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# BenchCan Project

On April 10<sup>th</sup> 2013 the Bench Can project officially took off. Counting 7 partners, 12 pilot sites and the European Cancer Patients Coalition, the project aims to improve quality of patient's treatment. The partnership challenges two key topics:

- Ensuring active engagement of comprehensive cancer centres, clinical centres, cancer departments and units in Europe
- Sustaining quality of treatments and outcomes of the operating environments for health services which have to adapt to co-morbidities of an ageing population, speed of technology development and financial constraint.

Differences in health systems performances within EU countries, indicate there is a concrete possibility for improvement.

In 2012, 3.45 million people were diagnosed with cancer and 1.75 million died of cancer. With an aging population, the burden that cancer will impose on our societies will increase. Cancer has replaced cardiovascular disease as the leading cause of premature death in 28 of 53 European nations becoming the leading cause of premature death. In this framework, the Bench-Can project focuses on identifying how European providers can be assisted in order to improve services to the patients, reduce care provision inequalities and how to raise the quality of oncologic services in Europe, in the light of an highly affecting cost-benefit analysis.

This newsletter has been realised in collaboration with



## Bench-Can WPs

Bench-Can has been systematically structured to achieve the general objectives by a set of Working Packages (WPs):

### *WP1 Coordination*

Project management covers the starting phase of the project (definition & revision of working plan), implementation & report phases.

Associate Partners will also use the project management approach in their own WP.

### *WP2 Dissemination*

The project builds on the expertise of the Italian Cancer Network “Alleanza Contro il Cancro” and of the OEI already validated methodologies of dissemination and communication in previous European and National Projects. The development of a supported best practice dissemination format is essential in order to guarantee the optimal diffusion of the results arising from other WPs.

### *WP3 Evaluation*

An integrated approach to evaluation takes account of internal processes and external impacts of the project in pilot sites.

### *WP4 Benchmark Tools Development*

The tools will contain a mix of process & outcome indicators enabling cancer settings to easily identify areas to facilitate improvement.

### *WP5 Benchmark Tools Piloting*

The tools will be piloted in 12 sites in 3 geographic EU clusters. Each pilot site will have an internal benchmarking group with management, clinical & patient representatives.

### *WP6 Budget Impact Analysis*

A Budget Impact Analysis (BIA) will be tested in 3 selected cancer centres. The experiences from these BIAs will be then translated into the manual (WP7)

### *WP7 Benchmarking Manual*

Will be produced in a common, easy to use format for application by institutions providing comprehensive cancer care across Europe.

The expected outcomes are (i) ensuring that cancer centres and cancer departments/units in general hospitals in Europe are actively engaged; (ii) sustaining quality of patients treatment and outcomes as operating environments for health services adapt to ageing populations, compression of co-morbidity, rapid speed of technology development and financial constraint; (iii) defining a roadmap for future assessments of comprehensive cancer care.

Results will be available to cancer centres and services across Europe, as a non-profit tool.

**Bench-Can has been systematically structured to achieve the general objectives by a set of Working Packages (WPs)**

## Bench-Can Partners

### OECI (Organisation of European Cancer Institutes)



The OECI is the European network of cancer institutes aiming to improve the quality of cancer care and translational research in Europe, also at organisational level. Although physicians, nurses and researchers, constitute the core of cancer care and research, a smooth organisation, efficient logistics and state of the art complex infrastructure is needed to accelerate the production and application of personalized care approaches: the comprehensive cancer centre.

A strong organisation of cancer institutes at a European level, such as the OECI, is needed to contribute to the diffusion of knowledge on the quality of organizing cancer care and translational research.

The OECI is a continuously developing network, presently regrouping 70 cancer centres and institutions across Europe and it's working dynamically in crosscut expertise projects organized by involving the OECI Working Groups, activities and Members.

OECI cooperates with representative professional organisations at a European level and investigates possibilities to team up with its American counterpart, the American Association of Cancer Institutes. The OECI explores the possibility to transfer at national level tools developed thanks to a European approach and which could be tailored for national use, such as the OECI accreditation and designation system.

The OECI is also exploring how to facilitate the interaction among national cancer coordinating bodies and authorities to facilitate the possible transfer of already tested organisational practices and check the feasibility to extend their applications at a more wide European level.

### Netherlands Kanker Instituut/Antoni van Leeuwenhoek Ziekenhuis (NKI)



The Netherlands Cancer Institute was established on October 10, 1913. The founders, Jakob Rotgans, professor of Surgery, J. H. Le Cosquino De Bussy, publisher, and Willelm De Vries, professor of Pathology, wanted to create a cancer institute "where patients suffering from malignant growths could be treated adequately and where cancer and related diseases could be studied". They bought a house on one of the canals in Amsterdam and named it the 'Antoni van Leeuwenhoek Huis', after the famous Dutch microscopist. The clinic had room for 17 patients, while the laboratory could accommodate 8 to 10 scientists. Nowadays, the Netherlands Cancer Institute accommodates approximately 650 scientists and scientific support personnel. The Antoni van Leeuwenhoek Hospital has 130 medical specialists, 180 beds, an out-patients clinic that receives around 10,000 new patients each year, 6 operating theaters and 11 irradiation units. The NKI maintains an important role as a national and international centre of scientific and clinical expertise, development and training. Its environment encourages scientists and clinicians to work together, forming integrated teams that can rapidly translate new knowledge into prototype therapies and trials in the clinic.

