



D6.1

“Definition of Comprehensive Cancer Care Networks (CCCN) and its interfaces with Comprehensive Cancer Centres (CCC)”

Author(s):	Lead author: Ellen Griesshammer (DKG), Simone Wesselmann (DKG)
Contributor(s):	Andreu Albiach (ICO), Anastasia Balasopoulou (1st YPE ATTICA), Made Bambus (MSAE), Harriët Blaauwgeers (OECI), Josep Borrás (ICO), Karen Budewig (BMG), Candela Calle (ICO), Inga Cechanovičienė (SAM LT), Maja Čemažar (OI), M. Rudy Chouvel (FHF Cancer), Ruggero de Maria (ACC), Paolo De Paoli (ACC), Ina De Prins (UZA), Ineta Derjabo (REUH), Anne Drochon (INC), Dorota Dudek-Godeau (NIZP PZH-PIB), Audrius Dulskas (NCI), Lidia Dyndor (NIZP PZH-PIB), Arne Fosseng (OUS), Amelie Gaignaux (INC), Martina Gamer (Sciensano), Nikolai Goncharenko (INC), Nele Grapentin (DKG), Ingrid Jenny Guldvik (OUS), Ernestas Janulionis (NCI), Kathy Jaworski (INC), Olga Kalakouta (MoH), Franz Kohlhuber (DKH), Katerina Kopeckova (COZ), Uroš Kuhar (OI), Claudio Lombardo (OECI), Per Magnus (OUS), Regine Mbengi Kiasuwa (Sciensano), Ciaran Murphy (DOH), Delia Nicoara (ICON), Simon Oberst (OECI), Bianca Paul (DKH), Joan Prades (ICO), Elena Preziosa (ACC), Alain Ravaud , FHF Cancer), Asta Ščesnaitė-Jerdiakova(NCI), Karl Silver(DOH), Helen Simone (DOH), Sigbjørn Smeland (OUS), Bernhard Sperker (DKH), Kim Tiede (DKH), Sonja Tomšič (OI), Valentina Trapani (ACC), Xavier Troussard (FHF Cancer), Marc Van Den Bulcke (Sciensano), Heidi van Doorne (OECI), Timon Vandamme (UZA), Ilias Vavoulas (1st YPE ATTICA), Annelies Verbiest (UZA), Lisa Verbruggen (UZA), Emmanouela Zouroudi (1st YPE ATTICA)
Work Package:	WP 6 “Organization of comprehensive, high-quality cancer care in Comprehensive Cancer Care Networks (CCCNs)”
Date:	16.09.2024





Table of Contents

Project Information.....	3
Abbreviations and Acronyms	4
Executive Summary.....	5
1. Introduction.....	7
2. Definition of Comprehensive Cancer Care Networks (CCCNs)	10
2.1 Contextual backdrop.....	10
2.2 Updated CCCN Definition	13
3. Interfaces	15
3.1 Interfaces between CCCNs and CCCs.....	15
3.2 Interfaces between CCCs and CCCNs	19
4. Annex	20
4.1. Set of Standard for Comprehensive Cancer Care Networks	20
4.2. Set of Standard for Lung Cancer Care Network	20
4.3. Set of Standard for Colorectal and Pancreatic Cancer Care Networks	20





Project Information

Project Full Title:	Network of Comprehensive Cancer Centres: Preparatory activities on creation of National Comprehensive Cancer Centres and EU Networking
Project Acronym:	CraNE
Project N°:	101075284
Call:	EU4H-2021-JA-IBA
Topic:	EU4H-2021-JA-03
Starting Date:	01 October 2022
Duration:	24 months
Coordinator:	NIJZ-NACIONALNI INSTITUT ZA JAVNO ZDRAVJE-Slovenia





Abbreviations and Acronyms

CCC	Comprehensive Cancer Centre
CCCN	Comprehensive Cancer Care Network
CraNE	Network of Comprehensive Cancer Centres: Preparatory activities on creation of National Comprehensive Cancer Centres and EU Networking
CrC	Colorectal
DS	Data Sheet
EC	European Commission
iPACC	Innovative Partnership for Action Against Cancer
JA	Joint Action
LC	Lung Cancer
MS	Member States
PANC	Pancreas
QI	Quality Indicator
SoS	Set of Standards
TMG	Tumour Management Group
WP	Work Package





Executive Summary

The objective of Work Package 6 (WP6) in the Joint Action CraNE is to organize high-quality cancer care through Comprehensive Cancer Care Networks (CCCNs). The aim is to develop tools ensuring standardized, integrated oncological care across all European Member States, providing all-encompassing, high-quality care to all patients throughout the healthcare continuum.

