Overview WP 10:
Governance of Integrated and Comprehensive Cancer Care

Simone Wesselmann, German Cancer Society, Germany, Leader WP 10
Integrated cancer control: the case for comprehensive cancer care networks (CCCN)

Tit Albreht, Camilla Amati, Angela Angelastro, Marco Asioli, 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 Majek, Giovanni Nicoletti, Giuseppe Pasqualetti, Rosana Peiró Pérez, Alessandra Pigni, Cheti Puccetti, Elio Rossi, Milena Sant, Julien Tognetti, Annalisa Trama and Simone Wesselmann
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
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

Task 2
Patient pathways

Task 3
Quality Indicators

Task 4
PROM

Task 5
Implementation of CCCN’s

Task 6
Roadmap development with recommendations and strategies for implementation for policy makers
Task 1
National Cancer Control Plans

Lead: Slovenia

Objective: Assess and review NCCPs and develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs.

Task 2
Patient pathways

Task 3
Quality Indicators

Task 4
PROM

Task 5
Implementation of CCCN’s

WP 10
Task 1
National Cancer Control Plans

⇒ MS-Survey performed in September 2018,
⇒ Results will be presented at the 2. WP 10 meeting in Rome
Objective: Assess and review NCCPs and develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs.

Lead: Germany

Objective: Review and assess existing models of oncological patient pathways and to develop a generic patient pathway for CCCNs.
Task 2
Patient pathways

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

Patient pathway survey among iPAAC WP 10 members

Dear iPAAC WP10 member,

we invite you to participate in this survey. The aim is to examine the understanding and implementation of oncological patient pathways on the network level as well as personal experiences with patient pathways among iPAAC WP10 members.

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

Co-funded by the Health Programme of the European Union
Task 1: National Cancer Control Plans - Slovenia
Objective: Assess and review NCCPs and develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs.

Task 2: Patient Pathways - Germany
Objective: Review and assess existing models of oncological patient pathways and to develop a generic patient pathway for CCCNs.

Task 3: Quality Indicators - Italy
Objective: Review implemented QI, develop a standardized methodology and a set of general and tumour specific quality indicators for CCCNs.

Task 4: PROM

Task 5: Implementation of CCCNs

WP 10: IPAAC – WP 10

Lead: Slovenia

Lead: Germany

Lead: Italy
**Objective**: Assess and review NCCPs and develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs.

**Lead**: Slovenia

**Objective**: Review and assess existing models of oncological patient pathways and to develop a generic patient pathway for CCCNs.

**Lead**: Germany

**Objective**: Review and assess implemented QI, develop a standardized methodology and a set of general and tumour specific quality indicators for CCCNs.

**Lead**: Italy

**EU deliverable in month 18**

**EU deliverable in month 24**
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, Sallie Rosella

Citation
Giuseppe La Torre, Valeria D’Egidio, Lorenza Lia, Cristina Sestili, Rosario Cocchiara, Sara Cianfanelli, Insa Backhaus, Alice Mannocci, Sallie 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

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 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, description of services, economic studies.

⇒ Results will be presented at the 2. WP 10 meeting in Rome
Objective: Assess and review NCCPs and develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs.

Lead: Germany

Objective: Review and assess existing models of oncological patient pathways and to develop a generic patient pathway for CCCNs.

Lead: Italy

Objective: Review and assess implemented QI, develop a standardized methodology and a set of general and tumour specific quality indicators for CCCNs.

Lead: Germany

Objective: Review and assess existing PROMs, develop a framework for the implementation and pilot the framework in CCCNs.
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 1
National Cancer Control Plans
Lead: Slovenia
Objective: Assess and review NCCPs and develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs.

Task 2
Patient pathways
Lead: Germany
Objective: Review and assess existing models of oncological patient pathways and to develop a generic patient pathway for CCCNs.

Task 3
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Objective: Review and assess implemented QI, develop a standardized methodology and a set of general and tumour specific quality indicators for CCCNs.

Task 4
PROM
Lead: Germany
Objective: Review and assess existing PROMs, develop a framework for the implementation and pilot the framework in CCCNs.

Task 5
Implementation of CCCN’s
Lead: Germany
Objective: Develop a set of generic and tumour-specific requirements (including PP, QI and PROMS) for the setup of CCCNs; Develop a framework to monitor the successful implementation of the set of requirements.
IPAAC – WP 10

**Task 1**
National Cancer Control Plans
Lead: Slovenia
**Objective:** Assess and review NCCPs and develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs.

**Task 2**
Patient pathways
Lead: Germany
**Objective:** Review and assess existing models of oncological patient pathways and to develop a generic patient pathway for CCCNs.

**Task 3**
Quality Indicators
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Implementation of CCCN’s
Lead: Germany
**Objective:** Develop a set of generic and tumour-specific requirements (including PP, QI and PROMS) for the setup of CCCNs; Develop a framework to monitor the successful implementation of the set of requirements.

EU deliverable month 12
Implementation of CCCN’s

Task 5

Catalogue of requirements for Comprehensive Cancer Care Networks

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

⇒ 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

Aim:
Presentation of the (interim) results and preparation of the next steps
### OVERVIEW TIMETABLE WP 10

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**EU Deliverables**

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OVERVIEW TIMETABLE WP 10

WE ARE IN TIME, WE ARE MOTIVATED AND THE WORKING GROUP IS GREAT! ;-)
Thank you very much