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## Organisation of European Cancer Institutes

*European Economic Interest Grouping - RPM n. 0473647634*

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## The OECDI bids farewell to Professor Umberto Veronesi

It is with profound sorrow that the OECDI bids farewell to Professor Umberto Veronesi, who has passed away on 8<sup>th</sup> November 2016.

Umberto was a most esteemed figure of European Oncology, and founding father of the OECDI. We will remember him for his outstanding competences, willingness and vision, which have served to promote the excellence of European oncology and greatly improved the quality of life for patients worldwide.



**The European Cancer Community will miss you dearly and you will always remain amongst us.**

Ciao Umberto!

## Message from the President

**Dominique de Valeriola**

2016 has been an extremely busy year during which the OECDI has been called to play a pivotal role in galvanizing some of the most significant European cancer initiatives. Several historic changes occurred amongst the European Cancer Organisations, the main one being the constitution of a New ECCO where OECDI has been accepted as part of the full membership.

The OECDI vehicular role and participation in European actions involving other cancer societies, stakeholders & the research community have reaped tangible results also thanks to the coordinated efforts of our Members, the Board, the Working Groups' Chairs and all the staff of our Organisation.

Riding on the wave of the increasing interest in the OECDI Accreditation and Designation Programme, we bring our readers an update on the OECDI certified cancer centres, the so-called "OECDI Quality Network". This group of quality volunteers are playing a significant role in paving a new way forward by offering a more harmonised approach in the organisation of cancer care, not only at European level. In fact, our model and standards have also been appreciated by the European Commission amongst the actions provided by the European Quality Assurance scheme for Breast Cancer Services and globally by UICC in the preparation phase of the City Cancer Challenge 2025, as well as by some cancer centres outside Europe. You will also read about the next steps in the joint collaboration that is underway



with the European Cancer Patient Coalition - ECPC, where cancer patients remain at the heart of our efforts and strategies.

There are also many active OECI members to thank for the OECI's success stories. The European Reference Network for rare solid cancers in adults, under the dynamic coordination of the Centre Léon Bérard, and the Joint Action on Rare Cancers, coordinated by the Fondazione Istituto Nazionale Tumori of Milan, are defining 2016 success stories.

Let us not forget the contribution to this Edition from some of our OECI Board members that are actively involved and diligently representing the OECI vision in the ECCO Oncopolicy Committee, and in the CanCon Stakeholders Forum, where the concept of CC network has been discussed.

We would also like to give you the latest news about two new

OECI Working Groups on Cancer Outcomes Research and Collaboration for Good Practices with Patients, which aims at solving recurrent challenges shared by cancer centres, related to cancer care and research, through dedicated, patient-focussed initiatives. The latter will be called to evaluate the needs of patients and to analyze best practice models, in the spirit of solving issues together.

The collaboration with the European Association for Cancer Research is confirmed and reinforced thanks to the 2nd Edition of the Precision Medicine Conference, and a strategic alliance with UICC will certainly give new impetus to the international efforts for cancer control.

Last but not least, the Masaryk Memorial Cancer Institute welcomes the OECI Members to the 2017 OECI Oncology Days that will be hosted in Brno, in the heart of Moravia and Europe, from June 21st to June 23rd. Do already save the dates in your agendas.

The biennial Newsletter and all the other communication initiatives are the best way to promote the OECI mission and I hope that the readers will appreciate the resumes and articles appearing in this edition.

Looking forward to seeing many of you at our next events!



Organisation  
of European  
Cancer Institutes

European Economic  
Interest Grouping

## Oncology Days

21-23 June 2017 Brno, Czech Republic

GENERAL ASSEMBLY  
SCIENTIFIC CONFERENCES  
AND RELATED EVENTS



DEVELOPING  
THE FUTURE IN  
COMPREHENSIVE  
CANCER CARE

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

# We want your presence at ECCO2017!

## Peter Naredi

President of ECCO (2016/2017)

Professor of Surgery and Chairman of the Department of Surgery at the Sahlgrenska Academy,  
University of Gothenburg, The Netherlands

The ECCO2017 European Cancer Congress is fast approaching: we invite you to register and plan your participation. We need you at Europe's most important multidisciplinary meeting in oncology!

The oncology community will discuss how patients will be optimally guided through their journey. ECCO2017 will look at screening and diagnosis, moving on to treatment, supportive and palliative care. It will take into account the ageing population, the oncology workforce shortage, the growing number of survivors and the impact of eHealth. Innovation, not least the integration of primary care as part of the oncology team, will help address these issues.

## Spotlight on sessions

A number of exciting sessions address highly topical issues in how cancer care is delivered. These sessions deal with opportunities to enhance quality, efficiency and better models of care delivery that go beyond the "what" of evidence based care and move into the realm of "how" cancer systems should adapt to provide that care in sustainable and patient centred ways.

- Use of Electronic tools and Telemedicine in Oncology: "The Doctor will Skype You Now"

Healthcare providers (HCPs) around the world are exploring models of care delivery that deploy digital and electronic communication technologies to enhance efficiency and timeliness of appropriate care. This session will take a critical look at how these technologies may be exploited to enhance cancer care – while increasing efficiency for patients and clinicians.

- Not Every Cancer Centre Should Treat Every Cancer Patient – What's the Evidence?

Variability in cancer outcomes based on institution (or country) is a "hot topic" in oncology. This session will examine the evidence for centralised models of complex cancer and will also include an approach to linking together small and large centres to provide seamless care that may represent the best of both worlds for patients and their oncology team.

- When Patient Organisation and Cancer Centres Collaborate

In order to fill a gap in cancer care and answer to the increasing demand for guidance and support in better involving patients in the life of the cancer centre, on January 27th a special session on "Solving problems together – will be jointly organised by the ECPC and OECI.

The session must be considered a kick-off meeting where to start a practical relationship among patients, patients' organisations and cancer centres, which can dramatically influence the way services are delivered to patients, and therefore impact their quality of life and overall experience in the cancer centre.

## Focus on the patient

It is crucial that innovative treatments get to patients as quickly as possible. Cancer care delivery should be shaped to make this a reality. It is also important to organise cancer care in a way which takes into account the full experience of the patient – including the supportive care they should be getting, who should be delivering it and how we can work with psychosocial and economic aspects. Where, when and how these services are delivered must be tailored as much as possible to the priorities of the patient. These may be different from those of HCPs.

ECCO2017 is the platform to discuss new models of prevention, earlier diagnosis, speedy referral and management of cancer with greater primary care involvement. These sessions were developed by

ECCO together with WONCA, the European Forum for Primary Care (EFPC) and the European Forum for Good Clinical Practice (EFGCP) for a multidisciplinary approach across oncology and primary care.

An important outcome of the ECCO2017 Primary Care Track will be the ECCO position paper on primary care. It will outline the strengths and the rationale of increased primary care interventions through the cancer journey and how to develop integrated models of cancer management.

