



Welcome at Curie
Basic Science & Comprehensive Cancer
Center Foundation



Europe's Beating Cancer Plan Cancer Mission Program Horizon Europe



EUROPEAN CANCER BEATING PLAN

Cancer concerns us all in one way or another.

In 2020, 2.7 million people in the European Union were diagnosed with the disease, and another 1.3 million people lost their lives to it. Cancer is an individual diagnosis that has important impacts on patients, but it also severely affects the lives of their families and friends.

Today, Europe accounts for a tenth of the world's population, but a quarter of the world's cancer cases.

Unless we take decisive action, lives lost to cancer in the EU are set to increase by more than 24 % by 2035, making it the leading cause of death in the EU.

The overall economic impact of cancer in Europe is estimated to exceed €100 billion annually. Moreover, the COVID-19 pandemic has severely impacted cancer care, disrupting prevention and treatment, delaying diagnosis and vaccination, and affecting access to medicines. Since the pandemic began, the number of cancer diagnoses has decreased, foreshadowing a future increase in cases.

EUROPE'S BEATING CANCER PLAN IS THE EU'S RESPONSE TO THESE NEEDS

It reflects a political commitment to leave no stone unturned to take action against cancer.

Mobilising the collective power of the EU to drive change to the benefit of our citizens, the Cancer Plan contains concrete, ambitious actions that will support, coordinate and complement Member States' efforts to reduce the suffering caused by cancer.

BUT HEALTH IS A MEMBER STATE RESPONSIBILITY

- **Prevention** (HPV Vaccine, tobacco free generation, increase alcohol taxation, aden obesity, diets, physical activities, European code against cancer)
- **Early detection and screening** (European imaging initiative, screening for Breast, cervical and colon)
- **Treatment**
- **Access to innovation** (Genomics for public health, personalized medicine, immunotherapy, gene therapy, vaccine)
- **European information system**, use of machine-learning and IA
- **Better life** for cancer patients
- **Access** for survivors **to financial service**

FLAGSHIP INITIATIVE AND OTHER INITIATIVES

CANCER BEATING PLAN

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Flagship initiatives on early detection

- Develop a new EU Cancer Screening Scheme to ensure that by 2025, 90 % of the target population is offered breast, cervical and colorectal cancer screening – 2021-2025.

Other actions

- Update and explore expansion of the Council Recommendation on cancer screening – 2022.
- Develop new guidelines and quality assurance schemes for screening, diagnosis, treatment, rehabilitation, follow-up and palliative care for colorectal and cervical cancer, including accreditation and certification programmes, while continuously updating the existing guidelines on breast cancer – 2021-2025.
- Update the European Cancer Information System to monitor and assess cancer screening programmes – 2021-2022.

FLAGSHIP 5

CANCER BEATING PLAN

This action will help deliver higher-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 to Comprehensive Cancer Center by 2030.

- **Prevention** (HPV Vaccine, tobacco free generation, increase alcohol taxation, aden obesity, diets, physical activities, European code against cancer)
- **Early detection and screening** (European imaging initiative, screening for Breast, cervical and colon)
- **Treatment**
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Proposed Mission
**CONQUERING CANCER:
 MISSION POSSIBLE**

Report of the Mission Board for Cancer

Independent
 Expert
 Report



Research and
 Innovation



Recommandation 1:

Launch UNCAN.eu – a European Initiative to understand cancer

Recommandation 2:

Develop an EU-wide research programme to identify (poly-) genic risk scores

Recommandation 3:

Support the development and implementation of effective cancer prevention strategies and policies within Member States and the EU

Recommandation 4:

Optimise existing screening programmes and develop novel approaches for screening and early detection



Recommandation 5:

Advance and implement
personalised medicine approaches
for all cancer patients in Europe

Recommandation 6:

Developp an EU-wide research programme on early diagnostics and minimally invasive treatment

Recommandation 7:

Developp an EU-wide research programme on policy support to improve the quality of life of cancer patients and survivors, family members and carers, and all persons with an increased risk of cancer

Recommandation 8:

