



# CHALLENGES IN CANCER CARE

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## Work Package 8



Co-funded by  
the Health Programme  
of the European Union

# INTRODUCTION

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The aim of the work package is to define strategies to improve the quality of cancer care by optimising the use of healthcare resources and promoting realistic and evidence-based responses to existing needs. While cancer care has evolved, showing better organisation and specificity with regards to treating different cancer diseases, **cross-cutting** and **disease-based challenges** remain.

These challenges are as follows:

- Neglected cancers, with a special focus on pancreatic cancer
- MDTs and new technologies and decision-support systems
- Sustainability of cancer care
- Palliative care and pain control

# WP8 ASSOCIATED PARTNERS

**NIJZ** - HNACIONALNI INSTITUT ZA JAVNO  
ZDRAVJE (Slovenia)



**SAM** - LIETUVOS RESPUBLIKOS SVEIKATOS  
APSAUGOS MINISTERIJA (Lithuania)



LIETUVOS RESPUBLIKOS  
SVEIKATOS APSAUGOS MINISTERIJA

**WIV-ISP** - INSTITUT SCIENTIFIQUE  
DE SANTE PUBLIQUE (Belgium)



**INSP** - INSTITUTUL NATIONAL DE  
SANATATE PUBLICA (Romania)



**THL** - TERVEYDEN JA HYVINVOINNIN LAITOS  
(Finland)



**IPHS** - INSTITUT ZA ZASTITU ZDRAVLJA SRBIJE DR  
MILAN JOVANOVIĆ BATUT (Serbia)



Institute of Public Health of Serbia  
"Dr Milan Jovanovic Batut"

**ISS** - ISTITUTO SUPERIORE DI SANITA (Italy)



**ICO** - INSTITUT CATALA D'ONCOLOGIA  
(Spain)



**BMC SAS** - BIOMEDICINSKE CENTRUM SLOVENSKEJ  
AKADEMIE VIED (Slovakia)



# COLLABORATING PARTNERS & SUBCONTRACTORS

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The collaborating partners and subcontractors we plan to involve are the following:

## Collaborating partners

**Spain:** CIBERESP & CIBERONC networks of research

**UK:** The Health Policy Partnership ALL.CAN

**Belgium:** KCE - Belgian Health Care Knowledge Centre

## Subcontractors

ECPC – European Cancer Patient Coalition



ECCO – European CanCer Organisation



# OBJECTIVES & TASKS

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**Objective 1.** To assess the situation for neglected cancers with a special focus on pancreatic cancer, highlighting the opportunities for improving detection, diagnosis and access to expert clinicians in order to increase the quality of care and raising awareness within the EU Policy and Research agenda.

- **Task 8.1:** Definition of neglected cancers and the core clinical variables to describe pancreatic cancer patients pathways in connection with WP10 for discussion of potential recommendations

**Methodological approach:** Literature data and population based indicators; workshop with experts

**Partners:** ISS (leader), ICO, SAM (VUHSK), BMC SAS. Supported by ECPC.

List of clinical and social demographic variables for integrating hospital and population based data in the definition of neglected cancers (**M12**).

# OBJECTIVES & TASKS

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- **Task 8.2:** Neglected cancers: proposal of criteria for reorganisation of treatment delivery in collaboration with other partners and patients representatives

**Methodological approach:** Literature review and workshops

**Partners:** ICO (leader), SAM (VUHSK), WIV-ISP, IPHS. Supported by ECCO and ECPC

Report with recommendations for improving access to expert clinicians in reference hospitals concerning patients' diagnosis and treatment of pancreatic cancer, and its potential impact on outcomes (**M24**)

Report on *Essential requirements for Quality Cancer Care in Pancreatic Cancer* (**M24**)

# OBJECTIVES & TASKS

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**Objective 2.** To identify the potential use and existing barriers for shared information systems, decision support systems, ICT and 'big data' in the context of MDTs and cancer care management

- **Task 8.3:** MDTs and potential impact of new technologies and systems on improving integrated cancer care following the work done in EPAAC and CANCON

**Methodological approach:** Questionnaire and multiple case study

**Partners:** ICO (leader), IPHS, BMC SAS, NIJZ, SAM (VUHSK). Supported by ECCO.

Report including key criteria for organisation and implementation of ICT and information systems within the area of MDTs' management as well as key organisational requirements prompting the integration of cancer care (**M20**)

