ROLE AND ADDED VALUE OF REGIONAL CANCER NETWORKS IN ORGANISATION AND QUALITY OF ONCOLOGY MANAGMENT

The RESC in Rhone Alpes Region

Curie 19 april 2018

Pierre Biron past director

AUVERGNE RHÔNE ALPES REGION TODAY

RÉSEAU ESPACE SANTÉ CANCER

AUVERGNE RHÔNE ALPES REGION TODAY

A knew oncology network will merge from the fusion of the two historical Auvergne and Rhône alpes networks. Discussion is in progress

Therefore I will focuse on the Rhône Alpes oncology network experience

RÉSEAU ESPACE SANTÉ CANCER

THE RHONE-ALPES AREA IN FRANCE

- **6 M inhabitants ; 43698 km²**

With ARA today: 8 M; 70000 km

- **An important European region (size comparable to those of Denmark, the Switzerland or Belgium ; population exceeds that of Denmark, Norway or Finland)**

Réseau Espace Santé-Cancer Rhône-Alpes

Ensemble, améliorons la qualité de vie du patient

Rhône-Alpes Oncology Network

- confirmed & national financial support since 2009
- Organized since 1995 (ONCORA)

RÉSEAU ESPACE SANTÉ CANCER

2017 : 65 MEMBERS

Lyon
- CAC Léon Bérard
- Hospices Civils de Lyon
- CH St Joseph / St Luc
- Infirmerie Protestante
- Clinique Charcot
- RESAMUT Clinique Mutualiste de Lyon - Site Eugène André
- Hôpital Jean Mermoz - Etablissement Saint Jean
- IRIDIS
- Clinique de la Sauvegarde
- Clinique Saint Louis
- Hôpital Privé Natécia
- SARL SERA 69 Lyon

- Agglomération
- Clinique du Tonkin Villeurbanne
- UMGE du Grand Lyon Clinique les Portes du Sud Vénissieux
- Clinique du Grand Large Décines
- Hôpital Privé de l'Est Lyonnais St Priest

Villefranche Sur Saône
- CH Villefranche-sur-Saône
- Polyclinique du Beaujolais

Hôpital Sud Léman Valserine

Centre Médical Spécialisé de Praz Coutant

Annecy
- CH de la Région d'Annecy
- Clinique Générale Annecy
- SELARL Centre Imagerie Nucléaire

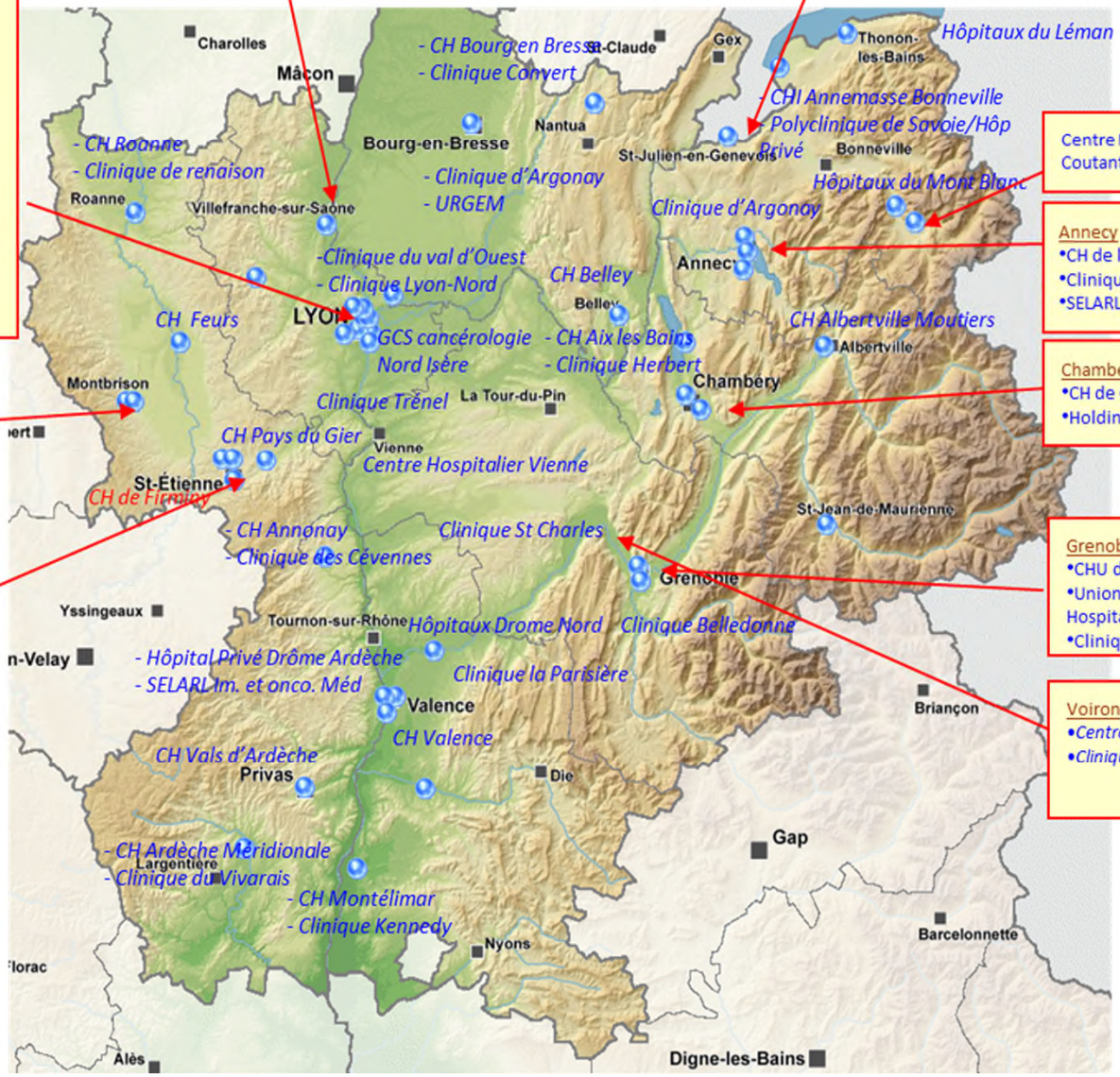
Chambéry
- CH de Chambéry
- Holding St Joseph/ Cléret

Grenoble
- CHU de Grenoble
- Union Mut. De Gestion du Groupe Hospitalier 38
- Clinique des Cèdres

Voiron
- *Centre Hospitalier Voiron*
- *Clinique de Chartreuse*

Montbrison
- CH de Montbrison
- Clinique Nouvelle du Forez

St Etienne
- CHU St Etienne
- Institut de cancérologie de la Loire St Priest en Jarez
- Clinique du Parc St Priest en Jarez
- CH Privé de la Loire
- Mutualité Française de la Loire



