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SET OF CRITERIA AND STANDARDS FOR EU COMPREHENSIVE CANCER CENTRES

THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK

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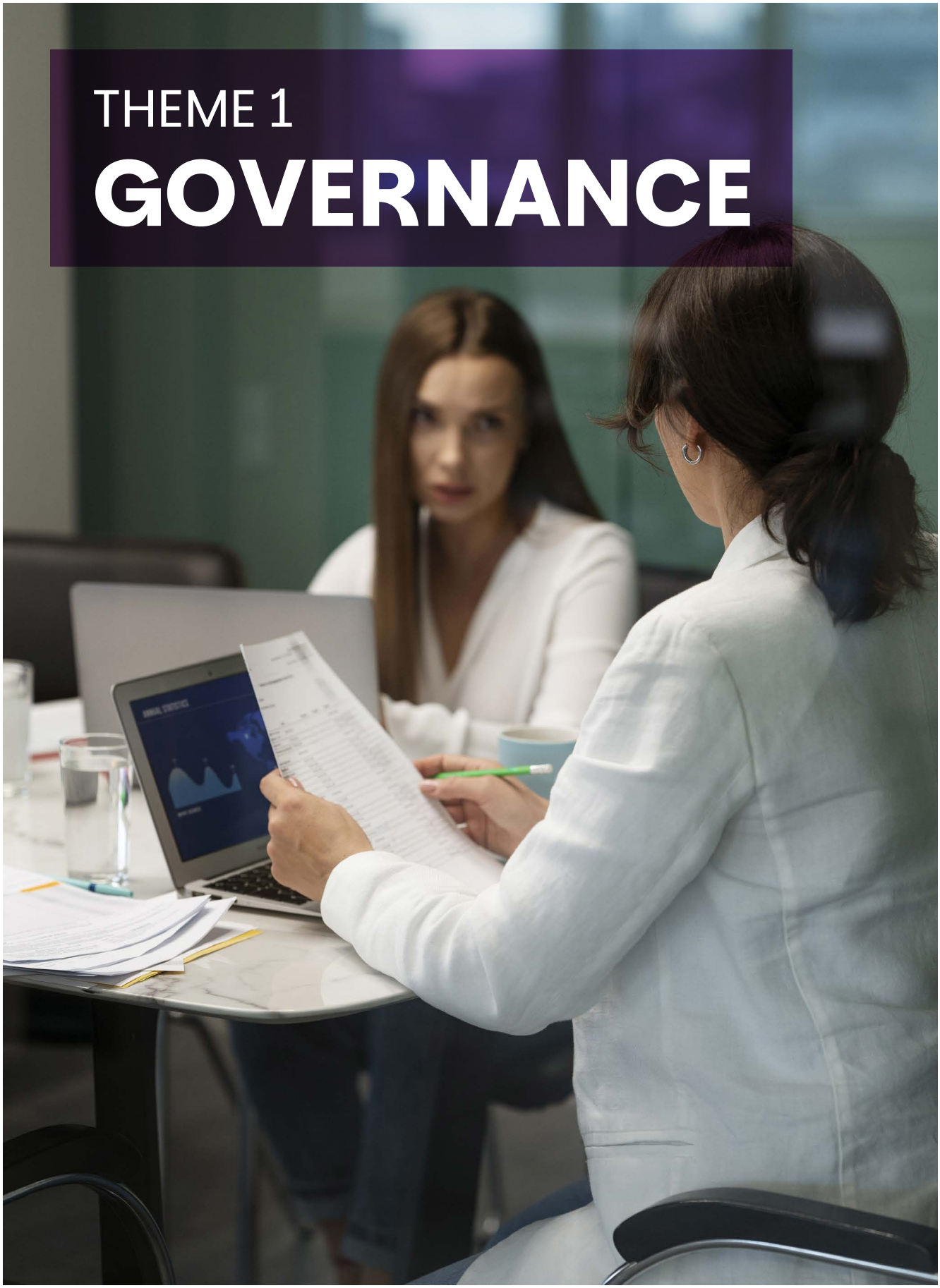


THEME 1
GOVERNANCE

THEME 1 – GOVERNANCE

The landscape of cancer care has evolved significantly with advancements in survival rates, paralleled by an escalation in the intricacy of care pathways. The integration of diverse diagnostic modalities, treatment regimens, and their intersection with clinical research has emphasized the necessity for robust coordination. This is accentuated by the expansion of hospital infrastructures, departmental specializations, and the multi-institutional trajectory of a patient's cancer journey. Such dynamics accentuate the pivotal role of leadership and governance in orchestrating seamless care and research endeavours. In this milieu, governance transcends traditional boundaries, emphasizing relationships with regulatory bodies, collaborative partners, and intra-organizational units to support interdisciplinarity and cross-organizational cooperation. In charting the course for EUCCC's, it is imperative to delineate governance criteria, irrespective of the centre's specialization or operational model. The governance paradigm is trifurcated into leadership architecture, operational processes, and the communicative nexus underpinning EUCCC leadership.

Reference : Sullivan, R., et al. (2011). Delivering affordable cancer care in high-income countries. The Lancet Oncology, 12(10), 933-980.

Objective: To establish a robust governance framework for Comprehensive Cancer Centres, underpinned by evaluative standards that assess the efficacy of governance structures and processes. This framework will be tailored to the unique characteristics of Cancer Centres affiliated with University Hospitals and in collaboration with academic institutions.

TOPIC 1.1 Organisation of EUCCC Governance

Governance is inherently manifested through both formal and informal structures, which significantly influence the effects and outcomes of leadership. It's imperative for the governance criteria of EUCCC's to address their organisational structures, irrespective of healthcare systems or hospital models, a primary coordinating body is essential. Given the prevalent European models necessitating crossorganisational coordination, this body often assumes a matrix structure, underpinned by a clear mandate. Supplementary coordinating entities, such as a EUCCC research council and tumour management groups, further enhance this structure, each requiring well-defined objectives, roles, and regulations. The criteria presented are designed to be versatile, accommodating the diverse healthcare systems and hospital models across Europe.

Reference: Lawler, M., et al. (2014). A catalyst for change: the European cancer patient's bill of rights. The Lancet Oncology, 15(3), 258-260.

CRITERION 1.1.1 EUCCC's have a governance body to coordinate processes internally and externally

Clarification of the criterion: The governing body includes representatives from all organisational entities with a major contribution to the comprehensiveness of the EUCCC.

STANDARDS

› STANDARD 1.1.1.1 –

The EUCCC has a governing body responsible for its overarching strategy, including care, research, and education. (CORE)

Suggested Evidence

1. Document(s) describing mandate, responsibility, and roles in the governing body.
2. Meeting minutes and other formal documents of the governing body.
3. Documents of EUCCC strategy that includes care, research and education.
4. Results of the interviews with governing body members and recipients of their decisions.

› STANDARD 1.1.1.2 –

The institutions forming the EUCCC are distinctly outlined, and their roles within the governing body are specified.

Suggested Evidence

1. Document(s) describing mandate, responsibility, and roles in the governing body.
2. Results of the interviews with governing body members and recipients of their decisions.
3. Results of the interviews with employees of institutions forming the EUCCC that confirm understanding of their roles within EUCCC.

› STANDARD 1.1.1.3 –

If the EUCCC is a consortium of multiple legal entities, there are formal agreements in place that define the collaboration terms among these entities.

Suggested Evidence

1. Formal agreements describing collaboration among legal entities.
2. Specific roles descriptions of multiple legal entities involved in collaboration indicating particular rights and duties.

› STANDARD 1.1.1.4 –

The EUCCC's governing body includes senior representatives directly responsible for the area of cancer diagnosis, care, research, and education.

Suggested Evidence

1. Organogram that shows the roles of governing body members.
2. Job descriptions of members of the governing body that confirm senior roles and direct responsibility for cancer diagnosis, care, research, and education.

› STANDARD 1.1.1.5 –

The EUCCC governance model emphasises clinical coordination, ensuring quality care across tumour groups, organisational boundaries, and the entire patient pathway.

Suggested Evidence

1. Organisational documents that show links between different units and ensure coordination between them.
2. Results of entire patient pathway analysis presenting the coordination between different units in the EUCCC.
3. Quality management system documents that show improvement actions related to care across tumour groups, organisational boundaries, and the entire patient pathway.
4. Documentation detailing centre's role in the patient pathway, coordination mechanisms with internal and external providers, and measures to monitor and ensure comprehensive, patient-centred care (e.g., agreements, referral systems, care coordinators).

› STANDARD 1.1.1.6 –

The EUCCC governance structure ensures that all patients, regardless of their tumour group or whether they have a common or rare cancer diagnosis, have access to the necessary diagnostic and treatment options as specified by their patient pathways. These services are provided either directly by the EUCCC or through collaboration with other specialized units, coordinated by appropriate governance structures. (CORE)

Suggested Evidence

1. Documentation of available diagnostic and treatment services within the EUCCC.
2. Partnership agreements with external specialized units.
3. Patient referral and coordination protocols.

› STANDARD 1.1.1.7 –

The EUCCC obtains key financial figures about the centre's operating costs and investments for care and research purposes.

Suggested Evidence

1. Financial reports including operating costs.
2. Financial reports including investments for care and research purposes.
3. Results of interviews with members of the governing body regarding the financial situation of the EUCCC.

› STANDARD 1.1.1.8 –

The board of the EUCCC has influence on the budget related to cancer activities.

*For centres that are part of a general hospital, the board of the EUCCC has influence on the budget related to cancer activities

*For stand-alone cancer centres, the board of the EUCCC has the mandate to decide on the budget/funding, and to prioritise activities."

Suggested Evidence

1. Financial plans approved by governing body.
2. Result of analysis of alignment between the strategy and financial plans.
3. Results of interviews with members of the governing body and finance managers.

CRITERION 1.1.2 EUCCC's have a governance model ensuring high-quality patient care

Clarification of the criterion: In a EUCCC, the clinical quality framework emphasises tumour-specific care and diagnosis. It orchestrates resource and skill utilisation across patient journeys, safeguarding continuous and safe care. This governance integrates interdisciplinary growth, fostering knowledge transfer. This comprehensive governance structure builds upon a clear description of responsibilities for quality and safety both in cancer care in general and in each pathway specifically.

STANDARDS

› STANDARD 1.1.2.1–

The EUCCC has multidisciplinary teams (MDT/tumour boards) for every tumour type treated by the EUCCC or by collaborating institutions. (CORE)

Suggested Evidence

1. Document(s) that constitute the multidisciplinary teams (MDT/tumour boards) for every tumour type treated by the EUCCC or by collaborating institutions.
2. Meeting minutes and other formal documentation of the multidisciplinary teams (MDT/tumour boards).
3. Result of interviews with the members of the multidisciplinary teams (MDT/tumour boards).
4. List of all MTBs held at the EUCCC and documents proving that they meet regularly (e.g. minutes).

› STANDARD 1.1.2.2–

There is a written and mutually accepted patient pathway for each tumour entity treated in the EUCCC.

Suggested Evidence

1. Document(s) describing patient pathways for each tumour entity treated in the EUCCC.
2. Formal agreements and process descriptions of activities when different legal entities are involved in patient pathways.
3. Results of interviews with managerial and medical staff about interactions in patient pathways.
4. Results of interviews with patients' organisations about interactions in patient pathways.

› STANDARD 1.1.2.3–

The EUCCC has a clinical quality system that focuses on measuring quality indicators specific to cancer and is underpinned by a PDCA practice to ensure quality assurance and improvement.

Suggested Evidence

1. Documents that constitute clinical quality system.
2. Results of analysis of quality indicators values and trends.
3. Documents of improvement actions that were undertaken after quality indicators analysis.
4. Interviews with managers and medical staff on quality indicators.

› STANDARD 1.1.2.4–

The EUCCC has a dashboard providing standardised metrics for governance and leadership to follow up on quality of care and patient outcomes.

Suggested Evidence

1. Results of the analysis of the consistency and usefulness of quality indicators included in the dashboard.
2. Observations of how the dashboard is used in improving quality of care and patient outcomes.
3. Interviews with managers and medical staff (regardless of the rank) on how the dashboard is used.

CRITERION 1.1.3 EUCCC's involve patient participation at all relevant levels

Clarification of the criterion: EUCCC's acknowledge that patients are the ultimate beneficiaries of healthcare services and that their involvement can lead to better health outcomes. Patients have valuable insights and perspectives that can help inform healthcare policies, practices, and research. Involving patients in decision-making at all levels can also improve the quality of care, increase patient satisfaction, and promote transparency and accountability in healthcare systems.

› STANDARD 1.1.3.1-

The EUCCC integrates patient perspectives, through the involvement of patient representatives and the patient advisory council in assessing outcomes and quality of care and relevant change and improvement initiatives. (CORE)

Suggested Evidence

1. Documents confirming that patient representatives participate in the evaluation of the actions taken after the analysis of complaints and claims, serious adverse events, responses to satisfaction questionnaires, key results and collective approaches to improving practices.
2. Results of satisfaction surveys and patient experience questionnaires are presented to the patient's committee and analysed with the patients' representatives.
3. Documents, observations, and interviews results which confirm that patients' experience of their disease and health status is taken into account to adapt pathways and treatments.
4. Actions mobilizing partnerships with patients are carried out by governance board.

› STANDARD 1.1.3.2-

The EUCCC facilitates access to existing educational programmes for patient representatives (and candidates) to enhance their capacity to be involved in decision-making processes.

Suggested Evidence

1. Documents of the educational programmes for patient representatives (and candidates).
2. The competence profile for patient representatives and the content of the educational programmes.
3. Results of the interviews with the participants of the educational programmes.
4. Documents that confirm patient representatives are involved in decision-making processes.

CRITERION 1.1.4 EUCCC's governing bodies have adequate administrative and management support

Clarification of the criterion: For effective coordination and progress governance within the EUCCC, the governing body rely on a proficient secretariat for preparatory and follow-up support.

› STANDARD 1.1.4.1–

The EUCCC governing body has administrative support related to managing their meetings and ongoing operations, in case it is a part of a general hospital or a multi-entity centre.

Suggested Evidence

1. Document(s) that constitute administrative support for the EUCCC governing body.
2. Result of the analysis of the adequacy of resources allocated for administrative support to the EUCCC governing body.
3. Operational documents of the governing body and the organisation of their lifecycle.
4. Results of the interviews with members of the governing body and administrative staff.

› STANDARD 1.1.4.2–

The governing body of the EUCCC has sufficient resources to deliver the regular provision of both cancer data-based reporting and analysis and ad hoc need of cancer-related analysis. (CORE)

Suggested Evidence

1. Document(s) that confirm adequate competencies and responsibility of employees in the area of data management and reporting.
2. Observations on retrieval of ad-hoc data for the purpose of cancer-related analysis.
3. Results of analysis of the EUCCC reporting systems which include cancer related data.
4. Results of the interviews with members of the governing body about the sufficiency of the EUCCC reporting systems.

› STANDARD 1.1.4.3-

The governing body of the EUCCC has access to project management support.

Suggested Evidence

1. Document(s) that detail project management approaches and methods deployed in the EUCCC.
2. Documents of the projects started and nurtured by the EUCCC governing body.
3. Results of the interviews with members of the governing body about project management activities and outcomes.

CRITERION 1.1.5 EUCCC's governance includes formal agreements with external collaborators

Clarification of the criterion: The EUCCC's governance processes must manage external relationships, notably with CCCNs, primary care, and other research institutes, to ensure optimal patient outcomes.

› STANDARD 1.1.5.1-

The EUCCC is active in developing care networks (both tumour- specific and pan-cancer based) in its local area.

Suggested Evidence

1. Documents that show activities related to care networks.
2. Results of interviews with members of the governing body.
3. Observations of the development of care networks over time.

