

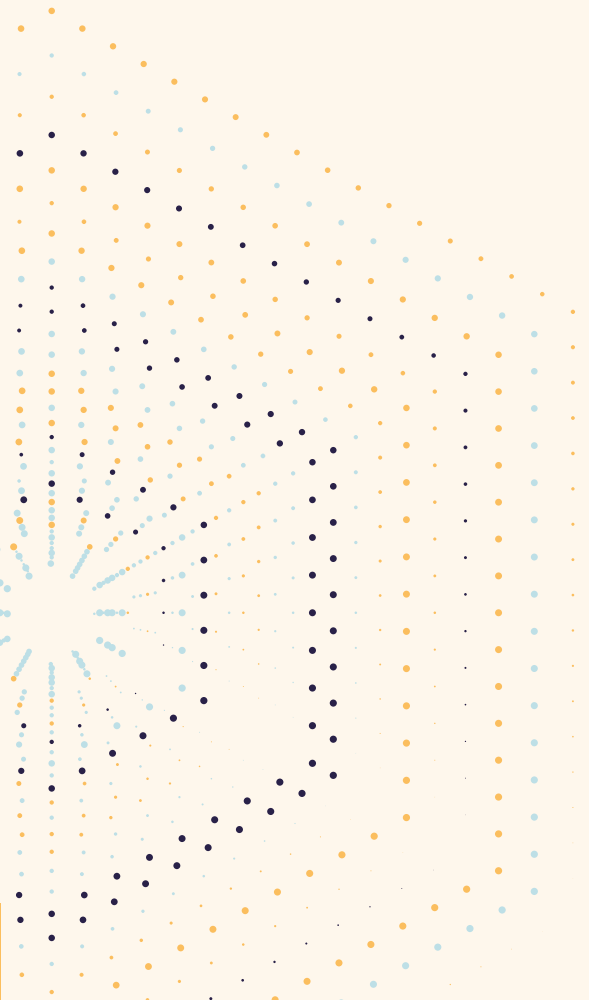
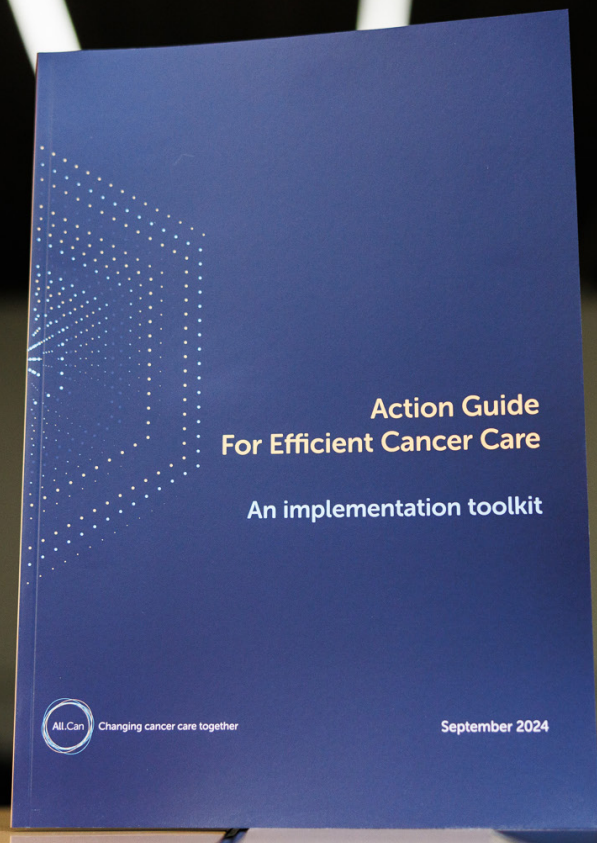
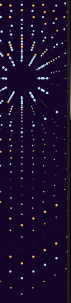
All.Can Global Summit 2024

# Cancer care efficiency in action: from local successes to system wide impact

Event Report



All.Can Changing cancer care together



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## Welcome and Introduction

The event, held prior to the opening of the UICC World Cancer Congress, was attended in person and virtually by close to 200 participants from 40 countries across all stakeholder groups – patient organisations, healthcare professionals and clinicians, data experts, industry, and health system decision-makers.

This year's Summit saw the launch of our latest publication, an [Action Guide for Efficient Cancer Care: An implementation toolkit](#), and showcased best practices from Greece, Switzerland, Canada, Australia, Mexico amongst others, in the field of efficient cancer care by shining a light on the most impactful projects, looking throughout the care pathway.

The various panels highlighted the value of efficiency metrics and focused on:

- a. Implementing efficiency measures (metrics) for better outcomes in cancer care
- b. Advancing Efficient Cancer Care through the care pathways:
  - c. prevention & screening
  - d. early detection & care
  - e. optimisation of care & patient choice
  - f. integrated care & quality of life.

The Summit was opened by All.Can President-elect, Prof. Christobel Saunders, together with special guests, Prof. Jeff Dunn and Dr. Cary Adams (respectively the President and the CEO of UICC) who joined to welcome all participants.

Christobel Saunders emphasised the importance of collaboration among diverse stakeholders who are enabling All.Can to achieve tangible results across geographies in advocating for efficient cancer care. Jeff Dunn reflected on the interconnections between organizations, underscoring the importance of engaging the global cancer community: "Collaboration is the key, so let's make sure we stick together and collaborate wherever we can." Cary Adams pointed to major challenges, such as antimicrobial resistance, which need to be addressed by the entire community to protect cancer patients. He highlighted upcoming high-level meetings on non-communicable diseases and the need for renewed commitments to cancer control.

