

- Simon Oberst, Mef Nilbert, Harriet Blaauwgeers
- DG reform project; OECI subcontractor to IARC

- Mapping key facilities, universities and organizations
- Offering recommendations on improving cancer care, research and education
- Drafting a roadmap

Improving Cancer Care Coordination and Screening in Latvia



Background

- Latvia lags behind many other EU Member States regarding cancer performance indicators
- Cancer registries are outdated and have not produced reliable statistics recently
- Cancer screening lacks several key components
- Policies are not fully coordinated
- Collaboration between institutions is limited
- No accredited cancer centre

Ministry of Health in Latvia committed to improve the situation with focus on

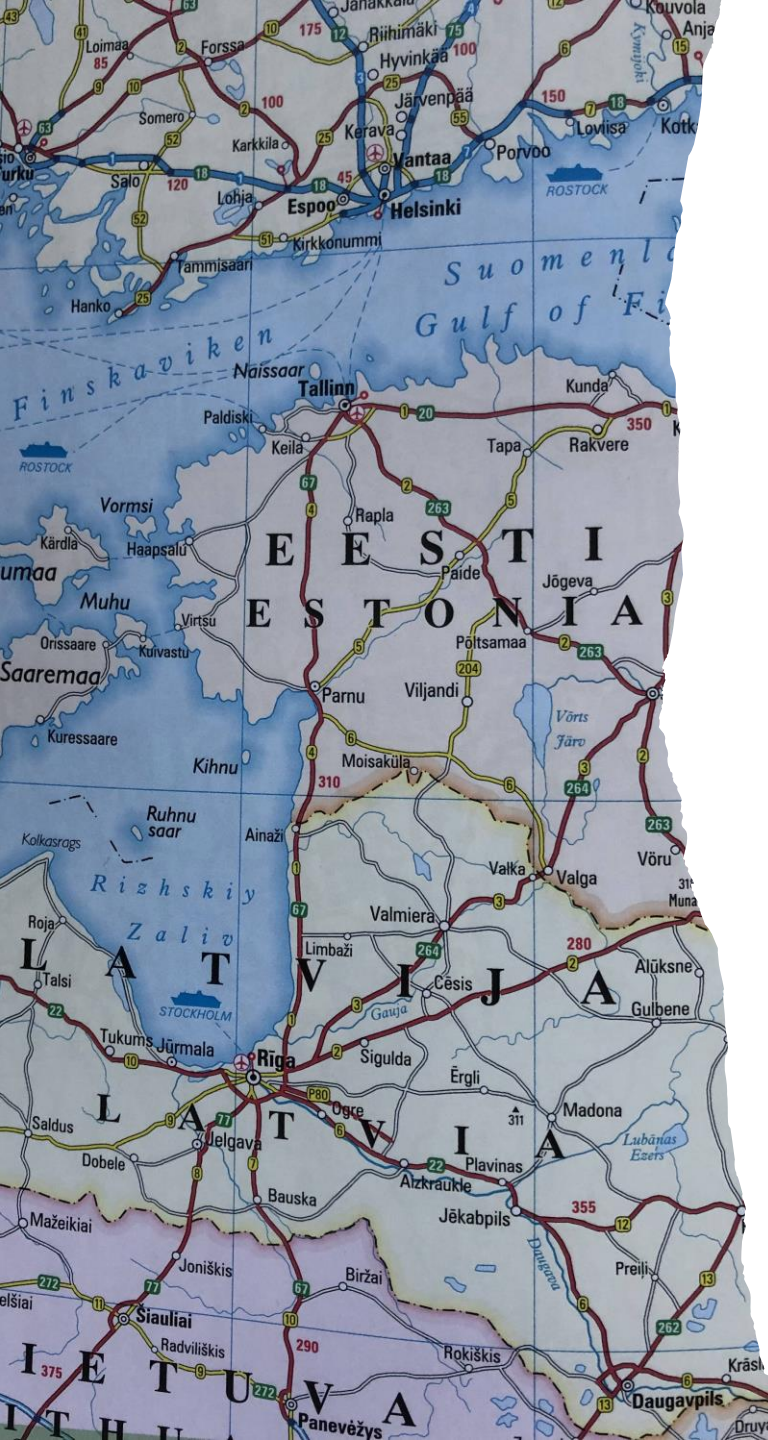
- Population-based cancer registration
- Improving coverage and quality of breast, cervical and colorectal cancer screening programs
- Comprehensive cancer care and research infrastructure/network accreditation



