

# Report on the basis of the analysis of data from the survey on National Cancer Control Programmes/Cancer documents in EU

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WP 10 – Governance of Integrated and Comprehensive Cancer Care

Task 10.1 – National Cancer Control Programmes

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Version:	1.0
Date:	23 September 2019



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This report arises from the Innovative Partnership for Action Against Cancer Joint Action, which has received funding from the European Union through the Consumers, Health, Agriculture and Food Executive Agency of the European Commission, in the framework of the Health Programme 2014-2020. The content of this report represents the views of the author/s only and is his/her/their sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

## Acknowledgements

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The authors would like to thank all members of the Working group on National Cancer Control Programmes under Task 1 - National Cancer Control Programmes of Work Package (WP) 10 – Governance of Integrated and Comprehensive Cancer Care, whose suggestions, comments and feedback to the draft of the survey have been very valuable.

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We would like to thank our colleague Karmen Hribar at the Slovenian Institute of Public Health for her technical support.

*Please cite the document as: Report on the basis of the analysis of data from the survey on National Cancer Control Programmes/Cancer documents in EU. Ljubljana, National Institute of Public Health, 2019.*

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## Abbreviations

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**CANCON JA** - Cancer Control Join Action

**CCCN** - Comprehensive Cancer Care Network

**EPAAC JA** - European Partnership for Action Against Cancer Joint Action

**EEA** - European Economic Area

**EU** – Europe

**GP** – General practitioner

**iPAAC JA** - Innovative Partnership for Action Against Cancer Joint Action

**MS** - Member State

**MSs** - Member States

**NCCP** - National Cancer Control Programme

**NCCPs** - National Cancer Control Programmes

**OECD** - Organisation for Economic Co-operation and Development

**PROMs** - Patient Reported Outcome Measures

**WP** - Work Package

## Executive summary

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The present report arises from the survey on National Cancer Control Programmes (NCCPs)/Cancer documents in EU Member States, some EEA countries and EU candidate countries carried out within the framework of the Joint Action Innovative Partnership for Action Against Cancer (JA iPAAC) in 2018. This is the third report of its kind prepared as the result of work carried out within the framework of EU Joint Action projects in the field of cancer. The first extensive survey on NCCPs took place in 2011 as a part of the Joint Action European Partnership for Action Against Cancer (JA EPAAC). The report was published in 2012. The second survey on NCCPs was a part of the Joint Action Cancer Control (JA CANCON) and took place in 2015/2016; the results were published in 2016 in a report.

With the present survey, we received an excellent response from participating countries as the response rate reached 100%. All EU Member States, some EEA countries and EU candidate countries, which were invited to participate, completed the survey. Thirty-two out of 34 countries which completed the survey reported that they have a NCCP/Cancer document. Two countries which completed the survey (Belgium, the Netherlands) do not have a NCCP/Cancer document; Croatia prepared a draft version, which was still being revised.

In 16 countries cancer documents are single documents, 16 countries have several documents addressing cancer. Eleven countries defined their cancer documents as programmes; seven as plans, five were described as strategies. Nine countries use other or mixed terminology. In only 16 countries cancer documents are supported by a legal act, in one country the support is partial. The overall support of cancer documents by legal acts is not satisfactory, but that obviously depends on the standard practices in different countries. Twenty-two countries reported to have their NCCP/Cancer document/s implemented, one country (Finland) partially implemented. Belgium, which does not have an NCCP at the moment, reported that they have evaluated the implementation of their previous plan in 2012.

Regarding the quality of the NCCPs the survey was focused on some key elements (patient pathways, quality indicators, patient reported outcome measures-PROMs, and implementation of Comprehensive Cancer Care Networks-CCCNs), which are all topics quality NCCPs should include. Patient pathways and quality indicators are addressed in approximately two thirds of the countries. Regarding the implementation of CCCNs the situation is similar; CCCNs are implemented or partially implemented in almost two thirds of countries. The situation regarding the inclusion of PROMS in NCCPs is not satisfactory (in 20 countries PROMS are not addressed in their national nor regional cancer documents).

In general, the situation regarding the presence and quality of NCCPs in EU Member States, some EEA countries and EU candidate countries has improved, but there are still fields, which need more dedicated work and better structuring, while also implementation remains a challenge for some countries.

# 1 Introduction

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National Cancer Control Programmes (NCCPs) are **key documents** in the field of cancer control. Health systems can respond to population needs regarding cancer only through adequate planning.

A NCCP is therefore a **public health programme** designed to reduce the number of cancer cases and deaths and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for: prevention, early detection, diagnosis, treatment, rehabilitation, palliation, research, etc. to search for innovative solutions and evaluate outcomes. It is designed with the aim of making the best use of available resources. During the design of a comprehensive NCCP an evaluation of the various ways to control cancer is undertaken and the programme then incorporates and promotes the implementation of those measures that are considered to be the most cost-effective and beneficial for the maximum number of persons in the population and according to the specific situation of the nation and the resources (present and planned) at its disposal.

A NCCP promotes the development of care management guidelines, places emphasis on the prevention of cancers or early detection of cancer cases so as to increase the possibility of cure and better control and faster return to pre-diagnosis life, and plan for the provision of services that will seek to offer as much comfort as possible to patients and their carers with advanced or incurable disease.

A well-conceived, well-managed NCCP **lowers cancer incidence and mortality**, improves the life of cancer patients, no matter what resource constraints a country faces. NCCPs are also an effective tool for the communication of the decisions and the plans identified and chosen by a Member State (MS) and the evidence supporting and influencing them in a transparent fashion both to public within the MS and also with and between other members of the European Union.

Controlling cancer in Europe requires the investment of substantial resources and the effective coordination of national policies. In a study published by WHO in 2004 it was shown that there are **notable 'performance gaps' in the cancer control programmes** operating in different countries in Europe. Europe is still characterised by unacceptable inequalities in cancer control both between and within MSs (1). These can be exemplified by the widely-diverging cancer survival rates published in the EURO CARE studies.

Since the beginning of the 21st century a number of EU MSs have started to develop, publish and implement NCCPs; European Commission decided to support them by co-financing **three important European projects – Joint Actions**:

- European Partnership for the Action Against Cancer Joint Action (EPAAC JA),
- Cancer Control Joint Action (CANCON JA) and
- Innovative Partnership for Action Against Cancer Joint Action (iPAAC JA).

The Communication from the Commission in 2009 on EPAAC JA pledged that by the end of the Partnership, i.e. by 2013 all MSs would have adopted integrated cancer programmes/plans.



The importance of insight into the situation regarding the development and quality of NCCPs in Europe and to follow the progress is fundamental for European Commission.

In 2011 a survey on the situation regarding NCCPs in Europe was performed under the **EPAAC JA** (2011-2013). A separate Working Group on cancer programmes was established and co-chaired by the European Commission and Slovenia. All European MSs, Iceland and Norway were invited to actively participate and contribute to its work. Answers to the mentioned survey provided an input for the comprehensive overview and assessment of the situation in the EU, Iceland and Norway regarding the availability of cancer programmes/documents. The results of the survey were published in the report titled National Cancer Control Programmes: Analysis of Primary Data from Questionnaires, which is available online: [http://www.epaac.eu/images/END/Final\\_Deliverables/WP\\_10\\_Annex\\_7\\_Final\\_Report\\_on\\_National\\_Cancer\\_Control\\_Programmes.pdf](http://www.epaac.eu/images/END/Final_Deliverables/WP_10_Annex_7_Final_Report_on_National_Cancer_Control_Programmes.pdf).

In 2013 in the frame of work package (WP) 5 – Member State Platform of the **CANCON JA** (2013-2017), the working group named Expert Group on National Cancer Control Programmes was established. Members of the group from different countries prepared a survey, which was used to overview the actual situation (2015) regarding cancer documents in the EU countries, Iceland, Norway, Turkey and Montenegro. On the basis of the answers to the survey this analysis/report was prepared and it was the baseline document for the so called *position paper* regarding the overview of the current situation on National Cancer Control Programmes in EU. The mentioned position paper is one of the main deliverables of Cancon WP 5 - Member State Platform.

Answers to the present survey, which is organised as part of the Joint Action Innovative Partnership for Action Against Cancer (**iPAAC JA**) provided valuable information regarding current situation in the field of NCCPs in Europe and regarding the presence of **some key elements** (quality indicators, patient reported outcome measures-PROMs, patient pathways, implementation of Comprehensive Cancer Care Networks-CCCNs) that quality NCCPs should include (2).

On the basis of the answers to the survey, which was sent to EU Member States, some EEA countries and EU candidate countries (from now on the surveyed countries) **a generic list of evidence based tools for efficient stewardship and measure of effects of the cancer control will be prepared**. The aim of the work in the field of governance of integrated and comprehensive cancer care (Work Package 10 of JA iPAAC) is to develop practical instructions for the successful governance and steering of cancer care in all EU Member States. The information gathered from the survey represents added value for cancer patients in all EU Member States.

#### Important explanation

Due to the fact that some European countries do not have just one document addressing cancer on a national level but more documents on regional level, which are not necessarily named programmes, the Expert Group on National Cancer Control Programmes in the frame of CANCON JA - WP 5 Member State Platform agreed to additionally use the term **Cancer document/s** beside the official term National Cancer Control Programme and we decided to respect this opinion also in the terminology of iPAAC JA. The acronym NCCP is an umbrella term used by the World Health Organization to describe all national initiatives that tackle cancer

control in a comprehensive way. From now on the term NCCPs will be used and will cover both NCCPs and cancer documents.

## 1.1 References

- 1 Albreht T, Jelenc M, Gorgojo L. From 'on paper' to 'into action': development of National Cancer control programmes in the EU. In: Martin-Moreno JM, Albreht T, Radoš Krnel S., editors. Boosting Innovation and Cooperation in European Cancer Control, Ljubljana, National Institute of Public Health; 2013, p. 209-42.
- 2 Albreht T, Martin Moreno JM, Jelenc M, Gorgojo L, Harris M. European guide for quality national cancer control programmes. Ljubljana: National Institute of Public Health; 2015.  
[https://cancercontrol.eu/archived/uploads/images/European\\_Guide\\_for\\_Quality\\_National\\_Cancer\\_Control\\_Programmes\\_web.pdf](https://cancercontrol.eu/archived/uploads/images/European_Guide_for_Quality_National_Cancer_Control_Programmes_web.pdf)

## 2 Methodology

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The survey regarding current state of NCCPs in the surveyed countries with an emphasis on some key topics of NCCPs (patient pathways, implementation of Comprehensive Cancer Care Networks-CCCNs, Patient Reported Outcome Measures-PROMS and quality indicators in National/Regional Cancer Control Programmes/Cancer documents) was prepared in collaboration with members of the working group of Task 10.1 NCCPs (WP10). Several teleconferences were organised and then the work continued via e-mails. The survey is available in the Annex 2 at the end of this Report.

Officials who are involved in cancer programmes in the surveyed countries were identified and a list of e-mails of potential responders was prepared.

The survey was sent to the following 34 countries in the period from September to December 2018, mostly at the beginning of September 2018 (the survey was sent to each contact person separately):

Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, the Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Turkey, England and Wales from United Kingdom.

Addressees had three weeks of time to respond. After that we started sending reminders (personally again) and new deadlines were determined.

In cases of non-respondents we continued with reminders and later started to contact them by phone.

To avoid misunderstanding of some key terms they were explained in the annexes of the survey. For better understanding of this Report the explanations and definitions of these important terms are available here as well:

A **policy** reflects a vision (usually contains a vision statement, explaining the way a government, institution or organization will look in the future...), with inspirational dimensions related to what is it that the government wants to achieve for its population-in this case regarding cancer prevention and control, both in public health and healthcare system terms. Such statements are often tied, even if only indirectly, to other national goals.

A **strategy** spells out the mission to be accomplished and the generic roadmap to achieve this mission. This is articulated through a mission statement (in essence, outlining the “raison d’être” or fundamental purpose of the initiative), succinctly describing why it exists and what it does to achieve its vision. The strategy also includes the layout, design, or concept used to accomplish the vision and mission. A strategy is usually understood with underlying flexibility, being open to adaptation and change when needed in order to fulfil the mission and ultimate goals.

A **plan** is a precise arrangement, following a defined pattern, for a definite purpose according to a value chain coherent with the policy and the strategy. It is concrete in nature, although it

does not necessarily contain all the details, which in fact are further developed and explained through more specific programmes and projects.

Finally, a **programme** implies the arranged selection of systematic steps, activities and tasks and deliverables coherently within the plan. The programme addresses the entire set of desired changes to be achieved in the field. A programme can be monitored or evaluated in the dimension of the achievement of the goals /deliverables, or the process followed in order to achieve these operational goals, and the resources allocated to facilitate the process. As these activities are often based on arbitrary definitions, it is possible that there are also different combinations of goals and deliverables.

**National Cancer Control Programme** is defined by WHO as “a public health programme designed to reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for the prevention, early detection, diagnosis, treatment and palliation, making the best use of available resources.”

## Patient Pathway

On the basis of the work in iPAAC WP 10, Task 2 and the consensus of WP10, the following definition of patient pathways was approved: “A patient pathway is a tool that supports the planning and management of the care process of individual patients within a group of similar patients with complex, long-term conditions. It details the phases of care, guiding the whole journey a patient takes by defining goals and milestones, and supports mutual decision-making by the patient and his/her multidisciplinary care team collaborating in a comprehensive network of care providers.” Since this definition was not yet available at the time of the survey, the definition of patient pathways provided by the Medical Dictionary was used. According to Medical dictionary the route that a patient follows from the first contact with an NHS member staff (typically his or her GP) through referral to the completion of treatment\* is defined as patient pathway. It also covers the period from entry into a hospital or a treatment centre until discharge. It is a timeline on which every event relating to treatment can be entered, including consultations, diagnosis, treatment, medication, diet, assessment, teaching and preparing for discharge from the hospital. The pathway provides an outline of the events likely to happen on the patient's journey and can be used both to inform the patients well as to plan services as a template for common services and operations.

Source: <https://medical-dictionary.thefreedictionary.com/patient+pathway>

\*Some pathways could include to some extent the survivorship phase as well.

## Patient Reported Outcome Measures (PROMs)

According to Organisation for Economic Co-operation and Development (OECD), PROMs are used to assess patients' perceptions of their outcomes, such as mobility, pain, anxiety and quality of life. PROMs can be used to inform decisions about the allocation of resources, by making assessments about the effectiveness of interventions. In a system where PROM data are publicly reported, they can be used to help patients make better-informed choices. Ideally,

PROMs data should be fed back to clinicians to help them improve the care and outcomes of patients.

Source:

<http://www.oecd.org/general/searchresults/?q=prom&cx=012432601748511391518:xzeadub0b0a&cof=FORID:11&ie=UTF-8>

## **Definition of a Comprehensive Cancer Care Network (CCCN) according to the outcomes of CANCON JA**

- 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.
- 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.
- Within the CCCN the care of patients is the responsibility of interprofessional teams that are multidisciplinary and tumour specific. Each team or tumour management group works together for the benefit of patients with that particular type of tumour.
- Within the CCCN all units work together and adopt uniform standards of care for cancer-specific pathways that are binding for the entire network.
- The CCCN promotes a uniform system of quality assurance; and a unified informatics system for optimal exchange of information.
- The objective of a CCCN is to provide comprehensive cancer care to all the people living in a certain geographic area, thus pursuing equality and the improvement of outcomes and quality.

Key elements defining a CCCN are available on page 80 of European Guide on Quality Improvement in Comprehensive Cancer Control (1):

*\* The word **unit** is used to designate any component of a CCCN, whether an entire pre-existing institution or a part of an institution. For example, a unit might be an entire cancer centre, an oncology department of a general hospital or a children's hospital, a mammography facility, a pathology laboratory carrying out mutation analysis or a hospice.*

## **2.1 References**

1 Albreht T, Amati C, Angelastro A et al. Integrated cancer control: the case for comprehensive cancer care networks (CCCN). In: Albreht T, Kiasuwa R, Van den Bulcke M. European Guide on Quality Improvement in Comprehensive Cancer Control, Ljubljana, National Institute of Public Health; 2017, p. 77-103.

[https://cancercontrol.eu/archived/uploads/images/Guide/pdf/CanCon\\_Guide\\_FINAL\\_Web.pdf](https://cancercontrol.eu/archived/uploads/images/Guide/pdf/CanCon_Guide_FINAL_Web.pdf)

## 3 Results

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The present report is based on the analysis of surveys from thirty-four countries that completed the survey. The response rate was 100 %. Two countries that completed the survey do not have a NCCP (Belgium, Netherlands), Croatia prepared a draft document.

The comparison of the actual situation regarding NCCPs in the surveyed countries with the situation in 2011 and 2016 is part of the present report.

*Disclaimer: The text in the tables of the Annex is mostly copy-pasted from the completed surveys.*

### 3.1 Current situation regarding NCCPs in EU

Thirty-two out of 34 countries that completed the survey reported that they have a NCCP. These countries are:

Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey and England and Wales from United Kingdom. Croatia has a draft.

Two countries that completed the survey (Belgium, the Netherlands) do not have a NCCP. Surveys from 34 countries were analysed.

