National Cancer Programme for Switzerland

Abridged version

2011–2015

Imprint

Bern, January 2011

Published by
Oncosuisse
Effingerstrasse 40, 3008 Bern
Phone 031 389 93 00
admin@oncosuisse.ch
www.oncosuisse.ch

Editorial office
novoMEDtext ag, Bottighofen

Conception and layout
www.atelierrichner.ch

Printed by
Rub Graf-Lehmann AG, Bern

Print run
Ger 2500 copies, Fr 1200 copies, En 300 copies

This report is also available in German and French.

The full version of the National Cancer Programme and the analysis of the last NCP can be obtained from Oncosuisse.

Contents

National Cancer Programme 2011–2015

NCP 2011–2015 Areas for Action

National Cancer Programme

2011–2015

Key Points in Brief

Oncosuisse developed the National Cancer Programme (NCP) 2005–2010 on behalf of the Federal Office of Public Health and the Swiss Conference of the Cantonal Ministers of Public Health. The NCP initiated some positive trends which the National Cancer Programme 2011–2015 can build on. The need for national coordination remains unchanged and may even have become more urgent for, although we have come a few steps closer to the ultimate goal of the first programme "Fewer people will develop and die of cancer", we have not yet achieved it. A major cause of this is population trends. Medical progress, advances in knowledge in all the other professional fields involved, and the other positive trends that emerged during the life of the Programme were insufficient to offset this demographic factor. Pressure from rising costs is another cause. The number of newly diagnosed cases and of deaths has increased and is still doing so. These trends make it essential to maximise efficiency, and this in turn requires a firmer basis for decision-making along with improved coordination, communication and information at national level.

Oncosuisse has therefore decided to follow up the first National Cancer Programme with a second one. Many cancer experts have participated in the evaluation of the first Programme and have contributed to the appraisal and recommendations in the current Programme.

Following a small-scale reorganisation in 2009, Oncosuisse regards the implementation of this Programme as its priority task. The following organisations are currently members of Oncosuisse: Swiss Cancer Research (SCR), National Institute for Cancer Epidemiology and Registration (NICER), Swiss Pediatric Oncology Group (SPOG), Swiss Group for Clinical Cancer Research (SAKK), Swiss Cancer League (SCL).

The National Cancer Programme 2011–2015 formulates the concerted national efforts that are best suited to achieve the primary objectives:

- effectively prevent carcinogenesis
- improve cancer screening
- provide high-quality treatment and nursing over the entire treatment continuum, which is patient-oriented and focuses on social reintegration

The National Cancer Programme 2005–2010 marked a milestone in efforts to achieve these objectives. In order to continue along this path, activities have to be stepped up especially in the following areas:

- provide targeted information to the general public, authorities and politicians, cancer patients and those involved in supporting them (carcinogenesis, treatments, options), increase awareness
- clearly define targets and criteria for success and quality
- collect data to strengthen decision-making
- network, coordinate, communicate and harmonise more closely across the entire treatment and research continuum
- promote funding, discuss new funding models
- coordinate resource planning (financial, staffing, institutional)
- create legal framework conditions
- target the promotion of professional qualifications
- provide efficient treatment, appropriate research in all areas

Action areas of the National Cancer Programme 2011–2015

The NCP is addressing the following topics in its fight against cancer:

1 Epidemiology and Monitoring
2 Prevention
3 Screening
4 Research
5 Therapy
6 Nursing
7 Psychosocial Support
8 Psycho-oncology
9 Rehabilitation
10 Palliative Care

1

Epidemiology and Monitoring

On a worldwide scale, Switzerland is one of the high-risk countries for cancer disease with the highest incidence of prostate cancer, breast cancer and colorectal cancer. Among the 40 countries in Europe, Switzerland ranks roughly in the middle for newly diagnosed cancer, whereas for cancer mortality it is in the lowest quintile. In recent decades, the number of new cancer patients per 100 000 inhabitants (i.e. incidence) has continued to rise. This trend has continued unabated since the publication of the first National Cancer Programme. The absolute numbers will continue to rise particularly because the proportion of elderly in the population is increasing and they are more at risk.