### **Shaping the future of cancer care**

The ECCO congress is an annual, truly multidisciplinary meeting and serves as a forum for all stakeholders in cancer to meet and discuss the core elements of daily practice. This is the congress to learn, listen, reflect and debate.

We need your active participation at ECCO2017 to bring to life its ambitious programme. Attend the ECCO2017 congress and shape the future of cancer care in Europe.

See you in Amsterdam on 27-30 January 2017!

## **ECCO Oncopoly Committee**

### **Gunnar Sæter**

OECl Board Member

OECl Representative at the ECCO Oncopoly Committee

Head of Institute - Oslo University Hospital, Norway

The ECCO Oncopoly Committee (here termed EOC) has members from 24 ECCO member organisations, including the Patients Advisory Committee (PAC). The EOC is currently chaired by Prof. Philip Poortmans from ESTRO. The Oncopoly Executive Committee initiates and prepares the items to be discussed in the EOC and has 9 members and includes the Chair and the PAC representative.

The high level objectives of the EOC include:

- To contribute to setting ECCO's policy priorities within cancer care, and to prepare the groundwork and propose projects to the ECCO Board in order to support and execute these.
- In collaboration with the ECCO Board to define key messages and communicate them consistently and efficiently, and to influence that they are acted upon.
- In a combined effort to facilitate the implementation of policies to ensure that cancer research remains at the top of the public European policy agenda.

Current ECCO oncopoly priorities include the advocacy of systematic multidisciplinarity in cancer care across Europe, equity in cancer care access, the development of quality requirements, benchmarking of care, best practice sharing and the active involvement of patient organisations. Recent specific activities in these areas include review and input into upcoming policy papers from the EU CANCON project: evaluation system to assess cancer prevention outcomes, social inequalities in cancer prevention and control, and disinvestment for reallocation in cancer care. Others include input to the ECCO position paper on access to innovation, the policy to establish ECCO essential requirements for quality cancer care in specific tumour types (starting with colorectal cancer and sarcomas), and the EONS project on cancer nursing in Europe.

One of the suggestions for new projects includes promoting the public and political understanding of the necessary relationship between cancer research and clinical practice as many stakeholders' conception is that these are completely separate entities.

Several of the ECCO Oncopoly priorities are also important focus areas for OECl, in particular the harmonisation and equity of high quality cancer care and research, and the use of comprehensive quality standards as a fundament for the OECl Accreditation and Designation Program for European cancer centres. The participation of OECl in the committee is therefore of high importance to secure optimal collaboration, consistency and complementarity for these activities.

# CanCon gives evidence-based advice on cancer control

The article has been submitted by the CanCon Joint Action coordinated by

**Tit Albreht,**

cancer control expert at the Slovenian Institute of Public Health



"Joint actions are a type of policy support projects, which provide qualified, professional and evidence-based information for the policy-and decision makers at both levels, at the level of the European Union as well as the level of the Member States" says Tit Albreht, the coordinator of CanCon.

CanCon, European Guide on Quality Improvement in Comprehensive Cancer Control or CanCon, is a joint action initiative. Solutions proposed do not aim at institutionalization or legal implementation of certain care solutions. They rather serve as mapping of evidence- and expert-based advice as to the policy questions and queries concerning the key issues in European health policy development.

The joint action started in 2014 and will continue until February 2017. CanCon is co-funded by participating organisations, institutes, universities and health care units, and the European Union.

There are altogether 65 organisations and 25 countries working on the joint action. CanCon is unique because the experts will develop policy solutions for all European countries.

– A multi-sectoral and multi-professional collaboration is a must for CanCon to implement integrated cancer control strategies for effective results in society, says Albreht.

## Improving cancer control

The last stretch of CanCon has started, and the main outcome, the Guide, is almost ready. The Guide is meant for the decision-makers, and cancer care professionals in Europe.

– The quality improvement is at the heart of the Guide. It will be reached through focus on the patient's experience, care and health services organization, delivery and accessibility, describes Tit Albreht.

According to him, the Guide will give recommendations on how the cancer care should be organized in the Member states.

– The good practice recommendations strive to improve the national situations. There have been hundreds of cancer experts working on this.

The Guide will consist of four core chapters: integrated cancer control, community-level cancer care, survivorship and rehabilitation, and screening.

Integrated cancer control chapter presents exploration of the rising number of cancer control networks organized in the different Member States. It will present a working definition but also important conditions as to the potentiality of such networks spreading to other regions and countries in the future.

The key two words are quality of cancer care and accessibility of high-level care, which are both conditions that need to be present simultaneously. In the course of the project there was also a pilot network set up in the region of Moravia in the Czech Republic – the network required joint work of the cancer centres as well as the policymakers, who needed to make it possible both from purely legal terms as well as from the point of recognition in regulatory terms.

Community cancer care deals mostly with the questions related to cancer after-care and the different possibilities of its organization, *inter alia* in the primary care settings.

– We explored the current level of existing guidelines with respect to after-care in 31 countries and 3 professional cancer organisations. We present results concerning five selected cancer sites. Apart from that, partners from Bulgaria, Denmark, the Netherlands, Norway and Slovenia present experiences and recent innovations in after-care in their countries. In Slovenia, through a pilot study, GPs mapped their activities in continued cancer care and proposed a tentative patient pathway, says Albreht.

Survivorship chapter discusses the recent concept, which is rapidly growing in importance. A broad-based group of experts is proposing a definition of survivorship, which is comprehensive and inclusive of different stages in the survivorship timeline.

– One of the most important results from the work on survivorship is the Survivorship Care Plan, which should become a routine part of patients' files and care planning process, ever since the diagnosis of cancer has been set. The complexity, multidisciplinarity and longitudinal nature of cancer care require a systematic and structured approach where key information on the cancer patient needs to be noted

and shared throughout and beyond the process of care.

Screening chapter will present the work done on examining the most recent evidence and challenges in the three existing guideline-supported screening, as well as discuss pro's and con's with respect to screening of three other cancer sites – prostate, lung and stomach, where different experiences from the last years provide a trigger for reflections on their introduction as population-based screening programmes.

Also the patient's voice is strong in the joint action. The European patient organizations have contributed to the work.

### **Policy papers focus on five topics**

In addition to the Guide, the joint action will produce five policy papers. The papers will position cancer control into planning processes of the Member states.

The topics of the policy papers are:

1. A public health genomics approach in oncology,
2. The common objectives of national cancer plans,
3. Re-allocation of resources to more effective performance,
4. Outcome of prevention, and
5. Inequalities in cancer control.

Tit Albreht coordinates the second policy paper focusing on the national cancer plans. The policy papers aim at positioning cancer control into planning processes of the Member states. The topics were suggested by the states, and they will be communicated to the Member states.

### **Next step: Implementation**

The Final conference on CanCon will be held in February 2017 in Malta. The conference aims at delivering CanCon messages, and to disseminate the Guide and policy papers. The final conference in Malta does not mean the end of activity: CanCon recommendations will be easily accessible to all stakeholders. In addition, recognition and support for the recommendations from the governments is needed, says Tit Albreht.

