Final Minutes

Online Meeting
Thematic Group on Comprehensive Cancer Infrastructures/Centres of the Sub-group on Cancer under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

29 October 2021

On 29 October 2021, the Thematic Group on Comprehensive Cancer Infrastructures/Centres of the Sub-group on Cancer under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases held a virtual meeting, jointly chaired by DG RTD and DG SANTE. The representatives of 16 Member States attended the meeting together with a number of Commission services, and agencies[1].

The objective for the thematic group is to provide strategic guidance on the activities concerning Comprehensive Cancer Infrastructures set out in the Europe's Beating Cancer Plan and the Mission on Cancer, notably on the Joint Actions included under EU4Health work programme 2021. The establishment of the Thematic Group will also ensure coherence with and best use of other EU funding and support instruments as well as national, regional and local initiatives, including aspects such as how to best reflect the differences between health systems, research and innovation, training, awareness/communication and resulting needs. The initial mandate of the group is limited to 12 months, with possible extension.

Presentation of relevant actions under Europe's Beating Cancer Plan / Mission on Cancer

The Commission updated participants on the Mission on Cancer and specifically on the third pillar on Diagnosis and Treatment, which includes the headline action of the Network of Comprehensive Cancer Infrastructures to be established by 2025. In the period 2021-2025, the focus is on aspects related to research & innovation as well as quality assurance to complement the set-up of such a network which will support future research, training, and awareness raising and other communication activities. The overall objective of the action is to improve patients' access to high-quality cancer care and clinical trials on innovative diagnostics and treatments. During 2024-2028, twinning programmes will be developed to ensure a common understanding of excellent care and knowledge sharing for better equity in access to quality care as well as to research activities.

The Commission then gave a brief overview of relevant actions under the Europe's Beating Cancer Plan, including published calls under the work programme 2021[2] of the EU4HEALTH programme. Such calls include direct grants to Member States' authorities to establish national comprehensive cancer centres, action grants for EU cancer treatment capacity and capability mapping, action grants for cancer diagnostic and treatment for all including genomic for public health, and action grants to reduce liver and gastric cancers caused by infections. The Commission is inviting applications to these calls where applicable.

[1] Directorates-General represented included Research and Innovation (RTD), Health and Food Safety (SANTE), as well as the Joint Research Centre (JRC).

[2] WP 2021_annex_comments LS (europa.eu)

Ireland, supported by **Germany**, asked for a working definition of Comprehensive Cancer Infrastructures rather than the known Comprehensive Cancer Centres, including case examples. The Mission Board had proposed "*national or regional infrastructures that provide resources and services to support, improve and integrate cancer care, research, training of care professionals and education for cancer patients, survivors and families/carers. Different formats of CCIs are possible, including existing Comprehensive Cancer Centres or Care Networks*." The Commission asked the thematic group to add clarity to this definition by considering the proposed functions and services of such infrastructures with different perspectives from Member States. **Italy** proposed creating several customised definitions considering not only what already exists, but also differing future goals, as well as Joint Actions. **Italy** also raised coordination and monitoring or governance aspects and **Portugal** was interested in guidelines.

Germany asked for the reasoning behind the new terminology as the term Comprehensive Cancer Centres has been used for decades, following a definition by the USA. **Austria** opined that focussing on the word 'Centre' could cause confusion; they suggested the use of the word network, to encompass the idea of spreading knowledge and standards from the centre outwards. **Ireland** and **Germany** supported this use of the word 'network'. **Portugal** noted that to use Comprehensive Cancer Centres may inhibit the inclusion of other centres, thus they prefer the use of 'network'.

Ireland commented that differentiation may exist in certain smaller countries which require a network approach to fulfil the comprehensive element, for example by joining several cancer centres into a comprehensive network. **Sweden** proposed adopting a broad definition as the starting point as all Member States have different systems, for example Sweden has a regional centre, which is not a network but an infrastructure. Having a broad definition would enable national elements to be melded into the best model at the European level. **Slovenia** said that the term Comprehensive Cancer Infrastructures was chosen to include both Comprehensive Cancer Centres and Comprehensive Care Networks, as they do not have just have one typology in Europe. The main objective should be on both the quality of care and access; this was supported by **Denmark**.

Denmark, supported by **Poland** and **Germany**, noted the responsibility of cancer centres to reach out into national networks in order to reach 90% of the population and to develop high-quality patient paths to hospitals and care centres. **Italy** agreed with the need to harmonise criteria and standards, and added that to attain such a percentage would require a national-level network that has comprehensive cancer infrastructures as a backbone. **Ireland** agreed with both **Slovenia** and **Denmark** on the need to focus on quality of care irrespective of the word chosen; the aim is to improve the care across Europe, learning from advantages and disadvantages in Member States. **Germany** commented that the 'infrastructures' definition makes more sense in the context of the EU variation in existing models of cancer care, research and education. **Germany** then added that accreditation of a comprehensive cancer centre was important, but that establishing a network would avoid any difficult accreditation processes. However, high-quality care or research always needs quality control, whether that be of centres or of members of a network.

