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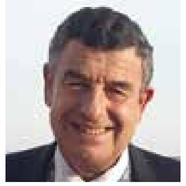
The European Cancer Mission: OECI Key Points



Thierry Philip[1,2]
1. Institut Curie
2. Organisation of European Cancer Institutes

Walter Ricciardi, full professor of Hygiene at the Cattolica University in Rome, has been designed to chair the European Cancer Mission, the action under the Horizon Europe Framework Research Programme that will mark the future strategies of the European Union in the fight against cancer.

OECI is honoured to congratulate professor Ricciardi for his election to chair the widest European Cancer Programme.
The Framework Programme aims to strengthen the EU's scientific and technological bases and the European Research Area (ERA), to boost Europe's innovation capacity, competitiveness and jobs to deliver on citizens' priorities and sustain our socio-economic model and values. In particular, the R&I Missions are portfolios of actions across disciplines intended to achieve a bold, inspirational and measurable goal within a set timeframe[1].
The Missions are intended to be bold and inspirational, with wide societal relevance, to be well targeted and measurable, to be ambitious but realistic, to be innovative but across disciplines, sectors and actors and to drive multiple, bottom-up solutions.

These are very difficult tasks to be achieved and the 2nd Report of professor Mazzucato on the implementation of the Missions may give some help to whom must define the strategies and whom should transfer them into specific actions. See the Report of professor Mazzucato[2] and the article of the OECI Liaison Office on this Number of the OECI Magazine.

Around two billion Euros is the budget allocated to support all the actions of the Cancer Mission for the period 2021-2027. The Board of the Cancer Mission has been called to draft a specific Programme of Actions that, after the evaluation of the Cancer Mission Assembly, must be presented to the European Parliament and Council for approval before opening specific calls.

In the last 18 months, together with other main European Cancer Societies, we have spent a lot of energies to find a common denominator on a cancer mission vision. On October 3rd 2018 we convened a major consultative event in which ECCO, EORTC, ECPC, ESO, UNICANCER, Alleanza Contro il Cancro, EULIFE, IARC, Cancer Prevention Europe, and ECL participated. As a result of this consultation, we published a complete issue of Tumori Journal[3] where those societies set out their strategies and proposals for the EU Cancer Mission in line with their own areas of expertise. We now follow this with a paper in Tumori Journal which combines these strategies from nine putative partners of the Fight Against Cancer 2.0[4].

We must be aware that there is also a different approach to the cancer problem that is under the responsibility of the Health Commissioner. The European Parliament, is strongly supporting Europe's Beating Cancer Plan to help Member States to improve cancer prevention and care.

Ursula von der Leyen, the President of the European Commission, in her mission letter to Stella Kyriakides, the EU Health Commissioner, invited her to put forward a Europe's Beating Cancer Plan. This should propose actions to strengthen an approach at every key stage of the disease: prevention, diagnosis, treatment, life as a cancer survivor and palliative care.

The European Cancer Plan must support Member States in ensuring sustainable access to cancer treatments. Spending on cancer care in EU Member States has remained unchanged for the past 20 years, the burden of cancer has continued to rise and there are also considerable disparities between EU countries in access to cancer treatments. Citizens deserve the same care rights and we have to ensure equal access to the best treatment across all Member States.

Also thanks to its Accreditation and Designation Programme (A&D) for Cancer Centres and Cancer networks, OECI is an undiscussed leader in the promotion of quality in cancer research and care, therefore the OECI Key points, strictly related to the articles already published, must be connected to both the Mission highlights and a desirable European Cancer Plan.

We hope that the vision of the OECI, the biggest worldwide cancer organisation will help to drive the European cancer related initiatives in the right direction giving voice to our centres, our patients and their families.

The seven highlighted priorities are:

- **Prevention (with the provision that some strategies take time to take effect)**
- **Early diagnosis and screening**
- **Access to standard therapy**
- **Access to innovation (including clinical trials)**
- **Basic and translational research**
- **Real Life data**
- **Better care of cancer survivors**

To achieve these priorities, it will be mandatory to boost the quality of cancer care in all EU countries.

Core standards and evidence-based indicators for evaluating the quality of cancer care (integrated with clinical and translational research) constitute the major OECI Programme. Our A&D Programme is the only ISQua (International Society for Quality in Healthcare) accredited system in Europe, and about 50 of the top Comprehensive Cancer Centres and OECI Cancer Centres are part of the Programme, which is rapidly expanding to include almost all EU and non-EU European countries. The OECI approach is a coveted distinction which gives patients the comfort of knowing that they are being treated in a multi-disciplinary specialist cancer centre/institute, integrating clinical and translational research and with access to the best surgical and therapeutic technologies.

Our A&D Programme is integrated with and supported by our research programmes in:

- Outcomes research and real life data (that is, analysing which interventions are actually improving patient outcomes, using data from OECI centres)
- Patient-centredness and involvement giving patients deep partnership in their diagnosis, treatment and care and also in the organisation of cancer centres (healthcare and cancer research) in order to better fulfil their needs, priorities and perspectives, to share solutions and improve their lives.
- Expertise in pathology and achieving common standards in Europe (a vital prerequisite, both to accurate diagnosis and monitoring, to appropriate treatment, and also to translational research)
- Network development around Comprehensive Cancer Centres (so that patients have equal access to high quality specialist care in every geographical region).

The OECI A&D Programme is also systematically linked with the European Academy of Cancer Sciences' Designation of Excellence in translational cancer research (so that excellent research centres must have their clinical excellence previously certified by OECI) with whom we recently signed a Memorandum of Understanding recognising the reciprocity of our goals, and with ECCO's published Essential Requirements for Quality Cancer Care (in order to specify the best clinical pathways by tumour type).

In conclusion, we believe that the Cancer Mission should focus on 3 major goals:

1. to fight inequalities among European countries by driving equal access to all EU citizens to precision prevention and targeted screening programmes, early diagnosis, and high quality standard therapies (using health services research and health economics to drive policy change);

2. to double survival for intermediate and bad prognosis patients (and especially for those with rare tumours);
3. to focus on Paediatric and young adults' cancers. SIOP should be asked to be responsible for setting the objectives and achieving them.

To fulfil these three goals, the EU needs at least one certified Comprehensive Cancer Centre (CCC) per small country, and, in large countries, one CCC covering every 5 million population. However, this is not enough on its own, and these CCCs should connect with public and private healthcare providers and Universities by networking within their specific geography. This is why OECI Published the New Manual 3.0 for setting standards and accrediting networks based around CCCs.

The Board of the EU Mission will have to focus and to make difficult choices in order to achieve short- and medium-term impacts in the fight against cancer: we hope that the effort done by OECI to suggest some of the items of the Cancer Agenda of the coming years will help to take the right decisions.

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   https://www.oeci.eu/Attachments/Special_Issue_Tumori_Journal_OECI.pdf
4. *What could be a cancer Mission objective if we join our forces in the fight against cancer?*
   Thierry Philip and Others
   Tumori Journal – 2020 – Pg. 1-9 **https://www.oeci.eu/Attachments/TMJ_Editorial_2020.pdf**

Horizon Europe: Governing Missions in the European Union

Roxana Plesoianu[1] *and* ***Claudio Lombardo***[1,2]
1. SOS Europe Srl - Genoa
2. Organisation of the European Cancer Institutes - Brussels

In the next European science and research funding programme, Horizon Europe, the European Commission unveiled five flagship R&I specific "Missions" in the following areas: climate change adaptation, cancer, healthy oceans, cities and soil/food.
These Missions should be modelled on the 1960s 'Moonshot' Programme to put a man on the moon and must conform to inter-sectoral, inter-actor, interdisciplinary features whilst fuelling experimentation and innovation to solve grand societal challenges.