The implementation of CanCon recommendations will be a sign of a successful joint action.

## **OECl and Comprehensive Cancer Network CanCon Stakeholders Forum Outcomes**

**József Lövey**

OECl Board member

Deputy Head of the Dpt. of Radiotherapy

Medical Director of the National Institute of Oncology - Budapest, Hungary

CanCon is a project of the EU member states that aims to improve cancer control in the European Union. Its scope of activity overlaps with the interest of OECl in many realms. CanCon regularly organizes stakeholder forums and OECl has recently been invited to the third forum in Rome to present its perception and expectations of CanCon. When comparing the work packages of CanCon to the working groups of OECl it is clear that the activities of CanCon in developing a quality guide in cancer control, disinvestment, outcome, equity, comprehensive cancer networks (CCN) and survivorship are aligned with OECl's activities on Accreditation & Designation, Collaboration for Good Practices with Patients, STARTOECl, Cancer Economics and Benchmarking and Cancer Outcomes Research. It is a great pleasure that this highly significant project of the European Union shares common goals with OECl, an organization that represents the community of those directly participating in cancer care and research. However, naturally there are differences in the approach employed.

The area where the topics of common interest overlap the most, yet generates diverse opinions is the Comprehensive Cancer Network. It is evident that the CCN must provide the same level of quality cancer care as standalone Comprehensive Cancer Centres. In order to achieve the required high-level governance and quality assurance, the CCN needs to be centered around a Comprehensive Cancer Centre. The leadership of the CCN should be fully responsible for care, research and education within the network according to the OECl quality standards. The activity of the CCN should be based on legal agreements between the CCC and all the partners of the network. The governance structure should be well defined and accountable for both strategy and care delivery. It has to be clear that just adding together the various components of cancer services, within itself, will not produce quality comprehensive care. Without the background provided by an accredited CCC, the challenges of governance, quality assurance and harmonization of care, research, education and effective incorporation of patients' needs cannot be successfully answered.

## **7<sup>th</sup> EACR-OECI Joint Training Course: Molecular Pathology Approach to Cancer**

**8 - 10 May 2017 Amsterdam, The Netherlands**

**Jane Smith**

EACR Chief Operating Officer

**Giorgio Stanta**

Co-opted Member to the OECI board

Biobanks and Molecular Pathobiology

WG Chairperson,

Professor of Pathology at the University  
of Trieste, Italy

The OECI and the EACR have been working together to organise this widely acclaimed course on the "Molecular Pathology Approach to Cancer" since 2011. With a limited number of participants, expert speakers and dedicated networking sessions, it has become an important fixture in the conference calendar.

Many participants have told us how highly they would recommend the course to friends and colleagues. Indeed over the six years we have been organising it over 99% of all participants would recommend attendance to others. The course attracts a wide variety of participants, eager to learn from the expert lecturers and from each other: since 2011 we have welcomed participants from 34 countries, working in basic, translational and clinical research as well as medical oncology.

### **The Scientific Organising Committee invites you to attend the 2017 Course**

Bursary application deadline: 28 February 2017

Registration deadline: 01 May 2017

Course website: [www.eacr.org/conference/molecularpathology2017](http://www.eacr.org/conference/molecularpathology2017)

Molecular pathology is one of the linchpins of precision medicine. No longer can treatment decisions be made solely on the basis of histopathological analyses - because genomic analyses of human cancers are resulting in the identification of the genetic determinants of tumorigenesis, cancer progression and therapy response.

Pathologists' role in the implementation of molecular tests in diagnostic practice and the ability of pathology laboratories to perform these tests and communicate the results to oncologists are very important to the successful translation of scientific advancements into benefit to patients.

The course aims to provide a comprehensive overview of the state-of-the-art molecular pathology approaches and their application, and to discuss current genomics and molecular pathology of solid malignancies.

**Scientific Organising Committee:** Richard Marais (UK), Jorge Reis-Filho (USA), Giorgio Stanta (Italy), Marc van de Vijver (The Netherlands)

**7<sup>th</sup> EACR-OECI Joint Training Course  
Molecular Pathology  
Approach to Cancer**

**08 - 10 May 2017**  
Amsterdam, Netherlands

**EACR**  
European Association  
for Cancer Research

**OECI**  
Office of European Cancer Institute  
Joint-EUropean Cancer Bureau

# How can open access publishing serve the cancer community?

**Katie Foxall**

ecancer Head of Publishing

As the Head of Publishing at ecancermedicalscience (ecancer), 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 ecancermedicalscience is unique.

ecancer is the official journal of the OECI and the European Institute of Oncology, Milan. The Journal has been founded in 2007 by Profs Gordon McVie and Umberto Veronesi to improve the state of cancer communication. All of our peer reviewed articles are free to read and we consider articles related to every aspect of oncology, from basic biology to supportive care.

From the beginning, we've believed that cost, language 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 – authors only need to pay towards publication if they have funding to do so.

To tackle the language barrier, we also accept articles submitted in Spanish and Portuguese and, if they pass the peer review process, we translate them into English and publish both versions, free of charge. We also provide free in-house language editing to support authors who do not have English as a first language. This is often a paid-for service in other journals.

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. ecancer is indexed in all the main repositories, including PubMed and Scopus, so our articles are widely disseminated, and because the journal is open access, authors retain copyright and can share their articles as they wish.

We also offer public metrics for each article, 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. Finally, we provide excellent visibility on social media, and press and publicity for selected articles which are particularly newsworthy.

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# **European School of Oncology Clinical Training Centres Fellowship Programme**

**Fedro A. Peccatori**

Scientific Director

European School of Oncology

Learning is a complex process that involves curiosity, knowledge acquisition and a lot of time and abnegation. Nonetheless, even the best theory cannot substitute real life experience. The challenge of facing patients' needs, discussing the best treatment options with colleagues and solving difficult clinical situations are priceless.

In modern oncology, appreciating the differences in healthcare settings and acknowledging the efficacy of multidisciplinary teamwork are essential components of education and training.

With these elements in mind, in 2015, ESO launched the Clinical Training Centers Fellowship programme (CTC), offering future oncologists the possibility to spend a period of time in a clinical setting specially designed to address their needs. Reputable institutes throughout Europe provide programmes to fulfill this goal. At the end of the fellowship period as well as having more knowledge in their own specialty, candidates will have been given a good overview of all the issues involved in the running of a successful cancer unit, including issues such as audit and quality assurance. Training grants are available to physicians from Europe, Arab countries and Latin America who have completed their specialization in oncology and are ready to become leaders in their fields. Pupils will attend weekly rounds, multidisciplinary case discussions, radiology and pathology conferences, in other words, they will become integrated members of the cancer team for 3-6 months. Individual programs will be tailored according to the candidate's background, but exposure to the other oncology specialties will be an essential component of this training experience.

The 2017 CTC programme will expand to include more hosting institutions, and will also address the educational needs of nurses and pathologists, that are often left aside in the educational pathways of oncology. The programme is supported by a fund provided by the European School of Oncology and unrestricted educational grants from pharmaceutical companies.

