

CanCon Joint Action Meeting
WP6 - Integrated Cancer Control
Ljubljana, July 2016



CanCon
Cancer Control Joint Action



WP6

Title of the Chapter

*“Integrated Cancer Control: the case for
Comprehensive Cancer Care Networks
(CCCN)”*

WP6 - Structure

- **INTRODUCTION & BACKGROUND**

Italy (Leader Lucio Luzzatto - Deputy Leader Fotios Loupakis)

- **WHAT IS A COMPREHENSIVE CANCER CARE NETWORK (CCCN)?**

- **METHODOLOGY** All authors

- **Issue 1. CONFRONTING THE PROBLEM OF INEQUALITY IN CANCER CARE**

Coordinator Christoph Kowalski

- **Issue 2. STRUCTURE, INFRASTRUCTURE, AND GOVERNANCE of a CCCN**

Coordinator Mary Hynes

- **Issue 3. CARE OF CANCER PATIENTS IN A CCCN**

Coordinator Simone Wesselmann

- **Issue 4. CANCER RESEARCH IN A CCCN**

Coordinator Christine Berling

- **Issue 5. DECISION MAKING PROCESS FOR CREATING A CCCN**

Coordinators Antonio Federici, Giovanni Nicoletti

- **PILOT MODEL OF A CCCN**

Coordinator Ladislav Dusek

WP6 – CCCN Definition - 1

“A CCCN consists of multiple Units belonging to different Institutions dedicated to prevention, diagnosis, treatment, follow-up, palliative care and rehabilitation for the benefit of cancer patients and cancer survivors.

Multiple Units

These Units interact and have a formal agreement to work together in a project with common governance, in order to work more effectively and efficiently through collective synergies”

Formal and Written Agreement

WP6 – CCCN Definition - 2

Within the CCCN the care of patients is the responsibility of inter-professional multidisciplinary and tumour-specific. Each team works together for the benefit of patients with that particular type of tumour.

MDTs

Within the CCCN all Units work together and adopt uniform standards of care that are binding for the entire Network.

Uniform Guidelines

WP6 – CCCN Definition - 3

The CCCN promotes a uniform system of quality assurance; and a unified information exchange of information.

Exchange of Data/Info

The objective of a CCCN is to provide comprehensive cancer care to all the geographic area thus pursuing equal outcomes and quality

Equality - Quality

WP6

For each of the 5 Issues:

we summarized the *findings*;

we clearly stated the *recommendations*;

we outlined the *discussion*

Issue 1. CONFRONTING THE PROBLEM OF INEQUALITY IN CANCER CARE

Coordinator Christoph Kowalski

RECOMMENDATION

We recommend in order to reduce travel distance to quality cancer care, one of the many cancer care inequalities, to clearly define access points and patient pathways, that access points are as close as possible to where patients reside, and that uniformly optimal care be provided as close to home as possible.

Issue 2. STRUCTURE, INFRASTRUCTURE, AND GOVERNANCE of a CCCN

Coordinator Mary Hynes

RECOMMENDATION

We recommend that a CCCN be a multi-centric complex, combining Units dealing with the management of all aspects of cancer care. These Units will be in different locations and under a single governance structure. They will undertake to collaborate consistently in a structured way, in order to pursue their common goal with greater effectiveness and efficiency.

Issue 3. CARE OF CANCER PATIENTS IN A CCCN

Coordinator Simone Wesselmann

RECOMMENDATIONS

A. We recommend that a CCCN adopts a multidisciplinary personalized approach based on Tumor Management Groups integrating specialized hospital care with care in the community, palliative care, psychosocial support, rehabilitation and survivorship care plan.

B. Quality of care within the CCCN should be measured with Quality indicators. A process for continuous quality improvement should be put in place and implemented.

C. For each type of rare cancer, we recommend identifying within a CCCN which Unit if any can provide the necessary expertise. If for a certain cancer no suitable unit can be identified, the patient should be referred to an appropriate unit outside the CCCN.

Issue 4. CANCER RESEARCH IN A CCCN

Coordinator Christine Berling

RECOMMENDATION

We recommend that CCCN takes full advantage of the proximity of patients, researchers and care providers to pursue high-value basic, translational, clinical, outcome and population research programs to wholly support the delivery of optimal patient care within the CCCN.

Issue 5. DECISION MAKING PROCESS FOR CREATING A CCCN

Coordinators Antonio Federici, Giovanni Nicoletti

RECOMMENDATION

Given the benefits that a CCCN can provide with respect to equality of access as well as quality of cancer care, it is recommended that the creation of one or more CCCNs is always considered in decision making. When in a certain area a CCC already exists, a CCCN can be built based on it. Performance indicators and evaluation models should be defined from the outset of the network.

...while we all were
thinking of it...

...somebody was
working hard to make
all this.. a reality!