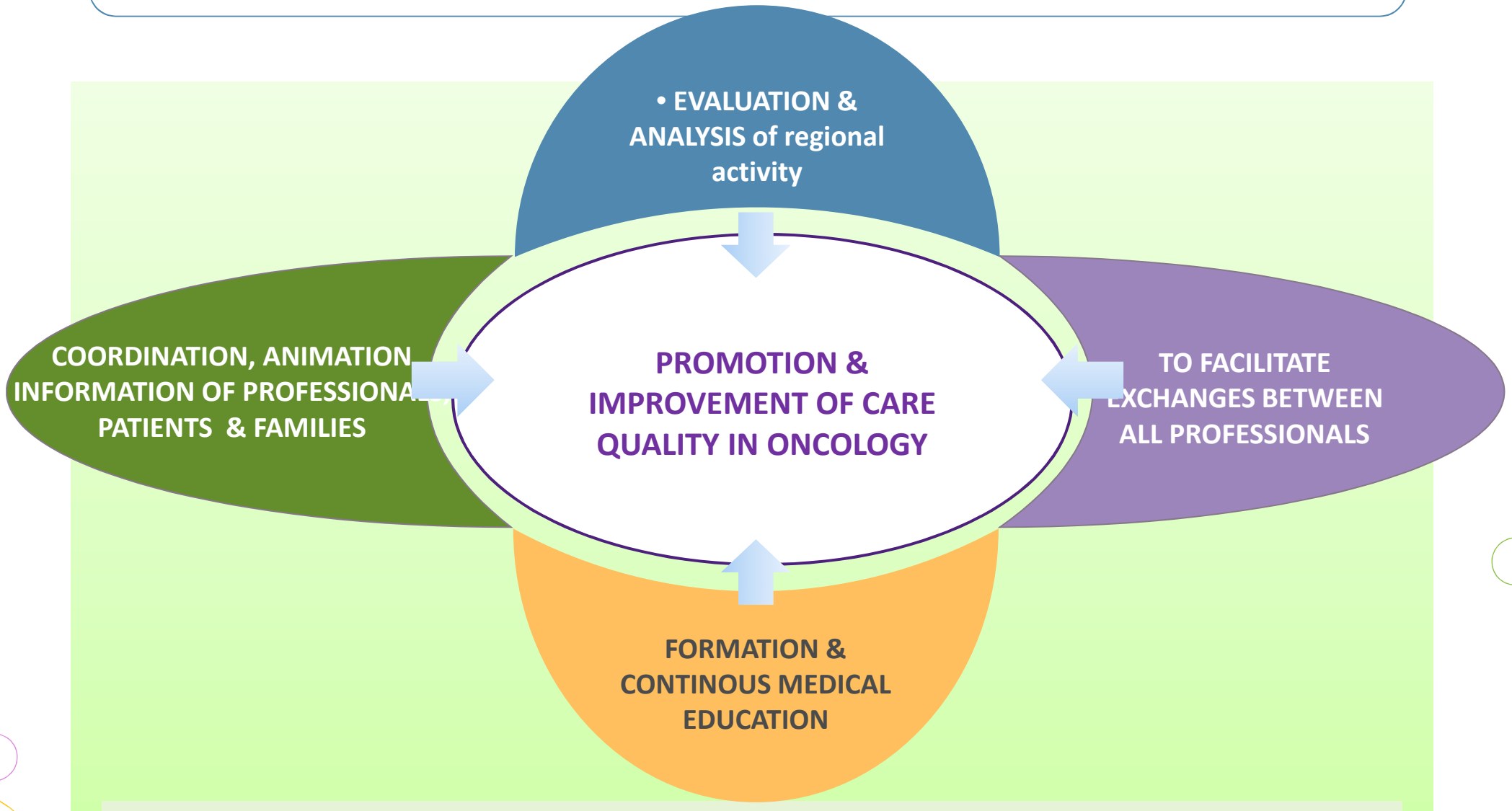
OWN STORY

- Itself the result of the fusion of (agreed and financed by regional health agency) networks organised around of 3 universitary hospitals of the region:
  - ONCORA in 1998 around the Rhone-alpes anticancer center Leon Berard
  - CONCORDE in 2001 around the CHU Hospices civils de lyon
  - ARC ALPIN in 2002 around the Grenoble CHU

- It officially emerges on September the 15th 2009 in its actual structure and governance

RÉSEAU ESPACE SANTÉ CANCER

MISSIONS OF REGIONAL NETWORKS IN ONCOLOGY IN FRANCE



Governance and Administrative Coordination

A powerfull information system to facilitate communication and care

RESEAU ESPACE SANTÉ CANCER

CONVENTION, STATUTES AND GOVERNANCE

- Constituted in a **Public Interest Group**
- **Agreed** by the regional health agency since september 2009 with a constitutional convention.
- The network involves all the regional actors working in oncology
- It's goal is the promotion and improvement of care quality in oncology
- French government is its first financer via the regional health agency

RÉSEAU ESPACE SANTÉ CANCER

CONVENTION, STATUTES AND GOVERNANCE

- **Gathering 65 active members** corresponding in the structures agreed to practice Oncology by the regional Health Agency
- An **administration board elected** from members, not only Oncologists but also, nurses, care and hospital directors. Members by Right and some qualified personalities
- The **directors board** managed by the president is the operational unit following the medical and scientific project and the Stategy and orientation council advices

RÉSEAU ESPACE SANTÉ CANCER

COORDINATING TEAM

- Dr Fadila Farsi **director**

- **A medical and scientific division** managed by Dr H Labrosse Canat:
  4 project managers and 1 communication manager

- **An information system division** managed by H Spacagna:
  1 Oncology HR manager and a webmaster. Therefore 10 persons working for the Regional health regional information system are located in the network location

- **An administrative and support division** managed by P Beroujon:
  3 medical project, 1 accountant and 1 coordination assistants

GOVERNANCE AND QUALITY APPROACH

- Several documents describe the operation of the network:
  - Status
  - constitutional convention
  - Internal rules agreement
  - Charter for the relations with pharmaceutical firms
- Activity of the team itself is described in a practical Handbook
- Yearly activity report and regular evaluations or audits of operations are carried out.

