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BenchCan Project

Report from the Interim Meeting: reflections on the effectiveness of the benchmarking process

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

On the 23rd of June the Interim BenchCan workshop took place in Porto, Portugal. The workshop was organised within the framework of the OECI 2015 Oncology days.

Dr. Ellen Nolte, from the European Observatory on Health Systems and Policies, gave an interesting presentation about the origin of benchmarking, her experience with benchmarking in healthcare and different challenges that arise when doing a benchmark. The general opinion was that the workshop was successful; it was a good first event where we introduced the project itself, its aims and objectives and the first results to an external audience. The different speakers got quite a few adequate and relevant questions which will contribute to the further development of the benchmarking tool and its process. Since we are still in the process of developing testing and reporting on the benchmark tool, it is difficult to comment on its effectiveness. So far the development has been going well and the results are promising. Especially the developments and pilot of the European Cancer Quality Index (ECQI) questionnaire are interesting. This "Patient experience and satisfaction questionnaire" is up to our knowledge one of the first European questionnaires for cancer patients. The questionnaire used for the Bench-Can project arose from an existing Consumer Quality Index for cancer patients in the Netherlands which was adapted for the use on an international scale and cross-translated into the local languages at the participating



This newsletter has been realised in collaboration with:

pilot sites. The ECQI shows that there are no big differences in the way patients experience cancer care in the EU. In general, patients were quite satisfied; however, there were some remarks that will help cancer centres further improve their organisation to become more patient centred. We think that the ECQI is a good addition to the other benchmarking tools. Quality of the performance of cancer centres within the Bench-Can project is assessed from three different perspectives: the qualitative one, the quantitative, and through the eyes of patients. Hopefully, this will lead to an effective benchmarking process, e.g. a process that will provide cancer centres with useful improvement suggestions. In order for these suggestions to be effective, pilot sites will have to draft improvement plans and discuss these strategies with the management within their institute. Since change is usually costly, both in terms of money and time, we are looking for improvement suggestions that will not require a lot of resources but will bring a big added value for the cancer centres and, more importantly, for the patients. This topic brings us back to the original objective of the Bench-Can project: to benchmark comprehensive cancer and yield best practice examples, and contribute to the improvement of multidisciplinary patient treatment across the EU. Based on the experience so far we are confident that we will fulfil this objective and produce an effective benchmarking tool.



Dr. Ellen Nolte
*European Observatory on
Health Systems and Policies*



Dr. Pietro Presti
ECPC European Cancer Patient Coalition, Brussels, Belgium



Dr. Peter Nagy
NIO National Institute of Oncology, Budapest, Hungary

Benchmarking facilities providing care: an international overview of initiatives

Frédérique Thonon¹, Jonathan Watson² and Mahasti Saghatchian¹

1. Institut Gustave Roussy

2. HealthClusterNet

Based on the first deliverable of WP7 of the BenchCan project, a literature review has been performed on existing benchmarking projects for health facilities to explore (1) the rationales for those projects, (2) the motivation for health facilities to participate, (3) the indicators used and (4) the success and threat factors linked to those projects.

The study focused on both peer-reviewed and grey literature; consequently, 23 benchmarking projects of different medical specialities have been examined in detail.

The majority of projects used a mix of structure, process and outcome indicators.

For some projects, participants had a direct or indirect financial incentive to participate (such as reimbursement by Medicaid/Medicare or litigation costs related to quality of care).

A positive impact was reported for most projects, mainly in terms of improvement of practice and adoption of guidelines and, to a lesser extent, improvement in communication. Only one project reported positive impact in terms of clinical outcomes. Success factors and threats are linked to both the benchmarking process (such as organisation of meetings, link with existing projects) and indicators used (such as adjustment for diagnostic related groups). The results of this review will help coordinators of a benchmarking project to set it up successfully.

Full article in Sage Open Medicine - January-December 2015 vol. 3: 2050312115601692

<http://smo.sagepub.com/content/3/2050312115601692.full>

OECI Oncology Days 2016

PRELIMINARY ANNOUNCEMENT

Wednesday June 15th - All day

- **Pathology Day**

Practical applications of clinical research on biological materials

Thursday June 16th - All day

- **Scientific Conference:**

Cancer Immunotherapy: how to manage the new trend from lab to clinical application

Thursday June 16th - Afternoon

- **Bench-Can Project Final Conference and Event**

Gala Dinner and delivery of the OECI 2016 Cancer Prize

Friday June 17th - Morning

- **OECI General Assembly 2016**

Benchmarking comprehensive cancer care and certifying your excellence: an OECl commitment

