

# All.Can

Changing cancer care together

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## MEPs Against Cancer seminar

Improving outcomes, driving efficiency in cancer care:  
How do we learn from best practice?

**30 January from 12:00–14:30**

**#WeAllCan**

All.Can is a multi-stakeholder initiative involving patient, clinical, academic and industry experts as well as policymakers. We aim to help define better solutions for sustainable cancer care and improve patient outcomes in the future. The All.Can initiative is made possible with financial support from Bristol-Myers Squibb (lead sponsor), Amgen, MSD and Johnson & Johnson (co-sponsors).

# Welcome

Lieve Wierinck, Member of the European Parliament



# Introduction to MEPs Against Cancer (MAC)

Sakari Karjalainen, President, the Association of European Cancer Leagues (ECL)



# Improving outcomes, driving efficiency in cancer care – key issues for policymakers

Suzanne Wait, All.Can Secretariat

#WeAllCan



# What is All.Can?

## Our mission

We are an international multi-stakeholder initiative set up to identify ways to optimise the efficiency of cancer care by focusing on improving outcomes for patients.

## Our vision

A world in which patients are always at the heart of sustainable cancer care.



<http://www.all-can.org>



Group name: All.Can



@AllCanGroup



@AllCanGroup

# Five key messages for policymakers (and everyone)

**1.**

There is an urgent need, and an opportunity, to improve the efficiency of cancer care.

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**2.**

Efficiency – and inefficiency – must be defined first and foremost by what matters to patients.

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**3.**

We need to have the courage to scrutinise what we are doing – and use data effectively to drive improvement.

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**4.**

The EU can play a key role in fostering exchanges of best practice between Member States.

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**5.**

The challenges to sustainable cancer care cannot be resolved by any stakeholder group alone.

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# 1. We need to improve the efficiency of cancer care.

## AN URGENT NEED:

- **Waste:** Across healthcare, 20% of spending is estimated to be wasted on ineffective interventions.<sup>1</sup>
- **Misuse:** Poor adherence to medicines costs €125 billion per year in Europe.<sup>2</sup>
- **Misinformation:** 89% of men overestimate the benefits of PSA screening, or do not know the benefits; this figure was 92% for women and breast cancer screening.<sup>3</sup>
- **Unnecessary pain:** 1 in 3 cancer patients don't receive pain medication appropriate to their pain level.<sup>4</sup>
- **Fragmented care:** Over €7.2 billion could be saved in Germany every year through better coordination of care leading to reduced hospital admissions.<sup>5</sup>
- **A sense of abandonment:** A survivorship plan was only delivered to 9% of breast and colorectal cancer patients on discharge after treatment in Italy.<sup>6</sup>

## AN OPPORTUNITY:

- **Reducing inefficiency could lead to an average gain of 2 life years in industrialised countries.<sup>7</sup>**

# References

1. World Health Organisation. Health systems financing: the path to universal coverage. The World Health Report, 2010.
2. European Federation of Pharmaceutical Industries and Associations. Patient Adherence– 50% of patients don't take their medicine properly. 2012. Available from: <http://www.efpia.eu/topics/people-health/patient-adherence>.
3. Gigerenzer G, Mata J, Frank R. 2009. Public Knowledge and Benefits of Breast and Prostate Cancer Screening in Europe. J Natl Cancer Inst 2009;101:1216–1220.
4. Cancer world. 2017. Pain! The Denial needs to end. Available from: <http://cancerworld.net/cover-story/pain-the-denial-needs-to-end/>
5. Sundmacher L, et al. Krankenhausaufenthalte infolge ambulant-sensitiver Diagnosen in Deutschland. In: Munich L, ed., 2015.
6. Clinical and Organizational Issues in the Management of Surviving Breast and Colorectal Cancer Patients: Attitudes and Feelings of Medical Oncologists. PLOS ONE, 9(7), page 1-8.
7. Medeiros J, Schwierz C. Efficiency estimates of health care systems in the EU. European Economy: European Commission Directorate-General for Economic and Financial Affairs, 2015.

## 2. Efficiency – and inefficiency – must be defined first and foremost by what matters to patients.

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**‘People need to go back to the primary source: the patients. These are the people at the coalface of their diseases; these are the people who can provide the answers.’**

Kathy Oliver,  
International Brain Tumour Alliance

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# The All.Can patient survey



- **Respondents:** patients, current or past, with any type of cancer
- **Recruitment:** mainly via patient organisations and social media
- **Countries:** UK, Australia, Canada, Germany, Poland, Sweden, Italy, France, Spain, Belgium
- **Scope:** entire pathway from diagnosis to follow-up care, as well as:
  - ongoing support and return to everyday life
  - financial implications of cancer
  - support from patient groups
  - availability of clinical trials
- **Target number of patients:** 1,250 per country (12,500 total)
- **Launch of findings:** ECCO Summit (Sept 2018)
- **More information:** <http://patientsurvey.all-can.org>

### 3. We need to have the courage to scrutinise what we are doing – and use data effectively to drive improvement.

#### Key questions:

- How can we best exploit data to improve the quality and access to optimal of care?
- How can we move from administrative data collection to systematic collection of patient outcomes?
- How can we fully exploit the potential of artificial intelligence to aid decision-making and personalise care solutions?



**‘People may need to change the way they operate and in ways that can be uncomfortable. We need to have that dialogue, to create that trust that we’re all headed in the same direction.’**

Dr Vivek Muthu, Member of All.Can

# Improving Value in Cancer Care study

- Prospective 12-month study to encourage and enable a provider community in lung and breast cancer from Europe to measure value (10 providers in each condition).
- Value is defined as those outcomes important to patients/cost of delivering these outcomes.
- The study will look at what contributes to variations in outcomes, and value, between providers.
- Findings will enable the community and wider stakeholders to measure and understand variations in technical and productive efficiency in the delivery of lung and breast cancer care.
- Results will be launched at the ICHOM congress 2019.

