Italian-Mexican Workshop on “Health Promotion and Healthy Lifestyles”
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Ministry of Health – Room A621

THE ITALIAN NATIONAL CANCER PLAN

Antonio Federici
Ministry of Health
1. National CANCER Plan

   1. General aspects (structure and contents)

   2. Governance model chosen by the Ministry of Health, i.e. Stewardship approach.

2. Examples of implemented interventions

   1. Mass screening

   2. Regional network
1. National CANCER Plan

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1) The reasons for a Plan

• Burden of cancer

• International commitments [Council of the European Union - Council conclusions on reducing the burden of cancer 10 June 2008: “INVITES Member States to develop and implement comprehensive cancer strategies or plans”]

• It is important for our Country as a whole to:
  – improve the response of the NHS (which in any case in the oncology and hemato-oncology area occupies a position of “excellence” at world level);
  – contribute to bridging inequalities.
2) Main goal

- The 2011-2013 Plan provides strong indications as to where State and Regions should focus their joint efforts in order to further improve the “comprehensive management” of patients by the NHS. Hence the document provides:
  - A theoretical framework of reference
  - Shared priorities
  - Common goals.
3) “Key” principles adopted in drawing up the Plan

- **Equity**: contribute to bridging the differences that still exist within the Country

- **Quality**: contribute to raising the general “level”. This goal is pursued by two main lines of action:
  - firm attention to the “organizational models for patient management” (pathways, networks, integration of resources available in the country);
  - strong promotion of research and technological innovation.

- **Knowledge**: contribute to promoting research, IT systems, knowledge-management

- **Information and communication**: encourage awareness and participation by all stakeholders in prevention and treatment processes
3) “Structure” of the Plan

- The Plan is organized according to the following steps:
  - Stating the Areas of priority and “critical” importance
  - Targeting needs within the selected Areas
  - Identifying the goals and definition of the ensuing action plan
Summary of contents

- cancer in Italy (surveillance systems, epidemiological framework, hospital admissions);
- prevention (details are provided below after Letter C);
- pathways for oncology patients in terms of:
  - integrating the diagnostic-therapeutic steps (from GPs to outpatient services to hospital care);
  - continuity of care at local level (optimization of care delivery and network organization, IT instruments supporting oncology care delivery, simultaneous care model – management of oncology patients, rehabilitation, palliative care and development of pain-relief therapy, development of psycho-oncology and integration with the non-profit and charity workers sector);
- elderly oncology patients;
- paediatric tumours;
- rare tumours;
- oncology-hematology
- technological renewal of equipment for:
  - Anatomical Pathology
  - Imaging Diagnostics
  - Gastroeneterology endoscopy
  - Oncology surgery radiotherapy
- Innovation in oncology in the areas of:
  - Biobanks;
  - Molecular Medicine,
  - Cell therapy and hematopoietic stem cell transplantation,
  - Oncology networks,
  - Clinical research in oncology
  - New drugs
- Training
- Communication

Tools for implementation:

- guidelines for implementing oncology networks (with technical, scientific and organizational contents based on the analysis of evidence and best practices);
- a document that directs the use of comprehensive resources identifying the “recovery” areas, through the re-engineering of “obsolete” or ineffective practices and of less efficient organizational models;
- an HTA document (based on the summary of evidence available on the cost-effectiveness of the main technologies).
The **European Partnership for Action Against Cancer**: a three-year initiative taking place under the umbrella of the European Commission to fill a void in cooperation, collaboration and shared experiences among countries with similar needs and diverse experiences in the field of national cancer control policy.

- Activities and studies will tackle the main challenges of cancer control in Europe and in Member States, including service provision and health system responses, human resources and research.

The **Work Package 10** specifically deals with National Cancer Control Programmes (NCCPs) in EU Member States, Iceland and Norway.

