

International CME webinar

GOOD PRACTICES FOR IMPROVING THE EFFICIENCY OF CANCER TREATMENT IN EUROPE



Josep Maria Borrás
Director of Catalan Cancer Strategy

Planning for cancer control: Challenges from a regional perspective

Scientific
Coordination



Under the
auspices of



Provider
and Organisation



Outline

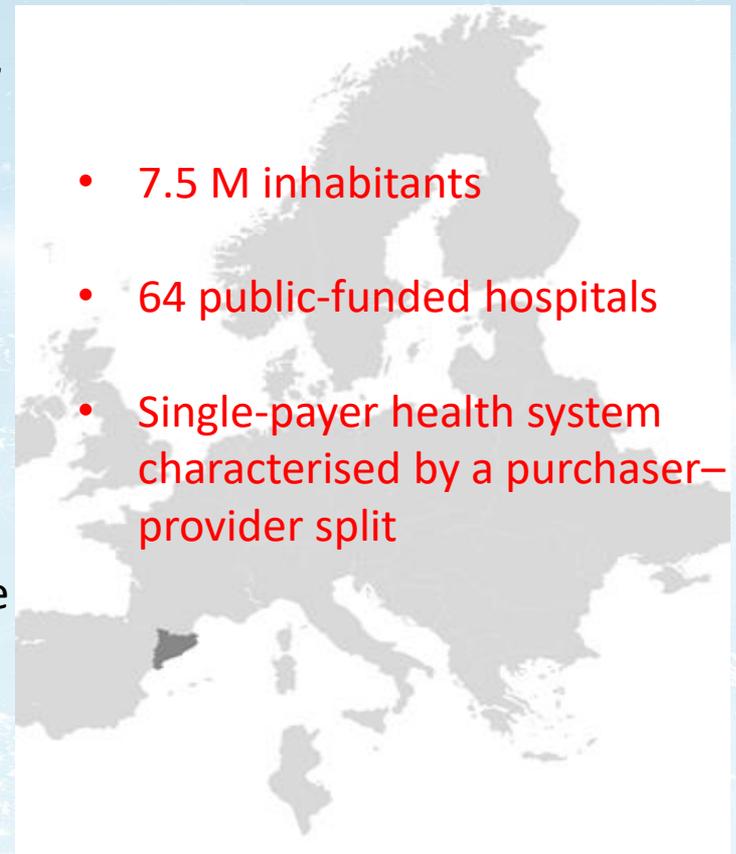
- Catalan and Spanish health care system
- How Regional, National and European systems interact in cancer control
- Learning from EU in cancer control
- Challenges in delivery of cancer care: regional perspectives in building policy
- Concluding comments

Catalan and Spanish Health Care System

- Model of care: NHS
- Decentralized to the 17 regions
- Catalog of services and drugs to be provided by regions approved at National level between Regions and Ministry of Health (MoH)
- National Strategy on Cancer developed and agreed upon by the regions, the MoH, Scientific Societies and patient representatives.
- Regional strategies, in Catalonia since 2001

Catalonia: specific aspects

- Cancer care organized by health regions, with reference hospitals which have medical oncology, radiation oncology, clinical hematology and palliative care
- Model of delivery of cancer care based on multidisciplinary teams and,
- Designated reference hospitals for:
 - complex cancer procedures (surgery with radical intent for rectal, pancreatic, esophageal and liver cancer, etc),
 - rare tumours, including pediatrics, and, recently,
 - precision oncology labs.
- Provision of services based on annual prospective contract between Catalan Health Service and Hospitals with periodic evaluation of quality of cancer care



Regional, national and EU interaction in cancer control

Regions are the optimal territory to manage cancer care due to:

- Proximity: Better capacity of identifying local needs that require good knowledge of the territory (rural or deprived areas, role of distance, etc) and local resources
- Need of negotiation of major decisions at local level, if are to be sensible to local needs and perceptions.
- **However**, also risk of policy interventions influenced by local interests with hidden agendas

Regional, national and EU interaction in cancer control

- Similar general objectives at each level but....
- **Context matters! Differences in...**
 - ✓ Organization of delivery of cancer care and its relationship with the health care system
 - ✓ Epidemiological situation
 - ✓ Policy involvement, priority in resource allocation
 - ✓ Public and patient's role in cancer policy making
 - ✓ Relevant stakeholders with interest on influencing policy
 - ✓ Capacity to innovate by adapting to the regional needs: benchmarking

Learning points from EU perspective on cancer policy (based on EPAAC, Cancon, JARC, and iPAAC Joint Actions):

- Rare cancers as specific target in cancer control which requires specific arrangements in cancer care (e.g., centralization of paediatric cancer care is mandatory now)
- Survivorship care: different approaches by tumour site, catchment area of the hospital and level of definition what this concept means, but common EU principles: prominent role of primary care, risk stratification, inclusion of psychosocial aspects (e.g., mental well being)
- Social aspects beside health care sector: return to work, right to forget, support to caregivers...

