



GOVERNMENTAL BOARD 2

WORKING MINUTES

Virtual, Sciensano
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CRANE

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

Agenda

The second Governmental Board (GB) of the CrANE Joint Action (JA) was held online on the 1st December 2023.

CrANE GB began with a welcome by Tit Albreht (NIJZ) Project Scientific Coordinator along with Sciensano (WP4). Presentation of short reports on the work packages updates was done by WP leaders. Short Q&A sessions were held at the end of each presentation.

Participants (including virtual)

Agnieszka Beniuk-Patoła; Alicia Fernández ; Alina Garofil; Anastasia Balasopoulou ; Andraž Jakelj ; Ann-Cathrin Hellwig ; Antonella Canalis ; Čemažar Maja ; Delia Nicoara ; Dorota Dudek-Godeau; E. Vesperini; Edit Marosi ; Elena Preziosa ; Ellen Griesshammer; Emilia Śliwińska; Emmanouela Zouroudi; Fabrice Mouche; Franz Kohlhuber ; Giovanni Nicoletti; Hélène Antoine-Poirel; Ingrid Jenny Guldvik ; Irene Olausson; Joan Prades; José Dinis ; Josep Maria Borrás; Jozef Dolník; Kadi-Liis Veiman; Karen Budewig ; Katarina Fredriksson; Katerina Kopeckova; Katerina Oikonomou; Kim Tiede; Kristiina Ojamaa; Lidia Dyndor; Magdalena; Malinar Ante; Marc Van Den Bulcke; Margaux Le Gall ; Marjetka Jelenc; Martina Gamer; Marusa SG; Miriam Dalmas; Naja; Nataša Voje; Nikolai Goncharenko; Nina Nicoara; Noemie Defourny; Paolo De Paoli; Patricia Heckmann; Per Magnus Mæhle; Péter Nagy ; Rasul Mirzoev; Régine Kiasuwa Mbengi; Rui Henrique; S. Rocío Fernández; Sascha Reiff; Shawn Baldacchino; Sigbjørn Smeland; Simon Oberst; Simone Wesselmann; Thomas Dubois; Tit Albreht; Vasiliki Gkioka; Vilija Kondrotiene; Wolfgang Seebacher

1. Welcome by Marc Van Den Bulcke (Sciensano)

2. Introduction by the CrANE coordination team (Tit Albreht, NIJZ)

The Governmental Board (GB) is the main representative body of the project CrANE, the guidance of this board is extremely important. There will be two more GB Meetings, one in spring and the last one in fall 2024. The Maturity Model (MM) and the blueprint are considered the main legacy from the project.

3. WP6 presentation (Ellen Griesshammer, DKG)

The objective is to further develop the access and availability of comprehensive high quality care in Comprehensive Cancer Care Network (CCCN) to all MS.

Question(s) & Answer(s):

- Continuation of the previous JAs CanCon (= theoretical framework of CCCN) and iPAAC (=translation into practice with colorectal and pancreatic cancer CCCNs).
- By using the tools developed in iPAAC (e.g. methodology for developing Set of Standards, Quality Indicators, Patient Pathways and a framework for the certification of CCCN):
 - expanding the tumour-specific approach (lung cancer) and implementing in practice.
 - strong focus on the patient centeredness (patient pathway)
 - developing a training concept and supporting instruments for helping the MS setting up a CCCN.



- In the new Joint Action EUNetCCC, also known as CraNE 2, the proposal is to further develop access to comprehensive high quality of care in CCCNs/CCIs in all EU MSs (especially in Middle and Eastern Europe), including cross-border collaboration, treating patients close to home and reducing inequalities across the EU. It is proposed to ensure and align high standards in cancer care and establishing sustainable interfaces. WP9 will support the implementation of CCCNs.

Question(s) & Answer(s):

Is the Handbook already available?

A few more adjustments need to be made before being disseminated. For colorectal and pancreatic cancer, the QIs and PP can be downloaded from the iPAAC website.