BUDGET

The budget includes:

- **Overall operating grant** financed by the RHA
- **Membership fees** amount to nearly 30% of the operating grant
- **Training**: Annual receipt of differents training sessions
- **Specific Grants** coming from answers to calls for projects issued by INCA or ASIP or other organisms

INFORMATION SYSTEM

- Aims to give electronical tools described by the national framework of regional oncology networks:
  - Website
  - Clinical practice guidelines
  - Internet profesionnal portal
  - Visio and Web conferencing
  - Oncology specific electronic disease record: DCC wich is part of the french national personnal EMR
  - Multidisciplinary oncology consultation tool
  - Health care facilities directory
  - Etc…

FOUNDING MEMBER OF SISRA, THE HEALTH INFORMATION SYSTEM IN RHONE ALPES

Steering committee = health policy

- ARH
- URCAM
- Conseil Régional
- URML
- CISS-RA

GCS SISRA

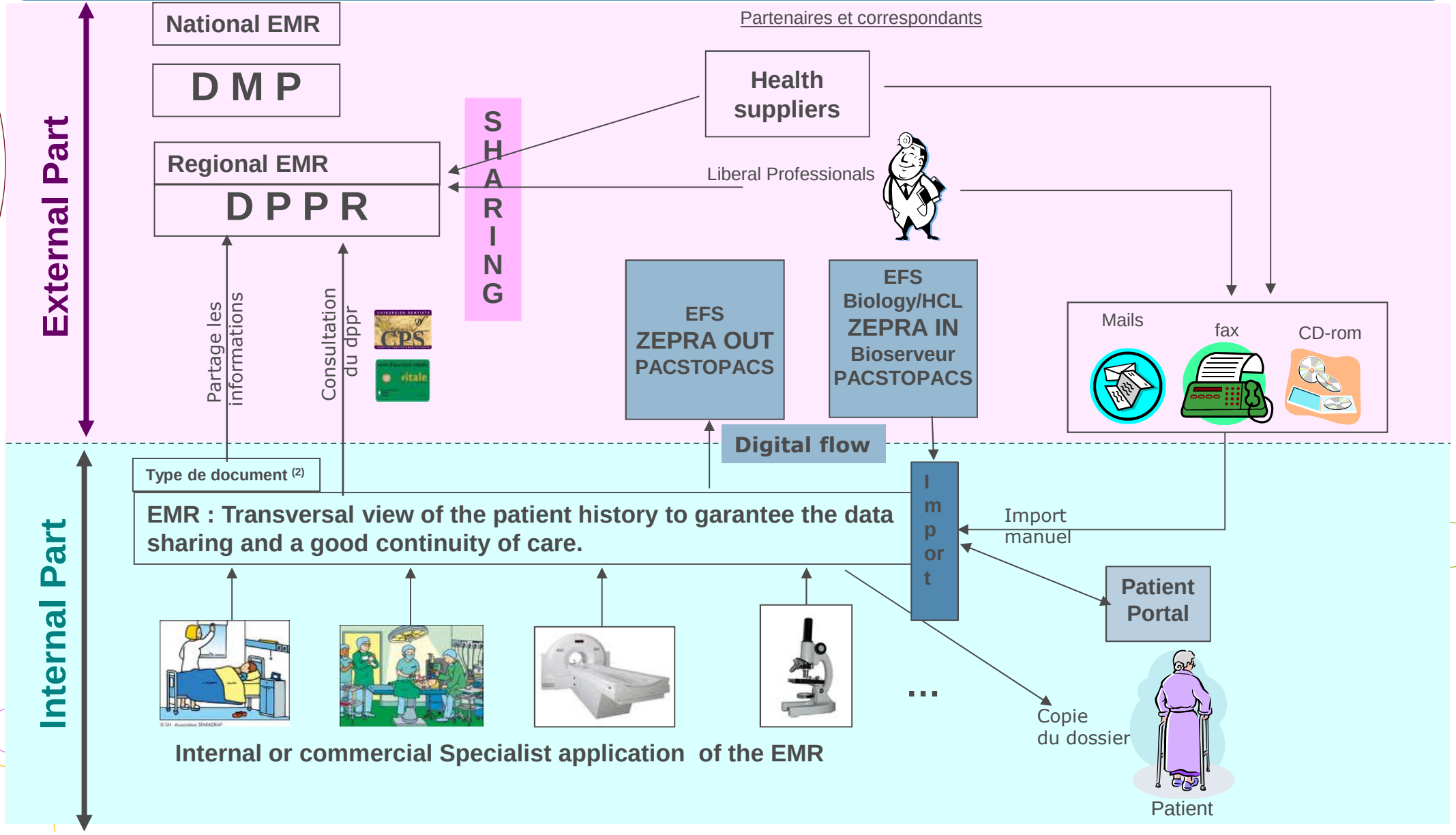
Operation committee

- General assembly
- Medical council
- Ethics committee
- Partnership council

FONDATEURS

H.C.L.	CHU-SE	CHU-G	ADSIML-RA	CLB	RESC-RA

PATIENT FLOW
INTERNAL AND EXTERNAL EHR



The EMR is not limited in its internal component but must integrate most of external datas to **facilitate the patient total journey**

TOOLS FOR CARE COORDINATION

- In France the cancer plan recommends that every patient's case be discussed in multidisciplinary oncology consultation

- **DCC: an oncology specific electronic disease record, was created with a double aim:**
  - To provide healthcare providers with oncology-specific data selected from the patient's electronic medical record.

  - To help health professionals organize their own activity:
    - Directories of regional decision-making centers
    - Planning of meetings
    - Completion of oncology-specific forms allowing to determine the best treatment strategy specialy in accordance with the CPG's
    - Provision of personalized treatment plans for each given patient
    - Notice of the decision to the general practitioner referring the patient
    - Evaluation of the activity of the centers

RÉSEAU ESPACE SANTÉ CANCER

ACCOMPANIMENT OF THE CHANGE

In parallel, give tools and **teams dedicated to the accompaniment of the change:**

Set up since 2006, this team elaborate tools for stakeholders, patients, local project managers concerning :

- Media Communication (booklets, flyers, posters)
- Training and formations of trainers
- Help to the piloting: Tools where users can find all relevant documentation for them and their own statistics and Annual report.
- More than 30 hospitals supplied with visioconferencing with the financial support of Rhone alpes region
- 5 dedicated virtual rooms for webconferencing working group meetings

