



Comprehensive Cancer Care Across the EU: **Advancing the Vision**

Position Paper



Quality Cancer Care Network



The Quality Cancer Care Network is one of the European Cancer Organisation's Focused Topic Networks, established as part of our Strategy for 2020-2023. The Quality Cancer Care Network was launched in April 2020.

The Quality Cancer Care Network brings together 21 healthcare professional organisations, 9 patient organisations and other organisations to collaborate and work together in promoting initiatives and policy recommendations that can improve the quality of cancer care received by cancer patients in every country in Europe.

Initiatives associated to the Quality Cancer Care Network include the Essential Requirements for Quality Cancer Care, the European Quality Cancer Care Catalogue, and the European Code of Cancer Practice.

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If you would like to find out more about the Quality Cancer Care Network, including your potential participation, please contact us at: info@european-cancer.org

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Abbreviations Used

- ACC Alleanza contra il Cancro
- BCP Europe's Beating Cancer Plan
- CCC Comprehensive Cancer Centre
- CCI Comprehensive Cancer Infrastructure
- CM EU Cancer Mission
- CCE Cancer Core Europe
- EACS European Academy of Cancer Sciences
- ECL European Cancer Leagues
- ECPC European Cancer Patient Coalition
- E.C.O. European Cancer Organisation
- EORTC European Organisation for the Research and Treatment of Cancer
- ERN European Reference Network for Rare Diseases
- IPAAC Innovative Partnership for Action Against Cancer
- OECI Organisation of European Cancer Institutes

Introduction

Via this policy paper, the 21 healthcare professional organisations, 9 patient organisations and other organisations participating within the European Cancer Organisation's Quality Cancer Care Network, who have been active in its authorship and review, seek to emphasise to all involved in implementation of Europe's Beating Cancer Plan and the EU Cancer Mission

That Comprehensive Cancer Centres are the right means for delivering EU cancer policy objectives on the ground

- We applaud the understanding inherent in both Europe's Beating Cancer Plan and the EU Cancer Mission that Comprehensive Cancer Centres hold the key to achieving success in EU cancer policy.
- Arising from this, there is now a significant and urgent need to develop and accredit more Comprehensive Cancer Centres and Networks on the ground in Member States to improve patient outcomes and reduce inequalities, and bring the vision of Europe's Beating Cancer Plan and Cancer Mission to reality.

That setting the goals of the EU Network of Comprehensive Cancer Centres early on will heighten success

- Clarity on the core objectives of the EU Network of Comprehensive Cancer Centres should be gained to boost delivery, create accountability and demonstrate success. Our Network of partners suggest these be understood as:
 - a. reducing inequalities of diagnosis, treatment and care, and access to clinical trials;
 - b. strengthening the quality of translational, clinical and outcomes research;
 - c. integrating clinical care and research and evaluating the quality of cancer care throughout.

That Horizon Europe must take advantage of the new EU Network of Comprehensive Cancer Centres to secure the EU's global leadership position in cancer research

- As set out in the Porto Cancer Summit 2021,¹ Comprehensive Cancer Centres are widely understood as the infrastructure model best placed to position Europe as the world leader in clinical, translational and outcomes research. Given research is a central element to what it is a comprehensive cancer centre does, the EU's Horizon Europe programme should help to underpin, and maximise the success of the new EU Network of Comprehensive Cancer Centres through concentrated application of research actions to be undertaken by the new Network.

That building on what is already in place, and integrating regional and local networks, will be critical to achieving success

- Comprehensive Cancer Centres are vital institutions for integrating high quality care and research. Existing networks of CCCs should therefore be strengthened and extended. Addressing gaps in CCC provision in the EU must be a priority, including for those EU countries presently lacking recognised Comprehensive Cancer Care provision.
- We further recommend, to achieve the Beating Cancer Plan's goal on Comprehensive Cancer Care access, regional hospitals and primary care providers be encouraged and supported to develop collaborative regional and local networks, linked to the EU Network of Comprehensive Cancer Centres.
- The range of existing organisations working at European level to encourage networking of comprehensive cancer centres should be supported by the EU to take up this capacity building and enhancing activity, building on experience and approaches already well developed to these ends.

