

EUROPEAN COUNTRIES CONSULTATION:

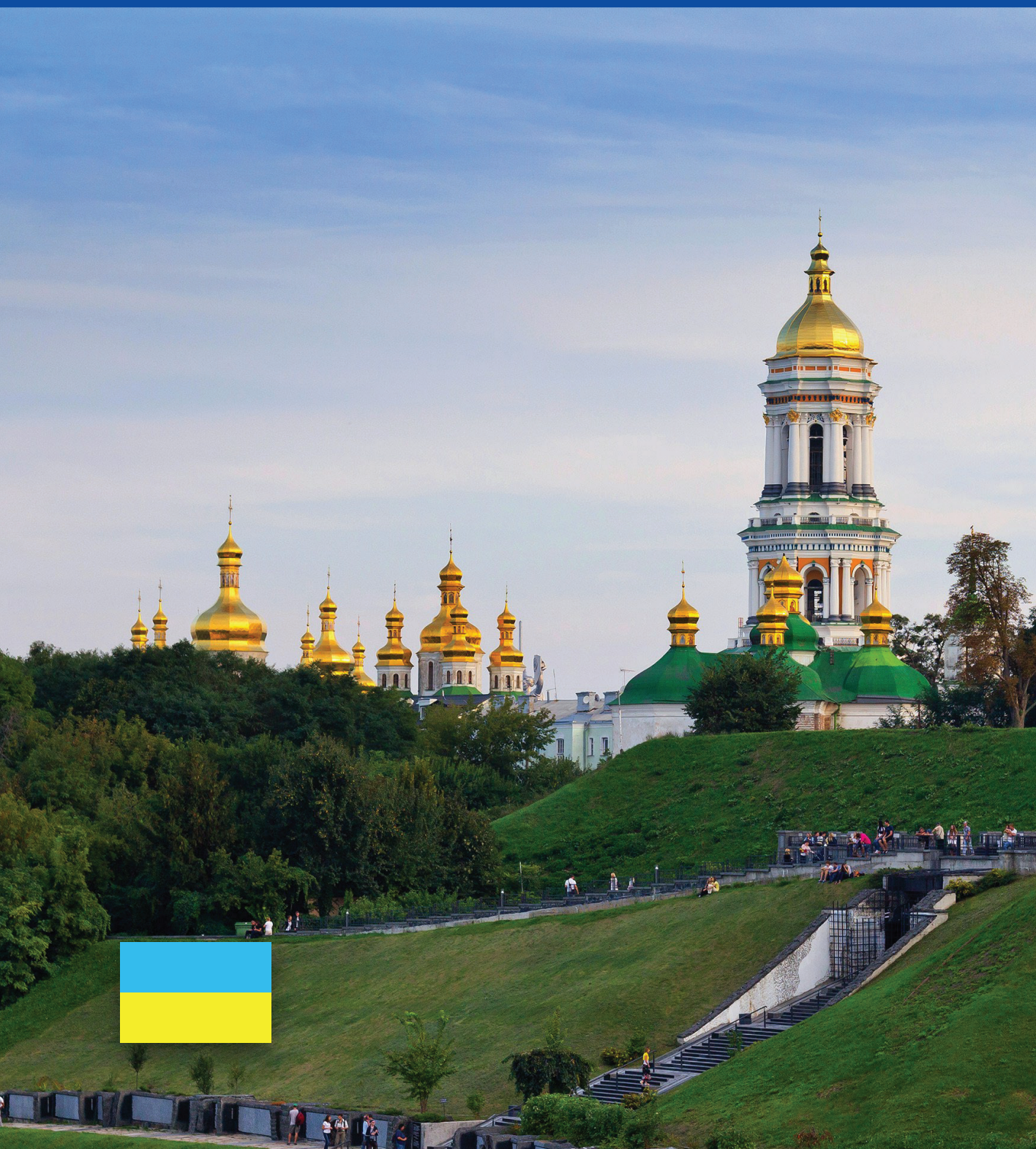
Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

