



BENCH-CAN PROJECT

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Bench-Can Editorial

Last year was a busy period for the BenchCan project. After the kick-off meeting in May 2013 in Brussels the NCI and its partners have been working hard to develop reliable and valid indicators to measure cancer care quality across the EU. Through literature, expert opinions and different rounds of stakeholder feedback, a core list of indicators was developed that looked at eleven domains of cancer care. The first five domains contain process indicators and look at the enablers of good cancer care; (I) Leadership; (II) People; (III) Strategy; (IV) Partnerships and Resources; (V) Products, Processes and Services. The last six domains contain outcome indicators and look at the outcomes of good cancer care; (I) Effective; (II) Efficient; (III) Safe; (IV) Responsive and Personalized; (V) Integration; (VI) Timely. Since not all cancer institutes are designated as comprehensive cancer centers and the final tool should be available for all types of cancer institutes two separate tools were developed, BT1 for Comprehensive Cancer Care and BT2 for Tumour Services and cancer care pathways.



Wim H. van Harten
Bench-Can Project
Coordinator - OECEI
Former President

In July 2014 the indicators were sent out for a pre-pilot to three pilot sites: IPO Porto, NCI Vilnius and NIO Budapest. The choice for a pre-pilot, a pilot of the pilot, was made because there was some ambiguity about definitions, which were supposed to be measured with certain indicators. Throughout the summer of 2014 the three pre-pilot sites collected the data on the indicators and by September 2014 all data were sent to the NCI for a first analysis and the visits to the institutes were planned.



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During this one to two day visit, a team of people from the different partners visit the pilot sites to ask additional questions, get feedback on the indicators and the measuring process, and have a chance to observe processes in practice. After the initial analysis, further questions were raised and the data was shared with the other members from the site visit team consisting of members of the ECPC, NIO, NKI and PANAXEA.

The visits at IPO, NCI and NIO took place between October and November 2014 and led to very interesting results and improvement suggestions. Differences between institutes were found in for example the area of length of stay and staff turnover. The site visits were very interesting and gave a good insight into the daily practice of the institutes. Especially interesting were the visits to the breast cancer department at IPO, the new day treatment unit at NIO and the discussion of the breast cancer indicators at NCI. After carefully reviewing the improvement suggestions, the indicators were changed, some indicators were removed and some added but most importantly the definitions of almost all indicators were specified. During the BenchCan meeting in Brussels in December a final discussion was held on which indicators should be included in the final pilot and the definitions. The updated list contains 81 qualitative and 141 quantitative/financial indicators.

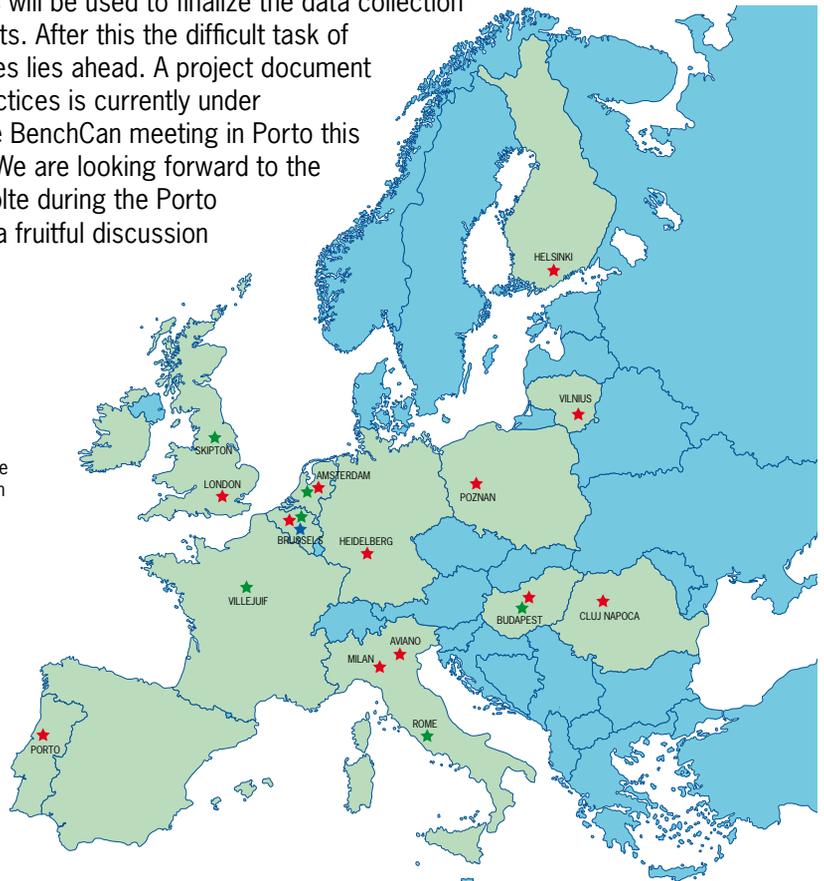
The second pilot round started in December when all pilot sites received the revised indicators. A division was made between sites receiving the BT1 indicators and sites receiving the BT2 indicators. This division was largely based on the geographical distribution and in some cases on the structure of the institute. During the winter, the data collection on the renewed indicators took place. At this moment the data collection is finished for most pilot sites and the site visits have been planned. On the 13th of April the site visit to the NKI took place. During this day a review team consisting of members from the NIO and the ECPC asked additional questions and got more insight into the daily practice at the NKI. Representatives from different disciplines; Research, Patient representatives, ICT, HR, Quality Control and the Clinic shared their knowledge and explained how things are organized at the NKI. During the afternoon, the review team was given a tour through the new building of the NKI which was very interesting, especially the tour in the new operating rooms.

