

European Roundtable Meeting

16th May 2014
Berlin, Germany

'Improving cancer care in Europe - Sharing best practice and learning which institutional structures are beneficial and why'

DKG
KREBSGESELLSCHAFT



By joining their efforts and by putting the focus on organisational structures, the German Cancer Society was able to improve the quality of cancer care in Germany over the last seven years. This has been achieved by the development of treatment guidelines, by building and extending networks of clinical cancer registries, by certifying cancer centres and by the evaluation of treatment results.

The demand of quality in cancer treatment needs to be embedded into health care systems in a direct and continuous manner. The approaches across Europe may vary, but many countries have had success in making a direct positive impact on the quality of cancer care over the past decades.

Whereas in some countries the framework is provided by guidelines or even laws (e.g. German laws for Cancer Prevention and Cancer Registries), in others it is built upon the basis of a National Cancer Plan.

This raises the question which common recommendations could be drawn together and shared with those countries that are starting to address this issue for the first time.

Which experiences along the way of improvement of quality in patient care are worthy to be analysed and passed on to other countries aiming to the same goals?

European countries have a continual need to adjust their national health structures and services to the dynamic demands of health maintenance.

Which organisational structures should be given, which instruments of implementation have proven to be most helpful and which criteria are most important in facilitating the rapid transfer of the results from clinical research into the daily clinical routine in European settings.

The first European Round Table Meeting (ERTM) took place in Berlin, Germany on 16 May 2014, and was co-hosted by the German Cancer Society (DKG) and the Union for International Cancer Control (UICC), inviting participants to exchange ideas around these important topics.

This meeting was designed to discuss the decisive requirements to create the optimal quality of cancer care in a given healthcare system.

After three presentations showcasing different Cancer Care Systems in Germany, Iceland, and The Netherlands, participants were invited to join one of the three working groups and have a think about the below questions to foster the exchange of ideas and good practice in diverse health care systems:

1. Which structures are necessary on a national level to be able to define and develop a strategic approach to quality in cancer care?
2. Which criteria are necessary/important to implement the defined strategy for cancer care?
3. What is required to measure the quality of cancer care in our system?



KEY MESSAGES

The results of this brainstorming session were then presented to all meeting participants. The ultimate goal was to identify potential levels for change/support of policy at EU level. Here are some key takeaways from the discussion, defining the main drivers of quality in cancer care and their relative importance:

The necessary structures on a national level to be able to define and develop a strategic approach to quality in cancer care

- National Cancer Plans as a helpful tool, future perspective (economic, social, medical, prevalence), scenario development, opportunity of adjustment to regional aspects, involvement of main actors: caregivers, healthcare professionals, patients, politics, health insurances, medical associations/national institutions, openness for innovation, population based cancer registry/clinical cancer registries and its specific network (as sampling frame), change adaptability of structure.
- Links to guidelines, certification, all care giver groups and patients
- Mechanism to bring this together in a horizontal manner (tumour board like) with organisational leadership (rules).
- Bottom-up approach and top-down acceptance/Linkage to regionally organised networks/Potential for a EU structure (bottom-up model), organisational basis and not run by individuals
- Patient reported outcomes, treatment/screening/prevention in focus

The necessary/important criteria to implement the defined strategy for cancer care

- Multidisciplinary care systems/primary care systems, providing well-defined patient pathways, covering the patient from first diagnosis along to palliative treatment and/or rehabilitation
- Defined implementation plan leader
- Need of specialists from different fields (multidisciplinary)
- Patient input and clarity into process
- Attention for elderly patients
- Registry and its specific network (as sampling frame)
- Patient cancer path/comorbidity
- Building of trust, opinion leader support – relevant evidence-based, transparency of criteria, enabling mindset, reliability
- Bottom-up decision-making, optimal symptom management
- Communication, network, efficient system, collaboration, no double-structures, cost of system versus cost of lack of patient resocialisation (cost-benefit analysis), public/patient involvement, interdisciplinary decision-making

The necessary tools to measure quality cancer care in the national systems

- Evidence-based criteria
- Registries
- Clear defined, evidence-based quality indicators with peer-review certification process with the caregivers
- Longitudinal approach with some format of quality review and to embed new knowledge into current practice
- Mortality rate/survival, quality of life/patient preference, patient satisfaction outcome-measures, time to development guidelines to treatment implementations, adherence to guidelines
- Time for guidelines development to treatment implementation, adherence to guidelines



“Cancer is a complex illness, which needs a complex network to provide best cancer care. Hence it is important that European countries are able to benefit from each other’s experience and knowledge.”

