



# Why equality and quality matters?

What can be done better?

**Olga Valciņa**

*Founder and CEO of melanoma patient network of Latvia*

*“Step ahead of melanoma”*

*Founder and CEO of Latvian Association of Oncology Patient Organizations*

*“OncoAlliance”*

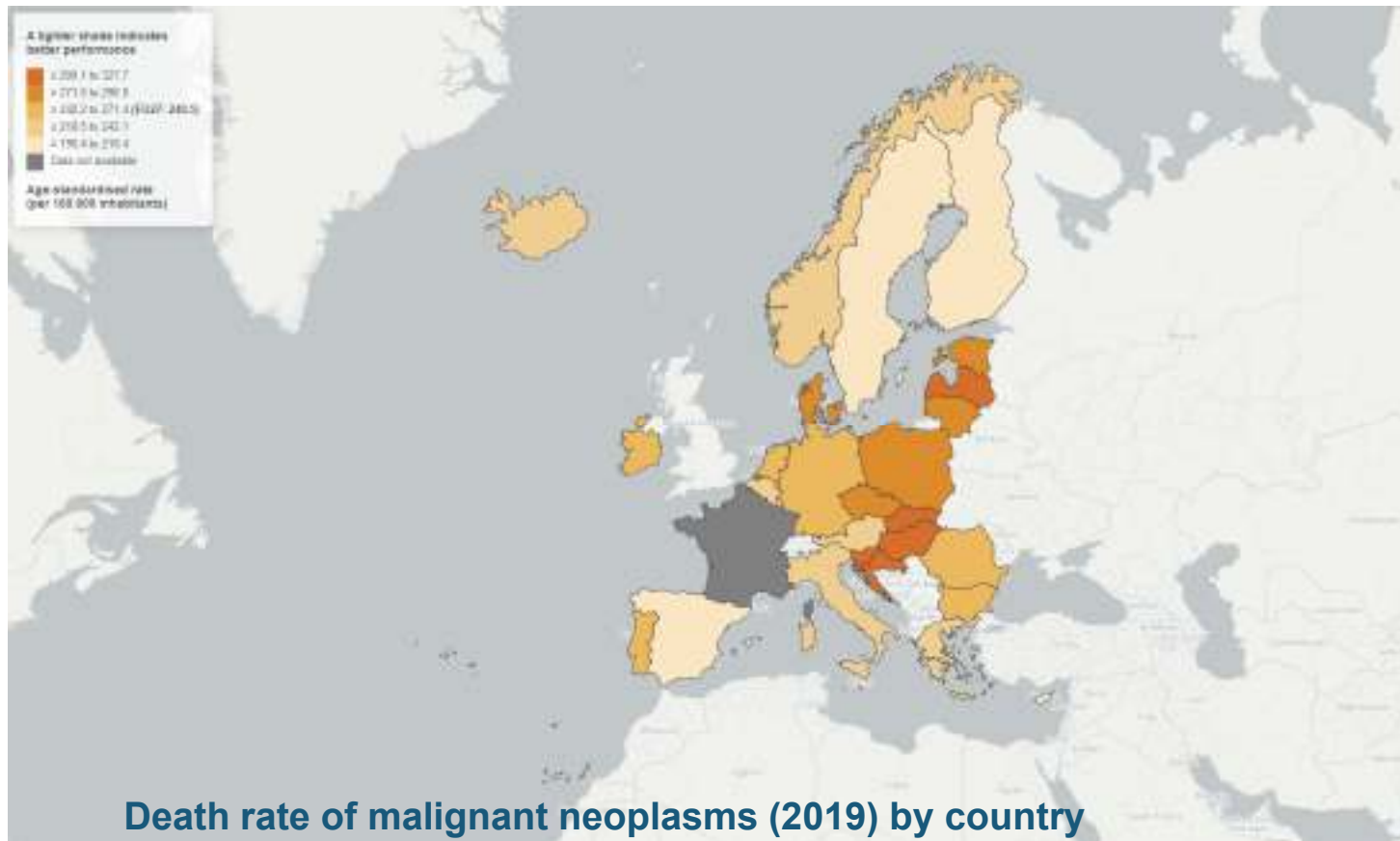


# Why am I here?

- Melanoma patient since 2017
  - At the time of diagnosis, none of the innovative medicines for the treatment of melanoma were available in Latvia
- "Step ahead of melanoma" was founded in 2019
- *OncoAlliance was founded in 2021*
  - *OncoAlliance* is the umbrella organization that brings together various organizations of patients with different types of cancer and aims to implement evidence-based advocacy for patient interests and rights.
- In my "normal" life I am a microbiologist, I work in a scientific institute
- University degree in Biology and scientific thinking is probably a good start for patient advocacy

