All.Can Global Summit 2022

"Taking actions: implementing efficiency in cancer care globally"

15 & 16 June 2022

EVENT REPORT

#AllCanGlobalSummit
#ImplementEfficiencyInCancerCare

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Contents

On 15 and 16 June, All.Can held its virtual Global Summit entitled **'Taking actions: implementing efficiency in cancer care globally"**, where important topics were discussed and concrete recommendations on ways to address cancer care inefficiencies were provided.

Part of All.Can's mission is to facilitate the exchange of knowledge and best practices, enhancing cross-country collaboration and building new partnerships around the world. And this is precisely what All.Can's 2022 summit created: a two-day virtual platform enabling discussions and best practice sharing amongst 26 panelists from around the world, including Colombia, Argentina, Mexico, Poland, Australia, Belgium and Nigeria.

The panelists exchanged around the four main themes identified in All.Can's Policy Blueprint:

Empowering & partnering with people

Investing in efficient technology

Implementing a data-driven learning system

Supporting healthcare professionals

The event was attended by over 260 participants from 40 countries across all stakeholder groups – patient organisations, healthcare professionals and clinicians, data experts, industry, and health system decision-makers – and marked the launch of its Efficiency Metrics report, produced by the Health Value Alliance in partnership with the University of Southampton, on behalf of All.Can International.

Showcasing national best practices from across the globe across these four interrelated dimensions, the summit led to concrete, replicable, actionable recommendations which can help improve efficiency in cancer care.

DAY 1

Welcome and introduction

Alex Filicevas
President, All.Can International and Executive Director, World Bladder Cancer

Alex Filicevas welcomed the attendees and speakers to the 3rd edition of All.Can's Global Summit, which took a step forward from last year's summit, exploring concrete ways to overcome cancer care efficiencies by hearing from key opinion leaders in the field of cancer care and showcasing best practices from around the world.

The 2022 summit was about taking actions. Identifying actionable steps, taking as examples and best practices the numerous projects and initiatives All.Can has fostered throughout the years.

The 2022 summit also coincides with the launch of **All.Can's Efficiency Metrics report**, a research project which proposes a set of internationally applicable and real-world measures generated and collected from daily clinical practice today and **aims to harmonise and set standards in cancer care efficiency globally.**

All.Can recognised early on that the challenges to sustainable cancer care cannot be resolved by any stakeholder group alone and continues to work in partnerships at EU and international level.

SESSION I

EMPOWERING AND PARTNERING WITH PEOPLE, PATIENTS AND THE COMMUNITY

This session focused on empowering and partnering with people, patients and the community and provided concrete examples and recommendations on ways to:

- *Improve health literacy levels across all parts of society.*
- *Promote and ensure a collaborative and interactive shared decision-making process.*

Moderated by

Prof Tit Albreht
Health Services Research at the University of Amsterdam | Head of the Centre for Health Care at the National Institute of Public Health of Slovenia | Senior Researcher in the field of health services research, health policy and health systems research | Member of the Scientific Committee of EUPHA | President of the Slovenian Preventive Medicine Society

Dr Cary Adams,
CEO, Union for International Cancer Control (UICC)

In his brief overview of UICC, an NGO with 1200 members in over 170 countries involving governments, health ministers, cancer treatment centres, cancer leagues and cancer societies, Dr Adams underscored the common ambition of all these organisations **- reaching out to the patient community, their families and their carers to make sure they benefit from the support they need**, ensuring thorough and timely diagnosis, treatment and survivorship.

Dr Adams also presented the results of a review conducted of 170 cancer control plans a few years ago, with about three quarters of them mentioning the importance of engaging patients in the process of shaping, delivering and implementing national cancer control plans.

More resources should be allocated to patient organisations so they can efficiently support patients through their cancer care journey. Amongst others, one of the critical roles that can be taken on by patient organisations is the implementation of **health literacy programmes**, which can lead to more timely diagnosis and better care.

Dr Ana Paula León,

Deputy Director, La Universidad del Paciente y la Familia (UPF); All.Can Argentina.