› STANDARD 1.1.5.2-

The EUCCC has formal agreements and a coordinating committee with other hospitals, external clinical units ,care networks and other organisations collaborating with the EUCCC on cancer patient pathways. (CORE)

Suggested Evidence

1. Formal agreements describing collaboration among legal entities on cancer patient pathways.
2. Results of analysis of the scope, areas of responsibilities, and area coverage of the above-mentioned formal agreements.
3. Documents that constitute the coordinating committee and reflect its operations.
4. Operational documents which confirm that collaboration is established, maintained, and developed.

› STANDARD 1.1.5.3–

The governing body of the EUCCC (CCB/ coordinating committee)sets goals for cooperation, division of responsibilities, and tasks and coordination mechanisms with its local care networks.

Suggested Evidence

1. Documents with expliciting goals set for local care networks.
2. Interviews with members of the governing body regarding the process of reaching agreement on the goals among institutions participating in local care networks.
3. Indicators used for monitoring each of its networks (i.e. waiting list, number of consultations, number of advanced consultations).
4. Results of the interviews with internal and (if possible) external stakeholders regarding the goals for care networks.

› STANDARD 1.1.5.4–

The governing body of the EUCCC has structured reporting on the coordinated activities with its associated/collaborating local care networks.

Suggested Evidence

1. Documents that confirm that the EUCCC has regular meetings and workshops with its external partners.
2. Documents that constitute reporting on activities in which local care networks are involved.
3. Periodical reports on activities in which local care networks are involved.
4. Results of the interviews with members of the governing body on the last reports.

› STANDARD 1.1.5.5–

The governance of the EUCCC ensures continuity of care with primary and community care providers, including data sharing and communication for better patient care.

Suggested Evidence

1. written agreements or memoranda of understanding with primary/ community care providers, covering data sharing, joint initiatives, and regular meetings with minutes

› STANDARD 1.1.5.6 –

The EUCCC has formal agreements with research institutions or universities for cancer research or education, where those entities are not contractually part of the EUCCC.

Suggested Evidence

1. Formal agreements describing collaboration with research institutions or universities for cancer research or education.
2. Result of analysis of the scope, areas of responsibilities, area coverage of the abovementioned formal agreements.
3. Operational documents which confirm that collaboration is established, maintained and developed.
4. Results coming from collaboration with research institutions or universities for cancer research or education.

TOPIC 1.2 The Processes of EUCCC governance

Governance extends beyond mere structure, encompassing the leadership and management processes executed within the EUCCC framework. These processes must adeptly define the EUCCC's objectives and strategy, ensuring cohesive handling of both immediate and long-term challenges as well as creating support and consensus regarding the ambitions and initiatives of the centre.

CRITERION 1.2.1 EUCCC's have a unified cancer strategy covering care, education and research

Clarification of the criterion: For effective integration within the EUCCC, a unified Cancer Strategy is essential, encompassing all EUCCC activities. This strategy is collaboratively developed by all departments, professions, and patient representatives. It requires endorsement from all affiliated legal entities and it is revisited and updated at least every five years, complemented by an ongoing development plan.

› STANDARD 1.2.1.1 –

The EUCCC has developed and approved a comprehensive cancer strategy covering all aspects of oncology. (CORE)

Suggested Evidence

1. The document of comprehensive cancer strategy.
2. The result of analysis of the scope and comprehensiveness of the strategy.

› STANDARD 1.2.1.2–

The EUCCC develops its cancer strategy with involvement from relevant stakeholders, including patients, and gains approval from all involved institutions.

Suggested Evidence

1. Results of the analysis of the involvement from relevant stakeholders, including patients in the process of strategy development.
2. Documents which confirm involvement of relevant stakeholders in the process of strategy development and their approval.
3. Results of the interviews with the team members involved in the strategy development process.
4. Results of the interviews with the external stakeholders including patients (if possible) involved in the strategy development process.

› STANDARD 1.2.1.3–

The cancer strategy is implemented through an action plan revised every year.

Suggested Evidence

1. The formal document of the action plan regarding implementation of the cancer strategy.
2. Documents confirming revision of the action plan (at least one per year).

› STANDARD 1.2.1.4–

The EUCCC's cancer strategy has evaluation indicators designed to assess its implementation and expected outcomes.

Suggested Evidence

1. The set of indicators designed to assess the implementation of the EUCCC cancer strategy.
2. Results of the analysis of indicators (goals and trends are taken into account).

CRITERION 1.2.2 EUCCC's governance facilitates coordination operationally and strategically

Clarification of the criterion: EUCCC governance integrates patient pathways, synergises tumour group knowledge, and bridges research, education, and care, all while operationalising the cancer strategy through cancer centre board-led projects.

› STANDARD 1.2.2.1–

The EUCCC has internal rules of procedure to guide the management of cross-organisational matters. (CORE).

Suggested Evidence

1. Document(s) describing management of cross-organisational matters.
2. Results of the interviews with managers involved in cross-organisational coordination.
3. Document which confirm the decision-making, monitoring and continuous improvement of cross-organisational matters.

› STANDARD 1.2.2.2–

The governing body of the EUCCC has a quality management system for organising and executing action plans to implement the cancer strategy and improvement recommended/guided by EUCCC certification.

Suggested Evidence

1. Document(s) which show roles and responsibilities regarding the organisation and execution of action plans aiming to implement the cancer strategy.
2. Document(s) which show roles, responsibilities, and processes regarding improvement recommended/guided by EUCCC certification.
3. Results of the interviews with employees involved in organising and executing action plans and improvement recommended/guided by EUCCC certification.

› STANDARD 1.2.2.3–

The EUCCC has governance processes for patient pathways of all tumours treated.

Suggested Evidence

1. Document(s) constituting governance processes for patient pathways of all tumours treated.
2. Reports on patient pathways.
3. Results of the interviews with employees involved in the governance processes.

› STANDARD 1.2.2.4–

The line managers of all units in the EUCCC have a defined responsibility for the integration of care, research, and education/training.

Suggested Evidence

1. Job descriptions of the line managers with defined responsibility for the integration of care, research and education / training.
2. Results of the interviews with line managers.

CRITERION 1.2.3 EUCCC's leadership stays informed about care and research activities

Clarification of the criterion: Effective EUCCC governance relies on real-time data access, reflecting care and research quality and activity. Dashboards, either at the EUCCC or pathway level, are display carefully selected indicators to ensure accurate representation.

› STANDARD 1.2.3.1–

The EUCCC actively uses a data monitoring system (dashboard) to follow up essential metrics in care and research, available at both centre and pathway/tumour group levels and accessible to all relevant employees. (CORE)

Suggested Evidence

1. Data available in the monitoring system on the electronic dashboard.
2. General and detailed reports from the system including on-the-job observations of the use of a monitoring system in daily routines.
3. Minutes of meetings confirming the use of data from the system and decision-making based on it.
4. Employees' and leaders' declarations regarding work with the system.
5. Minutes/ certificates from training on the use of the system.

› STANDARD 1.2.3.2–

The EUCCC actively uses metrics collected by the data monitoring system to improve its management.

Suggested Evidence

1. Reports which contain the metrics collected by the data management system.
2. Minutes of governing body meetings which confirm that metrics are analysed and discusses.
3. Examples of improvement actions that were undertaken as a follow-up after discussion regarding the metrics.

CRITERION 1.2.4 EUCCC's collaborate regionally with other hospitals for equal access to care and research

Clarification of the criterion: Active integration processes are essential to ensure that specialized diagnostics, treatment, and research align with broader regional offerings, promoting equitable cancer care**.**

› STANDARD 1.2.4.1–

The EUCCC has processes on collaboration and coordination in a geographical area of shared patient pathways and shared resources (in the fields of research, care, innovation, education, and training).

Suggested Evidence

1. Formal agreements describing collaboration (in the fields of research, care, innovation, education, and training) regarding shared patient pathways and shared resources in a geographical area.
2. Result of analysis of the scope, areas of responsibilities, and area coverage of the abovementioned formal agreements.
3. Process maps and descriptions regarding shared patient pathways and shared resources in a geographical area.
4. Results of interviews with employees on the topic mentioned in the standard.

› STANDARD 1.2.4.2–

The EUCCC has processes on collaboration on MDT/tumour boards in a geographical area with shared patient pathways regarding participation. (CORE)

Suggested Evidence

1. Formal agreements describing collaboration on MDT/tumour boards regarding shared patient pathways in a geographical area.
2. Results of analysis of the scope, areas of responsibilities, and area coverage of the abovementioned formal agreements.
3. Process maps and descriptions regarding work of MDT/tumour boards regarding shared patient pathways in a geographical area.
4. Results of interviews with employees on the topic mentioned in the standard.

› STANDARD 1.2.4.3–

The EUCCC has processes on collaboration in a geographical area with shared patient pathways regarding: the inclusion of cancer trial activities of the EUCCC, interoperable IT structures, molecular tumour board, cooperation with regional providers of survivorship care (incl. rehabilitation, psycho-oncology, sexuality), and cooperation with regional providers of palliative home care.

Suggested Evidence

1. Formal agreements describing collaboration on topics mentioned in the standard regarding shared patient pathways in a geographical area.
2. Results of analysis of the scope, areas of responsibilities, and area coverage of the above-mentioned formal agreements.
3. Process maps and descriptions regarding work on topics mentioned in the standard regarding shared patient pathways in a geographical area.
4. Results of interviews with employees on the topic mentioned in the standard.

› STANDARD 1.2.4.4-

The EUCCC promotes that integrated care pathways include the role of each institution from the sub- /region in dealing with diagnosis and treatment of cancer patients.

Suggested Evidence

1. Documents that confirm the agreements with other institutions on promotion the integrated care pathways.
2. Reports on promotional activities regarding integrated care pathways.
3. Results of interviews with employees responsible for promotional activities.
4. Observations on promotional activities of the EUCCC.

CRITERION 1.2.5 EUCCC's participate in european and/or international networks

Clarification of the criterion: EUCCC's actively engage in national and European collaborative networks and programmes, harnessing ongoing advancements in care and research. This engagement ensures the uptake of innovations and underscores a commitment to share progress with the broader European and global community.

› STANDARD 1.2.5.1-

The EUCCC participates in at least one cross-border network, organising collaborative institutional activities between CCCs.(CORE)

Suggested Evidence

1. Documents that confirm participation in the network of EUCCC's.
2. Documents and interviews that confirm active participation in the network events.
3. Reports on activites of the centre within the network.

› STANDARD 1.2.5.2-

The EUCCC participates in at least one European and/or international collaborative research consortium.

Suggested Evidence

1. Document(s) confirming participation in European/ international collaborative research consortium.
2. Results of interviews with researchers employed in the EUCCC.
3. Scientific publications which are an outcome of participation in European/ international collaborative research consortium.


THEME 2
CARE

THEME 2 – CARE

EUCCC's are able to provide its patients with access to diagnostics and treatment regardless on the type of cancer diagnosis or the needed type of treatment. EUCCC's also provide the patient with access to services along the whole patient pathway. If it is not directly organized by the EUCCC itself, the centre make arrangements for being provided by collaborative institutions. These dimensions are already covered by the topic governance. In addition, the organization of care at EUCCC's satisfy requirements that are expressed through the standards in these chapters. Care-related standards are also defined under the topic of Integrating Research and Care. The standards under this part are characterized by some joint perspectives. The first perspective is patient centeredness. This implies that patient needs, priorities and experiences are explored and integrated in the individual decisions and patient pathways. Secondly, a penetrating perspective will be an ambition to continuous search for and implement better solutions and improvements on how to organize the care services and its diagnostic, treatment and follow-up activities both on single patient and on Cancer Centre and hospital level. One dimension of this is an ambition of learning from every patient. Third, the care standards for the EUCCC's are influenced by the desire to build equal access to advanced and experimental treatment not least to what is now labelled as precision cancer medicine. Fourth, the organizing of necessary cross-disciplinary cooperation are defined and practiced in the EUCCC. This part is structured in three chapters. The first one is expressing basic requirements of quality management of the care processes, called, The quality of care and patient safety. The second chapter is about cancer care exceeding the basic requirements, called The state of the art diagnostics and treatment. And the last chapter focuses on the care given to cancer survivors and to end-of-life care, called The psycho-social support and rehabilitation.

Objective: These standards aim at identifying requirements to develop and improve quality of diagnostics, treatment and follow up in a EUCCC. Behind these standards lies the perspectives of patient centeredness, equal access and cross disciplinarity.

TOPIC 2.1 Comprehensiveness of Care

The concept of comprehensiveness of care required by a EUCCC encompasses several facets. It is involving the question of managing access to all types of standard treatment - both early stage curative treatment and palliative treatment on one side and cases in need for highly specialized treatment on the other. Then comprehensiveness of care also raises the question on which and how many of the types of advanced treatment are supposed to be accomplished by the CCC itself. Then the question of comprehensiveness in care is a question of fulfilling the quality requirements set by the specific care standards in the next chapters of this care theme. The fulfilling of these are expected to be extensive but at the same time characterized by a process of continuous development towards the moving target toward excellence. The comprehensiveness of care also requires access to experimental treatment not just standard. How this is going to be operationalized regarding the EUCCC is treated under theme 2 and 3. The organizational considerations, addressing the issue on whether all types of diagnostics and treatment options and patient pathway alternatives are managed within the EUCCC or through collaborations with external institutions are addressed by criterion 1.1.1 specifically standard 1.1.1.6. The approach on this may vary based on the country's healthcare system and the history of cancer care, with further elaborations provided in the subsequent sections.

CRITERION 2.1.1 EUCCC's deliver complete set general and advanced Diagnostics and Treatment for a minimum number of specified cancer diagnoses

Clarification of the criterion: Access both to complete and advanced diagnostic and treatment services for is crucial for delivering comprehensive cancer care. To be comprehensive a EUCCC should provide this completeness and the advanced services through its own organization. This is a requirement justified by the need to establish a satisfactory cross-disciplinary environment and pan-cancer community connected to a broad set of diagnostic and treatment modalities. The requirements connected to this dimension of comprehensiveness is divided into one standard related to the five most prevalent cancer diagnoses and one related to all other cancer diagnoses including rare cancers, paediatric cancers, and hematologic cancers.

› STANDARD 2.1.1.1–

The EUCCC provides complete and advanced diagnostic services and cutting-edge treatments for at least three of the five major cancers:

1. Breast cancer and gynaecological cancers such as ovarian and uterine cancer
2. Lung and thoracic cancers
3. Gastrointestinal cancers (including colorectal and gastric cancers, pancreas and liver)
4. Genitourinary cancers (including prostate and bladder cancers)
5. Skin cancers (melanoma and other advanced or aggressive skin cancers)

Suggested Evidence

1. Documentation of diagnostic services for breast, lung, gastrointestinal, genitourinary, and skin cancers.
2. Descriptions of treatment modalities including surgical, radiological, and medical oncology services for the specified cancers.
3. Formal collaboration agreements with specialized units for advanced diagnostics and treatments.
4. Patient care pathways outlining the diagnostic and treatment process for each specified cancer type.
5. Outcome evaluation reports analyzing patient outcomes, treatment efficacy, and quality of life measures for the specified cancers.

› STANDARD 2.1.1.2–

The EUCCC provides complete and advanced diagnostic and treatment options for at least two less prevalent cancers diagnoses, which may include rare cancers, paediatric cancers, or haematological cancers.

Suggested Evidence

1. Detailed documentation of diagnostic services including descriptions of available diagnostic technologies and services.
2. Detailed documentation of treatment services with descriptions of available treatment modalities, including surgical, radiological, and medical oncology services.
3. Formal agreements with external specialized units, detailing collaboration for diagnostics and treatments.
4. Records of multidisciplinary teams that include specialists in rare cancers, paediatric cancers, and haematological cancers.
5. Clinical Trial Participation: Evidence of the EUCCC's participation in clinical trials focused on less prevalent cancers. This can include documentation of ongoing or completed trials, patient enrollment records, and collaboration with research institutions.

TOPIC 2.2 Quality of Care and Patient Safety

This section highlights the measures taken by EUCCC's to ensure patient empowerment, collection and monitoring of patient experiences, active involvement by caregivers, risk management, delivery of patient-centric and continuity in care, and coordination of post-treatment follow-up.

