

COMPREHENSIVE CANCER INFRASTRUCTURES 4 EUROPE

Project overview

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15th June 2023



Funded by
the European Union

- Objective: To strengthen the research capacities of Comprehensive Cancer Infrastructures
- Duration: 36 months
- Budget: €9,984,080
- Coordinator – OEIC
- 55 partners from 27 Member States and 4 Associated Countries
- As part of the Governance structure there will be an “EU Actions Forum” bringing together coordinators of key associated EU projects – UNCAN, CRANE, JANE, and ECHOS.

5 basic phases

- Develop the theoretical model
- Map the maturity level of each MS/CCI
- Prepare customised interventions (CBP)
- Implement tailored interventions:
 - 9 “Deep Dives”
 - 3 regional conferences with up to 100 ‘team’ delegates from CCIs each
 - Online lectures on key CCC/CCI subjects, through the ESO platform.
- Evaluate and disseminate



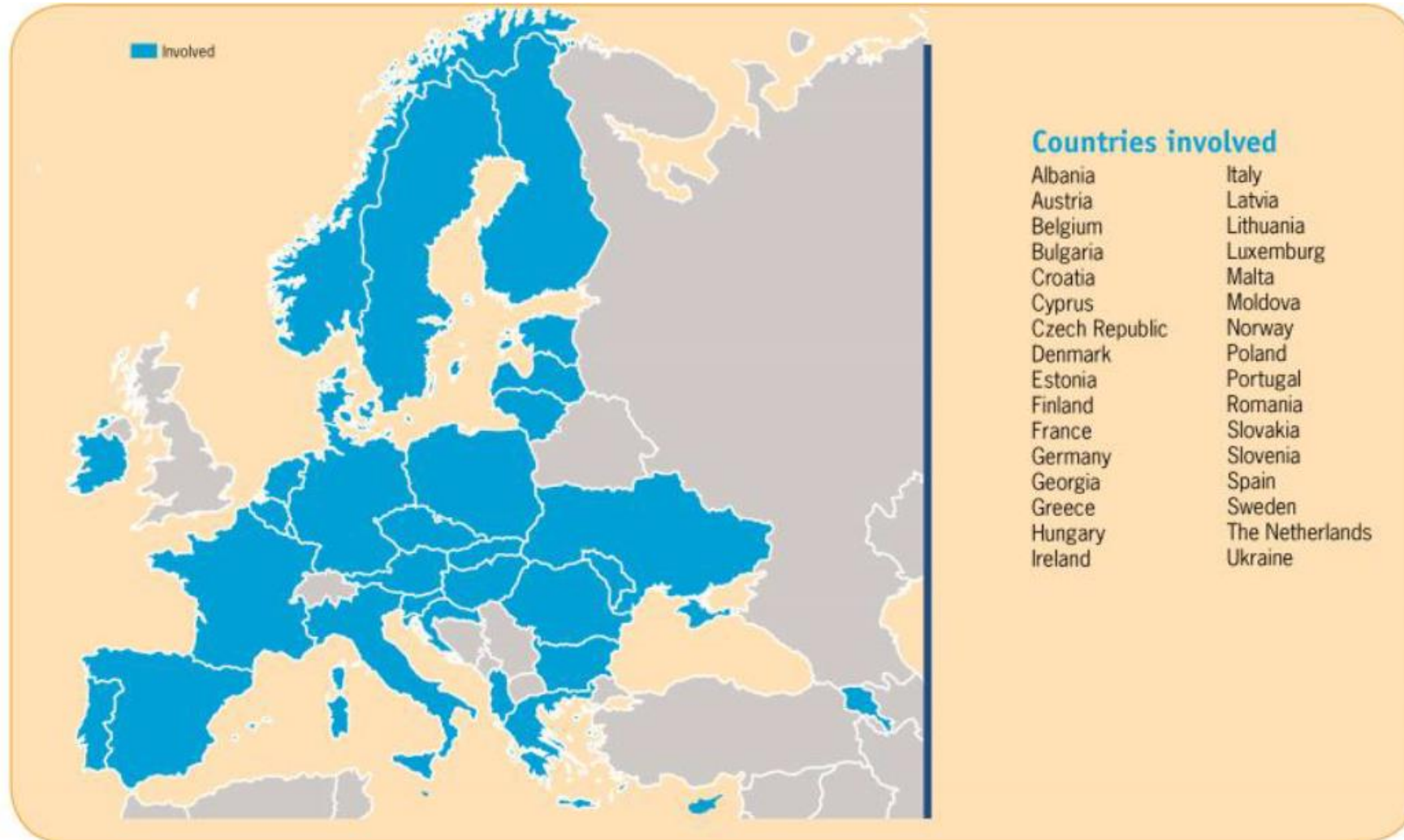
55 CONSORTIUM/PARTNERS



Number of Beneficiaries: 27

Number of Affiliated Entities: 28

Number of Countries involved: 32



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What is a CCI?