Anke Wind¹ and Frederique Thonon²

1. The Netherlands Cancer Institute

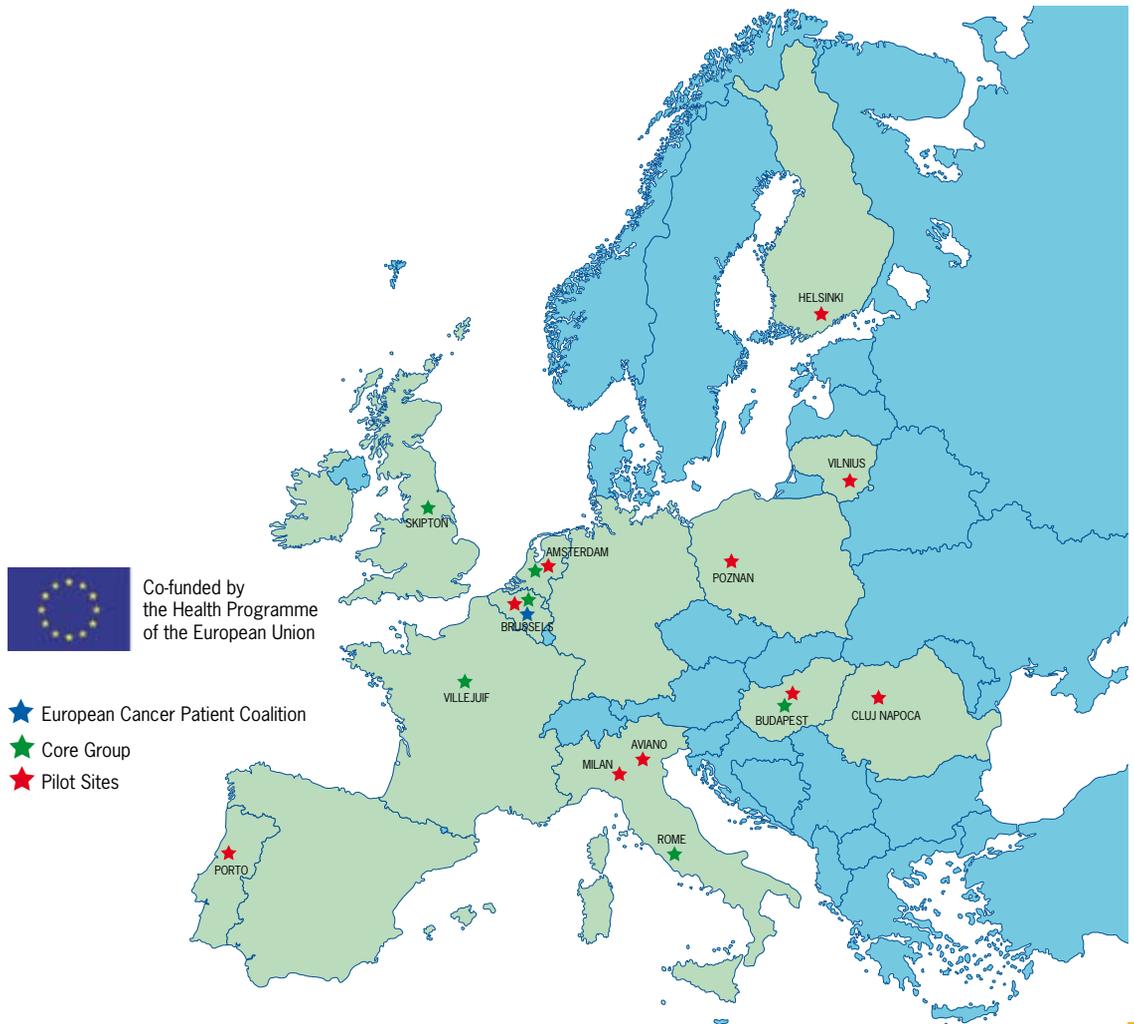
2. Institut Gustave Roussy

Cancer centers are pressured by payers, patients and society to deliver high-quality care and have to strive for continuous improvement. Across all disciplines healthcare is becoming more complex, leading to quality and performance challenges. In addition, there is a call for transparency on relative performance between and within healthcare organizations. This pushes healthcare providers to focus on performance and show the added value for customers/patients. The OECl is committed to helping cancer centers across the EU to strive to be the best they can and show the public how they are performing. In order to do this several tools are available, one being the BenchCan project in which the OECl is involved as one of the leading partners. The BenchCan project aims at benchmarking comprehensive cancer care and yield best practice examples, and contribute to the improvement of multidisciplinary patient treatment across the EU. The total benchmark tool looks at quality of care from three different perspectives, namely with the use of a qualitative and quantitative benchmark tool, and a European Cancer Quality Index assessing patient's experiences.

Next to being involved in the development of the BenchCan tool, the OECl offers an Accreditation and Designation (A&D) Program. This program was designed as a response to the important disparities of quality of care between different cancer centres in the European Union. As there was no definition of quality of cancer care at the European level, the OECl A&D program was created to help cancer centres implement a quality system for oncology care. The specificity of this program compared with other is that it is very comprehensive. All aspects of quality in a cancer centre (such as care, management, information technology, patient information and communication, prevention, research and teaching) are being assessed. The quantitative questionnaire on resources and activities allows to compare the performance of a cancer centre with its inputs, such as budget and number of staff, and to evaluate cancer centres by categories.

Thirdly the OECl was involved in the development of The Excellence Designation System (EDS) which is part of Work Package 12 of the Eurocan Platform project, a project funded by the European Commission that brings together 28 European Cancer Research Institutions and Organisations to create a platform for translational research to improve prevention, early detection and therapeutics. As quality assurance of cancer research centres has become a priority issue for the Eurocan Platform, WP12 in collaboration with the European Academy of Cancer Sciences (EACS) has been working to establish a designation methodology for Comprehensive Cancer Centres of Excellence. The specificity of this designation system is that it is focused on translational research only and does not take into account (or minimally) the quality of the care, teaching, management, IT and patient information of a cancer centre. All three system can be used separately or combined since they all have a different purpose. As study into the compatibility of the three systems showed a large overlap in the different indicators used. If centers would just like to focus on their research department they can use the EDS, however the A&D program will give more comprehensive assessment of the center. Since the A&D program is a costly exercise in both money and time centers could decide to start with the BenchCan tool, to see where they stand compared to other center in the EU and to see whether it would make sense to start the A&D process. Although there are a lot of similarities there are also differences between Accreditation&Designation and benchmarking. Benchmarking is defined by the