4. WP8 presentation (Josep-Maria Borrás, ICO)

Equitable access to high-quality care and research: networks in the context of CCCs

The objective is to assess how CCCs organise cancer care in the real world within the context of health networks. All EU countries were contacted through CraNE partners to map the experiences of networks built around a CCC (or CCs) existing in Europe.

Conclusions of Task 8.1 – mapping:

- Real-world analysis of the current situation around CCCs in Europe shows the diversity of approaches to organising cancer care in the region as well as the **different ways of formalising agreements**, establishing multidisciplinary settings, and measuring outcomes
- The results reflect an **open-concept CCC**: an institution linked to other providers (mostly at a regional level by means of a hub-and-spoke-model), with multidisciplinary approaches (MDT, pathways) in place as well as with managerial levers and continuous improvement mechanisms.
- The networks built around CCCs show similarities and differences, and grouping the experiences into clear-cut models is not straightforward. However, four models can be envisaged:
 1. Highly regulated network model: A context of active national policies, combined with the use of both care pathways and a hub-and-spokes shaped network, leads to a **clear stratification** of clinical roles among network stakeholders. Examples are Frankfurt and Slovenia.
 2. CCC-driven network model: The **CCC is the main driver** for change at a network level and brokers the interests of all stakeholders. Examples are ICO, Oslo, Toulouse, Cantabria, Cluj-Napoca.
 3. Evidence-driven network model: The **use of care pathways** (plus sometimes a regulated healthcare framework) greatly contributes to defining partners' cooperation, distribution of competences, and clinical interventions. Examples are Piemonte, Linz, Skane, Campania.
 4. Cross-border network model: The **geography** of some networks and the need for resource-munificence implies specific requirements for the model of cooperation between network partners and the relationship with the policy environment. Examples are Luxemburg and Malta.

Task 8.2 has been conducted in coordination with WP6.

Task 8.3: there is a diversity of models when talking about MTB.

Question(s) & Answer(s):

The Can.Heal project runs a large survey on the MTBs in EU. CraNE should align.



To what degree is the output of mappings of WP8 currently being addressed to adjust the model proposed in WP7? What is the alignment between these WPs?

WP7 is essentially about CCC. We need to consider the diversity of the reality in the levels of the MM. WP4 and WP6 are meeting to capitalize.

Italy: some national guidelines on MTB management have been recently released (also based on some regional experiences). Not sure if this text will have an impact in short term but could be. Yes, the regional experience are taken into account.

5. WP7 presentation: Objectives and expected outputs (Per Magnus Maehle, OUS)

Task 7.1: Map the current state of CCC features in Europe: Who are the possible candidates, surveys in addition to information gathered by existing accredited centres by DKH and OECl.

We can see that there is a mixture: Do the centre deliver their service to all tumour groups? Some centres have it in house, others rely on an alliance. Haematology and paediatric were the least delivered consistently.

The next step unfolded in building the frame and setting up criteria and standards.

Some contexts in terms of healthcare systems provide heterogeneity across the MS. These standards need to be applicable for most of healthcare systems. Standards and criteria should be applicable depending on the size of the country/region.

There are some aspects that have not been concluded on yet, materials for future JA: certification process should be closed to the OECl one, CORE-standards have been identified, question about patient volume and production of research needs to be discussed; some quantitative measures and indicators need to be made mandatory; a governance process for a CCC; platform for creating a same language of quality across the network etc.

Stakeholder forum is organized on the 7th December, following the CrANE GB Meeting.

Question(s) & Answer(s):

Would be beneficial to refine the definition of CCCN in the slide.

Ireland: Transparency is something Ireland feels strongly about. Important in terms of strengthening national cancer program.

Sciensano: Some countries have strong national standards, our main objective is not to overwrite it but to align with it. It is to a certain degree a responsibility of the National authorities. WP7 will circulate the final standards & criteria to national authorities to ensure that the perspectives are supporting each other.

Ireland: In-country standards are a minimum to which centres need to be met.

Q: Mapping has been done on centres that are already certified or in the process of being certified?

