

Audiência Comissão Parlamentar de Saúde

Oncologia

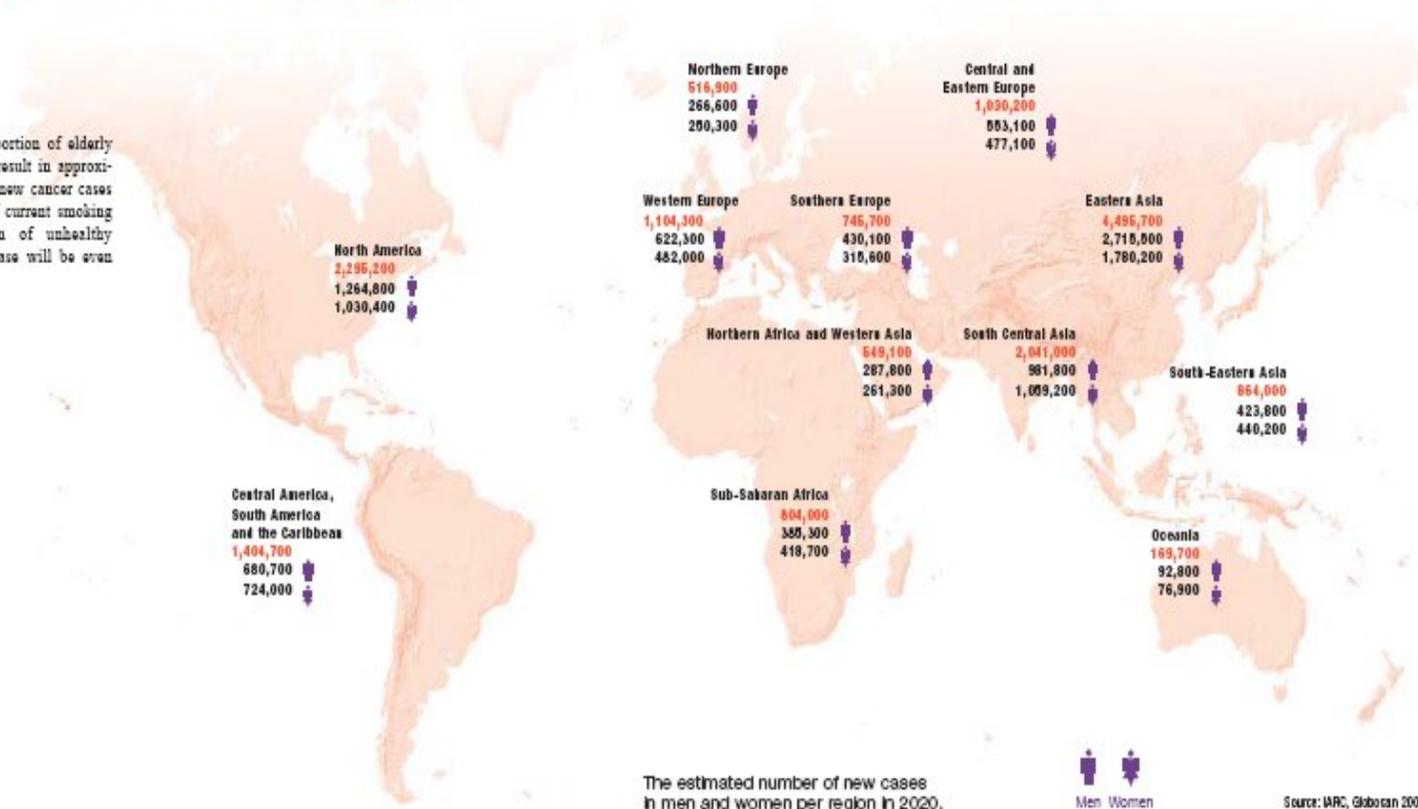
Audiência Comissão Parlamentar de Saúde Oncologia

The number of new cases each year could rise from **10.9 million in 2002**

to **16 million** in **2020**
nearly a **50%** Increase

Trends

A steadily increasing proportion of elderly people in the world will result in approximately a 50% increase in new cancer cases over the next 20 years. If current smoking levels and the adoption of unhealthy lifestyles persist the increase will be even greater.