Michael Oberreiter, All.Can Board Member closed this segment of the event and transitioned into the first session. He noted, "When I was a child, cancer was something nobody talked about. It's incredible how far we've come, but the percentage of waste in healthcare remains shocking", stressing the need for actionable solutions in cancer care.









## SESSION 1

# Implementing efficiency measures (metrics) for better outcomes in cancer care

### Moderator

 **Matt Hickey**, The Health Value Alliance

### Speakers

-  **Sofia Carvalho**, University of Amsterdam
-  **Dionne Kringos**, University of Amsterdam
-  **Christobel Saunders**, Melbourne University, All. Can Australia
-  **Zofia Das-Gupta**, ICHOM

### ▶ OVERVIEW

The first session of the Global Summit saw the launch of the [Action Guide for Efficient Cancer Care](#) to improve patient outcomes that was developed by the University of Amsterdam Medical Centre (UMC) in collaboration with All.Can. Dionne Kringos and Sofia Carvalho described the structure and the insights from the Action Guide, calling for collaboration among civil society, regulators, private sector and healthcare professionals. They positioned the guide as a valuable tool for stakeholders across the healthcare continuum. The Guide’s approach allows stakeholders to navigate the care system based on their specific needs and context. The importance of aligning healthcare practices with patient needs goes in parallel with providing optimal with the resources available.

Matt Hickey underscored the importance of unity in healthcare, stating, “This Action Guide is probably one of the best examples of efficiency... collaborating for the common good”. Highlighting All.Can’s efforts since 2016, he mentioned, that this work is effectively a culmination of the patient perspective, the data analysis, the evidence gathering, and now it is time for implementation. He also stressed the importance of ensuring transparency in patient outcomes.






Christobel Saunders highlighted patient expectations such as early diagnosis and coordinated care. She also addressed the challenges of achieving patient-centered care within Australia’s mixed healthcare system.

Zofia Das-Gupta highlighted the alignment between the Action Guide and the work ICHOM is conducting and emphasised the necessity of consistent data for decision-making and the standardisation of outcomes across diverse populations. ICHOM has

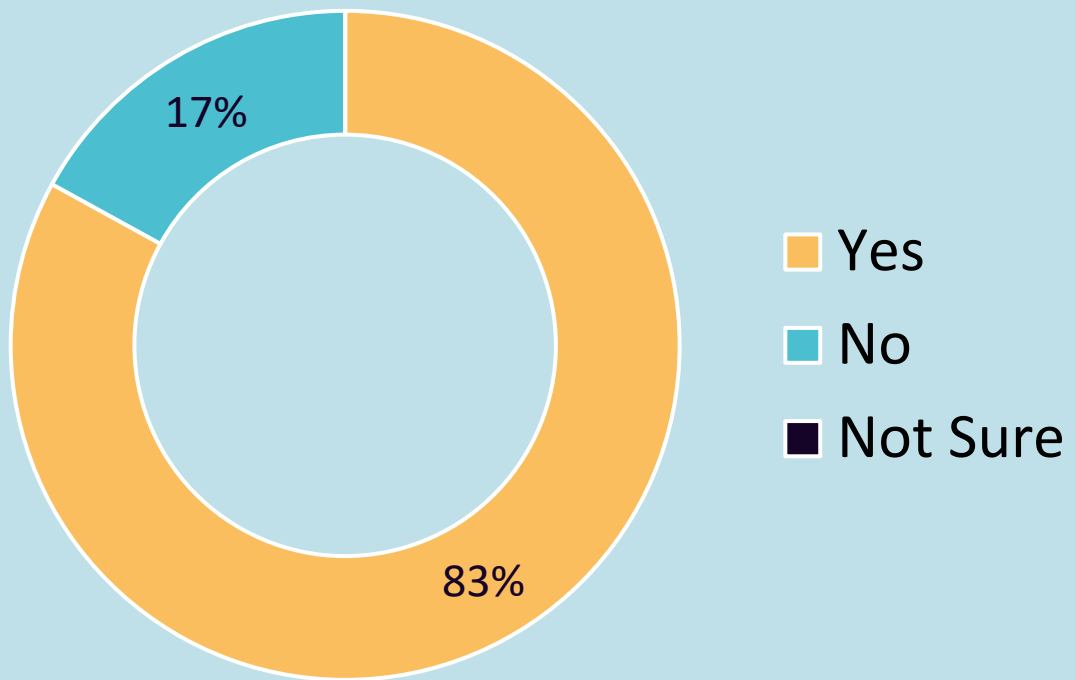
been developing patient-centred outcome measures for more than 10 years now across a number of disease areas, and have specific data sets for oncology, such as breast and lung cancer.

From the audience, the importance of trust in health data and the need for greater transparency was underscored. Overall, the session reinforced the urgency of prioritising patient voices in the ongoing evolution of cancer care. The session concluded with a strong call to action for attendees to effectively use the provided Action Guide.

### ▶ CALLS TO ACTION

-  Advocate to strengthen political will towards measuring performance and outcomes
-  Regulate key areas such as long-term national cancer plans, standardised cancer care pathways, oncology nurse specialists, care navigators, and national/regional approach to people-reported data collection such as PROMs and PREMs
-  Ensure community stakeholders are involved and aware of the guidance provided in the toolkit, as they may be actors for its implementation
-  Select and adapt the guide and the toolkit to each stakeholders’ context, which means to prioritise recommendations for action based on the context-specific barriers and enablers (Demonstration projects)
-  Disseminate the guide across stakeholders in your own cancer ecosystem, to ensure contextualisation and alignment of priorities for action

# Are the recommendations of the Guide applicable to your country?



## What opportunities for engagement through the Guide would you foresee and act upon?

Engaging our patient advisory panel

Timeliness of care - towards early cancer detection and care

Develop standardized surveys

Standard setting efforts at intergovernmental level - be part of next UICC call to action?

