



Cancer Services Disruptions During the War in Ukraine

Results from a joint multidisciplinary survey



ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer



The ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer is one of the European Cancer Organisation's Focused Topic Networks, established as part of our Strategy for 2020-2023. The Digital Health Network was launched in March 2022.

More information is available on our website.

If you would like to find out more about the ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer, please contact us at: info@europeancancer.org

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We take the chance to thank all individuals and their respective organisations who contributed to the creation, promotion and dissemination of the joint multidisciplinary survey, namely: the American Society of Clinical Oncology (ASCO), the European Oncology Nursing Society (EONS), the European Society for Medical oncology (ESMO), the European Society of Oncology Pharmacy (ESOP), the European Society of Surgical Oncology (ESSO), the European Society for Radiotherapy and Oncology (ESTRO), the Organisation of European Cancer Institutes (OECI) and the ECO's Patient Advisory Committee.

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a. <https://www.europeancancer.org/topic-networks/20:impact-war-in-ukraine-on-cancer.html>

b. Community 365 is a group of charity, philanthropy, and industry contributors to the Focused Topic Networks of the European Cancer Organisation. Community 365 provide ideas, guidance, practical support, and resources for our work in convening stakeholders and building consensus in the European cancer community. Community 365 contributors do not have a decision-making role in our policy work. Rather, policies of the European Cancer Organisation, such as those represented in this document, are agreed by our Board after consultation with our Member Societies and Patient Advisory Committee, via our Policy Pathway process. More information here: www.europeancancer.org/community-365

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Forewords

Andreas Charalambous, President, European Cancer Organisation.

Since the start of the war in Ukraine on 24 February 2022, the international community has witnessed the horrific actions that Russia has perpetrated in Ukraine. Many of the shellings that happened during the war had an impact on healthcare infrastructures, causing damages to crucial facilities, harming patients and healthcare practitioners, destroying infrastructure and equipment essential for care. This devastation has – and will have on the long run – severe consequences on healthcare, causing backlogs, shortages of workforce, equipment, and medicines, which will be adding to disruption already caused by the Covid-19 pandemic.

Because of the outburst of the war, many Ukrainians have fled the country in order to seek shelter from the war. The present report stems from the strive of the European Cancer Organisation (ECO) and the affiliated societies which are part of the ECO-ASCO Special Network: Impact on the War in Ukraine on Cancer, to support all those in cancer care who have been affected by this conflict. Our goal is to help policy and decision makers to have a better understanding of the current situation on the ground, to implement timely and effective solutions. To this end, in June 2022 we launched the Multidisciplinary survey on the impact of the war in Ukraine on cancer care, which collected information from healthcare practitioners in countries surrounding Ukraine on workforce, equipment and medicines shortages, together with other barriers faced by the healthcare system that hinder provision of the required support to patients and their caregivers. The data gathered from the survey and compiled in the report will be a valuable resource that can inform policy and decision makers towards the implementation of timely and effective corresponding interventions.

Let's join forces to put an end to the persisting issue of cancer medicines shortages, hampering surrounding countries' abilities to support refugee Ukrainian cancer patients. We must elevate cancer service capacity in countries welcoming refugee Ukrainian cancer patients. This means providing attention to all disciplines, including particular needs of these patients for palliative care and psycho-social support – and solving the critical health workforce shortages that badly harm patients and cancer professionals. Finally, this survey shows clearly the fundamental role played by the cancer community on the ground to meet patient needs in a such dramatic period – a role that frequently institutions could not play. The importance of this role must be fully recognised at the highest level of health policy-making by placing cancer organisations at the centre of the response to the crisis in the immediate period and adequately supporting them in the long term.

Douglas Pyle, Vice President, American Society of Clinical Oncology.

Since the first days of the Russian invasion, the American Society of Clinical Oncology (ASCO), like the wider medical community, has been horrified by Russia's attacks on the Ukrainian healthcare system and in awe of the heroic efforts of health professionals to provide care during wartime. It has been our honor and privilege to join our members in Ukraine and in the neighboring countries, our friends at the European Cancer Organisation (ECO) and many cancer organizations across Europe and beyond to collaboratively support Ukrainian patients with cancer during this crisis.

In any crisis, data is required for an effective response. This is why this study, which follows the one by the European Society of Oncology Pharmacy (ESOP), is so important. It provides a critical snapshot of the challenges faced by the countries receiving Ukrainian patients and highlights key issues that we, as a community, will need to understand and respond to in the short, medium and long term.

The authors outline the challenges in detail. Immediate concerns are many and include critical medicines shortages that affect not only Ukrainian patient outcomes but also broader patient populations within health systems that were in some cases under strain pre-invasion.