**For more info:**

<http://www.ichom.org/press/improving-value-in-cancer-care-study-in-partnership-with-all-can-call-for-applications/>



Changing cancer care together

# 4. The EU has a central role to play in sharing best practices across Member States



## The Innovative Partnership on Action Against Cancer (iPAAC)

### WP 8: Challenges in cancer care

- Identify programmes at regional/local/hospital level aimed at reducing inefficient care and driving efficiency in cancer care.
- Analyse what is being done vs. what should be done in light of existing evidence.
- Create a forum for exchange – a ‘hub’ of best practices.
- Communicate findings across 23 participating Member States, and directly engage key policymakers in this work.

# 5. The challenges to sustainable cancer care cannot be resolved by any single stakeholder acting alone.

## All.Can International members



**‘It's very important to work together when we are dealing with an area like cancer. There's no single speciality that can do everything.’**

**Matti Aapro, ECCO and Member of All.Can**

# Animation



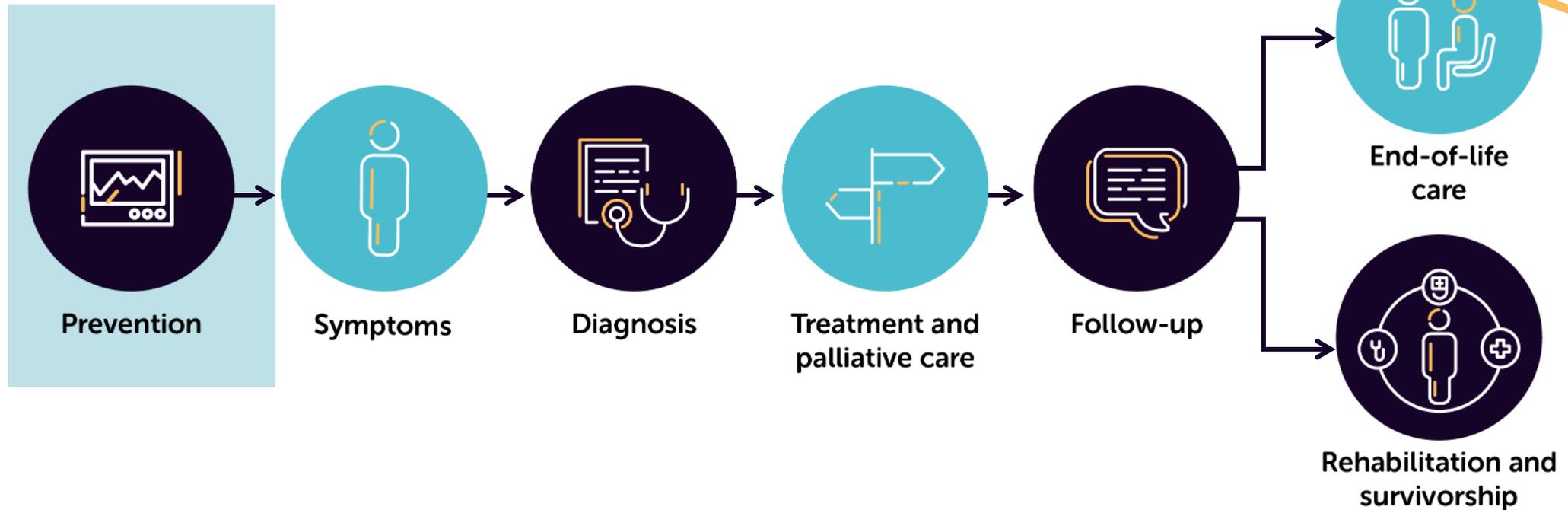
All.Can is a multi-stakeholder initiative involving patient, clinical, academic and industry experts as well as policymakers. We aim to help define better solutions for sustainable cancer care and improve patient outcomes in the future. The All.Can initiative is made possible with financial support from Bristol-Myers Squibb (lead sponsor), Amgen, MSD and Johnson & Johnson (co-sponsors).

# How can this be done across the cancer care pathway? Examples of best practice from different countries and perspectives

Lydia Makaroff, Director, European Cancer Patient Coalition (ECPC)



# Examples of best practice exist across the entire cancer care pathway



Are we focusing on what matters most to patients?

.....→

Are we using our resources as efficiently as possible?

.....→

# Universal HPV vaccine coverage in Europe

## Problem:

- Human papilloma virus (HPV) is responsible for 5% of all cancers worldwide.
- The HPV vaccine is an effective tool for primary prevention of HPV-related cancers.
- More than 20% of the male population is infected with HPV – but the HPV vaccine is most commonly only given to girls.
- Men are often diagnosed with later-stage HPV-related cancers.

## Solution:

- Universal HPV vaccine coverage should be extended to both girls and boys.
- Member States should adopt a universal HPV vaccine policy in their national cancer control plans with dedicated funding.