Learning points from EU perspective on cancer policy:

Some examples of our contributions in EPAAC, Cancon, JARC, and iPAAC

- Consensus with European Scientific societies, cancer plans and patient organizations on defining multidisciplinary cancer care
- Neglected cancers' concept: policy approaches to improve care for these tumors (with 5 years survival lower than 33%) using pancreatic cancer as

Open access

ESMO Open
Cancer Horizons

Bratislava Statement: consensus recommendations for improving pancreatic cancer care

Check for updates

Joan Prades^{1,2}, Dirk Arnold,^{3,4} Thomas Brunner,^{5,6} Antonella C. Alfredo Carrato,^{7,9} Cristina Coll-Ortega,¹ Samuel De Luze,¹⁰ P. Maria E. Goossens,¹² Roberto Grilli,¹³ Meggan Harris,¹⁴ Marleen Louâgje,¹⁵ Núria Malats,^{7,16} Pamela Minicozzi,^{17,18} Stefano Partelli,^{19,20} Silvia Pastorekova,²¹ Marius Petru Ionis,^{22,23} Richard Price,²⁴ Francesco Sclafani,^{25,26} Bozena Smolkova,²¹ Josep M. Borras^{1,27}

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Priorities on rare cancers' policy in National Cancer Control
A review conducted within the framework of EU-JARC Joint Action

Joan Prades^{1,2}, Ariane Weinman³, Yann Le Cam⁴, Annalisa Trama⁵, Anna M. Josep M. Borras⁶

Policy statement on multidisciplinary cancer care[☆]

European Partnership Action Against Cancer consensus group: Josep M. Borras^{1,2,3,4}, Tit Albrecht⁵, Riccardo Audisio⁶, Erik Briens⁷, Paolo Casali⁸, Hélène Esperou⁹, Birgitte Grube¹⁰, Marc Hamoir¹¹, Geoffrey Henning¹², Joan Kelly¹³, Susan Knox¹⁴, Maria Nabal¹⁵, Marco Pierotti¹⁶, Claudio Lombardo¹⁷, Wim van Harten¹⁸, Graeme Poston¹⁹, Joan Prades²⁰, Milena Sant²¹, Luzia Travado²², Vincenzo Valentini²³, Cornelis van de Velde²⁴, Saskia van den Bogaert²⁵, Marc van den Bulcke²⁶, Elke van Hoof²⁷, Ingrid van den Neucker²⁸, Robin Wilson²⁹

Challenges in delivery of cancer care: regional perspective in building cancer policy in Catalonia

- Consolidate model of cancer care (multidisciplinary) with periodic evaluation of clinical outcomes at hospital level
- Designated reference hospitals for complex procedures with catchment area (between 0.5 and 1.5 M inhabitants) and rare cancers. To find a good balance between centralization and decentralization for usual therapies is one of the most challenging policies.
- Adoption of innovations: Precision oncology (start of the program with rapid uptake)
- Care after treatment (or survivorship). Define a model of provision considering local needs and resources.
- Screening: pilot in lung cancer and reorganizing the prostate cancer opportunistic screening

Challenges in delivery of cancer care: regional perspectives in building policy

Key policy discussion:

- What should be the right interpretation of the target of Europe's Beating Cancer Plan about the need that 90% of the patients will receive treatment in CCC by 2030?
- We do not have classical CCC in our region. However, we have reference hospitals with high number of patients, good quality of cancer care, relevant scientific research activity and outputs.
- We need to reorganize cancer care to build CCC within tertiary hospitals with autonomy of leadership and management.
- Then, our interpretation is the need to pursue our approach supporting specialization in cancer care and autonomy in the organization of the delivery of care within the framework of CCC.
- This EU objective remarks the challenges in organizing the delivery of cancer care.

Concluding comments

- Priorities in cancer care should be adapted at the regional and local context of epidemiology, cancer care organization, resources available and policy context.
- Benchmarking is always feasible between regions, if the implementation is properly evaluated
- Regional experiences or policy targets could be adapted at national and EU level. Collaborative experiences in the Joint Actions developed since 2008 are an excellent example
- Mutual interaction in defining cancer control priorities at each level (European, National and Regional) is absolutely required, although it takes time and needs a cooperative approach.

Thank you very much!

jmborras@ub.edu