Issues related to access to medical records and coordination of care are also flagged. Psychosocial support for patients and caregivers experiencing multiple traumas from war, dislocation and cancer is highlighted and is an area where the ECO-ASCO Network has been particularly active. Beyond the immediate, there is the need for a more sustainable model of support for dislocated Ukrainian patients in neighboring countries as the war continues and, when the war is over, the need to fully restore the Ukrainian cancer care infrastructure.

This report provides a challenging but necessary roadmap for how we can and must support Ukraine and the European health community during and after this time of crisis.

Background and Introduction

Since the start of the Russian invasion of Ukraine on 24 February 2022, a total of 43 attacks on Ukrainian healthcare facilities have been reported, as per data updated on 13 October,¹ the last of which happened on October 3, when an hospital in Lyman was damaged during an airstrike¹. Cancer care has not been spared by the war: in fact, Mykolaiv was the setting of a shelling on an Oncology Hospital which happened on 11 March 2022.¹ Many cancer care facilities, oncology departments and hospitals have been destroyed during a conflict that has already caused more than 15,000 civilian casualties, including more than 6,000 deaths, 396 of whom have been youngsters (164 girls, 195 boys and 37 children).² As a consequence of the conflict, many cancer patients have decided – or were forced by the unstable circumstances – to flee Ukraine and seek care in neighbouring countries, joining the growing number of refugees displaced by the war.³

Ukraine, Poland, Moldova, and Romania have been receiving the greatest share of the refugee influx,⁴ as per data shared by the United Nations High Commissioner for Refugees (UNHCR). Receiving these additional patients unexpectedly could be overwhelming for healthcare facilities – especially without – accurate supportive measurements and actions. This is particularly true when coupled with pre-existing shortages and capacity limitations in many Eastern European countries, given historical lack of investment and the existing pressures on their cancer healthcare systems.

Moreover, health cancer care systems in the region have been put under significant, additional pressure because of the Covid-19 pandemic, causing strains on hospitals, clinics, and healthcare workers. This has to a substantial backlog in cancer diagnosis and treatment. It also caused a wave of resignations among healthcare practitioners, whose physical and mental health have suffered on the frontline in the fight against Covid-19.⁵ All of the above could lead to greater shortages in medications, equipment and workers. Diagnoses and treatments could be delayed, while out-of-pocket costs increase.⁶ The latter can be especially worrisome, given that the economic crisis caused by the pandemic has been worsened by the Ukrainian war,⁷ which has fuelled both a recession and a food and energy crisis.^{8,9,10}

To further evaluate and delineate shortages cancer medicines shortages, a pilot study was conducted by the European Society of Oncology Pharmacy (ESOP) between the 31 March and 13 April 2022.¹¹ The study highlighted substantial shortages of anticancer medication in countries surrounding Ukraine. Specifically, 100% of the respondents from Latvia reported having medicine shortages, 80% of those from Hungary, 40% of those from Romania and 28% of those from Poland. A total of 36% of the hospitals involved in the survey reported a shortage of medications used to treat cancer, among which Oxaliplatin, Fluorouracil, Cisplatin were medicines most significantly affected. Overall, the data showed that most shortages of anti-cancer drugs identified were shortages of inexpensive classical cytotoxic drugs, available as generic medicines.

To follow-up on this survey, and to add more layered data on the impact of the war on multidisciplinary cancer services, a joint survey investigating capacity limitations, shortages, and barriers to taking care of refugee cancer patients was conducted by the ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer and its participating organisations. The survey was developed in conjunction with the American Society of Clinical Oncology (ASCO), the European Oncology Nursing Society (EONS), the European Society for Medical oncology (ESMO), the European Society of Oncology Pharmacy (ESOP), the European Society of Surgical Oncology (ESSO), the European Society for Radiotherapy and Oncology (ESTRO), the Organisation of European Cancer Institutes (OEI) and the European Cancer Organisation (ECO) and its Patient Advisory Committee. The survey targeted nine countries neighbouring or surrounding Ukraine, namely: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania and Slovakia.

The scope of the survey was to collect detailed intelligence from those with a local overview of the situation in countries neighbouring Ukraine to accurately inform international organisations, including the World Health Organization (WHO), the European Union, national governments and policy makers, and help them develop actions to tackle the consequences of the healthcare crisis.

Methodology

The survey was developed using SurveyMonkey and was targeted towards representatives from hospitals, cancer centres or patient organisations in nine countries neighbouring or surrounding Ukraine, namely: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, and Slovakia. The survey investigated the consequences from the refugee influx that occurred between 24 February and 31 May 2022; the survey was open between 6 June and 10 July (See more about methodology in the Appendix).