As a result, Horizon Europe is putting forward about ten billion Euros in order to finance the Mission and connect people with the achievements financed by their tax money, and to fix problems by galvanising innovation.

Professor Mariana Mazzucato, a professor at University College London and special advisor to the European Commissioner for Innovation and Youth, explains the success of European research Missions will require a complete change in the way governments think about business and risk, and a radical framework shift.

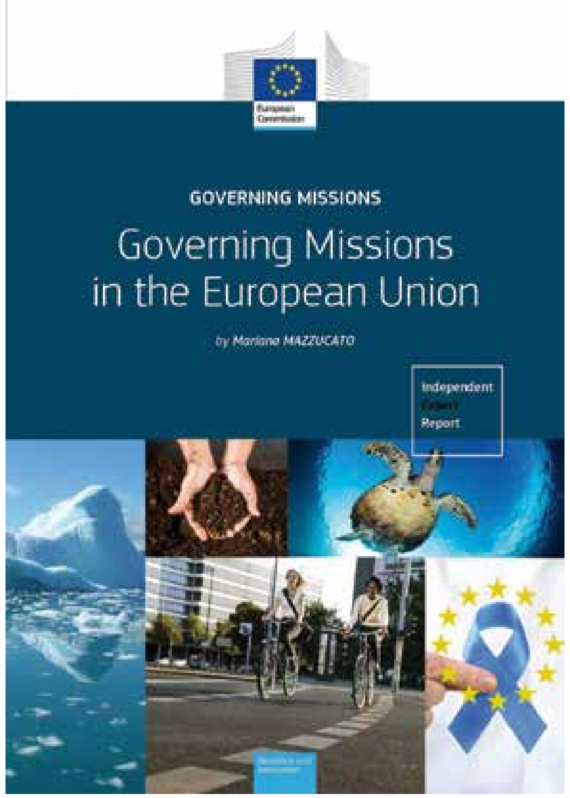
On 4 July 2019, Prof. Mazzucato published a report 1 with 17 recommendations in three areas – citizen engagement, public sector capabilities, and finance & funding. The report outlines the main features of the EU's new mission-driven approach to research, saying the five Missions must be bold, inspirational, have a clear, ambitious direction, and bring input from various disciplines to drive bottom-up solutions.

As R&I is not separate to society, civic engagement in this process is key. Missions are instruments to implement a shift from a market-fixing plan to a market-shaping framework, which widely engages and involves people in co-creating and co-implementing, giving them a sense of societal ownership of the Mission aims. The Missions require formal consultations and direct interactions with the EU citizens and their associations: the trade unions, the nursing organisations, consumer groups, the green movement should all collaborate closely alongside policymakers, researchers, businesses and the industry in order to build mutual knowledge.

Openness towards citizens may be ensured by proper communication and dissemination strategies implemented through effective tools throughout the entire lifecycle of Missions. To this purpose, live interactions via social media streams, the internet and portable devices are essential means to provoke wide civic excitement and ensure co-design, co-implementation and co-assessment.

Mission-oriented policies have to be driven by mission-oriented public actors who are capable of thinking outside the market failure paradigm and beyond net present value calculations and short term cost-benefit analysis. They require "synergies and breaking silos" and thus the ability to welcome risk and the underlying uncertainty to actively shape and co-create markets and not just fix them. Thinking big, experimenting and learning from trial and error is critical to the portfolio approach behind R&I Missions.

In order to create synergy, multiple public organisations should partake the process under the coordination of a high-level governance structure, characterised by a flexible, dynamic and adaptable management. A clear division of responsibilities is necessary for purposes of effectiveness but, at the same time, organisations and agencies responsible for the Missions should avoid compartmentalised policy-making, fragmentation and rigidity.



Finally, in order to achieve maximum impact, Missions should bring about a framework shift, which will take innovation-led growth outside R&I and put it at the centre of economic growth strategies. R&I Missions cannot solely be viewed as a financing tool - they must galvanise investment opportunities, crowd in the private sector and foster a broad interactive process which aligns the EU, Member States and regional levels.

This broad policy approach and the necessity to take risks and think outside the box requires different types of projects to be supported. "Putting all eggs in one basket" and "picking winners" bearing in mind short term budget restrained solutions will be detrimental in procurement decisions. As a result, it is paramount to protect Missions from specific interests: "If a Mission is designed in a way that makes it open to being captured by siloed interests and individual sectors, then it's a failure".

1 Governing Missions in the European Union - European Commission - Directorate-General for Research and Innovation

https://oeci.eu/Attachments/ec_rtd_mazzucato-report-issue2_072019.pdf

The European Reference Networks: an innovative model of healthcare in the European Union

Andrzej Rys[1]
1. Directorate-General for Health and Food Safety at the European Commission

Clinicians regularly face difficulties determining diagnoses when treating complex patient cases. However, up to now, there were very few support mechanisms in place to assist these medical professionals beyond their own immediate peer-group.

What if there was a support network on which clinicians could depend when confronted with challenges beyond their field of expertise?

Today, such a network has become a reality for many health professionals working in the field of rare diseases, where knowledge of this field is as rare as the disease itself. Thanks to the launch of the European Reference Networks (ERNs) - in 2017[1], thousands of specialists can now count on the expertise ERN members available in more than 900 centres across Europe. The ERNs give clinicians the possibility to get the second opinion of a multidisciplinary team for the most complex patient cases.

This is achieved with a virtual remote consultation organised via a dedicated secured IT platform, created especially for this initiative. The 24 European Reference Networks also share knowledge and expertise through webinars, study visits and conferences, which increase exchanges across countries, disciplines and generations. The ERNs also offer a critical mass to allow the pooling of knowledge and data for research. Furthermore, they facilitate large clinical studies to improve understanding of diseases and also develop new drugs. Several ERNs have already produced clinical practice guidelines that provide fundamental knowledge on how to treat a given disease.

Rare cancers affect more than 4 million people in the European Union, while all paediatric cancer cases can be considered as rare cancers. They represent in total about 22% of all cancer cases diagnosed in the EU28 each year. There is evidence that five-year relative survival rates are worse for rare cancers (47%) than for common cancers (65%). Since March 2017, four European Reference Networks have been set up to deal specifically with rare and complex cancers: Adult Rare and Solid Cancers (EURACAN), Paediatric Cancer (PaedCan-ERN), on Haematological Cancers (ERN EuroBloodNet) and Inherited Genetic Disorders (ERN GENTURIS).

I would like to stress that ERNs represent a major step forward in improving survival rates and the quality of rare cancer patient-care for all ages. EU cooperation plays a major role in the successful treatment of rare cancers for two reasons:

First, the fluid sharing of information, best practices, and innovation is crucial as the associated knowledge and expertise of rare cancers is rare. Secondly, cancer treatment requires efficient means to provide access to the right level of healthcare and expertise, both at diagnostic and at treatment level.

