CANCON - WP 5
Progress Update

JA Meeting

CanCon
Cancer Control Joint Action

Giovanni Nicoletti

Ljubljana | 7 July 2016

KEY DELIVERABLE

A set of "Policy (Position) Papers" focusing *"hot themes"* on cancer control policies (rather than "scientific" issues)

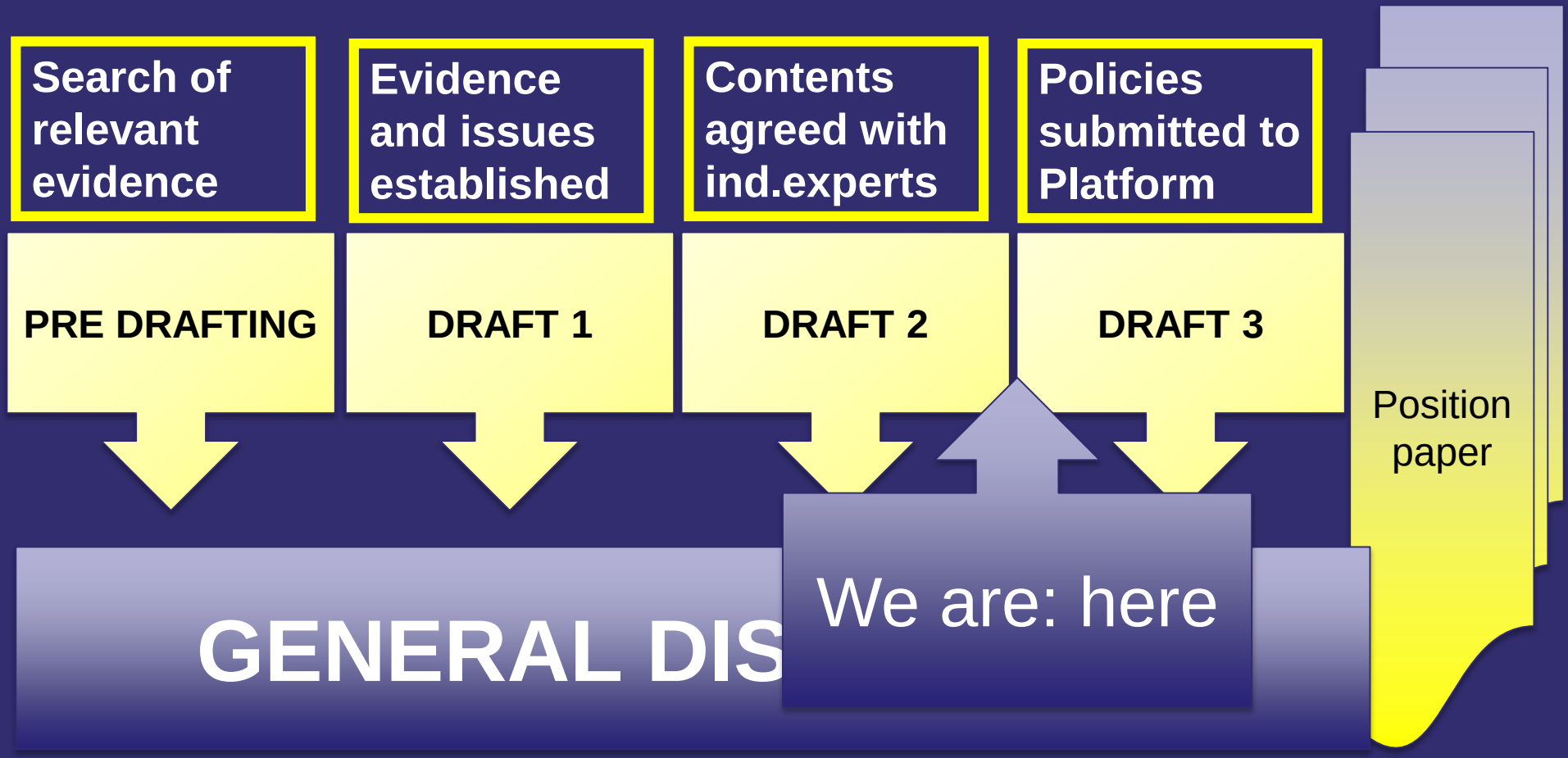
Agreement: Due to restriction in time/resources a limited number of topics will be handled (5 topics in total).

