

# **Oncologic diseases control program for years 2009-2015**

## **Summary**

### **The essence of the problem**

Cancer is a serious public health problem and one of the key causes of death in Latvia and worldwide. As the population becomes older, it is reasonable to expect that cancer morbidity rates shall grow and the burden ensuing from cancer related problems shall become heavier. One must be aware that along with improving timely diagnostics and efficiency and availability of treatment methods the cancer care efforts will gradually resemble those of other non-infectious diseases (diabetes mellitus, asthma, etc.). Cancer diagnosed in good time is a curable disease not a hopeless health care problem.

The statistical data illustrating morbidity in Latvia is comparable to the average EU indicators while mortality from cancer is still higher and shows no essential positive changes in perspective. In the decade from 1997 to 2007 the number of newly diagnosed cancer cases increased from 342.2 to 404.5 per 100 000 or by 18,2 % on the whole. As to the data of Latvian cancer patients registry malignant tumor was diagnosed for the first time in 9227 persons. Already 59 375 patients were registered as of January 1 2007. Analyzing the structure of various causes of death, it is evident that malignant tumors are the second most wide-spread cause of death after cardio-vascular diseases. In the course of the last decade the number of primary advanced (i.e. stage III or IV) and unidentified stage cases have remained unchanging – within the 60 % limit. This is mainly due to belated check-ups with physicians, lack of understanding on necessity of preventive check-ups, hidden course of disease and problems within the oncological service on the whole ensuing from that lack of uniform clinical and organizational guidelines. Due to the high primary advanced disease rates the numbers of first year lethality are high and five year life expectancy figures – low. Close to 10 000 oncology patients with advanced stages of disease or disease in progress require palliative care.

To improve the situation the Ministry of Health in liaison with WHO, line ministries, area professionals and agency representatives has drafted Oncologic diseases control program for years 2009-2015 (hereinafter – the Program). The program has been drafted in accordance with declaration of December 20, 2007 on the plan of activities of Prime Minister Ivars Godmanis government; and this

document will outline the development aimed at public health improvement and improving the life expectancy and quality of life of oncology patients.

Program target is to reduce oncological disease morbidity risk, to extend the life expectancy of oncology patients and to improve the quality of life.

### **The offered solution**

To reach the targets outlined in the Program several solution versions are not offered as the situation and the pool of required activities are well defined.

In order to attain the targets outlined in the Program, it is prerequisite to eliminate or reduce risk factors leading to oncological diseases, their impact on population, it is also necessary to draw up and implement an organized cancer screening program, to improve accessibility to health care services for oncology patients, to promote public awareness raising, patient training and compliance, to put in place evidence based and cost efficient treatment and rehabilitation of oncology patients as well as to establish comprehensive and accessible palliative care system.

Program target is attainable implementing interarea and multidisciplinary cooperation. There are five courses of action defined in the program, taking in consideration the Latvian situation, global experience and WHO recommendations:

- primary prevention
- screening
- treatment
- palliative care
- methodological management of the area

Key tasks and activities have been specified vis-à-vis the specific course of action. The planned policy result is a limited disease development risk, reduced number of advanced cases, extended life expectancy of oncologic patients and improved quality of life.