# OBJECTIVES & TASKS

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**Objective 3.** To propose a set of measures aimed at improving the sustainability of cancer care in European countries

- **Task 8.4.1:** To review international experiences in promoting allocative efficiency and identifying low-value or inappropriate cancer care for improving the level of appropriateness in clinical care following the recommendations of the CANCON policy paper

**Methodological approach:** Analysis of interventions, systematic review of the literature, focus groups and one expert panel

**Partners:** ISS (leader), ICO, SAM (VUHKS), NIJZ, INSP (IPMN), ISS (MoH).

Report with policy recommendations and priorities for enhancing the value of cancer care as well as key measures of low value care and desirable features of interventions for improving the appropriateness of clinical practice (**M32**).



# OBJECTIVES & TASKS

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**Task 8.4.2:** To review the recent developments in reimbursement models and experiences in introducing innovative treatments in European health systems, with special focus on radiation oncology and complex cancer surgery

**Methodological approach:** Literature review, analysis of interventions, qualitative analysis and workshop

**Partners:** ICO (leader), ISS, SAM (VUHSK), NIJZ, INSP (IPMN), ISS (MoH). In collaboration with ESTRO.

Report on the critical factors for improving reimbursement of new therapeutic technologies in cancer care, with a map of the pros and cons of different approaches (**M18**).

# OBJECTIVES & TASKS

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**Objective 4.** To assure that pain control is considered a priority in cancer and to distinguish the needs of long term survivors from those of palliative care patients.

- **Task 8.5:** To identify the need of pain control and barriers to adequate pain management with specific focus on the prevalence of pain in cancer survivors and its implications and PROMs.

**Methodological approach:** Literature review and workshop with experts, scientific societies and patient associations

**Partners:** ISS (leader), ICO, ISS, THL

Recommendations on the implementation of available guidelines on pain control in oncologist education and in multidisciplinary teams (**M30**).

# OBJECTIVES & TASKS

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**Objective 5.** To highlight a homogenous approach to palliative care based on CANCON recommendations including patient care pathways, national policy and sustainability, innovative therapies, cancer registry and clinical data bases.

- **Task 8.6:** To assess palliative care needs in oncology based on epidemiological data and to review the literature on models of integration between palliative care and oncology

**Methodological approach:** Literature review and workshop

**Partners:** ISS (leader), ICO, THL. Supported by ECPC and in collaboration with WP10.

Recommendations on integration between palliative care and oncology (**M30**).

***Road Map:** Recommendations and strategies for implementation for policymakers based on reports, discussions and outputs of the previous tasks of WP8*

