UICC Members Regional Meeting – North America & Global Collaborations
Agenda

- Introduction
- Presentation of 3 collaborations – case studies
- How can UICC support
- Discussion
- Conclusion
CASE STUDIES
The United States Comprehensive Cancer Control National Partnership (CCCNP)

Presented by:
Karin Hohman
Strategic Health Concepts
on behalf of the U.S. Comprehensive Cancer Control National Partnership
The CCCNP was formed to support Comprehensive Cancer Control (CCC)

CCC is a collaborative process in itself:
• The pooling of resources to reduce the burden of cancer

The promise of CCC is:
• Coordination across silos
• Less duplication of effort
• Comprehensive approach – from prevention to end of life
• Focus on evidence-based interventions
• Whole of society approach – multisector partnerships
How the CCCNP supports CCC efforts

- **72 CCC coalitions** have been established in the U.S. that include diverse partners at state and local levels.
- **The CCCNP communicates with these coalitions** to identify needs, priorities and opportunities.
- **The CCCNP shares information, plans and pools resources among partners** to support coalition efforts.
CCC National Partners
CCCNP Collaborative Successes

- Ongoing technical assistance to coalitions
- Trainings on skills and knowledge needed to create and implement plans
- Advocate for CCC efforts
- Resources to support implementation of specific cancer plan strategies
Thank you!

www.cccnationalpartners.org
Canadian Partnership Against Cancer

A National Strategy for Radiotherapy Quality and Safety

Lessons from Canada

Global Implications

Michael Milosevic MD, CPQR Chair
Princess Margaret Cancer Centre and University of Toronto
Toronto, Canada
Background: Radiotherapy is Essential

- 50% of cancer patients should receive radiotherapy (RT)
- RT is a key element of any cancer control strategy
- National programs to ensure high quality and safe RT are essential
Canadian Partnership for Quality in Radiotherapy

• CPQR is a Pan-Canadian initiative to harmonize RT quality/safety

• Guiding principles:
  - Grass-roots programs
  - ‘Bottom-up’ implementation
  - Inter-professional engagement
  - Patient engagement
  - International consultation

• Strategic partnerships:
  - Accreditation Canada
  - Canadian Institute for Health Information

Canadian Association of Radiation Oncology (CARO)
Canadian Organization of Medical Physicists (COMP)
Canadian Association of Medical Radiation Technologists (CAMRT)
Canadian Partnership Against Cancer (CPAC)

www.cpqr.ca
www.pcqr.ca
CPQR Successes

• Pan-Canadian quality/safety guidelines and accreditation standards
• National System for Incident Reporting in Radiation Treatment (NSIR-RT)
• Radiation treatment equipment quality control guidelines
• Patient engagement guidelines

• CPQR Independent Evaluation (Ference and Co, Vancouver, 2016)

‘CPQR is the first successful example in the Canadian health care system where professionals from different disciplines work together as a team to improve the quality and safety of their practice.’
Lessons Learned

- Ensure committed leadership and clear objectives
- Engage and motivate front-line practitioners
  - Target grass-roots initiatives that address real-world challenges
  - Focus on consultation and consensus development
  - Acknowledge and reward accomplishments
- Engage strategic partners early with ‘win-win’ propositions
- Invest in patients as program leaders and advocates
- Manage system-level change to ensure uptake and sustainability
  - Early wins to demonstrate feasibility and value
  - ‘Top-down’ acknowledgement and investment
Engagement Opportunities

• CPQR quality guidelines/indicators are publicly available and adaptable to low and middle-income countries with developing RT programs.

• CPQR is collaborating with international partners to share information about RT incidents globally.

• CPQR on-line courses are open to all learners.

• The CPQR operational model is applicable to international initiatives that depend on ‘bottom-up’ engagement of front-line practitioners.

CPQR embraces partnerships, collaboration and sharing to enable success.

www.cpqr.ca or www.pcqr.ca
Case study

Cancer Research UK

Canadian Partnership Against Cancer;
Cancer Council Victoria;
Cancer Institute New South Wales;
Danish Cancer Society;
National Cancer Registry Ireland;
New Zealand Cancer Society;
NHS England;
Norwegian Cancer Society;
Public Health Agency Northern Ireland, for the Northern Ireland Cancer Registry;
The Scottish Government;
Western Australia Department of Health;
Wales Cancer Network.
Summary

• Exploring how variation in international health systems may lead to cancer survival differences.

