**INFORMATION NETWORK ON RARE CANCER (RARECARENet)**

**Kick-off meeting - Friday, July 13 2012**

Luxembourg

DROSBACH Building 12, rue Guillaume Kroll

**Participants**

Nadya Dimitrova (National Oncology Hospital, Bulgaria)

Škrlec Franciška (Institute of Oncology Ljubljana)

Jan Geissler (Leukemia Patient Advocates Foundation)

Riccardo Capocaccia (Istituto Superiore di Sanita’)

Sandra Mallone (Istituto Superiore di Sanita’)

Paolo G Casali (Fondazione IRCCS, Istituto Nazionale dei Tumori , Italy; European Society for Medical Oncology , Rare Cancers Europe)

Lisa Licitra (Fondazione IRCCS, Istituto Nazionale dei Tumori , Italy; State-of-the-Art Oncology)

Gemma Gatta (Fondazione IRCCS, Istituto Nazionale dei Tumori , Italy)

Annalisa Trama (Fondazione IRCCS, Istituto Nazionale dei Tumori , Italy)

Riccardo Audisio (European Society of Surgical Oncology-ESSO)

Ray Coquard Isabelle (Centre Léon Bérard)

Francesco De Lorenzo (European Cancer Patient Coalition – ECPC)

Denis Horgan (European Cancer Patient Coalition – ECPC)

Jan Maarten van der Zwan (Integraal Kankercentrum Nederland)

Sabine Siesling (Integraal Kankercentrum Nederland)

Otto Visser (Integraal Kankercentrum Nederland)

Aidan Hutchison (The University of Edinburgh)

Segolene Ayme (Institut National de la Santé et de la Recherche Médicale (INSERM)- Orphanet)

Olivier Collignon (Centre de Recherche Public de la Santé, Luxemboug)

Stéphanie Saleh (Centre de Recherche Public de la Santé, Luxemboug)

Hristina Mileva (Executive Agency for Health and Consumers)

Klara Kasnyik (Executive Agency for Health and Consumers)

**AIMS**

1. To discuss the project among all project partners
2. To receive suggestions
3. To identify problems and discuss possible solutions
4. To discuss interaction among work packages

**BACKGROUND AND INTRODUCTION**

The coordinator of the project, Gemma Gatta (Fondazione IRCCS, Istituto Nazionale dei Tumori), summarized objectives and major achievements of the previous European project “Surveillance of rare cancers in Europe” (RARECARE [www.rarecare.eu](http://www.rarecare.eu)). RARECARE:

* Provided a definition of rare cancers based on incidence (< 6/100,000 in EU)
* Proposed a list of rare cancers based on topography and morphology (186 rare cancers)
* Put numbers to a problem long known to exist
  + 22% of all new cancer diagnosed every year are rare (about **500,000** new diagnosis/year )
  + 24% of the total cancers (about 4 million patients alive with a diagnosis of rare cancers)
* Show low outcome of rare cancers
  + 5-year relative survival: common cancers **64%** *vs* rare cancers **48%**
* Made prevalence available for each of the 186 rare cancers
* Identified a new priority for population-based cancer registries

**Discussion**

During the discussion it was highlighted the importance of providing also data on mortality.

Mortality data do not exist for most of the defined rare entities, because morphology is not included in information provided by official death records. In RARECARE, mortality rates were estimated from incidence rates multiplied by the fatality proportion, under the assumption of constant incidence and survival rates. Mixture models have been applied to estimate the fatality proportion. This class of survival models (also addresses as “cure”) models, assume that a proportion of cases (those cured) has the same mortality rate of the general population, while the complementary fraction (the “fatal” cases) have an excess death rate attributed to the diagnosed cancer. Mixture models allow then to estimate the proportion of patients who die from their cancer. Thus, it is complex to estimate mortality. In RARECARE it was agreed to concentrate analyses to the modeling necessary to provide prevalence since this is an indicator more requested than mortality and quite complex to estimate.

Another important point that was raised was about the dissemination of the results. Results should be disseminated in different languages and explanation/laymen versions should be developed to explain technical information/indicators.