Co-funded by the Health Programme of the European Union

SELECTED TOPICS

	Writing Group leader
Common European objectives for National Cancer Control Plans	Slovenia (T. Albreht)
A system for assessing and promoting the disinvestment process for re-allocation	Italy A. Federici
A Public health genomics approach to "omics" in oncology	Belgium M. Van denBulcke
An impact evaluation system to assess prevention outcomes	Italy G. La Torre
Equity mainstreaming in the cancer control in Europe	Spain Rosana Peirò

DELIVERABLES



CanCon
Cancer Control Joint Action

Co-funded by the Health Programme of the European Union

WP 5 Main Updates

- **Independent experts recruitment finalized**
- **Workshops of the 5 Topics and MS Platform Plenary (Rome, November 2015, Bucharest April 2016)**
- **Several meetings/TC for all PPs**
- **PHG drafting closed (Draft in pipeline of ECEGCC)**
- **Workshop on disinvestment (Rome, Feb. 2, 2016)**
- **NCCPs Questionnaire feed-backs received**

Co-funded by
the Health Programme
of the European Union

CanCon
Cancer Control Joint Action

CanCon WP5 › Home

I Like It | Tags & Notes

Welcome to CanCon WP5 Platform!

You can click on Shared Documents to download files or on the calendar to see new events.

Shared Documents

Type	Name	Modified	Modified By
	Documents for MS Representatives	7/22/2015 11:54 AM	Wurstemberger, Pauline
	General	3/25/2015 3:00 PM	Wurstemberger, Pauline
	Topic 1 - National Cancer Control Planning	7/17/2015 12:55 PM	Wurstemberger, Pauline
	Topic 2 - Role of genomics in cancer control	7/17/2015 12:55 PM	Wurstemberger, Pauline
	Topic 3 - Disinvestment in cancer control planning	7/17/2015 12:56 PM	Wurstemberger, Pauline
	Topic 4 - Outcomes of Prevention	3/25/2015 3:03 PM	Wurstemberger, Pauline
	Topic 5 - Inequalities	6/4/2015 11:00 AM	Wurstemberger, Pauline

Add document

Calendar

Category	Title	Location	Description
Meeting	WP5 Experts Meeting	Rome, Italy	
Meeting	WP 5 MS platform Meeting	Rome	Precise time and location, see invitation

Add new event

Problem with the platform?

If, on your first visit, you encounter problems to upload or download a document, you can take a look through the "how to" guide.

Practical Tools

Type	Name
	Contact list of participants
	HOW TO download a document
	HOW TO upload a document