Dr Leon illustrated the results of the two seminars for healthcare professionals undertaken by [La Universidad del Paciente y la Familia](#) on health literacy, with the goal to improve communication between the oncological workforce and their patients. The project aimed to generate skills to improve communication and empathy between health professionals working in oncology, patients and their families.

Healthcare professionals gained the ability to implement simple tools and strategies to help their patients navigate the healthcare system and improve the communications between patients and their medical team.

They understood the need to use simple and plain language and were taught to check and measure the levels of understanding patients have of the explanation they are given. Hence, this training offered healthcare professionals the opportunity to reflect about the type of relationship and conversations they have with their patients.

Nadine Boesten,

Vrije Universiteit Brussels, Ghent University and Ghent University Hospital & All.Can Belgium

PhD researcher Nadine Boesten presented the preliminary findings of her study, which identifies the challenges and barriers to establishing efficient multi-disciplinary team meetings in oncology (MOC). MOCs are ideal settings which allow all relevant healthcare professionals involved in cancer care to discuss treatment and care options for a patient.

Current challenges include:

» Lack of structure;

» Time constraint, as time is a constant pressure for healthcare professionals given the high number of cases to be evaluated;

» Nurses not being actively involved in discussion, which leads to important insights into patients' needs being missed.

» In response to this, the OPTIMOC project, run by All.Can Belgium and developed by Vrije Universiteit Brussels, Ghent University and Ghent University Hospital, is currently testing the feasibility of two "efficiency-enhancing" toolkits for improving MOCs: A checklist which provides structure for these meeting, with input from nurses as main point;

» A tool to determine the complexity of cases based on a point system, allowing complex cases to be treated in priority, leaving the straight-forward ones for the end.

Gavin Lewis,
Vice President, Global Value and Access, Amgen

The time has long passed where industry stays strictly within the boundaries of only discovering and developing new medicines for regulatory approval. Now it has to **play a more active partnership role in helping solve some of the wider health care system barriers** preventing patients from accessing much of the new innovation and also, in doing so, helping improve the overall quality and efficiency of healthcare, stated Mr Lewis in his preliminary remarks.

He further touched upon three main issues which require attention and opportunities for action:

» **Early diagnosis:** this is particularly important in cancer as time is of essence and early actions are required to ensure an efficient approach. Amgen advocates for **a swift transition from a reactive approach** - providing treatments, **to a more proactive public health one**, aimed at better preventing diseases.

» **Health outcomes measurement and better use of data:** data on patient outcomes are a great tool to measure cancer care inefficiencies and health inequalities. This information helps **tailor education programmes to improve patient literacy and behaviours** around efficiency in cancer care. At the same time, advances in medical technology have already helped create **platforms to harness real world evidence** and enable informed decision-making. Optima is an example.

» **Clinical trials** - diversity recruitment and participation in clinical trials. To tackle this issue, Amgen has already set up the RISE programme, which aims to improve the diversity in their clinical trials recruitment.

Dr Virginia Abello Polo,
President, Colombian Association of Haematology and Oncology (ACHO); All.Can Colombia

Dr Abello-Polo presented the findings of a large survey carried out by All.Can Colombia which highlights the numerous barriers patients must overcome to access comprehensive care in Colombia.

According to the patients, there is a high perception of inefficiency at all stages of their care pathway. More than half of the respondents have been denied medical care without justification during the diagnosis and treatment processes.

The results of the study also show that only 36% of the surveyed people obtained their diagnosis through a publicly funded early detection program. In the case of breast cancer, only 45% of those surveyed were diagnosed with these means.

The findings not only show a **decrease in access to early diagnosis programmes, but also a delay in obtaining the diagnosis itself**. It was shown that, from the onset of the symptoms, 41% of the respondents reported a delay of more than one month between the initial diagnostic tests and the confirmation of diagnosis by the oncologist.

This type of survey is an efficient means to **gather patient-reported outcome measures (PROMs) in routine clinical care** and empower patients to assess healthcare services **according to what matters to them.**

The following points were raised during the **Q&A** section:

» The feedback received by the Universidad del Paciente y la Familia from oncologists enrolled in their training highlighted the challenge in developing and implementing the skills needed to reach a patient-centred care system in Latin America. These skills include advocacy, health literacy and patient experience.