Create a European Cancer Patient Digital Centre where cancer patients and survivors can deposit and share their data for personalised care

Recommandation 9:

Achieve Cancer Health Equity in the EU across the continuum of the disease

Recommandation 10:

Set up a Network of Comprehensive Cancer Infrastructures within and across all EU Member States to increase quality of research and care

Recommandation 11:

Childhood cancers and cancers in adolescents and young adults: cure more and cure better

Recommandation 12:

Accelerate innovation and implementation of new technologies and create Oncology-focused Living labs to conquer cancer

Recommandation 13:
Transform cancer culture,
communication and capacity
building



The logo for DigiCore features the word 'DigiCore' in a red and grey serif font. Below it, the text 'The Digital Institute for Cancer Outcomes Research' is written in a smaller, black, sans-serif font.

HORIZON EUROPE

Various calls to implement the CANCER BEATING PLAN and Cancer MISSION objectives



OECI AND DIGICORE ARE EUROPEAN GROUPING OF INTEREST

European Economic Interest grouping

European lawmakers, in agreement with the Member States, structured a specific Regulation to promote the Internal Market and to open it to other markets. Considering that research and continuing education are an obliged condition to innovation, the European Regulation has been strongly adopted by universities and research centres/care institutions to increase their competitiveness and, in several cases, to transform results in innovative products/services accelerating the uptake by the industry.

A EEIG is a type of legal entity of the **European corporate law** created under the EC Council Regulation 2137/85

It is designed to **facilitate** entities in different countries to do **business together**, or pool their resources to achieve a **common goal** (research, service, educational, creative, innovation) and with the objective to take part in **EU**, National or **private programmes**

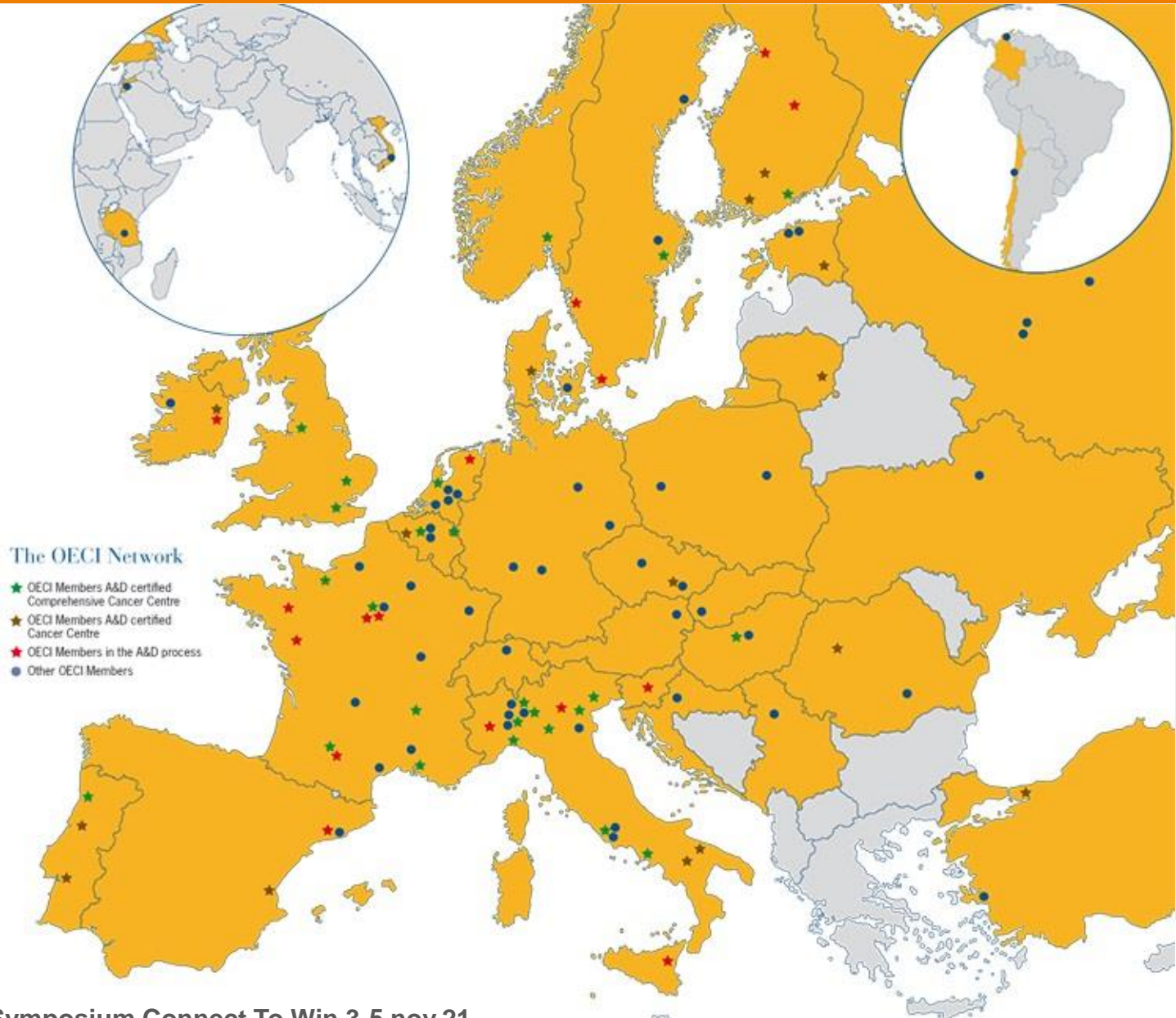
EEIG enables companies, other legally constituted bodies or individuals from different EU member states to **work together under a separate identity** creating a reliable working environment based on mutual respect and trust.