WP6 builds on previous Joint Actions, Cancer Control (CanCon), and Innovative Partnership for Action Against Cancer (iPAAC), developing Sets of Standards (SoS) for CCCNs, specifically for lung cancer, and updating standards for colorectal and pancreatic cancers. These standards include guideline-based recommendations, structural requirements like staffing, technical infrastructure, and key performance figures.

Task 6.1 focused on defining CCCNs within national oncology governance and their interfaces with Comprehensive Cancer Centres (CCCs). The CCCN definition, updated based on experiences from Joint Action CanCon and iPAAC, ensures access to high-quality care in all European Member States, aligning standards for all quality-assured institutions.

Task 6.1 was conducted jointly with WP8 (equitable access to high-quality care and research networks) and in collaboration with WP7 (framework for implementing Comprehensive Cancer Centres within an EU Network). WP7 defined the role and standards for EU Comprehensive Cancer Centres (EU CCCs), while WP8 analyzed real-life CCC implementation examples and their network relationships.

A joint workshop between WP6, WP7 and WP8 in February 2024 led to an updated CCCN definition, integrating examples of interfaces between CCCNs and CCCs into the SoS for CCCNs. This was presented, discussed and agreed with the members of WP6 at the 4th meeting on 1-2 July 2024.

Europe's Beating Cancer Plan aims to ensure that 90% of eligible patients have access to quality-assured oncology care by 2030. CCCNs, along with CCCs, will form the foundation to achieve this goal, ensuring high-quality, accessible cancer care across the EU.

After an introduction the report will present in chapter two the updated CCCN definition.

Based on the updated CCCN definition (chapter 2) corresponding requirements/standards for the interfaces between CCCN and CCCs were defined and integrated in the SoS for CCCNs (chapter 3).

As the SoS for CCC is not yet finalized corresponding requirements/standards for the interfaces between CCCs and CCCN were not yet defined and integrated. This will be done in the follow up Joint Action EUnetCCC within WP9 task 1 in close collaboration with WP5.





Defining the interfaces between CCCNs and CCCs and including them in the relevant SoS for CCCs and CCCNs to be assessed during the certification process will help to improve the quality and accessibility of cancer care, reduce inequalities and improve outcomes for all cancer patients in the EU.





1. Introduction

The goal of Work Package 6 in the Joint Action CraNE is the organization of comprehensive, high-quality cancer care in CCCNs. The aim is to further develop practical instruments ensuring a standardised integrated and comprehensive oncological care in all European Member States (MS) that is tumour-specific and delivers all-encompassing high-quality care to all patients along the entire chain of health care.

Based on the results of the previous Joint Actions Cancer Control (CanCon) and Innovative Partnership for Action Against Cancer (iPAAC), WP6 has defined SoS for CCCNs for lung cancer and updated the two SoS for CCCNs defined during JA iPAAC (SoS “colorectal and pancreatic cancer” and SoS “Generic CCCN” which is non-tumour-specific for a pan-cancer organisation of oncological care within a CCCN). The SoS include guideline-based recommendations, structural requirements, e.g., staffing and technical infrastructure as well as key performance figures (see deliverable 6.3 “Development of Set of Standards and Quality Indicators for Lung Cancer Care” and link to document “[Set of Standards for Lung Cancer Care Networks](#)”¹).

To make the quality of care in CCCNs transparent, comparable and if necessary improvable, tumour-specific Quality Indicators (QI) respectively for lung, colorectal and pancreatic cancer were developed based on the defined methodology for development of QI-Sets in Oncology (QISO) to supplement the Set of Standards (see deliverable 6.3 “Development of Set of Standards and Quality Indicators for Lung Cancer Care” and link to document “[Final Set of QI for Lung Cancer](#)”²).

For the successful implementation and certification of CCCNs, specific requirements (see SoS and QI-Set) must be met. Verification of implementation should be carried out based on explicit and transparent rules that prevent a potential conflict of interests. Therefore, framework for the certification and designation of CCCNs was developed, consisting of specifications for auditors, audit plan, on-site audit, audit report and the award of the certificate (see link to document “[Updated European Framework for the certification of CCCNs](#)”³).