Annalisa Trama (WP-1 coordination; Fondazione IRCCS, Istituto Nazionale dei Tumori), provided an overview of the project and no questions were asked.

**WP4 - INFORMATION ON EPIDEMIOLOGY OF RARE CANCERS**

WP leader: Riccardo Capocaccia (Istituto Supeiore di Sanità, Rome)

Main objectives of this WP are

1. To revise the list of rare cancers
2. To collect and disseminate information on: updated epidemiological indicators and the health care pathways for rare cancers

**Revision of the list**

A consensus meeting is envisioned to convene the group of international experts and oncologic societies to revise the list. A contact will be established with National Cancer Institute rare cancers study group in USA to share information about what is happening in Europe (RARECARENet) and in the USA.

The work-programme proposed follow:

* July-august 2012: definition of the working group (starting from the RARECARE group of experts that worked to define the RARECARE list)
* September 2012: circulating the list including proposed amendments
* September-November 2012: discussion by email or forum on RARECARE website
* November 2012: meeting for final consensus on the revised list
* December 2012: possible second meeting, if necessary
* January 2013: new list available for endorsement from scientific associations and for analyses

**Estimation of updated epidemiological indicators and description of the health care pathways for rare cancers**

RARECARENet project will analyze incidence and follow-up data on cancer cases diagnosed in 1978-2007 and followed-up until 2008 from more than 100 population-based cancer registries (CR) in 30 European Countries.

Incidence and incidence trend will be provided because we have 10 years of ICD-O3 implementations thus entities are robust enough to provide trends. **Incidence trends will be provided for the first time.**

Relationship between GDP and other macroeconomic indicators will be considered for specific analysis linked to possible publications and/or interests of partners to work on such topic

Absolute and relative survival of patients diagnosed between 2000 and 2007 will be provided according to the Ederer II method (which is different from the one used in RARECARE) with 3 possible different approaches (Cohort 2000-2004, follow-up to 2008; Period 2005-2007; Complete 2000-2007).

Survival time trends for consecutive triennia (1990 – 2007) will be estimated for the first time by using multiple regression models.

Prevalence observed and complete will be provided for all rare cancer with the same method used in RARECARE.

Analyses on place of diagnosis/treatment will provide information on

* In which hospitals are rare cancers most frequently diagnosed/treated
* Whether there is an association between hospital case volumes and (stage-adjusted) survival

Selected national cancer registries will be involved in this specific analysis: Finland, Bulgaria, Slovenia, Ireland, Netherlands. There will be also the possibility to include additional national CR or CR covering defined geographical regions within one country (such as some of the Italians CR).

**Discussion**

During the discussion it was stressed that the expertise could be spread across different centres: often 1 centres is expert on one procedure, another is expert on another procedure and 1 is acting as coordinator (network of centres of expertise). This scenario has to be considered when analyses between 1 treatment centre and the outcome will be undertaken.

CRs will provide information on the place of treatment however, it will be essential to distinguish between places where patients are diagnosed and treated. Netherlands CRS collect both place of diagnosis and place of treatment. Also the other CRs involved in this study should be able to distinguish places of diagnosis and of treatment. A meeting is envisioned with CR and it will be important to discuss which information they have/how they collect information on place of diagnosis and treatment.

The importance of providing information on criteria for CoE and outcome with high resolution study was stressed because different countries are actually using different criteria to identify CoE. It will be important to show which criteria are better in order also to orient other countries willing to work on the identification of CoE.

It was clarified that the volume analyses will be only one of the information on the basis of which criteria for CoE will be identified.