Organisation
of European
Cancer Institutes

DEVELOPING
THE FUTURE IN
COMPREHENSIVE
CANCER CARE







ACCREDITATION AND DESIGNATION PROGRAMME



Simon Oberst

Co-opted Member to the OECI Board
Accreditation and Designation WG
Chairperson
Cambridge, United Kingdom



Milena Sant

Cancer Outcomes Research
Milan, Italy



Giorgio Stanta

Biobanks & Molecular
Pathobiology
Trieste, Italy



Dominique de Valeriola

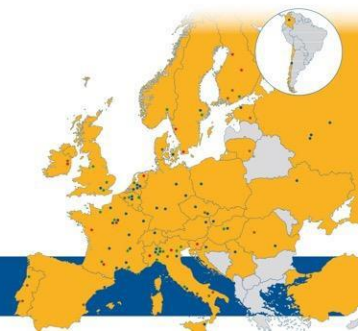
Collaboration for Good Practices
With Patients
Brussels, Belgium



Wim H. van Harten

Cancer Economics &
Benchmarking
Amsterdam, The Netherlands

**An EU Network of Comprehensive Cancer
Centres/Infrastructures
EU4 Health - DP/C-g-10.1.2/3 Direct grants to
Member States' authorities: network of
Comprehensive Cancer Centres**



10.1.2

(a) Preparatory activities to establish National Comprehensive Cancer Centres and EU Network linking these Centres:

The aim of this joint action is to establish or upgrade Comprehensive Cancer Centres in Member States, and the creation of an EU network of the already existing and newly established Comprehensive Cancer Centres. The EU Network of National Comprehensive Cancer Centres will support the implementation of quality- assured early detection, screening, diagnosis, treatment, support to cancer survivors, and training of the cancer workforce.

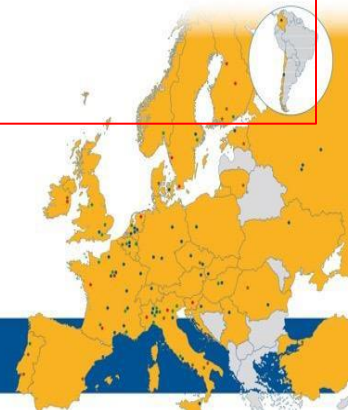
(b) Preparatory activities to establish an EU Network of Expertise on Cancers and Cancer Conditions:

The aim of this joint action is to establish the new EU Network of Expertise on Cancers and Cancer Conditions.