Ireland asked for an evidence-based report or resource to describe the current types of comprehensive cancer infrastructures. The Commission pointed to the report on the mapping of existing cancer care infrastructures in EU Member States undertaken by EUHealthSupport, and proposed that this can be re-circulated and discussed at a future meeting.

Presentation of past and future Joint Actions

A presentation was made on experiences gained from activities related to the **comprehensive cancer infrastructures in the three Joint Actions**: the European Partnership for Action Against Cancer[3], the Quality Improvement in Comprehensive Cancer Control[4] and the Innovative Partnership for Action against Cancer[5]. It was explained that a Comprehensive Cancer Control Network consists of multiple units belonging to different institutions dedicated to research, prevention, diagnosis, treatment, follow-up, supportive and palliative care and rehabilitation for the benefit of cancer patients and cancer survivors. How these networks developed was outlined, leading to a vision of the preparatory activities creating national comprehensive cancer centres and EU networking. This vision included building a future model, which combines the roles of comprehensive cancer centres and their excellence, with a more practice-oriented role from other members of the network. In conclusion, some flagships to support actions were identified.

Germany asked if the Comprehensive Cancer Control Network was the same as a comprehensive cancer centre with its outreach region, to which the response was that this is essentially the case. **Germany** then asked about specific clinical trials as networks are needed between comprehensive cancer centres to access highly qualified expertise and thus be able to send patients to other Member States. **Ireland** agreed with **Germany** on the importance of links between regional sites within a country via networks. **Germany** added that comprehensive cancer centres are needed to run personalised clinical trials of the future; at the EU level this has resulted in Cancer Core Europe, with eight or so very large Comprehensive Cancer Centres. **Poland** commented on the importance of comprehensive cancer centres being at the core of a care network. **Ireland** noted that Cancer Core Europe does not have full participation; equity across Europe needs to be ensured so that a patient on the periphery of Europe can have equity of access to the best care. **Portugal** supported this sentiment. **Denmark** commented that defining a high-quality seamless pathway from the patient's perspective, including research in the network, such as clinical trials, would highly likely improve outcomes. **Germany** noted the need to support patients not only within a country but across borders to other EU countries. **Luxembourg** supported the statement of Germany from their position of a Member State with a large proportion of cross-border commuters. Moreover, due to Luxembourg's comparatively small population size and a low absolute number of rare cancers, access to expertise abroad is essential for the provision of adequate care for these patients. **Luxembourg** added that harmonisation of definitions across the EU and standardisation of the European quality systems are desirable.

Introduction, Expectations, Interactive Discussions

A tour de table ensured that each participant could introduce themselves and explain their expectations from this thematic group, and especially if would be involved in the forthcoming Joint Action. All Member States who referred to the planned Joint Action indicated their intention to participate.

Belgium looks for practical connectivity between centres. **Croatia** would like a more comprehensive overview of different activities in the field. **France** welcomes inputs from broad range of European colleagues. **Germany** looks both to support efficient communication and governance structures and to avoid parallel processes. **Ireland** looks to build on work done previously, to improve service to patients, and further to develop comprehensive cancer centres by looking at different models that fit the needs of Member States. **Italy** hopes to use this group to ensure harmonisation and coordination, especially

[3] EPAAC - Home
[4] CanCon_Guide.pdf (iccp-portal.org)
[5] iPAAC Home

in Joint Actions. **Luxembourg** hopes that harmonisation can be achieved by adapting existing models in Europe; the development of standardised mechanisms for patient mobility between the Member States is also important. **Poland** looks for comprehensive and coherent country-specific models with a high level of quality. **Portugal** commented on the paucity of national funding for research, thus looks for sustainability for centres and their expansion, as well as joint training and cancer care between centres both large and small, and additionally participation in European initiatives. **Romania** looks for a definition of standards of care and how to articulate services to reduce inequalities; they undertook to disseminate the results of the Joint Actions at country level. **Slovenia** looks to participate in translational trials for best treatment of patients as well as leveraging the expertise of members of this team. **Sweden** hopes to tie together all of the good activities across Europe and to find a framework that allows existing networks to be stronger. The **Joint Research Centre** concluded by outlining their related activities, in particular on cancer screening guidelines under the umbrella of the Knowledge Centre on Cancer. They added that participation in Joint Actions was of high interest.

Discussion followed on the support needed for strengthening comprehensive cancer infrastructures / centres, focussing especially on aspects related to research and innovation in order to inform the design of upcoming actions in this area.

Discussion of support needs in the area of research & innovation

Ireland, supported by **Portugal**, identified the need for protected time for research for clinicians, which is key to enable high-quality research. **Portugal** added support for recommendations for financial autonomy in national hospital-based research centres. **Spain** added that clinical research is not often seen as a pathway to improve standards of care and is therefore not assigned sufficient resources. **Germany** mentioned the importance of research career programmes for younger medical researchers complemented by fostering data career programmes for physician scientists in cancer research. **Spain** supported this by citing the importance of outcomes, specifically the training of professionals as clinical scientists, including professional recognition. The Commission asked what could be done at the EU level to ensure protected 'research time' for clinicians. **Belgium** noted the need for support for investigator-driven academic clinical trials. This was supported by **Ireland** who added the need to incorporate strong and supported translational research. **Germany** also agreed with the need to strengthen translational research and thus suggested identifying what does not work in Europe. **Portugal** commented that translation and investigator-driven clinical research is essential and suggested having European guidelines to identify research funding possibilities.

