



# Process of Admission to the EU Network of Comprehensive Cancer Centres

## D5.1

Author(s):	Lead author: Paolo de Paoli, Alleanza Contro il Cancro Co-authors: Elena Preziosa, Alleanza Contro il Cancro
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## Project Information

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## Abbreviations and Acronyms

CCC	Comprehensive Cancer Centre
DKH	Deutsche Krebshilfe
DKG	Deutsche Krebsgesellschaft
EBCP	European Beating Cancer Plan
EC	European Commission
EU	European Union
MS	Member State
OECI	Organisation of European Cancer Institutes
WP	Work Package





## Executive Summary

Within the objectives of WP5, Deliverable 5.1 aims at describing the process of admission for CCCs to the future EU Network of CCCs, as well as proposing a process for the ongoing development of the Network and an initial list of CCCs that could become members.

To define the process of admission for prospective members will be of pivotal importance to enable the successful establishment and functioning of the EU Network. The process should guarantee fair, equal and transparent access to the Network, together with its activities and opportunities for growth and development.

To ensure that the Network will be established by 2025 as mandated by EBCP's flagship n.5, WP5 designed a process of admission for existing CCCs in the EU. Starting from an analysis of existing certification schemes according to pre-defined criteria, WP5 identified and selected two schemes, OECI and DKH, and proposed that CCCs certified through these schemes should be granted pre-qualified status to become members of the EU Network.

In addition, to guarantee that all MSs will be represented in the EU Network and to catalyse the development of a CCC in every MS, MSs that do not have a CCC will have the opportunity to nominate a representative that will be admitted as a member of the EU Network. Together, existing CCCs certified through selected schemes and representatives from MSs without a CCC will become the first members of the EU Network.

Lastly, to further develop the EU Network, a process of alignment among different certification schemes is proposed to facilitate the harmonization of criteria and quality standards for CCCs in Europe. Moreover, the development of the Network will be connected to three main areas: one related to the governance, organization and membership, one to the development of the activities of the Network and lastly one to the certification and quality assurance. All in all, during the implementation phase, these areas should be the basis to build a monitoring and evaluation system of the Network that could inform and facilitate its development.





## Background and Method

One of the key objectives of the EBCP<sup>1</sup> Flagship n.5 is to establish an EU Network of CCCs by 2025. As a result, one of the main outputs of CraNE JA is to put forward a framework for the establishment of such a Network. As part of Task 1 of Work Package 5 on *the EU Network of Comprehensive Cancer Centres: Composition, Governance, Joining process and Functioning*, this report illustrates the process of admission to the EU Network of CCCs as well as a proposal for the development of the future Network.

To ensure a fast, straightforward and inclusive process of admission for prospective members is paramount to ensure the establishment and functioning of the Network and meet the EBCP's objectives. Such considerations guided our work in WP5 and resulted in the description of three processes:

1. The process of admission to the EU Network of CCCs for already existing and certified CCCs;
2. The process of admission for centres without a CCC certification and for MSs that do not, at present, have a CCC;
3. Definition of key areas to ensure the development of the EU Network of CCCs and build its monitoring system.

The method employed to develop a proposal for these processes followed a participatory approach involving both CraNE partners and key actors involved in the JA. First, WP5 prepared a list of key questions related to the process of admission, highlighting potential issues and proposing possible solutions. Next, a first round of discussion with WP5 and CraNE partners resulted in a first draft of the process. The draft was then extensively discussed at Steering Committee meetings (SC), where members engaged in intensive brainstorming on several aspects of the process. The discussions led to several rounds of revisions, which resulted in a final draft that was presented at the Joint Action meeting on 29th November 2023, SC meeting on 15<sup>th</sup> January as well as at the Governmental Board meeting and Stakeholder Forum held on the 1<sup>st</sup> and 7<sup>th</sup> December 2023 respectively. In addition, together with WP1 and in preparation for the Governmental Board meeting in December, a one-pager summarizing the process of admission was prepared and discussed. This participatory approach ensured that the final process of admission was not only discussed and approved by SC members but also enriched with the diverse perspectives of members of the Governmental Board as well as relevant stakeholders.