Using the check-list

Connect with ongoing initiatives like ECHOS for example

identifying and engaging stakeholders who can unlock solutions to barriers

How to overcome costs' barriers

Engaging clinicians in why they won't/can't change

Assessment WHY steps when starting new initiatives along the patient journey

Connect with national cancer plans

Switch the traditional mindset toward synergy and co-implementation of innovative cancer care approaches.

Opening the door to stakeholder conversations

Particularly in Mexico we need to work in launching a national cancer registry and digital transformation with a unique identifier.

Developing the Micro/Meso/Macro approach to cancer.

Use the guide retrospectively for case studies in efficiency to show the value for patients and society at large. No impact without implementation. Good tool for investment cases







## SESSION 2

# “Advancing Efficient Cancer Care through the care pathway”: learnings on prevention & screening from the 4P-CAN Living Labs and All.Can/EOP screening Project

### Moderator

 **Eduardo Pisani**, All.Can International

### Speakers

-  **Marius Geanta**, InoMed
-  **Isabelle Soerjomataram**, IARC (International Agency for Research on Cancer)
-  **Ivana Cattaneo**, Novartis, EFPIA Oncology Platform
-  **Ebba Hallersjö Hult**, Vision Zero Cancer & All. Can Sweden

### ► OVERVIEW

The second session delved into the critical topics of cancer prevention and screening, with a focus on actionable strategies that could move the needle toward more efficient healthcare systems. Eduardo Pisani reiterated the importance of connecting discussions back to the newly launched [Action Guide](#) underscoring the importance of alignment between ongoing efforts and this strategic tool.

The session highlighted innovative models of implementation, with a particular focus on community engagement, behavioural barriers, and the importance of partnerships in cancer prevention. Marius Geantă, a medical doctor and cancer policy expert, kicked off the discussion by presenting the [4P-CAN](#) project, an EU-funded initiative aimed at advancing primary prevention. The project, involving 18 partners across 11 countries, seeks to harness both top-down and bottom-up approaches to optimise prevention efforts and includes updating the European Code Against Cancer.

One of the standout insights from Marius' presentation was the power of social sciences in overcoming barriers to cancer prevention in rural communities. He discussed the use of Living Labs - a model that includes ideation, prototyping, and implementation - implemented in Romania and Bulgaria. “When we went into the community, we realised there was a high level of fatalism and stigma surrounding cancer,” Marius noted. This led the team to reframe their communication strategy by calling the European Code Against Cancer the “Code for Life” to emphasise positive health behaviours. By engaging citizens directly and asking them to

prioritise the recommendations most relevant to their lives, such as nutrition, obesity, and physical inactivity, they were able to foster deeper community involvement.

Isabelle Soerjomataram discussed the critical importance of robust cancer data, noting that only a third of countries globally have access to such information: “Simple data can say a thousand words.” She further highlighted the European Code Against Cancer, a key tool developed by IARC, and how it is being adapted for different regions, such as Latin America, to address specific environmental and behavioural factors. While this adaptation process helps contextualise prevention efforts globally, Isabelle stressed that even in regions with comprehensive frameworks, data gaps remain significant.

Isabelle also called attention to the alarming lack of comprehensive cancer data in some countries. For instance, Mexico only collects data for 12% of its population, with none of that data meeting high-quality standards. Colombia fares slightly better, covering 25% of the population, but only 10% of that data is of sufficient quality.

Without accurate and complete data, efforts to improve cancer outcomes remain hampered.

Ivana Cattaneo further discussed why the industry, traditionally focused on treatments, is now actively participating in cancer screening programs. The platform she represents - EFPIA Oncology Platform - composed of 20 major oncology companies, works on policy at both the European and national levels with a vision to ensure every cancer patient in Europe has timely access to care. This work is driven by a commitment to addressing inequalities in cancer treatment, which often start at the screening stage.

The EU's recommendation on cancer screening, part of Europe's Beating Cancer Plan, has presented an opportunity to tackle these inequalities early. Ivana explained that if screening guidelines are inconsistently applied across Europe, it creates new disparities in cancer care.

To this, the EFPIA Oncology Platform started a collaboration with All.Can International and its national initiatives in Italy, Spain, Belgium, and Romania to push screening onto the political agenda, ensuring government investment and policy



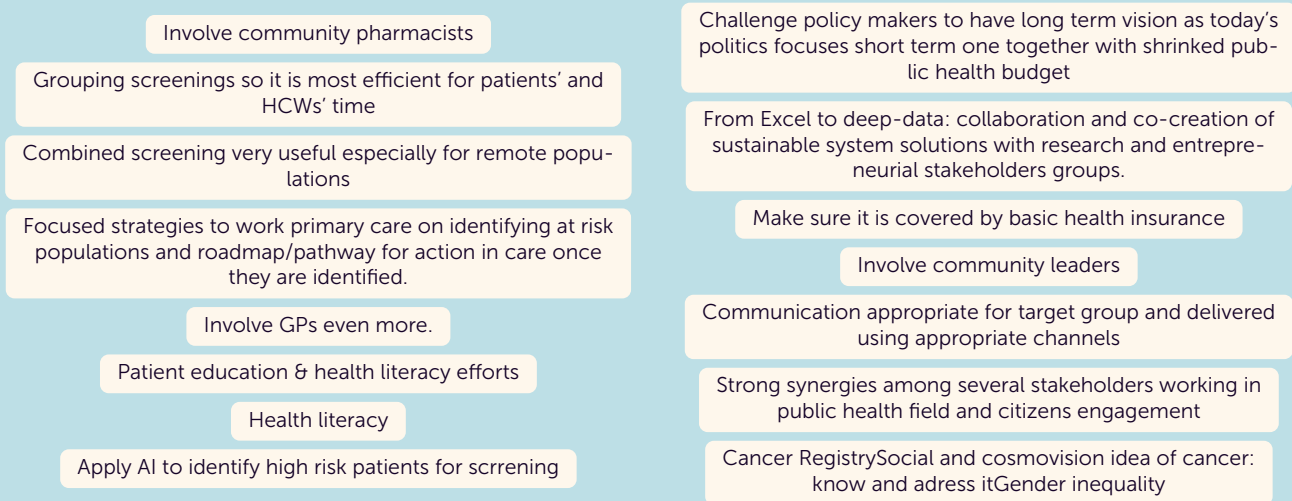
alignment for proper implementation of the EU Council Recommendations on Screening updated in 2022. The project was recently extended to also include Poland and Sweden.