1. The EU's Ambitions for Comprehensive Cancer Care: A Rallying Point for Action

An alignment of objectives: the EU Cancer Mission and Europe's Beating Cancer Plan

1.1 At the close of 2020, the EU's Mission Board for Cancer published a clear and final recommendation (10) for the establishment of "a Network of Comprehensive Cancer Infrastructures within and across all EU member states to improve the quality of research and care".^b The purpose of this Network should be "to ensure that each EU citizen or cancer patient has access to and could benefit from high-quality cancer research and care".

Reference is also made to quality standards for care and research and accreditation processes that should underpin Comprehensive Cancer Infrastructures.

1.2 Allied to this, Europe's Beating Cancer Plan (BCP), published in February 2021, included as its Flagship Initiative number 5, the stated commitment to "establish, by 2025, an EU Network linking recognised National Comprehensive Cancer Centres in every Member State. The EU Network will enable the uptake of quality-assured diagnosis and treatment processes, including training, research and clinical trials. This cross-border collaboration of Centres will improve patients' access to high quality diagnostics and care including the latest innovative treatments. The Plan aims to ensure that 90% of eligible patients have access to such Centres by 2030".²

1.3 Reference is also made in the Beating Cancer Plan to the underpinning of such a Network of Comprehensive Cancer Centres by the simultaneous development and growth of 'European Reference Networks' in areas of cancer, including their expansion to other hard to treat cancers: "These new Reference Networks will look at specific, challenging cancer conditions, which will benefit from cross-border cooperation and EU expertise.

These conditions include metastatic diseases, co-morbidities in cancer care, complex cancers with poor prognosis, paediatric cancers and specific conditions related to genomics in cancer care, palliative care and survivorship".

1.4 At an EU Presidency level, Member States such as Germany and Portugal have sponsored important endeavours highlighting the role of Comprehensive Cancer Centres as a core infrastructure component for the elevation of European cancer research, including for translational, clinical, prevention and outcomes research. The consequent 'Porto Declaration' of May 2021 envisages that enhancement of the cancer research infrastructure, including via better connection of comprehensive cancer centres, could enable the achievement of "a ten-year cancer-specific survival for 75% of patients diagnosed in EU member states with a well-developed healthcare system".¹

1.5 The cancer stakeholder community associated to this Policy Paper applauds the ambitions of the EU on expanding patient access to Comprehensive Cancer Centres and improving the pan-European networking between such centres. We congratulate too, the leadership initiatives undertaken by EU Member States such as Germany and Portugal to help advance this agenda.

1.6 In the context of the development of the Cancer Mission recommendations and Beating Cancer Plan initiatives for progressing Comprehensive Cancer Care access across Europe, stakeholders have convened to provide the following Policy Paper as a means of expressing our consensus and evidence-based advice to all implementation parties on how to ensure the promise of EU ambition on cancer policy will be matched in the reality of patient experience.

^b Definition in the Mission Report: "National or regional infrastructures that provide resources and services to support, improve and integrate cancer care, research, training of care professionals and education for cancer patients, survivors and families/carers. Different formats of Comprehensive Cancer Infrastructures are possible, including existing Comprehensive Cancer Centres or Care Networks". See final report of Mission Board here: https://ec.europa.eu/info/publications/conquering-cancer-mission-possible_en

2. How to Achieve the Comprehensive Cancer Centre Vision? Addressing Known Complexities

2.1 It must be noted that there is a complexity of objectives inherent within the EU goals expressed on developing Europe's Comprehensive Cancer infrastructures. In other words, to what ends do we develop Comprehensive Cancer Centres? Many goals and benefits may be listed, but the areas of focus matter, as it determines the nature of investment and implementation activity. Below we set out further how this relates to the objectives of:

- a. reducing inequalities of diagnosis, treatment and care, and access to clinical trials;
- b. strengthening the quality of translational, clinical and outcomes research;
- c. integrating clinical care and research and evaluating the quality of cancer care throughout.