» **The role of patient groups in mentoring patients** remains one of the most effective ways to inform them about best practices and convert information into action.

» It is crucial for patient organisations to convey success stories of early diagnosis and successful treatment and care, as the fear of getting diagnosed with cancer is often keeping them from getting tested.

» **Communication skills training needs to be extended to general practitioners and family doctors** as, ultimately, they are the ones providing medical guidance to patients.

» Empowering patients and giving them the opportunity to ask questions and identify their expectations is paramount.

Actionable recommendations

1. Provide communications training to all healthcare professionals, including general practitioners and family doctors, to support them in enhancing patients' health literacy by:
   - better communicating with patients, using plain and simple language
   - checking the levels of understanding patients have of the explanation they are given

2. Strengthen the role of and allocate resources to patient organisations to enable them to efficiently support patients by ensuring the supply of high-quality information regarding prevention, diagnosis and care, and healthcare systems navigation through the development of country-wide health literacy initiatives

3. Promote the dissemination of success stories of early diagnosis and successful treatment by patient organisations, to combat delayed medical consultations due to the fear of diagnosis

4. Ensure appropriate engagement of patients in the process of designing, delivering and implementing national cancer control plans

5. Develop multidisciplinary and interdisciplinary decision-making processes which include patients & families

6. Prompt industry players to develop and implement programmes which improve the diversity of clinical trials

SESSION II

INVESTING IN EFFICIENT TECHNOLOGY

This session focused on INVESTING IN EFFICIENT TECHNOLOGY *and explored ways to:*

- *Employ strategic, value-based healthcare approaches.*
- *Incentivise and foster efficient technologies which offer the potential to build greater efficiency throughout the cancer care continuum.*

Moderated by

Amadou Diarra
Senior Vice President Global Policy & Government Affairs, BMS

Prof Rafal Matkowski,
Head of Department of Oncology Surgical Oncology and Breast Unit, Wroclaw Medical University and Lower Silesian Oncology, Pulmonology and Haematology Center; All.Can Poland

Dr Matkowski showcased a project implemented at the Breast Unit in Lower Silesian Oncology, Pulmonology and Haematology Center in Poland, aiming to develop and document the implementation of standard methods for the diagnosis and treatment of breast cancer therapy, going beyond the generally available studies.

A common problem is the precise division and coordination of tasks between individual entities within the care system and within a hospital. The condition for introducing comprehensive and coordinated oncological care is not only the development of modern methods of cancer treatment, but the efficient organisation of the entire diagnostic and therapeutic process, above all.

This project offers a process management model which helps optimise diagnosis and treatment of cancer in healthcare facilities and which can be replicated worldwide, with appropriate tailoring, to reflect the specific needs of the region/care unit.

Projects like this illustrate the importance of finding new approaches when it comes to creating efficiency in cancer care.

Dr Alejandro Mohar;

Biomedical Cancer Research Unit (Biomedical Research Institute, UNAM; Research Directorate, National Cancer Institute, Mexico; All.Can Mexico

Dr Mohar gave the example of **Mexico**, where the greatest challenge is the **fragmentation of the insurance system** throughout the country, which, in turn, prevents cancer patients from receiving oncological care from specialised institutions outside of their assigned territorial area.

An immediate action that would help alleviate this situation is the development of a national cancer control plan to allow oncological facility sharing throughout the country.

Another key consideration is that, for Latin America, **collaboration between the private (industry) and the public sector** is the only way forward to ensure equitable access to innovative diagnosis and treatment options.

Cindy Perettie,

Head of Roche Molecular Labs, Roche

Ms Perettie elaborated on the available scientific advances that allow for early diagnosis, prompt access to treatment and improve the sustainability of healthcare systems.

With an estimated 15 to 20 percent of patients receiving unnecessary or harmful treatments due to obsolete practices and technologies or poor application of best practices, emerging **intelligence-based decision-making tools** will be critical to support clinicians in choosing the best treatment options for their patients.

