



**iPAAC**  
INNOVATIVE PARTNERSHIP  
FOR ACTION AGAINST CANCER

**WP4 Integration in National Policies and Sustainability**  
***The Roadmap on Implementation and Sustainability***  
***of Cancer Control Actions***

***Luxembourg, 16-17 April 2018***

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Belgian Cancer Centre, Scienscano  
*Régine Kiasuwa Mbengi*  
*Marc van den Bulcke*  
*Laure Bakker*



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# (WP4) MAIN OBJECTIVES

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## MAIN OBJECTIVE

To ensure the (timely) development of the (high quality) key deliverable: « ***the Roadmap on Implementation and Sustainability of Cancer Control Actions*** » (support MS in implementing iPAAC and CANCON recommendations)

## MAIN CONTENT

The Roadmap will mainly consist in the combination of **2 types of outputs**:

1. *The experience of EU MS in implementing CanCon recommendations*
2. *Results from iPAAC WPs 5 – 10 (recommendations and/or advices for implementation)*

## TARGET GROUPS:

- The primary target group of the iPAAC Joint Action will be EU-level policymakers and decision makers at national, regional and local level
- The secondary target group will consist of professional and scientific organisations
- The tertiary target

# CONTENT OF THE ROADMAP

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10 topics and 2 types of outputs:

## 1. experience of EU MS in implementing CanCon recommendations

- Cancer screening
- Integrated cancer care
- Community-level cancer care
- Survivorship and rehabilitation

## 2. Results from iPAAC WPs 5 – 10

- cancer prevention -> + *CanCon policy paper*
- genomics in cancer control and care -> *CanCon policy paper*
- information system -> *adressed throughout the whole guide (+JA IS)*
- (economic) challenges in cancer care -> *CanCon policy paper*
- innovative therapies (immunotherapies) -> *very briefly in chapter 5 (CCCNs)*
- integrated and comprehensive cancer care (EU ERNs)

# THE ROADMAP – LEADING (WRITING) PARTNERS FOR WP4?

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1. Prevention: health promotion and population-based cancer screening
2. Genomics in cancer control: ethics, tests, training
3. Innovative therapies: immunotherapies  
→ Into one chapter: *diagnostic & treatment* ?
4. Challenges in cancer care: neglected cancers, pain, palliative care, value of cancer care (ICO)  
+ community-level  
+ rehabilitation & survivorship
5. Integrated cancer care: governing CCCNs in the framework of NCCPs (BMG)
6. Cancer information: registries and ref. networks (ISS)

# CONTENT OF THE ROADMAP

## • Results from iPAAC WPs 5 – 10-Chapter in the Roadmap

	WP5 Cancer prevention	WP6 Genomics in cancer control and care	WP7 Cancer Information and Registries
<b>Topics</b>	<ul style="list-style-type: none"> <li>- health promotion</li> <li>- early detection</li> <li>- pop-based screening</li> <li>- ECAC</li> <li>- Health literacy</li> </ul>	<ul style="list-style-type: none"> <li>- Societal debate &amp; ethics</li> <li>- Genetic testing</li> <li>- Precision genomics</li> <li>- « direct to consumer »</li> <li>- Education/training</li> </ul>	<ul style="list-style-type: none"> <li>- Care pathways</li> <li>- Cancer costs</li> <li>- L-T follow-up</li> <li>- Coding systems</li> <li>- Indicators</li> </ul>
<b>Objectives</b>	to foster cancer prevention, health promotion and to reduce inequalities by strengthening health in all policies	to develop practical guidance for member states to achieve successful integration genomics in the health care system	to enhance population-based cancer information systems to better support evidence-based comprehensive cancer care, with a focus on care, costs and survivorship
<b>Methods</b>	Survey <b>Policy review</b> Conference	Survey and focus group Literature review <b>Pilot studies (2+?)</b>	Mapping exercise <b>Pilot study</b>
<b>Output</b>	<ul style="list-style-type: none"> <li>-3 comprehensive reports</li> <li>-Interactive infographic</li> <li>-Conference</li> <li>-Chapter in the Roadmap</li> </ul>	<ul style="list-style-type: none"> <li>-Website for citizens</li> <li>-cookbook(s) for organizing discussion on genomics</li> <li>-Symposium</li> <li>-Chapter in the Roadmap</li> </ul>	-Chapter in the Roadmap

