

1 INTRODUCTION AND OBJECTIVES

At present, cancer care performance indicators in Latvia lag behind other EU Member States. Risk factors, such as high rates of smoking, harmful drinking, and obesity, are prevalent in Latvia, and cancer mortality rates in the country are among the highest in the EU.

As of January 2023, Latvia has one of the lowest levels of investment in health care in the EU. This is reflected in a lack of resources for cancer professionals, and the limited public investment in clinical cancer research. Investment in certain types of equipment infrastructure is below recommended EU rates.

Of the 12 000 new adult cancer patients every year, 85–90% are treated in Riga East University Hospital and Paul Stradins Clinical University Hospital, and all the new paediatric cancer patients (approximately 50 a year) are treated in the Children’s University Hospital.

The ICCCS DG REFORM project aims to propose a roadmap for developing a comprehensive cancer infrastructure in Latvia. The specific objectives needed for developing a comprehensive cancer infrastructure are to support the authorities in:



- mapping the key clinical facilities, universities, and research organisations;**
- drafting a roadmap in collaboration with OECI experts;**
- organising a meeting to present the project results;**
- offering recommendations on improving cancer care, research, and education.**

To develop an overview of cancer care services and activities, OECI conducted four visits to Latvia between May 2022 and March 2023. During the first visit, the OECI team visited several institutions responsible 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 Centre (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 Riga East University Hospital, Paul Stradins Clinical University Hospital, and the Children's Clinical University Hospital, and in the regional hospitals in Daugavpils and Liepaja. Radiosurgery is provided by Sigulda Hospital.

Multidisciplinary teams

Multidisciplinary team (MDT) conferences (referred to as "consilia") are largely established in the main hospitals but the conferences do not operate on clear protocols. There are no regional or national MDTs, either meeting in-person or virtually.

Patient pathways

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

Pathology and molecular pathology

Molecular pathology is performed according to reimbursed drugs and linked molecular tests. There are long waiting times for approvals. 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 lesser 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 hospitals. 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 the issues with data sharing between institutions.

Clinical research

- Establish regular collaboration between hospitals, universities and research institutes.
- Promote clinical trials and clinical trial units.
- Formalise the roles of research nurse and trial coordinator.

Radiotherapy

- Improve long waiting times and delayed radiotherapy start times.
- Ensure timely access to radiotherapy.
- Strengthen professional radiotherapy networks and establish online MDTs to discuss challenging cases.
- Update the overview of national treatment capacity for 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 specialists.

MDTs, pathways, minimum volumes

- Establish pathways for all the main cancer types, define minimum required treatment volumes and centralise care.

Patient involvement and information

- The patient representative group Onco-Alliance is very active and keen to be involved in the development of policy, services and research.

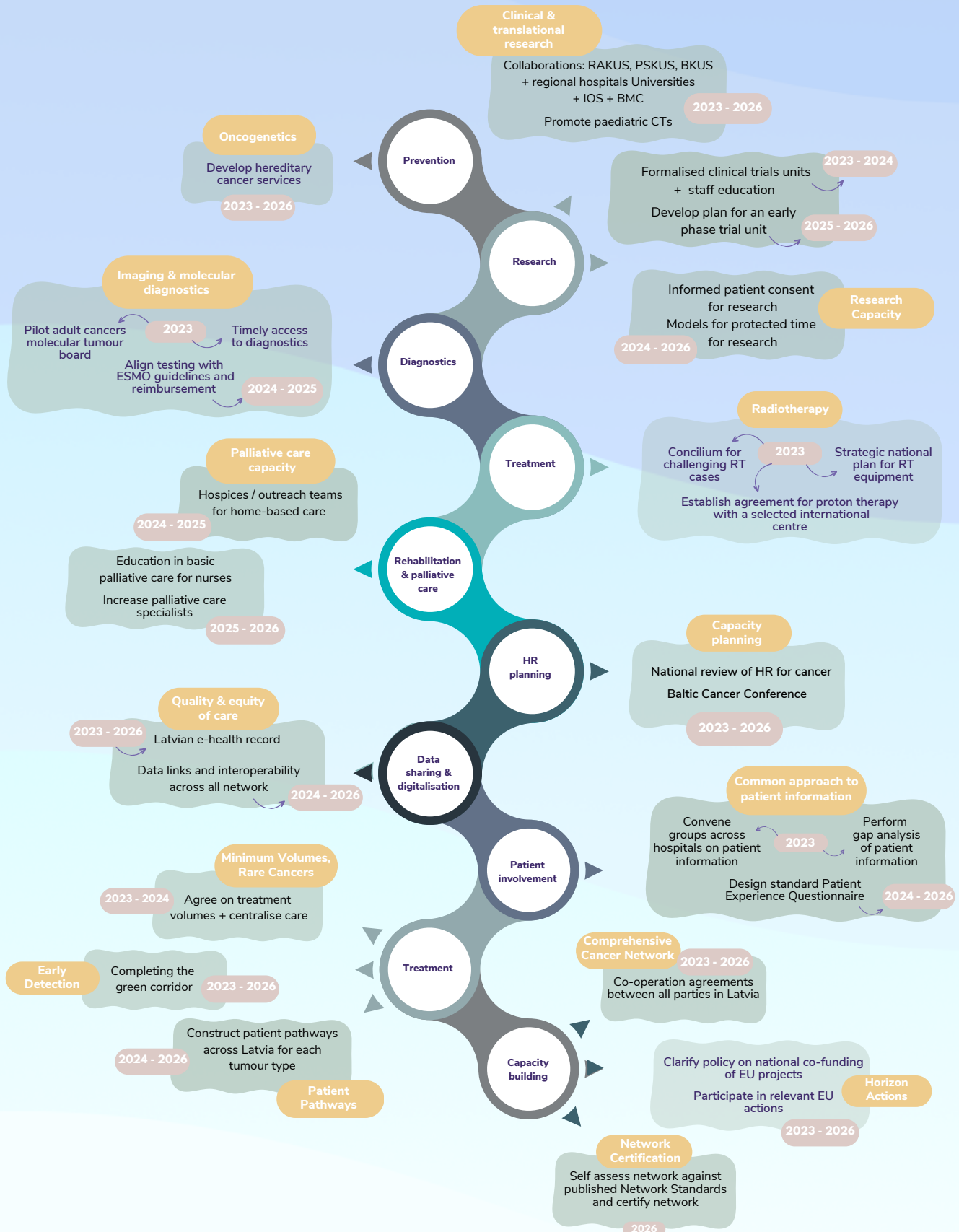
Digitalisation and data

- 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 start in 2023–2024. These actions involve 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 two 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 in the university hospitals.**
- 3. Start a Latvia-wide Molecular Tumour Board and a Paediatric Molecular Tumour Board, and grant timely access to new cancer treatments.**
- 4. Establish and strengthen clinical trials units at Riga East University Hospital, Paul Stradins Clinical University Hospital, and the Children’s University Hospital.**
- 5. Define and agree on all treatment volumes (especially surgery), centralise some high-risk, complex surgical services to University Hospitals and redesign patient pathways.**
- 6. Establish outreach teams for home-based palliative care in two or three more centres; appoint four or five palliative care specialist physicians, and train palliative care nurses.**
- 7. Encourage and support participation in relevant EU actions.**