But more are coming. If your institute is interested in becoming a Clinical Training Center, please contact Corinne Hall at the European School of Oncology ([chall@eso.net](mailto:chall@eso.net)). Visit [www.eso.net](http://www.eso.net) for further information.

At present, 7 European Institutions act as CTC including:

- **St. Vincent's University Hospital,**  
Dublin, Ireland
- **Institut Gustave Roussy,**  
Villejuif, France
- **Oncology Institute of Southern Switzerland,**  
Bellinzona, Switzerland
- **European Institute of Oncology,** Milan, Italy
- **The Royal Marsden,**  
NHS Foundation Trust, London, United Kingdom
- **Comprehensive Cancer Centre Ulm,**  
Ulm, Germany
- **Champalimaud Clinical Centre (CCC),**  
Lisbon, Portugal

## **A new working group on cancer outcomes research has been activated within OECI**

**Milena Sant, Pamela Minicozzi**

Analytical Epidemiology and Health Impact Unit Department of Preventive and Predictive Medicine  
Fondazione IRCCS - Istituto Nazionale dei Tumori, Milan, Italy

At the OECI board meeting held in Brussels, on June 14-17, 2016, during the “Oncology days” event, the feasibility of setting up a working group (WG) on cancer outcomes research was discussed. This issue is becoming more and more relevant, since cancer survival is steadily increasing. Despite survival improvements however, large and persisting survival inequalities across countries and regions exist, as repeatedly documented by the population-based EUROCARE project on survival and care.

Cancer survival increases thanks to advancements in basic and translational research, availability of effective treatments, early diagnosis, and better genetic and biomolecular cancer profiling allowing personalized cancer treatments. Aside with real advancements, the availability of new imaging techniques and predictive biomarkers may lead to over diagnosis of cancers which would not become clinically evident over the patient's life course, and as a result incidence and survival inflate in absence of a real benefit, whilst potentially increasing patients' health needs and causing anxiety.

If the efficacy of treatments or diagnostic procedures, or the predictability of biomarkers, is the object of controlled clinical studies, by contrast outcome research investigates the effects of these procedures when they are applied into the “real world” of current clinical practice. In fact, once adopted in the clinical practice, the efficacy of treatments can be limited by compliance and adherence to treatment (in turn depending from patients' motivation, education level, psychological and cognitive condition, or socioeconomic status), intolerance to treatments, co-morbidity, etc.

Thus, outcome research deals with observational studies which investigate the effect of specific health procedures on patients' outcomes, e.g., response to treatments, overall and disease-free survival, cancer prognosis and survivorship, long and short term undesirable effects of anticancer treatments, quality of life, etc.

In consideration of the fact that CCCs are centres of excellence where patients are treated and followed-up according to optimal standards, it can be assumed that the outcomes of patients treated in CCCs would provide information on the best of care achievable in the geographical area where a CCC is located. However, in order to verify the possibility of transferring such results to the overall incident cancer cases and study their sustainability for public health systems, comparative analyses between population and clinical sets of patients would be useful.

For CCCs located in areas covered by population based cancer registries (CR), comparative analyses between population and clinical series of patients will be possible, using EUROCARE data on survival and outcomes. Besides general survival, selected EUROCARE cancer registries collect “high resolution” (HR) clinical information for samples of incidence cancer cases, with the aim of describing patterns of care and help interpreting differences in cancer outcomes. This is done by collecting more detailed data than those usually available in the routine activity of population cancer registries, such as data on diagnostic exams, patients and tumour characteristics, treatment and follow-up. The current HR studies are focused on 5 cancer sites, i.e. breast, colorectum, lung, lymphoma and skin melanoma.

The new WG will test the feasibility of collecting patients data in compliance with the HR study protocol from OECI-accredited Comprehensive Cancer Centres located in areas covered by CRs (see Table 2), in order to perform comparisons. The ultimate scope is to set up cohorts of cancer patients for which well annotated and standardised clinical characteristics at diagnosis are available, to study their follow up prospectively and investigate long term outcomes.

Comparative analyses between sets of patients recruited in oncological centres and those included in population-based cancer registries, will be carried out so to study:

- tumour characteristics and patterns of care
- frequency and type of co-morbidity, influence on choice of treatment and on adhesion to selected clinical guidelines
- frequency of relapse, as well as short term-, disease-free- and overall survival, and survival

Data collected in the study frame should be functionally linked to existing biological banks, or new biobanks should be constructed by asking patients to donate a blood sample at diagnosis. This issue should be the object of a specific discussion in the WG.

Follow-up patients included in these cohorts will also allow us to study aspects of survivorship after primary treatment phase (e.g quality of life, undesirable short and long term effects of therapies)

As a first step, a WG workshop involving the CCCs potentially interested in the study may be organized (ideally CCCs located in an area covered by a CR) with the following tasks:

- to select the cancers of interest among those included in the current HR project
- to identify the reference person/s in each CCC
- to define the study population and period
- to define the most appropriate bio-banking modality
- identify possible sources for funding WG activities, a crucial issue to be considered.

Table 1  
Characteristics and availability of information in CR or CCC sets of patients

	Population Cancer registries	Hospital series
Standardisation and Comparability of data across centres	High	Often low
Linkage of clinical data with biobanks	Difficult	Easy
Genetic and biomolecular profiling	Difficult	Easy
Relapse, disease free survival	Difficult	Yes
Long term follow-up by re-updating life status	Easy and accurate	Often difficult
Availability of treatment details	Difficult	Easy
Information of comorbidity	Difficult	Easy
Possibility to study survivorship	Difficult	Easy
Representativeness with respect to the whole incidence	Yes	No

Table 2 Accredited OECI CCC, availability of Survival and HR data, with type of available data for comparative analyses

