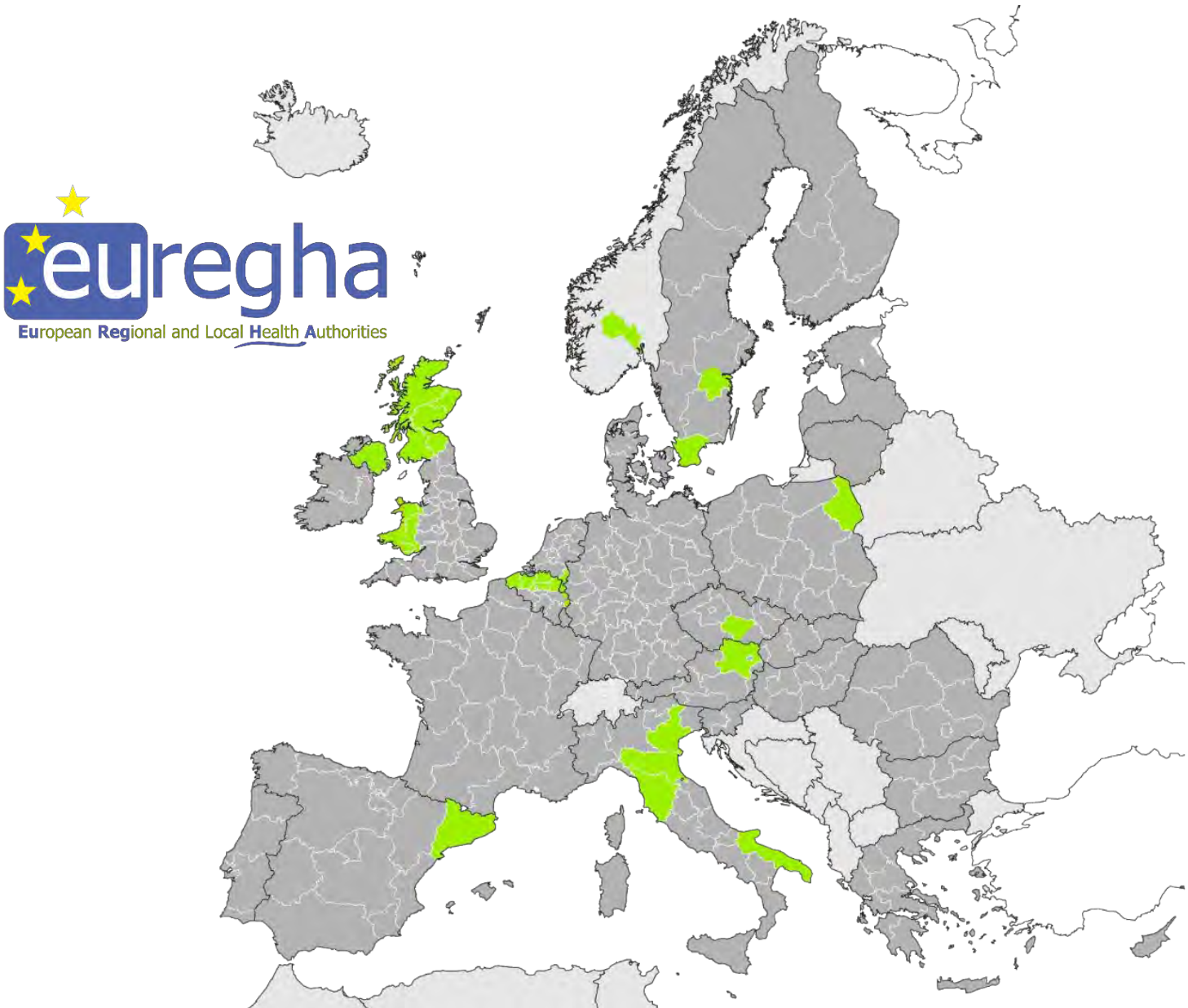
CANCER

A SHOWCASE OF BEST PRACTICES FROM EUREGHA'S MEMBERS



Contents

APULIA

Title of the practice: Telemedicine to support first diagnosis of cancer: an innovative solution

Organisation name: ARESS (Regional Agency for Social and Health Development)

Region: Puglia

Country: Italy

Total Region Population: 4,029,053

Cooperation partners:

- Academic Hospital Bari
- Regional Telemedicine Center

Main characteristics of the good practice:

My region has a **fully implemented** strategy/programme for cancer

Focus area(s): Cancer Diagnosis and Treatment

Summary:

The health and social emergency from COVID-19 has given a significant boost to telemedicine. If, on the one hand, the pandemic was a dramatic health emergency due to the number of deaths, on the other hand, it led to an evolutionary push towards digital oncology paths, already timidly defined, but never traveled so far in an active and concrete way.

COReHealth was created within ARESS Puglia, the first experience of a Regional Telemedicine Center on the national scene.

The goal of the COReHealth project is to treat patients at home, with self-management of their chronic disease, thus reducing hospitalizations and visits to clinics and doctors.

Description:

AReSS, as a service provider and technical coordinator, has started in recent months the testing of the Central on three pilot structures spread in the regional area, each on a specific PDTA (Diagnostic Therapeutic Assistance Plan): the COrO (Oncology Orientation Cancer Center, entry point of regional oncological network) of “San Paolo” hospital Bari (PDTA breast tumor), the DSS 14 District ASL Bari (PDTA diabetes / hypertension) and the rare disease center within ASL Brindisi (PDTA Thalassemia).

The Central is an important innovative tool for patient care processes, allowing greater equity of access to health care, continuity and better quality of care, reduction of the use of hospitalization and of waiting times, optimization of the available resources.

Methodology and processes:

First step and operativity plan

The Central provides the care team (doctors and nurses) with a cloud platform (back office) for the telematic management of its patients, offering, among the main services: personalized patient monitoring paths (Telemonitoring), Teleservice, Television, Teleconsultation and Healthcare Telecooperation, digitalized services for taking charge, personalization and management of patient care plans, logistics/warehouse management of medical device kits).

The medical team, based on the specific need, provides the patient with the kit of medical devices (tablet, oximeter, multiparameter, scale, etc.) suitable for real-time detection and monitoring of the salient parameters and allowing possible intervention by virtue of the automatic alarm system which the control unit is equipped with.

An app, available for Android and IoS, allows the patient to keep in touch with their specialist doctor and caregiver (video calls and chat) to consult the agenda of the televised programs scheduled with their care team. The same app also allows to view the therapeutic plan and enter vital parameters that are communicated to the doctor in real-time; it also favors the measurement of compliance with the treatment path (drug intake, lifestyle).

Second step

In the second phase, about which AReSS is already working, the COReHealth services will be extended to all the 18 COrOs assessed by Regional Health Authority. COrOs represent an entry point of oncological network finalized to obtain a cancer diagnosis in a faster way. The 18 COrOs will be interconnected with each other and with all the PDTAs of the pathology subsets. The first subnet to be connected will be that of the Breast Units of the Apulia Region, which will not only be interconnected with each other, but also with the access points of the Network and subsequently to all the PDTAs of the whole Apulia Region.

Involvement of other organisations/actors:

- Academic Hospital Bari
- Governance of oncological hospitals (hub Cancer Center)
- Directors of Oncological Units and Coordinators of Breast Unit
- Directors of Departments in the regional territory

Funding source(s) of the initiative:

Law Decree 31/05/2021 n. 77 National Recovery and Resilience Plan

Innovation, Impact and Outcomes:

- Increasing number of patients enrolled in COrOs reaching a faster diagnosis of cancer
- Creation of a digitalized community of cancer specialists that share best practice and expertise to offer patients the most appropriate and innovative plan of cure
- Facilitations for patients in contacting reference cancer center
- First phase of operation started in July 2021 in COrO of "San Paolo" Hospital Bari and in the breast unit of the same hospital. The experience reported satisfaction and sustainability from operators and patients

Legal and/or ethical issues:

No legal or ethical issue.

Transferability to other regions:

The operative model of COReHealth could represent a benchmark solution for chronicity, considering that aging could lead to an increase of people needing treatment for several chronic diseases. In particular this model could be particularly helpful in mountainous or geographically disadvantaged areas, where hub Cancer Centers are not easily accessible.