- This study aims to eventually give a comprehensive picture of where different countries are in relation to the development of NCCPs with the object drawing from this data the necessary indicators to monitor the actions of NCCPs in a minimally harmonized way between countries. Later phases of the study (i.e., in 2012-2013) will also present guidelines for Member States to use when preparing or evaluating their cancer plans as a companion document to this report.
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Health System functions:

A. Delivering health services
B. Financing the system
C. Creation of resources
D. Stewardship: "the effective trusteeship of national health"

WHO http://www.euro.who.int/healthsystems/stewardship/20061004_1


The governance and the devolution

**Stewardship: subfunctions**

1. Formulating strategic policy framework
2. Ensuring tools for implementation
3. Building coalitions/building partnerships
4. Ensuring a fit between policy objectives and organizational structure and culture;
5. Generation of intelligence
6. Ensuring accountability
The Stewardship subfunctions have been used to better define the strategic meaning of the Plan which actually is the definition of the policy in this field and the shared strategic framework (given all other institutional aspects)
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Mass screening: main characteristics

- Mass screening programmes for: breast, colorectal, cervical cancers
  - Since 2001, nationally-defined benefit package – *LEA* -(financed primarily by central and regional taxes)

- Actors of the governance:
  - MoH and Centre for Disease Control (responsible for planning and national ruling)
  - Regional Governments (responsible for organization, management and control)
  - National Centre for Screening Monitoring, network of regional expertise formally charged by MoH for monitoring, capacity building, promotion and nationwide CQI projects
  - Scientific societies
  - Patients/citizens' associations
Mass screening: main characteristics

- Target population: average risk
  - Cervical screening 25-64 every 3 years
  - Mammographic screening 50-69 every 2 years
  - Colorectal Cancer screening 50-69 every 2 years
- Objective: reduction of cause-specific mortality rates
- Organized according to a disease management-model
- Applied research (i.e. NTCC study)
- Development:
  - genetic risk-disease management (breast, colorectal screenings);
  - HPV-DNA testing;
  - wider age-target (Breast cancer screening)
  - National datawarehouse
Mass screening: main results (1)

Actual coverage 2005-2010: Colorectal Cancer Screening

Target: 7,043,000/yearly
Invited subjects: 5,658,326
Examined subjects: 2,627,459
Cancer detected: 4,998
Advanced Adenomas detected: 26,060

Actual coverage 2005-2010: Colorectal Cancer Screening

- NORD
- CENTRO
- SUD-ISOLE
- ITALIA
Mass screening: main results

Actual coverage 2005-2010: Cervical Cancer Screening

<table>
<thead>
<tr>
<th>Year</th>
<th>Nord</th>
<th>Centro</th>
<th>Sud ed Isole</th>
<th>ITALIA</th>
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</thead>
<tbody>
<tr>
<td>2004</td>
<td>51%</td>
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<td>2005</td>
<td>51%</td>
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<td>2006</td>
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<td>2007</td>
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<td>2008</td>
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<td>68%</td>
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<td>2009</td>
<td>63%</td>
<td>67%</td>
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<tr>
<td>2010</td>
<td>68%</td>
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</table>
Mass screening: main results (3)

Actual coverage 2005-2010: Breast Cancer Screening

- **Mammographic screening:** 2008-2009 and 2010
  - Source: CSM survey 2008-2009

**Target:** 3.639.000/yearly

- **Invited women:** 4.935.484
  - 2.499.400

- **Examined women:** 2.725.194
  - 1.372.759

- **Cancer detected:**
  - 12.154

**Actual coverage 2005-2010:**

- Breast Cancer Screening
  - 2005: 51,4%  
  - 2006: 50,9% 
  - 2007: 57,9% 
  - 2008: 61,7% 
  - 2009: 70,7% 
  - 2010: 69,1% 

**Graph:**

- **Nord:**
  - 2004: 51,4%
  - 2006: 57,9%
  - 2007: 61,7%
  - 2008: 70,7%
  - 2009: 70,7%
  - 2010: 69,1%

- **Centro:**
  - 2004: 50,9%
  - 2006: 57,9%
  - 2007: 61,7%
  - 2008: 70,7%
  - 2009: 70,7%
  - 2010: 69,1%

- **Sud:**
  - 2004: 0%
  - 2006: 20%
  - 2007: 30%
  - 2008: 40%
  - 2009: 50%
  - 2010: 60%

- **Italia:**
  - 2004: 0%
  - 2005: 10%
  - 2006: 20%
  - 2007: 30%
  - 2008: 40%
  - 2009: 50%
  - 2010: 60%
Take home messages

