

2nd iPAAC Joint Action meeting

Belgrade, 10 - 11 April 2019 Tit Albreht, Tina Lipušček, Nataša Voje, Karmen Hribar, Urška Kolar



Review of the agenda – 10 April

iPAAC INNOVATIVE PARTNERSHIP FOR ACTION AGAINST CANCER

Status of the iPAAC Joint Action

9:00	Welcome
9:15	Status of the iPAAC Joint Action with an overview of Work Packages (WP 5 – WP 10) Tit Albreht, Project Coordinator WP Leaders (5-10)
11:15	Brainstorming workshop regarding the final deliverable – Roadmap Regine Kiasuwa Mbengi, WP 4 Leader
12:15	Lunch
13:15	Discussion regarding the final deliverable - Roadmap
14:15	 Overview of Horizontal Work Packages Dissemination activities Evaluation activities Tina Lipušček, Project Manager Ladislav Dušek, WP 2 Leader Mario Šekerija, WP 3 Leader

Review of the agenda – 10 April

Status of the iPAAC Joint Action



15:15	Evaluation Workshop with WP Leaders only
17:15	End of Meeting
20:00	Dinner



Review of the agenda – 11 April

iPAAC INNOVATIVE PARTNERSHIP FOR ACTION AGAINST CANCER

Financial workshop on financial reporting

9:00	Welcome
9:15	iPAAC Financial Policy - overview of rules and principles Nataša Voje, iPAAC Financial Officer
10:00	Interim internal financial reports: - M1-M6 period: comments and observations - M7-M12: 4PM exercises Nataša Voje, iPAAC Financial Officer
11:00	Coffee Break
11:30	Submission of Periodic report M1-M18 to CHAFEA: - General rules on preparing financial reports and deadline - Procedure of submission of financial reports Nataša Voje, iPAAC Financial Officer
12:30	AOB – Q&A, Discussion and Open Issues from Day 1
13:00	End of Meeting, Lunch

New Project Officer at CHAFEA



- Cinthia Menel-Lemos has taken over the portfolio at CHAFEA covering cancer and has officially replaced previous Project Officer Guy Dargent.
- Notification about all iPAAC meetings (Save the Dates and official invitations, minutes after the meeting, etc) should be sent to the following contact e-mail address:

cinthia.menel-lemos@ec.europa.eu

We very much look forward to a great collaboration with Cinthia Menel-Lemos and are thankful to Guy Dargent for all the support in the past years!



iPAAC kick-off meeting a year ago...







1st GOVERNMENTAL BOARD MEETING



27 June

2018

Brussels

PARTICIPANTS:

➤ Representatives of Member States

►WP Leaders

35participants &20 countriesrepresented!



1st STAKEHOLDER FORUM



20 September

2018

Brussels

Nearly **60** participants!

PARTICIPANTS:

- ► Work Packages Leaders
- **▶**iPAAC's Collaborating Partners

Attendace of a large range of stakeholders who had an opportunity to provide input that can support the iPAAC Joint Action!

2 thematic main sessions





2st GOVERNMENTAL BOARD MEETING



24 January

2019

Brussels



PARTICIPANTS:

40participants &19 countries represented!

- ➤ Representatives of Member States
- >WP Leaders



STEERING COMMITTEE MEETINGS





The iPAAC Roadmap – key deliverable



Key deliverable of the iPAAC Joint Action:

Roadmap on Implementation and Sustainability of Cancer Control Actions, which will support Member States in implementation of iPAAC and CANCON recommendations.

