

# WEBINAR: Cancer Inequalities between and within Member States

15 December, 16.00-17.15 CET

## Speakers:



Tomislav Sokol  
MEP for Croatia



Marius Geanta  
Center for Innovation (InoMed)  
Co-Chair ICPerMed WG Education



Stefania Vallone  
Women Against Lung Cancer in Europe  
(WALCE)



Stjepko Pleština  
Oncologist at Clinical Hospital Centre  
Zagreb, Croatia



Mark Boyd  
Senior Policy Associate,  
Open Data Institute (ODI)



Duane Schulthess  
Managing Director  
Vital Transformation  
(moderator)



On 15 December 2021, Vital Transformation hosted a webinar sponsored by Roche which was titled [Cancer Inequalities between and within Member States](#). The objective of this virtual event was to link the EU Cancer Plan and the BECA Report with country-specific recommendations in order to reduce the inequalities for (lung) cancer patients between and within EU Member States with a focus on Eastern Europe.

Moderated by Duane Schulthess (Managing Director Vital Transformation), speakers included Tomislav Sokol (MEP for Croatia), Victor Negrescu (MEP for Romania) Marius Geanta (Center for Innovation (InoMed) Co-Chair ICPerMed WG Education), Stefania Vallone (Women Against Lung Cancer in Europe (WALCE)), Stjepko Pleština (Oncologist at Clinical Hospital Centre Zagreb, Croatia) and Mark Boyd (Senior Policy Associate, Open Data Institute (ODI)).

“We know that inequalities are one of the biggest problems in healthcare in the European Union today. Healthcare is a national competence, but you can provide value to resolve problems, which member states cannot resolve by themselves,” MEP Sokol noted. He added that he had proposed cohesion as the main financial instrument in the EU to reduce inequalities in access to healthcare, as the EU budget, even when increased to 5.3 billion, was not enough to compensate for the East/West divide.

“There is around a 40% bigger chance of dying from cancer if you live in some countries of Eastern Europe, than in some countries of the western part of Europe,” he added, adding that pressure was being maintained on authorities to improve solutions when it comes to cross-border care in the bloc.

He added that he had proposed cohesion as the main financial instrument in the EU to reduce inequalities in access to healthcare, as the EU budget was not enough to compensate for the East/West divide. “The aim of cohesion policy is to reduce generally inequalities and differences between different parts of the European Union in terms of the level of development and differences in the level of development are actually very precisely reflected in health outcomes,” he said.

Speakers acknowledged that the initial EU plan to beat cancer was strong on prevention but lacking when it came to treatment and diagnostics.

Victor Negrescu noted that there was now a clear strategy focused on new technologies and digitalization. “Synergies at a European level can help us work more, especially on the issue of prevention, but also on the issue of treatment of patients with cancers.”

The importance of medical data and further legislation regarding this vital field was also discussed.

Stefania Vallone presented proposals to improve access and reduce disparities among lung cancer patients in Europe, including awareness campaigns, increased funding, and the development of harmonization guidelines. She outlined a European programme being realised in Italy, the European Program for Routine testing of Patients with Advanced lung cancer (EPROPA), which was developed by her organization.

“As a patient representative, I encourage all of the EU to work to ensure prompt patient access not only to diagnosis but also to innovative treatment,” she said. “Without innovation there is no future, but innovation is not truly innovation if people don’t have access to treatment and diagnostics.”

Mark Boyd delved into the secondary use of health data and what this means. “If you look at a lot of the European-wide health policies, you cannot achieve a lot of the goals unless you are making use of health data for other than its primary purpose,” he noted.

Finally, Dr Stjepko Pleština further encouraged the efficient use of data, saying that “Data sharing should be an obligation”. This would help both research and patient outcomes, he elaborated, giving patients the best options regarding their care. “There is a strong need to consider new funding for models that capture both patient and systemic benefits and appropriate regulatory standards in the whole EU.”

Mark Boyd wrapped up the webinar by emphasizing the need for degresegating data across all datasets in order to measure health inequalities. Marius Geanta echoed this statement with his belief that a greater focus on innovation was required. “Cancer literacy is needed for all the stakeholders,” he said.