



# Elaborating the Essential Requirements for Quality Cancer Care: Prostate Cancer



# The Essential Requirements for Quality Cancer Care

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**Co-Chair of the Quality Cancer  
Care Network**



# The Essential Requirements for Quality Cancer Care: a new consensus expression

By committing to paper a fully expressed vision of what high quality multidisciplinary cancer care looks like for each tumour type, the strength of the Essential Requirements for Quality Cancer Care rests in the wide stakeholder support from creation to implementation. Co-created by healthcare professionals and patients, time and care is taken to confront controversies and work towards consensus, and in so doing, demonstrate to health system designers the full picture of care and treatment to be provided to cancer patients.



# The Essential Requirements for Quality Cancer Care: a new consensus expression

By committing to paper a fully expressed vision of what high quality multidisciplinary cancer care looks like for each tumour type, the strength of the Essential Requirements for Quality Cancer Care rests in the wide stakeholder support from creation to implementation. Co-created by healthcare professionals and patients, time and care is taken to confront controversies and work towards consensus, and in so doing, demonstrate to health system designers the full picture of care and treatment to be provided to cancer patients.

The Essential Requirements for Quality Cancer Care address such matters as:

<b>Multidisciplinary team working among core and extended groups of professionals, in a dedicated comprehensive cancer centre or unit</b>	<b>Cancer care pathways</b>
<b>Time lines of care</b>	<b>Minimum case volumes</b>
<b>Audit of outcomes and care</b>	<b>Performance measurement of outcomes and care</b>
<b>Quality assurance of outcomes and care</b>	<b>Professional education needs</b>
<b>Enrolment in clinical trials</b>	<b>Delivery of patient information</b>

# The Essential Requirements for Quality Cancer Care

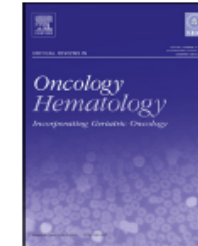
Critical Reviews in Oncology/Hematology 110 (2017) 81–93



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## ECCO Essential Requirements for Quality Cancer Care: Colorectal Cancer. A critical review



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C ECCO Essential Requirements for Quality Cancer Care: Soft Tissue  
G Sarcoma in Adults and Bone Sarcoma. A critical review

M Elisabeth Andritsch<sup>a</sup>, Marc Beishon<sup>b</sup>, Stefan Bielack<sup>c</sup>, Sylvie Bonvalot<sup>d</sup>, Paolo Casali<sup>e</sup>,  
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Ti Anastassia Negrouk<sup>o</sup>, Philippe Pereira<sup>p</sup>, Pierre Roca<sup>q</sup>, Godelieve Rochette de Lempdes<sup>r</sup>,  
Be Tiina Saarto<sup>s</sup>, Bert van Berck<sup>t</sup>, Gilles Vassal<sup>u</sup>, Markus Wartenberg<sup>v</sup>, Wendy Yared<sup>w</sup>,  
Alberto Costa<sup>x</sup>, Peter Naredi<sup>y,\*</sup>



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G S: ECCO essential requirements for quality cancer care: Oesophageal and  
M El gastric cancer

Je M William Allum<sup>a</sup>, Florian Lordick<sup>b</sup>, Maria Alsina<sup>c</sup>, Elisabeth Andritsch<sup>d</sup>, Ahmed Ba-Ssalamah<sup>e</sup>,

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Bc Ti Bettina Hutter<sup>o</sup>, József Lövey<sup>p</sup>, Irena Štenglová Netíková<sup>q</sup>, Radka Obermannová<sup>r</sup>, Simon Oberst<sup>s</sup>,

Al Siri Rostoft<sup>t</sup>, Tiina Saarto<sup>u</sup>, Thomas Seufferlein<sup>v</sup>, Sapna Sheth<sup>w</sup>, Venetia Wynter-Blyth<sup>x</sup>,

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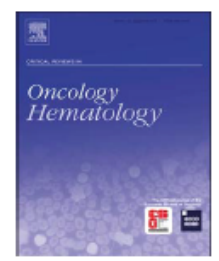
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g<sup>a</sup> ECCO essential requirements for quality cancer care: Melanoma

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 Andrea Ferrari<sup>j</sup>, Ana-Maria Forsea<sup>k</sup>, Hannelore Kreckel<sup>l</sup>, József Lövey<sup>m</sup>, Gre Luyten<sup>n</sup>,  
 Daniela Massi<sup>o</sup>, Peter Mohr<sup>p</sup>, Simon Oberst<sup>q</sup>, Philippe Pereira<sup>r</sup>, João Paulo Paiva Prata<sup>s</sup>,  
 Piotr Rutkowski<sup>t</sup>, Tiina Saarto<sup>u</sup>, Sapna Sheth<sup>v</sup>, Gilly Spurrier-Bernard<sup>w</sup>, Meri-Sisko Vuoristo<sup>x</sup>,  
 Alberto Costa<sup>d</sup>, Peter Naredi<sup>y,\*</sup>