Key learning points on barriers and enablers to your practice:

- Digital transformation needs to be tutored both in the hospitals and in the territory
- Health operators that are not digital natives need a continuous training to be able to use instruments and technology and to explain to patients in the best way the use of these tools.

Further information, if any:

https://youtu.be/3hdA_iuNGWY

D.G.R. Puglia n. 854/2018 (Regulatory Bill "Breast Units")

D.G.R. Puglia n. 1103 del 16.07.2020 (Regulatory Bill "Hub and Spoke Cancer Center and COrOs")

https://temi.camera.it/leg18/temi/piano-nazionale-di-ripresa-e-resilienza.html

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EMILIA ROMAGNA

Title of the practice: Breast Unit Network in Emilia-Romagna Region

Organisation name: Regione Emilia-Romagna

Region: Emilia-Romagna

Country: Italy

Total Region Population 4,459,866

Cooperation partners: Local Health Units of Emilia-Romagna Region

Main characteristics of the good practice:

My region has a **fully implemented** strategy/programme for cancer.

Focus area(s): Breast Cancer; prevention and early detection; clinical pathway; follow-up

Summary:

In Emilia-Romagna, breast cancer represents 29% of female cancers, with about 4,500 new cases/year, 950 deaths/year and a prevalence of 54,000 cases on a population of 2,287,713 women. Emilia-Romagna region developed a protocol aimed at providing the entire population with free and comprehensive care against this cancer, through a coordinated network of 12 local "Centri di senologia" (Breast Units) implementing an integrated pathway from screening to follow up. The pathway includes an assessment of hereditary and family risk and takes into account all the different diagnostic approaches and patient needs related to age, risk level, and symptoms in determining levels of access urgency. Patients diagnosed with cancer are followed through all steps of the therapeutic pathway and follow-up, until complete remission of the disease and reintegration into the screening program. All crucial steps are monitored by quality indicators, and periodic surveys are performed.

Description:

The regional strategy of early detection and control of breast cancer mortality and early diagnosis, aimed at a less aggressive therapeutic approach to the disease, was launched in the mid-90s as a regional screening program (target population women 50-69 years old, biennial mammography) guided by criteria of accessibility, equity and appropriateness that were established by a permanent regional working table.

In subsequent years the program was extended from women legally resident in Emilia-Romagna to all women living in the region. Starting in 2009, all accesses to diagnostic services for breast cancer have been regulated by a regional act (Delibera di Giunta Regionale n. 1035 of 2009), in order to provide a timely and appropriate intake, targeted according to age, symptoms and risk level. This has allowed a better control of "do-it-yourself screening", without having consequences on the timing of the program.

In 2010, the target population was expanded to include women aged 40-49 (annual mammography) and 70-74 (biennial mammography). In the pre-Covid-19 era (2019), overall coverage of the 50-69 age group was 73.5%. The Covid-19 pandemic resulted in delays in screening program implementation, which to date have been partially caught up and reduced to less than 2 months.

In 2012, for the first time in Europe, a population protocol dedicated to women with hereditary and familial risk started in the whole Region. Its goal is to identify and offer a dedicated program of prevention and early detection of breast and ovarian cancer, totally free of charge, with different screening protocols targeted to the woman's risk (age, probability of cancer incidence, BRCA mutation, etc.).

In 2018, the Emilia-Romagna Region launched a diagnostic and therapeutic pathway for breast cancer (PDTA, Percorso Diagnostico Terapeutico Assistenziale), with common rules shared throughout the region, with the aim of offering a single and comprehensive care pathway, starting from screening and identification of women at high risk to diagnosis, treatment, palliative care, rehabilitation, and follow-up. The program is provided by 12 Breast Units organized more as "pathways" than as mere surgery or treatment centres.

Methodology and processes:

A network of 12 “Breast Units” (Centri di Senologia) has been set up, each one with a local network of services and a provincial hub, covering all the 8 Local Health Units (Aziende Unità Sanitarie Locali) of the Region.

A Regional coordinating Working Group has been established, with the aim to guarantee the organization, functioning and development of the Network through established criteria of appropriateness, according to the national and international guidelines and protocols. The team also involves representatives of Volunteers and patients’ associations.

All Local Health Units have been requested to provide strategies to ensure the program efficacy and effectiveness, through appropriate operative actions and regulations.

The pathway, agreed on by all operators involved in the program, is at present organized in the following main sections, with established quality indicators:

- Access and diagnostic phase: screening; hereditary risk evaluation; diagnostic radiology and pathology, organization of multidisciplinary team for the management of the clinical pathway, case-manager nurses, data manager. Reference quality indicators for this step are: screening coverage (≥70%); conclusion of the diagnostic path within 28 days from first mammography

(≥90%), access to their reference Breast Unit by the patients (≥90%), monitoring of BRCA1-2 tests performed outside the Regional protocol.

- Primary therapy following proper surgical, medical, and pathological guidelines and protocols. Quality indicators for this section are the % of intervention within 30 days from prescription (≥90%), % of surgery in centers with at least 150 cases per year (100%), avoiding axillary node dissection (<5%), conservative primary surgery (within established national standards), patients with reconstructive surgery within 18 months from radical dissection (≥40%), sentinel node dissection in pN0 tumors (≥95%), % of patients with pre-operative pathological diagnosis (≥90%), patients with re-intervention within 4 months from conservative surgery (national standards).
- Adjuvant therapy (chemotherapy, radiotherapy): indicators: ≥80% of patients with medical therapy started within 60 days from surgery, ≥90% of patients with radiotherapy within 3 months from surgery (or within 12 months if primary surgery was followed by systemic therapy), monitoring of patients with severe toxicity from chemotherapy.
- Management of metastatic disease and loco-regional recurrences, with monitoring of % of patients inappropriately receiving chemotherapy in the 30 days before death.
- Follow-up and survivorship. The reference quality index of this section is ≥90% of patients receiving a mammography within 18 months from surgery, ≤20% of patients with marker evaluation, bone scan scintigraphy thoracic/abdominal PET/TC and ≤20% of patients with onset of lymphedema within 24 months from axillary nodal dissection.
- Rehabilitation pathways, targeted to different clinical stages and patients' conditions, with ≥80% of patients who need to receive a physiatric evaluation within 1 month from axillary dissection.
- Palliative care: ≥70% of patients must be entered in the home care/palliative network within 180 days preceding death Intra-hospital (inappropriate) death must be carefully monitored.

Involvement of other organisations/actors:

- Patients' association: Europa Donna Italia and Regional affiliated associations

Funding source(s) of the initiative:

The program is fully funded by the Regional Health Service as an institutional strategy for cancer care (other programs are currently in preparation).

Innovation, Impact and Outcomes:

Three main innovation aspects of this approach are to be highlighted:

- A unique program that embraces all phases of the prevention/cure of breast cancer, which doesn't' leave the citizen alone with respect to all the structures and practices to be faced, allowing to find the best practices within their own territory. This is a philosophy of "Breast Units" that is thought as a pathway (with all subjects involved) covering all the patients' experiences, from screening and prevention to survivorship.
- Promotion of a high level appropriateness, with shared organization and clinical competence levels, that have re-organized all the network of care services and hospital units, with a limited number of structures that guarantees better performances.

- A strong inter-disciplinary approach which, at all levels, accompanies the patients, connecting health staff, patients, volunteering and patients' associations (each one of these figures is represented in the Regional Coordination Workgroup).

The evidence of the impact of the whole program is just beginning to surface: re-organisation of diagnostics have already provided good evidences (reduction of spontaneous opportunistic screening and of the waiting time for access, Sassoli de'Bianchi 2017[1]), while a good share of women at high hereditary risk are at present followed through appropriate strategies (more than 11,000 high risk women were evaluated by a genetic center, about 2,300 women had a BRCA1/2 gene analysis, in about 550 women a BRCA1/2 mutation was identified – Cortesi, 2020[2]).

Legal and/or ethical issues:

Every activity of the project is subject to the National and European Regulation mechanisms (GDPR). Several aspects of the patient approach, such as the parental communication of the risk are still under investigation.

