Launch of the BENCH-CAN project

BENCH-CAN was launched on May 14th 2013 with a kick-off meeting in Brussels as part of the Oncology Days Programme. Dr. Guy Dargent, from the Executive Agency for Health and Consumers (EAHC) and Officer of the project, attended the meeting and stressed the importance of BENCH-CAN in the framework of cancer care.

Partners and representatives from the pilot sites participated at the kick off meeting and defined the activities to be further developed within Bench-Can, which has the aim to benchmark comprehensive cancer care and yield best practice examples in a way that contributes to improve the quality of interdisciplinary patient treatment.

OECI, the Lead partner is currently working together with 6 Partners, part of which are already OECI members: the Netherlands Cancer Institute, The Netherlands; Institute Gustave Roussy, France; the National Institute of Oncology, Hungary; Alleanza Contro il Cancro, Italy; Health ClusterNET, UK; PANAXEA B.V., The Netherlands; as well as with 10 pilot sites and 2 other collaborating organisations.

The project has 2 key challenges: (i) ensuring that cancer centres & cancer departments/units in general hospitals in the EU12 are actively engaged & benefit; (ii) sustaining quality of patient treatment & outcomes as operating environments for health services adapt to ageing populations, compression of co-morbidity, rapid speed of technology development & financial constraints.

Ultimately, by developing a benchmarking tool piloted in comprehensive cancer centres and tumour services, BENCH-CAN will help achieve quality improvements in clinical practice, patient-centred care and in the management of cancer care facilities.

The web site of the project will soon be launched within the OECI home page.

The EurocanPlatform Network of Excellence

On May 14th , as part of the OECI 2013 Oncology Days, the EurocanPlatform Symposium took place at the Institut Jules Bordet.

The EurocanPlatform aims to the building of a translational cancer research platform by linking Comprehensive Cancer Centres and basic/preclinical cancer research centres. A majority of the research centres participating to the Platform are OECI Members.

During the Symposium, the strategies for innovative research on prevention, early detection and therapeutics were presented. The discovery of biomarkers for identification of risk individuals will open up for new types of prevention strategies. Marco Pierotti reported on biomarker discovery for early detection with focus on breast and lung cancer. Workpackages for identification of new targets and treatment predictive biomarkers were presented as well as strategies for innovative clinical trials. Maria Grazia Daidone reported on the Biobank work while Angelo Paradiso reported on educational activities among which an international translational cancer research course has a priority. Gordon McVie presented the Communication and Dissemination programme, in which OECI is active. Wim van Harten presented the next step of the OECI accreditation methodology aiming at identifying criteria for Cancer Research Centres of Excellence. Finally, Julio Celis discussed potential activities which may help the EurocanPlatform Consortium becoming sustainable.

The Symposium was open by Jan-Willem van de Loo, the EC Officer of the EurocanPlatform project. He updated on-going work in front of Horizon 2020. Even though the research calls will probably not focus on specific diseases, personalised medicine and chronic diseases will be a priority.

Cancer Education and Training in Central and Eastern EU Countries

The Symposiun has been organised by the Education & Training WG, in collaboration with the European School of Oncology. The meeting was held in order to try to gain a better understanding of the peculiarities of the E&T scenario in emerging countries in central and eastern Europe where new technologies and tools allowing a shift towards the application of more personalised therapies are being developed at a fast rate.

Angelo Paradiso (NCRC Bari, E&TWG Chair) opened the Symposium with an overview of the main issues in this area. He stressed that education issues in these countries have been an interest of the OECI for many years now, starting from the first Symposium on this topic held in Budapest in 2010 and leading to the elaboration of the OECI 3-year CE Europe education event programme 2013-2015.

Ernestas Janulionis of the Institute of Oncology, Vilnius University, Lithuania and **Vasyliy F. Chekhun** of the R.E. Kavetsky Institute, Kiev, Ukraine, introduced the cancer education programmes in their respective Countries which further highlighted the often great differences that exist between these countries and the specific problems they face as compared to many Western European Nations. The final presentation came from **Bodo Richter** of the European Commission, who spoke to participants about training and mobility opportunities for oncologists in Europe in the coming years. The session ended with a very stimulating discussion involving all speakers and audience which stressed the great interest in further developing collaborations in these areas, particularly on opportunities for researcher and clinician exchanges between countries in the near future and elaboration of ad hoc education programmes which target these emerging but often overlooked countries.

Quality of CCCs and accreditation development

The Symposium has been organised by the Accreditation and Designation WG, in collaboration with the European School of Oncology.

OECI Accreditation and Designation is the first oncology-specific accreditation and designation programme in Europe focussing on integrated cancer centres and comprehensiveness in their organisational performances. Ten years after its start, time has come for a thorough reflection on strengths and opportunities of the Programme. This was the overall objective of the session that took place in Brussels, with participants from the whole oncology community, as well as quality experts and policy makers from all over Europe.

Thomas Tursz introduced the session and presented the strategic role of the programme. A discussion was held on the necessity of such a programme for patients, the need to involve the EU and Members States and move toward the validation of outcome indicators.

Mahasti Saghatchian presented the pioneering years of the OECI Accreditation and Designation Programme.

The next steps are: to revise the standards for updating and improvement; to assess the feasibility of a certification of prostate units; to create an excellence designation system and to develop indicators to measure the outcome of translational research carried out in the comprehensive cancer centres. Quality indicators are the ultimate way for allowing comparability between caregivers, which is of interest to the patients and also to regulators/payers and policy makers.

Melvin Kilsdonk presented his results in research of the Dutch visitation system. The core of his message was to keep an accreditation programme interesting for centres on the long term.

Riccardo Valdagni presented the OECI-ESO-DKG Prostate Cancer Units Initiative in Europe. The task force has been successfully established in order to agree on the standards and process to be submitted to the OECI.

