



HELLENIC SOCIETY OF MEDICAL ONCOLOGY

Ioannis P. Boukovinas MD, PhD, PharmaD

Medical Oncologist

President

ibouk@otenet.gr

- **When you are dealing with cancer, it overcomes the most difficult political conflicts**
- **Cancer respects no boundaries and neither should cancer control efforts**

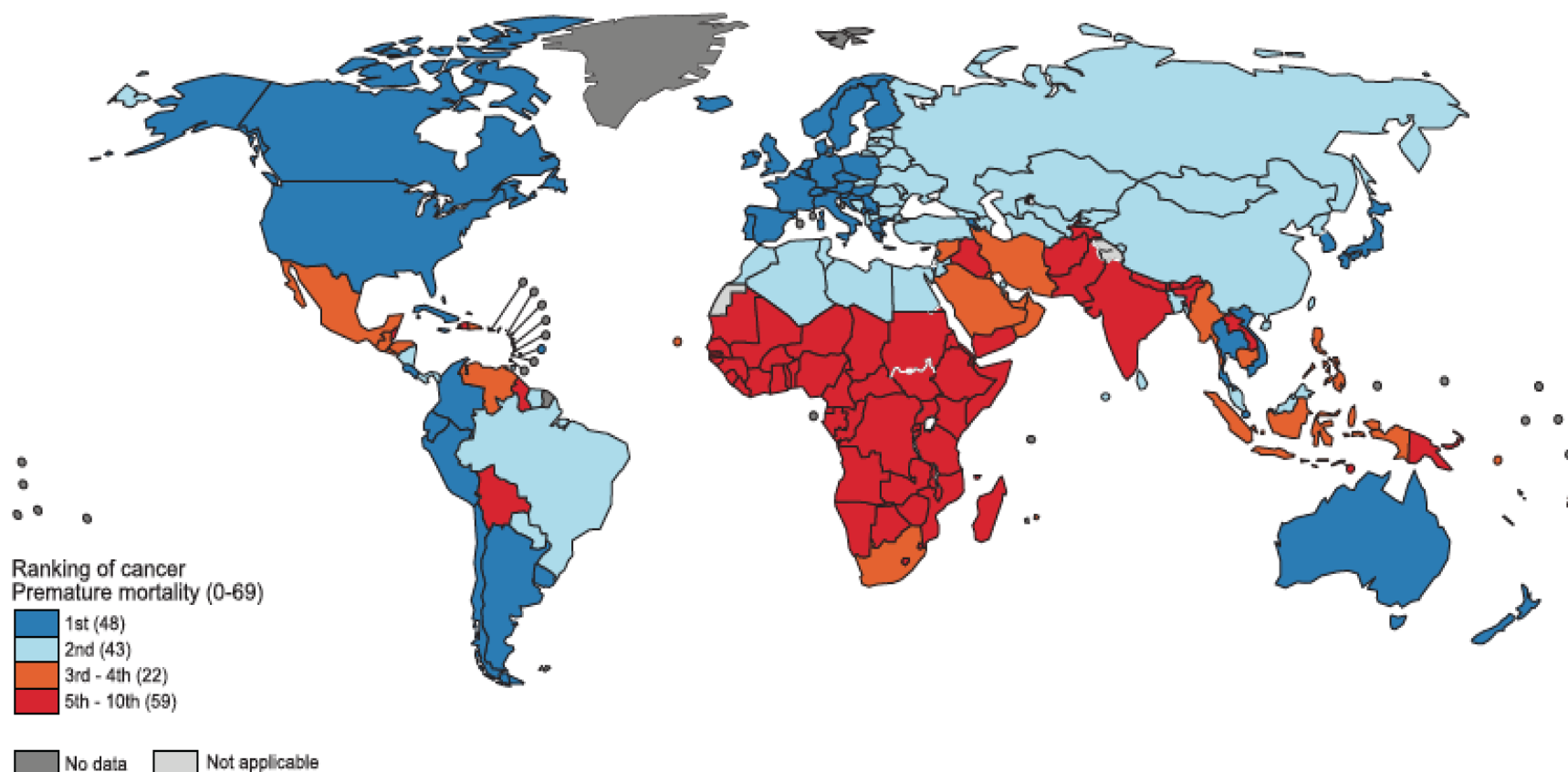
Educational activities of HESMO

- Hellenic Academy of Oncology
- The Hellenic Group of Young Oncologists
- W4O
- HESMO-Web Academy