CRITERION 2.2.1 EUCCC's facilitate and ensure patient empowerment

Clarification of the criterion: Shared decision-making is the backbone of patient-centred, high-quality care. EUCCC's must provide patients accurate, reliable, and all-encompassing information about their condition, treatment alternatives, and potential risks and benefits. This information are presented clearly and concisely, empowering patients to make informed decisions about their care.

› STANDARD 2.2.1.1-

The EUCCC has a physical and/or virtual information centre that is available for staff, patients, family members, and caregivers. (CORE)

Suggested Evidence

1. Organisational documentation confirming the existence of job positions/ organisational roles responsible for providing information support for staff, patients, family members, and caregivers.
2. A physical information point available to staff, patients, family members, and caregivers.
3. Software or communication channels to obtain information support for staff, patients, family members, and caregivers.
4. Feedback forms or completed surveys from staff, patients, family members, and caregivers regarding the effectiveness of the information support centre.

› STANDARD 2.2.1.2–

The EUCCC documents relevant information communicated to the patient in the patient's record. (CORE)

Suggested Evidence

1. Comprehensive patient records, including medical history, smoking status, clinical examinations, prescriptions, test results, allergies, multi-drug resistant bacteria, etc.
2. Documentation of timely updates by all professionals involved in patient care, ensuring traceability and access to the file.
3. Information system logs showing simultaneous access to relevant data by healthcare professionals.
4. Training records for teams on the use of professional software and support provided for learning processes for using the tools.
5. Access logs demonstrating that medical and paramedical teams can consult the patient's shared medical record.

› STANDARD 2.2.1.3–

The EUCCC ensures that all individuals, including those with disabilities and special needs, have universal and equal access to the care they need.

Suggested Evidence

1. Documented policy on equal and universal treatment of patients.
2. Analysis of cases of treatment of elderly people, people from minorities, foreigners, etc.
3. Observation of infrastructure concerning accessibility for people with disabilities.
4. Verification of solutions enabling patients and their caregivers to provide information on the EUCCC activities easily and anonymously.
5. A formal list of available professional support for vulnerable people, in-house or external (social worker, interpreter specialist services, etc.).

› STANDARD 2.2.1.4 –

The EUCCC has implemented a policy that ensures that patients are treated with sensitivity and respect, and that their preferences are considered in all aspects of their care.

Suggested Evidence

1. Documented policy on patient sensitivity and respect, including guidelines on considering patient preferences (in regards to patient rights, diagnosis, treatment options, shared decision-making, treatment plan, prognosis, supportive care, rehabilitation, psycho-oncology, survivorship care, etc.).
2. Training materials and records of training sessions for staff on sensitivity, respect, and patient preference consideration.
3. Patient feedback forms and surveys assessing the level of sensitivity and respect experienced during care.
4. Case studies or examples of care plans that demonstrate the incorporation of patient preferences.
5. Minutes from meetings where patient care policies and practices are reviewed and discussed.

› STANDARD 2.2.1.5 –

The EUCCC has procedures that specify how (and by whom) patients are included in shared decision-making covering:

- Diagnostic procedure and results
- Treatment options (including side-effects and late effects)
- Follow-up
- Survivorship (a plan detailing all relevant contact points for support services and peer groups);

and all relevant personnel are trained in the practice of this.

Suggested Evidence

1. Signed and documented informed consent forms in patient records, confirming agreement to care plans and treatment modalities.
2. Multidisciplinary assessment records, including evaluations of medical condition, psychological status, social situation, and autonomy needs, supporting shared decision-making.
3. Personalized care plans, tailored to patient needs, preferences, and living conditions, with regular reviews and updates reflecting shared decisions.
4. Traceability and documentation of the care pathway, including shared decision-making discussions, evaluations, consent, and adaptations in the patient's medical record.
5. Documented procedures and training records, demonstrating that shared decision-making is formally defined and that relevant healthcare professionals are trained in its implementation and patient communication.

› STANDARD 2.2.1.6–

The EUCCC provides patients (and their caregivers) information material that is readable, up-to-date, appropriate, and available in languages commonly spoken by the population served and covers rights and access to:

- Diagnostic and treatment options
- Second opinions
- Information about relevant patient pathways
- Follow-up after treatment
- Availability of clinical trials
- Supportive care
- Palliative care
- Psycho- and social counselling
- Patient's associations, self-help, and support groups.

Suggested Evidence

1. Documentation of patient information materials covering all required topics, ensuring readability and appropriateness.
2. Patient interviews or surveys assessing their knowledge of diagnosis, treatment plan, care duration, warning signs, and access to support services.
3. Protocols for patient identification throughout their care journey, including ID bracelets, electronic records, and double-check procedures.
4. Training records for healthcare professionals on effective patient communication and standardised procedures.
5. Feedback from patients and caregivers on the accessibility and usefulness of the provided information materials.

› STANDARD 2.2.1.7–

The EUCCC provides its patients with:
- General information about the hospital
- Detailed information about the admission procedure
- Contact people for all matters related to their care (e.g., navigator/coordinator)
- Contact information for reaching clinical staff in case of emergency
- Clinical trial activity
- Patient's Associations and support groups.

Suggested Evidence

1. General information materials about the hospital, including location, consultation details, healthcare professional names, and cancellation procedures.
2. Admission procedure documentation with preoperative/pre-therapeutic instructions and administrative requirements.
3. Contact lists for care coordinators, navigators, and clinical staff for emergencies, including documentation of designated trusted persons.
4. Information on clinical trials available to patients, including research opportunities, participation procedures, and eligibility criteria.
5. Educational materials and programmes for patient engagement in their own care, including therapeutic education and simulation-based training.

› STANDARD 2.2.1.8–

The EUCCC ensures that patients are thoroughly informed and understand the continuity of care and their patient journey and when they are referred to another healthcare provider.

Suggested Evidence

1. Examples of comprehensive, transparent and personalized discharge information regarding their transition to another healthcare provider, including a detailed explanation of their new treatment plan (highlighting changes from their initial treatment), instructions on how to identify and report potential adverse effects related to their treatment, as well as postoperative or post-therapeutic guidance for recognizing complications or warning signs requiring medical attention.
2. Official template containing direct contact information with involved entities for follow-up and emergency situations, especially including a referring healthcare team, a receiving healthcare provider, and a designated care navigator or discharge coordinator who can assist with any administrative or medical concerns.
3. Proof of secured and seamless transfer of medical information including reports with logs into a secure digital health record system.
4. Proof of support for patients and their families during the transition, such as clear guidance on home care services, rehabilitation, or social assistance if applicable, as well as examples of psychological, social, and medico-social support offers.
5. Feedback from patients regarding their understanding of delivered discharge information and copies of patient interviews confirming they feel well-informed and supported in their transition.

› STANDARD 2.2.1.9–

The EUCCC has policies on informed consent for diagnostics, treatment, and research that meet national laws and regulations.

Suggested Evidence

1. Written informed consent policies that comply with national laws and regulations.
2. Templates of informed consent forms used for diagnostics, treatment, and research.
3. Records of staff training on informed consent procedures and legal requirements.
4. Audit reports on the implementation and adherence to informed consent policies.
5. Patient feedback on the clarity and comprehensiveness of the informed consent process.

› STANDARD 2.2.1.10–

The EUCCC guarantees that personal data protection is respected for patients according to the General Data Protection EU Regulation (GDPR) 2016/679.

Suggested Evidence

1. Documented GDPR compliance policy outlining data protection measures and patient rights.
2. Records of staff training on GDPR and data protection practices.
3. Data protection impact assessments conducted to ensure compliance with GDPR.
4. Audit reports on data protection practices and adherence to GDPR.
5. Patient consent forms for data processing, including information on data protection rights and measures

› STANDARD 2.2.1.11-

The EUCCC guarantees 24/7 access to all emergency medical care. It has a 24-hour on-call service (including weekends and public holidays), if necessary, through cooperation agreements.

Suggested Evidence

1. Strategic human resources plan detailing staffing for 24/7 emergency medical care.
2. Annual professional schedule showing coverage for on-call services outside working hours.
3. Screenshot of the centre's website presenting opening hours and emergency access details.
4. Protocol or SOP for urgent patient triage and management.
5. Patient information brochure and website access information for emergencies, including dedicated information for oncology emergencies with contact details.

CRITERION 2.2.2 EUCCC's are continuously exploring possibilities for improving its quality of care and outcome of treatment based on experience and knowledge gained from professionals and patients

Clarification of the criterion: new knowledge, new technologies and experiences will provide the EUCCC's with room for improving their performance and their outcome of care. These possibilities are supposed to be exploited by the EUCCC. In these processes patients bring a unique perspective on how care is delivered and received, with an opportunity for the organization to learn and mature. The EUCCC's collect feedback and monitor the quality of care received at different stages, emphasizing understanding patient perspectives, and improving healthcare services aiming at learning from every patient. The EUCCC will thus make sure that they apply the principle of learning from every patient.

› STANDARD 2.2.2.1–

The EUCCC has routines to collect patient's experiences during outpatient and inpatient care and has routines to integrate the knowledge from this in its quality improvement programme.

Suggested Evidence

1. Documented procedures for collecting patient experiences during outpatient and inpatient care.
2. Examples of Patient feedback forms and surveys used to gather experiences.
3. Reports on the analysis of patient feedback and how it has been integrated into quality improvement initiatives.
4. Examples of changes or improvements implemented based on patient feedback.
5. Minutes from meetings where patient experiences and feedback are discussed.

› STANDARD 2.2.2.2–

The EUCCC has a procedure for patient involvement as a part of its quality improvement programme.

Suggested Evidence

1. Documented procedure for patient involvement in quality improvement.
2. Records of patient feedback and experiences collected through surveys, focus groups, or interviews.
3. Reports on how patient feedback has been analysed and integrated into quality improvement initiatives.
4. Examples of changes or improvements implemented based on patient involvement.
5. Training materials for staff on how to engage patients in quality improvement processes.

› STANDARD 2.2.2.3–

The EUCCC systematically collects, presents and pays attention to main indicators of quality of care and outcomes of care.

Suggested Evidence

1. Documentation of key quality indicators and outcome measures.
2. Regular reports presenting collected data on quality indicators and outcomes.
3. Minutes from meetings where quality indicators and outcomes are reviewed and discussed.
4. Action plans developed based on the analysis of quality indicators and outcomes.
5. Feedback from staff on the effectiveness of the quality indicator monitoring process.

› STANDARD 2.2.2.4 –

The EUCCC ensures that improvement actions are prioritised, developed, and implemented regularly in agreement with all concerned departments and disciplines, at a minimum on an annual basis.

Suggested Evidence

1. Documented improvement plan listing identified improvement actions, their priority level, and a formal action plan or improvement roadmap.
2. Meeting minutes and decision records from interdisciplinary meetings where improvement actions are discussed, prioritized, and agreed upon by all relevant departments and disciplines.
3. Implementation and progress tracking system such as a monitoring tool or a dashboard.
4. Annual review report summarising completed and upcoming initiatives, with approval from all concerned stakeholders.
5. Interdisciplinary approval and validation records, including signed approvals, internal policy updates, or documented feedback from multidisciplinary teams.

› STANDARD 2.2.2.5 –

The EUCCC arranges or facilitates learning events for its personnel in quality improvement at least twice per year.

Suggested Evidence

1. Documentation of learning events organised at least twice per year (i.e., agendas, detailed programmes, session topics, speakers, schedules, and participant lists).
2. Reports and presentations from the events reviewing quality improvement topics.
3. Minutes of meetings held during the events from members of involved multidisciplinary teams.
4. Summaries of follow-up actions and quality improvement initiatives developed based on the event findings.
5. Feedback from participants on the effectiveness and impact of the learning events.

CRITERION 2.2.3 EUCCC's facilitate active involvement by caregivers

Clarification of the criterion: Caregivers surrounding the patients in their private everyday life play a pivotal role in supporting the patients. Through encouraging and enabling active involvement of caregivers, the EUCCC's will facilitate that the patient and its caregiver(s) experience inclusivity and support. This again will lead to stronger adherence to recommendations on treatment and lifestyle (when relevant).

› STANDARD 2.2.3.1–

The EUCCC has dedicated meeting areas for visits from caregivers.

Suggested Evidence

1. Documentation of designated meeting areas for caregivers, including floor plans and accessibility features.
2. Photographs of the meeting areas showing their suitability and comfort for caregivers.
3. Feedback forms from caregivers regarding the adequacy and convenience of the meeting areas.
4. Maintenance records ensuring the meeting areas are kept in good condition.

› STANDARD 2.2.3.2–

The EUCCC provides flexible visiting hours and, when required, supports overnight stay arrangements for patients and caregivers.

Suggested Evidence

1.Documented policy covering flexible and adjustable visiting hours, including conditions and procedures for facilitating overnight stays for caregivers.
2.Records demonstrating implementation, such as documented examples of visiting time adjustments and overnight stays facilitated for caregivers (including rationale and duration).
3. Communication materials or examples showing how patients and caregivers are informed about visiting time flexibility and the possibility of overnight stays.
4. Patient and caregiver feedback related to the flexibility of visiting hours and the quality of facilities and support provided during overnight stays.
5. Staff training materials or internal guidance demonstrating staff preparedness to manage flexible visiting arrangements and support overnight stays for caregivers.

› STANDARD 2.2.3.3-

The EUCCC ensures that caregivers are invited to participate in certain personal activities (e.g., meals, washing) when feasible and in line with patients' expressed wishes.

Suggested Evidence

1. Documented policy on caregiver participation in personal activities, including guidelines and limitations, as well as patient consent form template.
2. Records of caregiver participation in personal activities, according to patient consent and transparent schedule.
3. Feedback from patients and caregivers on the experience and impact of caregiver participation in personal activities.
4. Examples of care plans that include caregiver participation in personal activities, demonstrating alignment with patient wishes.

CRITERION 2.2.4 EUCCC's ensure patient safety and risk management in Care

Clarification of the criterion: Cancer care processes present potential threats to patient safety. EUCCC's have a leading role in coordinating cancer care for their patients. Therefore, EUCCC conducts risk analyses to identify patient safety hazards and implement measures to mitigate these risks along the care continuum including admission, discharge, treatment and post-treatment follow-up.

(referencing: WHO Global Patient Safety Action Plan 2021-2030)

› STANDARD 2.2.4.1-

The EUCCC ensures safety, accuracy, and high-quality care by adequately staffing essential disciplines.

Suggested Evidence

1. Staffing audits and reports demonstrating proactive monitoring and adjustments to staffing levels.
2. Staff planning systems and onboarding documentation for new staff, temporary workers, and trainees, including welcome booklets, integration days, and access to key guidelines.
3. Contingency plans regarding staffing gaps, including documented corrective measures such as overtime management, temporary hiring, or workload redistribution.
4. Incident reports and patient safety indicators related to staffing shortages, including delays and medication errors.
5. Patient and staff satisfaction surveys on workload and care quality, along with regular audit reports and governance reviews.

› STANDARD 2.2.4.2–

The EUCCC has defined routines and procedures for:
- Prescription, preparation, and administration of drugs
- Mandatory training of staff administrating drugs
- Documentation in a quality assured digital system.

Suggested Evidence

1. Documentation of prescriptions, including sample prescriptions showing INN, dosage, route, date, time, and prescriber signature.
2. Records of medication administration verifying the match between the drug, the patient, and the prescription, including policies for double-checking high-risk medications.
3. Pharmaceutical review logs and risk assessments, including evidence of pharmacist involvement in multidisciplinary meetings.
4. Training records proving completion of mandatory medication management training and specialized training for handling high-risk medications.
5. Real-time documentation in patient records of administered drugs, including non-administrations and reasonings.

› STANDARD 2.2.4.3–

The EUCCC has established quality and risk management routines that include procedures to handle and report all diagnostic and treatment-related unexpected side-effects or adverse events.