Moreover, as recommended by the external evaluation in iPAAC, a training concept with instruments to enable and empower MS to set up quality assured CCCNs was developed. Based on the baseline assessment recommendations’ a training concept was created to support CCCNs consisting of (1) training manual for setting up CCCNs, (2) a concept for a

¹ Link: https://crane4health.eu/wp-content/uploads/2024/11/CraNE_WP6_Sub-Task-6.3.1_Standard-for-Lung-Cancer-Care_2023_v-A1.2_fin.pdf

² Link: https://crane4health.eu/wp-content/uploads/2024/11/CraNE_WP6_Sub-Task-6.3.2_Set-of-Quality-Indicators-for-Lung-Cancer_v-A1.1_fin-1.pdf

³ Link: https://crane4health.eu/wp-content/uploads/2024/07/CraNE_WP6_Sub-Task-6.5.2_CCCN-Framework-Update_V2.0.pdf

modular approach in CCCN certification and (3) a coaching concept to allow a more tailored support to individual needs (see [deliverable 6.2. "Training concept for set-up a CCCN"](#)⁴).

As the patients and their needs are at the centre of the CCCN concept the patient pathway development methodology developed in iPAAC (see [link](#)⁵) was enhanced by promoting patient-centredness. The updated methodology was applied to create a patient pathway that can be used by lung cancer patients and clinicians. In addition, interoperability guidelines for digitalization of patient pathways in CCCNs and CCC are prepared (see report on [task 6.4.1. "Systematic Review and Survey on Patient-Centeredness in CCCN"](#)⁶ and report on [task 6.4.2 "Describing the lung cancer patient pathway templated accompanied with patient-centred practices"](#)⁷)

All of the developed tools and deliverables are implemented in two pilot CCCNs in Luxembourg and Poland. According to the European Evaluation Framework for the Certification of CCCNs a pre-audit and a certification audit are conducted to assess the implementation of the SoS for Lung Cancer CCCNs as well as the deliverables from task 2-4. After the successful peer review the CCCN certificate was awarded to the pilot sites.

The goal of task 6.1 "Definition of Comprehensive Cancer Care Networks (CCCN) and its interfaces with Comprehensive Cancer Centres (CCC)" was to define the role of CCCNs within the landscape of national governance of oncological care with a focus on the interfaces with CCC.

Moreover, the CCCN definition developed in the [Joint Action CanCon](#)⁸ was updated based on the practical implementation experiences in [Joint Action iPAAC](#)⁹ and [Joint Action CraNE](#)¹⁰ with the goal to ensure access and availability of the comprehensive high-quality care in CCCNs to all European MS and that high standards in cancer care are aligned for all quality assured institutions focusing on the interfaces between CCCN and CCC.

The task was a joint task with WP8 "Equitable access to high-quality care and research: networks in the context of CCCs" and in close collaboration with WP7 "Framework and criteria to enable the implementation of Comprehensive Cancer Centres within an EU Network".

Whereas WP7 developed the definition of EU Comprehensive Cancer Centres (EU CCC) and as well as SoS for setting up CCCs encompassing 7 dimensions (governance, research, innovation,

⁴ Link: https://crane4health.eu/wp-content/uploads/2024/06/CraNE_WP6_D6.2_Training-concept-for-set-up.pdf

⁵ Link: <https://www.ipaac.eu/news-detail/en/59-patient-pathways-for-comprehensive-cancer-care-networks/>

⁶ Link: https://crane4health.eu/wp-content/uploads/2024/06/CraNE_WP6_Sub-Task-6.4.1_Report.pdf

⁷ Link: https://crane4health.eu/wp-content/uploads/2024/07/CraNE_WP6_Sub-Task-6.4.2_Report.pdf

⁸ Link: <https://cancercontrol.eu/archived/>

⁹ Link: <https://www.ipaac.eu/>

¹⁰ Link: <https://crane4health.eu/>



prevention, education and training, integration of research and care and care), WP8 analysed real-life implementation examples of CCCs and their surrounding networks (i.e. CCCNs).

WP8 analysis included scope and models of CCCs' and their associated networks, levels of formalisation in the relationship among the CCC and its network components, governance frameworks and evaluation of their performance (see WP8 deliverable 8.1. "Organisational models of networks built around a CCC").