In general terms, the Commission has been working on cancer data from different sources to be pooled into a cancer data space: namely the cancer information system, the ERN registries and the European Platform for rare disease. In addition, the Commission is supporting the analysis of health images for cancer diagnostics based on Artificial Intelligence via the Horizon 2020 Programme. We are also improving cancer prevention and treatment based on genomic data across several Member States. Addressing cancer in a coordinated and strategic manner is of the utmost and urgent importance. Tackling this disease efficiently and effectively saves lives and helps avoid lifelong impairments.

The ERNs are the perfect illustration of how pooling resources at a European level can contribute to overcoming the barriers faced at a national level. This is the case in the field of rare diseases, where the European layer can give a clear benefit to national resources, while not substituting it. Indeed, specialists have the possibility to reach the European level once national pathways and referrals have been followed.

In most cases, answers will be found at a national level. However, in the few cases where they are not, there is now the possibility to access the knowledge and expertise outside beyond national boundaries benefiting health professionals, and ultimately patients. This approach works best when national health systems are well connected to the European layer, following the subsidiarity approach: the patient should expect answers from national services. This is the work conducted by the Member States, through the ERN Board of Member States, in collaboration with the European Commission[2]. The European Reference Networks and national networks of centres of excellence are the two sides of the same coin.

The ERNs' structure provides health professionals with the missing expertise needed to support them in their clinical work while, at the same time, allows patients to receive answers at the local, national level. The treating doctor always remains the contact point for the patient and is responsible for the final diagnose choice and treatment. The patient does not travel, the knowledge does. Consultations always start from the local level and only reach the European one when all other regional and national possibilities have been exhausted.

This system is built one step at a time by all actors involved: the Commission, Member States, the ERNs themselves and patient associations. No similar system has existed before now and, while this experiment has its challenges, it can be a beacon for other health sectors, where European and national levels could complement each other. The motto of the ERNs could indeed apply to other areas of health sectors with similar success: "Share, Care, Cure".

Director responsible for health systems, medical products and innovation in the Directorate-General for Health and Food Safety at the European Commission, ***Andrzej Rys*** *is a medical doctor specialized in radiology and public health, and graduate of Jagiellonian University, Krakow (Poland). Before joining the Commission in 2006, he was Founder and Director of the Centre for Innovation and Technology Transfer at Jagiellonian University (Krakow, Poland). He was Deputy Minister of Health in Poland from 1999 to 2002 and member of the Polish accession negotiators team. He is currently Alternate Member of the European Medicines Agency (EMA) Board.*

European Reference Networks (ERNs) for rare diseases are virtual networks involving healthcare providers across Europe. They aim to facilitate discussion on complex or rare diseases and conditions that require highly specialised treatment, and concentrated knowledge and resources. A health professional who is treating a patient with one of the rare diseases covered by the ERNs should follow the specific rules and arrangements for the referral of patient cases that each Member State has established.

CANCER DISEASES CURRENTLY COVERED BY ERNS

- ERN EURACAN: adult cancers (solid tumours)
- ERN EuroBloodNet: oncological and non-oncological hematological diseases
- ERN GENTURIS: genetic tumour risk syndromes
- ERN PaedCan: paediatric cancer

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[1] **https://ec.europa.eu/health/ern_en**

[2] **https://ec.europa.eu/health/sites/health/files/ern/docs/integration_healthcaresystems_en.pdf**

ECCO 2019 European Cancer Summit: Travelling further together

Philip Poortmans [1,2], ***Maatti AApro***[1,3] ***and Mike Morrissey***[1]
1. European Cancer Organisation - Brussels
2. Institut Curie - Paris
3. Genolier Cancer Centre - Switzerland

ECCO EUROPEAN CANCER ORGANISATION

A proverb attributed as having African origin states “If you want to go fast, go alone. If you want to go far, go together.”

As the European cancer community considers a new EU Cancer Mission and European Beating Cancer Plan, it is wise to reflect further on this advice. Indeed, this spirit of “coming together” has long guided the ECCO federation of cancer societies.

To this purpose, ECCO has created the European Cancer Summit as a further practical realisation of this ambition. A physical time and place for all stakeholders in improving cancer care in Europe to meet, discuss, debate, and importantly, to decide jointly on important topics. It is also an occasion where shared ambitions for the direction of cancer policy can be articulated, leading to clear recommendations to policy makers in Brussels and national capitals.

The second edition of the Summit in September 2019 opened with an exploration of the opportunities for fresh EU cooperation on cancer following recent European Parliament elections. Starting with a session on the EU Cancer Mission (“Putting a person on the moon’: How to deliver mission orientated cancer activity”), speakers from the European Commission, OECI, the Lancet Groundshot Commission, the European Parliament, and the patient community provided views on how to ensure that the nascent Cancer Mission makes the impact required.

Professor Mark Lawler of the European Cancer Concord and Lancet Groundshot Commission advised, in clear terms, on the responsibility of the Mission to address present inequalities across Europe in terms of outcomes in cancer care. An emphasis on only cutting edge science and technology risks exacerbating the division rather than bridging it. In any Mission and Plan, data will be a crucial but critical friend, highlighting precisely where the constraining problems are and where most focus for improvement is required. Data, registries, and dashboards should therefore be key tools for the EU Cancer Mission and Plan.

Professor Thierry Philip, President of OECI, highlighted the need for the Mission to be underpinned by precise goals in order to guide effective actions. Amongst those he recommended included: doubling survival for intermediate and bad prognosis tumours; reducing the clearly observed inequalities that exist across Europe in terms of patients with better prognosis tumours; and, as a specific priority, childhood cancer. This would guide actions on primary and secondary prevention and would necessarily include improving delivery of care in cancer centres. This is a need where OECI can assist via its well-established accreditation system.

New MEP, Professor Véronique Trillet-Lenoir (Renew Europe, France), former Head of Oncology at Lyon Sud Hospital, expressed her support for many of the points raised and undertook to represent them to her fullest ability in the forthcoming debates and scrutiny activity to be undertaken by the European Parliament.

The session closed by passing, by overwhelming majority, a motion that called on the European Commission to ensure patient representation in the Mission Board, and involve all stakeholders during the life of the Mission via cooperation with ECCO. Happily, following the Summit, the Commission has now appointed a patient representative to the Mission Board and invited ECCO to participate in its Mission Assembly.

Continuing the theme of mission orientated cancer activity, the immediately succeeding session, led by the European Society of Gynaecological Oncology (ESGO), highlighted the very real possibility of eliminating HPV caused cancers as a public health problem in Europe by taking already known effective actions on vaccination, screening and treatment. An expert led Steering Group had created a resolution to that effect, consulted on publicly over the summer period, which was passed by acclamation by all those present at the Summit:

“‘By 2030, effective strategies to eliminate cancers caused by HPV as a public health problem should be implemented in all European countries.’

The goal accords to a similar target by the World Health Organisation in respect of cervical cancer. Interested stakeholders present at the Summit met immediately afterwards to advise on next steps in campaigning for and implementing the resolution, with a further publication of plans due to take place in the European Parliament in December.

Elsewhere at the Summit, a range of other pressing topics were raised. These included:

- Artificial Intelligence in cancer care (ESR led);
- the opportunities to achieve much greater treatment optimisation in cancer care by the reengineering of research, market approval, reimbursement and health technology assessment systems in Europe (EORTC led);
- the needs of various oncology professions in respect to harmonisation of training and education, EU qualification recognition and professional mobility (EONS led);
- the role of molecular testing in the future of cancer care (ESP led);
- the current status of efforts to improve cancer care across borders (PaedCan led); and,
- the need to meet new challenges in access (ECL led).

