Roadmap for the Prevention and Treatment of Colorectal Cancer in Europe

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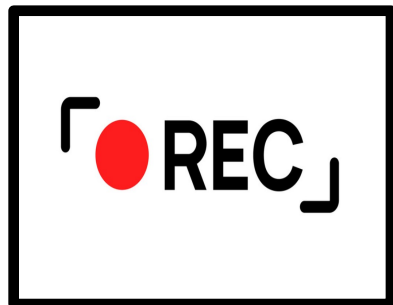
Acting CEO

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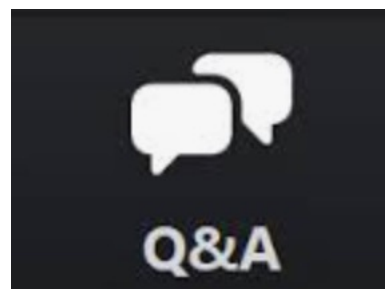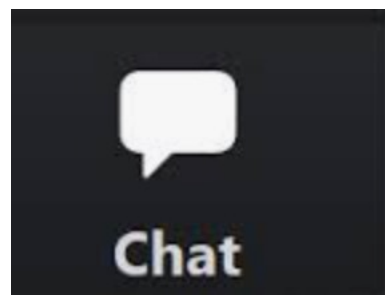
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Zoom guidance

This session will be recorded

You can ask questions by writing in the Q&A box

You can use the chat function for your comments

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Colorectal Cancer (CRC) - Key Facts

European data

Bar chart:
- Incidence: 540.966
- Mortality: 258.892
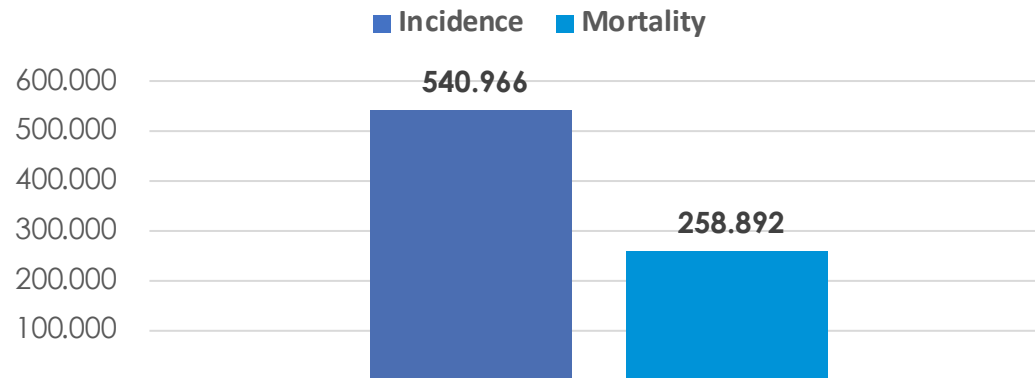
1.6 million CRC survivors

Total cost in the EU 19 billion EUR

5-year net survival for colon cancer in the European Union (2010-2014)

5-year survival of colon cancer in the European Union
- >65%
- 63-65%
- 60-62%
- <60%
- No data available
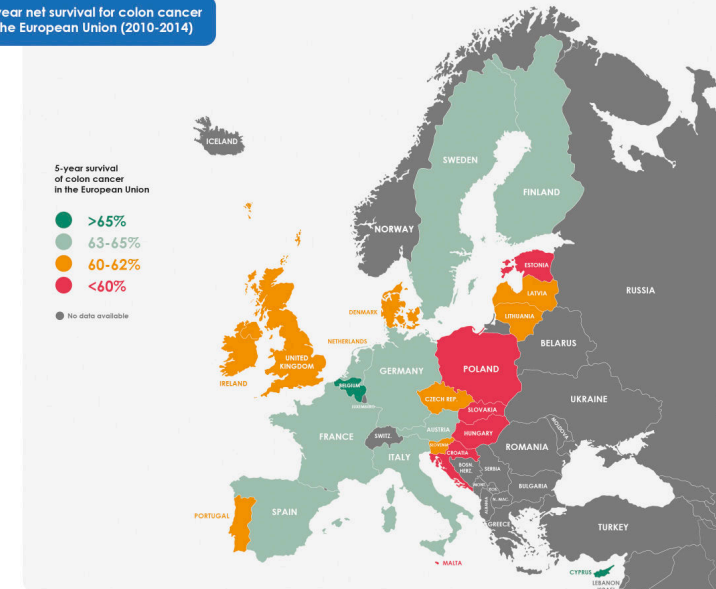
- Why are not all patients treated with the same care?

- Why are differences arising within the same country, where all patients can benefit from the same system?