The coming weeks will be used to finalize the data collection and perform all the site visits. After this the difficult task of identifying the best practices lies ahead. A project document on how to identify best practices is currently under construction and during the BenchCan meeting in Porto this will be an important topic. We are looking forward to the presentation of Dr. Ellen Nolte during the Porto meeting and hope to have a fruitful discussion thereafter.



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



The experience of the National Cancer Institute - Vilnius, Lithuania - on the Bench-Can Pilot Sites Visit



National Cancer Institute (NCI) particularly appreciated to be one of the three first Bench-Can pre-piloting sites.

After receiving in 2013 from the Organisation of European Cancer Institutes (OECI) the Accreditation Certificate as a Clinical Cancer Center, it was good to review the completed work and to evaluate possible progress during this time together with the Bench-Can Team.

Due to the heterogeneity of the OECI community, which appears in different traditions, different languages and law bases, it seems very important to speak and understand each other. We hope that improving the Piloting questionnaires within the Bench-Can project, will help to achieve this step.

The pre-piloting site visit was held on 30-31 September, 2014. The visit of the Bench-Can team helped both sides to understand how to better fill-in the questionnaires, to answer the questions and to express the Centre's opinion in improving all this process.

As always, the meeting started with acquiring knowledge about the situation at NCI, presenting the actual structure of research and clinical departments. Also, the changing infrastructure of NCI was discussed together with the strengths of research and the links between clinical and scientific departments. Different dialogs with people in charge of the benchmarking process at NCI helped to know to know better the needs of the Bench-Can Team, and for us to better understand what we have to do.

Every visit from outside is a kind of challenge but our team was very glad to meet the Bench-Can visitors who have been very friendly and ready to include our advices in their work.

We hope that meeting the NCI colleagues, e.g. the IT specialists that supplied additional and useful information about the Institute and how things are organised here, was useful for the Bench-Can team, too.

We really look forward to take part in this Accreditation and Designation process lead by the OECI.

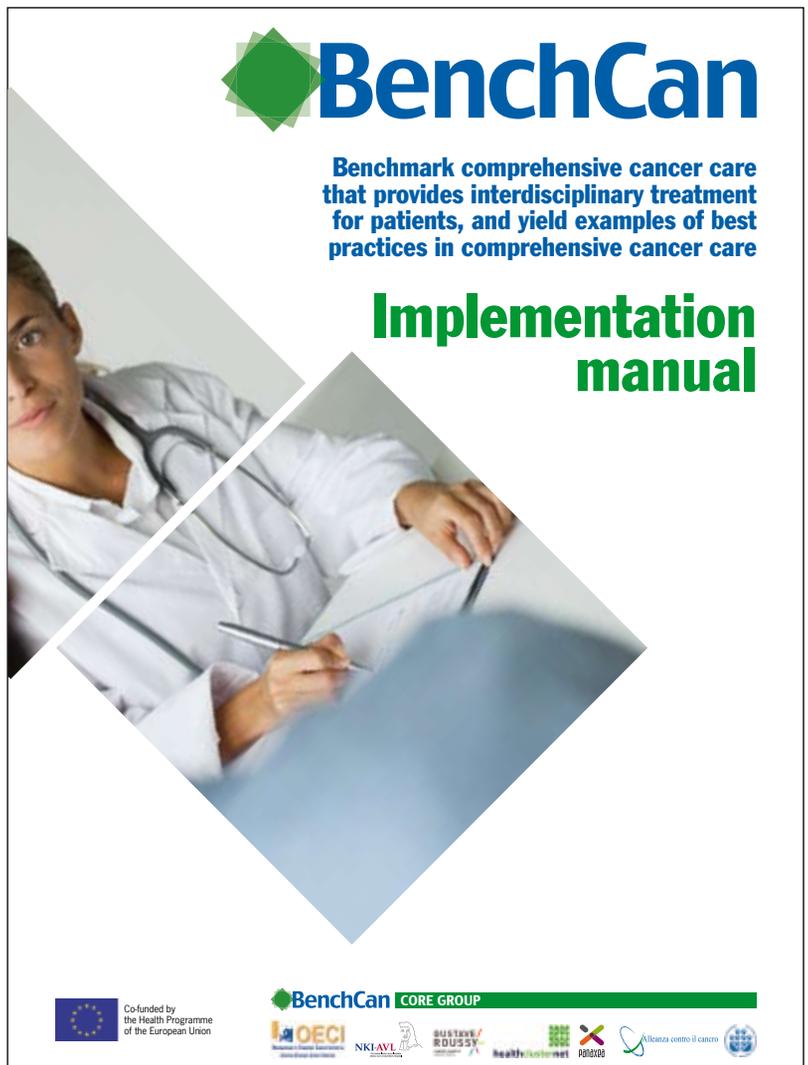


The Bench-Can Manual, contents and applications

In order to ensure the sustainability and long-term benefits of the Bench-Can project (objective 6), to ensure compatibility of Bench-Can with existing cancer care resources and services (objective 5), and to maximise knowledge exchange and sharing between providers of cancer services (objective 4), a benchmarking manual is being developed. This manual is targeted towards staff involved in interdisciplinary treatment of patients -such as clinicians, managers and funders- whether or not they are familiar with benchmarking, and is being designed to help them implement Bench-Can in their institution. The development of this manual, currently in progress, will be the result of a collective effort by all partners of the project. It will be informed by the experience and feedback of the piloting of the project in the cancer centres. It will present the development of the Bench-Can project, the different steps of the program, the benchmarking teams, the functioning of the practical knowledge database, a template project plan for institutes, the benchmarking tools and budget impact analysis, and finally a 'Frequently Asked Questions' section.

