WP7 annual report
Steering Committee EPAAC

Josep M Borras
WP leader Health care
Berlin, 19-20, March 2012

Psychosocial objectives (3.1 and 3.2)

- NCOD withdrew from the role as associated partner.
- Preliminary contacts with other potential partners were not successful.
- After discussions with EPAAC coordination team and leader of the objectives,
- ICO accepted to take over as Associated partner for these objectives.
- Both objectives have been reduced in scope (1 pilot workshop instead of 3; mapping of needs more focused)

Proposal from European Women's Health Institute

- EWHI was invited to present on '*Older people and cancer'* at the MAC meeting in the European Parliament
- General lack of information about older people and cancer in European websites. They are interested for 2 specific reasons:
- Given that cancer is a disease of the aging, are there any thoughts by WP7 to develop standards of care for older patients.
  - Women outlive men on average by 6 years, these additional years are often spent in ill health with chronic diseases and cancer
  - Women are still mostly the informal carers in the family setting
- Potential objective for careful consideration in new calls of Joint actions

Activities with involvement of WP7

- Call for 2012 proposal by the Commission, with the topic: *Benchmark comprehensive cancer care that provides interdisciplinary treatment for patients and yield examples of best practice in comprehensive cancer care*
- Consideration of the feasibility of a proposal, aimed at exchange of information between selected countries through national cancer plans regarding standards, recommendations and accreditation in EU countries , key scientific societies and patient group.
- Several colleagues of different countries showed interest in joining the proposal but we had almost no time.
- Another, more elaborated project by OECI was applying.
- Conference call in order to join efforts. In practice, finally only one proposal by OECI.

Activities with involvement of WP7

- **Cross border health care directive.**

- Proposed in the last EPAAC board in order to see possible synergies . Focus on European Reference Networks.
- Invitation to a Brainstorming meeting Brussels (DG SANCO Unit D2; 30/1/2012) and Country representatives Experts Meeting (15/3/2012)
- Presentation: The case of cancer
- Interest by the DG SANCO to include cancer (rare cancers) as a target for these European Reference networks
- Calendar: 2012 and 2013

- **PRESENTATION IN MEETING ATTACHED FOR INFORMATION**

Key criteria to be considered when prioritizing conditions which require highly specialized health care providers/units acting as Centers of Reference at EU level:

The case of Cancer

Josep M Borras

WP Leader Health Care, European Partnership Against Cancer

Brussels, 15 March, 2012

Criteria for selecting diseases and conditions

- Very low incidence of the disease
  - Rare tumors project
- High cost technology with few clinical indications, and high potential for clinical research.
  - Proton therapy
- Complexity of specific procedures with a low number of cases
  - Intraoperative radiotherapy for specific conditions
- Reasonable chances of curability of the cancer

Rare cancers

- Definition based on incidence (<6/100,00/year)
- Worse survival than average (47% vs 65%)
- Using the above definition: 22% of all cancers are included
- About 140 cancer diagnostics account for 3% of all new cancer cases with an incidence of 0.5/100,000 or lower.