### CALL FOR ACTION

Improving health equity and cancer prevention outcomes by providing equal access to HPV vaccination in both sexes

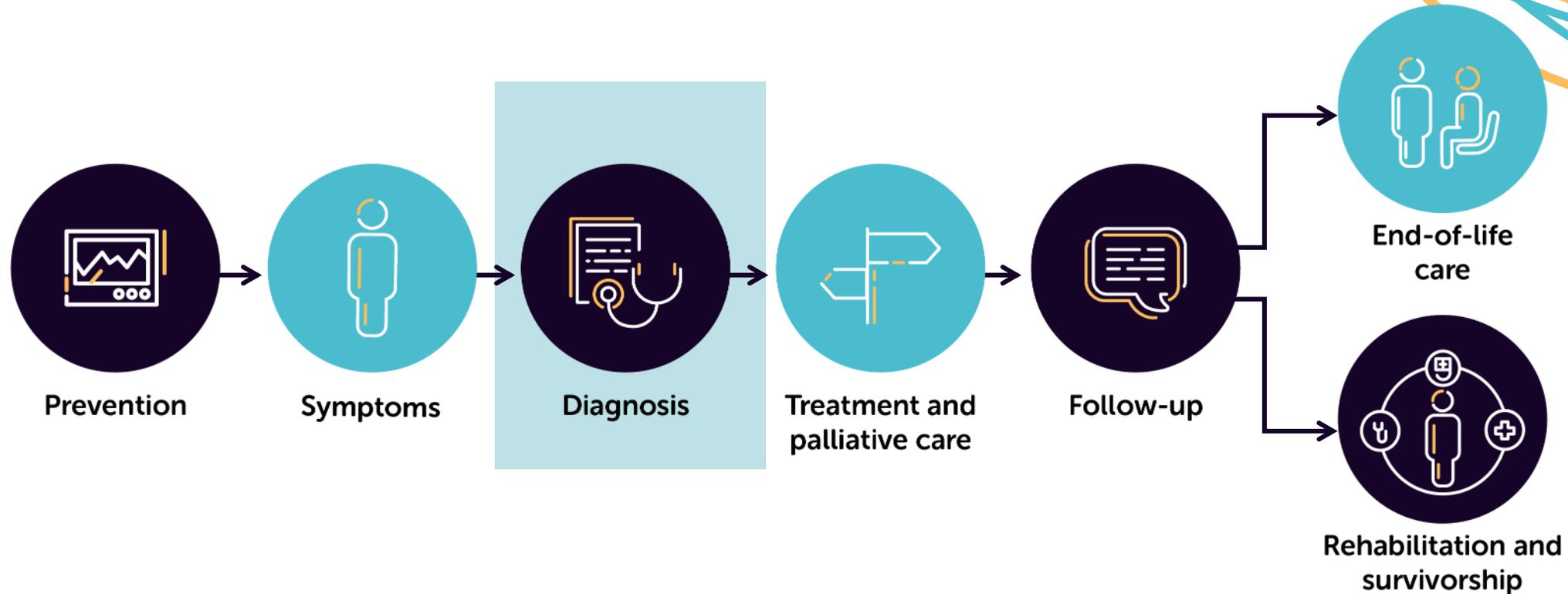
By Nessa Childers, Karin Kadenbach, Gesine Meissner, Christopher Fjellner, Elena Gentile, Biljana Borzan, Members of the European Parliament.

Jo's Cervical Cancer Trust, Think Young, Irish Cancer Society, European Cancer Patient Coalition, HPV Action



Source: Nessa Childers, Karin Kadenbach, Gesine Meissner, *et al.* 2017. Policy Recommendations HPV VACCINATION FOR BOYS AND GIRLS.

# Examples of best practice exist across the entire cancer care pathway



Are we focusing on what matters most to patients?

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Are we using our resources as efficiently as possible?

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# Adapting care to paediatric patients: MRI scans

## Problem:

- Around 80% of paediatric patients need sedation for MRI scans, as they may be frightened by the machines.
- Scans often need to be rescheduled if unable to provide sedation.

## Solution:

- One manufacturer painted imaging machines with child-friendly themes – a submarine or a pirate ship.

## Results:

- Fewer children need sedation.
- More patients are scanned per day.
- Overall patient satisfaction scores up by 90%.



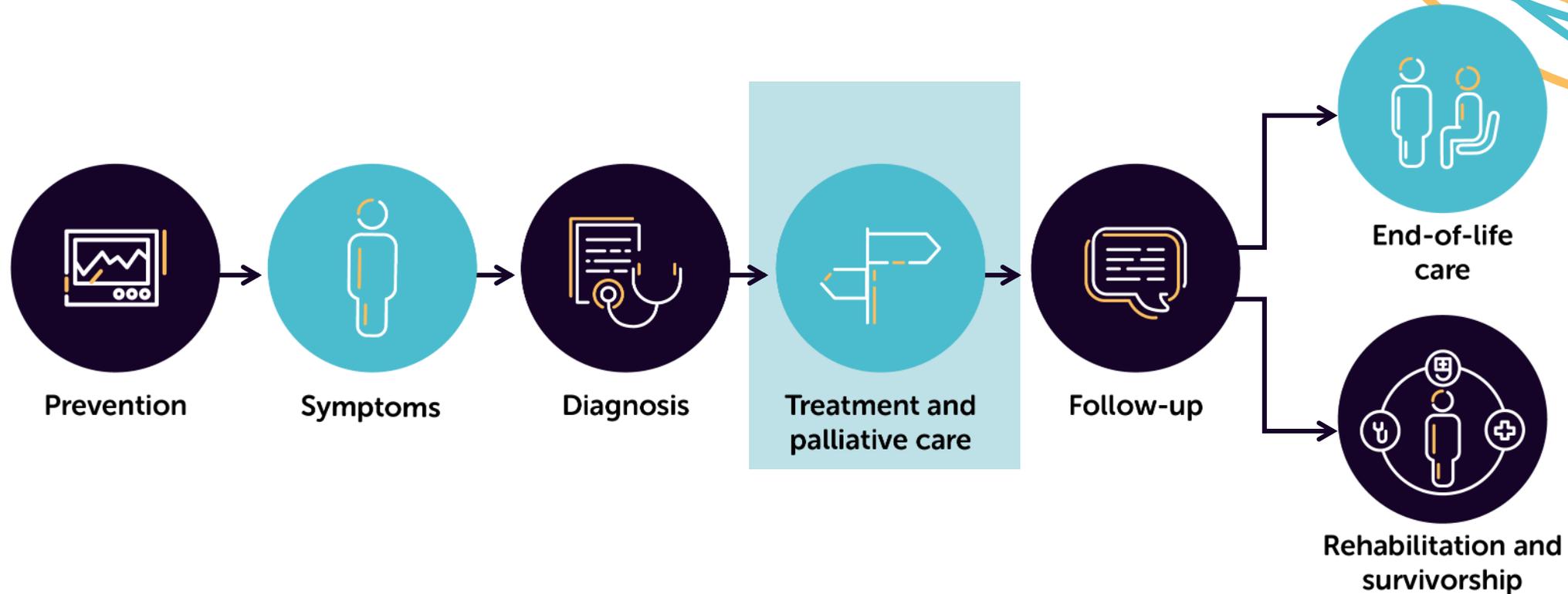
Image source: the Eye, Slate's design blog.  
[www.slate.com/blogs/the\\_eye/2013/10/18/creative\\_confidence\\_a\\_new\\_book\\_from\\_ideo\\_s\\_tom\\_and\\_david\\_kelley.html](http://www.slate.com/blogs/the_eye/2013/10/18/creative_confidence_a_new_book_from_ideo_s_tom_and_david_kelley.html)