Points (a) is in the centre of OEI expertise:

- OEI already accredits CCCs and CCs in 17 of the 27 Member States
- OEI knows which centres need “upgrading” or unbuilding
- OEI has expertise on how to form new CCCs

Information: - These 2 Joint Actions are going to run separately
- re (b) this network of CCCs is more about individual expertises, we think.
And also about creating 5 new ERNs for hard to treat cancers.

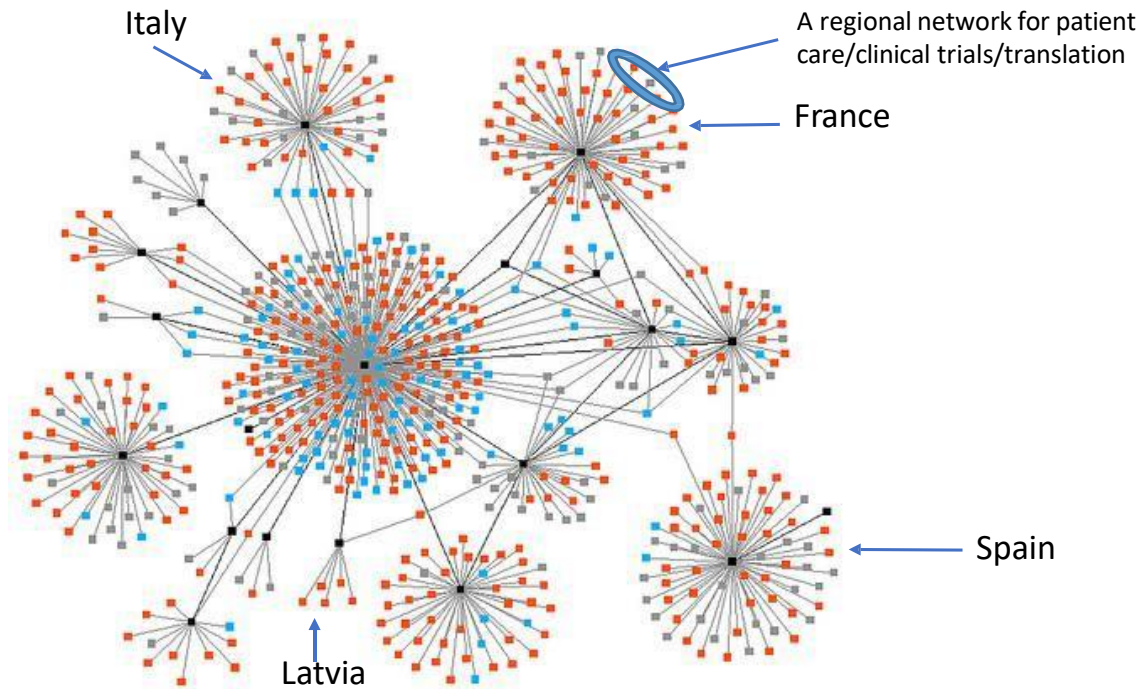


1. Which country (and nominated competent authority) will co-ordinate the Joint Action? – Slovenia (Tit)
2. Since the JA only funds 60% of the €3 million budget, where will the 40% co- funding come from? (Member States)
3. OECI has key expertise for this JA and was excluded from iPAAC because not nominated by a Member State. Will a member state nominate OECI as an affiliated entity?
4. What do we know about other interested and important parties to this JA – e.g. Slovenia; France – INCa; Germany - German Cancer Society/Cancer Aid?
5. Will some of the JA budget go to Member States to enable them to form their national networks of CCCs?
6. Why is there not more emphasis on forming local cancer networks around CCCs (which is what the cancer mission really envisaged)? Will that initiative come later?



EU network of CCCs; national CCIs – is this leading to a network of networks. If so, how, and are these in parallel?

- Observations:
- There are between 130-180 CCCs/large CCs in Europe
 - Each should have a local network around it - but different shapes...
 - There are questions about a **European Cancer Institute** (see BECA Motion clauses 53-55)
 - Links with the UNCan.eu call
 - Creating the 'top tier' network will take many years to improve outcomes
 - Creating the local cancer networks will improve and equalize outcomes quicker and reach 90%
 - How/who to accredit for quality?