The survey was disseminated via a set of communications by the European Cancer Organisation to its community and ECO/ASCO Special Network on the Impact of the War in Ukraine on Cancer, as well as through social media

activities. Additionally, targeted messages were sent to known oncology leaders in the nine countries that were the focus of the survey. Promotion and dissemination efforts towards their respective communities were also undertaken by the organisations involved in the joint development of the survey.

After the survey closed and to protect the privacy of the respondents, data were anonymized through allocation of random codes to the different respondents before data analysis was commenced.

Results

Demographics

Demographics of respondents

The survey received a total of 73 responses across the different countries and oncology services. Among these, 53 responses had quantifiable information that was important to increased understanding of the “on the ground” situation in the different countries.

These responses spanned 14 countries, of which 9 were specifically targeted by the survey: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, and Slovakia. In addition, we received responses from an additional 5 countries not specifically targeted: Bulgaria (1 response), Turkey (1 response), Italy (2 responses), an unspecified international response, and 2 responses from Ukraine (Figure 1).

Evaluating the different survey arms, 24 of the responses came from medical oncology and oncology pharmacy services, 13 from oncology surgery services, 7 from radiation therapy services and 9 from patient organisation services (see Figure A1, Appendix).

The majority of respondents were representing cancer centres (41%), followed by public hospitals (29%), private hospitals (11%), and patient organisations (13%) (see Figure A2, Appendix).

Demographics of treated and supported patients

When quantifying the number of refugee cancer patients hosted in each institution, on average, the majority of respondents indicated two responses: that they received between 0–10 Ukrainian cancer patients (32.07% of organisations), or that they received more than 50 Ukrainian cancer patients (22.64% of organisations). Additionally, results from our survey show that Poland, Moldova and Czech Republic are the countries which received the most cancer patients.

From the survey responses, it also appears that Ukrainian refugee cancer patients hosted in countries different from Ukraine are more likely to be female, with 55% (n=29) of surveyed organisations reporting a majority of female patients and reporting a rate of female patients ranging between

60% and 100%. Overall, the gender distribution among Ukrainian cancer patients reported most often was 75% female patients or higher (n=17). This is in line with the ongoing martial law in Ukraine, according to which male citizens between 18 and 60 years old are not allowed to leave the country, which might mean that it is more difficult even for male cancer patients to seek care abroad. Finally, when investigating the age of refugee cancer patients, it was found that the two most common age groups are between 35–44 years old and between 55–64 years old.

Interestingly, only eight of the respondents (21%) reported that all patients that they received in their centre arrived accompanied by a caregiver, whereas 41% of respondents reported that most of the Ukrainian cancer patients were accompanied by a caregiver, while 38% of the respondents indicated that only some of the patients were accompanied. These data suggest that many patients are moving out of Ukraine on their own, without caregiver support (Figure 2).

Finally, 35% of the organisations surveyed reported that all the Ukrainian refugee patients being treated at their facilities/centres wished to go back to Ukraine, once the war is over or at least when it will be safe to do so. A total of 35% of these organisations reported that some (at least 15% and up to 90%) of their patients want to go back to Ukraine, whereas the remaining 30% did not have any information in this regard.

Cancer-related demographics

Given the prevalence of female Ukrainian patients being treated in the different centres, the two most common types of cancer among refugee cancer patients are breast cancer, reported by 43% of the responding organisations (18 out of 53) as among the five most common cancers among refugees, and cervical cancer, reported by 25% of the respondents. These are followed by colorectal cancer (23% of the respondents), lung cancer (21% of respondents), and lymphoma (21% of respondents) (See Table 1, Appendix).

When looking at the severity of the diagnosed cancer, the results indicated that most of the refugee patients had stage III–IV cancer, compared to stage I–II, suggesting that Ukrainian cancer

patients displaced outside Ukraine are at a later and more severe stage of their illness, potentially requiring more complex specialised treatment and access to palliative care.

However, evaluating the kind of treatment being provided to refugee cancer patients, figures

indicated that chemotherapy was the treatment administered the most to refugee cancer patients, with 53% of respondents providing chemotherapy, compared to surgery (45% of respondents) and radiation therapy (43%). Notably, psychosocial support was provided only by 7% of the surveyed institutions (See Figure 3).

Figure 1. Countries of Respondents.