Transferability to other regions:

In 2014 a resolution of the Conference of State and Regions (CSR Conferenza Stato-Regioni) established the implementation of Breast Units in every Italian Regions, with qualitative structural and technological standards, the indication toward a multidisciplinary approach of the patients and the organization modalities of the network.

Key learning points on barriers and enablers to your practice:

- A National directive addresses toward a multidisciplinary approach of breast cancer patients, through a "Breast Units" Regional network.
- Since the nineties the Emilia-Romagna Region promoted a screening program (now for the whole 45-74 age class) involving over 70% of eligible women, that has ensured a sharp decrease of breast cancer mortality and incidence of high stage lesions.
- A special prevention program for high hereditary risk for breast and ovarian cancer was adopted in 2012.
- In 2018 a Network of "Centri di Senologia" (Breast Units) was established. Women can count on a high-quality pathway, from prevention to survivorship, near their home

[1] Sassoli de Bianchi P, Ravaioli A, Ferretti S, Finarelli AC, Giannini A, Naldoni C, Sanna P, Bucchi L. Estensione dell'età-bersaglio del programma di screening mammografico e governo della pratica mammografica in Emilia-Romagna [Extension of the target age range of mammography screening programme and governance of mammography practice in the Emilia-Romagna Region (Northern Italy)]. Epidemiol Prev. 2017 Jan-Feb;41(1):38-45. Italian. doi: 10.19191/EP17.1.P038.010. PMID: 28322527.

[2] Cortesi L, Baldassarri B, Ferretti S, Razzaboni E, Bella M, Bucchi L, Canuti D, De Iaco P, De Santis G, Falcini F, Galli V, Godino L, Leoni M, Perrone AM, Pignatti M, Saguatti G, Santini D, Sassoli de'Bianchi P, Sebastiani F, Taffurelli M, Tazzioli G, Turchetti D, Zamagni C, Naldoni C. A regional population-based hereditary breast cancer screening tool in Italy: First 5-year results. Cancer Med. 2020 Apr;9(7):2579-2589. doi: 10.1002/cam4.2824. Epub 2020 Feb 11. PMID: 32045136; PMCID: PMC7131858.

- The Network is monitored by a coordinating group composed of health professionals, volunteers and patients' associations, that ensures the implementation and development of protocols and strategies.

Further information, if any:

https://salute.regione.emilia-romagna.it/screening/tumori-femminili/cosa-fa-la-regione

https://salute.regione.emilia-romagna.it/assistenza-ospedaliera/rete-centri-di-senologia

Contact Persons:

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EMILIA ROMAGNA

Title of the practice: Multi-stakeholder oncologic Drug governance in Emilia Romagna Region

Organisation name : Regione Emilia-Romagna

Region: Emilia-Romagna

Country: Italy

Total Region Population: 4,474,292

Cooperation partners:

- University hospital Aachen
- National institute for Disability and health insurance
- Health insurance companies

Main characteristics of the good practice:

My region has a **fully implemented** strategy/programme for cancer

Focus area(s): Governance for the use of oncology drugs

Summary:

The equitable, appropriate, and sustainable use of oncology drugs is a major challenge for healthcare systems, not only because of the high cost of these drugs, but, more importantly, because of the impact on people's health.

To address this challenge, the Emilia-Romagna Region has created a structured system of governance for the use of oncology drugs, based on the collaboration with a multidisciplinary and multi-stakeholder panel composed of professionals from all regional oncology and onco-hematology centers and patient representatives, called GReFO (Regional Group of Oncology-Hematology Drugs).

The GReFO supports the Region by producing and systematically updating, for each new drug or new indication for use, evidence-based recommendations about appropriate use and place in therapy. Through these recommendations, and by monitoring adherence through regional information flows, the Region is able to keep pharmaceutical spending under control and ensure all its citizens the maximum appropriateness and equity in access to care.

Description:

The Italian National Health Service ensures the evaluation and pricing of medicines through the Italian Medicines Agency (AIFA), but regions have a large degree of autonomy in managing expenditure and organising regional health services.

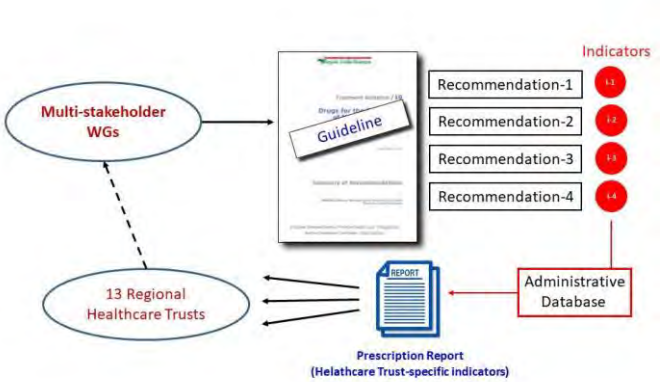

Figure 1Workflow of drug governance policy in the Emilia-Romagna Region (Italy)

In order to promote the appropriate and sustainable use of drugs and to ensure that all citizens have equal access to treatment, the Emilia-Romagna Region has set up a system for the selection of drugs to be used in the facilities and hospitals of regional health services and in Scientific Research Hospitals (IRCCS, Istituti di Ricovero e Cura a Carattere Scientifico), coordinated by the Regional Drug and Therapeutic Committee (CRF, Commissione Regionale del Farmaco) which, among other things, has the task of drawing up and periodically updating the Regional Therapeutic Repository (PTR, Prontuario Terapeutico Regionale).

In order to regulate the use of oncology and oncohaematology drugs, the CRF collaborates with and discusses with a working group called GReFO, (**G**ruppo **Re**gionale **F**armaci **O**nco-ematologici - Regional Group of Onco-Haematology Drugs), a multidisciplinary and multi-stakeholder group composed of representatives from all the main oncology/oncohaematology centres in the region: oncologists and oncohaematologists, palliativists, radiotherapists, internists, pharmacists, medical officers.

The GReFO's task is to draw up evidence-based recommendations that systematically identify, for each type of neoplasm, for each line of therapy and for each patient, the treatment with the best risk/benefit ratio and the most favourable cost/opportunity ratio. The recommendations are produced and updated using the GRADE method (Grades of Recommendation, Assessment, Development, and Evaluation), specify the intended use of the drugs, and are included in flow charts that define the "place in therapy" for each drug and each line of therapy.

The recommendations produced by GReFO inform the decisions of the Regional Drug and Therapeutic Committee (DTC) published in the PFR Regional Drug Formulary, and are disseminated to regional cancer centres and regional pharmaceutical services.

The compliance with the recommendations is monitored through the data on drug consumption available in the regional databases, on the grounds of the indicators defined by GReFO itself, which express the expected prescription rates, allowing a forecast of drug expenditure and consumption. Dedicated annual reports are produced for resource-intensive conditions. Differences between observed and expected prescription rates help the Region and professionals involved to understand the determinants of variability among prescribers, and can inform resource allocation decisions.

With the implementation of the Regional Oncology Database (Database Oncologico Regionale, DBO), starting in 2017, it has also become possible to assess in detail the adherence to GReFO recommendations, verifying the appropriateness of the main oncology treatments by indication, line

/ treatment schedule, and delivery setting. Possible future developments concern the implementation of the DBO with respect to the monitoring of treatments in correlation with prognostic factors, stage of disease, receptors, mutations.

This monitoring system allows the Emilia-Romagna Region to keep under control the appropriateness of the use of oncology and oncohaematology drugs and the sustainability of expenditure, and provides the Regional Drug Commission and GReFO with important feedback on the recommendations issued.

Methodology and processes:

GReFO recommendations are produced using the GRADE method (Grading of Recommendations, Assessment, Development and Evaluations), a transparent framework for developing and presenting summaries of evidence that provides a systematic approach for making clinical practice recommendations. The process culminates in the definition of a **decision tree** that considers the recommendations for each drug, as well as the estimated number of patients expected for each treatment.