Compatibility with existing services

Ensuring the compatibility of the Bench-Can tool with existing services is an important part of the Bench-Can project and its manual development and is crucial for the long-term sustainability of the project. To that effect, Bench-Can researchers have undertaken a literature analysis of existing or past benchmarking projects in order to get a snapshot of current benchmarking initiatives, avoid duplication of work and learn lessons from successful projects. The report of this analysis has been submitted to a scientific peer-reviewed journal. Meanwhile, a close collaboration is maintained between researchers from Bench-Can, OECI Accreditation and Designation program and from the EurocanPlatform Work Package 12 (Metrics and Excellence Designation System). The compatibility of the Bench-Can tool with both projects is being assessed, so that cancer centres that wish to participate in Bench-Can and in another project can do so and get the maximum benefits with minimal duplication of work. The manual is being designed in a way that it can be both integrated to the OECI Accreditation and Designation manual and used as a stand-alone tool. An electronic version of this manual is being discussed.



BenchCan

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

Implementation manual

Co-funded by the Health Programme of the European Union

BenchCan CORE GROUP

OECI National Centre for Excellence in Cancer Care
NKI-AVI
INSERM U1151
Roussy
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Enhancing the partnership patients-cancer institutes: strengthening the ECPC-OECI relationship Dominique de Valeriola and Francesco De Lorenzo

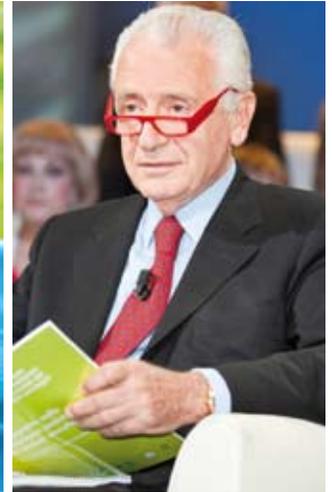
Introduction

Of all the actors and stakeholders in today's cancer care management, no one has a more comprehensive view of the cancer continuum than cancer institutes.

Starting from this assumption, the European Cancer Patients Coalition - ECPC is well aware of the importance of nurturing the collaboration between patients and cancer institutes. In fact, institutes and patients together can cover, through real life experience, all the most relevant aspects of cancer care nowadays, from early diagnosis to palliative care, from personalised medicine to pan-European benchmarking models.



Dominique de Valeriola
OECI President



Francesco De Lorenzo
ECPC President

Building on common grounds

As a partner of BenchCan, the ECPC is actively supporting the OECI in developing a model to benchmark comprehensive cancer care, in order to yield best practice examples in a way that contributes to improving the quality of interdisciplinary patient treatment. ECPC Audit Committee Member Pietro Presti, featured in a previous edition of the OECI Newsletter, reported on his direct experience within BenchCan, describing it as a turning point for patients and institutes to harmonise oncology healthcare practices, but also harmonise patients' advocacy capacity.

The ECPC-OECI joint event "How uniform is cancer care in Europe", organised at the European Parliament in February 2014 provided a very good arena to discuss how common standards and best practices are needed to tackle cancer care inequalities in Europe.

It is on these successful examples of past collaboration that ECPC and OECI want to build a stronger and more solid collaboration.

The Presidents' meeting: a new beginning

The leadership of both the OECI and the ECPC recognised the need to refresh and update the fruitful collaboration that the two organisations have maintained over the years. For this reason, last January 28th, the OECI President Dr. Dominique de Valeriola met the ECPC President, Professor Francesco De Lorenzo, accompanied by Vice President, Kathi Apostolidis, in Brussels.

During the meeting, which was held at the Institut Jules Bordet both Presidents explored new fields of cooperation, in order to consolidate what was already achieved in the past. In particular, the Presidents identified several areas of cooperation for the future.

ECPC – OECI Patients' Charter listing major requirements from cancer centres

What do cancer patients expect from cancer institutes? What shall be the minimum requirement in terms of quality of care and patient experience? How can OECI members share their best practices with other institutes? Can we better connect patients and cancer institutes amongst themselves to share their best practices?

A new document, jointly produced by ECPC and OECI, will provide an answer to these questions, in direct collaboration with ECPC and OECI members, to grasp the reality and provide a coherent picture of today's cancer patients' expectations from cancer institutes.

This laudable initiative, presented by the OECI President Dr. Dominique de Valeriola and warmly

welcomed by the ECPC, will provide the two organisations with an ideal opportunity to connect ECPC and OECI members, therefore bringing patients and cancer institutes to the discussion table together, on a voluntary basis. The Charter will set out the main principles on which the relationship between cancer institute/patients shall be established, defining the basic needs and expectations that patients and their carers would like to see fulfilled by the institutes, ranging from quality of care to information on survivorship.

In future, the ECPC and the OECI will further discuss how to implement such initiatives, which can be based on existing best practices.

