

Interview: Beata Ambroziewicz - Board Member, Polish Cancer Patient Coalition



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16.11.2017

Tags: [Poland](#), [Polish Cancer Patient Association](#), [Association](#), [Patient Organization](#), [Cancer](#), [Oncology](#), [Patient Access](#)

Beata Ambroziewicz, board member of the Polish cancer patient coalition, an umbrella organization that encompasses 41 Polish cancer organizations, discusses the challenges and possible solutions in regard to hospital care and market access in the oncology community. She also highlights the importance of a coordinated approach towards the treatment of cancer and the objectives and aspirations of the coalition moving forward.

Could you introduce to our international audience the Polish Cancer Patient Coalition?

The coalition is an umbrella organization that unites 41 Polish cancer groups from around the nation that are focused on adult and child oncology. We are the representative voice of all cancer patients with the overriding goal of improving the patient's quality of life and survival rates.

It is important for us to manage the dynamics between the differing groups and find a stable balance. Some areas, such as breast cancer, have an extremely strong association with roughly 25000 members that are located throughout the country in some 250 local branches, while other areas have only a few patients. We must support each group equally and even back up other areas, like certain rare diseases, that may not have their own patient groups. Overall, we take a leading role in fighting for the rights of Polish patients.

How would you describe the current Polish oncology environment?

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Oncology has improved a lot over the last ten years, and we have witnessed substantial improvements in terms of market access, treatments and diagnosis. Nevertheless, the cancer community still lacks a coordinated approach that entails all areas, such as rehabilitation and psychological support. Furthermore, there is still a gap in clinical trials numbers compared to other western European nations, and still insufficient expenditures and financing is devoted towards cancer care.

In fact, from a statistical perspective Poland is still far behind western Europe in regard to five-year survival rates and expenditure per capita in Poland spent for oncology is 42 EUR (50 USD), compared to 85 EUR (100 USD) in the Czech Republic. Therefore, we understand more needs to be done, despite the vast amount of positive changes in recent years

What must be done in the hospital sector to improve cancer care?

A coordinated cancer plan must be implemented with specialist cancer centers that allows patients to be guided along the journey of care. These centers must work hand-in-hand with larger satellite hospitals to construct this stable network to ensure quality and accessibility.

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This system will resolve a couple of issues. Firstly, patients will be able to receive higher levels of post-discharge care. Secondly, we currently have far too many patients in oncology centers, that has resulted in large waiting times. The shortening of these cues is a great challenge and is extremely important for efficient oncological treatment.

Nevertheless, the government two years ago has developed a system of care through a new regulation, the oncological package. This has significantly improved the period between diagnosis and treatment - unfortunately - this is only a small section of the overall oncology strategy we are driving forward.

Does Poland have a national cancer plan in place?

Not at the moment. We do have a national plan in regard to prevention, screening programs, education and investments into oncology, but this is not a comprehensive strategy that has set targets looking at what we will achieve, five to ten years down the track. There is no clear direction.

In 2014 the medical society, with our help, worked on a national cancer program, though unfortunately this was not implemented at the governmental level. It looked at not only the treatment of cancer, but equally financial strains placed upon the healthcare system. It was a very long document; therefore, this could have been the reason it was overlooked at the time. Right now, we are focusing on developing a shortened 30-page document working with the entire healthcare community that highlights the key steps and indicators to achieve success five and ten years down the line.

How is oncology care distributed across the nation?

Each province has its own oncology center, which is great. The issue is there are no clear rules that exist which differentiates the function of an oncology centre, major hospital and small clinic in a small rural town. There is no or little coordination.

Now, we are assisting in developing a collective coordinated approach, with the idea of creating a sustainable, efficient oncology network in a systematic manner that takes into account each facet of the treatment chain and involves all relevant stakeholders.

Many Polish doctors are going abroad due to several factors. How does this impact the care of cancer patients?

In oncology it is happening, but not to the same extent as pathology, an area that in a few years' time may reach dyer shortages. This is an issue for us as diagnostic services provided by pathologists are an important step in the overall treatment chain.

Additionally, another issue is we have a limit on procedures. For example, the national health fund will invest in the first 12 tests, but by the 13th the equipment does not function as we lack sufficient financial resources. Therefore, it is not always about having enough doctors, but utilizing the budgets efficiently. We are acting as a strong voice in the healthcare community to increase healthcare spending as well as ensuring a part of this is distributed to oncology and spent in the correct manner.

Poland is one of the slowest European countries to bring cancer drugs from EMA approval to the local market. What steps should be taken to improve the conditions of market access?

Poland must improve access to clinical trials, and we are working closely with the clinical trials society and Ministry of Health to improve regulations in this sector and be in-line with the new European directive. The aim is to have this improvement in place within two years, while in the

meantime constructing a national data base for clinical trials to fully understand the trials being conducted in Poland.

We would also like to see compassionate use of drugs to increase market access, a topic discussed in the new reimbursement act that is slowly being rolled out. Furthermore, we are looking to shorten the period of drug assessment. Currently the health technology assessment (HTA) is undertaken in Poland for clinical value and pricing. We want the EMA's HTA to be utilized for the clinical aspect. This will save considerable time as only pricing will need to be considered by Polish authorities when deliberating a market access recommendation.

What is the existing level of collaboration between the coalition and the pharmaceutical sector?

Naturally, they act as our partners in certain areas, along with other institutions that deal in healthcare. Our collaboration is focused on education and awareness, not only with patients, but also doctors, nurses and students. We conduct joint workshops aimed at increasing health literacy to ensure the Polish population understands how to properly benefit from the healthcare network already in place. For example, we have set up an education academy with the association of innovative companies (INFARMA) and campaigns with rare disease organizations.

Looking ahead, what are the future objectives of the organization?

A major focus will be on rehabilitation of patient's post-discharge, as this treatment area is not mentioned enough. Cancer patients are being diagnosed at a younger age and it is difficult for them to easily merge back into society when left alone. We must provide them with support and act as their partners along their journey.

Poland must move towards having a more patient-centric approach of healthcare, and we want to be part of this movement. Cancer treatment is a great burden on society and is a healthcare area that drives forward other sectors; therefore, we must continue on our mission as the active voice in the community so patients can receive the best care possible.

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