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The Roadmap

- Patients are treated sub-optimally
- Investments are not made to achieve the best possible results
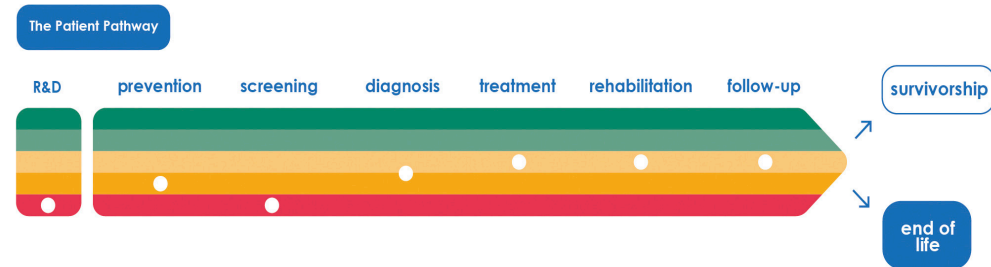- Tax-payers' money is being wasted

The potential upside of applying best practices everywhere is huge, even without further technological innovation

Covers all aspects related to the CRC management

The Patient Pathway

R&D   prevention   screening   diagnosis   treatment   rehabilitation   follow-up   survivorship   end of life

Designed by patients and experts
- **Prevention & screening**
- **Treatment**
- **Support**
- **Recommendations**

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Prevention & Screening

	Stage I	Stage II	Stage III	Stage IV
Chance of survival	90%	75%	70%	10%

Netherlands and Slovenia have 48% of CRC patients diagnosed at stage I

	Stage I	Stage II	Stage III	Stage IV
ESTIMATED COST (EUR)	4,000	25,000	30,000	40,000

Only 14% of EU citizens between 50 and 74 year old have the opportunity to participate in a formal population-based CRC screening programme

> 55% could be prevented

Active participation rate of citizens aged 50-74 years in colorectal cancer screening programmes

Active participation rate of target population between 50-74 years old
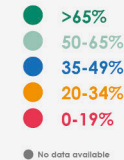
- >65%
- 50-65%
- 35-49%
- 20-34%
- 0-19%
- No data available

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CRC Roadmap Recommendations (1)

MS Invest more in prevention and citizen education on lifestyle choices and risk of disease

MS Significantly increase the CRC screening efforts - they have demonstrated to save lives and money

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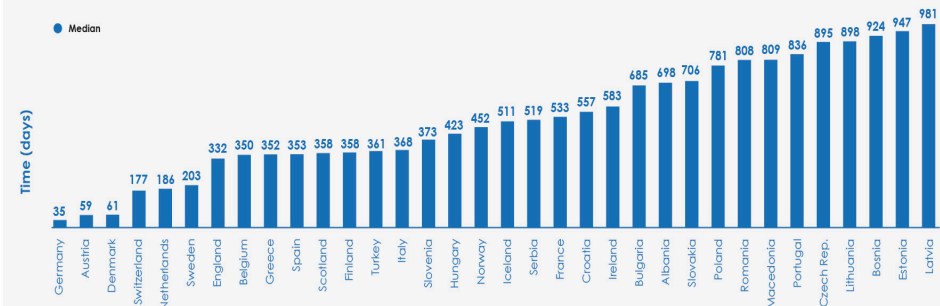
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Treatment

- CRC patients have a greater chance of survival if they are operated in hospitals with a high case load

- Shared Decision-Making leads to higher patient satisfaction and less 'decision regrets'

- It is essential that patients are provided with the full picture of their diagnosis, treatment options and long-term consequences of both the disease and the treatment

- It may take many years from the approval by the EMA until the approval for pricing and reimbursement at the national level

Oncology median time to availability (2015 – 2018)

● Median

Time (days)

Country	Days
Germany	35
Austria	59
Denmark	61
Switzerland	177
Netherlands	186
Sweden	203
England	332
Belgium	350
Greece	352
Spain	353
Scotland	358
Finland	358
Turkey	361
Italy	368
Slovenia	373
Hungary	423
Norway	452
Iceland	511
Serbia	519
France	533
Croatia	557
Ireland	583
Bulgaria	685
Albania	698
Slovakia	706
Poland	781
Romania	808
Macedonia	809
Portugal	836
Czech Rep.	895
Lithuania	898
Bosnia	924
Estonia	947
Latvia	981

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CRC Roadmap Recommendations (2)

MS	No public money should be given to any healthcare stakeholder without the full demonstration of outcomes
MS	Reduce the number of treatment centers to specialised Comprehensive Cancer Networks
MS	Invest in access to new medicines; do not use delaying tactics for fiscal reasons

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CRC Roadmap Recommendations (3)

H	Apply all the international guidelines for cancer care in a systematic way
H	Hospitals that do not meet the requirements should associate themselves with a specialised cancer center
H	Hospitals should have systems of Shared Decision-Making so that patients can be fully informed

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Support

- 30-45% of cancer patients and survivors experience high levels of cancer-related distress

- During chemotherapy, weight loss occurs in 40%–92% of patients 65 years and older
- CRC who received individualised nutritional counseling to maintain protein and energy intake experienced less treatment toxicity, better QoL, and lower mortality

- Physically active cancer survivors have a lower risk of cancer recurrence and improved survival compared with those who are inactive
- Only 53% of physicians gave their cancer patients advice on physical activity

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CRC Roadmap Recommendations (4)

H	All patients should have access to the information on nutrition, physical activity and psychological support
H	Hospitals should refer patients to dedicated patient organisations immediately after diagnosis
PO	Work with hospitals to create the best possible services for patients after diagnosis

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CRC Roadmap Recommendations (5)

PO	Become the custodian of the patient journey, advocating from prevention to end of life to improve every step of the way
PO	Capture the collective intelligence of all members to give information and provide insights on how CRC treatment can be improved
MS	Support and fund POs, so that patients can achieve the full support needed throughout the patient journey

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THANK YOU!

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