Country	OECI member	EUROCARE Survival	HR	Type analysis
Czech-Rep.	Masarykuv onkologický ústav, Brno	•		1
Finland	HYKS Syöpäkeskus Helsinki University, Helsinki	•		1
Hungary	Országos Onkológiai Intézet, Budapest			1
Lithuania	National Cancer Institute, Vilnius	•	•	1
Norway	Oslo Universitetssykehus (OUS), Oslo	•	•	1
Italy	Istituto Europeo di Oncologia, Milano	•		2
Italy	Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Milano	•		2
Italy	Istituto Nazionale Tumori Regina Elena, Roma			2
Italy	Istituto Oncologico Veneto IRCCS-IOV, Padova	•		2
Italy	Istituto Tumori Giovanni Paolo II, Istituto di Ricovero e Cura a Carattere Scientifico, Bari	•		2
Italy	IRCCS, Centro di Riferimento Oncologico della Basilicata (CROB), Rionero in Vulture	•		2
United Kingdom	The Christie NHS Foundation Trust, Manchester	•		2
United Kingdom	Cambridge Cancer Centre, Cambridge	•		2
United Kingdom	King's Health Partners Integrated Cancer Centre, London	•		2
Italy	Centro di Riferimento Oncologico, Istituto Nazionale Tumori, Aviano	•	•	3
Italy	IRCCS Azienda Ospedaliera Universitaria San Martino - IST – Istituto Nazionale per la Ricerca sul Cancro, Genova	•	•	3
Italy	Istituto Nazionale Tumori IRCCS "Fondazione G.Pascale" (INT-Pascale), Napoli	•	•	3
Italy	Azienda Ospedaliera Arcispedale S. Maria Nuova IRCCS Istituto in Tecnologie Avanzate e Modelli Assistenziali in Oncologia, Reggio Emilia	•	•	3
Portugal	Instituto Português de Oncologia do Porto Francisco Gentil E.P.E. (IPO-Porto), Porto	•	•	3
Portugal	Instituto Português de Oncologia de Lisboa Francisco Gentil, E.P.E. (IPO-Lisboa), Lisbon	•	•	3
Portugal	Instituto Português de Oncologia de Coimbra Francisco Gentil, E.P.E. (IPO-Coimbra), Coimbra	•	•	3
The Netherland	Netherlands Cancer Institute, Amsterdam	•	•	3
Belgium	Institut Jules Bordet (IJB), Brussels	•	•	4
Belgium	Kankercentrum Brussel, Brussels	•	•	4
Belgium	AZ Groeninge, Kortrijk	•	•	4
Estonia	Sihtasutus Tartu Ülikooli Kliinikum, Tartu	•	•	4
France	Gustave Roussy, Villejuif			5
France	Centre Léon Bérard, Lyon			5
Romania	The "Prof. Dr. Ion Chiricuta" Institute of Oncology (IOCN), Cluj	•	•	5
Spain	Fundación Instituto Valenciano de Oncología IVO, Valencia	•	•	5

#### Type analysis

1	RT popolazione nazionale, solo dati EUROCARE
2	RT popolazione nella regione del CCC, solo dati EUROCARE surv
3	RT popolazione nella regione del CCC, dati HR+EUROCARE surv
4	RT popolazione nazionale, dati +HR non nella regione CCC
5	RT regionale, no HR

## From theory to practice: the launch of ECPC-OECI collaboration at ECCO 2017

**Dominique de Valeriola**

OECI President

General Medical Director of the Institut Jules Bordet, Brussels, Belgium

**Francesco De Lorenzo**

President of the European Cancer Patient Coalition, Brussels, Belgium

The European Cancer Patient Coalition (ECPC) and OECI are glad to inform you that their collaboration “Solving problems together – A method for patient organisations and cancer centres” will be officially presented and kicked off during the European Cancer Congress in Amsterdam at a special session on the 27<sup>th</sup> January 2017.

OECI and ECPC have worked hard in the past month to bring to life the vision shared more than one and a half years ago by OECI President Dominique de Valeriola and ECPC President Francesco De Lorenzo. After having discussed the initiatives with their respective Memberships, the moment has come to unveil the final version of the paper “Solving problems together” in which ECPC and OECI will launch pilot projects involving ECPC and OECI members in 2017.

### What is “Solving problems together”

*Solving problems together* fills a gap in cancer care: it responds to the increasing demand for guidance and support to better involve patients in the life of the cancer centre.

ECPC and OECI recognise that pan-European harmonisation is happening in every aspect of cancer care (treatment guidelines, medicines' approval, organisation of care guidelines etc.), but there have been no attempts to provide a framework to better develop the relationship amongst patients, patient organisations and cancer centres, which can dramatically influence the way services are delivered to patients, and therefore impact their quality of life and overall experience in the cancer centre.

The main mission of *Solving problems together* is to give guidance to patients, patient organisations and cancer institutes on how to build their relationship in a new spirit of shared partnership, where everyone's needs and rights are taken into consideration. *Solving problems together* is therefore composed of two main parts: the **method** and the **topics**. The preparation of *Solving problems together* will be underpinned by a scientific paper in the field of ethics and organisational management, which will describe the methodology used to write the paper.

**The method** is a step-by-step process describing how cancer centres and patient organisations can build their own good relational practices, pointing at the **objectives** that such collaboration can achieve. The method is based on a checklist of good practices that ECPC and OECI recognised, based on their experiences and shared principles. The ECPC-OECI method is not a “one size fits all” approach, but an adaptable system that each cancer patient organisation and centre can personalise to fit the needs and shortcomings of their specific relationship. ECPC and OECI have identified three success factors that must be present in fulfilled relational practices:

- **Atmosphere:** the cancer centre is an environment where care is provided, research is performed, and which is open to dialogue. The atmosphere pertains to the organisational level of the good relational practice;
- **Synergy:** cancer centres, patients and patient associations can grow together by building capacities that complete each other's mission. The synergy level pertains to the vision and mission of patient organisations and cancer centres, and their common spirit of willingness to improve their relationship;
- **Integration:** roles within the cancer centres should be redefined to satisfy the first two principles. Feedbacks, sharing of information, thoughts and emotions should be fully integrated in the collaboration to increase mutual understanding. The integration pillar pertains to the individual (healthcare professional, volunteer...), his/her capacity and motivations.

The topics are a series of issues that patient organisations and cancer centres can improve by using good relational practices. These are concrete objectives that can be achieved by working together, for example:

- Improving the informed consent forms;
- Improving participation in clinical trials;
- Helping patients by educating and supporting his/her relatives
- Survivorship
- Improving the collection of samples for biobanks

*Solving problems together* will be a living document. While the method will remain the same, ECPC and OECI can add new topics at any time, following the interest and needs of both Memberships. This will make the *Solving problems together* time-proof and also easily adaptable to the new needs and new rights of cancer patients.

### **How OECI will achieve these objectives?**

During the last Board Meeting, OECI launched a new working group to equip the organisation with a reliable and competent group of experts to work on good practices with patients. The *Collaboration for Good Practices with Patients Working Group* (CGPP WG) will be focussing its activities on all issues linked to the relationship between patients and cancer institutes, including the implementation of "Solving problems together".

In particular, the CGPP WG has been set up to solve recurrent challenges, shared by cancer centres, which affect cancer care and research, through dedicated, new, patient-focussed initiatives. Greater connection and cooperation is the future normal of European cancer centres and patient organisations in order to solve issues and tackle challenges, in the face of a growing number of cancer-related illness and mortality. Building relationships with stakeholders and international organisations, based on a new philosophy of mutual partnership, will pave the way forward for this dynamic new working group.

The mission of the Collaboration for Good Practices with Patients WG is threefold:

- To be a "fact tank" that collects, analyses and disseminates successful patient-oriented collaborative practices in cancer care and research.
- To provide a supportive task force for OECI cancer centres that need methodological tools and expertise to implement new patient-focused initiatives.
- To stimulate interactions between OECI cancer centres and other stakeholders.

### **The special session at ECCO2017**

ECPC and OECI have presented the idea to the ECCO President, Prof Peter Naredi, who demonstrated great interest in the initiative. In fact, a special, 90 minute session on the first day of the congress has been reserved so that the initiative can be presented to the multidisciplinary oncology community.