Onco-Bridge Consortium, whose charter was to foster collaboration and address the region's unmet cancer care needs meet Regional Societies in order to

- to strengthen science-policy linkages,
- cultivate an ethos of civic engagement,
- foster boundary-spanning capacity to address global challenges that no nation can solve independently

Global Map Presenting the National Ranking of Cancer as a Cause of Death at Ages Below 70 Years in 2015



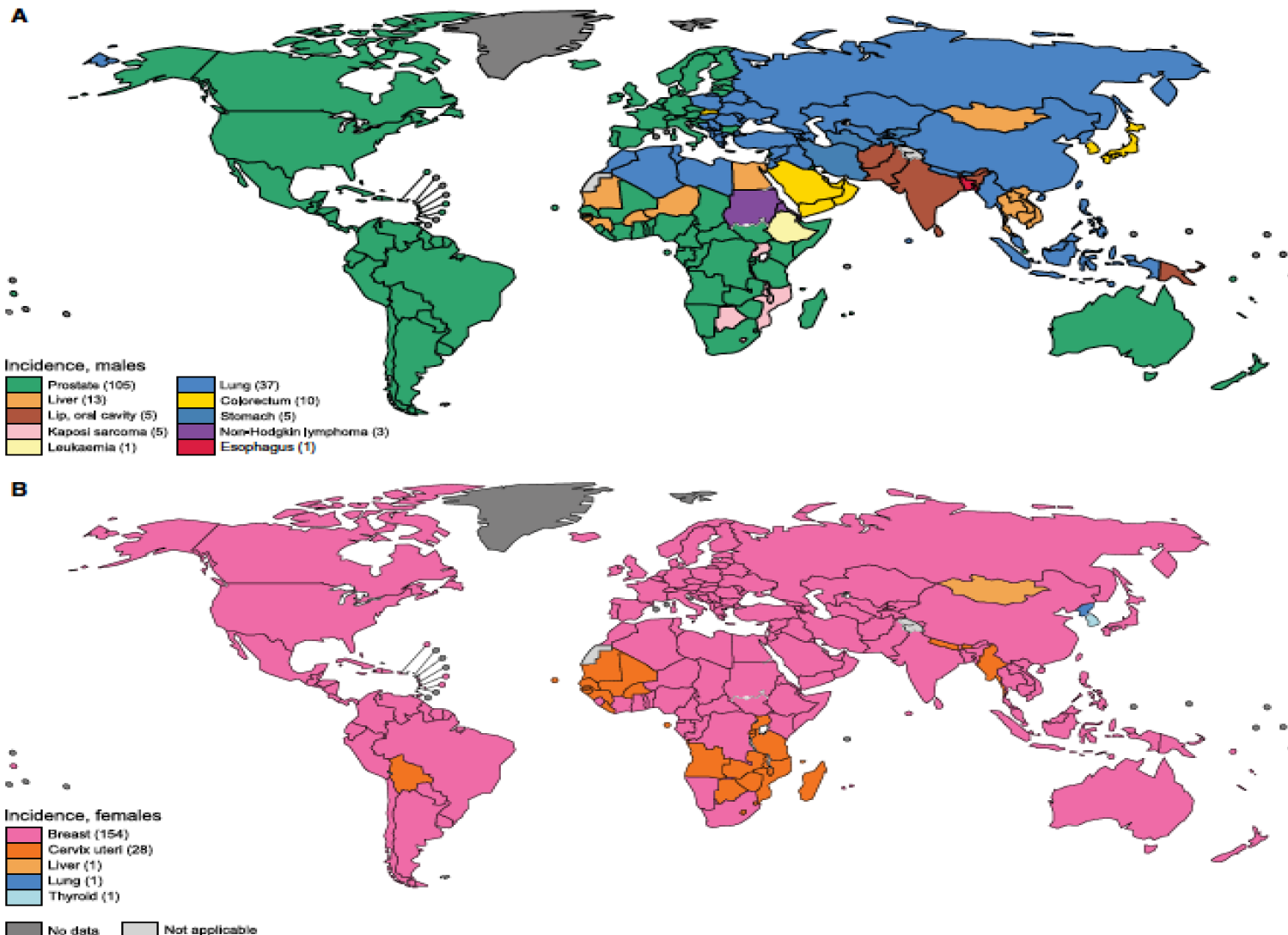
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: GHO
Map production: CSU
World Health Organization