### Institut Gustave Roussy (IGR)



The Gustave Roussy cancer centre, founded in 1926 by professor Gustave Roussy, distinguished itself from the very beginning by its wholly integrated approach to research, care and teaching; today, it is one of the ten world leaders in the fight against cancer.

Its internationally renowned professionals are specialists with regard to all different types of cancer, at all stages and at all ages.

The Gustave Roussy's specificity is also based on its therapeutic innovation, which today puts it at the forefront in very promising areas such as personalized medicine and tomorrow's therapies (immunotherapy, DNA repair inhibitors, epigenetic modulators). The Institute assembles more than

2,500 professionals whose missions are to treat patients suffering from cancer, conduct research and develop new therapies, and to pass on knowledge and know-how to the medical and scientific communities in France and abroad.

### **Health CLusterNET (HCN)**



Health ClusterNet is an independent non-profit health R&D organisation legally established in the United Kingdom. Health CLusterNET was an Interreg IIIC network for the period 2005-2007. Since 2008, it is a non-profit interregional health knowledge broker focused on knowledge exchange, capacity building & technical support in shaping strategic & sustainable development of regional health systems. It completed EUREGIO III (2008 health programme) now informing the High Level Reflection on health systems. It is actually leading HealthEquity-2020 It has also significant experience in managing transnational projects.

### **Panaxea B.V. (Panaxea)**



Panaxea is a spin-off company from the University of Twente, Enschede, the Netherlands accelerating patient access to biomedical innovations by building scientific evidence to inform strategic development, pricing and reimbursement decisions. Panaxea is a leading innovation management and consulting firm that provides effective, science-based solutions for biomedical companies and health care institutes. Its core competence is at the intersection of biomedical business development, business management and health economics. Panaxea has a science-based approach and high academic standards that are applied along the entire innovation development pathway, helping clients and stakeholder in identifying the critical success factors and articulate the added value of the biomedical innovations, even at the earliest development stages.

### **Alleanza Contro il Cancro (ACC)**



Alleanza Contro il Cancro is the Italian Cancer Network created in 2002 by the Italian Ministry of Health to coordinate information to patients and professionals, cancer networks creation, development of research activities and to contribute to a better participation to the development of the European Research Area in the field of cancer. ACC includes 24 members most of which being Comprehensive Cancer Centres.

### **National Institute of Oncology in Budapest (NIO)**



The National Institute of Oncology is a comprehensive cancer centre since 1936 with about 12,000 new registered patients per year. The Institute's 7 research and 10 clinical departments fulfill their duties under high intellectual and technological circumstances. Its clinical activities extend to prevention, screening, early detection, diagnostics, treatment and rehabilitation/palliation of cancer patients. The quality of scientific-research work can be characterized by more than 360 cumulative impact factors a year, by hundreds of Hungarian and foreign publications and lectures, by the training of clinical oncologists and radiotherapists, by the continuous extension training of doctors for Hungarian oncology, and by professional- and textbooks supplying a great need.

NIO is active in nearly all fields of translational cancer research. The National Institute of Oncology has been the epidemiological, organisational, methodological, treatment, research and training centre of Hungarian oncology for more than half a century now.

## Bench-Can Collaborating Partners and Pilot Sites

Institution	City and Country
1 Institute of Oncology of Vilnius University	Vilnius, Lithuania
2 Centro di Riferimento Oncologico	Aviano, Italy
3 The Greater Poland Cancer Centre	Poznan, Poland
4 Helsinki University Central Hospital	Helsinki, Finland
5 Charité Comprehensive Cancer Centre (In progress)	Berlin, Germany
6 Instituto Portugues de Oncologia do Porto Francisco Gentil	Porto, Portugal
7 Fondazione Istituto Nazionale Tumori	Milan, Italy
8 National Institute of Oncology	Budapest, Hungary
9 The Oncology Institute "Prof. Dr. Ion Chiricuta"	Cluj Napoca, Romania
10 National Center for Tumor Diseases (In progress)	Heidelberg, Germany
11 King's Health Partners Integrated Cancer Centre (In progress)	London, UK
12 The Netherland Cancer Institute	Amsterdam, The Netherlands
13 European Cancer Patients Coalition	Brussels, Belgium

Pilot sites have the role to allow the real benchmarking exercise. These are composed of: North/West (Amsterdam, London, Berlin, Helsinki, Heidelberg); South (Porto, Aviano, Milan); Central & Eastern (Poznan, Vilnius, Budapest, Cluj-Napoca). In addition to the 3 geographic clusters, the subjects are assessed in three development categories: full, medium and promising/potential.

Data collection in pilot sites will be composed of two phases:

- 1) Description of pilot site organisation with an agreed number of indicator sets describing the comprehensive care context
- 2) Modeling performance of comprehensive cancer centres or cancer departments/units at general hospitals by several matrices (e.g. organisational objectives/intermediaries; intermediaries/services; services/patient outcome enablers; translational research or medicine-related data).

Detailed analysis will be performed on all participating centres, for instance using data development 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.

The Bench-Can Project agenda already registered three core-meetings in coordination with project partners.