Joint Commission as: A systematic, data-driven process of continuous improvement that involves internally and/or externally comparing performance to identify, achieve, and sustain best practice. It requires measuring and evaluating data to establish a target performance level or benchmark to evaluate current performance and comparing these benchmarks or performance metrics with similar data compiled by other organizations, including best-practice facilities. According to the ACHS accreditation is: The public recognition by a health care accreditation body of the achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards. One of the difference between benchmarking and accreditation is that accreditation usually leads to a formal approval, in other words, the participating center fits the criteria set up by the accreditation body. Benchmarking could lead to a formal approval, e.g. this center performs the best, but is usually used to identify improvement opportunities rather than give a stamp of approval. Benchmarking can be used to develop the standards that can later be used for accreditation. First it needs to be identified what works the best or what performs the best (benchmarking) to later test if other centers fit the standards (accreditation).





Organisation of European
Cancer Institutes

OECI
NEWS
SECTION

More information at:
www.oeci.eu

OECI-ECPC Agreement: a milestone in the European Cancer Collaboration

Claudio Lombardo¹⁻² and Francesco Florindi³

1. Organisation of the European Cancer Institutes
2. SOS Europe Srl
3. European Cancer Patient Coalition



During ECCO-ESMO 2015, the Presidents of the Organisation of European Cancer Institutes and of the European Cancer Patient Coalition, signed the agreement establishing the terms of collaboration for the coming years.

OECI and ECPC are two major, complimentary actors in the fight against cancer and against all the cancer-related issues in Europe, combining similar objectives about quality of care, respect of patients' wishes, research and innovation.

The agreement is a milestone in the European challenge to ensure timely and affordable access to the best treatment and care available to all European cancer patients, throughout their life. The topic is often an issue of debate at national and European level and the two signing Organisations are now engaged to move from theory to practice, giving concrete and measurable results to the expectations of the patients and their families.

To increase the empowerment of European cancer patients, the agreement will work on a better dissemination of information, to ensure that state-of-the-art cancer care practices are shared across the EU and to support the concept that cancer is a priority for action on the European health policy agenda.

The two Organisations will coordinate and cooperate in carrying out activities of common interest included in their annual work program, with the purpose of avoiding duplication of efforts, reducing at the same time the costs. The collaborating activities will be undertaken by the organization of seminars and round table workshops, collaboration on joint projects, training courses and joint publications. The joint initiatives will include, but are not limited to, the following topics: patient safety, biobanking, palliative care, patients' participation in clinical trials, patients' empowerment, standards of care.



The signature of the agreement
Dominique de Valeriola and Francesco De Lorenzo

OEI CANCER PRIZE 2016

Dominique de Valeriola¹⁻²

1. Institut Jules Bordet

2. Organisation of European Cancer Institute

The OEI has the pleasure of announcing its Second Cancer Prize, in recognition of the excellence in fighting cancer.

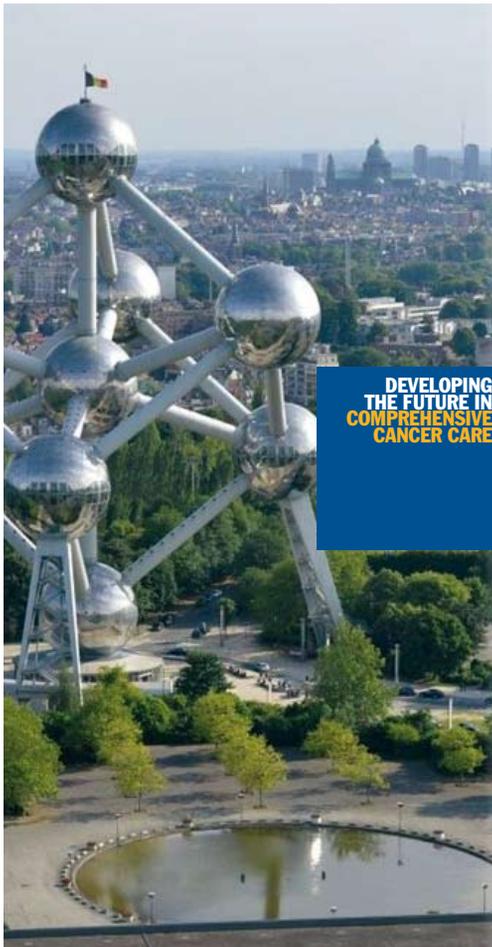
**The Prize will be awarded at the 2016 Oncology Days
Brussels – June 15th - 17th**

A distinguished Scientist, who has contributed towards a fundamental understanding of the basic principles supporting future developments in Cancer Immunotherapy, will receive the Prize during the 2016 Gala Dinner. The 2016 Prize will consist of a sculpture realised by the well-known artist and scientist Professor Renée Otter.

The candidacies may be submitted by OEI Members, sending a formal nomination letter to oei@oei.eu. The letter must specify the reasons for supporting the candidate and include his/her CV.

The winner will be invited to open the OEI 2016 Scientific Conference on "Cancer Immunotherapy: from lab to clinical applications", with a plenary lecture.

*The sculpture created by Professor
Renée Otter for the Cancer Prize 2013*



Organisation
of European
Cancer Institutes

ecancermedicalscience

Official OEI Journal

DEVELOPING
THE FUTURE IN
COMPREHENSIVE
CANCER CARE

Oncology Days

OEI 38

**BRUSSELS 2016
GENERAL ASSEMBLY,
SCIENTIFIC CONFERENCES
AND RELATED EVENTS**

Brussels, June 15th-17th

OECI-ecancer: a joint effort to strengthen the communication process



ecancermedicalscience

Patrizia Sommella¹, Linda Cairns², Mauro Giacomini³

1. SOS Europe Srl

2. ecancermedicalscience

3. DIBRIS - University of Genoa

Developing an efficient communication system is a key task for businesses that want to maintain their competitiveness in the market. The same applies for organisations involved in national and international scientific cooperation.

