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BenchCan Final Meeting

Wim H. van Harten¹, Anke Wind¹
1. The Netherlands Cancer Institute


Counting 7 Partners, 9 Pilot Sites and the European Cancer Patients Coalition, under the coordination of the OECEI, the BenchCan project aims to improve quality of cancer patient's treatment.

With an ageing population, the burden that cancer will impose on our society is likely to increase. Cancer has replaced cardiovascular diseases as the leading cause of premature death in 28 out of 53 European countries, becoming the leading cause of death. In this framework, and in the light of an highly affecting cost-benefit analysis, the BenchCan project focuses on identifying how European providers can be assisted in order to improve services to the patients, reduce care provision inequalities, and raise a better quality of oncologic services.

The partnership of the project challenges two key topics:

1. ensuring an active engagement of European comprehensive cancer centres, clinical centres, cancer departments and units;
2. sustain the quality of treatments and outcomes of the operating environments for health services which have to adapt to co-morbidities of an ageing population, speed the technology development and related financial constraint, and reduce differences in health systems performances within EU countries.

The 9 BenchCan Pilot Sites help to define:

- the description of a cancer care organisation using an agreed number of indicator sets describing the comprehensive care context;
- the modeling performance of comprehensive cancer centres or cancer departments/units at general hospitals, by 

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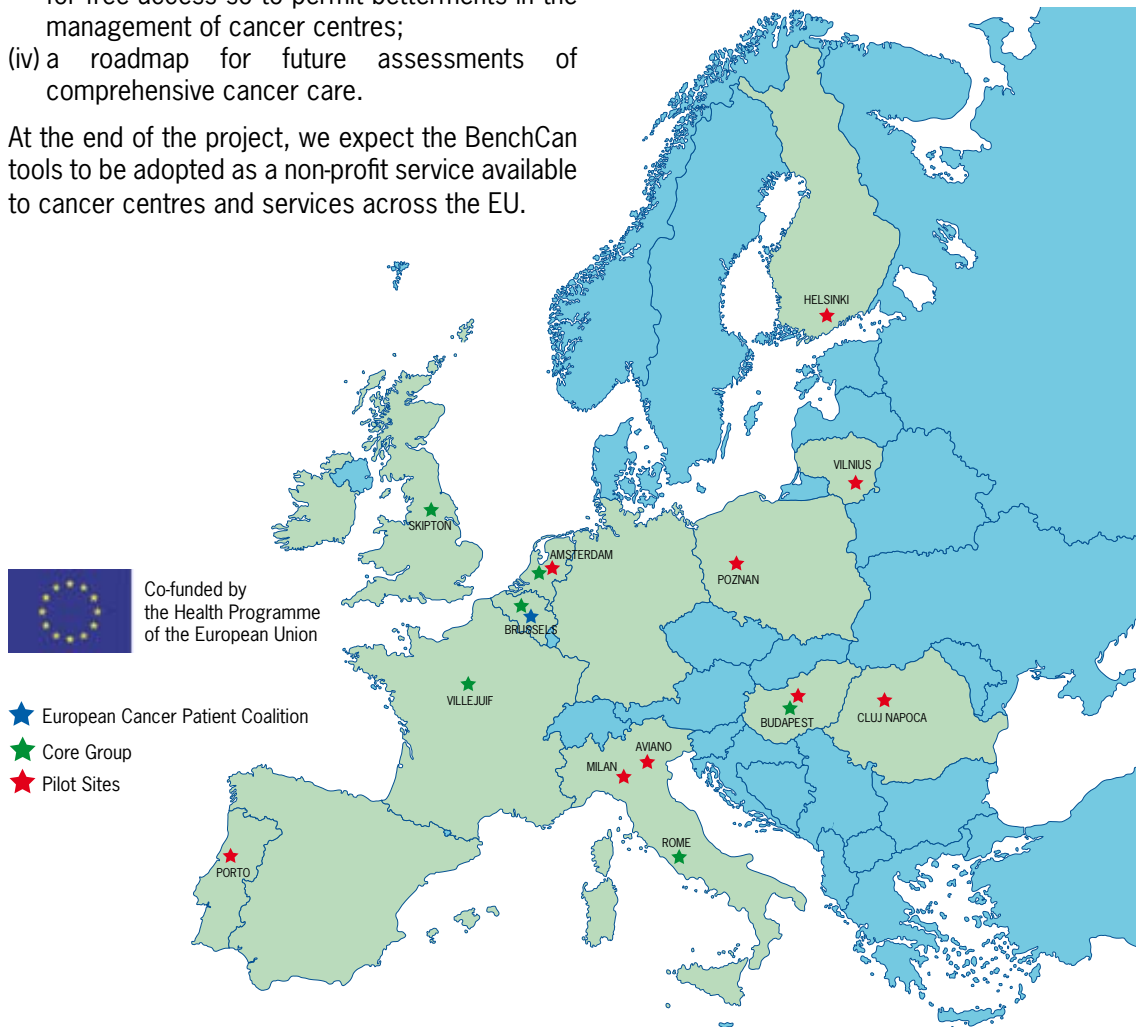
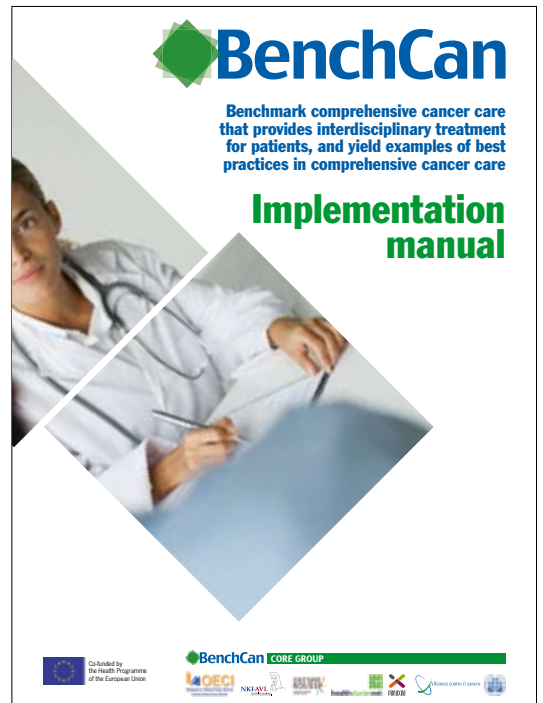
several matrices (e.g. organizational objectives/intermediaries; staff/teams; intermediaries/services; services/patient outcome enablers; translational research or medicine-related data).

Detail analyses will be performed on all Pilot Sites, for instance using data envelopment techniques and, in particular, visiting the centres with a restricted group of specialists in order to define and refine a final Benchmarking Tool that focuses on operations management and best clinical practices and which will be available and applied to all interested institutes/hospitals in Europe.

The expected BenchCan final outcomes are:

- (i) two benchmark tools planned for use in comprehensive cancer centres & cancer departments/units at general hospitals;
- (ii) the identification of areas for improvement for quality of care & patient outcomes with advanced plans adopted by the pilot sites, at first, and by a broader audience in the coming years;
- (iii) a benchmark manual with budget impact formulae for free access so to permit betterments in the management of cancer centres;
- (iv) a roadmap for future assessments of comprehensive cancer care.

At the end of the project, we expect the BenchCan tools to be adopted as a non-profit service available to cancer centres and services across the EU.



BenchCan opens to Central European Countries: an Interreg Application

Silva Mitro¹

1. IOV Istituto Oncologico Veneto - I.R.C.C.S. Comprehensive Cancer Centre

The OECHed BenchCan Project is nearing completion and will soon present and publish a set of indicators to support the process of benchmarking between the comprehensive cancer centres. This is happening at the same time as the OECI pushes forward its accomplishments, with the aim of bringing together European cancer research and care institutions in order to build a consensus on the best models of oncology and solutions to improve the quality of life for the patients.

