



## Overview WP 10: Governance of Integrated and Comprehensive Cancer Care

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Simone Wesselmann, German Cancer Society, Germany, Leader WP 10



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# FROM CANCON TO WP 10



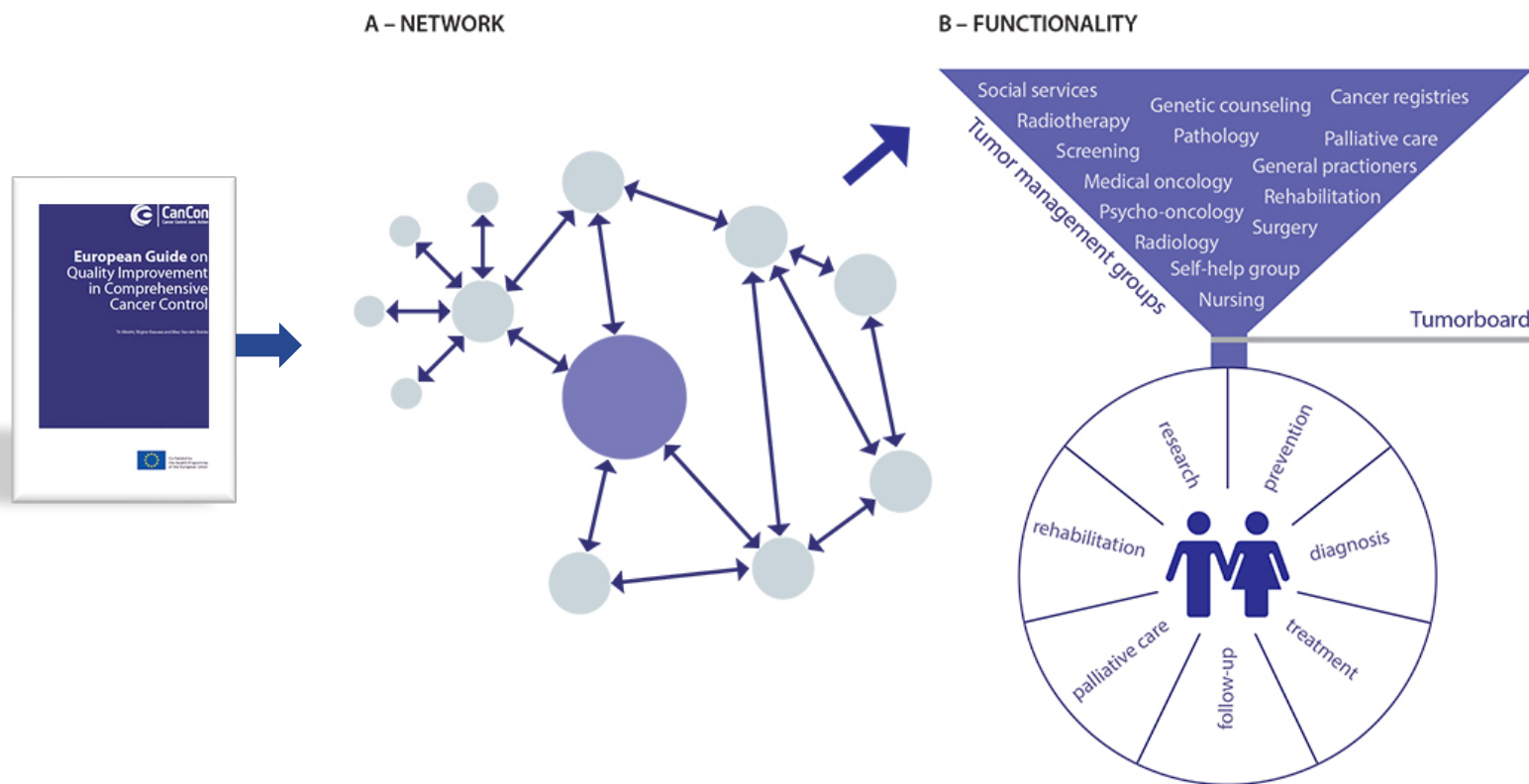
## Work Package 6: Integrated Cancer Control

### Integrated cancer control: the case for comprehensive cancer care networks (CCCN)

Tit Albreht, Camilla Amati, Angela Angelastro, Marco Ascoli, Gianni Amunni, Ana Molina Barceló, Christine Berling, Augusto Caraceni, Vittoria Colamesta, Keith Comiskey, Fiona Conroy, Mary Hynes, Maeve Cusack, Lois O'Connor, Daniela D'Angelo, Ladislav Dusek, Stein Kaasa, Christoph Kowalski, Yulan Lin, Antonio Federici, Fotios Loupakis, Giuseppe La Torre, Lucio Luzzatto, Ondrej Majiek, Giovanni Nicoletti, Giuseppe Pasqualetti, Rosana Peiró Pérez, Alessandra Pigni, Cheti Puccetti, Elio Rossi, Milena Sant, Julien Tognetti, Annalisa Trama and Simone Wesselmann

# ORIGINS: FROM CANCON TO IPAAC

## How to build and operate a Comprehensive Cancer Care Network:



### Recommendations from CanCon WP 6:

- Establishment of **tumour management groups (TMG)**
- Tumour-based **multidisciplinary and multi-professional TMG's**
- Defined **patient pathways** for the entire chain of health care must be put in place
- Definition of uniform **standard operating procedures** which comply with evidence-based guidelines
- Assessment of quality of care through **quality indicators** as well as a continuous quality improvement process

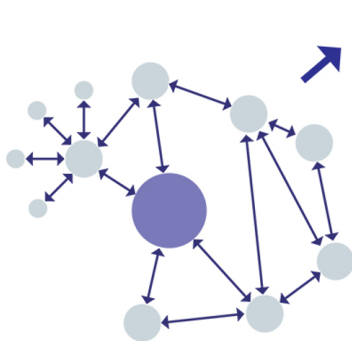
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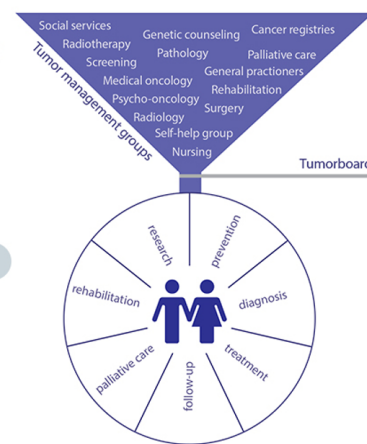