**WP5- INFORMATION ON CENTRES OF EXPERTISE FOR RARE CANCERS**

WP leader: Sabine Siesling (Integraal Kankercentrum Nederland)

This WP has one main objective:

* To identify the qualification criteria for centres Centres of Expertise (CoE) for rare cancers

A list of criteria will be identified in accordance with the general criteria developed by the EUCERD and for a selected sub set of rare cancers, more specific indicators will be identified. Examples of general EUCERD criteria follow:

* the attractiveness measured through the volume of cases treated
* the capacity to produce and adhere to clinical guidelines (i.e. staging procedure and treatment),
* outcomes (i.e. surgical free margins, number of revision surgery, survival and recurrence),
* the availability of multidisciplinary team,
* the collaboration with other centers of expertise at national and international level (also for clinical trials).
* capacity to participate in data collection (clinical research and public health in relation to CR)

A meeting will be organized to discuss possible criteria indicating the level/quality of expertise for rare cancers management and to identify the priority sub-set of cancers.

The indicators proposed will be collected by the CRs included in the project (Finland, Bulgaria, Slovenia, Ireland, Netherlands) through high resolution studies. The possibility to invite additional CRs to enlarge the data collection will be explored considering funding available and availability of data at CR. CR do not routinely collect clinical information, in consequence CR will be requested to check again the clinical files to collect clinical information on staging procedures, treatment, recurrence, multidisciplinary teams etc. These type of studies (high resolution studies) are new for rare cancers.

**Discussion**

Possible criteria to select the sub-set of rare cancers on which undertake the high resolution studies.

*Proposal 1 - include:*

1 hematological cancer (Leukemia)

1 pediatric cancers

1 solid rare tumour of the adult which is a “frequent rare cancer” such as sarcoma

1 solid rare tumour of the adult which is a “ very rare cancers”. This because the pathway could be very different

However, attention should be paid in selecting very rare cancers because there could be a too limited number of cases in all the variables we have to analyse.

*Proposal 2 – include tumors sharing similar etiology*

Select group of cancers merging all tumors with similar etiology such as those virus related (HBV or HPV related). Within head and neck there are 2 HPV related cancers.

*Other suggestions*

In selecting the tumors, it will be important to consider those cancers for which guidelines are based on relative strong evidence and the points of the guidelines on which there is more agreement.

Indicators /criteria for CoE.

There wasn’t a detailed discussion on possible specific criteria. However some important points were raised.

It was stressed that if a treatment related indicator will be identified, also radiation therapy quality indicators should be kept in mind (time and dose of radiations). Treatment indicators should not be developed for surgical interventions only.

In addition to the EUCERD criteria also those listed in the latest draft of the report from the expert group on ERN in the framework of the cross border health care directive should be considered. Ségolène Aymé nicely offered to provide the latest draft of the document in preparation.

Information on structural characteristics of the CoE such as availability of multidisciplinary team, collaboration with other CoE and so on and so forth are difficult to collect for CR. A survey in addition to the high resolution studies would be needed thus it should be further discussed whether to collect also these indicators.

A good opportunity would be to collaborate with Orphanet since in July questionnaires will be sent to CoE identified by Orphanet in order to collect information on the structural aspects of CoE. Ségolène Aymé will share such questionnaires with the partners, as well as the results of the survey when available.

**WP6 - INFORMATION ON CLINICAL MANAGEMENT OF RARE CANCERS**

WP leader: Lisa Licitra (Fondazione IRCCS, Istituto Nazionale dei Tumori , Italy)

Main objectives of this WP are:

* To produce and disseminate information on diagnosis and management of rare cancers
* To develop a clinical database on very rare cancers to provide new knowledge on these diseases and on their clinical management.

**Information on clinical management** on rare cancers to support clinical oncologists and physicians in their everyday oncology practice will be developed by the project State-of-the-Art Oncology in Europe (START www.startoncology.net) which involve experts of major oncologic societies. 10 chapters will be developed. 5 chapters will be new and 5 will be old chapter already focusing on rare cancers that need to be updated. START chapters will be published in Critical Reviews in Oncology/Hematology.

Possible new 5 START chapters

Thymus

Oral cavity

Nasal cavity

Head and neck mucosal melanoma

Small intestine

**Possible 5 START chapters to be updated**

Chronic Lymphocytic Leukemia

Cholangiocarcinoma

Gastrointestinal Stromal Tumours (GISTs)

Hepatocellular carcinoma

Langerhans cell histiocytosis

An alternative idea could be to focus on the same rare tumors that will be selected for the high resolution studies.