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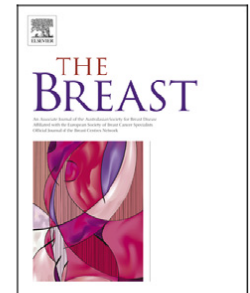
The Breast 51 (2020) 65–84



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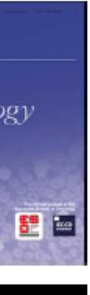


Original article

## The requirements of a specialist breast centre

Laura Biganzoli <sup>a,\*,1</sup>, Fatima Cardoso <sup>b,1</sup>, Marc Beishon <sup>c</sup>, David Cameron <sup>d</sup>,  
Luigi Cataliotti <sup>e</sup>, Charlotte E. Coles <sup>f</sup>, Roberto C. Delgado Bolton <sup>g</sup>, Maria Die Trill <sup>h</sup>,  
Sema Erdem <sup>i</sup>, Maria Fjell <sup>j</sup>, Romain Geiss <sup>k</sup>, Mathijs Goossens <sup>l</sup>, Christiane Kuhl <sup>m</sup>,  
Lorenza Marotti <sup>n</sup>, Peter Naredi <sup>o</sup>, Simon Oberst <sup>p</sup>, Jean Palussière <sup>q</sup>, Antonio Ponti <sup>r</sup>,  
Marco Rosselli Del Turco <sup>s</sup>, Isabel T. Rubio <sup>t</sup>, Anna Sapino <sup>u</sup>, Elzbieta Senkus-Konefka <sup>v</sup>,  
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Danica Rotar Pavlic<sup>p</sup>, Richard Price<sup>q</sup>, Fiona Walter<sup>f</sup>, Lynda Wyld<sup>s</sup>



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Critical Reviews in Oncology / Hematology 148 (2020) 102861

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### ECCO Essential Requirements for Quality Cancer Care: Prostate cancer

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Pablo Maroto<sup>l</sup>, Ken Mastris<sup>m</sup>, Rui Medeiros<sup>n</sup>, Peter Naredi<sup>o</sup>, Raymond Oyen<sup>p</sup>, Theo de Reijke<sup>q</sup>,  
Peter Selby<sup>r</sup>, Tiina Saarto<sup>s</sup>, Riccardo Valdagni<sup>t</sup>, Alberto Costa<sup>u</sup>, Philip Poortmans<sup>v</sup>



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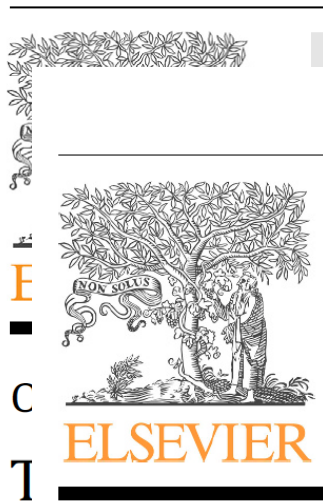
Coming soon:

- Lung Cancer

- Pancreatic Cancer

- Glioma

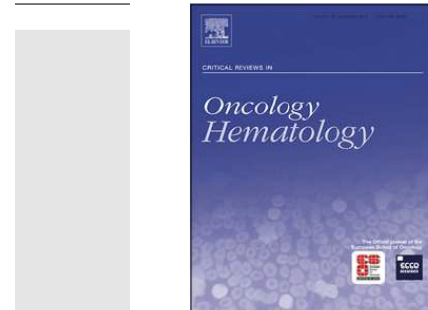
- Ovarian Cancer



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Pablo Maroto<sup>l</sup>, Ken Mastris<sup>m</sup>, Rui Medeiros<sup>n</sup>, Peter Naredi<sup>o</sup>, Raymond Oyen<sup>p</sup>, Theo de Reijke<sup>q</sup>,  
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Boyle<sup>f</sup>,



# Elaborating the Essential Requirements for Quality Cancer Care: Prostate Cancer

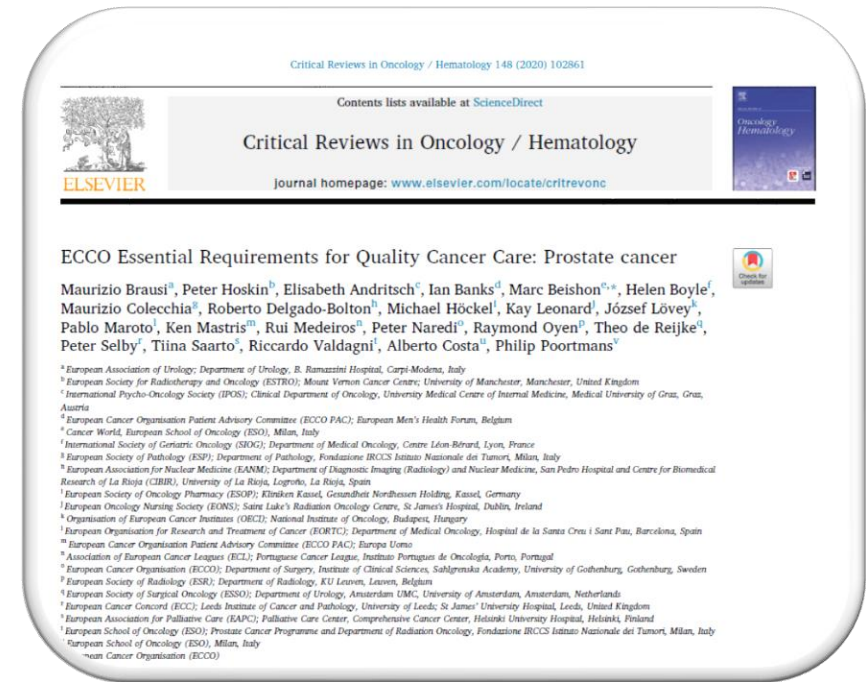
**Professor Maurizio Brausi**, European Association of Urology (EAU)