See Table 1 for more detailed information.

**Table 1.** NCCPs in the surveyed countries

Country	Existence of NCCP YES/NO	In the phase of preparation  YES/NO	Year of expected adoption
Austria	YES		
Belgium	NO	NO	
Bulgaria	YES	NO	
Croatia	YES (draft prepared)	YES	2019
Cyprus	YES	YES	2018
Czech Republic	YES		
Denmark	YES		
Estonia	YES	YES	2021
Finland	YES		
France	YES		
Germany	YES		
Greece	YES	YES	2020
Hungary	YES		
Iceland	YES		
Ireland	YES		
Italy	YES	YES	2019
Latvia	YES		
Lithuania	YES		
Luxembourg	YES		
Malta	YES		
Montenegro	YES		
Netherlands	NO		
Norway	YES		
Poland	YES	YES	2019
Portugal	YES		
Romania	YES	YES	2018
Serbia	YES	YES	2019

		NOTE: Since, previous National Control Program was adopted in 2009 and the new one is in the phase of preparation	
Slovakia	YES NATIONAL NO REGIONAL Partly in National Health Promotion Program , adopted by government in 2014	Yes, we are preparing action plans	2018
Slovenia	YES		
Spain	YES		
Sweden	YES		
Turkey	YES		
UK England	YES		
UK Wales	YES	Not applicable.	Not applicable.



## 3.2 Number and type of NCCPs in EU in 2018

In 16 countries cancer documents are single documents, 16 countries have several documents addressing cancer.

See Table 2 for more detailed information.

**Table 2.** Number of NCCPs addressing cancer control by countries

Country	Single document	Several documents
Austria	X	
Belgium*		
Bulgaria		X
Croatia		X
Cyprus	X	
Czech Republic		X
Denmark		X
Estonia		X
Finland		X
France	X	
Germany		X
Greece		X
Hungary		X
Iceland	X	
Ireland	X	
Italy		X
Latvia		X
Lithuania	X	
Luxembourg		X
Malta	X	
Montenegro		X
Netherlands		
Norway	X	
Poland		X
Portugal	X	
Romania	X	
Serbia		X
Slovakia	X	
Slovenia	X	
Spain	X	
Sweden		X
Turkey	X	
UK England	X	
UK Wales	X	

Comments:

\* Belgium: Belgium had a cancer plan starting in 2008; by now, almost all actions of the plan have been structuralized or are finished because they had a fixed ending-date. Currently, actions in the field of cancer are included in an integrated cancer policy approach, with specific actions according to the needs

identified by stakeholders. Depending on the impact and context of the intervention, different approaches can then be followed to evaluate the implementation of any actions: HTA, HSE, feasibility studies, pilots, ...

Eleven countries defined their cancer documents as programmes; seven are defined as plans, five are described as strategies. Nine countries use other or mixed terminology (e.g. programme and policy; plan and strategy; strategy and regional plans..). Number of different types of cancer documents reported by countries are presented in Table 3. See Table 4 for more detailed information.

**Table 3.** Number of different types of cancer documents reported by countries

Type of document	Number of countries
Programme	11
Plan	7
Strategy	5
Policy	-
Other or mixed terminology	9

Countries reported also the titles of their cancer documents in English or in their national language as well as the links to the documents; detailed information is available in Tables 1 and 2 of the Annex at the end of this Report.

**Table 4.** Type of cancer control documents by countries

Country	Type of cancer control documents
Austria	National Cancer Control Programme
Belgium	Policy *
Bulgaria	Other – the National Programme for Prevention of Chronic Non-communicable Diseases incorporates the main CNDs and their risk factors. Priority diseases and conditions are cardiovascular diseases, <b>malignant neoplasms</b> , diabetes, chronic lung diseases. Priority behavioral and biological risk factors for health are smoking, unhealthy dietary pattern, low physical activity, alcohol abuse, high blood pressure, high cholesterol, high body mass index.
Croatia	Plan
Cyprus	Policy/Strategy
Czech Republic	National Cancer Control Programme (plus Action Plan)
Denmark	National Cancer Control Programme
Estonia	Strategy/Plan

Finland	Policy/Strategy/Plan/ Government Degree
France	Plan
Germany	Plan
Greece	Plan
Hungary	National Cancer Control Programme
Iceland	Policy/Strategy/Plan/National Cancer Control Programme
Ireland	Strategy
Italy	Plan
Latvia	Strategy/Plan
Lithuania	National Cancer Control Programme
Luxembourg	Plan
Malta	Plan/ National Cancer Control Programme
Montenegro	National Cancer Control Programme
Netherlands	
Norway	Strategy
Poland	Strategy (in the development / preparation phase) Plan/programme Others – Legal regulations focused on organizing and securing the patient proper oncological treatment
Portugal	Strategy
Romania	National Cancer Control Programme
Serbia	National Cancer Control Programme *National Cancer Control Plan is under development
Slovakia	Strategy/National Cancer Control Programme
Slovenia	National Cancer Control Programme
Spain	National Cancer Control Programme
Sweden	Strategy
Turkey	National Cancer Control Programme
UK England	Strategy
UK Wales	Plan

#### Comments:

\* Belgium: Belgium had a cancer plan starting in 2008; by now, almost all actions of the plan have been structuralized or are finished because they had a fixed ending-date.

Currently, actions in the field of cancer are included in an integrated cancer policy approach, with specific actions according to the needs identified by stakeholders. Depending on the impact and context of the intervention, different approaches can then be followed to evaluate the implementation of any actions: HTA, HSE, feasibility studies, pilots...

### 3.3 Comparison of the actual situation with the situation in 2011 and 2016

In 2011 (EPAAC JA), 29 countries participated in the analysis; response rate was 100%. In 2016 (Cancon JA), 30 countries completed the survey; the response rate was 85.7% and in 2018 (iPAAC JA) 34 countries completed the survey; the response rate is 100%

In **2011**, twenty-four out of 29 countries (83%) reported having some type of NCCP: Belgium, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden and England. Fifteen (51%) were described as National Cancer Plans; five were National Cancer Strategies, and the remaining documents used mixed terminology. In 2011 five countries (Austria, Bulgaria, Iceland, Luxembourg and the Slovak Republic) reported having no NCCP.

In **2016** (CANCON JA) twenty-eight out of 30 countries completed the survey and reported having a NCCP. In comparison with 2011, in 2016 Austria, Iceland and Luxembourg reported to have a NCCP; Bulgaria and Slovak Republic did not complete the survey. In addition, in 2016 two countries (Croatia, the Netherlands) reported having no NCCP (Croatia did not participate in the survey in 2011; the Netherlands had a plan in 2011).

In **2018**, 32 out of 34 countries reported to have some type of NCCP: Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey and England and Wales from United Kingdom. Two countries that completed the survey (Belgium, the Netherlands) do not have a NCCP; surveys from 34 countries were analysed.

Eleven countries defined their cancer documents as programmes; seven are defined as plans, five are described as strategies. Nine countries use other or mixed terminology.

General comparison of the actual situation with the situation in 2011 and 2016 is presented in Table 5. Comparison of the actual situation with the situation in 2011 and 2016 by countries is presented in Table 6.

**Table 5.** General comparison of the actual situation with the situation in 2011 and 2016

	<b>2011</b>	<b>2016</b>	<b>2018</b>
Number of countries (that responded to the survey) with a NCCP	24	28	32
Number of countries (that responded to the survey) without a NCCP	5	2	2

**Table 6.** Comparison of the actual situation with the situation in 2011 and 2016 by countries

<b>Country</b>	<b>2011 Existence of Cancer document</b>	<b>2016 Existence of Cancer document</b>	<b>2018 Existence of Cancer document</b>
<b>Austria</b>	No (Under development)	Yes Strategy (2014)	Yes
<b>Belgium</b>	Yes Cancer Strategy (2003) Cancer Plan (2008)	Yes Cancer Plan (2008-2010) (Others in the period 2009- 2015)	No
<b>Bulgaria</b>	No		Yes
<b>Croatia</b>	Not participated	No	Yes (Draft) In the phase of preparation Expected adoption 2019
<b>Cyprus</b>	Yes National Cancer Plan (2009)	Yes National Cancer Control Strategy (2009)	Yes In the phase of preparation Expected adoption 2018
<b>Czech Republic</b>	Yes National Cancer Strategy (2008)	Yes Programme (2013)	Yes Programme
<b>Denmark</b>	Yes National Cancer Plan/Strategy (2010) (The 2010 Cancer Plan supplements earlier cancer plans from 2000 and 2005)	Yes Programme (2016)	Yes Programme
<b>Estonia</b>	Yes National Cancer Strategy (2007)	Yes National Health Plan 2009- 2020 (2008) National Cancer Strategy 2007-2015 (2007)	Yes Expected adoption 2021
<b>Finland</b>	Yes National Cancer Plan (2010)	Yes Plans (2010, 2014)	Yes Policy/Strategy/Plan/ Government Degree
<b>France</b>	Yes	Yes	Yes

Country	2011 Existence of Cancer document	2016 Existence of Cancer document	2018 Existence of Cancer document
	National Cancer Control Plan (2009-2013) The first cancer control plan (2003-2008)	Plan (2014)	Plan
<b>Germany</b>	Yes National Cancer Plan (2008)	Yes Programmes (2008-ongoing) Further cancer documents will be adopted in 2016	Yes
<b>Greece</b>	Yes National Cancer Plan (2010)		Yes
<b>Hungary</b>	Yes National Cancer Plan (2006)	Yes Programme Policy (2006, 2014, 2015)	Yes
<b>Iceland</b>	No Intention to start	Yes Draft	Yes
<b>Ireland</b>	Yes National Cancer Strategy (2006)	Yes National Cancer Strategy (2006)	Yes
<b>Italy</b>	Yes National Cancer Plan (2011)	Yes National Cancer Plan (2014)	Yes In the phase of preparation Expected adoption 2019
<b>Latvia</b>	Yes Program (2009-2015)	Yes Program (2009) Strategy (2014)	Yes
<b>Lithuania</b>	Yes Programme (2003-2010)	Yes Programme (2014)	Yes
<b>Luxembourg</b>	No Under development	Yes Plan 2014-2018 (2014)	Yes
<b>Malta</b>	Yes Plan (2011)	Yes Plan (2011) The second Plan for 2016/2017-2020 is being drafted.	Yes
<b>Montenegro</b>	Not participated	Yes Programme (2011)	Yes
<b>Netherlands</b>	Yes Plan (2005-2010)	No	No
<b>Norway</b>	Yes Plan (1997)	Yes Strategy (2013)	Yes
<b>Poland*</b>	Yes Plan (2006)	Yes Plan (2006)*	Yes In the phase of preparation Expected adoption 2019

Country	2011 Existence of Cancer document	2016 Existence of Cancer document	2018 Existence of Cancer document
<b>Portugal</b>	Yes Strategy (2007)	Yes Programme (2012)	Yes
<b>Romania</b>	Yes Plan and strategy (2002)	Yes Plan (2016)	Yes In the phase of preparation Expected adoption 2018
<b>Serbia</b>	Not participated	Not participated	Yes In the phase of preparation Expected adoption 2019
<b>Slovak Republic*</b>	No*	At the stage of preparation, it will be approved in 2016	Yes Action plans in the phase of preparation Expected adoption 2018
<b>Slovenia</b>	Yes Programme (2010)	Yes Programme (2010) Currently updating for 2016- 2020	Yes
<b>Spain</b>	Yes National and regional cancer plans (2006)	Yes Strategy (2006, 2009) Currently in the phase of updating	Yes
<b>Sweden</b>	Yes National Cancer Strategy (2009)	Yes Regional Cancer Plans (2015)	Yes
<b>Turkey</b>	Yes Programme (2009)	Yes Programme (2013)	Yes
<b>UK - England</b>	Yes National Cancer Strategy (2011)	Yes National Cancer Strategy (2015)	Yes
<b>UK - Wales</b>	Yes England & Wales strategy known as the Calman Hine Report (1995) Wales launched 'Cancer Services in Wales', known as the Cameron Report (1996) Designed for Life – Cancer (2006)	Yes Plan (2012)	Yes

Comments:

\*Poland: In 2016 a new National Cancer Control Programme has been developed and launched (duration of its implementation: 2016 -2024).

\*Slovak Republic: Lack of political consensus.

### 3.4 Support of the NCCPs with a legal act

Sixteen countries reported their cancer documents are supported by a legal act. In Estonia the support is partial, only services are supported by legal act. Wales reported that the plan supports the delivery of the Well Being of Future Generations Act 2015. In 14 countries NCCPs are not supported by legal acts.

See Table 7 for more detailed information.

**Table 7.** Support of NCCPs by legal acts

Country	Support of NCCPs by legal act
	YES/NO
Austria	NO
Belgium	
Bulgaria	YES
Croatia	NOT APPLICABLE
Cyprus	NO
Czech Republic	NO
Denmark	YES
Estonia	PARTLY (SERVICES)
Finland	YES
France	YES
Germany	YES
Greece	NO
Hungary	YES
Iceland	NO
Ireland	NO
Italy	YES NOTE: the plan is currently under revision / upgrade
Latvia	YES
Lithuania	YES
Luxembourg	NO
Malta	NO
Montenegro	YES
Netherlands	
Norway	NO
Poland	YES
Portugal	NO
Romania	YES
Serbia	YES
Slovakia	NO
Slovenia	NO
Spain	YES
Sweden	NO (not specific for cancer)
Turkey	YES



UK England	NO
UK Wales	YES – the plan supports the delivery of the Well Being of Future Generations (Wales) Act 2015. More informaton can be found at: <a href="https://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en">https://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en</a>

### 3.5 Implementation of NCCPs

Twenty-three countries reported to have their NCCPs implemented, however, in Finland the documents are partially implemented. Germany added that in their country the process is still on-going. Ireland explained that their recommendations of the National Cancer Strategy 2017-2026 are in the process of implementation, which is monitored on a regular basis.

Seven countries reported that their NCCPs are not implemented.

Belgium reported that they have evaluated the implementation of their previous plan in 2012.

See Table 8 for more detailed information.

**Table 8.** Implementation of NCCPs

Country	Implemented YES/NO	Specific information
Austria	YES	Several objectives and measures are already implemented, the implementation of the remaining measures is planned for the next years.
Belgium	YES (previous)	see: <a href="http://www.e-cancer.be/publications/Pages/default.aspx">http://www.e-cancer.be/publications/Pages/default.aspx</a> The 2012 evaluation of the cancer plan focused on the evaluation of the implementation of the different actions. See: <a href="https://workspaces.wiv-isp.be/ecancer/PublicFiles/presentations/Belgian_Cancer_Center/Quantitative_evaluation_Cancer_Plan_Results%202011_EN.pdf">https://workspaces.wiv-isp.be/ecancer/PublicFiles/presentations/Belgian_Cancer_Center/Quantitative_evaluation_Cancer_Plan_Results%202011_EN.pdf</a>
Bulgaria	YES	The National Programme for Prevention of Chronic Non-communicable Diseases started in 2014. There are many activities, listed in the action plan, which target the major NCDs' (including cancer) risk factors, that have been implemented and are to be implemented. Additionally, there are population-based screening activities planned for every year in all 28 regions in the country.
Croatia	NO	The national programmes for early detection of breast, colorectal and cervical cancers are implemented. The National cancer plan is in its final stage of preparation before being presented for public debate.
Cyprus	YES	
Czech Republic	YES	
Denmark	YES	
Estonia	YES	
Finland	PARTIALLY	On-going, implemented in part; National Cancer Center (FICAN) is starting (officially) in the beginning of 2019 --> i.e. all five regional cancer center have been established in 2018, and national projects are in progress, have started in 2017 (such as national guideline of colorectal cancer, establishment of the board of the national screening program, participation to the accreditation programmes), and the coordination unit is starting in the beginning this year.
France	YES	
Germany	YES	They are still being implemented (on-going process)
Greece	NO	The National Cancer Action Plan, 2011-2015 has not been implemented. The Ministry of Health aims to create a revised National Cancer Action Plan, using the "National Action Plan, 2011-2015". With the Law of 2019 Greek Government established a private

		legal entity under the name of the Hellenic National Cancer Institute (HNCI), supervised by the Minister of Health. The aim of the Institute is to propose a national strategy and to coordinate and assist in the prevention, diagnosis, and treatment of solid tumor and hematological malignancy of patients of all ages, the promotion of research, public information and the ongoing training health professionals, as well as relief and health care for patients at the end-of-life stage. The Institute will provide an integrated approach that includes the medical, social and economic dimension of the treatment of neoplastic diseases in all areas of intervention, prevention, control, care and research for the benefit of patients and their relatives and on society as a whole. One of the responsibilities of the "HNCI" is to design and recommend to the Health Minister the formulation of the National Action Plan for the treatment of neoplastic diseases both in general and specifically in research, prevention, early detection, diagnosis, treatment, and palliation. Also is responsible for the harmonization of Greece with the Directives of the respective European organizations and scientific organizations. Additionally, the documents: 1) "Organization and Development of a National Pilot Program for the Prevention and Promotion of Health of the Elderly - IPIONI", with a theme for 2018 "Prevention of gastrointestinal cancer ", 2)" Development - implementation of actions and interventions by the Ministry of Health to raise awareness and information of the student population in the context of Health Education (Health Treatment) at National Level, for the school year 2018 – 2019" have been implemented.
Hungary	YES, BUT UNDER REVISION	
Iceland	NO	
Ireland		The recommendations of the National Cancer Strategy 2017-2026 is in the process of implementation, which is monitored on a regular basis.
Italy	YES NOTE: for some issues: ON-GOING	
Latvia	NO	We would like to point out that the Action plan for improvement the health services in oncology for years 2017-2020 was aproved in the Cabinet of Ministers of the Republic of Latvia in 2017, but all the plan`s included activities are expected to be implemented by 2020.
Lithuania	YES	
Luxembourg	YES	
Malta	YES	
Montenegro		
Netherlands		

Norway	NO	In progress
Poland	YES	
Portugal	YES	
Romania	YES	
Serbia	YES	
Slovakia	NO	
Slovenia	YES	
Spain	YES	
Sweden	YES	Establishment of regional cancer centres and yearly agreements between the government and the county councils (swedish association of local authorities ad regions, SALAR)
Turkey	YES	
UK England	NO	The cancer strategy is a 5-year programme of work running from 2015 to 2020. Annual progress reports are compiled by NHS England and available on their website. The most recent report is available here: <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/national-cancer-transformation-programme-2016-17-progress.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/national-cancer-transformation-programme-2016-17-progress.pdf</a>
UK Wales	YES	This is the second iteration of the paln, which began implementation in 2014.