# All cancers mortality

The indicator presents (age-standardised) death rate per 100 000 inhabitants due to all cancers combined.  
ICD-10 code: C00-C97

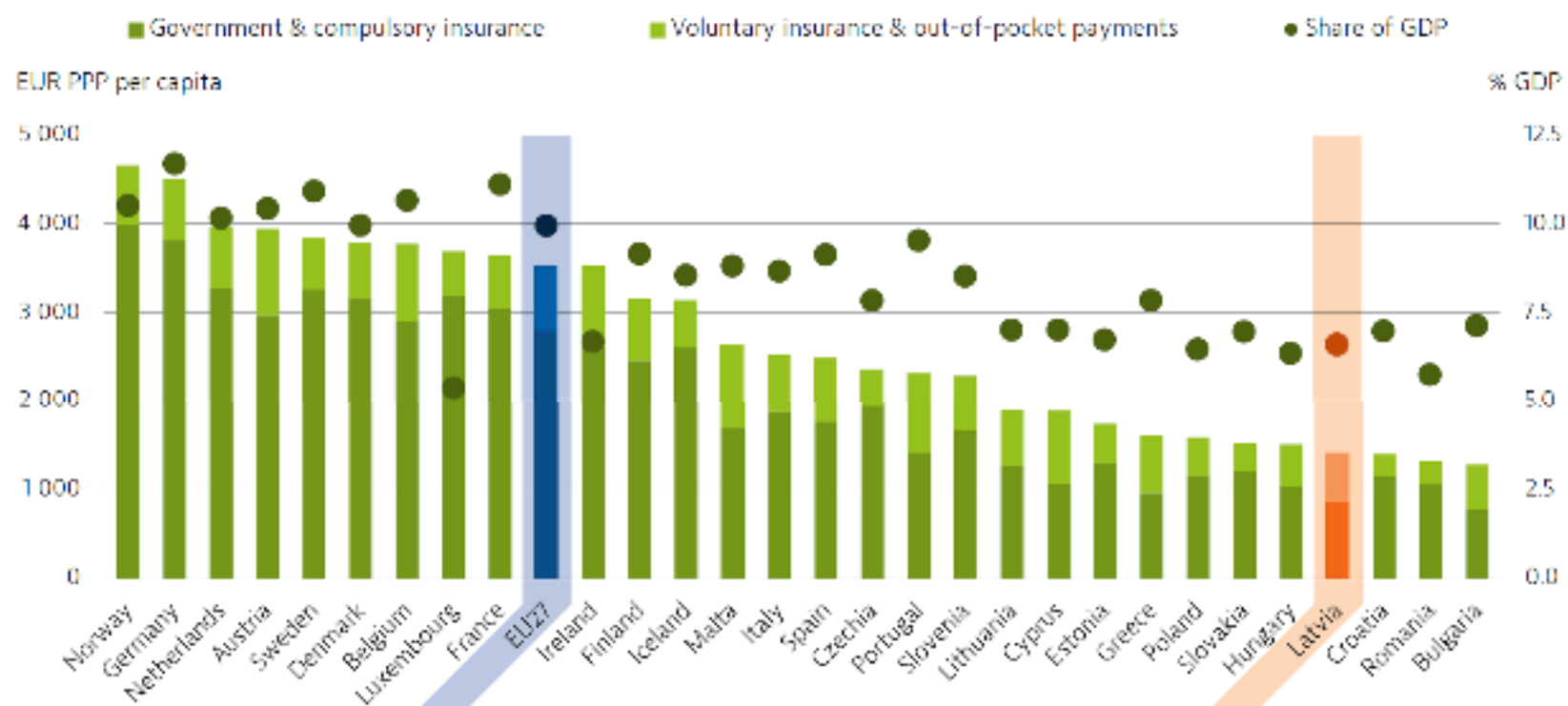


## European Cancer Inequalities Registry

The European Cancer Inequalities Registry is a flagship initiative of Europe's Beating Cancer Plan.

