

# **CANCON Stakeholder Forum**

## **15 September 2016**

### **Rome**



**Ian Banks**



**Mark Lawler**



**Peter Selby**



**Kate Law**

**for the European Cancer Concord**

## **European Cancer Patient Rights**

**The right of every European citizen to receive the most accurate information and to be proactively involved in his/her care.**

**The right of every European citizen to optimal and timely access to appropriate specialised care, underpinned by research and innovation.**

**The right of every European citizen to receive care in health systems that ensure improved outcomes, patient rehabilitation, best quality of life and affordable health care.**

## Avoidable deaths in 2010 in EU : two scenarios

STOMACH CANCER	COLORECTAL CANCER	LUNG CANCER	BREAST CANCER	ALL CANCERS
<b>Avoidable deaths when country-specific survival is raised to the top quartile of the EU</b>				
3426	13659	5205	9620	108372
<b>Avoidable deaths when country-specific survival is raised to the median of the EU</b>				
1321	6815	2476	5926	50607

***50,000 to 100,000 AVOIDABLE DEATHS***

***THE KNOWLEDGE EXISTS TO IMPROVE OUTCOMES***

**Potential for Improvement in Cancer Management: Reducing Mortality in the European Union.** Carlo La Vecchia, Matteo Rota, Matteo Malvezzi, Eva Negri. *The Oncologist* 2015  
*European Cancer Concord, 2015*

# BEST PRACTICE

- Prevention (lifestyle, vaccination, public health, etc)
- Screening (Cervix, Breast, CRC)
- Prompt Diagnosis
- Prompt access to best care

## *Patient Centred, Specialised and Integrated Multidisciplinary Care*

- Surgery
  - Radiotherapy
  - Chemotherapy
  - Biological therapy
  - Psychosocial and survivorship care
  - Palliative care at all stages
- Access Disadvantaged Groups
  - Research and Innovation

*So are we  
achieving Best  
Practice across  
Europe?*

***CLEARLY NOT***

# Is expenditure linked to outcome?



## Three Suggested Goals

- **70% long term survival for cancer patients in 2035** and progress on cancer control, patient experience and quality of life.
- **Major mechanisms for delivery. i) sharing of best practice, ii) Research and Innovation.**
- Work with other organisations to bring into being **a long term European Centre to i) validate and disseminate good practice; ii) promote Research and Innovation.**