Image source: <http://medcitynews.com/2012/04/what-do-coral-reefs-have-to-do-with-your-childs-ct-scan-just-ask-ge-healthcare/>

Kelley T, Kelley D. Kids Were Terrified of Getting MRIs. Then One Man Figured Out a Better Way. 2013. Available from: [http://www.slate.com/blogs/the\\_eye/2013/10/18/creative\\_confidence\\_a\\_new\\_book\\_from\\_ideo\\_s\\_tom\\_and\\_david\\_kelley.html](http://www.slate.com/blogs/the_eye/2013/10/18/creative_confidence_a_new_book_from_ideo_s_tom_and_david_kelley.html).

# Examples of best practice exist across the entire cancer care pathway



Are we focusing on what matters most to patients?

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# Surgery fast-track pathway in pancreatic cancer treatment at University Hospitals Birmingham (UHB) NHS Trust

## Problem:

- Patients with pancreatic cancer often present with jaundice, which must be treated before surgery.
- Delays in surgery can reduce the possibility of tumour resection.

## Solution:

- A fast-track surgery pathway was introduced to refer patients for diagnosis and potential surgery before jaundice occurs. A clinical nurse specialist facilitates this pathway.

## Results:

- Decrease in average waiting times from CT scan to surgery from 65 days to 16 days.
- More patients now able to undergo surgery, which is the only potentially curative treatment for pancreatic cancer.
- Over €3,600 saved per patient, mainly due to lack of preoperative costs.

Project lead: Mr Keith Roberts, Consultant Hepatobiliary and Pancreatic surgeon, University Hospitals Birmingham (UHB) NHS Trust. Pancreatic Cancer UK provided a grant for this pilot.

# The PROCHE programme: more efficient chemotherapy delivery through better use of patient data

## Problem:

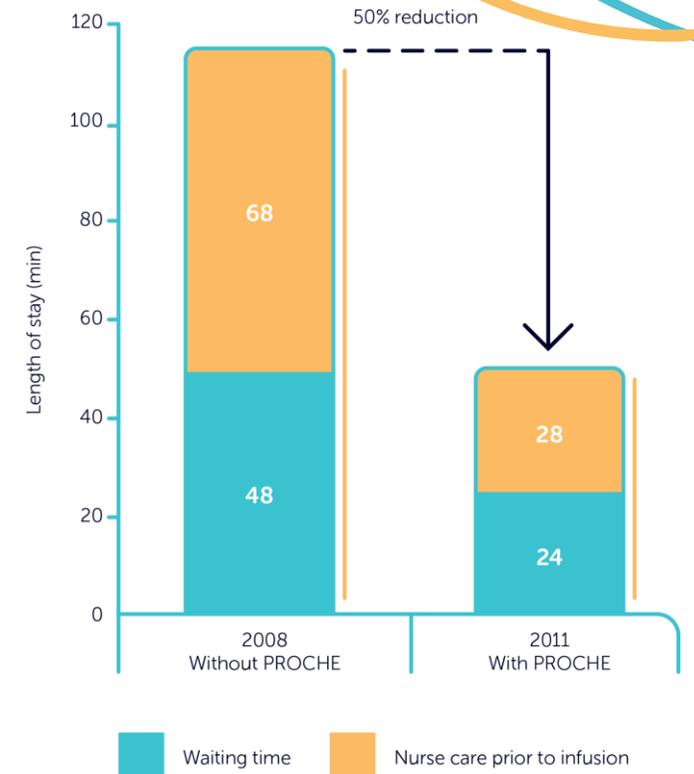
- Patients are usually only asked about side effects when they arrive at their chemo appointments. This may result in having to modify or postpone treatment, causing delays and wasted drugs.

## Solution:

- At the George Pompidou Hospital in Paris, a nurse calls patients two days ahead of the chemo appointment to ask about the latest side effects, and adjusts treatment plans accordingly.

## Results:

- Treatment delays reduced by half.
- Patients report less pain and fatigue.
- More patients treated per day.
- Fewer drugs wasted.