Audiência Comissão Parlamentar de Saúde Oncologia

By **2020**, cancer could kill

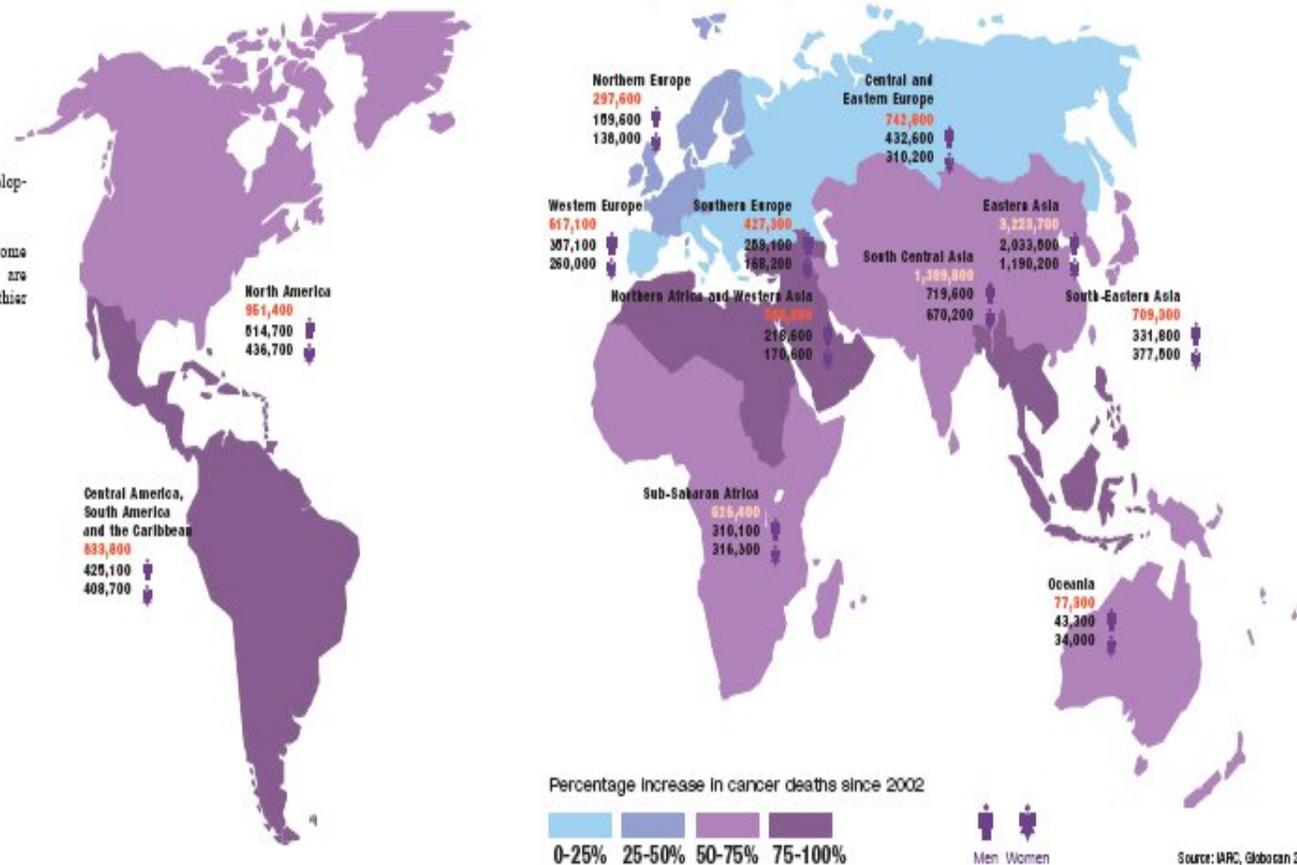
10.3 million

people per year unless we act

Trends

The biggest rates of increase are in developing and newly industrialized countries.

The relative increase is smallest in some Western countries where populations are rejecting tobacco and adopting healthier lifestyles.



