

ITALY

Italian Cancer Services: Present and Future

Italy aims to offer a good healthcare service to its entire population. The Italian Health Service is a public service, paid for by general taxation and a health tax. The private health insurance sector is poorly developed. Dr Stefano Zurrida, a member of the Commissione Oncologica Nazionale of the Italian Ministry of Health gave the *European Journal of Cancer* an overview of some of the issues facing Italian oncologists and their patients.

North – South division

He said that Italy had some excellent hospitals, most of these being in the public sector. However, there is a vast difference between the North and South of Italy in the way cancer patients are treated. He said, "Much effort is spent in homogenising the quality of healthcare services between the North and South. While indications for medical treatments for cancers are more or less uniform throughout Italy, surgical procedures reflect personal philosophies."

Another difficulty is the excessive regionalisation of the health service. Legislation set up in 1978 has allowed health resources to develop in a very uneven manner, with the south of the country tending on the whole to lose out. For example, there were no radiotherapy centres in some Regions while other Regions had them in excess to the extent that even small general hospitals had radiotherapy units in certain areas.

New National Health Plan

"Fortunately, a new National Health Plan for Oncological Services has put the organisation of health programmes back into the hands of central government, while responsibility for the provision of services remains with the Regions," said Dr Zurrida.

This triennial plan provides for action in the following areas of oncology: primary and secondary prevention, treatment of neoplastic diseases, promotion of oncological and biotechnological research; and training and continuing education of healthcare providers. It also aims to strengthen and reorganise cancer institutes. Says Dr Zurrida, "The current plan aims to provide one oncological unit for every 250,000 citizens, one oncological hospital per 500,000 people, one referral centre for each

region and, last but not least, will issue guidelines for the involvement and training of GPs in oncological matters."

The new plan also specifies staffing requirements: for example Radiotherapy Centres must have one radiotherapist per 250 patients per year, one technician per 150 patients per year, one machine per 500 patients per year, one simulator per every two machines and one physicist per 600 patients per year.

"Through the Italian National Research Council (CNR), the Italian League Against Cancer and the Ministry of Health (Commissione Oncologica Nazionale), we are now completing the guidelines for prevention and treatment of cancer following the rules recently updated in Milan by cancer experts of the European Union," said Dr Zurrida. "Implementation of these guidelines nationally should help to limit the waste of effort we have seen in certain areas whereby personal initiatives have been taking place without notification or involvement of health authorities or major scientific societies."



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U.K.

New Radiotherapy Treatment Saves Voice in Larynx Cancer Patients

A new radiotherapy treatment for patients with cancer of the larynx increases their chance of keeping their larynx by 40% compared with patients given conventional radiotherapy. The therapy is called Continuous Hyperfractionated Accelerated Radiotherapy Trials treatment (CHART). CHART is an intensive form of low-dose radiotherapy which is given over 12 days instead of over the standard 6 weeks. Patients receiving CHART are given doses of radiotherapy three times a day every day, which prevents the cancer from growing and reduces the risk of spreading.

Said scientist Dr Mike Joiner, whose work helped form the basis for the trial, "CHART is giving some truly remarkable results some of the best in the treatment of localised cancer for more than 20 years". He said, "It is undoubtedly a breakthrough in the control of advanced cancer of the voicebox and is also giving excellent results in the treatment of other types of cancer."

The trial also included lung cancer patients and CHART showed that 10% more patients were alive after the first year compared with standard radiotherapy, and this was a statistically significant result.

Cancer Research Campaign scientists persuaded their clinical colleagues at Mount Vernon Hospital, Middlesex, to set up the trial based on 10 years of preliminary work in their laboratories. Since randomised trials were launched 6 years ago, CHART has proved so successful that eight regional cancer centres in the U.K. joined the trial, as well as centres in Sweden and Germany. A total of 918 patients with head and neck cancer and 563 patients with lung cancer have been treated and researchers hope to extend the trials to help patients with other cancers.

Said Professor Gordon McVie, Director of the Cancer Research Campaign, "We are keen to investigate whether it can help treat patients with other cancers, particularly those of the rectum, bladder and gullet. And we are also developing ways of combining CHART with other conventional treatments like chemotherapy."