

JA eCAN

EU JOINT ACTION STRENGTHENING eHEALTH INCLUDING TELEMEDICINE
AND REMOTE MONITORING IN HEALTH AND CARE SYSTEMS FOR CANCER
PREVENTION AND CARE

Marc Van den Bulcke and Marie Delnord, Scientific
Co-ordinators
Sciensano, Belgium
2023



This presentation is part of the action "NFP4Health"
which has received funding from the European Union's Health
Programme (2014-2020) under grant agreement No 101035965.



General information about the project

The main aim of eCAN JA is to reduce cancer care inequalities across the EU using digital health solutions, particularly for health crises such as Covid-19 and people living in remote areas

Main activities:

- Explore the role of **telemedicine with teleconsultation** and **telemonitoring** in the cancer field by focusing on quality, users' needs and expectations
- Improve the **health workforce's** preparedness
- Support the development of **modular and interoperable** telemedicine solutions



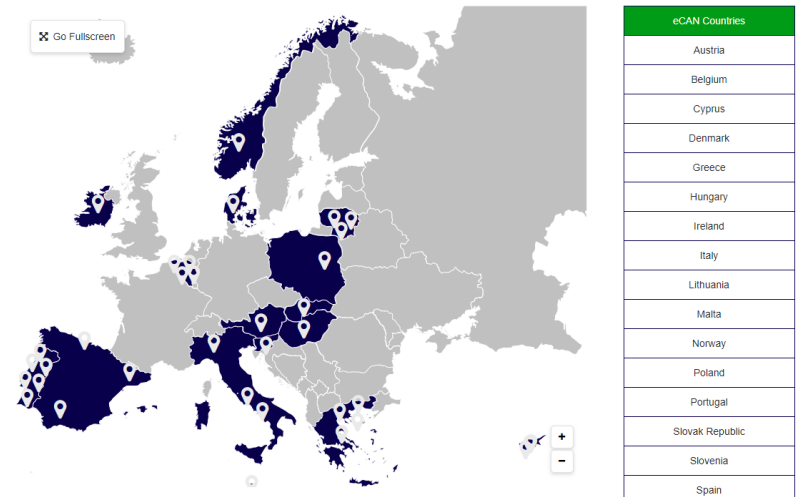
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General information about the project (2)

- EU4Health work programme
- 2 years; 2022-2024
- 16 countries, 36 partners
- Budget of 5M €

Webpage: <https://ecanja.eu/>



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Organisation at Sciensano

Staff involved in **proposal preparation**:

- 3 Senior Scientists
- 1 admin
- 1 Financial officer

Overall time allocation: 3 PMs over 6M period

Staff involved in **Grant agreement preparation**:

- 1 Senior Scientist
- 1 junior Scientist
- 1 admin
- 1 Financial officer

Overall time allocation: 1.5 PMs over 6M period



Generic skills:

- Experience with JA
- Experience with bridging between policy level and diverse stakeholders
- EC portal experience
- Financial support
- Familiarity with healthcare policies

Specific skills:

- Affinity with digital world
- GDPR and datamanagent knowledge and experience
- Clinical trial experience
- Knowledge translation experience



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Some of the challenges

- First JA in cancer domain on digital health
- Diverse background of CAs
- Lack of some major MS
- Level of application of digital tools very different amongst partners
- HC organisation challenges very different
- Lack of focus at the start
- Install use-cases to drive the process
- Develop the knowledge translation framework
- Short timeframe
- Challenge very ambitious



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Some of the solutions

- Bottom-up approach esp. in use-cases
- Close management to drive the process
- Establishment of a Governmental Board to discuss policy challenges (2nd year)

Some positive feedbacks

- Very motivated partners
- Open discussion atmosphere
- High quality expertise
- Support by HADEA and DG Santé



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SCIENSANO PARTICIPATION IN THE EBCP, Mission on CANCER and DIGITAL EUROPE

