



iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Experiences with the activities related to the CCIs in CanCon and iPAA>C

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Rounding up three Joint Actions



- Joint Actions (JAs) have been a successful instrument bringing together cancer policy from both the EU level as well as from the Member State level
- JA EPAAC – European Partnership for Action Against Cancer, www.epaac.eu
- JA CanCon – Quality improvement in comprehensive cancer control www.cancercontrol.eu
- JA iPAAC – innovative Partnership for Action Against Cancer, www.ipaac.eu



Key deliverables of the previous JAs



Definition of CCCNs

- A CCCN 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.
- These units interact and have a formal agreement to work together in a programmatic and structured way with common governance, in order to pursue their goals more effectively and efficiently through collective synergies.

Definition of CCCNs 2.

- Within the CCCN the care of patients is the responsibility of interprofessional teams that are multidisciplinary and tumour specific. Each team or tumour management group works together for the benefit of patients with that particular type of tumour.
- Within the CCCN all units work together and adopt uniform standards of care for cancer-specific pathways that are binding for the entire network.

Definition of CCCNs 3.

- The CCCN promotes a uniform system of quality assurance; and a unified informatics system for optimal exchange of information.
- The objective of a CCCN is to provide comprehensive cancer care to all the people living in a certain geographic area, thus pursuing equality and the improvement of outcomes and quality.

Comments on the development of CCCNs



- A well-integrated CCCN is more likely to achieve equity in access to good-quality care nearer home; indeed, studies have found that distance is a significant factor in not being able to attend a comprehensive cancer centre.
- A CCCN implements a patient-centred approach thanks to common principles, attitudes and management protocols agreed among professionals.
- A CCCN will be able to acquire resources that an individual hospital may not and allocate them more efficiently across the network; it will be able to avoid unnecessary duplication of facilities; and facilities that are underutilized in a particular site can be put to better use once a CCCN is in operation. All these factors will improve cost-effectiveness.



Comments on the development of CCCNs

2.



- A CCCN can capitalize on complementary expertise of individual professionals for both short- term and long-term planning.
- A CCCN can provide a seamless care pathway, even for patients requiring unique or complex treatment procedures that need moving the patient to more than one place as part of the management pathway.



Comments on the development of CCCNs

3.



- A CCCN, through the units of which it consists, will be closer to primary care or even fully integrated with it and, therefore, in a good position to liaise with it.
- A CCCN gathers optimal conditions to conduct not only basic research but also translational research, observational studies, clinical research and health services research; this is made possible by having a critical mass of researchers and clinicians, a common patient information platform, standard operating procedures for tissue analysis, and shared biological resources and bioinformatics facilities.



Vision on the Preparatory activities on creation of National Comprehensive Cancer Centres and EU Networking



- Development of the centres and networking based on a consensus, taking into account both:
 - The different existing models of organisation of cancer care in Europe
 - Building on the future model, which combines the roles of comprehensive cancer centres and their excellence with a more practice—oriented role of the other members of the network
- JA CanCon has given a clear path for such a solution
- The work on the CCCs, their development and accreditation could be complemented with the project solutions of the CanCon/iPAAC activities on the CCCNs in order to achieve the best fit



Some flagships to support actions

- ***EU Network linking recognised National Comprehensive Cancer Centres in all Member States by 2025. (2021-2025)***
- ***Cancer Diagnostics and Treatment for All initiative: access to innovative cancer diagnosis and treatments. (2021-2025)***
- European Initiative to Understand Cancer (UNCAN.eu): planned under the foreseen Mission on Cancer, to help identify individuals at high risk from common cancers. (2021-2025)
- Better life for cancer patients initiative: Cancer Survivor Smart-Card and European Cancer Patient Digital Centre. (2021-2023)

WP10 of iPAAC - Governance



- Task 1: An update on the development of NCCPs with a special focus on: CCCNs, quality indicators, patient pathways, PROMs/PREMs
- All MSs were surveyed and a report has been prepared and it will be published as a scientific paper in an international journal



WP10 of iPAAC – Governance 2.



- Task 2: Development of Sets of Standards (SoS) for the development and further accreditation of the Comprehensive Cancer Control Networks (CCCNs)
- Adoption of Sets of Standards with the internal adoption in iPAAC (contribution of all participating MSs and OECl)
- This task also included the development of quality indicators and development of activities needed to implement them



WP10 of iPAAC – Governance 3.



- Task 3: Accreditation of CCCNs
- By the end of the JA, criteria were laid out and two pilot sites were accredited according to these criteria, Charité in Berlin and Lower Silesian Cancer Centre in Wroclaw in Poland
- Accreditation awarding already took place



WP10 of iPAAC – Governance 4.



- Task 4: PREMs and PROMs
- Explorative analysis of the uses and implementation of PREMs and PROMs in the CCCNs and broader in cancer care overall
- Some of the frequent cancers, e.g. prostate cancer, were chosen as an example for the criteria and for the implementation of PREMs and especially PROMs



WP10 of iPAAC – Governance 5.



- Task 5: Patient pathways
- Development of patient pathways as an integrated concept mapping all the elements of cancer care and control
- Two pilot patient pathways were developed: one for colorectal cancer and one for pancreatic cancer



Thank you!

Hvala!