Recommendations for improving pancreatic cancer care: an EU consensus statement Europe

TYPE STATUS	Recommendations are ready for implementation	LAST UPDATE	July 2021	EUROPE ● HEALTH SYSTEMS Diagnostic & Treatment & Research

PROBLEM & OBJECTIVE

PROBLEM Pancreatic cancer is one of the most lethal tumours, with survival standing at 8% or less at 5 years, and it is the fourth cause of cancer death in Europe. Despite its important public health impact, no effective treatments exist, nor are there high-visibility research efforts to improve care.

OBJECTIVE iPAAC has placed special emphasis on the so-called neglected cancers, defined as non-rare cancers with moderate incidence and low survival. The biological aggressiveness and the lack of effective therapeutic responses make pancreatic cancer the best example of this group of malignancies, but the term also encompasses tumours of the brain, liver, and central nervous system, among others. Within the framework of the WP8 of the EU JA iPAAC, a multi-stakeholder initiative was launched to determine the key steps that healthcare systems can rapidly implement to improve their response in terms of organisation and policy levers. A consensus process resulted in 22 consensus recommendations (the Bratislava Statement).

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KEY COMPONENTS / STEPS

The Bratislava Statement on Pancreatic Cancer Care, formulated at the European level, indicate evidence-based institutional policies and measures based on the results of different studies, discussion of research outcomes, and development and endorsement of 22 statements. Key components are:

- The initial research comprised two systematic reviews. The first identified the three overarching health policy strategies used alone or in combination to increase quality of care, namely, centralisation of pancreatic surgery, external assessment of clinical results, and accreditation of centres and professionals (4). The second review analysed population-based data on the incidence, mortality and survival of solid cancers, in order to create a list of neglected cancers and quantify their health impact (5).
- The central discussion took place during a meeting in Bratislava on 16–17 September 2019 and involved 20 high-level representatives from European medical societies, patient associations, cancer plan organisations and other relevant European healthcare stakeholders.
- The working group formulated an overarching policy statement. The initial draft was then widely circulated among participating professionals and organisations for final approval.

KEY CONTEXTUAL FACTORS

- Pancreatic surgery plus perioperative therapy (current standard: adjuvant chemotherapy) is the only potentially curative treatment, but just 20% of patients—at most—are candidates for this approach (1).
- Pancreatic surgery is among the most technically complex and risky interventions that a patient can undergo.
- Scientific evidence supports that centres performing a high volume of surgeries with a curative intent achieve better perioperative outcomes (2).
- A prominent group of European surgical oncologists argue that pure market-driven approaches are harmful to both patients and society, and they propose implementing centralisation strategies for highly-complex cancer diseases to improve patient outcomes (3).

MAIN IMPACTS / ADDED VALUE

- The Bratislava Statement defines critical recommendations for healthcare systems in relation to the implementation of new approaches to improve pancreatic cancer care. The areas of intervention are: (a) reorganisation of services and coordination of care; (b) reinforcement of the internal structure of centres, care processes and proven expertise; (c) implementation of external quality assessment and feedback; (d) research; and (e) optimisation of the role of patient organisations, scientific societies and European stakeholders.
- Substantial improvements can be achieved in patient outcomes by organising pancreatic cancer care around state-of-the-art reference centres, staffed by expert multidisciplinary teams (MDTs).
- Reference centres consist of units, hospitals or even provider networks with a specialized MDTs that have been equipped with appropriate infrastructures as well as material and technical resources to enable MDTs to effectively perform their mission.
- Policy levers (such as legal enforcement or financial incentives) should be created to ensure the adherence of nonspecialized providers to established referral pathways.
- National or regional care models should be aligned with international quality criteria. Rigorous quality criteria (such as ECCO Essential Requirements for Quality Cancer Care) (6) are a prerequisite for ensuring high-quality care and should lead to a redistribution of cases towards reference centres.

LESSONS LEARNED

- Considering the alarming situation and the challenges posed by pancreatic cancer, cancer plans, patient organisation and scientific societies call for realistic policy approaches, such as centralisation, that have a demonstrated capacity for improving quality of care.
- Improving the poor prognosis of pancreatic cancer requires urgent efforts in prevention, risk prediction and early detection, but there is scarce evidence on effective interventions in these areas. Patients' best hope in the short to medium term resides in accessing diagnostic procedures and treatment, provided by experienced healthcare professionals in well-equipped reference centres.
- Patient organisations, scientific societies and advocacy groups can play a crucial role in the development of patient-centred policies aligned with current research evidence. Such a perspective should be considered in light of the multiple barriers to overcome when applying.

REFERENCES & DOCUMENTATION

N/A

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