To illustrate the use of obsolete technologies, Ms Perettie used the example of sequencing, where single biomarker testing is still being widely used, while **comprehensive gene panel testing can cover up to hundreds of genes in a single test** at a relatively low cost.

It is now known that cancer is a disease of the genome, not a disease of a specific organ; the ability to understand the genomic drivers or the underpinnings of someone's cancer is therefore very important.

To treat cancer efficiently and more effectively, all those drivers need to be analysed at molecular level and this is where powerful technologies, like comprehensive genomic profiling, come into play, allowing the analysis of all the genes known to lead to cancer. Subsequently, informed treatment strategies and personalised care options are possible.

Digital and remote patient monitoring is another great example of the efficient use of technology. Roche, in collaboration with Kaiku Health, has developed a digital technology which allows to monitor patients remotely and alert care teams of any worrisome adverse effects. This can in turn reduce the number of unnecessary hospital visits by supporting patients remotely in milder situations.

Prof Walter Ricciardi,

President of the Mission Board for Cancer of the European Commission; President of the World Federation of Public Health Associations (WFPHA)

Professor Ricciardi zeroed in on the European Commission's most important projects aimed at incentivising and fostering efficient technologies, notably:

» The creation of the **European Cancer Patient Digital Center,** developed as part of Europe's Beating Cancer Plan, where cancer patients and survivors can deposit their medical dossier in order to access personalised care. This is done in full respect of data privacy.

» The Expert Panel on effective ways of investing in health: an interdisciplinary and independent group established by the European Commission to provide non-binding independent advice on matters related to effective, accessible and resilient health systems.

» An upcoming initiative, starting in 2023, which will consist of a partnership of European healthcare systems, and will aim at best practice exchanges between countries.

In the **Q&A** that followed, speakers re-emphasised that when it comes to prioritising policies and actions, it is crucial that **all decisions are evidence-based.**

Also, in order to reduce some of the pressures and shortages faced by the workforce, **care needs to be decentralised**. This can be made possible through **creating roles that are closer to home cares setting** and through the **digitalisation of the care continuum**, especially with remote medicine becoming prominent during Covid.

Actionable recommendations

1. Create process management models which allow for a precise division and coordination of tasks between individual entities to help optimise diagnosis and treatment of cancer in healthcare facilities

2. Empower international stakeholders to share best practices and promote collaboration across regional healthcare settings to translate successful experiences into regional actions (for example, leverage All.Can Efficiency Hub examples that drive efficiencies across the care pathway and replicate these best practices across healthcare settings)

3. Promote the digitalisation of the cancer care continuum, allowing for the decentralisation of cancer care, by:
   - Moving towards roles that are closer to home care settings
   - Securing the sustainability and scalability of digital/telehealth advances gained during the pandemic, such as digital and remote patient monitoring
   - Ensuring that appropriate pathways are in place to enable this (regulatory, reimbursement, policy, data availability)

4. Adopt intelligence based decision-making tools to support clinicians in choosing the best treatment options

5. Ensure that obsolete scientific interventions are replaced by more efficient scientific advances (e.g. whether on the diagnosis, clinical decision, patient monitoring or drug administration)

6. Promote the development of national cancer control plans in underdeveloped countries to allow oncological facility sharing throughout the country

7. Employ technologies to provide patients access to their own medical records in real time

DAY 2

▶ https://youtu.be/HqqYF8oVC6U

Welcome and introduction

Prof. Christobel Saunders,
Professor of Surgical Oncology, University of Melbourne, All.Can Board Member

The second day and 3rd session of the summit was opened with a keynote address from **Prof. Christobel Saunders**, Professor of Surgical Oncology, University of Melbourne, and All.Can Board Member, who welcomed the participants and gave a short recap of the previous day of the Summit.

