



GOVERNMENTAL BOARD 3

WORKING MINUTES

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CRANE

NETWORK OF COMPREHENSIVE CANCER CENTRES: PREPARATORY ACTIVITIES ON CREATION OF NATIONAL COMPREHENSIVE CANCER CENTRES AND EU NETWORKING

Participants (in person)

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|---------------------------|-------------------------|---------------------------|
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| 2. Dorota Dudek-Godeau | 9. José Dinis | 16. Per Magnus Mæhle |
| 3. Elena Preziosa | 10. Lidia Dyndor | 17. Régine Kiasuwa Mbengi |
| 4. Ellen Griesshammer | 11. Marc Van Den Bulcke | 18. Thomas Dubois |
| 5. Helen Simon | 12. Martina Gamer | 19. Tit Albreht |
| 6. Inga Cechanovičiene | 13. Nikolai Goncharenko | 20. Vilija Kondrotiene |
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Participants (online)

- | | | |
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| 1. Adrian Brîndușan | 18. Delia Nicoara | 35. Maja Rogóż |
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| 4. Alba De Leon Edo | 21. Emanuela Vesperini | 38. Marjetka Jelenc |
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| 6. Alexandra Haiduc | 23. Fabrice Mouche | 40. Patrick Le Disez |
| 7. Alicia Fernández | 24. Federica Campisi | 41. Rasul Mirzoev |
| 8. Amanda Psyrrí | 25. Giandomenico Russo | 42. Renata Blackute |
| 9. Andraž Jakelj | 26. Horváth Gergely | 43. Rui Amaral Mendes |
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| 13. Assia Konsoulova | 30. Kadi-Liis Veiman | 47. Venice Hancock |
| 14. Barbara Fröschl | 31. Kim Tiede | 48. Wolfgang Seebacher |
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| 16. Claudia Mayer | 33. Linda Abboud | |
| 17. Clio Dessinioti | 34. Made Bambus | Total: 69 |

1. Introduction by the CraNE coordination team (Tit Albreht, NIJZ)

The Governmental Board (GB) is a complementary decision maker together with the European Commission, which means that the input of Member States (MSs) is extremely important – especially because we touch upon something that 15 years ago was unimaginable: getting involved in the organization of a healthcare in MSs.

2. WP6 presentation: Organization of comprehensive, high-quality cancer care in Comprehensive Cancer Care Networks (CCNs) (Ellen Griesshammer, DKG)

- Further development of the CCCN concept and its implementation based on the feedback and experiences gathered during the implementation of the pilot Lung Cancer CCCN recommendations will be derived that can be used for roll-out of CCCNs in MSs. Accompanying support and training instruments for the set up of CCCNs have been developed.
- Through a consultative process, interfaces between care (CCCNs) and research (CCCs) have been identified and developed (presented at the next WP6 meeting in Warsaw 1-2 July).

- At the beginning of July, all deliverables should be available online because it has already been submitted to the EC.

3. WP8 presentation: Equitable access to high quality care and research: networks in the context of CCCs (Joan Prades, ICO)

➤ Next to stand-alone centers, CCCs can:

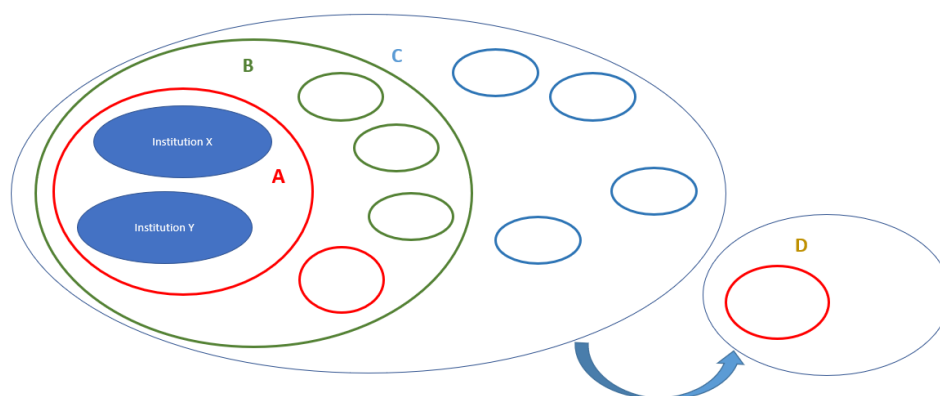
A: result from different partners

B: stand-alone centers formally collaborating with other institutions

A+B: different partners formally collaborating

C: A+B+external collaborators

D: A+B+ partners from other health systems



A: Partners making up the CCC (Upper Austria, Catalonia, Toulouse)

B: Cancer care networks or regionally-integrated institutions (Piedmont, Rhone-Alps, North of Flanders, Catalonia, Cantabria, Aarhus, Campania, Tuscany)

C: External collaborators (almost all cases analyzed)

D: Cross-national collaboration (Luxembourg, Malta)

- Integrated care pathway (ICPs) can be used to align interests and objectives of providers but having a shared care pathway is different than agreeing on main steps of the pathways (i.e. it requires a.o agreeing on targets and timing, using the same concept, etc...)
- The investigation of the translation of innovations from the CCCs to the other centers was done through the MTBs : results showed a persistent gap in knowledge in some centres. CCCs concentrate all the knowledge and more effort should be done towards knowledge sharing
- Regarding return-to-work, it seems that physicians ignore a lot of social-services related to the support of workers with cancer

Questions & Answers

What could be the key elements of thinking and developing the interfaces between CCCNs and CCCs in the next Joint Action?

The goal is, in collaboration with WP7, to identify specific interfaces within the patient pathway (PP). When the patient enters the network, we want to make sure that they receive the same quality of care everywhere they enter. E.g.: which clinical trials exist and how should the patients be referred?

The requirement for interfaces will be included in the set of standards for CCC and CCCNs so that this can be assessed during the peer review process.



Development of the supporting tool for those who want to implement CCCNs? What would have been identified as missing?

Feedback on the handbook from the pilot sites was gathered, but not enough time to roll out the training concept and get real life feedback yet. For the JA EUnetCCC, nine volunteering partners have been identified who definitely want to set up a CCCNs.

Based on which criteria were the centers/networks selected? What will happen after the project?

During the proposal preparation process for the EUnetCCCs, the Competent Authorities nominated pilots or checked with their partners. Once the project starts, it will be carefully analysed what the centers' priorities are, what they need and how they can be supported to improve comprehensive cancer care and make it sustainable.

The EC proposed two types of terminologies: CCC/Ns and the so-called CCIs. In both cases, we are dealing with interventions on healthcare systems, but there is no directive, nothing is imposed to MSs; it remains their decision to implement what and how best fits with their healthcare system. This is also why we are testing the various organisational aspects and models.

4. WP7 presentation: Framework and criteria to enable the implementation of Comprehensive Cancer Centres within an EU Network (Thomas Dubois, INCa & Per Magnus Maehle, OUS)

- Framework and criteria were developed in order to fit as many models as possible
- Vision & definition of European CCCs: main accreditation models were screened (i.e. NCI, OECl and the DKH) to define the criteria and standards
- Continuous quality improvement was a central concept
- From the survey: some important differences in terms of capacities (e.g. surgery, hematology and paediatric care) but also organizational features and the governance, depending on how they were designed (e.g. within univ hospitals or not)
- A difference should be made between hospitals and centres, because a centre can be a collaborative structure
- Importantly, the certification should be/could be envisaged as a tool for quality improvement among the management team/activities

5. WP5 presentation: Framework and criteria to enable the implementation of Comprehensive Cancer Centres within an EU Network (Elena Preziosa, ACC)

- The WP has (completed) three tasks: T5.1 Process of admission and development of the EU network of CCCs ; T5.2 Governance Model of the EU Network of CCCs – still under development; T5.3 strengthening Clinical Care and Research through networking
- Main bodies to be involved in the governance were identified and discussed with the partners (based also on existing ones, e.g. ERNs)
- From the 3 models identified, the mixed approach model was selected where the decision making is split among MS and the GA
- Integration of other initiatives will be thought (e.g. ECHOS, JANE, CanHealth, ECRIN, etc.)
- A list of potential activities has been drafted (to be shared on the CraNE website)



Discussion:

It would be very important to develop a responsibility matrix between all those different levels of governance because otherwise, it will be very complex. We will also need to discuss voting right, vetos and thresholds, as they may also be important.