OECI's contribution to setting up a Comprehensive Cancer Infrastructure in Member States



Prof Thierry Philip
President, OECI
President, Institut Curie



Recommendation 10 of the EU Cancer Mission Report (reinforced in flagship #5 of Europe's Beating Cancer Plan)

Set up a Network of Comprehensive Cancer Infrastructures within and across all EU member states to improve the quality of research and care.

How to implement this?

1. **Plan it.** 10 Members States have no recognised CCCs or networks yet
2. **Implement it.** Many central and eastern MS will need financial and advisory help in building their CCIs. OEI has the expertise – structural/cohesion funds could be leveraged?
3. **Approve Standards** for them. OEI Lancet Oncology Aug 2020 100 Core Standards for Cancer Centres in Europe.
4. **Accredit** the CCIs



The OEI A&D Quality Network

- 52 of the leading Cancer Centres in Europe
- Have treated more than 1 million patients since accreditation
- Produce more than 12,400 international research papers annually
- Have cancer research budgets of more than €1 billion annually
- We have 2 “designations”: Comprehensive Cancer Centre; and Cancer Centre; **BOTH ARE A GOLD STANDARD**
- We accredited our first Network in March 2021 (No-one else has sophisticated Network Standards)
- The 300+ standards have been developed over 12 years with patient organisations and more than 10 European societies of professionals
- **100 Core Standards were published in *Lancet Oncology* Aug 2020**
- Standards are accredited by ISQua 
- **Analysing the attributes of Comprehensive Cancer Centres and Cancer Centres across Europe to identify key hallmarks – *Molecular Oncology* March 2021**

OEI's Comprehensive Cancer Centres are organisations where everything coheres

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- Clinical diagnosis, treatment and aftercare in all its forms.
- A wide spread of research: from population and risk; epidemiology; prevention; early detection; translational research; clinical studies; outcomes research and in most cases, basic science.
- Educational and research links with at least one University – liaising over Chairs, PhDs and undergraduate education including basic biology.

International definitions of CCCs are well defined: NCI; OEI; DKH; EACS. All have set very specific standards and requirements for what a CCC should deliver.

➤ CCCs are absolutely pivotal to delivering the Cancer Mission and EBCP



European overview of the Accreditation Programme – 52

large Centres in 17 European countries

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OECI Cancer Centres – 18

Comprehensive Cancer Centres - 22

In self assessment – 12



● OECI Comprehensive Cancer Centre (CCC)