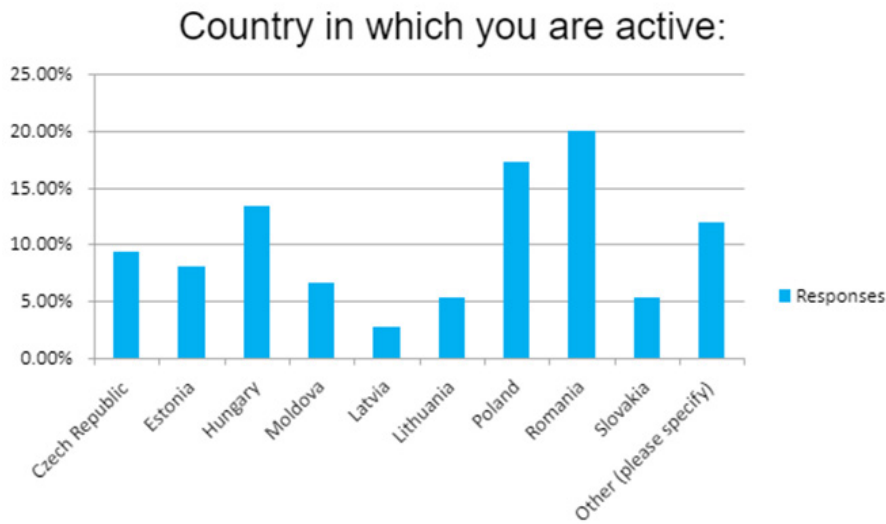


Figure 2. Caregivers.

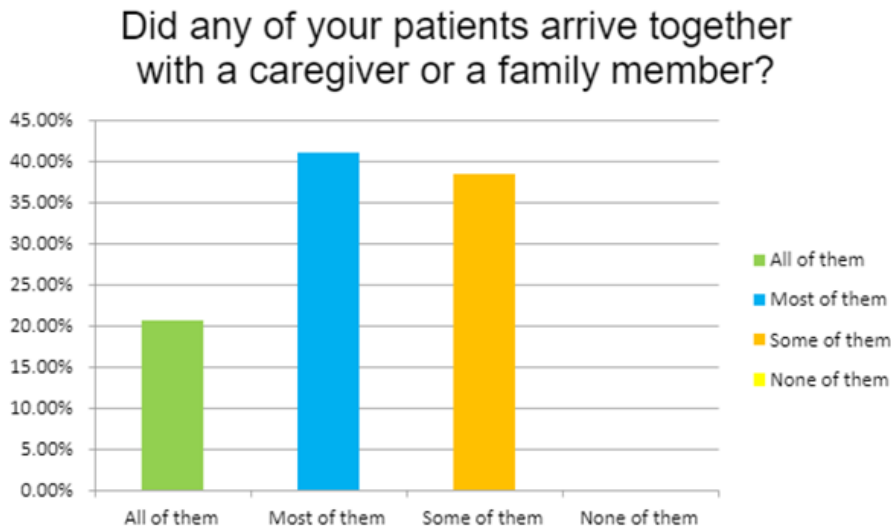


Figure 3. Treatment Provided to Ukrainian Refugees.



Capacity Issues and Resource Limitations

When investigating cancer services capacity issues, in the remit of limitations to taking care of additional patients, or lack of specific healthcare professionals, results showed that over half of the respondents reported some kind of capacity issue (54.7% of organisations). A total of 21 out of 53 organisations (40%) reported capacity issues. Of these, 15 organisations (28%) reported moderate capacity issues, and two (4%) reported substantial capacity issues. Finally, only 30% of organisations reported no capacity issues in continuing regular support for local and refugee cancer patients. However, among the respondents who reported some extent of capacity issues, some specified that these capacity issues were already present even before the recent refugee influx and worsened but were not necessarily linked to Ukrainian refugees.

When investigating which specialist areas were most lacking, medical oncologists & oncology pharmacists reported oncology nurses as the specialty most lacking (33% of organisations), followed by medical oncologists (reported by 25% of organisations); and these disciplines were also reported as lacking by patient organisations. Radiation oncologists were also reported as lacking by one of the respondents among those providing radiation therapy services.