Mapping the territory

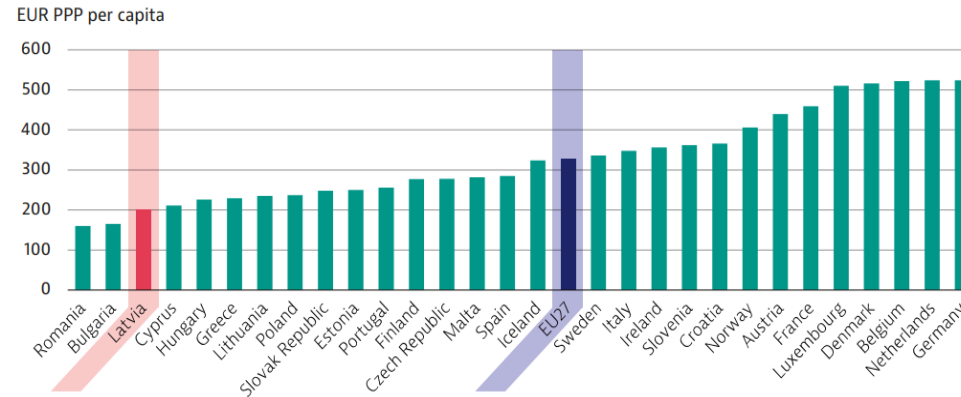
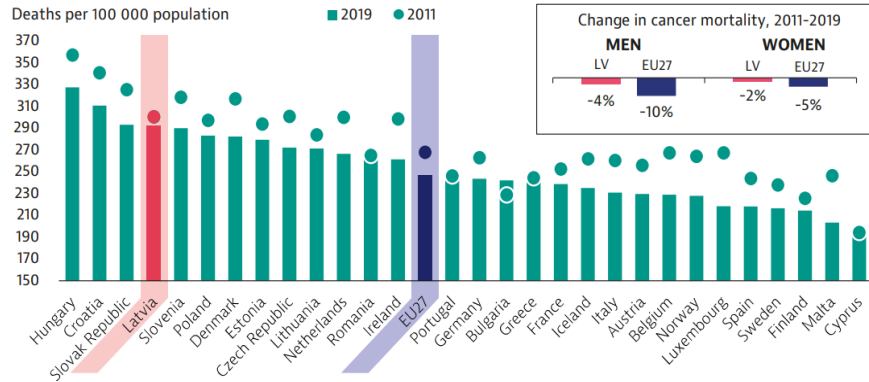
visit 1



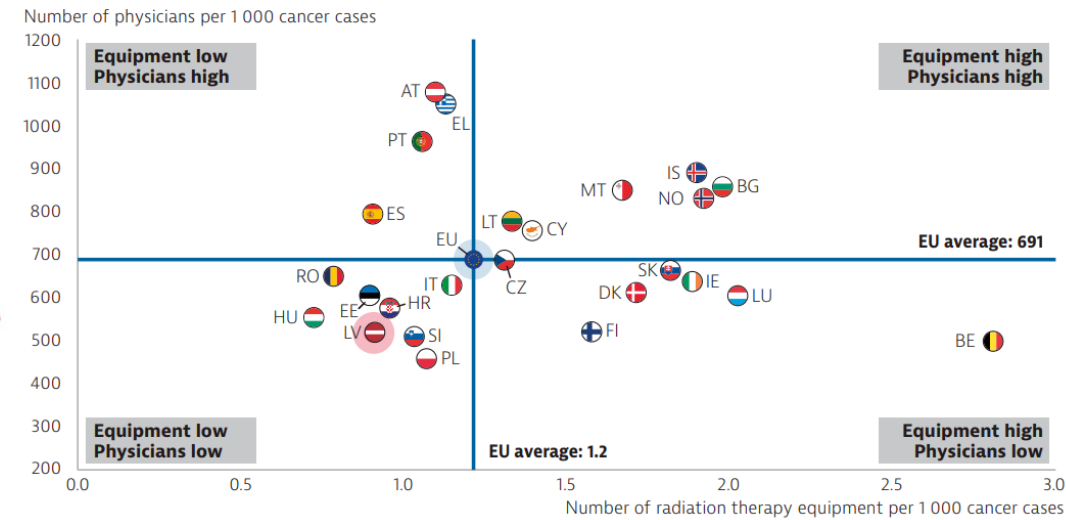


- Visit the cancer territory
- The most important traveller is the patient – what is best for them?
- Collect basic information
- What destinations in cancer need to be interconnected?
- What are the barriers to connection? Rivers, mountains, swamps....