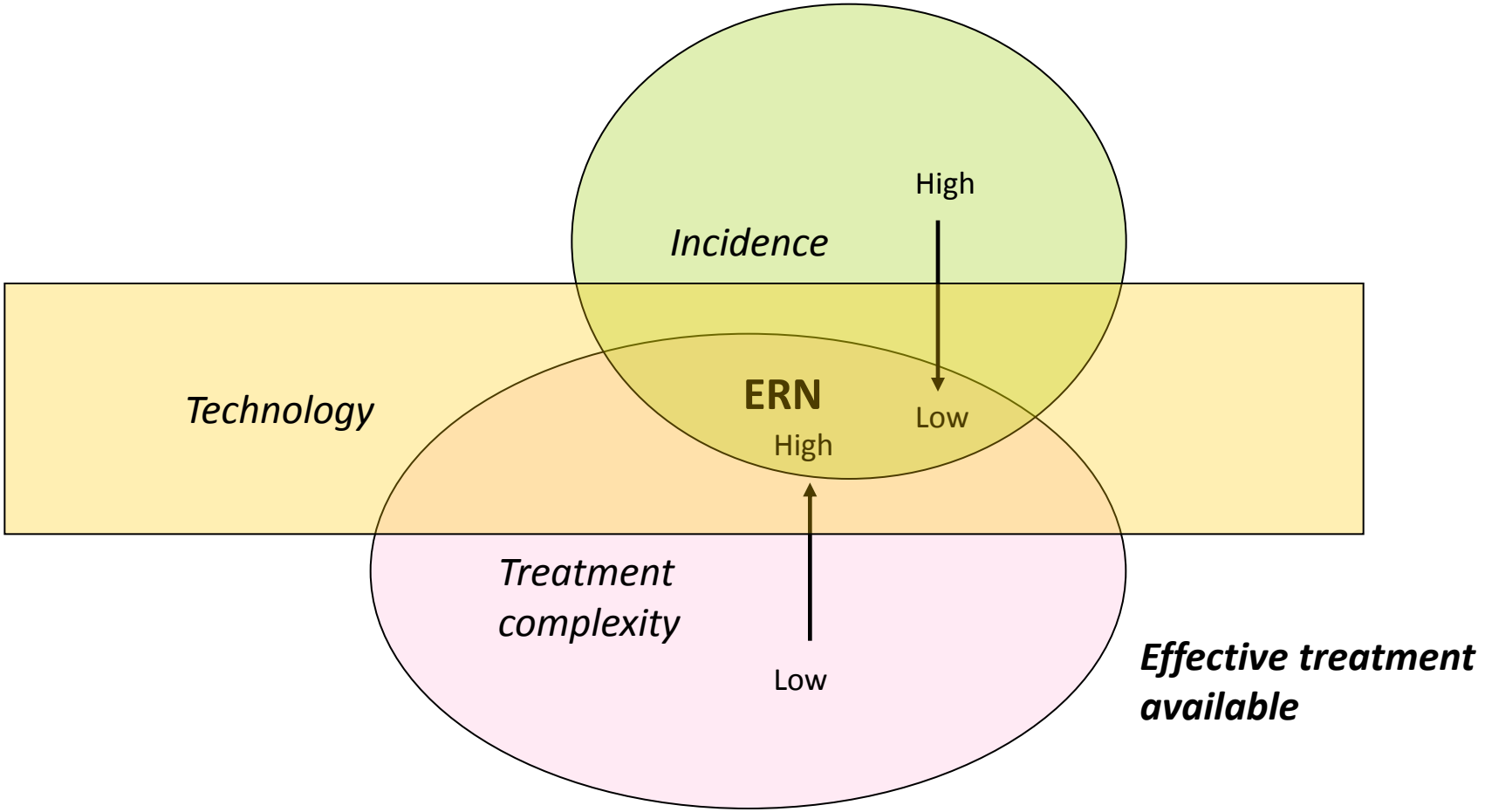
- EPAAC WP7. Assessment of feasibility to harmonize clinical guidelines in rare cancer. Case study: sarcomas

Gatta et al, EJC 2011; 47:2493-511.

High cost technology with few equipments available

- Best example: Proton therapy
- Available in few centres in EU
- Clinical indications with accepted evidence very limited: ocular melanoma, chordomas and chondrosarcomas of the skull base, some paediatric tumours.
- However, indications in more frequent tumours (lung, prostate) under research if equipments available.

Criteria for selecting diseases and conditions for European Reference Network should combine…



Clinical practice and/or resources needed could change,
Diseases or procedures could be modified along the years

Criteria for being designated as reference centre

- Previous clinical experience with the condition that could be documented and (still better) evaluated
- Information system or hospital based registry that allow for the identification and tracking of the cases.
- A minimum number of cases (‘n’)
- Compliance with accreditation requirements, including (but not limited to):
  - Multidisciplinary tumor board with all needed specialists with enough expertise (‘n’) and quality of the outcomes assessed
  - Resources defined (usually with 7 days x 24 hours)
  - Protocols defining questions like follow up, emergencies, etc.
  - Compliance with EU clinical guidelines evaluated by external clinical audit

Who should define these criteria?: Scientific societies, cancer plans, panel of experts including hospital and health care representatives ….

Criteria for EU networks

- Model of relationship within the network:
  - Formally established relationship between institutions
  - Clear definition of the phases of the therapy that could be carried out at the reference center and which at the referring
  - Clinical guidelines and clinical pathway defined
  - Multidisciplinary tumor board with possible joint discussions of the clinical cases
  - Shared information system
  - Research agreements
- All members of the ERN should have something to benefit from the agreement
- Evaluation of the network. Problem of defining who should assume the credit for the observed clinical outcomes

Summarizing…..

- Criteria applied in order to select disease and/or procedures would require a combination of incidence, technological availability and complexity of the procedure (diagnostic and/or therapeutic).
- Networks for a disease/condition or procedure should have a clinical pathway among nodes defined beforehand.
- Diagnosis: easy to move expertise.
- Treatment: move the patient, only when diagnosis and therapeutic strategy previously agreed.
- Evaluation of the whole process.
- Research for clinical evaluation of new therapeutic options or indications.