**Professor Peter Hoskin**, European Society for Radiotherapy and Oncology (ESTRO)

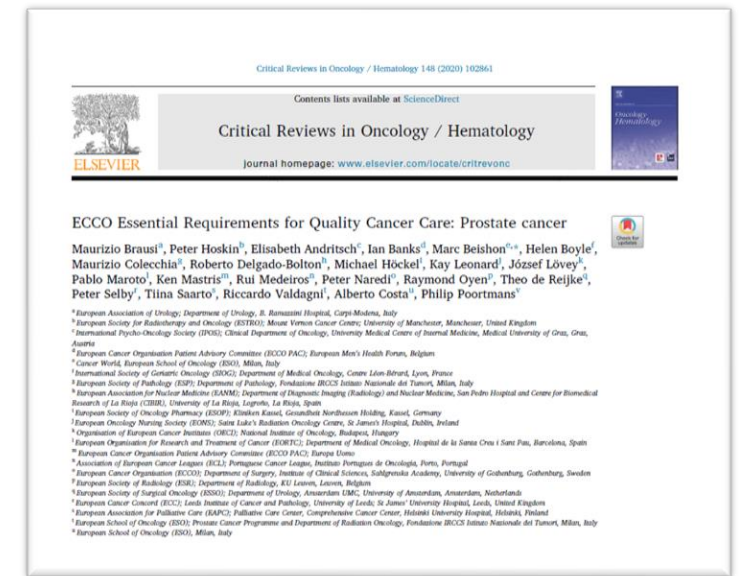


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6. Education, training and research



# Why we need quality frameworks





# Why we need quality frameworks

- **Factors such as waiting times and provision of optimal treatment can explain about a third of the differences in cancer survival among countries.**
- Lack of a national cancer plan that promotes clinical guidelines, professional training and quality control measures, **may be responsible for a quarter of the survival differences.**

**Source:** *The Joint Action on Cancer Control (CanCon) 2017*

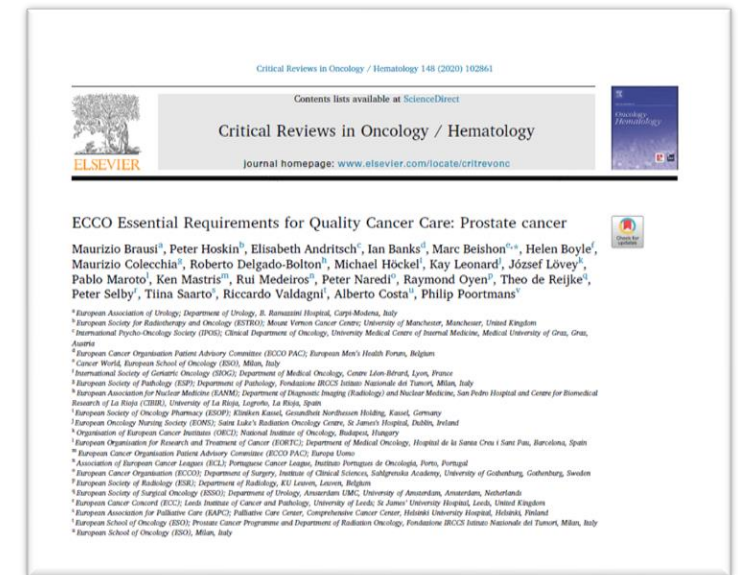
- Further, research shows that **care provided by multidisciplinary teams (MDTs) results in better clinical and organisational outcomes for patients** (Prades et al., 2015) and that they are the core component in cancer care (Borras et al., 2014).