Audiência Comissão Parlamentar de Saúde

Oncologia

International Agency for Research on Cancer



World Health
Organization

EUCAN

<http://eco.iarc.fr/eucan>

Estimated incidence and mortality for both sexes in Portugal, 2012

Cancer	Incidence		Mortality		Prevalence		
	Number	Rate	Number	Rate	1-year	3-year	5-year
All sites but non-melanoma skin	42221	367.9	25811	213.4	30486	77476	114663
Bladder	1838	15.3	683	5.1	1304	4213	6427
Brain & central nervous system	1265	11.5	916	8.0	531	1082	1379
Breast	5422	92.3	2039	31.5	5008	14300	22640
Cervix uteri	1501	28.3	609	10.3	1346	3630	5514
Corpus uteri	1444	24.5	303	4.4	1336	3682	5700
Gallbladder & biliary tract	409	3.3	349	2.8	157	316	407
Hodgkin lymphoma	271	2.6	81	0.7	220	625	996
Kidney incl renal pelvis & urether	1127	10.0	511	4.2	880	2349	3596
Large bowel	5513	46.5	3135	24.9	4263	10938	16200
Larynx	823	7.4	457	3.9	758	2003	2991
Leukaemias	968	8.7	748	6.3	614	1535	2244
Lip, oral cavity & pharynx	1311	11.7	672	5.9	1032	2526	3593
Liver & intraheptic bile ducts	799	6.6	852	6.9	374	717	883
Lung incl trachea & bronchus	7263	63.7	6443	55.5	3675	7241	9038
Malignant melanoma of skin	1016	9.2	344	2.9	894	2540	4016
Multiple myeloma	292	2.5	241	2.0	238	561	767
Non-Hodgkin lymphomas	897	8.1	458	3.9	643	1698	2589
Oesophagus	380	3.3	361	3.1	186	357	439
Ovary	935	16.4	530	8.6	704	1742	2481
Pancreas	1254	10.3	1327	10.7	357	635	762
Prostate	3136	55.7	1375	22.6	2840	7662	11595
Stomach	1462	12.3	1202	9.8	808	1875	2625
Testis	285	5.6	39	0.7	243	725	1197
Thyroid	288	2.7	71	0.6	251	715	1143

Audiência Comissão Parlamentar de Saúde Oncologia

International Agency for Research on Cancer



World Health
Organization

EUCAN

<http://eco.iarc.fr/eucan>

Estimated incidence and mortality for both sexes in Portugal, 2012

Cancer	Incidence		Mortality		Prevalence		
	Number	Rate	Number	Rate	1-year	3-year	5-year
All sites but non-melanoma skin	42221	387.9	25811	213.4	30488	77476	114663

Audiência Comissão Parlamentar de Saúde Oncologia

Original article

Annals of Oncology 14 (Supplement 5): v41–v60, 2003
DOI: 10.1093/annonc/mdg753

European health systems and cancer care

A. Micheli^{1*}, J. W. Coebergh², E. Mugno¹, E. Massimiliani¹, M. Sant¹, W. Oberaigner³, J. Holub⁴, H. H. Storm⁵, D. Forman⁶, M. Quinn⁶, T. Aareleid⁷, R. Sankila⁸, T. Hakulinen⁸, J. Faivre⁹, H. Ziegler¹⁰, L. Tryggvadóttir¹¹, R. Zanetti¹², M. Dalmas¹³, O. Visser¹⁴, F. Langmark¹⁵, M. Bielska-Lasota¹⁶, Z. Wronkowski¹⁶, P. S. Pinheiro¹⁷, D. H. Brewster¹⁸, I. Pleško¹⁹, V. Pompe-Kirn²⁰, C. Martinez-Garcia²¹, L. Barlow²², T. Möller²², J. M. Lutz²³, M. Andrè²³ & J. A. Steward²⁴

Our findings clearly suggest that cancer survival (all cancer combined) is related to macro-economic variables such as the gross domestic product (GDP), the total national (public and private) expenditure on health (TNEH) and the total public expenditure on health (TPEH). We found, however, that survival is related to wealth (GDP), but only up to a certain level, after which survival continues to be related to the level of health investment (both TNEH and TPEH).

Audiência Comissão Parlamentar de Saúde Oncologia

Annals of Oncology 24: 2897–2902, 2013

doi:10.1093/annonc/mdt352

Published online 28 September 2013

Discrepancies in cancer incidence and mortality and its relationship to health expenditure in the 27 European Union member states

F. Ades^{1*}, C. Senterre², E. de Azambuja¹, R. Sullivan³, R. Popescu⁴, F. Parent⁵ & M. Piccart¹

¹Department of Medical Oncology, Institut Jules Bordet, Université Libre de Bruxelles, Brussels, ; ²Research Center of Epidemiology, Biostatistics and Clinical Research, School of Public Health, Université Libre de Bruxelles, Brussels, Belgium; ³Institute of Cancer Policy, Kings Partners Integrated Cancer Center, London, UK; ⁴Department of Medical Oncology, Hirslanden Clinic Aarau, Aarau, Switzerland; ⁵Research Center of Social Approaches of Health, School of Public Health, Université Libre de Bruxelles, Brussels, Belgium

