



Colorectal cancer situation in Lithuania

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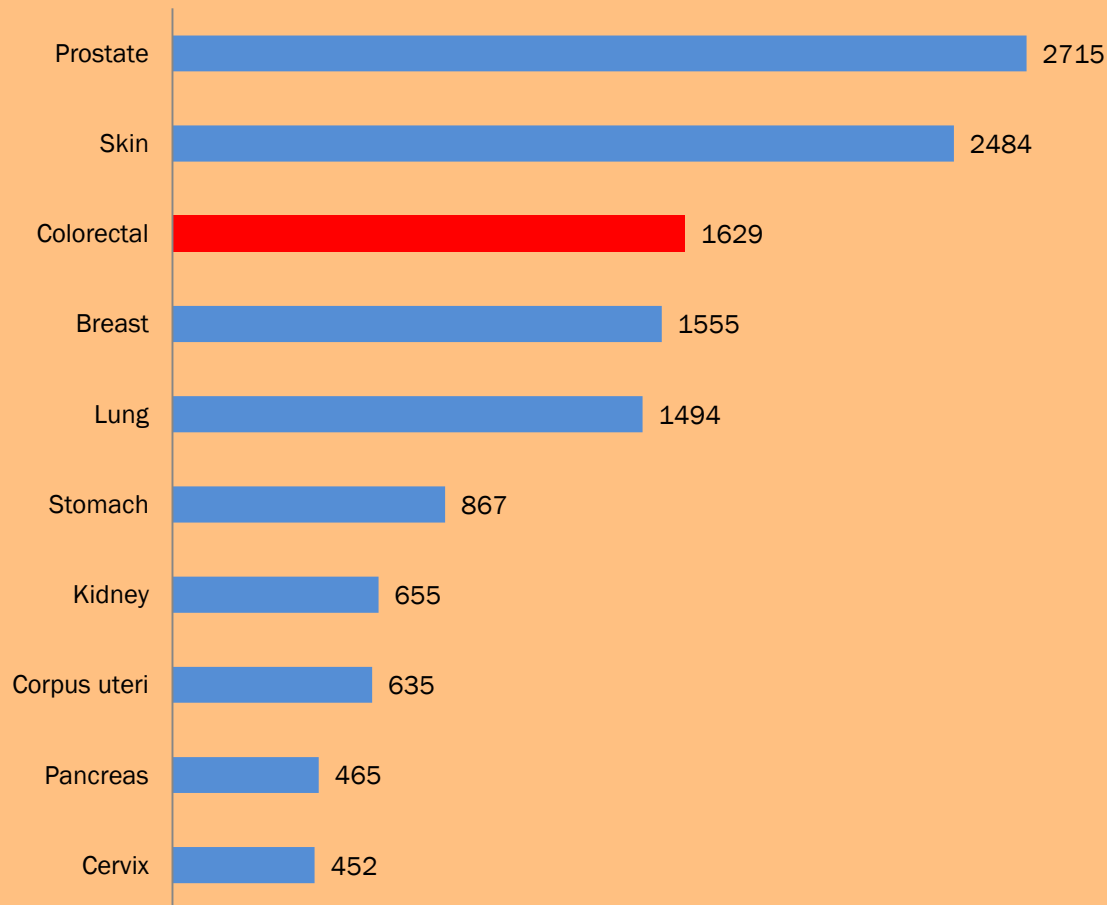
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Cancer care in Lithuania



- Population - 3 million
- Six medical centres provide specialized care for cancer patients:
 - Oncology Institute of Vilnius University, Vilnius
 - Vilnius University Hospital Santariskiu klinikos, Vilnius
 - Lithuanian University of Health Sciences (LUHS): Kauno klinikos Hospital and Oncology Institute, Kaunas
 - Klaipėda University Hospital, Klaipėda
 - Republican Šiauliai county Hospital, Šiauliai
 - Republican Panevėžys county Hospital, Panevėžys