UKRAINE COUNTRY PROFILE



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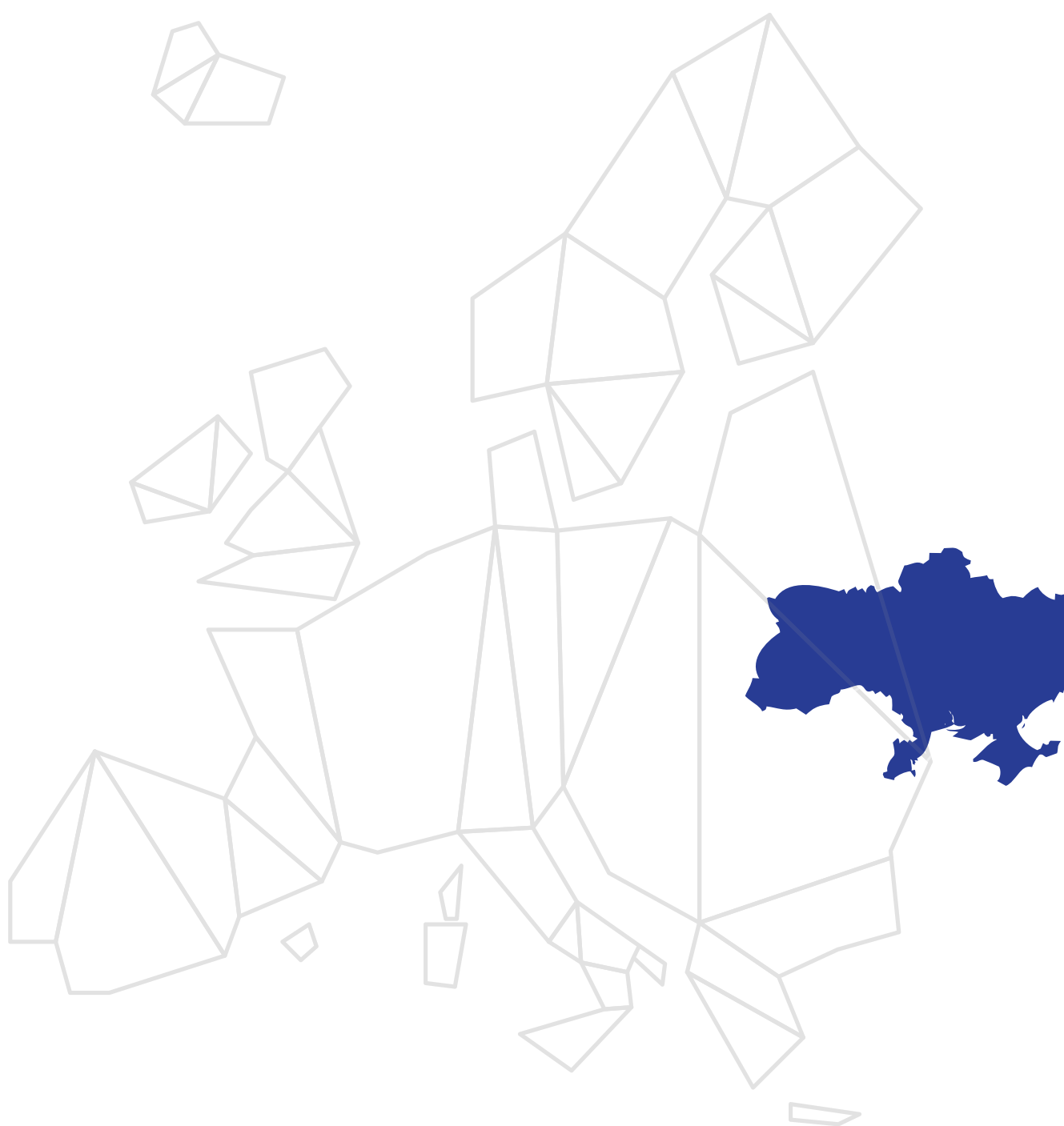


THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





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Context: existing certification systems and organization of cancer care

Beyond mandatory licensing, there is no widespread certification culture in Ukraine, and voluntary certifications remain marginal.

Organization of cancer care

The Ukrainian healthcare system is comprised of both public and private hospitals. To provide medical services, all facilities must obtain a license issued by the Ministry of Health.

The National Cancer Institute participates and oversees all cancer-related activities; in collaboration with the Ministry of Health, and provides guidelines for all cancer care facilities in the country.

Cancer care is structured around regional oncological centers and, in bigger cities, city oncological centers. General hospitals have oncology departments but provide only basic care or treat urgent cases. For a more comprehensive approach, it is necessary to turn to the National Cancer Institute or a regional oncological center. Cancer care is also accessible in private hospitals and partially reimbursed by the public payer. In some hospitals, infrastructure is outdated and would require investments.

Several governmental programs, such as the first National Cancer Control Strategy, are currently in place with the aim to improve access to high quality cancer care in terms of diagnostics, treatment, follow-up and survival rates.

Identified barriers towards the implementation of EUCCC certification in Ukraine

- Ukraine suffers from an uneven geographic distribution of cancer centers, a particularly acute problem in a large country.