Suggested Evidence

1. Protocol or SOP for quality, risk management, and/or assessment process.
2. Document detailing KPIs used to monitor the process.
3. Assessment report or dashboard screenshot showing trends in diagnostic and/or treatment-related side effects.
4. KPI report or dashboard screenshot showing KPI results and/or deviations from the protocol and/or expected outcomes.
5. Minutes from multidisciplinary cancer team meetings or clinical sessions reviewing case studies and outlining quality improvement actions or recommendations.

› STANDARD 2.2.4.4–

The EUCCC has a comprehensive system for reporting, registering, and assessing complications and adverse events, including 30-day mortality and unexpected re-admissions to surgery within 90 days.

Suggested Evidence

1. Screenshot or photo of medical record showing the collection of complications and AE (anonymized patient).
2. Assessment report or dashboard screenshot showing trend in complications and AE.
3. Minutes from multidisciplinary cancer team meetings or clinical sessions reviewing case studies.

› STANDARD 2.2.4.5–

The EUCCC provides facilities and procedures for the evaluation of acute toxicity, especially in relation to oncology treatment.

Suggested Evidence

1. Protocol or SOP for the acute toxicity.
2. Protocol or SOP for screening, evaluation and referral decision-making.
3. Document defining structure and functions for clinical toxicology units or units for emergency.
4. Minutes from multidisciplinary cancer team meetings or clinical sessions reviewing case studies.

› STANDARD 2.2.4.6–

The EUCCC has systematic procedures and action plan for measures after an adverse event and for monitoring the efficiency of the implemented measure(s).

Suggested Evidence

1. Documented protocol or SOP describing systematic procedures following an adverse event, including definitions, responsibilities, and workflow.
2. Action plan documentation detailing corrective and preventive measures implemented after an adverse event.
3. Monitoring tools or reports (e.g., KPI reports, dashboards) demonstrating follow-up of implemented measures and assessment of their effectiveness.
4. Evidence of implementation tracking, such as screenshots or extracts from systems used to monitor corrective actions.
5. Review or evaluation reports assessing deviations from expected outcomes and lessons learned after adverse events.

› STANDARD 2.2.4.7–

The EUCCC has systematic procedures and action plan for measures after an undesirable event and for monitoring the efficiency of the implemented measure(s).

Suggested Evidence

1. Documented protocol or SOP describing procedures for the identification, reporting, and management of undesirable events, including roles and responsibilities.
2. Action plan documentation outlining measures implemented in response to undesirable events.
3. Reporting tools or systems for undesirable events, such as user manuals, screenshots, or extracts from electronic reporting tools.
4. Monitoring reports or indicators demonstrating follow-up and evaluation of the effectiveness of measures implemented after undesirable events.

› STANDARD 2.2.4.8–

The EUCCC conducts experience feedback committees and conferences following unexpected outcomes such as mortality and morbidity.

Suggested Evidence

1. Programme, agenda or presentation slides.
2. Attendance records, participant lists or certificates for professionals attending these sessions.

› STANDARD 2.2.4.9–

The EUCCC has procedures and routines for systematically assessing risk when implementing new technologies or interventions.

Suggested Evidence

1. Risk assessment protocols - comprehensive documentation outlining the protocols for assessing risks associated with new technologies or interventions.
2. Risk assessment reports - records of risk assessments conducted for new technologies or interventions. These reports should include details on the identified risks, the evaluation process, and the implemented mitigation strategies.
3. Training records for staff - documentation confirming that staff involved in the implementation of new technologies or interventions have received training on the risk assessment protocols.
4. Internal or external audit reports that assess adherence to the risk assessment protocols (compliance and audit reports).

› STANDARD 2.2.4.10 –

The EUCCC ensures a maintenance programme for medical equipment, including calibrations, safety checks, and clinical audits aligned with authorised authorities' recommendations and carried out as scheduled.

Suggested Evidence

1. Equipment maintenance strategy document.
2. Scheduled equipment maintenance calendar.
3. Documents certifying compliance with regulatory standards and/or certification from regulatory authorities (e.g., ISO or local health authority requirements).
4. Inventory of medical equipment. Equipment manuals and manufacturer guidelines.

› STANDARD 2.2.4.11 –

The EUCCC has procedures to ensure that new and specialised technical equipment is handled only by personnel trained and competent on this equipment.

Suggested Evidence

1. Document indicating personnel with specific training or with certificates of competency.
2. Attendance records, participant lists or certificates from training sessions.

› STANDARD 2.2.4.12 –

The EUCCC ensures that only authorized personnel (specific training modules accomplished) administer anti-cancer drugs.

Suggested Evidence

1. Protocol or SOP for the administration of anti-cancer drugs.
2. Work plan including roles and responsibilities of all personnel involved.
3. Document indicating personnel with specific training or with certificates of competency.

CRITERION 2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways

Clarification of the criterion: EUCCC's provide patient-centred and continuous care by prioritizing individual patient preferences, needs, and values. Key elements include the co-creation of care through active interactions between patients , patient organisations and healthcare professionals, integration with cancer research for evidence-based practices, and the use of patient-reported outcome measures to tailor treatment plans. EUCCC's ensure personalised care that improves physical, social, and emotional well-being.

› STANDARD 2.2.5.1-

The EUCCC performs regular reviews and updates on the documented patient pathway based on new evidence-based knowledge and assessment of practice experiences. (CORE)

Suggested Evidence

1. Minutes from multidisciplinary cancer team or MDT meetings.
2. Calendar outlining the frequency of ICP reviews and updates.
3. Document outlining the ICP for each tumour type and their updates.
4. KPI report or dashboard screenshot showing KPI results and/or deviations from the protocol and/or expected outcomes.
5. Document outlining quality improvement actions or recommendations.
6. Agreements between the EUCCC and its associated providers.

› STANDARD 2.2.5.2-

The EUCCC has implemented patient pathways at least for the most common tumour entities treated at the centre. These pathways describe the functions of involved disciplines, the role of MDTs, and include palliative care and survivorship care.

Suggested Evidence

1. Minutes from multidisciplinary cancer team or MDT meetings.
2. Document outlining the ICP for each tumour type.
3. KPI report or dashboard screenshot showing KPI results and/or deviations from the protocol and/or expected outcomes.
4. Document outlining quality improvement actions or recommendations.

› STANDARD 2.2.5.3–

The EUCCC makes sure that the patient pathway management approach also includes other diagnostic and treatment units that the EUCCC shares pathways with in its local networks.

Suggested Evidence

1. Formal collaboration agreements or national, regional, inter-institutional agreements.
2. Agreements between CCC's and their associated providers.
3. Protocol or SOP describing the categories of collaboration and integration.
4. Protocol or SOP for screening, evaluation and referral decision-making.

› STANDARD 2.2.5.4–

The EUCCC evaluates the performance of its patient pathways as part of continuous quality improvement.

Suggested Evidence

1. Minutes from multidisciplinary cancer team or MDT meetings.
2. Screenshot of (electronic) medical record or dashboard showing the collection of ICP variables.
3. KPI report or dashboard screenshot showing KPI results and/or deviations from the protocol and/or expected outcomes.
4. Document outlining quality improvement actions or recommendations.

› STANDARD 2.2.5.5–

The EUCCC ensures that patients with rare cancers are referred to a centre with experience in treating this type of cancer (such a designated reference centre or a European Reference Network (ERN) or equivalent).

Suggested Evidence

1. Document describing the referral pathways with national/regional designated reference centres and/or ERN.
2. Protocol or SOP for screening, evaluation, and referral decision-making.
3. Minutes from multidisciplinary cancer team and/or MDT meetings.

› STANDARD 2.2.5.6–

The EUCCC identifies and provides each patient with a pathway coordinator or case manager facilitating the patient's pathway from admission until end of treatment, including the implementation of MDT recommendations, referral and feedback amongst nursing, palliative care, and supportive disciplines.

Suggested Evidence

1. Documented procedures defining the pathway coordinator's role in referrals and feedback between nursing, palliative care, and supportive disciplines.
2. Patient records showing the assigned pathway coordinator's name and contact details.
3. Feedback from patients and healthcare teams through surveys, staff feedback reports, and case review meetings.
4. Meeting records demonstrating MDT recommendations and follow-up documentation confirming implementation.
5. Survey results and patient interviews providing feedback on pathway coordination.
6. Patient pathway where you can see the patient pathway coordinator.

› STANDARD 2.2.5.7–

The EUCCC has defined standards for maximum waiting times and record actual waiting times for each step in the patient pathway.

Suggested Evidence

1. Formal standards for maximum waiting times at each step of the patient care pathway.
2. Electronic health records showing actual waiting times for each step from referral to treatment initiation.
3. Regular performance reports comparing actual waiting times to the defined standards (at least once a year).
4. Patient satisfaction surveys focusing on their experience with waiting times.
5. Action plans and improvement projects initiated to address any delays identified.

› STANDARD 2.2.5.8–

The EUCCC uses data on waiting times as part of its quality management system and continuous improvement framework.

Suggested Evidence

1. Automated data collection systems for tracking waiting times.
2. Regular reports on waiting time data and trends.
3. Minutes from quality improvement committee meetings discussing waiting time data and related actions.
4. Case studies of successful quality improvement initiatives based on waiting time data.
5. Staff training records on the importance of monitoring and reducing waiting times.

› STANDARD 2.2.5.9 –

The EUCCC has a discharge procedure (after hospitalisation, day care or interventional procedures) that provides patient and its General Practitioner with information on further treatment, follow-up, re-admission, and home care.

Suggested Evidence

1. Standardised discharge procedures outlining the information provided to patients and General Practitioners.
2. Templates of discharge summaries used to communicate further treatment, follow-up, re-admission, and home care plans.
3. Records of discharge communications sent to patients and General Practitioners.
4. Patient follow-up surveys assessing their understanding and adherence to discharge instructions.

› STANDARD 2.2.5.10 –

The EUCCC has a contact procedure for general practitioners to follow when there is a need of consultation with the centre.

Suggested Evidence

1. Documented consultation pathway including written protocols, flowcharts, and guidelines.
2. Dedicated contact lists for GPs, including liaisons or teams responsible for handling inquiries and coordinating responses.
3. Audit reports and case reviews tracking the efficiency, response times, and adherence to the consultation pathway.
4. GP surveys and feedback reports providing structured feedback to improve the consultation pathway.
5. Contact information at the centre's website, including a record of the patient's care and a contact number for GP inquiries.

› STANDARD 2.2.5.11–

The EUCCC provides medical consultation prior to cancer treatment.

Suggested Evidence

1. Patient pathway.
2. Screenshots from medical records showing that consultation was held prior to treatment.

› STANDARD 2.2.5.12–

The EUCCC has a contact procedure for patients to follow when there is a need of consultation with the centre.

Suggested Evidence

1. Documented policy ensuring patients have time and channels to express their needs (e.g., SOPs, patient rights documents).
2. Contact details and communication logs presenting multiple communication channels (e.g., in-person, phone, email, portal).
3. Appointment records and waiting time audits tracking how easily patients access care.
4. Surveys and complaint logs providing feedback on communication quality and leading to improvements.
5. Patient interviews assessing their experience with communication channels and access to care.

› STANDARD 2.2.5.13–

The EUCCC has established easily accessible procedures for patient's complaints.

Suggested Evidence

1. Written complaints procedure outlining the steps for patients to submit complaints.
2. Online and physical complaint submission forms available to patients.
3. Database of patient complaints with logs of patient complaints received and the resolutions provided.
4. Feedback from patients on the accessibility and effectiveness of the complaints' procedure.
5. Reports analysing trends in patient complaints and identifying areas for improvement.

TOPIC 2.3 Diagnostics

The presence of comprehensive services in pathology, radiology and nuclear medicine plays a crucial role in several steps of the pathway of cancer patients including primary diagnostics, evaluation of treatment (sometimes closely integrated with treatment) and

follow-up examinations of recurrence in addition to their role in clinical research. This section covers requirements to EUCCC's' provision of these services.

CRITERION 2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics

Clarification of the criterion: The ability to deliver advanced diagnostics is an important aspect of a CCC, with its leading role on the diagnosis of medical conditions and the development of appropriate treatment plans. The EUCCC has the necessary infrastructure, equipment, and personnel to carry out a wide range of diagnostic tests and procedures, including but not limited to imaging studies, laboratory tests, and including advanced invasive procedures.

› STANDARD 2.3.1.1–

The EUCCC ensures state-of-the-art diagnosis aligned with national and international guidelines, reviewed periodically.

Suggested Evidence

1. Documented list of diagnostic tools and technologies in use (e.g., service catalogue, equipment inventory).
2. Meeting minutes and policy updates showing regular reviews to ensure diagnostics align with national and international standards.
3. Budget plans and upgrade schedules outlining strategies for improving or acquiring new diagnostic technologies.
4. Audit reports and accreditation results demonstrating continuous evaluation of diagnostic accuracy and performance.

› STANDARD 2.3.1.2–

The EUCCC has established policies and written procedures for scheduling diagnostic examinations, which include prioritising urgent cases.

Suggested Evidence

1. Written policies and guidelines for scheduling diagnostic exams, including prioritisation of urgent cases.
2. Role descriptions and workflow charts for the team or person responsible for managing and overseeing scheduling.
3. Audit reports and waiting time tracking monitoring scheduling efficiency and prioritisation compliance.
4. Meeting minutes and policy revisions reflecting periodic review and improvement of scheduling policies.
5. Feedback surveys assessing the effectiveness of scheduling procedures and identifying areas for improvement.

› STANDARD 2.3.1.3–

The EUCCC ensures that results from diagnostic procedures are available within recommended maximum turnaround time in line with national guidelines/regulations.

Suggested Evidence

1. Written policies and guidelines specifying turnaround times for diagnostic procedures, such as 30 minutes for fresh frozen sections, 72 hours for radiology, and 5 days for immunohistochemistry.
2. Monitoring system reports tracking diagnostic result times and flagging delays.
3. Audit reports and KPI tracking ensuring compliance with turnaround time requirements.
4. Incident reports and workflow updates analysing delays and implementing corrective actions.
5. Patient feedback surveys assessing the timeliness of receiving diagnostic results.

› STANDARD 2.3.1.4–

The EUCCC upholds high standards of diagnostic procedures and lab work under Good Clinical Practice and Good Laboratory Practice, performing regular quality assurance tests among different laboratories.

Suggested Evidence

1. Written quality procedures specifying adherence to GCP and GLP.
2. Accreditation certificates from the National Committee for quality standards.
3. Incident reports tracking errors, delays, and non-compliant samples.
4. Meeting minutes and improvement plans addressing quality issues.
5. Audit reports from regular quality assurance tests among laboratories.

› STANDARD 2.3.1.5–

The EUCCC ensures that its diagnostic laboratories have proper procedures to cover specimen collection, pre-analytic and analytical phases, and specimen storage.

Suggested Evidence

1. Documented laboratory procedures – SOPs covering specimen collection, pre-analytical, analytical, and storage phases, as well as quality manuals, laboratory handbooks, etc.
2. Dedicated system for specimen handling and tracking system ensuring proper labelling, transport, and processing of specimens to prevent errors – tracking logs, barcode system, compliance reports, etc.
3. Storage and preservation protocols with defined storage conditions for different specimen types, ensuring stability and compliance with regulations (temperature logs, storage guidelines).
4. Audit report and lists of corrective actions after regular quality control and compliance audits – both internal audits and external quality assessments.

› STANDARD 2.3.1.6–

The EUCCC diagnostic laboratories maintain an accreditation from a recognised quality management system that documents all relevant steps in sample processing.

Suggested Evidence

1. Accreditation certificates from recognised quality management systems (e.g., ISO 15189).
2. SOPs detailing each step in the sample processing workflow.
3. Audit reports from external and internal audits verifying compliance with accreditation standards.
4. Training records for laboratory staff on quality management and sample processing protocols.
5. Quality control logs documenting routine checks and validations of sample processing procedures.

› STANDARD 2.3.1.7–

The EUCCC ensures that its patients and physicians have access to the necessary infrastructures, including sufficient board-certified pathologists and human geneticist (for germline analysis), to provide full scope of molecular diagnostics in alignment with recommended guidelines, including molecular tumour boards (MTB).