• Identifying factors contributing to improved cancer outcomes - so that these can be applied to other countries with similar health care systems.

• A collaboration of clinicians, academics and policymakers:
  • Ensure data are interpreted within the local context and translated into recommendations and change.
  • Holistic approach to understanding differences and finding solutions.

• Aim to improve data comparability, sharing of best practice and improving outcomes for patients.

Benchmark differences internationally
Additional research to explain variation
Develop strategies to improve cancer outcomes
Results

- Provided evidence for...
  - Cancer plans
  - Public awareness campaigns
  - Improved cancer data completeness projects
  - Innovative diagnostic referral pathways

- Produced three new validated research tools - adapted and used by additional countries.

- Thirty-seven peer-reviewed publications, cited over 1,600 times.

Phase 2 will dig deeper into factors identified as potentially causing differences in phase 1...

**PHASE 1**
- International cancer survival benchmark (patients diagnosed 1995-2007) for 4 cancer types
- Public awareness, beliefs and attitudes to cancer
- Role of primary care doctors and health systems in diagnosis
- Measuring time intervals and pathways from symptoms to diagnosis and treatment
- Impact of registry processes and comorbidities on short term outcomes
- Organisation and structure of health systems

**PHASE 2**
- International cancer survival benchmark (patients diagnosed 1995-2014) for 8 cancer types
- Access to diagnostics
- Access to optimal treatments
- Cancer patient pathways
Lessons learned

• **Change one thing:**
  • **Ideal:** Regular face to face meetings – increase engagement and collaboration with key stakeholders.
  • **Reality:** Facilitate alternative opportunities for active engagement, such as hosting webinars, face-to-face collaboration in-continent.

• **Main challenge:** Availability / quality of comparable data – haves used surveys to collect data comparably.

• **Advocate for:**
  • Data comparison improvements e.g. standard definitions and metrics to collect.
  • Cancer plans/reforms to include measures to monitor the effectiveness of policy change over time.

• **Key success:** Comparability of methods - agreement of definitions and research protocols. Led to ICBP tools being used outside of the partnership.

• **Recommendation for peers:** Work collaboratively and include a range of expertise throughout the duration of the project/programme.
Engagement opportunities

ICBP partners have similar levels of spending on health care, population-based cancer registries, and universal access to healthcare.

Phase 2 is underway but we are open to UICC members who fit the criteria joining phase 3 – please contact the ICBP Programme Management team (icbp@cancer.org.uk) for an initial conversation.

Similarly, we are open to discussions with UICC members who would like to replicate certain studies and compare these to published results.
Opportunities for UICC Members

Connect globally

WORLD CANCER DAY ‘I Am and I Will.’
New campaign 4 February 2019

WORLD CANCER LEADERS SUMMIT
October 2019, Kazakhstan

WORLD CANCER CONGRESS
19-22 October 2020, Oman

Leadership Development

CEO PROGRAMME
Leadership in Action meetings
5 regions in 2019
Short term Leadership Grants

YOUNG LEADERS
April 2019 Call for Applications

Grants and Fellowships

GRANTMAKING OPPORTUNITIES FOR ORGANISATIONS:
SPARC Metastatic breast cancer
Expansion to other topics in 2019

FELLOWSHIPS FUNDING
1-month learning visit for all professionals – All year long

Treatment for All: National activation

CHAMPION A NATIONAL TFA INITIATIVE
October 2018: Call for expressions of interest launched
Support country needs assessment
Launch dedicated Toolkit on WCD
Seed grant
Mentoring from experts

Regional engagement
Adapting, facilitating access to & developing activities aligned with Members’ needs and UICC priorities
Discussion

Suggested questions to discuss:

• What would you like to see from UICC?
• What are the needs from the region that would benefit from a collaborative response?
• Who are the stakeholders to have onboard to ensure impact in collaborations?
• Are there inputs/experiences you would like to share with your peers?
Thank you!

Contact us at:
membership@uicc.org
regionalcb@uicc.org

worldcancercongress.org