OECI, through its Liaison Office, has recently paid particular attention to perfecting strategies and communication tools to secure efficient transmission of information, both in terms of media and content. The improvement of methods of interaction and exchange of information within the network is aimed at encouraging greater participation of cancer centres and individuals associated with the activities of the Organization by helping create a climate of sharing common objectives and stimulating a more active participation.

In this regard the Liaison Office, in collaboration with the Department of Informatics Bio-engineering, Robotics and Systems-engineering of the University of Genova, developed a system that allows automatic updating of data contributed by the individual members so that their status and the step of their participation to the Accreditation and Designation process is immediately accessible. The use of the photographic material documenting the various activities organized at events such as the 'Oncology Days', has been made more flexible through the use of new software for image management, while there are sections for publications and scientific papers related to group activities.

A further step in the process of strengthening the image and the sense of belonging to the Organization has been the creation of a manual of "corporate identity" which provides guidance and examples of use of the logo and communication tools which are available for every member.

The OECI, as a publisher registered at the Royal Library of Belgium, produces the OECI calendar, where the main initiatives and events of the Organization are reported, a Yearbook, containing the history and information of individual members, and the Manual related to the process of Accreditation and Designation. The OECI Newsletter is published twice each year.

All the innovative approaches described above are made possible by the use of a relational database (DB) defined in close contact between DB designers and experts of scientific communication. This structure allows communication of its content both at different levels and also to various user groups, with diverse responsibilities within the Organisation. The modular structure of the DB, makes it relatively easy to make additions and minor changes in the structure.

ecancermedicalscience is the Official Journal of the European Institute of Oncology in Milan (IEO) as well as the OECI. It is an open access online journal which accepts articles on all aspects of cancer research and treatment, from laboratory science, epidemiology and translational medicine to clinical trial reports, nursing research and case reports.

ecancermedicalscience was founded by Professors Umberto Veronesi and Gordon McVie in 2007 with the aim of breaking down barriers to cancer communication, whether they be financial, geographic or linguistic. The journal accepts articles in Spanish and Portuguese as well as English and provides free translation and publication in both languages.

ecancermedicalscience only charges Article Publication Fees to those authors who have received funding specifically for open access publication. The journal is indexed in all the main repositories, including PubMed and Scopus, and has a wide readership, with over 50,000 article views a month.

The OECI as Organisation and through its Members, strongly contributes to the impact of the Journal.

Welcome to 2 New OECI Members 2015

Germana Gianquinto¹⁻² and Giorgia Pesce¹

1. SOS Europe Srl

2. Alleanza Contro il Cancro

The OECI General Assembly met in Porto on June 24th, and unanimously approved the candidacies of 2 new Full Members.

Belgium brings 4 members to the OECI, strengthening its participation in the Organisation, demonstrating a particular interest in the OECI's Programme for Accreditation and Designation. The AZ Groeninge – Kortrijk, the latest OECI member, is the third Belgian cancer centre now participating in the OECI A&D Programme. Two other centres, the Institut Jules Bordet and the Cancer Centre of the UZ Brussel, have already been certified.

We are also very pleased to welcome the first Member from Croatia, the University Hospital for Tumors - University Hospital Centre - Sestre Milosrdnice. We hope that its presence will increase the trend for cancer centres from the neighbouring European countries to join forces with the OECI.

AZ Groeninge – Kortrijk – Belgium (FM)



Jan Deleu and Philip Debruyne

AZ Groeninge is a general hospital resulting out of a merger among 4 hospitals (the oldest one founded around 1211) in the city of Kortrijk (Belgium) in 2003. It was the first general hospital in the BeNeLux to obtain JCI-accreditation in 2013. By 2016 all activities will be centralized in a single 1050 bed facility. The Kortrijk Cancer Centre at AZ Groeninge is committed to offer high quality multidisciplinary cancer services and is continuously working to meet the needs of its cancer patients and their families. This includes:

- (1) the establishment of multidisciplinary oncology clinics with teams dedicated to provide “holistic care”;
- (2) effective networking with colleagues of the first line, second line (our regional partners within the South-West-Flanders Cancer Network: Jan Yperman hospital –Ypres and OLV Lourdes Hospital -Waregem) and third line (as member of the Flemish Hospital Network of the Leuven University Hospitals);
- (3) offering patients the ability to participate in clinical trials through involvement in cooperative groups such as EORTC;
- (4) implementation of innovative techniques and specialized services such as robotic surgery, PET-centre for West-Flanders, functional MRI, intra-hepatic treatment with radioactively labelled microspheres, HIPEC, EUSOMA-accredited Breast Clinic, a fertility centre, a palliative unit, comprehensive geriatric assessment, offering of scalp cooling;
- (5) active participation in clinical education at different academic levels (bachelor, master, postgraduate, PhD).



University Hospital for Tumors - University Hospital Centre - Sestre Milosrdnice – Croatia (FM)



Danko Velimir Vrdoljak and Iva Kirac

The mission of University Hospital for Tumors (part of University Hospital Centre Sestre Milosrdnice) is to provide all segments of cancer care in a patient-centred way. University Hospital for Tumors is the only tertiary hospital in Croatia dedicated exclusively to diagnosis and multidisciplinary treatment of solid tumours. University Hospital for Tumors is funded primarily through insurance and state budget but it is becoming more open to donations.