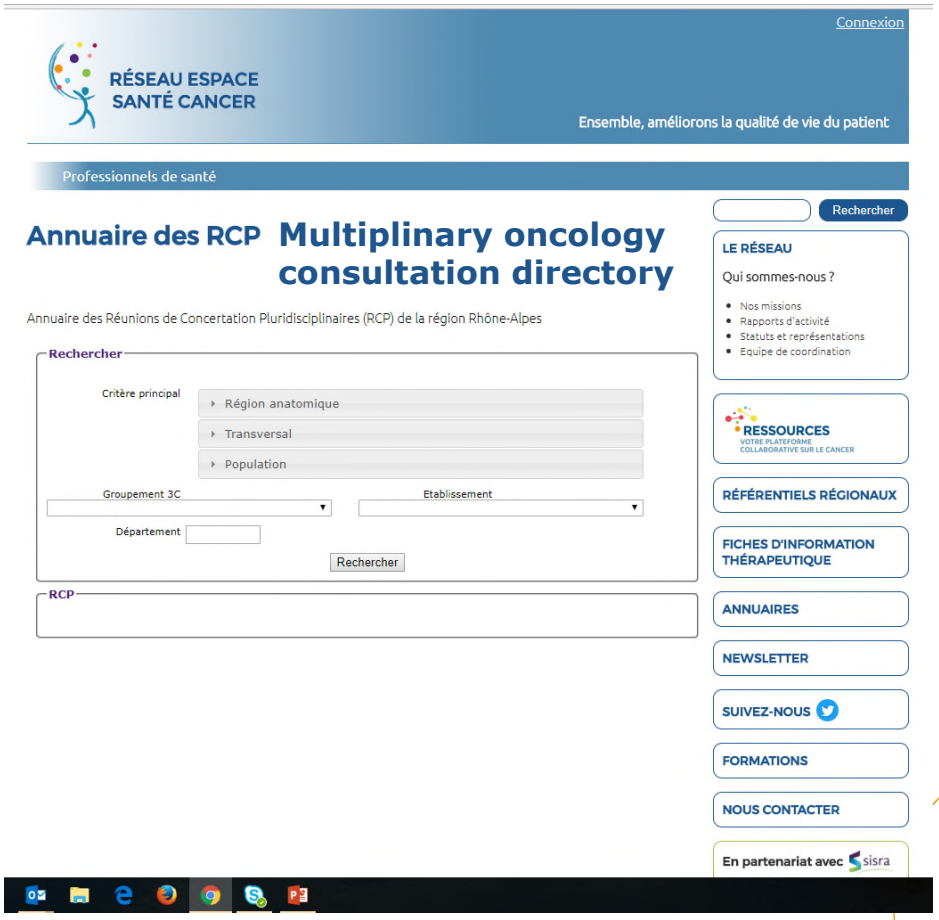
REGIONAL ONCOLOGY NETWORK MISSIONS

- **To assist oncologists in their decision-making**
- **To minimize inappropriate variation in practice**
- **To optimize health benefit**
- **To rationalize care management**

RÉSEAU ESPACE SANTÉ CANCER

PROFESSIONALS AND PATIENTS INFORMATION

RÉSEAU ESPACE SANTÉ CANCER



The web site:

https://espacecancer.sante-ra.fr/

is the main and common media and portal to give informations and news to the public, the patients and all professionals

CONTINUING TRAINING

The network is empowered to deliver sessions of personnal continuing training for caregivers in the field of oncology: medical doctors, nurses, nursing auxiliaries, pharmacists, etc…

He offers its own training catalog in collaboration with the other training structures of the region

He is able to deliver those sessions in Lyon or in all institutions in the region

The main goal is the comprehensive approach of the oncology patient and the quality approach of care organisation:

- Breaking bad news
- Morbidity and mortality review
- Oncology activity data collection
- Etc…

ROLE IN CLINICAL RESEARCH

- Participations in time before patient's care French studies: Breast, colon, lung cancers…
- Coordination with the university of a mobile team clinical research associates helping fields oncologists MD in clinical trials recruitment.
- Ability of the multidisciplinary oncology consultation tool to precise if the patient is available for inclusion in clinical trials

STATE OF THE ART AND MEDICAL SCIENTIFIC KNOWLEDGE IMPLEMENTATION

International Literature:
International recommendations

↓

French NCI (INCa)
CPG's from Scientifics Societies
Development / adaptation nationally

↓

Regional Network
Elaboration /adaptation (regional level)

↓

Proximity of patients
RCP (local multidisciplinary staff, services and technical platforms)

RÉSEAU ESPACE SANTÉ CANCER

IMPLEMENTATION OF SCIENTIFIC KNOWLEDGE AND CPG'S STRATEGY

- The CPG project was based on a literature analysis of treatment strategies and a consensus of experts.
- A task force of medical, radiation and surgical oncologists was formed to develop the CPGs .
- The CPGs were developed in 1993, then disseminated since 1994.

RÉSEAU ESPACE SANTÉ CANCER

IMPLEMENTATION OF SCIENTIFIC KNOWLEDGE AND CPG'S STRATEGY

- Working parties: most of the time.
- Plenary sessions:to validate decisions of the working groups. Only few
- Decisions are the results of a bottom up process from the fields oncologists and not only an expert consensus

Free Access to regional CPG's on network website

Réseau Espace Santé-Cancer Rhône-Alpes

Ensemble, améliorons la qualité de vie du patient

TOOLS

Référentiels / Bonnes pratiques

Rechercher

Réseau de Cancérologie Rhône-Alpes

- Sein gynécologie
- Sang et système lymphatique
- Appareil respiratoire
- Appareil digestif
- Tête et cou
- Appareil uro-génital
- Autres localisations
- Soins de support
- Bonnes pratiques

Appareil respiratoire

- Cancer bronchique à petites cellules
- Cancer bronchique non à petites cellules
- Carcinomes sarcomatoïdes
- Mésothéliome malin de la plèvre
- Tumeurs bronchiques neuroendocrines
- Tumeurs épithéliales thymiques
- Sevrage tabagique

Le mésothéliome doit faire l'objet d'une déclaration obligatoire auprès de l'ARS (procédure de notification)

- Recommandations nationales / ALD 30
- Référentiels de Bon Usage
- Fiches RCP
- Protocoles de chimiothérapie
- Référentiels archivés

Accès par outil

Accès direct aux outils pour l'ensemble des spécialités.

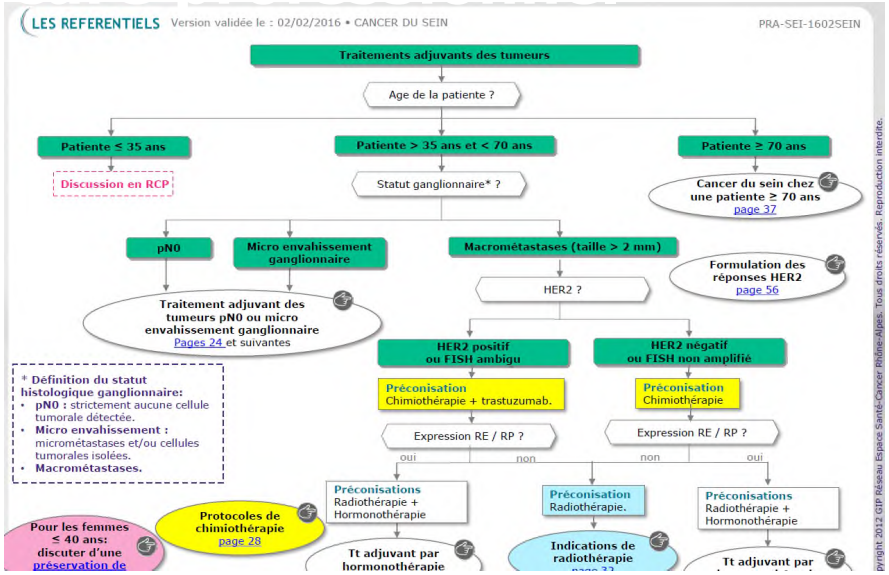
Référentiels/Bonnes pratiques

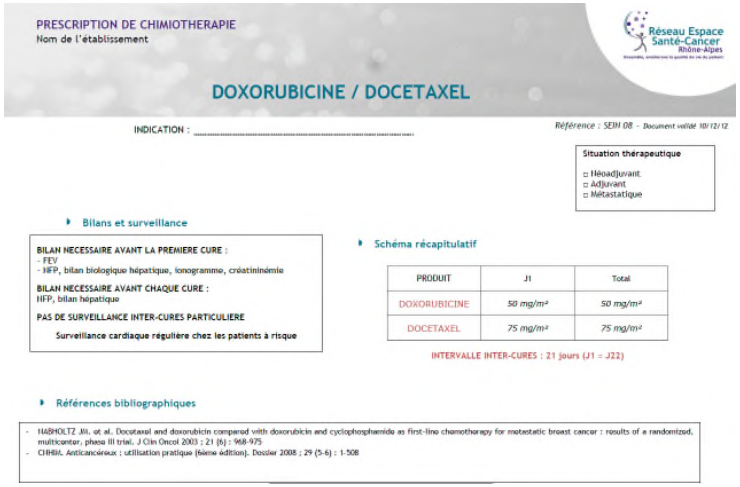
Annuaires

Formation "Facteurs environnementaux et risque de cancer"

+ d'actus

http://espacecancer.sante-ra.fr





PRESCRIPTION DE CHIMIOTHERAPIE
Nom de l'établissement

Réseau Espace Santé-Cancer Rhône-Alpes

DOXORUBICINE / DOCETAXEL

INDICATION : .....