2.2 Together, all objectives described will contribute to the wider-ranging goals of reducing cancer incidence, and achieving overall improvement of survival of and quality of life of cancer patients, fundamental to the eventual success of the EU Cancer Mission and Europe's Beating Cancer Plan. Whilst wishing to keep the alignment of cancer research and care, the means by which these objectives may optimally be achieved may suggest different, but complementary, network solutions.

2.2.1 The role of Comprehensive Cancer Centres and Networks in reducing inequalities of diagnosis, treatment and care, and access to clinical trials.

2.2.1.1 Cancer prevention, diagnostics, treatment, rehabilitation and palliative care is highly variable across, and partly within, EU Member States. The EU's Cancer Mission and Europe's Beating Cancer Plan are united

in their ambitions to drive up quality of care and ensure equity of access.

2.2.1.2 Although outcomes evidence is not consistent, there are indications that patients diagnosed and treated in specialist cancer centres (including, but not limited to, Comprehensive Cancer Centres (CCCs)) have better access to advanced diagnosis and therapy, and to clinical trials, and have better outcomes, than those patients treated in general hospitals.³ Europe's Beating Cancer Plan aims to ensure that 90% of eligible patients have access to such centres by 2030. **To achieve the Beating Cancer Plan's goal on Comprehensive Cancer Care access, regional hospitals and primary care providers will need to develop collaborative regional and local networks.**^c

2.2.1.3 To address known variabilities, since 1995, many EU Member States have developed Cancer Networks. There is considerable variety of form of these networks, from tumour-specific to general, from bottom-up informal to top-down formally constituted. Their intent is to 'level up' quality of diagnosis and care, and in particular to establish patient pathways whereby patients with particular cancers are diagnosed and treated (for surgery, radiation therapy and medical oncology) in specialist centres, whilst always keeping the principles of multidisciplinary and patient-centred care.

2.2.1.4 In almost all cases documented in the literature, these networks are centred around one or more Comprehensive Cancer Centres which contain a critical mass of translational and clinical research to leverage for the whole network equitably. **These infrastructures are rightly called Comprehensive Cancer Networks.**

^c In the course of collecting stakeholder inputs to this paper, further benefits that could be achieved from closer involvement of primary care within the EU Network of Comprehensive Cancer Centres include forging stronger integration of primary care into cancer research efforts. This includes the data and insights on outcomes and survivorship more attainable to practitioners in the community setting.

Definition of a Comprehensive Cancer (Care) Network – from the CanCon Guide to Integrated Cancer Control

A CCCN consists of multiple units belonging to different institutions dedicated to research, prevention, diagnosis, treatment, follow-up, supportive and palliative care and rehabilitation for the benefit of cancer patients and cancer survivors. These units interact and have a formal agreement to work together in a programmatic and structured way with common governance, in order to pursue their goals more effectively and efficiently through collective synergies. Within the CCCN the care of patients is the responsibility of interprofessional teams that are multidisciplinary and tumour specific. Each team or tumour management group works together for the benefit of patients with that particular type of tumour. Within the CCCN all units work together and adopt uniform standards of care for cancer-specific pathways that are binding for the entire network. The CCCN promotes a uniform system of quality assurance; and a unified informatics system for optimal exchange of information. The objective of a CCCN is to provide comprehensive cancer care to all the people living in a certain geographic area, thus pursuing equality and the improvement of outcomes and quality.

2.2.1.5 Current mapping of the existence of such Comprehensive Cancer Centres and networks in Member States shows that the situation is patchy, as well as variable in aims, scope, and governance. We know that ten Member States have no accredited Comprehensive Cancer Centres as yet (Luxembourg and Slovenia are in process). Many Member States do not yet have fully networked regional/local networks linking cancer research and care, organised around Comprehensive Cancer Centres. We also know that the ‘depth’ and effectiveness of cancer networks is very variable – largely dependent on the health systems’ organisation of Member States. A mapping exercise of networks performed as part of the EU Joint Action on Rare Cancers⁴ in 2017 showed that only 13 Member States have Cancer Networks covering the whole country.