80 specialists and sub specialist in diagnostics, surgery, radiotherapy, clinical oncology and support care and rehabilitation try to provide a comprehensive cancer care from diagnostics to treatment and palliation. Two hundred nurses and non-medical staff play an important role in well planned and well-rounded cancer care.

The site has screening programs, diagnostics, surgical oncology, gynaecology, head and neck and oncoplastic surgery, oncology and radiotherapy, as well as organized genetic counselling, palliative, nutritional and pain control services.

Most frequently treated cancers are breast and rectal cancer, which enabled us to become a Breast Unit member and Croatian Ministry of Health Referral Centre for Multidisciplinary Rectal Cancer Treatment.

The focus is on current best cancer care and accessibility of experimental treatment and translational research. Basic and most part of non-clinical research is performed in collaboration with our partner institutions such as Institute Rudjer Boskovic, Medical School and School of Pharmacy, at national level, and extends to groups working on cancer projects and quality issues in the European Union. Since 2012, we have formalised the partnership with Cleveland Clinic in the United States.

A one day symposia, with an up to date approach to all aspects of treatment of a certain cancer site, is held at the University Hospital for Tumors, promoting multidisciplinary in cancer care. Moreover, journal Libri Oncologici is in continuous publication since 1968 and focuses on clinical aspects of cancer. Finally, through close collaboration with patients' groups, reintegration programs and psychological services, we are trying to make the rehabilitation process easier.



OECI at 18th ECCO – 40th ESMO

Vienna - September 25th - 29th, 2015

Dominique de Valeriola¹⁻² and Claudio Lombardo¹⁻³

1. Organisation of the European Cancer Institutes
2. Institut Jules Bordet
3. SOS Europe Srl

The OECI participated with a booth at the European Cancer Congress 2015.

The presence in Vienna was a great opportunity to meet colleagues, to introduce the OECI and its main activities and programmes. A formal meeting between the OECI Director and Dr. Julie Torode, Deputy CEO of the UICC, took place. The UICC formerly hosted and managed the OECI secretariat for 27 years, from its inception. The link changed after the statute modification occurred in 2006 when the Organisation became a European Economic Interest Grouping, headquartered in Brussels. The two Organisations have several common interests and a possible formal collaboration may therefore be discussed.

The last General Assembly of the ECCO took place during ECC 2015 and a new & dynamic Organisation of ECCO has been established. The proposal of the ECCO President, Professor Martine Piccart, to accept the OECI as a full member of the New ECCO was unanimously accepted. The programme of activities of the New ECCO is complimentary and well integrated with the OECI mandate. The OECI is keen and ready to support the soon to be launched ECCO projects, with its wealth of experts and competences.

**The OECI wishes great success to the
NEW ECCO**



**Dominique de Valeriola and Wim H. van Harten
at the OECI Booth**



Alessandro Lombardo at the OECI Booth

6th EACR-OECI Joint Training Course

Molecular Pathology Approach to Cancer

09 - 11 May 2016

Amsterdam - The Netherlands



**NEW EDITION
UPDATED TO
DECEMBER 31st
2015**



**Organisation
of European
Cancer Institutes**

**DEVELOPING
THE FUTURE IN
COMPREHENSIVE
CANCER CARE**

Yearbook 2015/16



downloadable at

www.oeci.eu



Organisation of European
Cancer Institutes

ACCREDITATION AND DESIGNATION NEWSLETTER

Join the OECI Accreditation and Designation Programme, and check the compliance with the OECI Quality Standards, for Cancer Centers, improving the quality and trust of your Organisation

More information at:
<http://oeци.selfassessment.nu>

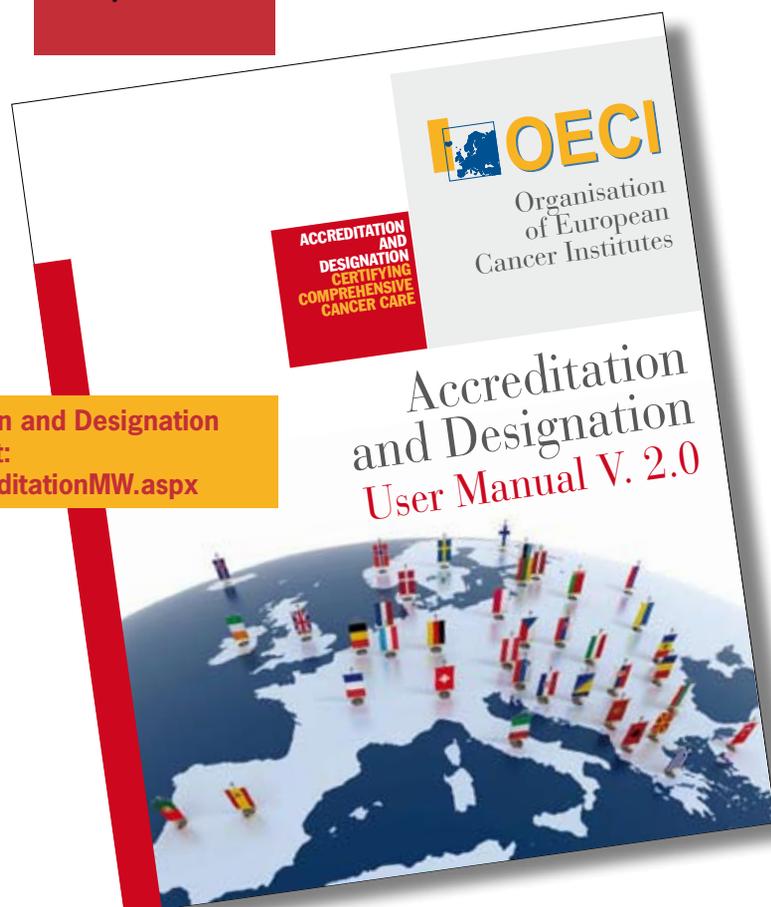


**Mahasti
Saghatchian**

**Accreditation
and Designation
Chairperson**

Accreditation is a process in which an independent organisation evaluates a health care provider and certifies that the provider meets validated quality standards. An accrediting organisation's survey includes an evaluation of the provider's clinical organisation structure, as well as other aspects of the provider's operations such as administration, personnel and information management.