According to available data, five types of cancer are responsible for more than half of cancer-related deaths in men in Switzerland: lung cancer, prostate cancer, colorectal cancer, cancer of the liver and pancreatic cancer. Among men 45 to 64 years of age, cancer is the most frequent cause of death; between 65 and 84 years of age, it is almost as frequent a cause of death as cardiovascular disease.

Among women as well, there are five types of cancer responsible for 56 % of cancer-related deaths: breast, lung, colorectal, pancreatic and ovarian cancers. Among women 45 to 64 years of age, cancer accounts for an even greater proportion of all-cause mortality than among men.
In children, virtually no change is observed in the incidence of cancer disease with low overall numbers.
The cancer figures in NCP 2005–2010 only covered about 50 % of the population; today the cancer registries represent around 68 %. Within Switzerland, there are pronounced differences between cantons and regions, for example in lung, breast, skin and stomach cancers, which could be due to differing lifestyles but also due to different prevention and screening programmes or different therapy conditions and other factors that can be policy-influenced.
Nationwide all-inclusive epidemiological data are therefore essential because of these differences.

In mid-2010, 17 cantons collected data about cancer monitoring in 12 cancer registries, however not all to the desired level of detail. In most cantons the work of the cancer registries is time-consuming and laborious because there is no legal basis. For this reason, a legal basis is necessary for complete coverage and full collection of cancer data throughout Switzerland.

More precise epidemiological data are indispensable in order to:

+ document trends and patient numbers
+ ascertain the need for prevention, screening and therapy measures
+ allocate targeted resources for research
+ document quality and efficiency in cancer treatment
+ conduct causal research

The establishment of NICER as national coordination center marked a step in this direction as did the setting up of additional cantonal cancer registries whose framework conditions including financial resources should be improved in line with other European countries.

Objectives

- ensure all cantons have a cancer registry, supported by a national coordination office
- adopt a federal law specifically governing the registration of cancer
- ensure data collection level >90 % of the relevant population, high quality
- ensure sufficient funding for NICER and the cantonal cancer registries
- monitor the introduction of the SwissDRG (diagnosis-related groups)
- use epidemiological data in cancer prevention and health care policy

2

Prevention

According to international sources, 30–50 % of tumours can be rated as avoidable in principle since they are to some extent associated with living conditions and lifestyle. The National Cancer Programme 2005–2010 therefore devoted a chapter especially to cancer prevention – “Combating cancer more effectively”.

It is more important than ever to integrate cancer prevention and health promotion into cancer programmes. A cancer programme must be disease-oriented and address the quality of therapy, nursing, aftercare and rehabilitation, while at the same time taking account of resource and risk issues. In other words, it must seek to prevent cancer as far as possible.

The prevention of cancer and chronic diseases requires knowledge not only of their etiology but also of theories about how to promote and support health (salutogenic models). With this knowledge, we might be able to implement measures beyond the scope of clinical medicine which could prevent the occurrence, or delay the relapse, of disease or enable patients to live more easily with their disease. In many cases, this can also help reduce costs.

Until such time as strategic health objectives can be formulated in Switzerland, a platform for cancer and other non-communicable diseases should be used so that milestones can be agreed on and action plans coordinated.
Cancer affects a wide range of health topics. As a next step, the professionals involved must do more to get the objectives listed below put into practice.

Objectives

- continue to improve framework conditions for prevention up to the end of 2015, better take-up of healthy living conditions and a healthy lifestyle
- strengthen the measures in the National Programmes on Tobacco Control, Nutrition & Physical Activity and Alcohol Control (each 2008–2012) through greater cooperation, coordination and integrative approaches
- study further risk factors and take suitable measures;
  environmental pollutants, genetic interactions with the environment and lifestyle, along with measures to protect and promote health in the workplace and specific viral infections to be monitored by stakeholders in the field of oncology and action to be requested even if these areas are primarily the remit of the authorities
- set up management of quality and interfaces between primary, secondary and tertiary prevention in the specialist areas;
  the interfaces between primary and secondary prevention to be given greater attention and quality to be coordinated accordingly
- give increasing importance to the research areas of prevention and public health

3

Screening

Systematic, population-based cancer screening programmes are an important tool for reducing cancer mortality in the population. The screening measures differ greatly from canton to canton.