Audiência Comissão Parlamentar de Saúde Oncologia

Annals of Oncology 24: 2897–2902, 2013
doi:10.1093/annonc/mdt352
Published online 28 September 2013

Discrepancies in cancer incidence and mortality and its relationship to health expenditure in the 27 European Union member states

F. Ades^{1*}, C. Senterre², E. de Azambuja¹, R. Sullivan³, R. Popescu⁴, F. Parent⁵ & M. Piccart¹

¹Department of Medical Oncology, Institut Jules Bordet, Université Libre de Bruxelles, Brussels, ; ²Research Center of Epidemiology, Biostatistics and Clinical Research, School of Public Health, Université Libre de Bruxelles, Brussels, Belgium; ³Institute of Cancer Policy, Kings Partners Integrated Cancer Center, London, UK; ⁴Department of Medical Oncology, Hirslanden Clinic Aarau, Aarau, Switzerland; ⁵Research Center of Social Approaches of Health, School of Public Health, Université Libre de Bruxelles, Brussels, Belgium

Results: A marked difference in wealth and health expenditure indicators was observed between Eastern and Western European countries, with Western European being the higher. Higher wealth and higher health expenditures were associated both with increased cancer incidence and decreased cancer mortality. In breast cancer, the association with incidence was stronger. We created mortality/incidence ratios and observed that the more spent on health, the fewer the deaths after a cancer diagnosis.

Conclusion: Despite the initiatives to standardize public health policies of the EU-27, health expenditure continues to be higher in Western European countries and this is associated with better cancer outcome in these countries.

Key words: cancer indicators, health expenditure, health policy, breast cancer, European Union, health and wealth indicators

Audiência Comissão Parlamentar de Saúde Oncologia

Economic burden of cancer across the European Union: a population-based cost analysis

Ramon Luengo-Fernandez, Jose Leal, Alastair Gray, Richard Sullivan

Summary

Background In 2008, 2.45 million people were diagnosed with cancer and 1.23 million died because of cancer in the 27 countries of the European Union (EU). We aimed to estimate the economic burden of cancer in the EU.

Methods In a population-based cost analysis, we evaluated the cost of all cancers and also those associated with breast, colorectal, lung, and prostate cancers. We obtained country-specific aggregate data for morbidity, mortality, and health-care resource use from international and national sources. We estimated health-care costs from expenditure on care in the primary, outpatient, emergency, and inpatient settings, and also drugs. Additionally, we estimated the costs of unpaid care provided by relatives or friends of patients (ie, informal care), lost earnings after premature death, and costs associated with individuals who temporarily or permanently left employment because of illness.

Findings Cancer cost the EU €126 billion in 2009, with health care accounting for €51.0 billion (40%). Across the EU, the health-care costs of cancer were equivalent to €102 per citizen, but varied substantially from €16 per person in Bulgaria to €184 per person in Luxembourg. Productivity losses because of early death cost €42.6 billion and lost working days €9.43 billion. Informal care cost €23.2 billion. Lung cancer had the highest economic cost (€18.8 billion, 15% of overall cancer costs), followed by breast cancer (€15.0 billion, 12%), colorectal cancer (€13.1 billion, 10%), and prostate cancer (€8.43 billion, 7%).

