

There is comprehensive evidence that significant European variability exists in both delivery of services and outcomes of care. Cancer outcomes could be improved if the broader range of activities and services for cancer were performed at the higher levels seen in the better performing health systems. Key elements for better cancer care consist of the following: rapid access to diagnosis, multidisciplinary care, coordination of cancer care throughout the process from diagnosis to therapy, including palliative care, provision of psychosocial care services, consideration of patient preferences in the clinical decision-making process and use of evidence-based therapeutic guidelines. This includes concentration of diagnostic and therapeutic procedures of low frequency or high complexity in services with adequate caseload and audited results, and evaluation of outcomes. There are examples of good practices aimed at improving cancer care aligned with these elements across European health services, at national, regional and local level, which should be identified, and experiences exchanged in the framework of this Action.

The work package will have a particular focus on new organizational perspectives in cancer care, specifically networks of cancer care at regional level and for low frequency tumours. Evidence also suggests that evidence-based guidelines in cancer are often not put into practice, hampering improvement in cancer care and patient outcomes. This work package will therefore also focus on issues of implementation for managers and clinicians, and a key focus will be team working across these disciplines. Psychosocial support for patients has also been shown as a clear contribution to quality of cancer care. This WP will therefore implement a training strategy to improve psychosocial and communication skills among health care providers.

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### **Putting Evidence Into Practice: Implementation Workshop 3-4 October 2013, Brussels**

Following the success of the first PEP workshop in 2012 September, the second Putting Evidence into Practice (PEP) workshop was focusing on implementation of the newly adopted and Europeanized guidelines particularly in the Central and Eastern European context.

To see the Workshop Report please click [here](#).

For the final programme and list of participants please click [here](#).

### **Review of the literature on multidisciplinary cancer care**

Clinical decisions on cancer patients can no longer be made in isolated positions by clinicians or services and, furthermore, it seems necessary to ensure integrated frameworks for decision making and care provision as a whole. This raises the question of how good multidisciplinary collaboration is to be achieved in day-to-day clinical practice. WP7 Objective 1.1 focused multidisciplinary care as one of the approaches with the greatest ability to evolve cancer care toward integrated forms. In the framework of this objective, a systematic review of the literature regarding the effectiveness of multidisciplinary teams (MDTs) was carried out. Likewise, twenty-six core issues were drawn from the review and were later used to guide a discussion at European level to define the core elements that all tumour-based MDTs should include.

See the background document: [Multidisciplinary care: Systematic review and key issues for discussion](#)

### **Putting Evidence to Practice Workshop, Brussels, 21-22 September. Workshop Report Available.**

Oncology Nurses and Nurse Managers participated in a two day workshop on Implementation of Clinical Guidelines in Symptom Management.

Following the adaptation of Putting Evidence to Practice (PEP) guidelines developed by ONS (USA) to European practice in five symptoms by European Oncology Nursing Experts, the Brussels workshop focused on implementation.

To see the Report please click [here](#).