Suggested Evidence

1. List of board-certified pathologists and geneticists available, confirming staff qualifications.
2. Training logs and certificates for continuous education in molecular diagnostics.
3. Equipment list and MTB meeting minutes confirming necessary infrastructure.
4. Signed contracts and referral records for external collaborations.
5. Patient feedback surveys assessing access to diagnostic services.

› STANDARD 2.3.1.8 –

The EUCCC has established procedures for the preservation of fresh and frozen surgical specimens in diagnostic biobanks.

Suggested Evidence

1. Documented preservation procedures for handling, freezing, and storing surgical specimens in biobanks.
2. Temperature logs and storage compliance reports for regulated storage conditions.
3. Barcode system and inventory records for specimen tracking and retrieval.
4. Audit reports and accreditation certificates from regular compliance checks.
5. Quality manuals detailing the biobank's quality assurance programme.

› STANDARD 2.3.1.9 –

The EUCCC has standardised pathologist reports that are aligned with best practice and guidelines to cover information on:

- Histological type and grade (according to validated international classification)
- Resection margins
- Lymph nodes status
- Any diagnose-specific predictive information.

Suggested Evidence

1. Standardised pathology report templates following international guidelines.
2. Sample reports and compliance checks, ensuring inclusion of key elements (histological type, grade, resection margins, lymph node status, and predictive info).
3. Training logs and certification updates for continuous education of pathologists.
4. Audit reports, peer reviews, and corrective actions based on regular reviews.

› STANDARD 2.3.1.10–

The EUCCC has a molecular diagnostics programme for tumour-(sub)typing recommended (and/or appraised) by national guidelines and regulations.

Suggested Evidence

1. SOPs and programme documentation for a structured molecular diagnostics programme.
2. Training logs and professional awareness surveys for healthcare professionals.
3. Compliance audits and policy documents referencing national guidelines.
4. Quality control reports and corrective actions from regular audits.
5. Availability of molecular testing services and meeting minutes discussing the programme.

› STANDARD 2.3.1.11–

The pathology laboratory/institute at the EUCCC has specialists and equipment for molecular pathology for those tumour sub-types for which molecular pathology is needed and in line with national guidelines.

Suggested Evidence

1. List of specialists in molecular pathology for relevant tumour sub-types.
2. Equipment inventory, maintenance logs, and validation reports for molecular diagnostics.
3. SOPs, policy documents, and accreditation reports ensuring compliance with national guidelines.
4. Audit reports, quality control data, and professional development logs for continuous improvement.
5. Staff directory, certifications, and training records for qualified specialists.
6. Collaboration agreements with external pathology institutes.

› STANDARD 2.3.1.12–

The EUCCC has an internal or a formal link and access to a MTB to support therapeutic decisions.

Suggested Evidence

1. Institutional policy, governance documents, or Memorandum of Understanding (MoU) confirming internal MTB or formal collaboration with an external MTB.
2. MTB meeting minutes, case discussion logs, and decision reports showing multidisciplinary participation and therapeutic recommendations.
3. Standardised referral forms, eligibility criteria, and patient pathways demonstrating how cases are submitted for MTB review.
4. Patient records, treatment adherence reports, clinical trial enrolments, and follow-up outcome reports showing how MTB decisions influence patient care.

CRITERION 2.3.2 EUCCC's deliver support in radiology and nuclear medicine

Clarification of the criterion: Radiology and nuclear medicine play a core role in the several steps of the cancer patient pathway – from screening, diagnostic support, treatment support and follow up. The EUCCC has the infrastructure, equipment, and personnel to carry out relevant procedures, optimize the performance of the relevant procedures and coordinate satisfactorily with the clinical communities it will be closely working together with.

› STANDARD 2.3.2.1–

The EUCCC has up-to-date Standard Operating Procedures which describe the imaging methods and are reviewed at least once a year, in accordance with national procedures.

Suggested Evidence

1. SOP document detailing imaging methods, annual review logs, and identification of responsible personnel for monitoring and updates.
2. Staff qualification records, equipment compliance reports, and audit reports, ensuring adherence to radiation safety standards.
3. Anonymised patient records with procedure justification, dose documentation, and discharge letters, including radiation exposure details.
4. Incident reporting protocols, staff training logs on radiation safety, and meeting records showing imaging specialists' involvement in multidisciplinary discussions.

› STANDARD 2.3.2.2–

In the EUCCC, the radiologist's written report is available to the attending doctors at the latest 72 hours after the examination.

Suggested Evidence

1. Sample anonymised reports with timestamps proving availability within 72 hours.
2. Performance report over six months tracking compliance rates, with gap analysis if delays occur.
3. EHR/PACS logs presenting report availability and SOPs outlining the reporting process and deadlines.
4. Action plan, training records, and system enhancements to optimise reporting efficiency focused on improvement measures and corrective actions.

› STANDARD 2.3.2.3–

The EUCCC records waiting times for radiology and nuclear medicine, measured from the time of notification by the physician to the radiological examination.

Suggested Evidence

1. EHR/Radiology Information System logs showing timestamps for physician requests, scheduled exams, and actual exam completions.
2. Performance reports analysing waiting time trends, compliance rates, and identifying delays over six months.
3. Action plans for addressing delays, including scheduling optimisations and resource allocation strategies.
4. Internal audit reports and national benchmark comparisons, ensuring adherence to established protocols.
5. Patient feedback surveys assessing satisfaction with waiting times for radiological examinations.

› STANDARD 2.3.2.4–

In the EUCCC, all images (mammograms, ultrasound documentation, MRI) are stored in a digital format.

Suggested Evidence

1. Documentation of digital storage platforms used for mammograms, ultrasound documentation, and MRI.
2. Logs showing successful storage and retrieval of digital images.
3. Compliance reports ensuring adherence to digital storage protocols.
4. Action plans for upgrading digital storage systems.
5. Internal audit reports confirming implementation and effectiveness of digital storage solutions.

› STANDARD 2.3.2.5-

In the EUCCC, quality control of all equipment used for imaging is routinely performed, according to relevant national protocols and/or European guidelines.

Suggested Evidence

1. Compliance with European guidelines and national protocols (e.g., AFNOR, DIN).
2. Documented protocols for calibration, image quality, and radiation dose monitoring available upon request.
3. Quality control checks performed by technicians and medical teams.
4. Internal audit reports and traceability logs ensuring adherence to quality standards.
5. Impact reports showing ra eduction in repeat exams due to poor image quality and optimised radiation doses.

TOPIC 2.4 Treatment

Today there is a broad spectre of treatment measures available for cancer usually divided into three main groups, surgery, radiation therapy and systemic therapy – but often as a combined strategy including two or more ingredients from these three groups. Efficacy and patient centeredness in selecting and accomplishing treatment strategies requires cross-disciplinarity and quality along and in each step of the treatment. This applies both to palliative and curative pathways. This section covers EUCCC's' multidisciplinary treatment approach, evidence-based treatment, and access to advanced and innovative therapies.

CRITERION 2.4.1 EUCCC's ensure a multidisciplinary treatment approach

Clarification of the criterion: The complexity of cancer requires all aspects of the disease, possible treatments strategies and their effects on the patient to be considered when defining the optimal care trajectory. EUCCC's ensure that diverse expertise (multidisciplinary teams at each group of cancer pathway) meet and agree on the best treatment for each patient, including considering additional diagnostic procedures needed and clinical trials within or outside its cancer centre to ensure the best patient outcome.

› STANDARD 2.4.1.1-

The EUCCC has established procedures for identifying eligible patients for MDT consultation as part of their patient pathway and before any treatment decisions. (CORE)

Suggested Evidence

1. Written SOPs detailing the criteria for MDT eligibility.
2. Workflow diagrams describing how patients are identified and referred for MDT.
3. Electronic Health Records (EHR) with flags and alerts for systematic screening and documentation of eligible patients.
4. MDT meeting minutes, decision tracking reports, and follow-up procedures.
5. Periodic audit reports assessing compliance with MDT protocols.

› STANDARD 2.4.1.2–

The EUCCC ensures that recommendations made by MDT (when available) are followed, and, if relevant, reasons for not following recommendations are documented in the medical record and communicated to the patient and the MDT. (CORE)

Suggested Evidence

1. Accessible SOPs detailing adherence, evaluation schedules, and responsibilities.
2. Random patient file checks showing processes for updating, monitoring, and evaluation.
3. Accessible medical records documenting reasons for not following MDT recommendations.
4. MDT meeting minutes recording discussions and decisions.
5. Audit reports assessing compliance with MDT recommendations.

› STANDARD 2.4.1.3–

The EUCCC has a written procedure that defines the criteria for which patient cases should be discussed at each type of MDT meetings.

Suggested Evidence

1. Written SOPs detailing the criteria for patient case discussions at MDT meetings.
2. Random patient file checks to verify the implementation of procedures.
3. MDT meeting minutes, including updates on SOPs and improvement plans.
4. Documentation of criteria used for selecting patient cases for MDT discussions.
5. Audit reports assessing compliance with the written procedures.

› STANDARD 2.4.1.4–

The EUCCC has defined procedures to:

- State the type of MDT meetings that are present at each cancer diagnosis.

- State the composition of MDT-meetings (core and extended attendance) from all relevant diagnostic and therapeutic disciplines (including MTB, oncology nursing, palliative care, supportive care)
- State the meeting frequency of MDTs, per patient pathway.
- Identify relevant extended expertise (case by case, e.g. a neurosurgeon, fertility specialist or palliative care specialist)
- Inform the MDT about patients that will be discussed.
- Execute the MDT meeting; including roles, required documentation (medical records, images) and facilities.
- Assess patient's eligibility for clinical trials.
- Document recommendations and conclusions (in medical records, within 24 hours)
- Define the indications for referral and the types of intervention from supportive disciplines (e.g. psycho-oncologist, nutritionist, social worker, physiotherapist).

Suggested Evidence

1. Written SOPs detailing procedures and responsibilities for MDT meetings.
2. Weekly schedules for all MDT meetings, including contact data and admission processes for external patients.
3. MDT meeting minutes documenting discussions, recommendations, and conclusions.
4. Audit reports assessing compliance with MDT procedures and identifying areas for improvement.
5. Documentation of patient eligibility assessments for clinical trials and referrals to supportive disciplines.

› STANDARD 2.4.1.5-

The EUCCC has procedures for communicating MDT-meetings' recommendations and conclusions to patients for shared decision-making. Patients can consent or refuse treatment.

Suggested Evidence

1. Written SOPs detailing procedures for communicating MDT recommendations and conclusions to patients.
2. Patient information leaflets and educational materials explaining MDT processes and treatment options.
3. Records of patient consultations, including notes on discussions about MDT recommendations and patient decisions.
4. Feedback surveys from patients regarding their understanding of MDT recommendations and their involvement in decision-making.
5. Training logs for healthcare professionals on effective communication and shared decision-making practices.

› STANDARD 2.4.1.6-

The EUCCC organises an annual learning event for MDTs to review patient outcomes, other quality indicators, patient pathway performance, compliance with guidelines, and makes use of this information in quality improvement initiatives.

Suggested Evidence

1. Documentation of the annual learning event (i.e. agendas, detailed programmes, session topics, speakers, schedules, and participant lists).
2. Reports and presentations from the event reviewing patient outcomes, quality indicators, patient pathway performance, and compliance with guidelines.
3. Minutes of meetings held during the event from members of involved multidisciplinary teams (i.e. division of tasks and responsibilities, primary arrangements). Summaries of follow-up actions and quality improvement initiatives developed based on the event findings.
4. Feedback from participants on the effectiveness and impact of the learning event.
5. Educational and training materials and resources used during the event.

› STANDARD 2.4.1.7-

The EUCCC has a multi-disciplinary service providing patients with pre-habilitation, psychosocial care and nutritional counselling based on screening of needs before and during treatment.

Suggested Evidence

1.Detailed documentation outlining the protocols for providing pre-habilitation, psychosocial care, and nutritional counselling. These protocols should include criteria for patient eligibility, the scope of services offered, and the methods used for screening and assessment
2. Records of the multidisciplinary teams involved in providing these services. This should include information on the roles and qualifications of team members, such as physiotherapists, psychologists, dietitians, and social workers.
3. Information materials for patients about services (e.g., leaflets, emails sent, social media posts, or information on websites).
4. Results from surveys or feedback forms completed by patients regarding their experience with the multidisciplinary services.

CRITERION 2.4.2 EUCCC's carry out treatment based on evidence

Clarification of the criterion: EUCCC's use the latest medical research and scientific evidence to develop treatment plans for their patients (however, limited by national decisions regarding reimbursement). This approach ensures that patients receive the

most effective and appropriate treatments for their specific medical conditions. By relying on evidence-based treatment, EUCCC's could provide better outcomes for their patients and contribute to the overall improvement of healthcare services across Europe.

› STANDARD 2.4.2.1-

The EUCCC follows formally agreed clinical guidelines for treatment and follow-up, and provides easy access to the guidelines in written or digital form. (CORE)

Suggested Evidence

1. Overview of existing clinical guidelines, including monitoring, evaluation, and update processes.
2. Documentation of how clinical guidelines are made accessible to all staff, such as through digital platforms or written materials.
3. Audit reports demonstrating adherence to clinical guidelines during treatment and follow-up.
4. Records of training sessions for healthcare professionals on using and implementing clinical guidelines.
5. Website references or digital access logs showing the availability of clinical guidelines to staff and patients.

› STANDARD 2.4.2.2-

The EUCCC ensures that all new staff engaged in clinical work are familiar with the relevant guidelines implemented in the EUCCC. (CORE)

Suggested Evidence

1. Onboarding programme materials for new clinical staff, including guidelines and protocols.
2. Training records showing completion of guideline familiarisation sessions by new staff.
3. Feedback forms from new staff on the effectiveness of the guideline orientation.

› STANDARD 2.4.2.3-

The EUCCC conducts an annual review and updates its clinical guidelines based on new evidence, with defined responsible personnel for authorisation.

Suggested Evidence

1. Documented procedure for the annual review and update of guidelines.
2. Meeting minutes from guideline review sessions, including discussions and decisions made.
3. List of responsible personnel authorized to review and update guidelines, along with job descriptions and necessary activities to be performed during authorization.
4. Updated guidelines with version control indicating the latest revisions.
5. Reports summarizing the changes made to guidelines based on new evidence and their rationale.

CRITERION 2.4.3 EUCCC's ensures high operational standards in surgery for its patients

Clarification of the criterion: Maintaining high operational standards is a priority for EUCCC's to ensure that the patients receive the best possible care and experience. Comprehensiveness of standards will need to involve standards both connecting to work processes, staffing, equipment, patient information and patient and outcome related quality routines.

› STANDARD 2.4.3.1-

In the EUCCC, staffing levels of key disciplines contributing to cancer surgery are planned to ensure safety, accuracy, and high-quality care. (CORE)

Suggested Evidence

1. Official staffing policies, workforce planning documents, and organizsational charts showing the number and distribution of key surgical disciplines (e.g., surgical oncologists, anesthesiologists, operating room nurses).
2. Staff certification records, professional licenses, training completion records, and participation in continuous professional development (CPD) programmes specific to cancer surgery.
3. Internal audit reports, incident reports related to surgical staffing issues, patient outcomes data (e.g., complication rates, surgical site infection rates), and corrective action plans addressing any identified staffing deficiencies.
4. Hospital data on the number of cancer surgeries performed per surgeon, average surgical team workload, and assessment reports on whether staffing levels are adequate to meet patient demand without compromising care quality.

› STANDARD 2.4.3.2-

In the EUCCC minimum surgical requirements of quality of personnel and equipment are documented and followed up in each tumour type. (CORE)

Suggested Evidence

1. Organ-specific surgical requirements available in digital/printed format, compliant with national legislation (certifications, inspections, accreditation reports).
2. Mandatory checklists completed by surgical teams before, during, and after surgery for tracking of Go/No-Go decisions and continuous monitoring for improvements.
3. Protocol-based antibiotic prophylaxis administered, strictly adherent to hygiene measures (pre-op patient prep, surgical attire, antisepsis).
4. Pre-surgery equipment compliance checks documented by interventional teams – maintenance and calibration logs available for audit.
5. Training records for surgical staff on quality standards and equipment usage.