Add document

Contact

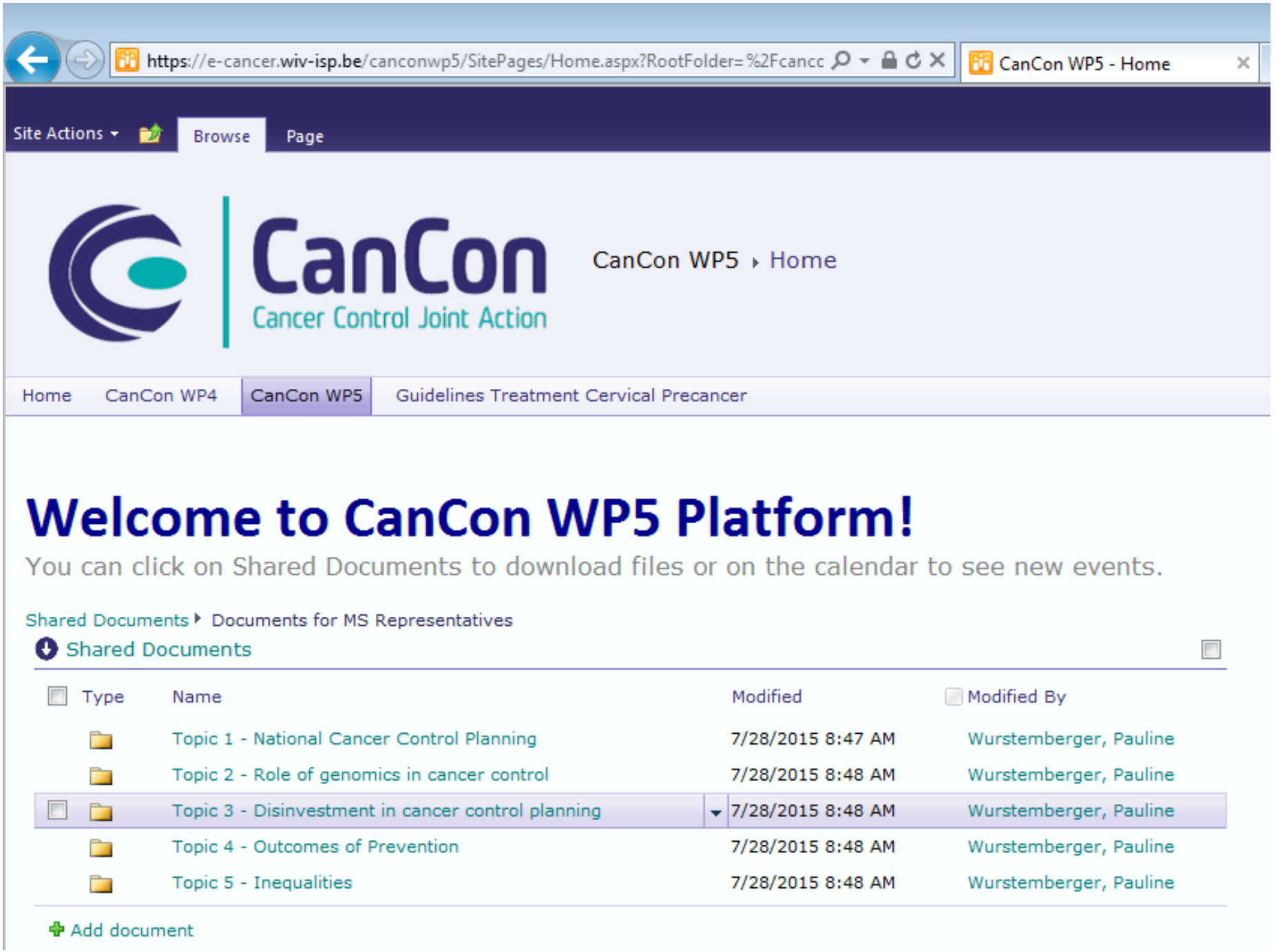
For any technical question or issue, you can contact

Pauline de Wurstemberger
Pauline.Wurstemberger@wiv-isp.be
Els Delporte
Els.Delporte@wiv-isp.be
Marie-Joëlle Robberechts
Marie-Joelle.Robberechts@wiv-isp.be

If you have any question regarding the organization, the deadlines and such topics, you can then contact

Giovanni Nicoletti
g.nicoletti@sanita.it
Leader Topic 1 : Tit Albreht
tit.albreht@nijz.si
Leader Topic 2 : Marc Van Den Bulcke
marc.vandenbulcke@wiv-isp.be
Leader Topic 3 & Topic 4: Giuseppe Latorre
giuseppe.latorre@uniroma1.it
Leader Topic 5 : Rosana Peiró
peiro_ros@gva.es

Links


https://e-cancer.wiv-isp.be/canconwp5/SitePages/Home.aspx?RootFolder=%2Fcancc
CanCon WP5 - Home
Site Actions
Browse
Page
CanCon
Cancer Control Joint Action
CanCon WP5 ▸ Home
Home
CanCon WP4
CanCon WP5
Guidelines Treatment Cervical Precancer
Welcome to CanCon WP5 Platform!
You can click on Shared Documents to download files or on the calendar to see new events.
Shared Documents ▸ Documents for MS Representatives
Shared Documents
Type
Name
Modified
Modified By
Topic 1 - National Cancer Control Planning
7/28/2015 8:47 AM
Wurstemberger, Pauline
Topic 2 - Role of genomics in cancer control
7/28/2015 8:48 AM
Wurstemberger, Pauline
Topic 3 - Disinvestment in cancer control planning
7/28/2015 8:48 AM
Wurstemberger, Pauline
Topic 4 - Outcomes of Prevention
7/28/2015 8:48 AM
Wurstemberger, Pauline
Topic 5 - Inequalities
7/28/2015 8:48 AM
Wurstemberger, Pauline
Add document

CanCon
Cancer Control Joint Action

PHG in Cancer

WP5: PHG IN CANCER

Response to Call for experts:

18 positive replies

- Belgium: **J. Vermeesch** (KUL), **M. Peeters & C. Rolfo** (UZA), **R. Salgado** (GZA), **L. Decoster** & J. Degrève (VUB), A. Waeytens (RIZIV-INAMI**), Olga Kholmanskikh** (FAGG)
- France: **F. Nowak** & C. Berling (INCA)
- Netherlands: A. Brand (Univ Maastricht)
- Germany: C. Von Kalle (DKFZ, Heidelberg), **R. Schmützler** (Univ. Köln)
- Italy: **S. Boccia** (Univ Cath Roma), **A. De Censi** (Rome)
- EC: **J. Waligora** (DG Santé), **J. Van de Loo** (DG RTD), J. Zupan (DG JRC), **M. Huebl, A. Monsterra**t, **Isabel de Ladiges** (DG Santé)
- USA: M. Khoury (CDC, NCI)
- CanCon partners: **T. Albreht** (Slovenia), **G. Nicoletti, A. Federici** (Italy)

Co-funded by the Health Programme of the European Union

WP5: PHG IN CANCER

→ *'Personalized risk-assessment for stratified prevention'*

Proposal by R. Schmutzler (Germany)

→ **Requirements and prerequisites for implementation of 'omics' in routine molecular diagnosis in oncology**

Proposal by M. Van den Bulcke (Belgium)

→ *"Direct –To-Consumer" (DTC) testing*

Proposal by S. Boccia (Italy)

Co-funded by
the Health Programme
of the European Union

PERSONALIZED RISK-ASSESSMENT FOR STRATIFIED PREVENTION'

Recommendation 1: Develop harmonized common entrance criteria for PeRaSP throughout Europe

Recommendation 2: Establish and promote specific multi-disciplinary professional structures for the indication, evaluation and provision of PeRaSP

Recommendation 3: Increase genetic and preventive literacy of health care professionals (i.e. literacy on risk assessment, risk communication, clinical interpretation of genetic test results, indication of preventive measures)

Recommendation 4: Increase genetic and preventive literacy of citizens to allow a responsible handling of cancer preventive options and resources of the health care system

Recommendation 5: Establish new genotype-/phenotype data bases to enable prospective cohort studies and QA as a prerequisite for the evaluation of the effectiveness of PeRaSP (preferentially to be linked to existing cancer registries)

Recommendation 6: Establish a harmonized framework on the ethical, legal and social requirements of PeRaSP in cancer

Co-funded by
the Health Programme
of the European Union

IMPLEMENTATION OF 'OMICS' IN ROUTINE MOLECULAR DIAGNOSIS IN ONCOLOGY

Recommendation 1: For each country, establish a system and infrastructure that oversees the rapid evolution within oncological clinical use and utility of molecular variants

Recommendation 2: Develop an integrated outcome evaluation framework allowing linkage between different healthcare information registries/repositories invoking standardized data formats and data transmission protocols to gain evidence by clinical trials setups tailored to framework of personalized genome context

Recommendation 3: Launch the public debate on the use and limits of use of genomic information for public health and healthcare support improvement with citizens, cancer patients, professionals, scientists, industry and government responsibles

Co-funded by
the Health Programme
of the European Union

DIRECT –TO-CONSUMER'' TESTING

Recommendation 1: DTC GT for cancer risk prediction is unlikely in its current form to have any positive impact on the health of citizens. Citizens' and health care professionals' awareness and education in this framework is urgently needed

Recommendation 2: Policy makers should regulate the offering of DTC being aware that legislation should balance consumer protection with the 'freedom of opinion'

Recommendation 3: Each citizen should have access to organized certified genetic counseling in his country provided by a national health care system

Co-funded by
the Health Programme
of the European Union

CanCon
Cancer Control Joint Action

AN IMPACT EVALUATION SYSTEM TO ASSESS PREVENTION OUTCOMES

AIM

- Which are the policies and intervention actually implement to control outcome prevention of cancer?
- Which indicators are used to measure the effectiveness of the interventions in the scientific research?
- Which indicators are present in the Informative System at European Level (surveillance)?
- A comparison between scientific and surveillance indicators.