Outgoing EU Commissioner for Health and Food Safety, Vytenis Andriukaitis, thanked ECCO for its support to his Directorate General’s activities, and for highlighting the need for countries to vaccinate both boys and girls for HPV. He emphasised that to truly make progress on cancer much more still needs to be done in respect to prevention measures, alongside investment in research and innovation.

Matters raised, and policy recommendations suggested, at these sessions are now being further considered for reflection in ECCO’s 2020-23 Strategy, due to be completed by the end of 2019.

The 2019 Summit also gave an opportunity to review progress on matters raised at the 2018 Summit, including in respect to:

- A recent ECCO publication (Lancet Oncology, February 2019), led by past ESTRO President Prof Yolande Lievens, on the application of value based healthcare to non-systemic treatments;
- Work by OECI, led by Simon Oberst, to progress understanding on the variety of approaches to cancer care quality evaluation across Europe;
- Success by Prof Françoise Meunier in advancing “the right to be forgotten” for cancer survivors in respect to accessing financial services such as mortgages, loans and insurance. The right, first passed in France, prevents patients being financially discriminated after surviving cancer. Prof Meunier has recently accomplished the passage of this right to be forgotten legislation in Belgium;
- A new ECCO publication, Essential Requirements for Quality Cancer Care: Primary Care.

Further information about the ECCO 2019 European Cancer Summit, including presentations provided, is available at ***https://www.eccosummit.eu***

The ECCO 2020 European Cancer Summit will take place in Brussels on Wednesday 18th and Thursday 19th November.

EACR-OECI Joint Conference on Molecular Pathology Approach to Cancer

Jane Smith[1] and **Claudio Lombardo**[2-3]
1. European Association for Cancer Research - Nottingham
2. Organisation of European Cancer Institutes - Brussels
3. SOS Europe Srl - Genoa

The OECI and the European Association for Cancer Research (EACR) are delighted to be continuing their long-standing collaboration on Molecular Pathology Approach to Cancer training courses. The two Organisations have a long history of working together on this widely acclaimed event. With expert speakers and dedicated networking sessions, it has become an important fixture in the conference calendar.

Molecular pathology is revolutionising clinical practice in oncology and pathology, paving the way for precision medicine. The research field has evolved significantly since the first edition in 2011. Knowledgeable molecular pathologists are a significant bottleneck for advancing cancer research and patient care. After delivering eight successful training courses-conferences in Amsterdam from 2011 to 2018, the event was paused in 2019 to allow time for a thorough review of the programme and the format, to ensure that it continues to meet the needs of its diverse audience including pathologists, molecular pathologists and pathology residents, researchers in the field of molecular diagnostics and precision oncologists.

The conference will resume in May 2020 in the exciting new venue of Lisbon, Portugal. The Programme, spread over three days, features seven sessions, providing participants with a broad view of the field:

- A current view of molecular pathology: methods, biomarkers, validation, discovery
- Molecular pathology of lung cancer as a model for employing targeted therapies
- Advanced patient derived organoids
- The molecular pathology of colorectal cancer - applying molecular pathology in the real world
- How to develop clinically effective biomarkers
- New technologies
- Into the future: artificial intelligence, machine learning and image analysis in pathology

For the first time, abstracts for oral or poster presentation are invited, to enable researchers to share their knowledge and to learn from each other as well as from the world-class faculty. Poster prizes will be available and high-ranking abstracts will be selected for ‘Spotlight’ presentations. Abstracts can be submitted online through the conference website, with a deadline of 13 March 2020:
https://www.eacr.org/conference/molecularpathology2020

The EACR-OECI collaboration demonstrates that working together reaches a much larger constituency of cancer researchers. Registration fees for the meeting are kept as low as possible, with support from OECI, especially for students and early career researchers. Bursaries will be available for eligible EACR members, offering a free registration and a contribution to travel and accommodation costs.

The conference will help participants to establish a network of interactions and to build bridges to foster cross-disciplinary studies. It will prepare participants for the future and for the unknown discoveries still to come.

We look forward to many more successful partnership conferences!

Feedback from the 2018 Training course:

“A comprehensive and up-to-date summary of latest developments in precision medicine for all cancer types; outstanding and inspiring speakers with profound experience in their fields”

“The main reason I would recommend this course to someone interested in molecular pathology is that it provides a thorough and in depth picture of the ongoing research worldwide, by speakers with high expertise and great experience in the field. Furthermore, the course is very well organized and the information provided is plenty, but not overwhelming.”

Output from the iPAAC WP10 meeting in Budapest

Simon Oberst[1,2]
1. Organisation of European Cancer Institutes - Brussels
2. Cambridge Cancer Centre - Cambridge

iPAAC (Innovative Partnership of Action Against Cancer) is a European Joint Action in a long line of Joint Actions on Cancer including CanCon, on which it builds. iPAAC has an ambitious programme which includes a radical appraisal of existing Cancer Plans in European Members States (MSs), re-definitions of Patient Pathways and Outcome Indicators, and an emphasis on the accreditation of cancer care in networks (originally defined in CanCon as Comprehensive Cancer Care Networks).

OECI has been heavily involved in Workpackage 10 (WP10) led overall by the German Cancer Society. iPAAC is now approximately halfway through its 3-year programme, and so clarity is beginning to emerge. Each task presented to the meeting of the workpackage leaders and participants in Budapest on 16-17 September 2019.

There is a need in Europe for some standardisation of what we mean by documented patient pathways, what should be included in them, and what level of detail they should contain. WP10 has reviewed the existing global literature on this and has agreed the future methodology and outlines plans to develop patient pathways and templates for the pilot centres. There will be a particular focus on the pathways for colorectal and pancreatic cancers.

Another major task of WP10 is agreement of Quality Indicators (as compared to Standards). Once again, the global literature has been surveyed, a long list of indicators has been compiled (following the Donabedian model of Structure, Processes and Outcomes). What already emerges is the preponderance in the literature of Process Indicators. True outcome indicators in cancer are hard to come by. The long list will be submitted to panels of experts in order to identify a shortlist of indicators to take forward.

A further task of WP10 is to work on the standards implementation of Patient Reported Outcome Measures (PROMs) in routine care. The WP is conscious that there is a variety of PROM usages throughout MSs, and indeed the evidence suggests that some PROMs even within individual institutions are utilised on a temporary basis and then changed. These present inconsistencies mean that comparisons over time, or between different cancers, or between different institutions, become very difficult to measure.

The final large task is to develop a monitoring framework for Cancer Networks. This includes the Quality Standards already proposed, a framework for self-assessment and then external assessment and evaluation, followed by an accreditation. OECI has been involved in proposing the overall process. The two pilot sites for testing this monitoring framework are Charite, Berlin, and LSOC, Wroclaw, Poland. At Budapest these sites presented their own centres, and it appears that for technical reasons the testing of the monitoring framework is closer to that of a centre rather than of a larger network. Nevertheless, the framework to implement the Standards was agreed, and the proposal to evaluate the overall process was also agreed. Both pilots will begin in 2020 and will then be evaluated.