Italy commented that training and research is a weak element within medical schools which rather focus on clinical training, which has resulted in a generation of medical doctors not as linked to new drugs or scientific discoveries as before. There is a need to work with universities for harmonisation then translation into medical practice. **Sweden** agreed with this comment.

Regarding research areas which would merit further focus, **Portugal** suggested research in drug repurposing combinatory therapies taking in account tumour tissue (neoplastic and non-neoplastic) and pre-clinical models of study and testing. **Portugal** added that digital pathology and tumour banks should be funded due to the current lack of pathology and the importance of second opinions to undertake accurate research. **Germany** suggested 1) lifestyle changes for prevention of chronic inflammation and carcinogenesis; 2) precision oncology integrating emerging cutting-edge molecular technologies; and 3) cancer immunology. **Ireland**, supported by **Luxembourg**, suggested providing more training in the area of data analytics and artificial intelligence. **Ireland** added the need to address how Molecular Tumour Boards could function effectively and be resourced, as well

as the need for research into biobanking infrastructure, such as centralisation and support for National Cancer Biobanks across the EU. **Luxembourg** proposed looking at the Europe's Beating Cancer Plan and the Mission on Cancer for prioritisation of cancer research areas, especially for neglected and rare cancers (incl. paediatric cancers). **Portugal** spoke of support for caregivers, families and cancer survivors.

Germany spoke of improving outcome measures, such as registries, to benchmark the quality of comprehensive cancer centres and comprehensive cancer control networks, as well as fostering existing and implementing novel (lung) cancer screening programmes. To this, **Germany**, supported by **Spain**, added the need to benchmark local regions using robust data. **Spain** also cited the need to measure patient outcomes. **Italy** commented on the need to focus on accreditation, research and outcomes, especially definitions, standardisation and data collections for outcomes. They opined that a European effort is required to discuss and standardise outcomes, as well as evaluation of potential obstacles present in different Member States to reduce variability in clinical trials. **Poland** suggested better sharing of information about clinical trials and intensifying and supporting research to produce evidence-based quality and outcome indicators. **France** commented on the potential European added value in reaching critical mass in clinical trials, for example in paediatric cancers. **Spain** echoed the sentiment. To this, **Spain** commented on registries, as there are currently population-based registries as a tool to measure outcomes for all (such as incidence, prevalence, survival), coupled with clinical or trial registries that measure outcomes on a selected population. The Commission asked how the EU could help to support registries, as project funding ends at a certain moment, and registries need permanent support, which is impossible under the EU financial regulation. **Ireland** spoke of the need to have follow-on funding to really create a substantive vehicle for basic research across Europe.

Portugal noted that countries at the periphery of the European continent need to be included in high-level clinical trials, to ensure equity in access within the European Union. **Luxembourg** highlighted that the funding mechanisms for research should not disadvantage smaller Member States with fewer research possibilities. **Portugal** added that the funding experience is different in different countries and cited as an example the lack of national support for translational research in cancer.

Germany suggested a partnership on cancer to complement the Mission on Cancer, which would also be of relevance for the shaping of comprehensive cancer infrastructures. **Germany** and **Ireland** referred to UNCAN.eu, where a Europe-wide platform utilising existing, relevant research infrastructures and investing in the development of models and technologies interrogating the interactions of poorly understood cancers is proposed. **Spain** agreed on the importance of research but also the need to define and compare results between centres; interoperability is key. The Commission explained that exchange of data within UNCAN.eu will be possible. **France** requested a European map of all initiatives. **Germany** referred to the work of the European Organisation for Research and Treatment of Cancer and the need for an analysis of gaps.

Poland suggested a unified interpretation of GDPR to facilitate exchange of patient data within Europe for the purpose of research; current interpretation of GDPR in Member States lacks harmonisation. The Commission commented on the development of a code of conduct related to applying GDPR within the digital health space.

Sweden noted the increase in the use of digital tools thanks to COVID-19, a development which requires follow up; this was supported by **Portugal**. The Commission noted that digital transformation is a key priority of the EU, thus it may be possible to finance digital aspects of comprehensive cancer infrastructures or centres but that as this approach is very broad, there will be a need to prioritise.

Italy requested that the fields of research identified and discussed during the meeting be prioritised. The Commission agreed that they would be collated in preparation for the next meeting, at which point Member States can be asked for priorities coupled with feasibility.

The discussion was concluded by agreeing that patient orientation is the priority, as is the incorporation of digital tools and patient pathways.

Conclusion

The Chairs thanked everyone for their attention and valuable contributions. The next meeting will take place on 26 November.