Information for the iPAAC ROADMAP will be gathered from 3 sources:

- 1. WP 4 Country visits
- 2. WP 5 10 work
- 3. Other Joint Actions



The Roadmap – key deliverable



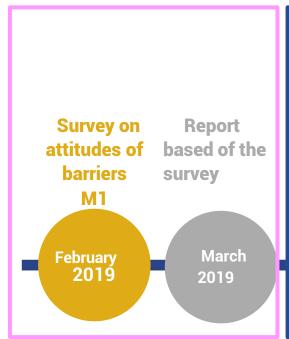
It is important to remember that:

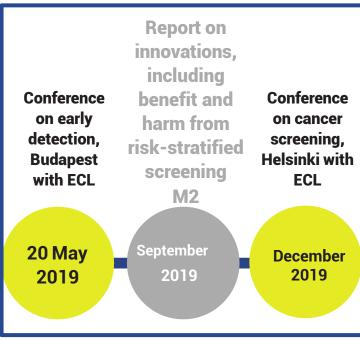
- Actions need to be implemented throughout the Joint Action and not only at its end;
- ✓ There is a need for close collaboration between the JA and the Member States;
- ✓ Priority in planning in the first 18 months needs to be given to the actions and recommendations from the previous JAs;
- ✓ The new actions and recommendations proposed by the current JA need to be defined and proposed timely with the view of the finalisation of the project.

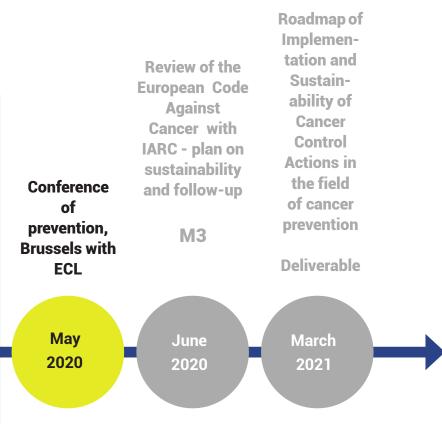


IPAAC WP5 Timeline of key activities



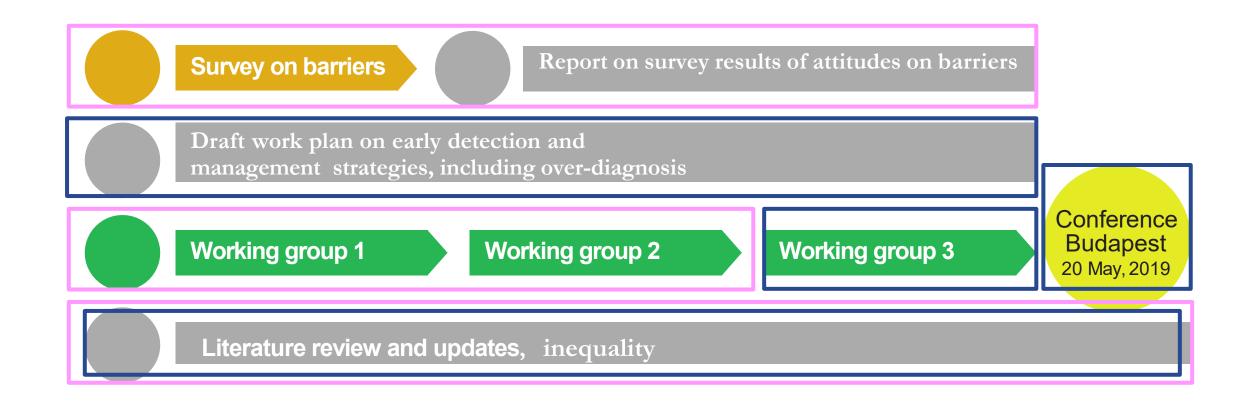






IPAAC WP5 Task 5.1. Strategies for early detection





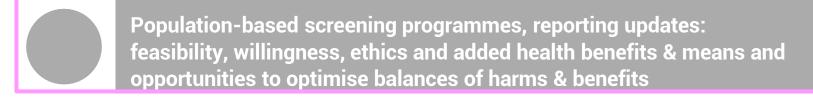
2019 Report on early detection, November 2019