	WP8 Challenges in cancer care	WP9 Innovative Therapies in Cancer	WP10 Governance of Integrated and Comprehensive Cancer Care
<b>Topics</b>	<ul style="list-style-type: none"> <li>- Neglected cancers</li> <li>- Info &amp; com of/between MDTs</li> <li>- Sustainability /economics</li> <li>- Pain</li> <li>- Palliative care</li> </ul>	<ul style="list-style-type: none"> <li>-immunotherapies</li> <li>-national guidelines and ref networks</li> <li>-biomarkers in clinical practice</li> </ul>	<ul style="list-style-type: none"> <li>-(governance of) CCCNs in NCCPs</li> <li>-patient pathways</li> <li>-tumour-specific quality indicators</li> <li>-PROMs &amp; PREMs</li> </ul>
<b>Objectives</b>	optimising the use of healthcare resources and promoting realistic and evidence-based responses to existing needs	<ul style="list-style-type: none"> <li>-to map existing guidelines and reference frameworks</li> <li>-to identify and validate predictive biomarkers, implement them and predict impact of innovative treatment</li> <li>-to follow innovative treatments after marketed authorization</li> </ul>	to draft recommendations for further development of NCCPs
<b>Methods</b>	<ul style="list-style-type: none"> <li>-consensus meeting(s)</li> <li>-literature review</li> <li>-workshops</li> <li>-survey/case study</li> </ul>	<ul style="list-style-type: none"> <li>-mapping guidelines and reference frameworks of use of immunotherapies</li> <li>-Analysis of evidence based validation of biomarkers for immunotherapies</li> <li>-survey</li> </ul>	<ul style="list-style-type: none"> <li>-pilots (2)</li> <li>-survey</li> <li>-literature review</li> </ul>
<b>Output</b>	<ul style="list-style-type: none"> <li>-definition neglected cancers (the case of Quality Pancreatic Cancer Care)</li> <li>-key criteria for organisation and implementation of information systems (within MDTs')</li> <li>-chapter in the roadmap</li> <li>-key measures for improving the appropriateness of clinical practice</li> </ul>	<ul style="list-style-type: none"> <li>-the mapping of national guidelines and reference frameworks of clinical practices with regards to innovative therapies</li> <li>-mapping of existing national guidelines with biomarkers used in clinical routine and on identifying new biomarkers in "Horizon Scanning" existing systems –</li> <li>-chapter in the roadmap</li> </ul>	<ul style="list-style-type: none"> <li>-review and assessment of NCCPS</li> <li>-standards for patient pathways for CCCNs</li> <li>-tumour-specific quality indicators for the use in CCCNs</li> <li>-framework of PROMs and PREMs in routine care</li> <li>-a framework to monitor the successful implementation of the set of requirements</li> <li>-chapter in the roadmap</li> </ul>

# WP4 TEAM

NIJZ	Sciensano	CIPH	MOH	UZIS	THL	iNCA	BMG	ISS	INSP	IPHS	ICO
Slo	BE	Croatia	Cyprus	CZ	Fin	FR	Ger	IT	RO	Serbia	ES
5	39.3	2.1	1.4	1.1	1.1	5.8	4.4	7.4	2.2	3.6	1.4
2 external experts: Mark Dobrow and J.M Martin-Moreno											

## EU MS implementing CanCon recommendations

The WP4 team collects information on the implementation of cancer control actions and provides (processed) results to



## CORE CHAPTERS

- Cancer prevention (THL + ? )
- Diagnostic & treatment (Sciensano + INCA)
- Challenges in cancer care (ICO + NIJZ)
- Integrated cancer care (BMG)
- Cancer information (ISS)

# Roadmap : the (preliminary) structure

*Acknowledgements*

*List of tables, figures and boxes*

*List of contributors*

*Foreword*

**INTRODUCTION** (context, rationale, history, main objectives)

**Enhancing cancer control through iPAAC** (critical assessment of what does exist and what does iPAAC brings)

## **METHODS**

work in EU MS

work in WPs 5-10

coherent combinaison

## **CANCER PREVENTION**

Health promotion

Population-based cancer screening

## **DIAGNOSTIC & TREATMENT**

Genomics in cancer care

Immunotherapies

## **CHALLENGES IN CANCER CARE**

Sustainability

Neglected cancers

Pain and palliative care

Survivorship

Community-level care

## **INTEGRATED CANCER CARE**

## **CANCER INFORMATION**



# WP4 TASKS AND ACTIVITIES

## 1. Identify the actions/recommendations implemented in EU MS

*1.1 implementation already started*

*1.2 implementation « is about to start » (max timing?)*

*1.3 preparatory phase of the implementation (max/min timing)*

*1.4 interest /willingness but no plan for implementation*

-> visit 27 countries or only those having expressed their interest (accept invitation)