Prof. Saunders further presented the session on **implementing data-driven learning systems**, and explained why data is crucial for better patient outcomes:

Data is the key to understanding what we can do and how we can do it better. In cancer care we need **high quality, clinically meaningful data** to drive prevention and screening, to enable efficient and accurate diagnosis, to improve care coordination. **Care that listens to patients** needs and desires, and allows personalisation of treatments. We need to maximise the ability of our patients **not just to survive cancer but to thrive after cancer.**

Prof. Christobel Saunders
Professor of Surgical Oncology, University of Melbourne, All.Can Board Member

SESSION III

Implementing a data-driven learning system

The third session of the Summit, which focused on implementing a data-driven system, *included a presentation of All.Can's Efficiency Metrics report and tackled ways to:*

- *Promote patient-relevant data collection, sharing and reporting;*
- *Address key challenges related to implementing a data-driven learning systems.*

Moderated by

Vivek Muthu
Managing Director, Marivek Healthcare Consulting

Matthew Hickey
CEO, The Health Value Alliance

Dr Ksenia Crane
Research Fellow, University of Southampton, UK

In his presentation, Matthew Hickey presented the newly launched All.Can Cancer Efficiency Metrics Study.

Building on the International Cancer Patient Survey All.Can published in 2019 and the Harnessing data for better cancer care, published in 2021, this report identifies an evidence-based suite of real-world cancer care efficiency metrics. This can be applied in varying ways, by multiple stakeholders across the cancer care continuum and across many countries to assess, consistently benchmark, and improve efficiency in cancer care.

Dr Ksenia Crane further elaborated on the methodology behind the report and key findings.

The mixed-methods research study was conducted by the Health Value Alliance in partnership with the University of Southampton and combined the findings on cancer care efficiency metrics from a scoping review of 83 academic articles, 43 grey literature publications, 15 cancer registry websites, 1 international registry and 20 interviews with different stakeholders from across the cancer care ecosystem.

From a comprehensive suite of core cancer care efficiency metrics, 8 specific measures were consistent throughout the real-world evidence and could inform the first universally implementable set of metrics for monitoring and improving cancer care where it matters most to patients:

1. Time to diagnosis
2. Percentage of cancers diagnosed through emergency presentation
3. Primary care interval
4. Time from tissue diagnosis to treatment
5. Percentage of patients given the name of a Clinical Nurse Specialist
6. Percentage of patients who received chemotherapy in the last 14 days of life
7. Patient experience
8. Patient involvement in decision-making

**The All.Can
Cancer Efficiency Metrics Study:**

A collaborative policy research project to identify a standard set of metrics to measure cancer care 'efficiency'.

Dr Guillaume Dedet,

Health Policy Analyst, Organisation for Economic Co-operation and Development (OECD)

Dr Dedet highlighted that **health systems are currently data rich but information poor.** In order to change this, the OECD Council has adopted in 2017 a health data governance recommendation aiming to guide the signatory countries to set the conditions for using health data to their best advantage, at national level.

Countries first need to **define an overarching digital** strategy, then **strengthen health data governance,** in order to finally be able to build their institutional and operational capacity.

In the long run, **harmonising data governance** will allow transborder interoperability and create an overall interconnected environment.

Nigel Hughes,

Scientific Director, Observational Health Data Analytics/Epidemiology at Janssen Research and Development; Project Lead, European Health Data and Evidence Network (EHDEN)

In his remarks, Nigel Hughes underscored the importance of collaboration amongst different stakeholders, especially when operating with real world data.

Through the prism of the European Health Data and Evidence Network (EHDEN), which is part of a multi-stakeholders project within the Innovative Medicine Initiative (IMI), Nigel explained how numerous types of entities can successfully collaborate in large scale data projects.

Publications like the Efficiency Metrics Report developed by All.Can come as great tool to analyse and process data as efficiently as possible. Given the quantity of data collected, it is close to impossible to make use of all of it. **Sorting through the relevant data**, by identifying what is relevant for improved outcomes both from a clinical and patient point of view, **is critical.**

Bill Petch,

Co-Chair of the Steering Committee, All.Can Australia

Bill Petch showcased another great example of a locally developed and implemented project, All.Can Australia's Cancer Care Navigation Journey, that can be adapted and replicated in other countries.
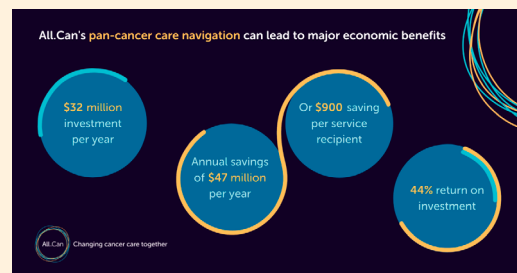
The project was developed to support patients at each step of the patient journey and connect them with the resources available within the healthcare system.