### How to build and operate a Comprehensive Cancer Care Network:

A – NETWORK



B – FUNCTIONALITY



#### Recommendations from CanCon WP 6:

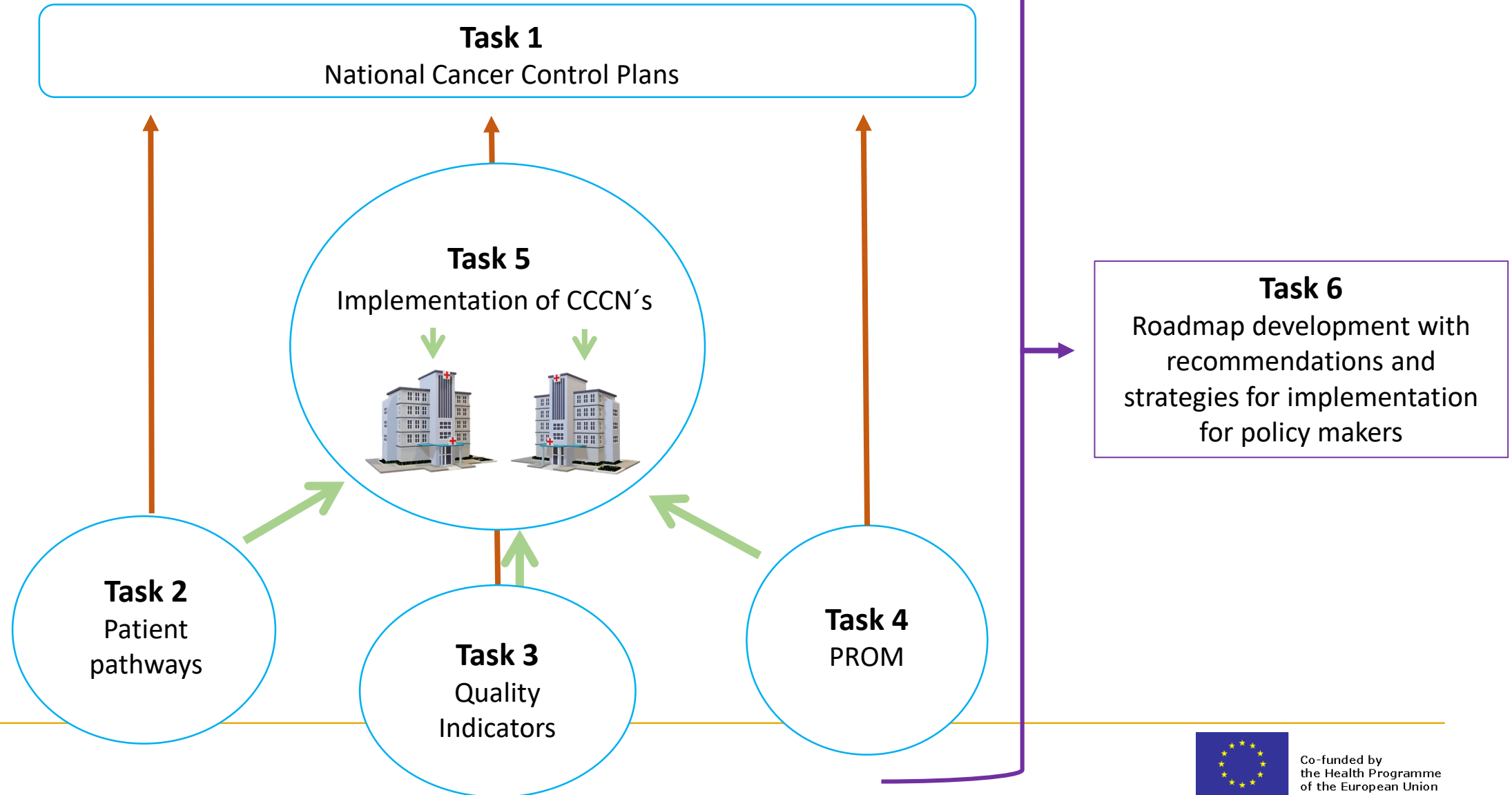
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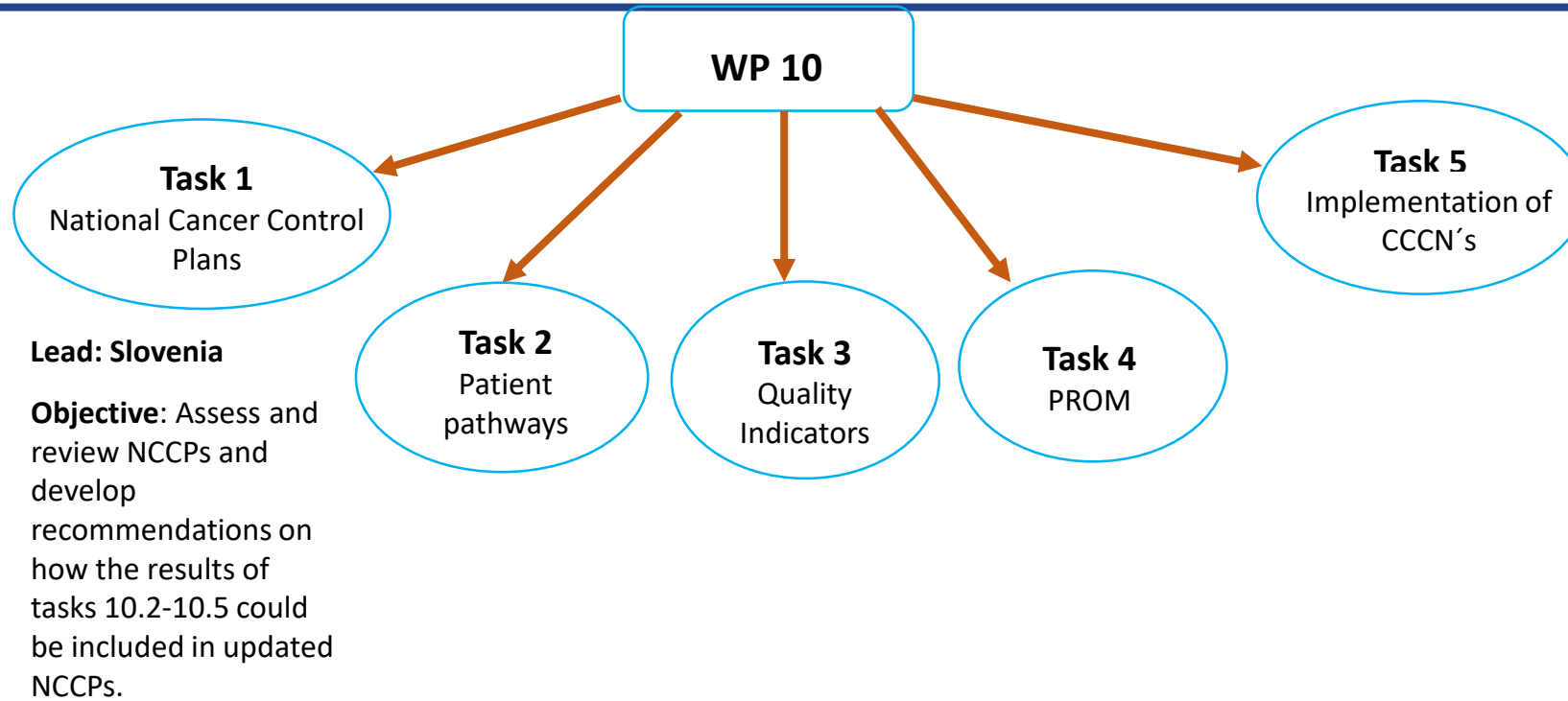
**To guarantee sustainability of the CanCon JA and develop it further:**