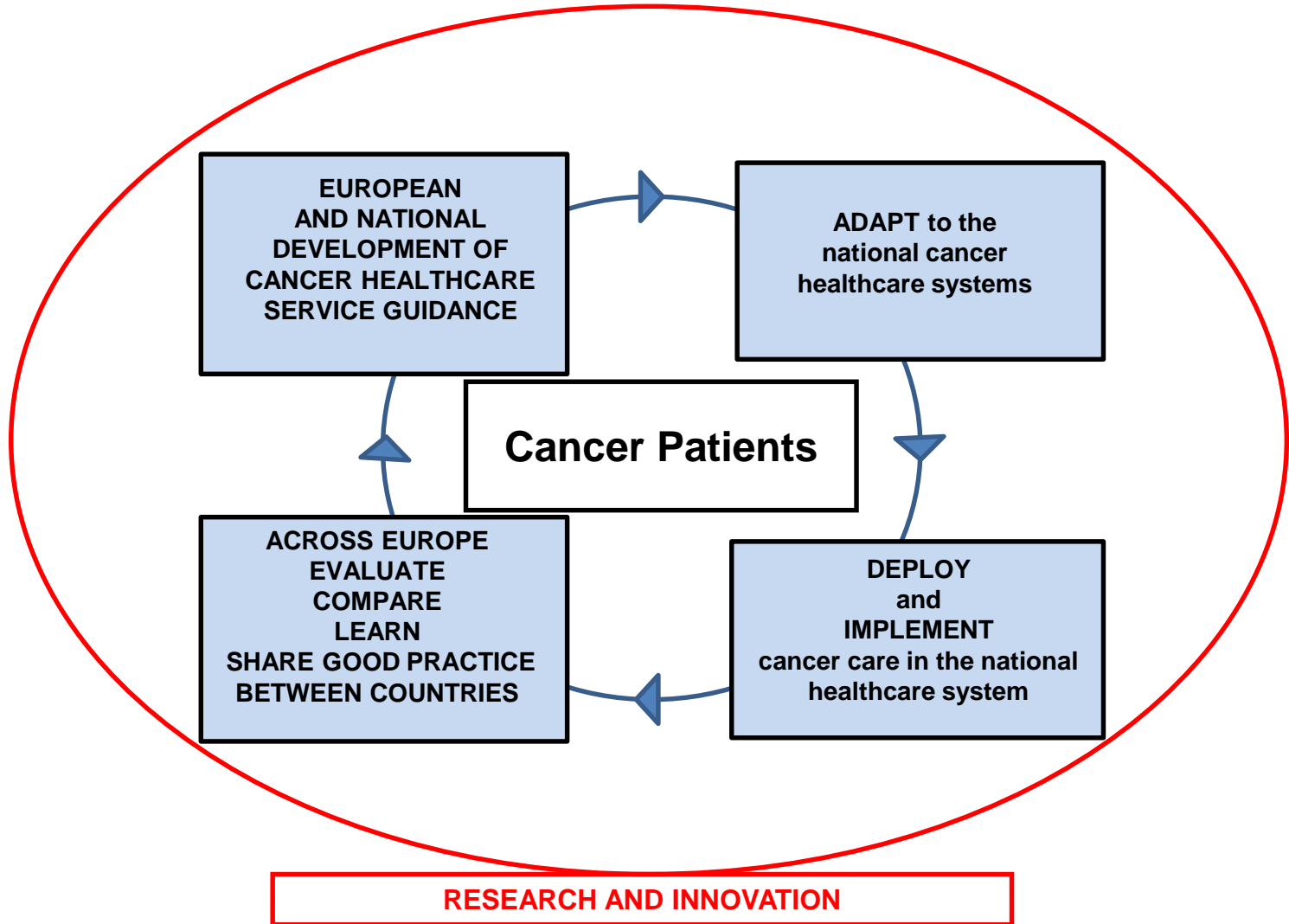
## What would such a Centre look like and do?

### *Working closely with experienced, expert people and organisations*

- **Small core professional staff with renewable long term year contracts**
- **Adopting and adapting reviews, evaluation, and dissemination**
- **Sharing guidance on services and policies (not treatment guidelines)**
- **Advising on national initiatives**
- **Evaluating impacts on outcomes**
- **Broad inclusive governance framework**

### *Building on the work of CanCon in the long term*

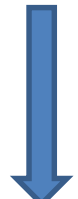
# THE CYCLE OF IMPROVING OUTCOMES





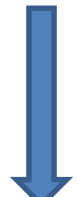
## IMPROVING OUTCOMES : Overall Survival at 10 years

40%



*establish basic requirements for diagnosis and treatment in all countries*

50%



*adopt known best practice for diagnosis and treatment in all countries*

60%



*new knowledge generated through research in ongoing fields and translated rapidly into practice*

