



MINISTRY OF
HEALTH



SLOVENIAN CANCER PLAN

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Ljubljana
04.11.2006

United against Cancer*
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Agenda

■ The facts

■ The actions

■ The future

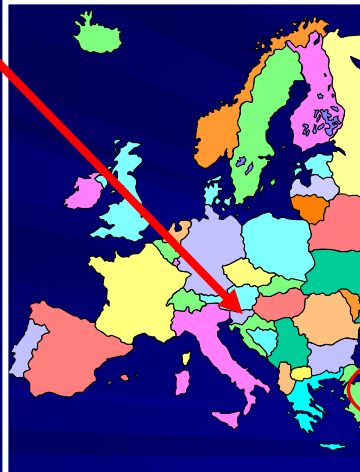
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Slovenia in numbers (2003)



AREA: 20,000 sq km² (0.5% of the total EU-25 area)

POPULATION: 2,000,000 (0.4% of the EU-25 pop.)

38,6 YEARS MEDIAN AGE;
14,8% > 65 and 15% < 14 years (EU 17% and 18%)
 (2050: 39% > 60 years; EU 35%)

URBAN POPULATION: 50%
NATURAL POPULATION GROWTH: -1,1

GDP PER CAPITA: €12,453 (57% of the EU-25 average)

LIFE EXPECTANCY: 72.6 (M), 80.4 (F)
HEALTHY LIFE EXPECTANCY: 66.4 (M), 72.2 (F)

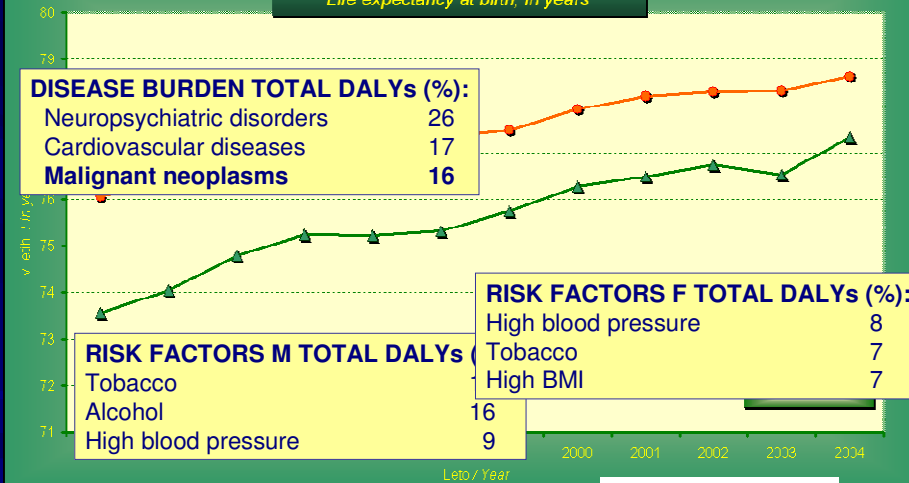
Source: EUROSTAT, WHO/Europe

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Príčkavano trajanje življenja ob rojstvu, v letih
Life expectancy at birth, in years



Source: IVZ, WHO/Europe

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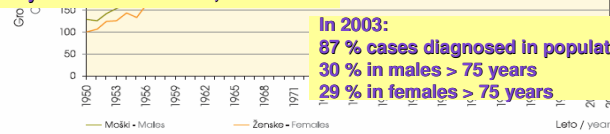
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Centralized Cancer registry of Slovenia helps monitor the overall cancer burden

Figure 4. Crude and cumulative annual cancer incidence: all sites by sex - Slovenia 1950-2003

1991/93:
7068 new cancer cases
4423 cancer deaths registered (yearly)

2001/2003:
9738 new cancer cases
incidence increase: 38%
4892 cancer deaths
mortality increase: 12% male, 9% female



In 2003:
87 % cases diagnosed in population > 50 years
30 % in males > 75 years
29 % in females > 75 years

Source: Cancer Registry Slovenia

Cancer Registry of Slovenia is one of the oldest population based Cancer Registry in Europe, founded in 1950. Covering the whole Slovenian population: mortality, incidence, prevalence and survival of cancer patients are available to monitor the cancer burden in Slovenia.