2.2.1.6 The CanCon requirements for Cancer Networks,⁵ as amplified by OECl’s new European Cancer Network Standards⁶ require as basic principles: effective governance; clear research collaborations; common clinical guidelines; extended multidisciplinary

teams; clear patient pathways in the network; equal access for patients to high quality care and clinical trials across the local network; consistency in recording patient data; IT interoperability and data sharing.

2.2.1.7 We await the insights of the iPAAC Joint Action⁷ on comprehensive cancer control, whose outputs on National Cancer Control Plans and aspects such as standardised patient reported outcomes are expected early in 2022.

2.2.1.8 Developing these Comprehensive Cancer Networks will require advice and consultancy from expert groups, as well as programme management resource on the ground in Member States. Advice needs to include such areas as necessary centre level investment needs to bring a centre to European standards. Expert groups such as OECl are already advising centres and networks on the ground throughout Europe.

2.2.2 Comprehensive Cancer Centres can raise the quality of translational, clinical and outcomes research.

Definition of a Comprehensive Cancer Centre⁸ (CCC)

A Comprehensive Cancer Centre is an organisational entity with a clear central governance spanning cancer care, research and education (generally in one geographical location), including:

- A direct provision of an extensive range of high-quality cancer diagnostics and care covering at least all the major cancers
- A high level of infrastructure, expertise and innovation in cancer research, especially in translational and clinical research (including early clinical trial units), but also in many cases including basic science
- A University partnership as part of the Centre, or strong University and Research Institute links
- Extensive international networking in research and clinical trials
- Educational programmes for clinicians, researchers and patients

2.2.2.1 A mapping of the existing structures for translational, clinical and outcomes research shows that CCCs and large clinical centres are the engine room of these research endeavours (for instance the first 40 centres accredited by OEI produce 12,400 peer reviewed papers annually).⁹

2.2.2.2 53 CCCs and large clinical centres are within the OEI accreditation programme in 17 Member States, and approximately 29 CCCs and large clinical centres in 4 Member States are in the German Cancer Aid/German Cancer Society accreditation programmes.¹⁰ The European Academy of Cancer Sciences (EACS) has also piloted in three centres its Designation of Research Excellence for the top tier of CCCs which it intends to extend.¹¹ Disease-specific accreditation programmes working according to quality standards are provided by (for instance) EUSOMA (Breast), EAU (Prostate), ENETS (Neuro-endocrine tumours), and ESMO leads an accreditation programme in palliative care.

2.2.2.3 The potential number of CCCs in the EU which are not yet part of either the OEI or German accreditation programmes has been mapped by OEI as being approximately 80 centres. Some of these may be well-performing centres which have never been formally accredited; others may require significant organisational development to enable them to become high performing; and a further group may develop to a gold standard in clinical care. The approach should be inclusive because it is desirable to have a Comprehensive Cancer Infrastructure in every Member State.

2.2.2.4 For particular defined purposes, a range of European networks of Comprehensive Cancer Centres (and units within them) already exist across all cancers and modalities. There are also many

networks which are national; cancer-specific; or modality-specific). Some European networks of Comprehensive Cancer Centres have formed to address specific issues. Examples in this respect include:

- » **Cancer Core Europe** (seven major CCCs) for precision cancer medicine, especially in the early phase trials space¹²
- » **Cancer Prevention Europe** (ten major centres)¹³
- » **The European Organisation for Research and Treatment of Cancer** – for the development, conduct, coordination and stimulation of high-quality translational and clinical trial research
- » **DIGICORE**, a new network of 18 major Centres, plus **UNICANCER** and **ACC**, for outcomes research.