Référence : SEIN 08 - Document validé 10/12/12

Situation thérapeutique
- ☐ Néoadjuvant
- ☐ Adjuvant
- ☐ Métastatique

Bilans et surveillance

BILAN NECESSAIRE AVANT LA PREMIERE CURE :
- FEV
- NFP, bilan biologique hépatique, ionogramme, créatininémie

BILAN NECESSAIRE AVANT CHAQUE CURE :
NFP, bilan hépatique

PAS DE SURVEILLANCE INTER-CURES PARTICULIERE

Surveillance cardiaque régulière chez les patients à risque

Schéma récapitulatif

PRODUIT	J1	Total
DOXORUBICINE	50 mg/m²	50 mg/m²
DOCETAXEL	75 mg/m²	75 mg/m²

INTERVALLE INTER-CURES : 21 jours (J1 = J22)

Références bibliographiques

- HARHOLTZ JH, et al. Docetaxel and doxorubicin compared with doxorubicin and cyclophosphamide as first-line chemotherapy for metastatic breast cancer : results of a randomized, multicenter, phase III trial. J Clin Oncol 2003 ; 21 (5) : 968-975
- CHMIH. Anticancéreux : utilisation pratique (6ème édition). Dossier 2008 ; 29 (5-6) : 1-508

Contacts
(Médecin, Pharmacien, ...)

Notes personnelles

Réseau Espace Santé-Cancer Rhône-Alpes

OMéDIT Rhône-Alpes
Observatoire des Médicaments, des Dispositifs Médicaux et des Innovations Thérapeutiques

FICHE D'INFORMATION SUR LES MEDICAMENTS « PROFESSIONNELS DE SANTE »

Capécitabine XELODA® & Génériques

Type de produit, indications et conditions de prescription
- La capécitabine est un médicament cytotoxique antimétabolite
- Indications 2016 :
  - ✓ Cancer colorectal de stade III en traitement adjuvant et en situation métastatique.
  - ✓ Cancer gastrique avancé, en 1ère ligne, en association à une chimiothérapie à base de sels de platine.
  - ✓ Cancer du sein localement avancé ou métastatique :
    - ○ en monothérapie après échec aux taxanes et aux anthracyclines ou lorsqu'une anthracycline est contre indiquée.
    - ○ en association au docétaxel, après échec aux anthracyclines.
- Posologies usuelles :
  - ○ Cancer du sein : 1250 mg/m² deux fois par jour à intervalles d'environ 12h pendant 14 jours tous les 21 jours en monothérapie ou en association.
  - ○ Cancer colorectal :
    - en monothérapie : 1250 mg/m² deux fois par jour à intervalles d'environ 12h pendant 14 jours tous les 21 jours
    - en association : 800 à 1000mg/ m² deux fois par jour à intervalles d'environ 12h pendant 14 jours tous les 21 jours
  - ○ Cancer gastrique : 625mg/m² deux fois par jour à intervalles d'environ 12h en continu.
- Dosages disponibles : Comprimés à 150 mg et 500 mg (Princeps et génériques)
- Modalités de prise : La capécitabine doit être avalée en entier (ni écrasée, ni mâchée) avec un verre d'eau, dans les 30 minutes après un repas, de préférence à la même heure.
- Conditions de prescription et de délivrance :
  - • Prescription réservée aux médecins spécialistes en oncologie ou hématologie.
  - • Dispensation exclusivement dans les pharmacies de ville.

Conseils généraux
- Ne pas déconditionner, ni stocker les comprimés dans un pilulier.
- En cas d'oubli d'une prise, prendre la dose suivante à l'heure habituelle sans augmenter celle-ci. Noter l'oubli.
- En cas de vomissements, ne pas reprendre de dose supplémentaire et ne pas doubler la suivante. Noter l'incident.

Alertes
- Les femmes et les hommes en âge de procréer doivent utiliser une contraception efficace pendant le traitement et 6 mois après l'arrêt du traitement.
- L'allaitement doit être interrompu au cours du traitement (risque potentiel pour le nourrisson)
- Interactions médicamenteuses :
  - ○ Augmentation des taux plasmatiques de warfarine et dérivés, phénytoïne

Pour plus d'information, consulter le RCP du médicament

Gestion des principaux effets indésirables
- Ne pas modifier le traitement anticancéreux sans l'avis du médecin prescripteur.
- Si les effets indésirables sont difficilement contrôlés, prendre contact avec le médecin prescripteur, qui pourra adapter le traitement anticancéreux.

	PREVENTION	CE QUE VOUS DEVRIEZ FAIRE
• **Fréquents**		
Syndrome main-pied **Picotement, gonflement, rougeur, douleur de la paume des mains et de la plante des pieds**	Eviter l'exposition au soleil et à la chaleur ainsi que toute irritation des mains. Eviter de porter des bijoux, des chaussures trop serrées, utiliser un savon doux. Appliquer souvent une crème hydratante et/ou émolliente sur les pieds et les mains.	Si syndrome main-pied de grade >2 (érythème douloureux, et œdème et/ou gêne dans les activités quotidiennes), alerter le médecin qui décidera ou non de la modification du traitement.
Diarrhée	Eviter les aliments épicés et frits. Eviter le café, le lait, l'alcool. Boire beaucoup d'eau (thé, tisanes, bouillons…)	Réévaluer les traitements anti-diarrhéiques
Nausées / vomissements	Eviter les aliments épicés et frits. Eviter le café, le lait, l'alcool. Boire beaucoup d'eau (thé, tisanes, bouillons…)	Réévaluer les traitements et/ou antiémétiques.
Ulcération de la bouche	Rappel au patient d'avoir une bonne hygiène buccale, utilisation d'une brosse à dents souple et un dentifrice doux (sans menthol) après chaque repas et qu'il évite les aliments acides, épicés et irritants.	Prescription de bains de bouche au bicarbonate, sans alcool.
Troubles du bilan hépatique	Surveillance des transaminases et de la bilirubine.	Alerter le médecin si nécessaire.
• **Moins fréquents**		
Neutropénie, thrombopénie, anémie	Hygiène générale. NFP mensuelle. Surveillance des signes évocateurs d'infection et de saignements	Alerter le médecin prescripteur en cas de température > 38°5C qui décidera de la conduite à tenir.
Toxicité neurologique **Fatigue, céphalées**	Conserver une activité physique modérée (marche 30 min) est recommandée.	Prudence en cas de conduite de véhicule.
• **Peu fréquents**		
Douleur thoracique		
Syndrome Stevens-Johnson		Arrêt immédiat du traitement

