The Impact of Comprehensiveness on Cancer Care and Research

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Disclosure:
2009-2013
High Quality Clinical Care

Comprehensiveness

CCC

Epidemiology
Cancer Prevention

Basic, Translational & Clinical Research

University affiliation

Programs:
USA (NCI)
Europe (OECI)
Germany
Traditional Paradigm for Cancer Research

Present and Future Paradigm:
Background

• Unacceptable variation in quality of cancer care between institutions
• Increasing complexity and multidisciplinarity
• Need for integration of clinical care and research
• Consensus on treatment guidelines, but
• Lack of harmonization of actual clinical practice
• Lack of consensus on quality indicators
• Inadequate monitoring of quality

”Cancer Centre” concept:
• Structure, resources & organisation
• Clinical practice
• Strategy and coordination
• Quality system
• Volume, quality & integration of research
**Tentative Pros**

- Qualified **external** review of **entire** cancer activity
- Improvement plan to aid quality and development
- Resolution of internal disagreements
- Engagement and team building effect
- Resolve organisational issues in large hospitals
- International recognition
- Future external funding effects

**Tentative Cons**

- Amount of work & money
- Risk of loss of image & standing
- Criticism of individual elements
- Cancer vs. other areas of care
- Imposes unnecessary change
- ”What’s the real value?..."
• 61 Full Member Institutions
• 19 Associate Member Institutions

- Karolinska, Skåne
- Helsinki, Turku, Tampere
- Vejle, Kræftens Bekæmpelse
- Oslo

Currently 35 Cancer Centres in the A & D Program
Accreditation Process

• Self assessment by the Centre
• On-site audit
• Comparison of external and self assessments
• Conclusion: strengths and recommendations
• Improvement Plan mutually agreed
• Designation decision
• Takes approx. 6 months from submission of self assessment
Domains of the Accreditation Program

- 65 Qualitative standards and 38 Quantitative topics, 2-10 questions per item
- Supplemented by written documentation
- CC organisation, governance, resources, infrastructure, University affiliation
- Volume and specialization of CC staff, clinical care and research
- Planning and organisation of integrated care and research
- MDT structure, working model and Clinical Pathways
- Research volume, integration and translation into care
- Cancer Prevention programs
- Internal education programs
- Patient satisfaction and involvement
- Quality system and degree of constant quality improvement
<table>
<thead>
<tr>
<th>OECI Designation Criteria 2016</th>
<th>Clinical Cancer Centre (CICC)</th>
<th>Comprehensive Cancer Centre (CCC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation &amp; governance. Treatment modalities covered. Multidisciplinarity, quality, clinical pathways, education, research organization &amp; integration etc.</td>
<td>Qualitative assessment</td>
<td>Qualitative assessment</td>
</tr>
<tr>
<td>Budget for oncology health care</td>
<td>&gt;25 M €</td>
<td>&gt;50 M €</td>
</tr>
<tr>
<td>Budget for oncology research</td>
<td></td>
<td>&gt;8 M €</td>
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<tr>
<td>Number of beds &amp; ambulatory day care beds</td>
<td>&gt;100</td>
<td>&gt;150</td>
</tr>
<tr>
<td>FTE physicians dedicated to cancer</td>
<td>&gt;30</td>
<td>&gt;50</td>
</tr>
<tr>
<td>New cancer patients per year</td>
<td>&gt;1500</td>
<td>&gt;2500</td>
</tr>
<tr>
<td><strong>RESEARCH:</strong></td>
<td>Adequate for CICC as assessed by the audit team</td>
<td>Fulfill at least 3 of the following criteria:</td>
</tr>
<tr>
<td>Peer-reviewed scientific publications/year</td>
<td></td>
<td>&gt;125</td>
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<tr>
<td>Scientific publications with IF &gt;10</td>
<td></td>
<td>&gt;17</td>
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<tr>
<td>Scientific publications with IF 5 – 10</td>
<td></td>
<td>&gt;50</td>
</tr>
<tr>
<td>Active clinical trials</td>
<td></td>
<td>&gt;75</td>
</tr>
<tr>
<td>Percentage of new patients included in prospective clinical trials</td>
<td></td>
<td>&gt;10%</td>
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OECI Comprehensive Cancer Centres (N=14)