In a joint Workshop between WP6, WP7 and WP8 in February 2024, based on the results of WP7 and WP8 the CCCN definition was jointly discussed and updated. Based on the updated definition examples for interfaces between CCCN and CCCs were identified, and corresponding requirements/standards were integrated in the SoS for CCCNs (generic, lung, colorectal and pancreatic SoS).





2. Definition of Comprehensive Cancer Care Networks (CCCNs)

2.1 Contextual backdrop

The care of cancer patients is complex. Cancer has a long course, can affect different organ systems, can be treated with different therapies and affects the life of the patient both physically and psychologically. The cancer incident in Europe is continuing to increase and in large part due to demographic change and the development of medical innovations, a further increase in costs is to be expected in the coming years, which will further intensify the discussion about appropriate and at the same time economical oncological care ¹¹.

Taking into account the complex care situation of cancer patients, the frequently changing treatment protocols, the advances in molecular profiling and against the background of limited health care resources, providing quality-assured and evidence-based cancer care is one of the biggest public health challenges in the European member states. Thus, improvements in cancer care and its outcomes must be for the benefit of all those who are affected with the aim of reducing inequalities throughout Europe.

Currently cancer care is organized in different ways in different countries and even differently within different regions of the same country. The patient pathway from early detection, treatment of the primary and advanced tumours, supportive and palliative care may be carried out by the same institution or by different institutions.

In Europe many cancer patients are treated in general hospitals and/or institutions specialized in cancer management, including those that have become known as CCC.

The model of integrated cancer control, that reconciles the expertise of high-volume specialized referral centres with the greater accessibility of general hospitals, other health care institutions and primary care professionals, has become known as CCCNs ¹².

The first definition was developed during the course of the Joint Action Cancer Control (2014-2017):

- A CCCN consists of multiple units belonging to different institutions dedicated to research, prevention, diagnosis, treatment, follow-up, supportive and palliative care and rehabilitation for the benefit of cancer patients and cancer survivors.
- These units interact and have a formal agreement to work together in a programmatic and structured way with common governance, in order to pursue their goals more effectively and efficiently through collective synergies.

¹¹ Griesshammer E, Wesselmann S. (2019): European Cancer Centre Certification Programme – A European way to quality of cancer care. *Der Gynäkologe* 52: 380–385. DOI: 10.1007/s00129-019-4398-6.

¹² Albrecht, T. et al (2015): Integrated cancer control: the case for comprehensive cancer care networks (CCCN): https://cancercontrol.eu/archived/uploads/images/Guide/042017/CanCon_Guide_5_Control_LR.pdf



- Within the CCCN the care of patients is the responsibility of interprofessional teams that are multidisciplinary and tumour specific. Each team or tumour management group (TMG) works together for the benefit of patients with that particular type of tumour.
- Within the CCCN all units work together and adopt uniform standards of care for cancer-specific pathways that are binding for the entire network.
- The CCCN promotes a uniform system of quality assurance, and a unified informatics system for optimal exchange of information.
- The objective of a CCCN is to provide comprehensive cancer care to all the people living in a certain geographic area, thus pursuing equality and the improvement of outcomes and quality.