# Creating the Essential Requirements for Quality Cancer Care: Prostate Cancer

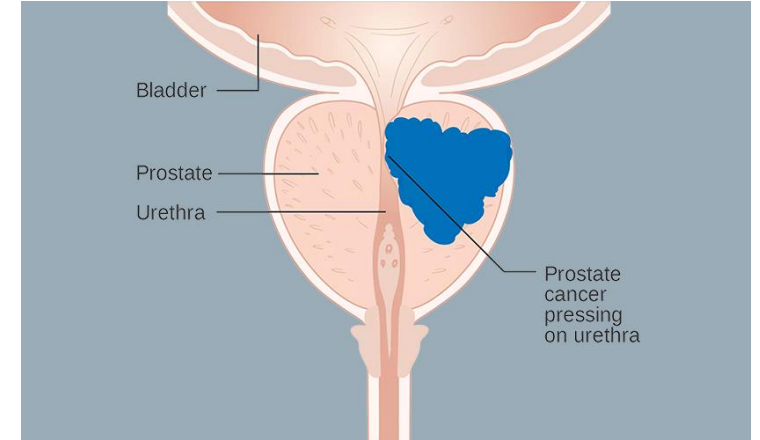
- A consensus expression from 19 European & international society representatives: **the full framework that all countries in Europe should put in place to achieve high quality cancer care for every prostate cancer patient**
- Over 18 month period, agreed descriptions were secured on such matters as:
  - Multidisciplinary team working among core & extended groups of professionals
  - Minimum case volumes
  - Performance measurement of outcomes and care
  - Professional education needs
  - Meeting research needs in daily practice
  - Delivery of quality information to patients

# Prostate Cancer: Key Facts

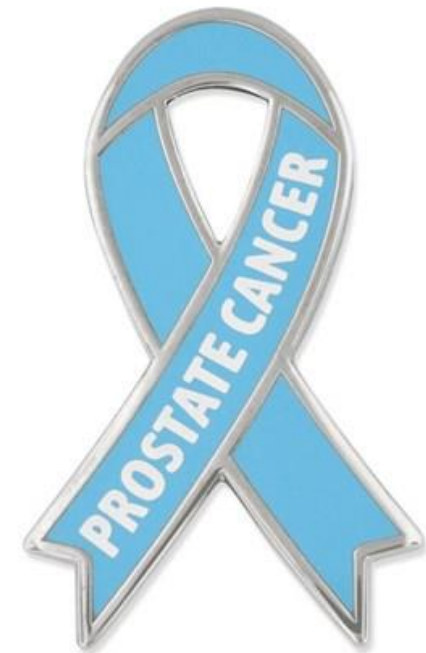
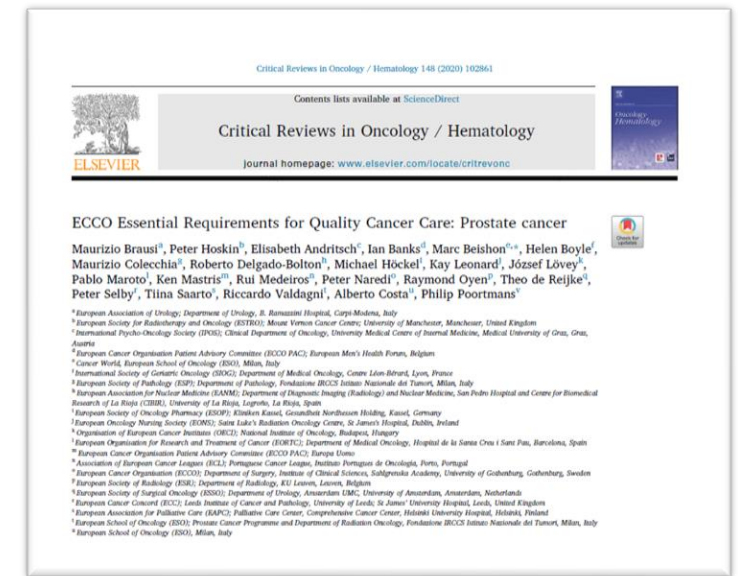


# Prostate Cancer: Key facts

- Prostate Cancer is a disease of the prostate gland, which is located just below the bladder and surrounds the urethra.
- It is the most common male cancer in Europe and is a substantial disease burden likely to increase due to an ageing population
- The estimated European incidence of prostate cancer in 2018 was c.460,000. Mortality was c.107,000 (**source: European Cancer Information System**)
- The main risk factor for prostate cancer is older age, with men of African-Caribbean and African ethnicity having a higher risk than other groups.
- About 5-10% of prostate cancers can be attributed to hereditary factors. Family history and mutations, especially in the BRCA1 and BRCA2 genes, increase the risk.