Marc Van den Bulcke, Sciensano, Belgium

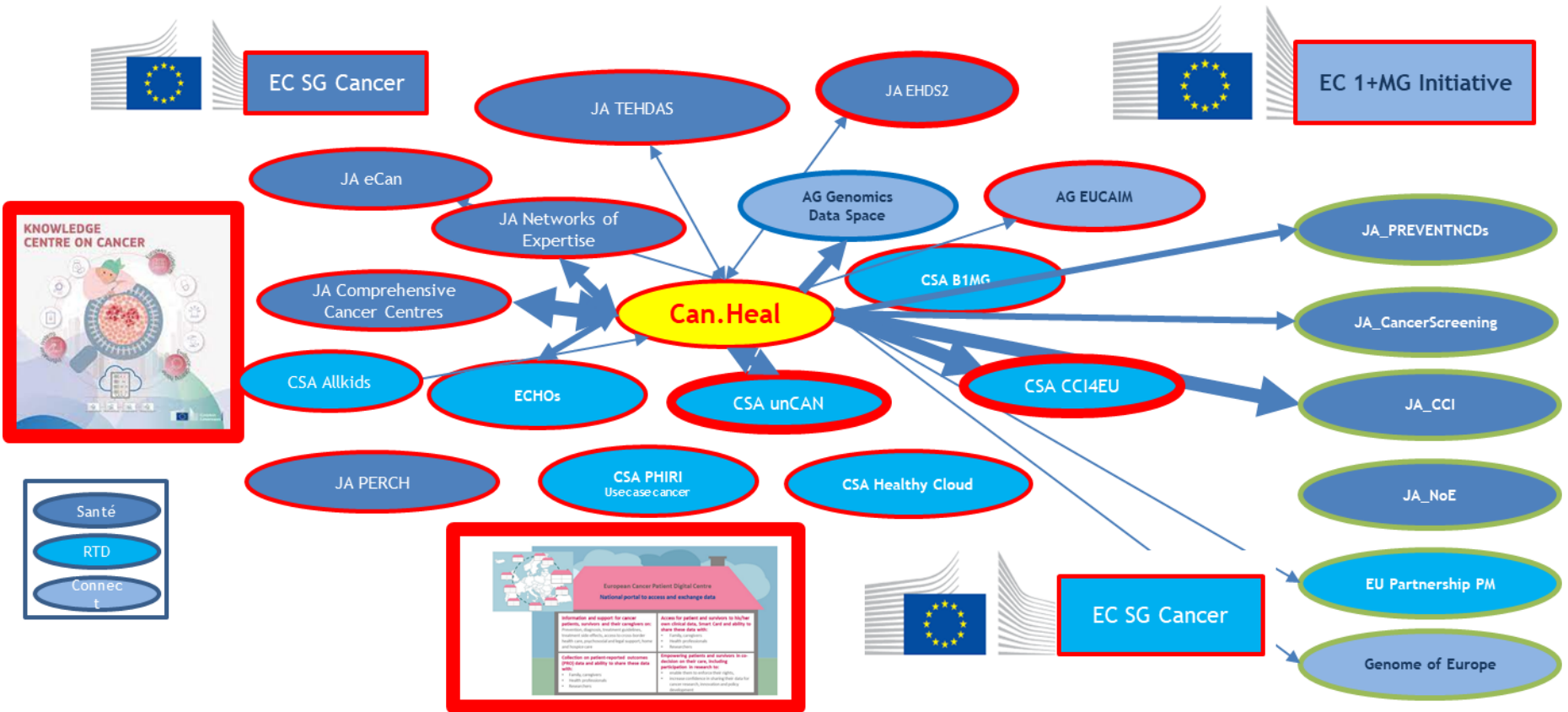
2023



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CANCER CENTRE SCIENSANO IN EBCP, MoC, Digital europe