Connecting ECPC and OECI Members

The aforementioned charter can also serve as a steppingstone for a more long-term collaboration between the two organisations. During the meeting, in fact, the Presidents discussed about the possibility to directly link ECPC and OECI members, identifying a reference patients' organisation for each OECI member. In this way, the strong collaboration existing at the highest level of ECPC and OECI can be mirrored and enlarged at membership level.

For ECPC members, the realisation of such an objective can be extremely empowering, since it can connect them to physicians, nurses, hospital managers, who share a common perspective of the central role of patients in cancer care

Rare cancers

ECPC and OECI can also make a difference in the field of rare cancers. Through the work done within the EU funded project RARECAREnet, ECPC created a comprehensive European network of rare cancer patients' organisations, therefore connecting patients to some of the most expert researchers in the field.

On the basis of this experience, ECPC, as a member of the European Commission' Expert Group on Cancer Control, has been called to contribute in the European Commission's blueprint to launch a Joint Action on Rare Cancers. The OECI members' expertise in the field of treating rare cancers will surely be an invaluable addition in rare cancers patients' knowledge.

Professor De Lorenzo and Dr. de Valeriola also discussed the OECI's possible contribution in defining indicators of quality for the definition of rare cancers centres of excellence.

Nutrition

A further area of collaboration between ECPC and OECI is medical nutrition. Under the guidance of Professor De Lorenzo, ECPC identified medical nutrition as yet another field where patients' knowledge and understanding is lacking. The importance of nutrition for cancer patients, during and after the acute treatment phase, is paramount. For this reason, ECPC launched a survey to assess patients' organisations' understanding of medical nutrition in cancer care. The results of the survey will be used to produce tailor-made information material, which can then be used to empower European cancer patients.

Dr. de Valeriola very kindly provided her comments on the survey, which has received more than 600 replies so far. Furthermore, OECI can contribute towards interpreting the data collected, and also bring in the final outcome, the cancer institutes' expertise in medical nutrition, within a cancer care setting.

Finally, the OECI can also play a major role in disseminating the information material produced on the basis of the survey to healthcare professionals, therefore increasing the number of patients empowered.

Policy

The production of the Charter, backed up by the matching of one ECPC member per OECI institute, represents innovative, grassroots level initiatives to empower both organisations' membership base. However, the Presidents recognised the need to focus their energy and attention also at European policy level.

In this perspective, the ECPC is well equipped to capitalise on the solid support of the European Parliament to the ECPC Call to Action (29 subscribers) and to the bid for the intergroup on health (56 supporters). As a result, the World Cancer Day Declaration produced in collaboration with MEP Elisabetta Gardini and presented at the European Parliament on the 4th February 2015, collected 116

endorsers, a new record for the ECPC.

Strengthened by these results, the ECPC is investigating into the possibility of establishing a special consultative body within the organisation, which would serve as a connecting point between the European institutions, cancer patients, and those medical and scientific experts, like the OECI's members, who have demonstrated their support and care for the rights and needs of cancer patients.

Professor De Lorenzo has invited Dr de Valeriola, on behalf of the ECPC, to participate in such initiatives, which are still in their design phase and will be presented to the ECPC members on the occasion of the Annual General Meeting, to be held in Brussels from the 19th to the 21st June 2015.

Conclusions and next steps

The meeting between ECPC and OECI leadership demonstrated the constant and committed interest of the OECI for issues concerning cancer patients, thus confirming that the OECI is one of the ECPC's principal partners.

Thanks to the far-sightedness and creative thinking of all parties, ECPC and OECI have, for the first time, designed initiatives aimed at bringing both memberships together, providing ECPC members with an unparalleled chance to boost their empowerment potential, putting them directly in contact with some of the best European cancer institutes.

The result of such revitalised collaborations will also boost the ECPC and the OECI's policy influence: bringing together patient organisations and cancer institutes will strengthen the already powerful joint policy initiatives previously launched by the ECPC and the OECI.



Advanced Breast Cancer

5-7 November 2015 • Lisbon, Portugal

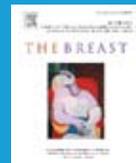
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Emerging needs in cancer education: an interview with Fedro Peccatori



What are the present and future challenges in cancer education? We discussed this issue with Fedro Peccatori, Deputy Scientific Director at the European School of Oncology.

"Cancer has always been a difficult disease, but will become a real emergency in the next 10 years. It has been estimated that almost 20 million people worldwide will be diagnosed with cancer in 2025. A significant percentage of suffering and grief could be spared to patients and their families if preventative and curative strategies were applied at a global level, with unrestricted access to healthcare and the optimization of resources. The challenge is to make cancer education the founding pillar of these strategies, offering high quality and multidisciplinary teaching to doctors, nurses, and all the other caregivers involved in a patient's journey.

Taking advantage of new e-communication technologies has become very effective and relatively cheap, allowing access in remote regions. Nonetheless, direct interaction, discussion and networking remain of utmost importance. Residential courses directed at young clinical or surgical oncologists allow the establishment of a worldwide community that shares knowledge and values and starts to build the foundations of long-lasting relationships.

The quality of cancer education has considerably improved in the last 15 years, but the complexity of care has also increased. We need special efforts to coordinate educational strategies with the scientific societies that are involved in different sectors of cancer treatment. Within Europe, high quality cancer education is offered by OECI, ESMO, ESTRO, ESSO, ESGO, EACR, just to mention a few. However, cancer patients require multidisciplinary and multiprofessionalism within the context of the specific healthcare systems in their countries. And here there is huge room for improvement.