Adapted from: *A practical approach to improve safety and management in chemotherapy units based on the PROCHE - programme for optimisation of the chemotherapy network monitoring program (2013)*

# Early introduction of palliative care

## Problem:

- Palliative care exists to reduce suffering and improve patients' quality of life, but it is often considered as a last resort.

## Solution:

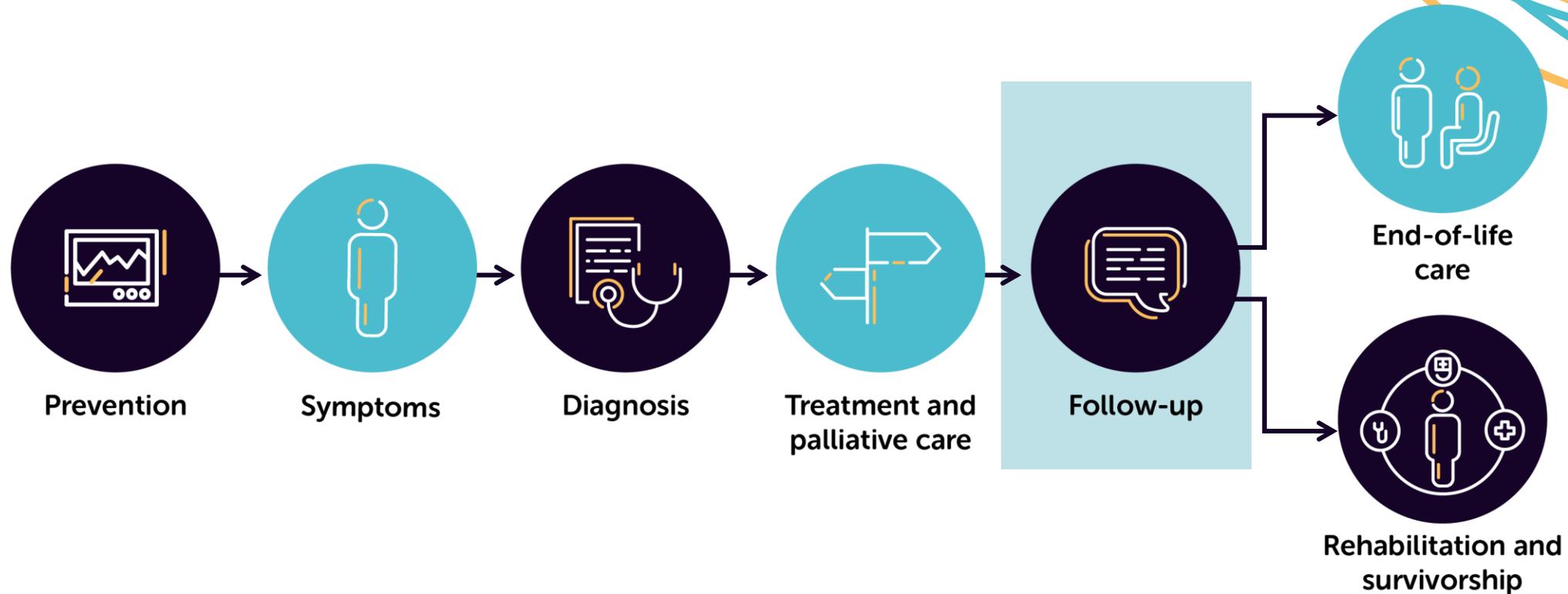
- Palliative care should be fully integrated into cancer care, to ensure patients receive relief from the effects of their treatment throughout the care journey, not just at the end.

## Results:

- Studies have shown that early introduction of palliative care for cancer patients can improve quality of life, reduce the need for intensive care, prolong survival, and reduce costs for the healthcare system.

Temel JS, Greer JA, Muzikansky A, et al. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. *New England Journal of Medicine* 2010;363(8):733–42. Scibetta C, Kerr K, McGuire J, et al. The Costs of Waiting: Implications of the Timing of Palliative Care Consultation among a Cohort of Decedents at a Comprehensive Cancer Centre. *J Palliat Med* 2016;19(1):69–75. Smith S, Brick A, O'Hara S, et al. Evidence on the cost and cost-effectiveness of palliative care: A literature review. *Palliative Medicine* 2014;28(2):130–50.

# Examples of best practice exist across the entire cancer care pathway



Are we focusing on what matters most to patients?

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Are we using our resources as efficiently as possible?

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# Web-based follow-up care for lung cancer patients

## Problem:

- Follow-up of lung cancer patients usually involves frequent tests following a fixed schedule.
- This exposes them to potentially unnecessary radiation and possibly unnecessary costs.