CanCon
Cancer Control Joint Action

QUESTIONS

- **Which are the policies and intervention actually implement to control outcome prevention of cancer?**
- **Which indicators are used to measure the effectiveness of the interventions in the scientific research?**
- **Which indicators are present in the Informative System at European Level (surveillance)?**
- **Comparison between scientific and surveillance indicators.**

EVIDENCE

- Smoke-free workplace represents a cost-effective approach
- Price and tax measures give positive results in the reduction of the prevalence, even if of moderate impact
- The health warning on tobacco product and the pictorial warnings are quite effective in discouraging smoking
- Mass media campaigns cannot be easily monitored
- List of Interventions of proven efficacy/effectiveness:
  - school/university based interventions,
  - counseling, telephone/mobile counseling,
  - internet counseling, group-delivered behavioral interventions
  - Expert systems, tailored self-help materials and individual counselling, appear to be as effective in a stage-based intervention as they are in a non-stage-based form.

Co-funded by
the Health Programme
of the European Union

RECOMMENDATIONS

- Implement at the Member state level the policies and interventions that have been demonstrated of proven efficacy/effectiveness

RECOMMENDATIONS

- When a decision on the implementation of a policy/intervention has been made, the Member States must consider at least three dimensions for monitoring the impact of that policy on the short term:
  - Tobacco smoking prevalence
  - Quit rate
  - Initiation rate

RECOMMENDATIONS

- In the meanwhile, if these indicators cannot be yearly monitored, we recommend to perform an observational study after the implementation of the policy at the national level.

RECOMMENDATIONS

- If these indicators cannot be yearly monitored, we recommend to consider the revision process of the indicators for the best fitting between policy/intervention and its monitoring

CanCon
Cancer Control Joint Action

DISINVESTMENT FOR REALLOCATION IN CANCER CARE

Disinvestment….

- "..the process of (partially or completely) withdrawing resources from any existing health practices, procedures, technologies or pharmaceuticals that are deemed to deliver little or no health gain for their cost, and thus are not efficient health resources allocation"

Australia and New Zealand Health Policy

BioMed Central

Debate

Open Access

Challenges in Australian policy processes for disinvestment from existing, ineffective health care practices

Adam G Elshaug*[1], Janet E Hiller[1,2], Sean R Tunis[3] and John R Moss[1]

Published: 31 October 2007

INTERVENTIONS OF INTEREST TO DISINVESTMENT POLICIES

- Whose ineffectivess /low clinical value has been clearly shown;
- Whose effectiveness / clinical value is unknown / uncertain;
- Whose effectiveness / clinical value is negligible ;
- Whose effectiveness has been demonstrated, but in selected clinical indications and are therefore at high risk of inappropriate utilization;
- Whose effectiveness has been demonstrated but more cost-effective alternatives are available

Co-funded by the Health Programme of the European Union

POLICY PAPER ON DISINVESTMENT: THE GOAL

Goals

- To provide participating countries with a document outlining the issues to be considered when adopting disinvestment policies in oncology
- A general guidance on how disivenstment policies could be framed to maximize their potential and reduce their possible undesirable side-effects
- **Methods**
- Published reviews in the field
- Relevant papers identified searching the literature
- Expert opinion (seminar in Rome on February 2016)

Issues addressed and key messages (1)

- ***Disinvestment is a process including different stages***

- **Clear definition of goals**
- **Identifications of target interventions**
- **Assessment of the target interventions**
- **Implementation of the decisions**
- **Engagement of patients'representatives**

Issues addressed and key messages (2)

- ***Clear definition of goals***

- **Disinvestment is aimed at improving quality of care through higher level of appropriateness in the use of interventions of known clinical value, and reducing/withdrawing the use of those with low-value**

- **Disinvestment is not aimed at reducing costs, rather at achieving a better allocation of available resources**

Issues addressed and key messages (3)

- ***Identification of target interventions (low-value interventions)***

- **No standard methodology exists**
- **Reliance on different sources of information**
- **Good quality guidelines and HTA reports**
- **Analysis of patterns of care for cancer patients**
- **Experts' opinions**
- **Lists of low- value interventions provided by specialty societies in cancer care can be a useful starting point**

Issues addressed and key messages (4)

- ***Implementation***

- **The ultimate goal is to improve clinical practice, that is to change clinicians' behaviours**

- **The whole body of knowledge accumulated in the field of implementation science should be considered in designing the strategy more likely to achieve the desirable change**

- **Motivating clinicians and engaging patients/citizens is important**

Issues addressed and key messages (5)

- ***International collaboration and research***

- **Fostering collaboration among different countries is important to share experiences and knowledge**

- **Promotion of research on methods for disinvesting, as well as on the overall impact of these initiaves is also relevant**