Joint Action for Rare Cancer *Final Report*

Annalisa Trama[1] *and* ***Paolo Casali***[1]
1. Fondazione INT Istituto Nazionale dei Tumori - Milano

JARC, the European Joint Action on Rare Cancers, came to an end last September presenting the "Rare Cancer Agenda 2030" at the European Parliament on September 11.

JARC was a joint action between the European Commission and 18 Member States (MS) lasting 3 years (September 2016-2019). JARC had 34 associated partners including representatives from Ministry of Health, public health institutions, comprehensive cancer centres, universities, scientific societies (e.g. SIOPE, OECI) and patients associations namely European Cancer Patient Coalition (ECPC), EURORDIS-Europe and Childhood Cancer International-Europe (CCI-Europe).

JARC intentionally chose to be strategically concerned with the new the European Reference Networks (ERNs - virtual networks of selected institutions targeting rare conditions that require highly specialised treatments), viewed as a great opportunity for rare cancer patients in the European Union (EU). Thus, JARC aimed at optimizing the process of creation of ERNs, by providing them with operational solutions and professional guidance in the areas of quality of care, research and innovation, education, clinical practice guidelines development and epidemiology.

After 3 years of work, JARC produced 10 recommendations instrumental to the policy agenda on rare cancers in the EU for the years to come. An agenda on rare cancers was perceived as instrumental to prioritise rare cancers in the agenda of the EU and MS to minimise the risk that rare cancer patients may be discriminated simply because of the numbers of the disease they suffer from.

Healthcare networking and clinical and research methodology are the two areas giving rise to much of the agenda for rare cancers.

According to JARC, the establishment in 2017 of the ERNs represents a concrete opportunity to make networking a reality for rare cancers. However, to really make the difference for rare cancer patients, ERNs should liaise nationally, or regionally, with "hub-and-spoke" networks, thus becoming networks of networks. Health networks on rare cancers do in fact exist only in some countries in Europe.

Networking (first of all through ERNs, but also through the national networks linked thereto) is naturally instrumental also to clinical research as well. Networks should be exploited to: ensure and increase patient referral towards open clinical trials, decrease costs of clinical trials in rare cancers, develop bio-banking and prospective clinical registries. In addition, proper methodologies for non-randomised clinical studies should be worked out, to make them as rigorous as possible, and as convincing as possible from the regulatory point of view. Adaptive mechanisms in clinical trials are aimed at modulating a study throughout its implementation. In rare cancers, may be particularly useful given the paucity of cases and the long study timelines. Finally, the technologies of big data are exceedingly promising in rare cancers and it would be crucial to define how the logic of artificial intelligence through machine learning on big data can complement the logic of clinical trials.

JARC urges also to exploit population-based cancer registry data and real-world clinical data for monitoring rare cancers and to define educational pathway and career opportunities to create experts on rare cancers. In the rare cancer area there is always the risk that professionals specialising in specific rare cancers may leave their centres of reference along their career. In order to avoid this, it is vital that medical careers are fully developed on rare cancers, to encourage professionals to dedicate themselves to rare cancers throughout their professional life. To this extent: 1) medical oncology units allocated to rare adult solid cancers should be created within spokes of hub-and-spoke networks on rare cancers; 2) educational pathways for clinical oncologists willing to specialise in rare adult solid cancers should be provided and should cover all or some of the 10 "families" or rare adult solid cancers; 3) non-competitive EU funding should be allocated to support twinning and clinical fellow-ship within the ERN. The European Union of Medical Specialists (UEMS) (https://www.uems.eu/) may serve as the provider of the certification and the European training requirements.

Finally, from a political perspective, at a time when JARC has come to an end, a priority will be to create mechanisms to keep rare cancers high in the EU and MS agenda and to make sure that the rare cancer community is properly listened to by the EU bodies. To this extent:

1) rare cancers should be looked at as a specific area within cancer and within rare diseases
2) frameworks selectively dedicated to rare cancers, such as joint programmes, annual conferences, etc. should be established
3) proper funding for the networks should be ensured, both at the EU level (with regard to ERNs) and at the national level (with regard to networks linked to ERNs). To this extent, networks should always provide evidence that their effectiveness is as high as possible. Thus, they should monitor their performance, in terms of outcomes and costs, and provide data thereof
4) given the importance of national networking, in connection with ERNs, all efforts at the EU level should always be made to involve MSs and national networks when shaping strategy policies on rare cancers
5) national cancer planning should be viewed as an important tool to link the national with the EU level
6) mechanisms should be arranged to involve the industry in the ERNs and national networks linked thereto. Potential conflicts of interests resulting therefrom should be managed, but should not constitute a barrier to exploiting the added value that a healthy partnership between the rare cancer communities and the industry may provide

The whole European rare cancer community should take over the JARC legacy throughout the whole of con "across" Europe and globally exploiting Rare Cancers Europe and the projects that is now launching with Rare Cancers Asia. This agenda on rare cancers is needed to improve health outcomes for patients with rare cancers in EU, to decrease health inequalities across EU countries and to minimise the risk that rare cancer patients may be discriminated against simply because of the numbers of the disease they suffer from.

Ten Recommendations from the EU Joint Action on Rare Cancers

1. Rare cancers are the rare diseases of oncology
2. Rare cancers should be monitored
3. Health systems should exploit networking
4. Medical education should exploit and serve healthcare networking
5. Research should be fostered by networking and should take into account an expected higher degree of uncertainty
6. Patient-physician shared clinical decision-making should be especially valued
7. Appropriate state-of-the-art instruments should be developed in rare cancer
8. Regulation on rare cancers should tolerate a higher degree of uncertainty
9. Policy strategies on rare cancers and sustainability of interventions should be based on networking
10. Rare cancer patients should be engaged

European Parliament, Sept. 11th -2019

OECI Participation to the INSTAND NGS4P Project - Integrated and standardised NGS workflows for personalised therapy

Giorgio Stanta[1,2]
1. Organisation of European Cancer Institutes- Brussels
2. University of Trieste

Molecular pathology diagnostics and clinical research are today affected by low levels of exchangeability and sometimes irreproducibility. This is related to the pre-clinical conditions of the biological material analysed, the heterogeneity of the tissues and especially to very sophisticated and sensitive molecular methods. A proposal of a PCP project was positively evaluated by the European Commission. This project is mostly related to the possibility to evaluate commercial items related to NGS analyses. As a matter of fact, a very high number of hardware, software, reagents and biomarker panels are currently available. Furthermore, it is necessary to study the clinical value and the level of reproducibility of all these items. The consortium is composed of 18 European partners: universities, scientific institutions and organisations from 11 countries, which joined to develop the project. Amongst them are the European Coalition of Cancer Patients, the European Infrastructure BBMRI-ERIC, Elixir and the OECI. In this PCP Project of 54 months, 7 coordinated medical centres are buyers to test the different NGS platforms for research and routine diagnostics.

The project activities will start with a kick-off meeting at the beginning of 2020.