## Solution:

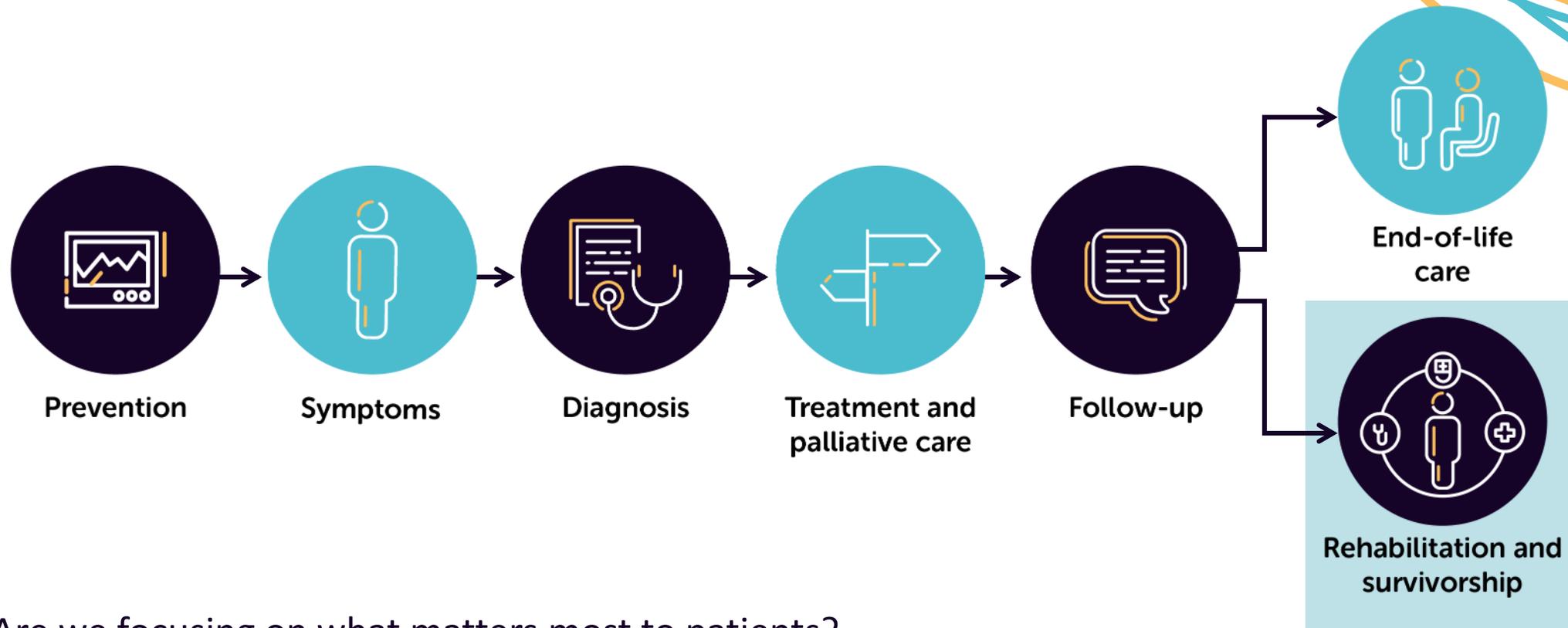
- An app-based follow-up system allowed patients to self-report symptoms weekly.
- The app used an algorithm to determine which patients needed to be called in for imaging tests.

## Result:

- Patients using the app had longer survival and better quality of life than those receiving standard imaging tests as part of their follow-up.
- Patients only received tests when deemed necessary.

Source: American Society of Clinical Oncology. Mobile-Friendly Web Application Extends Lung Cancer Survival, 2016.

# Examples of best practice exist across the entire cancer care pathway



Are we focusing on what matters most to patients?

.....→

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.....→

# Survivorship and rehabilitation: supporting patients to return to full-time work

## Problem:

- More and more patients are surviving and living longer with cancer, but they often lack the support they need to return to their normal lives, including full-time work.
- It is commonly reported that patients are discriminated against when trying to return to work.

## Solution:

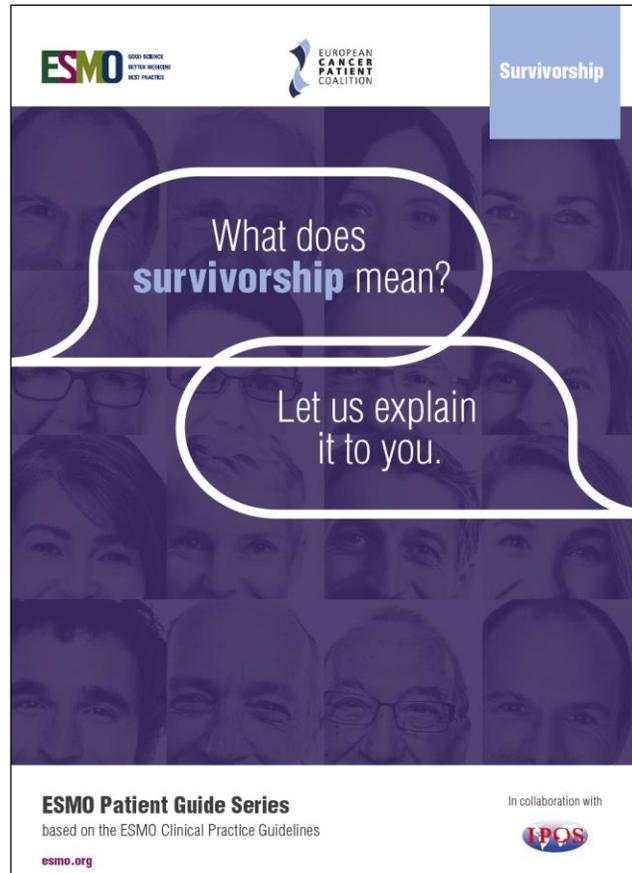
- Social enterprise oPUCE in the Netherlands (or Jobs After Cancer) was founded by a cancer survivor to support and provide guidance to patients after cancer to return to full-time work.

## Result:

- The Netherlands is now one of the first countries with a government Plan of Action for 'Cancer & Work'. A national network of employers was created to share knowledge and find solutions for helping people return to work.

Source: <http://opuce.nl>

# Patient Guide on Survivorship – transferring recommendations into concrete action



- **Aimed at:**
- post treatment cancer survivors having no disease after treatment, or who continue to receive treatment to reduce the risk of relapse, and
- people with well controlled disease and few symptoms, who receive treatment to manage cancer as a chronic disease.
  
- **Why?:** To regain
- the important aspects of a patients' life before cancer, and
- to find new pathways to a satisfactory life going forward.