- **Research on patters of care for cancer patients, to identify determinants of quality and appropriateness is important to imform disinvestment decisions**

CanCon
Cancer Control Joint Action

TACKLING SOCIAL INEQUALITIES IN CANCER PREVENTION AND CONTROL FOR EU POPULATION

CanCon
Cancer Control Joint Action

Leaders /Leading team

- Rosana Peiró Pérez, Ana Molina Barceló: Fundación para el Fomento de la Investigación Sanitaria y Biomédica de la Comunitat Valenciana (FISABIO, Valencia, Spain) on behalf of Spanish Health Ministry
- Teresa Spadea, Nicolás Zengarini: Epidemiology Unit ASL TO3, Turin (Italy)
- Sarah Missinne, Marc Van Den Bulcke: Belgian Cancer Centre in the Belgian Scientific Institute of Public Health (WIV-ISP);
- Francesco di Lorenzo Francesco Florindi. European Cancer Patient Coalition (ECPC).
- Mark Lawler. Queen University Belfast & European Cancer Concord

EXPERTS MOST ENGAGED, REVIEWING VARIOUS DRAFTS AND PARTICIPATINGIN THE MEETINGS

- **CLAUDIA ALLEMANY** LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE. UK
- **MICHAEL COLEMAN** LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE. UK
- **MIGUEL A LUQUE-FERNANDEZ** LONDON SCHOOL MEDICINE. UK
- **CHRISTOPH KOWALSKI** GERMAN CANCER SOCIETY GERMANY
- **MILENA SANT** NATIONAL CANCER ISTITUTE – MILAN ITALY
- **CAMILLA AMATI** NATIONAL CANCER ISTITUTE – MILAN ITALY
- **DANIEL SATGE** FRANCE ONCODEFI/ UNIVERSITY OF MONTPELLIER
- **JOZSEF LOVEY** NATIONAL INSTITUTE OF ONCOLOGY. HUNGARY
- **JUAN ALGUACIL** UNIVERSITY OF HUELVA SPAIN
- **KATHERINE FROHLICH** UNIVERSITY OF MONTREAL CANADA
- **J DHANDA** MACMILLAN FOUNDATION UK
- **WENDY YARED** EUROPEAN CANCER LEAGUE. BRUSSELS

EXPERTS THAT HAVE RECEIVED ONLY THE ADVANCE DRAFT (IN THE REVIEWING PROCESS NOW)

- **PETER DUNCAN** FREELANCER LONDON. UK
- **YOLANDE LIEVENS** GHENT UNIVERSITY HOSPITAL/ESTRO. BELGIUM
- **LILLINI ROBERTO** UNIVERSITY OF GENUA. ITALY
- **MARINA VERCELLI** UNIVERSITY OF GENUA. ITALY
- **DANIELE REGGE** EUROPEAN SOC. OF RADIOLOGY/ TURIN CANCER CENTRE. ITALY
- **PETER SELBY** LEEDS CANCER CENTRE/ EUROPEAN CANCER CONCORD UK
- **JURAJ SYKORA** NATIONAL CANCER ISTITUTE - BRATISLAVA SLOVAKIA -
- **DOLORES SALAS** VALENCIAN REGIONAL HEALTH AUTHORITIES. SPAIN
- **MARGARET WHITEHEAD** UNIV. LIVERPOOL – INST. PSYCHOLO HEALTH AND SOCIETY.UK
- **JOHAN P MACKENBACH** ERASMUS UNIV. MED. CENTER –DEP PUB.HEALTH., NL

This policy paper aims to promote equity oriented policy-making related to cancer prevention and control.

It provides recommendations that:

- **Enable policy-makers to assess burden of cancer inequalities in their Country /Region;**
- **Highlight practical actions to tackle social inequalities at European and national level;**
- **Ensure that reducing social inequalities in cancer is a top priority within European and national strategies or plans on cancer prevention and control;**
- **Take into consideration the socio-economic differences existing among EU citizens, both across the whole social scale within a population and in particularly vulnerable groups**
- **Should be adapted to the policy country needs, and must be based on knowledge of the cancer profile in the specific population and their economic and social context.**

.

based on the lessons learned by EU Member States identified by

- ***Contributing experts,***
- ***Literature review and***
- ***Survey sent to Member States addressed to collect the formation about this topic.***