According to current evidence, quality-assured screening programmes for cervical, breast and colon cancer should definitely be recommended.

Screening for cervical cancer is very widespread, but the programme is not clearly defined. There are major regional and social differences and systematic quality assurance is lacking. The programme should be adapted. Screening intervals should also be brought into line with international recommendations. In addition, investigations need to be carried out on whether and how the standard smear test should be linked to the HPV virus test.

There are also significant differences within Switzerland in implementing breast cancer screening (mammography). Implementation of organised programmes is lowest in German-speaking Switzerland. In the German-speaking cantons, a mammography is offered to women aged between 50 and 70 only half as often as to women in the French-speaking regions and Ticino.

Relatively few people take advantage of screening for colon cancer. In contrast, screening for prostate cancer, which is more or less regionally consistent throughout Switzerland, is taken up by a large proportion of men despite not being recommended because it is not clear whether the benefits of prostate cancer screening outweigh the negative effects. Discussions about launching a colon cancer screening programme have been going on for years, and colon cancer screening is in the process of being included in the benefits provided by health insurers.

Owing to the major cantonal differences in screening, efforts should be made to increase national guidance and structure overall endeavours. Processes and responsibilities should be clearly defined so as to ensure a coordinated reaction to new evidence and new options for systematic cancer screening. A national commission on screening issues should be created to take on the complex weighing up of advantages and disadvantages in screening (both on an individual and a societal level) and to adopt national recommendations that lead the way to health insurers taking over the costs.

Urgent improvements must be made to national guidance and quality assurance in the area of cancer screening.

Objectives

- set up a national commission to tackle screening issues
- implement across Switzerland systematic screening programmes for breast, colon and cervical cancer
- take a clear stance on prostate cancer screening

4

Research

Clinical research and basic research that are not industry dependent are of great importance to advances in medicine.

Clinical cancer research has to meet challenges which are distinctly different from those in basic research and which make its task more difficult. Special support is therefore needed to expand translational cancer research and to further develop clinical cancer research as well as outcome research.

Patient-oriented clinical cancer research in Switzerland can benefit greatly if regulatory provisions are restructured and better career opportunities are available to researchers. The funding of clinical research has always been more difficult. A public debate is needed on how the costs should be shared by private enterprise and the state working in partnership. To this end, greater communication with the general public is necessary.

Greater efficiency can be achieved, for instance, by ensuring that more results of publicly funded basic research are translated into clinical applications. Translational research is the bridge linking basic and clinical research. The need for support in the areas of funding and training has been recognised, and this is taken into account in the strategy paper of the Swiss National Fund. Irrespective of this, coordinating structures are needed so that scientists engaged in basic, translational and clinical research are able to consult together earlier and more closely.

Objectives

- ensure that more results from basic research reach clinical medicine as a result of strengthening translational and clinical research
- improve conditions for clinical cancer research which will boost research activity
- expand outcome research
- improve career prospects for researchers
- encourage research workers to communicate more publicly

5

Therapy

The measures proposed in NCP 2005–2010 must be resolutely followed up. The demonstrable variations in the prognosis for cancer patients depending on which canton they come from must be eliminated. In order to ensure the same level of therapy and to be able to measure the quality of treatment at different levels (doctor, centre, tumour board, full chain of treatment), there need to be binding treatment guidelines, prescribed patient pathways and comprehensive data collection for successful treatment.

The previously rather fragmented approach to treatment has largely given way to an interdisciplinary and coordinated approach. The National Cancer Programme 2005–2010 supported and advanced this trend. Networking has to be stepped up and extended beyond cantonal borders, while at the same time being centralised in the region. Standards and performance measures have to be (further) developed in the regional centres of excellence.

Greater attention must also be paid to the objective of patient self-determination, especially as therapies are increasingly being individualised.