# Health spendings in EU

[Country Health Profiles 2021]

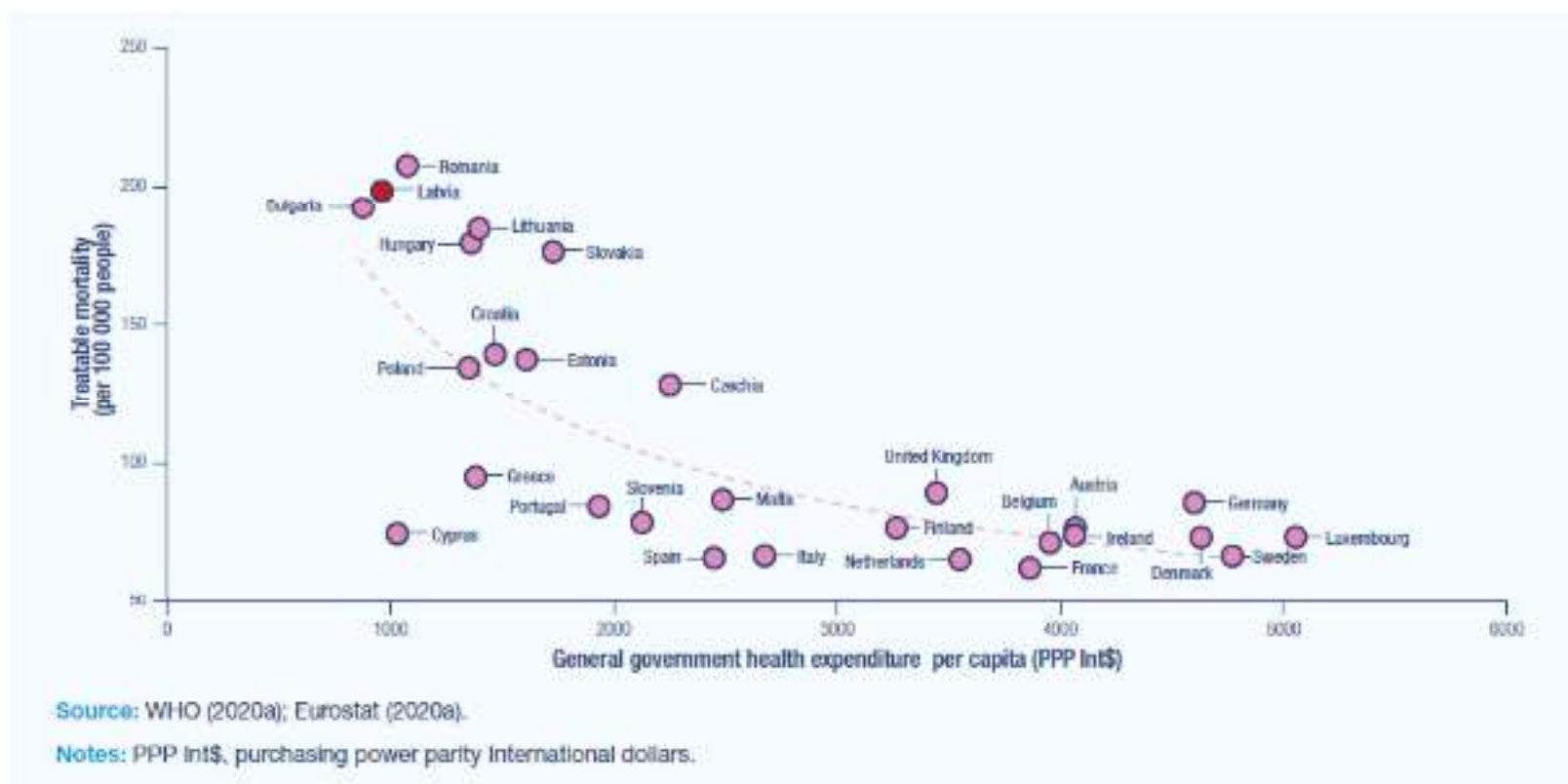


Note: The EU average is weighted.

Source: OECD Health Statistics 2021 (data refer to 2019, except for Malta 2018).

# Chronic underfunding of health services contributes to high avoidable mortality in Latvia

[Tamás Evetovits, WHO, Head of Office, 13 October 2021, Presentation in the Parliament of Latvia]