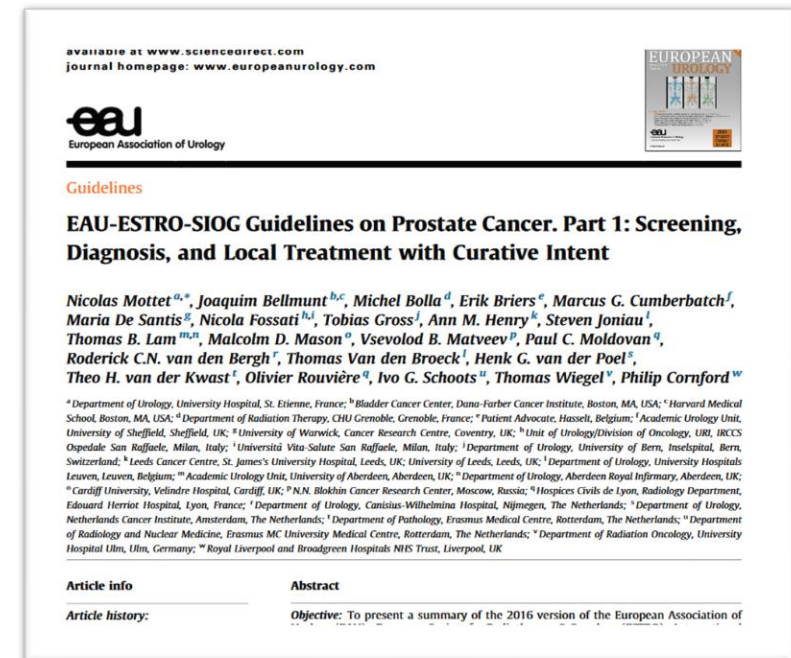


# The challenges in Prostate Cancer Care



# The screening & diagnosis challenge

- With some controversies in PSA screening remaining, the authors of the ERQCC Prostate Cancer strongly advise adherence to well developed consensus guidelines by scientific and medical societies, such as **the EAU-ESTRO-SIOG guidelines on Prostate Cancer Screening, Diagnosis and Local Treatment with Curative Intent**
- Generating awareness of prostate health and symptoms of prostate cancer among men and their partners or carers remains a major challenge.** Men tend to ignore or defer health-related changes of all types.
- Diagnosing, staging and grading prostate cancer is complex** and it is essential that experienced pathologists, radiologists and nuclear medicine specialists determine results from biopsies, surgery samples and imaging. **Strong multidisciplinary team working is fundamental.**





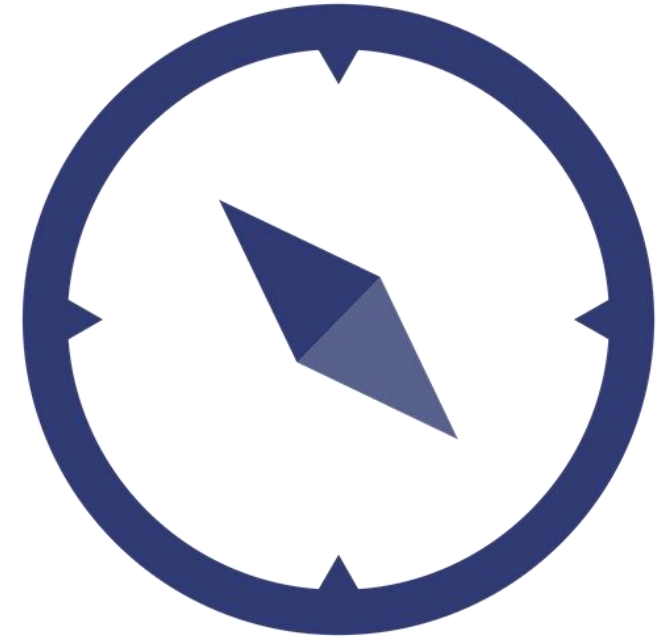
# The treatment challenges

## Supporting patients in navigating treatment and care

- Choosing between treatments that have equivalent survival outcomes is a major challenge for patients, as is securing access to appropriate information that will inform their preferred approach.
- **It is therefore important that men have access to balanced and unambiguous information from all appropriate members of the MDT, especially where there are competing choices of treatment.**

## Addressing support service and rehabilitation needs

- **Up to 75 % of men treated for localised prostate cancer report severe and persistent treatment side-effects** including sexual dysfunction, and poor urinary or bowel function (Smith et al., 2009). Treatment complications may be lifelong and have intense psychological impact on masculinity.





# The inequalities challenge

## Evidence of age discrimination

- As prostate cancer is primarily a disease of older men, there are pronounced challenges in caring for a **population that has more comorbidities.**
- Research from the Netherlands (Vernooij et al., 2019) and Italy (Trama et al., 2016) has shown that **the probability of receiving treatment with curative intent decreases significantly with older age**
- Yet survival is similar across age groups for intermediate- and high-risk patients who underwent treatment with curative intent.
- **Not age, but patient preferences, together with life expectancy, and comorbidity should be the decisive factors when offering treatment.**
- Inequalities also in evidence across Europe geographically (access to basic and new treatments) and between socio-economic groups





## Meeting the Challenges:

*Defining the multidisciplinary team*

# The core and extended team

## Prostate cancer centre/unit

Minimum volume requirement: 100 prostate cancer cases a year and 50 radical prostatectomies

### Core multidisciplinary team (MDT)

Professionals from these disciplines must form the multidisciplinary unit that plans and carries out treatment of all patients