In progressing the EU's goals on Comprehensive Cancer Care, it is important that the significant achievements of pre-existing networks be built upon and worked with, with duplication avoided. Core delivery partners of the Comprehensive Cancer Care goals should be recognised and closely engaged in the implementation planning.

2.2.2.5 The Porto Declaration on Cancer Research of 3 May 2021^d called for the Cancer Mission to extend the possibilities for further networks (“infrastructures”) of translational, clinical and outcomes research, with the strong view that these infrastructures are best developed when the focus and objective of the network is specific and clear. This is because different cancer centres and CCCs have markedly different research strengths, for instance immuno-oncology; radiomics; epidemiology; genomics; social sciences; health economics; artificial intelligence.

^d The Porto Declaration of 3 May 2021 included: “These three infrastructures [for translational research, clinical research and outcomes research] all cohere and are integrated in well-known infrastructures in Europe –the Comprehensive Cancer Centres (CCCs). These CCCs have the multidisciplinary expertise, capacity and integration of clinical care, research, education, samples, data, trials and core facilities to be the major engine rooms of progress in these three areas of activity. They perform according to international standards set by OEI and German Cancer Aid (for Germany) and EACS intends to expand its Designation of Research Excellence to those with the most leading-edge science. Thus they represent an existing accredited and networked foundation for the aims of the Cancer Mission and Europe's Beating Cancer Plan. We urge Member States to use this existing network as a foundation, and commission appropriate consulting expertise to develop new CCCs (10 Member States lack them) and develop networks of care and research around CCCs –to meet the [...] infrastructure needs”.

3. Comprehensive Cancer Centres and the Integration of Clinical Care and Research

- 3.1 Although routine clinical care and cancer research are traditionally seen as somewhat separate entities, their coordination and integration is becoming increasingly important. New biological insights into disease mechanisms and the consequent accelerated development of new targeted therapies require new forms of continuous interaction and knowledge exchange between researchers and clinicians. **In all centres molecular tumour profiling should be offered to all appropriate patients, and in major centres participation in clinical studies is already considered part of the ordinary treatment portfolio.** As in other areas, the development of the EU Network of Comprehensive Cancer Centres provides an opportunity to ensure underlying needs to achieve this goal, such as requisite laboratory infrastructure, are in place. This could be an important element of mapping activity supporting the creation of the EU Network of Comprehensive Cancer Centres.
- 3.2 In addition, most clinical studies are associated with parallel translational research projects involving the same patients, further exploring biological refinement. For all purposes the clinical and research professionals are thus to be considered as part of the same cancer centre continuum.
- 3.3 In this context it therefore appears logical to apply an integrated approach for the evaluation and accreditation of comprehensiveness both for clinical care, research and the networks serving both functions, and should thus have implications for a coordinated approach for the Beating Cancer Plan and the Cancer Mission.

4. Turning Implementation Risks into Opportunity: Reflections

- 4.1 Given the complexity of the objectives interfacing research and care, the optimal approach to implementation for cancer care needs to include a commitment to development of Comprehensive Cancer Networks on the ground in Member States. This is needed to reach the ambition to reach 90% of EU citizens and to reduce inequalities of access to high-quality care and clinical trials. CCCs without such networks around them reach (on average) between 10% and 30% of cancer patients. Electronic methodologies (video-consultations and extended multidisciplinary teams) are an increasingly utilised means of extending reach, but only go some way to bridging this gap. **Effective local Cancer Networks are the key to implementation.** Consultancy services with expertise in cancer will be required to assist centres grow, and develop networks around them.
- 4.2 Instruments such as EU structural and cohesion funds could be used to accelerate the growth of the EU Network of Comprehensive Cancer Centres, which could be accessed by the cancer centres themselves. The focus here could be on digital investments, or funding for cancer centres in lower GDP countries to restructure and achieve accreditation. In this sense, active consideration might be given to how other EU funding streams, such as the EU4Health programme, Digital Programme and Recovery and Resilience funds could be deployed to support the emergence of the EU Network of Comprehensive Cancer Centres.
- 4.3 Somewhat by contrast, what is required to strengthen research collaborations are infrastructures for European cross-collaboration. It is noted that national cancer research networks already exist in France, Italy and Germany, and some other countries, but these networks differ in their roles, infrastructure and degree of funding. After taking the evidence of experts (and from the UNCAN call) the Commission should decide what cancer research priorities should be financed and accelerated centrally, and what