### Goal of WP 10:

“...develop **practical instruments** (...) (to ensure) a standardised (...) comprehensive oncological care in all Member States that is tumour-specific and delivers (...) high-quality care to all patients. These **instruments should be used by NCCPs for the governance of oncological care**”.

# WP 10: GOVERNANCE OF INTEGRATED AND COMPREHENSIVE CANCER CARE





## Task 1

### National Cancer Control Plans



Patient Pathways, Implementation of Comprehensive Cancer Care Networks (CCCNs), Patient Reported Outcome Measures (PROMS) and Quality Indicators  
in National/Regional Cancer Control Programmes/Cancer Documents in EU  
Member States

Survey



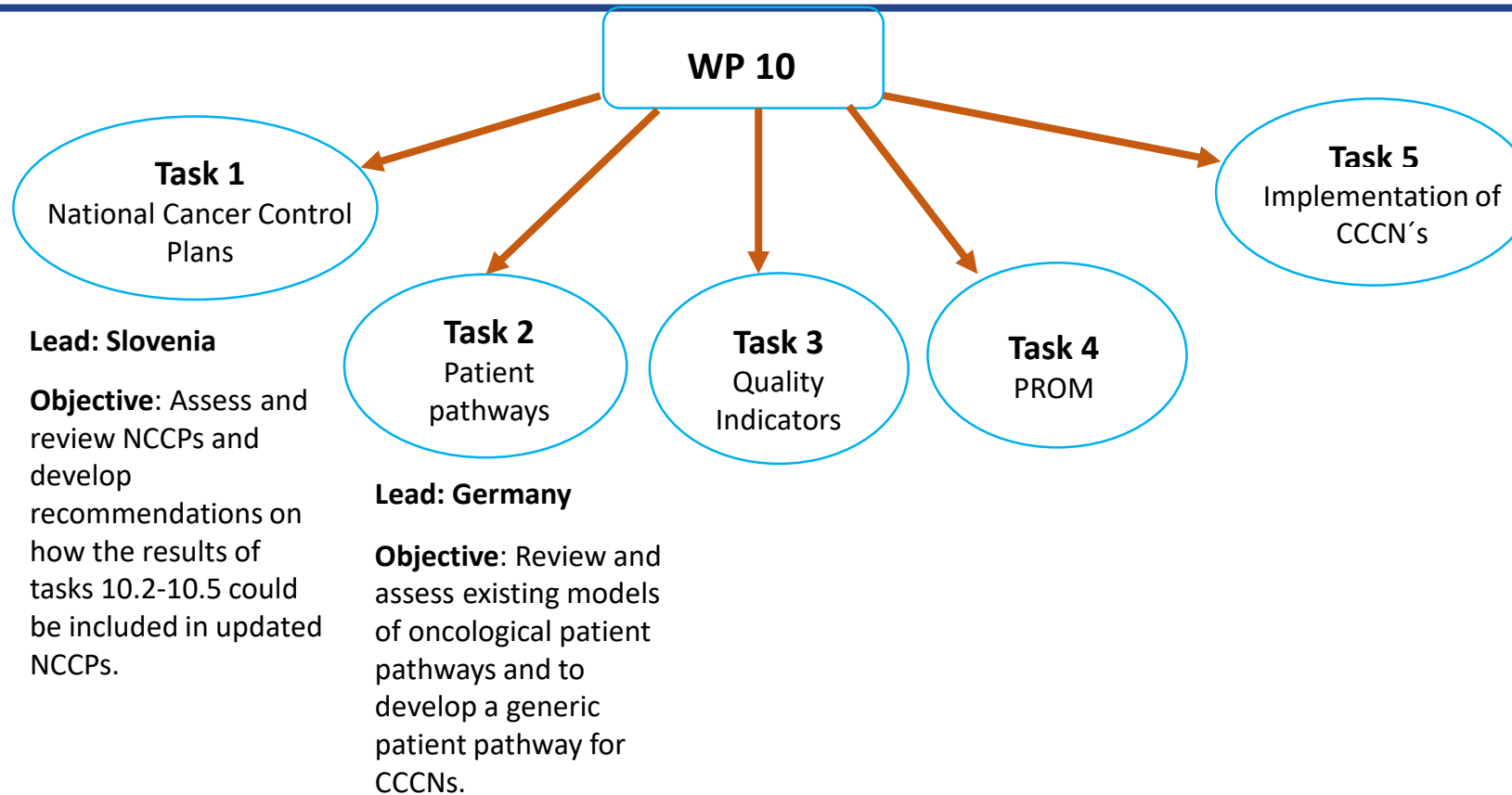
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September 2018

- ⇒ MS-Survey performed in September 2018,
- ⇒ Results will be presented at the 2. WP 10 meeting in Rome



