

„THE PURPOSE OF A PREVENTIVE MEDICINE SOCIETY IS TO BRIDGE THE GAPS BETWEEN HEALTH AND OTHER SECTORS, FACILITATING A COORDINATED AND PATIENT-CENTERED APPROACH“



Interview with Dr. Roxana Bohiltea, President of the Romanian Society of Preventive Medicine

Dr. Roxana Bohiltea
Primary physician in obstetrics and gynecology
Doctor of medical sciences

Member of Scientific Medical Societies

National:

- Romanian Society of Preventive Medicine
- Doctoral School, UMF Carol Davila Bucharest
- Romanian Society of Obstetrics and Gynecology
- Romanian Society of Endocrinological Gynecology
- Romanian Society of Ultrasound in Obstetrics and Gynecology
- Romanian Society of Medical Genetics
- Romanian Association for the Study of Pain
- Romanian Society of Urogynecology

International:

- International Society of Ultrasound in Obstetrics and Gynecology
- European Society of Gynecological Endocrinology
- European Society of Gynecological Oncology

Current Roles:

- Founding Member and President of the Romanian Society of Preventive Medicine
- Doctor of Medical Sciences at the University of Medicine and Pharmacy "Carol Davila"
- Associate Professor, Head of Obstetrics and Gynecology Department

Reporter

- What are the goals of preventive medicine?

Associate Professor Dr. Roxana Bohiltea: The goals of preventive medicine include the prevention of diseases through interventions that reduce the effects of risk factors associated with the occurrence and progression of various chronic diseases, health promotion through education, nutrition, physical activity and stress reduction, early detection of diseases through regular screening and monitoring of health, reducing inequalities in access to and health among different social and economic groups, improving

quality of life through disease prevention and health promotion, reducing the costs of advanced disease care by investing in preventive programs and promoting health-friendly public policies. These goals form the pillars on which preventive medicine is based and are the main directions of action to ensure optimal health in the entire population.

- How was the idea of a preventive medicine society born in Romania?

RB: The Romanian Society of Preventive Medicine appeared in response to the need to modernize and update the plans for monitoring and prevention of diseases in the context of contemporary technical and informational possibilities. The development of modern medicine, which integrates health monitoring, screening and prophylaxis, together with interdisciplinary collaboration in addressing various pathologies, supports the urgent need to update strategies for detecting and monitoring precancerous diseases, high-risk populations and preclinical forms of disease. With prevention recognized as the simplest and most effective way to reduce cancer mortality and only 3% of health budgets allocated to it in Europe, a paradigm shift is needed that is currently developing around the world.

In Romania, the addressability of patients in advanced stages of disease, limited access to cancer prevention and treatment services in certain regions, together with the high price of modern treatments, underscores the need for a health system more oriented toward prevention. Our health systems, originally designed to treat short-term infectious and acute diseases, need to be adapted to current challenges, including the increasing prevalence of non-communicable and emerging diseases. The global economic impact of cancer in Europe, estimated at more than 100 billion Euros annually, puts increased pressure on national health and social care systems, highlighting the need for increased prevention and interdisciplinary collaboration.

Romania suffers from a medical practice that is insufficiently oriented toward prevention, early diagnosis and treatment of preneoplastic lesions. Raising awareness of the general population and vulnerable groups for participation in screening programs is also a priority, given that information campaigns on this topic are almost non-existent at present. The development of the Romanian medical society and education over the past 30 years allows the medical system to shift from treating advanced cases of disease to primary and secondary prevention, following the global efforts to improve the duration and quality of life of individuals. This needs to focus more

health professionals has led to the idea of creating a preventive medicine society, designed to overcome gaps between health sectors and other sectors, facilitating a coordinated and patient-centered approach.

- Who are the founding members of society?

RB: Together with me, at the foundation of the Romanian Society of Preventive Medicine participated **Professor Dr. Dimitrie Pelinescu Onciul**, the promoter of maternal-fetal medicine and ultrasound in Romania, mentor for many generations of doctors, with a career of over 44 years and author of numerous specialized papers and treatises and **Professor Dr. Corina-Aurelia Zugravu**, expert in nutrition and food hygiene, with extensive experience in lifestyle risk assessment and health promotion, author of 10 books and 112 indexed articles.