# Conclusions



- Many examples of efficiency in cancer care exist.
- Efficiency is defined as focusing on what matters to patients.
- Small changes can result in large gains – in patient time, quality of life, outcomes and financial costs.
- We all have something to learn from each other – member states, hospitals, organisations, individuals.

# The ECCO paper on access to innovation: focusing on what makes the greatest difference to patients

Ian Banks, Chair of Patient Advisory Committee, European CanCer Organisation (ECCO)





**European  
CanCer  
Organisation**

# Access to Innovation:



**What makes the  
greatest difference to  
patients?**



# ECCO: Improving outcomes for cancer patients through multidisciplinary

23 member societies representing 150,000 HCPs



15 patient associations within its Patient Advisory Committee

# Access to Innovation: background

- Innovation is improving cancer treatment. Innovation in many areas:
  - Diagnostics
  - Surgery
  - Radiation therapy
  - Information technology
  - Multidisciplinary care
  - Medical treatments
- But the financial pressures that accompany investment in innovation cannot be ignored
- Healthcare professionals have a responsibility to help health systems meet the challenge



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

**ScienceDirect**

journal homepage: [www.ejcancer.com](http://www.ejcancer.com)



Position Paper

# Identifying critical steps towards improved access to innovation in cancer care: a European CanCer Organisation position paper



Matti Aapro <sup>a,\*</sup>, Alain Astier <sup>b</sup>, Riccardo Audisio <sup>c</sup>, Ian Banks <sup>d</sup>,  
Pierre Bedossa <sup>e</sup>, Etienne Brain <sup>f</sup>, David Cameron <sup>g</sup>, Paolo Casali <sup>h</sup>,  
Arturo Chiti <sup>i</sup>, Leticia De Mattos-Arruda <sup>j</sup>, Daniel Kelly <sup>k</sup>,  
Denis Lacombe <sup>l</sup>, Per J. Nilsson <sup>m</sup>, Martine Piccart <sup>n</sup>, Philip Poortmans <sup>o</sup>,  
Katrine Riklund <sup>p</sup>, Gunnar Saeter <sup>q</sup>, Martin Schrappe <sup>r</sup>,  
Riccardo Soffietti <sup>s</sup>, Luzia Travado <sup>t</sup>, Hein van Poppel <sup>u</sup>, Suzanne Wait <sup>v</sup>,  
Peter Naredi <sup>n,\*\*</sup>

# Recommendations

- 1. Greater involvement of patients and care givers in defining and assessing the value of an innovation**



Be innovative  
about innovation!