Establishing effective synergies between caregivers and patients is another important challenge for the future educator. Shared decision making and the abandonment of paternalistic medicine has changed the landscape of patient-doctors relationships. Providing citizens with balanced cancer information through electronic and paper media has become essential and teaching doctors and journalists how to communicate on cancer has become a must.

Medicine is a practical science. Students may learn to care also through direct observation and hands-on experience. Tolerance and compassion become natural virtues when practiced everyday in the clinic. An open mind and curiosity are more acute when exposure to different cultures is part of our background. For this reason, the European School of Oncology is offering talented young oncologists the possibility to spend a period of time in centers that have been selected for excellence in clinical practice and teaching.

In a nutshell, excellent cancer education remains a matter of triple A's: Ambidexterity to face the new challenges of a rapidly changing world, Attitude to shape the educational offer according to specific needs and Appeal to create values beyond the traditional training formats."

Since 1994, **Fedro Peccatori** MD PhD has been working at the European Institute of Oncology Milan, Italy in the Division of Haemato-Oncology, Medical Oncology and Gynecology. In 2011, he was appointed Director of the Fertility and Procreation Unit. Dr. Peccatori's main research interests are fertility preservation and counseling in young oncological patients, pharmacological protection of ovarian function during chemotherapy, clinical and molecular characterization of pregnancy-associated cancers, and research protocols for the treatment of breast and gynecological malignancies. Since September 2015 he acts as Deputy Scientific Director at the European School of Oncology, in effective synergy with Dr. Alberto Costa, Scientific Director and Chief Executive Officer.



EACR-OECI Conference on Precision Medicine for Cancer



Neumunster Abbey, Luxembourg, 1-4 March 2015

The EACR-OECI Conference on Precision Medicine for Cancer was held in Neumunster Abbey, Luxembourg, 1-4 March 2015. It was the first conference organised by EACR and OECI focussing on novel topics in precision medicine; the Scientific Organising Committee consisted of Richard Marais (UK), Simone Niclou (Luxembourg) and Daniel Peeper (the Netherlands). As precision medicine begins to be implemented in the clinic, the aim of the meeting was to further educate both researchers and clinicians and learn more from novel approaches in the field. In this sense the interaction between two organisations: research oriented EACR and clinic oriented OECI was of great value for the meeting, and collaborations of this kind will become increasingly crucial in the future. Also important to the success of the conference was the sponsorship received from the Fonds National de la Recherche Luxembourg (FNR), an organisation dedicated to high-quality research in Luxembourg.

One key aim of the conference was to allow strong interactions between all participants, including between participants and speakers, in a collaborative and collegial atmosphere. The intimate size of the meeting, with 120 participants, contributed to this atmosphere. A new feature was introduced, informal 'Round Table Discussion' sessions, where one or two speakers gathered participants round a table for an informal discussion about science, careers and anything else they wanted to discuss. These sessions were highly praised by participants in the feedback survey following the conference.

The feedback included: "the round table was a nice initiative to support interaction between senior scientists with budding PhD students"; "the round tables each day were very good to discuss with speakers"; "the interactive session was highly intriguing and useful."

As a result of the fruitful partnership between EACR and OECI, along with FNR, in organising the meeting, we were able to award 'Participation Grants' to support the full participation in the conference (including registration, travel and accommodation) of 31 early-career researchers from 19 countries who would not otherwise have been able to attend.

The feedback survey after the conference showed a 100% satisfaction rating, with 94% rating it 'Excellent' or 'Very good', and 99% of participants responded that they would recommend it to colleagues. Participants were also pleased with the intimate size of the meeting, the 'balanced programme' and the exciting topics covered by high quality speakers. Plans are already in place for EACR and OECI to co-organise a second edition of the conference in 2017.

Robert Kenney, EACR General Director and Claudio Lombardo, OECI Director



The OECI accreditation/designation program: the Genoa experience



The quality of care provided by Cancer Centers is still a key question for the whole EU. Indeed, if we aim at a uniform European health system with the same level of medical assistance throughout the different EU countries, a Third Party specialist team should be in charge of evaluating the performances of the different Institutions.

Up to 2012, in Italy, 11 Cancer Centers were officially certified by the Ministry of Health. At that time, debates on how to compare the quality/efficiency of the Italian centers to the European Cancer Centers/Institutes was held and the OECI has been recognized as the major Organization capable of providing an independent and qualified assessment.

With this in mind, the Italian Ministry of Health with its "Istituto Superiore di Sanità" launched a program aimed to submit all of the Italian recognized Cancer Centers to the OECI Accreditation/Designation Programme (A&D).

The participation to the OECI A&D represents a very challenging task for any European Cancer Center. For our Institution, this task was possibly even more challenging, given the fact that the San Martino-IST was created just two years before the initiative of the Italian Ministry of Health took place, by the decision to merge the San Martino-University Hospital with the Istituto Nazionale per la Ricerca sul Cancro (IST), both located in the same hospital area. It is perhaps intriguing to note that the OECI certification manual states that the merging may affect the certification acquisition or even prevent it.

This article is not meant to describe our experience in detail, but to underline some specific aspects that can be helpful for those Institutes and, in general, for those European Cancer Centres preparing for the OECI certification process.