As part of these positive steps, a significant boost to the development of the BenchCan tools and instruments has been provided by the Central European Countries participating as Partners or as Pilot Sites in the BenchCan project.

To build on this involvement, the Veneto Institute of Oncology has taken the initiative to submit a proposal to the Interreg Central Europe (ICE) Programme that would extend the reach of BenchCan in Central Europe as part of the push to improve standards of oncology care.

The purpose of ICE is to cooperate beyond borders in central Europe to make cities and regions better places to live and work. The benchmark tool and manual developed by BenchCan can be used to build capacity for improved cancer care across borders among 9 central European countries: Austria, Croatia, the Czech Republic, Hungary, Poland, Slovakia and Slovenia, as well as parts of Germany and Italy.

This ICE project matters because the indicators developed and tested by BenchCan offer a common set of performance indicators that will enable continuous quality improvement through benchmarking will help deliver better care to the citizens of Central Europe.

Through enabling access to the BenchCan tools and guidance, the aim of the new proposal is to incentivise and support collaboration between health care providers, patients and industry in working together to improve standards of care for cancer patients and quality of life for cancer survivors.

This is aligned to OECI's commitment to open access for the BenchCan deliverables. The new project would target cancer institutes in Central Europe who are not yet accredited OECI members to help them improve performance. In this context, the project would add value to actions to expand the OECI network and interest in its Accreditation and Designation Programme in Central Europe.

Why this project matters: comparable transnational intelligence is critical for building regional innovation capacity because regional innovation ecosystems needs scale to work well e.g. in the Czech Republic, Slovenia, Slovakia, Hungary and Croatia. Other datasets that can inform need for products often have limited access, researchers often are not aware of the latest technologies available in the market and there is a lack of good innovation management to support ideas moving from bench to bedside and onto market.

Mainstreaming and capitalisation: collaboration between end-users and innovation producers will be incentivised by developing a more common and personalised approach to prevention of cancer, early diagnosis, oncologic treatment, survivorship and palliative care. This would have two critical impacts in Central Europe: create a stronger foundation for the continuity of care (mainstreaming); boost collaborative industry activity across a range of sectors (Bio/Med/ITC) to meet changing demands informed by clearer engagement with end-users (clinicians and patients) in regional innovation ecosystems (capitalisation).

Target groups: health care providers/ cancer institutes, local and regional public authorities, health and regional development ministries, local and regional development agencies, patient groups, public and private research institutes, ITC/BIO/MED SMEs, business support organisations.



Organisation of European
Cancer Institutes

**OECE
NEWS
SECTION**

More information at:
www.oeci.eu

Joint Action and European Reference Networks on Rare Cancers

Paolo Casali¹⁻², Jean-Yves Blay³, Gemma Gatta¹⁻⁴, Lisa Licitra¹, Claudio Lombardo⁵, Giovanni Nicoletti⁶, Annalisa Trama¹, Wim van Harten⁷ and Dominique de Valeriola⁵⁻⁸

1. Fondazione IRCCS "Istituto Nazionale dei Tumori" di Milano
2. European Society for Medical Oncology - ESMO
3. Centre Léon Bérard
4. RARECARENet
5. Organisation of European Cancer Institutes - OECE-EEIG
6. Italian Ministry of Health
7. Rijnstate Hospital
8. Institut Jules Bordet

Rare cancers are not so rare, together they represent 22% of all new cases diagnosed in Europe each year. Diagnosis and treatment of rare cancers may not reach optimal standards in all EU countries. This is more likely when healthcare is delivered by institutions with limited expertise, suboptimal multidisciplinary organisation of cancer care and/or low case volumes. Moreover, clinical and translational research would need a high level of centralisation and international collaboration if we expect better outcomes. From the Health Organisation's point of view, in the EU, an opportunity is provided by the creation of European Reference Networks for rare diseases (ERNs) which will become reality in the coming years. In fact, there is a wide consensus on networking as the most appropriate answer to the issues pertaining to rare diseases in general, as well as to rare cancers: however, these last belong to the "world" of cancer, i.e., one of the leading diseases and causes of death worldwide. Thus, the creation of EU-based networking on rare cancers is a huge opportunity launched by the DG SANCO with a specific call. However, there are risks that such an opportunity may be missed, as long as the peculiarities of rare cancers, as compared to rare non-neoplastic diseases, are not recognised. In this framework, and in parallel to the setting-up of European Networks on rare diseases (cancer included), the DG SANCO launched a new initiative for a Joint Action on Rare Cancers (JARC). Coordinated by the Italian Ministry of Health and the Fondazione IRCCS Istituto Nazionale dei Tumori of Milan (Italy), JARC will start in September 2016 taking advantage of a strong partnership of 34 partners, from 19 different European Member States, including the OECE, which will be acting as coordinator of the WP on Quality.

JARC aims to (a) prioritise rare cancers in the agendas of the EU and Member States and (b) to develop innovative and shared solutions for ERNs on rare cancers, in the areas of quality of care, innovation, education and state of the art definition on prevention, diagnosis and treatment.

The objectives of JARC will be achieved by the creation of a platform for competent national authorities, institutions, scientific and professional societies, as well as patient organisations, to produce

consensus-based recommendations, with a special view to the new ERNs, seen as a great opportunity for improvement of rare cancer patient outcomes in the EU.

For the purposes of JARC, the following “families” of rare cancers will be singled out, following the RARECARENet (www.rarecarenet.eu) list of rare cancers:

1. Head and neck cancers
2. Thoracic rare cancers
3. Male genital and urogenital rare cancers
4. Female genital rare cancers
5. Neuroendocrine tumours
6. Tumours of the endocrine organs
7. Central Nervous System tumours
8. Sarcomas
9. Digestive rare cancers
10. Rare skin cancers and non-cutaneous melanoma
11. Haematological rare malignancies
12. Paediatric cancers (all)

Each rare cancer family deals with a relatively homogeneous, disease-based community of physicians, clinical researchers and patients, but needs comparable hospital based infrastructures, technologies and environment. In the context of the first call for ERNs, three main networks will be organised: (a) Solid rare cancers in adults (regrouping the families from 1 to 10) (b) Haematological rare malignancies, (c) Paediatric cancers.

In actual fact, the burden of these three groups of rare cancers is slightly disproportionate.

According to the RARECARENet project estimations, the incidence of all rare solid tumours is 75% of all rare cancers. The corresponding percentages are 23% and 1.6% for haematologic and paediatric cancers, respectively.

Following a recent meeting that was jointly organised in Brussels by OECI and ESMO, a consensus has been reached among several cancer centres and hospitals including: RARECARENet, EORTC, ECPC and EANO. An ERN application for rare cancers in adults will be coordinated by Professor Jean Yves Blay, General Director of the Institut Léon Bérard in Lyon.

Any improvement in care and research on rare cancers is expected to impact on patient outcomes, i.e., overall survival and quality of life.

JARC is meant to serve as a reference source of policy recommendations on rare cancers in Europe. Therefore, the outputs of the JARC will essentially be consensus-based recommendations on:

1) epidemiological surveillance of rare cancers; 2) quality of healthcare, primarily through shaping of the new ERNs; 3) clinical practice guidelines on rare cancers; 4) innovation, especially with regard to clinical research regulations, as well as practices and semantics regarding patient data and tissues; 5) medical and patient education; 6) health policy measures on rare cancers at the EU and national level; 7) patient empowerment.