Download the Accreditation and Designation
Manual at:
<http://oeци.eu/WGAccreditationMW.aspx>



Revision of the OECl Accreditation and Designation Standards

Femke Boomsma¹⁻⁷, Wim van Harten²⁻⁷, Simon Oberst³⁻⁷, Paolo De Paoli⁴⁻⁷, Eoin McGrath⁵⁻⁷, Harriët Blaauwgeers¹⁻⁷, Marjet Docter¹⁻⁷ and Mahasti Saghatchian⁶⁻⁷

1. Integraal Kankercentrum Nederland (IKNL)

2. The Netherlands Cancer Institute

3. Cambridge Cancer Centre

4. Centro di Riferimento Oncologico, Istituto Nazionale Tumori Aviano

5. European Society for Blood and Marrow Transplantation (EBMT)

6. Institut Gustave Roussy

7. Organisation of the European Cancer Institutes

The OECl launched the Accreditation Programme in 2008 in order to provide cancer patients within Europe an equal access to high quality of cancer care and helping European cancer institutes to implement a quality system for oncology care using the OECl standards and peer review system. After a first round of accreditation in the first years of the programme, it was planned to update the complete set of OECl comprehensive quality standards.

The expertise gained thanks to the Accreditation & Designation (A&D) of the centres which entered the process, and the feed-back coming from the auditors, have given inputs to the standards and make suggestions of needed changes.

This was used to reformulate, delete and add standards (April – May 2013). The first draft has been published online in order to invite the cancer community to provide comments, suggestions, inputs and was also presented for comments to a selected group of well experienced auditors, resulting in a second draft (May – June 2013). This second draft contained specific remarks on certain standards that have been presented to experts in oncology and to the Members of the European Cancer Organisation “ECCO” (August – September 2013). The comments were used to reformulate a new draft with discussion topics during the OECl General Assembly, June 2014. The draft was finalized with input of members of centres (with specific expertise, e.g. radiotherapy, pathology), auditors, the European Cancer Patients Coalition (ECPC), and several OECl Working Groups, e.g. palliative care (September 2014). The final version of the revised standards has been discussed by the OECl Board (March 2015).

The OECl A&D Working Group devoted many efforts in the evaluation and revision of the quality standards for comprehensive and multidisciplinary cancer care in European cancer centres.

From 2008 to 2015, thirty-three centres participated and/or concluded the A&D Programme. Fourteen of them are certified as a Comprehensive Cancer Centre “CCC”, ten as Clinical Cancer Centre “CICC” and 9 are still in the accreditation and designation process.

The first edition set of quality and quantity requirements

The first edition comprised of 263 sub-standards in the field of general standards, strategic plan, and general management; screening, primary prevention, and health education; care; research, innovation and development; teaching and continuous education; information and involvement of patients.

Due to the revision of these standards, a second (2.0) version set of the OECl Accreditation and Designation revised standards has been published at: <http://oeci.selfassessment.nu/cms/node/53>.

The main differences are the additional standards on palliative care, patient centeredness, outcome data and survivorship care and the reformulation of existing standards. Together with the new questionnaires the team also revised the document system, for example, the templates of letters, agenda's and presentations. The requested documents are gathered in a questionnaire in order to improve the overview.

Designation criteria

Based on the data of the participated centres, the designation criteria will be revised. We expect that we can use the new preliminary designation criteria in 2016.

New timelines

The feedback of the certified centres was used to change the timelines and procedure after the peer review visit. Since the autumn period in 2014 the new timelines are introduced and when there is no delay, the audit team can provide a final report within 12-14 weeks after the peer review visit. Within this new procedure, centres receive in their draft report the defined strengths and opportunities. And therefore, the centre starts to write their improvement plan based on the draft report.

Group of auditors, training course and fees

Every visit we try to find the best composition of the audit team. This means a balanced composition of background, nationalities and experience.

In an ideal situation the team consists of:

- A chair who is a director of a cancer institute,
- Auditors with different positions/ functions in different fields of oncology, like: medical oncology, care, research, pathology, quality assurance,
- At least one auditor who understands the language of the country where the cancer institute is situated but who is not a resident of that country,
- A mix of experienced and less experienced auditors. Every team has at least two experienced auditors.
- Every team consists of at least one physician and preferably one nurse.
- If the visit takes place in an institute that is preliminary designated as a CCC, the chair of the audit team is employed in a CCC.

