



**iPAAC**  
INNOVATIVE PARTNERSHIP  
FOR ACTION AGAINST CANCER

# Cancer Control in Europe: Finding Sustainable Solutions

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# CHALLENGES IN CANCER CARE

## Catalonia Institute of Oncology (ICO)

### PARTICIPATING PARTNERS IN WP 8

**NIJZ** - HNACIONALNI INSTITUT ZA JAVNO ZDRAVJE (Slovenia)

**SAM** - LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA (Lithuania)

**WIV-ISP** - INSTITUT SCIENTIFIQUE DE SANTE PUBLIQUE (Belgium)

**INSP** - INSTITUTUL NATIONAL DE SANATATE PUBLICA (Romania)

**THL** - TERVEYDEN JA HYVINVOINNIN LAITOS (Finland)

**IPHS** - INSTITUT ZA ZASTITU ZDRAVLJA SRBIJE DR MILAN JOVANOVIC BATUT (Serbia)

**ISS** - ISTITUTO SUPERIORE DI SANITA (Italy)

**ICO** - INSTITUT CATALA D'ONCOLOGIA (Spain)

**BMC SAS** - BIOMEDICINSKE CENTRUM SLOVENSKEJ AKADEMIE VIED (Slovakia)

### Collaborating partners

**Spain:** CIBERESP & CIBERONC networks of research

**UK:** The Health Policy Partnership ALL.CAN

**Belgium:** KCE - Belgian Health Care Knowledge Centre

**ESSO:** European Society Surgical Oncology

**ESTRO:** European Society Radiation Oncology

### Subcontractors

**ECPC** – European Cancer Patient Coalition

**ECCO** – European CanCer Organisation

## Catalonia Institute of Oncology (ICO)

### 2. KEY OUTPUTS & OUTCOMES COMPLETED

- Definition of **Neglected cancers**: non rare, high Incidence/mortality ratio and low survival
- Pancreatic cancer as a case study: **The Bratislava Statement** on measures to improve pancreatic cancer care with the **Support from ESMO; ESTRO, ESSO; ECCO; ECPC; Pancreatic Cancer EU**.  
Critical recommendations for healthcare systems to improve pancreatic cancer care: (a) reorganisation of services and coordination of care; (b) reinforcement of the internal structure of centres, care processes and proven expertise; (c) implementation of external quality assessment and feedback; (d) research; and (e) optimisation of the role of patient organisations, scientific societies and European stakeholders.
- ***ECCO: Essential requirements for Quality Cancer Care in Pancreatic Cancer***
- **MDT and ICT**: Review of the consequences for MDT due to the implementation of ICT in cancer care with experts designated by scientific societies and support from ECCO

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## 2. KEY OUTPUTS & OUTCOMES COMPLETED

- Sustainability of cancer care:
- **Reimbursement models** supporting innovation in **complex cancer surgery and radiotherapy:** reimbursement systems changed little over the last two decades with few exceptions. There is a growing divide between evolving evidence and financing, lagging behind innovation. Proposal of a model supporting emerging innovation and an episode-based reimbursement for evidence therapy.
- Improving **efficiency of cancer care and improving delivery of high quality care:** Range of interventions likely to enhance the value of cancer care were identified. Implementation should be adapted to the local context.
- **Mapping prevalence and management of pain among cancer patients** in Europe: Pain In patients with advanced cancers ranges from 60-70%, with 50% of all patients reporting at least moderate pain. No patient shared guidelines on pain management
- **Integrating oncology and palliative care into the cancer pathway:** The use of a patient centred approach and of PROMs in clinical records and cancer registries is feasible and can be recommended also using available electronic technologies

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## 3. POTENTIAL FOR FUTURE USE/VALUE OF OUTPUTS/LESSONS LEARNED

- **Feasibility of building consensus among experts, scientific societies and patient representatives on key challenges of cancer care in Europe**
- **Need to improve reimbursement system as a policy tool to support emergent innovation and equitable and fair access to evidence based radiation oncology and complex cancer surgery**
- The evidence which was available for developing guidance on the **implementation of “high-value cancer care” was limited in quantity and quality**. Therefore, supporting research initiatives on how the cancer care could be better organised and delivered should be considered by policy makers.
- **Relevance of MDTs as the cornerstone of the delivery of high quality cancer care**. For instance, Substantial improvements can be achieved in patient outcomes by organising pancreatic cancer care around state-of-the-art reference centres, staffed by expert multidisciplinary teams (MDTs).
- It is necessary to improve and **update guidelines for cancer pain management based on evidence and patient shared development** and to **distinguish individual cancer patients needs** across **supportive care, survivorship care and palliative care**.
- Integrated care pathways with early access to specialized palliative care should be available from the diagnosis of advanced disease until end-of-life. There is a need to build a **continuity between specialized acute hospital care and home care at the community level, in CCC and CCNs**