In particular, the list of rare cancers will be updated in order to improve surveillance. The recommendations on standardisation of epidemiological analyses will allow each member state to have information on rare cancer burden, to estimate survival differences by European regions, to support better healthcare planning and resource allocation and to develop recommendations in reducing health inequalities. JARC will also promote medical education on rare cancers, as well as clinical practice guidelines, especially on specific pathways. Empowerment of rare cancer patients needs information and education. JARC, in collaboration with the European Cancer Patients Coalition and the OECI, will contribute by developing guidelines to inform, educate and motivate patients. Information will not only reach them but also originate from their communities.

Armed with this new project, the JARC Consortium, including the OECI, will work tirelessly towards keeping rare cancers an important topic on the EU and Member States' agendas.

Joint Action on Rare Cancers: the OECI's role

Simon Oberst¹⁻²

1. Cambridge Cancer Centre

2. Organisation of European Cancer Institutes - OECI-EEIG

In November 2015, a call for Joint Action of Member States on Rare Cancers was published by the European Commission. The Fondazione Istituto Nazionale Tumori of Milan, as lead partner, coordinated the submission of a proposal involving 34 partners and associated partners, including cancer centres, ministries of health, cancer charities, and patient organisations. The OECI was represented during the initial meeting by the President, Dr Dominique de Valeriola and myself, as Chair of the Accreditation and Designation Board. On this occasion, we suggested that the OECI should lead the Work Package on "Assuring Quality within the Networks of Rare Cancers", taking advantage of the OECI expertise. In short, even with some small revisions, the overall proposal for the Joint Action is about to be accepted by the Commission, leading to a significant three-year work programme.



The specific objectives of the OECI-led work package are:

1. To map out the existing networks of care for all 11 families of adult rare cancers across EU Member States (expanding the exercise carried out by EPAAC WP7 and RARECAREnet), and to identify gaps in the current provision and inequalities of patient access to resources (Childhood Cancers are already covered by EXPO-r-Net project).
2. To propose reliable and European-wide, systems-based standards for all families of rare cancers and the networks serving them. These standards will include provision for the holistic care of patients and their care providers from the beginning of the diagnostic process throughout the whole survivorship span, including rehabilitation or End of Life. They will be consistent with the European Reference Networks (ERNs) requirements.
3. To design Quality Assurance systems or processes specific to rare cancers, supplemental to the ERNs requirements (which would enable networks to become ERNs). The aim is to promote and assure the standards and criteria foreseen in Objective 2, establishing a system of continuous quality improvement, best practice shared, and equality of care for rare cancers across Europe.

This is a great opportunity for the OECI to show the benefit of the existing organisational and systems-based standards we have developed and refined over the last ten years, and to apply them in the field of rare cancers. A parallel work package will address clinical guidelines for each family of rare cancers, so that a combination of the two systems of standards should ensure the highest degree of Quality Standards, as well as a corporate commitment to a process of quality improvement, which is always an essential component of any quality system. This will have a huge benefit on patient experience and quality of treatment and care in rare cancers, and also impact equality of care access in EU Member States, assisting individual networks that will be recognised as European Reference Networks for rare cancers.

Patient involvement is crucial to establishing the appropriate systems guidelines and standards and, for this reason, we are happy to involve in our work package the European Cancer Patient Coalition (EPCP), EURORDIS and SIOPE for childhood cancers.

A COST proposal for cancer health economics

Valesca Retel¹ and Wim van Harten²

1. The Netherlands Cancer Institute
2. Rijnstate Hospital

As with other areas of clinical practice, the sustainability of spending for cancer care is under pressure. There are a growing number of treatment alternatives and choices have to be made to safeguard national funding of most effective treatments. Health economic arguments are increasingly important for 1) EU, National governments & health insurers on catalogue and coverage decisions, 2) hospitals on reimbursement, budget impact of adopting new (expensive) treatments, and 3) scientists/innovators on funding to support and reward discovery and delivery of new technologies.

The OECI is an organisation of cancer institutes, aiming to improve the quality of cancer care and translational research in Europe from an organisational viewpoint. The OECI mission is to bring together the cancer research and care institutions of the EU in order to create a critical mass of expertise and competence with the view of building and maintaining a consensus on the best models of oncology, models and solutions to improve the quality of life for the patients in the EU.

Within the OECI, a Health Economic (HE) working group was initiated, and aims to facilitate the careful and explicit balancing of clinical benefits and financial impact of cancer treatments and contribute to the sustainability of specialised oncology services. The primary objective of the WG will be to demonstrate the merits of health economic analyses in oncology, especially by initiating collaborative EU projects and thus contribute to obtaining appropriate reimbursement by performing health economic studies, and to establish standards in budget impact analysis for OECI members and enhancing the predictability and personalisation of incoming health technologies.

As a next step, we want to build an OECI-HE network by establishing collaboration and education in HTA expertise between the OECI-hospitals, by means of a COST Action. The OECI-HE COST Action will form a network of a highly motivated Europe-wide team of experts and stakeholders involved in research and practice of oncology and health economics. COST is an appropriate framework for this Action, because it is not primarily seeking to fund research, but to build the network and share expertise to e.g. enable better and earlier patient access to innovative drugs or technologies in the oncology field.

With this OECI-HE network, comprehensive information on cost-effectiveness and budget impact data and analysis for reimbursement and market access purposes can be established. We will pursue this with several steps:

- 1) Create awareness of the HTA field within the clinic (bridge the gap, connect with the clinic, in order to gather/obtain the right data and willingness to participate) by means of symposia;
- 2) Education amongst clinicians/HTA workers in EU countries by means of training opportunities;
- 3) Exploring different mechanisms for patient access to oncology drugs by means of a survey;
- 4) Development of a framework for data gathering for health economic purposes (in close collaboration with the core OECI framework);
- 5) Initiating champion projects to put theory into practice;
- 6) Organise symposia, conferences to further elaborate the network.

Based on a survey performed earlier amongst the OECI members, highlighted priority topics for the WG are: Budget Impact Analyses and Cost-Effectiveness Analyses, performed for the big 5 tumors (breast, lung, colorectal, prostate, melanoma), and particular attention to targeted therapies, biomarkers and pharmacogenomics, pharmacology and modern radiation treatments. The WG focus is on innovations for cancer care, rather than mainstream treatments.

An immediate benefit is that research teams from OECI-COST countries working together to propose and conduct this Action will help to increase our understanding of e.g. patient access mechanisms and reimbursement systems in different countries, and to provide innovative and effective solutions towards sustainable cancer care. This OECI-HE network can also support developing a framework for data gathering for health economic purposes, which can be the basics of cost-effectiveness-, and budget impact analyses. Subsequently, these analyses could inform decision making for reimbursement and market access activities in many EU countries. We will support these activities by means of education (training schools), conferences and visits for champion projects to enable the hospitals to perform the analyses themselves. With these activities, we hope to bridge the underlying gap between the health economics field and the clinic.

What lies behind the Joint ECPC-OECI Declaration: complexity of cancer patient care?

Francesco de Lorenzo¹ and Dominique de Valeriola²⁻³

1. European Cancer Patient Coalition ECPC
2. Organisation of European Cancer Institutes - OECEEIG
3. Institut Jules Bordet

The path of cancer patients through diagnosis, treatment and follow up is a complex one. In this sense, the world of oncology has demonstrated a great capacity to break down each step of the patient's journey and to analyse in great detail each specific factor that has an impact on the final outcome. This is demonstrated by the increasing number and raised quality of the collaborations amongst medical societies, patient organisations, researchers and policymakers, aimed at defining specific solutions to specific issues related to the complexity of the varying patient pathways. In brief, the oncology community has shown a great capacity to analyse problems and find targeted solutions, in collaboration with all stakeholders.