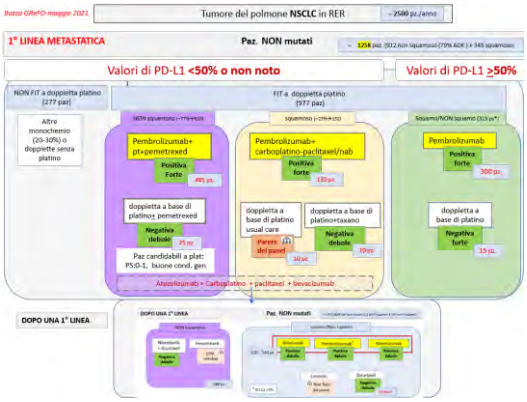

Figure 2 example of decision three

Innovative elements in the method used by GReFO are the representation of clinical scenarios for each neoplasm "***decision trees***", in which the treatment recommendations are included, the estimated number of patients expected for each drug, and the invitation to consider, if possible, the cost of treatment, but only when the recommendations have equal strength and direction and with respect to specific clinical issues.

Actual use of drugs and compliance to recommendations are monitored by cross-referencing individual prescriptions with clinical information, through regional pharmaceutical information flows and the newly developed Oncological Database (Database Oncologico Regionale, DBO).

Involvement of other organisations/actors:

The GReFO is a multistakeholder and multidisciplinary group composed of professionals from all Regional Health Services Facilities and Hospitals, University Hospitals and Scientific Research Hospitals (IRCCS) in the region, and includes patient representatives.

Funding source(s) of the initiative:

The GReFO is composed of professionals employed by the National Health Service of the Region, and coordinated by internal staff of the regional administration; the activity carried out is part of the governance of the appropriate and sustainable use of oncological drugs by the Emilia-Romagna Region. No ad hoc funds are provided as the activities described are routine.

Innovation, Impact and Outcomes:

- Recommendations produced by a multidisciplinary and multistakeholder group
- Involvement of patient representatives
- systematic nature of recommendations, which cover each new drug or emerging therapeutic innovation
- Decision trees including therapeutic recommendations, estimated number of expected patients for each drug, and forecasts of appropriate consumption
- Control of prescriptive appropriateness and sustainability of spending on cancer drugs
- Homogeneity and equity of access to cancer care across the region

Legal and/or ethical issues:

No legal or ethical issue.

Key learning points on barriers and enablers to your practice:

Barriers:

- Need to develop adequate data flows and information systems to monitor and get feedback on the compliance on recommendations

Enablers:

- the presence of well-established networks of collaboration among health services and health professionals in the territory, and of a strong coordination by the Regional administration
- the tradition of consultation and participation of patients in the definition of regional health policies.

Transferability to other regions:

The GreFO model for the appropriate use of oncological drugs has already been transferred to other Italian Regions such as Veneto and Friuli Venezia Giulia.

Contact Persons:

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FLANDERS

Title of the practice: Study NOOIT (NEVER) implemented by the Centre for Cancer Detection

Organisation name: Flanders Agency for Care and Health

Region: Flanders

Country: Belgium

Total Region Population: 6,589,000

Cooperation partners : Centre for Cancer Detection CVKO

My region has a fully implemented strategy/programme for cancer.

Focus area(s): Prevention and detection.

Summary:

The Flemish government organises and finances four Screening Programmes: three Cancer Screening Programmes and a Congenital Metabolic Disorder Screening Programme. The three Cancer Screening Programmes screen the population for breast cancer, cervical cancer and colorectal cancer.

The Flemish government's cancer prevention policy continues to bear fruit. This is evident from the annual report 2021 of the Centre for Cancer Detection, which coordinates the Population Screenings for Cancer on behalf of the Flemish government and collaborates with the Cancer Registry Foundation for this purpose. Thanks to the Breast, Colorectal and Cervical Cancer Screenings, more than 1.6 million Flemish people receive an invitation to be examined every year.

In order to increase the uptake of population based cancer screening a study on the reaction to the format of the invitation was performed in 2021.

Description:

Increasing the participation rate is a continuous point of attention for the Agency. The right message and a performant communication strategy are necessary.

Although the participation rate is increasing there is a core of citizens who do not react to any of the invitation.

Therefore, recently the Centre for Cancer Detection implemented a study NOOIT (NEVER) sending a customized invitation package to evaluate whether it increases the response to the invitation.

The Centre for Cancer Detection is the Centre of expertise in Flanders for cancer screening. The Centre is responsible for the implementation and coordination of these population screenings that are organized by the Flemish government. The Centre follows up on international developments and conducts scientific research.

Methodology and processes:

The target population are those women that have never responded to an invitation for breast cancer screening.

NEVER screeners were women 50-69:

1. Who never had any form of image based breast cancer screening (mammogram, ultrasound, MRI). Consumption of these screening techniques was based on reimbursement data from the health insurance companies.
2. Who received at least 2 invitations for a Breast Cancer Screening in the period 2001-2019.

Because of the second criterion, in practice it is always about women 54+. Due to corona, an extra selection was made: we only selected women who were invited to an ME without requiring a confirmation of their participation.

The study has 8 components:

- 1: **controling component**: ordinary letter + ordinary leaflet + ordinary envelope
- 2: intervention: ordinary letter + ordinary leaflet + blank envelope without window
- 3: intervention: positive letter + ordinary leaflet + ordinary envelope
- 4: intervention: positive letter + new leaflet + ordinary envelope
- 5: intervention: positive letter + new leaflet + blank envelope without window
- 6: intervention: negative letter + ordinary leaflet + ordinary envelope
- 7: intervention: negative letter + new leaflet + ordinary envelope
- 8: interventie: negative letter + new folder + blank envelope without window

The new leaflet mentions also a simplified website (via url and QR): Bevolkingsonderzoek Borstkanker - Borstkanker

The analysis of the respons occured at three occasions.

In total from November 2020 till April 2021, 5149 letters have been sent.

Involvement of other organisations/actors:

Centre for Cancer Detection (see before)

Funding source(s) of the initiative: *(including how you plan to sustain it)*

This initiative is supported by the Flanders Agency for Care and Health.

Innovation, Impact and Outcomes:

Outcomes:

In yellow are the average results per component. 4.9% of the women addressed according to the controlling component participated. Although Component 4 reached the best score, the effect is very limited (6.3% vs 4.9%). Component 4 was the positive letter + new leaflet + ordinary envelope.

With regards to the different interventions:

- the **windowless** envelope does not increase the response rate (component 8 vs 7; component 5 vs 4; component 2 vs 1). The response is always lower with a windowless envelope but the difference is too small to be significant.
- the **positive** letter (component 3 vs 6; component 4 vs 7; component 5 vs 8) always has a higher response rate than the negative letter, but the difference is too small to be significant.
- the **new leaflet** (arm 4 vs 3; arm 7 vs 6) always has a higher response rate than the old letter, but the difference is too small to be significant.

	Components																							
	Comp 1			Comp 2			Comp 3			Comp 4			Comp 5			Comp 6			Comp 7			Comp 8		
	Uitn	Opk	%	Uitn	Opk	%	Uitn	Opk	%	Uitn	Opk	%	Uitn	Opk	%	Uitn	Opk	%	Uitn	Opk	%	Uitn	Opk	%
50-54	71	7	**9.9**	81	10	12.3	88	12	13.6	90	11	12.2	99	10	10.1	91	1	1.1	76	12	**15.8**	80	9	11.3
55-59	236	16	**6.8**	225	11	4.9	237	14	5.9	220	16	7.3	202	15	7.4	189	13	6.9	236	15	6.4	222	20	9.0
60-64	179	5	**2.8**	165	2	1.2	180	8	4.4	169	6	3.6	175	6	3.4	188	7	3.7	169	9	5.3	185	5	2.7
65-69	152	3	**2.0**	171	3	1.8	139	2	1.4	170	8	4.7	173	6	3.5	182	6	3.3	155	1	0.6	154	2	1.3
Total	638	31	**4.9**	642	26	4.0	644	36	5.6	649	41	6.3	649	37	5.7	650	27	4.1	636	37	5.8	641	36	5.6

New website: 89 unique visitors. That's 2% of the invitations, and 33% of the turnouts.

So far, there are not many international publications about this kind of methodology. The study as such was not intended for international publications, but it has the merit to be useful for policy development.

The study clearly demonstrated that the invitation letters have reached their maximum utility. No matter what message, the content or the format of the invitations or folders, to gain awareness and increase the participation rate is minimal.