A: No the mapping targets wider. Important to understand the variation.

6. WP5 presentation: (Paolo de Paoli, ACC)

The deliverable of task 5.1 was postponed to end of January.

Regarding the Process of Admission and Continuous Development for Comprehensive Cancer Centres, an analysis and selection of existing certification schemes, selected programs meeting 5 criteria. It resulted in OECI and DKH programs which met, to a large extent, these criteria. Therefore, CCCs certified through these programs should be granted pre-qualified status to join the EU Network.

During the next Joint Action (JA), a call for interest will be launched to allow CCCs certified by OECI and DKH to express interest in joining the Network. The result from the call will constitute the initial list of CCCs interested in joining the Network. These CCCs will represent the first members of the EU Network.

Alignment among Certification Schemes

Once the certification of these CCCs expires, centres are free to re-certify through OECI or DKH. During the next JA, certification schemes commit to discuss, together with the next JA consortium, CCC standards and find an alignment among the different schemes.

Process of Admission for Centres Without a CCC Certification: the objective is to define what is the path to admission for centres that do not hold a CCC certification but would like to become members of the Network. The issue is as follow: are centres free to apply to a certification scheme of their choice or do they need to apply to the future EU Certification Scheme to gain admission to the Network?

Two options have been discussed so far:

- 1) Centres without a CCC certification are free to apply to either existing or future certification schemes or to the future EU Certification Scheme.
 - Option was preferred in previous meetings
- 2) Centres without a CCC certification that would like to join the Network need to apply to the future EU Certification Scheme.

The next task (5.3.1) lies in designing collaboration activities of national CCCs within the European context to foster processes aimed at improving care, education and research. The work produced a catalogue of idea on how could the collaboration among CCC in EU look like. They are organised in two types of activities: thematic-focused activity and activities contributing to developing infrastructural capacities for networking between EU CCCs.

Risk that the benefits from forming a new Network of CCCs in the EU are not clearly articulated in such a way as to secure 'buy in' and motivation of CCCs as well as MSs.

Open questions:

- How do we organise the certification process? Based on OECI or DKH probably.
- The role of CORE-standards and requirements of evidence are important
- There is a question of entrance gate process – patient volumes, possible thresholds etc.
- Should there be mandatory documents and quantitatively measures and indicators in addition?
- The governance process to work it out as a continuous process
- The dynamic system required
- The management of certification schemes will be part of the CraNE2 discussions
- The certification is not an objective in itself, it is a meaningful activity as an infrastructure for building the network – activities and a common language are the core targets of a European network



Question(s) & Answer(s):

MoH Germany wishes to clarify the position of Germany: there won't be a duplication of the certification scheme. German Cancer Aid certification would allow access to the network. Germany wishes to access the document to clarify their position.

Romania: is the certification lasting four year? The duration of the scheme will have to solve this question. Sciensano: MM will bridge into the certification scheme.

Germany: Task for WP6 & WP8 to define CCCNs or decide if they fall under the CCCs definition.

OUS: There should be a relationship between CCCs and CCCNs.

Ireland: The guidelines utilized by the centre are not visible or transparent by experience. It is important for National Cancer Control Programs because otherwise you cannot control that CCCs will adapt to the standards. There would be differences between national and European standards which would ensure within countries that you have a consistent service.

OUS: Connection with national standards: different whether there are national standards or not. The detailed way will be different but we can look for some models that can be some guiding standards.

Germany: there is a concern within CCI network that German cancer aid network will not be the one in the future.

Italy: At the moment the new details of the patient scheme have not been defined. There will be a WG and then the process of rectification will be analysed. All elements for the discussion need to be on the table.

Luxembourg: in terms of governance and future networks: WP5 does not address the realities of small MS. Wishes that the next JA will dedicate some discussion to the issues. Sciensano: WP 7.2 might address their concerns as it focuses to small MSs.

7. WP 4 presentation of the Maturity Model (Dorota Dudek-Godeau, NIPH)

Call for volunteer countries : Delia/Romania

Suspected countries: Poland, Romania, Spain, Belgium.