Audiência Comissão Parlamentar de Saúde Oncologia

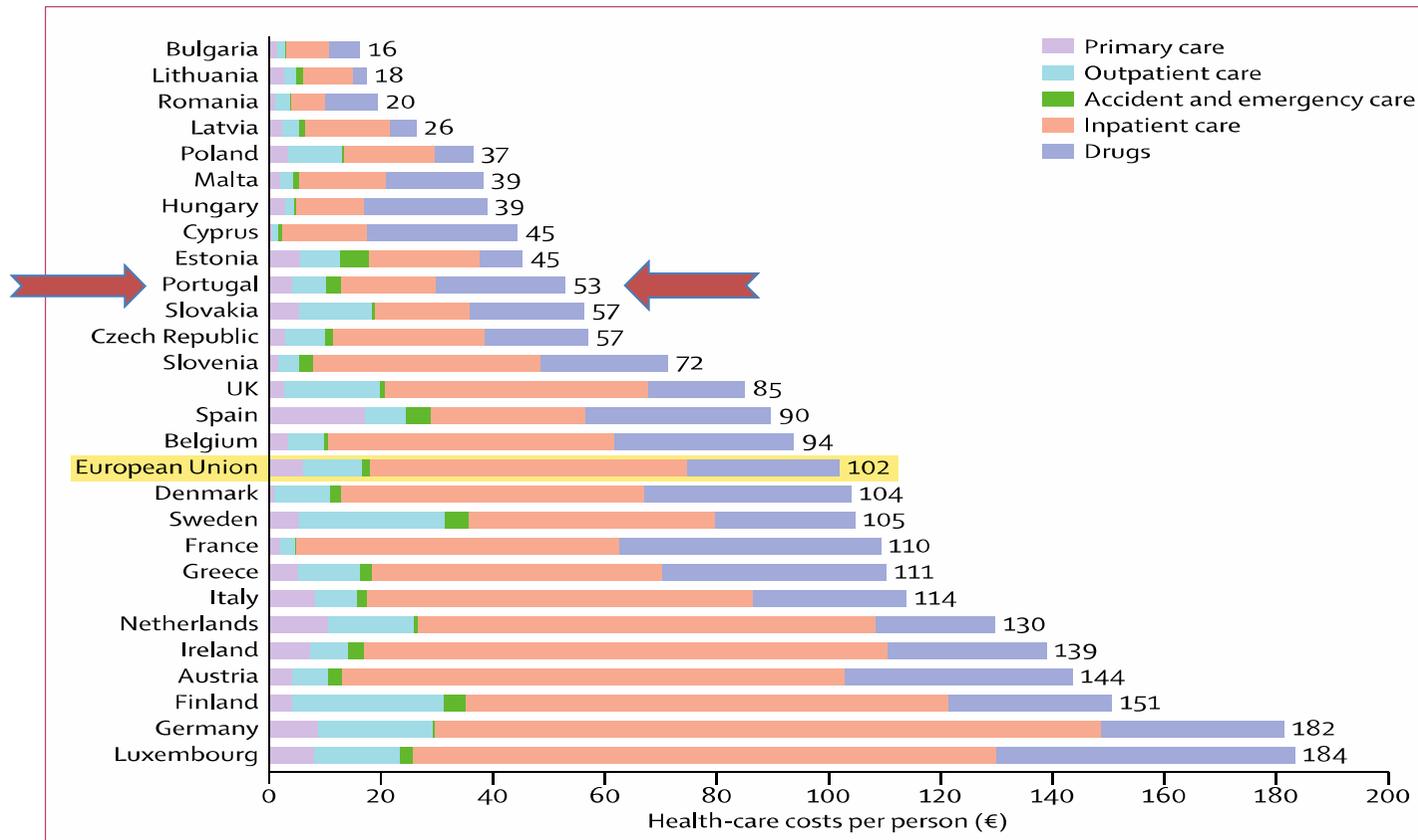


Figure 1: Health-care costs of cancer per person in European Union countries in 2009, by health-care service category

Data not adjusted for price differentials.

Audiência Comissão Parlamentar de Saúde Oncologia

EM DISCUSSÃO
PÚBLICA

NORMA DA DIREÇÃO-GERAL DA SAÚDE

Francisco
Henrique
Moura
George

Digitally signed by
Francisco Henrique Moura
George
DN: c=PT, o=Ministério da
Saúde, ou=Direção-Geral
da Saúde, cn=Francisco
Henrique Moura George
Date: 2012.12.28 09:42:38
Z

