



JA CraNE
Ti Albreht

Scientific Co-Ordinator of Joint Action CraNE, Senior
Researcher and Head of Centre at the National Institute of
Public Health of Slovenia



The Core of the Concept of Comprehensive Cancer Centre Network

- Europe's Beating Cancer Plan (EBCP) adopted in 2021 defines several key priority action areas, which are operationalised through flagships. It represents a top-down legal blueprint for the proposed solutions
- They are prevention, early detection, **diagnosis and treatment**, improving quality of life
- **Diagnosis and treatment** through actions to ensure better integrated and comprehensive cancer care and addressing unequal access to quality care and medicines. By 2030, 90% of eligible patients should have access to National Comprehensive Cancer Centres linked through a new EU Network. In addition, a new 'Cancer Diagnostic and Treatment for All' initiative will be launched by the end of 2021 to help improve access to innovative cancer diagnosis and treatments and a European Initiative to Understand Cancer (UNCAN.eu) will help identify individuals at high risk from common cancers.
- **Flagship number 5** defines the establishment of the EU Network of National Comprehensive Cancer Centres
- **Joint Action (JA) CraNE** (www.crane.eu) is working on the necessary framework and conditions as well as the criteria for the membership to the network as well as how they connect to the Comprehensive Cancer Care Networks (CCCNs), which had been defined under one of the previous Joint Actions, **JA CanCon** (www.cancercontrol.eu) and also the legacy of the previous JA iPAAC (www.ipaac.eu)

The basic matrix for the EU Network consists of the establishment of the Network, which would unite two elements through five dimensions:

1. The two necessary elements are establishment of CCCs in all Member States and a sound system of quality assurance for cancer care
2. The five dimensions are:

**Early detection,
Screening,
Diagnosis & Treatment,
Support to cancer survivors, and
Research & Training of the cancer workforce**

Legacy of JA iPAAC

Particular topical areas arising from two Work Packages:

1. Special focus on ‘neglected’ cancers, e.g. pancreatic cancer, adoption of the Bratislava declaration
2. Standards of Care clearly defined as the common baseline and criteria for the evaluation and certification of providers
3. PROMs and PREMs
4. Patient pathways – colorectal and pancreatic cancers
5. Implementation of CCCNs

What are now the main challenges of this process?

1. Not all EU Member States have a certified CCC yet.
2. For some Member States it may be challenging to reach the necessary certification requirements
3. Negotiating stringent requirements for quality with the challenges of access
4. Should there be a national network of CCCs (in bigger Member States) that then enters into the EU Network or should CCCs be individual members of the Network?
5. What is the relationship between CCCs, Networks of Expertise (JA JANE) and ERNs
6. Special issues related to paediatric cancers
7. Nesting of specific focused approaches within CCCs and CCCNs



Some of the potential solutions for the open issues

- Development of an inclusive definition of a Comprehensive Cancer Centre (CCC) – to be finalised shortly
- Strengthening the concept of CCCNs, where appropriate, while following its definition from JA CanCon (www.cancercontrol.eu)
- The EU Network of CCCs as a dynamic, open and inclusive organisation
- Ensuring the loop between:



Some of the potential solutions for the open issues (2)

- Solutions will seek to accommodate all Member States and develop adjustments needed for smaller MSs
- Ensuring quality is of paramount importance, which means also adhering to the specific numerical requirements, e.g. European Commission Initiative on Breast Cancer (ECIBC) specifically stipulates how many surgeries have to be performed by EACH surgeon on the breast cancer service (in this case 50 per year) in order for it to be recognised as such – similar initiatives are being developed for CRC and for CxC
- Some services are centralised not only due to numerical requirements but due to logistics and investment – proton therapy equipment, PET scans, radiotherapy in general
- In reducing the differences across the EU we need to keep in mind MSs, which are less well-off and enable them to reach the common requirements without lowering the bar

Some of the potential solutions for the open issues (3)

- Networking is the natural solution for most of the situations, where there is a challenge in reaching the requirements
- There has to be a trade-off between bringing the expertise closer to patients and patients to the expertise. The former would normally be preferred by patients.
- Paediatric cancers by definition require close international collaboration, smaller MSs need to link to the respective ERN and bigger MSs
- An opportunity for collaboration provided by the Networks of Expertise (NoEs)
- Networking will be required at all levels (regional, national and international), for which previous JAs provide ample experience (CanCon, iPAAC, CraNE)
- Taking note of all main typologies of organisation – centralised vs decentralised, more centre and more network organised

Questions?

Further information available from:

Coordination secretariat: crane@nijz.si

Scientific coordinator: tit.albreht@nijz.si

Thank you
Gracias - Graciès
Hvala



Ministerio de Sanidad