- 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- Cancer registries are outdated and have not produced reliable statistics recently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

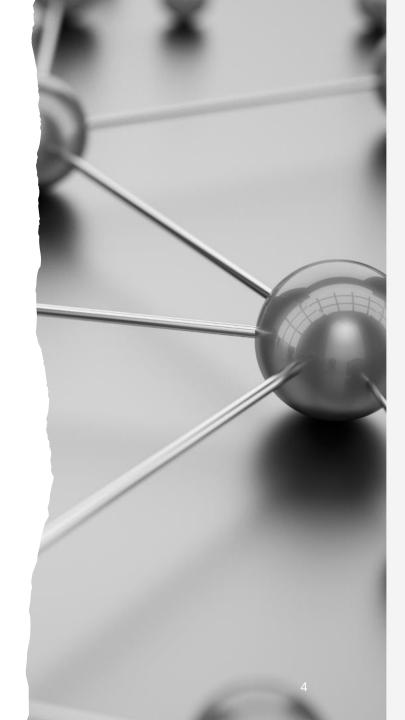


Mapping the territory visit 1

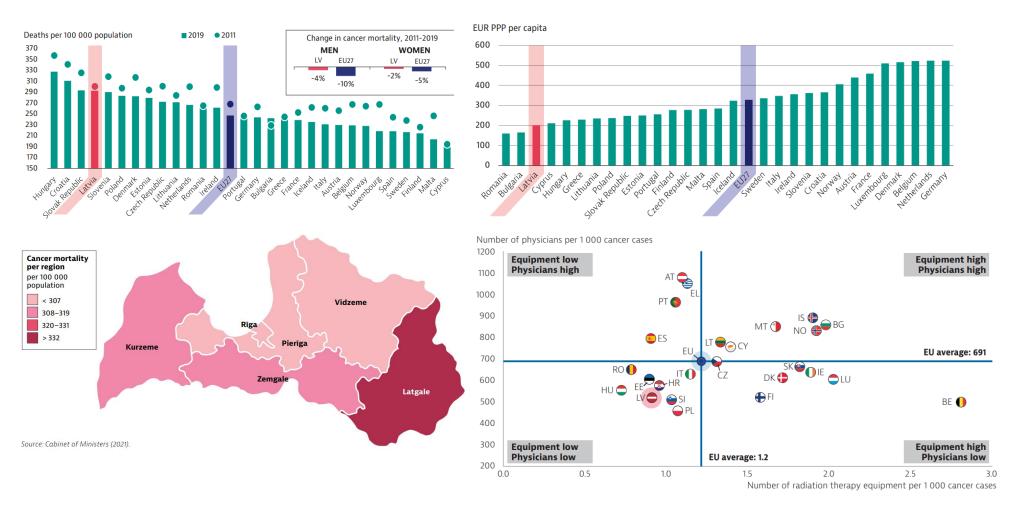




- Visit the cancer territory
- The most important traveller is the patient what is best for them?
- Collect basic information
- What destinations in cancer need to be interconnected?
- What are the barriers to connection? Rivers, mountains, swamps....