European infrastructures are missing. Vital to success will be the specificity of the calls, and the commitment of a limited number of CCCs with the appropriate scientific leadership and expertise to fulfil the calls, and spanning Member States equitably. Thus, there may be different EU networks of CCCs for different scientific purposes.

4.4 It is within this context that the possibility of creating a European Cancer Institute (ECI) has recently been raised again (originally proposed in the Eurocan Plus EU project,¹⁴ developed subsequently,¹⁵ and now within the draft report of the European Parliament's Special Committee on Beating Cancer.¹⁶ A challenge to be met with any such proposal will be avoiding the risk of duplication of resources and with activities at a national level. Depending on scope chosen, financial and human resource requirement may be significant. In the course of this paper's preparation, stakeholders also advised on the importance of a European Cancer Institute being understood to have more of an enabling and empowering role, rather than having a regulatory or standard setting nature.

4.5 An identified risk to effective implementation of an EU network of Comprehensive Cancer Centres would be for the EU to create such a Network without first being fully committed to, and initiating a process for, the development and activation of Comprehensive Cancer Networks on the ground in all EU Member States (2.2), or before defining clear foci of the scientific objectives to be achieved (2.3). We promote the concept of a "network of networks" – that is, national structures of CCCNs, with a top tier network at EU level. The three ultimate goals for the EU Network of Comprehensive Cancer Centres that we suggest at 2.1. above,^e can be a unifying (and measurable) core throughout the initiative's implementation.

4.6 A further challenge for implementation will be achieving a consistent approach to selection of CCCs and centre development. As an example,

on reflection, a lesson observed from the initiation of the European Reference Networks (ERNs), was a great variability in the approach of Member States towards selection of centres, with some countries adopting a loose procedure of self-selection, and others applying stronger levels of eligibility. When considering the selection of centres for the EU Network of Comprehensive Cancer Centres, we therefore point to the well-established international quality accreditation mechanisms that already exist in this field (e.g., OEIC), and to which most of the appropriate CCCs already belong. This could serve as a 'ready made' component within selection considerations, saving time and expense and reducing prospective duplication.

4.7 We support the intention expressed within Europe's Beating Cancer Plan to extend the role of European Reference Networks^f to help better serve pressing unmet needs in respect to "*metastatic diseases, co-morbidities in cancer care, complex cancers with poor prognosis, paediatric cancers and specific conditions related to genomics in cancer care, palliative care and survivorship*". Here again though, we emphasise the benefit of allying implementation of such initiatives to clear goals, and avoiding duplication with the existing ERNs, in particular EURACAN. In this context, mindful of the recognised challenges in hard-to-treat cancers such as pancreas, lung, brain cancers, ovarian and oesophageal cancers, we repeat our suggestion for a formal EU goal of doubling the survival of poor prognosis tumours.¹⁷ Such a goal could involve not only the newly created ERNs, but tie together other EU cancer policy initiatives such as the EU Network of Comprehensive Cancer Centres, the EU Cancer Mission, Horizon Europe, the Cancer Inequalities Registry and many more. See Section 6.

4.8 As with the European Reference Networks, the new EU Network of Comprehensive Cancer Centres will require security of sustained underpinning resource for its operation.

e (a) reducing inequalities of diagnosis, treatment and care, and access to clinical trials; (b) strengthening the quality of translational, clinical and outcomes research; (c) integrating clinical care and research and evaluating the quality of cancer care throughout.

f In the course of collating views from stakeholders during the authorship of this paper, a success of ERNs in marrying to other European and international level cancer initiatives was highlighted. An example provided in this case includes the EORTC support to the ERN EURACAN in respect early clinical research, a demonstration of linking a new EU initiative to pre-existing infrastructures.

