

# 1 INTRODUCTION AND OBJECTIVES

At present, Latvia lags behind other EU Member States regarding performance indicators related to cancer care. Risk factors such as high smoking rates and harmful drinking and obesity are high, and cancer mortality rates in Latvia are among the highest in the EU.

As of January 2023, investment in healthcare in Latvia is among the lowest in the EU. This is reflected in low resources for cancer professionals and limited public investment in clinical research in cancer. Investment in certain equipment infrastructures is below recommended rates in the EU.

85-90% of the 12,000 new adult cancer patients a year are treated in Riga East University Hospital and Paul Stradins Clinical University Hospital, and 100% of the 50 new paediatric cancer patients a year are treated in the Children's University Hospital.

Within this framework, the ICCCS DG REFORM project aims to propose a roadmap to develop a Comprehensive Cancer Infrastructure in Latvia. The specific objectives are to contribute to and support the authorities in:



**Mapping the situation of the key clinical facilities, universities and research organisations required to participate in a Comprehensive Cancer Infrastructure**

**Drafting a roadmap in collaboration with OECl experts**

**Organising a meeting to present the project results**

**Offering recommendations on improving cancer care, research and education**

In order to develop an overview of services and activities in cancer care, between May 2022 – March 2023 OECl performed 4 visits in Latvia. During the 1st visit, the OECl team visited several institutions with responsibilities for cancer care and research:



**Riga East University Hospital (RAKUS)**



**Children's Clinical University Hospital (BKUS)**



**Paul Stradins Clinical University Hospital (PSKUS)**



**Latvian Biomedical Research and Study Center (BMC)**



**Riga Stradins University (PSU)**



**University of Latvia (UoL)**

# 2 CURRENT SITUATION AND CHALLENGES

## Radiotherapy and medical oncology

There are 10 radiotherapy machines in Latvia. Medical oncological treatment is provided in the RAKUS, PSKUS, BKUS and in the regional hospitals in Daugavpils and Liepaja. Radiosurgery is provided by the Sigulda Hospital.

## Multidisciplinary teams

Multidisciplinary team (MDT) conferences (referred to as 'consilium') are largely established in the main hospitals but are not working to clear protocols. Regional/national MDTs with online participation have not been implemented.

## Patient pathways

Patient pathways are under development but not yet broadly implemented or nationally coordinated.

## Pathology & molecular pathology

Molecular pathology is performed according to reimbursed drugs and linked molecular tests. The waiting time for approval is long. Molecular tumour boards have not yet been implemented.

## Clinical research

Translational cancer research has pockets of excellence, including cancer genomics for precision medicine. Discovery science within the Latvian Institute for Organic Synthesis is of high quality. However, investment in translational cancer research is low. Clinical research is underfunded, with a low number of commercial and academic trials.

## Surgery

Oncological surgery is primarily performed at the two university hospitals and to a minor extent in the two regional hospitals in Liepaja and Daugavpils.

## Education

Medical education is available at the University of Latvia and at the Riga Stradins University.

## Palliative care

Palliative care capacity is insufficient. End-of-life patients are inappropriately admitted to emergency care and treated in specialized hospital. Projects to offer "hospice at home" are ongoing.

# 3 FINDINGS AND RECOMMENDATIONS

## Molecular Pathology, Precision Medicine

- form collaborations to create a national network with molecular biologists, bioinformaticians and physicians
- implement molecular tumour boards for children linked to clinical trials
- solve difficulties in data sharing between institutions

## Clinical research

- establish regular collaboration between hospitals, universities and research institutes
- promote clinical trials and clinical trials units
- formalise the roles of research nurse and trial coordinator

## Radiotherapy

- improve long waiting times and delayed radiotherapy starts
- ensure timely access to radiotherapy
- strengthen professional radiotherapy networks and establish online MDTs to discuss challenging cases
- establish an updated overview of national treatment capacity in radiotherapy

## Palliative care

- continue development with hospices / outreach teams for home-based care
- establish education in basic palliative care for health professionals, including nurses
- increase the number of palliative care specialist

## MDTs, Pathways, Minimum Volumes

- establish pathways for all the main cancer types & define treatment volumes and centralise care

## Patient involvement and information

- there is a very active Onco-Alliance of patient representatives, which is keen to be involved in the development of policy, services and research