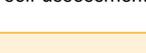
The composition of the audit team needs a balance of different backgrounds and people from different countries. A training course will be organised in the first part of 2016. Interested colleagues, especially those working as a nurse, director or physician involved in the treatment/research in oncology and/or working in Spain, France, Germany, UK, and Northern or Eastern part of Europe are invited to send their interest (motivation and CV) to the A&D Manager f.boomsma@iknl.nl

Up until now, during the initiation phase of the A&D program, the availability of free collaboration from the auditors allowed us to meet the needs without burdening the OECl with additional costs, excluding travel and subsistence, entirely covered by the OECl. We realize however that, although site visits are interesting opportunities to discover other cancer centres, they also represent a lot of work for the auditors. The Board recently decided to offer a formal recognition of the work performed by the auditors. This symbolic recognition will consist of a 500 Euro donation per auditor for each site visit carried out. For the Chair of the audit team, an amount of 1,000 Euros will be given. To ensure transparency, these amounts will be transferred to the Institutes that have guaranteed the availability of auditors. The audit team should provide a final report within 12-14 weeks after the peer review visit. Within this procedure, centres receive in their draft report the defined strengths and opportunities, and therefore, the centre starts to write its improvement plan based on the draft report.

Centres participating with auditors to the A&D site visits	Country
Institut Jules Bordet, Brussels	Belgium
Gustave Roussy, Villejuif	France
University Hospital Carl Gustav Carus, Dresden	Germany
Országos Onkológiai Intézet , Budapest	Hungary
IRCCS Azienda Ospedaliera Universitaria San Martino - IST- Istituto Nazionale per la Ricerca sul Cancro, Genoa	Italy
Azienda Ospedaliera Arcispedale S. Maria Nuova IRCCS Istituto in Tecnologie Avanzate e Modelli assistenziali in Oncologia, Reggio Emilia	Italy
Centro di Riferimento Oncologico - Istituto Nazionale Tumori, Aviano	Italy
Istituto Europeo di Oncologia - IEO, Milano	Italy
Istituto Nazionale Tumori - IRCCS "Fondazione G.Pascale" (INT-Pascale), Napoli	Italy
Istituto Nazionale Tumori Regina Elena, Roma	Italy
Istituto Scientifico Romagnolo per la Cura dei Tumori [IRST]-IRCCS, Meldola	Italy
National Cancer Institute, Vilnius	Lithuania
Oslo Universitetssykehus (OUS)	Norway
Cancer Diagnosis and Treatment Center (Katowice) and Medical University	Poland
Istituto Português de Oncologia de Coimbra Francisco Gentil E.P.E. (IPO Coimbra)	Portugal
Istituto Português de Oncologia do Porto Francisco Gentil E.P.E. (IPO Porto)	Portugal
Karolinska Institute and University Hospital, Stockholm	Sweden
Erasmus MC Cancer Institute, Rotterdam	The Netherlands
Netherlands Cancer Institute, Amsterdam	The Netherlands
Cambridge Cancer Centre	UK
The Christie NHS Foundation Trust, Manchester	UK

Certified centres – Update October 2015

Below an overview of the centres in the programme, already certified or in the re-accreditation process.

City, Country	Name of the centre	Designation type or position in the programme and starting certification date
Brussels, Belgium	Institut Jules Bordet	 (13 December 2012)
Vilnius, Lithuania	National Cancer Institute	 (14 March 2013)
Villejuif, France	Gustave Roussy	 (25 April 2013)
Cambridge, UK	Cambridge Cancer Centre	 (25 April 2013)
Helsinki, Finland	HYKS Syöpäkeskus Helsinki University	 (28 April 2014)
Milano, Italy	Istituto Europeo di Oncologia - IEO	 (4 June 2014)
Aviano, Italy	Centro di Riferimento Oncologico Istituto Nazionale Tumori	 (27 October 2014)
Reggio Emilia, Italy	Azienda Ospedaliera Arcispedale S. Maria Nuova IRCCS Istituto in Tecnologie Avanzate e Modelli assistenziali in Oncologia	 (8 December 2014)
Tartu, Estonia	Sihtasutus Tartu Ülikooli Kliinikum	 (12 February 2015)
Milano, Italy	Fondazione IRCCS Istituto Nazionale dei Tumori di Milano	 (12 February 2015)
Bari, Italy	Istituto Tumori Giovanni Paolo II, Istituto di Ricovero e Cura a Carattere Scientifico	 (12 February 2015)
Padova, Italy	Istituto Oncologico Veneto IRCCS-IOV	 (21 May 2015)
Genova, Italy	IRCCS Azienda Ospedaliera Universitaria San Martino - IST – Istituto Nazionale per la Ricerca sul Cancro	 (21 May 2015)
Napoli, Italy	Istituto Nazionale Tumori - IRCCS "Fondazione G.Pascale" (INT-Pascale)	 (11 June 2015)
Rionero in Vulture, Italy	IRCCS, Centro di Riferimento Oncologico della Basilicata (CROB)	 (11 June 2015)
Roma, Italy	Istituto Nazionale Tumori Regina Elena	 (10 September 2015)
Brussels, Belgium	Kankercentrum Brussel	 (16 October 2015)
London, UK	King's Health Partners Integrated Cancer Centre	 (16 October 2015)
Oslo, Norway	Oslo Universitetssykehus (OUS)	self assessment period
Kortrijk, Belgium	AZ Groeninge	self assessment period
Vejle, Denmark	Vejle Cancer Hospital	self assessment period