The study has been designed as a very flexible modular workflow that has been adapted to explore user needs & methods and emerging technologies. The project will take into consideration pre-analytics and the new European requirements for In Vitro Diagnostics. The major modules will be related to pre-analytics, sequencing, bioinformatics and reporting aiming at implementing the external quality assessment. The three phases to select the commercial supplier are related to interface design, prototypes, and full integration. Two specific objectives of the routine NGS diagnostics, such as rare adult cancers and children tumours, will be taken into consideration. The two European Reference Networks for rare adult and pediatric cancers (ERN-EURACAN and ERN-PAEDCAN), which are coordinated by two partners of the INSTAND consortium, will ensure proper addressing of patient and medical needs as well as clinical implementation of the planned integrated and standardized NGS workflow. The criteria adopted for the inclusion of certain rare cancer types and subtypes are as follows:

i) common patterns between adult and paediatric types (i.e. sarcomas)

ii) well-defined genetic markers for diagnosis (i.e. fusion driven cancers)

iii) validated prognostic genetic markers (i.e. neuroblastoma)

iv) availability of validated actionable genetic markers

The project will also study and evaluate a comprehensive NGS panel for common cancers. The results of the project will be applied to the European health systems through specific communication, dissemination and training activities that will be carried on for healthcare payers, policy makers and patient associations. In order to implement NGS for routine diagnostics in cancer, INSTAND proposes to establish complete, integrated and standardized workflows, covering all steps from patient sample collection, nucleic acid isolation, library preparation, sequencing as well as workflow meta data and NGS data collection, processing, analysis and interpretation. Instand intends to show the utility of such complete and integrated workflows using pre-defined groups of cancers. The major goal is to establish the principles of NGS-based diagnostics that will allow immediate and precise diagnosis of rare cancers, inform on prognosis and targeted therapy, and finally contribute to precision medicine.

The OECI is involved in all the WPs of the project, including the participation to several meetings, WP evaluations, scientific reports preparation, financial reports, with particular regard to dissemination activities, but will mainly focus on the final evaluation of results with the support of three OECI members selected by the OECI biobanking and molecular pathobiology WG. However, any OECI institute can be involved, if interested. OECI is the partner of the project, whilst the three centres - the Candiolo Cancer Institute FPO-IRCCS (Candiolo, Italy), Oncology Institute "Prof. Dr. Ion Chiricuta" (Cluj, Romania) and Masaryk Memorial Cancer Institute (Brno, Czech Republic) ¬- act as third parties connected with OECI.

The OECI participation to the project may be considered an activity linked to the standardisation of patient stratification analysis, as it is perfectly aligned with the tasks assigned to the WG. It will also be possible to organise a specific OECI meeting to present the outcomes of the project during the yearly OECI Oncology Days, so as to improve reproducibility and exchangeability of NGS results in the network.

The OECI Biobanks and Molecular Pathology Working Group invite you to join the 2020

Pathology Day

Helsinki – June 10th -2020

Molecular diagnosis and clinical research reproducibility: a European effort

Reproducibility and exchangeability of molecular results in diagnostics and clinical research is one of the main arguments of debate in clinical molecular pathology. Specific European projects and initiatives are therefore needed in order to find a large consensus guaranteeing equal approaches across countries. The OECI Biobanking and Molecular Pathobiology WG interacts with several initiatives looking to define a common language in a wider clinical network. The Pathology Day represents therefore an important dissemination step, and the place where to discuss the best approaches to standardise the diagnostic process and to guarantee the reproducibility of results.

TOPICS:

Comprehensive characterisation and effective combinatorial targeting of high-grade serous ovarian cancer via single-cell analysis: the "HERCULES project on ovary HGSC" - a proposal for rapid biomarker validation

Standardisation of generic Pre-analytical procedures for Invitro DIAgnostics for Personalised Medicine "SPIDIA4P" and the European Committee for Standardisation "CEN"

Integrated and standardised NGS workflows for Personalised therapy: the "INSTAND4P" Project for the evaluation of NGS commercial kits

BBMRI-ERIC: biobanking as a support for clinical cancer research

Digital Pathology and Artificial Intelligence: looking to the future of cancer diagnosis

OECI 42

New Members approved by the OECI 2019 General Assembly

Giorgia Pesce[1] *and* ***Patrizia Sommella***[1]
1. SOS Europe Srl - Genoa

During the last OECI General Assembly held on June 21st in Bari, 8 Cancer Centres/Institutes and 1 cancer network joined the OECI membership.

The OECI cordially welcomes the 6 New Full Members and the 3 Associate Members and hopes that their active collaboration will provide a significant support in implementing and promoting the OECI Programme of activities.

The New OECI Full Members

Institut de Cancérologie de l'Ouest (ICO)
www.ico-cancer.fr
France

University Cancer Centre Frankfurt (UCT)
www.uct-frankfurt.de
Germany

Association Toulousaine d'Oncologie Publique (ATOP)
www.chu-toulouse.fr/-l-offre-publique-toulousaine-en-cancerologie
France

Centre de Lutte Contre le Cancer Georges-François Leclerc
www.cgfl.fr
France

Sahlgrenska University Hospital
www.sahlgrenska.se
Sweden

Motol University Hospital
http://www.fnmotol.cz
Czech Republic

The New OECI Associate Members

Bệnh viện K
Viet Nam National Cancer Hospital
http://benhvienk.vn
Viet Nam

King Hussein Cancer Center
www.khcc.jo
Jordan

The Aga Khan Hospital, Dar es Salaam
www.agakhanhospitals.org
Tanzania

The OECI membership has reached 102 Members. More information on the New OECI Members are available via ***http://www.oeci.eu/Membership.aspx***

OECI Oncology Days, Bari, June 19-21

Modification of the OECI Statute

Claudio Lombardo[1,2]
1. Organisation of European Cancer Institutes - Brussels
2. SOS Europe Srl - Genoa

The OECI is nowadays the largest world cancer Organisation, as number of professionals operating in its Member centres/institutes. It is also the only Organisation operating in the cancer sector that, is formally recognised by the EU as truly European and thus enjoys the right to participate in a European competition without having to co-opt partners from other EU countries.

This privilege stems from the fact that the OECI Statute derives from the application of the EEC Regulation N. 2137/85 of 25 July, 1985, which establishes the associative "European Economic Interest Grouping" formula. Those entities aim at favouring the growth of the Internal Market also thanks to associative interventions stimulating training, continuing education, research, technology transfer and the creation of networks that would give greater unity of intent to the activities developed by Member States independently.

Currently, OECI welcomes partners from 22 EU countries and other European countries participating to the Internal Market, but does not exclude the presence of partners from other countries, including non-European ones, that are interested in sharing the purposes of the Grouping. However, those countries can only participate as associated partners with less duties to comply with - such as sharing the Group's financial risks, but at the same time and for obvious reasons, they cannot be elected to hold positions in the Board of the Grouping.

The possible outflow of some EU countries that historically made the creation of OECI possible prompted the Board to modify the bylaws so as to avoid excluding some countries- from the possibility to provide their active support by occupying important positions in the Board.

For the above reason, and having consulted our Brussels lawyers' office charged to follow all our legal practices, we have agreed upon an amendment of Article 7 of our Statute and in particular of paragraph 7.2 which has been modified as follows:

> ***Article 7: structure and functioning of the Grouping***
>
> ***7.2.Executive Board***
>
> ***7.2.a) Composition***
>
> *Omissis………Only an active representative of a Member (Full Member) or an active representative of an Institution, which cannot be Member because it is established in a State who left the European Union and does not fulfil the conditions provided for in Article 4 of EEC Regulation n° 2137/85 of 25 July, 1985 on the creation of a European Economic Interest Grouping, may be elected as Executive Board Member, except for the Co-opted Members.*

This amendment, approved unanimously in Bari during the General Assembly of June 21st, 2019, and registered to the Belgian authorities, allows individuals who carry out activities in one of our members residing in a country that will decide to resign from the EU, to be eligible to the OECI Board and to provide their valuable contribution to the growth of our Organisation in a spirit that goes beyond the EU borders and aims to guarantee the best qualities of available cares to all our patients.