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BELGIAN CANCER CENTRE

CANCER CENTRE PERSONNEL	
ABOUDD, LINDA	MALINGRAU, MARIE
ANTOINE-POIREL, Hélène	MATHIEU, LOUISE
ANTONIOU, Aline	MAYEUR, CHLOE
ARBYN, MARC	MEURISSE, MARJAN
CHUNG, JENNY	MOREAU DE LIZOREUX, Barthélémy
CORRITORE, ELISA	NYAWIRA NYAGA, VICTORIA
DE JONG, Sarah	ROBBE, STIJN
DE PAUW, HELENE	ROUSTA, PEGAH
DE WURSTEMBERGER, PAULINE	SALAERT, MARLIES
DEFOURNY, NOEMY	SCHITTECATTE, GABRIELA
DELNORD, MARIE	SCHMITT, Tugce
DENOEL, Sophie	SHARONJIT KAUR DHILLON, Ajit Singh
D'HOLLANDER, NINA	SIMOENS, CINDY
FREDERICKX, NANCY	TABAKKALT, SOUHADE
GAMER, MARTINA	THEYS, SOFIE
GASASIRA, CLARICE	TOUGOUZ GORDANA, RAICEVIC
GENTEN, OLIVIA	VAN AELST, FABIENNE
GHATTAS, JINANE	VAN DEN BROECKE, Maxim
HEBRANT, ALINE	VAN DEN BULCKE, MARC
KIASUWA MBENGI, RÉGINE	VAN HOOFF, WANNES
LATSUZBAIA, Ardashel	VAN VALCKENBORGH, ELS
LECLERQ, VICTORIA	VANDERVLIT, LEOPOLD
LOUCHEU, Nicolas	VYNCKE, KIM
MAETENS, JULIE	

Be Cancer Centre:

50 staff members

Multidisciplinary team

- Medical doctors
- Biomedical scientists
- Natural sciences
- Physics and chemistry
- Epidemiologists
- Public health scientists
- Master in Law
- Ethicists
- Economists
- Sociologists
- Nurse
- Psychologist

Communication team

Admin team

RESOURCES, SKILLS AND EXPERTISE



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Integration of CC in national cancer policy

- Steering Group (Cabinet, MoH and NIHDI(sickness insurance))
- Advisory committee (SG + stakeholders)
- Sciensano = national (public) health institute
- Longstanding expertise in EC policy-support initiatives
- Scope of CC activities = all domains of National Cancer plans (EPAAC)
- Interaction with regional authorities (prevention & screening)

POLICY INTEGRATION



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BELGIAN EBCP MIRROR GROUP



Mission on Cancer

EBCP



- Understanding
- Prevention
- Diagnosis and treatment
- Quality of life
- Equitable access
- Knowledge & digitalisation
- Prevention
- Early detection
- Cancer Care
- QoL
- Inequalities
- Pediatric Cancers



- Prevention; Early detection and Screening
- Diagnosis and treatment
- Care & Care org
- Rehabilitation and survivorship
- Quality of Life
- Inequalities
- Artificial Intelligence
- Paediatric cancers

Thematic Working Groups



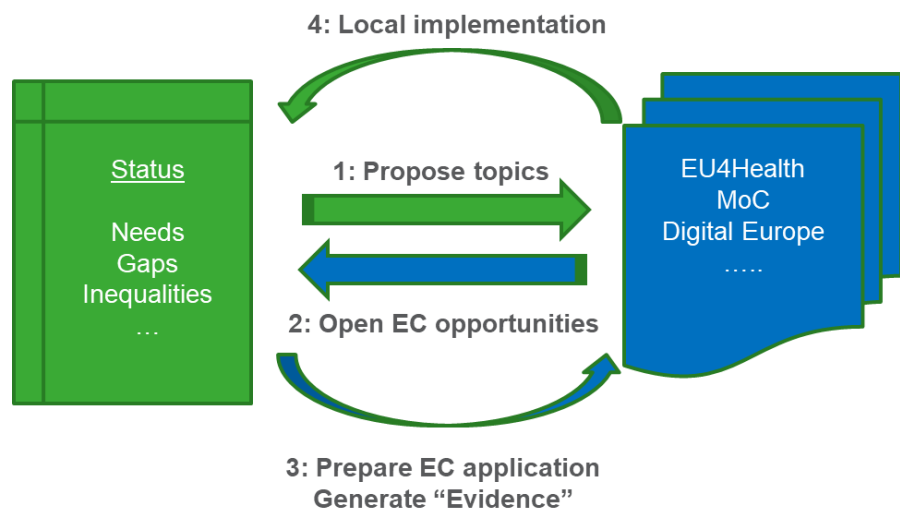
STAKEHOLDERS



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EC-Belgium integration process