## 3.6 Special topics

One of the aims of the present survey was to obtain the information regarding the presence of some key elements that quality NCCPs should include, with an emphasis on quality indicators, patient reported outcome measures-PROMs, patient pathways and implementation of Comprehensive Cancer Care Networks-CCCNs.

### 3.6.1 Patient Pathways

The majority of countries (21 countries) reported that in their NCCPs patient pathways are addressed in some way.

For example, in Slovenia patient pathways are addressed and controlled in three screening programmes. In Luxembourg patient pathways for 4 major cancer types are foreseen (lung, breast, colorectal, prostate). In Estonia there are pathways for 14 different modalities.

However, terminology differs. For example, in Cyprus they talk about *patient's journey* and in France about *care pathway*. In Latvia they have algorithms, as well as patient pathway for oncology called "green corridor". In Lithuania there are 20 diagnostic and treatment protocols and methodologies available.

For more detailed information please see Table 9.

**Table 9.** Inclusion of patients pathways in NCCPs

Country	Patient pathways YES/NO	Examples
Austria	NO	
Belgium	NO	<p>Patient pathways are always addressed however not formally described at a national basis. Except where specific needs are being identified e.g. when certain aspects of care are considered to benefit from concentration (e.g. pancreas, oesofagus, NGS analysis, ...)</p> <p>The national centre for healthcare expertise drafted some guidance/recommendations for the care of specific cancers, such as lung cancer:  <a href="https://kce.fgov.be/sites/default/files/atoms/files/KCE_266Cs_LungCancer_Synthese.pdf">https://kce.fgov.be/sites/default/files/atoms/files/KCE_266Cs_LungCancer_Synthese.pdf</a></p> <p>Head and neck:  <a href="https://kce.fgov.be/sites/default/files/atoms/files/KCE_219_proposal_cancer_head_and_neck.pdf">https://kce.fgov.be/sites/default/files/atoms/files/KCE_219_proposal_cancer_head_and_neck.pdf</a></p>
Bulgaria	NO	
Croatia	YES	There is an entire chapter on defining the National oncological network (the fragmentation of oncology care is one of the major issues in Croatia).
Cyprus	YES	The last chapter describes a cancer network. The patient's journey is leaded through this network.
Czech Republic	NO	

Denmark	YES	The Cancer Patients Pathways/Cancer Care Pathways-CCPs were implemented in 2008 and since 2012 the CCP timeframes have been regularly monitored (cf. the answer under item nr 2) both on a national level and a regional level. The CCPs are a central part of the National Cancer Control Programme and with the latest National Cancer Control Programme an update of the CCPs was initiated.
Estonia	YES	<a href="https://www.ravijuhend.ee/tervishoiuvarav/juhendid">https://www.ravijuhend.ee/tervishoiuvarav/juhendid</a> - There are pathways for 14 different modalities ( <i>käsitlusjuhendid</i> )
Finland	YES	See web pages: <a href="http://www.hus.fi/en/medical-care/medical-services/Oncology/cancer-patient-treatment-pathways/Pages/default.aspx">http://www.hus.fi/en/medical-care/medical-services/Oncology/cancer-patient-treatment-pathways/Pages/default.aspx</a> and <a href="http://hoitoreitit.vsshp.fi/toimialueiden_prosessit/t7/rinta_syopa_english/rintasyopa_Prosessitaso.htm">http://hoitoreitit.vsshp.fi/toimialueiden_prosessit/t7/rinta_syopa_english/rintasyopa_Prosessitaso.htm</a> (these are examples from the two largest univ. hospitals, Helsinki University Hospital, HUS and Turku University Hospital, TYKS).
France	YES	The care pathway is an issue addressed by the National Cancer Plan, from screening to after cancer, through diagnostic and different treatment modalities, including issues related to quality of life.
Germany	YES	The German National Cancer Plan recommends the implementation of patient pathways. Thus they shall be developed for each type of tumour in order to describe the real treatment procedure.
Greece	NO	
Hungary	YES	Decision of the treatment through the Onco-team
Iceland	NO	
Ireland	YES	Recommendation 12 of the National Cancer Strategy; "the NCCP (National Cancer Control Programme) will further develop the model of care for cancer to achieve integration between primary care and hospital settings at all stages of the cancer continuum, from diagnosis to post treatment care.
Italy	YES	
Latvia	YES	One of the Plan's measures is to establish procedures for the implementation of a secondary diagnostic algorithm for malignant tumors. In order to determine this procedure, were made amendments with aim to provide faster and more effective diagnosis of patients with oncological diseases and ensuring the timely start of treatment for oncological disease. The amendments provide the appropriate procedures for conducting investigations to ensure greater availability of health care services. For additional we would like to point out that in order to be able to initiate oncological patient's timely treatment and achieve better treatment results, since October 2016, the Ministry of Health of Latvia developed the patient pathway for oncology called "green corridor". It is mean, that the patient with the referral of the family doctor has the opportunity to receive a certain state funded examination within 10 working days (for example, mammography, ultrasonography etc.). "Green corridor" allows the patient to get the certain health services out of the common waiting list.
Lithuania	YES	According to the LAW ON THE RIGHTS OF PATIENTS AND COMPENSATION FOR THE DAMAGE TO THEIR HEALTH REPUBLIC OF LITHUANIA, approved by the Parliament of the Republic of Lithuania 3 October 1996 – No I-1562 (as last amended on 19 November 2009 – No XI-499) there are 3 kinds of standards:

		<p>- Diagnostic and treatment methodology shall mean a document prepared by universities, scientific research institutions, and professional medical associations, based on medical scientific and practical evidence, whereby the general principles of the diagnosis and treatment of medical conditions and diseases are established.</p> <p>- Diagnostic and treatment protocol shall mean a document approved by the head of a health care institution whereby a consistent course of diagnosis and treatment is established.</p> <p>- Diagnostic and Treatment Regulations shall mean a document adopted by an order of the Minister of Health whereby the procedure for diagnosis and treatment reimbursable from the budget of the Compulsory Health Insurance Fund is established.</p> <p>The health care providers are required to follow diagnostic and treatment procedures approved by the MoH and (or) diagnostic and treatment protocols prepared by universities, research institutes and professional associations and approved by the manager of a healthcare institution. If there are no nationally approved diagnostic and treatment procedures or diagnostic and treatment methods, health care providers are required to prepare and approve diagnostic and treatment protocols of the most risky diagnostic and treatment methods which must be followed by the health care specialists according to their competence and the scope that is specified in the protocol. Diagnostic and treatment methodology are recommended.</p> <p>20 diagnostic and treatment protocols in field of oncology are prepared and placed on the website of the MoH <a href="https://sam.lrv.lt/lt/veiklos-sritys/asmens-sveikatos-prieziura/diagnostikos-gydymo-metodikos-ir-rekomendacijos/diagnostikos-ir-gydymo-protokolai">https://sam.lrv.lt/lt/veiklos-sritys/asmens-sveikatos-prieziura/diagnostikos-gydymo-metodikos-ir-rekomendacijos/diagnostikos-ir-gydymo-protokolai</a></p> <p>Diagnostic and Treatment Regulations in field of oncology approved by the Order of the Minister of Health are mandatory and are placed on the website of Register of Legal Acts (TAR).</p>
Luxembourg	YES	→ The development of patient pathways for 4 major cancer types is foreseen (lung, breast, colorectal, prostate) in the Cancer Plan. This is being performed by the National Cancer Institute (INC).
Malta	YES	Cancer care pathways are mentioned in several places within the Plan (see pdf version attached). More specifically they are mentioned on page 61.
Montenegro	NO	only brochures, flyers and posters were prepared for tree screening programmes
Netherlands		
Norway	YES	"Pakkeforløp for brystkreft" (National pathway for Breast Cancer <a href="https://helsedirektoratet.no/retningslinjer/pakkeforlop-for-brystkreft">https://helsedirektoratet.no/retningslinjer/pakkeforlop-for-brystkreft</a> )
Poland	YES	<p>It can be said that some kind of patient pathway in Poland has been defined in a special legal regulation, which is called the Oncology Package.</p> <p>The oncology package is a colloquial definition of legal acts, introducing rapid oncological therapy, which is an organizational solution aimed at efficient and quick leading the patient through the subsequent stages of diagnosis and treatment. Rapid oncology therapy is intended for patients in whom doctors suspect or diagnose malignant tumor and patients during oncological treatment (chemotherapy, radiotherapy, surgical treatment). There are no age limits in access to treatment as part of rapid oncology therapy. The regulations introducing rapid oncology therapy entered into force on January 1, 2015, and were modified on</p>

		<p>July 1, 2017. Formally, the oncology package is not a health or preventive program. The patient does not report for rapid oncological therapy or register for it. Also, the Ministry of Health and NFZ do not qualify patients to participate in rapid oncology therapy. The decision to initiate treatment as part of rapid oncological therapy - based on the patient's results - is taken by a doctor.</p> <p>The most important new elements of the health care system for oncology patients on the base of oncology package:</p> <ul style="list-style-type: none"> <li>• a card for oncology diagnostics and treatment, which is also a referral to a specialist doctor; Read more about the oncology diagnosis and treatment card</li> <li>• 7 weeks is the time when, from the moment of reporting to a specialist, the patient must have the tests needed to make a diagnosis; Read more about 7 weeks</li> <li>• coordinator - a person who organizes the treatment of the patient and is his guide after subsequent stages of treatment; Read more about the coordinator</li> <li>• the abolition of limits in the case of rapid oncology providers.</li> </ul> <p>The most important benefits that will bring the implementation of the oncology package:</p> <ul style="list-style-type: none"> <li>• shortening the queues for patients with suspected cancer;</li> <li>• ordering the diagnosis and treatment process of the patient;</li> <li>• introduction of quick diagnostics and comprehensive treatment;</li> <li>• reducing the mortality of oncological patients;</li> </ul> <p>By virtue of the Act of 9 March 2017 amending the Act on health care services financed from public funds (Journal of Laws, item 759), which entered into force on 1 July 2017, the Ministry of Health introduced a number of changes in the functioning of the so-called. oncology package. The oncology package is a colloquial definition of legal acts, introducing rapid oncological therapy, which is an organizational solution aimed at efficient and quick leading the patient through the subsequent stages of diagnosis and treatment. The above actions were dictated by concern for providing the best medical care for patients with cancer diseases,</p> <p>The Act introduces the following changes in the oncology package, among others:</p> <ol style="list-style-type: none"> <li>a) simplifies reporting on the keeping of waiting lists for services provided on the basis of the diagnostic and oncological treatment card;</li> <li>b) introduces the possibility of issuing a diagnostic and oncological treatment card by a physician providing outpatient specialist services in case of a suspicion of a malignant tumor. It is a manifestation of activities aimed at making the card issuing more flexible;</li> <li>c) repeals the provisions regarding the cancer recognition rate assigned to primary care physicians. So far, after exceeding the minimum value of the index, the primary care physician loses the possibility of issuing a diagnostic and oncological treatment card until the completion of training in the field of early diagnosis of cancer;</li> <li>d) repeals the provisions on the obligation to report the Malignant Tumor Card directly to the National Cancer Registry by a physician providing outpatient specialist services or hospital services who have identified a malignant tumor. Experience to date suggests that the introduction of the obligation to report the Malignant Tumor Card directly to the National Cancer Registry by a physician providing outpatient</li> </ol>
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		specialist services or hospital services that stated a malignant tumor did not contribute to an increase in the reporting or improvement of the quality of data reported to the National Cancer Registry; e) modifies the scope of data required for inclusion in the card for oncological diagnostics and treatment - resignation from fields related to data related to the National Register of Cancer, data on symptoms and diagnostic tests; f) replace the word "malignant tumor" with the term "malignant or locally malignant tumor". This is to enable treatment as part of the oncological package, e.g. benign tumors of the central nervous system, which are non-malignant in histopathological and oncological classification, but are clinically malignant, and therefore require a diagnostic-therapeutic procedure, characteristic of malignant tumors.
Portugal	NO	
Romania	YES	Cluster of Preventive services and follow-up
Serbia	NO	
Slovakia	NO	
Slovenia	YES/NO	At the moment exact patient pathways are addressed and controlled in the 3 screening programs ZORA, DORA, SVIT
Spain	NO	
Sweden	YES	<ul style="list-style-type: none"> <li>o Sweden have implemented standardiserade vårdförlopp/pakkeforlob/ cancer patient pathways for 31 diagnoses . we between 2015-2018. The goal is to Reduce waiting times</li> <li>o Reduce regional differences</li> <li>o More equal care with increased quality and improve patient experience</li> <li>o More predictive care for the patients</li> </ul> <p>We follow up waiting times and patient reported experience measruements (PREMs)</p>
Turkey		
UK England	YES	The strategy specifically looks at patient follow-up pathways to improve the care and treatment of people ;iving with and beyond cancer. This involves managing side effects better and helping people to live better for longer.
UK Wales	YES	The plan commits the National Health Service in Wales to reform tumour specific pathways as part of a progmme of work to introduce an overarching 'Single Cancer Pathway'. The SCP is actually the 62-day waiting time measure applied to the pathway. The reform of the tumour site pathways that sit underneath this national pathway measure are being re-written according to standards, best practice and to improve efficiency. For instance, straight to test approaches.

### 3.6.2 Quality Indicators for implementation of NCCPs

Quality indicators for implementation of NCCPs are addressed in national/regional cancer documents in 20 countries, however in Finland partially. Ten countries reported that in their NCCPs quality indicators are not addressed.

Please see Table 10 for more detailed information.