Latvia – key figures and challenges

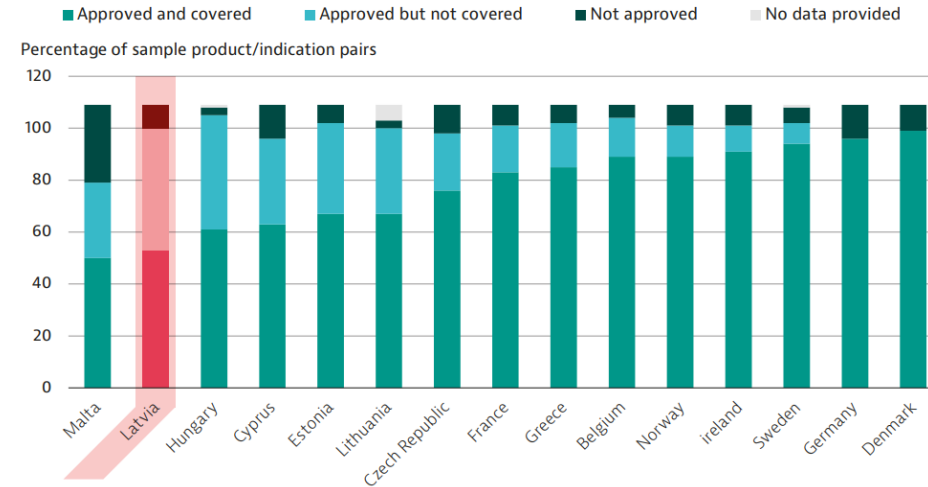
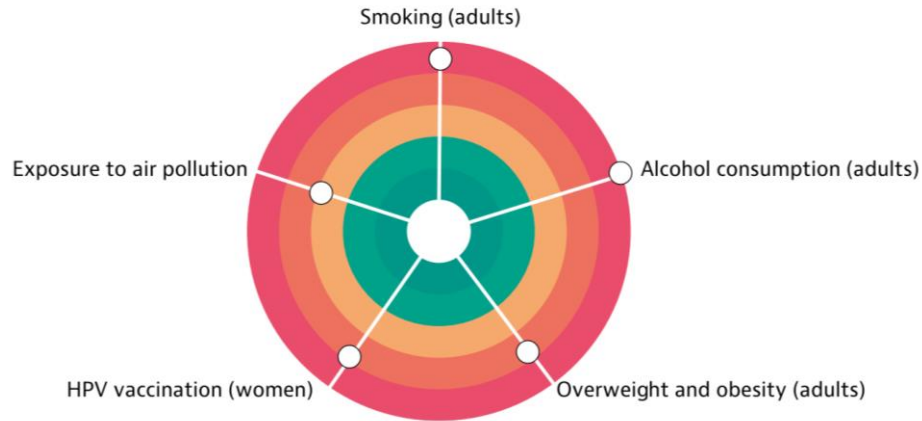


Source: Cabinet of Ministers (2021).