70%

# Conclusions

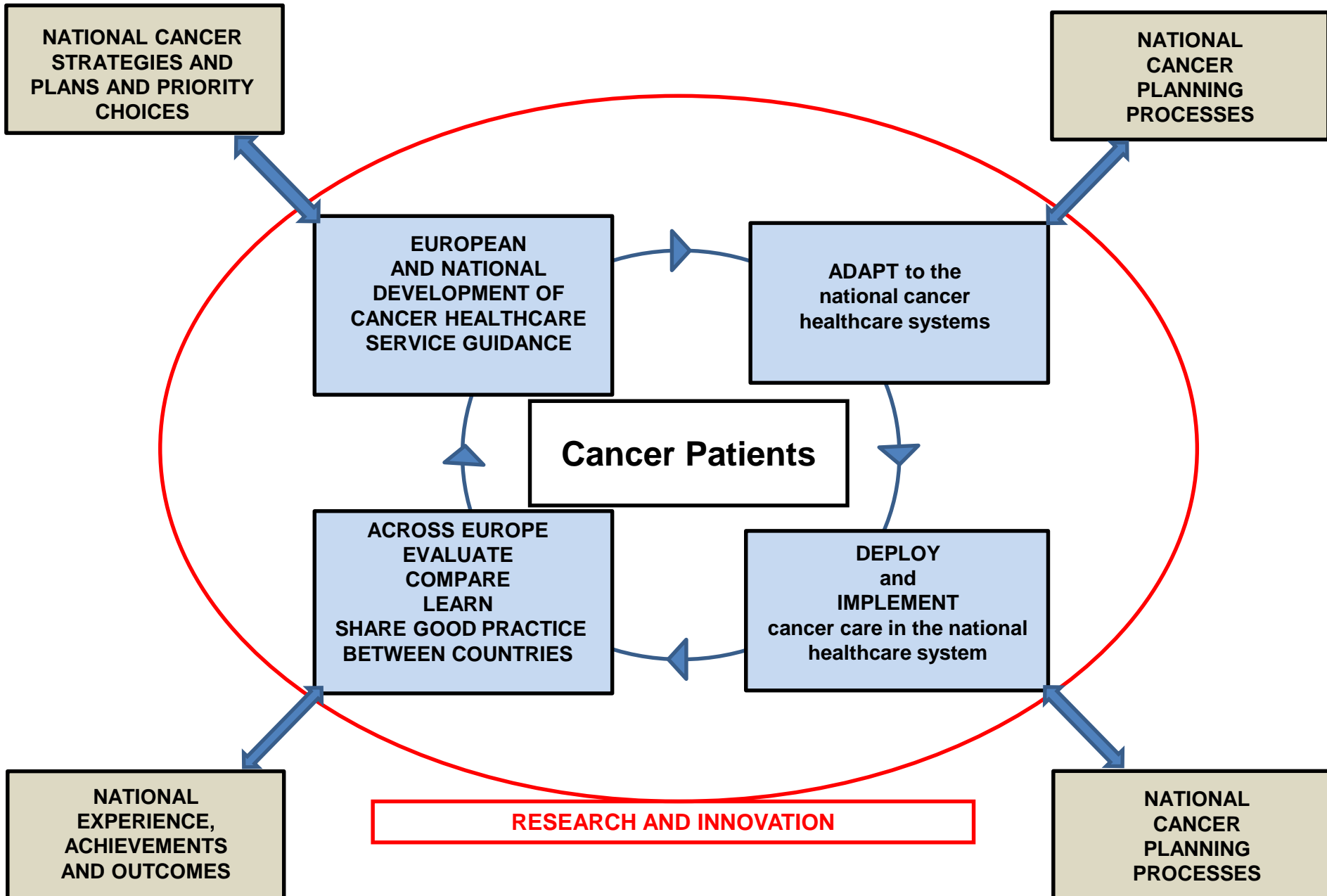
## How to improve Europe's cancer outcomes?

