

# **Cancer Control in Europe Finding Sustainable Solutions**

**Governance of Comprehensive Cancer Care: The  
Italian perspectives** (and alignment with the  
Europe's Beating Cancer Plan and Cancer Mission)

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# Disclosure

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# Synopsis

- A reflection about the definition of CCCNs and CCCs: the OECI position
- Italian perspective
- Final considerations

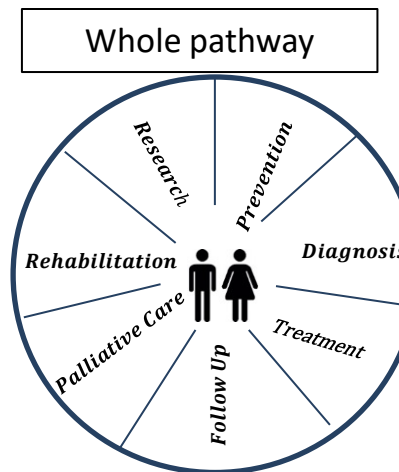
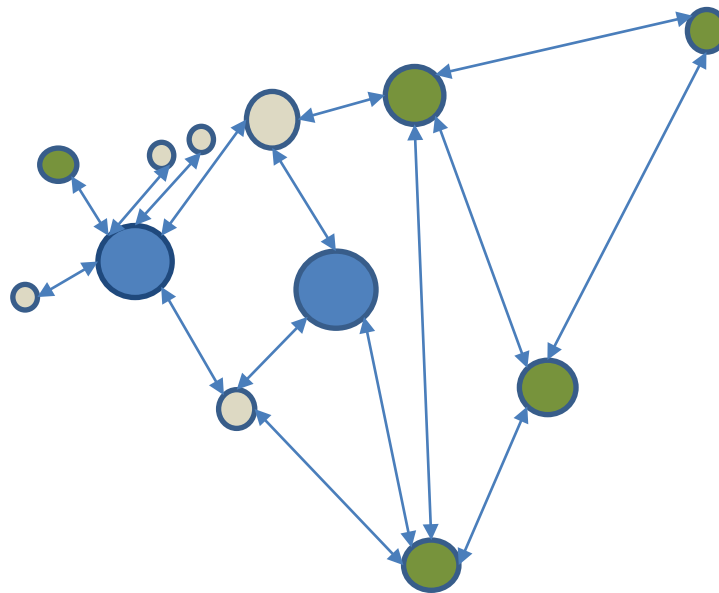
## The CanCon definition of a Comprehensive Cancer Care Network (CCCN)(2017)

- A CCCN consists of multiple units belonging to different institutions **dedicated to research, prevention, diagnosis, treatment, follow-up, supportive and palliative care and rehabilitation** for the benefit of cancer patients and cancer survivors.
- The objective of a CCCN is to provide comprehensive cancer care to **all the people living in a certain geographical area**, thus pursuing **equality and the improvement of outcomes and quality**.
- Ideally these units interact and have a formal agreement to work together in a programmatic and structured way with **common governance**, in order to pursue their goals more effectively and efficiently through collective synergies.



## Comprehensive Cancer Care Networks have the following scope(s)

- Comprehensive Cancer Centres
- Clinical Cancer Centres
- Research Institutes
- Parts of General Hospitals.
- diagnostic units etc.