As soon as we received the notice from the Istituto Superiore di Sanità confirming the Italian participation to the OECI A&D, our key question was: where do we start from? In other words, it was clear that we needed to select a core subject around which all of the subsequent steps could be built.

The OECI approach is clearly "patient-oriented" as the reviewers' team must ascertain that any cancer patient undergoes a set of pre-defined and uniform procedures for diagnosis and treatment (PDTAs) for each cancer type, including supportive/palliative care. Although these PDTAs were already pre-existing in both Institutions before the merging, they were not uniform and needed harmonization. In addition, the staff involved in these PDTAs came from different experiences and organizational approaches.

The PDTAs methodology and functioning depends mostly by the organization of multidisciplinary teams of specialists (disease management teams or DMT) in charge of the different cancer types. Therefore, it became soon clear that we had to re-create the appropriate DMTs, if we wanted to achieve the results set.

Consequently, the DMTs were made ex novo, including physicians from the two pre-existing Institutions with different specialties and subspecialties.

This strategy facilitated the cohesion of the staff and helped resolve the issue of PDTAs homogeneity, the agreement on guidelines to be followed for each cancer type, the selection of cases to be presented for general discussion and the establishment of a friendly and cooperative environment.

Moreover, the DMTs themselves have gradually become responsible for the organization/selection of clinical trials, an event which is currently bringing many simplification elements including considerations on the number of patients for recruitment, as well as the potential working forces available.

Finally, the DMTs were organized to include a number of laboratory investigators to foster cooperation and promote translational research that could profit from the large number of patients' samples.

Another topic which became noticeable during the preparation of the A&D procedures, and particularly during the OECI site-visit, is the Italian approach towards the management of the patient, which is

mostly on charge of doctors. In other countries, particularly those in Northern Europe, the nurses have major roles assigned for the managing of the patients, under supervision of MDs. This distinction, which at first sight may appear subtle and perhaps more semantic than tangible, highlights different approaches which may in turn dictate different organization procedures. We do not have definite data to make statements, nevertheless this Italian approach seems to be shared by other countries of Southern Europe, and should be taken into account by the OECI reviewers.

The concept of standardization of procedures and care comes primarily from the United States experience, where indeed a certain uniformity of approaches has been in place for a long time. There, the differences in diagnosis/treatment may also be dictated by economic considerations and by Insurance Companies guidelines. In Europe, the wide differences in dissimilar medical traditions and “schools” have brought about variations also concerning the general organization and the broad “cultural” approach to medicine.

Because of this heterogeneous background and of the existing cultural, political and economic differences among EU countries, it will be more difficult to guarantee to all our patients the desired uniformity of care and to reduce inequalities. In this respect, we believe that initiatives such as the OECI A&D, must be welcomed and sustained.

Finally, we recognize the OECI A&D as a unique and enriching experience and we would like to thank all the colleagues and the reviewers that participated in this stimulating experience.

Manlio Ferrarini, Paolo Pronzato and Giovanni Orengo
IRCCS AOU San Martino - IST



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Cancer information without borders: ecancer and the new era of open media

You've seen us interviewing experts at the largest conferences; you've peer-reviewed for our journal. Maybe you've taken one of our educational courses. ecancer, the leading oncology channel, is dedicated to improving cancer communication and education through a variety of multimedia platforms. Still, people remain surprised by the breadth of our activities.

"What exactly is ecancer?" is a frequently asked question – which deserves an in-depth answer.

Our journal, *ecancermedicalsecience*, is the official journal of the OECI and the European Institute of Oncology, Milan. We've set new trends in open-access publishing, with other organisations adopting our unique "pay-what-you-can-afford" model. Our journal's Special Issues, curated by expert guest editors, collect and disseminate collections of papers on key areas of emerging cancer research. We're nimble and highly visible, and our authors reap the rewards - our articles are read over 30,000 times a month, and they have been highlighted in *The Huffington Post*, *The New York Daily News*, *Il Corriere Della Sera*, and more.

With over 10 million views, the unique video content produced by *ecancer.tv* stands head and shoulders above the rest, comprising the largest collection of oncology videos in the world. First, best and fastest, we are the powerhouse of oncology filming. From expert-to-expert panels to personal interviews with doctors, our videos make the frontiers of cancer research accessible to the world.

Our educational modules have a profound impact on practice. We've worked with other leading organisations such as UICC, SIOG and the University of Bristol to deliver educational cancer content through innovative platforms.

Our complete course on palliative care for healthcare professionals in Africa boasts over 300 module completions. "I hope to use this information during my training sessions on palliative care, since I am now better equipped to teach," reflected one individual.

We've re-produced this course in India, and intend to make similar content available in other languages, ensuring that healthcare professionals in low- and middle-income countries have access to the latest high-quality, grassroots, evidence-based medical education.

And what do we do with this content? We make it available to all - for free.

As a disease, cancer knows no borders. We believe that our greatest tools for fighting cancer – information, education, community – should be equally accessible. Freely accessible. Globally accessible.

The new frontiers of cancer information are rapidly changing. Cancer information can no longer be contained by paywalls, or restricted by accidents of geography. We strongly believe that this is the new format of cancer information: fast, free, mindful of the latest trends. From generating viral content to leveraging social media, we've proven that online resources are the best way to gather and serve the latest generation of the cancer community.

And community – again - is the underpinning. We could not have accomplished so much without our partnerships and collaborations with organisations such as the OECI. That's why we've added events to our portfolio - from our recent breast cancer symposium in Peru to the angiogenesis conference we hosted in Milan, we connect the oncology community in pursuit of a greater cause. As a not-for-profit organisation, we make sure that all the funding we receive is re-invested in the community we serve.

