TERA-VOLT, a global consortium dedicated to understanding the impact of COVID-19 on patients with thoracic malignancies.

Could you please share any findings to date from the TERA-VOLT study – that looks at the impact of COVID-19 on lung cancer patients?

Lung Cancer In Europe: New Ideas for Policy Action

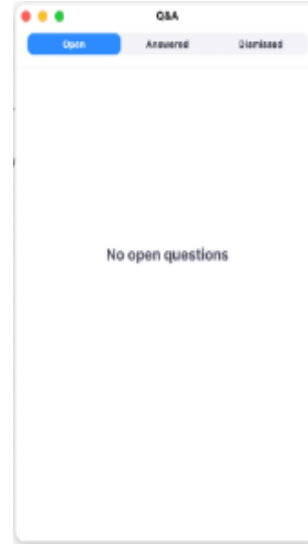
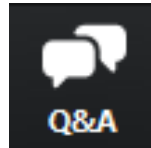
Question 9: Cristian-Silviu Buşoi

Two weeks ago (July 1), the new parliamentary intergroup on cancer was launched. At the time you stated, “the Challenge Cancer Intergroup will help us to bridge the gap between European institutions, national governments and stakeholders as well as European citizens to address the growing cancer burden in EU.”

We have been discussing this new report that includes concrete recommendations for policy makers in 27 countries, as well as pan-European recommendations.

What should the European Parliament do to support implementation of this policy report’s recommendations?

OPEN QUESTIONS



Lung Cancer In Europe: New Ideas for Policy Action

Final Question: For the entire panel

In your opinion, what is the key recommendation from the lung cancer report do you think is the most important to deliver immediately?

<https://www.eiu.com/n/campaigns/breathing-in-a-new-era-a-comparative-analysis-of-lung-cancer-policies-across-europe/>.