Dominique de Valeriola
OECI President



Francesco De Lorenzo
ECPC President

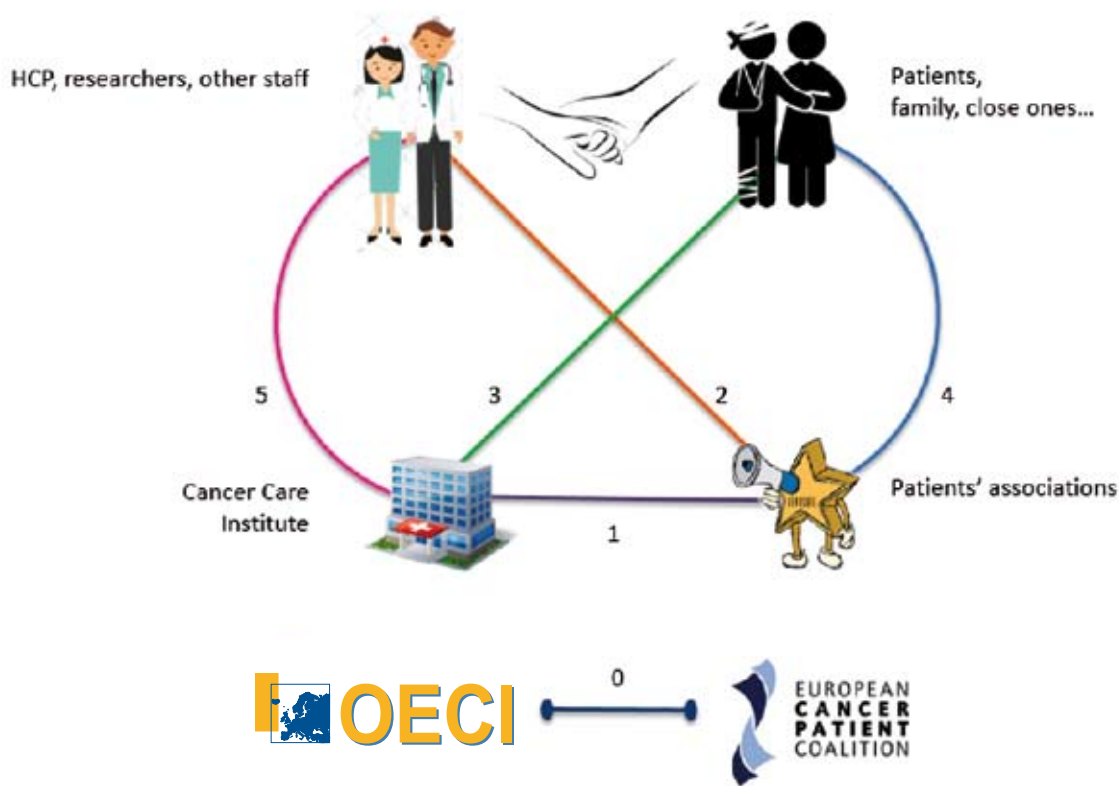
However, in the hospital, along the corridors, within the cancer ward and in the bedrooms, the reality of a patient's journey retains all its complexity. ECPC and OECI together represent those people that have to deal with the intricacy of fighting cancer every day. ECPC and OECI Members are those that provide patients key information on their conditions and rights, support them and their families, provide counselling but are also those that have to ensure that cancer care is efficient, well organised, sustainable and patient-centric. In the reality of the ECPC and OECI Membership (more than 400 patient organisations, across 44 countries, and 70 cancer institutes across Europe), there is no single improvement, be it a new treatment or better infrastructure, which impacts the whole of the patient's journey. It is how the players play together that makes the difference.

There could be, however, a single approach in the way patients, their organisations, healthcare professionals and cancer institutes can relate to each other to create the right atmosphere of collaboration, ensuring that each actor plays his or her role in the fight against cancer. An inclusive approach to organising the complexity of cancer care without neglecting the needs, rights and possible contribution of any of the players involved. The OECI President, Dr. Dominique de Valeriola, quickly shared her hands-on approach to cancer care in her long standing experience as Medical Director running the Institut Jules Bordet, with the ECPC leadership. President Prof De Lorenzo and Vice President Kathi Apostolidis were quick to recognise the value of such far reaching approachability.

While the concept is truly innovative, many existing initiatives hinted at it, or are connected to this holistic, collaborative need that ECPC and OECI have identified. The European Cancer Patients' Bill of Rights sets out the three key rights of each cancer patient: right of information, right to access the best care possible, right to be followed up throughout their lives. The value of the Bill is to inspire change from within the cancer community, but does not provide a blueprint for the relationship between cancer institutes and patients. Furthermore, many cancer centres commit themselves to obeying a code of honour, often referred to as charters or testimonies. These documents show how many cancer centres have already a strong connection and understanding of the needs of cancer patients, but there are as many charters as cancer centres, and each charter grasps the cultural values of each specific institute and patient population. How about the needs of healthcare professionals? Are patients' duties corresponding to patients' rights? On top of these initiatives stand the less flexible, ethical frameworks, to which all healthcare professionals shall abide.

Taking all this into consideration, ECPC and OECI analysed the key relationships existing within any cancer centre:

What lies behind the Joint ECPC-OECI Declaration:
complexity of cancer patient care?



In each of these relationships, ECPC and OEI collected best practices, examples and set recommendations. Our objective is to make sure that the relationship between HCPs and patients would be based on solid pillars of collaboration and understanding. In other words, we want to spell out the values shared by ECPC and OEI, and put them into practice daily, by some (not yet all) of the ECPC and OEI Members. To do this, we are working together on a Joint Declaration, a real-world, simple and user-friendly document, which can be endorsed and supported by all ECPC and OEI Members alike, based on dialogue, mutual advocacy and understanding the other's perspective. The Joint Declaration is a plan for the future, an objective to achieve, yet it is practical rather than theoretical.

While ECPC and OEI leaderships might have initiated the process, the outcome must be owned and shaped by both associations' memberships. For this reason, on the occasion of the ECPC Annual General Meeting (3-5 June) and the OEI Oncology Days (15-17 June), we will be sharing the key concepts underpinning the document with our Members so as to collect the necessary feedback from them.

In this way, with the help of the ECPC and OEI Membership, the Joint Declaration will not be a void document, or yet another cumbersome administrative task to perform. Instead, we hope it will become the embodiment of the values and motivations and beliefs that each healthcare professional, each patient, each advocate shares in their daily work in the cancer institutes. We hope to bring some order into the complexity of cancer care, providing a nudge in the right direction, helping our Members to work better together.

6th EACR-OECI Joint Training Course: 'Molecular Pathology Approach to Cancer'

Richard Marais¹, Giorgio Stanta²⁻³

¹ European Association for Cancer Research

² Organisation of the European Cancer Institutes

On May 9-11, the Sixth Edition of the EACR-OECI Training Course on "Molecular Pathology Approach to Cancer" has been held in Amsterdam. 109 participants attended the Course chaired by Richard Marais (UK), Jorge Reis-Filho (US), Giorgio Stanta (Italy) and Marc van de Vijver (The Netherlands).

Over 3 days participants enjoyed interesting and compelling talks from 14 international speakers. The closing speaker was Cédric Blanpain (Belgium), who was presented with the EACR-OECI Keynote Award.

A total of 16 Meeting Bursaries were awarded by EACR, OECI and ESMO to assist early-career researchers from 12 countries to attend.