- **Consensus between patients and professionals**
- **Consensus between organisations**
- **Many tools to improve outcomes already exist**
- **We need to agree how to use them in a sustainable long term way**



# A FRAMEWORK FOR IMPROVING EUROPEAN CANCER OUTCOMES

*A balanced partnership of patients and cancer specialists*



# **EXAMPLES OF SHARING BEST PRACTICE**

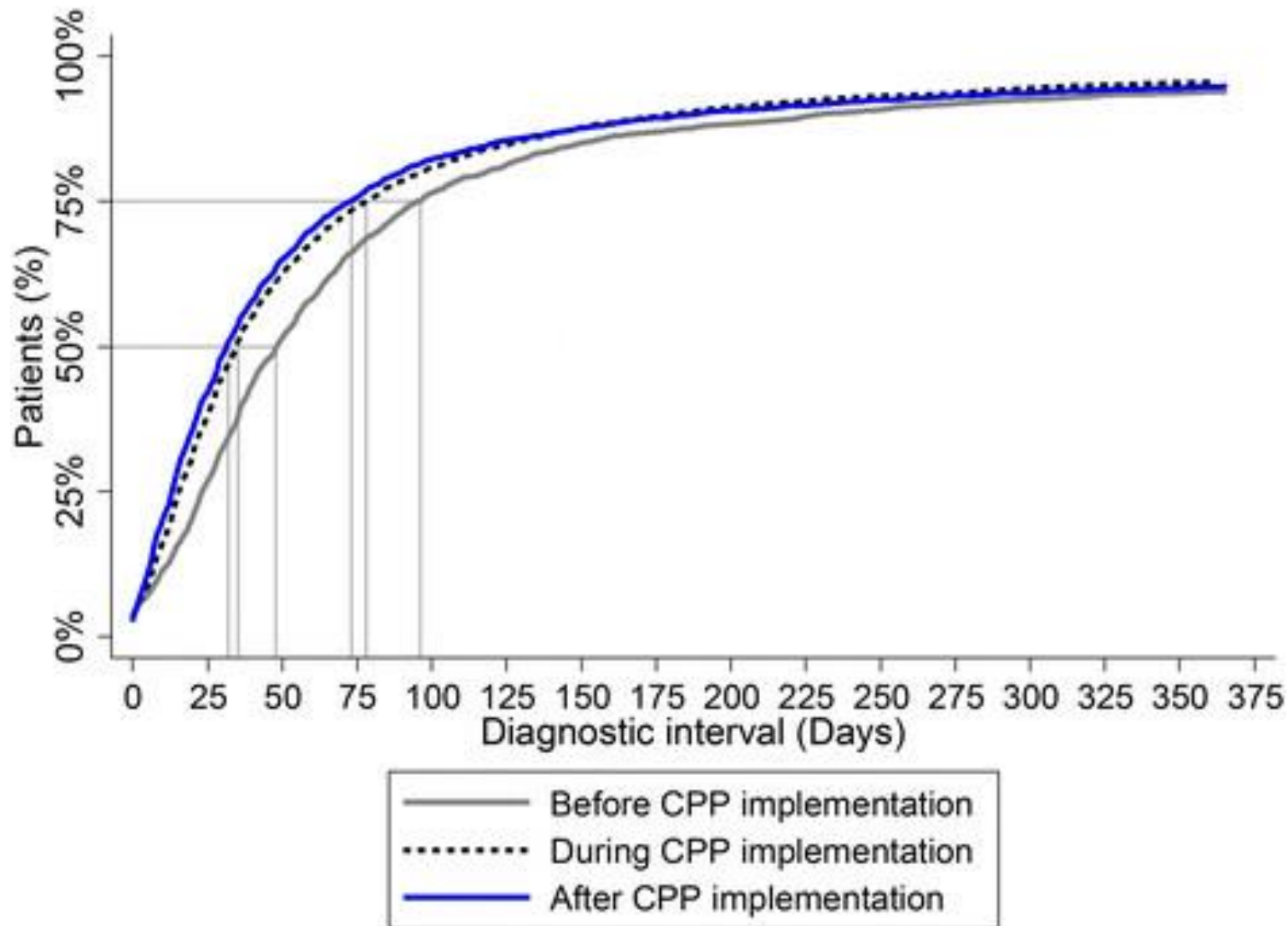
**Improving access to timely diagnosis**