Draft work plan on early detection, September



IPAAC WP5 Task 5.2. Cancer screening







Quality criteria in cancer screening for policy-makers in easy to share and interactive infographich form

Decision making tools, including cost-effectiveness

Innovations of population-based screening: process

Reviewing new possibilities

Conference co-creation elements

Conference Helsinki 4-5/12/19

Report on innovations. Including harms and benefits from risk-stratified screening (Sept2019) Report on screening (July2020)



IPAAC WP5 Task 5.3. Cancer prevention





European Code Against Cancer: further development (policy), explanations of the code (JA+IARC)



Plan for monitoring and developing ECAC implementation, including follow-up (JA+IARC)



Health in all policies: taxation, education, legislation, environment etc.

Inequality Good practices



Drafting comprehensive strategies

Governmental perspective

Conference co-creation elements

Conference Brussels May 2020

Monitoring ECAC report (Sept 2020)
Conference report (Nov2020)





Scope: Develop practical guidance for Member States on:

- 1) organizing the **societal debate** on ethical, legal and privacy issues on the use of genome information in healthcare
- 2) installing stratified screening by **genetic testing** of high-risk cancer patients
- 3) implementing precision genomics in medical care
- 4) how to deal with 'Direct to Consumer' testing
- 5) education and training on genomics of health professionals, policy makers and the citizens





Meetings:

- ☐ Kickoff meeting: 23 May 2018
- Meeting in Rome (Sept) on current implementation of Genomics in HCS, Education and Training and DTC testing
- WP6 meeting in Ljubljana (Nov) on ELSI and Stratified (genetic) screening





 Task 6.1: Applying genome information in health care: a paradigm shift in healthcare

Task Leader: Sciensano

Methodology on citizen participation Examples from Be, F, 1000000 genomes EC initiative, UK,...

 Task 6.2: Concept for the implementation of risk-adjusted prevention: the breast cancer case

Task Leader: ISS

Principles (in collaboration with WP5)

Examples of implementing BRCA screening (It, Horizon MYPEBS project)





 Task 6.3: Requirements and prerequisites for implementation of 'omics' in routine molecular diagnosis in oncology Task Leader: Sciensano

Roadbook(s) from Belgium, F(?), It (?) Experiences form UK, Scotland

Task 6.4: 'Direct to Consumer' genetic testing

Task Leader: ISS

Review and practical guidance





 Task 6.5: Education and training on genomics for healthcare professionals Task Leader: ISS

Review

Tool for education purposes

Task 6.6: Drafting of the Road Map – genomics

Task Leader: Sciensano





Upcoming

- One day meeting on ELSI, Stratified screening (May?) in collaboration with WP5
- One day meeting on genomics, DTC and education & training (June?) in collaboration with WP9
- □ Conclude on the WP6 fiches (Aug) all taskleaders





Topics

1. Citizen participation methodologies

Citizen forum Belgium (case study)

French approach on genomics acceptance (case study)

Sienna project results (research)

Wellcome Trust initiative (research)

- 1. Roadbook genomics in HCS (Be, F, It) (case studies)
- 2. WGS in HCS (UK, F, 1M Genomes project) (case study)
- 3. DTC policy
- 4. Tool for education & training on genomics



WP 7 — Cancer Information and Registration



Italian National Institute of Public Health (ISS)

KEY HIGHLIGHTS OF THE PAST YEAR: ADVANCING REGISTRIES DATASETS

- 1. Task 7.1: Survey on data sources available for linkage
 - Response from 24 CR in 14 countries → survey needed to define pilot 7.3-7.4 protocols design
 - Variations by country in type and number of accessible data sources
 - Legal framework conditioning access, linkage, transfer to third parties → data sharing agreements (GDPR)
- 2. Tasks 7.2-7.5: Piloting electronic integration to derive quality of care, costs, survivorship
 - iPAAC pilots aimed at providing conceptual framework to derive standardised key indicators
 - Interest to participate to pilots: 12 CR (10 countries)
 - Index tumours decided (colon, rectum, pancreas, skin melanoma)
 - Study protocols design discussed and approved in Rome meeting 12-13 March 2019, 1° Milestone
 - Two options for integrated data analysis: centralised vs decentralised to solve legal issues



