



iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Prospettive e priorità di intervento nel controllo del cancro - Italian Local Stakeholder Forum

13 Ottobre 2021 – On-line meeting

Roberta De Angelis, Dipartimento di Oncologia e Medicina Molecolare,
Istituto Superiore di Sanità



Co-funded by
the Health Programme
of the European Union

OBIETTIVI DEL FORUM

1. Riportare le iniziative principali promosse nei Work Package tematici
→ *il contributo Italiano*
2. Focus sull'attuazione a livello locale/nazionale delle raccomandazioni emerse nella JA (barriere, fattori facilitanti, estensione iniziative locali)
→ *Come implementare al meglio in Italia?*
3. Rafforzare la rete degli '*stakeholders*' a livello nazionale per garantire maggiore sostenibilità alle azioni prioritarie nelle politiche di controllo del cancro
→ *Quale sostenibilità dopo la JA?*

IL CONSORZIO ITALIANO IN IPAAC



- ISS Competent Authority Italiana
- MoH Affiliated Entity
- ISS Third Parties
 1. AUSL - IRCCS Reggio Emilia, WP 5,6,7,8
 2. CRO, Aviano, WP 7,9
 3. Istituto Nazionale Tumori Milano, WP 7,8,10
 4. Istituto Oncologico Veneto, Padova, WP 5,6,9
 5. ISPRO, Firenze WP 5,7,10
 6. LA SAPIENZA, Università di Roma WP 5,10
 7. UNIVERSITA' CATTOLICA SACRO CUORE, Roma WP 6
 8. UNIVERSITY di FOGGIA , Foggia WP 7



IPAAC WORK PACKAGES

WP 1 Coordination

WP 2 Dissemination

WP 3 Evaluation

WP 5 Cancer prevention

WP 6 Genomics in cancer control and care

WP 7 Cancer Information and Registries

WP 8 Challenges in cancer care

WP 9 Innovative therapies in cancer

WP10 Governance of Integrated and Comprehensive cancer care

**WP4
Implementation
in national
policy &
Sustainability**

IPAAC WP4: INTEGRATION IN NATIONAL POLICY & SUSTAINABILITY



I. Cancer Control Policy Interview Surveys (CCPIS):

- Interviews with 226 health administrators or experts involved in cancer control from 28 EU countries (visited between September 2018 - January 2020)
- explore implementation experience
- identify (remaining) challenges and needs for support

Types of information collected:

- **contextual features** related to cancer control (policy) implementation;
- general and specific implementation **challenges**
- experience: **lessons learned** during implementation (*barriers and facilitators*)
- **CCPIS Report:** a country-specific summary of results focusing on ongoing actions, their contexts and challenges
- CCPIS Report is available at: <https://www.ipaac.eu/en/work-packages/wp4/>



IPAAC ROADMAP

ROADMAP on Implementation and Sustainability in cancer control policy

On-line repository providing information on innovative cancer control approaches, identified from

- Experiences in EU countries (CCPIS)
- IPAAC thematic Work Packages 5-10

Information is provided as «**One-Pagers**» describing implementation steps, barriers and lessons learned



Roadbook for the implementation of Next-Generation-Sequencing (NGS) in Routine diagnostics in (hemato) oncology in Belgium

STATUS Implementation completed
Program ongoing

LAST UPDATE 28-Jan-21

BELGIUM • NATION-WIDE
Diagnostic & Treatment

PROBLEM & OBJECTIVE

PROBLEM Next-generation sequencing (NGS) has become a key technology in cancer diagnosis, prognosis and prediction. Large variation in how this novel technology is being implemented and utilized may impact the quality of care of patients.