EC PROJECTS	Expected outcomes
AG EUCAIM	Cancer Images infrastructure
GDI	Genomics data infrastructure
ECIS	Indicators Cancer screening programs
eCAN	Policy on telemonitoring & teleconsultation
CAN.HEAL	Proposals for implementation for new D&T/PHG in cancer
CraNE	Comprehensive Cancer Care Centers and CCC networks
JANE	7 New Networks of Expertise (technical)
PERCH	Vaccination campaigns and monitoring
JA Health determinants	Implementation of Best, good practices; pilots; recommendations
AG EHDS pilot	Pilots for EHDS
Tender APP Survivorship	digital app
Healthy Cloud	Recommendations for use of EHDS
PHIRI	Operation data exchange via EHDS principles
oncNGS	Integrated CGP platform
UNCAN.eu	Roadmap research in cancer
CSA_CCI4EU	Comprehensive Cancer Infrastructures for research
CSA-CanMisHub	National Mirror groups for MoC implementation
JA support to JRC Inequalities register	Framework for monitoring EBCP implementation

INTERACTIVE PROCESS



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Cancer Centre Funding

Federal government:

- 3 conventions between RIZIV and Sciensano
 - Kankerplan
 - NGS
 - **EBCP**

External funding:

- European Commission projects (Joint actions, Action grants)
- KoTK, StK (charities)
- International funding (HAS (fr), WHO, IARC, GER, ...)

Ratio: 45% Federal / 55% External



VALUE FOR NATIONAL HCS



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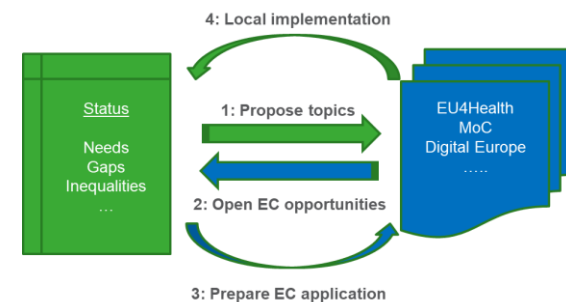
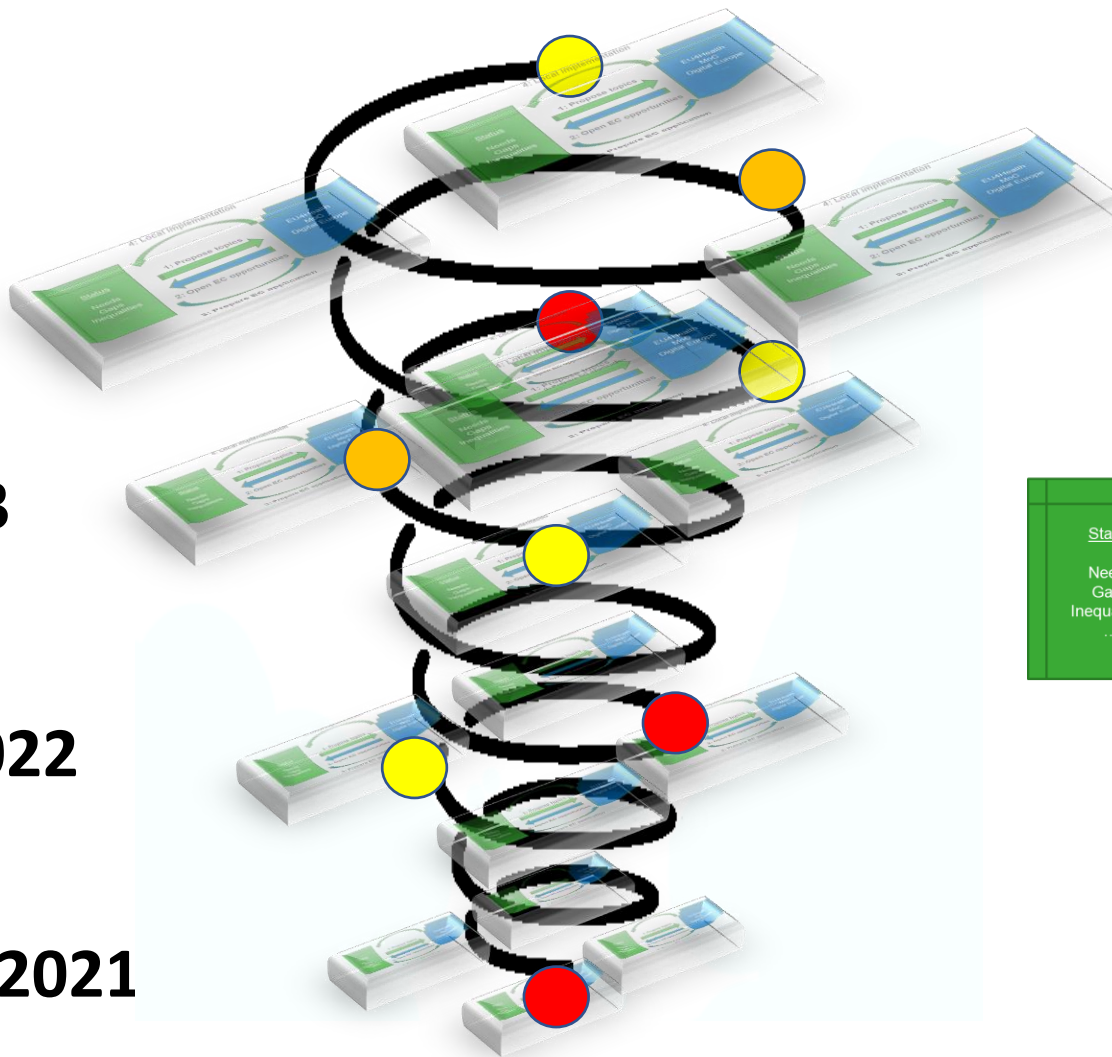
MULTITUDE CREATES COMPLEXITY