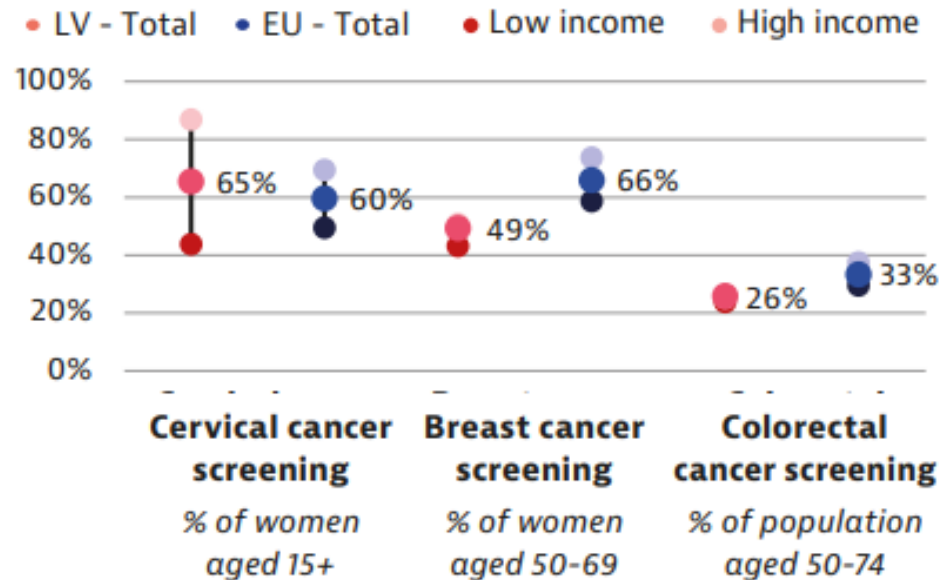


- High cancer mortality rate
- Regional differences
- Low investment in cancer care
- High cancer burden but limited availability of resources

Latvia – key figures and challenges



Source: Chapman, Paris, and Lopert (2020).



- High risk factor profiles
- Suboptimal participation in screening
- Approved drugs not refunded/long wait for refund



- Team of 3
- Situational analysis
- Visits to research and health care institutions



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)

Gaps in provision and integration, workshops visit 2



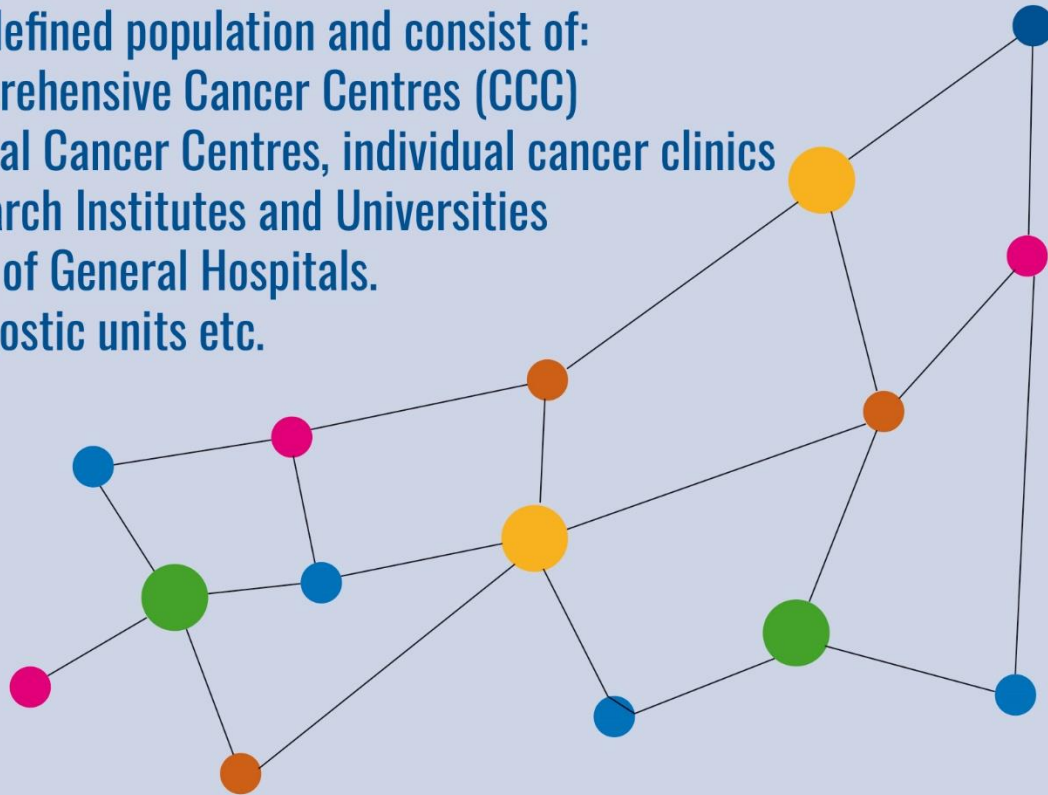
What is a Comprehensive Cancer Infrastructure?