The Mission Board of the EU Mission on Cancer has defined Comprehensive Cancer Infrastructures as *‘national or regional infrastructures that provide resources and services to support, improve and integrate cancer care, research, training of care professionals and education for cancer patients, survivors and families/carers.’*

The Horizon Europe Mission on Cancer **will complement** the set-up of an EU network of Comprehensive Cancer Centers across Member States that will be established through the Europe’s Beating Cancer Plan by 2025. The Mission aims to achieve the target of ensuring that **90% of eligible cancer patients have access to Comprehensive Cancer Infrastructures by 2030**. In that context, and in full complementarity and synergy with the actions foreseen under the Europe’s Beating Cancer Plan, **this topic should set up capacity-building for Member States and Associated Countries to support them in respectively improving or developing their existing or future Comprehensive Cancer Infrastructures, focussing on developing their research & innovation-related capacities.**



What is a CCI?

CCI A Comprehensive Cancer Infrastructure should also include public functions such as public health, screening, primary and community care, and population cancer registries. Other supporting infrastructures such as –omics and clinical trials platforms

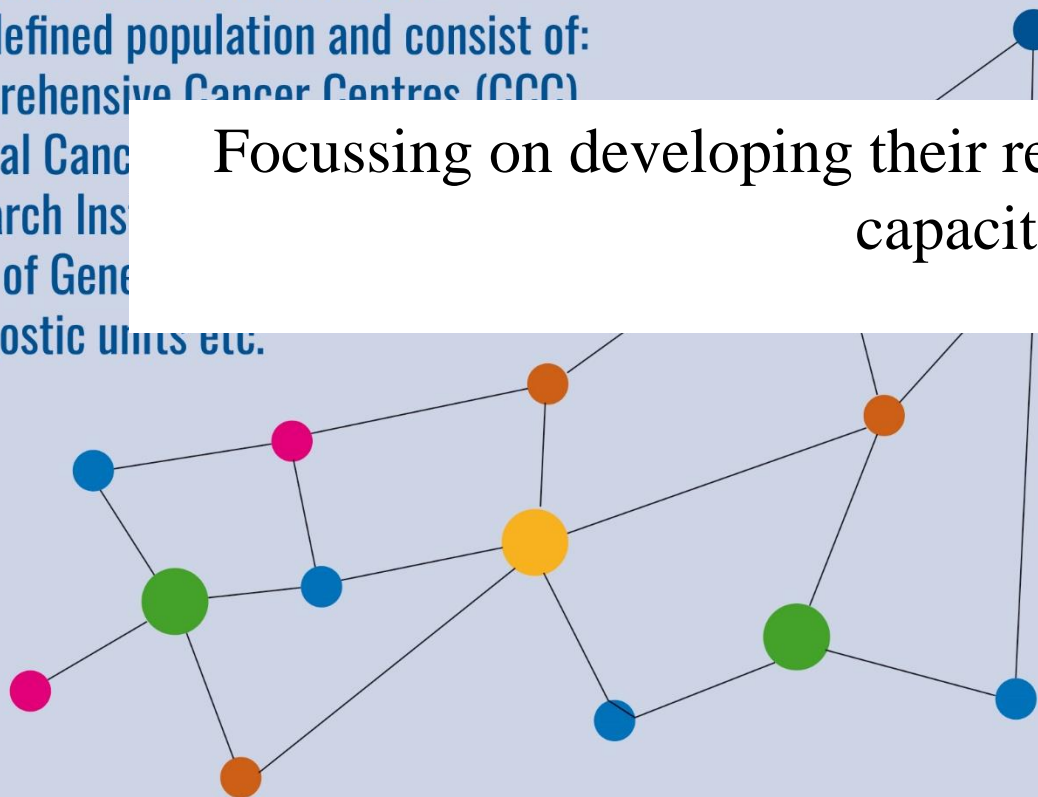
CCN

Comprehensive Cancer Networks*

serve a defined population and consist of:

- Comprehensive Cancer Centres (CCC)
- Clinical Cancer Research Centres (CCRC)
- Research Institutes (RI)
- Units of Genetic Testing (UGT)
- Diagnostic units etc.

Focussing on developing their research & innovation-related capacities.



* Including Comprehensive Cancer Care Networks according to CraNE WP 6 (CCCN)

Research themes and the patient pathway

Citizens

- Screening
- Early detection

The patient pathway

- Diagnosis (pathology, radiology and molecular diagnostics)
- Surgery
- Radiotherapy
- Systemic therapies
- Patient-centred Care

Underpinning infrastructures

Human resources and education
Clinical registries and Real World Data
Population registries
Structures which ensure care continuity and equality of access

Research and Innovation
themes for capacity building

Discovery and translational
research

Clinical Research

Digital innovation

Outcomes research

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What is Capacity Building (CB)?

Dimensions of Capacity Building

More than training....