WP 7 — Cancer Information and Registration



Italian National Institute of Public Health (ISS)

KEY HIGHLIGHTS OF THE PAST YEAR: BETTER USE OF REGISTRIES DATA

- 1. Task 7.6 Disseminating cancer prevalence indicators in Europe by country
 - Complete prevalence (life-long) and by disease duration
 - Survivors by phase of care
 - Cured survivors
- 2. EUROCARE-6 preliminary dataset ready : 22 countries (national coverage)
 - Data quality checks completed
 - Preliminary analyses performed and sent to registries for double-checking
- 3. Consensus on target indicators in Rome meeting 12-13 March 2019, 1° Milestone



WP 7 – Cancer Information and Registration



Italian National Institute of Public Health (ISS)

PLANS FOR THE NEXT YEAR: ADVANCING REGISTRIES DATASETS

- 1. Task 7.1: Survey on data sources available for linkage
 - Report on the state-of-the-art of integrated cancer information systems
- 2. Tasks 7.2-7.5: Piloting electronic integration to derive quality of care, costs, survivorship
 - Discussion on file format and selection procedures: ad hoc call or site visits (apr-aug)
 - Data linkage (sept-nov)
 - Data analysis (dic-mar)



WP 7 – Cancer Information and Registration



Italian National Institute of Public Health (ISS)

PLANS FOR THE NEXT YEAR: BETTER USE OF REGISTRIES DATA

Task 7.6 Disseminating cancer prevalence indicators

- 1. Finalise EUROCARE-6 dataset
 - 28 countries with national or regional population coverage
- 2. Data analysis and calculation of prevalence indicators by country
 - Cancer- sex- age- specific → colorectal, pancreatic, skin melanoma (at least 10 major entities)
 - Time projections to 2021 needed
- 3. Dissemination of methods and indicators
 - Training to cancer registries and scientific community
 - Possibly in the framework of ENCR-JRC training program (timeline tbc)





OBJECTIVES:

- To review and assess of the situation for neglected cancers with a special focus on pancreatic cancer, highlighting the challenges and opportunities for improving detection, diagnosis and access to expert clinicians in order to increase the quality of care and outcomes, and raising awareness within the EU Policy and Research agenda.
- To identify the potential use and existing barriers for shared information systems, decision support systems, information and communication technologies, and 'big data' in the context of MDTs and cancer care management, and its consequences for the implementation of MDTs in EU countries.
- To propose a set of measures aimed at improving the sustainability of cancer care in European countries, taking into account the challenges posed by trends in cancer incidence, assessment of clinical effectiveness, efficient resource allocation, affordability, and equity of access to good quality cancer care.
- 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. Identify evidence based guidelines and areas for improvement in guidelines implementation, education of oncologists and in organization of multidisciplinary approaches including oncologists, pain and palliative care specialists
- To highlight an 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. Identify areas of development and challenges posed by innovative therapeutic approaches such as early integration of palliative care in the oncology care pathways, focusing on the available models of integration and on how palliative care and oncology can respond to the availability of personalized medicine guiding the use of target therapies and immunotherapies both in clinical practice and in research.