**Out of pocket  
payment**

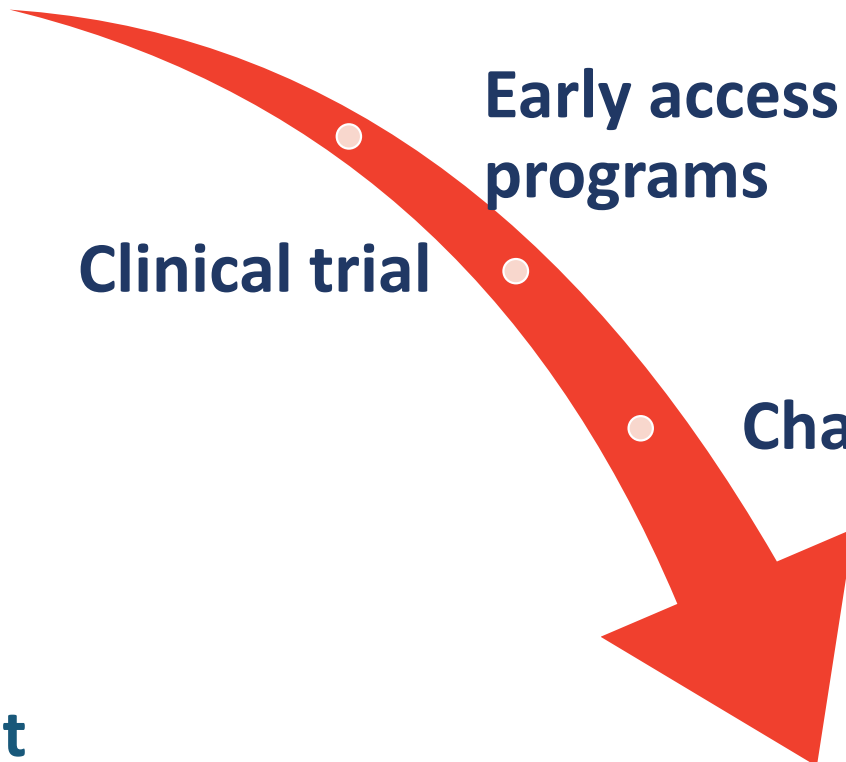
**Early access  
programs**

**Clinical trial**

**Charity**

**Surrender**

**When you are that  
unfortunate “unequal”**



# Cancer care gap between and in countries

- Affects Survival
- Worsens symptom burden
- Decreases willingness to pay
- Limits ability to adhere to an appropriate treatment plan
- Reduces public trust in the country and the healthcare system
- Increases stigma
- Reduces screening rates
  - why go for screening if there is no treatment in my country anyway



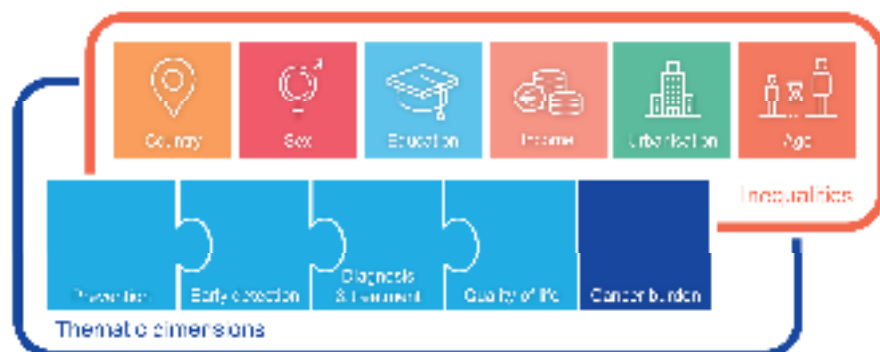
## New dimension of inequality

- Discrimination of patients according to genetic type of cancer
  - For almost a year in Latvia, Braf+ melanoma patients were privileged because they received reimbursed treatment, while Braf- patients had to pay for the medicine themselves
  - Of the three breast cancer patients, the one whose cancer is "triple negative" was unlucky, as she will not have access to reimbursed medicine in Latvia
- When the health care system treats the "majority", patients with rare tumors will always be the last priority



# European Cancer Inequalities Registry

- Beginning of data collection



- We would like to compare mortality for specific tumors by stage and specific genetic types at the time of cancer diagnosis
- quality of life measurements and indicators
- Data should be collected on:
  - Access to treatment
  - Access to genetic tests
  - financial toxicity and social protection
  - out-of-pocket payments and *"informal"* payments

## Normande



<https://dairy-products-from-france.com/france-the-land-of-milk/dairy-cow-breeds-in-france/>

**We can harmonize  
farming, but  
cannot harmonize  
cancer care**

## Latvian Blue Cow



<https://www.la.lv/vecauce-julija-beigas-jau-treso-gadu-notiks-govju-svetki>

## Belgian Red Cow



<https://dairy-products-from-france.com/france-the-land-of-milk/dairy-cow-breeds-in-france/>