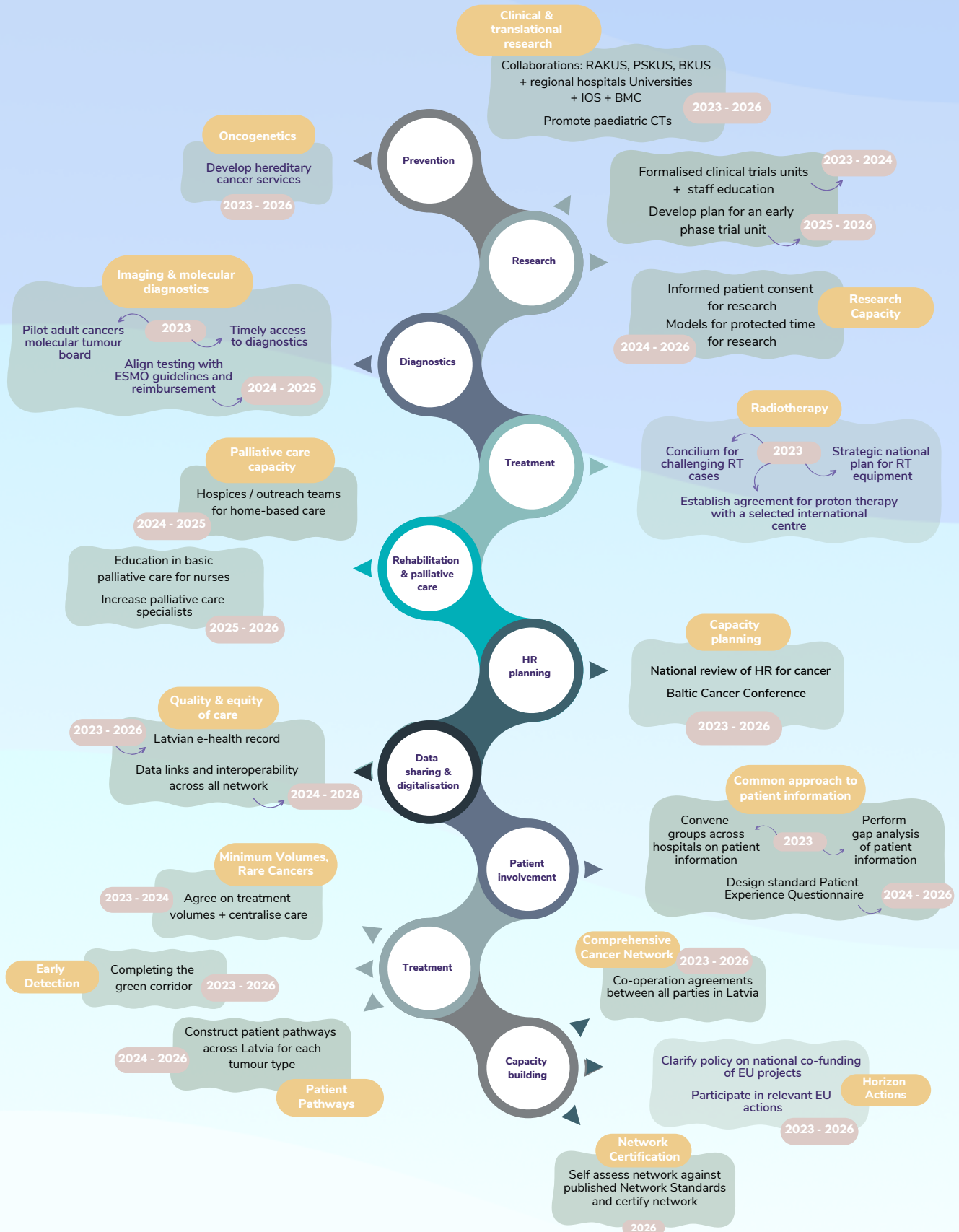
## Digitalisation and data

- establish Electronic Health Records for each citizen

## Human resource planning

- establish and implement a model for human resource planning

# 4 PROPOSED STRATEGIC PLAN AND ROADMAP



# 5 CONCLUSION AND CALL TO ACTION

Several key actions can and should be commenced in 2023-2024. They are about collaborations between key parties in cancer diagnosis, treatment and aftercare, and research and education. The key principles on which these actions are based are Quality and Equity:

- 1. Form a provisional Comprehensive Cancer Network Board – including 2 senior members from each of the main hospitals treating cancer; the Universities; Research Institutes and Ministries**
- 2. Address the critical need for Electronic Health Records (HIS) in the University Hospitals**
- 3. Start a Latvia-wide Molecular Tumour Board and Paediatric MTB and grant timely access to new cancer treatments**
- 4. Establish and strengthen clinical trials units at RAKUS and PSKUS and Children's University Hospital**
- 5. Define and agree on all treatment volumes (especially surgery), centralise care and redesign patient pathways**
- 6. Establish outreach teams for home-based palliative care in 2 or 3 more centres; appoint 4-5 palliative care specialist physicians and train palliative care nurses**
- 7. Encourage and support participation in relevant EU Actions**