OBJECTIVE The Belgian NGS Roadbook was developed including (1) centralized governance, (2) integrated technical and logistic actions with allocated budgets, and (3) standardization across multiple program elements (data interpretation, reporting storage, reimbursement, ethics/legal requirements, societal issues)

KEY COMPONENTS / STEPS

In 2015, a Health Service Evaluation (HSE) study was performed together with the Cancer Centre of Sciensano and the national health technology assessment agency (NICE). Based on the recommendations of the HSE, the NGS Roadbook 2016-2020 was prepared together with all stakeholders (see list above) and approved by the Minister of Health in 2016. Most actions ran in parallel under the coordination of the Cancer Centre of Sciensano, the National Institute of Public Health. Key component are:

- Creation of a national commission for personalized Medicine (ComPerMed)
- NGS Guidelines and an external quality assessment (EQA) structure (2016-2017) were developed
- Reimbursement system (nomenclature) has been adapted to cover NGS testing (2017-2019)
- Centralized data registration at HealthData.be (2016-2019) was established with a link to the national cancer registry, which opens the possibility to create patient-matching applications (e.g. optimize diagnosis, match with clinical trials)
- Broad consultation with patients/citizens on ethical, legal, social implications of the use of genomics information
- Creation of ten networks (including hospitals and laboratories) allowed to use, analyze and be reimbursed for NGS testing
- Laboratories performing NGS tests in oncology are obliged to participate in the EQA of NGS testing organized by Sciensano
- Initiation of a 3 year pilot study (dates) on the introduction of the NGS Roadbooks actions in Belgium

KEY CONTEXTUAL FACTORS

In Belgium, the reimbursement of NGS tests is covered by the sickness insurance funds managed by the National Institute for Health and Disability Insurance (NIMDI). Moreover:

- Key stakeholders involved in the development of the Roadbook were: the Ministry of Health, the NIMDI, the College of Oncology, The Commission Clinical Biology, the Commission of Pathology, the College of Genetics, The Cancer Registry, the FAGG, Belac and the Cancer Center of Sciensano.
- Belac is the national mandatory accreditation body
- HealthData.be is a big health data platform which hosts and links over 50 datasets and registries in Belgium
- A 2003 law obliges all hospitals and laboratories to send exams results to the Cancer Registry

MAIN IMPACTS / ADDED VALUE

- The Roadbook format coordinates the effective implementation of multi-stakeholders actions
- The preparation of the Roadbook has brought all field experts together to share their expertise and experience with NGS resulting in compliance to NGS testing guidelines in routine practice
- Consensus on NGS test scope and content increases standardization and facilitates common cost-effective purchasing of test devices
- Having a participatory approach with all key stakeholders (clinicians, pathology, clinical biology, genetics, oncology, bioinformatics and patients/citizens) increases the likelihood of commitment and acceptance of the Roadbook
- The Roadbook allows the monitoring of the introduction of an intervention in the healthcare system