Positive feedback has already been received: 98% said they would recommend the course to others, and there was a 100% satisfaction rating for the quality of the scientific content. Some of the feedback included:

"Excellent course. Very informative. Very knowledgeable and helpful expert tutors. Great chance for networking and getting updated."

"This course provides structured and up to date information in molecular pathology, including predictive, prognostic and diagnostic significance of molecular testing. Great lecturers, and great discussion. Also, new research ideas arose after the lectures."

"Great course, both in what I learned and with the opportunity to communicate with the world leaders and innovators in the field."

The Seventh Edition will take place in Amsterdam on May 8th - 10th - 2017



Bursary winners with the Scientific Organising Committee



Jorge Reis Filho with the EACR-OECI Keynote Award winner Cédric Blanpain



Participants at the networking reception

Cancerworld – a new format and a wider dissemination plan

Alberto Costa¹

1. European School of Oncology
- ESO

The readers of our magazine Cancerworld, who have been following it since its inception more than a decade ago, will have noticed immediately that we have started a new season.

After 11 years of cover stories (fascinating tales on the 66 key women and men who influence the oncology scene in Europe) we have now asked a talented group of young illustrators to draw a cartoon interpreting the message of the leading article of each issue. Stories of individual oncologists will continue as profiles, in the internal part of the magazine, and will tell us about the new generation who is getting ready to take leading positions. Traditional features like e-grand round, focus on, patient voice will also continue, signed by the same dedicated journalists who have made Cancerworld so successful and some new colleagues from different European countries, under the editorial wisdom of Anna Wagstaff, my Associate Editor.



Those who see Cancerworld for the first time will do so most probably as a consequence of our major effort to triple the print run (16'000 copies this issue) and the distribution by mailing, through the libraries of the major cancer institutes in Europe, and at congresses and conferences. This impressive increase in distribution has been made possible also by an excellent collaborative agreement with OEI, which for the first time has ensured a safe and proper delivery of the magazine to all major cancer centres in Europe (as only OEI could do!)

Cancerworld is now also available in Russian language (please visit www.eso.net.ru).

Those who believe that paper has no future and cannot live without looking at a screen of a computer or a tablet will find the new Cancerworld at www.cancerworld.org, very welcome to download free of charge any article and to contribute to our cancerblog.

Those who hear for the first time about this magazine simply need to know that it is published by the European School of Oncology (ESO) as an additional contribution to its educational programme.

ESO was established in Milan, in 1982, by the Italian surgeon Umberto Veronesi with a few close friends (Franco Cavalli, Louis Denis, Michael Peckham, Bob Pinedo) and myself as his young (at the time) assistant. I had the privilege and the honour of directing the School for 33 years and I have just recently passed the testimony to dr Fedro Peccatori as new Scientific Director from January 2016.

The great majority of ESO's financial resources come from an endowment established ad hoc by a wealthy family of Italian industrialists, but part of our activities (including this magazine) is supported by the generosity of our sustaining members who take part in the Sharing Progress in Cancer Care programme.

We at ESO are turning important pages of our history of service to the European cancer community. Up to you now to turn the pages of Cancerworld to enjoy their content and to further improve your oncological knowledge and culture.

PS to receive your personal copy of the printed version or to have the magazine in your department please send the relevant postal address to magazine@cancerworld.org

How can open access publishing serve the cancer community?

Katie Foxall¹

1. *ecancer*

As the Head of Publishing at *ecancermedicalsecience*, I'm always exploring what an academic journal should be - striving to meet the needs of the cancer community in a rapidly changing publication environment. Historically, academic journals have been called upon merely to curate and collect research. I think journals could have a much bigger role than that, which is why *ecancermedicalsecience* is unique.

ecancermedicalsecience is the official journal of the OECI and the European Institute of Oncology, Milan. An open access journal, we consider articles related to every aspect of oncology, from basic biology to supportive care.

From the beginning, we've believed that finances and geography should not be barriers to accessing the potentially life-saving information that we publish. We piloted our unique "pay-what-you-can-afford" model in 2013 – and since then, other publishers have followed suit. Of course, all of the content in our open access journal is completely free to read, with no paywall and no subscription.

Visibility and outreach are some of the most important things we offer. It isn't enough that research should exist "somewhere" – it needs to be in front of the people who use it best, and need it most. It needs to be accessible.

We offer alternative metrics, so that authors can see how many times their articles have been viewed, shared and talked about across the internet, giving them a fuller picture of the true impact of their research. We also provide excellent visibility on social media, and press and publicity for selected published articles.

In April 2016, you may have seen a spirit-lifting story on the benefits of choir singing for cancer patients, covered by major news outlets like the BBC, CNN, and Huffington Post. This was ground breaking research published for the first time in *ecancermedicalsecience* and its impact was heard around the world!

We also believe that language shouldn't be a barrier between our authors and the wider scientific community. Unlike many other journals, which charge fees for this service, we provide free in-house language editing for papers we accept. We also accept articles submitted in Spanish and Portuguese; if they pass the peer review process, we translate them into English, and publish both versions. This translation service is also free of charge.

Are you a researcher with similar values? We are currently calling for papers. Visit our website or email me at Katie@ecancer.org for more information.

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Today's clinical research on patients' biological material

Giorgio Stanta¹⁻²

1. University of Trieste

2. Organisation of European Cancer Institutes - OECI-EEIG



Practical application of molecular diagnostics and clinical research is rapidly changing, and this is especially true in oncology. Today, clinical research directly performed on patients is strictly part of applied medicine.

This has many implications from a practical and bioethical point of view. The OECI, in its accreditation and designation programme, has already taken into consideration clinical research as an integrative process in comprehensive cancer centres.

We have to perform a larger number of molecular analyses in patients' biological material, and this will be even more the case in the near future. Increasingly, we often need to verify clinical cases to define therapy response subgroups and to establish intrinsic and acquired resistance biomarkers etc. Oftentimes, in this activity, we have to compare groups of treated patients to confirm new approaches evolving day by day. This means that the use of patients' biological material is part of a larger treatment process that should have bioethical approaches different from traditional research. Unlike translational research, which will be useful for future patients, sometimes after a decade, the results of this kind of clinical research are directly applied on today's patients.

Moreover, it is necessary to improve the pace for therapy targets and biomarker clinical validation. The OECI Biobanking and Molecular Pathobiology Working Group has started to promote collaboration with other European organisations and infrastructures, to improve the practical use of useful biomarkers. New validation models have been suggested, together with the Archive Tissue Working Group of the European Infrastructure for Biobanking (BBMRI-ERIC). This model could reach clinical validation, starting from basic research results, in only a couple of years. These methods are already being tested in new, European projects such as, for example, the HERCULES project on high grade serous carcinoma of the ovary.

The other hot issue in biomedical research today is reproducibility of results. The OECI, together with the European Society of Pathology and BBMRI-ERIC Working Groups, are working on the three major causes of this kind of irreproducibility. Preclinical conditions are studied to improve quality of the biological material, and this has recently been done by CEN (European Committee for Standardization) for molecular in-vitro diagnostic examinations — specifications for pre-examination processes for fresh tissues, FFPE tissues, blood for DNA, RNA and proteins, technical specifications to ISO 15189, which were published at the end of 2015. Another problem is standardization of methods, in which the ESP and the OECI Working Groups are contributing, and in oncology, the third major source of variability is related to tumour heterogeneity. Also for this issue, collaboration between OECI, ESP and BBMRI-ERIC started in 2015 with the OECI Pathology Days in Porto, where this problem was discussed from a practical point of view for diagnostic and clinical research, with some of the major European experts.

Better preclinical conditions, analysis standard methods, with defined standard operating procedures, and specific rules to consider heterogeneity are absolutely necessary for obtaining reproducible results in clinical research, and the OECI is on the frontline in improving this trend in Europe.