**Pilot sites have  
the role to allow the  
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exercise**

## Kick Off Meeting

The Kick Off Meeting was held on May 14<sup>th</sup> 2013 in Brussels, with a special session during the OECl Oncology Days 2013.

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 for the study of the cancer care organization.

Partners and representatives from the pilot sites participated at the kick-off meeting and defined activities to be further developed within the project.

The 2nd meeting took place in Amsterdam on October 17<sup>th</sup>, 2013. The partners and pilot sites had the occasion to better define the benchmarking activities and tools, which were in the developing phase. A fruitful collaboration started in particular with a new pilot site entering the partnership: The Oncology Institute "Prof. Dr. Ion Chiricuta" from Cluj-Napoca, Romania.

The Third Bench-Can Core Group Meeting took place in Brussels at the Foundation Universitaire on May 14<sup>th</sup> 2014.

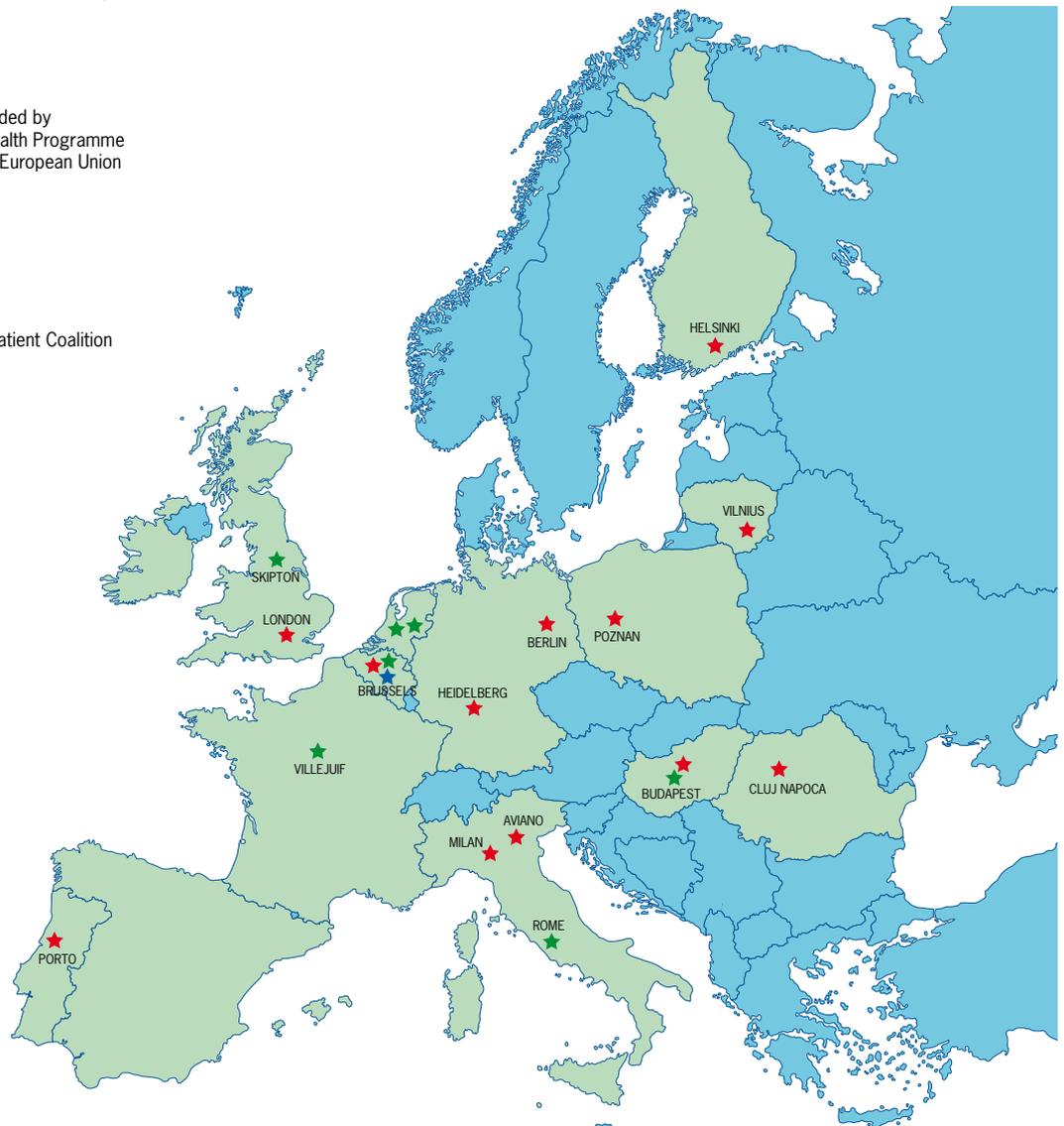
Representatives of the Lead & Associated partners the Bench-Can Project evaluated the progress after a full year of activity.

In particular, attendees reviewed core work packages, key issues, dissemination activities as well as the introduction of new pilot sites and coordination actions.