The discussion then turned to Ebba Hallersjö Hult, who highlighted Sweden's Vision Zero Cancer initiative, which is focused on transforming cancer from a deadly to a curable or chronic disease in Sweden. Focusing specifically on lung cancer, Ebba pointed out that Sweden has made progress in other types of cancer, but lung cancer survival rates remain low due to late diagnoses. She stressed that early detection is key: "Too many are diagnosed too late, and then all this arsenal of new possible treatments won't really make the difference that we need them to make." A significant part of the initiative's approach to improving efficiency has been addressing the evidence gaps that prevent authorities from approving national screening programs. One major hurdle was uncertainty about whether high-risk populations would participate in screening.

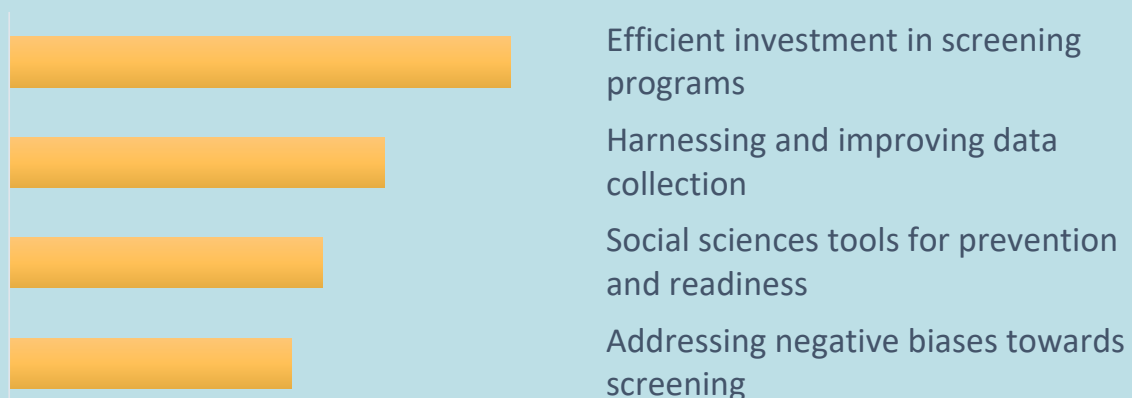
## ▶ CALLS TO ACTION

- ▶ Promote critical data collection and data sharing (interoperability)
- ▶ Leverage social sciences tools for better prevention and readiness of uptake
- ▶ Invest in screening programs based on population risk stratification
- ▶ Engage with people and hear their opinion and attitude towards screening (polls and surveys)
- ▶ Acknowledge challenges to improve by learning from those challenges - Transparency leads to change
- ▶ Raise prevention higher on the policymakers' agenda

What additional steps can be taken to ensure that primary and secondary prevention strategies are implemented in a more efficient manner?



Rank the importance of the following in ensuring efficient prevention and screening programs







## SESSION 3

# Advancing Efficient Cancer Care through the care pathway": Spotlight on early detection and care

## Moderator

 **Darien Laird**, Global Coalition for Radiotherapy

## Speakers

-  **Jesus Garcia-Foncillas**, Fundacion ECO
-  **Marianna Cavazza**, SDA Bocconi School of Management, CERGAS Affiliate
-  **Antonella Cardone**, Cancer Patients Europe
-  **Leah Stephenson**, All.Can Canada

## ► OVERVIEW

The third panel discussion centered on early detection and care. Moderated by Darien Laird, the session brought together global experts to discuss strategies and barriers to improving early cancer care and how to overcome disparities in access to early cancer detection and care across diverse healthcare systems.

Drawing from her research across OECD countries, Marianna Cavazza reflected on the importance of a comprehensive, process-driven approach to early cancer care, highlighting that early detection is just a part of the wider process, which includes education, diagnosis, and timely treatment. She noted that efficient systems have a clear vision shared by policymakers, healthcare managers, and professionals. She stressed the need for integrated information systems to track patient pathways and the use of shared KPIs to monitor and improve performance. Marianna also underscored the importance of engaging primary care professionals, as they often serve as the first point of contact for vulnerable populations, noting that it's crucial to involve these professionals to ensure early recognition and streamlined care.

Antonella Cardone addressed disparities in access to early detection services across European member states, noting that some countries, like the Netherlands, for example, even though are very advanced economically and from a health system perspective, still face significant barriers to new medicines. She highlighted the positive impact of health literacy on early detection, citing a survey where many cancer patients were unaware of genomic testing options. Cancer Patients Europe has undertaken initiatives to bridge these gaps, such as

promoting the inclusion of health in the European Semester and working to reduce inequalities between Western and Eastern Europe.