1899-2012
112 ANOS

Direção-Geral da Saúde
www.dgs.pt



Ministério da Saúde



NÚMERO: 028/2012

DATA: 28/12/2012

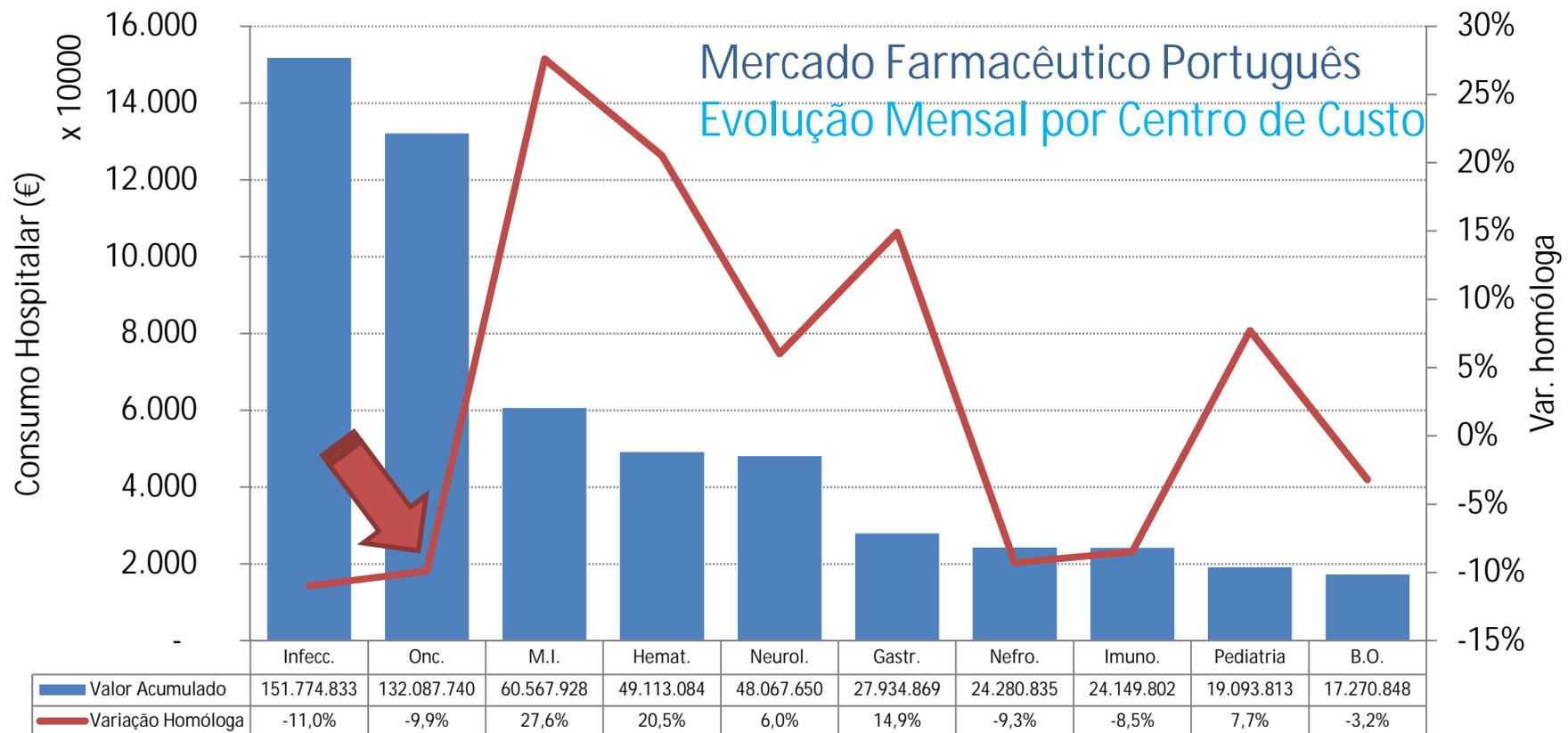
ASSUNTO: Tratamento do Cancro da Mama Metastático

PALAVRAS-CHAVE: Cancro da mama; metástases

PARA: Médicos do Sistema Nacional de Saúde

CONTACTOS: Departamento da Qualidade na Saúde (dqs@dgs.pt)