And here a different dimension adds to the policy discussions: Flanders had a successful COVID-vaccination strategy involving new ways to reach out to people. Hard-to-reach people were personally and actively sensitised. This was done in close cooperation with actors on the field, GPs, local authorities, civil organisations outside the health sector and mobile vaccination teams.

Next, Flanders is now exploring community involvement and projects to enhance the response rate to cancer screening programmes.

Legal and/or ethical issues:

Flanders is responsible via Parliamentary Decree for Prevention policy development such as population based screening. Access to addresses of the target population has been admitted according to the privacy rules.

The study is not looking into the socio-economic status nor the living environment of the women. The results do not show identifiable persons. We know of course that the group of women not attending the breast cancer screening have a lower socio-economic status but it was not the intention of the study to make the link. However, a more focused approach on socio-economic status may become part of the new approach on how to actively address people and the methods used.

Transferability to other regions:

Every population based screening programme has identical problems, namely identifying ways to improve the uptake of the screening. Of course, the motivation for citizens to participate will be influenced by socio-economic elements, cultural and linguistic issues.

The results however of this study can be useful as a starting point for other authorities competent for screening programmes.

As a follow up of the findings of the NEVER study, the Flanders Agency for Care and Health would like to further explore the communication methods used by other competent authorities for population based screening programmes.

Key learning points on barriers and enablers to your practice:

- Invitation through letters and leaflets have reached their maximum utility;
- Different approaches will be necessary;
- The Flanders vaccination strategy, community approaches are enablers.

Further information, if any:

Not applicable.

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LOWER AUSTRIA

Title of the practice: Oncology Information System (OIS)

Organisation name: Health Agency of Lower Austria / Healthacross

Region: Lower Austria

Country: Austria

Total Region Population: 1,678,000

Cooperation partners: all 27 Lower Austrian university and provincial hospitals

Main characteristics of the good practice:

My region has a **fully implemented** strategy/programme for cancer

Focus area(s): Organization and documentation of oncological patients data

Summary:

Around 8.500 citizens are diagnosed with cancer each year in Lower Austria. Cancer therapy is provided in the 27 (public) university and provincial hospitals in Lower Austria. In 2018, the implementation of a comprehensive Oncology Information System (OIS) was completed which gathers the complete oncological situation in the region. It is a web-based system for interdisciplinary and structured tumour documentation, including diagnosis and treatment steps, discussion of the case in the tumour board. Thus, the entire course of the disease can be presented - across all clinics. Valuable information can be derived from the quality-assured system, in which approximately 6,500 patient records are checked each quarter by a quality assurance team: Which intervention brings a significant improvement? What is the effect of drug XY on this tumour variant? In total, more than 1.000 doctors have access to the OIS tool and around 61.000 patients are documented.

Description:

The OIS is a comprehensive tool for organising and documenting oncological patient data. It is a daily working tool for physicians in all 27 hospitals in Lower Austria and facilitates the collection of data in the course of ongoing patient care (diagnostics, tumour board, therapy, aftercare). It allows insight into the current treatment situation of the patients at any time and thus all relevant data on the oncological case are also available to the post-treatment physicians. The data collected can subsequently be used for epidemiological and scientific analyses (research and teaching). In so-called “tumour boards” every cancer case in Lower Austria is regularly discussed between interdisciplinary

experts in the tumour boards that take place several times a week in order to provide the patient with the best possible treatment. The OIS provides complete documentation of the course of the disease with all therapy-relevant information.

Methodology and processes:

To make the best use of the OIS system, quality of documentation is key. Doctors and documentation personnel enter all data and information on the course of disease into the system. A quality assurance team checks each patient dataset for validity, plausibility and completeness. Without assured documentation quality, no representative data evaluation is possible.

The OIS simultaneously transmits all reportable patient data to "Statistik Austria", the statistical office of the Republic of Austria. The nationwide breast cancer early detection programme is also mapped in the OIS.

Involvement of other organisations/actors:

The OIS is implemented in all 27 hospitals in Lower Austria and has more than 1.000 users. External ICT partners are involved to secure a smooth workflow. It moreover supports the follow-up care and case tracking and has an interface to Statistik Austria for the legally required reporting of cancer cases.

Funding source(s) of the initiative:

The OIS is part of the financing of the Lower Austrian hospitals (public).

Innovation, Impact and Outcomes:

- The OIS enables the transition of information to evaluable data and is used at the same time for working in the daily clinical practice.
- The tumour board combines interdisciplinary findings of the various experts from the hospitals and difficult decisions can be better borne together.
- Tumour data is available for therapy and research across disciplines.
- Patients who are suitable for clinical trials can be filtered out (increasing the probability of patient survival).
- Allows cooperation in the three pillars of cancer therapy: surgery, radiotherapy and chemotherapy
- The ongoing documentation of more than 6,500 cases is quality-assured per quarter.
- 61,000 patients are documented
- The comprehensive, interconnected documentation of the OIS enables an evidence-based, objective evaluation of therapies. More than 340 evaluations on medical questions have been carried out so far.

Legal and/or ethical issues:

No legal or ethical issue.

Transferability to other regions:

The web-based system for interdisciplinary and structured tumour documentation could be transferred to other regions.

Key learning points on barriers and enablers to your practice:

The realization and implementation of the Oncology Information System (OIS) took 3 years in the Lower Austrian hospitals. Quality assurance is time-consuming, but it is worth it.

Further information, if any:

NÖ Landesgesundheitsagentur

Contact Person:

Health Agency of Lower Austria (NÖ LGA)

Directorate for Medicine and Care, European Affairs / Healthacross

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SKÅNE

Title of the practice: National e-library for standardized chemotherapy regimens

Organisation name: Regional Cancer Centres (RCC)

Region: Skåne

Country: Sweden

Total Region Population: 1,400,000

Main characteristics of the good practice:

My region has a **fully implemented** strategy/programme for cancer.

Focus area(s): Knowledge source for chemotherapy regimens

Summary:

Chemotherapy regimens are used for different cancer diagnoses and define the drugs to be used, the dosage, and the frequency and duration of drug administration. Chemotherapy is often highly beneficial for the patient, but any medication mistakes represent a potentially serious risk of patient harm.

The Regional Cancer Centres (RCC) in Sweden have developed a national e-library containing chemotherapy regimens. The primary users are physicians, pharmacists, and nurses. Their knowledge and experience were used in an iterative process to develop the e-library. The usage and usability have been thoroughly evaluated (e.g., web survey, qualitative interviews).

The e-library is now an easily accessible, national anchored system with practical tools that support professionals in their everyday work with medical treatment for cancer. It contains over 600 regimens with documents for easy printing, patient information sheets and possibility to import the regimens to the computerized physician order entry (CPOE) system. See http://regimbiblioteket.se.

Description:

Chemotherapy treatments are highly complex, and errors may cause serious harm among cancer patients. The prescribing stage plays a key role in the creation of chemotheray errors. Therefore, the use of computerized physician order entry (CPOE) is recommended. Chemotherapy regimens are used for different cancer diagnoses and defines the drugs to be used, the dosage, and the frequency and

duration of drug administration. For successful and safe treatment, it is also necessary to know how to administer the drugs, what supportive drugs are needed, what precautions to take, and the checks needed. There is also a need for relevant pharmaceutical information (e.g., how to prepare, stability).

The many autonomous oncology clinics in Sweden have resulted in the same chemotherapy treatments occurring under different names and with different dosages, causing uncertainty and risks for mix-ups. To overcome these uncertainties and risks, a national knowledge source for regimens (an e-library) was developed, with standardized nomenclature and content in chemotherapy regimens, also facilitating the exchange of information between hospitals, CPOE systems, and patients.

The national e-library (in Swedish) contains the following parts: 1) basic facts per drug containing important medical and pharmaceutical information, 2) regimens presented per diagnosis with an overview (including instructions, precautions, and recommendation for dose reduction), adverse drug reaction (ADR), and a detailed administration schedule, 3) information sheets for patients per regimen, giving a short description of the treatment and the most common or important ADRs with advice for self-treatment and when to contact the hospital, 4) support documents for healthcare professionals, e.g., antiemetic guideline, and 5) newsletters published after updates of the e-library. Documents for easy printing and reading are available along with XML-files for the regimens, which can be downloaded to the CPOE systems used in Sweden.