Expectation is targeting five countries.

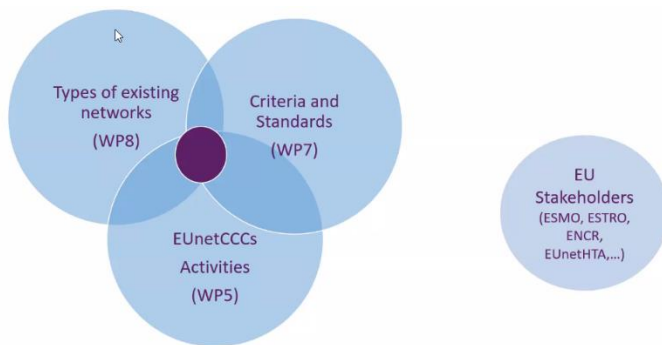
MM can be a capacity building tool in CrANE 2 by including tools and documents, MM an assessment of the need to build capacity.

8. WP4: Discussions on the blueprint (Noémie Defourny, Sciensano)

Specific objectives of the sustainability report:

- Combine the two levels in parallel: CCCs and the EUnetCCC
- Description of the MM and discussion of levels
- Structure according to the WP7 domains
- Identify the underlying issues faced by (potential) CCCs for the standards
- The EUnetCCC's activities as prepared by WP5
- Theoretical work needs to be tested, proof of concept for the next JA

- Contribute as a monitoring base for the network development when dealing with difficulties of CCC/centres and in prioritizing EUnetCCCs activities



Provisional structure of the blueprint report

The first chapter will focus on how to join the network. It will address the specific challenges in joining the network and cover the EUnetCCCs activities based on WP5 propositions

The second chapter is structured with a thematic approach (WP7) discussing the barriers & facilitators for the centres and their impacts on the network sustainability

Lastly, general reflections on the transversal risks and barriers for sustainability of the EUnetCCC at the light of the 3 pillars of healthcare sustainability: Environmental; Economic; Social

Question(s) & Answer(s):

Luxembourg: Will future members of network, CCCs, only operate within themselves or have to provide an obligatory output for non-members?

A: Question relates to the different possible status besides certified CCCs, therefore level of activity in the network will depend on the status so this will probably be discussed in Crane 2.

For WP4, the question is more how the models that we have identified could participate, what the barriers are, what the added values are etc.

Sciensano: We create a network and there is an element of voluntary contribution but is there also an obligation? We have not reflected on this very much yet, we are focussing on what institutions can participate etc. We need to reflect also on what the network can give to its members, not only the other way around. This will be addressed in Crane2.

Training & education will not be the focus of the blueprint but it will be included.

9. Crane 2 (Thomas Dubois, INCA)

- Aim of the EUnetCCC is to improve cancer care in Europe
- WP7 develop the different dimensions that are included in the set of standards that are being developed in Crane 1
- MM is becoming a pivotal element for future efforts
- Network will be connected with other EU networks and projects
- Focus on aspects and provide to the network the resources that will enable the development of the capacities



- Maybe digital solutions will help the centres to develop activities efficiently
- We will have to be concrete in terms of operationalisation for the benefits of the patients
- There will be a postponement of deadline for the proposal of about four months
- Structure is well stabilised and now we need to see if we can mix the targets and how we can make the best use of the budget
- Connection between CraNE 1 & 2: acceleration of the developments of some aspects, we need to consider using the time that remains in CraNE 1 to define aspects related to governance, sustainability etc.
- **The network should be launched in 2025**

10. Discussion, conclusion and next steps (Régine Kiasuwa Mbengi, Sciensano)

There are two more governmental boards in Spring (late March/early April 2024) and at the end of the project. The next governmental board will be held in person. Transition to CraNE 2 should be addressed

Present the more advanced results and the results of the pilot, the integration in the blueprint, the output for the next JA.

Minutes will be sent in the next weeks.

Do not hesitate to work on the minutes together and comment when they will be shared.