#### Pathology

At least one pathologist spending 50% of their time on urological cancers

#### Radiology

Radiologists must spend 20% of their time on urological imaging

#### Nuclear medicine

#### Urology/surgery

Two or more urologists spending at least 50% of their time on prostate cancer and in total performing at least 50 radical prostatectomies a year

#### Radiation oncology

Brachytherapy units must undertake a minimum of 25 cases per year

#### Medical oncology

At least two medical oncologists spending at least 25% of their time on prostate cancer with one present at MDT meetings

#### Nursing

#### Extended multidisciplinary team (MDT)

Professionals from these disciplines must be available to the core MDT to provide holistic care throughout the patient journey

#### Geriatric oncology

#### Oncology pharmacy

#### Psycho-oncology

#### Physiotherapy

#### Palliative care

#### Sexual rehabilitation

#### Allied professionals

Primary care doctors  
Andrologists  
Community nurses  
Social workers  
Chaplains  
Occupational therapists  
Dietitians  
Pain specialists  
Psychologists

# Pathologists & Radiologists

## Essential requirements for pathology include:

- **There must be at least 1 uro-pathologist responsible for prostate cancer who must spend at least 50 % of their time on uro-pathology.**
- Pathologists must have expertise in reporting on preoperative prostate biopsies and prostatectomies and must use structured reports that meet internationally standardised and evidence-based datasets for the reporting of cancer pathology.
- **Pathology submitted from elsewhere must be reviewed by the centre's uro-pathologists.**

## Essential requirements for radiology include:

- **Radiologists must have expertise in prostate imaging and spend at least 20 % of their time on urological imaging.**
- As prostate cancer detection and staging is increasingly based mainly on MRI, knowledge of state-of-the-art mpMR-protocols, including T2-weighted imaging, diffusion weighted imaging and dynamic contrast enhanced imaging is essential.
- **Radiologists must know when to refer a patient to nuclear medicine for PET/CT.**

*See Essential Requirements for Quality Cancer Care: Prostate Cancer for full list*

# Nuclear medicine & Urology/surgery

Core multidisciplinary team:  
*Prostate Cancer*

## Essential requirements for nuclear medicine include:

- **PET/CT with prostate-specific radiotracers, SPECT/CT, and radionuclide therapy must be available and must be managed by nuclear medicine physicians with the appropriate expertise.**
- An option for ensuring the high quality of PET/CT scanners is provided by the European Association of Nuclear Medicine (EANM) through EARL accreditation.

## Essential requirements for Urology/surgery include:

- **2 or more urologists trained in prostate cancer diagnosis and treatment must be part of the MDT. They must spend at least 50 % of their working time on prostate cancer care.**
- **The urology department must perform at least 50 radical prostatectomies a year.**
- Urology departments must have active surveillance protocols.
- Urologists must be responsible for follow-up care relating to side-effects of treatment..

*See Essential Requirements for Quality Cancer Care: Prostate Cancer for full list*

# Radiation Oncology & Medical Oncology

## Essential requirements for radiation oncology include:

- Radiation therapy options must include IMRT and IGRT with CT and MR based target volume and organ at-risk definition and contouring.
- **There must be access to both low dose rate and high dose rate brachytherapy in the treating centre or neighbouring centres.**
- **A minimum of 25 cases per year** must be undertaken by a radiation oncologist performing brachytherapy to maintain expertise

## Essential requirements for medical oncology include:

- Medical or clinical oncologists must be experienced in the evaluation of patients with prostate cancer, and in the delivery of systemic therapy.
- **At least 2 medical or clinical oncologists must be associated with each MDT such that one is present at all team meetings and party to all decisions about appropriate patients.**
- A medical or clinical oncologist who is specialised in the management of prostate cancer must spend **at least 25 % of their time working on the care of prostate cancer patients** or on supporting activities in service development and research that are intrinsic to prostate cancer care.



## Essential requirements for nursing include:

- **Nurses must have training to have detailed insight into each patient's experience on the stages of their disease, proposed treatment and side-effects.**
- Nurses must conduct holistic assessments to ensure safe, personalised and age-appropriate nursing care, and provide patient information and support that promotes self-efficacy throughout the patient journey.
- Nursing interventions must be optimised to minimise side-effects and to maximise treatment benefit and quality of life (including wound healing, bowel and urinary effect, neutropenia, sepsis, erectile dysfunction)
- **Health systems must consider establishing community prostate cancer care facilities and nurses to ease demands on the acute sector**

*See Essential Requirements for Quality Cancer Care: Prostate Cancer for full list*



# Geriatric oncology & oncology pharmacy

## Essential requirements for geriatric oncology include:

- **All older patients (70+) must be screened with a frailty screening tool.**
- Frail and disabled patients must undergo a **geriatric assessment..**
- **Cognitive impairment** affects all aspects of treatment – ability to consent, compliance with treatment, and risk of delirium – and **screening using tools such as Mini-Cog (Borson et al., 2003) is essential.**

## Essential requirements for oncology pharmacy include:

- Oncology pharmacists must have experience with antineoplastic treatments and supportive care; interactions between drugs; drug dose adjustments based on age, liver and kidney function, and toxicity profile; utilisation and monitoring of pharmacotherapy; patient counselling and pharmacovigilance; and knowledge of complementary and alternative medicines.
- **Oncology pharmacists must provide personalised information for patients on their drug therapy to support adherence**, i.e. on the use of new oral drugs such as abiraterone and enzalutamide.