www.oeci.eu/accreditation

● OECI Cancer Centre

www.oeci.eu/accreditation

● In OECI Accreditation & Designation Process

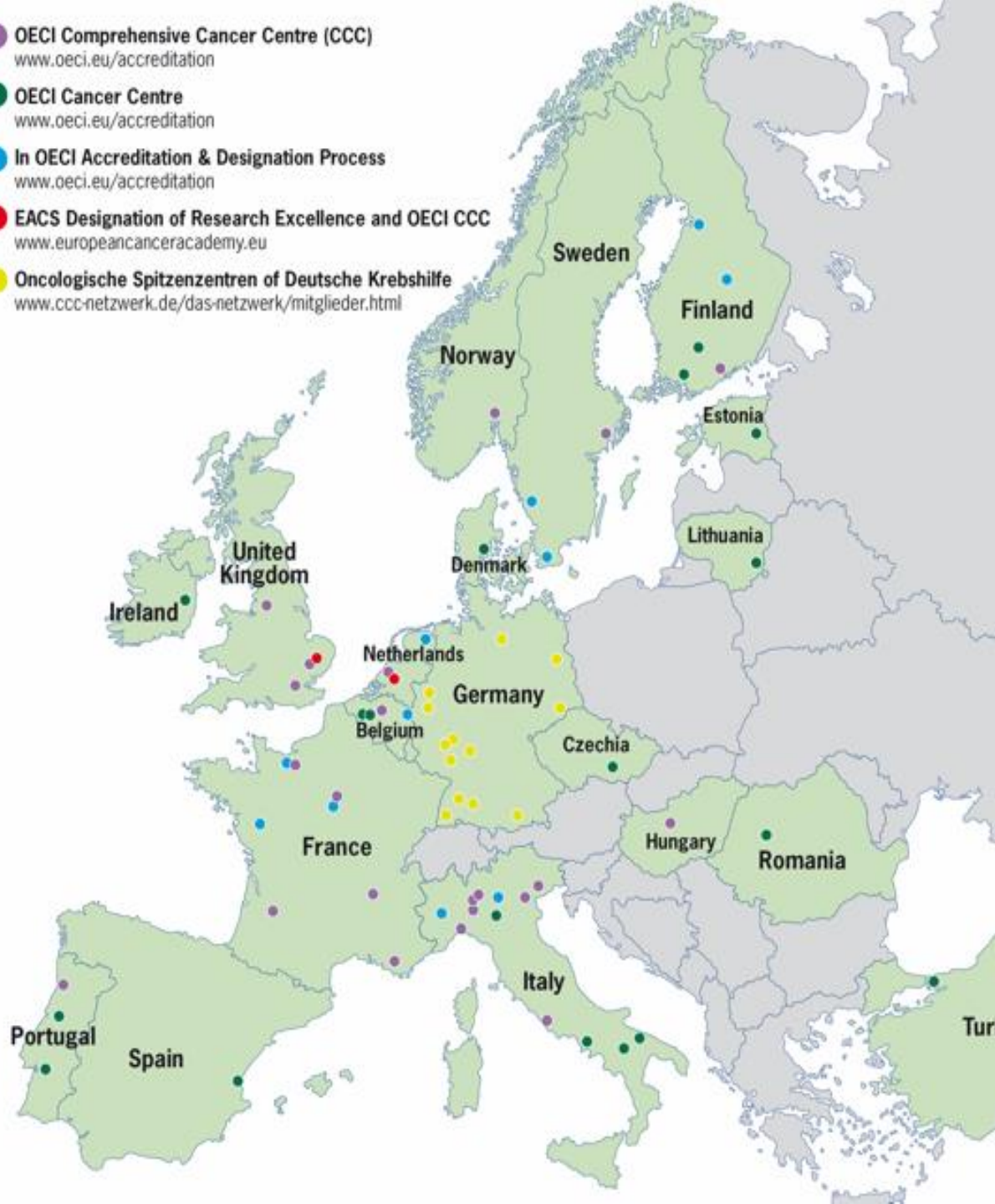
www.oeci.eu/accreditation

● EACS Designation of Research Excellence and OECI CCC

www.europeanacanceracademy.eu

● Oncologische Spitzenzentren of Deutsche Krebshilfe

www.ccc-netzwerk.de/das-netzwerk/mitglieder.html



EU countries with almost full coverage of accredited centres:

- Italy
- France
- Germany
- Finland
- Portugal

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EU countries with no accredited centres yet:

- Slovakia
- Greece
- Croatia
- Bulgaria
- Malta
- Cyprus
- Latvia (applying)
- Poland (applying)
- Slovenia (in progress)
- Luxembourg (in progress)

OECI is happy to work in collaboration with other accreditation mechanisms

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- We want to stress the **voluntary**/enabling nature of this process – not a top-down regulation
- The OECI programme (if desired by the centre) can work **in combination** with the following tools (and does not duplicate):
 - Paediatric certifications (SIOPE/Paedcan)
 - Site specific certifications such as EUSOMA or ENETS
 - Systems in Germany – Deutsche Krebshilfe and Deutsche Krebsgesellschaft
 - European Academy of Cancer Sciences for research excellence (OECI has an MoU with EACS, but only 2 CCCs designated so far).
- However, OECI is the **ONLY** cancer programme in the world whose standards encompass care, education, **and research.**



The OECI Programme is not a ‘badge’; it is an escalator of quality improvement

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- The Review produces a high quality **Improvement Plan** (with clear identification of opportunities and a plan to fix them)
- Some centres take 2-3 years to prepare themselves for successful accreditation – during that time OECI provides help and support
- Examples of centres which have undergone significant improvement:
 - Centres which have merged a hospital and a prominent University to become a high-performing cancer centre
 - Centres which have improved their clinical trials accruals of patients from 3% to 15%
 - Centres which have tripled their research/academic output
 - Centres which have introduced survivorship care programmes for all patients
 - Centres which have radically improved patient involvement in co-production



Comprehensive Cancer Centres are key to ...

