Oncoroundtable recommendations 2022

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The Oncoroundtable project aims to discuss and exchange experiences on effective methods of organizing processes and therapies in oncology in various therapeutic areas. During a series of workshops and seminars, we discussed how an optimal care path should be designed and managed based on the best practices from various European countries. Below we present sets of recommendations developed during three meetings: general recommendations, recommendations for prostate cancer and recommendations for liver and pancreatic cancer.

General recommendation for managing cancer patient

Implementation of quick and effective screening tests to identify cancer patients as early as possible. Emphasis should be placed on both preventive measures and early diagnosis.

Establishing competence centres specialized in the diagnosis and treatment of selected cancers in order to assure the highest quality standards for both diagnosis and treatment for all cancer patients.

Broad implementation of comprehensive cancer care network model, which can combine expert knowledge and experience within one management structure. The model allows for comprehensive treatment of patients from various areas of a given region (including villages and smaller towns) and can bring significant benefits to cancer patients, as stated by the European Guide on Quality Improvement in Comprehensive Cancer Control.

Cancer patients should be treated in line with certain patient path, i.e. an algorithm of a standardized diagnostic and therapeutic process, based on current clinical guidelines, that assures a maximum effectiveness of medical care for a patient with a suspected or diagnosed cancer. Patient path is also the basis for the development of a specific treatment plan as well as measures and indicators of oncological care quality. An oncological treatment plan is to be prepared for each separate patient. As several centres may be involved in the process of diagnosis and treatment, each of them will be obliged to coordinate and exchange information. A special coordinator will take the role of a „guide" for a patient on his path.

Increasing the availability and quality of genetic and molecular diagnostics.

Providing appropriate qualified medical staff to carry out imaging diagnostics. Moreover, implementing a common structured diagnostic diagrams and descriptions of diagnostic tests (histopathological and radiological) and their digitization.

Radiotherapy centres efficiency optimization along with guaranteeing radiotherapy for all patients.

Introduction of standardized patient satisfaction surveys, developed with the participation of patient organizations.

Dissemination of telemedicine solutions, with the goal of establishing them as the gold standard, e.g. implementation of applications that allow to detect early symptoms of cancer, enable constant monitoring of the patient's condition and two-way communication.

Digitization of diagnostic and therapeutic processes, e.g. collecting and storing medical data, using cloud solutions. Implementing the much needed automation and standardization of data collection using IT tools, which would improve the current data flow issues. Cancer patients often visit multiple departments and sometimes even multiple hospitals to undergo their treatment. In result patient's data is often stored in multiple systems across different departments and hospitals. This is problematic because healthcare providers don't always have complete data at hand whenever making important treatment decisions. Therefore implementing connected IT systems that are vendor agnostic and interoperable would be recommended. This would assure that the right information and insights are in place to provide greater quality cancer care at each step of the patient journey.

Experts should have access to reports on the quality of cancer care from the integrated IT and analytical system. Without easy access to current medical data, it is not possible to effectively and reliably verify the effectiveness of diagnostics and treatment, and thus to draw new conclusions, e.g. as to the necessary treatment changes and adjustments.

Oncoroundtable recommendations on prostate cancer

Raising awareness on the prostate cancer as well as current methods of diagnosis and treatment is essential for persuading male population to take part in individual testing and possible future screening programmes. What is equally important is that increased awareness has the potential to raise surveillance and therapy adherence. Informing the possible patients about pros and cons of the current diagnosis and treatment guidelines, could raise transparency and trustworthiness of the entire process and prevent patients' confusion e.g., fear of overdiagnosis and overtreatment. Starting with the younger population might be the optimal way forward, as it would decrease late diagnosis among younger men as well as prepare them for future testing or treatment.

The introduction of organized early detection in well-informed men should be strongly encouraged. Prostate cancer screening programmes have a substantial advantage over non-organized testing, which does not avoid overdiagnosis and overtreatment and most importantly has no effect on prostate cancer mortality. The screening programme would address the widespread problem of patients' late referrals to a specialist and decrease the costs of treatment, as early detection is less costly than treatment of late cancer. Additionally, it would assure proper diagnosis and treatment e.g., avoiding overdiagnosis, smarter use of PSA testing and biopsies.

The management of prostate cancer patient should be based on the standardised risk evaluation for stratification purposes (e.g., risk calculators). Active treatment should be reserved for the high-risk patients, while those with low/intermediate risk are typically better served with active surveillance. This will decrease costs of treatment, lower mortality as well as improve quality of life.

Proper diagnostic capabilities should be assured. This particularly means more frequent application of imaging diagnostics accompanying the use of hormonal assays. Magnetic Resonance Imaging (MRI) and its accessibility is essential in this aspect as it becomes the norm for prostate cancer diagnosis. Furthermore, the use of MRI and MRI reporting should apply modern methods according to the current guidelines e.g., TNM staging, grade groupings systems.