A question remains for CraNE and EUnetCCC regarding the main purpose and integration of small MSs and underdeveloped regions etc. How will this equity be made available to them?

It's nice to have more concentrated trials between the big players which are already taking place, but there is no clear picture of how this will be delivered to those specific areas (healthcare, education, research, molecular tumor boards, etc.).

- E.g. ECRIN and its infrastructure might help with this but it needs to be financed by MSs so for those MSs that do not have the possibility to develop clinical trials, the discussion remains. It's a question that we can ask to the European Commission but it is a political decision and not part of the Joint Action.

6. WP4 presentation of the Maturity Model (Dorota Dudek-Godeau, PZH)

- MM as a first step (for self-assessment) to then go to the next step that would be the certification process
- Surveys on how the pilots were experiences are ongoing
- Individual consultations of volunteers will be the next step, followed by a lessons learnt & conclusion webinar
- A report will be written with the lessons learnt and a final meeting with the participants to sum up the results will be organised in September 2024

Questions & Answers:

Is there an overlap with the Maturity Model that has been developed in the CCI4EU project?

Comprehensive Cancer Infrastructure (CCI) is an overarching, this is a different scale. Questions on CCCs in the CCI Maturity Model concerns the CCCs cooperation, without going into details on the sustainable organization and standards which have been prepared in WP7. For institutions that are involved in both projects, they will need to and be able to make the distinction.

7. WP4 presentation of the blueprint (Régine Kiasuwa Mbengi, Sciensano)

- Sustainability report integrates the output of all Crane core WPs and is structured alongside the main themes addressed in this JA, i.e. the governance, research, education & training, and prevention
- The blueprint will be a summary (or extraction from the sustainability report) of all potential features and their impact

8. Presentation on the JA EUnetCCC (Thomas Dubois, INCa)

- Proposal is being finalised by the end of June
- General objectives of the JA are to create the network of CCCs, enhance capacities in research, care, governance, innovation, prevention and education and engage and cooperate with key stakeholders
- Strengthening capacities is key
- KPIs will be used to help clarify/define the scope
- JA designed for the centres



Questions & Answers:

Is the selection for agreements only on a certificate level and is the number of candidates fixed?

It is not a closed selection. There is a minimum number of 50 new CCCs but if we have more candidates, they are welcome but we will have to check with the technical capacities of the system to continuously incorporate.

We also need to make sure that the certification scheme doesn't interfere with national authorisation.

If CCCs apply to become a pilot, how can they apply for additional funds to implement specific things to become a mature CCC?

There are already a number of pilots and if, in the course of the JA, some centers want to access some of the opportunities, this will be reviewed.

(but supporting funds for capacity-building is different of investments into centers).

ECHOS might also come up with additional funding directed to research.

In the JA ecan, a pilot will be opened on the interoperability of molecular tumor boards. We need to bring our propositions of what we need to the European Commission so that they can see how they can support the integration of these activities.

Next steps:

- Final CraNE Conference in Brussels on 18th September for all partners of the project plus interested parties – people will be able to join online
 - Exposure of the project to the broader community
 - New partners can join but access is restricted because of space and limited funds – a space for up to 180 people has been reserved
 - Coordination secretariat needs to be contacted for additional candidates
 - invitations will be sent very soon
 - Programme includes a presentation on the networks and modalities of cancer care in Europe (WP6&WP8) and a presentation of the CCC network plus the issues of standards and certification process (WP5WP7)
 - The wrap up will be done by WP4: final results of the sustainability because this is the direct legacy for the next JA

- The GB in September will discuss and approve the final report