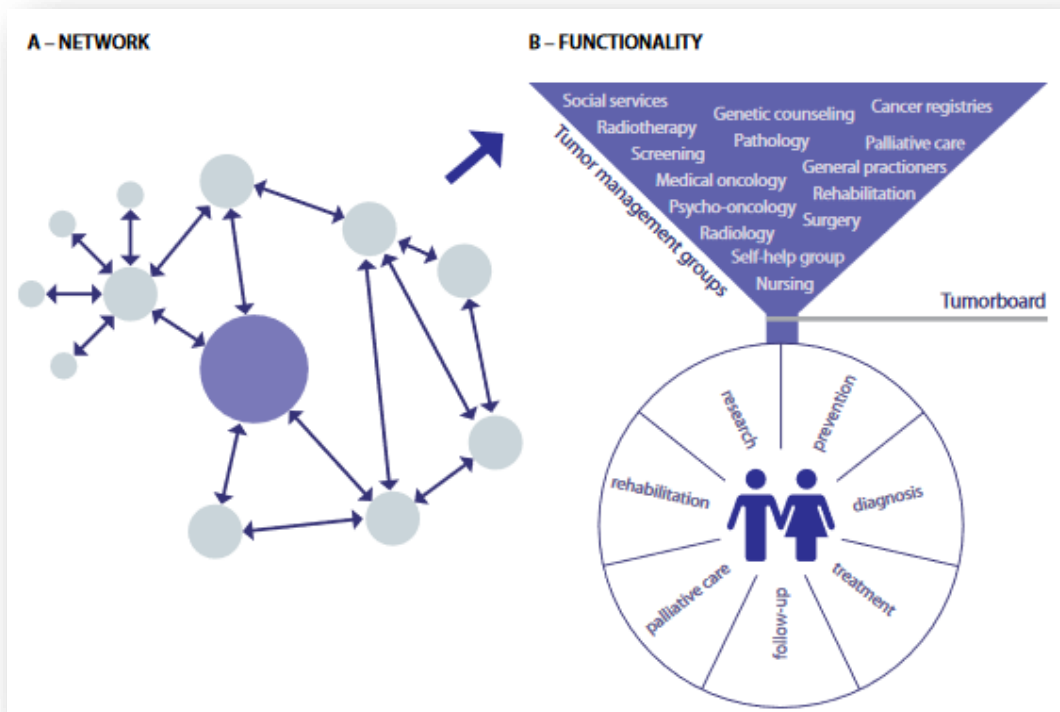


Figure 1: The key elements defining a CCCN: (A) example of a network; (B) tumour ²

Legend of figure 1.

A – Network: The dots represent units/institutions (e.g. primary care, community hospitals, university hospitals, psychosocial counselling etc.) dedicated to research, prevention, diagnosis, treatment, follow-up, supportive and palliative care and rehabilitation, which work together as a CCCN in a structured way with a common governance

B – Functionality: The tumour management groups within the CCCN are inter-professional, multi-disciplinary and tumour-specific; with the objective to provide comprehensive cancer care to all the people living in a certain geographic area



Notes: The example of a network (A) has arrows to indicate the flow of patients, expertise, data and so on between networking institutions of different sizes, with different roles and at different levels in the health system. These work together in a structured way with a common governance. The dots indicate units/institutions (e.g. primary care, community hospitals, university hospitals. psychosocial counselling) dedicated to research, prevention, diagnosis, treatment, follow-up, supportive and palliative care and rehabilitation. In tumour management groups (B), care-related activities are interprofessional, multidisciplinary and tumour specific. The objective is to provide comprehensive cancer care to the entire population within the catchment area.¹³

The subsequent Joint Action “innovative Partnership for Action Against Cancer (iPAAC), further developed the CCCN definition.

The objective was to operationalize the CCCN theoretical framework and to implement real-life CCCNs with a focus on defining a SoS for the multidisciplinary tumour-specific approach, where quality of care is to be measured with quality indicators and a process for continuous quality improvement is put in place and implemented.

The WP10 “Governance of Integrated and Comprehensive Cancer Care” (see [link¹⁴](#)) focused on the overarching governance structure within a CCCN as well as setting up of quality assured tumour-specific groups. A framework for the implementation and monitoring of CCCNs (see [link¹⁵](#) as well as so-called SoS for tumour-specific management groups within a CCCN for colorectal and pancreatic cancer (see [link¹⁶](#)) including quality indicators (see [link¹⁷](#)) was developed. Accompanied by SoS for governance of several tumour-specific management groups – so called SoS CCCN generic (see [link¹⁸](#)).

The SoS summarise the tumour-specific requirements for the expertise of the treating physicians, nurses etc, the processes of cooperation between the partners of the network (e.g. tumour board, quality circles, further training, studies, etc.) and the personnel and structural organisation of the network along the entire patient pathway. The Set of Standards (see [link¹⁹](#)) and the Evaluation Framework for the certification of CCCNs (see [link²⁰](#)) were successfully implemented in two pilot-sites (see [link²¹](#)) and deemed ready for roll-out in the European MS based on an external evaluation.