Most common cancer types in Lithuania 2011



CRC situation in Lithuania

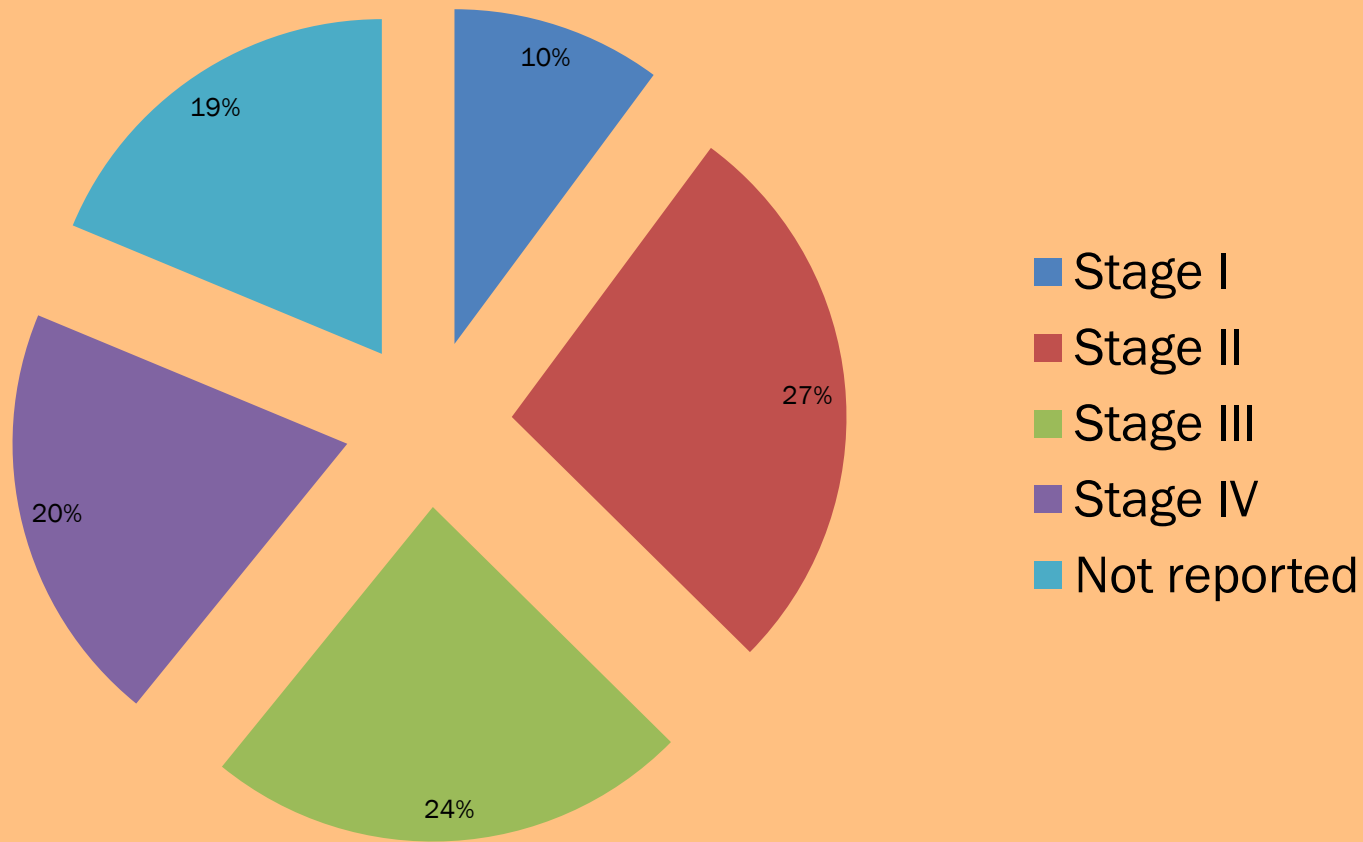
- More than 1600 new CRC cases per year in Lithuania
- Annual growth of CRC patients 3-6 %
- 3rd most common reported cancer in Lithuania
- 2nd most common cause of death from cancer across all cancer types

But...