Co-funded by  
the Health Programme  
of the European Union

- ★ European Cancer Patient Coalition
- ★ Core Group
- ★ Pilot Sites





*Core Group Meeting Bench-Can, May 14<sup>th</sup> 2014 -Brussels*

## OECI NEWS

### **Dominique de Valeriola to succeed Wim Van Harten as new OECI President**

Effectively June 13<sup>th</sup>, date of OECI 2014 General Assembly in Cluj, Dr Dominique de Valeriola will be nominated as new OECI President. She will take on the formal position on September 1<sup>st</sup> 2014.

Dr. de Valeriola will assume her new role after Prof. Wim Van Harten has been in charge of OECI leadership for the last three years. Prof. Wim van Harten, Director of Organisation and Management at The Netherlands Cancer Institute in Amsterdam, focused his mandate on patient-centeredness and on diffusion of knowledge on the quality of cancer care and translational research favoring several applications to the first Horizon 2020 call.

Using an e-mail voting system, as foreseen by the OECI bylaws, all OECI Full Members were called to express their preference by November 20<sup>th</sup> 2013 and, for the first time in its history, the OECI elected a woman to cover the position of President.

Dominique de Valeriola is the Medical Director of the Institut Jules Bordet in Brussels, as well as the Head of the Oncology Out-Patient Unit. She is also Associate Professor of Oncology at the Université Libre de Bruxelles. After two years spent at the University of Maryland Cancer Center (USA), she developed, as a researcher of the Belgian National Fund for Scientific Research (FNRS), an onco-pharmacology lab at the Institut Jules Bordet and focused her research on the pharmacokinetics and pharmacodynamics of new anticancer drugs. This was conducted in close collaboration with the Medical Oncology Unit.

Deeply involved in the day-to-day management of the clinical cancer research program developed at the Jules Bordet Institute, she obtained a master's degree in Management of Health and Care Institutions (MISS) at the Université Libre de Bruxelles in 1997. Author of 54 scientific publications, Dr. de Valeriola is an example of an excellent scientist and a skilled manager. The OECI welcomes her wishing all the best of luck for her mandate.

## A Molecular Pathology Approach to Cancer, Amsterdam, May 5th to 7th 2014

On May 5<sup>th</sup> 2014, Amsterdam hosted the Third Edition of the OECI-EACR training course on Molecular Pathology. The 2014 edition has been organized in collaboration with the European Society of Pathology. Practicing pathologists, residents in pathology, molecular biologists (with interest in diagnostic pathology) and young medical oncologists, gathered for a three days course focused on topics related to molecular pathology. In addition, the three Organisations granted 15 awards to support the participation of trainees from less favored regions.



**2014 winners of the grants 2014.**

The course provided an up-to-date review of current molecular biomarkers and the challenges for their assessment and interpretation in the context of different cancer types. Furthermore, conceptual and practical advancements in the development of novel biomarkers for cancer patients were discussed. During the course, many top priorities topics were debated including: next generation sequencing, novel findings in breast, colorectal, ovarian, endometrial and kidney cancers, targeted therapy in melanoma, novel targets in gastrointestinal stromal tumours, genetic testing in colorectal and lung cancers, translocations in sarcomas and haematological malignancies and considerations on how to deliver molecular tests for clinical decision-making.

The Scientific Organising Committee included personalities such as professors Richard Marais (United Kingdom), Jorge Reis-Filho, (USA), Giorgio Stanta (Italy) and Marc van de Vijver (The Netherlands).

The course was successful and it underlined once more the importance of this approach for the entire cancer research community. The training activities will have its 4<sup>th</sup> Edition on May 2015.



European Association for Cancer Research



**The OECI at ECCO 17 - Amsterdam 27 September - 1 October 2013**

## OECI-ECPC Event at the EU Parliament: How uniform is cancer care in Europe?

The conference on “How uniform is cancer care in Europe?” organised by the ECPC and the Organization of European Cancer Institutes (OEI), took place in the European Parliament with the support of Members of the European Parliament Patrizia Toia, Alojz Peterle and Nessa Childers and brought together experts in oncology, patients, decision-makers and physicians to advance responses to cancer care disparities across Europe.

Cancer survival is a key measure of the effectiveness of health-care systems. Speakers at the conference elaborated on the reasons for these differences. “The application of improved therapeutic protocols and tools may only partially explain the differences in survival trends among countries. Budget pressures are another factor affecting standards of care together with the organization of healthcare delivery or training of physicians”, highlighted Patrizia Toia.

One of the suggested solutions at the conference was to reduce the fragmentation of high quality cancer services and concentrate the cancer care within hospital and non-hospital settings “On an European scale this is reflected in the growing interest in accreditation and designation for comprehensive cancer centers in order to align the accreditation systems already adopted at national level to European standards. “The OEI Accreditation and Designation system is cancer related and respects the increased need for patient-centeredness”, said Wim van Harten, OEI President.

“Disparities across European countries in access to cancer care, as witnessed by the differences in cancer survival rates, are no longer acceptable. “The mission of the European Cancer Patient Coalition (ECPC) is to establish a European Cancer Plan which guarantees an improved standard of care for European cancer patients according to Article 20 of the Council Conclusions on reducing the burden of cancer (Luxembourg, 10 June 2008). To avoid disparities, we also need to find the minimum requirements for acceptable care following the EURO CARE and EUROCHIP results”, said Francesco de Lorenzo, President of the ECPC.