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## Task 2

### Patient pathways

### Patient pathway survey among iPAAC WP 10 members



Dear iPAAC WP10 member,

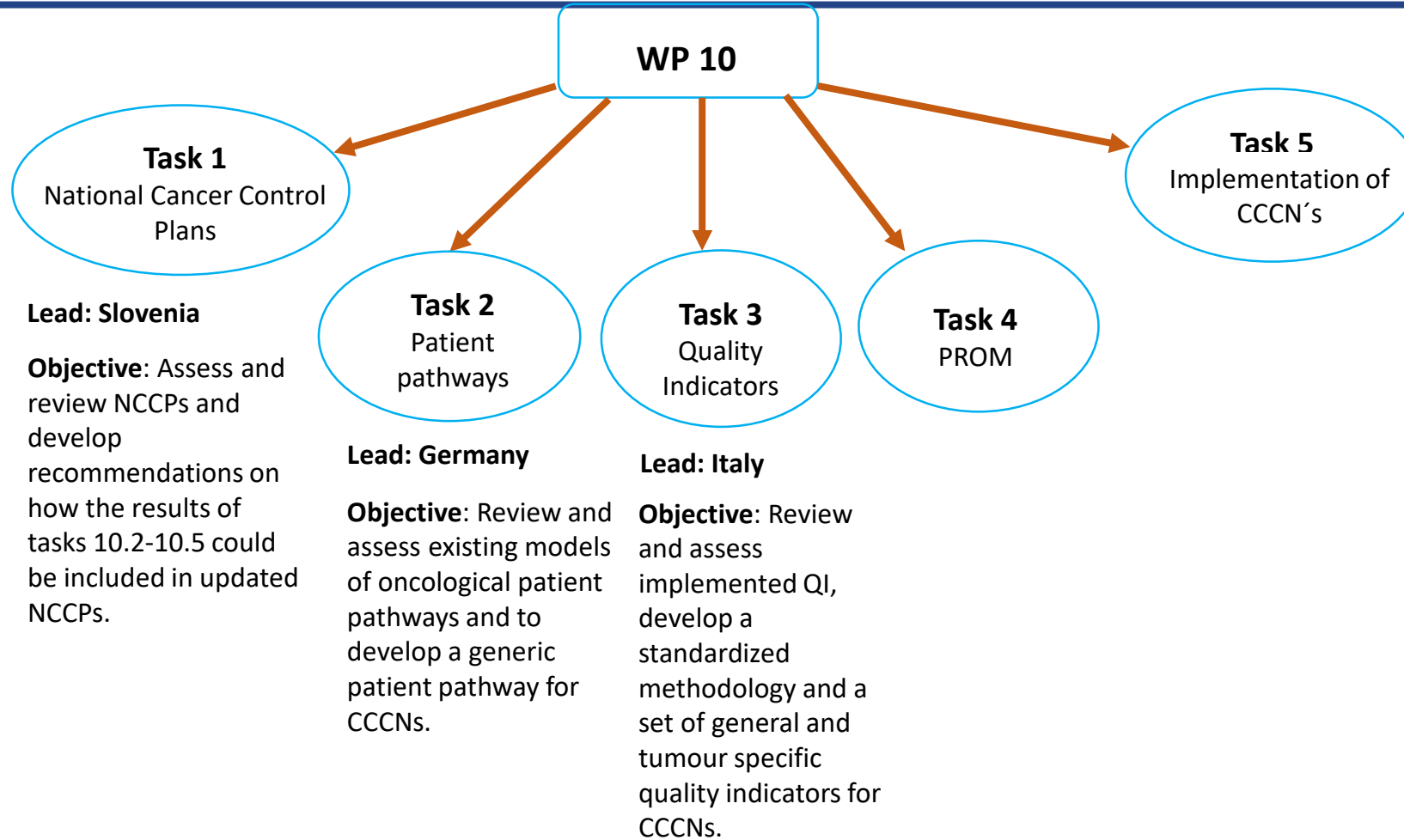
we invite you to participate in the survey. The survey aims at examining the understanding and implementation of oncological patient pathways on the network level as well as personal experiences with patient pathways among iPAAC WP10 members. The survey draws upon general characteristics of patient pathways identified in a systematic scoping review. Based on your personal experiences with patient pathways among iPAAC WP10 members, you are, in any way, involved with patient pathways (e.g. in research, development, management, usage, analysis of patient pathways), we invite you to participate in this survey.

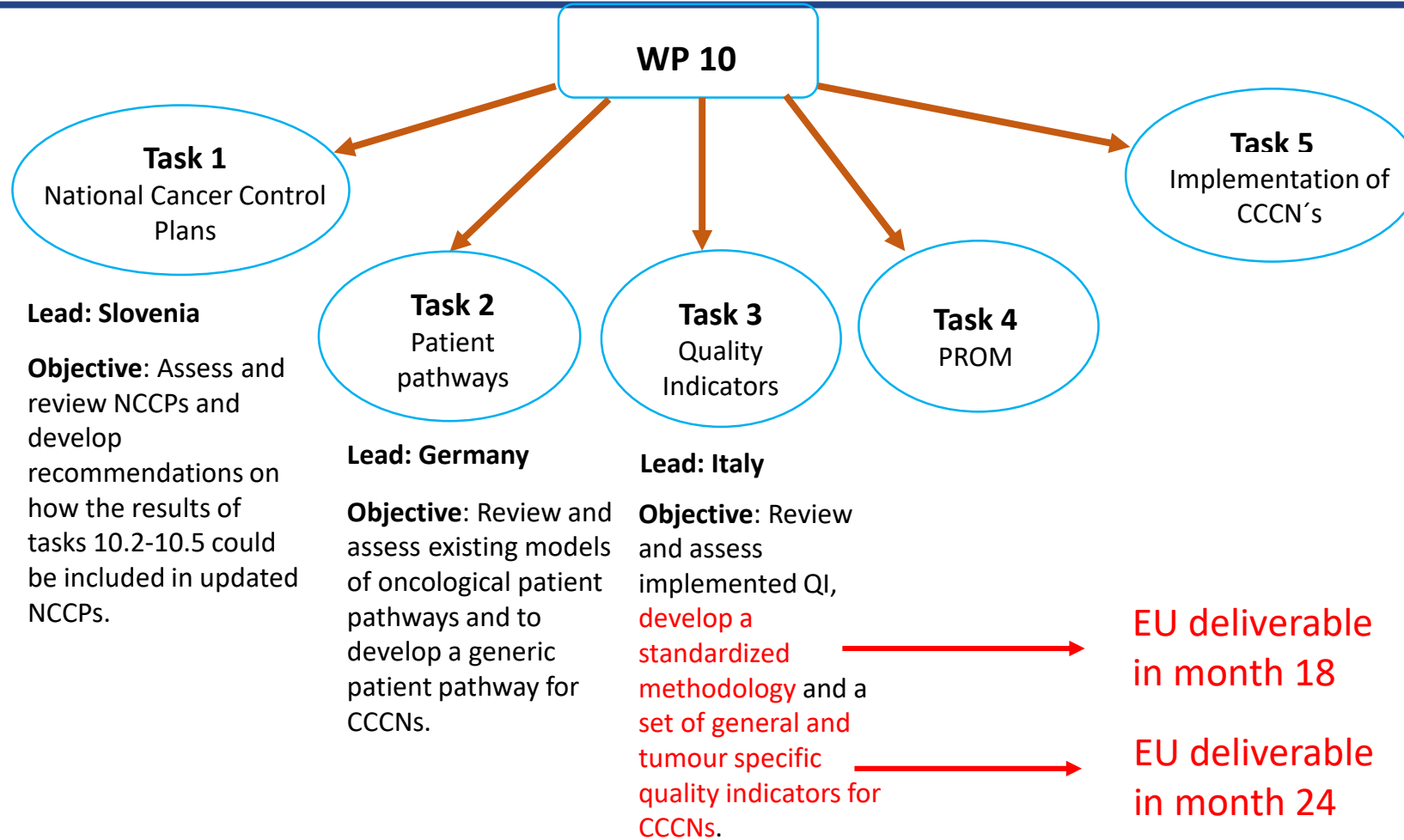
Thank you in advance for participating and kind regards from Dresden,  
Peggy and Hannes