Task 8.1: Definition of neglected cancers: the case for pancreatic cancer

Task Leader: ISS, Participating Partners: ICO, SAM(VUHSK), IPHS, BcSAS

- Mailing list with interested partners (September 2018)
- Literature review to understand the different meanings given to the expression "neglected cancer" in international literature.
- Analysis of the last available data on incidence, mortality and survival for all solid cancer entities. This was done because one possible definition of neglected cancer is a "highly frequent tumour with poor prognosis".
- Discussion at the end of December (with deadline January 25th) to reach an agreement on the following two issues:
 - The definition of neglected cancer
 - The possible cut-offs for the three indicators to define where a cancer may be considered neglected.
- Preliminary list of core clinical variables for cancer registries in pancreatic cancer circulated (*March 2019*) Report expected before June 2019



Task 8.2: Neglected cancers: proposal of criteria for reorganisation of treatment delivery

Task Leader: ICO, Participating Partners: SAM (VUHSK), WIV-ISP, IPHS

- Literature review carried out (March / April 2019) with a focus on policy measures to reorganize treatment delivery of pancreatic cancer.
- Workshop planned for discussion in September 2019, Bratislava; with scientific societies, patients representatives, experts and national cancer plans.
- Final report expected November 2019
- ECCO (subcontract): Essential requirements for pancreatic cancer. December 2019



Task 8.3: MDTs and potential impact of new technologies and systems. Assessment of the opportunities for improving integration of cancer care

Task Leader: ICO, Participating Partners: IPHS, BcSAS, NIJZ, SAM (VUHSK)

- Selection of care studies: ongoing whit the support of ECCO.
- Site visits: expected for *May to June 2019*. Methodology approach: multiple-case study.
- Report delivered in November 2019



Task 8.4: Economics of cancer care

Task Leader: ISS, Participating Partners: ICO, SAM (VUHSK), NIJZ, NIPH (IPMN), ISS (MoH)

- 4.1: To review international experiences in promoting allocative efficiency and identifying low-value or inappropriate cancer care and to map the desirable characteristics of interventions targeted to health care providers for improving the level of appropriateness in clinical care.
- Survey prepared and circulating.
- Meeting in September 2019
- 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 as case studies
- Literature review for reimbursement in radiotherapy oncology (expected May 2019)
- Literature review for reimbursement in surgical oncology (expected September 2019)
- Workshop to review the pros and cons of each reimbursement model with scientific societies, patients representatives and experts (*January 2020*)
- Report expected April 2020.





Task 8.5: Pain management in the context of cancer care

Task Leader: ISS, Participating Partners: ICO, ISS, THL

- Literature review on pain prevalence, barries to adequate pain management eith focus survivors.
- Report expected September 2020



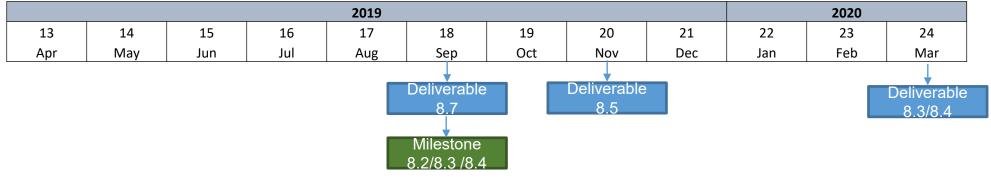
Task 8.6: Palliative care

Task Leader: ISS, Participating Partners: ICO, THL

Report expected September 2020



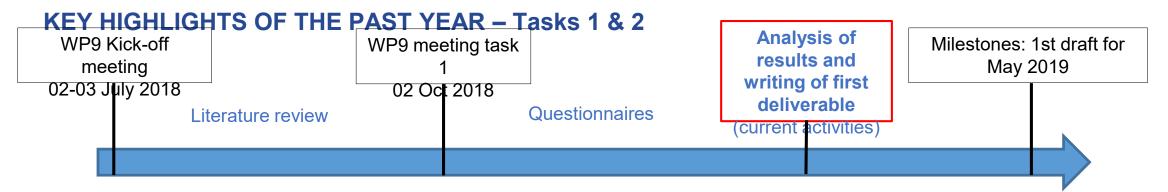
2018									2019		
1	2	3	4	5	6	7	8	9	10	11	12
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		KICK-OFF MEETING						1	Milestone 8.	.1	Deliverable 8.1