With the publication of Europe’s Beating Cancer Plan and its goal to unite and support the European member states in the fight against cancer streamlining and synergizing the

¹³ Albrecht, T. et al (2015): Integrated cancer control: the case for comprehensive cancer care networks (CCCN): https://cancercontrol.eu/archived/uploads/images/Guide/042017/CanCon_Guide_5_Control_LR.pdf

¹⁴ Link: <https://www.ipaac.eu/en/work-packages/wp10/>

¹⁵ Link: <https://www.ipaac.eu/res/file/outputs/wp10/cccn-certification-european-framework.pdf>

¹⁶ Link: <https://www.ipaac.eu/res/file/outputs/wp10/cccn-standard-colorectal-pancreatic-cancer.pdf>

¹⁷ Link: <https://www.ipaac.eu/res/file/outputs/wp10/quality-indicators-colorectal-pancreatic-cancer-care.pdf>

¹⁸ Link: <https://www.ipaac.eu/res/file/outputs/wp10/cccn-standard.pdf>

¹⁹ Link: <https://www.ipaac.eu/roadmap/detail/112>

²⁰ Link: <https://www.ipaac.eu/roadmap/detail/109>

²¹ Link: <https://www.ipaac.eu/roadmap/detail/110>

developments and advances in cancer research and its implementation in cancer care were identified as core objectives.

Joint Action Crane was proposed for funding in response to the Flagship Number 5 of the Europe's Beating Cancer Plan, which defines that the European Commission will establish by 2025, an EU Network linking recognised National CCCs in every MS. «The [Joint] action will help deliver high-quality care and reduce inequalities across the EU, while enabling patients to benefit from diagnosis and treatment close to home. The Cancer Plan aims to ensure that 90% of eligible patients have access [...]» (22, page 15).

The preparation of the EU network of national CCC is the core deliverable of the JA Crane including a joint European definition for Comprehensive Cancer Centres, their role and responsibilities. However, a further objective of JA Crane is also to further develop the access and availability of the comprehensive high quality of care in CCCNs to all European MSs and align the high standards in cancer care for all quality assured institutions with a focus on the interfaces between care and research (CCCN and CCC) (WP6 – see [link](#)²³).

To achieve the ambitious EBCP Flagship 5 goal of 90% of patients having access to quality-assured oncology care, CCCs cannot be the only structuring element in a Member State's oncology ecosystem. Other actors such as general hospitals and/or facilities specialised in cancer management are also involved in the treatment and care of cancer patients.

Therefore, CCCs together with CCCNs will be the foundation to help to reach the goal of EBCP flagship no 5 to deliver higher-quality care and reduce inequalities across the EU, while enabling patients to benefit from diagnosis and treatment close to home aiming to ensure that 90% of eligible patients have access to such centres/networks by 2030 (24).

In the light of the emergence of the important role CCCs along with CCCN in the cancer ecosystem, the CCCN definition was jointly further developed to define and acknowledge the interfaces between care (CCCN) and research (CCC).

2.2 Updated CCCN Definition

The update of the CCCN definition was agreed as follows.

The text highlighted in purple depict the changes/updates that were made:

- A CCCN consists of multiple units belonging to different institutions dedicated to early detection, diagnosis, treatment, follow-up, supportive and palliative care and

²² Europe's Beating Cancer Plan. Communication from the commission to the European Parliament and the Council (2022): https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf

²³ Link: <https://crane4health.eu/wp6-organization-of-comprehensive-high-quality-cancer-care-in-comprehensive-cancer-care-networks-cccns/>

²⁴ Europe's Beating Cancer Plan. Communication from the commission to the European Parliament and the Council (2022): https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf



rehabilitation for the benefit of cancer patients and cancer survivors. CCCNs encourage the enrolment of their patients in clinical trials conducted within the CCCN or in the co-operating CCC to ensure the integration of research and care

- A CCCN is a collaborative organizational structure united by having joint tumour-specific patient pathways, covering one or more patient pathways.
- A CCCN must have a formal collaboration with a Comprehensive Cancer Centre (CCC), e.g. for complex disease situations, diagnostics and/or research activities. The CCCN can be an extension of the care network of a CCC and/or cooperating with a CCC.
- In a CCCN an inter-professional and multidisciplinary team work together along a tumour-specific, guideline-based patient pathway or along several pathways for the benefit of patients with each particular type of tumour.
- In a CCCN the inter-professional and multidisciplinary team also works together on topics depending on and benefiting from pan-pathway collaboration – like precision cancer medicine, exploiting of diagnostic and treatment capacities, prevention, survivorship, palliation and cancer related education and training.
- The units interact and have a formal agreement to work together in a programmatic and structured way with common governance structure, in order to pursue their goals more effectively and efficiently through collective synergies.
- The CCCN promotes a uniform system of quality assurance and a unified informatics system for optimal exchange of information. It provides both tumour-specific Quality Indicators as well as pan-cancer related indicators. The indicators are used by the governmental processes of the CCCN to make the quality of care in the CCCN transparent and to continuously improve it.
- The objective of a CCCN is to provide comprehensive cancer care to all the people living in a specific geographic area and specifically securing access to the advanced services of CCCs to all eligible patients, thus pursuing equality and the improvement of outcomes and quality.