Audiência Comissão Parlamentar de Saúde Oncologia

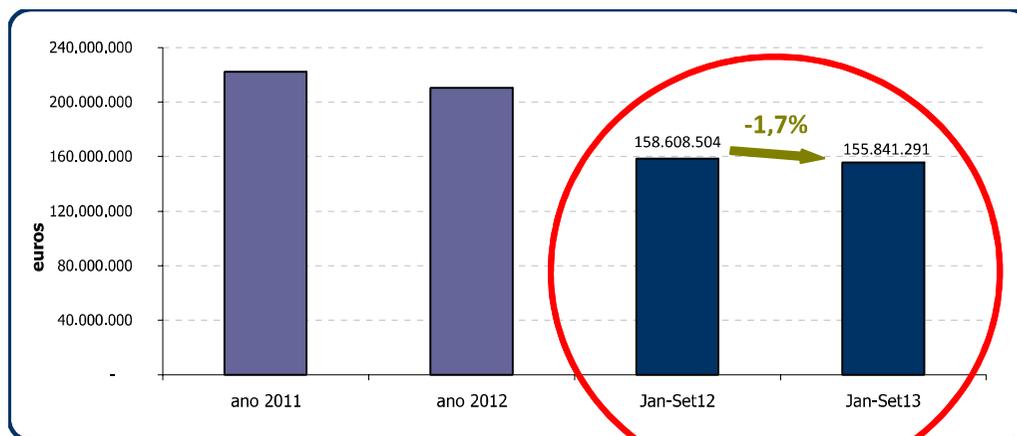


- A despesa em Oncologia continua a decrescer apresentando -9,9% (apresentava -10,1% em Agosto, -9,1% em Junho e -8,1% no relatório de Maio) em valor em acumulado vs. Igual período do ano anterior

Audiência Comissão Parlamentar de Saúde Oncologia

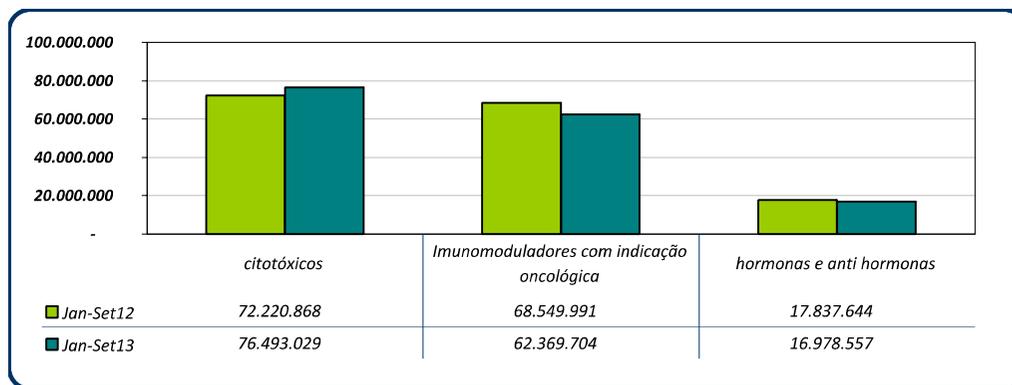
Custos com Oncologia – Relatório Infarmed

5.2 Medicamentos Antineoplásicos



- Os medicamentos antineoplásicos apresentaram até setembro de 2013 um valor de 155,8 milhões de euros, o que corresponde a 20,7% do total da despesa;
- Este grupo de medicamentos apresentou uma variação relativa ao período homólogo de -1,7%;
- Contudo, o subgrupo dos Citotóxicos apresentou um crescimento de 5,9%.

5.2.1 Medicamentos Antineoplásicos por classificação farmacoterapêutica



Notas :

- Os medicamentos Antineoplásicos incluem os Citotóxicos, hormonas e anti-hormonas e os Imunomoduladores com indicação terapêutica na área oncológica.

Audiência Comissão Parlamentar de Saúde Oncologia

II SÉRIE



Quarta-feira, 30 de outubro de 2013

Número 210

ÍNDICE

PARTE C

SUPLEMENTO

Ministério da Saúde

Gabinete do Secretário de Estado da Saúde:

Despacho n.º 13877-A/2013:

Designa, nos hospitais do Serviço Nacional de Saúde (SNS), Centros Especializados para Utilização Excecional de Medicamentos (CEUEM), por patologias ou grupo de patologias

32204-(2)

Audiência Comissão Parlamentar de Saúde Oncologia

Centros Especializados para Utilização Excecional de Medicamentos

ANEXO

(a que se refere o n.º 1 do despacho n.º 13877-A/2013)

Patologia/Grupo de Patologias	CEUEM
Oncológica	Instituto Português de Oncologia de Lisboa, EPE
Oncológica	Instituto Português de Oncologia de Coimbra, EPE
Oncológicas . . .	Instituto Português de Oncologia do Porto, EPE
Oftalmologia . . .	Centro Hospitalar de São João, EPE
Oftalmologia . . .	Centro Universitário de Coimbra. EPE
Oftalmologia . . .	Centro Hospital de Lisboa Central, EPE

Audiência Comissão Parlamentar de Saúde Oncologia

Cancer

... is potentially the most preventable and most curable of the major life-threatening diseases facing humankind. By applying existing knowledge and promoting evidence-based actions in cancer control we will turn this truth into reality for all people everywhere!

Dr. John R. Seffrin
President, UICC, 2005

Skills, Art ...

?!



... and Means !

?!
!?