Medicines Equipment Shortages

From the results of the survey, medicines and equipment shortages appear to be an issue

across cancer services in all countries. In fact, across medical oncology, oncology surgery and radiation therapy services, 32% of responding organisations have reported a shortage in either treatment, equipment or medicine. When looking at medicines shortages in the medical oncology and patient organisations survey arms, 12 out of 33 of the responding organisations (36%) reported shortages of cancer medicines. This coincides very precisely with the findings of the previous ESOP pilot study on cancer medicines shortages during the war in Ukraine, where 36% of the hospitals involved had also reported shortage of medications used to treat cancer, indicating a persistence of the cancer medicines shortages across 2022.⁹

Anticancer medications

Among medical oncology and oncology pharmacy services, almost half of the respondents reported shortages specifically of anti-cancer medicines (45%). Fluorouracil, tyrosine kinase inhibitors (TKIs), capecitabine and carboplatin were the medicines most lacking. Capecitabine is a medication often used in the treatment of breast cancer, the most common cancer among refugee cancer patients. However, TKI shortages had not been reported in the previous ESOP pilot survey, which might indicate a change in medicine requirement over time, useful information for planning of cancer treatment and addressing medicines shortage issues, possibly in order to adapt to new demands and keep being able to resist. From the patient perspective, one out of the nine cancer patient organisations

who responded to the survey reported a lack of anticancer medication. Nevertheless, it must be highlighted that some of the respondents among patient organisations reported that they lacked information to adequately respond to the questions related to medication shortages, as they were not informed about shortages in this remit (Figure 4).

Pain medications

Only one patient organisation reported a shortage of pain medications, specifically opioids, both in intravenous and oral form.

Anaesthetics

Among the 46 organisations that replied to the questions on anaesthetics across all specialisations, only two respondents reported a lack of anaesthetics; both pertained to medical oncology and oncology pharmacy services, reporting shortages in Mizadolam (n= 2 organisations, 4,34%) and Propofol (n = 1 organisation, 2,17%).

Equipment shortages

One out of 13 organisation providing oncology surgery services reported shortages in suture material and dressing. However, all organisations reported that they were providing services at the usual hygienic standards.

Other limitations

When asking oncology surgeons about difficulties in delivering surgery, it appeared that, although most of them were able to deliver surgery to their patients regularly, some respondents could not deliver surgery related to specific organs. A total of five respondents declared they could not deliver brain cancer surgery, 3 could not deliver head & neck cancer surgery other 3 could not deliver lung cancer surgery, 1 respondent could not deliver surgery for liver, pancreatic or prostate cancer (Figure 5).

Figure 4. Shortage of Anticancer Medicines.

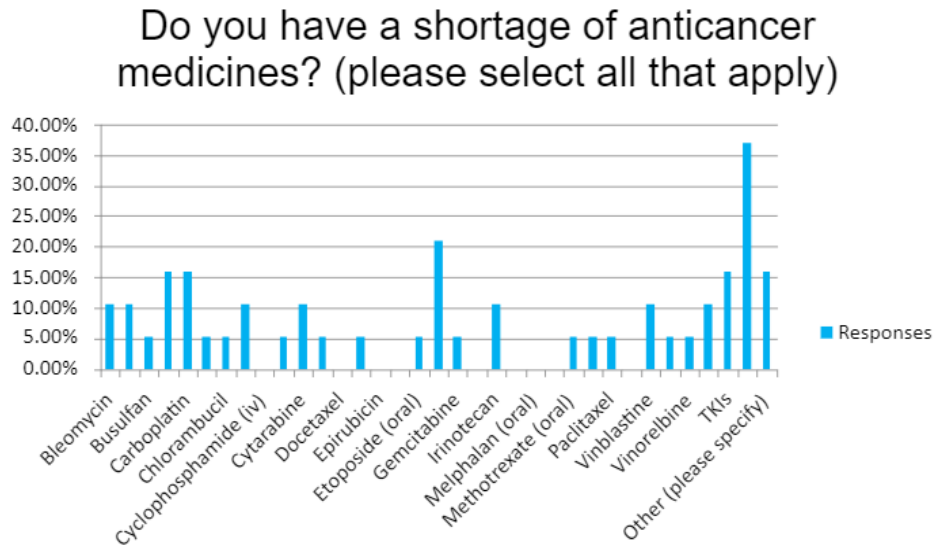
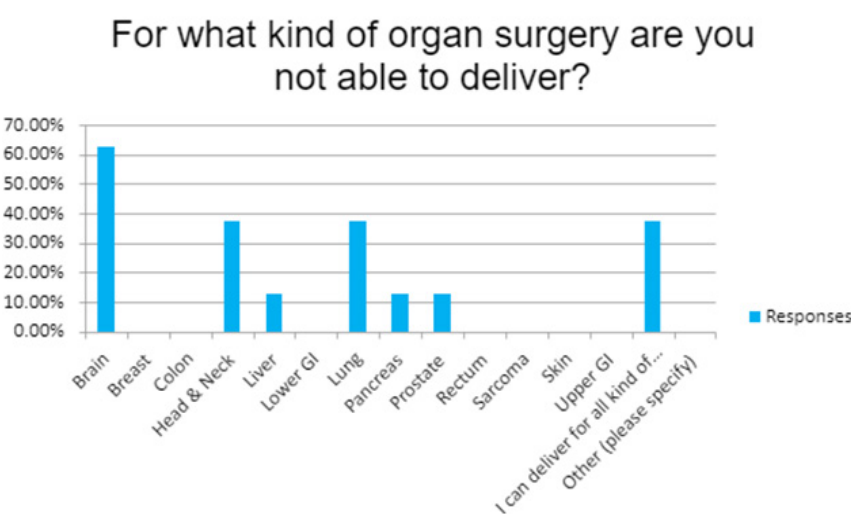


