

Summary of Cyprus Cancer plan

The National Cancer plan of Cyprus is based on four pillars: 1. Prevention

2. Diagnosis-Therapy

3. Palliative Care –Rehabilitation

4. Research

Primary Prevention:

Main Risk Factors-Environmental Factors

The main risk factors are described and actions to be taken in order to avoid them.

Smoking: School Health programmes should be intensified (primary and secondary school)

Intensify awareness campaigns in cooperation with other stakeholders.

Promote legislation for smoke free environment.

Improve the structure of already existing Smoking cessation clinics nationwide. (Effort to target specific groups, such as young people/diabetic patients / cardiovascular patients e.t.c

Promote packaging Regulations.

Alcohol: Intensify controls on alcohol sales to young people. (Bars, nightclubs, supermarkets).

Intensify campaign in order to inform about the effects of systemic alcohol intake.

Target specific groups.

Develop new and extend existing programmes on prevention and cessation of alcohol.

Develop programmes, in collaboration with student core groups, in order to familiarise them with the harmful effects of alcohol.

Diet and Nutrition/physical activity: Introduce physical activity in workplaces, especially in those who perform sedentary work.

Recognize the importance of physical education lessons.

Promote healthy eating in all School canteens.

Safeguard the availability of fruits and vegetables in workplaces and educational / other institutions.

Restrictions on advertising sweets, soft drinks and other fatty foods, during children zone on TV and other media.

ENVIRONMENTAL FACTORS

Exposure to passive smoking

- emissions of various materials in the house (paint, sprays, carpets, furniture, floors)
- emissions from everyday use of chemicals e.g. cleaning materials, insecticides, etc.

The continuous and intensive sunshine in Cyprus is a major risk factor and the development of preventive programmes, in order to protect outdoor workers, is therefore a necessity.

In collaboration with the Ministry of Education and Culture, children at all levels of education, should be offered information and material in order to prevent sunburn. A systematic review of moles will help prevent melanoma.

INFECTIOUS AGENTS

Implementation of the HPV vaccine to teenage girls (13 years) should be provided, however after the implementation of an organized national cervical cancer screening

Intensification of vaccination against Hepatitis B and C, taking into account the number of illegal aliens / migrants.

Continuous Education of Health care providers.

GENETIC FACTORS

Genetic Advisory Services and a public awareness campaign on issues of cancer genetics. Development of algorithms related to referral practices.

Constant upgrading of the laboratories for the gene- analysis.

Implementation of follow up and/ or therapeutic interventions for potential carriers of specific genes

Summary of the main objectives and priorities of primary prevention:

- (i) Limitation of public exposure to carcinogens factors.
- (ii) Promotion of healthy lifestyle.
- (iii) Education / information and awareness.
- (iv) Training and continuous Education for Health professionals.
- (v) Vaccinations.
- (vi) Application of a population based screening.
- (vii) Monitoring.
- (viii) Research.

Specific targeting of vulnerable groups.

The Ministry of Health plays an important role in promoting and coordinating preventive programs. Examples are below:

- (i) Actions for the Promotion of Health.
- (ii) Policy / Legislation against smoking.
- (iii) Food Safety Program - Water.
- (iv) Nutrition and Health, Lifestyle.
- (v) National Action Plan for the Environment and child health.
- (vi) Training of health professionals and other issues
interconnection of Environmental Health, etc.

Objectives of Secondary Prevention

a) Breast Cancer Screening

The aim of the National Cancer Plan is to continue and improve the existing national screening programme. The program provides

free mammography for women between 50-69 years old and is already implemented on a nationwide basis since 2007 by the Department of Medical and Public Health Services Ministry of Health.

b) Screening for colorectal carcinoma.

A colorectal cancer screening will be nationwide implemented.

The population aged 50-60, estimated at about 11.000 will be screened through occult blood test (3x), yearly and the population aged 60 and over, will be offered a colonoscopy at regular intervals.