› STANDARD 2.4.3.3 –

The EUCCC has established a minimum surgical volume requirement for each cancer surgeon and tumour type in line with regional or national guidelines to ensure quality standards are met.

Suggested Evidence

1. Official SOPs specifying minimum surgical volume per surgeon and tumour type, aligned with regional or national guidelines.
2. Annual surgical volume reports per surgeon and tumour type, including comparison with required thresholds and identification of non-compliance.
3. Regular audits assessing compliance with surgical volume requirements, including review meetings and documentation of corrective actions.
4. Correlation analysis between surgical volume and patient outcomes, such as complication rates and survival, with feedback integration into quality improvement programmes.
5. Documentation of the current implementation of minimum surgical volume requirements, including evidence of adherence to established standards.

› STANDARD 2.4.3.4 –

In the EUCCC, all surgical procedures are based upon treatment plans and recommendations stemming from the MDT.

Suggested Evidence

1. MDT treatment plans systematically recorded in medical files (EHRs), with mandatory pre-surgical validation of MDT recommendations.
2. Pre-surgical checklists ensuring surgery follows MDT decisions, with tracking and documentation of deviations including justifications.
3. Regular audits comparing MDT recommendations with performed surgeries, with corrective actions implemented if non-compliance is detected.
4. Surgeons document and justify any deviation from MDT plans, with patients and MDT teams informed of changes in treatment decisions.
5. Evidence of adherence to established standards, including documentation of feedback integration into quality improvement programmes.

› STANDARD 2.4.3.5–

In the EUCCC, any deviations from the surgical treatment plan are recorded in the patient record and communicated appropriately to the patient and MDT.

Suggested Evidence

1. Electronic health record (EHR) entries showing documented deviations, surgical reports, and physician notes explaining modifications.
2. Signed informed consent forms reflecting changes, patient consultation notes, and communication logs confirming discussions.
3. MDT meeting minutes, case discussion records, and documented decisions on adjusted treatment approaches.
4. Operative reports, postoperative notes, and internal audit logs assessing compliance with deviation reporting procedures.

› STANDARD 2.4.3.6–

In the EUCCC, technical and organisational processes for fresh tissue, frozen sections and bio-banking are in place for surgical procedures in line with national guidelines.

Suggested Evidence

1. SOP documents, policy manuals, and internal guidelines specifying workflows for tissue preservation and storage.
2. Inventory of laboratory equipment, maintenance logs for cryostats and freezers, and verification of controlled storage conditions.
3. Staff training records, certifications, and a personnel roster indicating roles in tissue handling and preservation.
4. Documentation of adherence to national guidelines, institutional review board (IRB) approvals, and consent forms from patients for tissue donation.

› STANDARD 2.4.3.7–

In the EUCCC, 30-day mortality after surgery is recorded and evaluated.

Suggested Evidence

1. Electronic Health Records (EHRs) track all post-surgical deaths within 30 days, ensuring systematic recording of 30-day mortality data.
2. Routine analysis of 30-day mortality rates by tumour type and procedure, with audit reports identifying trends, risk factors, and areas for improvement.
3. Multidisciplinary reviews of mortality cases to assess preventability, with corrective actions implemented based on findings (e.g., surgical technique adjustments, perioperative care improvements).
4. Morbidity & Mortality (M&M) meetings set up to analyse trends and causes, with action plans developed based on data insights to improve surgical outcomes.
5. Documentation of feedback integration into quality improvement programmes, ensuring continuous enhancement of surgical practices.

› STANDARD 2.4.3.8-

In the EUCCC, if unplanned re-admissions to surgery within 90 days occur, they are recorded and evaluated for risk management and continuous improvement.

Suggested Evidence

1. Documentation of all unplanned re-admissions within 90 days in medical records, ensuring systematic recording.
2. Minutes from quality meetings where surgical teams review re-admission trends and conduct risk reviews.
3. Reports displaying re-admission rates on dashboards, providing professionals with access to re-admission indicators.
4. Action plans developed and implemented to reduce preventable re-admissions, based on data insights.
5. Documentation of feedback integration into quality improvement programmes, enhancing surgical practices.

› STANDARD 2.4.3.9-

The EUCCC facilitates access to a full range of reconstructive surgery, immediate or delayed, including aesthetic and functional restoration surgery for all body sites.

Suggested Evidence

1. List of available reconstructive procedures, surgical department service catalog, and patient brochures detailing reconstructive options.
2. Staff directory with qualifications, surgeon schedules, and MDT meeting minutes discussing reconstructive options for patients.
3. Patient referral forms, consultation records, and treatment plans outlining reconstructive options.
4. Operating room specifications, equipment inventory (e.g., microsurgical tools, implants), and maintenance logs.
5. Postoperative assessment reports, patient satisfaction surveys, and clinical outcome audits tracking reconstructive success rates.

› STANDARD 2.4.3.10-

In the EUCCC, patient information about reconstructive surgery is proactively provided in written form and includes a risk-benefits analysis.

Suggested Evidence

1. Patient brochures, leaflets, and booklets available in clinics, waiting areas, and online.
2. Documentation in patient records confirming the provision of informational materials, signed acknowledgment forms, and consultation notes.
3. Copies of signed informed consent forms referencing the provided documents and patient education session logs.
4. Records of periodic revisions, approval dates on patient brochures, and meeting minutes from committees overseeing patient communication.

CRITERION 2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients

Clarification of the criterion: Maintaining high operational standards is a priority for EUCCC's to ensure that the patients receive the best possible care and experience. Comprehensiveness of standards will need to involve standards both connecting to work processes, staffing, equipment, patient information and patient and outcome related quality routines.

› STANDARD 2.4.4.1-

In the EUCCC, the staffing levels of key disciplines contributing to cancer radiotherapy are planned to ensure safety, accuracy and high-quality care. (CORE)

Suggested Evidence

1. Documentation of staffing levels meeting national and EU guidelines for safe radiotherapy.
2. Records of double verification of patient identity, treatment protocol, and irradiation site before each session.
3. Training records presenting regular staff training on identifying and managing adverse events.
4. Incident reports and analysis of all incidents or risks related to radiotherapy devices.
5. Minutes from quality meetings discussing staffing levels and patient safety verification processes.

› STANDARD 2.4.4.2–

The radiotherapy department of EUCCC's has a written contingency plan.

Suggested Evidence

1. Formal, documented contingency plan available and regularly updated, including specific scenarios such as equipment failure, power outages, and patient emergencies, with clear response protocols.
2. Training records demonstrating radiotherapy staff receive regular training on contingency procedures, including attendance logs, training materials, and assessments to ensure staff competency in emergency situations.
3. Evidence of the contingency plan being easily accessible to all relevant personnel, integrated into daily operational protocols, with digital access points and physical copies available in key locations within the radiotherapy department.
4. Records of simulations, drills, or audits conducted to test and improve the contingency plan, including detailed reports on outcomes, identified gaps, and corrective actions taken to enhance preparedness.
5. Minutes from quality meetings discussing the contingency plan and its implementation, with documented action items, follow-up measures, and continuous improvement initiatives based on feedback and incident analysis.

› STANDARD 2.4.4.3–

In EUCCC each patient has a medical consultation prior to the onset of radiotherapy.

Suggested Evidence

1. Patient medical records with documentation of pre-radiotherapy consultations, including physician notes on the assessment, diagnosis, and treatment plan.
2. Signed informed consent forms and documentation of discussions with the patient, detailing the risks, benefits, and any other treatment options available.
3. Patient records documenting the evaluation of comorbid conditions or special factors (e.g., allergies, medications, previous treatments) and how they impact the radiotherapy plan.
4. Documentation describing the EHR system, including software specifications, data management processes, and capabilities for real-time updates of patient data.

› STANDARD 2.4.4.4 –

In the EUCCC, adequate information is provided to each patient about diagnosis and therapy planning, which includes an explanation of treatment options, side effects and self-management during therapy.

Suggested Evidence

1. Patient brochures, online resources, and educational videos available in clinics and patient portals.
2. Medical records containing notes from consultations, signed acknowledgment forms confirming receipt of information, and patient education session logs.
3. MDT meeting minutes, patient case summaries, and communication logs showing patient involvement in decision-making.
4. Scheduled follow-up appointments in patient records, patient feedback surveys, and logs from educational support services.

› STANDARD 2.4.4.5 –

In the EUCC, relevant radiation data (e.g. RT treatment technique, single dose, total dose, total treatment time) are recorded in line with guidelines and assessed for adherence to guidelines.

Suggested Evidence

1. Screenshots or reports from the electronic radiotherapy system, patient treatment records, and log files.
2. Internal protocols, SOPs, and accreditation reports demonstrating adherence to guidelines.
3. MDT meeting minutes, case discussions with referenced RT data, and integration of RT data into EHR.
4. Copies of patient radiation treatment summaries, patient portals with accessible RT data, and records of consultations where radiation treatment details were explained.
5. Audit reports, internal reviews, or compliance checklists demonstrating adherence to guidelines for radiation technique and dose delivery.
6. Patient treatment records, radiotherapy planning sheets, and EHR showing documented treatment details for each session, including technique and dose.
7. SOPs, procedural documents, and policy guidelines outlining the required documentation and compliance protocols for radiotherapy treatments.
8. MDT meeting minutes, clinical review records, and reports from radiotherapy performance evaluations indicating adherence to guidelines and any necessary adjustments.

› STANDARD 2.4.4.6–

In the EUCCC, any deviation from the dose prescribed by the physician is justified and documented.

Suggested Evidence

1. Patient treatment records or EHR showing documented deviations, including explanations for changes in the prescribed dose.
2. Physician's notes, clinical decision-making records, or MDT meeting minutes where the dose deviation was discussed and justified.
3. Approval signatures, electronic consent forms, or review records confirming the oversight and approval process.
4. Patient consent forms, information sheets, or meeting minutes confirming that patients have been appropriately informed about dose changes.

› STANDARD 2.4.4.7–

In EUCCC, the unit has processes for recording treatment complications in the patient record and at department level for quality purposes.

Suggested Evidence

1. Patient records, clinical notes, and EHR entries that document any treatment-related complications, including dates and descriptions.
2. SOPs or clinical guidelines outlining the processes for recording complications, as well as training materials for staff.
3. Departmental logs, complication tracking forms, and reports that aggregate complications across treatments for review and analysis.
4. MDT meeting minutes, case discussions, and follow-up reports showing how complications are addressed and integrated into ongoing treatment strategies.

› STANDARD 2.4.4.8 –

The EUCCC has access to sufficient linear accelerators to meet all the radiotherapy provision demands of its patients. (CORE)

Suggested Evidence

1. Equipment inventory, maintenance records, and technical specifications of each linear accelerator.
2. Reports on radiotherapy demand forecasts, patient treatment scheduling, and capacity planning documents.
3. Utilization and maintenance logs, scheduling software, and reports detailing the operating times and downtime of each unit.
4. Emergency response plans, backup equipment arrangements, and documentation demonstrating availability of temporary or replacement equipment when required.

› STANDARD 2.4.4.9 –

In the EUCC, there is a maintenance programme for medical equipment, including calibrations and safety checks.

Suggested Evidence

1. Maintenance schedule, records of routine checks, and preventive maintenance logs.
2. Calibration certificates, calibration logs, and documentation showing adherence to recommended calibration frequencies.
3. Safety checklists, test results, and documentation of any corrective actions taken.
4. Documents of staff qualifications, training records, and certifications for technicians involved in equipment maintenance.

› STANDARD 2.4.4.10 –

In the EUCCC, safety checks and calibrations are carried out as scheduled.

Suggested Evidence

1. Maintenance and calibration schedule, completed checklists, and documentation confirming timely execution.
2. Calibration and safety check logs, signed off by authorized personnel, with clear records of any adjustments made.
3. Manufacturer guidelines, policies indicating adherence, and audit reports confirming compliance with specified timeframes.
4. Personnel qualification records, training certificates, and signatures on completed safety check and calibration reports.

› STANDARD 2.4.4.11-

In the EUCCC, medical devices used for treatment are periodically certified by an authorised authority.

Suggested Evidence

1. Certificates of conformity, renewal records, and certification reports from accredited authorities.
2. Certification schedule, including dates for renewal and the corresponding devices, and documentation confirming certification renewals.
3. Regulatory compliance reports, documentation confirming adherence to national or international standards, and inspection results from authorized certification bodies.
4. Audit reports, device certification verification logs, and records of corrective actions taken for non-compliant devices.
5. Maintenance and service logs, updated certification documents, and records of safety checks, repairs, and replacements made on devices to maintain certification status.

CRITERION 2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients

Clarification of the criterion: Maintaining high operational standards is a priority for EUCCC's to ensure that the patients receive the best possible care and experience. Comprehensiveness of standards will need to involve standards both connecting to work processes, staffing, equipment, patient information and patient and outcome related quality routines.

› STANDARD 2.4.5.1-

In the EUCCC, the staffing levels of key disciplines contributing to cancer systemic therapies are planned to ensure safety, accuracy and high-quality care. (CORE)

Suggested Evidence

1. Detailed documentation of staffing plans and workforce projections that outline the required staffing levels for key disciplines involved in cancer systemic therapies. This should include data on current staffing levels, projected needs, and strategies to address any gaps.
2. Documentation confirming that staff involved in cancer systemic therapies have received appropriate training and competency assessments.
3. Records showing patient-to-staff ratios in oncology and haemato-oncology wards. These records should demonstrate that staffing levels are sufficient to ensure patient safety, accuracy in treatment administration, and high-quality care.
4. Audit reports and quality assurance checks - internal or external audit reports that assess the adequacy of staffing levels and their impact on patient care.

› STANDARD 2.4.5.2-

In the EUCCC, there is a quality assured digital system for the prescription, preparation, and administration of anti-cancer drugs. (CORE)

Suggested Evidence

1. Comprehensive documentation detailing the digital system's specifications, functionalities, and quality assurance measures. This should include user manuals, system architecture, and validation protocols.
2. Documentation confirming that healthcare providers have received training on the use of the digital system.
3. Records of audit trails and compliance reports that track the use of the digital system.
4. Documentation of quality assurance and control activities related to the digital system. This can include regular system checks, validation tests, and corrective actions taken to address any issues.

› STANDARD 2.4.5.3-

In the EUCCC, anti-cancer drugs are prepared in a centralised pharmacy unit.

Suggested Evidence

1. Documentation of anti-cancer drugs prepared in a centralised pharmacy unit, including detailed protocols and procedures.
2. Records of staff training on the preparation and handling of anti-cancer drugs, with attendance logs and training materials.
3. Audit reports confirming compliance with centralised preparation protocols, including findings and corrective actions.
4. Evidence of quality control measures in the centralised pharmacy unit, such as regular inspections and testing of drug preparations.
5. Minutes from quality meetings discussing the centralised preparation of anti-cancer drugs and continuous improvement initiatives.

› STANDARD 2.4.5.4-

In the EUCCC, there are SOPs for the preparation of anti-cancer drugs in the pharmacy.

Suggested Evidence

1. Comprehensive and detailed SOPs that outline the processes for the preparation of anti-cancer drugs in the pharmacy. These documents should cover all aspects of drug preparation, including handling, compounding, and safety protocols.
2. Documentation confirming that all pharmacy staff involved in the preparation of anti-cancer drugs have received training on the SOPs.
3. Internal or external audit reports that assess adherence to the SOPs for the preparation of anti-cancer drugs.
4. Documentation of quality assurance and control activities related to the preparation of anti-cancer drugs. This can include regular checks, validation tests, and corrective actions taken to address any issues.

› STANDARD 2.4.5.5-

In the EUCCC, a validation procedure for the whole process, including prescription, preparation and distribution, is implemented.