“There continues to be an alarming lack of knowledge both of the risks of cancer and the opportunity for cancer screenings and only through continuous education of these facts will we be able to witness a higher rate of cancer survivors”, added Nessa Childers, Vice-President of the MAC Group.



## OECE Oncology Days 2014 and Annual General Assembly, Cluj-Napoca, June 12<sup>th</sup> and 13<sup>th</sup>, 2014

On the occasion of its 85<sup>th</sup> anniversary, the Oncology Institute "Prof. dr. Ion Chiricuta", Romania will host the 2014 Oncologic Days in conjunction with the OECE Annual General Assembly.

The decision to settle the Oncology Days 2014 in Cluj clearly reflects the development of politics and programs involving Eastern partners. Located in one of the most fascinating cities of Transylvania, in the heart of Romania, OECE Directors and invited speakers, will be discussing issues regarding early prevention, precise diagnosis and personalised treatment schemes in cancer as well as contributing to confirm the role of the OECE to reduce fragmentation, to give best cures and to evaluate the costs-benefit linked with the application of new therapeutic approaches.

Personalised medicine has the potential to transform the way healthcare is delivered by tailoring solutions to the individual patient and gaining in efficiency and efficacy. However, budget pressure and lack of professional skills in molecular diagnosis, are preventing patients and health systems from gaining access to some of these new approaches.

The OECE underlines the necessity of the European governments to adapt their health systems to avoid disparities in cancer care. The strategic approach of European oncology, in terms of clinical care and research for the benefit of the patient, is a great challenge and, therefore, a comprehensive collaboration between all OECE members becomes indispensable.



**CLUJ 2014**  
GENERAL ASSEMBLY,  
SCIENTIFIC CONFERENCE  
AND RELATED EVENTS

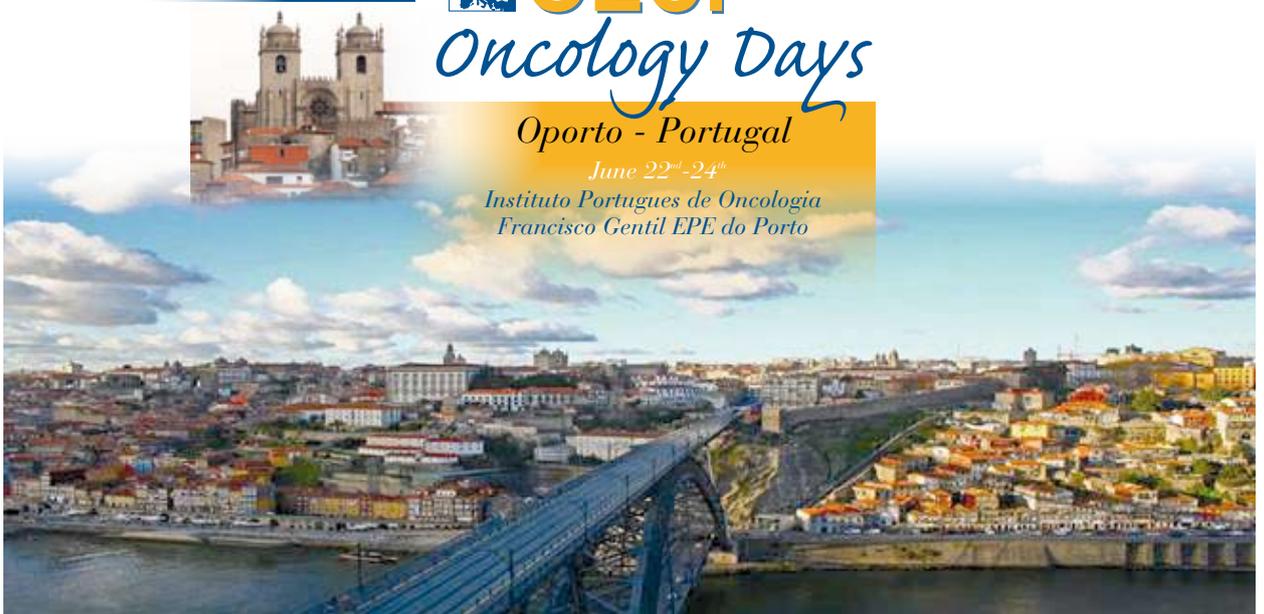
Organisation  
of European  
Cancer Institutes



*Oporto - Portugal*

*June 22<sup>nd</sup> - 24<sup>th</sup>*

*Instituto Portugues de Oncologia  
Francisco Gentil EPE do Porto*



## **EurocanPlatform: Translational Cancer Research Course**

**October 20<sup>th</sup> -24<sup>th</sup> 2014 Algarve, Portugal**

EurocanPlatform - OECI fellowships, 20 awards of Euros 1,000.00 each, will be available to young researchers willing to participate in the course. The awards will be soon advertised on the OECI and EurocanPlatform websites:

[www.eurocanplatform.eu](http://www.eurocanplatform.eu)

[www.oeci.eu](http://www.oeci.eu)

### **Translational Cancer Research Course**

- Day 1: October 20, Overview / Innovative Aspects of Cancer Biology
- Day 2: October 21, Research areas driving the preventive and clinical research
- Day 3: October 22, Bridging preclinical and preventive/clinical research
- Day 4: October 23, Clinical and late translational cancer research
- Day 5: October 24, Clinical Personalised Medicine Workshop



## **EACR Congress in collaboration with the OECI “From Basic Research to Personalised Cancer Treatment”**

**5<sup>th</sup> – 8<sup>th</sup> July 2014 Munich, Germany**

The 23<sup>rd</sup> Biennial EACR Congress will be held in Munich, 5-8 July 2014.