© WHO 2016. All rights reserved

Global Maps Presenting the Most Common Type of Cancer Incidence in 2018 in Each Country Among (A) Men and (B) Women

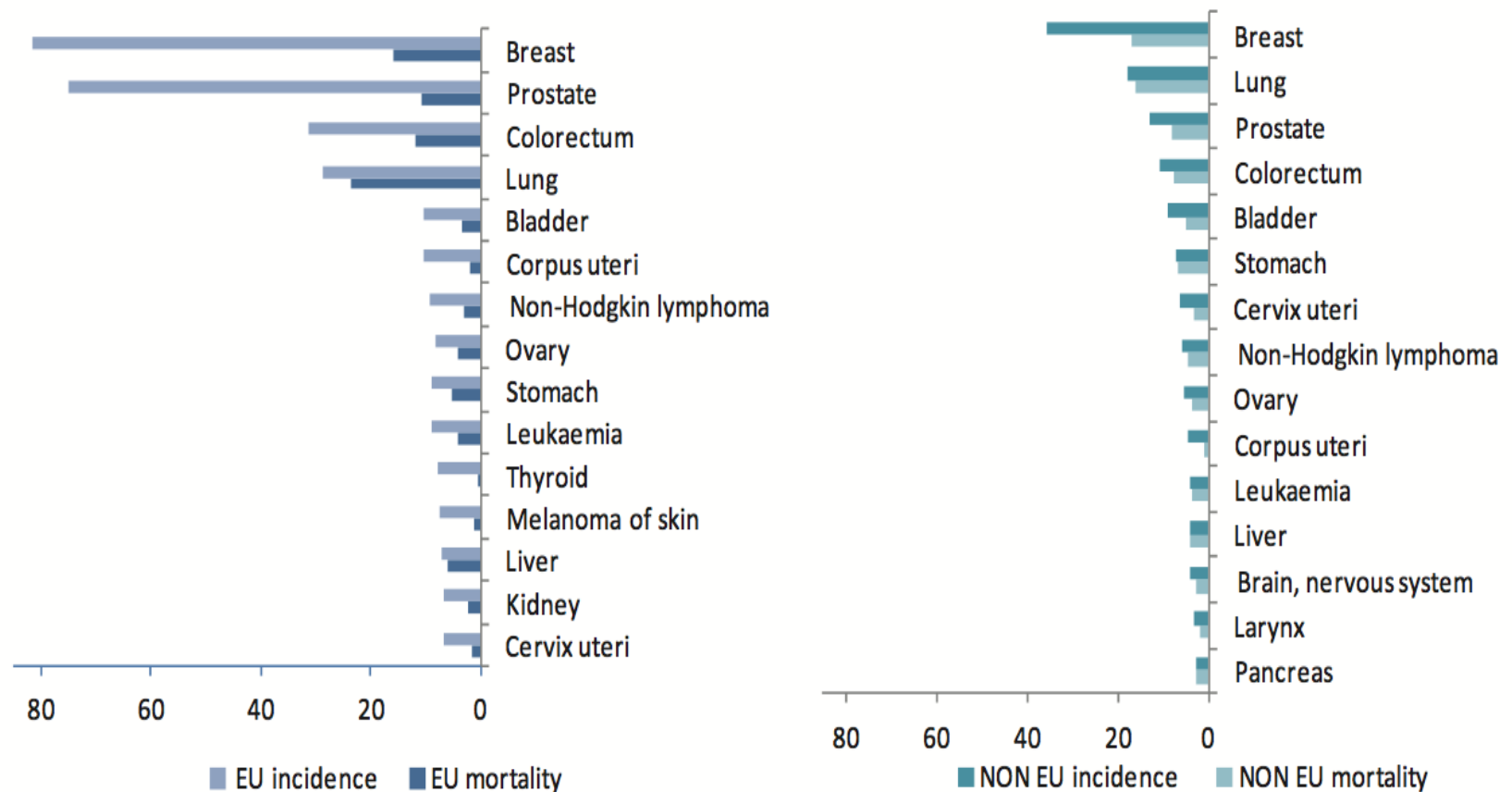


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: Globocan 2018
Map production: IARC
World Health Organization