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<sup>1</sup> European Commission (2021) European Beating Cancer Plan. Available at: [https://health.ec.europa.eu/system/files/2022-02/eu\\_cancer-plan\\_en\\_0.pdf](https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf)



## Process of Admission for Certified Comprehensive Cancer Centres

### Methods

The first step to describe how existing CCCs will be admitted to the future EU Network involved a review, analysis and selection of certification schemes. WP5 first mapped existing certification schemes, drawing from available online resources. Inclusion criteria were certification systems operating in the healthcare sector, schemes focusing on cancer or that included a module on cancer and schemes operating both in the EU and worldwide. The list was then presented, discussed and validated by CraNE partners during a meeting on 7<sup>th</sup> September 2023 in Slovenia. The process resulted in the selection of eleven certification schemes<sup>2</sup>, which were then included in the analysis (complete list in Annex 1).

Next, WP5 initiated a consultation process involving both WP5 participants and CraNE partners to identify criteria to analyse certification schemes. A first proposal of the criteria was developed by WP5, drawing from the draft definition of CCC developed by WP7 and existing definitions of CCCs available in the literature, as well as from the latest proposals on CCC criteria and standards put forward by WP7. The proposal was then discussed at several SC meetings. The consultation process resulted in the selection of five criteria:

Criteria	
1.	The certification scheme is cancer-specific.
2.	The certification scheme includes research, education, and care and is approximately aligned to the present WP7 proposals and the generic CCCN standards in IPAAC.
3.	The certification scheme has a track record of certifying CCCs.
4.	The certification scheme operates in one or more EU Member States.
5.	The certification scheme is comprehensive in oncology scope.

Figure 1. Criteria to Select Certification Schemes

Once finalized, a description was included to clarify each criterion and facilitate our analysis (Annex 2). The data to analyse how each certification scheme satisfied each criterion was retrieved from documents (certification manuals, standards and procedures etc.) available either online or shared by CraNE partners and experts on specific certification schemes. For each scheme, we evaluated whether each criterion was met and indicated a “Yes” (=1) if it was fully satisfied, “Partially” (=0.5) if it was partially satisfied and “No” (=0) if it was not satisfied. The data was then collected into a Microsoft Excel spreadsheet, which was the basis for our descriptive analysis<sup>3</sup>.

<sup>2</sup> The initial list also included the European Academy of Cancer Sciences (EACS) Designation of Research Excellence programme; however, as it was not possible to retrieve sufficient evidence to conduct our analysis, it was excluded from the list.

<sup>3</sup> Data supporting the findings of our analysis are available upon request.





## Results

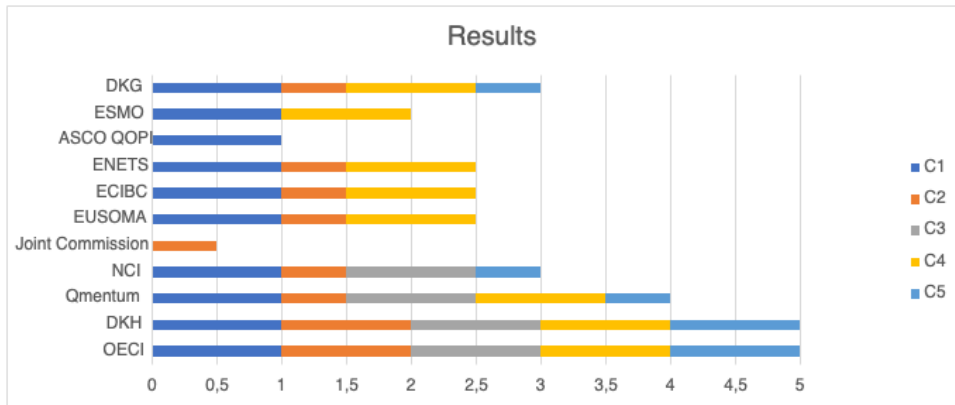


Figure 2. Analysis Results

Results suggest that, at present, only two certification schemes, namely the Organization of European Cancer Institutes (OECI) and Deutsche Krebshilfe (German Cancer Aid) fully meet all five criteria. Therefore, these certification schemes- and by extension CCCs certified through these schemes- should be recognized as admissible to join the future Network. As such, it is proposed that during the implementation phase, CCCs certified through DKH and OECI be granted pre-qualified status to become members of the EU Network of CCCs. A list of CCCs certified through OECI and DKH is included at the end of the document (Annex 3).

