

Tackling Challenges in Cancer Care & improving its Governance in the EU

Recommendations from the iPAAC Joint Action

15 March 2021, 10:00 - 11:30 CET

Associated event of the MEPs Against Cancer (MAC) Interest Group



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The second associated event of the [MEPs Against Cancer \(MAC\) interest group](#) at the European Parliament for the legislative term 2019-24 aimed at **discussing recommendations for overcoming challenges in cancer care and improving its governance in the EU**. These recommendations were developed in the framework of the [Joint Action iPAAC \(Innovative Partnership Action Against Cancer\)](#).



The event was organised by [ECL](#) as the MAC Secretariat in partnership with the Joint Action iPAAC. The purpose of the event was to disseminate the results of the iPAAC [Work Package 8](#) and [Work Package 10](#) and inform policymakers.

The meeting was chaired and moderated by iPAAC's Scientific Coordinator [Dr Tit Albreht, \(National Institute of Public Health of Slovenia\)](#). The event also featured a panel discussion with MEPs and key stakeholders reacting to the recommendations presented, followed by an open discussion.



[Professor Dr. Josep Borras \(Catalan Health Department and WP 8 leader\)](#) presented the results of [iPAAC WP 8](#), which is addressing the challenges of cancer care. The working group made recommendations for [improving care and research for neglected cancers](#) and developed strategies for [reimbursement options for innovative cancer therapies](#) beyond cancer drugs. Two main challenges were identified:

1. The harsh reality of pancreatic cancer

Pancreatic cancer is considered a neglected cancer, which is defined as a non-rare cancer with moderate incidence and low survival. The following [5 areas of intervention for improving pancreatic cancer care](#) are recommended by WP8:

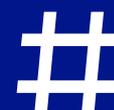
1. Re-organising health systems for pancreatic cancer services and the coordination of care;
2. Setting up expert centres with internal structure of care processes, and proven expertise (WP 10 will soon publish a [Set of Standards for Pancreatic Cancer Care](#));
3. Making use of external assessment of quality and feedback performance systems in order to prove expertise (WP10 will soon publish reports on the [pilot Comprehensive Cancer Care Networks \(CCCNs\)](#) and a [framework for evaluation and monitoring](#));
4. Establishing a clear research agenda for neglected cancer at the European level, using pancreatic cancer as the archetype;
5. Involving patient organisations, scientific societies and European stakeholders.



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2. The need for promoting reimbursement supporting innovation in radiotherapy and complex cancer surgery

It is recommended that action is taken to support emerging innovation for the reimbursement of cancer therapies beyond cancer drugs. Substantial evidence-based action is feasible to improve care and research yet, more should be invested in research at the EU level. **Standard therapy should be supported by evidence with episode-based reimbursement separated for therapeutic strategy** (radiotherapy, cancer surgery or chemotherapy).



Adjunct Professor Dr. Simone Wesselmann (German Cancer Society and WP10 leader), presented the **recommendations from WP 10**. This working group is addressing the Governance of Integrated and Comprehensive Cancer Care and developed practical instruments for Member States for ensuring, integrated and comprehensive oncological care that is tumor-specific and delivers high-quality care to all patients.

Challenges in the governance of integrated care identified by WP10 include:

1. Fragmentation of health services providers among different levels of care.
2. Lack of coordination among specialists that should be involved in the provision of multidisciplinary cancer care.
3. Lack of standards for the joint treatment of patients.
4. Lack of (quality) indicators making the quality of treatment transparent, measurable, and thus evaluable and improvable.