## 2. Plan the (scope of) the follow-up

*2.1 contact person*

*2.2 min. required information/feedback (according to 1.1-1.4)*

## 3. WP 5-10 topics to be integrated in the Roadmap

*3.1 identify topics and leaders*

## 4. Content, structure, look of the Roadmap

*4.1 What does exist/work/is needed in MS*

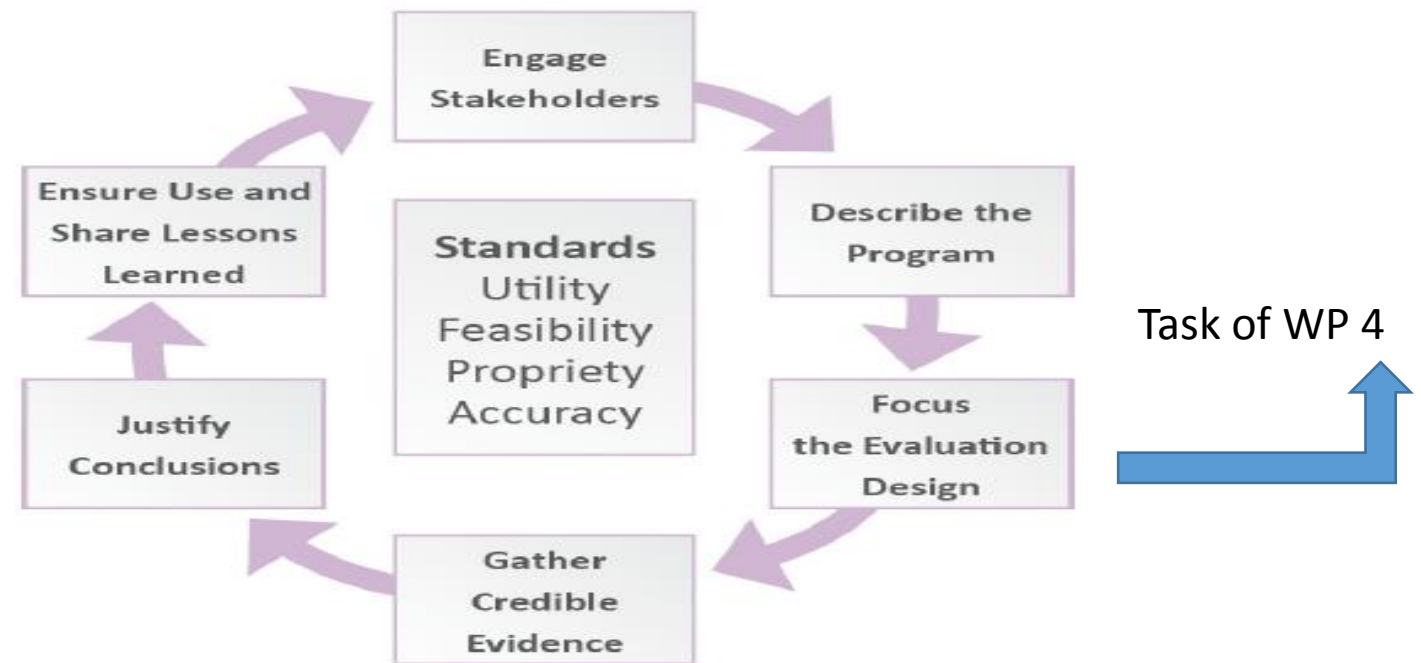
*4.2 Prepare templates*

# WP4 – MONITORING THE IMPLEMENTATION: WHAT AND HOW?

## 1. Existing frameworks ?

- CDC, Introduction to Program Evaluation for Public Health Programs: A self-study Guide
- WHO, Knowledge into Action: WHO Guide for Effective Programs: Planning
- WHO, National Cancer Control Programs
- Policies and managerial guidelines