The e-library is a practical tool that have been developed together with the users, i.e., physicians, nurses, pharmacists and patients. It is a joint tool for all staff involved in the medical treatment of cancer patients. To mitigate the patient safety risks, the nomenclature and content in the regimens are standardized. Treatment with anticancer drugs is constantly evolving and the e-library can support this. At the moment, the patient information sheets are translated to English and Arabic.

Methodology and processes:

The development of the e-library started in 2011 after a request from the heads of oncology clinics and was driven within the Regional Cancer Centres. The users of the chemotherapy regimens are physicians, nurses, and hospital pharmacists and their knowledge and experience were used in an iterative process to develop the e-library.

A project group was formed with hospital pharmacists, physicians, nurses, and software engineers. A reference group was formed with physicians and nurses representing the oncology clinics, representatives for the CPOE systems, and hospital pharmacists. The project group generated ideas that were suggested to the reference group, such as how to present regimen information. In meetings with the reference group, the ideas were tested, discussed, enhanced, and then decided upon. Task-specific teams, some members from the reference group and project group, were used for special issues, e.g., nomenclature to use. Their proposal was presented to the reference group and after a discussion decision were taken.

The website was up and running in 2015. The number of regimens and diagnostic groups has since been gradually expanded to include 600 regimens in 2021.

During 2020 the usage and usability have been evaluated with a combination of methods. Subjective views from the users were evaluated with a web survey, spontaneous user feedback, and qualitative interviews. This was combined with statistics from the website, and an expert evaluation.

Involvement of other organisations/actors:

Physicians, nurses, and hospital pharmacists from the regions in Sweden. Representatives from the computerized physician order entry (CPOE) systems, the pharmaceutical industries, and the National Board of Health and Welfare.

Funding source(s) of the initiative:

Governmental.

Innovation, Impact and Outcomes:

Key Innovative Elements:

A user centred design process where the knowledge and experience of the healthcare professionals were used in an iterative process to develop the e-library.

The e-library described here is characterized by being developed in and for a Swedish context, is government-funded, embedded in a national quality system, freely available, and with XML files that can be downloaded.

Besides the regimens, there are also other documents that support the staff and the patient, such as patient information sheets per regimen and support documents, e.g., antiemetic guideline.

Analytical Indicators of Success and Evidence of Impact and Outcomes:

The e-library is an easily accessible, updated, national anchored system with practical tools that support all the different professionals in their everyday work with medical treatment of cancer.

A web survey yielded 292 answers and showed that users were mainly physicians and nurses. Almost 80% searched for regimens, 90% found what they were looking for, and were satisfied with their visit. The expert evaluation show that the e-library adhere to important design principles. During 2020, 86 emails with user feedback (mainly nurses) were received, where 78% contained a question, and the remaining had discovered incorrectness mainly in some regimen. Interviews showed that most hospitals use a computerized physician order entry (CPOE) system, and they utilize the e-library in various ways depending on profession and workplace. The evaluation indicates that the e-library is used as intended and has high usability.

Legal and/or ethical issues:

No legal or ethical issue.

Transferability to other regions:

Other countries also need a common knowledge source for chemotherapy regimens, like the e-library, adopted to their context. The principles used during the development can be highly recommended to others, see key learning points.

Key learning points on barriers and enablers to your practice:

- Ensure that there is continued funding and an organisation, like RCC, that takes responsibility for the e-library.
- Use the knowledge and experience of the healthcare staff in an iterative development process.
- Standardize the nomenclature and content in the regimens. Standardization can constitute a preventive safety barrier function and is recommended in the literature.
- Evaluate the usage and usability with different methods to ensure that the design and content comply with the users' needs and work as feedback for continuous design and learning.

Further information, if any:

http://regimbiblioteket.se

https://cancercentrum.se/samverkan/

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Regione Toscana

TUSCANY

Title of the practice: Multidisciplinary and integrative approach to cancer patients and disease

Organisation name: Institute for the Study, the Prevention and the Oncological Network (ISPRO) and Regional Center for Integrative Medicine (RCIM)

Region: Tuscany

Country: Italy

Total Region Population: 3,729,641 (2018)

Cooperation partners: Local Health Unit Tuscany Center; Local Health Unit Tuscany North West; Local Health Unit Tuscany South East – Healthcare Service, Region of Tuscany

Main characteristics of the good practice:

My region has a **fully implemented** strategy/programme for cancer.

Focus area(s): Supportive care and follow-up of cancer patients along the continuum of the disease

Summary:

Over the last 25 years, the Region of Tuscany has started a process of integration of complementary medicine (CM) in the Regional Health Service, defining oncology as a priority area of intervention. Based on the scientific evidence, some integrative therapies have been included in the oncological network, aimed to reduce the side effects of conventional anticancer therapies and improve the quality of life of patients. In 2019, the Regional Guidelines (Diagnostic and Therapeutic Care Pathway, DTCP) on breast cancer included a section on complementary and integrative medicine as supportive cancer care. In November 2021, the document 'DTCP - Integrative Medicine for Cancer Patients' designed the principles and actions of the application of complementary integrative medicine in oncology. The aim is to ensure patients effective, safe, high quality and uniform treatments and improve their quality of life, reducing the side effects of anticancer therapy in a multidisciplinary and sustainable approach.

Description:

Main steps of integration of CMs in the Tuscan Oncology Network

In 2014, a study carried out in 6 Tuscan hospitals and oncology Departments reported that 37.9% of cancer patients were using one or more types of CAMs in Tuscany (Italy); 66.3% informed their physicians about CAM use and 89.6% experienced benefits (Bonacchi, 2014).

The integration of complementary medicine began in 2008-2010, when a working group of medical oncologists and complementary medicine experts was set up, with the purpose of reviewing the evidence of CMs effectiveness in the literature.

In 2011, the Region of Tuscany participated in the Joint Action European Partnership for Action against Cancer EPAAC (2011-2014) with the task of drafting a synthesis of medical literature on CMs in oncology. The report which was published on the website http://www.epaac.eu/and later a survey published the data about the European oncology centres (about 20% of those contacted) that offered CMs services to patients (Rossi, 2014); in 2015 was published on the same issue the book in Italian *Le medicine complementari per il paziente oncologico* (Ed. Felici, Firenze 2015).

In 2015, a CM expert from Tuscany was included in the working group **"**Quality Assurance Scheme Development Group (QASDG)" promoted by the European Commission Initiative on Breast Cancer (ECIBC) and managed by the Joint Research Centre in Ispra (Varese), Italy. In April 2021, the WG published the Manual for Breast Cancer Services where it is stated, "The Breast Cancer Services must have a written policy to ask the patient about and discuss the use of complementary and integrative medicine for breast cancer" (chapter GEN-13: Complementary and Integrative Oncology, page 62).

In 2015, the Tuscan Government Act 418/2015 "CM integration in the Tuscan Tumours Institute (TTI) Oncological Network', which stated that based on the results of EPAAC research, cancer patients should be guaranteed the opportunity to benefit from these treatments in the Tuscan Network of Oncology Departments. Moreover, the use of CMs in oncology should be developed in the therapeutic offer of the Tuscan Healthcare Service, meanwhile strengthening also clinical research to evaluate the effectiveness of integrative treatments.

In 2018, the Brochure 'Integrative medicine for cancer patients', resulting from the collaboration between ISPRO and RCIM was distributed in the Oncology Departments and CMs outpatient clinics of regional hospitals. In the same year, the Institute for the Study, the Prevention and the Oncological Network, the Regional Center for Integrative Medicine and the Local Health Unit Tuscany Center signed a Memorandum of Understanding (MOU) of International Collaboration for Integrative Oncology on research and education with the Memorial Sloan Kettering Cancer Center in New York. Furthermore, the Region of Tuscany promoted the Regional Call 2018 on Health Research, which dedicated a sub-line to the research on the effectiveness of CMs in oncology, with a budget of €1,200,000.

In 2019, the Regional Guidelines (Diagnostic and Therapeutic Care Pathway) on breast cancer included a section on complementary and integrative medicine as supportive cancer care. In February 2021, this document was updated increasing the role of CMs (Regional Decree n. 2986/2021).