**Table 10.** Quality indicators (QI) for implementation of NCCPs

	QI	Examples
	YES/NO	
Austria	NO	
Belgium	YES	Quality indicators are always included when interventions are implemented – they are developed in collaboration with the stakeholders and monitored through the cancer register and evaluated together with the respective involved parties including the authorities.
Bulgaria	NO	
Croatia	NO	
Cyprus	NO	
Czech Republic	YES	Local and regional indicators, see enclosed, e.g., volume of care, personal capacity, characteristics of new cancers, time from diagnosis to treatment, hospital mortality, absolute and relative survival volume of psychological care, etc.
Denmark	YES	1. In 2025 the survival of cancer in Denmark is on par with the best of our Nordic neighboring countries and at least 3 in 4 cancer patients survive a cancer disease. 2. We have a smoke free generation 2030 3. By 2020, 90 percent of the cancer patients find that they have a 'patient-responsible doctor' - the same doctor who oversees the entire patient process - one doctor who follows you as a patient throughout the process.
Estonia	YES	<a href="https://www.haigekassa.ee/sites/default/files/kvaliteet/hk_kvaliteediraport_2016_a4_web_200117.pdf">https://www.haigekassa.ee/sites/default/files/kvaliteet/hk_kvaliteediraport_2016_a4_web_200117.pdf</a> Breast cancer indicators (time for diagnosing, radiation therapy) Colorectal cancer indicator (30 day mortality postoperative colorectal surgery care) There are developed also: 6 indicators for cervical cancer, 4 indicators for colorectal and 4 for breast cancer, 5 indicators for prostate cancer.
Finland	YES/in part	<i>Listed in the cancer plan I and II (see the abstract of - 'Development of cancer prevention, early detection and rehabilitative support 2014–2025. National Cancer Plan, Part II.' National Institute for Health and Welfare. Directions 6/2014, 115 pages. Helsinki, Finland 2013. (In Finnish; abstract in English). <a href="http://julkaisut.valtioneuvosto.fi/handle/10024/70274">http://julkaisut.valtioneuvosto.fi/handle/10024/70274</a></i>
France	YES	The third National Cancer Plan contains several follow-up indicators which allow to monitor and track the implementation course of the activities., and to attest of the progress of the objectives. For example : Screening coverage for breast cancer, coverage of HPV vaccination, number of patient who had access to a complete analysis of the tumoral genome.
Germany	YES	According to the National Cancer Plan, the application of quality indicators is recommended. By implementing consistent quality indicators, a description of process quality and structural quality shall be enabled and reference ranges for the quality of results could be gained. Quality indicators based on medical guidelines are fundamental for the collection of quality data in certified cancer centres.
Greece	YES	(i) Long-term reduction in the number of new cancer cases and the severity of the disease (ii) Increase in survival and quality of life of cancer patients (iii) Improving the quality of life of the sufferers; their family (iv) Reducing the social cost of the disease

Hungary	YES	Regular control and follow up on the applied therapy, patient-satisfactory surveys
Iceland		Ensure that quality of screening is in accordance with European guidelines. - Make an annual assessment of the implementation, success and quality of screenings according to accepted criteria. Make an annual assessment of if to start group searches for defined groups at risk for common cancers, such as prostate cancer, skin cancers, lung cancers and other cancers.
Ireland	YES	<p><b>1) Reduce the proportion of adults in the population who smoke</b> The Strategy aims to reduce the percentage of those aged 15+ who smoke down to 17% by the end of 2018 and 5% by 2025.</p> <p><b>2) Maintain target uptake rate for BreastCheck</b> The Strategy aims to maintain the 70% uptake rate for the Breast Cancer Screening Programme (BreastCheck) population for the duration of the Strategy (2017-2026).</p> <p><b>3) Achieve the radiotherapy treatment target</b> The Strategy aims for 90% of patients to commence treatment within 15 working days of being deemed ready to treat.</p> <p><b>4) Complete centralisation of cancer surgical activities</b> The Strategy aims for 95% or more of surgeries to be conducted in approved centres with various targets set until completion in 2020.</p>
Italy	YES	<p>AIM: Contrast the consumption of tobacco products</p> <p>MAIN ACTIONS:</p> <ul style="list-style-type: none"> <li>• Reinforce the application of the Italian Law 3/2003 by extending smoking bans and law enforcement activities;</li> <li>• Extend the Law 3/2003 to the emissions on tobacco products.</li> <li>• Implementing WHO – FCTC transposed with the Law 18 march 2008 n.75 by: <ul style="list-style-type: none"> <li>- Fiscal policies on tobacco products (price increase, excise duties, earmarking).</li> <li>- Control of the ingredients of tobacco products.</li> <li>- Changes related to labeling</li> <li>- Contrast to illicit trade of tobacco products.</li> <li>- Regulate and restrict the supply of tobacco products (sales to minors, vending machines, etc.)</li> <li>- Contrast to initiation to the use of tobacco products</li> <li>- cessation support actions</li> </ul> </li> </ul> <p>INDICATORS:</p> <ul style="list-style-type: none"> <li>• Mixed indicator on lifestyles (Essential Level of Assistance - LEA Grid))</li> </ul> <p>Indicator of National Prevention Plan 2014-2019:</p> <ul style="list-style-type: none"> <li>• Prevalence of smokers by sex and age)</li> <li>• Proportion of smokers aged 18-69 years who have received the advice to quit smoking in the last 12 months.</li> <li>• Proportion of smokers aged 18-69 years who are working in public places who think the ban is respected.</li> </ul>
Latvia	YES	For example, for primary prevention: cancer incidence and mortality rates, consumption per capita of fruits and vegetables, prevalence of tobacco use among young people, consumption of alcohol. For cancer screening and early detection: organised screening coverage, disease incidence. For diagnosis and treatment: survival rates by tumor site and according to the stage in the diagnosis if available (5 years survival), case fatality rate of

		patients depending on the stage of disease detection. And for supportive function within the health system: registries to support the national plans implementation with data, hospital beds for oncology and palliative care.
Lithuania	YES	<p>-Indicators of NCCP evaluation:</p> <ul style="list-style-type: none"> <li>- basic health indicators of Lithuanian residents</li> <li>- indicators of implementation of the cancer control measures</li> </ul> <p>-NCCP evaluation – midterm 2020, final 2026</p> <p>-Additional indicators (by structure, by process, by outcome) for annual cancer control evaluation established by NCCP Monitoring board (in line with the European Guide for Quality National Cancer Control Programmes recommendations).</p> <p><a href="http://sam.lrv.lt/lt/darbo-grupes/nacionalines-vezio-profilaktikos-ir-kontroles-programos-igyvendinimo-ir-onkologines-pagalbos-organizavimo-stebesenos-taryba/tab.dokumentai">http://sam.lrv.lt/lt/darbo-grupes/nacionalines-vezio-profilaktikos-ir-kontroles-programos-igyvendinimo-ir-onkologines-pagalbos-organizavimo-stebesenos-taryba/tab.dokumentai</a></p>
Luxembourg	NO	
Malta	YES	A list of indicators are included at the end of each chapter
Montenegro	NO	Quality indicators are implemented according to the European guidelines for cancer control
Netherlands		
Norway	YES	<p>Breast Cancer:</p> <p><a href="https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/2017%20Somatisk%20helse/Pakkeforl%c3%b8p%20for%20brystkreft%202%2c0.pdf">https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/2017%20Somatisk%20helse/Pakkeforl%c3%b8p%20for%20brystkreft%202%2c0.pdf</a> and all Cancer diagnosis.</p>
Poland	YES	<p>Announcement of the Minister of Health of July 2, 2018 regarding the measures of assessment of oncological diagnostics and oncological treatment (Journal of Laws of Health, item 52)</p> <p>- obwieszczenie Ministra Zdrowia z dnia 2 lipca 2018 r. W sprawie miernikow oceny prowadzenia diagnostyki onkologicznej i leczenia onkologicznego (Dz. Urzęd. Min. Zdrow., poz. 52)</p>
Portugal	NO	
Romania	YES	Cancer Registries, screening registries
Serbia	NO	
Slovakia	NO	
Slovenia	YES	Time from diagnosis to treatment, complications of diagnostic and therapeutic procedures, place of treatment, treatment outcomes, ... (see attached PDF)
Spain	YES	<p>INDICATORS</p> <ul style="list-style-type: none"> <li>Percentage of ex-smokers</li> <li>Percentage of smokers in population over 15 years of age</li> <li>Percentage of smokers in young population (16-24 age range)</li> <li>Average age at which started smoking</li> <li>Prevalence of obesity in childhood and adolescent population (2-17 age range)</li> <li>Prevalence of obesity in adult population (over 17 years of age)</li> <li>Percentage of at-risk drinkers</li> <li>Degree of participation in the early breast cancer detection program</li> </ul> <p>Percentage of women who have had a mammogram taken</p> <p>Percentage of further testing in view of suspected breast cancer</p> <p>Breast cancer detection rate</p> <p>Number of persons evaluated in genetic counseling units (this indicator is also for Objective 11).</p>

		<p>Percentage of women who have had a cytology performed</p> <p>Degree of participation in the early colon cancer detection program</p> <p>Percentage of individuals with fecal occult blood test measurement taken</p> <p>Percentage of fecal occult blood tested positive</p> <p>Rate of high-risk adenomas tested</p> <p>Invasive colorectal cancer detection rate</p> <p>Number of individuals evaluated in genetic counseling units (this indicator is also for Objective 8)</p> <p>Evaluation of the quality of the care provided</p> <p>Percentage of conservative surgery in breast cancer</p> <p>Hospital mortality rate following cancer surgery: esophagus, pancreas and lung</p> <p>Map of pediatric oncology reference units</p> <p>Organization of palliative care (description of each Autonomous Community)</p> <p>Catalog of specific palliative care facilities</p> <p>Number of beds assigned to palliative care per 1,000 inhabitants</p> <p>Number of research projects funded</p> <p>Percentage of professionals who have received specific basic-level training in palliative care</p> <p>Percentage of professionals who have received specific intermediate-level basic training in palliative care</p> <p>Percentage of professionals who have received specific advanced-level basic training in palliative care</p> <p>Percentage of hospitals with psychological support units or professionals</p> <p>Percentage of patients to whom psychological support has been provided</p> <p>Percentage of patients who have undergone rehabilitation of the physical and functional sequelae of this illness and its treatments, especially the rehabilitation of lymphedema and the care of ostomies.</p> <p>Number of research groups integrated into accredited cooperative networks</p> <p>Number of Spanish publications on cancer in journals with impact factor</p> <p>OVERALL INDICATORS</p> <p>Cancer mortality rate</p> <p>Premature cancer mortality rate</p> <p>Cancer incidence rate</p> <p>Population survival rate found following adult cancer</p> <p>Population survival rate found following childhood cancer</p>
Sweden	YES	survival, multidisciplinary conference, contact nurse
Turkey		
UK England	YES	The strategy recommends the development of a cancer dashboard of metrics at the Clinical Commissioning Group and provider level, to be reported and reviewed regularly by Cancer Alliances. This already includes incidence, survival, treatment, patient experience and performance against operational standards. From 2020 it will include the proportion of patients referred by a GP with symptoms receiving a definitive cancer diagnosis or cancer excluded within 2 and 4 weeks, with a target of 50% at 2 weeks and 95% at 4 weeks by 2020.
UK Wales	NO	The indicators themselves aren't included but the plan does include the methods that will be used to assess and improve quality, such as clinical audit and peer review against standards.

### 3.6.3 Patient Reported Outcome Measures (PROMS)

In 11 countries PROMS are addressed in their national or regional cancer documents, in Finland they are addressed partially. Belgium commented that PROMS and PREMS are in the process of being developed for a number of patients and services, not exclusively for cancer patients.

However, in 20 countries PROMS are not addressed in their national nor regional cancer documents.

For more detailed information please see Table 11.

**Table 11.** Patient reported outcome measures (PROMS)

Country	PROMS	Patients
	YES/NO	
Austria	NO	
Belgium	NO	PROMS and PREMS are in the process of being developed for a number of patients and services, not exclusively for cancer patients. Today there is no overarching structure governing the development, implementation and monitoring of PROMs en PREMS in Belgium. A recently published report of the Belgian Health Care Knowledge Centre (KCE) (KCE report 303), 'Use of patient-reported outcome and experience measures in patient care and policy' however, provides recommendations on how PROMs and PREMs can be used in daily clinical practice, in quality assurance and in policy. The insights of this report will be translated to the Belgian situation.
Bulgaria	NO	
Croatia	NO	
Cyprus	NO	
Czech republic	NO	
Denmark	YES	In 2016 a Partnership project on PROM was established in a collaboration between the regions, The Danish Cancer Society, The Danish multidisciplinary cancer groups and The Research Network for Patient Safety and Quality in Health Care. The Partnership on PROM in Clinical Practice is a 3-year program based on formalized and mandatory cooperation. The purpose of the partnership is to promote the development, use and anchoring of PROM in Danish cancer treatment and ensure that it is done on a systematic and evidence-based basis. The partnership has so far been established for the period 2016 to 2018.
Estonia	NO	
Finland	In part	<ul style="list-style-type: none"> <li>• For example Helsinki University Hospital is coordinating a large EU funded project, Empowerment and Quality of Life of the Breast cancer patients.</li> <li>• There are few mobile application, used by the patients (especially breast and prostate ca), where their symptoms (quality of life, pain, mobility, anxiety) can be registered and followed, and possibility to</li> </ul>



		invite the patient to see the doctor if needed. These applications are in wider used in at three univ. hospitals (of all five), others in progress.
France	NO	The NCP doesn't monitor specific PROMS, but patient's participation is addressed through the «Health Democracy Policy » which is a transversal objective of the Plan. This includes, actions that aim to increase patient's participation within all committees (steering and management, healthcare, research)
Germany	YES	It is an important aspect of the National Cancer Plan to promote a patient oriented approach, especially with regard to shared decision making. In cancer centres, patient surveys must be conducted regularly.
Greece	NO	
Hungary	NO	
Iceland	NO	
Ireland	YES	The Strategy outlines the requirement of the Health Service to enhance our information capacity in order to enable the transparent public reporting of process and outcome indicators, specifically to allow the assessment of equity across cancer services, in respect of age, sex, geographic location and social class. A Strategy recommendation also outlines the need for the NCCP to define focused cancer patient experience surveys, including both treatment and survivorship experiences. This plan relates to patients across in-patient acute care services.
Italy	NO	
Latvia	NO	We would like to point out that in the above mentioned plan does not have a special section regarding this issue, but in Latvia there is an NGO called "Dzīvības koks", whose goal is to defend patients' interests at the national and international level, so that patients have the opportunity to receive better health care. One of the NGO's priorities is the implementation and accessibility of the Psychosocial Rehabilitation Program for Oncology Patients. For more information, please see at the web page <a href="http://www.dzivibaskoks.lv/?lapa=darbiba&amp;id=395">http://www.dzivibaskoks.lv/?lapa=darbiba&amp;id=395</a> .
Lithuania	YES	At the end of 2012, The Minister of Health (2012) signed an order No V-1073 on the utilization of performance assessment criteria for institutions providing inpatient care. This contains a list of quantity and quality indicators, in line with the PATH (Performance Assessment Tool for Quality Improvement in Europe) recommendations. The quantity indicators include average length of stay for select diagnosis, proportion of surgical procedures performed in day surgery, use of operating theatres, infection control indicators. The quality indicators include patient's satisfaction measures, hospital infection prevention and control, registrations and analysis of adverse events, measures for specific patient groups (new-borns, myocardial infarction) and risk assessment for health care personnel. These indicators were introduced over 2013. Hospitals quality indicator data each year provide to SHCAA (State Health Care Accreditation Agency). Summary data are placed on SHCAA website ( <a href="http://www.vaspvt.gov.lt/node/493">http://www.vaspvt.gov.lt/node/493</a> ) (not available in English). Hospitals quantity (efficiency) indicators analyse National Health Insurance Fund under the Ministry of Health. Collected indicators are evaluated by Ministry of Health and results are annually discussed with the hospitals. Performance assessment criteria for institutions providing outpatient care approved by order of the Minister of Health of the Republic of Lithuania No V-419 of 16 April 2018. The quality indicators include

		<p>patient's satisfaction measures, screening programmes (cervix, colon, mamography, prostatae) participation rate.</p> <p>Performance assessment criteria for institutions providing oncological health care approved by order of the Minister of Health of the Republic of Lithuania No V-156 of 17 February 2017. There are specific quality indicators for oncological health care (waiting time, multidisciplinary teams, diagnostic and treatment protocols, clinical indicators, 30-day post-operative mortality rate, patient's satisfaction, etc.)</p> <p><a href="https://www.e-tar.lt/portal/lt/legalAct/7c8fadc0f76411e68034be159a964f47">https://www.e-tar.lt/portal/lt/legalAct/7c8fadc0f76411e68034be159a964f47</a></p>
Luxembourg	NO	
Malta	YES	Once on page 77
Montenegro	YES	Medical treatment of chronic cancer pain
Netherlands		
Norway	YES	
Poland	NO	
Portugal	NO	
Romania	NO	
Serbia	NO	
Slovakia	NO	
Slovenia	NO	We are starting a Pilot project in 2019 on PROMS in breast cancer
Spain	NO	The work of drafting, implementing and evaluating the implementation of the Cancer Strategy of the Spanish National Health System started off with the creation of two committees: the Technical Committee and the Institutional Committee. The Technical Committee comprised of representatives from scientific societies and other professionals of well-known prestige, as experts on the subject and patients associations.
Sweden	YES	Many of the quality registers in Sweden has PROM-enquiries ex prostate cancer
Turkey		
UK England	YES	<p>The world-leading work we are undertaking to develop a long-term quality-of-life metric is being piloted in ten areas, which began in October 2017. Based on evaluation of the testing phase, national rollout will begin in 2019. For the first time, this will allow us to assess the quality of survival alongside survival rates, so that we can identify where additional support is needed</p> <p>NHS England has worked with Public Health England, charities, academics, patients and carers to develop the new national metric on quality of life, based on the established Patient Reported Outcome Measures questionnaires.</p>
UK Wales	YES	The plan signals the intention to introduce PROMs; this has been done in the prostate cancer pathway and this is being done in the lung cancer pathway.



### 3.6.3 Implementation of Comprehensive Cancer Care Networks (CCCNs)

CCCNs are implemented or partially implemented in **20** countries. There are several variations of CCCNs described by countries.

In the majority of countries with implemented CCCN or similar cancer networks, CCCNs are addressed in their national or regional cancer document/s.

In Belgium other types of networking structures exist.

Please, see table 12 for more detailed information.