CCI A Comprehensive Cancer Infrastructure should also include public functions such as public health, screening, primary and community care, and population cancer registries.

CCN

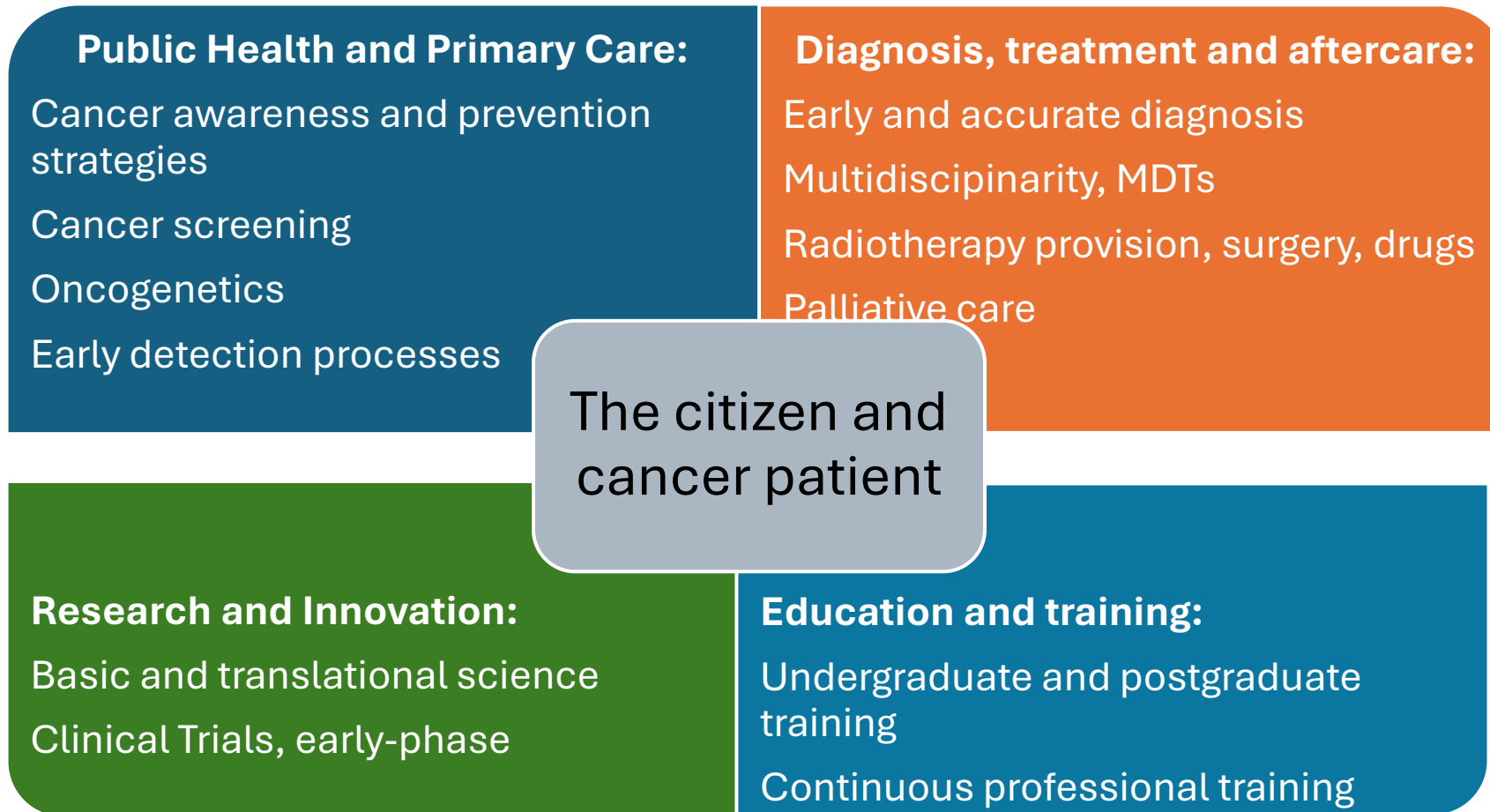
Comprehensive Cancer Networks* serve a defined population and consist of:

- Comprehensive Cancer Centres (CCC)
- Clinical Cancer Centres, individual cancer clinics
- Research Institutes and Universities
- Units of General Hospitals.
- Diagnostic units etc.