LESSONS LEARNED

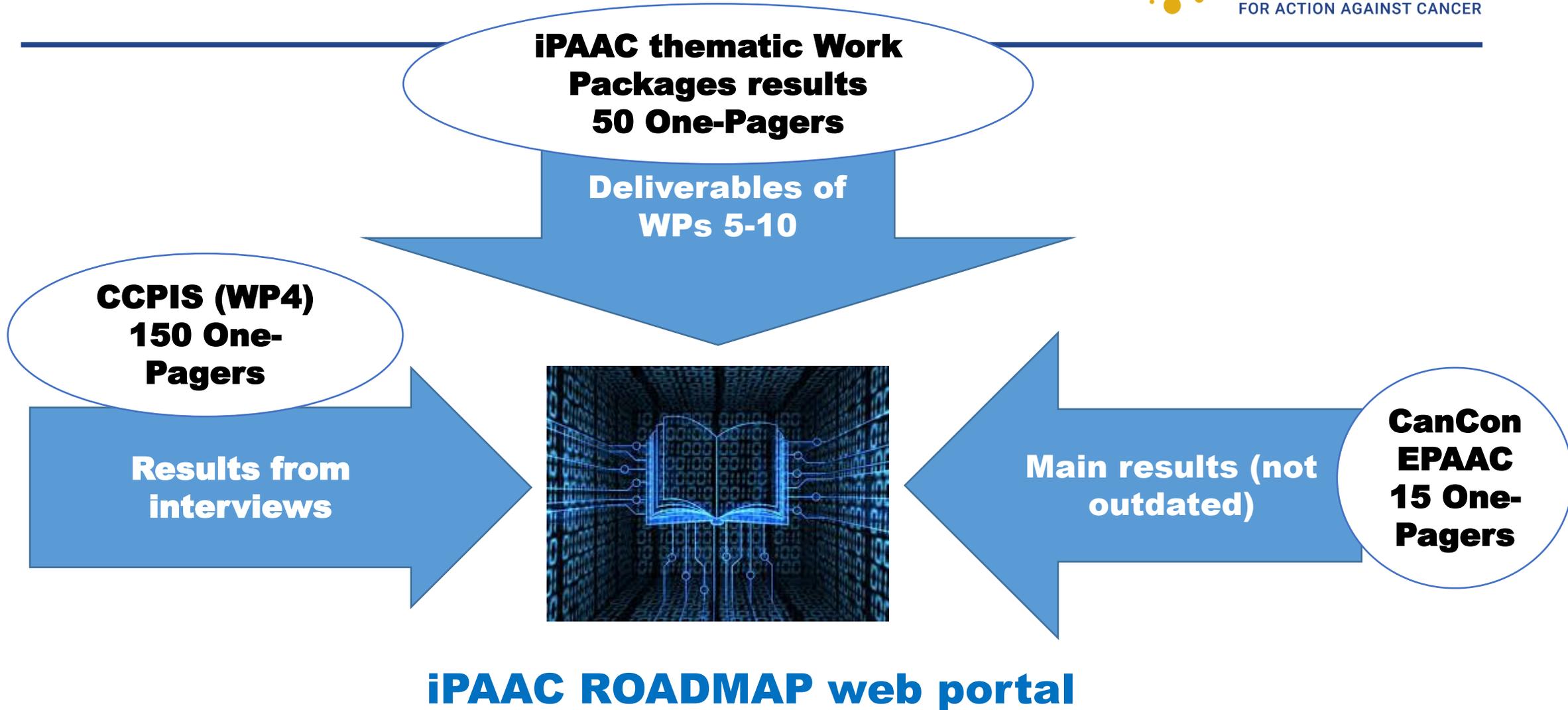
- Sufficient time needs to be planned for discussion among stakeholders to facilitate consensus on practical implementation
- Centralized data registration requires major information technology investments by all key parties - continuous helpdesk function/support is essential
- Standardized technical and clinical approach is essential for retrospective evaluation of the effectiveness of the diagnostic testing
- Adaptation of nomenclature (for reimbursement system) is a complex and tedious exercise and therefore payers need to be involved from the beginning
- Consensus on the scope of testing requires integration of budget reallocation process
- The development of roadbooks facilitates implementation of multi-stakeholders interventions

REFERENCES DOCUMENTATION

- Roadbook
- Guidelines
- Compermed website
- DNA debate
- Article Roadbook
- Article eval Roadbook implementation (coming soon)

CONTACT
Cancer Center,
Sciensano
Department of Epidemiology
and Public Health
www.e-cancer.be
marc.vandenbulcke@sciensano.be
Els.VanValkenburgh@sciensano.be
bel@ccancercenter@sciensano.be

DEVELOPMENT OF THE ROADMAP: INFORMATION FROM MULTIPLE SOURCES



IPAAC CCPIS IN ITALY



- 2 Italian One-Pagers will be included in the iPAAC Roadmap:
- What is the best cervical screening policy after vaccination against HPV
- The National Centre for Screening Monitoring (ONS): an Italian network to support cancer screening course



FINAL CONFERENCE



<https://www.ipaac.eu>

SAVE THE DATE: The iPAAC JA FINAL CONFERENCE

We are very pleased to announce that the final conference of the Joint Action on the **Innovative Partnership for Action Against Cancer (iPAAC JA)** will be held in Ljubljana and online from the **13th–14th December, 2021**.

More information will be available on the official **iPAAC website** closer to the meeting date.

The Coordination Team is looking forward to welcoming you in Ljubljana or virtually!

- **13-14 dicembre 2021**
- **Ljubljana, National Public Health Institute (iPAAC Coordinator) & online**
- **contributo JA iPAAC agli obiettivi del Piano Oncologico Europeo (Europe's Beating Cancer Plan, EBCP)**