**Table 12.** Comprehensive Cancer Care Networks (CCCN)

	CCCN  YES/NO	In national/ regional cancer documen t  YES/NO	Networks for cancer care besides the CCCN
Austria	NO		
Belgium	NO	NO	CCCN is not an officially recognized organisation structure in Belgium. <u>Several types of networking structures exist</u> in Belgium though. With respect to care in general, instead of the current local collaborations between hospitals, an official initiative is rolled out on developing loco-regional care networks – this will de facto include oncological care programs. On top of this networkmaze, supra-regional networks are being developed for specialized care in cancer for example for pancreas cancer, oesophageal cancer and NGS testing.
Bulgaria	YES	NO	There are 13 oncological dispensaries in Bulgaria; 7 of them are regional comprehensive cancer centers (Sofia, Plovdiv, Burgas, Stara Zagora, Veliko Tynovo, Shumen and Ruse) - some of which serve several regions in the country. They are the main units for prevention, early diagnosis, specialized complex treatment, organizational and methodological activities, registration, follow-up, and dispensary monitoring.
Croatia	NO	YES	The networks are mostly informal, with the medical professionals sharing their knowledge and experiences through various channels. They have not yet been formalized, and the National cancer plan aims to put a framework on this type of organization by the establishment of National oncology network.
Cyprus	YES	YES	<p>The last chapter describes a cancer network. The patient's journey is leaded through this network. In the National Cancer Strategy , a Network is described which starts at the Ministry of Health Level and covers various Centres nationwide.</p> <p>An example of such an applied practice is Breast Cancer.</p> <p>Cyprus has developed a Breast Cancer Network that offers a nationwide organised Cancer Screening (eligible are all women between the ages of 50-69), diagnosis and specialised surgical treatment Services, radio-and pharmacotherapy services and research (genetic testing).</p> <p>Those Services are offered by four different Institutions and their satellites nationwide. Mammography Centres are spread over the island under the administration of the Ministry of Health. Diagnosis (biopsies, histology, further</p>

			<p>radiological investment and Surgical Care) are offered in Nicosia General Hospital, Chemotherapy and radiotherapy are offered at the Bank of Cyprus Oncological Centre and genetic testing and counselling (BRCA etc) are offered by the Institute of Neurology and Genetics.</p> <p>The professionals that are mainly involved in the network meet regularly (once a week) and design the treatment plan for every single newly diagnosed case.</p> <p>The same practice is followed for other cancers as well. Although a uniform system of quality assurance and a unified informatics system for optimal exchange of information are not applied yet ( are in the process to be applied) .</p>
Czech Republic	YES	YES	<p>Currently starting to be implemented, firstly as a pilot model in Vysočina Region (<a href="http://cccn.onconet.cz/">http://cccn.onconet.cz/</a>), described in the document Organisation and quality assessment of cancer care in the Czech Republic (see enclosed) as Regional cancer groups, lead by comprehensive cancer centre, including all inpatient cancer care providers in the region and other cancer care providers, contractual cooperation, optimal centralisation and distribution of services, common guidelines, multidisciplinary teams</p>
Denmark	YES	YES	<p>Danish Comprehensive Cancer Center (DCCC) is a collaboration on cancer research and development, and organised with a Governance Board, a Steering Committee, a Scientific Council and a Secretariat.</p> <p>The purpose of DCCC is to create optimal conditions for Danish cancer research by promoting cooperation and coordination of cancer research as well as increasing access to international funding and partnerships. In addition, the centre will help to spread new knowledge and new treatment methods faster and more systematically across the country, thus shortening the path from research to clinical practice. In this way, DCCC contributes to optimise cancer treatment in Denmark.</p> <p>The Governance Board consists of the five region chief executives within the area of health. The regions are responsible for hospitals, including emergency care, psychiatry, and health services provided by general practitioners and privately practicing specialists. The Board is authorised to make national decisions in the area of health in Denmark and the Board is the top decision-making authority in DCCC.</p> <p>The Steering Committee in DCCC is responsible for the running of the centre and consists of representatives from the corporate management level in the Danish regions, the university hospitals, the universities and the Director General of the Danish Health Authority.</p> <p>The members of the Scientific Council in DCCC are appointed by the Governance Board <i>on the basis of their specialist knowledge</i> within the field of cancer and their extensive national and international networks. They advise the Board of DCCC on scientific and patient-related issues.</p>
Estonia	NO	WILL BE	

Finland	YES	YES (BOTH)	National Cancer Center Finland (FICAN) is a tight network of five regional cancer centers and the coordination unit. The members of the each regional cancer center are the hospital districts of the university hospital catchment area and the medical university (all hospital districts and medical universities are involved). The task of the FICAN is to coordinate nationally the prevention, diagnostics, treatment and rehabilitation, closely/integrated with cancer research (especially translational research) and education.
France	YES	YES	<p>Networks are considered as important vectors and key tools for the optimization at the regional and national level in every aspects : screening (regional structure), healthcare (regional cancer network), data (registries), research (canceropôles, SIRIC).</p> <p><u>The regional cancer networks</u></p> <p>To meet the imperative of coordinating actors in the management of cancer patients, the regional cancer network has been identified as a pivotal organization in the health field. All the French regions are covered by a regional cancer network. Health care facilities must be members of a network recognized by the National Cancer Institute to be licensed to the cancer treatment activity. The recognition of the regional Cancer networks ("RRC") is renewed regularly by decisions of the President of the Institute.</p> <p><u>Cancéropôles : regional hubs</u></p> <p>The creation of the cancéropôles was one of the organisational measures undertaken under the 2003 2007 Cancer Control Plan. It has represented a major action for strengthening the national research dynamic. Created in 2003, supported by INCa since 2005 and labelled in 2011, seven cancéropôles contribute to structuring the research at the regional or interregional level, in accordance with INCa research support policy. They aim to stimulate research and encourage the transfer of results to patients. These structures involve territorially: Teams of public research organisations (Inserm, CNRS, CEA, Universities...); Hospital-university centres (CHU); The Cancer Control centres (CLCC) ; the Health industry, etc.</p> <p><u>Sites de recherche intégrée sur le cancer (SIRIC) : Integrated Cancer Research Sites</u></p> <p>The National Cancer Institute has established a competitive policy for the labeling of Integrated Cancer Research Sites (SIRIC). Their objective: to provide new operational conditions for cancer research and development. In this respect, the creation of these SIRICs must lead to significant changes in the conduct of multidisciplinary and integrated research.</p>
Germany	YES	YES	The national cancer document contains a three-stage model of cancer care: 1. <b>Organ specific cancer centres</b> treating common tumour types. These are certified networks of inpatient and out-patient facilities that collaborate closely in an interdisciplinary way. 2. There are <b>oncological centres</b> providing expertise for less common tumours. 3. <b>Top level oncological centres</b> (Comprehensive Cancer Centres, CCC) developing innovative therapies and new standards.
Greece	YES	NO	For Pediatric Hematology-Oncology through the Hellenic Society of Pediatric Hematology-Oncology

Hungary	YES	YES	Cooperation between the National Institute (leading and supervising entity) and the 4 regional centre
Iceland	NO		
Ireland	NO		<p>-The Strategy outlines the importance of a networked approach to cancer care which ensures that each element of the patient pathway operates in an integrated manner. The National Cancer Control Programme (NCCP) was established in 2007 as part of the previous National Cancer Strategy and aims to ensure that all elements of cancer policies are delivered to the maximum possible extent. The NCCP works alongside a number of institutions, including the Department of Health (DoH), Health Service Executive (HSE), National Cancer Registry (NCR), National Screening Service (NSS), and the seven national hospital groups.</p> <p>-The NCCP is in the process of implementing specific Strategy recommendations including a number in relation to survivorship care, cancer prevention and the centralisation of cancer surgeries. The NCCP also monitors the performance of Rapid Access Clinics in hospitals which ensures the timely scheduling of patient appointments and diagnosis when the individual is symptomatic.</p> <p>-The NCR's primary function is to identify, collect, classify, record, store and analyse information relating to the incidence and prevalence of cancer and related tumours in Ireland. This data is used to promote and facilitate research and to plan and manage cancer services.</p> <p>- The NSS deals with early diagnosis in running the country's three cancer screening programmes; BreastCheck, CervicalCheck and BowelScreen.</p> <p>-Each of these institutions operate under the governance of the DoH and/or the HSE.</p>
Italy	YES NOTE: in the context of a devolved NHS some Regions have already implemented it while	YES	

	the majority are in the process to		
Latvia	YES	NO	We would like to point out that in Latvia depending on available resources (including technology, human) and specialization, health services are divided into: primary health care providers, secondary outpatient health care providers and in-patient care providers according to the Regulation of the Cabinet of Ministers of the Republic of Latvia No. 555 „Procedures for the Organisation and Financing of Health Care” (adopted on 28 August, 2018). For example, in-patient care providers are divided into five treatment levels (for example, V level is university hospitals but I level is smaller regional hospitals and medical centres) and specialized medical institutions. For more information, please see the web page <a href="https://likumi.lv/ta/id/301399-veselibas-aprupes-pakalpojumu-organizesanas-un-samaksas-kartiba">https://likumi.lv/ta/id/301399-veselibas-aprupes-pakalpojumu-organizesanas-un-samaksas-kartiba</a> .
Lithuania	YES	YES	<p>Health care services for patients are began by primary health care institutions – family doctors, general practitioners offices.</p> <p>Family doctor, within the competence determinate order Lithuanian medical standard, recommends cancer preventive tools, organizes the early diagnostics of oncological diseases through cancer screening programs, suspects pre-cancer diseases and cancer, takes consultations with other health specialists about patients state of health, diagnosis, suspicion, confirmation, treatment (beginning, changing, stop) or working state as well, continues the health specialist appointed treatment, organizes rehabilitation, palliative care and other, if needed, realizes the long-term monitoring of patients after treatment.</p> <p>Cancer diagnostic and treatment are provided by the health care specialists in appropriate field – pulmonologist, urologist, gynecologist ant other, with competence established by Lithuanian medical standards.</p> <p>Specialized cancer diagnostic and treatment are provided by oncologist chemotherapist and oncologist radiotherapist with competence established by Lithuanian medical standards. The specialized cancer care services (comprehensive diagnostic and treatment) are concentrated in 6 health care institutions – National cancer institute (specialised cancer centre), Vilnius University Hospital Santaros Klinikos, Lithuanian University of Health Sciences Hospital Kauno Klinikos, Klaipėda University Hospital, Republican Hospital of Šiauliai, Republican Hospital of Panevėžys (except radiation therapy). There are provide complex services of diagnostics and treatment of oncological diseases, investment in infrastructure and develop innovative healthcare methods.</p>

Luxembourg	NO		→ Competence networks (not cancer specific) are foreseen to be established in accordance with the “Law of 8 March 2018 on hospital establishments and hospital planning”. The definition of such networks and the scope of their activity are currently in discussion.
Malta	NO		A CCCN as described in Annex 3 is very difficult to set up in Malta due to the smallness of the country. However, our patients do benefit from expertise not present in Malta through the UK Bilateral Agreement (since 1975). Patients requiring highly specialised care are referred to centres of expertise in the UK through the above-mentioned formal agreement. See: <a href="https://deputyprimeminister.gov.mt/en/cbhc/Pages/treatment-abroad/NHSORP.aspx">https://deputyprimeminister.gov.mt/en/cbhc/Pages/treatment-abroad/NHSORP.aspx</a>
Montenegro	NO		
Netherlands			
Norway	YES	YES	Norway have National Cancer Pathways.
Poland	YES/NO		<p>Currently there are 16 Oncology Centers in Poland that play the role of regional and national centers at the same time. In these centers, all cancers are treated, including rare neoplasms and also there are in our country oncological departments in General hospitals and Childrens hospitals and Clinical hospitals based on the Medical Academy, which guarantee comprehensive cancer care, <a href="http://www.puo.pl/dla-pacjentow/osrodki-onkologiczne">www.puo.pl/ dla-pacjentow/osrodki-onkologiczne</a>.</p> <p>It should be noted that by Ordinance of the Minister of Health of March 8, 2018, a team was established to design a concept for the organization and functioning of the National Institute Oncology. The team mentioned above acted as an auxiliary body of the Minister of Health and ended its activity in June 2018. Proposed by the expert committee concept of system solutions "The concept of organization and functioning The National Oncology Network "is the starting point for development and implementation over the next few years, reform of systemic oncology care in Poland.</p> <p>It assumes, among others preparation of a legal framework for the definition of "National Strategy Oncology ", ie a set of strategic priorities covering not only care oncology, but also education and research in the field of oncology and hematooncology. At the same time, I kindly explain that based on the provisions of the abovementioned expert document directional decisions will be taken as to the shape of the oncology care system in Poland.</p> <p>The Minister of Health, aiming to increase the availability of services for patients with cancer, as well as to provide patients with high quality oncological services, ordered the Agency for the Assessment of Medical Technology and Tariffs (AOTMIT) to prepare solutions in the field of comprehensive services in oncological care.</p> <p>It should be emphasized that currently ongoing work in the AOTMIT in the consultation process with the health care system stakeholders, appropriate solutions for the provision of comprehensive oncological care, are carried out with</p>

			<p>particular attention to patient qualification criteria, development and detailed verification of the scope in terms of interventions provided to patients and other conditions for the provision of comprehensive oncological care services. At this point, it should be clarified that this order (in the first place) included the development of a project for the provision of "Breast Cancer Unit", and then the development of comprehensive guaranteed services in the field of:</p> <ul style="list-style-type: none"> <li>• treatment of lung cancer,</li> <li>• treatment of colon cancer,</li> <li>• treatment of prostate cancer and</li> <li>• treatment of cancer of female organs.</li> </ul> <p>One of the assumptions of the comprehensive care of breast cancer patients is the concentration of resources in reference centers in order to obtain optimal treatment results.</p> <p>The model prepared by AOTMIT consists of nine basic modules:</p> <ol style="list-style-type: none"> <li>1) screening (prevention and education),</li> <li>2) initial and in-depth diagnostics as part of outpatient specialist care,</li> <li>3) surgical treatment (sparing / radical / palliative),</li> <li>4) surgical treatment in the field of breast reconstruction,</li> <li>5) radiotherapy (preferred conditions of use: outpatient procedure),</li> <li>6) systemic treatment (preferred conditions of performance: outpatient mode),</li> <li>7) oncological rehabilitation - psychophysical (including health education, psychological support),</li> <li>8) specialized oncological care (monitoring the patient's condition after completing therapy),</li> <li>9) palliative / hospice care.</li> </ol> <p>The proposed new organizational model is dedicated to patients with breast cancer, ensuring complexity and coordination of the entire diagnostic and therapeutic process, to improve the quality of treatment, increase survival in patients with breast cancer, improve the quality of life and ensure a rapid return to professional activity.</p> <p>At this point, I consider it appropriate to inform that at present the Ministry of Health is carrying out analytical work aimed at determining the final shape of the conditions for the provision of comprehensive diagnosis and treatment of breast cancer.</p>
Portugal	YES	NO	
Romania	YES	YES	Cancer screening networks
Serbia	NO	NO	<p>Within public healthcare system there are different levels of healthcare for provision of services related to prevention, treatment and palliative healthcare for malignant diseases as well.</p> <p>Within tertiary level healthcare institutions there are departments for different healthcare services for cancer treatment and cancer related services.</p>



Slovakia	Yes - partially	YES	The National Cancer Institute in Bratislava has specialized unites (departments) that are focused on a treatment of certain cancer types. These units serve as consultant units for a region of whole Slovakia. Multidisciplinary units of the East Slovak Oncology Institute in Kosice serve as consultant units for east part of Slovakia.
Slovenia	YES	YES	Operating for malignant melanom. In phase of implementation breast cancer. In the next years lung, colorectal and urological cancers.
Spain	NO		
Sweden	NO	NO	Sweden have another model with regional cancer centres which supports the county councils (responsible for the patients). The regional cancer centres have 10 assignments including 10 assignments for better quality in cancer care including, Development of clinical practise guidelines, Strengthen clinical cancer research, Design and implement a plan for prevention and early detection, Support the use of national quality registries. They work together in the confederation of regional cancer centers and have national working groups with experts from the different regions. The working groups cover different cancer diagnoses and we also have national working groups for prevention, cervical-, breast-, and colorectal screening, rehabilitation etc. See also: <a href="http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/20737/2017-10-36.pdf">http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/20737/2017-10-36.pdf</a>
Turkey	YES	YES	
UK England	NO		The Cancer Strategy for England is being delivered primarily by NHS England, in concert with other government bodies including, Public Health England, Health Education England and the wider national health service. Nineteen Cancer Alliances were created to look at the care and support patients should expect to receive from diagnosis to follow-up support across whole populations of patients, so they can address variations and implement best practice. NHS England provides both direct and indirect funding, support and guidance to Cancer Alliances in their work.
UK Wales	YES	YES	Wales Cancer Network

## 4 Discussion and conclusion

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The **aim** of the work in the field of governance of integrated and comprehensive cancer care (Work Package 10 of JA iPAAC) is to develop practical instructions for the successful governance and steering of cancer care in all EU Member States.

The present report arises from the survey on National Cancer Control Programmes (NCCPs) in the surveyed countries carried out within the framework of the Joint Action Innovative Partnership for Action Against Cancer (JA iPAAC) in 2018. On the basis of the answers to this survey, which was sent to the included countries, a generic list of evidence based tools for efficient stewardship and measure of effects of the cancer control will be prepared. The information provided by responding to the survey is very valuable and represents added value for cancer patients in all EU Member States.