**- Denmark**

**A national strategy for Geriatric Oncology**

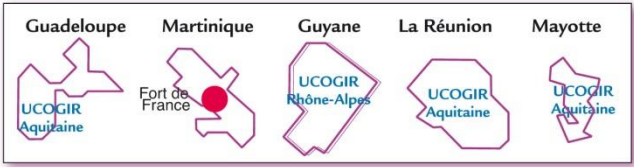
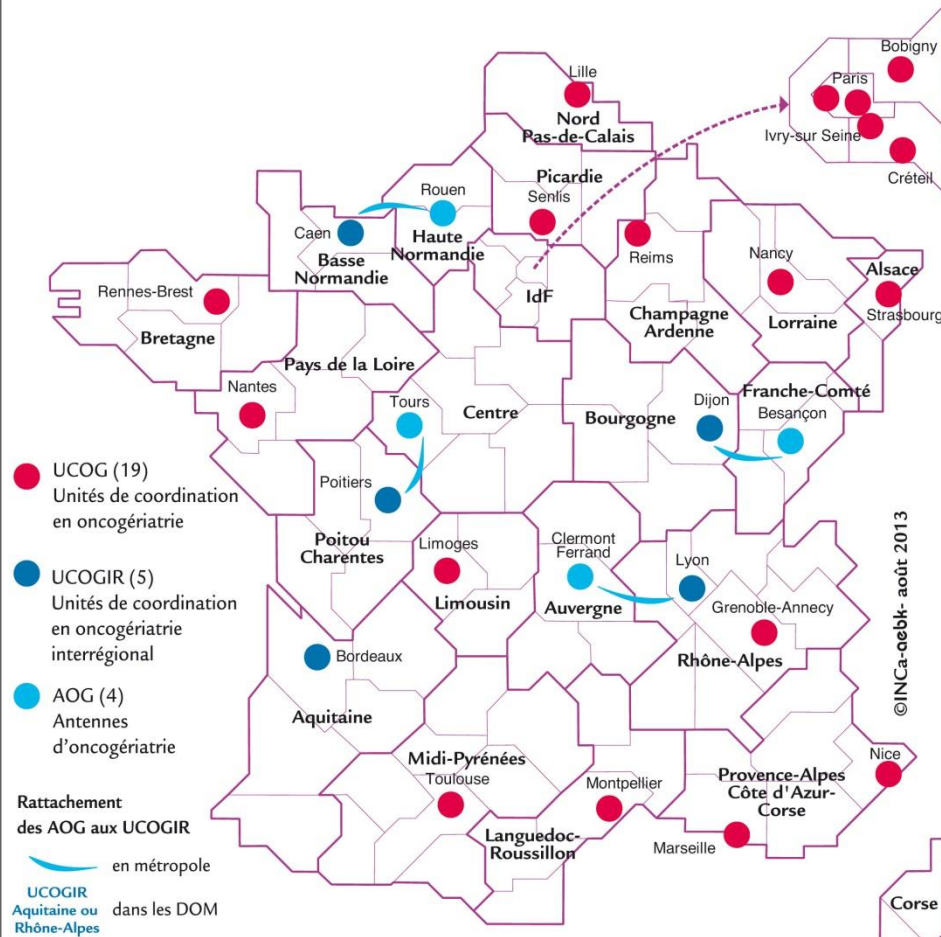
**- France**

