



All.Can Changing cancer care together

2<sup>nd</sup> report of the Scientific Committee of All.Can Spain

# Executive Report

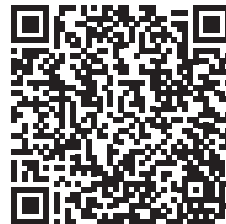
# 10

Cancer doesn't understand  
**waiting times**

Recommendations for improvement:

**From diagnosis  
to treatment**





**"When the time between diagnosis and start of treatment is shortened, it not only increases the likelihood of survival, but also reduces the uncertainty and anxiety that the patient may experience".**

## Cancer doesn't understand waiting times

Recommendations for improving the cancer patient experience from diagnosis to treatment



## II. ABOUT ALL.CAN SPAIN

**All.Can Spain**, the Spanish chapter of the international platform against cancer All.Can, has the support of leading institutions, scientific societies and patient associations in our country in the field of cancer.

The Spanish chapter of All.Can has the vocation to **identify and promote the implementation of concrete proposals** that help to **overcome inefficiencies** in the approach to cancer, starting with those that will bring the **greatest benefits for a coordinated and quality care** for cancer patients.

To this end, the **Institutional Members** of the platform have formed a Scientific Committee which, recognising the **great advances** made by the **National Health System** in recent years and decades, have identified a series of **recommendations** that would make a **decisive contribution to improving the cancer patient experience from diagnosis to treatment**.

The first phase, from suspected cancer to diagnosis, was addressed in a first report entitled **"The cancer patient experience: optimising the circuit and improving care and coordination until diagnosis. Eight recommendations for a real change"**.



## Scientific Committee

The **Scientific Committee** of All.Can Spain is composed, as of the finalisation of this document, of the following **Institutional Members** (in alphabetical order of the institution):

- **Dr. Luis Paz-Ares**, Former President and Member of the **Board of Directors of the Spanish Association for Cancer Research (ASEICA)** and Head of the **Medical Oncology Department at the Hospital 12 de Octubre**.
- **Mr. Antonio Blanes**, Director of Technical Services of the **General Council of Official Associations of Pharmacists (CGCOF)**
- **Ms. Guadalupe Fontán**, Coordinator of the **Spanish Institute of Nursing Research of the General Council of Official Nursing Associations of Spain (CGE)**.
- **Dr. Rafael López**, Vice-President of the **Foundation for Excellence and Quality in Oncology (ECO Foundation)** and Head of the **Medical Oncology Department of the University Hospital Complex of Santiago de Compostela**.
- **Dr. Mariano Provencio**, Corresponding Member of the **Royal National Academy of Medicine (RANM)** and Head of the **Medical Oncology Department at the Hospital Puerta de Hierro**
- **Dra. Candela Calle**, Member of the Board of **Directors of the Spanish Society of Health Executives (SEDISA)**
- **Dr. Fátima Santolaya**, Head of the Working Group on Palliative Care and Oncology of the **Spanish Society of General and Family Physicians (SEMG)**

On the **patients' side**, the **Scientific Committee** has the following Institutional Members:

- **Mr. Bernard Gaspar**, President of the **Spanish Association of People Affected by Lung Cancer (AEACaP)**
- **Mr. Roberto Saldaña**, Director of Innovation and Citizen Participation of the **European Patients' Academy EUPATI**
- **D. Enric Barba**, Patient Expert and Patient Advocate at **Asociación Melanoma España**.

All.Can Spain has, as of the finalisation of this document, the support of **Bristol Myers Squibb y Amgen**.

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Recommendations for improving the cancer patient experience from diagnosis to treatment

### IV. REPORT'S APPROACH

- Reducing the time between cancer diagnosis and the start of treatment is of vital importance.
- The **importance of time**, a fundamental premise of this report, is not only about the **negative effects that delaying the start of treatment** can have on **disease progression and patient health outcomes**. Of course, every day that the start of treatment is delayed, there is a chance that cancer cells will multiply, spread to other parts of the body and become more difficult to treat. Therefore, the earlier treatment is started, the better the chances of controlling the disease and improving outcomes.
- Without prejudice to the foregoing, time is also a key factor in relation to the **different interactions** with the system carried out by the patient, which sometimes do **not provide all the expected value**, and whose reconfiguration would allow for a more **agile, efficient and humanised system**.
- A cancer diagnosis can generate fear, anxiety and stress in both the patient and their loved ones. **Shortening the waiting time** to start treatment, and all the intermediate phases, including avoidable travel, provides **emotional relief** to the patient and the opportunity to **quickly address the disease**, improving their quality of life and overall wellbeing throughout the process.
- To this end, **10 recommendations** have been identified that challenge the main actors involved in the phase that begins with the diagnosis of cancer and the start of the most appropriate treatment for each patient. Providing the highest quality care, including the most innovative treatments, is a challenge for all of us.