- Insitut Jules Bordet Brussels Belgium
- HYKS Helsinki Finland
- Institut Gustave Roussy Paris France
- CRO Aviano Italy
- IST Genova Italy
- IEO Milano Italy
- INT Milano Italy
- INT Regina Elena Roma Italy
- National Institute of Oncology Hungary
- IPO Porto Portugal
- Netherlands Cancer Institute Netherlands
- The Christie NHS Trust Manchester UK
- Cambridge Cancer Centre UK
- King’s Health Partners London UK
OECI Clinical Cancer Centres (N=11)

- Kankercentrum Brussel, Belgium
- Vejle Sygehus, Denmark
- Ülikooli Klinikum, Tartu, Estonia
- Giovanni Paolo II Bari, Italy
- INT Pascali Napoli, Italy
- CROB Rionere in Vulture, Italy
- S Maria Nuova Reggio Emilia, Italy
- National Cancer Institute Vilnius, Lithuania
- IPO Lisboa, Portugal
- IPO Coïmbra, Portugal
- IVO Valencia, Spain
Cancer Centres currently under evaluation (N=10)

- AZ Groeninge Kortrijk, Belgium
- Masarykuv onkologicky ustav Brno, Czech Republic
- Istituto Clinico Humanitas Milan, Italy
- Centre Léon Bérard Lyon, France
- Orszagos Onkologiai Intezet Budapest, Hungary
- Oslo Universitetssykehus Oslo, Norway
- Institute of Oncology Cluj Napoca, Romania
- Anadolu Medical Centre Istanbul, Turkey
- Tampere University Hospital, Finland
- Trinity College Dublin, Ireland
Comprehensive Cancer Centre of Excellence
(Translational research & Innovation) - Pilot program

Comprehensive Cancer Centre (CCC)

Clinical Cancer Centre (CICC)

Cancer Centre

European Academy of Cancer Sciences
Oslo University Hospital: ”Opportunities”

• Organisation of Cancer Centre

• Implement Cancer Centre Board across all relevant departments & divisions
  o Mandate
  o Representation
  o Governance

• Develop Institutional 3-5 year Cancer Strategy with Action Plan

• Further development & standardization of MDT’s & Clinical Pathways

• Biobanks and patient registers: centralisation and governance

• Increase accrual to clinical trials

• Etc.
The Oslo Experience...

Pros

• External expert input adds power
• Helps resolve organisational and strategic issues
• Improves reporting structure and quality focus
• Identified shortcomings re. key documentation
• Improved integration of research
• Enthusiasm and team building effect
• International recognition?
• Future funding effects?

Cons?

• Plenty of work
• Costs money
• Risk of loss of image & standing
• Internal criticism
• Imposes unnecessary change
• Cancer vs. ”The Rest” internally
• ”What’s the real value?”

Do not underestimate!
- Numbers
- Documents
- Translations
What about (C)CC networks?
• Self-acclaimed or official
• Loose compensatory or defined purpose
• Structure, leadership and roles
• Local/regional
• National
• International
• Quality assurance?
Initial OECI standpoints on Comprehensive Cancer Networks (CCN)

• A CCN must fulfill at least all the requirements of a single CCC
• A CCC can not be built and established only through a network
• A CCN should be developed around an OECI recognized CCC
• The core institution in a CCN has the leadership for the integrated care, research and education in the network
• CCNs should be based on written/legal agreements between the partners of the network (coordination, division of tasks and responsibilities between partners)
• OECI accreditation of CCNs requires the development of specific network standards by OECI
• Promotes development of complete Clinical Pathways
OECI (Consensus) Meeting on Cancer Centre Networks in autumn 2017