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- ⇒ Survey in 2018,
- ⇒ Results will be presented at the 2. WP 10 meeting in Rome





### Task 3

#### Quality Indicators

#### PROSPERO International prospective register of systematic reviews



Systematic review of implemented quality indicators (QIs) in oncology in order to define a methodological process to develop QIs for a CCCN (Comprehensive Cancer Care Network) setting

*Giuseppe La Torre, Valeria D'Egidio, Lorenza Lia, Cristina Sestili, Rosario Cocchiara, Sara Cianfanelli, Insa Backhaus, Alice Mannocci, Saulle Rosella*

#### Citation

Giuseppe La Torre, Valeria D'Egidio, Lorenza Lia, Cristina Sestili, Rosario Cocchiara, Sara Cianfanelli, Insa Backhaus, Alice Mannocci, Saulle Rosella. Systematic review of implemented quality indicators (QIs) in oncology in order to define a methodological process to develop QIs for a CCCN (Comprehensive Cancer Care Network) setting. PROSPERO 2018 CRD42018112852  
Available from: [http://www.crd.york.ac.uk/PROSPERO/display\\_record.php?ID=CRD42018112852](http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018112852)

#### Review question

- Which quality indicators (QIs) are implemented in oncological care?
- Which Methods were used to derive/develop these?

#### Searches

We will search the following electronic bibliographic database: PubMed, Scopus, ISI Web of Knowledge, Google Scholar. The search will start and end in November 2018. Filters: published in the last 10 years; Humans.

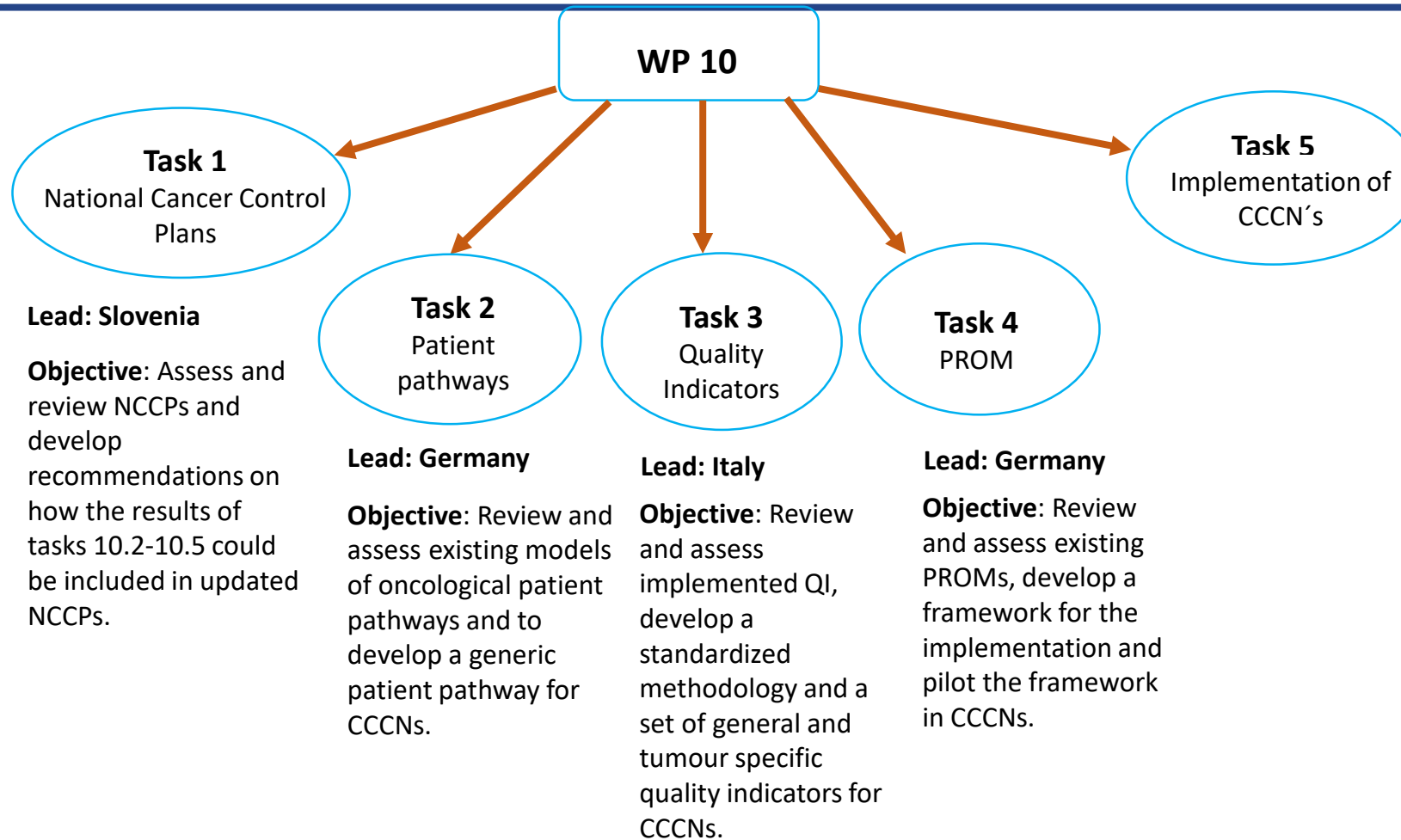
No language restriction. In the case that an included publication is not available as full-text in English the corresponding author will be contacted to check if the eligible criteria are fulfilled. If he/she doesn't answer within 4 weeks the paper will not be considered.

