

JA CANCON WP7 Recommendations

Cancer Control Joint Action



CanCon
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GENERAL RECOMMENDATIONS

Recommendations as guidance for policymakers:

- **Seamless care** is needed, the care needs to be continued across the formal institutional boundaries
- **Patient information** is crucial; patients need to be fully and comprehensively informed about the processes related to their continued care
- **Guideline implementation** is needed (when and where these are in place) to structure care around the evidence-based milestones
- The pathway can act as a stimulus for **guideline and patient pathway preparation** where these are not yet in place and/or adopted
- The importance of the three elements clearly presented here should be stressed: **recurrence identification, diagnosis of complications and recurrence prevention**

ORGANISATIONAL RECOMMENDATIONS 1.

1. Manage cancer as a continuous process where patients pass ('transit') different phases and stages.
 - a. Reflect the current level of knowledge in cancer treatment but also the specifics of the country's health care system and its organisation.
 - b. Secure the necessary resources – human, financial, equipment and medicines – at all stages of the pathway.
 - c. Develop the segment of the pathway for the cancer patients' after-care in close collaboration between specialised oncological care and primary care providers (PCP).
 - d. Organise an information exchange platform that enables all providers involved in cancer patient care to share the data and files relevant to the patient.

ORGANISATIONAL RECOMMENDATIONS 2.

2. An obvious need for co-ordination and organisation through the creation of multidisciplinary teams at all levels and in the development of a survivorship care plan.
3. Dynamic co-ordination and flow of information between the oncological specialised care and community care. This is necessary for the following reasons:
 - a. For the proper organisation of seamless care when patients move between levels.
 - b. For mutual exchange of information concerning both patient's condition and disease before cancer as well as specifics of the cancer treatment, including side effects, disabilities and long-term effects.
 - c. For the management of a proper uniform patient file bearing all the relevant information.
 - d. For the assessment of the long-term patient needs for community care related to monitoring of cancer in remission

ORGANISATIONAL RECOMMENDATIONS 3.

4. Organisation of education and training for PCP in order to strengthen their capacity to cope with the increasing population of cancer patients in after-care.
5. Development of guidance, at least for each of the most frequent cancers, on what to include and on what not to include in the long-term monitoring of patients. This point needs to take into account the system specifics and differences in access to some tests and diagnostics.
6. Co-ordination between the health and other sectors. This is necessary in many patients, by far not only in those that become disabled or are terminally ill. Treatment itself, long absences from work or treatment away from family may raise all sorts of problems, often also material in terms of additional expenses or less of productivity.

RECOMMENDATIONS FOR GUIDELINES 1.

Recurrence detection

- Although we know, which diagnostic tests are best to detect recurrence, ***the best frequency to perform diagnostic tests to detect cancer recurrence*** is not known.
- Furthermore, both signs of recurrence and risk of recurrence are often not mentioned but are very important for GPs. Therefore, more focus is needed on ***what are signs of cancer recurrence*** and on ***what is the risk of recurrence for specific patients.***
- Besides, since it seems likely that GPs will be more involved in after-care in the near future, it should be clear ***what the role and responsibilities of a GP in the after-care of cancer patients is*** and if ***GPs are able and willing to fulfil this role.***

RECOMMENDATIONS FOR GUIDELINES 2.

Long-term effects of cancer

1. It should be better known ***what the risk of potential complications of breast cancer is and how these should be prevented and treated.***
Guidelines on colorectal cancer, lung cancer, and melanoma provided only little information on long-term effects.
2. Consequently, it should be studied ***what potential complications of colorectal cancer, lung cancer, and melanoma are and how these should be treated.***
3. Psychological support for cancer survivors is not often discussed in guidelines. Hence, ***more knowledge and recommendations on psychological support for cancer survivors is warranted.***

RECOMMENDATIONS FOR GUIDELINES 3.

Prevention of cancer recurrence

Prevention of cancer recurrence got by far the least attention in the guidelines. Besides, it seems that prevention recommendations are not tumour or even cancer specific. The only exception is sun exposure for melanoma survivors. The other recommendations are on physical activity, healthy diet, weight management, alcohol consumption, and smoking cessation. These recommendations are generic and also apply for example for patients suffering from cardiovascular diseases.

It should be studied ***what the value of recurrence prevention is*** and if there are ***specific prevention recommendations for cancer survivors.***

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Thank You