The EACR Congress has grown rapidly in recent years and it expects around 1,800 scientists working in all fields of cancer research to come together to discuss the latest developments in basic and discovery driven translational research, through to personalised cancer treatments. In particular, on Monday 7<sup>th</sup>, the OECI supports and leads the Symposium on Personalised Cancer Medicine.

More info at: <http://eacr23.eacr.org/>

**EACR**  
www.eacr.org

**AEK**  
Experimental Cancer Research

**23<sup>rd</sup> Biennial Congress of the  
EUROPEAN ASSOCIATION  
FOR CANCER RESEARCH**

**EACR 23**  
Munich | Germany | 5 - 8 July 2014 |

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**OECI**  
ORGANISATION OF EUROPEAN CANCER INSTITUTES  
EUROPEAN ECONOMIC INTEREST GROUPING

## Revision of Accreditation and Designation Standard and OECI Accreditation Map



Mahasti Saghatichian

In the last few months, the OECI Accreditation and Designation working group have been focusing its efforts in the evaluation and revision of the quality standards for Accreditation and Designation of comprehensive and multidisciplinary cancer care in European cancer centres.

The OECI Accreditation Working Group believes that openings in the evaluation and revision process as well as the experts constant involvement will lead to a formal recognition of the OECI approach as European quality standard. Currently, 26 comprehensive and clinical cancer centres have taken the opportunity to participate in the OECI Accreditation & Designation programme. 12 of them already received the OECI Certification.

### - Why evaluation and revision?

The current - first edition - set of quality standards were developed and validated in the period from 2006, till 2008 when the programme was finally launched. Since 2010 the accreditation programme was completed with additional quality/quantity requirements for the designation of comprehensive cancer centres.

Since the launch, 12 Comprehensive and Clinical cancer centres have completed the Accreditation and Designation programme from application till certification. The experiences of the centres and of the OECI auditors that performed the peer review visits have given inputs to evaluate the standards and make the proposed changes.

### - Revision Aim

The Accreditation and Designation Working Group (WG) expresses its commitment for an up-to-date set of comprehensive quality standards applicable to European Cancer Centres; the WG started the evaluation process, which can be summarized in the following steps:

- May - June 2013. The first draft is presented for comments to a selected group of experienced auditors
- August - September 2013. The Second draft, containing specific remarks on certain standards, has been presented to oncology experts and ECCO-member organisations
- September 2013 - February 2014. The Draft has been finalised and published online for feedback
- March 2014 - June 2014 - All OECI Members and Institutes, participating in the Accreditation process, have been invited to provide the WG with observations on the set of standards (ongoing phase).

All OECI Members and Institutes, participating in the Accreditation process, have been invited to provide the WG with observations on the set of standards.

All information on the process of the Accreditation and Designation programme, as well as the user manual have also been published on <http://oeci.selfassessment.nu/cms/> to obtain the largest number of shares, views and comments from an OECI audience. The Accreditation and Designation WG, together with the OECI Board, is now preparing the revision of the quality standards to be presented to the next OECI General Assembly in Cluj-Napoca ( June 13th 2014) for final approval.



### ACCREDITATION AND DESIGNATION

Accreditation/Designation  
Website and Newsletter

If your Institute is interested in applying for the programme, please find the application form, information about the programme and the OECI Accreditation and Designation Newsletter on:  
<http://oeci.selfassessment.nu>





Giorgio Stanta

**Graz, 28-29 March 2014**

## **Workshop on “Tissue-based biomarkers for advancement of personalised cancer treatment”**

The “Tissue-based Biomarkers for Advancement of Personalized Cancer Treatment” workshop held in Graz on 28<sup>th</sup> and 29<sup>th</sup> March 2014, organized by ESP, OECI and BBMRI-AT, gathered most of the major European organizations interested in cancer clinical research to discuss the improvement of research in prognostic and predictive biomarkers using retrospective survival studies.

Many recent papers state that the results of medical scientific literature reports cannot be reproduced and are not sufficient to make serious diagnostic application decisions. Also, the time to develop diagnostic and predictive biomarkers today is too long and it damages the patients’ opportunities. Retrospective studies called “convenience studies” are very often not reproducible and this is related to the choice of patients, the design of the studies and technical performance.

Representatives of ECCO, Eurocan Platform, ESP and the Biobanking infrastructures of France, Germany, Italy, Austria and the Czech Republic, together with experts in molecular analysis in archive tissues, discussed the opportunity to improve the quality of such studies. Doing so, it will be possible to accelerate clinical application of biomarkers to improve the quality of patients’ diagnosis and treatment in a shorter period of time. New models of retrospective study design were presented, with the possibility to involve large clinical organizations like OECI in this process. All initiatives for technical improvement at the level of pre-analytical conditions, heterogeneity of tumor tissues, new technologies, standardization and control of the analytical methods, were presented and discussed. In many of these topics, the OECI plays an active role in their organisation and development. It has been decided to write a white paper to define such problems and suggest possible solutions.