### Path Towards Membership for Existing CCCs and Re-certification

For this purpose, at the start of the next implementation phase, a call for interest will be prepared and launched to allow CCCs certified through DKH and OECI to express an interest in becoming members of the Network. Supporting documentation (e.g. proof of certification) and content of the call for interest will have to be defined and agreed upon during the implementation phase. Once CCCs certified through OECI and DKH will have expressed their interest in becoming members of the Network and provided supporting documents, they will be admitted to the EU Network and become its first official members.

In addition, as a CCC certification usually has a time-limited duration, it is proposed that once the certification of CCC members expires, such CCCs will be free to re-certify through either existing schemes (OECI or DKH) or future certification schemes, including the future EU Certification Scheme -when ready- in order to remain members of the Network. Nevertheless, to ensure that all CCCs members will meet similar high-quality standards and to facilitate the development of a common vision on cancer care and research in the EU, it is proposed that at the start of the implementation phase, certification schemes represented in the Network should engage in the development of a plan to align and harmonize their schemes.





## Process of Admission for Centres Without a CCC certification and MSs Without a CCC

### Path towards Membership for Centres Without a CCC Certification

For centres that do not hold a CCC certification but would like to become members of the EU Network, it is proposed that they should hold a CCC certification prior to applying for membership. Regarding the issue of which certification these centres should have in order to apply, it is proposed that these centres will be free to apply to either existing (OECI, DKH) or future certification schemes, including the EU Certification Scheme that will be developed. Once obtained, these CCC will be eligible to apply for membership.

### Member States Without a CCC and Small Member States

During the consultation process on the admission process, several issues emerged: first, the issue of how to ensure that all MSs are represented in the EU Network of CCCs, including those MSs that, at present, do not have a CCC; second, the issue of Small MSs<sup>4</sup> and their admission to the EU Network. What follows is the result of such discussions.

One of the ambitions of the EBCP Flagship n. 5 is to ensure that every MS develops a CCC. In the light of such an objective, it is proposed that during the implementation JA EUNetCCCs, each Competent Authority of MSs without a CCC will nominate a representative that will be admitted as a member of the EU Network of CCCs. The selection criteria to identify these representatives will have to be discussed and decided upon by Competent Authorities together with their MSs and then approved by the Steering Committee of next implementation Joint Action. These representatives will become members of the EU Network and enjoy the same rights and benefits as other CCCs members.

In the short-term, the presence of these representatives will guarantee that all MSs will be represented in the Network and participate in its governing bodies. By being involved in the governance, these representatives will have a chance to bring in their perspective, highlight challenges and roadblocks and potentially find solutions to mitigate or solve these challenges. In the long-term, by benefitting from the tools developed in CraNE, such as the Maturity Model developed by WP4, as well as by being involved in the collaborative activities and pilot projects proposed in the implementation phase, the presence of these representatives in the EU Network could potentially help in the development of a CCC in these countries and reach the EBCP's objectives.

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<sup>4</sup>For 'Small Member States', we refer to EU Member States with a population of three million or less, which comprise the following states: Cyprus, Estonia, Latvia, Lithuania, Malta and Slovenia. See Azzopardi-Muscat et al. (2016). "Policy challenges and reforms in small EU member state health systems: a narrative literature review". *European Journal of Public Health*, 26 no. 6: 916–922.