IMPACT OF THE CPG'S IN THE CANCER CENTER (LEAD INSTITUTION OF THE CANCER NETWORK:

IMPACT OF A CLINICAL GUIDELINES PROGRAM FOR BREAST AND COLON CANCER IN A FRENCH CANCER CENTER

(JAMA 1997,278:1591-1595)

- **Breast cancer**
  - **Conformity rate to Thesaurus for the included 194 patients is statistically different before and after implementation 1995 (54%) or 1994 (19%), p<0.001.**
  - **In 1993, 42% of cancer management patients were Evidence based compared to 68% in 1995, p< 0,001.**
- **Colon Cancer**
  - **Conformity rate to Thesaurus for the 194 included patients is statistically different before and after implementation 1995 (70%) compared to 1994 (50%), p=0.009.**
  - **En 1993, 71% of cancer management patients were Evidence based compared to 81% in 1995, p< 0,001.**

RÉSEAU ESPACE SANTÉ CANCER

DEVELOPPMENT OF CPG'S MODIFIED COST OF FOLLOW UP AFTER TREATMENT:

ECONOMIC IMPACT OF HARMONIZING MEDICAL PRACTICES : COMPLIANCE WITH CLINICAL PRACTICES GUIDELINES IN THE FOLLOW-UP OF BREAST CANCER IN A FRENCH COMPREHENSIVE CANCER CENTER

J CLIN ONCOL 2000 APR; 18 (8):1718-24

- Objectives : to evaluate financial impact of harmonized medical practices induced by CPG's implementation.
- Méthods : economical study
- Résults :
  - Excess costs are principally due to excessive imageries not recommended by CPG's.
  - Conformity to CPG's decreased charges of 75%
  - In a context where early detection of metastatis did not modify overall survival

RÉSEAU ESPACE SANTÉ CANCER

CONFIRMATION OF THE IMPACT IN THE CANCER NETWORK

A CONTROLLED "BEFORE-AFTER" STUDY : IMPACT OF A CLINICAL GUIDELINES PROGRAMME AND REGIONAL CANCER NETWORK ORGANIZATION ON MEDICAL PRACTICE.

BR J CANCER. 2002 FEB 1;86(3):313-21.

- **Objectives : to confirm impact of CPG's within the regional cancer network**
- **Méthods** controlled study **« before / after » / « here - outside »**
- **Résults :**
  - Medical practice were modified by the implementation of the CPG's within the network compared to control region.
  - Modifications concerned all stage of the management (initial diagnosis, surgery, follow up).
  - Conformity rate to CPG's in the RA region (66 vs 78%) is significantly improved compared to the control group 66 vs 67% for breast cancer & colon C)
  - **Evidence based** medecine is also better (74 vs 86% for RA region (EG) compared to control region (64 vs 61%) for breast & colon cancer.

RÉSEAU ESPACE SANTÉ CANCER

NATIONAL CPG'S & REGIONAL NETWORK, IMPACT ON RARE TUMORS

CLINICAL PRACTICE GUIDELINE'S CONFORMITY, MULTIDISCIPLINARY MANAGEMENT AND OUTCOME OF TREATMENT FOR SOFT TISSUE SARCOMAS.
ISABELLE RAY-COQUARD, ET AL. *ANNALS ONCOL 2004*

- **Objectives :** to explore impact of the cancer network management & CPG's on medical practice for sarcoma patients
- **Methods :** medical audit of a sample of patients from RA with survival analysis
- **Résults :**
  - Only 32% of conformity to CPG's.
  - Better conformity when dedicated multidisciplinary staff before management.
  - Impact on PFS & local relapse

RÉSEAU ESPACE SANTÉ CANCER

Electronic journal of oncology

Bulletin du Cancer
Société Française du Cancer

Volume xx • N° x • xxx 2012
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Multidisciplinarity and medical decision, impact for patients with cancer: sociological assessment of two tumour committees' organization

Patrick Castel[1,3], Louis Tassy[1], Antoine Lurkin[1,2], Jean-Yves Blay[1], Pierre Meeus[1], Herve Mignotte[1], Christelle Faure[1], Dominique Ranchere-Vince[1], Thomas Bachelot[1], Jean-Paul Guastalla[1], Marie-Pierre Sunyach[1], Nicole Guerin[1], Isabelle Treilleux[1], Perrine Marec-Berard[1], Philippe Thiesse[1], Isabelle Ray-Coquard[1,2]

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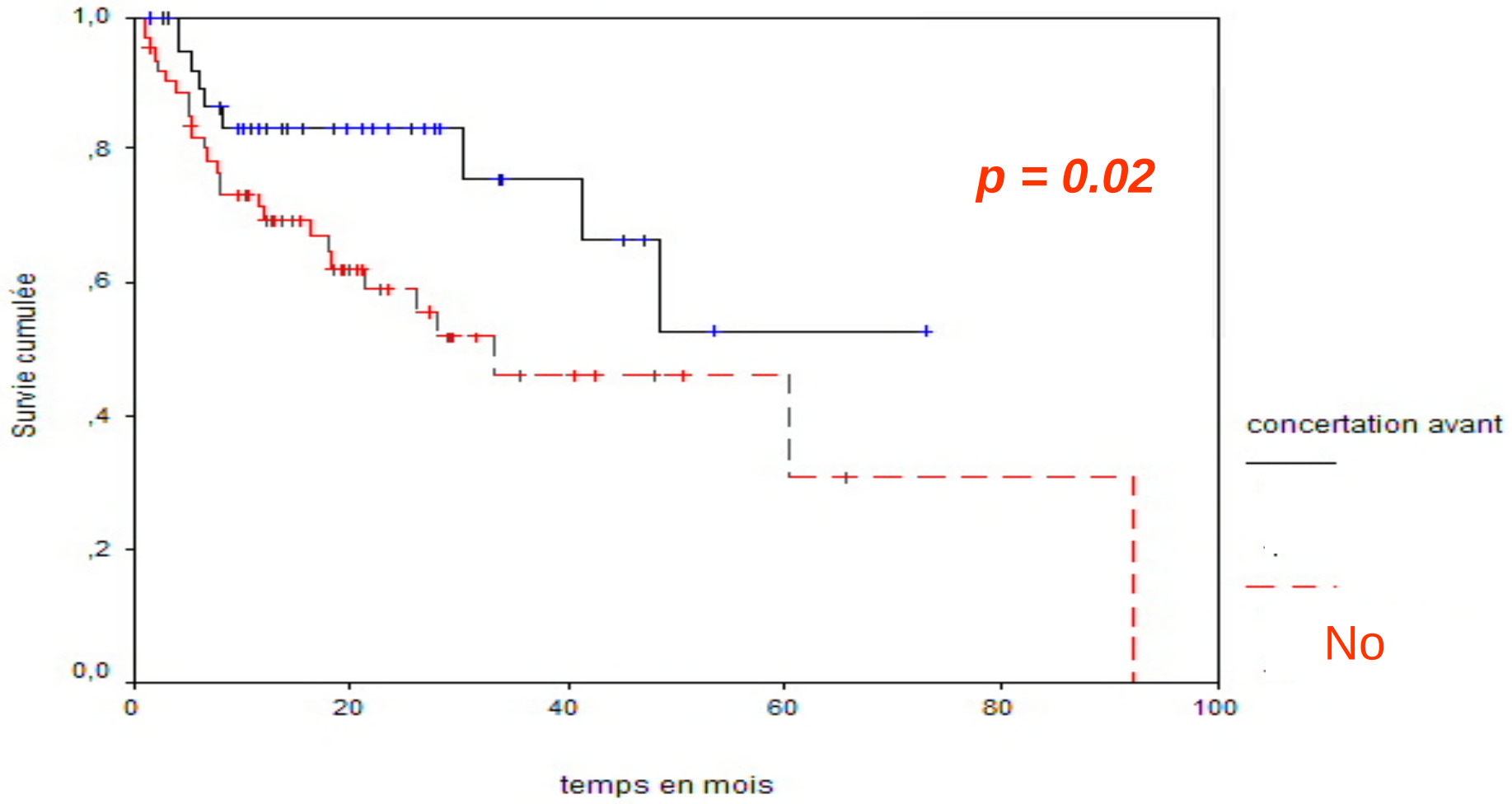
Article received on June 20, 2011,
accepted on February 14, 2012
Reprints: L. Tassy