Associate Professor Dr. Nicolae Bacalbasa, renowned oncologist surgeon, author of numerous monographs and scientific articles, internationally and nationally awarded for his contributions in the field of oncological surgery and **Doctor Vlad Dima, Lecturer**, Neonatologist primary physician at Philanthropy Clinical Hospital Bucharest, with extensive experience in the care of newborns, author of numerous medical articles and books, and member of the Board of Directors of the National Authority for Quality Management in Health are SRMP Vice-Presidents.

- Are there partnerships with other European and global societies related to preventive medicine?

RB: Yes, the Romanian Society of Preventive Medicine has partnerships with several organizations and societies at national level. These include the Romanian Association for Pediatric Education in Family Medicine, the Romanian Medical Association, the Romanian Society of Pneumology, the Romanian Society of Uroginology, the Romanian Society of Retina, the National Society of Medical Oncology of Romania, the Romanian Society of Ophthalmology and the Romanian Society of Gynaecological aesthetics. The SRMP also plans to join the European Society of Preventive Medicine and the American College of Preventive Medicine, thus strengthening international collaborations and promoting best practices in the field of preventive medicine.

- Cancer remains one of the leading causes of death both in the European Union and globally. Can you tell us what are the most common types of cancer found in women worldwide and how is this reflected in Romania?

RB: Worldwide, the most common types of cancer in women are cervical and breast cancer. According to the World Health Organization, cervical cancer is the fourth most common cause of cancer in women worldwide, and breast cancer is the most common type of cancer diagnosed in women, with about 2.3 million new cases and 685.000 deaths in 2020. In Romania, the main cancers in terms of incidence are breast cancer, followed by colorectal and cervical cancer. In 2022, over 100.000 new cases of cancer were reported in Romania and due to the lack of prevention measures and population screenings, most of these cases are in advanced stages of disease with significantly diminished life expectancy, but also with much higher treatment costs for the Romanian health sys-

tem.

- What are the main challenges regarding cancer screening in Romania?

RB: Romania is among the last European countries without organized population screening programs for cervical, breast and colorectal cancers, although the requirement of the European Commission dates back to 2003 and includes since 2022 two more screenings: For lung and prostate cancer. The main challenge is the underfunding of the medical sector, but this does not justify the lack of vision of the Romanian medical system regarding the health of the population in the medium and long term. Almost everything that has been achieved in Romania in the last decade in the field of screening have been pilot projects funded by the European Union (EU), which mainly targeted the disadvantaged population, and their experience has never been extrapolated at national level. This is why only 9.2% of women aged 50-69 have had opportunistic screening mammograms in the last two years, compared to the EU average of 65.9%. Also, only 25.3% of women aged 20-69 have reported participation in cervical cancer screening in the last 24 months, below the EU average of 59.9%. The only data we have on screening for colorectal cancer comes from the ROCCAS program, which covered only 4% of the Romanian population. The main cause of the failure of screening in Romania is the integration of the screening program into the medical system of diagnosis and treatment. The central operational element of the sanitary units with beds is the addressability for medical emergencies, and that of the screening system is the call, recall, programming, keeping records, covering the healthy population; the attempt to make these two different systems operate simultaneously in the same locations with the same deficient staff has led to the failure of the testing so far in the program; The specialized health units that implemented the cervical cancer screening subprogram did not perform a population screening according to the European Union regulations, but an opportunistic one, testing the patients who turned to the health units for other diseases and were referred to ambulatories for Pap testing. The absence of medical digitalization and databases, registers able to keep track of population screening results, evolution monitoring, survival at 5 years, contact with the patient for screening or monitoring consultations, is the third major dysfunction. Poor access to medical services for rural women due to cultural, educational, geographical, economic and information barriers create major social inequalities, all the more important as the share of rural areas is increased in Romania compared to other European countries. The low level of health education is the main motivation of low addressability and, as a consequence, of late detection of genitomal-breast cancer in Romania, the campaigns to inform the population by all available means being all the more important.

- How does screening contribute to early detection of cancer and what benefits does it bring?