Individual

- Needs assessment
- Training
- Extending knowledge and competencies
- Processes for talent development and exchange

Institutional

- Needs assessment
- Gap analysis and identifying barriers
- Sharing excellent practices
- Building resources (data) and teams
- Changing corporate mindsets

Systemic

- Needs assessment
- Breaking down silos
- Bringing in outside expertise (twinning and teaming)
- Networking, governance and organisation
- Redesign of the system and sustainability

Capacity building contents in the call



- **Enhanced involvement** in quality of scientific research, including development and participation to clinical trials and epidemiological studies (e.g. clinical trial design, process of trial approval, ethical aspects, recruitment, staffing and training requirements including digital skills, organisational aspects, regulatory requirements, core facilities, patient participation and empowerment (in the planning and implementation of patient-oriented cancer research);
- **Better integration between research and care programmes;**
- **Improvement of patients care pathways and integrated care;**
- **Development and use of indicators** (e.g. quality, outcomes) and registries;
- **Implementaton of quality assurance and related standards;**
- **Support in accreditation and certification;**
- **Networking capacities** (within and across Member States), including through improvement of data exchange capacities (e.g. interoperability and data protection related aspects);
- **Gender-related aspects** (with respect to representation in research and career pathways and any other relevant aspects);
- **Information on available EU** (funding) instruments.



What are the steps of implementation of CB?



To achieve these challenging results in terms of process and outcomes, the CSA will design and implement the following sequential steps:

1. **Define quality indicators and Maturity Model** This will be done in integration with current EU actions focused on similar concepts (UNCan, CRANE and JANE).
2. **Profile each MS and a few Associated Countries in terms of CCI presence and levels of maturity:** The opening hypothesis is that presence and maturity of CCIs varies widely among MSs without satisfying a comprehensive definition.
3. **Design tailored CBP interventions, giving priority to member states without any CCI.** This will be done according to the maturity of CCIs, the specific needs analyses from the quality indicator results, and involve relevant stakeholders in each Member State.
4. **Deliver online tailored training courses open to teams in all MSs and ACs.** These tailored interventions will be designed to train teams rather than isolated individual trainees, so that impact in CCIs can be ascertained.
5. **Implement onsite interventions.** These will be in two forms: (a) Deep Dives in 9 CCIs in MSs with targeted interventions involving teams of experts consulting, and (b) 3 regional conferences orientated towards widening participation countries – to implement CB among teams from CCIs.
6. **Scale up and sustain development.** The CB interventions will be evaluated for effectiveness, and recommendations will be formulated for designing future CB scaled-up programmes using EU instruments to building cancer research and care capacity in all CCIs in all MSs.
7. **Disseminate and exploit.** The results of the evaluated CB interventions will be published in many formats and communicated to policymakers, professionals, patients and other stakeholders for future actions.



Comprehensive Cancer Infrastructures: what the Maturity Model based on QIs might look like...



Themes:		Criteria/Subthemes <i>Examples what should be covered by the criteria:</i>
1	CCI structure	<ul style="list-style-type: none"> • • Human resources and education • Structures which ensure care continuity and equality of access • Patient involvement • Interface/Support to/of theme 2-7



Maturity Model

		Level 0	Level 1	Level 2	Level 3 (more level?)
Theme 1: Structure of the CCI Network (5 criteria + 1 criterion Interface)					
Criteria (Qualitative)	<i>Criterion 1.1: Members of the CCI</i> - Minimum Members of a CCI are: - Cooperation between the members..... - Steering committee -	<i>Regional Members of the CCI are not identified</i>	<i>Regional Members of the CCI are identified</i>	<ul style="list-style-type: none"> • Regional Members of the CCI are identified • Written cooperation agreements between the Members of the CCI 	<ul style="list-style-type: none"> • Regional Members of the CCI are identified • Written cooperation agreements between the Members of the CCI • Steering committee is nominated and first meeting took place
	<i>Criterion 1.2:</i>				
	<i>Criterion 1.x:</i>				
	<i>Criterion 1.6 Interface/support to/of Theme 2-7</i>				
Quality indicator (QI) (Quantitative)	Numerator/Denominator/Target:				

Example of CCI tailored interventions in a CCI



		Themes where the maturity model has indicated the need for intervention							
THEME (examples)	CCI structure	Screening	Translational research	Clinical Trials	Integration of research and care	Patient empowerment	Diagnostics	Treatment	Patient-centred care
CCI 1	✓	✓	✓	✓	✓	✓		✓	
CCI 2	✓		✓		✓		✓	✓	✓
CCI 3	✓				✓	✓			



- At the application/budgeting stage we hypothesised 88 capacity building experts
- 55 of these are individuals known to OEIC
- 33 have been hypothesised from expert organisations, e.g. EORTC; IARC; ECPC

- A budget-time of 2 person months has been set for each expert
- The assumption is that most experts would be involved in 1 Deep Dive only
- Assumption is that some of the experts would deliver lectures for the online programme (WP5)

- Some of you will be invited to be capacity building experts from your institutions!

Thank you for your attention!