The following subobjectives contributed towards realising the overall goal of high-quality care:

- meet the requirements for informed patient self-determination
- formulate binding treatment guidelines and patient pathways for the most frequent types of cancer
- set up regional centres of excellence and networks throughout Switzerland
- define national centres of excellence for very rare types of cancer
- develop a consistent quality assurance strategy at national level and set up an authority to coordinate it
- ensure availability of well-trained specialists to care for cancer patients
- achieve a consensus on the cost-effectiveness of medical treatments

6

Nursing

Oncology nurses have the job of supporting and counselling patients and their families during all stages of the disease, providing support that enables them to cope with the disease and the effects of treatment in their everyday life. When giving palliative care, they share the responsibility for ensuring that patients and their families experience the final phase of life with as few symptoms and with as much dignity as possible. As in all health care professions, oncology nurses are expected to continually develop skills that enable them to provide patient-centred nursing in which the individual care systems are coordinated.

For oncology nurses, an essential requirement is that they work with the patients and their families, viewing them as experts in their own disease. At the same time, nursing should contribute towards maintaining and improving quality of life as much as possible. Educating, informing and advising patients are areas which are becoming increasingly important in oncology nursing and which need to be further developed.

Oncology nurses are committed to individual care and treatment. They see themselves as important mediators between patients, their families and other professionals in the multidisciplinary treatment team. In order to carry out these tasks to a consistently high standard of quality for all patients and to use resources efficiently, nursing must become increasingly evidence-based. This evidence base must be firmly embedded both in practice and in training and further/advanced training. Relevant research is a necessary prerequisite and must be given support. Training and further/advanced training for oncology nurses should meet comparable quality criteria, and the designation "oncology nurse" should be certified.

There is expected to be a severe shortage of nurses in oncology, which will be reflected across the entire health care sector. A career in nursing must therefore be made more attractive. There needs to be some restructuring in order to get the best use of existing nursing expertise. Measures must be taken now to train the next generation of nurses.

Objectives

+ expand significantly the evidence base of oncology nursing;
  implement and evaluate innovative models to encourage evidence-based oncology nursing, develop guidelines for symptom diagnosis and management, provide adequate opportunities to research the link between nursing measures and outcomes, establish the evidence base in training, further/advanced training, practice and research
+ support cancer patients and their families in self-management;
  continue to develop methods and models for self-management (e.g. encourage preventive behaviour) of cancer patients and their families, and evaluate their benefit to patients and their families
+ create valid competency profiles of oncology nurses across Switzerland, structure and standardise training;
  certify further training courses and the designation "oncology nursing", set up advanced training courses for maintaining certification
+ take comprehensive measures to tackle the threat of rationing and respond appropriately to expected staff shortages;
  develop, introduce and evaluate models for best use of existing nursing expertise

7

Psychosocial Support

It is difficult to distinguish between psychosocial support and psycho-oncology. In this context, psychosocial support refers to non-medical services whose purpose is to improve the quality of life of cancer patients and their families. Psycho-oncology, by contrast, should be understood as medical therapy for psychological problems and also for prevention of cancer-related stress. NCP 2005–2010 declared one of its three primary objectives to be the improvement in the quality of life for cancer patients and their families. This remains an objective which needs to be supported more actively: imminent health care and social policy reforms give cause for concern that the financial funding of adequate psychosocial support for cancer patients and their families could be put at risk.

Objectives

+ record systematically the need for psychosocial support at the start and at various times during the course of the disease
+ provide improved information about available psychosocial services (for all patients immediately following disease diagnosis) as part of normal treatment process, comprehensive advice at the end of the acute phase, and ongoing support throughout treatment right up until rehabilitation
+ draft standards and guidelines for psychosocial care of cancer patients and their families, also for use in training and further/advanced training
+ improve research competency (research-based further training for psychologists and psychiatrists in oncology, set up a national network or working group for psychosocial research, encourage more projects that are not purely scientific but are also geared to health policy issues and practice), and focus more on transferring research findings into practice
+ improve coordination and networking between medical and non-medical professions both within and outside the hospital; avoid competition between various health care providers (e.g. cancer leagues and psychologists)

- secure funding basis (no cuts subsidies by the Swiss Federal Social Insurance Office for services provided by the cantonal cancer leagues; secure integrated health care)
- involve the cancer leagues more in the strategy of cantonal health care policy; due to the shift from inpatient to outpatient status as a result of the introduction of the SwissDRG, direct more remuneration to the cancer leagues by awarding them service contracts

8

Psycho-oncology

In many cases, psycho-oncology is a desirable and appropriate option because patients and their family members often suffer from psychological distress (e.g. anxiety or depression) as a result of the disease or treatment, and their quality of life deteriorates. The effectiveness of many psycho-oncology interventions is relatively well documented. Psycho-oncologists, however, interact directly not only with patients and family members but also with medical personnel and caregivers, who are often confronted with difficult situations.