Lastly, such proposal could also benefit Small Member States. The discussion around membership of the EU Network shed light on the issues that Small MSs may experience in developing a CCC in their own country. Such challenges (e.g. meeting certain quantitative thresholds to become certified as a CCC) could jeopardize the ability of these MSs in ever getting access to the EU Network and benefitting from what the Network will offer. For these reasons, in addition to the possibility of appointing a representative that will be admitted to the EU Network as a member, it is proposed that a strategy should be developed to meet the unique set of challenges encountered by these states and allow them to access the EU Network. It therefore proposed that such strategy should be developed prior to the formal constitution of the EU Network and its governing bodies.

## Process of Development of the EU Network of CCCs

Within the scope of task 5.1, WP5 put forward a proposal to describe the continuous development of the EU Network. First, a process for alignment among the different certification schemes is proposed. Secondly, we outlined three key areas of development of the future Network. By building a monitoring system around these areas, the Network is expected to grow, develop and meet the EBCP's objectives.

### Process of Alignment Among Certification Schemes

Since it is the ambition of the next Joint Action, EUNetCCCs, to develop an EU Certification Scheme for CCCs, WP5 put forward a proposal to facilitate the alignment among existing CCC certification schemes, OEI and DKH, and the future EU Certification Scheme. The alignment process should reach the following objectives: 1. To ensure that all CCCs that will become members of the EU Network meet high-quality standards in terms of cancer care, education and research. 2. To encourage mutual learning and development among different schemes operating in the EU 3. In the long run, to create a common vision on cancer care and research in Europe.

The process to build a proposal for the alignment process among certifications schemes involved the preparation of a preliminary proposal by WP5, which was then discussed with both CraNE partners at two Steering Committee meetings on 2<sup>nd</sup> November 2023 and 15<sup>th</sup> January 2024 and representatives from existing CCC certification schemes, namely OEI and DKH.

The consultation process resulted in the following considerations and premises: the alignment process should be a dynamic one, as certification schemes evolve and continually develop through time; the alignment should take into consideration existing variations in terms of quality standards among existing certification schemes and not strive to reach identical standards; rather, the focus should be on ensuring that certification schemes cover the same topics and criteria.



The alignment process would first involve the creation of a working group at the beginning of the next implementation Joint Action. The working group would include 3-5 representatives from the next Joint Action EUNetCCCs, who would represent the future EU Certification Scheme, as well as representatives from DKH, DKG<sup>5</sup> and OECl. Secondly, the working group should first agree on a methodology and criteria to carry out a comparative analysis among the schemes. In general terms, the working group's objective should be to compare certification schemes, focusing on aspects including but not limited to:

- a. Existing topics and criteria of each scheme;
- b. List of documents required for application;
- c. Scoring systems;
- d. Quantitative thresholds (if any);
- e. Duration of certification;
- f. Any other aspect.

In performing the analysis, the working group should identify topics and areas in common, as well as differences and gaps, as well as compare and contrast all aspects related to the different schemes (e.g. documents, application etc.).

Thirdly, the working group would prepare a report summarizing the main findings and submit it to the governing bodies of each certification scheme for their review. Lastly, it is proposed that the schemes discuss the main findings and prepare a plan for alignment.

### Areas of Development of the EU Network

In the next implementation phase, the EU Network of CCCs will be established. To ensure that the EU Network will realise its objectives in an efficient and effective way, three areas of development for the EU Network will be particularly significant: one related to the development of governance and membership-related processes, one on the development of activities of the Network and lastly, one on the development of quality assurance, improvement and certification processes for future members. Together, the simultaneous evolution of these areas should catalyse the development of the EU Network both during the next implementation phase and possibly after that.

In addition, it is proposed that a monitoring and evaluation system should be built around these areas during the next implementation JA, when the preparatory activities (e.g. governance framework, activities, CCC standards etc.) for the Network will be finalized. To monitor and evaluate the Network in general, together with its key functions and activities, will help in assessing the performance of the Network and identifying success areas as well as improvement areas. As a result, the Network will be able to learn, adjust and hopefully improve over time.

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<sup>5</sup> During the consultation process, it was proposed that DKG should also be represented in the working group, since being certified as an oncology centre through the DKG certification programme is a requirement to apply to the DKH certification programme for CCCs.