What exactly is ecancer? It's a long answer - and a short one. But in terms of the frontiers of cancer communication, we believe that we are the future.



Gordon Mc Vie
ecancermedicalsecience

22nd – 24th 2015 June

Welcome to Porto for the 37th OEI General Assembly

Welcome in Porto for the 37th OEI General Assembly



The primary mission of the European Cancer Institutions is to provide the highest standards in healthcare to patients, on a timely and equitable basis.

We are increasingly questioned on the outputs and outcomes, as well as on the value we are able to add to the community we serve. Within this framework, the OEI aims to promote continuous professional development and excellence in the whole chain of cancer care, concentrating its efforts on the internal organisation of cancer centres, and committing itself to an integrated, multidisciplinary approach, constantly adapting to the complex and rapidly changing environment.

The multi-disciplinarity and multi-professionality required in the practice of oncology, can be met around organizations more than by individuals or professional classes.

The OEI remains a forum of excellence in which debating a cross-section of issues concerning the organization of care in oncology and the results obtained. The OEI working Groups, focused on innovation, research, value and quality standards for all, represent an effective approach to promote healthcare equity for European citizens.

Members of the OEI Network are professionals acting in the “care-chain”, from diagnosis to rehabilitation. The total OEI network counts more than 100.000 professionals. The network is composed of doctors, basic and translational scientists and nurses, who are working daily to improve quality in cancer treatments, and promoting innovation in the molecular approach to cancer diagnosis and treatment. In a nutshell, they represent the core of a Comprehensive or Clinical Cancer Centre.

The long-term commitment of Portugal to the OEI is proof of trust in the Organisation’s mandate and, moreover, represents, thereby the willingness to compare the standards and operability of the Country with other OEI members. Thereby keeping a constant momentum to improve and innovate in cancer care.

Being the first Institute that participated in the evaluation process of the OEI’s Accreditation and Designation Programme, the Portugues Cancer Centres of the Francisco Gentil Network gained extensive expertise and are aware of staff expectations and involvement in search of higher standards performances.

Moreover, Portugal is the first country in which all its Cancer Institutes are included in a European Accreditation Programme, within the OEI, benchmarking the evaluation standards and parameters of its Cancer Centres with the European Countries’ criteria.

The Institute of Oncology in Porto is looking forward to welcoming its European colleagues to the south western border of Europe, where we will strive to provide a most pleasant stay.

We hope that the results gained by our sharing of experiences and wishes will add value to the European cancer community. We also believe that the cohesion amongst the European Regions and Countries will be reinforced with regard to cancer research, innovation and care, moving ahead towards patient centeredness and equity.

The OEI and the Portugues Institute of Oncology in Porto are working together so that all European citizens can receive the best treatments, without inequalities.

Welcome to Porto



José Laranja Pontes
IPO Porto CEO
OEI 2015 Local Scientific
Committee President

The OECD membership May 2015

Austria

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

Belgium

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

Czech Republic

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

Denmark

- Kræftens Bekæmpelse Center for Kræftforskning, Copenhagen

Estonia

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

Finland

- ★ HYKS Syöpäkeskus Helsinki University, Helsinki

France

- ★ Gustave Roussy, Villejuif
- Centre de Lutte Contre le Cancer Paul Strauss, Strasbourg
- Institut Curie, Paris
- Centre Henri Becquerel, Rouen
- Centre Leon Berard, Lyon
- Centre Alexis Vautrin, Nancy

Germany

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

Hungary

- ★ Országos Onkológiai Intézet, Budapest
- National Koranyi Institute of TB and Pulmonology, Budapest

Italy

- ★ Centro di Riferimento Oncologico, Istituto Nazionale Tumori, Aviano
- ★ Istituto Europeo di Oncologia, Milan
- ★ Azienda Ospedaliera Arcispedale S. Maria Nuova IRCCS, Reggio Emilia
- ★ Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Milan
- ★ Istituto Tumori Giovanni Paolo II, Istituto di Ricovero e Cura a Carattere Scientifico, Bari
- ★ IRCCS Azienda Ospedaliera Universitaria San Martino - IST - Istituto Nazionale per la Ricerca sul Cancro, Genova
- ★ Istituto Oncologico Veneto IRCCS-IOV, Padova