Main contents of the document

The Diagnostic and Therapeutic Care Pathway 'Integrative Medicine for Cancer Patients' first reports the epidemiological data about the use of CMs among cancer patients (about 40% in Europe and Italy), then evaluates the adverse effects of integrative medicine (acupuncture, herbal medicine, homeopathy), which are generally poor or absent. According to the pathway of Integrative Oncology in the Tuscan Health Service cancer patients should be guaranteed adequate information on Integrative Medicine therapies at every stage of their disease with informative materials, made available by the Cancer Department of reference and/or by the outpatient clinics of complementary and integrative medicine. Noteworthy, CMs can play a supportive role along the disease, from the diagnosis stage onwards. In fact, a cancer diagnosis has a major negative impact on patients and their families and causes distress in around 30% of cancer patients, far beyond the wide range of physical symptoms on which caregivers generally focus.
The Therapeutic Plan lists the evidenced-based CMs that can be used for the treatment of the symptoms of anticancer therapies, as a supportive care before and after surgery, during and after chemotherapy, during hormonal therapy and radiotherapy. Integrative treatments also play a significant role in improving quality of life for cancer patients.
CMs can also have a positive effect during the follow-up phase, especially promoting changes in the lifestyle and helping to reduce or remove unhealthy habits such as smoking, alcohol abuse, obesity, etc., improving the patient's diet and promoting physical exercise. Finally, CMs can contribute to Palliative Care and in the end of life, by body-mind techniques that do not require a physical effort.

Methodology and processes:

The document "Integrative Medicine For Cancer Patients" has been drafted by a working group composed of 5 oncologists of the Tuscan Healthcare Service and 5 CM experts (acupuncture, herbal medicine and homeopathy), plus other collaborators. The WG revised the literature data on integrative oncology previously collected in different projects, updated and compared them with the data derived from clinical experiences of the integrative oncology outpatient clinics of the public hospitals of Tuscany.

A first draft of the document has been drawn up and submitted to the discussion, first by email and then during in meetings until the final proposal, which was submitted for approval to the ISPRO Board of Directors and to the Coordination Office of the Tuscan Center for Integrative Medicine. The Region of Tuscany approved the document in November 2021 (Decree 11.11.2021).

Involvement of other organisations/actors:

The Regional Healthcare of Tuscany, Tuscan Oncological Network - ISPRO, Regional Center for Integrative Medicine - RCIM are the regional bodies that developed and approved the document.

The Network of public outpatient clinics of integrative oncology distributed in the Tuscan hospitals (N: 19) are the accredited clinical facilities that will apply the guidelines in integrative oncology.

Funding source(s) of the initiative:

Given that, CMs have very low costs and little impact on the budgets of the regional Healthcare Service, the costs for the service are those of the salary of the physicians who perform medical examinations and sessions of acupuncture and other TCM techniques; the cost of herbal and homeopathic medicines is paid for by the patients.

Wherever possible, patients are referred to pharmacies that can prepare galenic herbal preparations at relatively low cost, or to 'secure' online purchasing that allows savings 30 to 50% of the cost.

Innovation, Impact and Outcomes:

- A multidisciplinary approach is today unanimously considered the most adequate to deal with a complex and systemic disease such as cancer, and corresponds to the most innovative method to manage the health of cancer patients.
- The Manual For Breast Cancer Services (April 2021) by the European Commission Initiative On Breast Cancer Quality Assurance Development Group (QASDG) stated that Breast Cancer Services must have a written policy to ask the patient about and discuss the use of complementary and integrative medicine for breast cancer
- The demand for integrative therapies among cancer patients is very high, both at European and national level, and the use of evidence-based complementary treatments as a part of a Comprehensive Cancer Care Network may contribute to respond safely and effectively to the demand coming from cancer patients combining safety and equity of access in public healthcare systems.
- The full application of Diagnostic and Therapeutic Care Pathway of Integrative Medicine in Tuscan Health Service may improve the health and wellbeing of cancer patients in a sustainable, safe, and effective way, in line with the results of the evidence in literature and most advanced clinical experiences.
- Main criteria used to determine that our initiative was working well were the evaluation of the outcome results in observational studies, published in peer-reviewed international journals (Rossi E. 2015; Ben-Arye E. 2017; Bosco F 2018; Rossi E. 2018; Grant SJ. 2018; Rossi E. 2018; Guido C. 2019; Sivelli F. 2019; Ferreri R. 2019; Cracolici F. 2019; Baccetti S. 2019; Toledano A. 2021).
- Another positive impact of this practice was the progressive increase in the number of integrative oncology facilities in the Tuscan Healthcare Service, which are 19 at present (November 2021). At the same time, the number of cancer patients attending integrative medicine clinics has more than doubled in the last years.

Legal and/or ethical issues:

Since 1999, CMs have been included in the three-year Regional Healthcare Plans of Tuscany. The Regional Healthcare Plan 2005 - 2007 included them in the regional Essential Levels of Care defining

the cost of the visits of acupuncture, homeopathy, herbal medicine and manual medicine for Tuscan citizens. The Regional Law 40/2005 stated (Art. 4) that "Regional health services also provide complementary and integrative medical services, based on the assessment of proven effectiveness and in compliance with regional planning". In 2006, the Legal status of CMs physicians available in Specialist outpatients Clinics was defined.

Tuscan Regional Guidelines in CMs have been then published in the following issues

- Use of Acupuncture and TCM in the regional Health Service;
- Pain Control during Labor and Delivery;
- Menopause;
- Back Pain.

In 2007, the Regional Law n.9 defined the CMs educational criteria for medical doctors and dentists, veterinary doctors and pharmacists.

In 2013, the Italian National Government, the Regions and the Autonomous Provinces of Trento and Bolzano signed an Agreement on national rules for the education in complementary medicine, and the requirements for the quality certification of training and practice of acupuncture, herbal medicine and homeopathy by medical doctors, dentists, medical veterinaries and pharmacists.

Transferability to other regions:

The application of the model of integrative oncology recently approved in Tuscany is simple and therefore could be easily transferred to other EU regions having a similar healthcare organization such as France, Belgium, Spain, Germany etc.

Also in Italy, following the integration process conducted in Tuscany, other regions such as Emilia Romagna and the autonomous province of Bolzano have opened public clinics of integrative oncology. Moreover, the Abruzzo Region has recently approved Guidelines in breast cancer that include integrative medicine activities in support of cancer patients.

The support provided by the Euregha network to the Region of Tuscany will be of great importance for the dissemination at the European level.

Key learning points on barriers and enablers to your practice:

Main obstacles:

At the institutional level:

- The different status of the healthcare services in European countries and a different organization of healthcare (for instance health federalism allows Italian Regions to have a certain level of organisational autonomy);
- -The lack in most European countries of a national law regulating the professional training of medical experts in complementary medicine.

From a scientific point of view:

- Considering that the quantity and quality of the research on the effectiveness of CMs may be in some cases considered to be poor, further research and clinical trial are warranted to strengthen the evidence of effectiveness in this field.

From a social and cultural point of view:

- In the face of possible resistance to the innovative aspects of this practice, awareness needs to be strengthened in stakeholders and health authorities and institutions that CMs are always an add-on and never alternative to standard medical treatments in oncology, aiming at reducing the adverse effects of oncological treatments and improving the wellbeing and quality of life of cancer patients.

Further information, if any:

https://www.regione.toscana.it/medicine-complementari

Medicina integrata per malati oncologici - Regione Toscana

La Rete Oncologica Toscana | Istituto per lo Studio e la Prevenzione Oncologia ISPO (ispro.toscana.it)

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REGIONE DEL VENETO

VENETO

Title of the practice: Institution of the Veneto Oncology Network (ROV)

Organisation name: Istituto Oncologico Veneto IOV-IRCCS

Region: Veneto

Country: Italy

Total Region Population: 4,841,175

Main characteristics of the good practice:

My region has a **fully implemented** strategy/programme for cancer

Focus area(s): Prevention, detection, diagnosis, treatment of cancer

Summary:

The Veneto Region, within the 2012-2016 Regional Social and Health Plan, instituted the **Veneto Oncology Network (ROV)**, established by the Regional Committee resolution n. 2067 of 19.11.2013, and entrusted the Istituto Oncologico Veneto IOV-IRCCS with its coordination in synergism with the Padova and Verona University hospitals (administrative order n. 7 of 4.2.2014).