RB: Screening is essential for early detection of precancerous lesions or cancer, facilitating early treatment and thus improving the chances of healing. Early detection through screening enables rapid and effective



interventions, reduces the incidence of cancer by detecting and treating precursor lesions, reducing cancer-related mortality by detecting it at early curable stages and thus improving the quality of life of patients.

- *What is the vision of the Romanian Society of Preventive Medicine (SRMP) regarding the implementation of screening programs in Romania?*

RB: Given that we have a 21-year gap in the establishment of screening programs in Europe, SRMP supports the implementation of integrated screening centers for breast, cervical and colorectal cancer, following the model of other European countries. We propose the establishment of regional screening Centers with financial autonomy, dedicated and constant financial resources, and specialized personnel exclusively for screening. These Centers will coordinate city centers and caravans for screening organized in rural areas, will be equipped with screening equipment and will operate according to European medical practice guidelines. The entire national screening project is already developed by SRMP and is waiting for the decision makers to start the implementation.

- *How do you plan to address the lack of data and inequalities in participation in screening programs?*

RB: It is crucial to develop the National screening Register and to collect data regularly to identify gaps and inequalities. Considering that Romania is the country with the largest representation of the rural environment in Europe, the family doctor and caravans are key factors for implementing screening in rural areas. Many European funds are also intended for the disadvantaged population, but in the absence of national screening, projects carried out in pilot centers are completely lacking in long-term sustainability. We must therefore focus on mobilizing the human and financial resources necessary for the implementation of effective screening programs, but above all, continuous in the future. Active, fixed-date invitations to safe and accessible locations for screening tests, the use of dedicated and specialized staff, and the provision of a continuum of services for positive cases are safe ways to increase participation in programs. The screening law is also a priority and the SRMP already has the essential elements it should contain.

- *What medical specialties are involved in the interdisciplinary approach to cancer screening?*

RB: Interdisciplinary approach involves gynecologists, anatomic-pathologists, laboratory doctors, radiologists, radiologists, radiology technicians, oncologists, surgeons, intensive care personnel, nurses and nurses, counselors and psychologists. Close coordination between these disciplines enables early detection of lesions and cancer and provides a full range of services, from diagnosis to treatment and ongoing care.

- *What other types of cancer do you plan to include in the screening programs of the Centers proposed by SRMP?*

RB: In addition to cervical, breast and colorectal cancers, SRMP proposes in line with the requirements of the Euro-

pean Commission in 2022 to extend screening programs for lung and prostate cancer. Other screening programs for chronic conditions such as diabetes, prenatal screening, and national vaccination programs could be more easily implemented on already established logistical bases. This would allow for early detection and appropriate treatment of conditions with significant public health impacts.

- *Finally, how do you see the long-term impact of the implementation of these screening Centers on public health in Romania?*

RB: The implementation of screening Centers will significantly contribute to improving access to screening services, reducing cancer-related incidence and mortality and aligning with European screening standards. This will be an important step toward improving public health in Romania, ensuring an early diagnosis and effective treatment for various types of cancer.

- *What are the directions of SRMP in the coming years?*

RB: In the coming years, the Romanian Society of Preventive Medicine will focus on several areas of great interest to improve public health in Romania. One of the main objectives is to increase the vaccination rate against HPV, given its importance in preventing cervical cancer and other related diseases. SRMP also aims to implement integrated screening centers to facilitate early detection and disease prevention, thus aligning itself with the recommendations and best practices of the European Union. This proactive approach will not only save lives, but also reduce the financial burden on the health system by preventing advanced and costly treatments that could be avoided.

SRMP will continue to push for the creation of the national screening network, ensuring fair access to screening services across the country, including in isolated or disadvantaged areas. This project requires political support, legal regulation, permanent allocation of resources, infrastructure development, staff training and public awareness campaigns. Collaboration between health care providers, government bodies, NGOs and the private sector is key to creating a robust and sustainable screening network.

In addition to screening, SRMP will place particular emphasis on educating the population and doctors about the importance of regular medical checks and early detection of diseases. Educational activities on all available means of communication are permanently aligned with the purpose with which this medical society was created.