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National Cancer Strategy

National Cancer Strategy (NCS) is a very important and long-awaited document, which will be the keystone for activities in the field of oncology in Poland for the next 10 years. It was developed in record time in accordance with the Act of 26 May 2019 on the initiative of the President of the Republic of Poland. It was prepared by the Working Group of the Ministry of Health for National Cancer Strategy in cooperation with employees of the Ministry of Health and on 30 November 2019 it was forwarded to the Council of Ministers.

The main tasks of the National Cancer Strategy, in accordance with the Act on the National Cancer Strategy, include:

- reducing the incidence of cancer through health education and promotion, including shaping health awareness and promoting a healthy lifestyle;
- improving cancer prevention, early detection, diagnosis, and treatment;
- development of the healthcare system in the field of oncology by concentrating activities around the patients and their needs, with particular emphasis on improving the quality of life of patients and their families;
- ensuring equal access to high-quality oncology healthcare services provided in accordance with current medical knowledge;
- development and implementation of organisational changes that will provide patients with equal access to coordinated and comprehensive healthcare in the field of oncology;
- development of training and education activities as well as training of medical staff in the field of oncology;
- development of scientific research aimed at improving and increasing the effectiveness and innovation of cancer treatment.

These tasks are also in line with the published report of the National Audit Office on the healthcare system in Poland and the European guidelines for National Cancer Control Programme published by the European Partnership for Action Against Cancer. To a large extent, the newly created National Research Institute of Oncology will be responsible for implementing the tasks of the NCS.

The principal intention of the NCS is to reduce mortality in the most frequent cancers, where population interventions could bring about effects in a relatively short (10-year) time period.

This strategy is a continuation of the already initiated reform of Polish oncology. The activities are to cover five areas that are key to achieving synergies (where the activities are the most important from the population and public health perspectives, as well as patient-oriented activities postulated for many years by patient advocacy groups, and in which there were the biggest shortcomings in Polish healthcare) and improving epidemiological indicators in Poland. The implementation of tasks is planned for 2020–2030, while the legislator sanctioned the need to create annual schedules for implementing the strategy.

In view of the needs defined in this way, the NCS proposes to conduct activities in five areas:

1. Investments in human resources — improving the human resources situation and the quality of education in the field of oncology. The activities are aimed at increasing the number of oncologists and related specialists and including cancer prevention education in the undergraduate education program of physicians and nurses. It is also planned to organise courses on cancer prevention during the education of physicians of other specialties and nurses.
2. Investments in education, primary prevention, and lifestyle — limiting the incidence of cancer by reducing the risk through primary cancer prevention. The activities are aimed at implementing the recommendations of the European Code Against Cancer, with particular emphasis on tobacco control, as well as the involvement of doctors in primary prevention, including primary care and occupational medicine physicians. The novelty is the reimbursement of vaccination against human papillomavirus (HPV).
3. Investments in the patient, secondary prevention — improving secondary prevention effectiveness. The indicated actions increase the effectiveness of screening for colorectal, breast, cervical, and lung cancer. It is proposed that primary care and occupational medicine physicians be included in secondary prevention.
4. Investments in science and innovation — increasing the potential of scientific research and innovative projects in Poland to make the most effective diagnostic and therapeutic solutions available for patients. The goal of the indicated actions is to increase the participation of oncological patients in clinical trials, to develop non-commercial clinical trials in the field of oncology, and to expand data analysis in medical registries. In addition, by 2030 a minimum of 90% of innovative oncological therapies reimbursed in European Union countries will also be reimbursed in Poland.
5. Investments in the oncological care system — improving the organisation of the oncological care system by providing patients with access to the highest quality diagnostic and therapeutic services as well as comprehensive care throughout the entire “patient path”. The proposed actions are aimed at alignment of the level of oncological care at the regional level, regardless of the patient’s place of residence. Within this area, it is proposed to introduce the National Oncological Network (NON) — competence centres for the treatment of lung cancer, colorectal cancer, gynaecological cancers, urological cancers, childhood cancers, and rare cancers, as well as to introduce diagnostic and therapeutic standards. The development of comprehensive oncological care is to include the development of rehabilitation, psychological, palliative, and hospice care. The important activity will be comprehensive data analysis and availability of information for patients and physicians on one integrated portal. In addition, investments in the oncological care system include activities to improve the quality of life of cancer patients during and after treatment.