Dr Ulrike Helbig,
General Manager of the Section A,
International Coordination, German Cancer Society

“Cancer registries are horizontal translational self cleaning flying islands amidst vertical pillars of clinical experience and basic oncologic knowledge: most in need when they aren’t there and cancer patients are in danger unless proven otherwise less.”

Professor Jan-Willem Coebergh,
Department of Public Health,
Erasmus MC Rotterdam

“No matter of the structural approach chosen, optimal cancer care can only be achieved by multidisciplinary teams that follow defined pathways to cover the patient all along from the first diagnosis to aftercare.”

Professor Olaf Ortmann,
Speaker of the Section B,
German Cancer Society



“This DKGIUICC Roundtable was a good starting point to enhance European collaboration in the field of cancer care.”

Cora Honing,
Head of Cancer Care and International Relations Officer,
Dutch Cancer Society

“A national cancer plan is very useful to provide strategic guidance to cancer care. In Germany, it served as a starting point to make the system think about cancer care as a whole, by involving all relevant professional healthcare providers as well as patient organisations.”

Dr Johannes Bruns,
Secretary-General,
German Cancer Society



NEXT STEPS

- A Policy Paper will be drafted by the European Network and disseminated in the coming weeks through the European Journal of Cancer (EJC).
- The Paper will be taken as part of the invitation for the next ERTM to explain the work that was done and the topics that were discussed during the first Roundtable so that other countries can see the added value of adding their own comments.
- The discussion will be expanded to a wider network: new organisations will be contacted to give their input and add some key discussion focus points.
- New communication channels will be used by the European Network to communicate on the next steps such as the Stakeholders forum (check on Google) and the Member State Platform.
- There is a need to advocate and lift for a bottom-up approach.
- The group will set up a second meeting in 2015 to prepare the official launch of the European Network at the UICC World Cancer Congress in Paris in 2016. This meeting will have a more action-oriented approach with specific projects to be implemented and will potentially focus on best practice.
- Some group representatives could possibly for the Policy Paper in Melbourne during the 2014 World Cancer Congress.

LIST OF PARTICIPANTS

GROUP 1

- **Dr Freke Kloosterboer**, Head of Cancer Care, Dutch Cancer Society, The Netherlands (Referee)
- **Professor Tit Albreht**, Head of the Center for Health Care, National Institute of Public Health, Slovenia
- **Dr Markus Follmann**, Head of the Division of Guidelines/ EbM, German Cancer Society; German Guideline Program in Oncology (GGPO), Germany
- **Dr Katrin Mugele**, Organisational Communication Specialist, German Cancer Society, Germany
- **Professor Olaf Ortmann**, Speaker of the Section B, German Cancer Society, Germany (Moderator)

GROUP 2

- **Dr Johannes Bruns**, Secretary-General, German Cancer Society, Germany (Referee)
- **Professor Jan-Willem Coebergh**, Department of Public Health, Erasmus MC Rotterdam, The Netherlands
- **Isabelle Ladiges**, Policy Officer, European Commission, Directorate-General for Health and Consumers Unit C1 - Programme Management and Diseases, Luxemburg
- **Dr Simone Wesselmann**, Head of the Division of Certification, German Cancer Society, Germany
- **Caroline Perréard**, Communications and Marketing Specialist, Union for International Cancer Control (UICC), Switzerland
- **Dr Julie Torode**, Deputy CEO, Director Advocacy & Programmes, Union for International Cancer Control (UICC), Switzerland (Moderator)

GROUP 3

- **Rangheidur Haraldsdottir**, Director, Icelandic Cancer Society, Iceland (Referee)
- **Eefje Verhoof**, Head of the Department of Guidelines, IKNL, Comprehensive Cancer Centre, The Netherlands
- **Cora Honing**, International Relations Officer, Dutch Cancer Society, The Netherlands
- **Donata Lerda**, Scientific/Technical Project Officer, European Commission Joint Research Center, Institute for Health and Consumer Protection, Italy
- **Professor Christian Jackisch**, Speaker of the Section A, German Cancer Society, Germany
- **Dr Ulrike Helbig**, General Manager of the Section A, International Coordination, German Cancer Society, Germany (Moderator)

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"Cancer prevention and screening is an important part of any strategic approach to improve public health. In Iceland, we just celebrated 50 years of mammary cancer screening and I'm proud to say that we are among the countries with the best life expectation of women with breast cancer."

Rangheidur Haraldsdottir,
Director,
Icelandic Cancer Society

SAVE THE DATE



World Cancer Leaders' Summit 2014

3rd December | Melbourne, Australia



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