#### Types of study to be included

Quantitative and qualitative studies, case studies or description of experiences, conceptual studies and

⇒ Results will be presented at the 2. WP 10 meeting in Rome

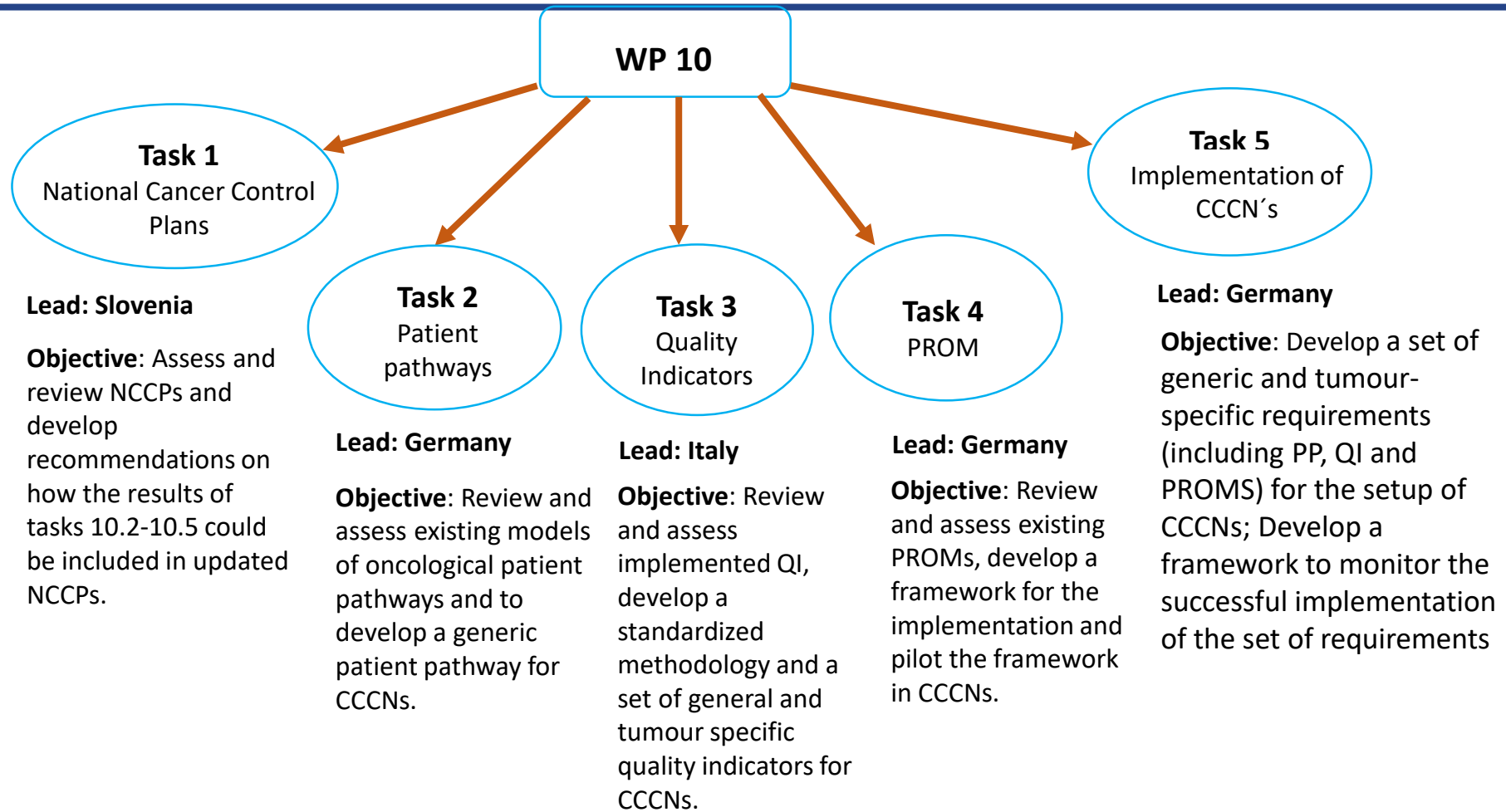


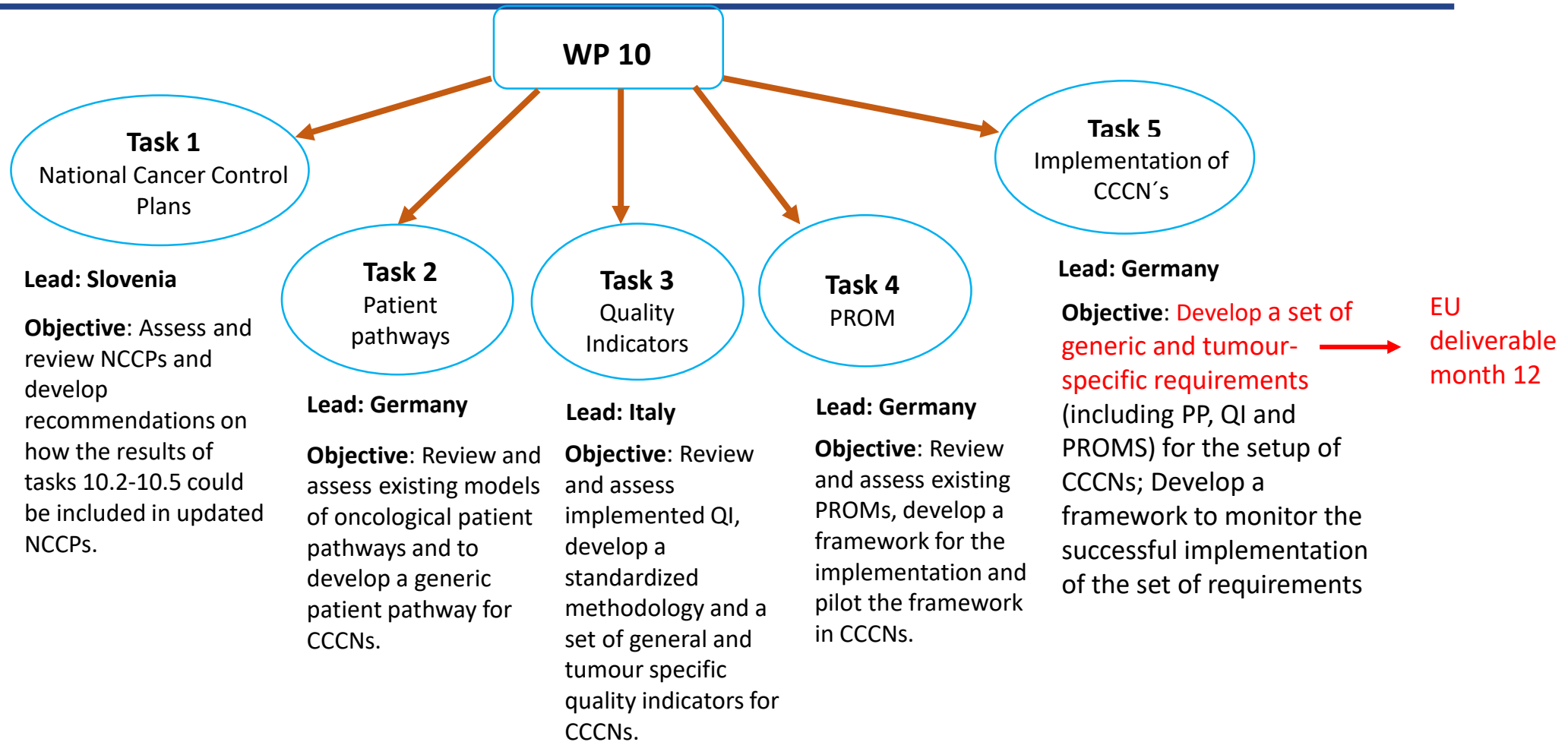


**Task 4**  
PROM

Fragekomponenten und relevante Suchbegriffe	freier Begriff	MeSH-Begriff	Boole'scher Operator
<b>Population: Adult Patients with any kind of cancer diagnose</b>			
1. Exp. Neoplasms/			
2. Exp. Medical Oncology/			
3. Palliative Care/			
4. Oncology Nursing/			
5. Cancer Pain/			
6. Cancer\$.ti.ab.			
7. Carcin\$.ti.ab.			
8. Tumo\$.ti.ab.			
9. Neoplasm\$.ti.ab.			
10. Malign\$.ti.ab.			
11. Metasta\$.ti.ab.			
12. Oncol\$.ti.ab.			
13. Leuk\$.ti.ab.			
14. Sarcoma.ti.ab.			
15. Lymphoma.ti.ab.			
16. Melanoma.ti.ab.			
17. Blastoma.ti.ab.			
<b>Intervention/outcome: Elements of measurement (PROMs) in routine clinical care</b>			
18. (barrier\$ OR challeng\$ OR facilitate\$ OR hinder\$ OR accept\$ OR (success\$ adj1 factor\$) OR (lesson\$ adj1 learned)).ti.ab.	x		
19. (impact\$ OR uptake\$ OR implement\$ OR experience\$).ti.ab.	x		
20. Clinical decision making/	x		
21. Decision adj1 making.ti.ab.	x		
22. Benchmark\$.ti.ab.	x		OR
23. Standard\$.ti.ab.	x		
24. Exp Quality of Health Care/	x		
25. Exp Quality Assurance, Health Care/	x		
26. Quality\$ and (report\$ or monit\$ or audit or check\$ or control\$ or track\$ or assess\$ or surve\$ or record\$ or follow\$ or advis\$ or advis\$ or observ\$ or measur\$ or improve\$ or indic\$ or assur\$ or eval\$).ti.ab.	x		
<b>AND</b>			
27. ((clinical or routine or regular\$ or daily) and (assess\$ or care or practice\$ or practis\$ or implement\$ or utiliz\$ or uptake or measure\$ or collect\$)).ti.ab.	x		

⇒ At the 2. WP 10 meeting in Rome the interim results of the literature review will be presented: *“Literature review of existing models of collecting PROMs in routine cancer care as well as in studies with a European focus”*







## Task 5 Implementation of CCCN's



Catalogue of requirements for  