**Database on very rare cancers**

A clinical database will be developed to collect cases of very rare cancers (incidence < 0,01/100,000/year). The database will be developed starting from already existing networks of centers/researchers. A meeting is envisioned to discuss about the database and to select a subset of very rare cancers for which define the database. The selection will be based on the very rare cancers cases available in the EUROCARE/RARECARE database.

Possible tumors for such database are:

Nasofaringeal cancers

A collaborative group on nasopharyngeal cancers is developing a worldwide database with a minimum set of clinical data. This information will be useful to better understand etiopathological history.

Ovarian rare cancers

An experience is available in France (French observatory for rare malignant tumors of the ovary). This database contains information ONLY about where the patient is and where he is treated with contact of the clinicians (in case major information will be needed). This because a database will never be able to collect all the information thus, the idea is to track doctors and patients in order to share detailed information in ad hoc meetings.

A meeting will be organized to better discuss the different approaches and select possible very rare tumors to start with.

A link between START and Orphanet should be established.

**WP7 - INFORMATION FOR PATIENTS WITH RARE CANCERS**

WP leader: Francesco De Lorenzo/ Jana Pelouchová (European Cancer Patient Coalition – ECPC)

Main objectives of this WP are

1. To develop and disseminate information for patients including patients’ associations dedicated to rare cancers
2. To identify centres of expertise for rare cancers

ECPC will play an important role in the project, as it is integrated within all WPs and is leading this WP. As such, increased interaction and knowledge of the different work packages is needed.

**Information for patients**

ECPC will establish a patient network for rare cancer patients building on the already existing Rare Cancer Action Group. The Rare Cancer Action Group will be expanded asking Rare Cancer Advocates to recruit new patient advocates so as to have a multiplier effect and contacting ECPC member organizations to better identify whether they already deal with rare cancers, are interested in working on rare cancers, are aware of patient associations working on rare cancers. ECPC will identify one lead patient advocate per Member State to coordinate and liaise with ECPC Secretariat. This work has already started. During the ECPC master class held in Rieti on 17-18 June 2012, a questionnaire was distributed to ECPC patients associations attending the meeting to collect information about their activities in order to identify additional association to involve in the Rare Cancer Action Group.

The so established patient network for rare cancers will contribute to analyse the patient information status quo and to identify the type of information materials that is lacking on rare cancers. The network organisation, will be contacted and asked the type of information they have. This will help to understand the materials already available, how will be possible to use it and what kind of new materials has to be developed. Feedback from patient organisations will be requested regarding the format of the information they would like to receive. An important point will be to consider in how many languages will be possible to develop this information.

**Centres of expertise for rare cancers**

A questionnaire will be based on the criteria developed from WP5 and will be distributed to all the organizations of the established network. The results of the questionnaire will be discussed in dedicated workshops that will be organized in different MS. Aims of the workshops will be:

* + To discuss Criteria of Committee of Expertise - Work Closely with WP5
  + To discuss the transferability of these criteria between different Member States and within the regions
  + To enlarge networks between patients
  + To learn and sharebetween patient organisations from different Member States

**Discussion**

During the discussion it was highlighted the importance of working closely with the partners of the project and also of seeking advice and support outside the project partners. ECPC has created a scientific advisory committee which could provide support for this project. Scientific experts of this committee will work with ECPC since expertise and support is needed to achieve all the objectives.

Scientific experts would need to discuss the following areas:

* Definition of rare cancers
* Burden of rare cancers in Europe
* Definition of centres of expertise
* Information needs of patients about rare cancers

A dedicated person will be recruited for the project in order to liaise with all the organization of the network on rare cancers that will be established and to liaise and coordinate with the partners of the project. ECPC will have to organise a number of regional meeting in different member states so this will require organisational capacity as well as resources to undertake liaising with multiple stakeholders. To ensure continuity and sustainability for the project, the person hired for the project should be with ECPC for three years.