**Graz, 31 March - 4 April 2014**

## **ESP-OECI course on “Basic molecular biology for pathologists”**

Starting March 31<sup>st</sup> through April 4<sup>th</sup> 2014, the European Society of Pathology, in collaboration with the OECI, organised the “Basic Molecular Biology for Pathologists” course in Graz.

The meeting was a success and it registered over five times the number of applications available showing an extraordinary interest from the entire pathology community.

The event gathered attendees not only from most of the European countries but also from Africa, Asia and Australia. In the light of this, the ESP-OECI announced the same course will be organized on a yearly basis instead that every two years.

Speakers and guests included some of the major European experts in Molecular Biology and Molecular Diagnostics working on human tissues. Participants were very satisfied and they could gain extensive information from pathology basics to analytical methods and clinical applications.

Special mention goes to organisers Giorgio Stanta (Trieste, Italy), Gerald Hoefler (Graz, Netherland) and Ernst-Jan Speel (Rotterdam, Netherland) that showed extraordinary ability on planning the event structure, as well as the contents of the agenda.



## The OECI membership 2014

### Austria

- **Comprehensive Cancer Center**  
Vienna
- **Medical University of Graz, University State Hospital Graz - Comprehensive Cancer Center (CCC)**, Graz

### Belgium

- ★ **Institut Jules Bordet, Centre des Tumeurs de l'Université Libre de Bruxelles**, Brussels
- ★ **Oncologic Center, UZBrussel**, Brussels
- **Cliniques Universitaire Saint-Luc - Centre du Cancer**, Brussels

### Czech Republic

- **Masaryk Memorial Cancer Institute**, Brno
- **Masarykova Univerzita**, Brno

### Denmark

- **Danish Cancer Society, Research Cancer**, Copenhagen

### Estonia

- **North Estonia Medical Centre**, Tallinn
- ★ **Tartu University Hospital**, Tartu

### Finland

- ★ **Helsinki University Central Hospital**, Helsinki

### France

- **Centre Alexis Vautrin**, Nancy
- **Centre G.F. Leclerc**, Dijon
- **Centre Leon Berard**, Lyon
- **Centre Paul Strauss**, Strasbourg
- **Centre Henri Becquerel**, Rouen
- **Institut Curie**, Paris
- ★ **Institut Gustave Roussy**, Villejuif

### Germany

- **Charité Comprehensive Cancer Center**, Berlin
- **Deutsches Krebsforschungszentrum**, Heidelberg
- ★ **University Cancer Centre Carl Gustav Carus**, Dresden

### Hungary

- ★ **National Institute of Oncology**, Budapest
- **National Koranyi Institute of TB and Pulmonology**, Budapest

### Italy

- ★ **Azienda Ospedaliera Arcispedale S. Maria Nuova**, Reggio Emilia
- ★ **Centro di Riferimento Oncologico (CRO) - Istituto Nazionale Tumori**, Aviano
- ★ **Centro di Riferimento Oncologico della Basilicata (CROB)**, Potenza
- ★ **Istituto Europeo di Oncologia (IEO)**, Milan
- **European School of Oncology (ESO)**, Milan
- ★ **Fondazione IRCCS Istituto Nazionale dei Tumori (INT)**, Milan
- **Fondazione San Raffaele**, Milan
- ★ **IRCCS Azienda Ospedaliera Universitaria San Martino - IST - Istituto Nazionale per la Ricerca sul Cancro**, Genoa
- ★ **Istituto Nazionale per lo Studio e la Cura dei Tumori Fondazione 'G.Pascale'**, Naples
- ★ **Istituto Regina Elena (IRE)**, Rome

- **Istituto Superiore di Oncologia (ISO)**, Genoa
- ★ **Istituto Tumori Giovanni Paolo II**, Bari
- **Istituto di Ricerche Farmacologiche Mario Negri IRFMN**, Milan
- **Istituto di Ricerca e Cura del Cancro di Candiolo**, Turin
- ★ **Istituto Oncologico Veneto (IOV)**, Padua
- **Istituto FIRC di Oncologia Molecolare (IFOM)**, Milan
- ★ **Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (IRST)**, Meldola - Forlì

### Lithuania

- ★ **Institute of Oncology, Vilnius University**, Vilnius

### Norway

- ★ **Rikshospitalet-Radiumhospitalet Medical Center**, Oslo

### Poland

- **Wielkopolskie Cancer Centre**, Poznan

### Portugal

- ★ **Instituto Portugues de Oncologia Francisco Gentil EPE do Porto**, Porto
- ★ **Instituto Portugues de Oncologia Francisco Gentil EPE do Coimbra**, Coimbra
- ★ **Instituto Portugues de Oncologia Francisco Gentil EPE do Lisboa**, Lisbon

### Romania

- **Institute of Oncology «Prof. Dr. Al Trestioreanu»**, Bucharest
- **Oncology Institute «Prof. Dr. Ion Chiricuta»**, Cluj-Napoca
- **SC RTC Radiology Therapeutic Center**, Otopeni

### Russia

- **Blokhin Russian Cancer Research Centre**, Moscow
- **Tatarstan Cancer Centre**, Kazan
- **P.A. Herzen Moscow Cancer Research Institute**, Moscow

