



FEASIBILITY STUDY ON THE POSSIBILITIES FOR IMPLEMENTATION OF NATIONAL SCREEN PROGRAM FOR LUNG CANCER IN CEE COUNTRIES WITH FOCUS ON THE BALKAN REGION

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Background

Lung cancer is considered the leading cancer-related death worldwide. The European Commission has proposed to broaden the focus of cancer screening in the EU with recommendations to explore the feasibility, effectiveness and cost-effectiveness of implementation of low-dose tomography among risk groups

Aim

The current study aims to analyse the possibilities for implementing national screening programs for lung cancer among countries from the Balkan region and to identify possible barriers

Methods & Materials

- We conducted a study to explore the feasibility of implementing a national lung cancer screening program (NLCSP) in the Balkan Region
- Our focus was on screening individuals aged 55 to 80 with a history of 30 or more pack-years of smoking
- The potential challenges and possibilities for implementation of NLCSP were assessed through desktop analysis and an online questionnaire

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Desktop policy analysis

Online questionnaire with open & closed questions with focus on the availability of NLCSP

Online poll of Balkan Region stakeholders reflecting the pharmaceutical industry perspective

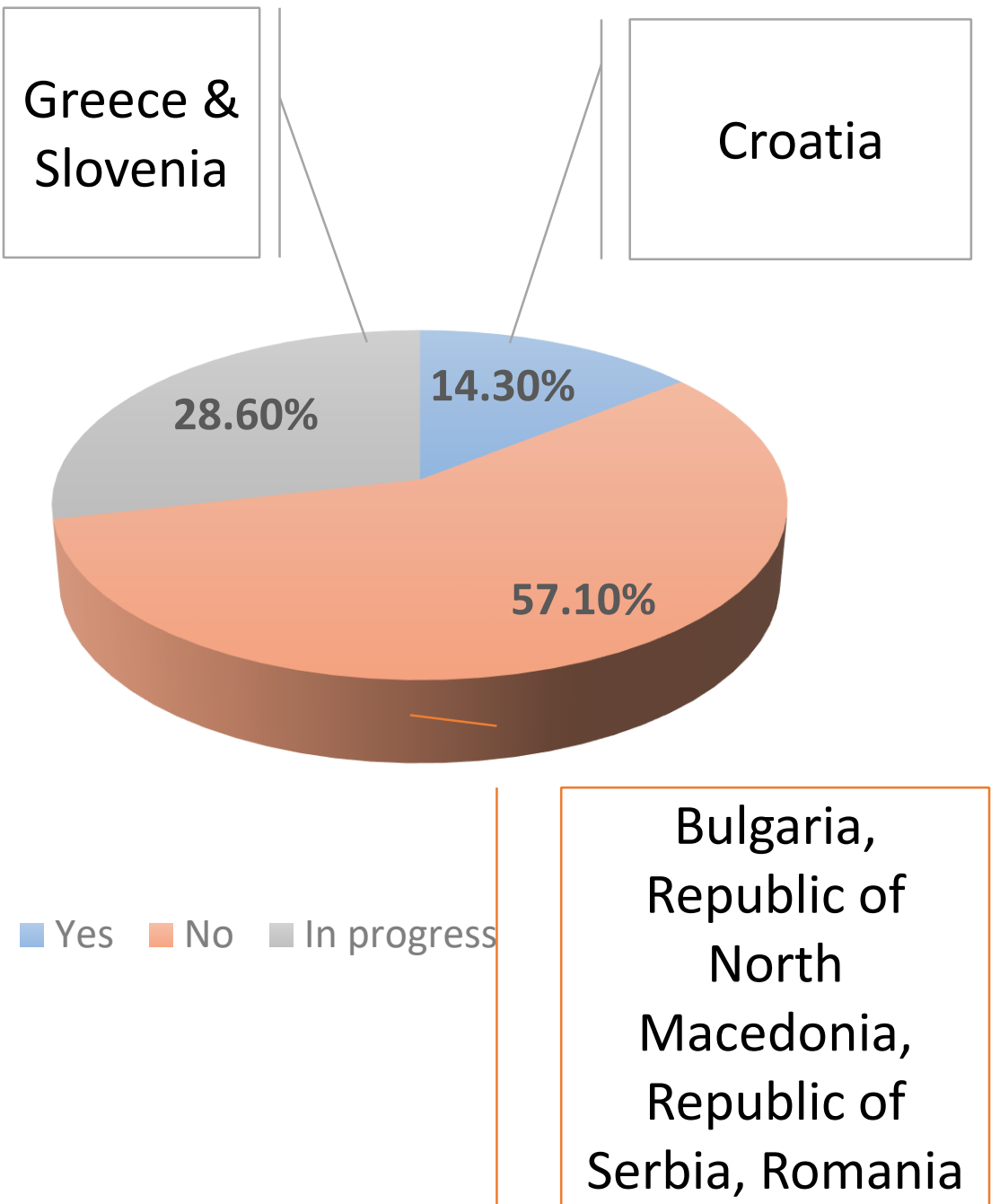
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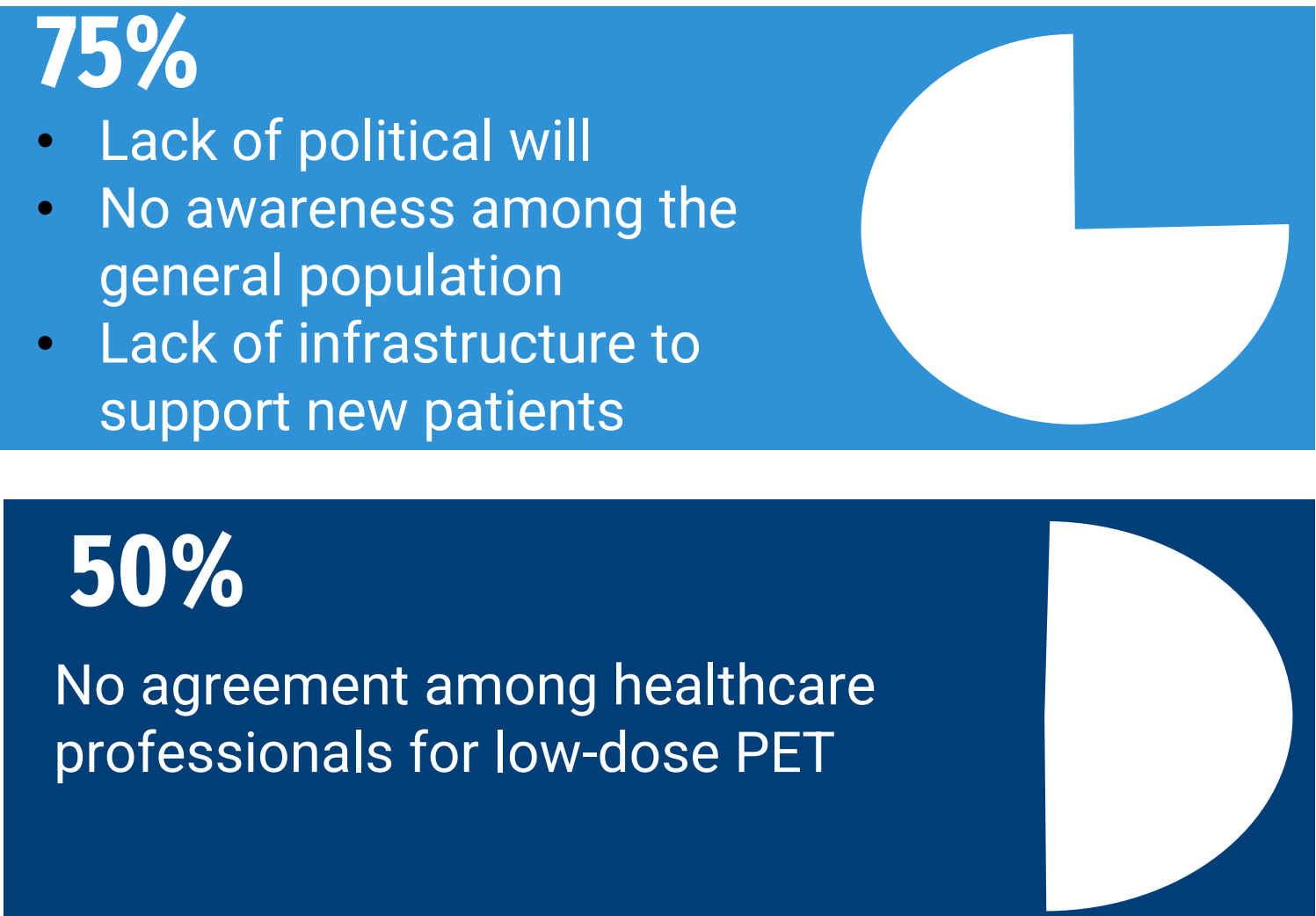
Results: Desktop analysis Strategic policy documents