To adequately address these challenges, WP 10 has **further developed the concept of Comprehensive Cancer Care Networks (CCCNs)** and designed and field-tested several tools to be used for implementation in the CCCNs. The following steps are recommended to ensure integrated and comprehensive cancer care to all patients:

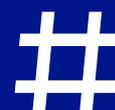
- Setting up CCCNs, which are a network of health care providers, that work together in multidisciplinary and multi-professional tumour-specific centres covering the whole continuum of care.
- The work carried out in the CCCNs should be based on so-called Set of Standards which are outlining the requirements for the structure of the network, the qualitative and quantitative expertise of the network partners, the processes within the network and the guideline-based diagnostics and therapies, including
 - unified tumour and stage-specific **patient pathways**,
 - **tumour-specific quality indicators** and
 - **patient-reported outcomes**.
- CCCNs should be assessed based on an evaluation framework and through a certification/peer-review process to monitor the implementation of the Set of Standards and to ensure a continuous quality improvement process including patient reported outcome measures.

As the iPAAC Joint Action focuses on implementation and sustainability, the WP ensured that all the above-mentioned tools were implemented in two **pilot sites: Lower Silesian Oncology Centre located in Wroclaw, Poland and Charité located in Berlin, Germany**. Both sites will be audited in due course and process evaluated. The audits' results will be used to ascertain the degree of success of the two CCCN pilots in meeting the requirements. The process evaluation will assess whether any modifications would be necessary to the proposed programme before it is recommended for roll-out in Europe.

Stakeholders' reactions to iPAAC's proposed recommendations



Dr. Bettina Ryll (Founder of Melanoma Patient Network Europe & Member of Horizon Europe's Cancer Mission Board) supported the recommendation to define a research agenda for neglected cancer at the European level, and to integrate research into care pathways (especially for neglected cancers), as this concept is addressing a gap between common cancers and rare cancers. Furthermore, the importance to ensure that the quality of cancer care reaches also the periphery was highlighted. It is important that high-quality cancer care is not just something for 'high tech' centers but reach 'ordinary' patients.





Prof. Dr. Monique van Leerdam (Colorectal Cancer Expert, United European Gastroenterology) acknowledged that iPAAC WP8 and WP 10 have provided a clear overview of the challenges in cancer care and an adequate plan on how to address them. She highlighted the importance of tackling pancreatic cancer with priority, as Europe has a very high incidence rate. She also stressed the importance of establishing expert centres to increase the quality of cancer care as well as to facilitate research. Recommendations and guidelines as to how these tumour-specific centres should be set up across member states and regions are needed.



MEP Nicolae Ștefănuță (Romania/RE, MAC Member) and MEP Charles Goerens (Luxembourg/RE, MAC Member)



Both MEPs stressed the **importance of iPAAC's work for policy development**, as science is the basis onto which decisions can be made. The statements, findings and proposals coming from the panellists were fully aligned with the EU's agenda. The concept of developing tumour-specific expert centres is welcomed, as it will provide comprehensive treatment for cancer patients. Nevertheless, it has to be noted that access to quality cancer care is not uniform across Europe. Hence, they recommended that each **EU Member State should strive to establish at least one CCCN in their country**. It is important to ensure that the research and work done in the area of cancer care ultimately impacts European citizens in a positive way. Therefore, **concrete political action must derive from iPAAC's work**.

The audience was encouraged to comment on the priorities and recommendations presented by the Joint Action iPAAC by adding their questions and views on [Padlet](#).



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About the Innovative Partnership for Action Against Cancer (iPAAC) Joint Action

The iPAAC Joint Action brings together 24 Associated Partners (with Affiliated Entities, 44 partners) across Europe whose main objectives are to build upon deliverables of the CANCON Joint Action and to implement innovative approaches to cancer control. A Roadmap on Implementation and Sustainability of Cancer Control Actions will be the main deliverable of this Joint Action.

<https://www.ipaac.eu/>



About the MEPs Against Cancer (MAC) interest group

The MEPs Against Cancer (MAC) Interest Group was founded in 2005 by a group of committed MEPs for MEPs. MAC remains the largest and oldest (and until 2020 the only) group dedicated to cancer policy at the European Parliament (EP). MAC members come from different political groups and countries, and work together to improve cancer control and prevention in Europe. MAC members share a deep conviction that European cooperation adds value to Member States' action.

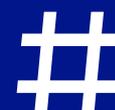
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