The draft programme of the session, (still to be confirmed) would feature two speeches by Dr de Valeriola and Prof De Lorenzo, to introduce the rationale behind "Solving problems together" and place the initiative into a larger framework of collaborations between ECPC and OECI.

The introduction will be followed by a thorough presentation given by Patrick Miqueu (Institut Jules Bordet) and Francesco Florindi (ECPC), who provided extensive support to the ECPC's and OECI's leaderships in producing the "Solving problems together" paper. Patrick Miqueu and Francesco Florindi will present the theoretical methodology and explain how the pilot projects can be implemented at local level.

"Solving problems together", however, is not only based on the accurate methodology described in the paper. It also has its roots in the direct experience of ECPC and OECI Members. For this reason, an OECI cancer institute and an ECPC patient organisation will showcase their existing collaborations that are already in line with the method described in the paper. Participation of other stakeholders is also foreseen.



## News from OECI Accreditation & Designation Working group

### **Simon Oberst**

Chairperson of the OECI Accreditation and Designation WG  
Director of Clinical Development at Cambridge Cancer Centre, Cancer Research, UK

### **Marjet Docter**

OECI A&D Coordinator  
Netherlands Comprehensive Cancer Organisation, Utrecht, The Netherlands

The Accreditation and Designation Programme continues to thrive and to expand into new centres and new countries. Already in 2016 Accreditation and Designation audits have taken place in Vejle (our first centre in Denmark) Milan Humanitas, IPO Coimbra (re-accreditation), Kortrijk, and Oslo (our first centre in Norway). Four more are scheduled for later this year: Brno, Anadolu (the first centre in Turkey) IPO Porto (re-accreditation) and Lyon, making for a busy autumn for the co-ordinators and audit teams! Five organisations are currently preparing for an audit to be scheduled in the first half of 2017, moving OECI into both Finland and Ireland for the first time, so that the reach and extent of the programme is increasing to all extremities of Europe!

An overview of the centres in the programme and more information regarding the programme can be found on our website: [www.oeci.eu](http://www.oeci.eu) and [oeci.selfassessment.nu/cms](http://oeci.selfassessment.nu/cms)

### **OECI auditor training, Cambridge, 4 and 5 July 2016**

A group of 14 oncology professionals from 9 European countries participated in the OECI auditor training on 4 and 5 July 2016 in Cambridge. During these two days the auditors learned the ins and outs of the Accreditation & Designation Programme based on the most recent OECI standards and essential methods of auditing. The new auditors received practical tools to prepare and execute audits. The training concluded with role plays in which the new auditors could practice their interview skills. With this the OECI has an expanded team of enthusiastic auditors, who are fully equipped and ready to perform.

### **Accreditation by ISQua**

OECI has applied to be certified in ISQua's International Accreditation Programme (IAP), starting with the accreditation of the OECI standards. It will consist of a self-assessment by the A&D Working Group and conclude with a desk survey by ISQua. Afterwards ISQua will decide whether OECI will receive the accreditation and OECI will be asked to make an improvement plan based on the findings in the desk survey. We expect that this will be finalised in the second half of 2017.

### **EU Joint Action on Rare Cancers**

The Accreditation and Designation Working Group are taking on the leadership of Work Package 5 of this Joint Action, which as described more fully in the previous newsletter, intends to design a quality assurance programme for the networks of Rare Cancers which will focus on quality systems and continuity of patient care. The Launch Meeting of the EU Joint Action by the European Commission is on 7 November 2016 in Luxembourg, and the OECI will be represented by Simon Oberst, Chair of the Accreditation and Designation Board, and by Claudio Lomardo, OECI Director.



**Patrick Corstiaans and Henk Hummel  
(the audit trainers) and the training  
participants in Cambridge**



Organisation of European  
Cancer Institutes

## EUROPEAN ACCREDITATION AND DESIGNATION PROGRAMME FOR CANCER INSTITUTES

ACCREDITATION  
AND  
DESIGNATION  
CERTIFYING  
COMPREHENSIVE  
CANCER CARE



Organisation  
of European  
Cancer Institutes

## Accreditation and Designation User Manual V. 2.0

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



**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.

## News from BenchCan Project

On June 16<sup>th</sup> the BenchCan project ended and a final meeting took place in Brussels as part of the OECI Oncology Days 2016. The meeting attracted a large turnout of participants and outstanding speakers such as Prof. Chris Harrison, from The Christie NHS Foundation Trust and Dr. Christoph Kowalski, from the German Cancer Society.

Both colleagues focussed their speech on the benchmarking efforts that are currently underway in cancer centres in the UK and Germany. They also stressed the importance of supporting and strengthening translational cancer research and reducing inequalities in cancer treatments within the EU.

For the above reasons, BenchCan linked 11 cancer centres from 10 EU Member States and the European Cancer Patient Coalition – ECPC, concentrating on benchmarking management and best clinical practices, for improving cancer care and contributing to a better internal organisation of a cancer centre , including the infrastructure.

The results of this three-year project are available at [www.oeci.eu/benchcan](http://www.oeci.eu/benchcan) in the Resources' Section.

Take a look at it! You might find it interesting and useful in your daily practice.

BenchCan  
Benchmark comprehensive cancer care  
that provides interdisciplinary treatment  
for patients, and yield examples of best  
practices in comprehensive cancer care  
**Implementation  
manual**

BenchCan CORE GROUP

Co-funded by the Health Programme of the European Union

OECI INNOVATION INSTITUTE INSTITUTE FOR CANCER RESEARCH

*The BenchCan meeting during the OECI Oncology Days 2016*



## **Joint Action on Rare Cancers**

**Giovanni Apolone<sup>1</sup>, Giovanni Nicoletti<sup>2</sup>, Paolo Casali<sup>1</sup> and Marco Ascoli<sup>1</sup>**

1. Fondazione IRCCS "Istituto Nazionale dei Tumori" di Milano

2. Italian Ministry of Health, Milan, Italy

The European Commission is facing the implementation of the Directive 2011/24/EU of the European Parliament and the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare: this Directive is meant to grant EU patients the right to access safe and good-quality treatment across EU borders. Despite the rarity of each of the 198 identified rare cancers, collectively they represent 24% of all new cancer cases diagnosed in the EU28 each year. Five-year relative survival is worse for rare cancers (49%) than for common cancers (63%) and differences in survival exist across European regions, therefore suggesting the existence of inequalities in healthcare [www.rarecarenet.eu](http://www.rarecarenet.eu)

Amongst its provisions, the European Commission through the Consumers, Health, Agriculture and Food Executive Agency (Chafea) launched a grant for actions co-financed with Member State authorities under the third Programme for the Union's action in the field of health (2014-2020): the Joint Action on Rare Cancers.

In response to this call, in October 2015, the Fondazione IRCCS Istituto Nazionale dei Tumori (INT), through the Italian Ministry of Health, based on the experience with the coordination of the European projects RARECARE and RARECARENet and its expertise in the field of rare cancers at national and international level, expressed its candidature to the coordination of the Joint Action on Rare Cancers. In November INT was officially nominated coordinator of the Joint Action on Rare Cancers and invited to submit a proposal by Chafea.