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

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

- ★ Istituto Nazionale Tumori Regina Elena, Roma

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

- European School of Oncology (ESO), Milan

- IFOM - FIRC Institute of Molecular Oncology, Milan

- Ospedale San Raffaele (OSR), Milan

- Ente Ospedaliero Ospedali Galliera, Genova

- IRCCS - Istituto di Ricerche Farmacologiche Mario Negri, Milan

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

Lithuania

- ★ National Cancer Institute, Vilnius

Norway

- ★ Oslo Universitetssykehus (OUS), Norway

Poland

- Wielkopolskie Centrum Onkologii, Poznan

Portugal

- ★ Instituto Português de Oncologia de Coimbra FG, EPE, Coimbra

- ★ Instituto Português de Oncologia de Lisboa FG, EPE, Lisbon

- ★ Instituto Português de Oncologia o Porto FG, EPE, Porto

Romania

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

- SC RTC Radiology Therapeutic Center – Amethyst Radiotherapy, Otopeni

Russia

- Tatarstan Cancer Center “TCC”, Kazan

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

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

Serbia

- Institute of Oncology (IOV) Sremska Kamenica Novi Sad, Sremska Kamenica

Slovakia

- Ústav experimentálnej onkológie SAV, Bratislava

Slovenia

- Onkološki inštitut Ljubljana, Ljubiana

Spain

- ★ Fundación Instituto Valenciano de Oncología IVO Foundation, Valencia

- Institut Català d'Oncologia, Barcelona

- Instituto Madrileño de Oncología (Grupo IMO), Madrid

Sweden

- Karolinska Institutet, Stockholm

The Nederland

- ★ **Netherlands Cancer Institute**, Amsterdam
- **Maastricht University Medical Centre**, Maastricht
- **Radboudumc Centrum voor Oncologie**, Nijmegen
- **IKNL Integraal Kankercentrum Nederland**, Utrecht
- **Erasmus MC Daniel den Hoed Cancer Centre**, Rotterdam

Turkey

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

Ukraine

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

United Kingdom

- ★ **Cambridge Cancer Centre**, Cambridge
- ★ **The Christie NHS Foundation Trust**, Manchester

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

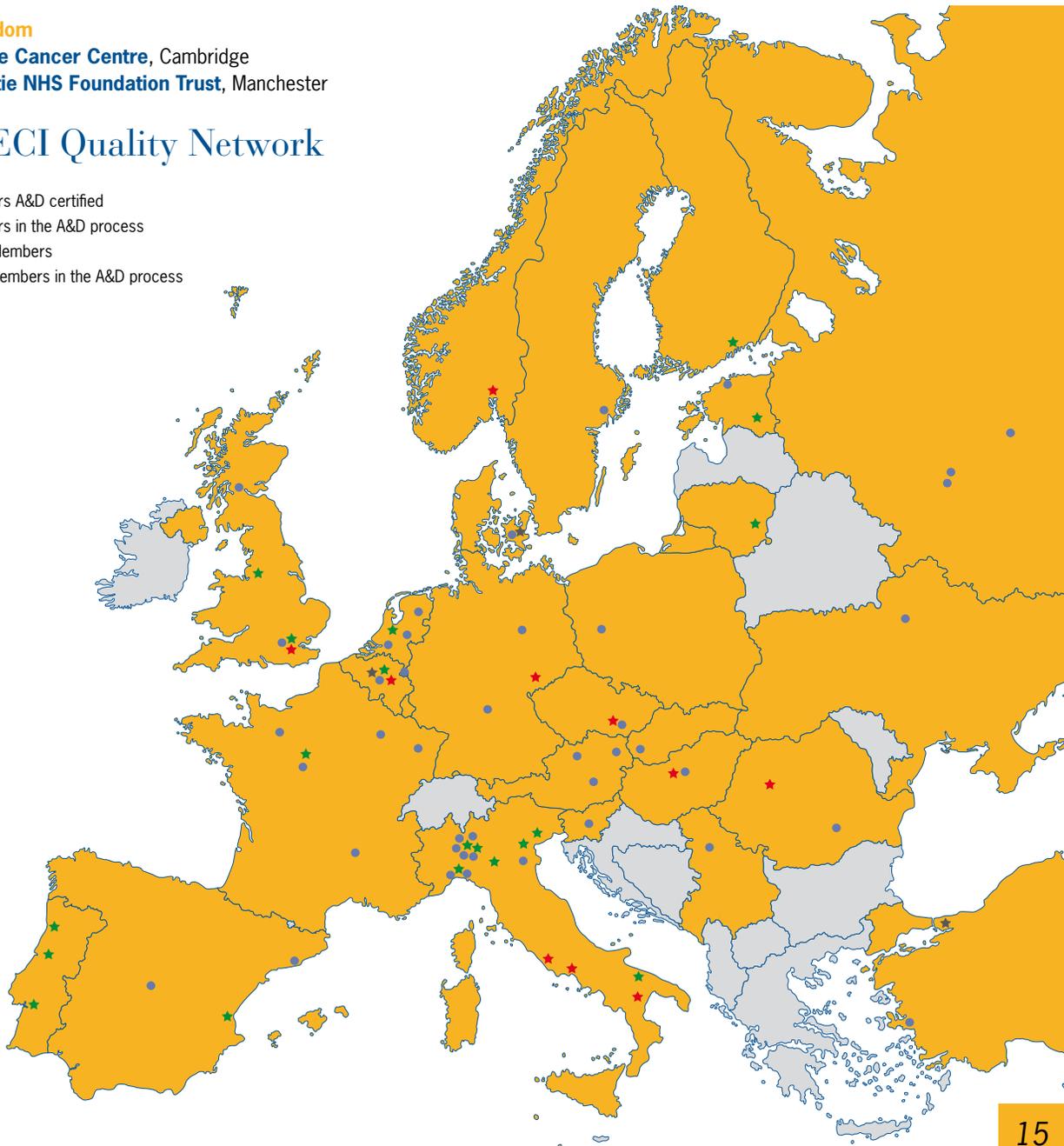
- **Cancer Research UK Glasgow Centre**, Glasgow
- **Imperial College Healthcare NHS Trust**, London

Non-OECI Members in the A&D process

- ★ **AZGroeninge Kortrijk**, Belgium
- ★ **Vejle Cancer Hospital**, Denmark
- ★ **Anadolu Medical Centre**, Kocaeli, Turkey

The OECI Quality Network

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





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