Based on the results of the current and previous surveys it is possible to conclude that the overall situation regarding the development of NCCPs in the surveyed countries is improving. In 2011, 24 countries reported to have a NCCPs, while in 2018, the same was true of 32 countries. In fact, this is the third report of its kind prepared as the result of work carried out within the framework of EU Joint Action projects in the field of cancer.

The first extensive survey on NCCPs took place in 2011 as part of the Joint Action European Partnership for Action Against Cancer (JA EPAAC). The report was published in 2012 and is available at [www.epaac.si](http://www.epaac.si).

The second survey on NCCPs was a part of the Joint Action Cancer Control (JA CANCON) and took place in 2015; the results were published in 2016 in a report, published at [www.cancercontrol.eu](http://www.cancercontrol.eu).

Speaking about the present survey, we received answers from all the surveyed countries that were invited to participate. All countries responded; the response rate was 100%. Thirty-two out of 34 countries that completed the survey reported that they have a NCCP or more documents. These countries are:

Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey and England and Wales from United Kingdom. Croatia prepared a draft version.

Two countries that completed the survey (Belgium, the Netherlands) do not have a NCCP at the moment.

In half of the countries (16 countries) cancer documents are single documents, while the other half have several documents addressing cancer.

Eleven countries defined their cancer documents as programmes; seven are defined as plans, five are described as strategies. Nine countries use other or mixed terminology (e.g. programme and policy; plan and strategy; strategy and regional plans...). Countries reported also the titles of their cancer documents in English or in their national language as well as links to the respective documents.

Sixteen countries reported their Cancer documents are supported by legal act. In Estonia the support is partial, only services are supported by legal act. Wales reported that the plan supports the delivery of the Well Being of Future Generations Act 2015. In 14 countries NCCPs are not supported by legal acts.

Twenty-three countries reported to have their NCCPs implemented, however, in Finland the documents are partially implemented. Germany added that in their country the process is still on-going. Ireland explained that their recommendations of the National Cancer Strategy 2017-2026 are in the process of implementation, which is monitored on a regular basis. Seven countries reported that their NCCPs are not implemented. Belgium reported that they have evaluated the implementation of their previous plan in 2012.

One of the aims of the present survey was to obtain the information regarding the **presence of some key elements** that quality NCCPs should include, with an emphasis on patient pathways, quality indicators, patient reported outcome measures-PROMs, and implementation of Comprehensive Cancer Care Networks-CCCNs.

The majority of countries (21 countries) reported that in their NCCPs patient pathways are addressed in some way. For example, in Slovenia, patient pathways are addressed and controlled in three screening programmes. In Estonia, there are pathways for 14 different modalities. In Luxembourg, patient pathways for 4 major cancer types are foreseen (lung, breast, colorectal, prostate).

However, terminology differs. For example, in Cyprus they talk about *patient's journey* and in France about *care pathway*. In Latvia, they have algorithms, as well as patient pathway for oncology called "green corridor". In Lithuania, there are 20 diagnostic and treatment protocols and methodologies available.

Quality indicators for implementation of NCCPs are addressed in national/regional cancer documents in 20 countries, however in Finland only partially. Ten countries reported that in their NCCPs quality indicators are not addressed.

In 11 countries, PROMS are addressed in their national or regional cancer documents, in Finland they are addressed only partially. Belgium commented that PROMS and PREMS are in the process of being developed for a number of patients and services, not exclusively for cancer patients. However, in 20 countries PROMS are not addressed in their national nor regional cancer documents. The inclusion of PROMS in NCCPs is not satisfactory.

CCCNs are implemented or partially implemented in 20 countries. There are several variations of CCCNs described by countries. In the majority of countries with implemented CCCN or similar cancer networks, CCCNs are addressed in their national or regional cancer document/s. In Belgium other types of networking structures exist.

Based on the results of the present and previous surveys on National Cancer Control Programmes (NCCPs), it is possible to conclude that the situation regarding the development and quality of NCCPs is improving thanks also to the constant efforts of the European Commission in this field. Thirty-two out of 34 countries that completed the survey reported to have a NCCP or more documents in 2018. In 2011, 24 countries reported to have a NCCP. Half of the countries reported to have a single cancer document, the other half have several documents addressing cancer. In almost one third of the countries (11 countries) cancer documents are defined as programmes; in 7 countries as plans and in 5 countries as strategies. Nine countries use other or mixed terminology (e.g. programme and policy; plan

and strategy; strategy and regional plans..). In half of the countries cancer documents are supported by legal act. In 14 countries NCCPs are not supported by legal acts, which is not satisfactory. In the majority of countries (23 countries) the NCCPs are completely or partially (1 country) implemented. Seven countries reported that their NCCPs are not implemented.

Regarding the quality of the NCCPs the survey was focused on **certain key elements** (patient pathways, quality indicators, patient reported outcome measures-PROMs, and implementation of Comprehensive Cancer Care Networks-CCCNs) that quality NCCPs should include. Patient pathways and quality indicators are addressed in approximately two-thirds of the countries. Regarding the implementation of CCCNs the situation is similar; CCCNs are implemented or partially implemented in almost two-thirds of the countries. The situation regarding the inclusion of PROMS in NCCPs is not satisfactory (in 20 countries PROMS are not addressed in their national nor regional cancer documents). In general, the situation regarding the presence and quality of NCCPs has improved but there are still fields, which need more dedicated work.

## 5 Annexes

### Annex 1. Tables

**Table 1.** Titles of the NCCPs by countries

Country	Titles of the NCCPs
Austria	National Cancer Framework Programme
Belgium	Belgium had a cancer plan starting in 2008; by now, quasi all actions of the plan have been structuralized or are finished because they had a fixed ending-date. Currently, actions in the field of cancer are included in an integrated cancer policy approach, with specific actions according to the needs identified by stakeholders. Depending on the impact and context of the intervention, different approaches can then be followed to evaluate the implementation of any actions: HTA, HSE, feasibility studies, pilots, ...
Bulgaria	<ul style="list-style-type: none"> <li>National Program for Prevention of Chronic Non-communicable Diseases 2014-2020</li> <li>National Health Strategy 2020</li> </ul> <p>The action plans of these documents address the prevention of oncological diseases through screening mechanisms and through targeting main risk factors, associated with NCDs.</p>
Croatia	<ul style="list-style-type: none"> <li>Resolution on Cancer (2009)</li> <li>National Breast Cancer Screening Programme</li> <li>National Colorectal Cancer Screening Programme</li> <li>National Cervical Cancer Screening Programme</li> </ul>
Cyprus	<ul style="list-style-type: none"> <li>National Cancer Strategy: It represents the first official document of the MOH Cyprus which is still in place.</li> <li>On the same time the National Cancer Committee is working on the revision of the document, which will be ready end of 2018.</li> </ul>
Czech Republic	<ul style="list-style-type: none"> <li>National Cancer Control Programme of the Czech Republic</li> <li>Organisation and quality assessment of cancer care in the Czech Republic (Ministry of Health Bulletin, 13/2017)</li> <li>National Action Plan on Development of Medical Screening Programmes</li> </ul>
Denmark	The national action plan
Estonia	<ul style="list-style-type: none"> <li>National Health Plan 2009–2020 (<a href="http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Tervis/Aruanded/rta_2009-2020_2012_eng.pdf">http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Tervis/Aruanded/rta_2009-2020_2012_eng.pdf</a>)</li> <li>National Health Plan 2020- 2030 (under development)</li> <li>Action plan of cancer care (under development)</li> </ul>
Finland	- 'Development of cancer prevention, early detection and rehabilitative support 2014–2025. National Cancer Plan, Part II.' National Institute for Health and Welfare. Directions 6/2014, 115 pages. Helsinki, Finland 2013. (In Finnish; abstract in English).

	<p>- <i>'Establishing National Cancer Center FICAN: Comprehensive Cancer Center Finland (FICAN)'. Final report by working group on founding of Comprehensive Cancer Center Finland; Ministry of Social Affairs and Health; STM111:00/2011; 13.2.2012. (in Finnish; abstract in English).</i></p> <p>- <i>'Development of cancer treatment in 2010-2020. Working group report. Ministry of Social Affairs and Health. 5.3.2010 (in Finnish, abstract in English).</i></p> <p>- <i>'Syövän hoitoon pääsy opas' (in Finnish, 2016; i.e. Guide to access to cancer care/treatment);</i></p> <p>- <i>'Hoitoonpääsyn seuranta syövän hoidossa' (in Finnish, i.e Monitoring access to cancer treatment);</i></p> <p>- <i>Government Degree on the centralisation of the certain tasks of specialised health care and division of certain duties (includes the establishment of National Cancer Center, centralisation of certain cancer operations etc.)</i></p> <p>- <i>web pages (virtual cancer house – service for all citizen): National Cancer house in the Health Village (supported by the Ministry of Social Affairs and Health). see (in Finnish, and in Swedish).</i></p>
France	Plan cancer 2014-2019
Germany	<p><b>I. Information Paper for the National Cancer Conference, 23 June 2009 in Berlin</b></p> <p><b>II. Dedicated Papers on the targets and objectives of the German National Cancer Plan</b></p> <p><i>Area for Action 1: Further development of early detection programmes</i></p> <ul style="list-style-type: none"> <li>• Objective 1: Better information on and participation in cancer screening programmes</li> <li>• Objective 2a: Early detection of cervical cancer</li> <li>• Objective 2b: Early detection of bowel cancer (colorectal cancer)</li> <li>• Objective 3: Evaluation of cancer screening programmes</li> <li>• Risk-adjusted cancer screening</li> </ul> <p><i>Area for Action 2: Further development of oncological care structures and quality assurance</i></p> <ul style="list-style-type: none"> <li>• Objective 5: Standardising certification and quality assurance of oncological treatment facilities</li> <li>• Objective 6: Evidence based guidelines for the treatment of cancer</li> <li>• Objective 8: Reporting of valid cancer data</li> <li>• Objective 9: Psycho-oncological care according to patients' needs</li> <li>• Ensuring consistent and parsimonious collection of oncological data</li> </ul> <p><i>Area for Action 3: Ensuring efficient oncological care</i></p> <ul style="list-style-type: none"> <li>• Report on behalf of the Federal Ministry of Health: Ensuring efficient oncological drug therapy</li> </ul> <p><i>Area for Action 4: A more patient-centred approach</i></p> <ul style="list-style-type: none"> <li>• Objective 11a: Quality assured information for patients and their families</li> <li>• Objectives 12a, 12b and 13: Communication skills of the service providers and strengthening patient competencies</li> </ul> <p><b>II. Joint Declaration of the Federal Ministry of Health, lead organisations of the purchasers and providers as well as the Laender on the political implementation of the National Cancer Plan</b></p>

Greece	<ul style="list-style-type: none"> <li>- National Cancer Action Plan, 2011-2015</li> <li>- National Cancer Action Plan, 2008-2012</li> <li>- "Organization and Development of a National Pilot Program for the Prevention and Promotion of Health of the Elderly - IPIONI", with a theme for 2018 "Prevention of gastrointestinal cancer".</li> <li>- "Development - implementation of actions and interventions by the Ministry of Health to raise awareness and information of the student population in the context of Health Education (Health Treatment) at National Level, for the school year 2018 – 2019"</li> </ul>
Hungary	<ul style="list-style-type: none"> <li>• National Cancer Control Program</li> <li>• Action Plan for Cancer Control</li> <li>• Screening programs in Cancer</li> </ul>
Iceland	<ul style="list-style-type: none"> <li>• <i>In Icelandic:</i> Tillaga að íslenskri krabbameinsáætlun til ársins 2020 – Notendamiðuð þjónusta í öndvegi/ <i>In English:</i> Icelandic Cancer Plan Proposal to the year 2020 – with focus on people friendly services.</li> </ul>
Ireland	<ul style="list-style-type: none"> <li>• National Cancer Strategy 2017-2026</li> </ul>
Italy	<ul style="list-style-type: none"> <li>- National Oncology Plan renamed "TECHNICAL POLICY DOCUMENT ON THE REDUCTION OF CANCER DISEASE BURDEN.[ It is the comprehensive national plan on fighting cancer currently under revision]</li> <li>- Review of the organizational guidelines and recommendations for the Oncology Network that integrates the acute and post-acute hospital activity with the territorial activity [It highlights the matter of building up and management of CCCN in the general frame of NHS networks]</li> <li>- National Plan for innovation of the Health System based on omics sciences [it addresses the cancer related recent achievements in the omic sciences field in the frame of a general policy of innovation of the NHS due the 'genomic revolution']</li> </ul>
Latvia	<ul style="list-style-type: none"> <li>- Latvia has significant policy document "Action plan for improvement the health services in oncology for years 2017-2020" which includes different activities for reductin of risk factors; cancer screening; early detection, treatment and dinamic obervation; and medical rehabilitation and palliative care.</li> <li>- The Regulation of the Cabinet of Ministers of the Republic of Latvia No. 555 „Procedures for the Organisation and Financing of Health Care" (adopted on 28 August, 2018)</li> </ul>
Lithuania	<ul style="list-style-type: none"> <li>- National cancer control 2014-2025 programme, aproved by order of the Minister of Health of the Republic of Lithuania No V-814 of 16 July 2014</li> <li>Action plans approved by the Minister of Health for each 3 years:</li> <li>- The implementation plan for 2014-2016, approved on 24 November 2014 by the Order of the Minister of Health (No. V-1209)</li> <li>- The implementation plan for 2017-2019, approved on 9 December 2016 by the Order of the Minister of Health (No. V-1419)</li> </ul>
Luxembourg	<ul style="list-style-type: none"> <li>• "National Cancer Plan Luxembourg 2014-2018" (approved by the Government Council on 18 July 2014 and published on 2 September 2014);</li> <li>• "National Cancer Plan Luxembourg 2014-2018: National Concept of the Multidisciplinary Tumour Boards in Oncology" (validated by the National Cancer Platform on 23 March 2016);</li> <li>• "Regulation of the Government in Session of 23 December 2014 establishing a National Cancer Platform";</li> </ul>



	<ul style="list-style-type: none"> <li>• “Law of 8 March 2018 on hospital establishments and hospital planning”.</li> </ul>
Malta	The National Cancer Plan for the Maltese Islands 2017-2021
Montenegro	<ul style="list-style-type: none"> <li>• National Cancer Control Programme (2011)</li> <li>• National Programme for early detection of breast cancer (2010)</li> <li>• National Programme for early detection of colorectal cancer (2011)</li> <li>• National Programme for early detection of cervical cancer (2011)</li> </ul>
Netherlands	
Norway	National Cancer Strategy 2018-2022 "Leve med kreft"
Poland	<ul style="list-style-type: none"> <li>• Health Policy Program - long term program for the years 2006-2015 under the name »National programme to combat cancer diseases« realised on legal basis: Act of July 1, 2005 on establishing a long-term program "National programme to combat cancer diseases".</li> <li>• Health Policy Programme realised by Ministry of Health on the base of legal basis - Resolution No. 208 MINISTER'S COUNCIL from November 3, 2015. on establishing a long-term program for the years 2016-2024 under the name "National Programme to combat Cancer Diseases which is continuation of National programme to combat cancer diseases for the years 2006-2015.</li> </ul> <p>In addition it should be noted that by The Ordinance of the Minister of Health of March 8, 2018, a team was established to design a concept for the organization and functioning of the National Institute Oncology. The team mentioned above acted as an auxiliary body of the Minister of Health and ended its activity in June 2018. Proposed by the expert committee concept of system solutions "The concept of organization and functioning The National Oncology Network "is the starting point for development and implementation over the next few years, reform of systemic oncology care in Poland.</p> <p>It assumes, among others preparation of a legal framework for the definition of "National Strategy Oncology ", ie a set of strategic priorities covering not only care oncology, but also education and research in the field of oncology and hematooncology. At the same time, it must be explained that based on the provisions of the abovementioned expert document directional decisions will be taken as to the shape of the oncology care system in Poland.</p> <p>Current state of work of the team:</p> <ul style="list-style-type: none"> <li>• The team has developed a document that includes:</li> <li>• Current state: cancer epidemiology, oncological care organization, problems in oncology</li> <li>• Structure of the National Oncological Network (description of the place and role of the entities included in the composition)</li> <li>• Piloting of the oncology network at the voivodship level (comprehensive and coordinated oncological care)</li> <li>• Assumptions for the Polish Oncology Strategy</li> </ul> <p>In addition to the above-mentioned programmes and strategy we have legal regulations focused on organizing and securing the patient by proper oncological treatment, among others:</p> <ul style="list-style-type: none"> <li>• Law on healthcare services financed from public funds (Journal of Laws of 2018, item 1510)</li> <li>• The announcement of the Minister of Health of July 2, 2018 regarding the measures of assessment of oncological diagnostics and oncological treatment (Journal of Laws of Health, item 52)</li> <li>• the announcement of the Minister of Health of July 2 on recommendations for the treatment of breast cancer diagnosis and treatment (Journal of Health, item 15, item 53).</li> </ul>
Portugal	Strategic Guidances for the National Program for Oncological Diseases