**Figure 1.** Steps in the CDC Framework for Evaluation in Public Health<sup>4</sup>



## 2. What will we do: focus the assessment

### B. Monitoring can focus on different components of implementation

→ Components of the logic model : indicators for assessment



Figure3: Logic Model (WHO, 2002)

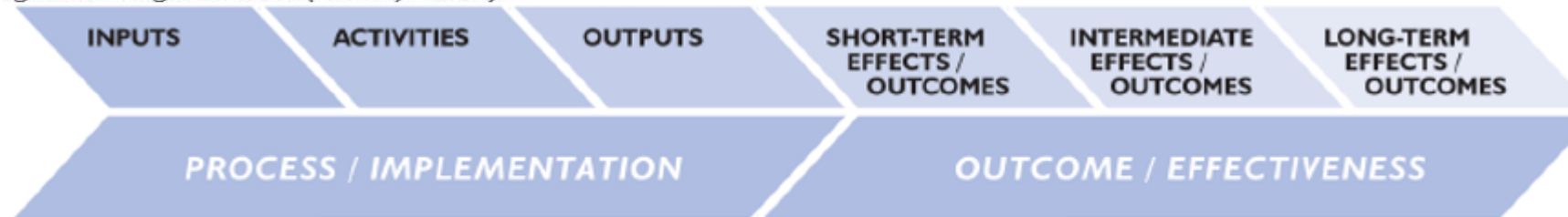


Figure4: Focus of implementation monitoring (CDC, 2011)

### 3. EXAMPLES OF QUESTIONS TO ASSESS THE IMPLEMENTATION OF (CANCON) CANCER CONTROL ACTIONS

<b>Assessment of inputs</b>	<ul style="list-style-type: none"><li>- <b>Stakeholders</b><ul style="list-style-type: none"><li>- Is the Government endorsing the implementation of the action?</li><li>- What is each partner's level of engagement in the implementation?</li><li>- Are the partners willing and ready to work together to harmonize their tasks and activities with one another in order to achieve the desired outcomes</li></ul></li><li>- <b>Financial resources</b><ul style="list-style-type: none"><li>- Was there a gap between the estimated resources for implementation and the available resources?</li></ul></li><li>- <b>Facilities</b><ul style="list-style-type: none"><li>- Which were the physical resources associated with the implementation such as infrastructure, technologies, medication?</li></ul></li></ul>
<b>Assessment of the Process</b>	<ul style="list-style-type: none"><li>- <b>Stepwise &amp; Systematic Approach</b><ul style="list-style-type: none"><li>- Did the implementation started with an assessment of current situation? 'Were are we now' on the recommendation?</li><li>- What was the scope of the recommendation's implementation?</li><li>- Was the action launched in a demonstration area?</li></ul></li><li>- <b>Training &amp; Education</b><ul style="list-style-type: none"><li>- In what way was there a training activity to for 'front-liners'?</li></ul></li></ul>
<b>Assessment of the social and political context</b>	<ul style="list-style-type: none"><li>- <b>Opportunities and threats such as external factors</b><ul style="list-style-type: none"><li>- Was the implementation effected by external facts such as a change of government leaders, the economic situation of a country, the existing of other disease priorities unrelated to cancer.</li></ul></li></ul>

# WP4 CHALLENGES AND RISKS

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First output (implementation in EU MS)

- Changes in the government (other agenda, priorities, contact person, etc...)
- Languages (reports, legal documentation, ...)
- Low level of interest/engagement
- ...

**Contingency plan?:** ensure monitoring vs. evaluation; second/third visits; mutual learning; regular update/feedback/invitations; ...

Second output (results from WPs 5-10)

- Coherent combinaisons of CanCon and iPAAC (avoid duplication, redudancy,...)
- Results for « sustainability » ?
- Timely results from pilots?
- ....

**Contingency plan?:** identify asap which tasks and results for the roadmap (avoir dubble work);

## WP4 TIMELINE



## M35-36 Final conference

M35 Printed copies of the Roadmap

## M32 FINAL VERSION OF THE ROADMAP

## M24 – 32 Writing of the Roadmap (versions 2 and 3)

M22 Final template of the Roadmap

**M20** FIRST VERSION (outline) of core chapters

## M12 Templates to report the monitoring

## M10-12 Final list of cancer control actions to be monitored

## M 1 – 9 Visit of EU Member States

[illegible]