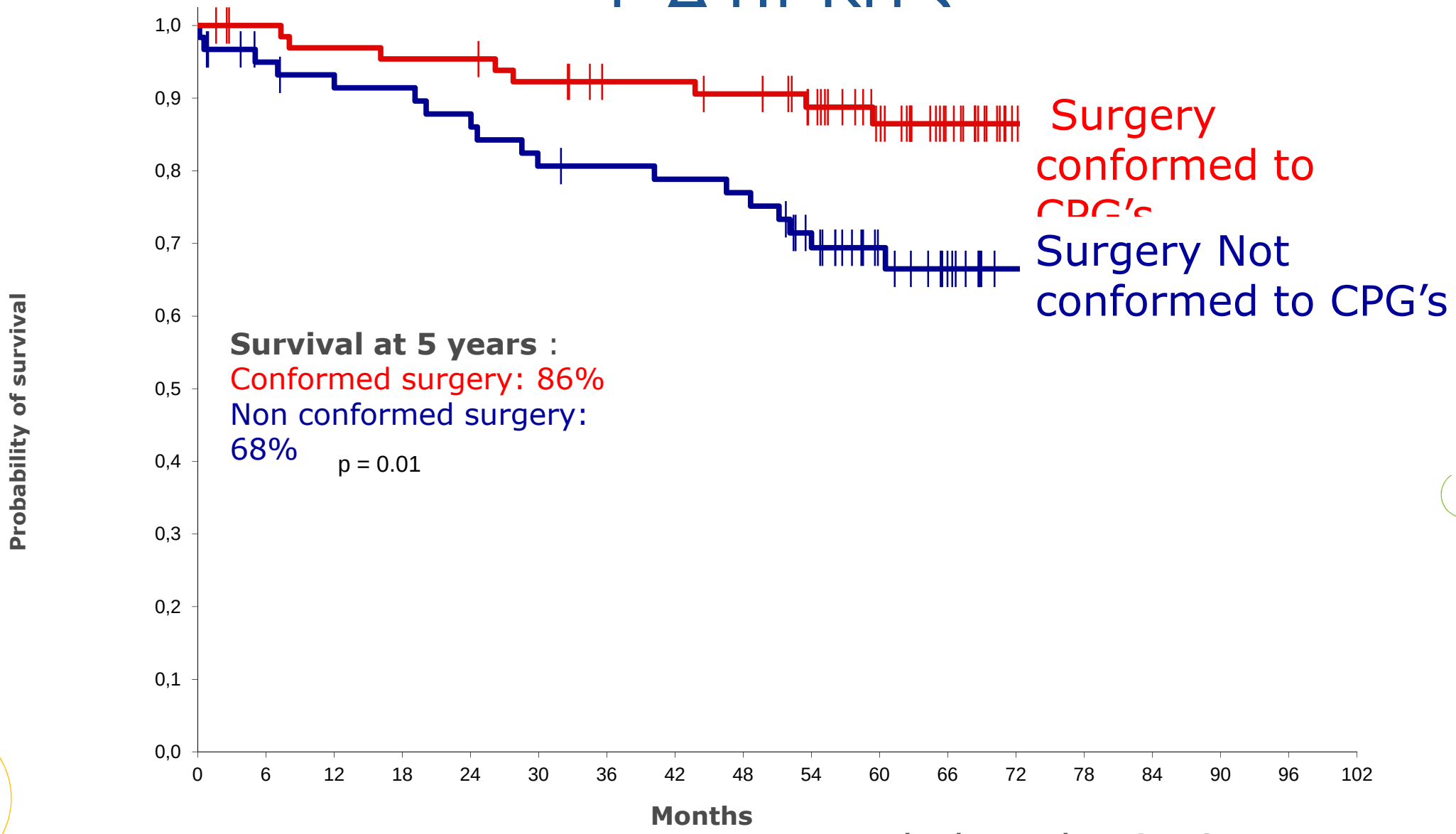
INVESTIGATION RHÔNE ALPES

Local relapse free survival and multidisciplinary approach before surgery



RESEAU ESPACE SANTÉ CANCER

OS AND SURGICAL CONFORMITY FOR SARCOMA PATIENTS



Derbel et al, ESMO 2012

RÉSEAU ESPACE SANTÉ CANCER

CONFORMITY RATES BY CENTERS

Adhesion to CPGs	Specialized hospital	Private or general hospital	Chi-2 test
Diagnostic procedures	83%	54%	<0.001
Surgery	81%	54%	<0.001
Follow up	94%	76%	<0.001