Leah Stephenson provided insights on the current state of early cancer diagnosis in Canada, where many diagnoses stem from symptom presentation amidst challenges in primary care access. This pathway is often convoluted, with patients experiencing significant delays in receiving referrals for potential cancer symptoms due to access issues in primary care. Leah highlighted that up to 30% of family physicians are not engaged in community-based care, exacerbating these delays and causing patients to navigate a "spaghetti map" of services.

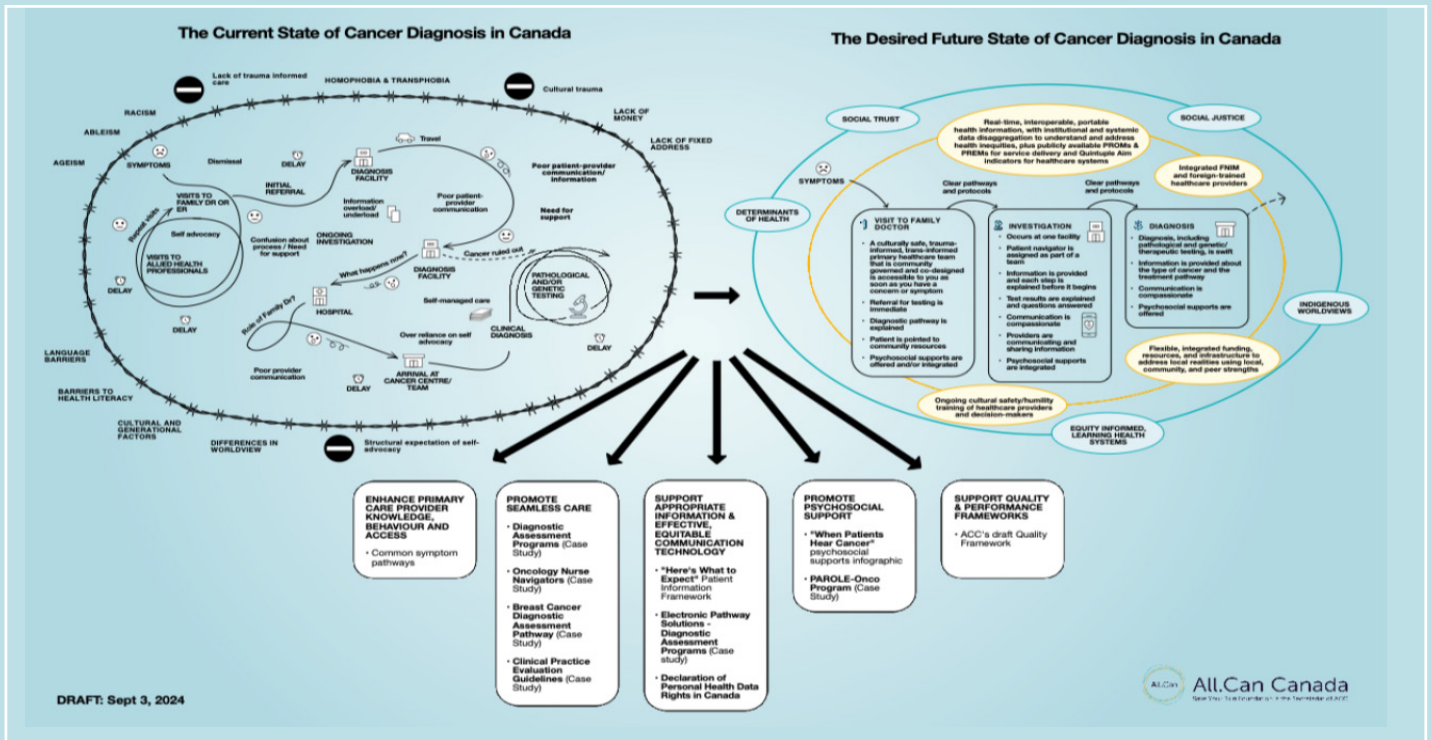
Looking towards an optimal future, Leah advocated for high-performing, specialised teams that would enhance navigation through the healthcare system. She asserted that "compassionate communication should be the norm" and that pathways for early diagnosis must be established to improve outcomes. By integrating psychosocial support early and employing culturally competent healthcare providers, the aim is to create a system that not only identifies cancer earlier but also addresses the underlying social determinants affecting underserved communities. Leah concluded by underscoring the importance of scalable best practices to bridge equity gaps, stating, "By not scaling what's working, we are creating inequities."

Professor Jesús García-Foncillas discussed the [ONCOptimal](#) project, which aims to enhance efficiency in cancer care across Spanish hospitals by addressing systemic inefficiencies in oncology day hospitals. He highlighted issues such as manual appointment scheduling, delays in lab results, and limited consultation times, which contribute to long patient wait times. With [ONCOptimal](#), new technologies have been introduced, including electronic systems for prescriptions and medication administration, resulting in improved patient safety and reduced waiting times by an average of eight days. This initiative has also led to significant cost savings for the Spanish healthcare system, underscoring the potential for broader application beyond oncology and fostering a more patient-centered approach to care.