# Psycho-oncology & physiotherapy

## Essential requirements for psycho-oncology include:

- **Ensure that psychosocial distress and other psychological disorders and psychosocial needs, are identified by screening throughout the disease continuum, and are considered by the MDT.**
- **Patients must have access to a psychological assessment tools.** Scores below a certain level to be managed by the primary care team; above that level → further clinical interviewing and screening for anxiety and depression, and referral.
- **Psychosocial care must be provided at all stages of the disease and its treatment**

**Physiotherapy** can help preserve and restore continence after prostatectomy and address erectile dysfunction.

Evidence suggests that urinary incontinence, fitness, fatigue, body constitution and quality of life can all be improved by exercise in patients during and after prostate cancer

## Essential requirements for physiotherapy include:

- **A physiotherapist trained in incontinence and erectile dysfunction management in men with prostate cancer must be available to the core MDT when needed before and after radical treatment**

# Sexual rehabilitation & Palliative care

Extended multidisciplinary team: *Prostate Cancer*

**Radical prostatectomy can profoundly affect sexual functioning.**

Sexual rehabilitation can be provided by specialist therapists and counsellors, who may have a background in medicine, nursing or psychology, and also by urologists and andrologists trained in sex therapy.

Essential requirements for **sexual rehabilitation**:

- **There must be a professional specialising in comprehensive clinical sexual rehabilitation available to surgical prostate cancer patients as part of the extended MDT either in the hospital or community.**

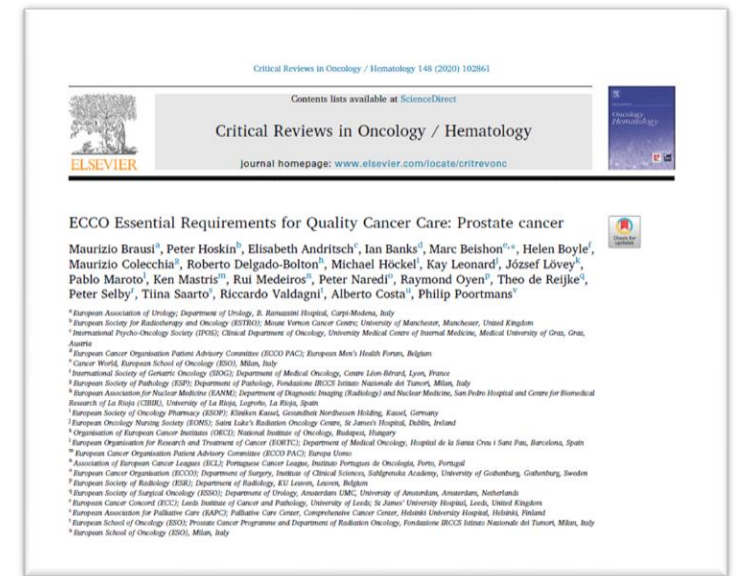
**Essential requirements for palliative care include:**

- The specialised palliative care team must have good knowledge of cancer and its treatment including palliative radiation therapy and isotope therapy of bone secondaries, adverse effects of treatment.
- The palliative care team must have experience of taking care of frail older patients and their families.
- **To ensure the continuity of care at home, the palliative care team must work with community/primary care providers.**

*See Essential Requirements for Quality Cancer Care: Prostate Cancer for full list*

# Meeting the Challenges:

*Centre Requirements, Patient  
involvement and information,  
Performance, Quality, Audit  
and Information*



# Prostate Cancer Care: Centre requirements

- It is optimal for a prostate cancer unit to be based at a single site for most of the core and extended specialties (as pioneered in breast cancer).
- Prostate cancer clinics are likely to be co-located with other urological cancers (bladder, kidney, testicular), **but each cancer must have its own MDT and minimum volume, performance and audit requirements.**
- There should be a volume target of 100 cases (all stages of prostate cancer) and a minimum of 50 prostatectomies a year conducted by two or more urologists. This is an essential requirement for a prostate cancer unit.
- This does not include a target for an individual surgeon, but the requirement is also for a urologist to spend at least 50 % of their time on prostate cancer.