- There is unequal access to lung cancer screening programs (LCSP) in the Balkan Region
- Currently, the lung screening program (LCSP) is fully implemented only in Croatia



- 57% of surveyed countries (4 of 7) have a Local Anti Cancer Beating plan but only in Croatia ECBP (Europe Cancer Beating Plan) and EU Council recommendations are considered
- In Croatia, Romania, Serbia and Slovenia lung cancer is a priority
- Only in Croatia national guidelines support LC screening

Results: Online survey 1 Barriers for implementation of NLCSP



Results: Online survey 2 Challenges

4 countries reported challenges in implementation of lung cancer screening programme

Country	Challenges
BG	Difficulties to align benefits and methodology of screening among HCPs, no experience with screening, no clear analysis for the cost-effectiveness of such a screening program
RO	Lack of feasibility study, funding, developing real internal infrastructure to deal with new patients, lack of surgeons to perform the surgeries for the newly detected patients
RNM	Budget constrains and lack of human recourses in health care system
RS	Lack of number of LDCT, educated radiologists, referrals from GPs

Learnings so far from already implemented NLCSP

- To consider ECBP and EC recommendations to build NLCSP
- To increase society awareness through public campaigns and general practitioners (GPs)
- To transfer good practices from other implemented screening programs like screening for breast cancer and colorectal cancer in Slovenia
- Full integration into the healthcare system and complete digitalization for better control

Conclusions

The implementation of the Lung Cancer Screening Programme (LCSP) in the Balkan region is crucial for addressing the economic and social impact of the disease. Further analysis of the cost-effectiveness and societal benefits is necessary