# Combining knowledge from different fields

- Communicable diseases, zoonoses, contaminants, pollution, food safety, animal welfare, disease outbreaks, etc.
  - A single system throughout Europe
    - Joint and clear requirements
    - Harmonised testing methods
    - Risk-based surveillance and monitoring
    - Data reporting and collection
    - Rapid alert system
    - ECDC, EFSA, and EU Reference labs

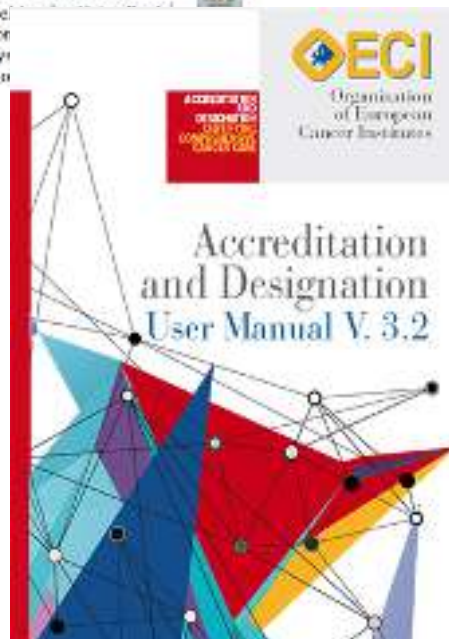


# Where to go?



## ECCO Essential Requirements for Quality Cancer Care: Prostate cancer

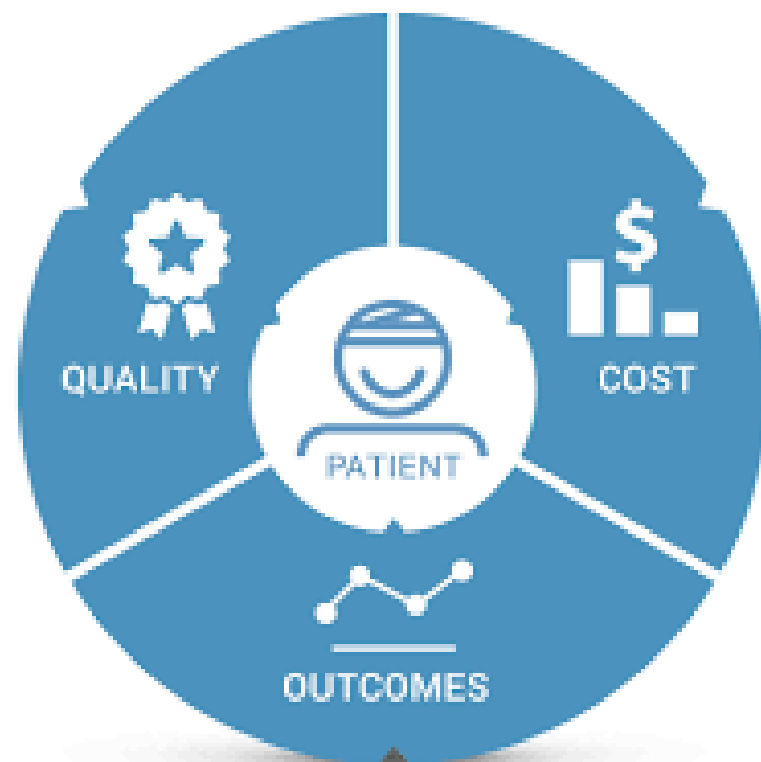
Namizio Brausi<sup>1</sup>, Peter Hoskin<sup>2</sup>, Elisabeth Andrioch<sup>3</sup>, Jan Sunko<sup>4</sup>, Marc Be  
 Nantilo Colechia<sup>5</sup>, Roberto Delgado Brito<sup>6</sup>, Michael Hinkel, Ray Lee  
 Fabio Maroni<sup>7</sup>, Ken Masun<sup>8</sup>, Rui Nogueira<sup>9</sup>, Peter Naredi<sup>10</sup>, Raymond Ory  
 Peter Sallis<sup>11</sup>, Tima Sarmu<sup>12</sup>, Riccardo Valicenti<sup>13</sup>, Alberto Costa<sup>14</sup>, Philip Pau



- Clear and mandatory minimum quality requirements
  - Compulsory accreditation for all cancer centres and laboratories
  - Proficiency tests
  - Implementation of ECCO essential requirements for quality cancer care
  - Clear action if inequality can be addressed immediately

## How to approach equality even more

- Accessible reference centers
- Surveillance and monitoring of the quality of care
- Data exchange platforms
- Moving toward a value-based Healthcare payment model





  
**ONKOALIANSE**

  
**soli priekšā  
melanomai**

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