# Patient Involvement

- **Patients must be involved in every step of the decision-making process and their satisfaction with their care must be assessed throughout the patient care pathway.**
- Patients and their families and carers must be offered **relevant, objective and understandable information**, which may include decision support aids, to help them appreciate the process that will be followed with their treatment from the point of diagnosis.
- **Patients must be supported and encouraged to engage with their health team to ask questions and obtain feedback on their treatment wherever possible.**



# Making information available

- Conclusions on each case discussion must be made available to patients and their primary care physician.
- **Advice on seeking second opinions must be supported.**
- Cancer healthcare providers must publish on a website, or make available to patients on request, data on centre/unit performance, including:
  - **Waiting times to first appointment.**
  - **Numbers of patients and treatments available at the centre.**
  - **Number of operated patients at the centre (per procedure).**
  - **Clinical trials.**





# Performance and Quality

## Prostate cancer centres must have in place

- performance measurement metrics/quality indicators based on the essential requirements and on clinical guidelines
- Systems to ensure safe and high-quality patient care and experience throughout the clinical pathway
- Effective data management and reporting systems
- Engagement with patients, their carers and support groups to ensure reporting of patient outcomes and experience



To assess properly the quality of prostate cancer care, **3 categories of outcomes must be measured** and collected in databases at the level of the specialist centre, regionally and/or nationally:

- **Clinical outcomes.**
- **Process outcomes.**
- **Patient reported outcomes.** 37

# Audit information

## Outcome metrics should be systematically measured and collected for audit, including:

- % of patients discussed by the MDT **prior to treatment.**
- % of patients discussed by the MDT **after treatment.**
- % of patients according to clinical stage at time of diagnosis
- % of patients receiving treatment with curative and palliative intent
- Volume of specific curative procedures, such as radical prostatectomy and radiation therapy.
- Complications and toxicities.
- In-hospital mortality.
- 1 and 5-year overall survival rate.
- Adherence to MDT recommendations.

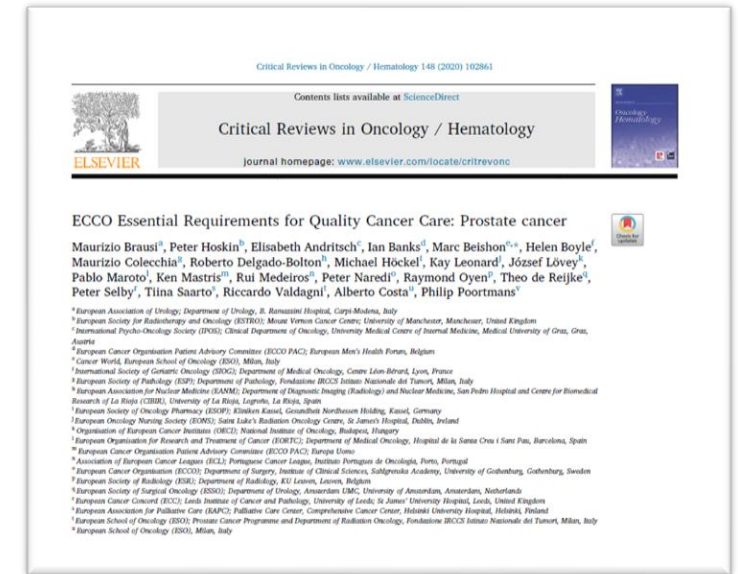


# MDT Performance

- All MDT decisions must be documented and become part of patient records.
- **It is essential that all relevant patient data, such as pathology reports are available at the time of the MDT meeting.**
- The core and extended MDTs must meet at least twice a year to review the activity of the previous period based on the audited metrics, discuss changes in protocols and procedures, and improve the performance of the unit/centre.
- **The ERQCC expert group strongly recommends that further attention must be given to measures of patient reported outcomes,** not only to agree which tools should be used, but also to use such outcomes more systematically as part of discussions and evaluation within the MDT.
- The ERQCC expert group strongly recommends **participation in national or international accreditation programmes,** e.g. Organisation of European Cancer Institutes (OEI) accreditation

# Meeting the Challenges:

*Education, training, and research*



# Prostate Cancer Care: Education & Training

- It is essential that each prostate cancer centre provides professional clinical and scientific education on the disease **and that at least one person is responsible for this programme.**
- Healthcare professionals working in prostate cancer must also receive training in **psychosocial oncology, palliative care, rehabilitation and communication skills.**
- Nurses should undertake post-qualification education and training about **providing holistic care for people being treated for prostate cancer throughout the patient journey.**



# Prostate Cancer Care: Clinical Research

- **Centres treating prostate cancer must have clinical research programmes.**
- The MDT must assess all new patients for eligibility to take part in clinical trials.
- **There should be a minimum accrual rate for clinical trials of 5% for all prostate units.**
- In countries where clinical trials are less available, centres treating prostate cancer should engage with policymakers to investigate referring patients to other countries.
- **Correlative biomarker research is a crucial part of all phases of clinical studies,** and requires close cooperation with biobanks.





# Patient perspectives



**Robert Greene**

European Cancer Patient Coalition and  
European Cancer Organisation Patient  
Advisory Committee



**Ken Mastris**

Europa Uomo and European Cancer  
Organisation Patient Advisory Committee

# YOUR perspectives and questions

*Please indicate your question in the  
chatbox to be called by our moderator  
Professor Philip Poortmans*

# Wrap up and conclusions

*Philip Poortmans, Co-Chair of the Quality Cancer Care Network*

*Matti Aapro, President of the European Cancer Organisation*