Suggested Evidence

1. Comprehensive documentation outlining validation protocols for the entire process, including prescription, preparation, and distribution of anti-cancer drugs. This should include detailed steps, criteria, and methods used for validation.
2. Documentation confirming that all relevant staff have received training on the validation procedures.
3. Records of audit trails and compliance reports that track the validation process.
4. Documentation of quality assurance and control activities related to the validation process. This can include regular checks, validation tests, and corrective actions taken to address any issues.
5. Records of any incidents or adverse events related to the prescription, preparation, and distribution of anti-cancer drugs.

› STANDARD 2.4.5.6-

In the EUCCC, there are sufficient chairs and beds to manage patient numbers for systemic therapies.

Suggested Evidence

1. Detailed documentation of the number of chairs and beds available in the EUCCC for systemic therapies. This should include floor plans, capacity reports, and inventory lists that demonstrate the adequacy of the facilities to handle patient volumes.
2. Records showing scheduling and utilization of chairs and beds for systemic therapies.
3. Results from surveys or feedback forms completed by patients regarding their experience with the availability and comfort of chairs and beds during their systemic therapy sessions.
4. Documentation of staffing levels and resource allocation to ensure that there are sufficient healthcare providers to manage the number of patients receiving systemic therapies. This includes nurse-to-patient ratios and support staff availability.
5. Internal or external audit reports that assess the adequacy of chairs and beds for systemic therapies.

› STANDARD 2.4.5.7-

In the EUCCC, there are SOPs for the administration of anti-cancer drugs. (CORE)

Suggested Evidence

1. Comprehensive and detailed SOPs that outline the processes for the administration of anti-cancer drugs. These documents should cover all aspects of drug administration, including preparation, dosage, administration routes, and safety protocols.
2. Documentation confirming that all healthcare providers involved in the administration of anti-cancer drugs have received training on the SOPs.
3. Internal or external audit reports that assess adherence to the SOPs for the administration of anti-cancer drugs.
4. Records of any incidents or adverse events related to the administration of anti-cancer drugs.

› STANDARD 2.4.5.8-

In the EUCC, anti-cancer drugs are administered only in dedicated wards, e.g. oncology or haemato-oncology (for inpatients).

Suggested Evidence

1. Official documentation that designates specific wards within the EUCCC for the administration of anti-cancer drugs. This should include details on the oncology and haemato-oncology wards and their specific roles.
2. Documentation confirming that these designated wards are staffed by qualified healthcare professionals, including oncologists, haemato-oncologists, and nurses trained in the administration of anti-cancer drugs.
3. Records of treatments administered in the designated oncology and haemato-oncology wards, including details on the type of anti-cancer drugs given, dosage, and patient outcomes.
4. Written policies and procedures that govern the administration of anti-cancer drugs in the designated wards. These documents should outline processes for patient admission, drug administration, monitoring, and discharge.

› STANDARD 2.4.5.9-

In the EUCCC, there are dedicated day-care units for the administration of anti-cancer drugs.

Suggested Evidence

1. Detailed plans and descriptions of day-care units specifically designed for the administration of anti-cancer drugs.
2. Written policies and procedures that govern the operation of the day-care units. These documents should outline the processes for patient admission, drug administration, monitoring, and discharge.
3. Documentation confirming that the day-care units are staffed by qualified healthcare professionals, including oncologists, nurses, and pharmacists trained in the administration of anti-cancer drugs.
4. Records of treatments administered in the day-care units, including details on the type of anti-cancer drugs given, dosage, and patient outcomes.
5. Results from surveys or feedback forms completed by patients regarding their experience in the day-care units.

› STANDARD 2.4.5.10-

In the EUCCC, anti-cancer drugs are administered by nurses who have completed a specific training programme for chemotherapy administration. (CORE)

Suggested Evidence

1. Strict adherence to operating room dress code (dedicated tunic, pants, mask for the interventional sector).
2. Detailed documentation of the specific training programme for chemotherapy administration that nurses have completed. This should include the curriculum, learning objectives, and assessment methods.
3. Certificates or other formal documentation confirming that nurses have successfully completed the training programme.
4. Records of competency assessments conducted to evaluate nurses' proficiency in chemotherapy administration.
5. Documentation of ongoing education and refresher courses that nurses participate in to maintain and update their skills in chemotherapy administration.

› STANDARD 2.4.5.11-

In the EUCCC, each patient has a medical consultation prior to the onset of systemic therapy. (CORE)

Suggested Evidence

1. Records of medical consultations that detail the discussions between healthcare providers and patients prior to the onset of systemic therapy.
2. Signed consent forms from patients indicating that they have received a medical consultation and understand the proposed systemic therapy, including its benefits, risks, and alternatives.
3. Comprehensive materials provided to patients during the consultation, such as brochures, leaflets, and digital resources, that explain the systemic therapy, potential side effects, and self-management strategies.
4. Documentation confirming that healthcare providers conducting the consultations have received appropriate training on systemic therapy and patient communication.

› STANDARD 2.4.5.12-

In the EUCCC, adequate information is provided to each patient about diagnosis and therapy planning, which includes explanation of treatment options, side effects and self-management during therapy.

Suggested Evidence

1. Comprehensive and accessible documentation provided to patients, such as brochures, leaflets, and digital resources, that explain diagnosis, treatment options, potential side effects, and self-management strategies during therapy.
2. Records of consultations between healthcare providers and patients that detail the information shared about diagnosis, treatment plans, side effects, and self-management.
3. Evidence of structured education programmes or workshops offered to patients to help them understand their diagnosis, treatment options, side effects, and self-management techniques. This can include schedules, attendance logs, and feedback from participants.
4. Results from surveys or feedback forms completed by patients regarding the adequacy and clarity of the information provided about their diagnosis and therapy planning.
5. Discharge procedure contains recommendations to address side effects.

› STANDARD 2.4.5.13-

In the EUCCC, the time between the patient consultation at which the treatment plan is agreed upon (post MDT) and the onset of treatment does not exceed 21 days (if there are no medical contra-indications or patient preferences opposing this).

Suggested Evidence

1. Documentation of patient consultations and the agreed treatment plans, including dates. These records should clearly show the timeline from the consultation to the agreement on the treatment plan.
2. These logs should be cross-referenced with the consultation and treatment plan records to verify that the time between agreeing to the treatment plan and commencing treatment does not exceed 21 days.
3. Regular reports that assess adherence to the 21-day timeline standard. These reports should highlight any cases where the timeline was exceeded and provide explanations for any delays, such as medical contraindications or patient preferences.
4. Results from surveys or feedback forms completed by patients regarding their experience with the timeline from consultation to treatment commencement.

› STANDARD 2.4.5.14 –

The EUCCC records relevant data (dosage and total treatment time) in line with the guidelines.

Suggested Evidence

1. Detailed electronic health records that accurately document the dosage and total treatment time for each patient.
2. Written procedures outlining the process for recording dosage and treatment time. These SOPs should ensure consistency and compliance with relevant guidelines.
3. Documentation of audit trails that track changes and updates to dosage and treatment time records.
4. Regular reports that assess adherence to guidelines for recording dosage and treatment time. These reports should highlight any discrepancies and recommend corrective actions.
5. Training Records for Staff.

› STANDARD 2.4.5.15 –

The EUCCC provides all relevant new and/or concomitant medication or prescription to patients upon discharge to prevent possible delay in treatment.

Suggested Evidence

1. Discharge medication protocols - detailed documentation outlining the procedures for providing new medications to patients upon discharge.
2. Records showing that medication reconciliation has been performed for each patient prior to discharge. These records should include a list of all medications provided, changes made, and instructions given to the patient.
3. Written discharge summaries that include information about the new medications provided to the patient.
4. Documentation of formal agreements with pharmacies to ensure timely provision of medications to discharged patients. This can include service level agreements, delivery protocols, and collaboration records.
5. Results from surveys or feedback forms completed by patients regarding their experience with receiving new medications upon discharge.

› STANDARD 2.4.5.16-

The EUCCC implements a specific procedure for reporting adverse reactions of anti-cancer drugs.

Suggested Evidence

1. Detailed documentation outlining the specific procedures for reporting adverse reactions of anti-cancer drugs. This should include the steps for identifying, documenting, and reporting adverse reactions, as well as the roles and responsibilities of staff involved in the process.
2. Documentation confirming that all relevant staff have received training on the procedures for reporting adverse reactions.
3. Records of reported adverse events, including undesirable side effects of anti-cancer drugs. These logs should include detailed information about each event, such as the date, description of the side effect, actions taken, and outcomes.
4. Documentation demonstrating compliance with national and international regulations for reporting adverse drug reactions.
5. Internal or external audit reports that assess the effectiveness of the reporting procedures. These reports should highlight any areas for improvement and confirm that the procedures are being followed correctly.

CRITERION 2.4.6 EUCCC's provide access to advanced and innovative therapies

Clarification of the criterion: The EUCCC's strive to provide the most comprehensive and effective treatment options to their patients and offer access to advanced and innovative therapies. This means that EUCCC's must offer patients the opportunity to receive treatments that are cutting-edge and may not be widely available yet.

› STANDARD 2.4.6.1-

The EUCCC provides state-of-the-art cancer treatment based on national and international guidelines.

Suggested Evidence

1. Documentation demonstrating that the EUCCC follows national and international guidelines for cancer treatment.
2. Comprehensive treatment protocols and guidelines that are regularly updated to reflect the latest advancements in cancer care. These documents should detail the criteria for patient selection, treatment regimens, and safety measures.
3. Records of accreditation and certification from recognized national and international bodies that validate the EUCCC's compliance with state-of-the-art cancer treatment standards.
4. Documentation of the EUCCC's participation in national and international clinical trials. This demonstrates the centre's commitment to advancing cancer treatment through research and adherence to cutting-edge practices.
5. Regular reports on patient outcomes and quality of care that benchmark the EUCCC's performance against national and international standards.

› STANDARD 2.4.6.2-

The EUCCC provides access to sequential/simultaneous radio-chemotherapy.

Suggested Evidence

1. Comprehensive documentation outlining the protocols and guidelines for both sequential and simultaneous radio-chemotherapy. These documents should detail the criteria for patient selection, treatment schedules, and safety measures.
2. Records of patients who have undergone sequential or simultaneous radio-chemotherapy.
3. Documentation confirming the availability of the necessary equipment and facilities to administer both sequential and simultaneous radio-chemotherapy. This should include maintenance logs, equipment validation reports, and facility certifications.
4. Documentation confirming that healthcare providers involved in administering radio-chemotherapy have received specialised training.

› STANDARD 2.4.6.3-

The EUCCC has a written procedure to ensure the safe delivery of radio-chemotherapy, which includes specialist training, monitoring, and recording blood count and side-effects.

Suggested Evidence

1. Comprehensive documentation outlining the procedures for the safe delivery of radio-chemotherapy. This should include detailed steps for prescription, preparation, administration, and monitoring of treatment.
2. Documentation confirming that healthcare providers involved in the delivery of radio-chemotherapy have completed specialist training programmes.
3. Detailed protocols for monitoring patients during and after radio-chemotherapy.
4. Records of patient treatments that include detailed information on blood counts, side-effects, and the actions taken in response to any adverse events.
5. Reference in a different procedure (SoP).

› STANDARD 2.4.6.4-

The EUCCC provides patients with an overview of all relevant clinical trials and undertakes an early screening of the trials they could be eligible for.

Suggested Evidence

1. Comprehensive documentation provided to patients that outline all relevant clinical trials. This can include brochures, leaflets, and digital resources that detail the purpose, eligibility criteria, and potential benefits and risks of each trial.
2. Documentation of early screening processes used to determine patient eligibility for clinical trials. These records should include details on the criteria used, the number of patients screened, and the outcomes of the screenings.
3. Evidence of structured education programmes or workshops offered to patients to help them understand the clinical trials available and the screening process. This can include schedules, attendance logs, and feedback from participants.
4. Results from surveys or feedback forms completed by patients regarding their experience with the overview of clinical trials and the screening process.
5. Patient records showing the assigned pathway coordinator's name and contact details.

CRITERION 2.4.7 EUCCC's ensure palliative care

Clarification of the criterion: EUCCC delivers-patient centred, comprehensive cancer care along the continuum from diagnosis to ultimately survivorship or end of life care. Palliative care is considered an integral component in the care pathway, and provision of EUCCC services, from diagnosis to treatment to ultimate survivorship.

› STANDARD 2.4.7.1-

The EUCCC offers individual palliative care plans for each patient (inlcluding late-stage and early-stage), which is discussed with the patient and caregivers.

Suggested Evidence

1. Examples of individual palliative care plans documented in patient records, outlining patient-specific goals, care preferences, and interventions. A personalized palliative care plan covering: pain and symptom management, emotional and psychological support.
2. Documentation of meetings or consultations with patients and caregivers, including notes from discussions where care plans are explained and adjusted based on feedback.
3. Written communication, meeting minutes, or caregiver education materials discussing the palliative care plan and providing clear instructions for caregivers about their role in patient care.
4. Meeting minutes, documentation of care plan discussions in patient records, and signed consent forms from patients and caregivers acknowledging their involvement in the palliative care planning process.

› STANDARD 2.4.7.2-

The EUCCC provides a defined composition of the palliative care team, led by a specialised physician in palliative medicine.

Suggested Evidence

1. Formal work plan defining roles (job descriptions) and responsibilities of all personnel involved in the palliative care team – including nurses, psychologists, social workers, and other specialists to provide full support – led by a specialized physician in palliative medicine.
2. Defined palliative care team structure including organisational chart with an official list of team members.
3. Proof of specific training and certificates of competency in palliative care (official training certificates and qualification records).
4. Continuous training and improvement programmes with training records and attendance logs.

› STANDARD 2.4.7.3-

The EUCCC has written procedures for the palliative team to identify and meet patient's needs.

Suggested Evidence

1. Documented procedures or SOPs for the palliative care team, outlining the steps for identifying and addressing patient needs.
2. Examples of completed patient assessment forms, care plans, and screening tools used by the palliative care team to evaluate patients' needs.
3. Training logs, staff certification records, and agendas for workshops or continuing education sessions specific to palliative care.
4. Patients surveys and interviews to assess satisfaction and care effectiveness.

› STANDARD 2.4.7.4–

The EUCCC has established protocols covering most common oncological emergencies. A treatment plan is drawn up within 24 hours of the suspected diagnosis.

Suggested Evidence

1. Protocol documents outlining procedures for spinal cord compression management, including the timeframe for diagnosis and treatment initiation.
2. Patient records showing documented treatment plans, including the date of initiation and the involved healthcare team.
3. Meeting minutes or case discussion logs where spinal cord compression cases are reviewed and treatment plans are developed within the 24-hour window.
4. Documentation of regular training sessions for healthcare teams on early recognition and urgent management of spinal cord compression. Exaples of used simulation, exercises or protocols for emergency response.
5. Patient records and outcome reports assessing the effectiveness of early intervention.

› STANDARD 2.4.7.5–

The EUCCC provides palliative radiotherapy, and the therapeutic goal (local control or solely symptom alleviation) is documented.

Suggested Evidence

1. Written protocols for palliative radiotherapy – documented guidelines defining indications, dosages, and procedures for palliative radiotherapy, clear criteria for when treatment is aimed at local control versus symptom relief only.
2. Treatment plans and medical records including patient records with documentation of the therapeutic goal (local control or symptom alleviation), as well as radiation oncology reports specifying dose, fractionation, and expected outcomes.
3. Multidisciplinary team involvement – evidence of tumor board discussions or interdisciplinary meetings reviewing palliative radiotherapy cases, as well as collaboration between radiation oncologists, palliative care specialists, and treating physicians.
4. Quality monitoring and patient outcomes – audit reports confirming compliance with documentation requirements, patient surveys or clinical follow-ups assessing symptom relief and treatment effectiveness.

› STANDARD 2.4.7.6 –

In the EUCCC, for the palliative care team to provides education and palliative care guidance (e.g., symptom control) for patients, caregivers, and health professionals.