World Health Organization
 © WHO 2018. All rights reserved

Age standardised (world) incidence and mortality rates for the most frequent cancers among Mediterranean EU countries (*) and Mediterranean non-EU countries involved in the project



* Cyprus, France, Italy, Greece, Malta, Slovenia, Spain, Portugal

Breast cancer in young women

- **The median age of breast cancer incidence in North Africa, for example, is lower by 12 years on average (i.e. between 48 and 51 versus between 61 and 63 years)**
- **The rate of breast cancer among women aged less than 35 years is ranged between 8% and 12%**

Nasopharyngeal cancer

- In North African countries, it ranks 2nd among all head and neck cancers, and 9th (2.1%) among all cancers
- Countries like Algeria, Tunisia, and Greece have an intermediate incidence while the rest have a low incidence, similar to that of Western countries

Table 1 Demography, socioeconomic status and health system organisation in the participating countries

Country	Population	Average life expectancy at birth (yrs)		GDP ^a (US\$)	THE ^b (%)	PHE ^c (%)	Health Insurance System coverage (%)	Health facilities: Public/Private Average Ratio	National Health Development Programme (priorities)	Cancer Registry	
		M	F								
→ Albania	3 194 972	74.8	80.3	7400	6.9	8.4	65.0	0.43	Cancer control CVDs ^d	H ^e	
Algeria	36 300 000	74.7	76.3	5034	4.1	8.1	NA ^f	0.92	Communicable diseases, cancer control, tobacco control	P(R) ^g	
→ Bosnia and Herzegovina	Federation of BiH	2 327 195	72.1	77.3	3926	14.0	14.0	84.0	4.8	Health quality system, patient safety and equity in accessing health services	P(N) ^h H
	Republika Srpska	1 435 179	72.1	77.3	4073	5.9	NA	71.5	9.00		P(R)
→ Croatia		4 429 078	72.9	79.6	14 222	7.8	17.6	99.0	9.00	Health quality system, patient safety and equity in accessing health services	P(N) H
→ Egypt		82 079 636	70.1	75.8	2270	5.0	5.7	50.0	9.42		P(R)
Jordan		5 980 000	71.6	74.4	4500	9.3	18.6	85.0	NA	Tobacco control, cancer control, CVDs ^d	P(N) H
	UNIAM in Kosovo ⁱ	1 739 852	68.0	72.0	7400	NA	2.5	0.0	0.30		P(N) H
→ Lebanon		3 891 466	71.0	77.0	6834	8.8	9.5	52.0	0.17		P(N) H
	Montenegro	635 000	72.0	77.0	6635	9.3	13.6	100.0	NA		-
	Morocco	29 680 069	73.9	75.6	2811	5.3	6.6	30.0	3.66	Cancer control, Communicable diseases	P(R) H
	Palestinian NA ⁱ	4 048 403	70.8	73.6	1640	15.6	NA	35.0	NA		P(N) H
	Serbia	7 320 807	71.1	76.4	11 612	9.9	14.1	63.3	0.02		P(R) H
	Syria	19 644 000	69.0	75.0	1804	3.2	5.6	3.5	0.02		P(N) H
	Tunisia	10 629 186	73.0	77.2	3792	6.2	19.7	70.0	0.31	Cancer control	P(R) H
→ Turkey		70 582 256	71.8	76.8	10 436	6.0	12.8	90.0	3.15	Tobacco control, CVDs ^d	P(R) H

Opportunities

Act as specific community and embrace **“THE ROLE OF COMMUNITIES IN PROMOTING HEALTH EQUITY”**

- Technology (networking of molecular profiling, big data)
- Specific domain (AYA, rare cancers, fertility issues, palliative care, life-style interventions, financial issues, leadership, access to new anti-cancer medicines)
- Endemic diseases (NPC,hepatoma,mesothelioma, lung cancer)
- Flexibility (no structural bureaucracy)

Barriers

- ✓ Heterogeneity in
 - Language
 - Culture
 - Health system and insurance
 - Training
- ✓ Disparities in Health Outcomes
- ✓ Lack of resources
- ✓ Sustainability

Gaps and barriers

- In our region, cultural barriers are a key driving factor for limitations for cancer patients.
- Differences exist across countries of similar & different development levels.
- Better progress in awareness & provision of care.
- Limited progress in diagnosis & treatment remains challenging.