- The availability of integrated information systems allows us to demonstrate the effectiveness.
- We are still facing the challenge of overcoming the gap between different territories (Central – Northern Italy vs Southern Italy).
- Overall, the Programs managed to implement most activities under each sub-function of the stewardship conceptual framework and, as an empirical case study:
  - they corroborated the theoretical framework and demonstrated how it could be translated into certain activities on an operational platform. showed that the framework of stewardship is useful for structuring and prioritizing the most important activities of a steward and, thus, provides a good benchmark for implementers.
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network

Structured “relationship” of an articulated complex of complementary institutions

Facilitation of paths  
Sharing of case  
Continuity of care  
High specialization availability  
Economies of scale and critical masses  
Governement of appropriateness

Rationalizing not to rationing
Regulatory path

Action planned for oncology 1998 P.S.R.

- Unification:
  - Prevention
  - Diagnosis
  - Treatment
- Providers in the network
- Widespread access

Establishment of the coordination of the network oncology 2001

- Checking the status of implementation of R.O.R.
- Criticality analysis

P.S.R. 2002 Istituto Toscano Tumori

- Stronger regional coordination
- Homogenous system
- Availability of excellence
- External visibility
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set of resources

1  Center for the prevention
16  Oncology departments
20  CORD access
12  CORAT
15  U.O. of medical oncology
8  U.O. of radiotherapy
17  Palliative care units
15  Regional reference centers
Xx  organ “high” specialists
Xx  researchers

3  University

Xx Voluntary organizations

Xx general practitioners
I.T.T. The strengths (del. 140 of 2003)

- A single system of government
- Enhancement of the network
- Widespread access and shared tracks
- Expertise distributed among ASL-Area Vasta-ITT

Sustainability and consistency
Intercept and create synergies
Warranties of suitability
Balance between supply and demand and infrastructures
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the strengths

Basic response

Complex responses

Innovation
Highly specialization

1  2  3  4  n..

Local widespread access
Shared care pathways
Appropriate responses and quality
### Istituto Toscano Tumori

#### Balance between supply and demand

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<tbody>
<tr>
<td><strong>ASL</strong></td>
<td>provides access taking charge the trial start</td>
</tr>
<tr>
<td><strong>Area Vasta</strong></td>
<td>answers the question in more than 80% takes care some regional functions (in a shared way)</td>
</tr>
<tr>
<td><strong>ITT</strong></td>
<td>promotes the homogeneity procedures organizes the functions of “service” represents the entire system</td>
</tr>
</tbody>
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Welcome - CORD

- Is the access to care pathway
- Ensure:
  - Multidisciplinary medical visit
  - The completion of diagnosis
  - The treatment program
- Importance of:
  - Relationship with diagnostic and clinical
  - Availability of guidelines
  - Collaboration of professionals
Actions and Steps

Enhancement of Network A

Infrastructures and Services B

Modulation of the nodes and Menagement of casuistry C
Step A
Enhancement of the Oncological Network

• Spread of the cancer service
  – Served areas

• Common organizational model
  – Oncological Departments
  – Oncological multidisciplinary teams
  – Welcome

• Homogeneity and Monitoring
  – Clinical recommendations
  – Monitoring indicators of the path

• Research funding spread
  – Call for research projects
  – Financing stages
Step B
Infrastructures and Services

• Core Research Laboratory
• Central coordination of clinical trials
• Structures for Phase 1 drugs
• Cancer Registry
• Multivideoconferences
• Oncological Call Center
Step C
modulation of nodes and management of system

• Definition of a system of specific skills in the ITT
  – Rare and/or complex oncological diseases

• Oncological Poles of Area Vasta (Del. 196, 2008)
  – Mod Comprehensive Cancer Center

• Definition of relationship between ITT –
  Aziende Sanitarie (Del. 352, 2010)
The access to the nearest CORD provedes a service appropriate to me regardless of my residence or of my availability........

I am an indispensable link in a chain that offers:
- Quality
- Timeliness
- Innovation

I can optimize the existing human and structural Resources and invest in the needs of the system
Thank you for your attention