The experience of the ROV has catalysed commitments, efforts and pursuance of its actors (clinicians, managers, governing bodies, patients). The strategies taken to enhance the expected benefits of network cooperation are helping to produce knowledge and data to guide decision-making and manage more effectively the challenges of fighting cancer in Veneto.

The aims of the ROV are:

- uniform and even access to the best health care
- high quality, patient-centred services
- timely taking in care and assistance continuity
- access to innovative drugs based on scientific evidence and appropriateness
- innovation and research
- regional electronic medical oncology recording

Description:

The Veneto Oncology Network comprises the following levels:

- Coordination of Veneto Oncology Network at IOV
- Veneto Oncology Network Scientific Committee
- Reference Hubs
- Clinical Oncology Departments
- Multidisciplinary Oncology Teams (GOM)

The Istituto Oncologico Veneto IOV-IRCCS is a comprehensive cancer center and represents the single reference structure for the regional strategy in the field of research, health care and continuing medical education of all professionals involved in oncology.

Methodology and processes:

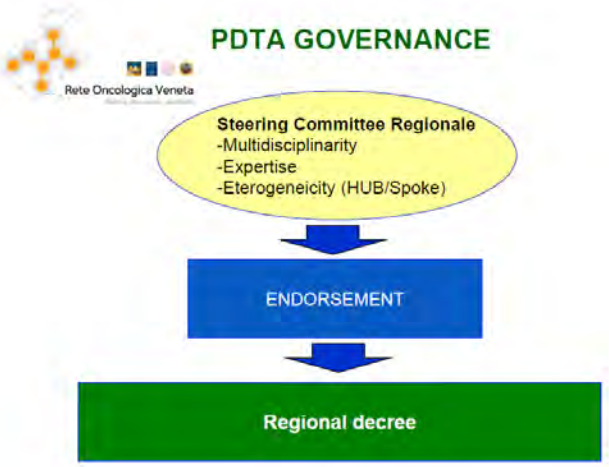
The ROV, to respond to the principles of equity and uniformity of care, to assure an appropriate organization and to provide efficacious care to the patients, has developed the following tools:

- Diagnostic and therapeutic pathways (PDTA)
- Indicators of performance and outcome
- Recommendations on high price innovative cancer drugs
- Molecular Tumor Board (MTB)
- Oncology reference centers

PDTA is an evolving technical-managerial tool aimed at assuring:

- Reproducibility
- Uniformity in healthcare service delivery
- Reduction of unscheduled events
- Information exchange
- Role definition

A PDTA is a predefined, articulated and coordinated sequence of healthcare services to be performed at hospital and/or territorial facilities, for defining the diagnosis and treatment of specific pathologic conditions. It is prepared by a team composed of different healthcare professionals and patients' representatives, and describes the better strategy for the specific setting.



Involvement of other organisations/actors:

The Padova and Verona University Hospitals cooperate with the ROV.

Several voluntary associations are also actively collaborating with ROV for promoting patient involvement.

Funding source(s) of the initiative:

Since 2017, the Veneto Region supports the ROV by allocating an annual specific fund to the IOV to cover the costs of the coordination team.

Innovation, Impact and Outcomes:

Up to date, the ROV has developed 25 PDTAs on oncology diseases, and specific events have been organized to share the PDTA's reference indications in order to homogenize regional performance.

Several educational events have been also organized, with the participation of different healthcare professionals from all the Veneto Region, and the involvement of professionals from oncology networks of other Regions.

Legal and/or ethical issues:

No legal or ethical issue.

Transferability to other regions:

The organizational structure of the ROV, as well as the following tools, are transferable to other regions:

- Diagnostic and therapeutic pathways (PDTA)
- Recommendations on high price innovative cancer drugs
- Molecular Tumor Board

Key learning points on barriers and enablers to your practice:

- The ROV is guaranteeing an appropriate delivery of healthcare services by homogenizing the performance within the Veneto Region
- The monitoring of the performance of the healthcare services according to predefined indicators represents an important step for appropriateness and quality assurance
- The MTB and the Working Group of innovative drugs are instrumental to manage the implementation of innovative technologies and treatments

Further information, if any:

https://salute.regione.veneto.it/web/rov

Contact Persons:

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WALES

Title of the practice: The Quality Statement for Cancer

Organisation name: Welsh Government

Region: Wales

Country: United Kingdom

Total Region Population: 3,100,000

Main characteristics of the good practice:

My region is **in the process of implementing** a cancer policy/strategy/programme.

Focus area(s): Policy and strategy for cancer services.

Summary:

The Welsh Government published its policy for cancer services in the form of a 'Quality Statement' in March 2021. This set out 22 quality attributes for cancer services in Wales that it wanted the health service to achieve by the end of the Parliamentary Term to improve outcomes. This has a particular focus on consistency of services across Wales, improving quality and reducing unwarranted variation. It also attempts to build on the success of the predecessor approaches in place since 2012. It sits alongside other national policy that addresses issues of prevention, improving diagnostic services, developing end of life care, as well as more generic policy commitments around digital, person centred care and healthcare quality.

Description:

The Quality Statement for Cancer calls for health service organisations to achieve a number of end states:

- Better national leadership and coordination.
- Recovering the pre-pandemic waiting list volume to reduce the risk of harm.
- Embedding and continuing to develop the new cancer waiting time measure.
- Local adoption of nationally agreed cancer pathways described at cancer type or sub type level.
- Good referral practice and improvements in diagnostic services.
- Introducing a new cancer IT system.

- Better workforce planning for oncology doctors and cancer nurse specialists.
- Reconfiguration of fragile services.

Methodology and processes:

Between 2013 and 2020, Wales had a national delivery plan for cancer services setting out a series of actions that local bodies were required to take forward to improve cancer outcomes. This national plan was part of a suite of around 20 national plans for major clinical services. NHS bodies in Wales had to respond to the Welsh Government's NHS Planning Framework by developing three year plans that also took into account all these national delivery plans. This approach had mixed success and created a tension between delivery planned at national and local levels. In 2021, the Welsh Government decided that a new approach was required where policy ambitions for a number of major clinical services, such as cancer, would be set out in a suite of 'quality statements' that would aim to guide local NHS planning rather than instruct local planning. This new approach would deliberately attempt to build on the predecessor approach and take advantage of a number of strategic developments described in the overarching strategy for health and social care in Wales. Including a greater focus on quality and greater central direction of NHS planning. It would be led locally but with much stronger coordination by a clinical network for cancer, whose board answered to the most senior NHS leaders and the Welsh Government. The clinical network would receive national funding to perform its leadership and coordination role.

Involvement of other organisations/actors:

- Health boards
- NHS Trusts
- NHS Strategic Health Authorities
- Wales Cancer Alliance (charitable sector)

Funding source(s) of the initiative:

- A mixture of local funding of core services and national transformation type funding.

Innovation, Impact and Outcomes:

Wales applies Results Based Accountability principles. At population level success is monitored through cancer mortality and survival rates. At service level, performance metrics are used with NHS bodies such as cancer waiting times, compliance with professional standards and patient experience measures. The national approach set out in the Quality Statement will include these metrics once they are confirmed but success of the policy also includes specific deliverables such as introducing a new cancer IT system.

Legal and/or ethical issues:

- Maintaining equity of approach between types of cancer
- Maintaining equity of prioritisation with other major conditions
- Achieving the right balance between ambition and achievability

Transferability to other regions:

- Focus on quality
- National policy approach
- Nationally optimised pathways
- An emphasis on local delivery responsibilities by NHS bodies
- Coordination of NHS bodies through a network.

Key learning points on barriers and enablers to your practice:

- Pandemic related disruption to service productivity and capacity.
- UK wide workforce shortages in oncology, radiology, medical physics and other related specialties.
- Competing and increasing demands on the health service.
- Organisational barriers between cooperating bodies.
- Poor predictive value of referral triggers.

Further information, if any:

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