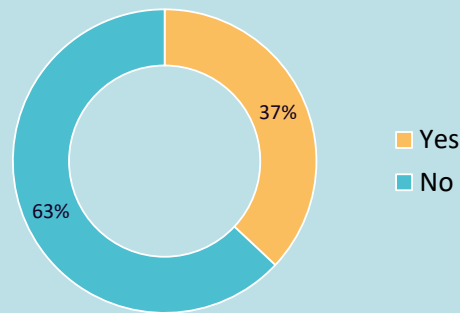
## CALLS TO ACTION

- Drive proactive awareness and involvement of stakeholders in early detection programs (in those tumours with more evidence)
- Foster introduction of new technologies to improve patient care, enhance quality care, reduce bureaucracy, improve professional well-being and job satisfaction and medication traceability systems (e-prescription, e-preparation, and e-administration) and patient safety

- Co-create an interoperable health information system that promotes a learning health system and disaggregates data based on various systemic inequities
- Invest in and develop high-performing, culturally sensitive inter-disciplinary/interprofessional teams that incorporate navigation and psychosocial support, including primary health care, investigation and cancer care teams
- Promote creation and adoption of (early detection) pathways from the point of symptom investigation, with clear and rapid referral mechanisms



Is early cancer diagnosis and care prioritised in your country?



Is access to early cancer care a challenge for your country? If yes, please illustrate what barriers are people affected by cancer facing.

- Lack of cohesion between key stakeholders in infrastructure
- Time to treatment delays with impact in survival and Quality of life
- Referral protocol to reduce time to diagnosis and treatment
- Geographical barrier
- Limited availability of genetic testing
- Yes, w/o screening and early diagnostic protocols, fragmented patient pathway, no standard operative procedures or multidisciplinary protocols
- Greater involvement and training of primary health care
- Equitable access
- Foederalism, no standards across country
- Yes. But it doesn't have only UK measure waiting times. This should be a priority for all EU members

## SESSION 4

# Advancing Efficient Cancer Care through the care pathway: optimisation of care and patient choice

## Moderator

- Alex Filicevas**, World Bladder Cancer Patient Coalition

## Speakers

- Juan Gay-Molina**, All.Can Mexico
- Ricky Alas**, Roche
- Elena Miceli**, MNI (Medical Nutrition International Industry)
- Hadi Mohamad Abu Rasheed**, Qatar Cancer Society

## OVERVIEW

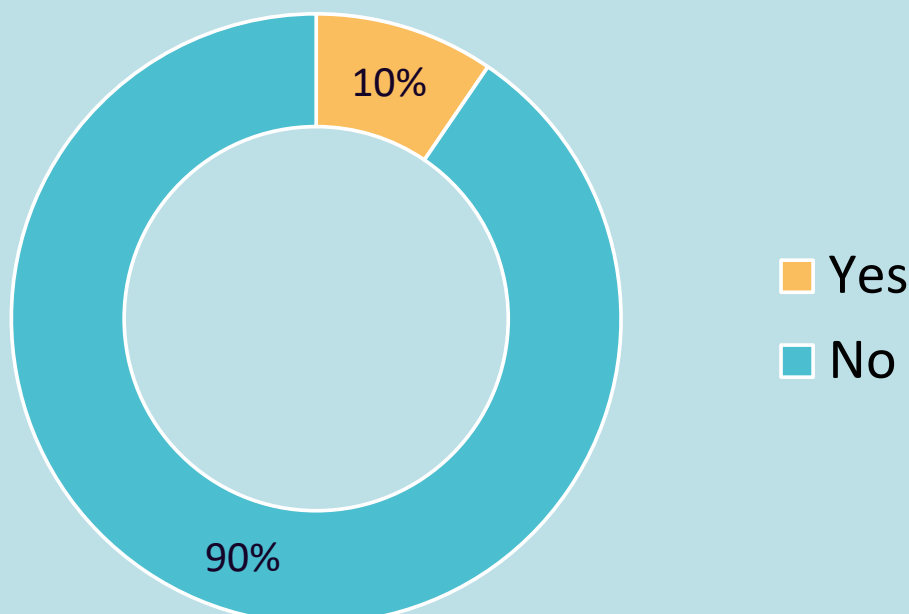
The fourth session focused on optimising cancer care through patient choice and the importance of incorporating patients' voices into the care pathway. It was kicked-off by Alex Filicevas, who underscored the essential role of patients in the healthcare system: "patients are at the very heart of the care pathway". He highlighted the transition towards patient-centered care as a fundamental shift in healthcare

delivery and referenced [All.Can survey](#) findings showing that 47% of respondents felt inadequately involved in their care, leading to decision regret and suboptimal health outcomes. He also pointed out that a quarter of respondents identified the diagnosis phase as particularly inefficient, calling for proactive measures to address these gaps and enhance care pathways.

Hadi Mohamad Abu Rasheed, representing the Qatar Cancer Society, discussed their initiatives for optimising cancer care. He shared initiatives from Qatar aimed at optimising patient care, including collaboration with stakeholders and the development of a financial support app, [Wayyakum](#). With this, he emphasised the importance of digital transformation and education in overcoming the stigma surrounding cancer, highlighting an example from Qatar where home care services now deliver 20% of medications, with many patients preferring the comfort of home-based treatments.

Juan Gay-Molina presented a report on the indirect costs of cancer in Mexico, illustrating how caregivers often bear these costs and how they remain largely

Is early cancer diagnosis and care prioritised in your country?



overlooked in decision-making processes. Better quality data is needed to understand the impact of indirect costs on patient care and revealed that their estimates indicated a potential burden of \$1.2 billion over six years for five types of cancer, with nearly 40% of these costs being borne by caregivers. He also emphasised the socio-economic disparities in access to support.

Elena Miceli highlighted the critical role of medical nutrition in cancer care, noting that one in three cancer patients suffers from malnutrition, which can significantly hinder treatment outcomes. Referencing a World Health Organization report, she explained that appropriate nutritional care helps cancer patients cope better with their illness and treatment and that malnutrition affects one in three cancer patients and can rise to as much as 50% for those with upper digestive cancers. She called for early screening and integration of nutrition into patient care while avoiding information overload.

