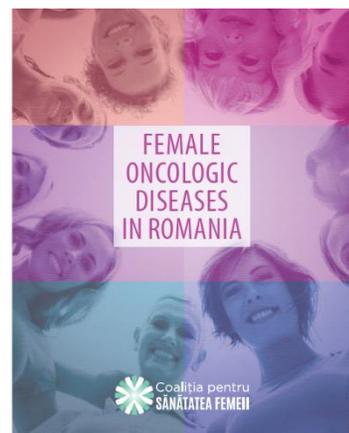


FEMALE ONCOLOGIC DISEASES IN ROMANIA

Study conducted by ISRA Center for The Coalition for Women's Health and Roche Romania

The study represents an in-depth 'diagnose' of the existing problems of the medical system in Romania in connection with three types of cancer affecting women: breast, cervical and ovarian. In order to reflect a complete and detailed picture of the issue, the study includes both qualitative and quantitative methods, addressed to three categories of respondents: (i) gynecologists and family doctors, (ii) healthy women, who could participate in screening programs, (iii) patients diagnosed with one of three types of cancer and their caregivers.



Conclusions

Statistical differences between Romania and the EU on cancer survivability.

1. When comparing cancer survivability rate in Romania to the average EU rate, the biggest discrepancy appears to be in breast cancer (63.9% vs. 74.7%). This is an obvious consequence of the scarcity of screening programs, laborious medical system, lack of innovative treatment and reduced level of education (sometimes fear) on preventive care which results in a low rate of early detection.
2. The statistics in uterine cancer show an annual incidence which is 4.3 times higher in Romania versus the EU average (12.2% vs. 2.8%)
3. Ovarian cancer statistics show a different image, a paradox of sorts, where the survivability rate in Romania is higher than the median EU rate (44.9% vs. 39.5%). However, this can be explained by the reduced level of reported occurrences and the absence of public records.

Perceptions, attitudes, confessions and behaviors of the primary care doctors, gynecologists and the Romanian women:

1. The advantages of screening are well understood by doctors and women alike.
2. Although patients go to their primary care doctors for routine medical check-ups, and doctors recommend their patients to perform (cancer) screening and medical investigations, (cancer) screening is near absent in Romania (even self-checking).
3. Against the fact that since 2012, Romania has a national screen program for uterine cancer, 25% of doctors and 72% of patients, ARE NOT AWARE OF IT.

4. The screening barriers and cancer management are well understood by both the doctors and the patients but the importance given is disproportionate. This may be the result of a low level/lack of education, ignorance of early signs, and lack of funding/difficult access to medical investigations.
5. For doctors, a successful screening campaign depends on many factors; for patients, it depends on one thing: it must be free of charge.

A walk through the medical system from the perception of the patients and their families.

1. The medical staff is often not trained in effectively communicating with the (cancer) patients about the emotional impact of the diagnosis and the treatment. Currently, there is no institutionalized training program.
2. The access to a proper treatment is far from decent; often defying the minimum levels of decency.
3. The proper measures to correct the situation and to minimize its impact on the patients, depend on the streamlining of the medical system as well as on the improvement of the human condition/standards (it is very important to have funds for better medical treatments, increased number of chairs for the waiting rooms, clean toilets, better access to informative/educational material, but it is also important to show ... human decency).
4. The social and financial impact of the cancer is not limited to the patient; it affects their immediate family and their social life.
5. In Romania, there is a real need for educational programs on minimizing/preventing the isolation and prejudice of cancer patients in the society.

What it takes for a patient to obtain a diagnosis in the view of the primary care doctors and gynecologists.

1. There is not a clear path, or protocol to follow for the patients in obtaining a diagnosis. The “first line” doctors (primary care doctors and gynecologists) see their role differently when it comes to the screening and diagnostic of cancer. This creates confusion and undesired consequences for the patients.
2. The majority of the doctors (primary care doctors and gynecologists) state that they recommend cancer screening procedures to their female patients. However, there is a confusion between the approach taken by the primary care doctors versus the gynecologists and an absolute lack of communication/protocols regarding the procedures.
3. The lack of education and the attitude of the patients regarding the screening process, are essential barriers, from the doctors’ perspectives.
4. Access to medical investigations and cancer treatment is a very difficult process, which in turn hinders the screening process, the diagnosis and ultimately the treatment.