Interview: György Bodoky – Head of Oncology, Unified Szent István & Szent László Hospital, Hungary



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24.06.2016

Tags: Pharma, Pharmaceuticals, Healthcare, Hospital, Hungary, Gyorgy Bodoky, Oncology, CRO, Clinical trials, Interview, Insight, Exclusive, Executive, Free

György Bodoky, Head of the Oncology Department at Unified Szent István and Szent László Hospital, shares his insights on the state of oncological care in Hungary, the current effects of budget constraints as well his work founding the Hungarian Society of Clinical Oncology.

As an introduction to our readers could you please give us an overview of your current undertakings and initiatives in your capacity as Head of the Oncology Department at Unified Szent István and Szent László Hospital?

The department I lead has 38 beds in the hospital setting and an additional 16 beds in the ambulatory setting. Overall, we have around 25,000 cases annually at the department, which means that on a daily basis we serve an average of 200 oncological patients in the ambulatory and approximately 40 patients in the hospital setting.

You were the founder and now honorary president of The Hungarian Society of Clinical Oncology. What were your underlying motivations behind the establishment of this society?

Over the past 20 years the most important question for me has been how to centralize oncological care as it used to be very scattered around the country. By now there are only around 30 oncology centers in Hungary out of which 12 have radiotherapy departments as well, in addition to clinical

oncology. As only these centers are financed for oncological care by the government, the vast majority of cancer patients are treated in centers nowadays. I believe that this is a significant improvement for centralized knowledge in such a rapidly developing discipline as oncology is essential to provide up-to-date treatment for the patients in need.

When I established the society I tried to tackle the issue that clinical oncology – medical treatment of cancer – was an emerging discipline and there was no dedicated society focusing on this topic. Cancer patients were treated in different departments according to the origin of their disease such as neurology, dermatology or gynecology. Devising how to establish clinical oncology departments was a great challenge, and so was ensuring that patients with solid tumors are treated in these departments specialized for medical treatments against cancer. Another field where Hungary is still behind the desired level is screening. In some areas we are doing well, for example around 60% of women are showing up for breast cancer screenings. However, there is no national screening program for colorectal cancer. There are more than 10,000 new colorectal cancer patients every year and mortality is cc 5,000 per year. Due to the lack of a national screening program patients are very often diagnosed only in an advanced, metastatic stage.

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What more do you believe the government can do to try and increase access to preventative screening methods and what barriers do you believe are standing in the way?

We have had negotiations with the government over the course of the last 20 years on this subject. The problem is that the introduction of a national screening program for colorectal cancer is extremely expensive. There are several different methods, the best one being colonoscopy screening. Even though this one is also the most expensive, it clearly pays off in the long run. However, politicians think in short terms. General elections are held every four years and since there is no immediate return of investment of the introduction of a nationwide colorectal cancer screening never gets introduced

Part of this problem is tied to Hungary’s relatively low health literacy rates. What has been your personal experience dealing with patients when it comes to their ability to make healthcare decisions?

To answer this question, we need to discuss the topic of “patient referral pathways”. This is the route the patient has to walk through from the GP to one of the oncology centers. Right now this process is not as smooth and efficient as it should be. I believe this is a general problem all around

Europe and should be fixed urgently seeing that in the case of cancer a lot depends on the length of time elapsed from the diagnosis to the adequate treatment.

Can you discuss with us how limited budgeting impacts your ability to reallocate funds and prioritize spending in different areas of the hospital, more specifically how this impacts patient care?

Healthcare financing is very strict so if your department runs out of its budget you create a huge problem for the management of the hospital. Each department and hospital has a fixed budget and there is no flexibility in the system so it is not adjusted throughout the financial year according to the actual need. Oncology is a very expensive discipline as we use innovative drugs, some of which are not affordable even in wealthier countries. However I have to admit that while in Hungary the whole healthcare system is underfinanced, cardiology and oncology are in a more privileged situation than other disciplines. There has been a fantastic development in oncology over the last 20 years as new, more effective therapies have been launched worldwide, but as I said this revolution also widened the gap between what is available and what is affordable. The expression “financial toxicity” has been introduced to the vocabulary of oncology, and there is an urgent need for close collaboration between governments, payers, healthcare professionals and the pharma industry to solve this rapidly emerging issue.

We have met many CROs in Hungary and it is obviously an attractive destination for them. You have been the lead investigator on many clinical trials as well, why do you believe Hungary is such an attractive destination?

Clinical trials offer a great opportunity for patients to access new therapies and for doctors to gain hands-on experience. Furthermore, the income of physicians is very low in Hungary, and these trials offer both financial assistance and high prestige to them. Hungary in general boasts a very innovative and well-organized infrastructure for clinical trial. For example, in my department we have study nurses and data managers alongside well-trained and experienced physicians. Pharmaceutical companies acknowledge that Hungary is an attractive country regarding clinical trials as the data are accurate and reliable, the approval process is smooth, healthcare professionals are highly educated, trained and motivated and – unfortunately – there are many patients to be enrolled in all kinds of studies.

Can you share some of the work that you are doing to continue and develop a modern oncological setting here in Hungary?

The foundation of the Hungarian Society of Clinical Oncology was a very important step as this organization focuses solely on the clinical aspect of oncology. This is important for education, research and other fields as well. I have been striving to support oncological education too, for example We introduced that after each annual meeting of the American Society of Clinical Oncology we reconvene in Hungary to review the material from the meeting so that colleagues unable to attend the ASCO also have access to new information.

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Moreover, I am dedicated to raise awareness among cancer patients in order to increase health literacy.

We founded a patient advocacy group here in my department, which is very active and has several accomplishments already. Finally, we have a hospice department attached to our oncology department which is a rare phenomenon in Hungary. I believe that hospice is a crucial element of a modern oncology setting.

There are a rising number of private healthcare clinics across Hungary. What do you see as the role of these clinics going forward, and do you believe in a future for public healthcare in Hungary?

Hungary has a wonderful healthcare history and we have had some very influential doctors over the last 200 years. Although we are currently lagging behind other countries, we have made and continue to make steps forward. Undoubtedly, healthcare needs to be reformed in the coming years, and the further development of a private healthcare system is unavoidable. However, this view represents that of the minority. At the moment there is a semi-regulated mixture of private and public healthcare which is inefficient in its current form. We need to have a clear state-owned healthcare system and a clear private-owned healthcare system. We should not blur the two together because that is unhealthy, possibly even corrupt. I believe that the only way we can resolve the situation is to draw clear borders between private and state-owned healthcare.

On a more personal note, what are some of your greatest hopes for the future of this hospital and the healthcare industry in Hungary?

I very much hope that my work at Unified Szent István and Szent László Hospital as Head of the Oncology Department and that we will keep expanding our services towards our cancer patients. I also hope that we will be able to develop in a way that allows us to offer more modern and efficient care so that we can diagnose and treat cancer patients at a much earlier stage. My greatest hope is that we introduce a much more robust and comprehensive nationwide cancer screening process.

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