Figure 5. Organ for which Respondents Could Not Deliver Surgery.



Barriers In Cancer Care and Support Provided By Cancer Community

Barriers in cancer care & cancer system resilience

The three main challenges faced by organisations when working with Ukrainian patients all relate to medical records and communication:

- Access to medical record (53% of respondent reported it as an issue)
- Lack of medical records (42%)
- Difficulties for physicians and healthcare workers in communicating with caregivers or family members (38%)

This situation was reflected in all arms of the survey:

- Respondents from medical oncology and oncology pharmacy services reported that their three main challenges were access to medical records (58%), lack of medical records (46%) and difficulties for physicians and healthcare workers in communicating with caregivers and family members (46%).
- Respondents from oncology surgery services reported that their three main challenges were access to medical records (54%), lack of medical records (55%), and difficulties for physician and healthcare workers in communicating with caregivers and family members (46%).
- Respondents from radiation therapy services reported that their main challenges were access to medical records (29%) and lack of communication with the patient's referring physicians in Ukraine (29%).
- Respondents from patient organisations reported that their main challenge was access to medical records (56%).

Some additional challenges (indicated by at least a third of surveyed organisations) were: namely burnout of healthcare workforce, lack of communication with the patient's referring physicians in Ukraine and the absence of a robust mechanism for registering refugees with national healthcare services.

Support provided to patients by the cancer community

Support provided to Ukrainian cancer patients by the cancer community in neighbouring and surrounding countries accurately matches these patients' reported challenges and needs, especially for matters related to communication.

The main form of support relates to providing information in the Ukrainian language (36% of organisations). A total of 25% of organisations offer one-to-one support to Ukrainian patients and their families; 25% have provided an ad-hoc webpage for Ukrainian patients. However, among oncology surgery services, psychological care is also supplied, with 31% of the respondents reporting provision of psychological support. Psychosocial support has also been reported by patient organisations. Among oncology services, an additional support provided is organising collection of donations and providing clothes, food and other primary goods (29%).

Discussion

Results from this survey show that cancer care in countries surrounding Ukraine which are receiving the greatest refugee influx have been put under considerable pressures since the start of the war. The disruptive consequences on cancer care and potential actions to be taken to mitigate and contain these challenges can be defined in three different categories: short-term, medium-term and long-term impacts.

Short-Term Impacts

Probably the most important short-term impact relates to capacity issues, shortages and difficulties reported by the healthcare organisations in this survey. More than half (55%) of cancer services that responded to the survey indicated that capacity issues were having a negative impact. The survey has confirmed the findings from ESOP's pilot survey, indicating that medication shortages remain a problem for a large number of institutions hosting refugee cancer patients, with, for example, our data showing that 36% of organisations reported cancer drug shortages.

These data are particularly concerning, as shortages in medication constitute a significant challenge for both healthcare institutions and patients, both from a clinical perspective and as an economic burden both on patients and healthcare systems, who risk being forced to access more expensive medications. A cancer care delay of four weeks in treatment has been correlated with an increase in mortality¹⁰ and each month that a cancer treatment is delayed corresponds to an increase of around 10% of mortality risk¹¹. This issue would not only impact Ukrainian patients, but also local cancer patients.

Another short-term impact is the potential need for palliative care. Our data showed that the majority of refugee cancer patients received by institutions in countries surrounding Ukraine presented with stage III or stage IV disease. These severe cases often require specific complex care including palliative care. However, palliative care specialists were one of the disciplines that was highlighted as lacking by some of the survey respondents; lack of palliative care specialists would have a critical negative impact on patients with an aggressive illness in a foreign country. In this regard, providing psychosocial support should also be of primary

importance, for both patients and their caregivers. The traumatic experience of being displaced during a war, while being treated for cancer, would impact heavily on both physical and mental health of cancer refugees. However, only 7% of the respondents indicated that they were providing psychosocial care.