*according to the CCC definition developed in JA CraNE WP7

Based on the updated CCCN definition corresponding requirements/standards for the interfaces between CCCN and CCCs were integrated in the Set of Standards for CCCNs.

As the Set of Standards for CCC is not yet finalized corresponding requirements/standards for the interfaces between CCCs and CCCN were not yet defined and integrated. This will be done in the follow up Joint Action EUnetCCC within WP9 task 1 in close collaboration with WP5.





3. Interfaces

3.1 Interfaces between CCCNs and CCCs

Below the updated/new standards to be included in the Set of Standards for CCCNs (generic, lung, colorectal & pancreatic cancer) are listed. For reference and complete overview please check out the complete version of the SoSs in the annex.

Changes to the original standards are highlighted in **yellow**

Set of Standards: Generic CCCN

Chapter 1.1 (update)

The CCCN has a Board representing all the Members of the Network which provides the overall governance of the strategy, policies and activities of the CCCN.

The Board *may* include representatives from primary, community care **and from a designated Comprehensive Cancer Centre.**

Chapter 1.1.13 (update)

Continuous education

Events for the exchange of information and for continuous education are to be offered twice a year to the Members of the CCCN.

- These continuous education schemes should correspond to some of the requirements to be met by the cooperation partners in respect of continuous education and **could be offered together with a designated Comprehensive Cancer Centre providing courses for specific disciplines/roles (example: oncology nurses)**
- The contents, results and attendance are to be documented.
- A continuing education plan is to be submitted

Chapter 1.1.17 (new)

Tasks of the person/s responsible for evidence-based medical guidelines

- **Monitoring up-to-dateness and further development, if applicable in cooperation with Comprehensive Cancer Centre**
- **Communicating guideline content to new employees (description of the type of communication and recording)**
- **Monitoring the implementation of guidelines (e.g. guideline audit, data monitoring)**



- In the event of guideline changes

- Systematic, prompt and verifiable notification of changes (recorded, e.g. in the form of further training, Q-circles)
- Changes to internal processes/requirements due to the amended guidelines

Chapter 1.2.13 (update)

Patient pathways

Patient pathways are to be drawn up by a designated patient pathway group that should ideally include patient representatives for all tumour entities treated in the CCCN, which chart the procedure from patient admission to the CCCN up to the termination of care (special consideration being given to interdisciplinary and trans-sectoral cooperation to ensure seamless care including cooperation with designated Comprehensive Cancer Centres).

The Tumour-specific networks have agreed pathways of care for all patient groups including roles, responsibilities, co-ordination, sequence, and referral processes, according to a standard template.

Chapter 1.7.6 (update)

The CCCN either has at least one cancer research institute and/or Comprehensive Cancer Centre among its co-operation Membership, or else has established co-operation agreements with various research institutes and Universities. There is a Review Board to evaluate all clinical trial proposals and the clinical administration unit available.

Chapter 1.7.7 (update)

The CCCN has established a research cluster and defined a strategy for research programmes which best fit the CCCN environment (if possible, in cooperation with a Comprehensive Cancer Centre or similar).

Chapter 1.7.8 (update)

The CCCN pursues translational research including population and outcomes research which support the delivery of optimal patient care within the CCCN (if possible in cooperation in cooperation with a Comprehensive Cancer Centre or similar).



Chapter 2.2.1 (update)

The requirements for tumour-specific diagnostics are set out in the Set of Standard of the corresponding tumour-specific CCCN SoSs and are to be fully complied with.

Scope of the CCCN

- The CCCN should have SoPs in place for the identification and referral of patients who require diagnosis and treatment outside of the scope of the CCCN
- This includes but is not limited to familial and hereditary cancers and includes:
 - The algorithm for referral to genetic counselling must be defined and take into account checklists. Cooperation with specialized centers such as for example Comprehensive Cancer Centres for counselling and genetic testing must be documented in writing. The checklist for recording a hereditary burden (e.g. inv. breast carcinoma and DCIS, colon cancer) can be downloaded (*linking both checklist colorectal and breast and ovarian cancer*).