Ricky Alas advocated for decentralised and flexible care, stressing that cancer treatment should be personalised to improve patients' quality of life, and that "choice" is central to patient-centered care. Care should not be one-size-fits-all and that patient preferences vary widely, with some appreciating care at home, allowing more time with family, while others prefer keeping cancer care separate from their home life. Ricky provided examples of decentralised care solutions that offer patients more flexibility, including the ability to receive cancer treatments at home. He encouraged healthcare providers to explore options that accommodate diverse patient needs.

## ▶ CALLS TO ACTION

- 🔔 Put nutritional care on the map as a critical part of cancer care
- 🔔 Standardise integration of psychosocial and educational support into cancer care across systems, recognising the positive impact these services have on patient outcomes and overall efficiency of care
- 🔔 Develop and implement digital platforms to streamline financial assistance/PSP/ACCESS processes for cancer patients. This would reduce delays in treatment caused by financial barriers and alleviate the financial burden on patients, ultimately enhancing efficiency of cancer care and improving access to timely treatment
- 🔔 Ensure policies and governance support patient choice and convenience in care coordination pathways; for example, ensure appropriate reimbursement for care outside of the hospital setting, either at home or in the community







## SESSION 5

# “Advancing Efficient Cancer Care through the care pathway: spotlight on holistic, integrated care and Quality of Life for those affected by cancer”

### Moderator

 **Sara Martin**, Bristol Myers Squibb

### Speakers

-  **Caroline Berchet**, OECD (Organisation for Economic Cooperation and Development)
-  **George Kapetanakis**, All.Can Greece
-  **Jan Depta**, All.Can Switzerland
-  **Richard Price**, European Cancer Organisation

### ► OVERVIEW

The last session of the event highlighted the importance of holistic and integrated care in enhancing the quality of life for those affected by cancer. In opening the session, Sara Martin emphasised the need for coordinated care among primary care providers and specialists, including multidisciplinary tumour boards.

Caroline Berchet discussed the OECD’s collaboration with the European Commission on the [European Cancer Inequalities Registry](#), which aims to map cancer policies in the EU and provide recommendations. She further illustrated the OECD’s work on the upcoming [Cancer Country Profiles](#) and highlighted that they will also include a focus on patient well-being. She further illustrated best practices from countries like Australia, Germany, and Sweden, which incorporate team-based approaches and support services to improve patient communication and reintegration into the workforce.





George Kapetanakis shared his perspective as both a cancer survivor and patient advocate and presented a study. George underscored the necessity of addressing the emotional burdens that accompany a cancer diagnosis, asserting, “Quality of life for cancer patients is not just about survival.” He described the profound impact cancer has on patients’ emotional, social, and physical well-being, highlighting that many needs remain unmet within the current healthcare system. He highlighted the need for a comprehensive approach in the Greek healthcare system, where current efforts focus primarily on medical needs.

Richard Price introduced the [smartCARE project](#), designed to empower cancer survivors through an app that consolidates health data and fosters

communication with healthcare providers. Richard highlighted the collaborative spirit inherent in the smartCare project, which involves over 40 healthcare professionals and institutions, was inspired by a [global survey conducted by All.Can](#), focusing on what cancer patients need most. “We wanted to ensure that our app addresses what patients told us were important.”

Jan Depta presented findings on cancer survivorship in Switzerland, advocating for sustainable, patient-specific aftercare policies. He noted a substantial increase in cancer survivors in the country, from 226,000 in 2021 to an estimated 420,000 in 2024. “These patients are not just diagnosed and treated; they face long-term impacts that require ongoing support.” He outlined the complexities that arise from these impacts, which include physical ailments, psychological challenges like anxiety and depression, and difficulties reintegrating into the workforce. Jan described the research conducted over the past two years, which revealed that care for cancer survivors in Switzerland is often inconsistent and fragmented. He pointed out that individualised care plans are essential, highlighting the need for holistic, multidisciplinary approaches tailored to specific survivor populations, such as children or adolescents. The study also found significant regional disparities in the provision of aftercare services, with many initiatives lacking sustainability.

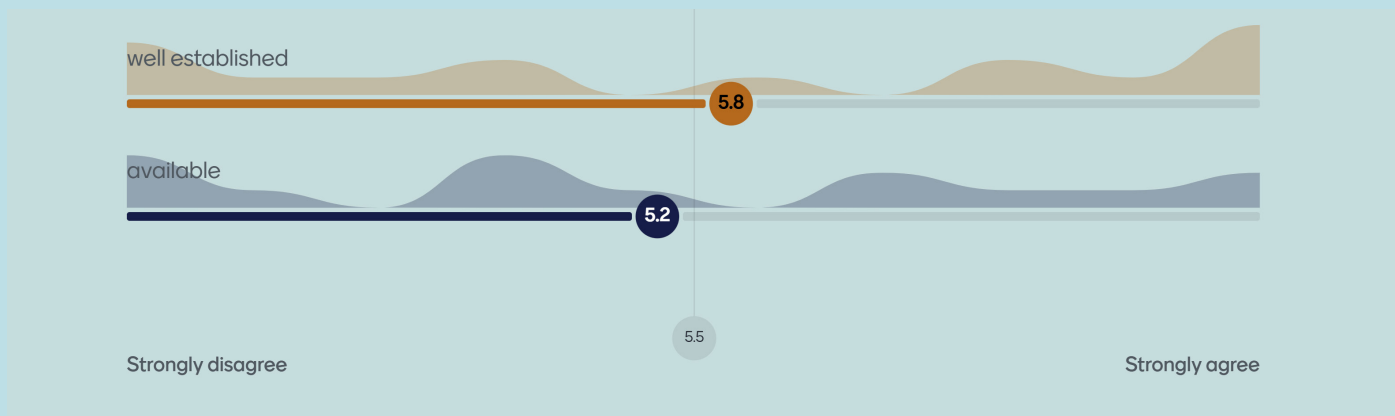
### ► CALLS TO ACTION

-  [Collect PREMS and PROMs data for national and international benchmarking](#)
-  [Promote long-term survivorship plans to ensure cancer care continuity](#)
-  [Create more survivorship clinics and integrate them into the cancer care model the healthcare system](#)
-  [Call for political leadership to address the system’s fragmentation and lack of trust between various stakeholders](#)




What do you think is the biggest barrier in achieving a good quality of life during or post cancer treatment?