This process can only be done with accuracy using a technological platform which efficiently collects data from both the patient and the health system.

A crucial step in successfully implementing a model like the navigator is involving the patient

in the collection of data, and explaining the rationale behind it, from the onset.

Once they understand why their data is important and what this means for them, they feel truly empowered, are kept engaged and are more willing to help.

All.Can's pan-cancer care navigation can lead to major economic benefits

$32 million investment per year

Annual savings of $47 million per year

Or $900 saving per service recipient

44% return on investment

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Dr Hadi Mohamad Abu Rasheed,
Head of the Professional Development and Scientific Research Department, Qatar Cancer Society.

Data silos are still one of the major barriers preventing efficient data utilisation.

Dr Abu Rasheed argued that in order to overcome this, one needs to **redefine the purpose of data collection so it is considered a point-of-care intervention in its own right,** and to develop the technical infrastructure to support this. In terms of patient outcome, harnessing data is just as important as any other medical act, like surgery or administering a drug.

This will be a step forward not only in improving the data collection process, but also in shifting stakeholders' mindset on the value this process creates.

In the **Q&A** section that followed the discussion, panelists reflected on the value the Efficiency Metrics report would bring to building cancer care efficiency. It was commonly agreed that having these types of metrics to guide the data harnessing process zeros in on relevant indicators and leads to better decision-making.

Actionable recommendations

1. Validate, support and promote the use of Efficiency Metrics study across stakeholders groups (policy, advocacy, industry and healthcare professionals)

2. Promote the systematic collection of patient-reported outcome measures (PROMs) in routine clinical care to assess healthcare services according to what matters to patients and as a tool to measure cancer care efficiencies and health inequalities

3. Think collectively on defining an overarching digital health strategy which addresses issues related to data governance, privacy and interoperability

4. Ensure equal access to data, for patients and about patients, through the development of cancer navigator models and the availability of patients' medical records in real time

5. Adopt methods to sort through the available data, by identifying what is relevant for improved outcomes both from a clinical and patient point of view

SESSION IV

SUPPORTING HEALTHCARE PROFESSIONNALS

*This session focused on **supporting healthcare professionals** and aimed to:*

- *Explore suitable organisational frameworks, systems and incentives to enable and incite multidisciplinary care, interdisciplinary coordination and innovative service models.*
- *Identify ways to support undergraduate education and continuous professional education and training on improving patient-centred efficiency.*

Moderated by

Dr Matti Aapro
Oncologist, Clinique de Genolier (Switzerland); President, Sharing Progress in Cancer Care; Vice President, All.Can International

Giovanni Gorgoni,

President of the European Regional and Local Health Authorities (EUREGHA); Treasurer of Executive Board of EuroHealthNet

Mr Gorgoni addressed the shortage of healthcare professionals we are facing, particularly in oncology, and what can be done at local and regional level to help the situation. In his view, several steps need to be implemented for both short and long term results:

» Focused financing of **vocational education and training** of health workforce for oncology and increase of academic capability to feed labour market

» **Regional pooling of resources**, including money, skills, facilities, care standards, within centrally coordinated regional cancer networks to better allocate highly specialised professionals and technology along multiple sites, according to a pattern of integrated practice units connected to the other care settings (home and community venues) for low care completion

» Psychological support and counselling for cancer care professionals, to mitigate work burnout and flight, as a base elemental of any oncological service.