Romania	National Cancer Control Plan - Draft
Serbia	
Slovakia	Slovak National Oncology Programme
Slovenia	National Cancer Control plan 2017-2021
Spain	Strategy on Cáncer of the National Health System
Sweden	Nationell cancerstrategi för framtiden
Turkey	National Cancer Control Program 2013-2018 Phase 2
UK England	Achieving World Class Cancer Outcomes: A strategy for England 2015-2020
UK Wales	Cancer Delivery Plan for Wales 2016-2018

**Table 2 .** Links to the NCCPs by countries

Country	Link to the document/s
Austria	<a href="https://www.sozialministerium.at/cms/site/attachments/2/7/0/CH4157/CMS1412233312313/krebsrahmenprogramm.pdf">https://www.sozialministerium.at/cms/site/attachments/2/7/0/CH4157/CMS1412233312313/krebsrahmenprogramm.pdf</a>
Belgium	Evaluation of the cancer plan 2008-2010: <a href="http://www.e-cancer.be/publications/Pages/default.aspx">http://www.e-cancer.be/publications/Pages/default.aspx</a>
Bulgaria	The documents are in the attachment file.
Croatia	<ul style="list-style-type: none"> <li>- <a href="https://narodne-novine.nn.hr/clanci/sluzbeni/2009_10_121_2979.html">https://narodne-novine.nn.hr/clanci/sluzbeni/2009_10_121_2979.html</a></li> <li>- <a href="https://zdravstvo.gov.hr/nacionalni-preventivni-programi/1760">https://zdravstvo.gov.hr/nacionalni-preventivni-programi/1760</a></li> <li>- <a href="https://www.hzjz.hr/sluzba-epidemiologija-prevencija-nezaraznih-bolesti/preventivni-program-za-zdravlje-danas/">https://www.hzjz.hr/sluzba-epidemiologija-prevencija-nezaraznih-bolesti/preventivni-program-za-zdravlje-danas/</a></li> </ul>
Cyprus	
Czech Republic	<a href="http://www.onconet.cz/index-en.php?pg=national-cancer-control-programme--full-text">http://www.onconet.cz/index-en.php?pg=national-cancer-control-programme--full-text</a> <a href="http://www.mzcr.cz/Admin/_upload/files/5/ak%C4%8Dn%C3%AD%20pl%C3%A1ny%20-%20p%C5%99%C3%ADlohy/AP%2007_Screeningy_rev%20AV.pdf">http://www.mzcr.cz/Admin/_upload/files/5/ak%C4%8Dn%C3%AD%20pl%C3%A1ny%20-%20p%C5%99%C3%ADlohy/AP%2007_Screeningy_rev%20AV.pdf</a>
Denmark	<p>-The National action plan  <a href="http://www.sum.dk/~media/Filer%20-%20Publikationer_i_pdf/2016/Kraeftplan-IV-aug-2016/Kraeftplan-IV-Patienternes-aug-2016.ashx">http://www.sum.dk/~media/Filer%20-%20Publikationer_i_pdf/2016/Kraeftplan-IV-aug-2016/Kraeftplan-IV-Patienternes-aug-2016.ashx</a></p> <p>-Cancer patient pathways/Cancer Care Pathways (CCP) fx. <u>Breast Cancer patient Pathway</u>:  <a href="https://www.sst.dk/da/sygdom-og-behandling/kraeft/pakkeforloeb/~media/1C04F012BDEF4F14AED632C457FD0CF2.ashx">https://www.sst.dk/da/sygdom-og-behandling/kraeft/pakkeforloeb/~media/1C04F012BDEF4F14AED632C457FD0CF2.ashx</a>  and <u>Lung Cancer patient pathway</u>:  <a href="https://www.sst.dk/da/sygdom-og-behandling/kraeft/pakkeforloeb/~media/89192ECB2709401CAD8E4BBB0304691E.ashx">https://www.sst.dk/da/sygdom-og-behandling/kraeft/pakkeforloeb/~media/89192ECB2709401CAD8E4BBB0304691E.ashx</a>  Find all the CCPs here.  <a href="https://www.sst.dk/da/sygdom-og-behandling/kraeft/kraeftpakker-og-opfoelgningsprogrammer">https://www.sst.dk/da/sygdom-og-behandling/kraeft/kraeftpakker-og-opfoelgningsprogrammer</a></p> <p>-The National monitoring system of the CCP timeframes (fx. on a national level we're monitoring the described timeframes from referral to the hospital until initial treatment starts. On a regional level, they have a more detailed monitoring system. ):  <a href="http://www.esundhed.dk/sundhedsaktivitet/kr%C3%A6ftomr%C3%A5det/CAP1/Sider/CAP1.aspx">http://www.esundhed.dk/sundhedsaktivitet/kr%C3%A6ftomr%C3%A5det/CAP1/Sider/CAP1.aspx</a></p> <p>-Regulation on maximum waiting time for treatment of cancer</p>

	<p><a href="https://www.retsinformation.dk/forms/R0710.aspx?id=169865">https://www.retsinformation.dk/forms/R0710.aspx?id=169865</a></p> <p>-National Comprehensive Cancer Center (DCCC): <a href="http://www.dccc.dk/english/">http://www.dccc.dk/english/</a></p> <p>-The Danish Clinical Registries (RKKP) and The Danish multidisciplinary cancer groups (DMCG) anual reports: <a href="https://www.rkkp.dk/in-english/">https://www.rkkp.dk/in-english/</a> <a href="http://www.dmcg.dk/Kliniske-retningslinjer/In-English/">http://www.dmcg.dk/Kliniske-retningslinjer/In-English/</a></p> <p><a href="https://www.rkkp.dk/databaser/">https://www.rkkp.dk/databaser/</a></p> <p>-The Danish Cancer Register (time of diagnosis, the anatomical location, what kind of cancer is it (histology), spreading of the disease, within the first four months after the diagnosis and how diagnosis is made): <a href="https://sundhedsdatastyrelsen.dk/da/registre-og-services/om-de-nationale-sundhedsregistre/sygedomme-laegemidler-og-behandlinger/cancerregisteret">https://sundhedsdatastyrelsen.dk/da/registre-og-services/om-de-nationale-sundhedsregistre/sygedomme-laegemidler-og-behandlinger/cancerregisteret</a></p> <p>-The register of cause of death ( Causes of death, mode of death, date of death, place of death, gender, age at the time of death and municipality of residence): <a href="http://www.esundhed.dk/sundhedsregistre/DAR01/Sider/DAR01.aspx">http://www.esundhed.dk/sundhedsregistre/DAR01/Sider/DAR01.aspx</a></p>
Estonia	
Finland	<p>- 'Development of cancer prevention, early detection and rehabilitative support 2014–2025. National Cancer Plan, Part II.' National Institute for Health and Welfare. Directions 6/2014, 115 pages. Helsinki, Finland 2013. (In Finnish; abstract in English). <a href="http://julkaisut.valtioneuvosto.fi/handle/10024/70274">http://julkaisut.valtioneuvosto.fi/handle/10024/70274</a></p> <p>- 'Establishing National Cancer Center FICAN: Comprehensive Cancer Center Finland (FICAN)'. Final report by working group on founding of Comprehensive Cancer Center Finland; Ministry of Social Affairs and Health; STM111:00/2011; 13.2.2012. (in Finnish; abstract in English). <a href="http://julkaisut.valtioneuvosto.fi/handle/10024/70274">http://julkaisut.valtioneuvosto.fi/handle/10024/70274</a></p> <p>- 'Development of cancer treatment in 2010-2020. Working group report. Ministry of Social Affairs and Health. 5.3.2010 (in Finnish, abstract in English). <a href="http://julkaisut.valtioneuvosto.fi/handle/10024/72793">http://julkaisut.valtioneuvosto.fi/handle/10024/72793</a></p> <p>- 'Syövän hoitoon pääsy opas' (in Finnish, 2016; i.e. Guide to access to cancer care/treatment); <a href="https://thl.fi/fi/-/syopaan-sairastuneiden-hoitoonpaasyn-seurannasta-opas">https://thl.fi/fi/-/syopaan-sairastuneiden-hoitoonpaasyn-seurannasta-opas</a></p> <p>- 'Hoitoonpääsyn seuranta syövän hoidossa' (in Finnish, i.e Monitoring access to cancer treatment); <a href="http://www.julkari.fi/bitstream/handle/10024/131630/URN_ISBN_978-952-302-782-4.pdf?sequence=1&amp;isAllowed=y">http://www.julkari.fi/bitstream/handle/10024/131630/URN_ISBN_978-952-302-782-4.pdf?sequence=1&amp;isAllowed=y</a></p>

	<p>- Government Degree on the centralisation of the certain tasks of specialised health care and division of certain duties (includes the establishment of National Cancer Center, centralisation of certain cancer operations etc.)  <a href="https://stm.fi/documents/1271139/5228951/VNA_erikoissairaanhoito_PM_22.8.pdf/01361198-fa11-4c07-803c-4ffb58160143/VNA_erikoissairaanhoito_PM_22.8.pdf.pdf">https://stm.fi/documents/1271139/5228951/VNA_erikoissairaanhoito_PM_22.8.pdf/01361198-fa11-4c07-803c-4ffb58160143/VNA_erikoissairaanhoito_PM_22.8.pdf.pdf</a></p> <p>- web pages (virtual cancer house – service for all citizen): National Cancer house in the Health Village (supported by the Ministry of Social Affairs and Health). see <a href="https://www.terveyskyla.fi/syopatalo">https://www.terveyskyla.fi/syopatalo</a> (in Finnish, and in Swedish).</p>
France	<a href="http://www.e-cancer.fr/Expertises-et-publications/Catalogue-des-publications/Plan-Cancer-2014-2019">http://www.e-cancer.fr/Expertises-et-publications/Catalogue-des-publications/Plan-Cancer-2014-2019</a>
Germany	<p><a href="https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/organisation-des-nationalen-krebsplans.html#c3385">https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/organisation-des-nationalen-krebsplans.html#c3385</a></p> <p><a href="https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/handlungsfeld-1.html">https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/handlungsfeld-1.html</a></p> <p><a href="https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/handlungsfeld-2.html">https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/handlungsfeld-2.html</a></p> <p><a href="https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/handlungsfeld-3.html">https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/handlungsfeld-3.html</a></p> <p><a href="https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/handlungsfeld-4.html#c3372">https://www.bundesgesundheitsministerium.de/themen/praevention/nationaler-krebsplan/handlungsfelder/handlungsfeld-4.html#c3372</a></p> <p>Please find attached pdf document referring to point I («Information Paper for the National Cancer Conference, 23 June 2009 in Berlin«).</p>
Greece	
Hungary	
Iceland	<p><a href="https://www.stjornarradid.is/lisalib/getfile.aspx?itemid=c43ad131-631d-11e7-9416-005056bc4d74">https://www.stjornarradid.is/lisalib/getfile.aspx?itemid=c43ad131-631d-11e7-9416-005056bc4d74</a></p> <p><a href="https://www.stjornarradid.is/efst-a-baugi/frettir/stok-frett/2017/07/07/Tillaga-ad-islenskri-krabbameinsaaetlun-forgangsrodun-og-framkvaemd-verkefna/">https://www.stjornarradid.is/efst-a-baugi/frettir/stok-frett/2017/07/07/Tillaga-ad-islenskri-krabbameinsaaetlun-forgangsrodun-og-framkvaemd-verkefna/</a></p>
Ireland	<a href="https://health.gov.ie/wp-content/uploads/2017/07/National-Cancer-Strategy-2017-2026.pdf">https://health.gov.ie/wp-content/uploads/2017/07/National-Cancer-Strategy-2017-2026.pdf</a>
Italy	To be done
Latvia	<p>For the Plan - <a href="http://polsis.mk.gov.lv/documents/5923">http://polsis.mk.gov.lv/documents/5923</a></p> <p>For the Regulation - <a href="https://likumi.lv/ta/id/301399-veselibas-aprupes-pakalpojumu-organizesanas-un-samaksas-kartiba">https://likumi.lv/ta/id/301399-veselibas-aprupes-pakalpojumu-organizesanas-un-samaksas-kartiba</a></p>
Lithuania	<p><a href="http://sam.lrv.lt/uploads/sam/documents/files/Komisijos%20ir%20darbo%20grup%C4%97s/Onkologine%20pagalba/2017/2014-2025%20metu%20vezio%20programa.pdf">http://sam.lrv.lt/uploads/sam/documents/files/Komisijos%20ir%20darbo%20grup%C4%97s/Onkologine%20pagalba/2017/2014-2025%20metu%20vezio%20programa.pdf</a></p> <p><a href="http://sam.lrv.lt/uploads/sam/documents/files/Komisijos%20ir%20darbo%20grup%C4%97s/Onkologine%20pagalba/2017/2017-2019%20metais%20priemoniu%20planas.pdf">http://sam.lrv.lt/uploads/sam/documents/files/Komisijos%20ir%20darbo%20grup%C4%97s/Onkologine%20pagalba/2017/2017-2019%20metais%20priemoniu%20planas.pdf</a></p>
Luxembourg	<p><a href="https://plancancer.lu/plan-cancer/">https://plancancer.lu/plan-cancer/</a></p> <p><a href="https://plancancer.lu/2016/05/26/la-concertation-pluridisciplinaire-un-plus-pour-les-patients/">https://plancancer.lu/2016/05/26/la-concertation-pluridisciplinaire-un-plus-pour-les-patients/</a></p> <p><a href="http://legilux.public.lu/eli/etat/leg/rgc/2014/12/23/n2/jo">http://legilux.public.lu/eli/etat/leg/rgc/2014/12/23/n2/jo</a></p>

	<a href="http://legilux.public.lu/eli/etat/leg/loi/2018/03/08/a222/jo">http://legilux.public.lu/eli/etat/leg/loi/2018/03/08/a222/jo</a>
Malta	<a href="https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/NationalCancerPlan2017.pdf">https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/NationalCancerPlan2017.pdf</a>
Montenegro	<a href="http://www.predsjednik.gov.me/ResourceManager/FileDownload.aspx?rid=81949&amp;rType=2&amp;file=07_29_28_07_2011.pdf">http://www.predsjednik.gov.me/ResourceManager/FileDownload.aspx?rid=81949&amp;rType=2&amp;file=07_29_28_07_2011.pdf</a> <a href="http://www.gov.me/ResourceManager/FileDownload.aspx?rId=85081&amp;rType=2">http://www.gov.me/ResourceManager/FileDownload.aspx?rId=85081&amp;rType=2</a> <a href="http://www.potpredsjednikekon.gov.me/ResourceManager/FileDownload.aspx?rid=85080&amp;rType=2&amp;file=20_34_29_09_2011.pdf">http://www.potpredsjednikekon.gov.me/ResourceManager/FileDownload.aspx?rid=85080&amp;rType=2&amp;file=20_34_29_09_2011.pdf</a> <a href="http://www.mzdravlja.gov.me/ResourceManager/FileDownload.aspx?rid=217335&amp;rType=2&amp;file=Nacionalni%20program%20za%20rano%20otkrivanje%20raka%20dojke%20(2010).pdf">http://www.mzdravlja.gov.me/ResourceManager/FileDownload.aspx?rid=217335&amp;rType=2&amp;file=Nacionalni%20program%20za%20rano%20otkrivanje%20raka%20dojke%20(2010).pdf</a> <a href="http://www.predsjednik.gov.me/ResourceManager/FileDownload.aspx?rid=81949&amp;rType=2&amp;file=07_29_28_07_2011.pdf">http://www.predsjednik.gov.me/ResourceManager/FileDownload.aspx?rid=81949&amp;rType=2&amp;file=07_29_28_07_2011.pdf</a>
Netherlands	
Norway	<a href="https://www.regjeringen.no/no/dokumenter/leve-med-kreft/id2598282/?q=Kreftstrategi">https://www.regjeringen.no/no/dokumenter/leve-med-kreft/id2598282/?q=Kreftstrategi</a>
Poland	<p>Attached documents in PDF:</p> <ul style="list-style-type: none"> <li>- Uchwała Rady Ministrów nr 208 z 3 listopada 2015 o ustanowieniu programu wieloletniego programu na lata 2016-2024 pod nazwą Narodowy Program zwalczania Chorób Nowotworowych</li> <li>- Ustawa z dnia 1 lipca 2005 r. o ustanowieniu programu wieloletniego »Narodowego Programu Zwalczania Chorób Nowotworowych:</li> </ul> <p>and other Legal regulations mentioned above.</p> <ul style="list-style-type: none"> <li>- ustawa o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych (Dz. U. z 2018 r., poz. 1510)</li> <li>- obwieszczenie Ministra Zdrowia z dnia 2 lipca 2018 r. W sprawie mierników oceny prowadzenia diagnostyki onkologicznej i leczenia onkologicznego (Dz. Urzęd. Min. Zdrow., poz. 52)</li> <li>- obwieszczenie Ministra Zdrowia z dnia 2 lipca w sprawie zaleceń postępowania dotyczących diagnostyki i leczenia raka piersi (Dz. Urzęd. Min. Zdrow., poz. 53).</li> </ul>
Portugal	<a href="https://www.google.pt/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;source=web&amp;cd=1&amp;ved=2ahUKEwic9oDqmdTeAhUlyYUKHbKkDeYQFjAAegQICRAC&amp;url=https%3A%2F%2Fwww.dgs.pt%2Fportal-da-estatistica-da-saude%2Fdiretorio-de-informacao%2Fdiretorio-de-informacao%2Fpor-serie-880762-pdf.aspx%3Fv%3D11736b14-73e6-4b34-a8e8-d22502108547&amp;usq=AOvVaw3eNp8qWu63a8U-867kkvhC">https://www.google.pt/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;source=web&amp;cd=1&amp;ved=2ahUKEwic9oDqmdTeAhUlyYUKHbKkDeYQFjAAegQICRAC&amp;url=https%3A%2F%2Fwww.dgs.pt%2Fportal-da-estatistica-da-saude%2Fdiretorio-de-informacao%2Fdiretorio-de-informacao%2Fpor-serie-880762-pdf.aspx%3Fv%3D11736b14-73e6-4b34-a8e8-d22502108547&amp;usq=AOvVaw3eNp8qWu63a8U-867kkvhC</a> Page 20 <a href="https://www.sns.gov.pt/wp-content/uploads/2017/07/DGS_PP_MetasSaude2020.pdf">https://www.sns.gov.pt/wp-content/uploads/2017/07/DGS_PP_MetasSaude2020.pdf</a> page 10
Romania	Draft deposited to Romanian Ministry of Health
Serbia	<a href="http://www.skriningsrbija.rs/files/File/English/REGULATION_ON_THE_NATIONAL_PROGRAM_FOR_EARLY_DETECTION_OF_BR_EAST_CANCER.pdf">http://www.skriningsrbija.rs/files/File/English/REGULATION_ON_THE_NATIONAL_PROGRAM_FOR_EARLY_DETECTION_OF_BR_EAST_CANCER.pdf</a>