Finally, many of the respondents reported difficulties in communication and, most importantly, in retrieving the clinical records of refugee cancer patients. This is a significant challenge, as it might hinder the ability of doctors to continue the same therapy that was already followed by patients and, moreover, prevent them from knowing the full clinical picture of the patient, negatively impacting on their ability to deliver the optimal care to cancer refugee patients.

Medium-Term Impacts

The burden of this refugee crisis has mostly fallen on the health services of Eastern European countries, which are the ones physically closest to Ukraine.⁵ However, the disparities between Western European countries and Eastern European countries are significant.¹³ The onset of the war in Ukraine has caused an extra burden for these countries, potentially exacerbating the inequities divide that already exists. Mechanisms must be developed to ensure that Eastern European countries are adequately resourced and supported and where possible, Western European countries must also support delivering the optimal care to Ukrainian refugee cancer patients.

Long-Term Impacts and Actions To Be Taken

One of the most concerning long-term impacts of this crisis is on the cancer care workforce – in terms of mental health and the resulting losses in the workforce. Shortages of healthcare practitioners were already present, especially during the pandemic. There is good evidence that long term conflict erodes health systems through a variety of complex pathways. This speaks to the need for robust long-term planning for reconstruction and re-strengthening of national cancer control systems to ensure that the current situation does not precipitate a future cancer crisis.

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Appendix 1

Methodology

The first page of the survey included an overview on the scope of the survey itself and on the organisations involved, which included additional general information such as the estimated time needed to respond to all the questions and the closing date of the survey. Next, respondents were asked to provide general details on their profile as well as on demographics of local and refugee cancer patients treated and supported by their respective organisations. To retrieve information on different areas of cancer care, the survey then branched out in four parallel arms, with questions on each.

- Medical oncology & oncology pharmacy specialists and allied professionals
- Surgical oncology specialists and allied professionals
- Radiation oncology specialists and allied professionals
- Patient organisations

Each of these arms was tailored to retrieve relevant information for the respective cancer care and support specialty areas, focussing on several main topics.

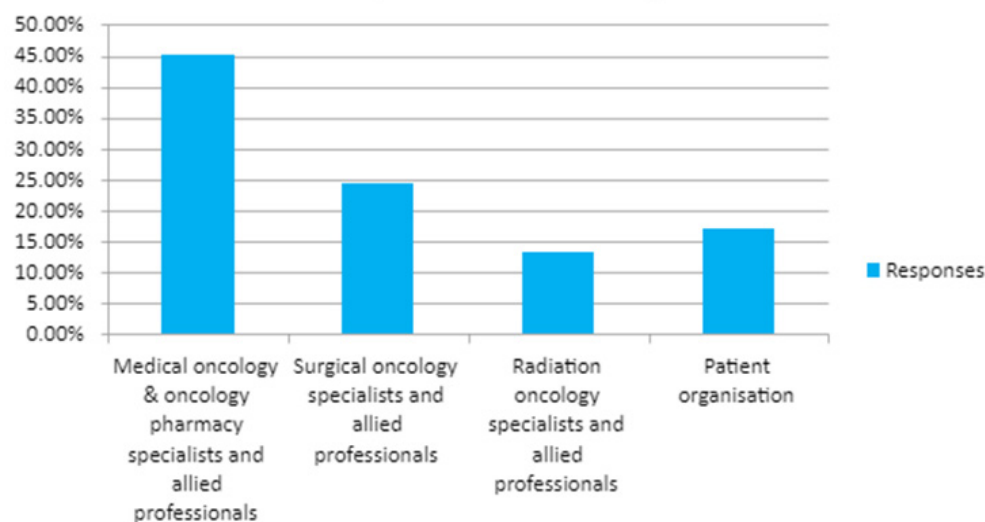
- Availability of resources and capacity
- Availability of equipment, treatment and medicines
- Challenges encountered to support cancer patients and additional support provided to Ukrainian patients

The questions comprised a combination of closed questions and open-ended questions. Comment boxes to give more in-depth comments on the specific topics and feedback on the survey were also provided.

While most questions were not mandatory, respondents were required to answer questions about their institution, including the name of the institution, country of the institution, type of cancer care specialisation or patient advocacy, and the respondent's availability to be contacted a second time, if needed. Those questions were made mandatory in order to know where the responses came from, to avoid duplication of results from the same organisation or service branch, and to redirect the respondents to the appropriate survey arm.