The 42nd OECI Anniversary: welcome to Helsinki

Johanna Mattson[1]
1. Helsinki University Hospital Comprehensive Cancer Centre - Helsinki

The year 2020 marks the 42nd Anniversary of the founding of the Organisation of European Cancer Institutes (OECI). Finland has been designated for the first time as the host Country for the OECI Oncology Days, and Helsinki has been awarded the privilege of welcoming the prestigious Event.

The OECI 42nd Anniversary will take place from June 10th to June 12th in collaboration with the Helsinki University Hospital Comprehensive Cancer Centre. The Centre became a member of OECI in 2009 and was designated as a Comprehensive Cancer Centre in 2014 as the first Nordic Country. Currently, the Centre is in the re-accreditation process.

The "2020 OECI Oncology Days" covers many hot topics in Oncology. Special attention has been paid to the four pillars of quality, patients, molecular pathology and health economics, where intense collaboration within OECI would make an impact in the European Cancer Mission Program.
During the Patient Day the participants will be able to discuss how to enhance the efficacy of cancer care whilst increasing quality and patient satisfaction, and how supportive and palliative care should be organised in the OECI cancer centres. On the top of that, engaging patients by mobile apps specifically tailored for cancer patients will also be covered. Reproducibility of molecular diagnosis, single cell analysis, biobanking and the future percpectives of digital pathology and artificial intelligence will be the main topics for the Pathology Day.

The 2020 Scientific Conference "Quality improvement and Evaluation Paradigms in Cancer" will focus on the developments in the OECI Quality Programme and multidisciplinarity in centres/institutes and networks. Apecial multi-level education program for cancer nurses will also be presented.

Boron neutron capture therapy (BNCT) with an accelerator based neutron source is an example of new cutting-edge technology where academic research and co-operation between a cancer centre/institute and a private company has set the basis for innovation.

Joint actions are needed for the constant improvement of quality and treatment outcomes while reaching acceptable and sustainable rise in cost. Thanks to Joint big real life data studies, the cost effectiveness of novel therapies can reliably be assured. Pricing, Coverage and Access to Innovative Cancer Drugs will be the theme for the Health economics session.

During and after the Events planned during the Oncology Days, there will be time for the participants and accompanying persons to enjoy the surroundings. Helsinki is the beautiful capital of Finland and the most affordable Nordic capital. Helsinki was chosen as the World Design Capital for the year 2012, and in 2014 it was awarded with the City of Design status as part of the Creative Cities Network established by UNESCO.

The Oncology Days will be held at the traditional Kalastajatorppa Hotel by the sea. The Opening Ceremony will be hosted at the City Hall by the Mayor of Helsinki and the Gala dinner will take place in the Restaurant Walhalla located on the historic grounds of the Suomenlinna Maritime Fortress, which is listed as a UNESCO World Heritage Site due to its unique military architecture.

On behalf of the Helsinki University Hospital Comprehensive Cancer Centre and the Finnish Cancer Centre network (FICAN), I look forward to meeting you in Helsinki.

The OECI Accreditation and Designation Programme: 10 years of evidence-based Quality & Assurance, and a New Version of the Manual and Standards (3.0)

Simon Oberst[1,2] and the **OECI A&D Board**
1. Cambridge Cancer Centre
2. Organisation of the European Cancer Institutes

The OECI A&D Programme is widely recognised as the only Cancer Accreditation Programme which includes Cancer Centres and Institutes in almost every country in Europe. It is also the only "Quality Programme" whose standards have been accredited by the International Society for Quality in Healthcare (ISQua). Having celebrated its 10-year anniversary last year, the process of a third revised set of quality standards, indicators, and overall processes in Manual 3.0 was completed in October 2019, and has now undergone technical implementation in the e-tool and production of the Quality Manual.

Manual 3.0 is the result of a successful collaboration among the A&D Programme, OECI Members, Centres/Institutes in the Programme, and auditors involved in the peer review process. We thank all the experts, organisations and centres/institutes who have provided insight and critique of the Standards and quantitative measures proposed. Special thanks go to external representatives of European Cancer Organisations involved in care, research and education, namely EORTC, EONS, EACS, ECCO, ESSO, ESTRO, ESMO, Cancer Core Europe and Cancer Prevention Europe who contributed to the discussions on the revision of the Manual. Very special thanks to those organisations representing cancer patients and their caregivers – who are the real goal and purpose of the improvements in cancer diagnosis, research and treatment envisaged by these Standards – namely, the European Cancer Leagues, and the European Cancer Patient Coalition. Their input has resulted in a Set of Standards which set probably the highest bar of patient-centred cancer care in the world.

Manual 3.0 introduces important new standards on: molecular diagnostics, prevention, surgical oncology, radiotherapy, pathology, survivorship, palliative and supportive care. It also introduces the concept of "Core Standards" which should always be met by centres/institutes, and on which evidence of compliance will always be required in a re-accreditation. A new re-accreditation process has been introduced in Manual 3.0 which will reduce the burden on centres/institutes. All Standards will still need to be scored, but only new Standards, Core Standards, and those previously scored other than 'Yes' by the centre/institute will require audit evidence to be uploaded.

In this latest revision, the Designation Criteria remain largely unchanged (although definitions have been clarified), but henceforth centres/institutes previously designated as "Clinical Cancer Centres" will now be designated as "OECI Cancer Centres", on the grounds that many such centres/institutes do have research but not at the volume of Comprehensive Cancer Centres.

This revised set of Quality Standards represent a true European consensus for evaluating the performance of cancer centres/institutes. They are complementary to more detailed requirements for individual tumour groups which are also needed to maintain the highest quality of cancer care. However, the uniqueness of the OECI approach is the focus on comprehensiveness: comprehensiveness in the integration of research and clinical care; comprehensiveness in relation to the whole patient journey; and comprehensiveness in the capacity of a centre/institute to treat almost all cancers, and disseminate learning and expertise across cancer types as we move forward in the genomic age.

The new version will enter into force for all centres/institutes applying to the Programme after 1 January 2020. Congratulations to the A&D Board and the Coordination Team of the Netherlands Cancer Institute (IKNL) for their extraordinary efforts in this revision, and to the OECI Director and his office for the professional production of the outcome.

We offer these European-consensus Quality Standards for Cancer Centres and Institutes to the cancer community, in the sincere hope that, working together towards the highest quality of cancer research, care and education, we may radically reduce death and disease caused by cancer.

New OECI Members certified at the last OECI General Assembly in Bari

Harriët Blaauwgeers[1,2] and **Willien Westerhuis**[1,2]
1. Netherlands Comprehensive Cancer Organisation, IKNL
2. Organisation of the European Cancer Institutes – A&D Programme

Many centres worked hard on their quality improvement using the OECI standards. During the Yearly OECI General Assembly in Bari (June 2019) the following centres received their OECI Certificate:

Comprehensive Cancer Centes

- **Institut Paoli Calmettes**, Marseille (France), 1st round;
- **The Christie NHS Foundation Trust**, Manchester (UK), 2nd round.