## Governance, Organization and Membership

During the next implementation phase, one of the key areas that will prompt the development of the Network will be the establishment of its governing bodies (based on the framework proposed by WP5 in CraNE). An effective governance structure will be of crucial importance to guarantee that the Network will become fully operational and carry out its functions. Once established, the governance bodies are expected to reach full maturity over time, following a stepwise approach. Activities that the governing bodies could perform to stimulate the overall Network's development include:

- Definition of an annual strategy to reach the Network's goals and development of KPIs;
- Planning activities and budget of the governing bodies;
- Defining strategies to facilitate the organization of activities for members and certification-related processes.
- Definition of a strategy to ensure a continuous engagement of current and prospective members in the governance of the EU Network;
- Definition of a strategy to ensure the active engagement of relevant stakeholders, such as patients' organizations, healthcare professionals etc.;
- Leveraging on existing efforts in cancer care and research, development of strategic partnerships with existing EU initiatives and projects (e.g. ERNs, Network of Expertise etc.) as well as private sector that could benefit Network's members and ensure the sustainability of the EU Network.

Examples of indicators to monitor and evaluate such activities could include:

- Number of Member States participating in the Network
- Number of new members of the Network per year
- Number of different European areas/regions represented by the Network
- Levels of engagement among members
- Satisfaction rate among members
- Number of stakeholders (patient organizations, scientific organizations etc.) engaged in the Network
- Types of stakeholders
- Levels of engagement of different categories of stakeholders
- Number of partnerships initiated per area (existing EU initiatives, EU projects, private sector etc.)

## Network's activities for members

The second development area relates to the Network's activities for members, which are currently under development in CraNE T5.3.1, led by OUS. On the one hand, the activities will ensure that the Network will offer opportunities to its members to learn, grow and develop;



on the other, they will also complement and reinforce the membership and engagement processes of the Network by creating an added value for members to join. As a result, this area will be essential to enable the development and success of the future Network. During the implementation phase, when these activities will be further developed and implemented, the monitoring system of the Network should also focus on evaluating these activities. Examples of activity areas developed in T5.3.1 include:

- Care, treatment and diagnostics
  - Clinical guidelines
  - Clinical data for research and quality monitoring
  - Cancer in children, adolescents, young adults and survivorship
  - Precision cancer diagnostics
  - Primary and secondary prevention and early detection
- Research and Innovation
  - Research
  - Innovation
  - Clinical Trials
- Governance and Policy
  - Governance and Organization of CCCs
  - Standards for CCCs
  - Influencing Policy and Politics Regarding Cancer
  - Patient Involvement
  - Industry Relations

### Quality Assurance, Improvement and Certification

The third area of development of the Network relates to quality assurance, improvement and certification-related matters. This will be paramount to the successful implementation of the Network of CCCs, as it will provide centres with the opportunity to grow and ensure high-quality standards for all centres participating in the Network. Three main activities will be key for this area:

- Based on CraNE's WP5 proposals, realization of an alignment process among certification schemes to ensure high-quality cancer care, education and research for all members of the Network;
- Improvement of less mature CCCs and centres that are on the path to become a CCC through pilot projects, in connection to the Maturity Model developed in WP4;
- Development of the EU Certification Scheme based on WP7 standards to certify centres that would like to become CCCs through this scheme.

Examples of indicators to monitor and evaluate such activities could include:

- Number of centres applying to the EU certification scheme



## Crane European Network of Comprehensive Cancer Centres

- Number of improvement plans for centres wishing to become CCCs
- Number of newly certified CCCs under the future EU certification scheme