Comprehensive Analysis of mBC Policy

mBC Policy: Patient Journey Framework

Key mBC Policy Components

Awareness/
Recognition

Diagnosis

Coordinated
Care

Treatment

Ongoing
Management

Stakeholder Engagement & Patient Advocacy

Patient
Awareness &
Engagement

Informed
Providers

Screening
Programs

HCP
Specialists

Diagnosis
Programs

Patient
Registries

Care Pathway
&
Integrated Care

Centers of
Excellence

Early Access
Programs

Regulatory
Approval
Process

Access &
Reimburse-
ment

Support
Programs

Research

Address the timely
detection and diagnosis of
BC

Improve access to quality care
in communities across the
globe

Assessment criteria

- High
- Moderate
- Low

Data Sources



Comprehensive analysis conducted across 16 countries between January 2016 and March 2017 using:

- NCCPs
- Policies
- Public health programs

Asian Sub-analysis



Unique Policy Gaps & Barriers in Asia

mBC Policy Component	 JAPAN	 SOUTH KOREA	KEY TRENDS IN POLICIES & INITIATIVES	EXISTING KEY GAPS & BARRIERS
NCCP in Place?	✓	✓	1. Increasing BC & mBC patient advocacy for policy change & implementation, but more limited role of non-profits.	1. Cultural barriers to patient awareness & engagement for BC & mBC exist in Japan & South Korea.
Awareness/ Recognition	●	●	2. No targeted BC & mBC diagnosis efforts.	2. Despite comprehensive training of & high BC awareness, HCPs inadequately communicate diagnosis.
Diagnosis	●	●	3. Developed Asian markets have well-establish cancer registry systems.	3. Misunderstanding of risk reduction behaviour & fear of diagnosis prevent screening compliance.
Coordinated Care	●	●	4. Support for well-established cancer care centers or Centers of Excellence, but lack of distinction between BC subtypes.	4. Despite organized care patients report that psychological burden represents on of their highest burden.
Treatment	●	●	5. No 'survivor' rehabilitation programs in countries for BC & mBC patients but multi-sector collaborations engage in this space.	5. A large number of patients do not effectively communicate their use of complementary & alternative medicines to physicians which impacts response & adherence.
Ongoing Management	●	●	6. Developed Asian markets are involved in research on BC & mBC.	



Development Level Key:



High



Moderate



Low

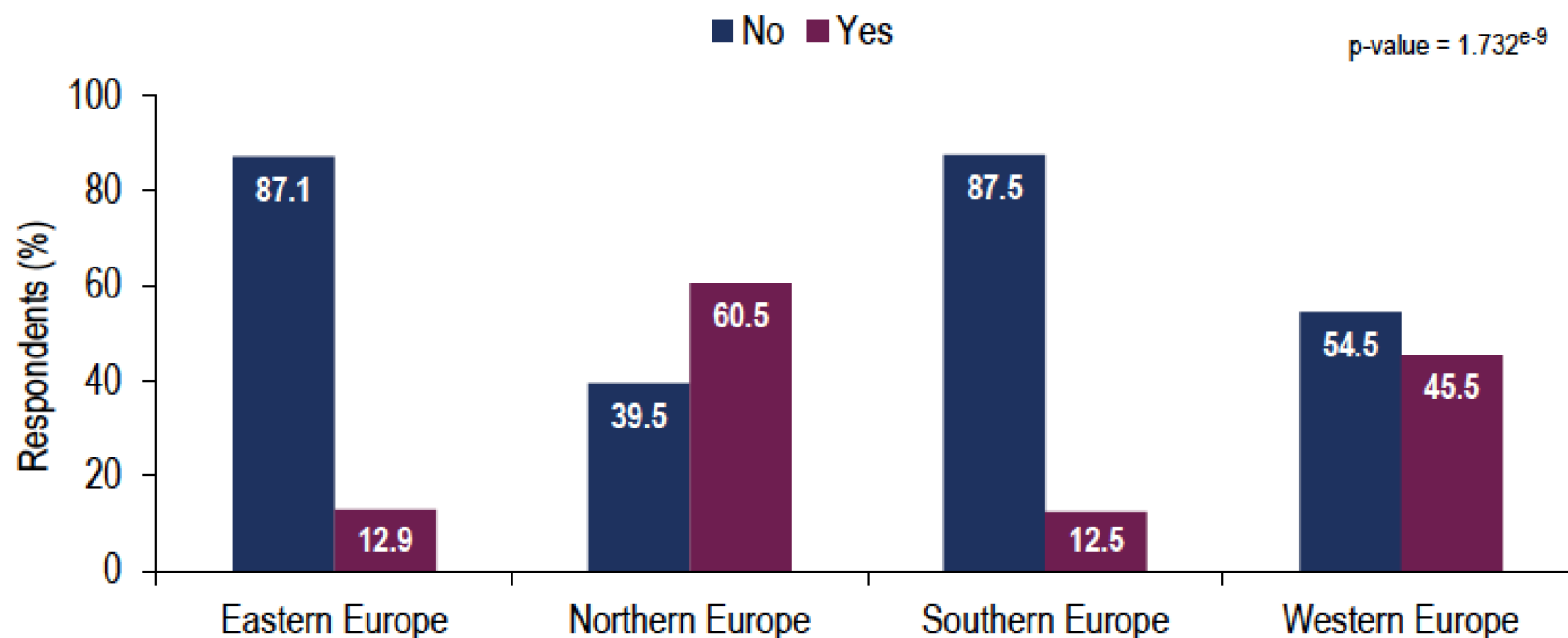
Proposals

The creation of longer-term relationships and idea exchange would likely lead to more effective mentor-mentee relationships and could provide continued motivation and support to translate the acquired knowledge into action or practice

- Conduct of summer schools, workshops, and conferences
- Education award/Scholarships/Fellowships
- Collaboration between institutions
- Create international networks with peers and seniors
- Virtual MDTs
- Surveys
- Electronic Health Records for cancer patients

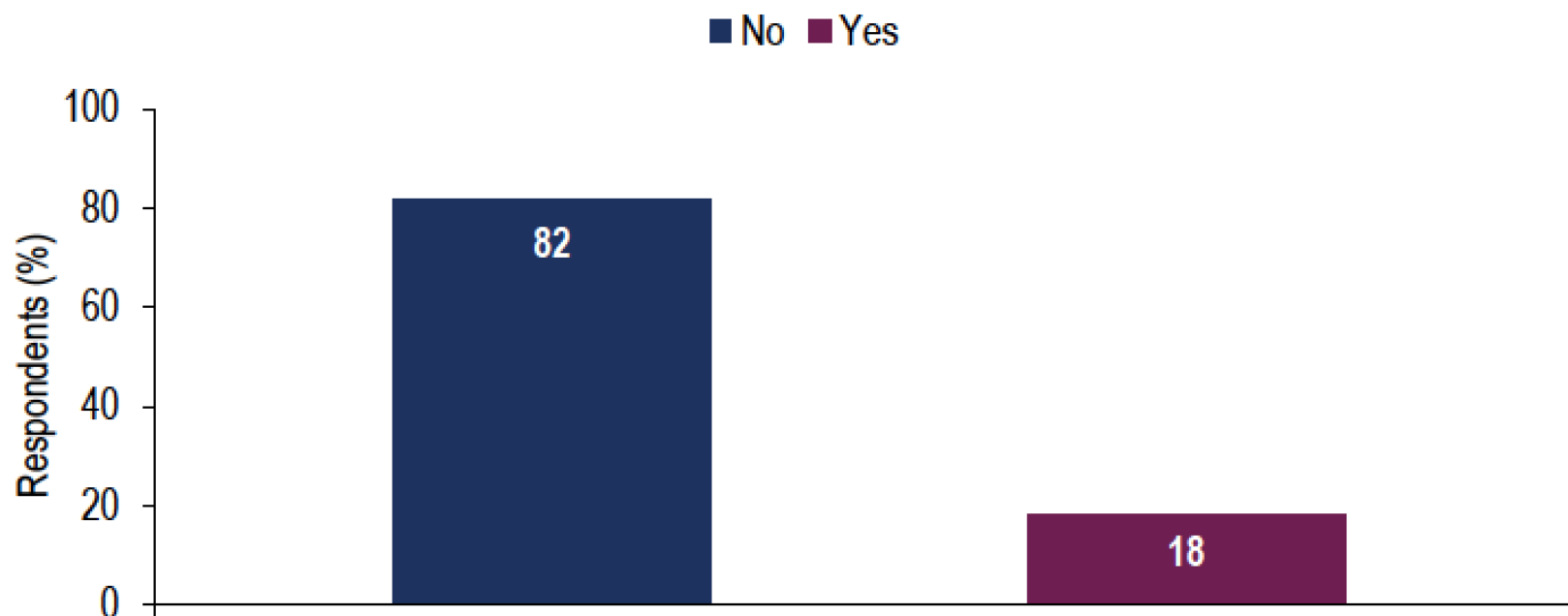
QUESTION 12 – by region

In some parts of the EU there are specialised services for AYA with cancer, where adult and pediatric cancer specialists work together in teams to plan treatment and deliver care. Are you aware of any existing or developing teams or services with a specialisation in AYA with cancer that your patients can access?