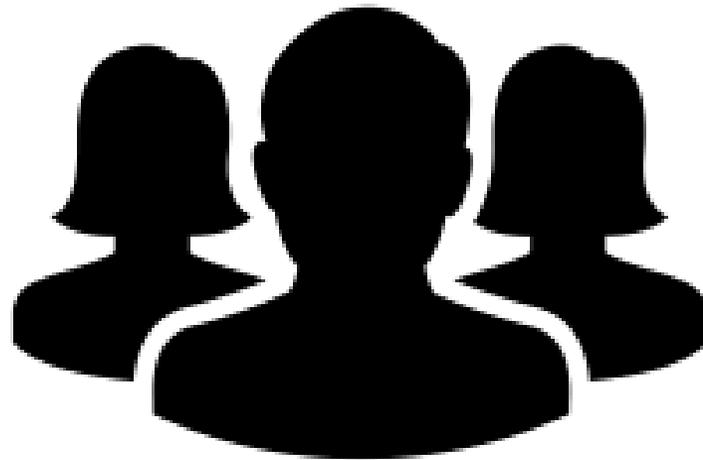
# Recommendations

**2. A whole-system, whole patient approach to guide investment in innovation**



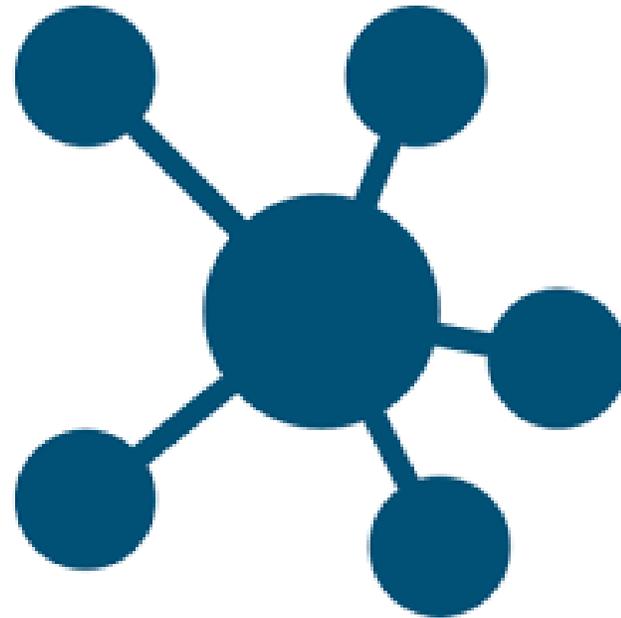
# Recommendations

## **3. More efficient and harmonized evaluation of innovation**



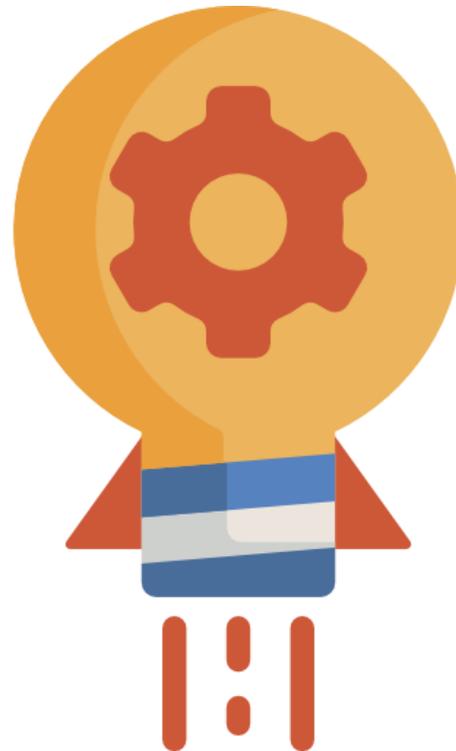
# Recommendations

## 4. Investment in real-world data to guide investment in innovation



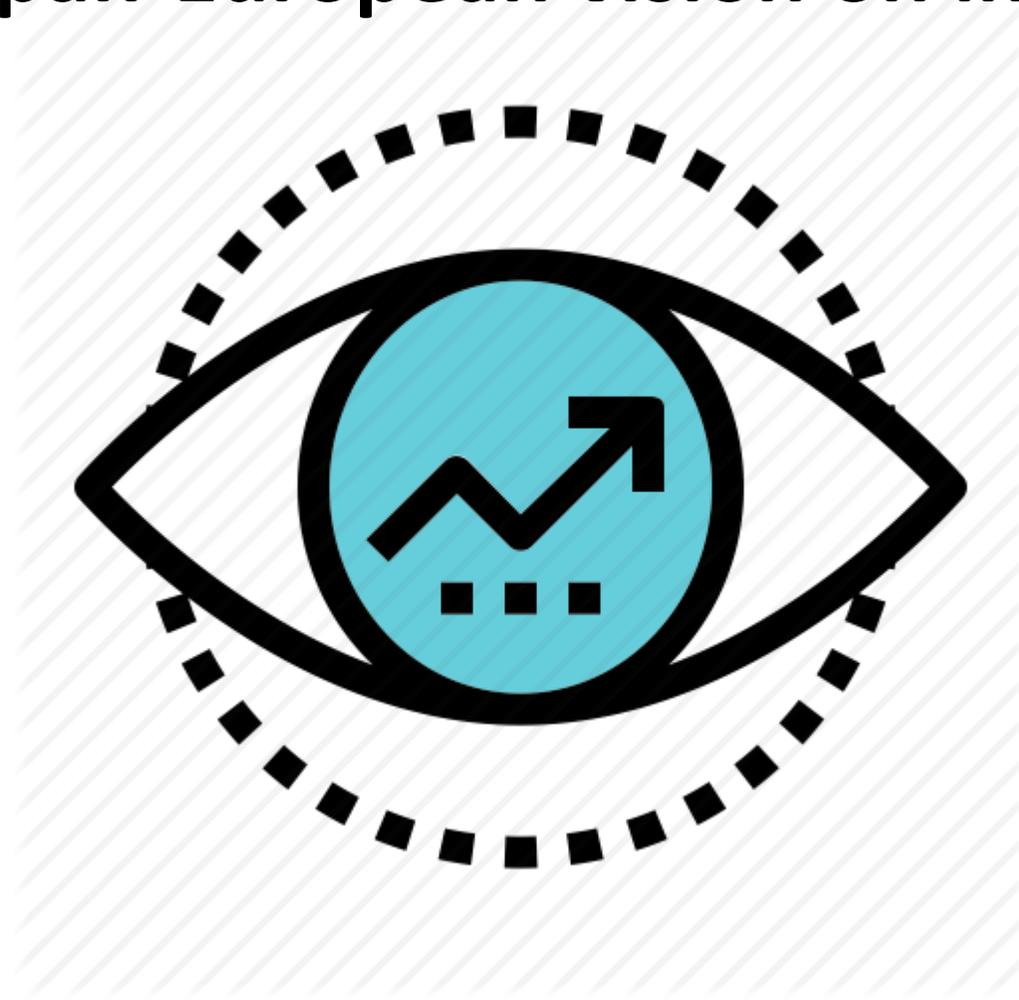
# Recommendations

## 5. Promotion of innovation culture within the delivery of cancer care



# Recommendations

## 6. A pan-European vision on innovation





# Summary

## Take Home Messages:

**Access to Innovation**

**Patient input *essential***

**Invest and value health**

**Innovate as an 'MDT'**

**Innovation in Innovation**



# ECCO2018

EUROPEAN CANCER SUMMIT

SAVE THE DATE  
**7-9 September 2018**  
Vienna, Austria

# FROM SCIENCE TO REAL-LIFE ONCOLOGY



 **European  
CanCer  
Organisation**

[ecco-org.eu](http://ecco-org.eu)

**THANK YOU**

# Round table discussion: How can we amplify best practice examples across Europe – what is the role for the EU and Member States?

Moderated by Lydia Makaroff, ECPC



# Roundtable participants:

- 1. Dirk Van den Steen**  
Policy Officer, DG SANTE
- 2. Ian Banks**  
Chair of Patient Advisory Committee, European Cancer Organisation (ECCO)
- 3. Amadou Diarra**  
Vice President, Global Policy & Government Affairs, Bristol-Myers Squibb (BMS)
- 4. Pascal Garel**  
Chief Executive, European Hospital and Healthcare Federation (HOPE)
- 5. Rosna Mortuza**  
Director of Implementation, International Consortium for Health Outcomes Measurement (ICHOM)
- 6. Herb Riband**  
Vice President, International Policy & Government Affairs, Amgen

# Policy response and conclusions

Lieve Wierinck, Member of European Parliament



# Thank you for your attention!



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**Together #WeAllCan**

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[www.all-can.org](http://www.all-can.org)

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