During the preparation phase of the Joint Action two meetings were held in Luxembourg in November and Brussels in December 2015 to discuss the proposal with the partners designated by the Member States.

At the end of January 2016, on behalf of the partnership, INT submitted a proposal called JARC that was positively evaluated by the European Commission.

The three years JARC project started officially the 1st October 2016 receiving an EC contribution of almost 1,5M€. The JARC Consortium is composed of 34 Associated Partners from 18 Member States, patient advocacy groups and more than 20 among Collaborating Partners and stakeholders.

The goal of the JARC is to contribute to improve health outcomes for patients with rare cancers in the EU and to decrease health inequalities across EU countries. Strategically, the collaboration with the European Reference Networks (ERNs) on rare cancers is seen as a key factor for both initiatives.

The general objectives of the JARC are:

1. to prioritise rare cancers in the agenda of the EU and Member States (with a view to national cancer plans and quality of healthcare, harmonization of clinical practices, innovation through promotion of clinical and translational research);
2. to develop innovative and shared solutions, mainly to be implemented through the ERNs on rare cancers, in the areas of quality of care, research, education and state of the art definition on prevention, diagnosis and treatment of rare cancers.



## 8 New Members approved by the OECD General Assembly

At the last General Assembly, held on July 17<sup>th</sup> in Brussels, 8 Cancer Centres joined the OECD membership as Full or Associate Members.

The OECD welcomes the New Members and believes that their participation will facilitate and improve the connection with their countries in order to promote the OECD Accreditation and Designation approach and their participation to the activities of all the OECD Working Groups.

### New Full Members

#### **Vejle Cancer Centre**

The Patients' Cancer Hospital part of Lillebaelt Hospital, Denmark  
(already certified as Clinical Cancer Centre)



**Vejle Hospital**  
- a part of Lillebaelt Hospital

#### **Turku University Hospital Cancer Centre**

(Tyks TYKS Syöpäkesku), Finland



#### **Tampere University**

Finland



#### **Humanitas Research Hospital**

(IRCCS Istituto Clinico Humanitas), Italy



#### **Skane University Hospital**

South Western Cancer Centre, Sweden



#### **Rijnstate**

The Netherlands



### New Associate Members

#### **S. Gallicano Dermatological Institute**

(IRCCS Istituto Dermatologico S. Gallicano) in Italy



#### **Anadolu Medical Center**

(Anadolu Saglik Merkezi) in Turkey



More information on the New Members are accessible at [http://www.oeci.eu/Membership\\_I.aspx](http://www.oeci.eu/Membership_I.aspx) or on the OECD Yearbook 2016-2017.



**Prof. Christof Von Kalle**

Director of the National Center for Tumor Diseases (NCT) in Heidelberg.  
Chair of the Board of Directors of the National Center for Tumor Diseases (NCT)  
Heidelberg  
Chair of the Department of Translational Oncology at NCT and German Cancer  
Research Center (DKFZ)



**Prof. József Lövey**

Consultant, Deputy Head of the Department of Radiotherapy and Clinical Director of  
the National Institute of Oncology in Budapest; Associate Professor at Semmelweis  
University, Budapest



**Prof. Thierry Philip**

Medical oncologist, Full Professor of Medical Oncology, currently Chairman of the  
Board of Directors of Institut Curie. Prof. Thierry is Municipal Councilor in Lyon and  
Mayor of Lyon's 3rd Arrondissement. He covered the position of President of the  
French National Federation of Cancer Centres which became Unicancer in 2010  
(1997-2002) and President of the Comité National du Cancer (French National  
Cancer Committee) in 2002-03.

EACR 24 – Manchester 2016  
The OECI supported Plenary  
Symposium on Cancer  
Immunology



The OECI booth at EACR 24

Professor Carlos Caldas at the  
OECI booth – EACR 24

# Welcome to OE**C**I Oncology Days 2017

## Brno – Czech Republic June 21<sup>st</sup> – 23<sup>rd</sup>

**Jan Zaloudik**

Rostislav Vyzula and Marek Svoboda, MMCI Local Organisation Committee, Brno, Czech Republic

**Claudio Lombardo**

OE**C**I Director

Dear OE**C**I colleagues and friends,

Have you ever been to **Brno**, the capital of Moravia, **the second largest city of the Czech Republic**, a city of students and technology with five universities, gate to South Moravia vineyards located on eastern edge of the Czech-Moravian Highlands **in the heart of Europe**, North of Vienna and East of Prague?

South Moravia is an exciting area rich in local traditions and folklore. It offers a deep insight into history as there is one of the first Paleolithic settlements, **Great Moravian Empire** from 7<sup>th</sup>-8<sup>th</sup> Century, which was the crossroads between North and South or West and East, and the place of **Napoleon's victory** at Austerlitz. There are also beautiful southern towns of Mikulov, Valtice, and Lednice full of wine cellars which offer a wide variety of excellent **Moravian wines**.

The OE**C**I Gala Dinner, on Thursday June 22<sup>nd</sup>, is planned at the Spilberk Castle (A.D. 1277) on a central hill of Brno, the site of successful defense against Swedish armies in the 17<sup>th</sup> Century. Then it was the Habsburg prison of Italian revolutionaries later changed recently into wine repositories.

The **Augustinian cloister** with the museum where **Georg Mendel discovered the rules of inheritance** is a must for any Brno visitor. The City is also a home of modern architecture. The **Villa Tugendhat**, the gem of Functionalism, has been included in the **UNESCO world heritage list**.

However, oncology itself has quite an interesting history in Brno. The **Masaryk Memorial Cancer Institute (MMCI)**, the only specialised cancer institute in the Czech Republic, **was founded here in 1935**, inspired by Cancer Institutes of Heidelberg, Villejuif, and Stockholm. The first clinical director, Prof. Richard Werner, the founder of Strahlentherapie Journal, came from Heidelberg, Germany. The MMCI also focused on research, having research laboratories and scientific directors since the very beginning. The MMCI has been the crucial promoter of the Czech National Cancer Registry which was operative since 1977. In 1979, the **MMCI was one of the founding members of the OE**C**I**.

Now MMCI holds a leadership position in organisation of oncological care in the whole Czech Republic. The MMCI seven-pavilions are located on the so-called "Yellow Hill" with a wonderful view over the entire City area, and surrounding areas. It will be available to visit upon request.

**We hope that you will find Moravian City of Brno a pleasant and friendly place for your 2017 OE**C**I General Assembly and events included in the Oncology Days.**

Looking forward to seeing you in Brno in June 2017!