	<a href="http://www.skriningsrbija.rs/files/File/English/REGULATION_ON_THE_NATIONAL_PROGRAM_FOR_EARLY_DETECTION_OF_CERVICAL_CANCER.pdf">http://www.skriningsrbija.rs/files/File/English/REGULATION_ON_THE_NATIONAL_PROGRAM_FOR_EARLY_DETECTION_OF_CERVICAL_CANCER.pdf</a> <a href="http://www.skriningsrbija.rs/files/File/English/REGULATION_ON_THE_NATIONAL_PROGRAM_FOR_EARLY_DETECTION_OF_COLORECTAL_CANCER.pdf">http://www.skriningsrbija.rs/files/File/English/REGULATION_ON_THE_NATIONAL_PROGRAM_FOR_EARLY_DETECTION_OF_COLORECTAL_CANCER.pdf</a> <a href="http://www.skriningsrbija.rs/files/File/English/REGULATION_ON_THE_NATIONAL_PROGRAM_FOR_EARLY_DETECTION_OF_COLORECTAL_CANCER.pdf">http://www.skriningsrbija.rs/files/File/English/REGULATION_ON_THE_NATIONAL_PROGRAM_FOR_EARLY_DETECTION_OF_COLORECTAL_CANCER.pdf</a> <a href="http://www.skriningsrbija.rs/files/File/English/Republic_of_Serbia_Healthcare_Law.pdf">http://www.skriningsrbija.rs/files/File/English/Republic_of_Serbia_Healthcare_Law.pdf</a> - <a href="http://www.skriningsrbija.rs/files/File/English/Law_on_Health_Insurance.pdf">http://www.skriningsrbija.rs/files/File/English/Law_on_Health_Insurance.pdf</a>
Slovakia	<p>Available online:</p> <a href="http://www.uvzsr.sk/index.php?option=com_content&amp;view=article&amp;id=393:narodnyprogram-podpory-zdravia-nppz&amp;catid=69:podpora-zdravia&amp;Itemid=74">http://www.uvzsr.sk/index.php?option=com_content&amp;view=article&amp;id=393:narodnyprogram-podpory-zdravia-nppz&amp;catid=69:podpora-zdravia&amp;Itemid=74</a> and National Oncology Programme, adopted by Government 22.08.2018 National Oncology Program of the Slovak Republic - Improvement of Control, Prevention and Treatment of Cancer Diseases for All citizens of the Slovak Republic
Slovenia	PDF attached to this survey
Spain	<a href="http://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/Cancer_Strategy_of_the_Spanish_2009.pdf">http://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/Cancer_Strategy_of_the_Spanish_2009.pdf</a>
Sweden	<p>Nationell cancerstrategi för framtiden: <a href="https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2009/02/sou-200911/">https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2009/02/sou-200911/</a></p> <p>See also cancercentrum.se: <a href="https://cancercentrum.se/samverkan/om-oss/">https://cancercentrum.se/samverkan/om-oss/</a></p> <p>And <a href="http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/20737/2017-10-36.pdf">http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/20737/2017-10-36.pdf</a></p> <p>And <a href="https://skl.se/halsasjukvard/kunskapsstodvardochbehandling/cancervard/overenskommelsecancervard.2049.html">https://skl.se/halsasjukvard/kunskapsstodvardochbehandling/cancervard/overenskommelsecancervard.2049.html</a></p>

Turkey	<a href="https://www.iccp-portal.org/system/files/plans/Ulusal_Kanser_Kontrol_Plani_2013_2018.pdf">https://www.iccp-portal.org/system/files/plans/Ulusal_Kanser_Kontrol_Plani_2013_2018.pdf</a>
UK England	<a href="https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf">https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf</a>
UK Wales	<a href="https://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=en">https://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=en</a>

## Annex 2

Important information: To avoid too many surveys, questions 9 and 10 of the present survey do not cover topics considered by Task 10.1

### Survey



Patient Pathways, Implementation of Comprehensive Cancer Care Networks (CCCNs),  
Patient Reported Outcome Measures (PROMS) and Quality Indicators  
in National/Regional Cancer Control Programmes/Cancer Documents in EU Member States

### Survey



Co-funded by  
the Health Programme  
of the European Union

September 2018



### ***About this survey***

Answers to the present survey, which is organised as part of the Joint Action Innovative Partnership for Action Against Cancer (JA iPAAC) will provide a valuable information regarding **some key elements** (quality indicators, patient reported outcome measures-PROMs, patient pathways, implementation of Comprehensive Cancer Care Networks-CCCNs) that quality\* National Cancer Control Programmes/Cancer Documents should include.

The aim of the work in the field of governance of integrated and comprehensive cancer care (Work Package 10 of JA iPAAC) is to develop practical instructions for the successful governance and steering of cancer care in all EU Member States.

On the basis of the answers to this survey which will be sent to EU Member States a generic list of evidence based tools for efficient stewardship and measure of effects of the cancer control will be prepared. The information you will provide us by responding to this survey is very valuable and will represent added value for cancer patients in all EU Member States, including your country.

*\*Albrecht T, Martin Moreno JM, Jelenc M, Gorgojo L, Harrus M. European guide for quality national cancer control programmes. Ljubljana: National Institute of Public Health 2015.*

[https://cancercontrol.eu/archived/uploads/images/European\\_Guide\\_for\\_Quality\\_National\\_Cancer\\_Control\\_Programmes\\_web.pdf](https://cancercontrol.eu/archived/uploads/images/European_Guide_for_Quality_National_Cancer_Control_Programmes_web.pdf)

Please complete the survey carefully. Thank you.

### **Contact details of the person who completed the survey in your Member State:**

Institution: Cancer Centre

Name and Surname:

Position:

Phone:

E-mail:

## General Information

**1** Does your country have a national/regional document/s addressing cancer ?

- ☐ Yes ☐ No

If Yes, is it supported with a legal act?

- ☐ Yes ☐ No

If your country does not have a cancer control document, is there one in the phase of preparation?

- ☐ Yes ☐ No

If Yes, when do you think it will be adopted?

- ☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022

**2** Is there a single document or several documents addressing cancer control in your country?

- ☐ A single document  
☐ Several documents

Please report the name/s of the document/s in English:

- \_\_\_\_\_

- \_\_\_\_\_

Please **send us** the document/s in PDF **or provide the link** to the document/s:

\_\_\_\_\_

\_\_\_\_\_

**3** Is your cancer control document a policy/strategy/plan/programme<sup>a</sup> or a National Cancer Control Programme<sup>b</sup>?

- ☐ Policy
- ☐ Strategy
- ☐ Plan
- ☐ National Cancer Control Programme
- ☐ Other \_\_\_\_\_

<sup>a</sup>See definitions of the terms in [Annex 1](#).

<sup>b</sup>The definition of National Cancer Control Programme according to WHO is to be found in [Annex 2](#).

**4** Is it/Are your cancer control document/s implemented?

- ☐ Yes ☐ No

### Specific information

**5** Are patient pathways<sup>c</sup> addressed in your national/regional cancer document?

- ☐ Yes ☐ No

<sup>c</sup>See temporary definition of the term in [Annex 3](#).

Could you give us an example?

---

**6** Are quality indicators for the implementation of the cancer plans addressed/ included in your national/regional cancer document?

- ☐ Yes ☐ No

If Yes, please list some of them.

---



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**7** Are patient reported outcome measures (PROMS)<sup>c</sup> addressed in your national/regional cancer document?

☐ Yes ☐ No

<sup>c</sup>See explanation of the term in [Annex 3](#).

Please specify to which patients your PROMS are related to and provide at least one example:

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**8** Is the comprehensive cancer care network (CCCN)<sup>c</sup> or any other type of similar cancer networks implemented in your country?

☐ Yes ☐ No

<sup>c</sup>See definition of the term in [Annex 3](#).

If Yes, is it addressed in your national/regional cancer document?

☐ Yes ☐ No

We are aware of the fact that there can be other models of networks for cancer care besides the CCCN mentioned above. Please, briefly describe any relevant networks operating in your country or region.

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**9** Does the national/regional cancer document/s in your country make(s) explicit reference to

the issue of improving the efficiency and reducing waste in the organisation and delivery of cancer care ?

☐ Yes ☐ No

If No, is there another document dedicated to this issue?

☐ Yes ☐ No

If the answer is Yes, please specify.

---



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**10** In the case that your country document/s on cancer care include(s) specific attention to the issue of improving efficiency/reducing waste, how is the problem framed in terms of policy objectives?

- |                                                                             |                                                                                                       |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Reduction of Overtreatment                         | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |
| <input type="checkbox"/> Reduction of Undertreatment                        | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |
| <input type="checkbox"/> Reduction of Variations in clinical practice       | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |
| <input type="checkbox"/> Redesign of Health services organisation           | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |
| <input type="checkbox"/> Withdrawal of Resources from obsolete technologies | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |
| <input type="checkbox"/> De-adoption of low value interventions             | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |
| <input type="checkbox"/> Reallocation of resources                          | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |
| <input type="checkbox"/> Disinvestment for reallocation                     | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |
| <input type="checkbox"/> Other                                              | Mostly <input type="checkbox"/> Partially <input type="checkbox"/> Hardly/No <input type="checkbox"/> |

Please specify \_\_\_\_\_

*See definition of the term in [Annex 4](#)*

## Annexes

### Annex 1

A **policy** reflects a vision (usually contains a vision statement, explaining the way a government, institution or organization will look in the future...), with inspirational dimensions related to what is it that the government wants to achieve for its population-in this case regarding cancer prevention and control, both in public health and healthcare system terms. Such statements are often tied, even if only indirectly, to other national goals.

A **strategy** spells out the mission to be accomplished and the generic roadmap to achieve this mission. This is articulated through a mission statement (in essence, outlining the “raison d’etre” or fundamental purpose of an the initiative), succinctly describing why it exists and what it does to achieve its vision. The strategy also includes the layout, design, or concept used to accomplish the vision and mission. A strategy is usually understood with underlying flexibility, being open to adaptation and change when needed in order to fulfil the mission and ultimate goals.

A **plan** is a precise arrangement, following a defined pattern, for a definite purpose according to a value chain coherent with the policy and the strategy. It is concrete in nature, although it does not necessarily contain all the details, which in fact are further developed and explained through more specific programmes and projects.

Finally, a **programme** implies the arranged selection of systematic steps, activities and tasks and deliverables coherently within the plan. The programme addresses the entire set of desired changes to achieve in the field. A programme can be monitored or evaluated in the dimension of the achievement of the goals /deliverables, or the process followed in order to achieve these operational goals, and the resources allocated to facilitate the process. As these activities are often based on arbitrary definitions, it is possible that there are also different combinations of goals and deliverables.

### Annex 2

**National Cancer Control Programme** is defined by WHO as “a public health programme designed to reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for the prevention, early detection, diagnosis, treatment and palliation, making the best use of available resources.”

### Annex 3

#### Explanations and Definitions

##### Definition of Patient Pathway according to Medical Dictionary

The route that a patient follows from the first contact with an NHS member staff (typically his or her GP) through referral to the completion of treatment\*. The pathway also covers the period from entry into a hospital or a treatment centre until discharge. It is a timeline on which every event relating to treatment can be entered, including consultations, diagnosis, treatment, medication, diet, assessment, teaching and preparing for discharge from the hospital. The pathway provides an outline of the events likely to happen on the patient's journey and can be used both to inform the patients well as to plan services as a template for common services and operations.

Source: <https://medical-dictionary.thefreedictionary.com/patient+pathway>

\*Some pathways could include to some extent the survivorship phase as well.

### **Explanation of Patient Reported Outcome Measures (PROMs) according to OECD**

According to Organisation for Economic Co-operation and Development (OECD), PROMs are used to assess patients' perceptions of their outcomes, such as mobility, pain, anxiety and quality of life. PROMs can be used to inform decisions about the allocation of resources, by making assessments about the effectiveness of interventions. In a system where PROM data are publicly reported, they can be used to help patients make better-informed choices. Ideally, PROM data should be fed back to clinicians to help them improve the care and outcomes of patients.

Source:

<http://www.oecd.org/general/searchresults/?q=prom&cx=012432601748511391518:xzeadub0b0a&cof=FORID:11&ie=UTF-8>

### **Definition of a Comprehensive Cancer Care Network (CCCN) according to the outcomes of CANCON JA**

- 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.
- 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.
- Within the CCCN the care of patients is the responsibility of interprofessional teams that are multidisciplinary and tumour specific. Each team or tumour management group works together for the benefit of patients with that particular type of tumour.
- Within the CCCN all units work together and adopt uniform standards of care for cancer-specific pathways that are binding for the entire network.

- The CCCN promotes a uniform system of quality assurance; and a unified informatics system for optimal exchange of information.
- The objective of a CCCN is to provide comprehensive cancer care to all the people living in a certain geographic area, thus pursuing equality and the improvement of outcomes and quality.

Key elements defining a CCCN are available on page 80 of European Guide on Quality Improvement in Comprehensive Cancer Control:

[https://cancercontrol.eu/archived/uploads/images/Guide/pdf/CanCon\\_Guide\\_FINAL\\_Web.pdf](https://cancercontrol.eu/archived/uploads/images/Guide/pdf/CanCon_Guide_FINAL_Web.pdf)

*\* The word unit is used to designate any component of a CCCN, whether an entire pre-existing institution or a part of an institution. For example, a unit might be an entire cancer centre, an oncology department of a general hospital or a children's hospital, a mammography facility, a pathology laboratory carrying out mutation analysis or a hospice.*

Source: [https://cancercontrol.eu/archived/uploads/images/Guide/pdf/CanCon\\_Guide\\_FINAL\\_Web.pdf](https://cancercontrol.eu/archived/uploads/images/Guide/pdf/CanCon_Guide_FINAL_Web.pdf)

#### **Annex 4**

**Value** in health care is expressed as the physical health and sense of wellbeing achieved relative to the cost. High value in health care therefore means getting the right care at the right time to the right patient for the right price (Institute of Medicine of the National Academies. Annual report, 2008)

**Low value care** refers to interventions and procedures of little (if any) clinical value, or the inappropriate use of otherwise effective health care interventions.

**Waste** is any activity in a process that consumes resources without adding value to the patient. Therefore by waste we mean health care spending that could be reduced or eliminated without jeopardizing in anyway quality of care (Cancon Policy Brief 3, 2016).

**Overtreatment (or overuse)** occurs when a drug or any other health care intervention is provided inappropriately, that is in clinical indications in which its delivery is more likely to cause harm than good both for its clinical and economic implications.

**Underuse** is when patients are neglected medically necessary care or to follow high value health care practices. Underuse of high value interventions may results in inequity in the access and use of quality health care and resources.

**Redesign of health services organisation** concerns the search for higher level of efficiency through changes in the organisation of health services and/or through the adoption of different working modalities by health professionals



**Reallocation of resources** when, within a specific budget constrain, better allocative efficiency is searched for moving resources from one setting to another.

**De-adoption** refers to discontinuing clinical practices previously adopted that research shows to be ineffective or harmful, therefore of low-value (Niven et al, 2015)

**Disinvestment for Reallocation** It is the process of (partially or completely) withdrawing resources from any existing health practices, procedures, technologies or pharmaceuticals that are deemed to deliver little or no health gain for their cost, and thus are not efficient health resources allocation. Therefore, in this case the reallocation process is explicitly linked to the withdrawal of resources from low-value care or from obsolete technologies.

*Thank you very much for your time in providing valuable information in response to this survey.*