- Networks for translational research
- Networks for clinical trials
- Networks for outcomes research (RWD)

There are 3 i challenges which the Cancer Mission and EBCP recognise:

- **Innovation** – galvanise the CCCs around understanding cancer and earliest detection
- **Implementation** – use RWD to optimise treatments and perfect precision cancer medicine
- **Inequalities** – get CCCs to organise Comprehensive Cancer Networks around them (CCCs themselves treat 10-30% of patients in Member States).

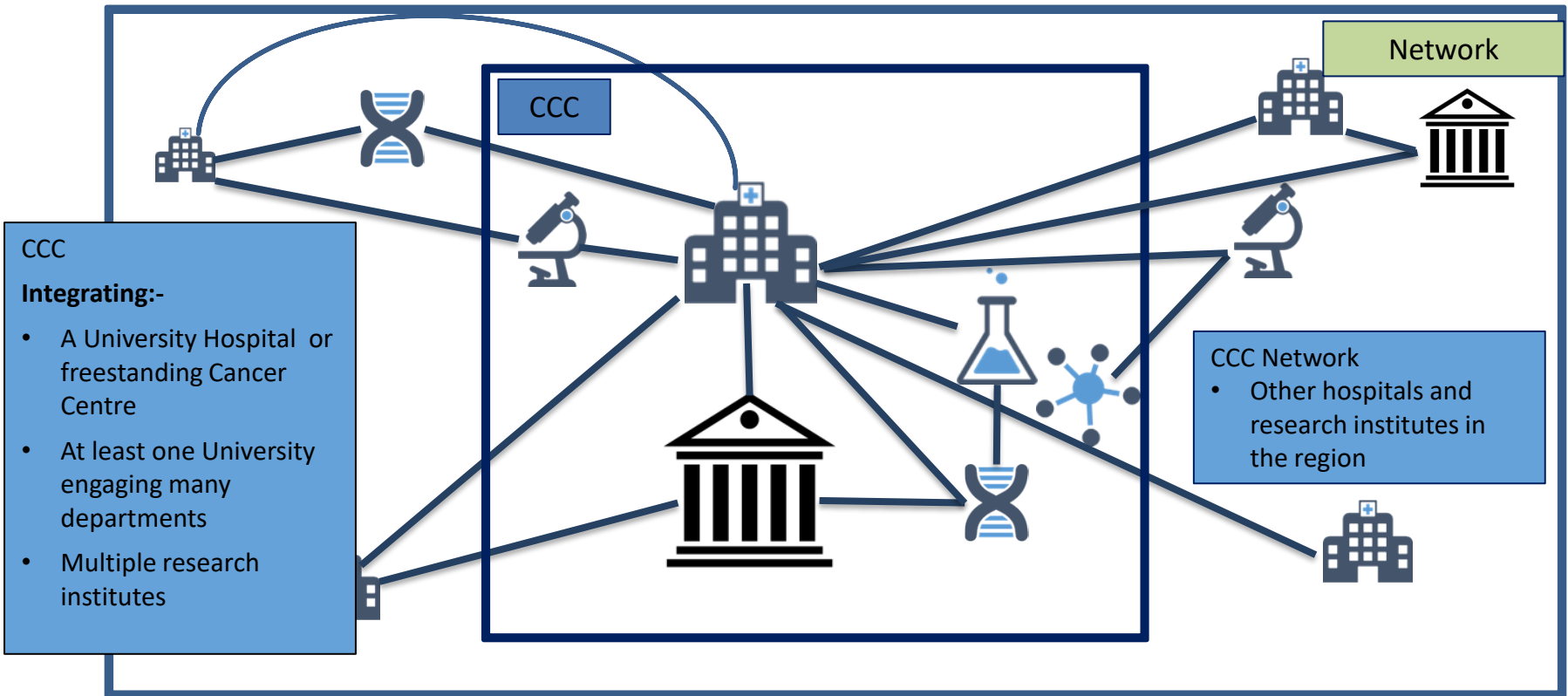
Question?: *Should the Networks be organised ‘top down’ or enabled ‘bottom up’?*