Psycho-oncology is not available everywhere to the same extent throughout Switzerland; rural areas in particular are less well served. Improvements are also needed in the field itself.

There are as yet no guidelines and standards for diagnosis and care. Financing has not been settled, especially once the DRG comes into effect. There are big gaps in networking and in the information flow for everyone involved in care and treatment.

Objectives

- to develop national standards and guidelines for psychosocial care of cancer patients and their family members
  - includes children with cancer or children with a family member suffering from cancer
  - standardised distress screening with a simple assessment of needs will be tested and introduced into primary care
  - the qualifications of psycho-oncology specialists will be clearly defined. Standards will be defined for education and training
- to create a national solution for financing psycho-oncology treatment within networked structures as part of basic care
- to integrate psycho-oncology care within oncology primary care through increased awareness, education, and networking

9

Rehabilitation

It is still not fully realised that cancer often becomes a chronic disease or is even cured in a large number of patients. Patients may therefore survive for a long time. Patient autonomy merits targeted support, not only to improve the quality of life of those concerned (this is a declared objective of the National Cancer Programme) but also for economic reasons. The best acute therapy cannot generate the full benefit either for the patient or for society if the patient is left on their own to cope with reintegration into everyday life.

At present, this is a major gap in the treatment chain. There are still not enough programmes supporting patient autonomy and reintegration into working life although there are some promising initiatives.

The recommendations of the National Cancer Programme 2011–2015 cover four major areas. First and foremost is the development of rehabilitation programmes; secondly, embedding oncology rehabilitation in the treatment chain; thirdly, funding (for research as well); and lastly, the establishment of rehabilitation as a specialist field, including further training.

Objectives

- set up coordinated outpatient and inpatient rehabilitation programmes
- define patient pathways and quality criteria
- clarify funding
- create structured, interdisciplinary further training in oncology rehabilitation

10

Palliative Care

Most people in Switzerland die after a phase in which they gradually become increasingly dependent on nursing care. Owing to an ever-extending life expectancy, the increase in chronic diseases and medical progress itself, an increasing number of people in future will require care in the final phase of life.

For many patients with incurable cancer, the disease will increasingly become a chronic illness with which they may live for many years. In this phase, they may at times suffer from medical conditions caused by the disease or therapy and which require suitable measures. In order to cope with these challenges, innovative health policy models such as palliative care (palliative medicine, nursing and support) are necessary. Palliative care is an anticipatory measure, but its importance comes to the fore when curing the disease is no longer an option and therefore not a primary goal.

The National Cancer Programme 2005–2010 recognised the importance of care for patients at the end of their life. Objective 5 states: “Improve and provide palliative care for everyone”.

The requirement was to ensure access to palliative care for all cancer patients, regardless of where they live, their social status or age, to be provided as required and without financial co-payments. A study on the need for action, which the Swiss Confederation and the cantons conducted in 2009 with the cooperation of about 80 experts, reveals that this target has not yet been reached. As a result, the Confederation and the cantons launched the “National Palliative Care Strategy 2010–2012”. Together with the main actors, they seek to embed palliative care into the areas of health care, social services, education and research. Palliative care should be available to everyone suffering from incurable or chronic-progressive diseases in Switzerland.

There are five areas where action is required: care, funding, sensitisation/information, training, further/advanced training and research.

Objectives

- ensure suficient capacity for palliative care is available throughout Switzerland
- guarantee access to palliative care services for all, regardless of socio-economic status
- familiarise the Swiss population with the benefits of palliative care and the services offered
- ensure that professionals and volunteers active in palliative care have the required competencies in palliative care to the appropriate level
- set up research on palliative care; ensure it delivers high-quality research findings and makes an important contribution to social issues at the end of life
- create the conditions for implementing the National Palliative Care Strategy using suitable tools