



iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Comprehensive cancer control infrastructures

JA iPAAC

National Institute of Public Health of Slovenia



Co-funded by
the Health Programme
of the European Union

- Historically, primary focus on surgery - > treatment of cancer in regular hospital departments
- Introduction of radiotherapy and gradually of chemotherapy made it necessary to find a joint home for these
- Development of cancer centres -> mostly focusing on radio- and chemotherapy while surgery still remains with surgical wards
- Stepwise development of comprehensive approaches to cancer with cancer centres also covering the surgical part of treatment

Development of comprehensive cancer structures

- The specific complexities of cancer and the challenges posed by the organisation of cancer care brought about several possible infrastructural responses:
 - Comprehensive Cancer Centres (CCCs)
 - Combined centres for the treatment of rare(r) cancers and dispersed treatment for frequent cancers
 - Comprehensive Cancer Control Networks (CCCNs)
 - Distributed treatment throughout tumour-based networks and cancer centres
 - Various central structures plus detached treatment centres – e.g. proton therapy, radiotherapy, etc.

Comprehensive Cancer Control Networks (CCCNs)



- Comprehensive Cancer Control Networks (CCCNs) are a term developed under the JA Cancer Control (2014-2017)
- We focused on the following key characteristics:
 - The centre of a CCCN has to be a CCC
 - The network should be capable of providing the comprehensive management of a cancer patient, including psycho-oncology, palliative care
 - Networks could be national or regional, theoretically speaking, also cross-border



Definition of a CCCN developed during the JA CanCon



- 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.
- 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.
- 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.

** The word unit is used to designate any component of a CCCN, whether an entire pre-existing institution or a part of an institution. For example, a unit might be an entire cancer centre, an oncology department of a general hospital or a children's hospital, a mammography facility, a pathology laboratory carrying out mutation analysis or a hospice.*



Key elements to be kept in mind

- Comprehensiveness – full coverage of patient needs
- Securing MDTs for all cancer types and flexibility following patient needs
- Following adopted patient pathways
- Accreditation – national or international but cancer-specific
- Quality assurance through all the processes in the centre/network

View on the Comprehensive Cancer Infrastructures (CCIs)



- CCI concept provides openness and flexibility of organisation
- There is certainly a need of cross-border networking, sometimes also EU-level (e.g. rare cancers, paediatric cancers - > ERNs)
- There should be close collaboration of CCCs if not networking at the EU level – e.g. Existing collaboration within OECE
- Networks should be flexible, mostly national but they could and should collaborate cross-border, both in research as well as in clinical practice



Thank you!

Hvala!