Moreover, smaller local healthcare facilities have limited resources, whose patients do not have access to high quality care.

- The **ongoing war** in Ukraine constitutes a major challenge in the organization of care, including cancer care, due to damages in health care infrastructure and displacement of medical personnel.
- In addition, **low salaries** result in significant lack of available nursing staff.
- **Patient displacement** represents a challenge in terms of follow-up and treatment since databases are scarce or even inexistent in some cases. The availability of digital resources depends on individual departments and may vary even within the same institution.
- There is also a **limited access to high-cost treatments**.

Identified enablers towards the implementation of EUCCC certification in Ukraine

However, beyond the issues mentioned above, Ukraine also has features that constitute enablers towards the formation of CCCs:

- The EUnetCCC project has a **very strong support from the Ministry of Health**. Future European integration is written in the Ukrainian plan for integration into the European Union.
- The **existence of regional oncological centers with the infrastructure already in place** could facilitate the establishment of CCCs in Ukraine. In terms of training, oncology specializations are narrow, which results in highly specialized staff.

Conditions for successful EUCCC certification implementation in Ukraine

○ EUCCC as a central node in a network

For smaller and less equipped hospitals, CCCs could constitute a central node in a wider, possibly regional, network. For example, in the overall organization of cancer care, CCCs could serve as advisory boards for new treatments that require a more multidisciplinary approach.

Moreover, the introduction of CCC certification could bring a **quality and certification culture** in the country and would encourage clinicians to adhere to international guidelines. Therefore, it would constitute a lever to introduce a **more uniform approach to cancer care**.

Introducing EUCCC certified facilities in the current landscape could **favour higher specialization** by establishing reference centers and centralizing cancer care. Indeed, the current system does not take into consideration the volume of patients with a certain pathology when licensing activities. This model would also allow higher volume of patients, thus ensuring higher level of quality of care and expertise of healthcare professionals.

○ Enhance collaborations between hospitals and internationally

Lack of information sharing and collaboration between cancer centers: prior to war; no network of oncological centers existed. There was exchange of information, but it was dependent on personnel relations, not regulated on the governmental level.

Certifying an EUCCC could support the exchange of experiences and introduction of rotating fellowships, a practice that is not yet common. It could also give access to cross-country collaborations and access to the best practices through the EUnetCCC network and provide learning opportunities for physicians and nurses. That knowledge could then be further disseminated to more local facilities and improve the overall care.

○ Further development and access to translational research

In terms of research, **there are currently difficulties in access to translational research and non-commercial clinical trials** due to financial limitations. Pooling resources between recognised highly specialized facilities could be an answer to this challenge.

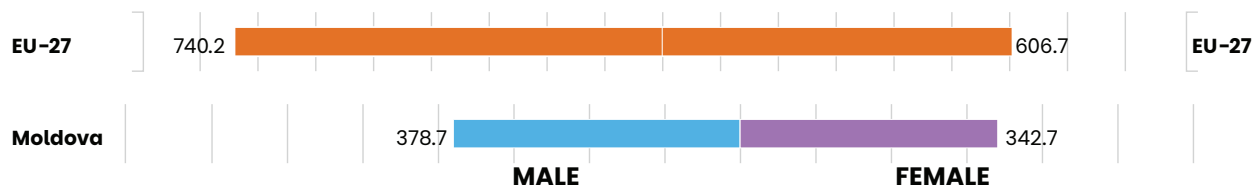
Number of OECI-certified CCCs: 0

Number of EUCCC pilot centers: 0

Epidemiology: incidence, mortality and survival rates

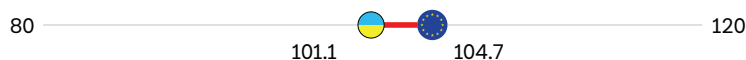
Incidence rates:

Estimated incidence, both sexes, all sites, 2022 (per 100 000 population)



Mortality rates:

Cancer mortality
ASMR per 100 000 population



Survival rates:

For the selection of cancers:

Colon cancer 5-year survival

% survival for patients diagnosed 2010-2014



Breast cancer 5-year survival

% survival for women diagnosed 2010-2014



Lung cancer 5-year survival

% survival for patients diagnosed 2010-2014



Risk factors

Daily smoking

% of population aged 15+



Alcohol consumption

Litres per capita, population aged 15+



Human resources and infrastructures

Physicians

per 1 000 000 population



Nurses

per 1 000 cancer cases



Number of clinical trials: 81



**For more information,
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