Multidisciplinary tumour boards are a key indicator for integrated care. How common practice are they in your country?



# Closing session: "Looking towards the future: efforts for efficient cancer care in 2025 and beyond"

-  **Eduardo Pisani**, All.Can International
-  **Simona Potop**, All.Can Romania
-  **Miguel Angel Herrera**, All.Can Colombia
-  **Christobel Saunders**, Melbourne University, All.Can Australia

The event concluded with an outlook towards 2025 and beyond, with discussions revolving around maintaining relevance and driving meaningful contributions to improve health outcomes for cancer patients. Presenters from Colombia and Romania shared their initiatives and plans, underscoring the collaborative efforts within the All.Can community.

Christobel Saunders and Eduardo Pisani summarized the highlights of the day, which included the launch of the action guide aimed at providing a strategic framework for improving care efficiency, as well as dynamic discussions around cancer care enhancement and the introduction of pivotal initiatives at regional and national level.

With a collective commitment to shaping policy and improving treatment efficiencies, the discussions of the Summit laid the groundwork for impactful changes within the cancer care community as we look ahead to 2025!

What is the most valuable insight you are taking away from the event today?



A word cloud of insights from the event, with terms in various colored boxes (yellow, purple, white) on a light blue background. The terms include: multi-disciplinary teams, prevention, shared decision making, early detection, public policy, toolkit, collaboration, efficient cancer care, evidences, optionality, ncdhlm2025, co-design, efficiency, prom and prem collection, share, implementation, nutrition, sustainability, learning, inspiration, knowledge, metrics, future, data, power of digital, sharing, choice, political will for change, scale, patient advocacy, collaboration, challenge, call to action, is still world, collaborate, best practices.





# YOUTUBE RECORDINGS

The summit videos are now available on YouTube!  
Dive into insightful sessions by clicking the thumbnails and links provided.

Explore topics in depth with each video, and gain valuable knowledge from industry experts. Click below to start watching!

## Welcome and Session 1



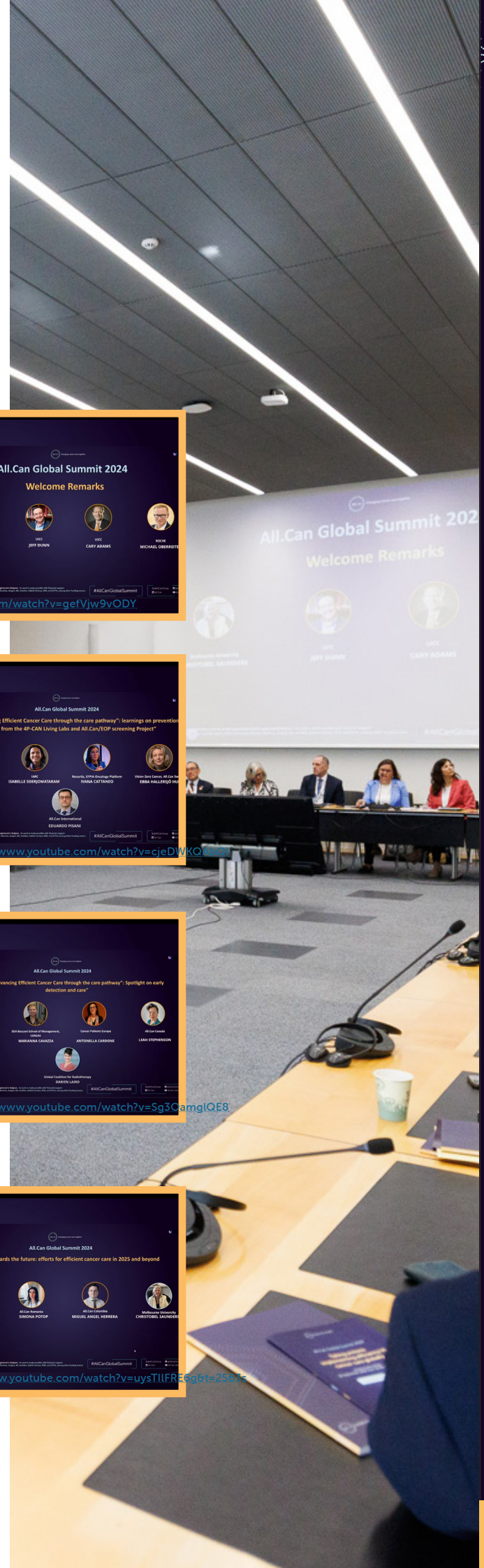
## Session 2



## Sessions 3 & 4



## Session 5 & Closing



## Summit at a Glance

Close to **200** participants from **40** countries across all stakeholder groups – patient organisations, healthcare professionals and clinicians, data experts, industry, and health system decision-makers.

**34** speakers

Co-hosted  
by UICC



**30** concrete recommendations for  
action over **5** sessions

# Sponsors

This event is made possible with financial support from All.Can's funders



Additional funds have been provided by our event sponsors





Changing cancer care together