Lydia Makaroff,

CEO, Fight Bladder Cancer; President, World Bladder Cancer Patient Coalition

Ms Makaroff represented the patient's voice on this panel and put forward a series of potential solutions to remove existing barriers to best addressing patient's needs:

» Finance cancer-specific training for healthcare professionals

» Support the development of cancer information specifically for healthcare professionals who do not specialise in cancer

» Ensure patients have access to their own medical records

» Audit patient outcomes after cancer care

» Map the number of healthcare professionals involved in the cancer care journey

Dr Omolola Salako,

Founder of Oncopadi; Co-Founder of Pearl Oncology Clinic Lekki, Nigeria

Dr Salako showcased the extraordinary work of Oncopadi, a digital application created to address the shortage of clinical oncologists in a country where cancer patients do not have access to specialist care in certain regions, a situation worsened by the Covid crisis. There are 82 clinical oncologists in Nigeria for a population of 200 million. Hence, the use of technology is critical.

The app model developed by Dr Salako's team allocates dedicated time for clinical oncologists to care for patients located in areas where specialist care is not available, via the development of virtual tumor board teams and virtual cancer care programmes.

The app works offers two services: on one hand, clinical oncologists work very closely with colleagues to define the appropriate care options and to complete the cancer care team in those underserved hospitals; on the other, patients are invited to meet the specialists in the medical hubs which have been created.

As an additional benefit, Oncopadi provides patients access to their own medical records in real time, on the app.

As closing remark, Dr Salako encouraged healthcare professionals to participate in digital services as an alternative approach for professional development.

Virpi Sulosaari,

President-Elect, European Oncology Nursing Society (EONS)

The provision of quality cancer care depends on many organisational factors including interprofessional teamwork, a supportive culture and good leadership to enhance the development of healthy work environments.

Virpi elaborated on solutions to ensure that expert cancer care professionals receive the support needed for their long term well-being, such as:

» Promoting interprofessional practice across the different levels of care providers in all the phases of the cancer care continuum.

» Effective **interprofessional teamwork** to enhance the quality and safety of cancer care provision and health outcomes for people with cancer but is a significant factor for the well-being of each member of the care team.

» Healthcare professionals require a variety of versatile competences which calls for a comprehensive education; adapting medical curricula in undergraduate and postgraduate programmes as such.

» The importance of multidisciplinary care, interdisciplinary coordination and innovative service models, interprofessional collaboration and factors related to **healthy working environments** should be embedded into medical curricula.

» A close connection between the education providers and the realities of modern clinical practice is also needed to ensure that **education reflects the needs of rapidly changing care environments.**

In the **Q&A** section that followed, several points were raised:

» In order to improve communication between patient and healthcare professionals, more education is needed for both sides. Furthermore, healthcare professionals also require more multi-disciplinary learning.

» Various training methods and technologies are already available to improve the communication skills of cancer care providers; however, skills to communicate with patients are still lacking from most of the universities' curricula.

Actionable recommendations

1. Establish processes and assessment models which:
   - enhance and promote multidisciplinary, patient-centred collaboration
   - provide structure and allow prioritisation in multi-disciplinary oncology team meetings
   - include all healthcare professional perspectives, including nurses

2. Incentivise or motivate healthcare professionals to participate in these digital health services as an opportunity for professional growth

3. Enable regional pooling of resources, including skills, facilities, standards, within centrally coordinated regional networks that will make highly specialised professionals available for multiple sites

4. Ensure psychological support for cancer care professionals

5. Develop and enable cancer care training for all healthcare professionals, and ensure oncological curricula reflect the realities of the ever-changing care environment

6. Promoting interprofessional practice to remove silos between healthcare professionals and enhance the quality and safety of cancer care provision, and developing digital support platforms which connect them with specialists

7. Map the number of healthcare professionals involved in the cancer patient journey

Closing remarks

Eduardo Pisani,
CEO, All.Can International

In his closing remarks, Mr Pisani thanked all the panellists and participants for their contribution to the summit and highlighted several of the key conclusions from the discussions, notably:

» The importance of identifying concrete ways to promote communication and coordination between healthcare professionals and providers; to support and train the healthcare workforce; to empower and support patients and patient organisations.

» The relevance of such discussions in developing concrete ways to harmonise data governance legislation to facilitate health data linking and sharing and addressing key challenges related to data quality, interoperability, data governance and patient trust.

» The importance of maximising efficient technologies to make diagnosis and treatment more efficient for cancer patients.

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