Comprehensive Cancer Care  
Networks



### 2 pilot centres

(Lower Silesian Oncology Centre, Wroclaw/Poland  
and Charité, Berlin/Germany)



### Catalogue of Requirements for Colorectal and Pancreatic Cancer Centres

Developed in the context of iPAAC from  
working group of Work Package 10

Developed in the context of iPAAC from the  
working group of Work Package 10



**Data sheet:**

KB	EB	Definition of indicator	Indicator target	Numerator	Population (n denominator)	Time scale	Target	Unit	Actual value
1				presented at an hour conference before	All patients with CRC and all patients with stage IV CC		≥ 90%	Number of patients	100%
2	12.3	presentation of cases (diagnosis/metastatic disease)	patients with relapsed/metastatic disease	relapsed or recurring metastases who have been presented at the pre-operative conference	All patients with relapsed or recurring metastases		≥ 90%	Number of patients	100%
3	12.3	Post-operative presentation of cases	Post-operative presentation of all primary case patients	All operative and endoscopic primary cases who have been presented at the post-operative conference	Operative and endoscopic primary cases		≥ 90%	Number of patients	100%
4	14.2	Psycho-oncological counselling	Appropriate rate of psycho-oncological counselling	Number of patients who have been given psycho-oncological counselling (length of meeting > 15 min)	Total primary cases		< 20%	Currently no target	100%
5	16.2	Counselling by social services	As high a rate of patients as possible who have been counselled by the social services	Number of patients who have been counselled by social services	Total primary cases		< 40%	Currently no target	100%
6	17.0	Participation in studies	Inclusion of as many patients as possible in studies	All patients of the CCC who have been included in a study or a colorectal preventive study	Total primary cases		≥ 10%	Currently no target	100%
7	21.0	CRC patients with a positive family history		Number of primary case patients with CRC and positive family history	Total primary cases		Currently no target	100%	100%