2020									2021			
	25	26	27	28	29	30	31	32	33	34	35	36
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Deliverable 8.2/8.8/8.9 Milestone 8.5											



French National Cancer Institute (INCa)



Main results from lit. review:

- 120 CPG placing innovative immunotherapies (ITS)
- Off-label recommendations identified mainly for small target groups, rare cancers
- Place of innovative immunotherapies could differ between guidelines, especially when comparison data are missing
- Hard to keep updated GPC in this fast evolving field



Completion of 1st questionnaire by iPAAC

Main results from questionnaire:

- Only half of the EU countries have included innovative ITS in at least one CPG
- Comparison between countries and between therapeutic indications regarding access in terms of reimbursement and restrictions of uses
- Existing early access programs





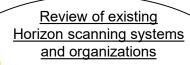
French National Cancer Institute (INCa)



Preparation of the task

- Literature review
- Meetings with Euroscan, IHSI

Presentation of methodology for retrospective analysis to evaluate the efficiency of HS in oncology







Identification of key figures and issues associated with innovative cancer therapies





EUROPEAN MEDICINES AGENCY SCIENCE MEDICINES HEALTH

- Highlight methodological specificities needed in HS systems in the field of oncology, especially for
 - cell and gene therapies
 - Biomarkers
- Assessment of inequalities between European Countries





French National Cancer Institute (INCa)

PLANS FOR THE NEXT YEAR - Task 1 & 2

- Consolidation of the deliverable linked to task 1 to present results from literature review and questionnaires
- Review and validation of the deliverable by WP9 partners. Finalized version expected for September 2019
- Consolidate main fields of interests for the roadmap:
 - List of clinical practice guidelines providers in Europe in the field of oncology
 - Examples of fruitful collaborations for the production of CPG; and of endorsement methods
 - Examples of reimbursement models enabling fast access
 - Examples of frameworks enabling early access to innovative immunotherapies for an unauthorized indication
 - Innovative cancer therapies in clinical pratice guidelines: remaining challenges (acceptability of off-label recommandations, how to improve production and update of CPG, visibility?, need to create a public financing system to implement studies comparing several innovative therapies between them when no comparison data are available)
 - Remaining challenges: Link with ECL European Fair Pricing Network (increase transparency of innovative therapies prices joint negociations in EU)?
 - Remaining challenges for access to innovative therapies across Europe (including inequities)





French National Cancer Institute (INCa)

PLANS FOR THE NEXT YEAR – Task 2 & 3 – Horizon Scanning systems

- Conduction of the retrospective analysis with the help of the questionnaire
- Additional meeting will be organized in November 2019 to validate task 3 deliverables
- For the roadmap, the following points could be included:
 - Generalities on Horizon scanning systems: definition, purposes, main methodological steps to follow to implement an HSS
 - Present some existing European HSS in place
 - Present the main ongoing collaboration initiatives existing in Europe
 - Present specificities to be considered in the HS methodology for the oncology field with a focus on innovative immunotherapies, gene and cell therapies (with the example of CAR-T cells) and biomarkers
 - Highlight challenges related to the assessment of impact of innovative therapies in the field of oncology

PLANS FOR THE NEXT YEAR – Task 4 – Real-life monitoring of innovative immunotherapies

Meeting dedicated to task 4 to be organized in February 2020



WP 10 – Governance of Integrated and Comprehensive Cancer Care



German Federal Ministry of Health (BMG) and German Cancer Society (DKG)

KEY HIGHLIGHTS OF THE PAST YEAR 2018/19

Goal: "....develop practical instruments (...) (to ensure) a standardized (...) 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".