### Serbia - Montenegro

- **Institute of Oncology Sremska Kamenica Novi Sad**, Sremska Kamenica

### Slovakia

- **Slovak Comprehensive Cancer Centre**, Bratislava

### Slovenia

- **Institute of Oncology Ljubljana**, Ljubljana

### Spain

- ★ **Fundacion Instituto Valenciano de Oncologia (IVO)**, Valencia
- **Institut Català d'Oncologia**, Barcelona
- **Instituto Madrilenio de Oncologia (IMO)**, Madrid

### Sweden

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

### The Netherlands

- **Erasmus MC Daniel den Hoed Cancer Centre**, Rotterdam

- **Integral Kankercentrum Noord-Nederland**, Groningen
- ★ **Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital**, Amsterdam
- **Maastricht University Medisch Centrum**, Maastricht

**Turkey**

- **Dokuz Eylül University, Institute of Oncology**, Izmir

**Ukraine**

- **R.E. Kavetsky Institute of Experimental Pathology, Oncology and Radiobiology**, Kiev

**United Kingdom**

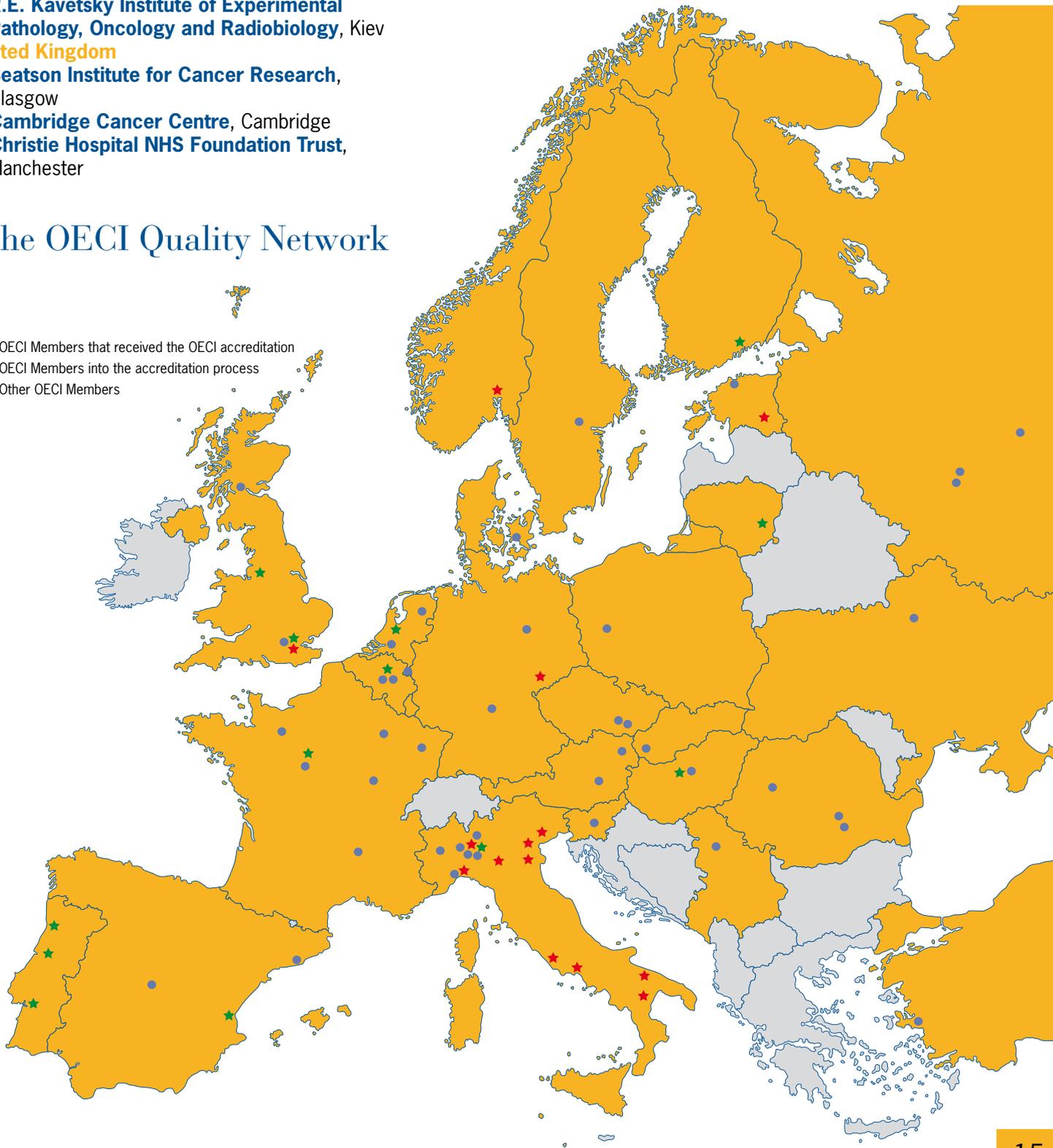
- **Beatson Institute for Cancer Research**, Glasgow
- ★ **Cambridge Cancer Centre**, Cambridge
- ★ **Christie Hospital NHS Foundation Trust**, Manchester

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

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

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- ★ OECI Members that received the OECI accreditation
- ★ OECI Members into the accreditation process
- Other OECI Members





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