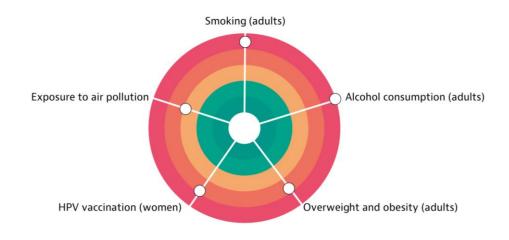


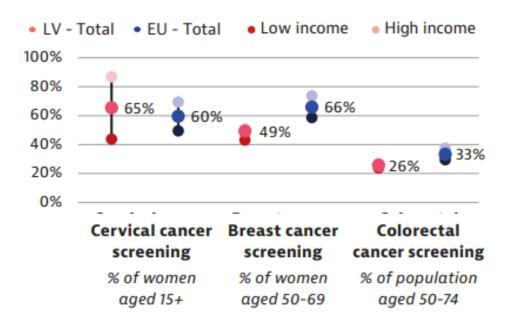
Latvia – key figures and challenges

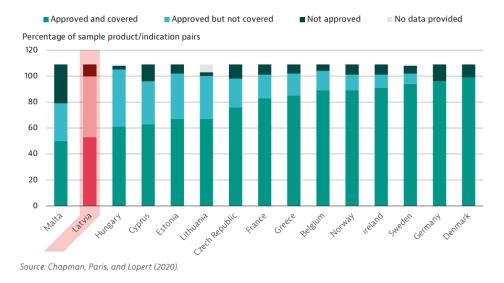


- High cancer mortality rate
- Regional differences
- Low investment in cancer care
- High cancer burden but limited availability of resources

Latvia – key figures and challenges







- 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 <u>Stradins</u> University (PSU)



University of Latvia (UoL)

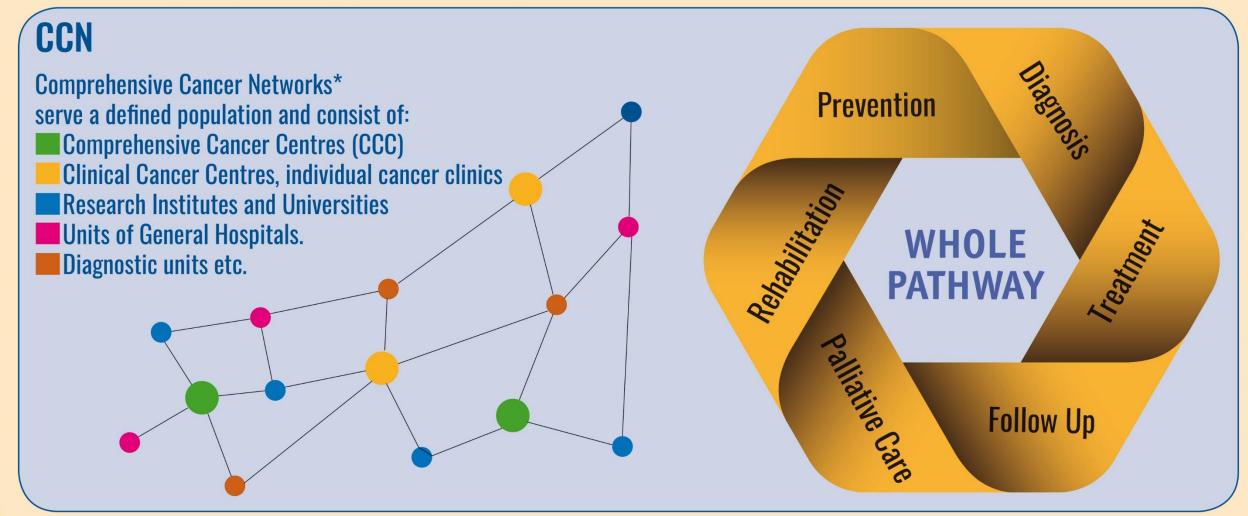
Gaps in provision and integration, workshops visit 2



What is a Comprehensive Cancer Infrastructure?



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



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

Latvia – comprehensive cancer infrastructure

Public Health and Primary Care:

Cancer awareness and prevention strategies

Cancer screening

Oncogenetics

Early detection processes

Diagnosis, treatment and aftercare:

Early and accurate diagnosis

Multidiscipinarity, MDTs

Radiotherapy provision, surgery, drugs

Palliative care

The citizen and cancer patient

Research and Innovation:

Basic and translational science

Clinical Trials, early-phase

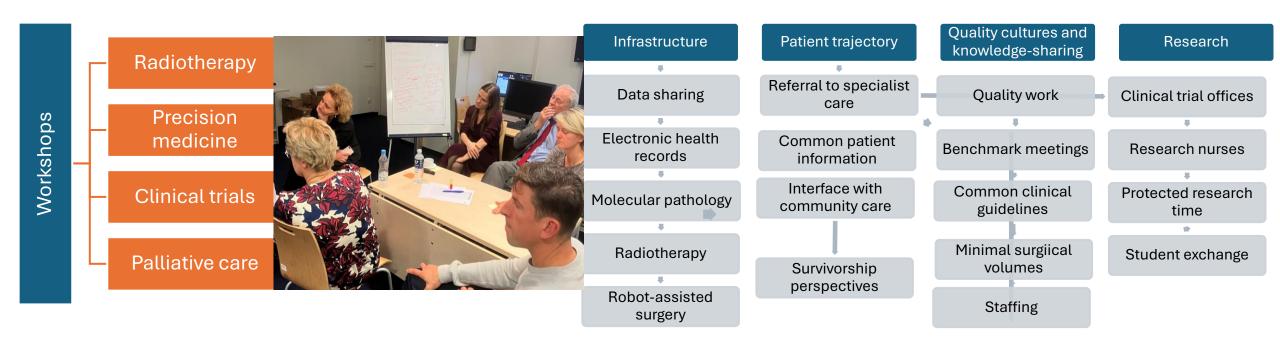
Education and training:

Undergraduate and postgraduate training

Continuous professional training

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

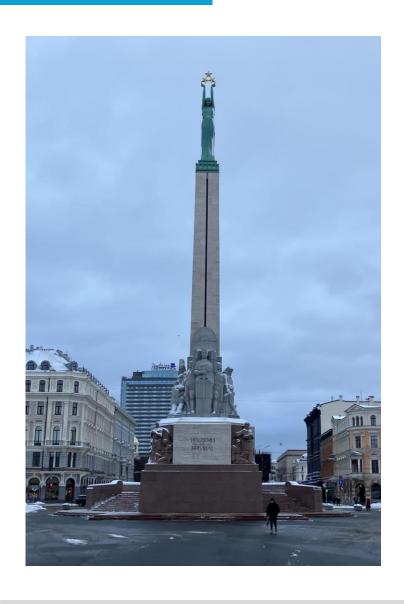
National workshops







Patient, leadership and staff engagement





Meetings with agencies and ministries

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





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

Molecular pathology, precision medicine

- Form collaborations to create a national network with molecular biologists, bioinformaticians and physicians.
- Implement molecular tumous boards for children linked to clinical trials.
- Solve the issues with data sharing between institutions.

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.

MDTs, pathways, minimum volumes

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

Digitalisation and data

 Establish electronic health records for each citizen.

Clinical research

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

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.

Patient involvement and information

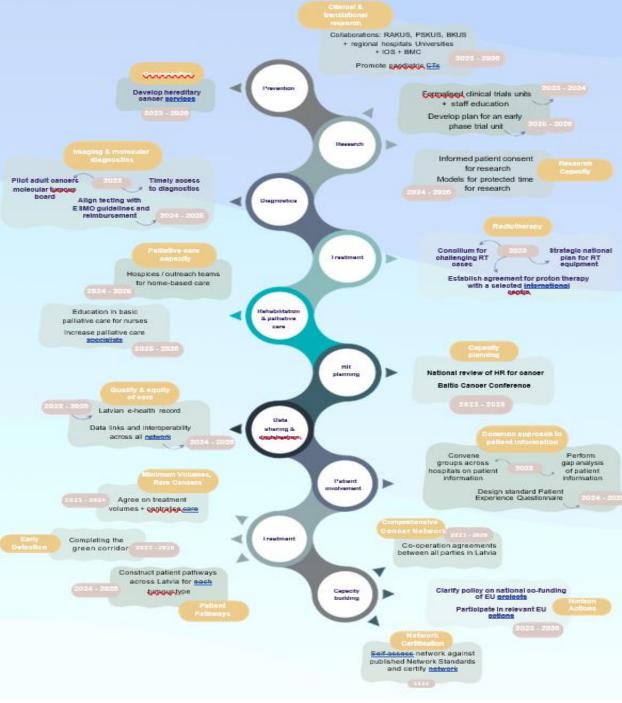
The patient representative group
 Onco-Alliance is very active and keen to
 be involved in the development of policy,
 services and research.

Human resource planning

 Establish and implement a model for human resource planning.

Organisation of European Cancer Institutes - EEIG







Lessons for OECI

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