

Executive summary

The continuing burden of cancer

Cancer remains a major health care challenge in all OECD countries. More than 5 million new cases of cancer are diagnosed every year in OECD countries, averaging about 261 cases per 100 000 people. Cancer is responsible for more than one-quarter of all deaths and, in terms of potential life years lost, is a bigger problem than heart attacks and strokes for both men and women.

The financial burden associated with cancer is also growing. The increasing incidence of cancer, prolonged survival and high costs of novel drugs and technologies mean that growth in spending on cancer, which currently consumes around 5% of all health care costs, is likely to increase further. Cancer patients and their carers also bear significant costs, both financial and social. Once these are taken into account, the global economic impact of premature death and disability from cancer is around USD 900 billion, larger than that for heart disease.

Health systems need to do better

Countries are not doing as well as they could to battle cancer. An estimated one-third of cases could be cured if detected on time and properly treated, and another one-third could be prevented entirely if more far-reaching public health measures were in place. Although death rates from cancer have declined slightly in most OECD countries since 1995, the decline has been more modest than for heart disease and stroke, and some countries have not shown any reduction in cancer deaths. Furthermore, cancer survival shows almost a four-fold difference across the OECD and is persistently lower in eastern European countries than elsewhere in the OECD.

The characteristics of good clinical cancer care are well established, so it is important to follow evidence-based clinical guidelines covering the whole patient pathway: early detection, diagnosis, treatment, monitoring and palliative care. Preventive strategies are also vital phases of cancer care. Across the cancer care pathway, a holistic approach, including psychosocial support and effective communication between clinical teams, patients and carers, is critical.

Answering the policy challenge posed by cancer is less evident. How can policy makers design a cancer care system to ensure that high-quality care is consistently available to all cancer patients? How can they ensure that the quality of care is continuously improving? While some countries are lagging behind in cancer care performance, other countries' survival and mortality rates suggest that they have designed cancer care systems that make them global leaders in the fight against cancer.

What works?

This report aims to share best practice, spur health care reform and improve cancer care performance. Drawing on questionnaires and structured interviews conducted with cancer experts in 35 countries, it describes variations in the resources countries allocate to cancer care, their care practices and their governance systems for cancer care. It also examines the extent to which international variations in cancer survival are associated with different cancer care policies. It explores the policy trends in cancer care across countries over the past decade and identifies which policy approaches are associated with the best survival and mortality rates for breast, cervical, colorectal and lung cancers.

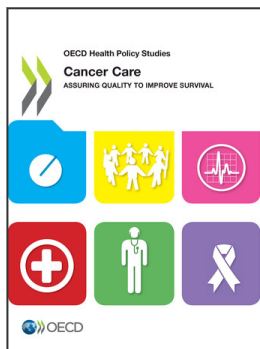
It identifies three main policy areas that help improve the quality of cancer care: *resources* (drugs, equipment, institutions and workforce); *practices* (timely and affordable access to evidence-based care, including preventive work and screening); and *governance* (national plans setting out targets, guidelines for care and means for monitoring progress, plus regulatory aspects of care such as service accreditation and professional licensing). Drawing on this framework, the report concludes by offering concrete recommendations for creating and supporting high-quality cancer care systems.

Key recommendations

In the fight against cancer, countries should:

- *Put adequate and effective resources into cancer care.* Cancer care is expensive and consumes a significant portion of the national spend on health care. Each country will decide for itself how much money, in absolute terms and relative to competing priorities, it wishes to dedicate to cancer. Whatever the allocation, however, resources must be well spent. Expensive health care is not necessarily the best care: countries need the right policies in place to use resources effectively and fairly.
- *Ensure that cancer care is both rapidly accessible and high quality.* Perhaps the most critical element in improving an individual's chances of surviving cancer is diagnosing it at an early stage and starting treatment quickly. Countries need rigorous, high-quality national screening programmes in place. Once cancer is diagnosed, patients need to access high-quality care quickly, with minimal waiting times to see specialists. As a policy priority, countries should develop a clear understanding of the pattern of excessive or inequitable waiting times for cancer care in their population and respond with policies suited to the local context.
- *Continuously improve services by strengthening the governance of cancer care.* The bedrock of governance is a national cancer control plan (NCCP). NCCPs can focus political and public attention on the performance of cancer care systems and on outcomes, attract new resources, and drive debate on difficult topics such as resource allocation. They offer opportunities to consider cancer care in combination with other services, such as social care, thus improving quality across the entire care pathway and reinforcing the common goals shared by patients, physicians, researchers, health care providers and other stakeholders. NCCPs are essentially about setting standards, both in terms of what the cancer care system is expected to achieve (with targets), and in how it goes about it (through guidelines).
- *Monitor and benchmark performance through better data.* Countries vary in their ability to measure cancer care systems and outcomes. Systematic measurement in the areas related to cancer care outcomes, costs, processes, and quality within and across

countries need to be strengthened. Countries should prioritise building rich information systems that can monitor the performance of their cancer care system while utilising existing sources in a structured manner. Public dissemination, benchmarking and financial or organisational incentives may also serve to focus minds and resources and ensure continuously improving cancer care.



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