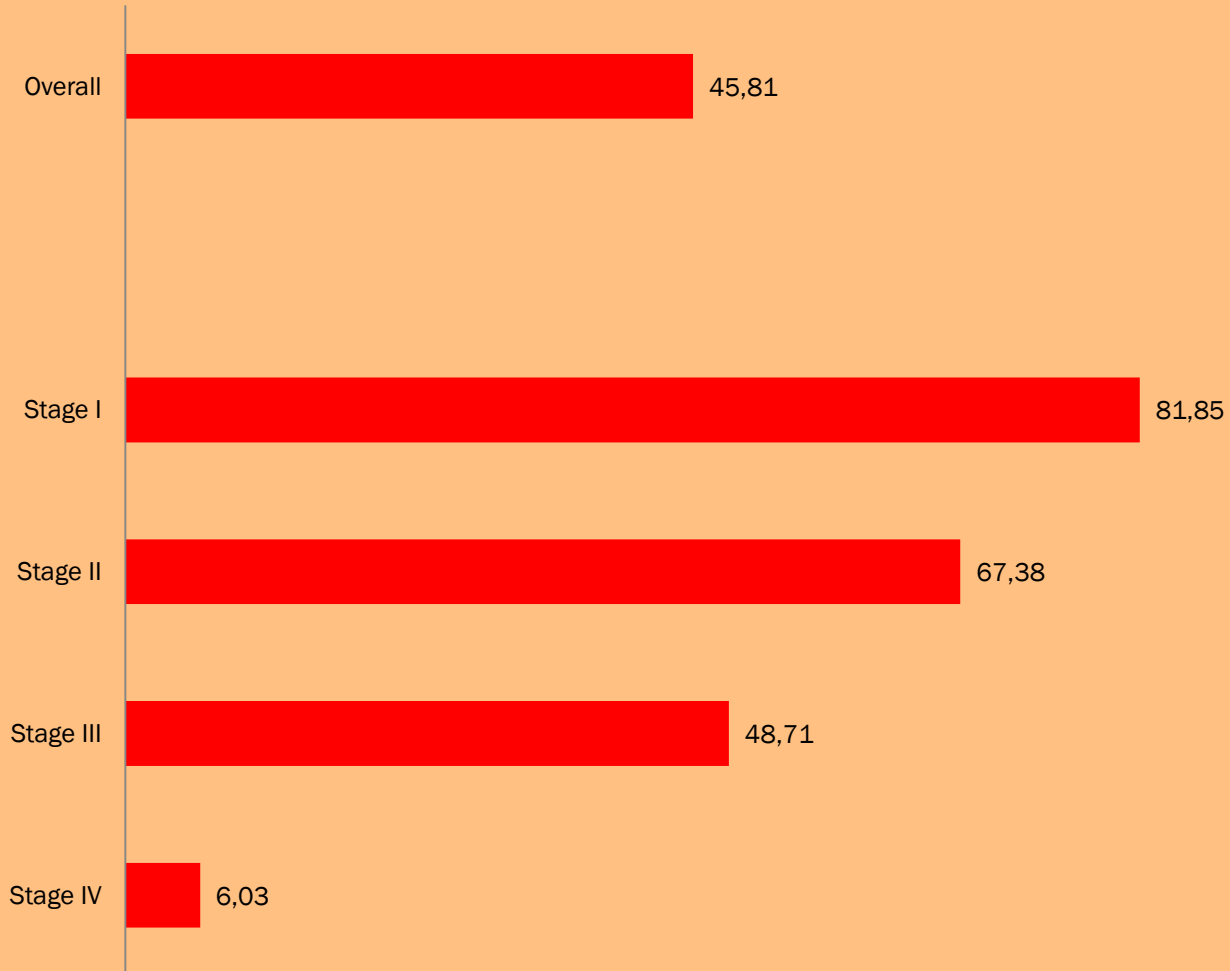
- CRC is one of most successfully cured cancer between intestinal cancers
- Early detection is important in CRC management



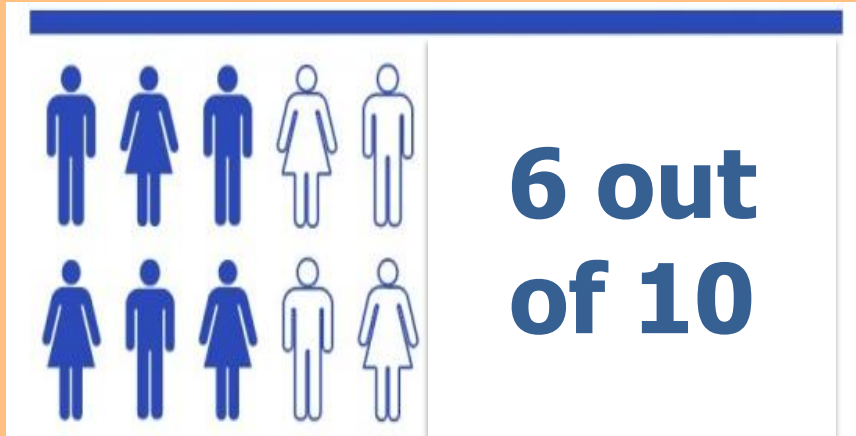
CRC in 2009 by stage of disease



Survival of CRC patients in Lithuania



Screening of CRC



6 out of 10 lives could be saved, if people regularly performed testing after they turn 50 years old

- Purpose of Early CRC Detection Programme – increase CRC detection in early stages and decrease mortality of CRC
- Testing – from fecal occult blood testing (iFOBT test) to colonoscopy
- Screening of CRC in Lithuania started at 2009