It was suggested to look at Orphanet to identify additional patients associations dedicated to rare cancers and Ségolène Aymé agreed to compare and exchange list of patients associations between Orphanet and ECPC.

It was also suggested to circulate the questionnaire developed for collecting information about patients associations to all partners for comments and also to ask them to circulate it to associations they know might be interested.

Finally, it was agreed to provide profile on ECPC website to disseminate the outcome of the project and to increase awareness of its aims. Additionally, it was asked to ECPC to support the aims of the project at the European Commission and European Parliament level.

**WP1 – COORDINATION**

WP leader: Gemma Gatta (Fondazione IRCCS, Istituto Nazionale dei Tumori , Italy)

The Evaluative Epidemiology unit of the INT (Dr Gemma Gatta) is the coordinator of the project. The coordinator will be supported by the project management team (Dr Annalisa Trama + another person more responsible for the administrative issues still t.b.d).

The project management team will provide economic and administrative support to the WP Leaders since the beginning of the project including explanation of the budget, eligible costs, development of the brief financial report. The management team will monitor the correctness and accuracy of financial reports developed by partners, will collect the cost statements, and will support the coordinator in developing the financial reports required.

The project management team will coordinate the preparation of progress reports and monitor the delivery of milestones. **The project management team will ask to each WP leader to complete a WP report each 6 months after the start of the WP**. The WP report will contain, for each task the following elements: objectives (as a memorandum); work done and encountered problems with possible causes; produced documents (to be enclosed); next steps and proposals with possible problems/risks.

The coordinator will be supported also by a Steering Committee (SC) that will consist of one representative from each different associated partner of the project. The SC will be the decision making body. The SC will be responsible for all strategic planning, ensuring that the timetable is maintained and that the milestones are met and that corrective actions will be taken if necessary. It will receive all reports and other outputs for quality control. It will have to decide on other future actions which will be taken cooperatively. Three meetings of the SC are envisaged. The first was the kick-off meeting.

A brief financial report will be requested to partners before each SC meeting.

Additional administrative information are available from the presentation of Dr. Hristina Mileva.

**WP2 - DISSEMINATION OF THE PROJECT**

WP leader: Ian Kunkler (The University of Edinburgh)

The proposed network will produce and disseminate information on:

* the burden (incidence, prevalence, survival and trends of incidence and survival) of rare cancers
* the qualification criteria of centres of expertise for rare cancers
* the list of centres of expertise for rare cancers
* the clinical management of rare cancers (collaborating with START)
* general information about rare cancers for patients

**Possible channels for the dissemination**

Web-based platform able to:

* covering different topics including user friendly statistics and including online clinical database
* including social media (Twitter, Facebook)
* facilitating collaboration with parties inside/outside RARECAREnet
* ensuring link with EUCERD,EPAAC,EAARC, START,ESO and ECPC websites

Publication in major public health and clinical journals and presentation at conferences

Reports at the meetings of the EUCERD

Major newsletters (OrphaNews Europe, ECPC newsletter)

European Parliament Cancer Patient Interest Group (for example, Forum Against Cancer in Europe- FACE)

**Discussion**

The discussion focused on major important issues raised about the platform envisioned to disseminate the results and the inclusion of social media:

* Social networking websites are a family of formats used to publish frequently updated works
* Used to give ‘stickiness’ to websites or projects
* Adding content & responding are burdensome
* Who will author output and RARECAREnet timely responses?
* Dealing with queries from patients

An alternative would be to have a RARECARENet web site where people can sign up to receive emails about

* Regular newsletter with input from each work package
* Announcements
* An area of the web site that allows users to respond to items in the newsletter or announcements

General agreement was reached on the point that the website should be more interactive and the possibility to use the website to facilitate the interactions between different networks should be explored.

The big issue to address is whether and, in case, how RARECARENet will interact with patients, oncologists and others. A dedicated meeting will be organized to discuss this point and accordingly define the website structure and the possible communication channels.