OEI has pioneered network standards (trialled in Toulouse) with the following principles

- The **governance** of the Network should be clear
- All Comprehensive Cancer Networks should have at least **one CCC or large Clinical Centre** present
- The patient **pathways** in the network should be clear
- **MDT** principles and structures should be the same
- The **strategic research** collaborations should be clear
- The **clinical guidelines** used by all centres should be the same
- There should be a consistent approach to central **registering** of cancer patient data
- There should **be IT interoperability** and data sharing for MDTs (and into primary care) throughout the network

Anatomy of a Comprehensive Cancer Centre → Network



The Commission needs to be clear about the purpose of networks of CCCs, and then the method of getting there

- The **Purpose** of the Recommendation 10 of the Cancer Mission Board seems clear:

Set up a Network of Comprehensive Cancer Infrastructures within and across all EU member states to improve the quality of research and care.

- EBCP Flagship 5 to set up a EU Network of National CCCs by 2025 – to reach 90% of eligible patients by 2030 – reinforces that purpose.

Joint aims

- Diminish inequalities of access to treatment and access to clinical trials
- Harmonise standards of care and research using accreditation standards



OECI can consult to help form high quality Cancer Centres and Networks throughout Europe

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- 1) Where the purpose is to stimulate high quality translational, clinical and outcomes research in CCCs (interacting with the Knowledge Centre in Cancer) **then issue funding calls for very clear projects (CCCs are busy and complex) – to form specific networks.**
- 2) Where the purpose is to address inequalities of research and care within Member States **then issue funding calls for consultancy functions to enable centres and local networks to be formed and improve (a CCCN per 2-5 million population) – to reach the 90%...(OECI has new network standards and is building a consultancy function)**
- 3) Where the purpose is to provide better cross-border treatment for hard to treat cancers **then extend the programme of ERNs to specific cancers, but not to whole CCCs (too diffuse – this would create a behemoth).**



OECI would propose to advise on the formation and improvement of centres/networks, prior to OECI accreditation

Accreditation is important, but there must be prior steps at a local infrastructure level to get there, and OECI has expertise to consult....

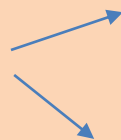
- Advice on governance and organisation (centres and networks)
- Advice on multidisciplinary (MDTs+researchers)
- Consultancy around clinical trials organisation and recruitment
- Consultancy on data, samples, standardisation
- Tracking outcomes and treatment optimisation
- Knowledge exchange programmes
- Sharing best practices

Then accreditation can be helpful as part of an improvement process and address Innovation, Implementation, Inequalities.



Not yet clear despite strong support by Norway

THE MAJOR ISSUE



A new system of accreditation?

To use existing system (OECI and Germany)

- ⦿ After nearly two years incubation time, DIGICORE has emerged in **April 2021** as a new organisation focused on producing cancer **real world evidence**
 - ⦿ The scientific **need for scale** in cancer outcomes research
 - ⦿ The guiding principle is that individual centres keep **control** of their data as a **federated** analytic approach was chosen
 - ⦿ EEIG status as the basis of economic model
 - ⦿ Common operating model for research execution (technical standard)
 - ⦿ Technical **architecture** (e.g. Consore) and **common model** required
 - ⦿ **Interoperability** and pragmatic target datasets (e.g. OSIRIS)
 - ⦿ Governance: **all EEIG members** are **equal** (one vote)

⇒ Pr Gennaro CILBERTO, president of DIGICORE

Thank you

Thierry PHILIP – Symposium Connect To Win 3-5 nov.21