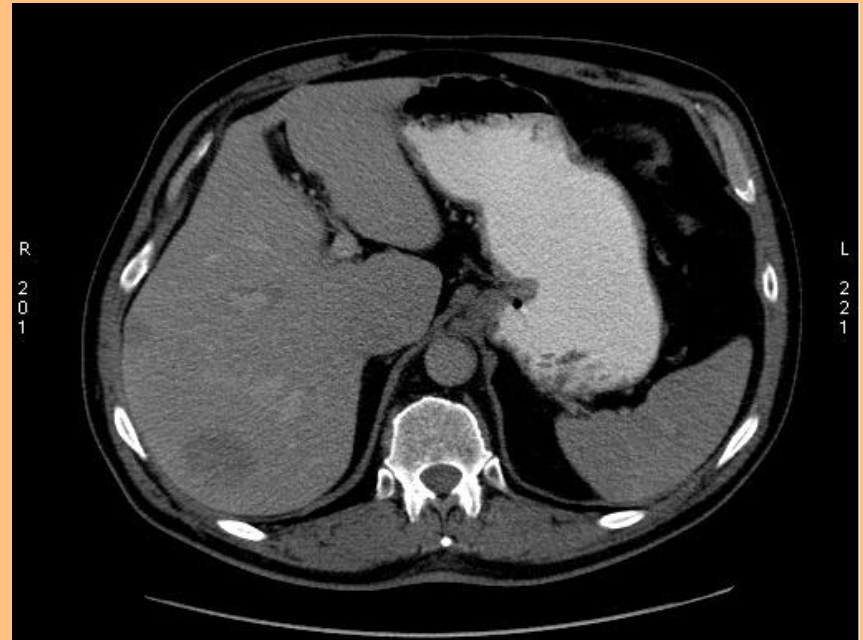
CRC Early Detection Programme in Lithuania

- Programme started in 2009, now covers 2/3 of the country
- Men and woman **50-74 years old once per 2 years** are invited by GP for fecal occult blood testing (iFOBT test)
- If iFOBT test is negative, then patient is invited again after 2 years
- If iFOBT test is possitive, patient is targeted to **colonoscopy**
- Colonoscopy normal, then patient is invited for iFOBT test after 10 years
- If various conditions are discovered, then biopsy is taken and sent for testing. After biopsy results, patient is sent for further treatment or diagnostics



CRC diagnosis

- **Radiological diagnosis**
 - All the major diagnostic procedures are available in all the centers: colonoscopy, US, Ro, CT, MRI
 - PET-CT is not available
- **Pathological diagnosis**
 - Full pathological and molecular diagnostic in major pathology centers (Vilnius, Kaunas), including MSI, KRAS status
 - Limited possibilities in smaller centers



CRC management

- **Surgery**
 - Surgery mainly concentrated in 4 highly experienced centers
 - Multiple liver, lung resections (3 centers)
 - HIPEC (2 centers)
- **Systemic treatment**
 - Chemotherapy
 - Biologic therapy
 - Conducted in 6 centers
- **Radiotherapy**
 - Available in 4 centers
 - New techniques – IMRT
 - Stereotactic RT – not available
- **Other regional treatment options**
 - Radiofrequency ablation (3 centers)
 - Chemoembolisation (3 centers)
 - Radioembolisation (1 center)
 - Intraarterial chemotherapy (3 centers)

**Multidisciplinary approach –
all the primary patients must be discussed in MDT meeting**

Chemotherapy

- All the main drugs are available without major limitations:
 - 5-FU, leucovorin, capecitabine, tegafur
 - is included in reimbursement list
 - no limitation for use in CRC treatment
 - Irinotecan, oxaliplatin
 - annual National Health Insurance Fund purchases/tenders
 - sufficient amounts
 - no limitation for CRC treatment

Targeted/biological therapy (I)

- Biological agents purchases/tenders for CRC are arranged annually by The National Health Insurance Fund (NHIF) - for Bevacizumab since 2006, for Cetuximab since 2011

Limitations!

- Bevacizumab
 - Only for 1st line CRC treatment until progression
 - No possibility to treat in 2nd and further lines or beyond disease progression.
- Cetuximab
 - Only for induction therapy for KRAS wt patients with liver only potential resectable metastases
 - No possibility to treat patients with extrahepatic disease, or to treat 2nd and further lines
- Panitumumab – not reimbursed

Targeted/biological therapy (II)

Limitations!

- Because of **lack of funding and saving policy in Health Care**, the need for biologicals in 1st line treatment is not fully covered; such treatment is providing for approximately 30% of 1st line CRC patients
- The National Health Insurance Fund (NHIF) tender for 2012 was not realized; at present, permanent partial purchases are performing; 2013 tender is awaiting;
- Saving policy on biological therapy (patients number and treatment duration limitation) presents in some centres
- Recent restriction of National Health Insurance Fund (NHIF): embargo on new CRC enrolment in Bevacizumab treatment

THANK YOU