Priority actions:

* Change the name of the website from RARECARE to RARECARENet
* Propose alternatives for the logo. Consider to change the combination of colours when addressing different topics
* Download and use the new logo of the European Commission

**WP3 - EVALUATION OF THE PROJECT**

WP leader:Ellen Benhamou (Institut de cancérologie Gustave-Roussy)

The evaluation modalities envisaged follow:

* **Process Evaluation** – to provide data during the project in order to allow making mid-course decisions to ensure successful results (is the project being conducted as planned?);
* **Product Evaluation** – is aimed at understanding if stated goals and objectives have been met; outputs, results, documents and products will be evaluated;

Evaluators

An internal evaluation will be performed by the PMT (including the coordinator) under the responsibility of the WP3 leader and with the general coordination of the SC.

In addition, an external evaluation, will be asked to an Advisory Board (AB). The WP3 leader will propose two experts external to the network to constitute the AB. The AB will assess whether actions taken by the network are coherent with its objectives, and are undertaken as planned.

Priority activities

* To contact external asking their availability to become members of the AB (July-August)
* To develop a detailed list of indicators and circulate it among all partners (October)

**GENERAL COMMENTS**

The RARECARENet project has already established collaboration with the EPAAC and will closely work with the ENCR, IARC, JRC, population based cancer registries and other relevant stakeholders involved in the development of the Cancer Information network. For sustainability of the RARECARENet project results it would be useful to strengthen the collaboration with JRC-IHCP which is currently building up its cancer information support including a European cancer data base for common and rare cancers for the EU and beyond. Colleagues from JRC will be invited to the next meeting of RARECARENet.

RARECARENet is also involved in the discussion among a possible collaboration between the EUCERD and the EPAAC joint actions.

There were no other business and the meeting ended at 4:00 pm.

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| Name and surname | Institution | Work Package |
| Gemma Gatta | Fondazione IRCCS, Istituto Nazionale dei Tumori , Italy | WP-1 Coordination of the project |
| Ian Kunkler | The University of Edinburgh | WP-2 Dissemination of the project |
| Ellen Benhamou | Institut de Cancérologie Gustave Roussy | WP-3 Evaluation of the project |
| Riccardo Capocaccia | Istituto Superiore di Sanita’ | WP-4 Information on epidemiology of rare cancers |
| Sabine Siesling | Integraal Kankercentrum Nederland | WP-5 Information on centres of expertise for rare cancers |
| Lisa Licitra | Fondazione IRCCS, Istituto Nazionale dei Tumori , Italy | WP-6 Information on clinical management of rare cancers |
| Jana Pelouchová Francesco De Lorenzo | European Cancer Patient Coalition | WP-7 Information for patients with rare cancers |
| Nadya Dimitrova | National Oncology Hospital, Bulgaria | Contributing to all WPs |
| Harry Comber | National Cancer Registry, Ireland | Contributing to all WPs |
| Eero Pukkala | Cancer Society of Finland − Institute for Statistical and Epidemiological Cancer Research, Finland | Contributing to all WPs |
| Maja Primic Žakelj | Institute of Oncology Ljubljana | Contributing to all WPs |

**List of Associated partners**

**List of Collaborating partners**

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| --- | --- |
| Name and surname | Institution |
| Paolo Casali | Rare Cancers Europe (RCE) |
| Josep M Borras | European Partenership for Action Against Cancer (EPAAC) |
| Sandro Sandrucci | European Society of Surgical Oncology (ESSO) |
| Fedro Peccatori | European School of Oncology (ESO) |
| Ségolène Aymé | Institut National de la Santé et de la Recherche Médicale (INSERM)- Orphanet |
| Isabelle Ray-Coquard | Centre Léon Bérard |
| Franco Berrino | Surveillance of Cancers in Europe (EUROCARE) |
| Francesca Longo | European Society for medical Oncology (ESMO) |
| Jan Geissler | Leukemia Patient Advocates Foundation |
| Michel Ballieu | European Cancer Organisation (ECCO) |
| Daniel Zips | European Society for Radiotherapy and Oncology (ESTRO) |