



State of the play of the OECI Presidential Strategy Athens, 11-13 June 2025

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Cancer in Europe

- There is a large variability in Epidemiology, Economics, Health Care and Health Care Systems, and Outcomes
- Both between and within countries, yielding inequality in access to quality care
- Some of the determinants of variability/inequality are actionable



Europe' Beating Cancer Plan and Cancer Mission have the common objectives to <u>improve quality</u> and <u>decrease inequalities</u> in cancer care in Europe, in order to:

Decrease mortality, improve survival and ameliorate QoL

These objectives may be achieved only:

supporting research and health care activities
a wider participation of all Member States and Affiliated Countries
a direct involvement of all the relevant stake-holders in the co-design and project implementation, including citizens and patients
aligment and coordination at national and European level





European Cancer Plans: 5 maine lines of activities

- Increase knowledge (research)
- Increase access to quality care
- Fight actionable determinants of inequalities
- Involve active participation of relevant stake-holders
- Optimize sinergy between funded projects



OECI today

- OECI is the largest Worldwide network of cancer centres/institutes
- Over the past 55 years, the OECI membership increased to more than 180 members (at May 2025), covering 26 EU Member States, with an active extra European program (OECIWorld)
- About 50% of our Members are currently participating in the A&D Programme, 66 already certified
- Several quality-focussed activities ongoing
- Furthermore, OECI has now a more active involvement in European actions



















Young Board

CCI4EU,

From Helsinki 2024

- Continuous education on topics that prepare younger p participate in the development of the European oncology
- Involvement of new generations to prepare future management **OECI** Academy gain from them the necessary contribution to the innov.
- Expansion of OECI's presence in other continents in order to demonstrate **that** the approach adopted by OECI **is app** and social situations **that differ from** the European one. **OECIWorld**
- Relaunch of OECI's contribution to the involvement of patients in a continuous relationship with oncology centres, ensuring Reshape of the participation in the preparatory phases of the research a patients WG involve them.
- Participation of OECI in major European research and pw with the involvement of our members. EuonQoL, Jane2



What left

- An important issue raised at the last plenary session in Helsinki remains to be defined: the need to think about a way to return to the members, more than has been done so far, part of the scientific, educational and possibly also economic benefits generated by the OECI.
- There are, of course, several possibilities: from support for centres in economic or political crisis, to support for certification and improvement programmes, and foster collaborations between CC/CCs



Decision taken by the extended OECI Board, yesterday

- To organize a BoD meeting focussed on issues discussed yesterday with the objective to:
 - Prepare a Strategic multi-year Plan where priorities are identified, actions planned after evaluation of their feasibility and sustainability
- To present the Plan to the General Assembly for discussion in the context of an informal virtual meeting



What next

- The Oncology Days in Athens mark a new starting point, **both** to achieve the goals we have set **and** to address new issues
- In addition to the topics addressed in the Scientific Session, such as artificial intelligence in diagnostics and treatments – there are others sectors that remains underexplored and certainly deserves greater attention from OECI, for example: prevention, fight inequalities, health Services Research, etc
- Furthermore, there is a need to build strategic alliances with other European cancer entities and others that do not always belong to the oncology community.





Challenges

•Some of the ongoing Joint Actions (JAs) may lead to duplication and competition between existing networks and certification systems.

•This is particularly true in the case of EUnetCCC, which plans to establish a new European network and certification system.

•During the last BoD meeting, yesterday, the topic has been raised, members had the opportunity to discuss how to manage this «hot» issue.



Additional remarks

- A synergy meeting with coordinators of the most relevant cancer policy projects ongoing (EUnetCCC, CCI4EU, ECHOS, JANE2)
- Another coordination and allignment meeting with 4 relevant European Networks (OECI, CCE, EORTC and DIGICORE) planned soon
- A letter signed by 49 European CCs/CCCs in which Directors express concerns about the direction EUnetCCC is taking and concludes " ... we maintain that OECI and DKH certification represent a credible and robust pathway to EUnetCCC recognition. We respectfully urge you to adopt a process that removes unnecessary barriers and embraces the clear advantages ... ».
- The position of AAC, the Italian network of 33 Cancer Institues, that support the Italian current status (3 level certification, from regional, national and OECI) expressing doubts about the necessity and sustainability of an additional European certification



Conclusions

We are ready to collaborate with European and national entities, and assume a leading role but, we should not forget that

- OECI operates independently of <u>political</u> or <u>industrial</u> influences.
- This **autonomy** allows us to act with the sole purpose of providing our patients with the best available care and ensuring that, **over time**, the majority of patients **receive treatment** in highly specialised **centres**, certified through a **quality assessment process**





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and

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I hope that the new paths forged during my presidency will continue to evolve, enriched by additional ideas linked to the pillars we have firmly anchored to a foundation of knowledge a

Roccin Aplou