5. Key Principles for Implementation Success

5.1 We consider that the implementation of the EU Network of Comprehensive Cancer Centres should be grounded in the principles of:

- Clarity of purpose (see suggested goals at 2.1 above)
- Clear content selection and evaluation criteria for CCCs
- Building on existing initiatives (both EU and by independent expert European organisations and patient organisations) including for standards of care and research, and accreditations
- Flexibility of approach towards local Cancer Networks taking into account the structure, governance, and geographical context

- Involving patients and other key stakeholders, in the co-creation of the networks, in an open and transparent manner
- Maximising the prospective utility of the Network*

**In the course of preparing and reviewing this policy paper with stakeholders, numerous suggestions were received as to how the new EU Network of Comprehensive Cancer Centres might contribute to comparatively neglected research and policy needs in cancer such as in respect to patient safety, pain management and efficiency of cancer care e.g. performance measurement in these areas.*

6. Forging Links with other EU Cancer Policy Initiatives

6.1 All stakeholders involved in authorship of this policy paper are fully committed to supporting the success of all EU cancer policy initiatives. In this sense, we identify important linkages to be formed and understood between the new EU Network of Comprehensive Cancer Centres and other components of Europe's Beating Cancer Plan and the EU Cancer Mission. These include, but are not limited to:

- The European Cancer Inequalities Registry
- The European Health Data Space
- The European Cancer Information System
- The European Cancer Imaging initiative
- The EU Cancer Treatment Capacity and Capability Mapping

- The Partnership on Personalised Medicine
- The Cancer Survivor Smart Card
- The European Cancer Patient Digital Centre
- The Inter-specialty Cancer Training Programme
- The EU Cancer Screening Scheme
- UNCAN.eu
- The SAMIRA Action Plan

6.2 The new EU Network of Comprehensive Cancer Centres should be considered essential partners to implementation of all such landmark initiatives and be brought into the Beating Cancer Plan and EU Cancer Mission implementation governance structures accordingly.

7. Conclusions: Our Seven Main Recommendations on Establishing the New EU Network of Comprehensive Cancer Centre

- 1 The precise objectives of an EU Network of Comprehensive Cancer Centres need to be defined, agreed and understood before any implementation. We suggest these to be: (a) reducing inequalities of diagnosis, treatment and care, and access to clinical trials; (b) strengthening the quality of translational, clinical and outcomes research; (c) integrating clinical care and research and evaluating the quality of cancer care throughout.
- 2 A clear mapping of existing CCC structures across Europe should be conducted and published, together with a needs analysis supporting the creation of the EU Network of Comprehensive Cancer Centres.
- 3 The EU Network of Comprehensive Cancer Centres should be focussed around specific scientific questions, and result in significant calls for impactful research at both translational, clinical and outcomes research level, leveraging the substantial translational and clinical research work already being undertaken by CCCs.
- 4 The relationship between such a “European level” network and the development of CCCNs on the ground in Member States needs to be defined.
- 5 The means and funding for developing CCCNs where these do not exist needs to be clear, and established on a sustained basis.
- 6 General hospitals treating cancer should formally be part of CCCNs, and primary care providers should be encouraged and supported to be connected to CCCNs.
- 7 Existing quality programmes of care and research, and accreditation programmes (at both cancer centre and organ-based levels) should be affirmed and facilitated, rather than the EU duplicating them, or re-inventing new processes.

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Participants in the Quality Cancer Care Network

Member Organisations Part of this Network



Patient Organisations Part of this Network



To view the latest list of the participants to the Quality Cancer Care Network, visit our [website](#).

If you would like to find out more about the Quality Cancer Care Network, please contact us at: info@european-cancer.org

As the not-for-profit federation of member organisations working in cancer at a European level, the European Cancer Organisation convenes oncology professionals and patients to agree policy, advocate for positive change and speak up for the European cancer community.

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