Donata Lerda presented the European Commission Breast Cancer Accreditation Services. Built, where possible, on evidence based guidelines, the concept for breast cancer services accreditation foresees that it will cover all aspects from diagnosis, surgery and treatment to post-treatment and palliative care. It will ensure a multi-disciplinary approach and always put the patient at the centre of the process. Collaboration with the OECI is already in place.

National Programs for Translational Cancer Research and Translational Oncology

The Forum has been co-organised by the OECI, the Institut National du Cancer, the European Cancer Organisation and the Italian Cancer network, Alleanza Contro il Cancro as part of the OECI 2013 Oncology Days.

The National programs presented by Belgium, Italy, INCa (France), UK and Portugal covered their approach of the Cancer topic in general, but focused on the translational research and oncology. Belgium has actually a 100% coverage of outcome of patients linked with the Registry and this for a 10 year period. Since the National Cancer Plan was introduced in 2008, biobanking, and innovative projects on translational research were assigned to the different Universities in collaboration with regional hospitals.

Italy has launched programs, stimulating the different National cancer centres to work together, mainly using biobanking material and granting preferentially those who do so. Links with the industry are also stimulated as done in the Lombardia Region. Telepathology is developed to ensure the expertise of difficult diagnosis and rare cancers assuring the best approach for the patients.

France has the same approach, but on top has introduced the WIN Project with the pharma industry allowing new drugs to be introduced in early clinical setting for scientific evaluation and allow to accept a fast personalized medicine on the basis of validated molecular knowledge. Partially the cost are covered by this program till a bonus for patients outcome is shown.

UK focuses on the basic molecular data and new drugs with a stimulating national approach. Nevertheless the clinical data remain behind the other Western Europe ones, showing that basic availability of good clinical practice remains mandatory.

The Portuguese program is mainly concentrated in 3 major clinical Cancer Centres, but with a new approach of linking at each one at least 3 peripheral hospitals to their own common program with as only goal to improve the overall outcome which will be evaluated soon.

The role of ECCO, in coordinating the Cancer Research in general, is mainly facilitating the between in cancer world to be connected and known with each other in a global view.

Personalised and sustainable oncology care: health economic perspectives

Scott Ramsey presented how CCCs in the US are organized and emphasized their important role in stimulating and facilitating health economic research of innovative cancer treatments. He thereafter posed the question “Are CCCs cost-effective?” and discussed ways of measuring costs and benefits of CCCs. He explained why it is complex to analyze in a standard manner, given challenges such as caused by population case mix, patient self-selection (specific patient groups who choose to go to CCCs themselves), and clinical training. In a study based on the SEER database in 2006, it was observed that the CCCs spend 50% more than general hospitals, but higher survival is observed in CCCs. Moreover, CCC can generate additional, so called “spill-over”, value to other hospitals by being the frontrunners in objective research towards effectiveness and cost-effectiveness of innovative cancer care from which other cancer hospitals in the region may benefit.

Andrea Ciarmiello gave a comprehensive overview of the developments in molecular imaging and associated cost impacts in Italy, as well as in an international context. He showed that better imaging leads to an initial increase in health care costs, which to a certain extent, may be paid off by better targeted therapies for patients, although this is typically not studied with sufficient rigor or in required detail in most countries. OECI centres could set an example investigating the cost of a full patient episode instead of just fragments of that.

Yolande Lievens presented an overview of several cost calculations in radiation oncology departments in Belgium, collected by the Health Technology Assessment organization in Belgium (KCE). In subsequent studies, she showed that treatment time in radiation is the main cost-driver. Therefore, she started a project called “Health Economics of Radiation Oncology (HERO)”, where the Activity Based Costing (ABC)-method is used to calculate the treatment time in more detail in radiation departments all over Europe.

Maarten IJzerman presented personalized medicine from the viewpoints of patients. He started off his presentation by saying that cost-effectiveness does not equal “value”. He continued by noting that “value for one, may be not for others” as factors such as phenotypes, clinical response, patient and clinician preferences and their associated behavior all play a role, specifically in the field of Personalized Medicine. Shared decision making in this view may improve adherence, satisfaction, and lower adverse events. He also remarked that although most cancer hospitals are not so much involved in patient preference studies, CCCs should take up their responsibility in this area. Only by doing so, they can continue to provide the highest quality care in the eyes of the patients and clinicians and obtain a leading role in the emerging field of Personalized Medicine.

Molecular Pathology Day

On 16th May 2013, the OECI pathologists met in Brussels to resume an old OECI tradition. The meeting started with a presentation and further discussion on the new problem related to drug resistance in lung cancer therapy, presented by Raffaella Sordella of Cold Spring Harbor (U.S.). Giorgio Stanta introduced the new research line of the Biobanking and Molecular Pathobiology Working Group, defining the new clinical research and validation activity in the field of Molecular Analysis in Fixed and Paraffin Embedded Tissues. The huge deposits of these archive tissues can be used with properly designed retrospective survival studies to accelerate clinical prognostic and predictive biomarker applications.

Anna Sapino (Turin), Andreas Jung (Munich), Erik Thunnissen (Amsterdam) and Guido Henning (Eschborn) presented their recent approaches and perspectives in Cancer Molecular Diagnostics of breast, colon and lung. Nina Gale (Ljubljana), Giorgio Stanta (Trieste) and Anna Sapino (Turin) then discussed the proposal of validation of new biomarkers in head and neck, colon and breast cancer. The day ended with a round table about quality assessment for molecular diagnostics in Fixed and Paraffin Embedded Tissues.

This last Pathology Day has been useful to start developing a European network among the different cancer institutes for clinical research, biomarker validation and the development of more efficient internal and external quality controls.