*Brno - Cathedral of  
St. Peter and Paul  
and Spilberk Castle*



*Masaryk Memorial  
Cancer Institute*



# OECI NETWORK 2017

## 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 tumore Klinicki bolnicki centar Sestre milosrdnice, Zagreb

### Czech Republic

- ★ Masarykův onkologický ústav, Brno
- Institut biostatistiky a analýz Lékarské a Prírodrovedecké fakulty Masarykovy university, Brno

### Denmark

- ★ Vejle Sygehus-Patienternes Kræftsygehus, Vejle
- Kræftens Bekæmpelse Center for Kræftforskning, Copenhagen



### Estonia

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



### Finland

- ★ HYKS Syöpäkeskus Helsinki University, Helsinki
- TYKS Syöpäkeskus, Turku
- Tampere University Hospital, Tampere



### 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



★ IRCCS Istituto Clinico Humanitas, Milano

• Ospedale S. Raffaele (OSR), Milano

• 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

• IRCCS Istituto Dermovenereologico S. Maria e S. Gallicano, Roma



### 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 (IOCN), Cluj
- SC RTC Radiology Therapeutic Center – Amethyst Radiotherapy, Oțopeni

## 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 onkологии 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
- Skåne University Hospital South Western Cancer Centre, Malmö

## The OECI Quality Network

- ★ OECI Members A&D certified
- ★ OECI Members in the A&D process
- Other OECI Members

## 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
- Rijnstate Hospital Arnhem, Arnhem

## Turkey

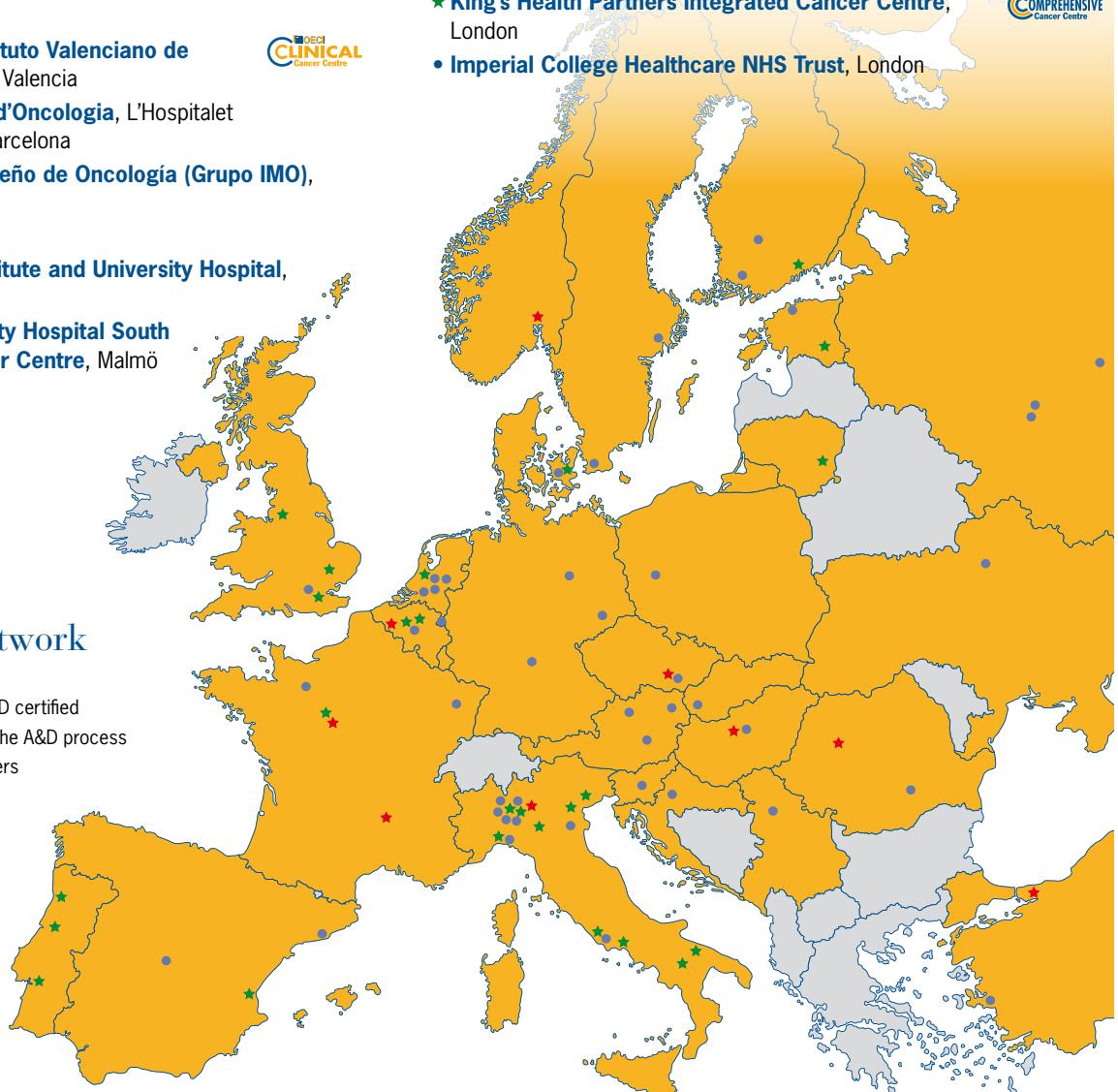
- ★ Anadolu Sağlık Merkezi (Anadolu Medical Center), Kocaeli
- Dokuz Eylül Üniversitesi Onkoloji Enstitüsü, İzmir

## 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



## OECI BOARD 2016



**President**  
Dominique de Valeriola  
Brussels, Belgium



**Executive Secretary**  
Marco A. Pierotti  
Milan, Italy



**Past President**  
Wim H. van Harten  
Amsterdam, The Netherlands



**Treasurer**  
José Maria Laranja Pontes  
Porto, Portugal



**Elected Member**  
Carlos Caldas  
Cambridge, United Kingdom



**Elected Member**  
Christof von Kalle  
Heidelberg, Germany



**Elected Member**  
József Lövey  
Budapest, Hungary



**Elected Member**  
Gunnar Sæter  
Oslo, Norway



**Elected Member**  
Thierry Philip  
Paris, France



**OECI Director**  
Claudio Lombardo  
Brussels, Belgium - Genoa, Italy



**OECI Central Office**  
Guy Storme  
Brussels, Belgium

## WORKING GROUP AND ACTIVITIES



**Accreditation and Designation**  
Simon Oberst  
Cambridge, United Kingdom



**Collaboration for Good Practices  
with Patients**  
Dominique de Valeriola  
Brussels, Belgium



**Biobanks and Molecular  
Pathobiology**  
Giorgio Stanta  
Trieste, Italy



**START-OECI**  
Lisa Licitra  
Milan, Italy



**Cancer Economics and  
Benchmarking**  
Wim H. van Harten  
Amsterdam, The Netherlands



**Communication and  
Dissemination**  
Gordon McVie  
Milan, Italy



**Cancer Outcomes Research**  
Milena Sant  
Milan, Italy



**Claudio Lombardo**  
Brussels, Belgium  
Genoa, Italy



**Supportive and  
Palliative Care**  
Pending

**OECI-EEIG Central Office**  
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