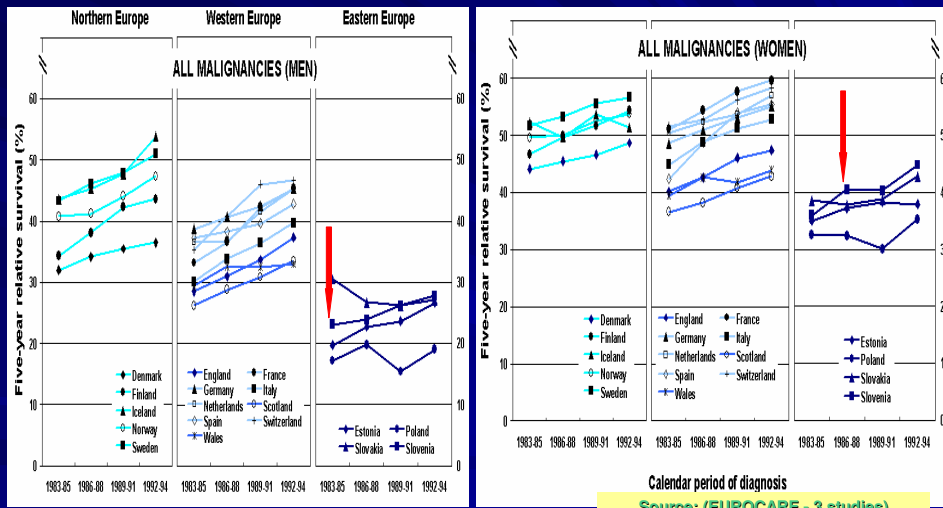
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Slovenia leads EU newcomers but still trails EU₁₅



Source: (EUROCARE - 3 studies)

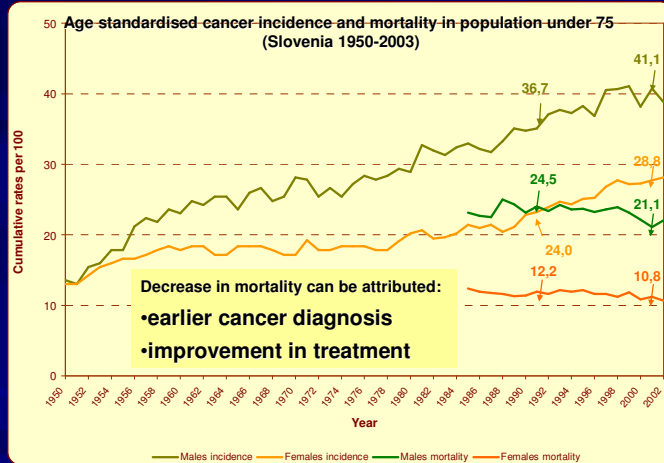
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Slovenia seeing overall decline in Cancer mortality rate in population < 75 years



INCIDENCE

Males ↑ 12%
Females ↑ 20%

MORTALITY

Males ↓ 14%
Females ↓ 11%

Numbers on graph are 3-year average.

Cancer Registry of Slovenia and Institute of Public Health

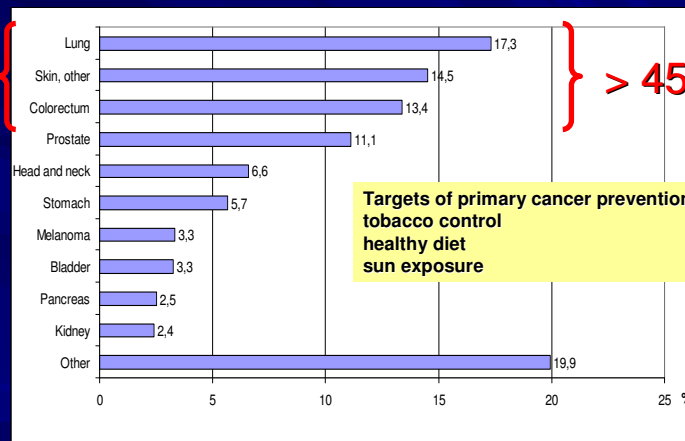
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The leading cancer sites in males (Slovenia, 2003)



Cancer Registry of Slovenia

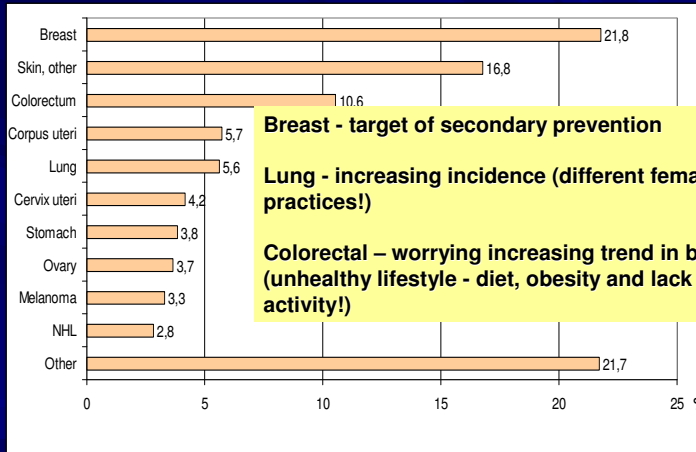
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The leading cancer sites in females (Slovenia, 2003)



Breast - target of secondary prevention

Lung - increasing incidence (different female smoking practices!)