The design and implementation of screening is based on the EU guidelines

c) Screening for cervical cancer

On the basis of political decisions in 2008, the Ministry of Health decided to form a temporary committee whose terms of reference is to prepare a proposal for the development and implementation of national population based screening program for cervical cancer. The purpose of the program is to reduce the incidence and mortality from cervical cancer. According to the directives of the European Council, Cyprus intends to implement the program in coming years. The main objectives are

1. Participation of at least 80% of the female population. This objective will be achieved through successful campaign and dissemination of information, as well as the involvement of health professionals.
2. Control mechanisms and continuous monitoring will be applied.

DIAGNOSIS

Summary of the Diagnosis targets:

A. Identify Symptoms - Public information

Develop / improve the public information strategy in order to inform the population about the symptoms that should lead them to the doctor. Engagement of mass media and the methods of Modern communication (Face Book etc). Enforce the Cooperation with the local authorities. Involve NGOs in the campaigns.

Translation (also in vulnerable group's mother tongues) and wide circulation in the European Code against Cancer.

. Introduction of the term «Watchful Waiting», in order that the Doctor bares the symptoms in mind.

Continuous training of Health proffesionalis in the field of cancer.

Develop guidelines for referral / diagnosis, based on clinical data.

Ensure cooperation of primary / secondary care in cases of cancer suspicion and accelerate referral by marking decently the patients file.

Develop indicators for quality assurance in patient management in primary care and the referral to secondary care.

B. Investigation at the secondary care level- Summary of targets:

The diagnosis and treatment of rare cancers should be offered in specialized centers marking material from a patient with suspected diagnosis cancer, in order to accelerate the procedures.

Interdisciplinary Coordination.

Apply Quality System and Accreditation of imaging methods.

Create a database at the Histopathology Department

Therapy

Introduction of a holistic approach for diagnosis and treatment

Create a network in order to strengthen a multidisciplinary approach

Development of procedures for monitoring and evaluation

Promote the concentration of cases in a few specialized centers, which should offer clinical quality and expertise.

Improve the technical infrastructure and organization of a rational referral

Develop guidelines on surgical treatment, based on best practices.

Continuous specialization of medical and other staff e.g. nurses, physiotherapists, psychologists, dieticians, ergo therapists.

Continuous adaptation of the protocols in modern treatments, and surgical techniques.

Development of specialized centers for surgical treatment in order to offer patients the finest and safest practices. Breast and colorectal Cancer Centres (EU guidelines)

develop a computerised programme in order to follow up the patients.

Regarding Radiotherapy:

- Provide quality services to patients.
- Reduce waiting time, by developing another one unit (in another area) in order to cover populations needs.

- Continuous training of staff.
- Technical support of equipment / maintenance.
- The preparation of Radiotherapy guidelines at a national level
 - Accreditation of radiotherapy departments.
- Introduce quality assurance mechanisms.

PALLIATIVE CARE-REHABILITATION-SUPPORTIVE MEASURES

Full development of palliative care services on an organized basis with the involvement of non-governmental organizations.

Evolution of Community nursing services for cancer patients on nationwide basis..

Improve and develop additional pain centers.

Capacity building, / indicators and protocols in order to manage and organize the rehabilitation of cancer patients.

Enforce supportive measures, such as psychosocial support, ergo therapy, fun therapy, aromatherapy etc

RESEARCH

Development of a sector for European Programmes at the Ministry of Health

Incentives for doctors / scientists, in order to increase participation in research programmes.

Development of the appropriate infrastructure and reinforcement of the coordination of all existing research centers in order to avoid duplication of research issues.

Promotion of legislation and specific regulations for best functioning of the Cancer Registry under the administration of the Ministry of Health.

Cancer cases reporting should be regulated as compulsory from multiple sources.

Promotion of the interconnection of the Cancer Registry and Causes of Death Archive.

Promotion of a Closer cooperation with the EU Cancer Registries.

Monitoring and Evaluation

Introduction of an Advisory Board and a special Committee, monitoring the implementation and ongoing development of the cancer strategy.

At all levels of prevention / treatment / rehabilitation, a quality control system should be established.

Implementation of quality indicators

Systematic and comprehensive monitoring.

Biomonitoring of pollutants in human organism, as an indicator of environmental health