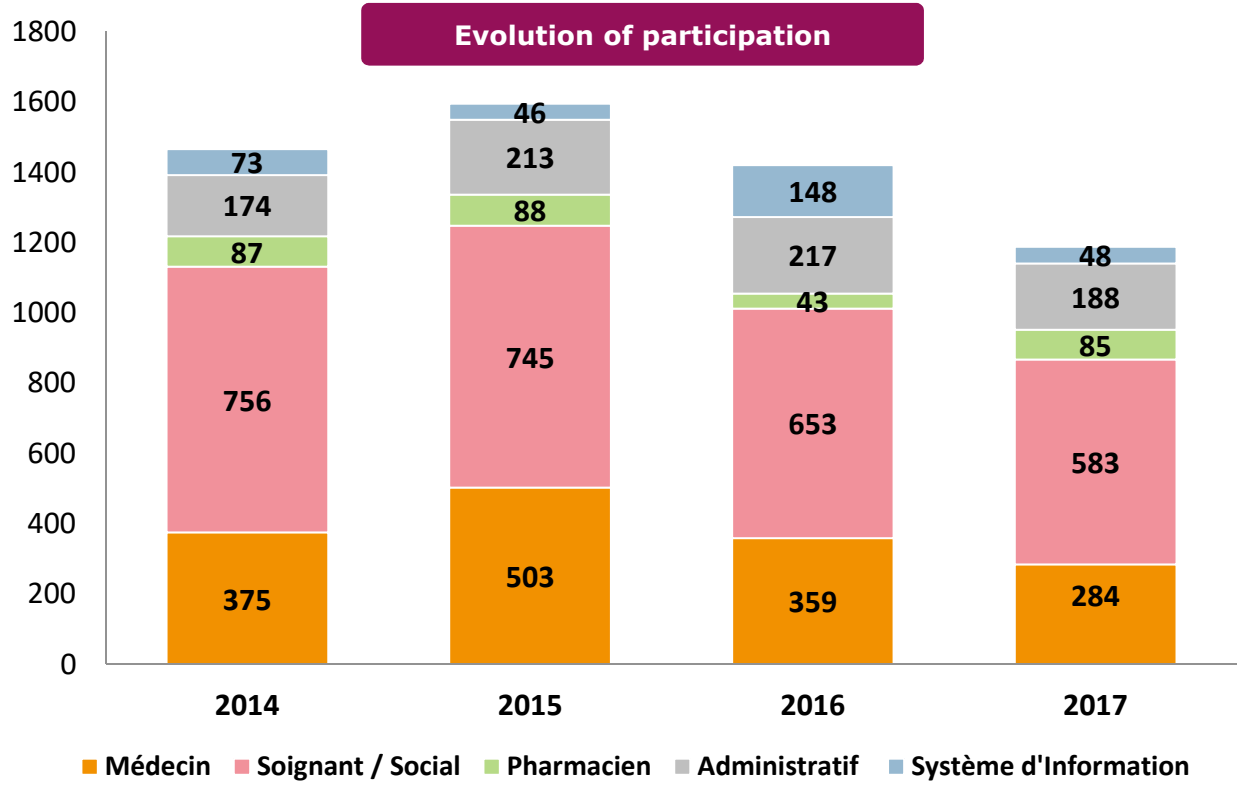
RÉSEAU ESPACE SANTÉ CANCER

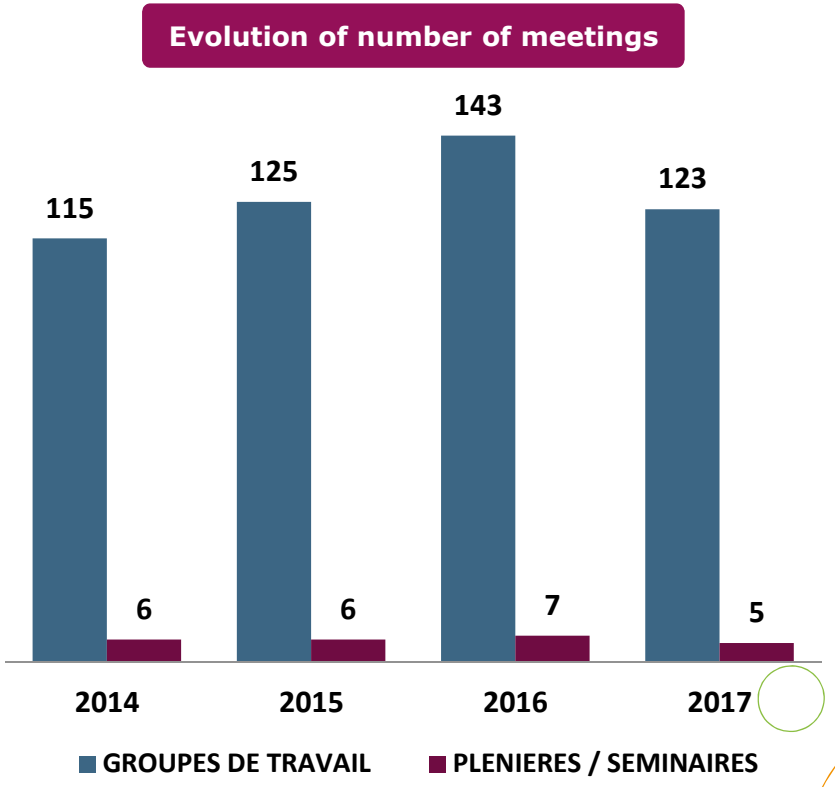
RÉSEAU ESPACE SANTÉ CANCER

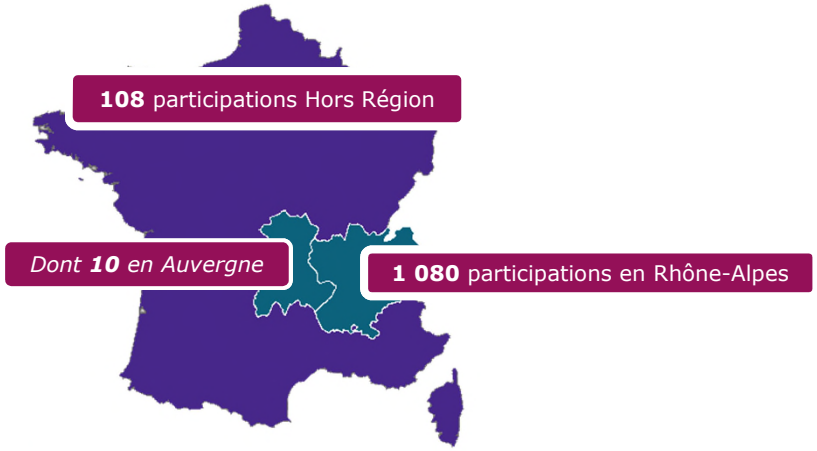
Ensemble, améliorons la qualité de vie du patient

ACTIVITY 2017

1188 PARTICIPATIONS IN 2017







RÉSEAU ESPACE SANTÉ CANCER

SINCE 2009

- **11 870 participations**
- **990 meetings**
- **249 training sessions**
- **2 934 trained professionnals**
- **More than 4 millions to the web site accesses**
- **More than 1 million cpg's referentials uploaded**

RÉSEAU ESPACE SANTÉ CANCER

CONCLUSIONS

Evaluation quality criteria for an oncology network could be:

- Well defined status and governance under the coordination of an universitary institution
- Operational budget
- A very powerfull information system and easy to use tools
- Clinical practices guidelines and innovation availibility
- Training program
- Evaluations and quality approach

RÉSEAU ESPACE SANTÉ CANCER