Certified centres – Update October 2015

City, Country	Name of the centre	Designation type or position in the programme and starting certification date
Cluj, Romania	The “Prof. Dr. Ion Chiricuta” Institute of Oncology (IOCN)	self assessment period
Anadolu, Turkey	Anadolu Medical Center Hospital	self assessment period
Manchester, UK	The Christie NHS Foundation Trust	 in the re-accreditation process
Porto, Portugal	Instituto Português de Oncologia do Porto Francisco Gentil E.P.E. (IPO-Porto)	 in the re-accreditation process
Lisboa, Portugal	Instituto Português de Oncologia de Lisboa Francisco Gentil, E.P.E. (IPO-Lisboa)	 in the re-accreditation process
Coimbra, Portugal	Instituto Português de Oncologia de Coimbra Francisco Gentil, E.P.E. (IPO-Coimbra)	 in the re-accreditation process
Amsterdam, The Netherlands	Netherlands Cancer Institute	 in the re-accreditation process
Valencia, Spain	Fundación Instituto Valenciano de Oncología IVO Foundation	 in the re-accreditation process
Budapest, Hungary	Országos Onkológiai Intézet	 in the re-accreditation process

Latest Applications

City, Country	Name of the centre
Brno, Czech Republic	Institut biostatistiky a analýz Lékařské a Přírodovědecké fakulty Masarykovy university
Lyon, France	Centre Léon Bérard
Milano, Italy	Humanitas Cancer Centre



Cancer Centres Certified at the 2015 General Assembly – Porto June 24th

During the 2015 General Assembly, 9 Cancer Centres have been certified and the Delegates of eight of them received the certificate on plate from the OECI President and the OECI A&D Chairperson.



Certificate delivery to Tartu University Hospital Estonia



Certificate delivery to Fondazione IRCCS Istituto Nazionale dei Tumori Milano - Italia



Certificate delivery to Istituto Tumori Giovanni Paolo II, IRCCS Bari - Italia



Certificate delivery to Centro di Riferimento Oncologico Aviano - Italia



Certificate delivery to Azienda Ospedaliera – Arcispedale Santa Maria Nuova IRCCS Reggio Emilia - Italia



Certificate delivery to IRCCS Azienda Ospedaliera Universitaria San Martino – IST – Istituto Nazionale per la Ricerca sul Cancro - Italia



Certificate delivery to IRCCS Centro di Riferimento Oncologico della Basilicata (CROB) - Italia



Certificate delivery to Istituto Oncologico Veneto IRCCS - IOV - Italia



Final Meeting of the Italian Participation to the OECI A&D Programme



“Tailored Accreditation Model for Comprehensive Cancer Centres: validation through the applicability of the OECI based model to the Network of Cancer Centres of Alleanza Contro il Cancro”

Thanks to the financial support of a tailored project supported by the Direction General Research of the Italian Ministry of Health, all the Cancer Centres included in the Network “Alleanza Contro il Cancro” entered the OECI A&D Programme. Two other cancer centres, not in the network yet, applied on a voluntary basis. The scientific coordination of the project has been assigned to Dr. Angelo Paradiso of the Istituto Tumori, Giovanni Paolo II, IRCCS, Bari, and to Dr. Filippo Belardelli, Director of the Dpt. of Haematology and Medical Oncology of the National Institute of Health.

At the presence of the Italian Minister for Health and the Director General for Research, the final results of the Italian participation to the initiative have been presented at the Headquarter of the National Institute of Health, in Rome, last November 17th. The OECI was represented by Prof. Simon Oberst, Member of the A&D Board and Mrs. Femke Boomsma, A&D Coordinator/Project Leader.

The OECI congratulates for the excellent results obtained by all the centres and the high quality of research, care and internal organisation of the Italian Cancer network.

The OECI Accreditation and Designation Group

The Accreditation and Designation Board since October 2014:

- **Mahasti Saghatchian** (chair), Medical Oncologist, Institute Gustave Roussy, Villejuif, France
- **Eoin McGrath**, Executive Officer JACIE Accreditation office, Barcelona, Spain
- **Wim H. van Harten**, Director Organisation and Management, NKI, Amsterdam, The Netherlands
- **Paolo De Paoli**, Scientific Director, Centro di Riferimento Oncologico - Istituto Nazionale Tumori, Aviano, Italy
- **Simon Oberst**, Director of Clinical Development, Cambridge Cancer Centre, Cambridge, UK

The A&D Management unit:

- **Femke Boomsma**, OECI A&D manager/coordinator, The Netherlands Comprehensive Cancer Organisation, IKNL
- **Marjet Docter**, OECI A&D coordinator, The Netherlands Comprehensive Cancer Organisation, IKNL
- **Harriët Blaauwgeers**, OECI A&D coordinator, The Netherlands Comprehensive Cancer Organisation, IKNL
- **Cécile Tableau**, A&D Secretary, Institute Gustave Roussy, Villejuif, France

The Management Unit works in coordination with the OECI Liaison Office and the OECI Director Claudio Lombardo

The A&D Committee:

- **Gunnar Sæter** (chair), Professor and Institute Head, Institute for Cancer Research, Oslo University Norwegian Radium Hospital, Norway
- **Eva Gustafsson**, Manager Outpatient Clinic, Breast Cancer Nurse, Karolinska University Stockholm, Sweden
- **Jean Benoit Burrion**, Deputy Medical Director Institute Jules Bordet, Brussels, Belgium
- **József Lövey**, Radiotherapist, National Institute of Oncology Budapest, Hungary
- **Rui Silva**, Internist and Quality Manager, IPO Coimbra, Portugal
- **Henk Hummel**, Senior Advisor, The Netherlands Comprehensive Cancer Organisation, IKNL
- **Petri Bono**, Director Comprehensive Cancer Center Helsinki, Finland
- **Gunnar Folprecht**, medical oncologist University Hospital Carl Gustav Carus, Dresden, Germany

The Committee is coordinated by Harriët Blaauwgeers, OECI A&D coordinator



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