Set of Standards: CCCN Lung Cancer

Chapter 1.2.12 (new)

Access to Molecular Tumour Boards (MTB)

For patients with advanced cancer,

- who are foreseeably completing guideline-based therapy,
- who are able to receive molecular-based therapy according to the assessment of the clinical parameters,
- who agree in principle to a possible therapy based on the molecular findings

should be referred to an MTB and have advanced molecular diagnostics performed within specialized structures, such as the Comprehensive Cancer Centres

The prerequisite for this is of a formal tumour board decision from one of the partners in the CCCN.

The MTB recommendation will be made available to the referring partner in the CCCN.



Interfaces with CCC: example -> MTB and advanced molecular diagnostics

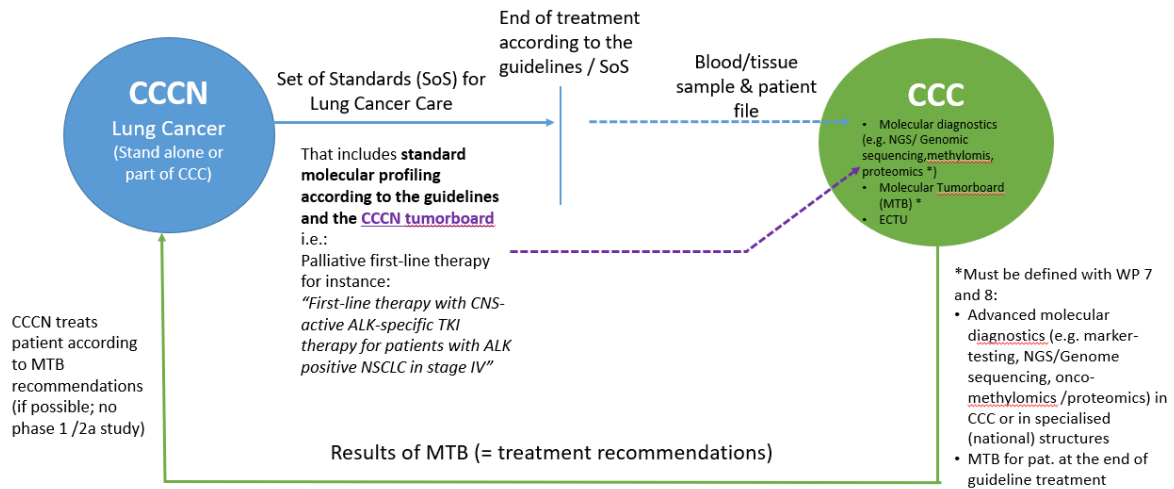


Figure 2: Description of exemplary process of MTB and advanced molecular diagnostics interfaces between CCCN and CCC

Set of Standards: CCCN Colorectal and Pancreatic Cancer

Chapter 2.1.7 (updated)

Prevention / screening for asymptomatic population

- External (e.g. in collaboration with a designated CCC) or in-house programs for counselling risk groups, lifestyle and nutritional recommendations (information events, information material...)
- Activities to increase attendance of colonoscopy check-ups and FOBT

Chapter 2.1.8

Genetic counselling (updated)

Cooperation with genetic counselling is to be regulated in a cooperation agreement (e.g. with a designated CCCs). Cooperation must be proven by way of documented cases during the current assessment period.





3.2 Interfaces between CCCs and CCCNs

As the Set of Standards for CCC is not yet finalized corresponding requirements/standards for the interfaces between CCCs and CCCN were not yet defined and integrated. This will be done in the follow up Joint Action EUNetCCC within WP9 task 1.





4. Annex

4.1. Set of Standard for Comprehensive Cancer Care Networks

See attached PDF document “Annex 4.1._Standard for CCCN_2024_v B 1.2_fin ”

4.2. Set of Standard for Lung Cancer Care Network

See attached PDF document “Annex 4.2._Standard for Lung Cancer Care_2024_v A1.2_fin ”

4.3. Set of Standard for Colorectal and Pancreatic Cancer Care Networks

See attached PDF document “Annex 4.3._Standard for Colorectal Pancreatic Cancer_ 2024_v B 1.2_fin ”