Using new methods of prostate cancer diagnosis calls for additional standardization and certification actions. This specifically concerns the certification of diagnostic personnel and standardization of MRI reports, which should utilize standardized template to manage quality. Biopsy technique should be standardized as well. Quality of treatment and diagnostics monitoring, using patients' data records, should be supported.

Setting up centres of excellence for prostate cancer treatment and active surveillance should be encouraged. The treatment of prostate cancer patients can often be conducted by small healthcare services providers that, in some cases, do not have the proper experience and technical capabilities, which in many cases leads to suboptimal therapy or overtreatment. These negative effects are encouraged by the current model of healthcare services financing, as there is a financial incentive for invasive treatment. Centres of excellence would counteract these developments and provide a reliable entity to oversee the surveillance process.

It is necessary to improve the valuation of outpatient prostate cancer diagnosis and treatment. At the moment, their financing discourages fast and efficient diagnosis and treatment. Thus, it decreases the number of patients treated and/or increases the delay between occurrence of the neoplasm, its diagnosis and treatment.

Team approach based on quality assurance system is quintessential in prostate cancer diagnosis and treatment. Urology, oncology, radiology, and pathology should be working hand in hand, as well as critically assess the quality and outcomes at all times. New multimodal digital tools could support this process, as they assure a smooth distribution of data and the possibility of online joint consultation of individual patients.

The overall improvement of prostate cancer diagnosis and treatment would be greatly facilitated by international cooperation. This concerns the possibility of a prostate cancer screening programme with a scope broadened beyond a particular country, as well as introduction of European unified standards in prostate cancer management. This would also ensure a more thorough implementation of current guidelines by healthcare professionals.

Oncoroundtable recommendations on liver and pancreatic cancer

It is imperative to strengthen the patient's and family's awareness of the disease, its risk factors, treatments, symptoms and the importance of visiting a family doctor promptly if any unusual signs appear. Additionally an information on patient organizations in their countries should be provided as soon as possible after diagnosis. Raising awareness of the increased risk of liver cancer among family members and encouraging them to share this information with physicians should also be promoted. Furthermore, it is suggested to provide a systematic approach to collecting actual experiences and patient needs throughout the patient pathway.

Standardization of liver or pancreatic cancer diagnostics is crucial, allowing for uniform subsequent diagnostic and therapeutic decisions, e.g. based on the LIRADS categorization or the assessment of liver function according to the Child-Pugh categorization. It is also very important to improve the availability of radiological examinations and endoscopic examinations of the gastrointestinal tract, including imaging diagnostics critical in the diagnosis of these neoplasms, e.g. multiphase tomography and magnetic resonance imaging with contrast dedicated to the diagnosis of hepatocellular carcinoma.

As with any other type of cancer, multidisciplinary teams should be involved in treating liver and pancreatic neoplasms. Moreover, a level playing field in access to multidisciplinary teams involving hepatologists, pathologists, interventional radiologists, oncologists, hepatobiliary surgeons, transplantologists, nurses and general practitioners should be ensured. It may be advisable to introduce online consultation opportunities to fill the gaps in multidisciplinary teams.

It is necessary to improve access to available innovative anti-cancer drugs, as well as to ensure equitable access to the treatment of HBV and HCV infections. It is also necessary to improve the system's support for the implementation of modern therapeutical solutions, especially in the treatment of pancreatic cancer which sees relatively little innovation.

In order to use the available knowledge optimally, it is necessary to introduce a model of coordinated care. The cooperation of both oncologists and gastroenterologists is needed. Patients with pancreatic and liver cancer should be operated on in centres specializing in the treatment of these diseases, where surgeons have appropriate experience. At the same time, diagnostics should take place in facilities that are as close to the patient as possible as it is not necessary to refer all suspicions of cancer straight to the oncology centre.

People assessed as having a high risk of developing liver cancer should be screened with an abdominal ultrasound every 6 months. This means, inter alia, supervision of patients with cirrhosis of the liver, regardless of etiology, as well as identification and treatment of patients with HCV. In high-risk groups, endosonography should be used to detect precancerous lesions or cancer at its earliest stages.

It is advisable to increase awareness of pancreatic cancer towards the scientific and patient communities to enable earlier diagnosis. Also to develop pancreatic cancer training programs for guiding physicians about symptoms and risk factors to improve earlier diagnosis.

Improving data collection on surgery and treatment of pancreatic cancer patients should support physicians and researchers' efforts to better understand the disease. It is advisable to leverage EU-wide initiatives, such as the European Network of Cancer Registries, to support the development of national registries. A national pancreatic cancer plans with measurable action plans should be developed, ensuring comprehensive standards of diagnosis and care across Europe. Share of data at national and European level and the collection and analysis of large amounts of data using cancer registries should be supported.