## Annex 1. List of Certification Schemes

Name
OECI
DKH
Qmentum
NCI
Joint Commission
EUSOMA
ECBC
ENETS
ASCO QOPI
ESMO
DKG







## Annex 2. List of criteria and Description

Criteria to Select Existing Certification Schemes	
1. They are cancer-specific.	The certification scheme only operates in the field of oncology.
2. They include research, education, and care and are approximately aligned to the present WP7 proposals and the generic CCCN standards in iPAAC.	The certification scheme includes quality standards related to research, education and care; it also includes to a large extent standards on the other areas covered by CraNE WP7 in the domains of Innovation, Prevention, Integration of Research and Care, Governance; the certification scheme is also in line with standards proposed by iPAAC on CCCNs.
3. They have a track record of certifying CCCs.	The certification scheme has certified CCCs for at least two years.
4. They operate in one or more EU Member States.	The certification scheme has certified at least one CCC that operates in an EU Member State.
5. They are comprehensive in oncology scope.	The certification scheme covers all major cancer types and it includes standards on research, care, education and training; it encompasses the whole patient pathway; it aims at certifying centres that disseminate learning and expertise across cancer types.





## Annex 3. List of CCCs

### **Comprehensive Cancer Centers funded by the German Cancer Aid (Status: 16.01.2024)**

#### **Single Site CCCs:**

Berlin: Charité Comprehensive Cancer Center

Dresden: National Center for Tumor Diseases Dresden (NCT/UCC)

Freiburg: Comprehensive Cancer Center Freiburg

Hamburg: University Cancer Center Hamburg (UCCH)

Mainz: University Cancer Center Mainz

Ulm: Comprehensive Cancer Center Ulm

Tübingen: Comprehensive Cancer Center Tübingen-Stuttgart

Heidelberg: National Center for Tumor Diseases (NCT) Heidelberg

#### **CCC Consortium:**

Aachen/Bonn/Cologne/Düsseldorf: Center for Integrated Oncology (CIO)

Essen/Münster: West German Cancer Center (WTZ)

Frankfurt/Marburg: University Cancer Center (UCT) Frankfurt-Marburg

Hannover/Göttingen: Comprehensive Cancer Center Niedersachsen

Leipzig/Jena: Cancer Center Central Germany (CCCG)

Munich (LMU/TMU): Comprehensive Cancer Center Munich

Würzburg/Erlangen/Regensburg/Augsburg: Comprehensive Cancer Center Alliance WERA

### **Comprehensive Cancer Centres certified by OECI (Status 23.01.2024)**

#### **Belgium**

Institut Jules Bordet, Brussels

#### **Czech Republic**

Masaryk Memorial Cancer Institute, Brno

#### **Finland**

Helsinki University Hospital, Helsinki



**France**

Institut Curie, Paris

Institut Universitaire de Cancérologie APHP. Sorbonne Université

Institut du Cancer Paris CARPEM

Institut Paoli-Calmettes, Marseille

Centre Francois Baclesse, Caen

Institut Universitaire du Cancer de Toulouse-Oncopole

Centre Léon Bérard, Lyon

Institut de Cancérologie de l'Ouest, Angers

Centre Henri Becquerel, Rouen

**Hungary**

National Institute of Oncology, Budapest

**Italy**

Centre di Riferimento Oncologico di Aviano (CRO), IRCCS, Aviano

IRCCS Ospedale Policlinico San Martino, Genoa

Istituto Europeo di Oncologia, Milan

Fondazione IRCCS - Istituto Nazionale dei Tumori di Milano

Istituto Nazionale Tumori - IRCCS "Fondazione G. Pascale", Napoli

Istituto Nazionale Tumori Regina Elena, Rome

Istituto Oncologico Veneto IRCCS-IOV, Padua

Azienda Unità Sanitaria Locale di Reggio Emilia - IRCCS Istituto in Tecnologie Avanzate e Modelli Assistenziali in Oncologia, Reggio Emilia

IRCCS Istituto Clinico Humanitas, Milan

Istituto di Candiolo FPO-IRCCS

**Norway**

Oslo University Hospital

**Portugal**

Instituto Português de Oncologia do Porto Francisco Gentil, E.P.E.





**Spain**

Vall d'Hebron Barcelona Campus Hospitalari, Barcelona

**Sweden**

Karolinska Institute and University Hospital, Stockholm

Sahlgrenska University Hospital, Gothenburg

Skane University Hospital, Lund

**The Netherlands**

NKI-AVL, Amsterdam

University Medical Centre Groningen

Maastricht University Medical Centre +