### CANCER INCIDENCE IN NUMBERS



#### IN THE EUROPEAN UNION

2.7M

NEW CANCER  
CASES BY 2020



3.2M

ESTIMATED NEW  
CANCER CASES  
BY 2040

Estimated increase in new cancer cases over the next two decades



#### IN SPAIN

≈280K

ESTIMATED NEW  
CANCER CASES  
BY 2023



≈356K

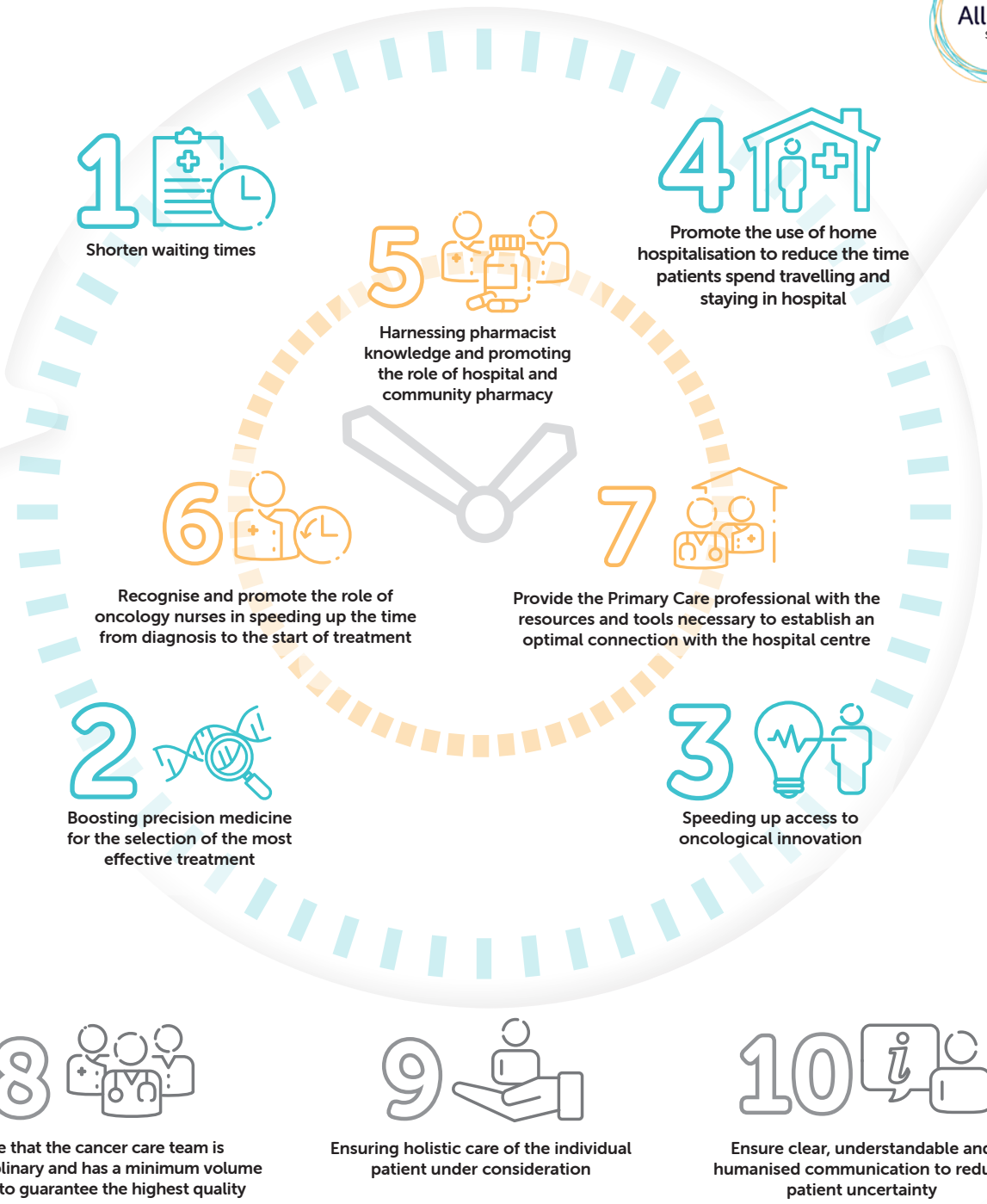
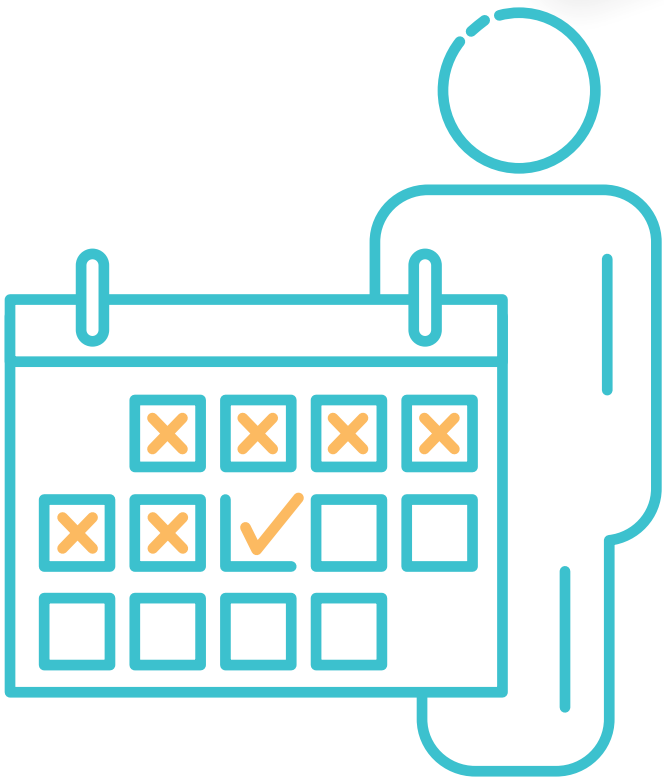
ESTIMATED NEW  
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Estimated increase in new cancer cases over the next two decades