New training course for OECI A&D Auditors

Femke Boomsma¹

1. Integraal Kankercentrum Nederland



Registration for the next training for auditors and auditors' chairs is now open.

Performing a peer review visit as an OECI auditor is a learning experience in your own professional life in the fight against cancer in your own institution, as well as a vital step in the quality improvement for the applicant cancer centres.

Auditors get the opportunity to look into all corners of cancer centres, how they are organised at the management level as well as at the ward or laboratory level. They interview all disciplines involved in the combat against cancer: nurses, doctors, researchers, pathologists, management etc. They also examine the availability resources, infrastructure and data. They become familiar within different regional and national healthcare systems. It's a great experience!

When and where?

Date: The training takes place on Monday 4 and Tuesday 5 July 2016

Venue: The Cambridge Cancer Centre, United Kingdom.

It is organised by the OECI Accreditation and Designation Group and Kerteza (www.kerteza.com).

Who are we looking for?

There is a special need for directors of cancer centres to strengthen our pool and who have the ability to act as the chair of a review team, and we also need more medical specialists – oncologists and surgeons. The maximum number of participants is 16 people. If more than 16 people apply a selection will be done on basis of people's background and experiences and current position, in relation to OECI needs.

All our auditors need to be employed by a cancer centre, actively involved in the specific field of oncology; cancer care, research, education, quality control or management. We need people who have the commitment from their management to perform an OECI audit at least 2 times per year.

The training includes:

- Introduction in quality management and auditing;
- Introduction of the OECI quality standards, procedures and tools;
- Roles and responsibilities of auditors and chairman of an audit team, as well as the OECI coordinator;
- Theoretical background and practical exercises on preparation of an audit, teamwork as an audit team;
- Role plays in performing an OECI audit.

The training is free of charge including accommodation and travelling costs.

Read more..... and where to find the interest form

Learn more about the profile of a chairman of an audit team and auditors on our website!

At <http://oeci.selfassessment.nu/cms/node/24> you may find more information on the training programme (an example from previous training courses) and the interest form.



The 2nd Edition of the OECI Oncology Prize assigned to Professor Alberto Mantovani

Dominique de Valeriola¹⁻²

1. Organisation of European Cancer Institutes OECI-EEIG
2. Institut Jules Bordet

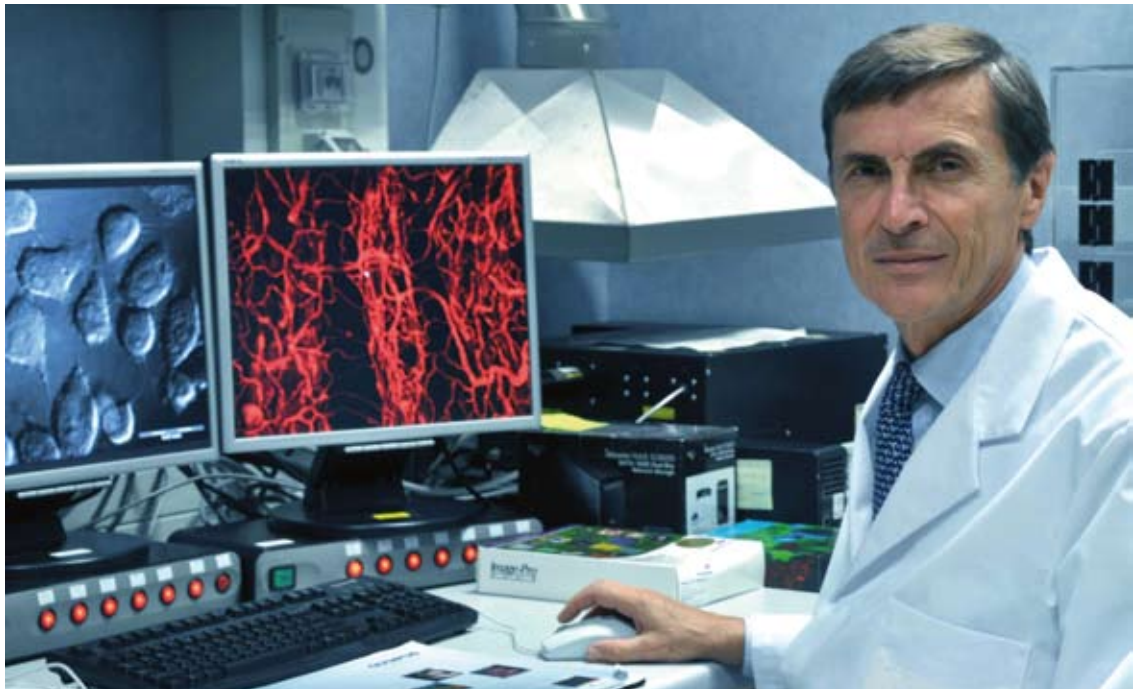
In the last 20 years, the generally accepted view of cancer has changed dramatically.

The key properties of cancer were crystallised in the year 2000, by Doug Hanahan and Robin Weinberg in 6 hallmarks, all related to the tumor cell itself.

However, work conducted by many investigators and in particular by the OECI 2016 awardee, Professor Alberto Mantovani, has shown that the microenvironment surrounding the cancer cell provides an essential ecological niche for cancer development and progression. In particular, Alberto Mantovani has shown that a component of the normal immune system (our body guards), the macrophages, when they get into tumors, become corrupted. These corrupted body guards, called tumor associated macrophages, help cancer in many ways, such as the production of growth factors, opening ways for blood provision by stimulating the angiogenesis - the growth of new vessels - and inhibiting the activity of anti-tumor lymphocytes. Therefore in cancer, our body guards - the cells of the immune system -, are either corrupted or become dormant. The studies, spearheaded by the OECI awardee Alberto Mantovani, are now recognised as part of the new paradigm of the essence of cancer, which includes tumor promoting inflammation and evasion from effective anti-tumor immunity. These studies and paradigm shifts have set the foundations of the current revolutionary developments of immunotherapy, opening new, promising ways of cancer cure. Immunotherapy strategies are now aimed at awakening immunity and stopping corrupted immune cells. The contribution of Professor Mantovani's work, this year's winner of the OECI Cancer Prize, is of major importance in this domain. Today, Immunotherapy represents the new frontline in the fight against cancer.

The OECI 2016 Oncology Price Ceremony will be held on June 16th at the Magritte Museum during the OECI Gala Dinner, in the presence of Her Royal Highness Princess Astrid

The OECI would like to warmly congratulate Professor Mantovani, the Scientific Director of the Humanitas Clinical and Research Center and Full Professor of Pathology at the Humanitas University of Milan.



Femke Boomsma leaves OECI A&D Board



After almost 7 years of dedicated and exceptional work produced for the OECI as the Accreditation & Designation Manager, Mrs. Femke Boomsma is leaving the Netherlands Comprehensive Cancer Organisation (IKNL), and taking up another challenge in a radiotherapy Institute in the region of Friesland, where she will start her new position as Secretary to the Management Board.

The OECI members will greatly miss Femke, who did an absolutely fabulous job in establishing and growing the A&D programme. She worked assiduously, alongside researchers and clinicians, for the achievement and success of a programme, which through the years has become one of the strengths of the OECI.

Hoping that Mrs. Boomsma will continue to develop manifold collaborations with OECI and support the A&D Programme in her new perspective, OECI expresses its warmest thanks to Femke and wishes her all the very best for her future!