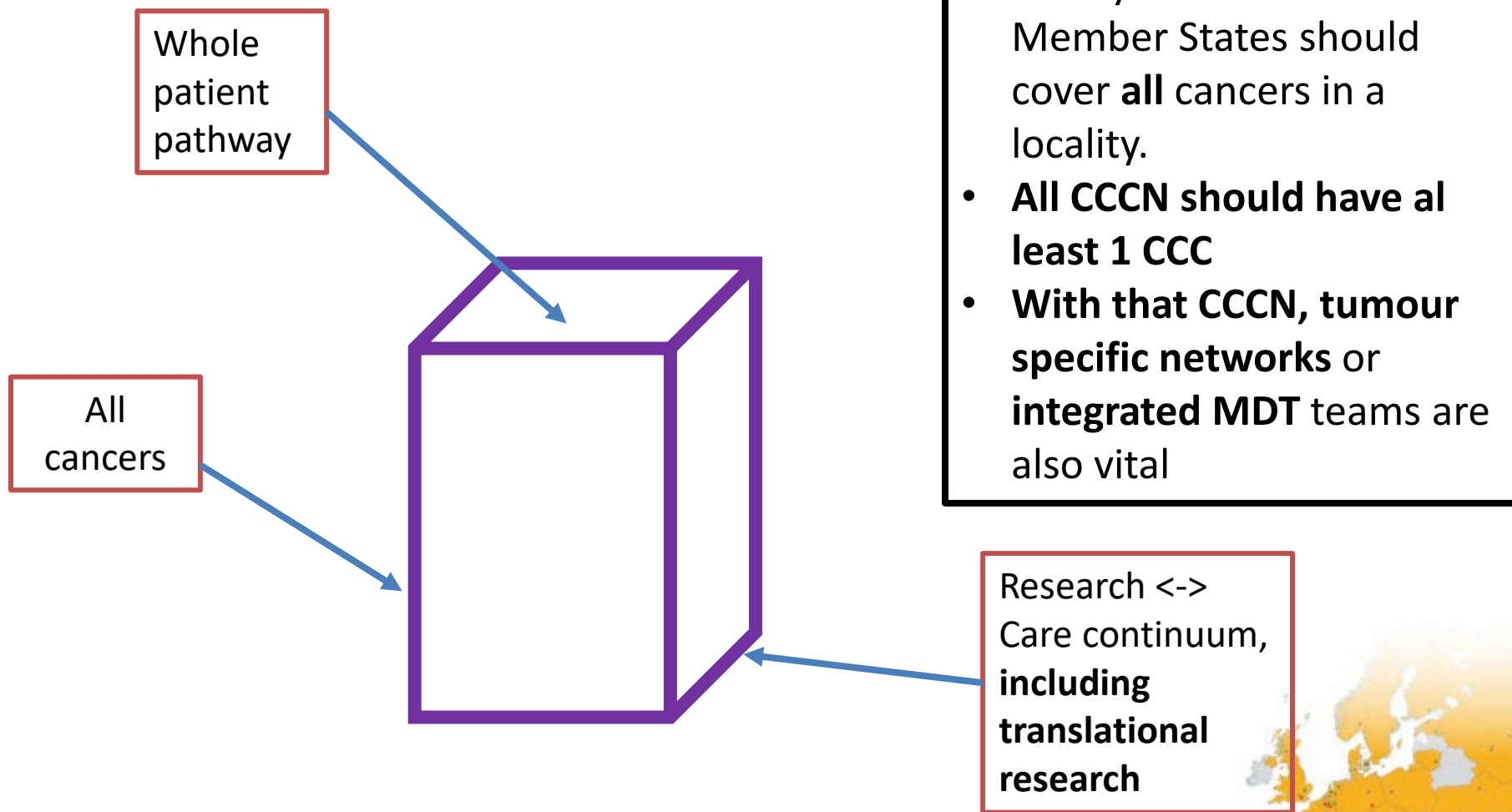


## Suggested Principles for CCCNs from the CanCon Report which OECI would like to promote

- Self-sufficiency for the majority of Cancer Care
- Serving a population of 1 – 3 million
- Effective data exchange
- Consistent Registry
- **Must have access not only to clinical trials but translational research**
- Must span the whole patient pathway
- A consistent approach to quality indicators
- **Must include provision for rare cancers**



# OECD believes that Comprehensiveness is 3 -dimensional



# At the hub of a CCCN, what is a Comprehensive Cancer Centre?

The OECI view follows the NCI (U.S.) and UICC definitions:

- It has an overarching strategy for the whole centre: **to integrate clinical care; research and education**
- **Has a Cancer Centre Board** bringing together all the main players and with real capacity to bring change
- A **programme structure** which brings clinicians and researchers together – exchanging challenges and opportunities.
- **Incentivisation** through pump priming grants and shared infrastructures
- **Knowledge exchange** through a whole programme of events and communications
- **Ensures protected research time** for clinicians
- A ready influx and development of **young scientists/PhDs** and MB PhDs