# Denmark's diagnostic intervals before, during and after Cancer Patient Pathway implementation



# The French National Institute of Cancer Oncogériatrie Network

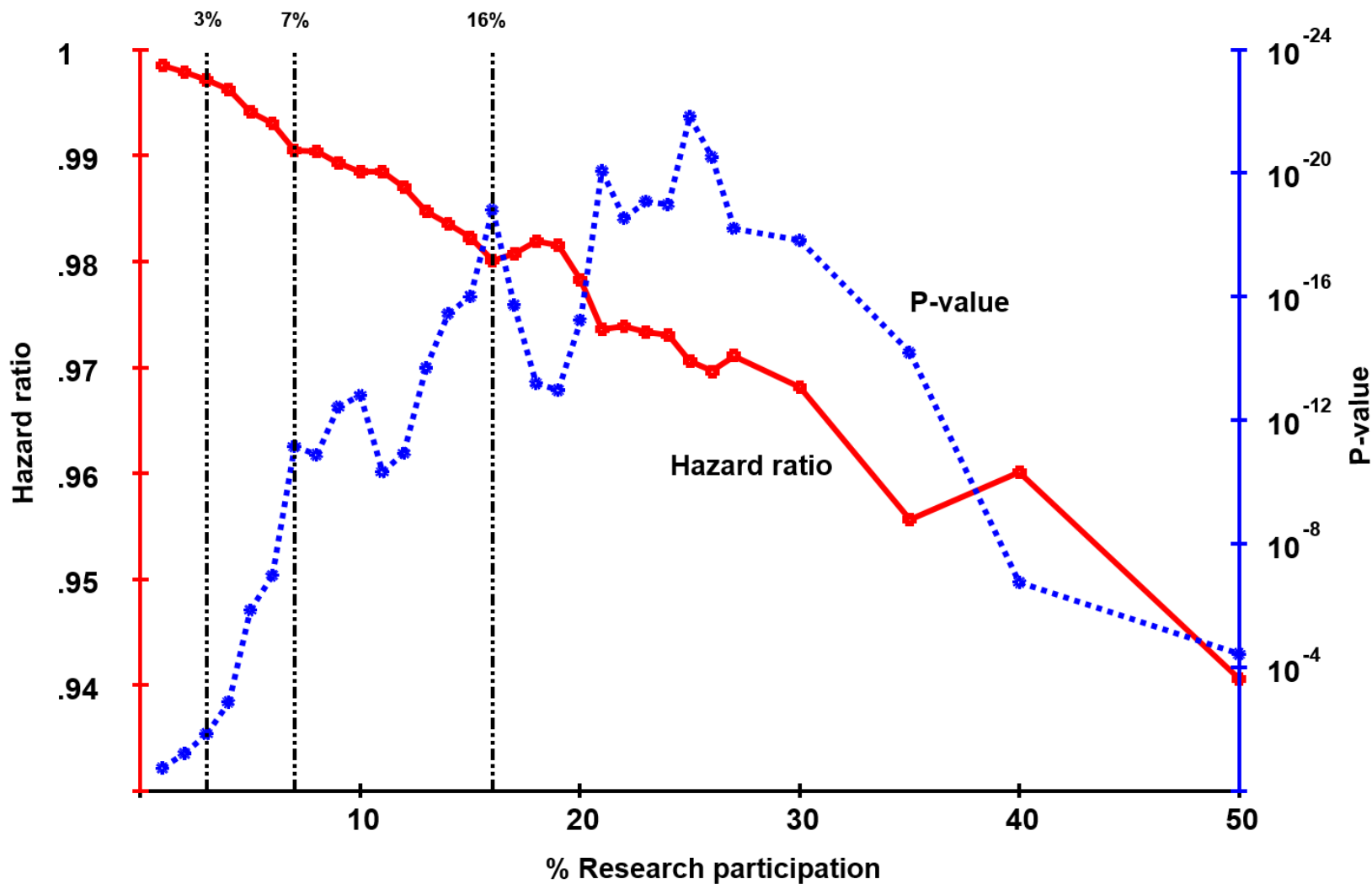
28 UNITÉS DE COORDINATION EN ONCOGÉRIATRIE DONT 4 ANTENNES  
AOÛT 2013



Source : base FINES  
 Traitement : Département Organisation des Soins -  
 Pôle Santé Publique et Soins INCa

©INCa-aeblk- août 2013

# The impact of sustained clinical research participation on 5 year survival for colorectal cancer





# The impact of sustained clinical research participation on 5 year survival for colorectal cancer