Colorectal – worrying increasing trend in both sexes (unhealthy lifestyle - diet, obesity and lack of physical activity!)

Cancer Registry of Slovenia

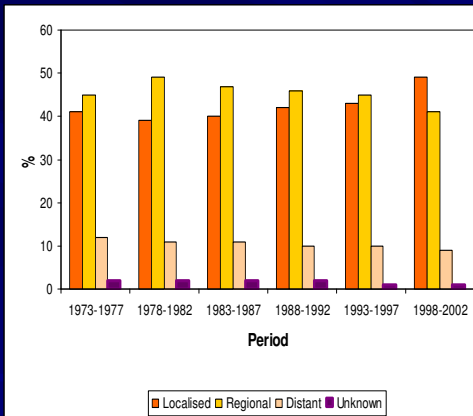
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The proportion of breast cancer diagnosed in localized stage has been increasing (>50%)



Period of diagnosis

5-year relative survival (%)

1963-67

46

1968-72

50

1973-77

54

1978-82

59

1983-87

62

1988-92

68

1993-97

72

1998-2002

80

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Focused national policies attack cancer at its source

- National policies and plans
 - Law on tobacco control (1996)
 - Law on alcohol control (2003)

•proportion of adult male smokers:
from 42% (1988) to 28% (2003)
•proportion of adult female smokers:
from 27% (1988) to 24% (2003)

- Resolution on the national programme of food and nutrition policy 2005-2010 (2005)
- National Strategy on physical activity

■ Other programmes

- CINDI, Healthy Schools and Healthy Kindergartens lifestyle promotion
- NGO's active in health promotion and cancer prevention
 - *The Association of Slovenian Cancer Societies* is a special NGO carrying out the programme Slovenia against Cancer promoting the European Code against Cancer
 - *The Cancer Patient Society* helps patients with cancer



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Strong focus on early detection and screening activities



- **CERVICAL: national screening control programme (ZORA, 2003)**
 - The number of women with at least one smear in three year period increase from 34% (98-01) to 68 (02-05)
 - National Registry ZORA role is also to ensure quality control of different providers
- **BREST: screening still opportunistic, but pilot for organised screening is being prepared**
 - several "breast cancer clinics" (about 30) where women can get a mammogram
 - MoH recommends regular mammography every two years in the age 50-69 (and in high risk group in age 40-49)
- **COLORECTAL CANCER: no organised screening is available**

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Diagnosis, treatment and palliative care

- **Treatment** of cancer is compensated completely by the Health Insurance
- **Institute of Oncology Ljubljana**
 - patient care (about 50% of cancer patients, only place for care rare cancers)
 - research and education
 - working closely with specialists from other clinics and hospitals
- **General hospitals**
 - treatment of common cancer
 - 85% primarily diagnosed in GH, 50% referred to IO; 15% diagnosed in IO
 - In 80 % diagnosis confirmed by pathology and further 10 % by cytopathology
- **Slovenia**
 - lack of service guidance, adequate clinical guidelines, quality data
 - innovative and biological products

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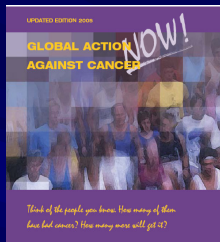
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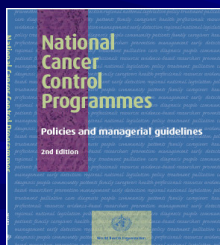
National Cancer Control Programmes



25th May 2005:

The 58th World Health Assembly adopted a resolution on cancer prevention and control calling for

- improved cancer prevention measures
- improved early detection and treatment
- better palliative care in all Member State countries.



- More important than strategies and plans is to find the way how to bring science into practice!

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Conclusions

- The facts of past decades show a good position but still room for improvement
- National actions show successful application of various domestic and EU imposed policies
- **Our priority is National Cancer control programme on International and EU guidelines:**
 - National policy and service organisation of screening
 - Service guidance and clinical guidelines for treatment of cancer patients
 - Networks and stress clinical audit
 - Monitoring and evaluation of cancer care and palliative care quality

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Thank you !
Hvala !



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