# 10

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## Recommendations for improving the cancer patient experience from diagnosis to treatment



## BLOCK I ESSENTIAL FACTORS FOR THERAPEUTIC OPTIMISATION

# 1



### Shorten waiting times

The effective and widespread implementation of clinical pathways is the best way to meet the timescales set by the National Cancer Strategy (Objective 21).

# 2



### Boosting precision medicine for the selection of the most effective treatment

Each tumour is unique. Biomarker-based tests improve the selection strategy and response to treatment, leading to longer survival.

# 3



### Speeding up access to oncological innovation

It is essential to redefine the system of early access to drugs that bring the greatest clinical benefit to patients. The current trend puts us at the bottom of the league of our neighbouring countries.

# 4



### Promote the use of home hospitalisation to reduce the time patients spend travelling and staying in hospital

The generalised implementation of these programmes will allow them, without being conditioned by their place of residence and only when possible, to receive the care they need without having to travel.



“ Studies clearly show that the longer the time to initiation of treatment, the higher the mortality. This pattern is repeated in all types of tumours studied and in the different stages of diagnosis.

“ Cancer patients in Spain have to wait 611 days from the time a new cancer drug is approved by the European authorities until it is financed by the National Health System, compared to approximately 400 days in 2018, or, for example, the 102 days it currently takes in Germany.

“ Biomarker-based tests improve the selection strategy and response to treatment, leading to longer survival.

“ The widespread implementation of home hospitalisation programmes or plans will allow cancer patients to receive the care they need without leaving home as a new way to reduce travel time for oncology patients.

## BLOCK II BOOSTING KEY PROFESSIONALS

5



**Harnessing pharmacist knowledge and promoting the role of hospital and community pharmacy**

To ensure the best pharmacotherapy outcomes, expand collaborative dispensing practices and deepen integrated care for the oncology patient.

7



**Provide the Primary Care professional with the resources and tools necessary to establish an optimal connection with the hospital centre**

Primary Care can play an important role in the management of the most common side effects of cancer treatments, as well as in the continuous review of the possible aggravation of the patient's concomitant pathologies.

6



**Recognise and promote the role of oncology nurses in speeding up the time from diagnosis to the start of treatment**

Oncology nursing is called upon to play a fundamental role in shortening the time until the start of treatment and in accompanying patients and their families, contributing to reducing their emotional stress.





“

The role of the hospital pharmacist has an undoubted influence in achieving the best results of pharmacotherapy, from participation in tumour committees and coordination with multidisciplinary teams.

“

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## BLOCK III TRANSVERSAL ELEMENTS DETERMINANT IN THE CIRCUIT FOR IMPROVING THE QUALITY OF CARE

8



Ensure that the cancer care team is multidisciplinary and has a minimum volume of cases to guarantee the highest quality

It must be ensured that the team that attends them is multidisciplinary and that it has a minimum volume of patients attended by the different specialists, a criterion that also applies in the case of surgical interventions.

9



Ensuring holistic care of the individual patient under consideration


Cancer affects all areas of life (physical, emotional, mental, socio-occupational needs). Approximately 30% of diagnoses result in a level of emotional distress that requires clinical intervention.

10



Ensure clear, understandable and humanised communication to reduce patient uncertainty

Humanised and effective communication will both improve the patient's emotional state and provide a clear understanding of the next steps to be taken.




“ It is necessary to ensure that the team that attends them is multidisciplinary and that it has a minimum volume of patients attended by the different specialists.

“ Approximately 30% of diagnoses result in a level of emotional distress that requires clinical intervention.

“ People who receive a diagnosis of cancer are in a situation of shock and great impact, so they often need simple, clear and direct information about their disease, as well as tools to cope better with day-to-day life.





We hope you have found this report  
as a useful and inspiring initiative

**THANK YOU**

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 Bristol Myers Squibb

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