**NB New CCCs are likely to come from the cohort of University Hospitals in Europe**

**NB: CCCs themselves treat between 10 and 40% of patients on average in MSs.**

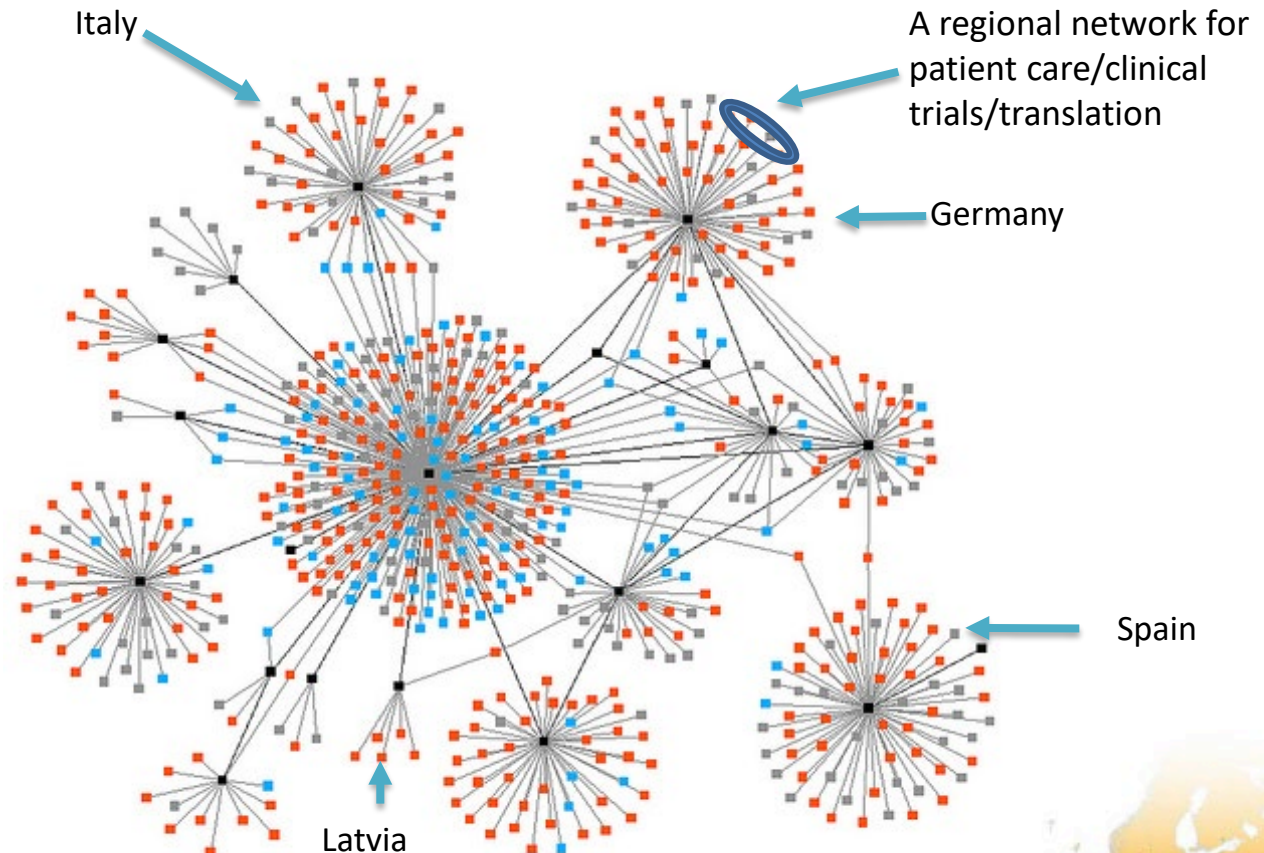




# An EU network of CCCs + CCCNs seems to be leading to a network of networks.

## Observations:

- There are between 130-180 CCCs/large CCs in Europe
- Each should have a local network around it - but different shapes...
- Creating the local cancer networks will improve and equalise outcomes and reach the 90%
- How can the development on CCCNs in MS be encouraged?