Femke Boomsma (from behind !) with OECI team in a funny picture at the Jules Bordet a few years ago

Christopher Harrison appointed as National Clinical Director for Cancer at NHS England



Medical Director at Imperial Healthcare NHS Trust in London for the past three years, and Medical Director for Strategy at The Christie NHS Foundation Trust in Manchester, Professor Christopher Harrison has been recently appointed as National Clinical Director for Cancer in England.

Chris Harrison, who is known to OECI members as a former chair of the accreditation committee, is now moving back to work on cancer taking up his new joint role from 1st April 2016.

He joins the National Cancer team with the remit to oversee implementation of England's cancer strategy called "Achieving World Class Outcomes".

In a very interesting article Chris Harrison stresses the importance of more organised efforts in order "to support people and communities" exploiting the most professional cancer services for the best availability of "specialist care, including palliative and supportive care".

(<https://www.england.nhs.uk/2016/04/chris-harrison/>).

Sharing this vision, OECI congratulates the Professor Harrison for the prestigious appointment.

Recognition for OECI Director by the University of Medicine of Cluj-Napoca

On March 23rd, the Senate of the Iuliu Hatieganu University of Medicine and Pharmacy of Cluj-Napoca assigned the award and title of Visiting Professor to Claudio Lombardo, OECI Director.

Since 2009, Professor Lombardo is actively collaborating with both clinical and research academic staff in Cluj Napoca, in the heart of Transylvania, at The Oncology Institute "Prof. Dr. Ion Chiricuta" and the Iuliu Hatieganu University of Medicine and Pharmacy. During the years a great scientific friendship was born between the Romanian Institutions and OECI through Professor Lombardo. This allowed the Romanian partners to be involved in the organisation of important networking events and outstanding scientific meetings, as the OECI Oncology Days in 2014, held in Cluj - Napoca.

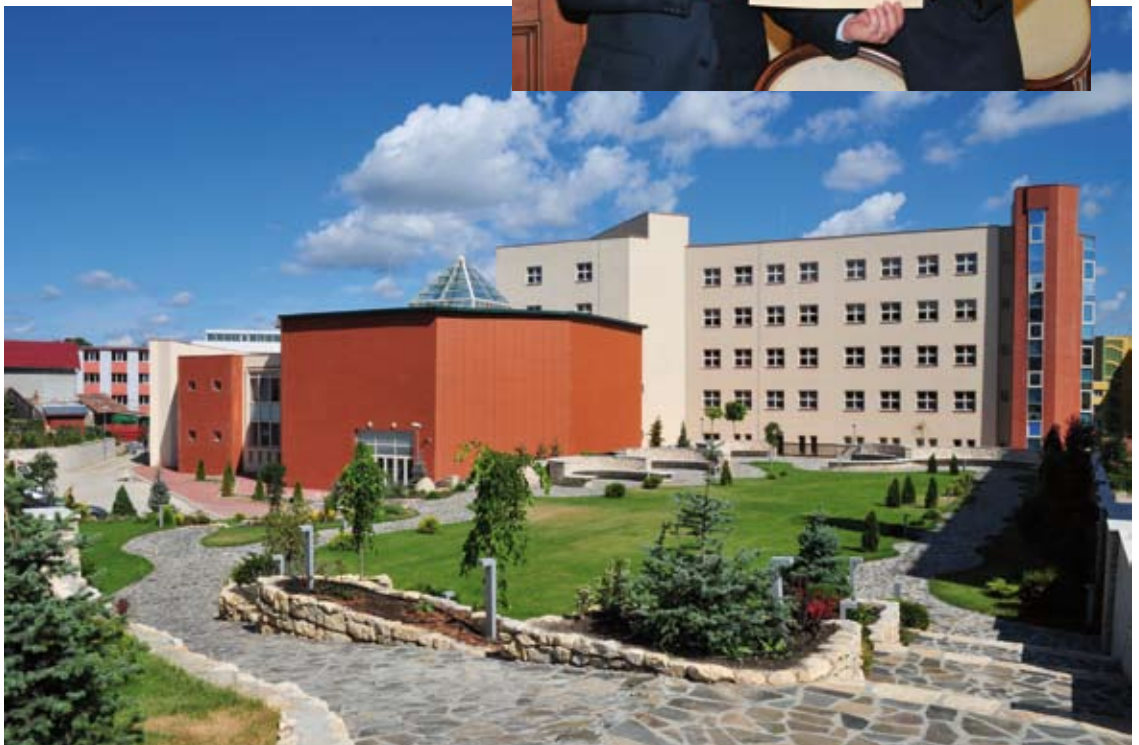
The title has been assigned in an academic ceremony by the Senate President, Professor Dr. Ioan Stefan Florian with the presence of the Members of the Academic Governing Body of the University, and other Authorities, including the Director of The Oncology Institute Assoc. Prof. of Hematology Dr. Anca Bojan, the Medical Director Assoc. Prof. of Surgical Oncology Dr. Cosmin Lisencu and many young clinicians and researchers from both Institutions.

OECI congratulates with his Director for the significant recognition received.

*Professor Dr. Ioan Stefan Florian and
Professor Claudio Lombardo*



*The Iuliu Hatieganu University of Medicine
and Pharmacy (UMF) of Cluj-Napoca*



OECI NETWORK 2016

The OECI membership 2016

Austria

- Comprehensive Cancer Center Graz, Graz
- Comprehensive Cancer Center Vienna, Wien
- Zentrum für Tumorerkrankungen Linz
Onkologisches Leitspital für Oberösterreich, Linz

Belgium

- ★ Institut Jules Bordet (IJB), Brussels
- ★ Kankercentrum Brussel, Brussels
- ★ AZ Groeninge, Kortrijk
- Institut Roi Albert II, Brussels



Croatia

- Klinika za tumor Klinicki bolnicki centar
Sestre milosrdnice, Zagreb

Czech Republic

- ★ Masarykův onkologický ústav, Brno
- Institut biostatistiky a analýz Lékařské a
Přirodovědecké fakulty Masarykovy university,
Brno

Denmark

- Kræftens Bekæmpelse Center
for Kræftforskning, Copenhagen

Estonia

- ★ Sihtasutus Tartu Ülikooli Kliinikum, Tartu
- North Estonia Medical Centre, Tallin



Finland

- ★ HYKS Syöpäkeskus Helsinki
University, Helsinki



France

- ★ Gustave Roussy, Villejuif
- ★ Centre Léon Bérard, Lyon
- Institut Curie, Paris
- Centre de Lutte Contre le Cancer
Paul Strauss, Strasbourg
- Centre Henri Becquerel, Rouen



Germany

- Deutsches Krebsforschungszentrum (DKFZ),
Heidelberg
- Universitäts KrebsCentrum Dresden, Dresden
- Charité Comprehensive Cancer Centre, Berlin

Hungary

- ★ Országos Onkológiai Intézet, Budapest
- Országos Korányi TBC és Pulmonológiai
Intézet, Budapest

Italy

- ★ Centro di Riferimento Oncologico,
Istituto Nazionale Tumori, Aviano
- ★ IRCCS Azienda Ospedaliera
Universitaria San Martino - IST -
Istituto Nazionale per la Ricerca sul
Cancro, Genova
- ★ Istituto Europeo di Oncologia, Milano



- ★ Fondazione IRCCS Istituto Nazionale
dei Tumori di Milano, Milano
- ★ Istituto Nazionale Tumori Regina Elena,
Roma
- ★ Istituto Oncologico Veneto IRCCS-IOV,
Padova



- ★ Istituto Tumori Giovanni Paolo II,
Istituto di Ricovero e Cura a Carattere
Scientifico, Bari



- ★ Istituto Nazionale Tumori IRCCS
“Fondazione G.Pascale” (INT-Pascale),
Napoli



- ★ IRCCS, Centro di Riferimento Oncologico
della Basilicata (CROB), Rionero in Vulture