## **Deliverable:** Roadmap on Implementation and Sustainability of Cancer Control Actions in the field of cancer care

**Partners:** ICO (leader), ISS, ISS (MoH), SAM (VUHKS), IPHS, BMC SAS, WIV-ISP, NIJZ, THL, INSP (IPMN)

# MILESTONES

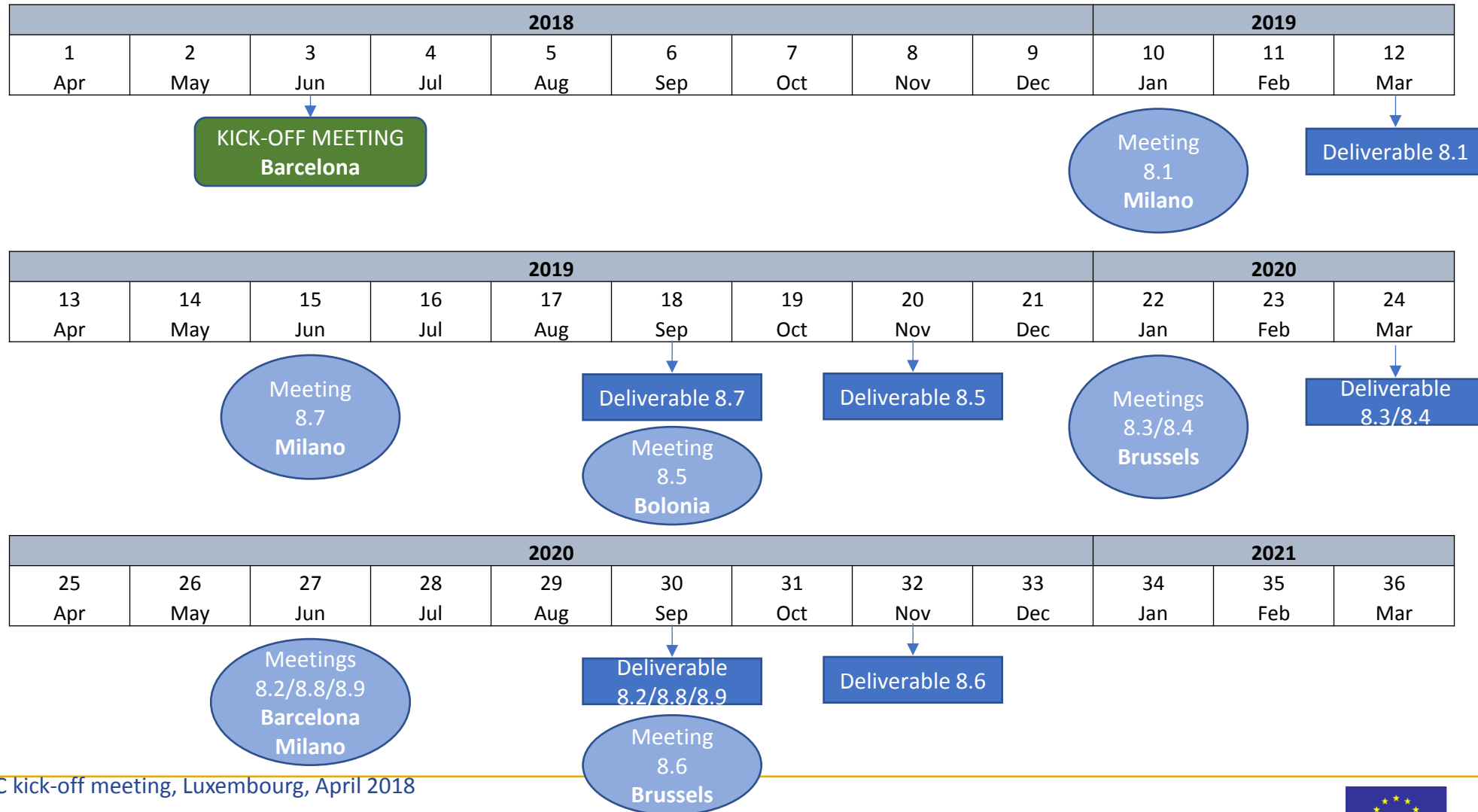
## Milestones

<b>M 8.1</b>	Methodology of evaluation of reimbursement of complex surgery and radiation oncology, with a map of the pros and cons of different approaches completed	<b>M 12</b>
<b>M 8.2</b>	Workshop on reviewing experience on reorganization of therapy care for pancreatic cancer	<b>M 16</b>
<b>M 8.3</b>	Identification of desirable features of quality improvement efforts aimed at tackling low-value cancer care	<b>M 30</b>

# RISKS AND CONTINGENCY PLANS

Identified Risk	Contingency planning
<b>Lack of engagement</b> of partners in the transfer/scaling up of measures/good practices in cancer plans	Some partners will be <b>committed</b> to implement measures in cancer plans; others that do not engage can still <b>learn</b> from the process
Proposed changes to improve quality of cancer care <b>difficult to implement</b> in health care services	Demonstration of implementation in source health services in Europe will be emphasized with <b>key points for success</b> and <b>barrier carefully analyzed</b>
<b>Poor engagement</b> of partners to discuss the measures and variables to be defined in neglected cancers for population based cancer registries	<b>Involvement will be required</b> for different cancer registries in order to make ensure wide representation
Survey on role of new technologies in framework of MDT has <b>low participation</b>	Involvement of <b>scientific societies</b> and <b>patient associations</b> will be <b>actively sought</b> in order to promote high participation of key stakeholders
Measures of improved low value cancer care <b>difficult to implement</b> in cancer plans	The implementation might take place with some delay or be <b>scaled down</b> , or be implemented in a <b>different region</b> than the one original planned

# WP8 CHRONOGRAM



iPAAC kick-off meeting, Luxembourg, April 2018



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# COORDINATION

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