Co-funded by the Health Programme of the European Union

SOCIAL INEQUALITIES IN CANCER PREVENTION AND CONTROL

- Recommendation 1:
- **Embed equity in all aspects of cancer control and prevention strategies.**
- Recommendation 2:
- **Adopt a Health Equity Impact Assessment (HEIA) Approach**
- Recommendation 3:
- **Align cancer control and prevention strategy with a 'HIAP' approach**.
- Recommendation 4:
- **Engage and empower communities and patients in cancer control and prevention activities**.
- Recommendation 5:
- **Promote the exchange of experiences of good practices and support development of professional expertise on social inequalities in cancer.**
- Recommendation 6:
- **Support development of EU research programmes on equity in cancer.**

Co-funded by the Health Programme of the European Union

- **Recommendation 1: Embed equity in all aspects of cancer control and prevention strategies.**
- *Specific recommendation 1.1***:** Formulate specific objectives directed to tackle social inequalities in cancer, with a focus on cancer intervention, prevention and control strategies, for the whole social scale within a population, and targeted to socially vulnerable groups.
- *Specific recommendation 1.2*: Include indicators of social cancer inequality in the quality criteria established for cancer prevention and control programmes and services.
- **Recommendation 2**: **Adopt a Health Equity Impact Assessment (HEIA) Approach**
- *Specific recommendation 2.1:* Assess the evidence on social inequalities in cancer and identify any gaps in knowledge.
- *Specific recommendation 2.2*: Introduce a unique identifier to facilitate safe record linkage between different databases in each European country in order to monitor social inequalities in cancer.
- *Specific recommendation 2.3*: Collect information on patients' reported outcome measures (PROM) and link this information with cancer registry data.
- *Specific Recommendation 2.4*: Assess the impact of current and new cancer programmes and services on social inequalities in cancer.
- *Specific recommendation 2.5**:*** Periodically develop a report on the situation on social inequalities in cancer.
- **Recommendation 3**: **Align the Cancer Prevention and Control Strategy with a "Health in all Policies" approach.**

- ***Recommendation 3*: *Align the Cancer Prevention and Control Strategy with a "Health in all Policies" approach.***
- *Specific recommendation 3.1: Convene a multi-disciplinary working group of experts on health inequalities to develop a "Health in all Policies" approach to cancer.*
- ***Recommendation 4*: *Engage and empower communities and patients in cancer control and prevention activities*.**
- *Specific recommendation 4.1: Involve communities and patient associations in decision-making processes.*
- *Specific recommendation 4.2: Ensure that socially vulnerable groups are involved in the design, implementation and evaluation of health policies related to cancer control and prevention.*
- *Specific recommendation 4.3: Ensure that all patients receive up-to-date and accurate information and are proactively involved in their care.*
- ***Recommendation 5*: *Promote the exchange of experiences of good practices and support development of professional expertise in social inequalities in cancer.***
- *Specific recommendation 5.1: Foster European exchanges of professional experience in cancer and in tackling social inequalities in cancer.*
- *Specific recommendation 5.2: Train cancer prevention, care, and rehabilitation professionals in tackling social inequalities in cancer.*
- ***Recommendation 6*: *Support the development of European research programmes that help deliver equity in cancer.***

Co-funded by the Health Programme of the European Union

PRIMARY AND SECONDARY PREVENTION , DELIVERY OF CARE, REHABILITATION AND SURVIVORSHIP

- Recommendation 7

- **Implement the EU Code against Cancer taking into account the needs of socially vulnerable groups.**

- Recommendation 8

- **Improve compliance with cancer screening programmes**

- Recommendation 9

- **Ensure implementation of professional surgical guidelines at MS and EU level**

- **Increase staff and improve capacity for radiotherapy delivery across Europe.**

- Recommendation 11

- **Ensure that all patients have timely access to appropriate systemic therapy**

- Recommendation 12

- **Implement national cancer rehabilitation and survivorship plans within each MS**

Co-funded by the Health Programme of the European Union

- **Recommendation 7**: **Implement the European Code against Cancer, taking into account the needs of socially vulnerable groups.**
- *Specific recommendation 7.1***:** Ensure that tobacco and alcohol control policies account for the whole social scale within a population, and are targeted to socially vulnerable groups.
- *Specific recommendation 7.2*: Implement preventive governmental policies addressed for the whole social scale within a population, and targeted to socially vulnerable groups.
- **Recommendation 8**: **Improve compliance with cancer screening programmes.**
- *Specific recommendation 8.1***:** Provide screening processes that are socially and culturally tailored to disadvantaged population groups, in order to increase compliance.