2024

2023

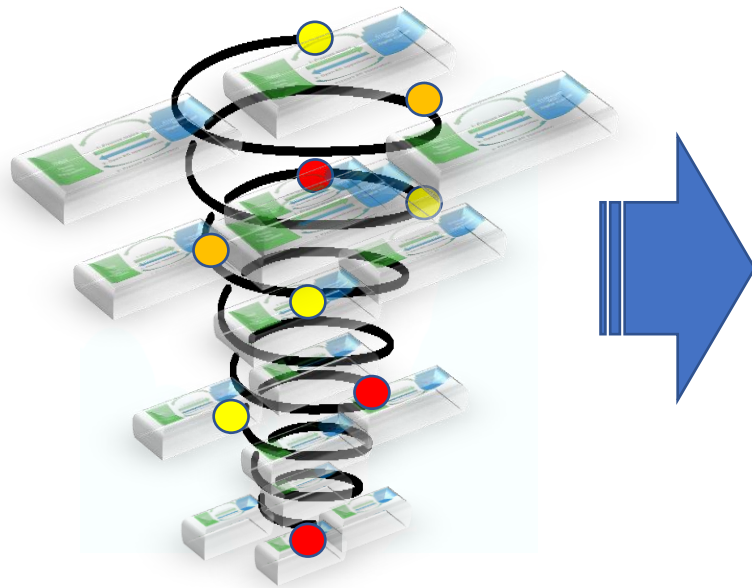
2022

2021



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Belgium (EC)

1. EBCP-MG (CSA ECHOs)
2. BeCRA (JA Crane, JANE, JA CCI, JA NoE, CCI4EU)
3. Drup-like trial (JA CCI, PCM4EU, PRIME-ROSE, JA PM (2024))
4. Comprehensive Gene Platform (oncNGS, Instand4P)
5. AYA conventions (JANE, JA NoE)
6. Concentration of Care (ERNs, JA CRaNE, JA CCI)
7. Cancer Care Networks (BrC, PanC, OesC,...) (JA CRaNE, JA CCI)
8. Clinical guidelines initiative (JANE, ESMO, ESTRO, ...)
9. Supportive care guidelines (JANE, JA NoE)
10. Telemedicine, teleconsultation (JA eCAN, JA eCAN(2024))
11. Belgium Human Genome (BGB-VI, GDI, EUCAIM)
12. AICHA (GDI, EUCAIM)
13. Health Data Agency (EHDS pilots, JA TEHDAS, PHIRI)
14. HPV Roadbook (JA Perch, JA CS)



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SC & EBCP 2024

Outputs EC projects 2024

Network of Comprehensive Cancer Centres

(blueprint - JA CRaNE)

Comprehensive Cancer Care Network (Concept - JA CRaNE)

Networks of Expertise (7 concepts (oa 'omics', High-tech medicals, survivorship, AYA)

Screening JA PERCH, CanScreen-ECIS

Implementation Readiness Interventions (CanHeal)