QUESTION 31

Are there education and training courses (online or face-to-face) available to you, which are focused upon the management of AYA with cancer?



International Palliative Care Workshops

Date	Location	In Collaboration With
May 10-11, 2019	Athens, Greece	Hellenic Society of Medical Oncology

Asclepius Oncology

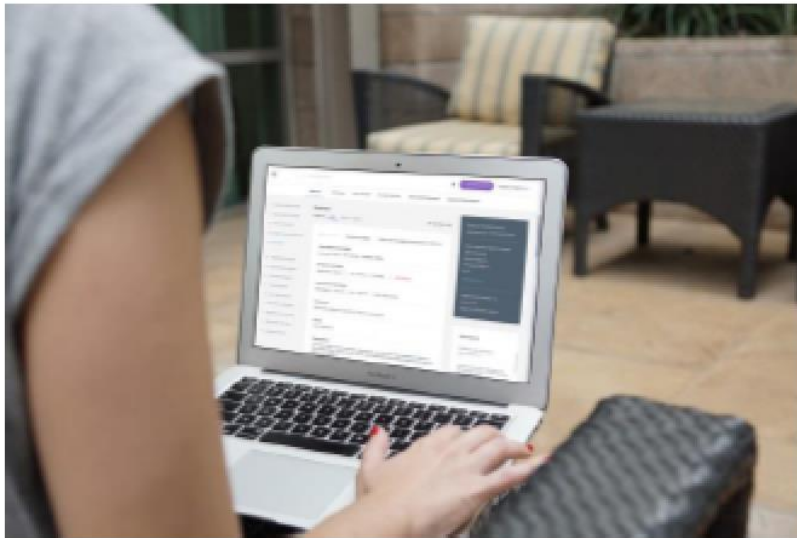
Many recent analyses and studies show that there is an increase in oncological incidents, while the life expectancy of an oncological patient is increased due to new, advanced therapies [1]. These facts, together with the technological developments, have as a result a rapid increase in the volume of medical data [2]. **These data, if properly utilized, can provide significant benefits to both the patient as well as the treating physician.**

1. System description

The aim of this project is to create an innovative and secure network between oncological patients and oncologists, based on a patient-centered infrastructure. On top of this infrastructure, a suite of oncological data management applications will be developed. These applications aim to address both the treating physician and the patient. The system is complemented by the development of a set of smart and innovative applications on the



Change
the way
you manage
patients' data



Cancer

Data

Management

3.3 Option to add analysis results from microbiological laboratories

The system provides the ability to upload to the patient profile, various medical analysis results from potential collaborating microbiological laboratories across the country, through a secure procedure. At the same time, it will be possible for the patient to add the medical results himself/herself. A system for conversion of medical exam data into digital and editable form for known analysis results template, and automatic import in the application database through an Optical Character Recognition (OCR) system will be provided, with the only requirement for human interaction being the confirmation of the data validity. External medical exam data is stored and visualized through a separate tab, and it is graphically accessible.



Innovation

through collaboration

© 2018 Qodin.io All Rights Reserved

Collaboration

- Success depends on collaboration between all stakeholders and sharing experiences across countries(both successes and failures).
- Crucial contribution is provided by clinicians, civil society, patient organizations and industry.
- Official national and international policy development is indispensable.

Cultivating Boundary-Spanning Professionals Internationally

- Bilateral, regional, or multilateral instruments uniting participants from different countries illustrate effective **top-down approaches** that can cascade into national initiatives and help small, lower-resourced countries participate in regional and global dialogues.
- At the same time, **bottom-up approaches** such as young academies, young scientists associations, and capacity-building programs (as well as virtual networks) can be instrumental in orienting scientific careers toward policy, diplomacy, and international development.