Task 1: Assess and review NCCPs; develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs

- 1.1. Survey on National Cancer Control Programmes/Cancer Documents in EU (M12)
- 1.3. Preliminary literature research on the conceptual model of governance and stewardship of cancer care (M12)

Task 2: Review and assess existing models of oncological patient pathways; develop a generic patient pathway for CCCNs

- 2.1. Literature Review of existing models of oncological patient pathways (M12)
- 2.1. Agreement of definition of patient pathways (M12)

Task 3: Review and assess implemented QI; develop standardized methodology; develop set of general and tumour specific QI if prog CNs

3.1. Literature Review of already implemented Qis and their respective methodology which was used (M12) –



WP 10 — Governance of Integrated and Comprehensive Cancer Care



German Federal Ministry of Health (BMG) and German Cancer Society (DKG)

KEY HIGHLIGHTS OF THE PAST YEAR 2018/19 (cont.)

Task 4: Review and assess existing PROMs; develop a framework for the implementation and pilot the framework in CCCNs

4.1. Preliminary results of literature review of existing models of collecting PROMs (M18)

Task 5: Develop a set of generic and tumour-specific requirements (including PP, QI and PROMS) for the setup of CCCNs; develop framework to monitor the successful implementation of the set of requirements

- 5.3. Establishment of CCCN pilot sites: Charitè Hospital, Berlin/Germany & Lower Silesian Oncology Centre, Wroclaw/Poland (M3)
- 5.1. Generic and tumour-specific requirements for the set-up of CCCN developed and agreed (M12)

Overall: Synergies between work packages identified

- Task 3 QI and WP 7.2 (= Piloting the integration of data on care pathways)
- Task 4 PROMs and WP8.1 (= Definition of neglected cancers: the case for pancreatic cancer)
- Task 5 CCCN and WP 8.2 + WP 7.2 (8.2 = Neglected cancers: proposal for criteria for reorganization of treatment delivery [of pancreatic cancer]; 7.2 = with the goal to use the same key figures/quality indicators)



WP 10 – Governance of Integrated and Comprehensive Cancer Care



German Federal Ministry of Health (BMG) and German Cancer Society (DKG)

PLANS FOR NEXT YEAR 2020

Goal: "....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".

Task 1: Assess and review NCCPs; develop recommendations on how the results of tasks 10.2-10.5 could be included in updated NCCPs

- 1.2. Discussion how / in which form the results of task 2-5 will be included in NCCP review report (M30)
- 1.4. Survey on the level of implementation of stewardship for cancer care on the national level (M24)

Task 2: Review and assess existing models of oncological patient pathways; develop a generic patient pathway for CCCNs

- 2.2. Systematic review of existing methods for describing and implementing patient pathways (M18)
- 2.3. Model of patient pathway for the use in CCCN's is developed (M24)

Task 3: Review and assess implemented QI; develop standardized methodology; develop set of general and tumour specific QI for CCCNs

- 3.2. Development of a standardised methodology to derive Ql's (M18)
- 3.3. Development of set of general and tumour-specific Ql's for the use in CCCN (M24)



WP 10 — Governance of Integrated and Comprehensive Cancer Care



German Federal Ministry of Health (BMG) and German Cancer Society (DKG)

PLANS FOR NEXT YEAR 2020 (cont.)

Task 4: Review and assess existing PROMs; develop a framework for the implementation and pilot the framework in CCCNs

- 4.1. Literature review of existing models of collection PROMs in cancer care finalized (M18)
- 4.2. Development of recommendations for PROMs collection in routine cancer care (M24)

Task 5: Develop a set of generic and tumour-specific requirements (including PP, QI and PROMS) for the setup of CCCNs; develop framework to monitor the successful implementation of the set of requirements

- 5.2. Development of a framework for the monitoring of implementation of defined requirements in CCCN's (M18)
- 5.3. Support of the pilot-CCCN to implement the requirements and the results of task 2-4; preparation of the peer-review (M24)

Roadmap

 Continuous discussions and agreement on contributions of WP 10 to Roadmap development once template and outline is agreed and available





Thank you all for your great collaboration!