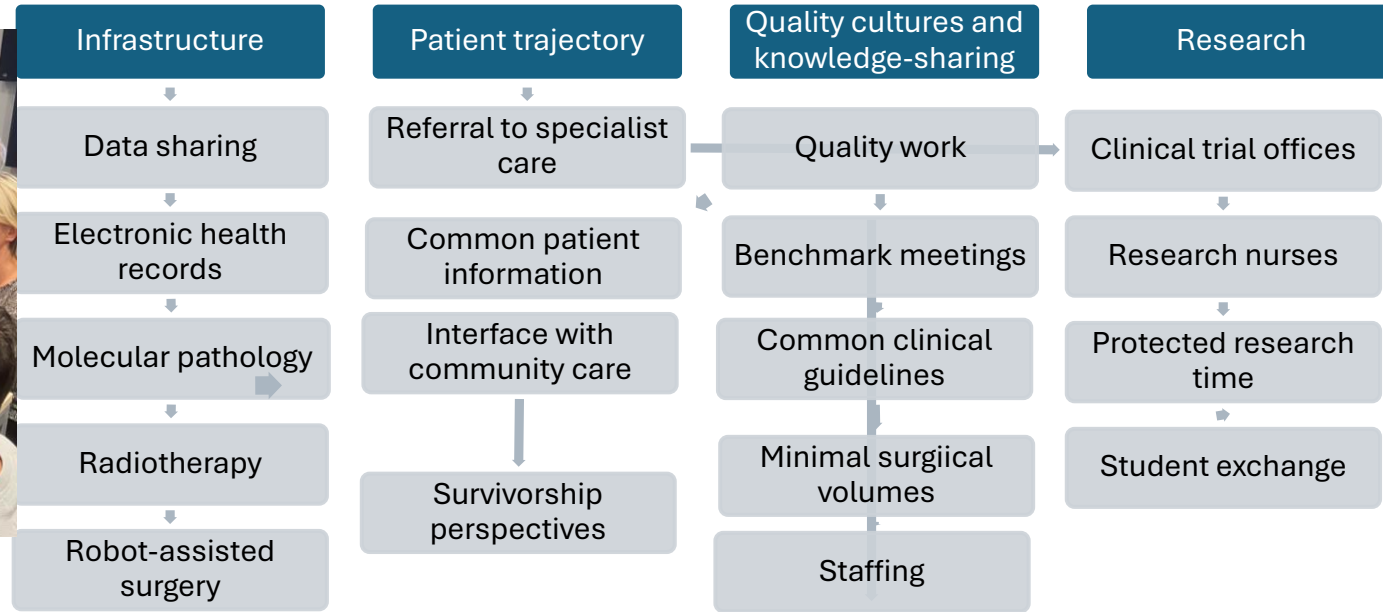
* Including Comprehensive Cancer Care Networks according to CraNE WP 6 (CCCN)

Latvia – comprehensive cancer infrastructure



Underpinned by: Cancer Registry (epidemiology); Electronic Health records and IT I-O; Core

National workshops



Patient, leadership and staff engagement



Meetings with
agencies and
ministries

**Sharpen and validate proposed
actions, draft roadmap,
stakeholder forum, ministerial
report-back
visit 3**

3

Summary recommendations

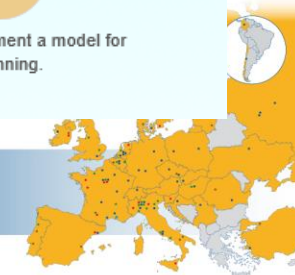
This project is already addressing:

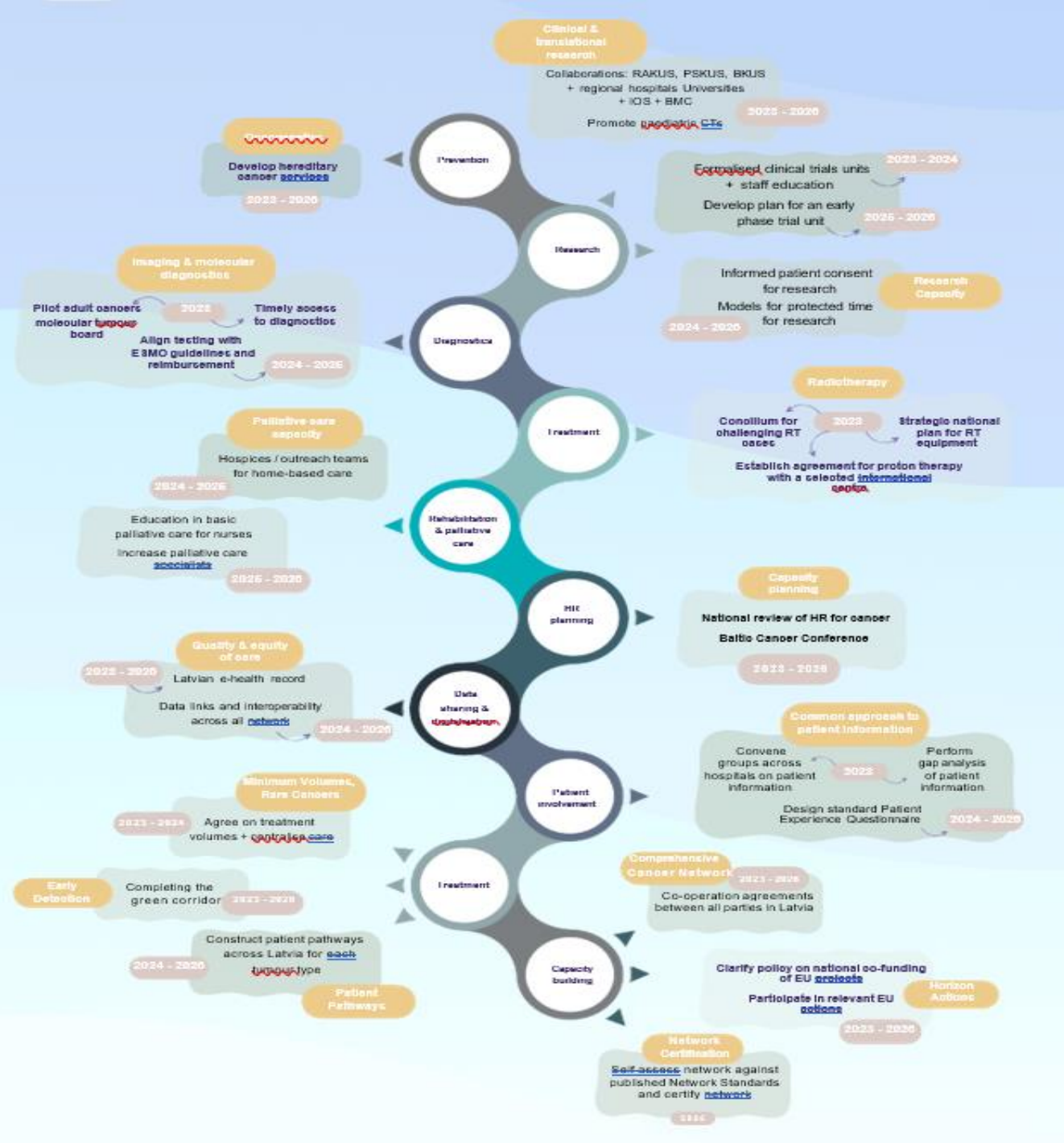
- Cancer Screening by IARC
- Cancer registry by IARC

Effective referral from primary care (green corridor) in place

Recommendations on:

- Diagnostics – Treatment – Palliative care
- Multidisciplinarity – National networking
- Digitalization and data access
- Clinical research
- Patient involvement
- HR planning and investments





Thanks to
clinical leaders, staff and patients
of the IARC and OECl teams

Lessons for OECl

- Start with regular informal contacts
- Build a culture of collaboration
- Patient centeredness
- Bottom-up and top-down commitment
- Identify the most critical process barriers to a network, e.g. sharing data, e-HR, silos
- How to negotiate agreements on common grounds