- ★ Azienda Ospedaliera Arcispedale
S. Maria Nuova IRCCS Istituto in
Tecnologie Avanzate e Modelli Assistenziali
in Oncologia, Reggio Emilia



- European School of Oncology (ESO), Milano
- IFOM - FIRC Institute of Molecular Oncology,
Milano

- Istituto Scientifico Romagnolo per lo Studio
e la Cura dei Tumori [IRST]-IRCCS, Meldola-Forlì

- IRCCS - Istituto di Ricerche Farmacologiche
Mario Negri, Milano

- Ente Ospedaliero Ospedali Galliera, Genova

- Nerviano Medical Sciences Group S.r.l.,
Nerviano

Lithuania

- ★ National Cancer Institute, Vilnius



Norway

- ★ Oslo Universitetssykehus (OUS), Oslo

Poland

- Wielkopolskie Centrum Onkologii, Poznan

Portugal

- ★ Instituto Português de Oncologia do
Porto Francisco Gentil E.P.E.
(IPO-Porto), Porto



- ★ Instituto Português de Oncologia de
Lisboa Francisco Gentil, E.P.E.
(IPO-Lisboa), Lisbon



- ★ Instituto Português de Oncologia de
Coimbra Francisco Gentil, E.P.E.
(IPO-Coimbra), Coimbra



Romania

- ★ The “Prof. Dr. Ion Chiricuta” Institute
of Oncology (IOC), Cluj

- SC RTC Radiology Therapeutic Center –
Amethyst Radiotherapy, Otopeni

Russia

- Tatarstan Cancer Center “TCC”, Kazan

- **N.N. Blokhin Russian Cancer Research Centre**, Moscow

- **P.A. Herzen Moscow Cancer Research Institute**, Moscow

Serbia

- **Oncology Institute of Vojvodina**, Sremska Kamenica

Slovakia

- **Ústav experimentálnej onkológie SAV**, Bratislava

Slovenia

- **Onkološki inštitut Ljubljana**, Ljubljana

Spain

- ★ **Fundación Instituto Valenciano de Oncología IVO**, Valencia

- **Institut Català d'Oncologia**, L'Hospitalet de Llobregat Barcelona

- **Instituto Madrileño de Oncología (Grupo IMO)**, Madrid

Sweden

- **Karolinska Institute and University Hospital**, Stockholm

The Netherlands

- ★ **Netherlands Cancer Institute**, Amsterdam

- **Erasmus MC Cancer Institute**, Rotterdam

- **IKNL Integraal Kankercentrum Nederland**, Utrecht



- **Maastricht University Medical Centre**, Maastricht

- **Radboudumc Centrum voor Oncologie**, Nijmegen

Turkey

- **Dokuz Eylül Üniversitesi Onkoloji Enstitüsü**, Izmir

Ukraine

- **RE Kavetsky Institute of Experimental Pathology, Oncology and Radiobiology (IEPOR)**, Kyiv

United Kingdom

- ★ **The Christie NHS Foundation Trust**, Manchester

- ★ **Cambridge Cancer Centre**, Cambridge

- ★ **King's Health Partners Integrated Cancer Centre**, London

- **Imperial College Healthcare NHS Trust**, London



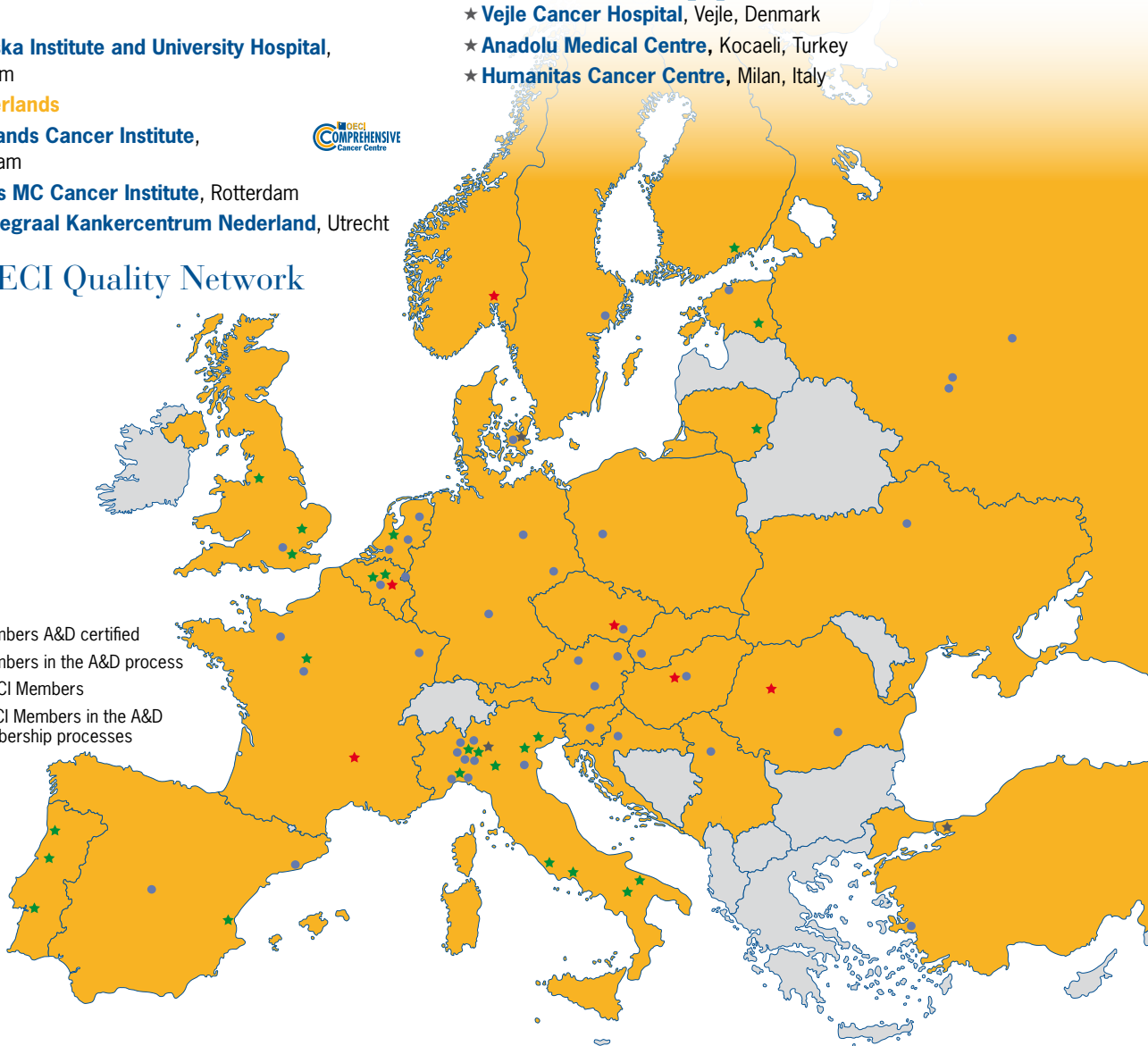
Non-OECI Members in the A&D and Membership processes

- ★ **Vejle Cancer Hospital**, Vejle, Denmark

- ★ **Anadolu Medical Centre**, Kocaeli, Turkey

- ★ **Humanitas Cancer Centre**, Milan, Italy

The OECI Quality Network



- ★ OECI Members A&D certified
- ★ OECI Members in the A&D process
- Other OECI Members
- ★ Non - OECI Members in the A&D and membership processes



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Massimo Costantini
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START-OEII
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