Genomics: GDI, EUCAIM, EHDS pilot

Digital: Telemedicine, (eCAN)

Teleconsultation recommendations

JA ORION

EC 2024 (likely granted)

JA CCI

JA NoE

JA CS

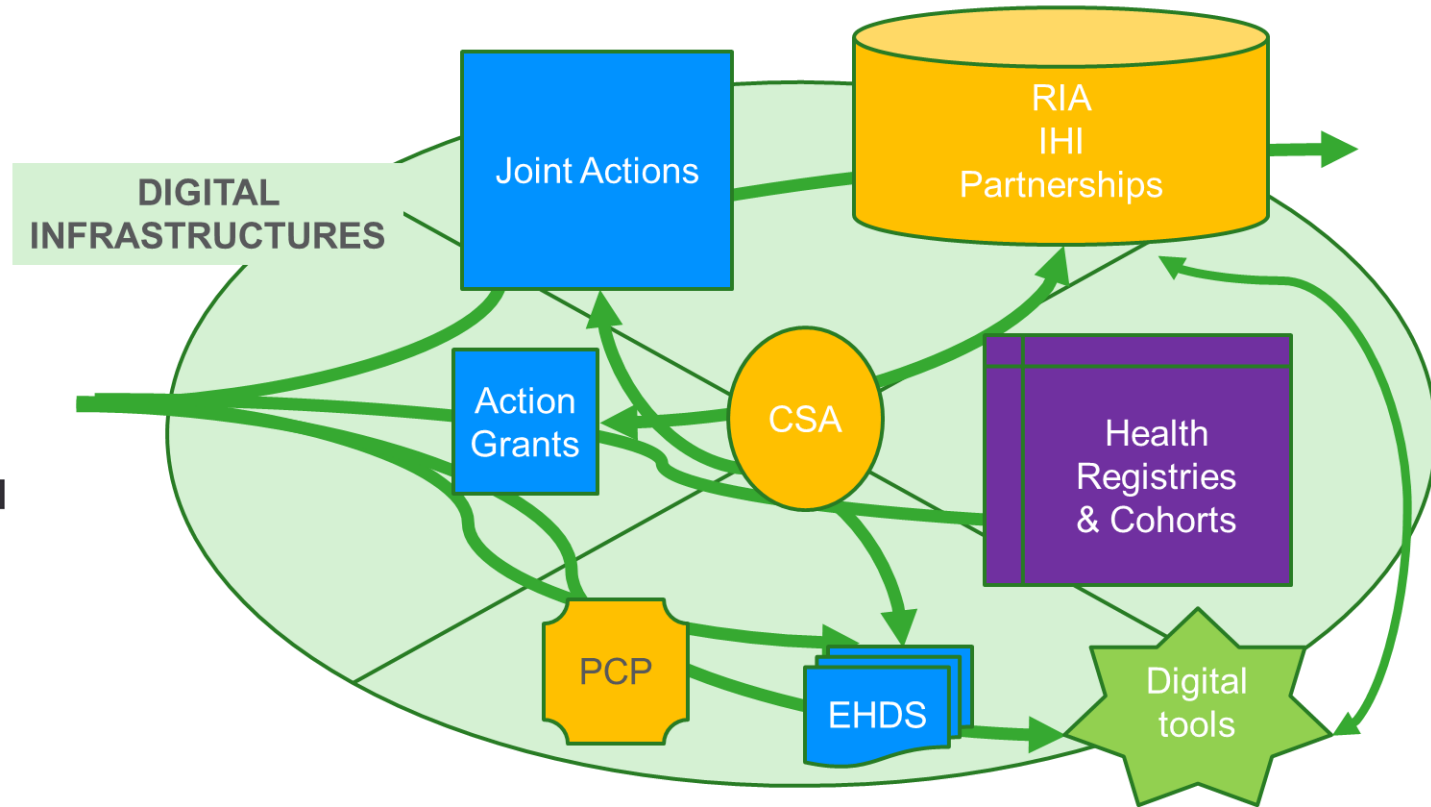
JA Prevent-NCDS

New EC opportunities 2024

1. **JA Personalized Medicine**
2. **JA Survivorship Ped & AYA**
3. *JA Cancer registries*
4. **JA Digital health**



Can.Heal Delta



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