⇒ Synergies with WP 7 and WP 8

⇒ Catalogues with comments from other task members will be presented at the 2. WP 10 meeting in Rome

# NEXT STEPS



**2nd WP 10**  
27 – 28 February 2019  
Rome, **xxxxx**

**Wednesday, 27 February 2019:**

11:00 Early Lunch/late breakfast		
12:00 – 12:30	<b>TOP 1</b> Welcome and updates from the JA Steering Committee, Roadmap Coordination Committee and from other Work Packages (synergies)	<i>Simone Wesselmann, WP 10 Leader</i>
12:30 – 13:30	<b>TOP 2</b> <ul style="list-style-type: none"><li>• <b>Task 1.1 Assessment of NCCPs on the basis of the analysis of the completed survey and</b></li><li>• <b>Task 1.3. Literature review stewardship/governance of cancer care</b></li></ul> Presentation and agreement	<i>Tit Albrecht, Task leader 1 Marjetka Jelenc</i>
13:30 – 14:30	<b>TOP 3</b> <b>Task 2.1 Literature Review Patient Pathways</b> Presentation and agreement	<i>Hannes Schlieter, Task leader 2 Peggy Richter</i>
Coffee break		
15:00 – 16:00	<b>TOP 4</b> <b>Task 3.1 Literature Review Quality indicators</b> Presentation and agreement	<i>Giuseppe la Torre, Task leader 3</i>
16:00 – 17:00	<b>TOP 5</b> <b>Task 5.1 Requirements for the set-up of CCCN (Milestone)</b> Presentation and agreement	<i>Simone Wesselmann, WP 10 Leader</i>
17:00 – 17:30	<b>Miscellaneous</b>	All
19:30	<b>Dinner</b>	All

Second WP 10 meeting, Rome, 27-28<sup>th</sup> of Feb.

## Aim:

Presentation of the (interim) results and preparation of the next steps

# OVERVIEW TIMETABLE WP 10

<b>WP Meeting 1</b> M1 (May 2018) Germany (Berlin) <i>Kick Off</i>	<b>WP Meeting 2</b> M 10 (27.-28. February 2019) Italy (Rome) <i>confirmed</i>	<b>WP Meeting 3</b> M 16 (16.-17. September 2019) Hungary? <i>confirmed</i>	<b>WP Meeting 4</b> M 20 (ca. December 2019) Slovenia? <i>confirmed</i>	<b>WP Meeting 5</b> M 24 (ca. April 2020) Poland? <i>tbc</i>	<b>WP Meeting 6</b> M 30 (ca. September 2020) Germany (Berlin) <i>Closing</i>
Activities	Activities	Activities	Activities	Activities	Activities
Introduction Goal and aim of WP 10 Introduction task leaders and tasks Overview to do's, deadlines, deliverables Agreement on meetings, agenda etc. Decision on tumour entity Publication of task results	<b>Presentation of:</b> - Task 1.1. (M10) - Review NCCP (draft) - Task 1.3 (M12) - Stewardship - Task 2.1 (M12) - Literature review PP - Task 3.1 (M12) - Literature review QI - Task 5.1 (M12) - Requirements for CCCN	<b>Presentation of:</b> -Task 1.1 (M16) - Assessment NCCP -Task 2.2 (M18) - Review models PP -Task 3.2 (M18) - Methodology QI -Task 4.1 (M12) - Literature review PROMs -Task 5.2 (M18) - Development framework CCCN	<b>Presentation of:</b> -Task 2.3 (M24) - development of methodology PP -Task 3.3 (M24)- set of QI for the use in CCCN -Task 4.2 (M24) - Framework for PROMs	<b>Presentation of:</b> -Task 1.2 (M34) -Recommendations NCCP -Task 1.4 (M24) - survey results stewardship -Task 2.4 (M30) - Use of PP in CCCN -Task 5.3 (M34) -Implementation of CCCN -Task 6.1 (M34) - Start Road Map for WP 10	<b>Presentation of:</b> -Task 6.1 (M34) -Finalization Road Map for WP 10 -Task 5.3 (M34) - Peer Review CCCN Report
	<b>EU Deliverable</b> Definition of CCCN pilot sites (M 3) - Milestone 10.1	<b>EU Deliverable</b> Generic and tumour-specific requirements for the setup of CCCN's are defined (M12) - Milestone 10.2	<b>EU Deliverable</b> Standardised Methodology to derive QI (M18) - part 1 Milestone 10.3	<b>EU Deliverable</b> A set of Qis for the use in CCCN's is agreed (M24) - part 2 Milestone 10.3	<b>EU Deliverable</b> Roadmap on Implementation and Sustainability of Cancer Control Actions in the field of governance of integrated and comprehensive cancer care (M34) - Deliverable 10
<b>Preparation of:</b> -Task 1.1. (M10) - Review NCCP (draft) -Task 1.3 (M12) - stewardship -Task 2.1 (M12) - Literature review PP -Task 3.1 (M12) - Literature review QI -Task 5.0 (M10) - Definition of pilot CCCN sites -Task 5.1 (M12) - Requirements for CCCN	<b>Preparation of:</b> -Task 1.1 (M16) - Assessment NCCP -Task 2.2 (M18) - Review models PP -Task 3.2 (M18) - Methodology QI -Task 4.1 (M18) - Literature review PROMs -Task 5.2 (M12) - Development framework CCCN	<b>Preparation of:</b> -Task 1.4 (M24) - survey results stewardship -Task 2.3 (M24) - development of methodology PP -Task 3.3 (M24)- A set of QI for the use in CCCN is derived -Task 4.2 (M24) - Framework for PROMs	<b>Preparation of:</b> -Task 1.2 (M34) - Recommendations NCCP -Task 2.4 (M30) - Use of PP in CCCN -Task 3.3 (M24)- A set of Qis for the use in CCCN is agreed -Task 5.3 (M34) - Implementation of CCCN -Task 6.1 (M34) - Start Road Map for WP 10	<b>Preparation of:</b> -Task 6.1 (M34) -Finalization Road Map for WP 10 -Task 5.3 (M34) - Peer Review CCCN & Report	

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# Thank you very much

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