We congratulate the centres with this impressive achievement!

Working on quality improvements is an ongoing effort.
The overview below shows the centres that are participating in the Programme now and have their peer review / certificate in 2020 / 2021.

The following centres are in the Programme for the 1st round

- **TYKS Turku University Hospital Cancer Centre**, Turku – Finland
- **TAYS Cancer Centre Tampere University Hospital**, Tampere – Finland
- **Trinity St. James's Cancer Institute**, Dublin – Ireland
- **Maastricht University Medical Centre**, Maastricht – The Netherlands
- **Karolinska Institute and University Hospital**, Stockholm – Sweden
- **Institut Universitaire du Cancer de Toulouse-Oncopole**, Toulouse – France
- **Centre Francois Baclesse**, Caen – France
- **Skåne University Hospital South Sweden Cancer Centre**, Lund – Sweden
- **Cancer Centre of Kuopio University Hospital**, Kuopio – Finland
- **Fondazione Istituto Oncologico del Mediterraneo (IOM)**, Viagrande (Catania) – Italy
- **Candiolo Cancer Institute FPO-IRCCS**, Candiolo – Italy

The following centres are in the Programme for the 2nd round

- **Cambridge Cancer Centre**, Cambridge – UK
- **Helsinki University Hospital Comprehensive Cancer Center**, Helsinki – Finland
- **Istituto Europeo di Oncologia – IEO Milan**, Milan – Italy
- **Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori [IRST]-IRCCS**, Reggio Emilia – Italy
- **Istituto Oncologico Veneto IRCCS-IOV**, Padova – Italy
- **Fondazione IRCCS- Istituto Nazionale dei Tumori di Milano**, Milan – Italy
- **IRCCS Istituto Tumori Giovanni Paolo II**, Bari – Italy
- **IRCCS Ospedale Policlinico San Martino**, Genova – Italy
- **Istituto Nazionale Tumori-IRCCS "Fondazione G.Pascale"**, Napoli – Italy
- **IRCCS, Centro di Riferimento Oncologico della Basilicata (CROB)**, Rionero in Vulture – Italy
- **Istituto Nazionale Tumori Regina Elena** Roma – Italy
- **Centro di Riferimento Oncologico Istituto Nazionale Tumori**, Aviano – Italy

A complete overview of certified centres can be found on www.oeci.eu/accreditation *(https://www.oeci.eu/accreditation/Centres.aspx?type=CERTIFIED)*

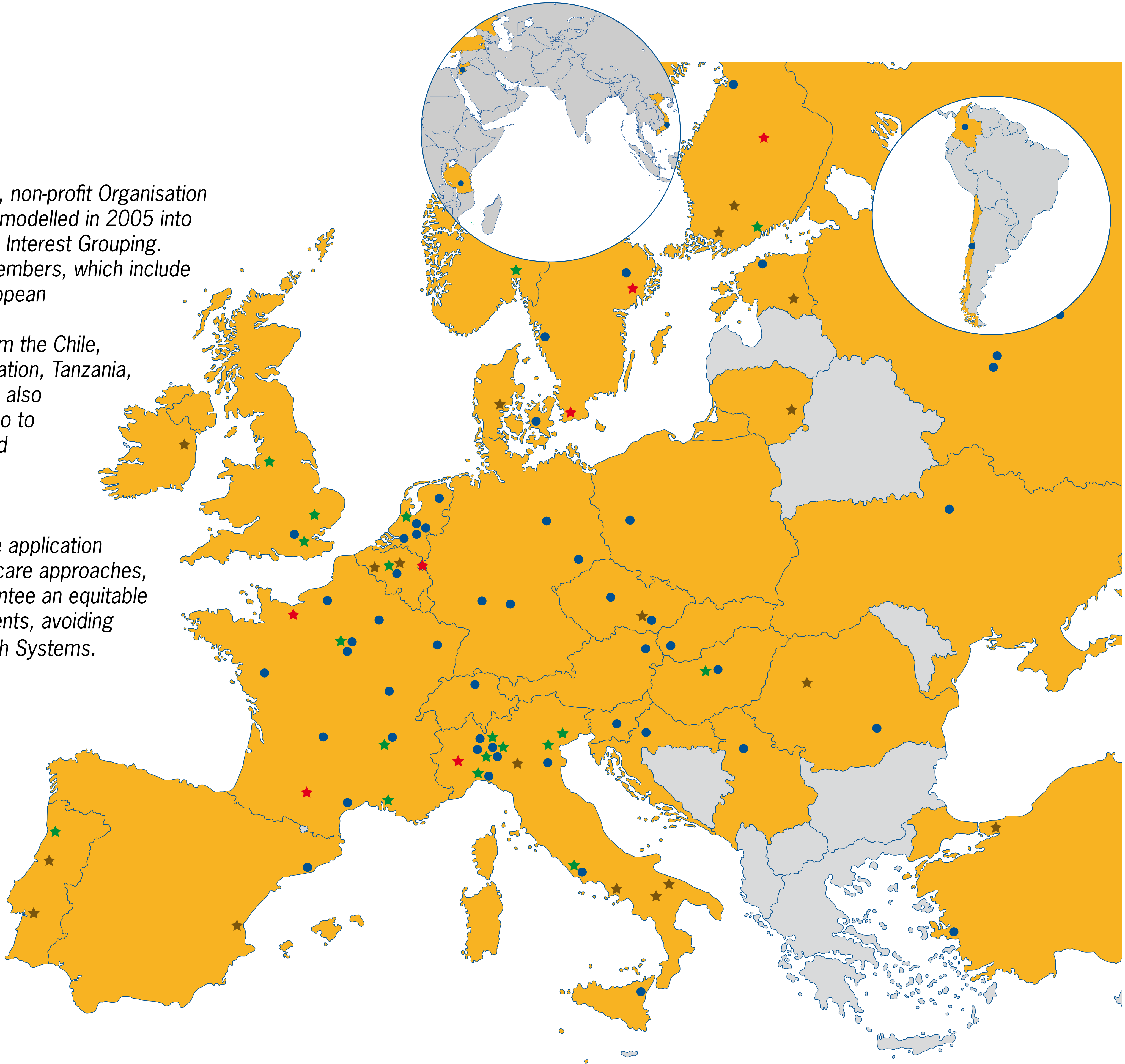
A&D Certificate delivery to the Christie NH Foundation Trust - Manchester - UK

A&D Certificate delivery to the Institut Paoli Calmettes, Marseille - France

The OECI Network

*TThe OECI is a non-governmental, non-profit Organisation founded in Vienna in 1979 and remodelled in 2005 into OECI-EEIG, a European Economic Interest Grouping. Today, the OECI regroups 102 Members, which include some of the most prominent European Comprehensive Cancer Centres.
Several major cancer centres from the Chile, Colombia, Jordan, Russian Federation, Tanzania, Turkey, Ukraine and Viet Nam are also members of the Organisation, also to benefit from our Accreditation and Designation Programme*

The OECI aim is to accelerate the application of multidisciplinary personalised care approaches, to reduce morbidity and to guarantee an equitable access to care to all cancer patients, avoiding the collapse of the National Health Systems.



★ OECI Members A&D certified Comprehensive Cancer Centre

★ OECI Members A&D certified Cancer Centre

★ OECI Members in the A&D process

● Other OECI Members

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