Co-funded by
the Health Programme
of the European Union

- **Recommendation 9**: **Ensure implementation of professional surgical guidelines at Member State and EU levels.**
- **Recommendation 10**: **Increase staff and improve capacity for radiotherapy delivery across Europe.**
- **Recommendation 11**: **Ensure that all patients have timely access to appropriate systemic therapy.**
- *Specific recommendation 11.1:* Implement measures at MS level to ensure that vulnerable populations have access to and make use of appropriate treatments.
- *Specific Recommendation 11.2*: Promote access to innovation in cancer care (surgery, radiotherapy, medicines) for all cancer patients, whilst ensuring the affordability of innovative interventions.
- **Recommendation 12**: **Implement national cancer rehabilitation and survivorship plans within each member state.**
- *Specific recommendation 12.1*: Make survivorship care and rehabilitation an integral part of the patients' care pathways from the time of diagnosis.
- *Specific recommendation 12.2*: Raise awareness about tertiary prevention and late effects, with the aim of providing recommendations to the whole patients' population, tailored to socially vulnerable groups.
- *Specific recommendation 12.3***:** Develop employment programmes integrated into the follow-up survivorship care of cancer patients for the whole population, and targeted to diverse social groups in support of returning to work after the acute treatment.
- *Specific recommendation 12.4:* Develop Special financial incentives for employers to make adaptations to the work situation.

Co-funded by the Health Programme of the European Union

CanCon
Cancer Control Joint Action

DEVELOPMENTS IN NATIONAL CANCER CONTROL PROGRAMMES

PARTICIPATING EXPERTS

- Karen Budewig, Germany
- Patricia Fitzpatrick, Ireland
- Aneta Modrzynska, Poland
- Francois Schellevis, Netherlands
- Branko Zakotnik, Slovenia
- Elisabete Weiderpass, Norway

- Technical Support: Mojca Serdt, Slovenia

Co-funded by
the Health Programme
of the European Union

BACKGROUND

- Survey regarding NCPs was first carried out in 2011 at the beginning of JA EPAAC
- Countries covered – EU Member States, Croatia, Norway, Iceland
- Main findings:
  - Terminological differences in titles
  - Plans, programmes or strategies adopted in 23 Member States
  - Main deficient areas identified: economics of cancer care and control, palliative care, psychosocial care and community support, rehabilitation

Co-funded by
the Health Programme
of the European Union

METHODS

- **The area of NCCPs was proposed as one of the areas for the development of position papers**

- **This process was the result of *voting* among the high representatives of Member States**

- **A position paper on NCCPs is beeing developed on the basis of the survey across the MSs and candidate countries, recommendations from experts and the experiences on the topic in the consortium**

- **Steps: survey, analysis, report, recommendations based on the analysis and additional proposals**

Co-funded by
the Health Programme
of the European Union

OVERVIEW OF THE RESULTS

- All **respondents** by now (June 2016): 29 countries (all countries that should respond: 35; 83% response rate)
- It is possible to conlude that the situation regarding NCCPs in Europe is **improving** in comparison with the situation in 2011
- Main **deficient areas**:

  - Financing

  - Cancer resources (HR, infrastructure, health technology, cancer specific expenditure)

  - Access to inovative cancer treatments

  - Governance, management

  - Survivorship and psychosocial oncology care

Co-funded by the Health Programme of the European Union

FINAL RECOMMENDATIONS

- It is necessary to encourage countries to develop/improve their NCCPs
- Countries who are renewing their cancer document should be encouraged to use EU Guide for Quality National Cancer Control Programmes
- Deficit areas should be analysed and improved

Co-funded by
the Health Programme
of the European Union

WP 5 Next Steps

- **Circulation to MS and ECEGCC (next 10 days)**
- **Policy Conference (Sep. 2016, Agenda tbc)**
- **Presentation at ECEGCC (Oct. 2016)**
- **“Editorial” Review**
- **Final MS Platf. Meeting (Italy Nov.-Dec.2016)**
- **Presentation in Malta Final Conference (2017)**
- **Information to the Council (WPPH-SL ?)**

Co-funded by
the Health Programme
of the European Union

CanCon
Cancer Control Joint Action

Co-funded by
the Health Programme
of the European Union