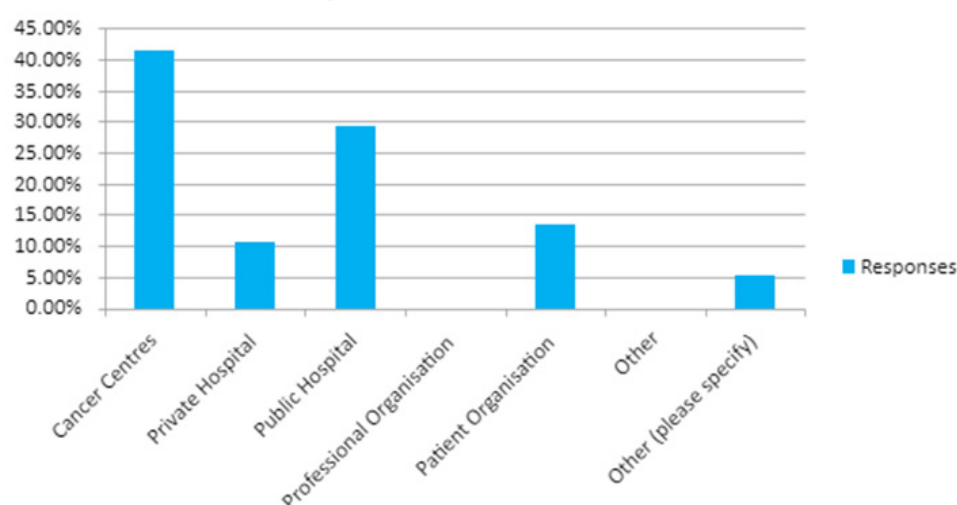
A1. Field of Expertise.

What is your field of expertise:



A2. Type of Institutions.

Represented institution:



T1. Most Common Type of Cancer.

What are the five most common cancer types reported by Ukrainian patients?											
	1st	2nd	3rd	4th	5th	Total	Weighted Average				
Bladder	40.00%	2	20.00%	1	0.00%	0	0.00%	0	40.00%	2	5
Brain, CNS	25.00%	1	50.00%	2	0.00%	0	0.00%	0	25.00%	1	4
Breast	78.57%	22	14.29%	4	7.14%	2	0.00%	0	0.00%	0	28
Cervical cancer	7.69%	1	30.77%	4	15.38%	2	30.77%	4	15.38%	2	13
Colorectal	22.73%	5	40.91%	9	36.36%	8	0.00%	0	0.00%	0	22
Gallbladder	33.33%	1	0.00%	0	0.00%	0	0.00%	0	66.67%	2	3
Head and neck	14.29%	1	57.14%	4	0.00%	0	28.57%	2	0.00%	0	7
Kidney	0.00%	0	0.00%	0	50.00%	2	25.00%	1	25.00%	1	4
Leukaemia	42.86%	3	14.29%	1	28.57%	2	0.00%	0	14.29%	1	7
Liver	0.00%	0	0.00%	0	50.00%	2	25.00%	1	25.00%	1	4
Lung	9.09%	1	27.27%	3	9.09%	1	36.36%	4	18.18%	2	11
Lymphoma	10.00%	1	10.00%	1	30.00%	3	20.00%	2	30.00%	3	10
Myeloma	0.00%	0	25.00%	1	50.00%	2	0.00%	0	25.00%	1	4
Oesophagus	0.00%	0	0.00%	0	66.67%	2	0.00%	0	33.33%	1	3
Pancreas	0.00%	0	25.00%	1	25.00%	1	25.00%	1	25.00%	1	4
Prostate	40.00%	2	0.00%	0	20.00%	1	0.00%	0	40.00%	2	5
Sarcoma	20.00%	1	40.00%	2	0.00%	0	0.00%	0	40.00%	2	5
Skin melanoma	0.00%	0	16.67%	1	0.00%	0	50.00%	3	33.33%	2	6
Stomach	0.00%	0	50.00%	2	0.00%	0	0.00%	0	50.00%	2	4
Testis	25.00%	1	0.00%	0	0.00%	0	0.00%	0	75.00%	3	4
Thyroid	28.57%	2	14.29%	1	28.57%	2	0.00%	0	28.57%	2	7
Uterine Cancer	33.33%	1	33.33%	1	0.00%	0	0.00%	0	33.33%	1	3
Other (please specify)											3
										Answered	37
										Skipped	38

ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer Participants

Organisations Part of this Network



To view the full list of the ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer participants, visit our website.

If you would like to find out more about the ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer, please contact us at: info@europeancancer.org

As the not-for-profit federation of member organisations working in cancer at a European level, the European Cancer Organisation convenes oncology professionals and patients to agree policy, advocate for positive change and speak up for the European cancer community.

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