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# The Italian Scenario

- About 60 million of inhabitants
- 1.000 Hospitals
- 52 Research Hospitals (IRCCS)
- 13 Cancer Research Hospitals (CC and CCC by OECl)
- A wider cancer network focussed on Research (AAC)
- In major Italian Regions a Regional Cancer Care Network is already present
- An Italian network of Rare Cancers will be soon implemented



*Ministero della Salute*

Direzione Generale della Ricerca e dell'Innovazione in Sanità

## IRCCS in Italy

**13 have been recognized by the MoH to be Cancer Research Hospital (IRCCS)**

**They are present in 9 of the 21 Italian Regions**

**All entered by law in the OECD A&D process**

**They are the backbone of the AAC Network (that includes 29 Institutes/Hospitals)**



# Variability in Europe (and in Italy)

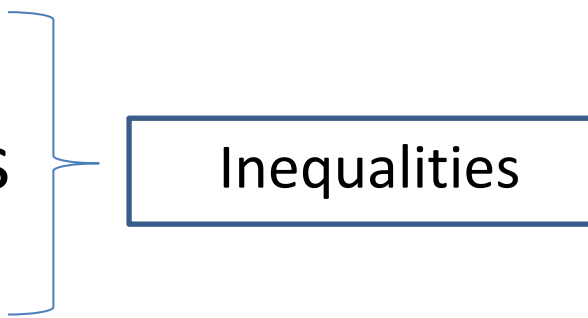
- In Europe there is a large variability between MS in terms of quality of care and cancer health outcomes
- In Italy as well, ... between regions

# Net 5-year survival by Italian geographic areas



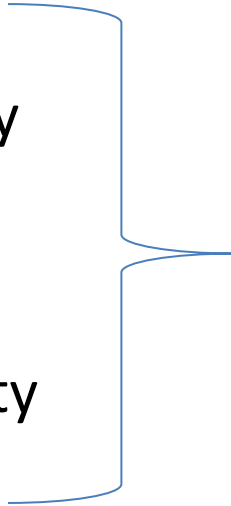
		Cancers						
		Regions						
		Tutti i tumori (M)	Tutti i tumori (F)	Colon-retto	Mammella	Prostata	Polmone	Stomaco
NORD	Liguria	51%	61%	61%	87%	90%	15%	26%
	Lombardia	54%	63%	66%	87%	93%	18%	34%
	Piemonte	53%	63%	64%	88%	92%	14%	30%
	Valle d'Aosta	61%	64%	68%	88%	94%	12%	36%
	Emilia Romagna	56%	65%	69%	89%	92%	18%	33%
	Friuli Venezia Giulia	53%	61%	64%	88%	95%	12%	32%
	Trentino Alto Adige	53%	63%	66%	87%	91%	16%	36%
	Veneto	55%	64%	65%	88%	93%	16%	32%
CENTRO	Lazio*							
	Marche*							
	Toscana	56%	65%	68%	88%	92%	16%	32%
	Umbria	54%	63%	67%	86%	92%	16%	37%
SUD E ISOLE	Abruzzo*							
	Basilicata	55%	62%	63%	88%	89%	13%	30%
	Calabria	54%	63%	60%	85%	86%	13%	26%
	Campania	50%	59%	59%	84%	89%	13%	31%
	Molise*							
	Puglia	52%	61%	61%	85%	89%	15%	28%
	Sardegna	49%	60%	58%	85%	83%	13%	27%
	Sicilia	52%	60%	60%	85%	89%	14%	26%

# Critical areas in Italy

- Variability in quality of care
  - Variability in health outcomes
  - Patients migration
  - Special populations needing dedicated attention and focused interventions (rare cancers, survivors, palliative care)
  - Lack of involvement of citizens and patients in decision making
- 
- Inequalities

# Italian participation in EU Actions (ongoing)

- JA on Network of expertise (Italy)
  - INT chosen as Competent Authority
- JA on Network of CCC (Slovenia)
  - AAC chosen as Competent Authority
- UnCan CSA (France)
  - ACC chosen as Competent Authority



**Hot topic** :definitin of  
comprehensiveness ,  
CCC,  
national and European  
Networks (CCCN, CCI)

# Final Observations

- Differences between MS in terms of healthcare organization, outcomes and needs are large
- Each MS should have a customised network of CCCs and CCCNs, with different shapes
- National cancer infrastructures should aim for 1 CCC per 2-5 million population that satisfies a holistic definition of comprehensiveness (including translational research)
- Creating a country-customised network of CCCs and CCCNs will improve and equalise outcomes (and reach the 90% target).