Suggested Evidence

1. Official document outlining the roles and responsibilities of the palliative care team in educating patients, caregivers, and health professionals (e.g., Standard Operating Procedures, internal policies).
2. Training logs, attendance sheets, and agendas of educational sessions conducted for healthcare professionals, patients, and caregivers (e.g., symptom management workshops, palliative care seminars).
3. Printed brochures, online resources, or video materials on symptom control, pain management, and palliative care guidance (e.g., "Managing Pain at Home" patient guide, caregiver instructional materials).
4. Surveys, feedback forms, and audit reports evaluating the effectiveness of educational initiatives for patients, caregivers, and health professionals.

› STANDARD 2.4.7.7 –

The EUCCC palliative care team has established generic pathways describing interaction with primary care, where basic palliative care is provided.

Suggested Evidence

1. Written protocols or flowcharts describing the interaction between the EUCCC palliative care team and primary care providers.

Includes referral processes, communication guidelines, and shared responsibilities for patient management.

2. Formal agreements, Memorandums of Understanding, or joint care protocols between the EUCCC and primary care providers, ensuring a structured approach to basic palliative care delivery.
3. Patient transfer records, shared care plans, and multidisciplinary meeting minutes documenting coordination between EUCCC specialists and primary care teams.

Ensures continuity of care through electronic health records, secure messaging, or referral tracking.

4. Training materials, attendance logs, and feedback reports from workshops or training sessions provided by the EUCCC palliative care team to primary care professionals on basic palliative care principles.

› STANDARD 2.4.7.8 –

The EUCCC provides information on available hospice facilities/NGO support for patients and their relatives.

Suggested Evidence

1. Partnership agreements with hospice facilities and NGOs outlining the support services available.
2. Informational brochures and leaflets detailing available hospice facilities and NGO support services for patients and their relatives.
3. Records of informational sessions or workshops conducted for patients and relatives about hospice and NGO support options.
4. Feedback forms from patients and relatives on the usefulness and clarity of the provided information.
5. Online resources and links on the EUCCC website providing information about hospice facilities and NGO support for relatives.

TOPIC 2.5 Cancer survivorship care

Lots of cancer patients need access to relevant support to cope properly with medical or psycho-social side-effects and consequences caused by the cancer disease or the related treatment. Identifying these patients and their needs must be an integrated part of the patient pathways. This section expresses the criteria for EUCCC's to provide proper measures for cancer survivorship including psycho-social support and rehabilitation. The section outlines the specific standards and evidence required for EUCCC's to meet the criteria and provide comprehensive care along the continuum from diagnosis to survivorship.

CRITERION 2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment

Clarification of the criterion: As cancer patients going through a patient pathway based on treatment with curative intentions, they require attention to their physical, cognitive, emotional, and social challenges and needs. In addition, there is a need for attention on challenges connected to issues of co-morbidity and imposed illness in other organs than the one involved by the cancer. EUCCC's, with their patient-centered care, can offer a comprehensive and holistic range of support to help patients achieve their best possible outcomes.

› STANDARD 2.5.1.1-

The EUCCC has SOPs to identify patients with specific follow-up needs related to medical or psycho-social consequences of cancer disease or cancer treatment. (CORE)

Suggested Evidence

1. Comprehensive and detailed SOPs that outline the processes for screening patients (...) with specific follow-up needs related to medical or psycho-social consequences of cancer.
2. Training records for healthcare providers - documentation confirming that healthcare providers involved in the screening process have received training on the SOPs.
3. Records of patient screenings that show how patients were evaluated against the criteria for specific follow-up needs. These logs should include information on the number of patients screened, the criteria used, and the outcomes of the screenings.
4. Feedback and satisfaction surveys - results from surveys or feedback forms completed by patients regarding their experience with the screening process.

› STANDARD 2.5.1.2-

The EUCCC has established procedures for referring patients to adequate professional follow up (like internal medicine, psychology, nutrition or social counselling) in specialist health care or primary care.

Suggested Evidence

1. SOPs for referrals, referral forms, and records of referral decisions made by healthcare professionals.
2. Correspondence records with referring professionals (e.g., letters, emails, or faxes), collaboration agreements, and notes indicating that follow-up care was communicated to primary care physicians or specialists.
3. Patient tracking logs, follow-up call records, and documentation confirming whether the patient attended the referred appointments or if further interventions were necessary.
4. Meeting minutes from multidisciplinary team (MDT) discussions, referral logs, and documentation of case reviews involving referrals to specialists.

› STANDARD 2.5.1.3–

The EUCCC provides patients in need of survivorship follow-up measures with a corresponding individual plan.

Suggested Evidence

1. SOPs for post-treatment follow-up care, care pathway diagrams, and patient follow-up schedules documenting regular assessments and interventions.
2. Clear criteria for selecting patients who need a survivorship plan, a list or system tracking eligible patients and their follow-up status.
3. Educational brochures, patient information sessions, and records of patient counseling related to the long-term impact of cancer treatment.
4. Patient medical records showing documented follow-up visits, treatment adjustments, and referrals to rehabilitation or psychological support services after cancer treatment.
5. Patient feedback confirming they understand their follow-up plan and know who to contact.

› STANDARD 2.5.1.4–

The EUCCC gives advice and support to patients and caregivers on how to detect early signs and symptoms of recurrence. (CORE)

Suggested Evidence

1. Educational materials and resources - written guides, brochures, or online resources provided to patients and caregivers about detecting early signs of recurrence. Evidence of translated or adapted materials for different patient needs.
2. Training and information sessions - records of workshops, webinars, or one-on-one sessions where patients and caregivers receive guidance on symptom recognition. Attendance lists or feedback forms showing participation and effectiveness.
3. Patient and caregiver communication logs - documentation of discussions between healthcare providers and patients/caregivers about recurrence warning signs. Notes in patient records confirming that education on recurrence detection has been provided.
4. Follow-up and support services - availability of a hotline, online platform, or contact person for patients and caregivers to report concerns or ask questions. Data on patient inquiries and responses related to recurrence signs and symptoms.

› STANDARD 2.5.1.5 -

The EUCCC gives advice and support to patients and caregivers on activities that may reduce risk of recurrence (among others diet, exercise) in line with the latest recommendations.

Suggested Evidence

1. Educational resources- brochures, guides, videos, or online resources on diet, exercise, and lifestyle habits to reduce the risk of recurrence.
2. Awareness and follow-up sessions - evidence of workshops, consultations, or programmes dedicated to patients and caregivers (e.g., sessions with a nutritionist or physical activity coach).
3. Patient records and documentation - notes in medical records confirming that advice on diet, exercise, and other preventive measures has been provided.
4. Patient interviews and feedback - testimonials, surveys, or interviews with patients about the impact and understanding of the recommendations received.

› STANDARD 2.5.1.6 -

The EUCCC gives information and support to patients about the potential late effects of their cancer.

Suggested Evidence

1. Educational resources- brochures, guides, or online resources explaining the potential late effects of cancer.
2. Awareness and counseling sessions - records of workshops, consultations, or one-on-one sessions where patients receive information on late effects.
3. Patient records and documentation - notes in medical records confirming that patients have been informed about potential late effects.
4. Patient interviews and feedback - surveys, or interviews with patients about their understanding of late effects and the support received.

› STANDARD 2.5.1.7-

The EUCCC gives information and support to patients about self-management.

Suggested Evidence

1. Digital platforms and applications, such as proof of a website, mobile app, or online platform providing self-management resources (videos, FAQs, interactive tools), usage statistics or patient feedback on these tools.
2. Mentorship programmes or support groups including evidence of patient groups or peer-support programmes for self-management, records of support sessions or meetings organized by the EUCCC.
3. Self-Monitoring and tracking tools – documentation on the use of symptom-tracking journals, health diaries, or digital devices, as well as recommendations and follow-up on patient use of these tools.
4. Protocols and guidelines for healthcare professionals – internal guidelines on how healthcare professionals should educate patients on self-management along with reports showing staff training on self-management communication.
5. Outcome evaluation and patient impact, such as studies or analyses demonstrating the benefits of self-management advice on patients' quality of life.

› STANDARD 2.5.1.8-

The EUCCC has established clear procedures for referring patients to cancer rehabilitation services both within and outside the centre.

Suggested Evidence

1. SOPs for patient referrals, referral forms, and flowcharts that outline the referral process within and outside the EUCCC.

2. Meeting minutes, case discussion logs, and patient referral documentation that show coordination among healthcare providers when initiating rehabilitation referrals.

3. Memoranda of Understanding (MoUs), partnership agreements with external providers, and documentation of referral outcomes showing access to external services.

4. Patient satisfaction surveys, feedback forms, evaluation reports, and quality improvement plans based on assessments of the referral process and patient outcomes.

› STANDARD 2.5.1.9–

The EUCCC ensures that is cancer patients and survivors have access to rehabilitation services with multidisciplinary interventions based on screening of needs and coordinating individual plans for vocational rehabilitation and return to work, if feasible.

Suggested Evidence

1. Screening forms, patient assessments, and needs evaluation reports documenting the identification of rehabilitation needs across different domains (physical, psychological, social).
2. Staff directory, team structure documents, meeting minutes, and records of multidisciplinary case discussions that highlight patient rehabilitation planning.
3. Patient-specific rehabilitation plans, treatment records, and rehabilitation progress documentation that demonstrates coordinated care tailored to the individual's recovery and work reintegration goals.
4. Vocational rehabilitation records, return-to-work plans, communication logs with employers, and documentation of the support provided to reintegrate patients into the workforce.
5. Satisfaction surveys highlight improved quality of life and appreciation for the services received.

THEME 3
RESEARCH

THEME 3 - RESEARCH

Research is a cornerstone of a Comprehensive Cancer Centre (EUCCC). Active participation in cancer research not only fosters quality improvements in care through novel insights but also facilitates collaboration and knowledge integration with other cancer centres. While the integration of research and care is pivotal for a EUCCC, its influence extends to innovation, prevention, and the enhancement of educational programmes. The intricate interplay between research and other core EUCCC components hinges on effective coordination and governance, aspects addressed both within this section and under research leadership. This section further delineates research into three core criteria: research leadership, the breadth of research endeavours, and the practical execution of research that includes the support for young researchers.

Reference: Mok, T.S., et al. (2020). Integration of research and clinical care: the future of personalised medicine? The Lancet Oncology, 21(2), e80-e91.

TOPIC 3.1 The Comprehensiveness of Research

The concept of research comprehensiveness encompasses multiple facets. While the EUCCC criteria address these core dimensions, achieving excellence in every aspect isn't mandatory. An organizational consideration is whether all dimensions are managed within the EUCCC or through collaborations with external institutions. The approach may vary based on the country's healthcare system, with further elaborations provided in the subsequent sections.

CRITERION 3.1.1 EUCCC's conduct bench-to-bedside research and opposite

Clarification of the criterion: For a comprehensive understanding of cancer development, progression, and the creation of effective diagnostics and therapies, EUCCC's integrate the pillars of basic, translational, and clinical research. This integration accelerates the implementation of findings into clinical routine practice but also the opposite way by facilitating the journey of questions from the clinic to the agenda of translational research. To uphold their status, EUCCC's actively engage in all three research domains, with an emphasis on leading roles in translational and clinical research projects.

› STANDARD 3.1.1.1-

At least one organisational entity that makes up an EUCCC has in-house activity in translational research or is integrated in a network conducting translational research. (CORE)

Suggested Evidence

1. Description of the scope of duties of organisational units involved in translational research.
2. Agreements/ contracts with other organisations within the translational research network.
3. Documentation of translational research projects and achieved outcomes.
4. Publications of translational research results in recognised medical journals.
5. Records of participation in conferences or workshops related to translational research.

› STANDARD 3.1.1.2–

All units providing cancer care in the EUCCC are integrated in a network allowing clinical research activities. (CORE)

Suggested Evidence

1. Written protocols/ guidelines for integrating clinical research activities within cancer care units.
2. Documentation of clinical research projects conducted within the network.
3. Meeting minutes and other formal documents between cancer care units and research entities.
4. List of participants in clinical research training sessions and workshops.
5. Annual reports detailing clinical research activities and outcomes.

› STANDARD 3.1.1.3–

The centre promotes mutual interactions between translational research and clinical practice, or is part of a network that facilitates this process.

Suggested Evidence

1. Formal agreements/ contracts with institutions conducting translational research and clinical practice.
2. Formal procedure(s) for integrating translational research findings into clinical practice.
3. Records of joint research projects and their impact on clinical practice.
4. Interviews with key employees involved in both translational research and clinical practice.
5. Workshop/meeting agendas

› STANDARD 3.1.1.4–

The EUCCC either undertakes activity, or has a formally organised collaboration with an institution conducting:

• Basic research

- Epidemiological research
- Health care research.

Suggested Evidence

1. List of collaborations and partnerships with institutions conducting basic, epidemiological, and health care research, along with formal agreements.
2. List of members of common meetings along with meeting minutes.
3. Documentation of common research projects, records of joint publications, achieved collaboration outcomes in basic, epidemiological, and health care research.
4. Formal procedures for accessing and utilizing research facilities and resources.

CRITERION 3.1.2 EUCCC's engage in comprehensive cancer research

Clarification of the criterion: Comprehensive cancer research informs every facet of patient care. While diagnostics and treatment remain central, there's an increasing emphasis on understanding long-term side effects, enhancing quality of life post-treatment, patient reported experiences and addressing the broader spectrum from prevention to palliative care.

› STANDARD 3.1.2.1–

The EUCCC conducts research related to cancer diagnostics (pathology and radiology). (CORE)

Suggested Evidence

1. Publications of research results in recognised medical journals related to cancer diagnostics (pathology and radiology).
2. Documentation of research projects focused on pathology and radiology.
3. Written guidelines and standard operating procedures (SOPs) for conducting research in cancer diagnostics.
4. Records of participation in conferences or workshops related to cancer diagnostics.
5. Agreements, contracts and other documents confirming relations with other institutions for collaborative research in cancer diagnostics.

› STANDARD 3.1.2.2–

The EUCCC conducts research related to cancer treatments (both regarding medical treatments, radiotherapy, and surgery). (CORE)

Suggested Evidence

1. Publications of research findings in recognised medical journals related to cancer treatments.
2. Written guidelines and standard operating procedures (SOPs) for conducting research in cancer treatments.
3. Records of training sessions and workshops on cancer treatment research.
4. Agreements, contracts and other documents confirming relations with other institutions for collaborative research in cancer treatments.

› STANDARD 3.1.2.3–

The EUCCC demonstrates ongoing research activity in at least two of the following areas relevant to patient-centred outcomes: survivorship, palliative and end-of-life care, outcomes, health-care service, or patient-centred needs.

Suggested Evidence

1. Publications of research results in recognized journals in at least 2 specified areas.
2. Documentation of research projects, initiatives and achieved outcomes in at least 2 specified areas.
3. Records of participation in relevant conferences and workshops in at least 2 specified areas.
4. Quality management documentation regarding research improvement procedures and activities within at least 2 specified areas.
5. Feedback from employees, patients, and partners on the effectiveness and improvement of research processes in at least 2 specified areas.

› STANDARD 3.1.2.4–

The EUCCC is actively involved in research that focuses on the risks and underlying causes of cancer development, prevention and early detection.

Suggested Evidence

1. Documentation of research projects and initiatives focused on cancer risks, prevention, and early detection.
2. Written guidelines and standard operating procedures (SOPs) for conducting research in cancer prevention and early detection.
3. Records of training sessions and workshops on cancer prevention and early detection.
4. Agreements or contracts with other institutions for collaborative research in cancer prevention and early detection.

CRITERION 3.1.3 EUCCC's conduct research on major tumour groups

Clarification of the criterion: Over half of all cancer cases are attributed to the five predominant tumour groups: lung, breast, prostate, colorectal, and melanoma. EUCCC's conduct research on these prevalent cancers.

› STANDARD 3.1.3.1–

The EUCCC carries out clinical research on three of the following five common cancers:

1. Breast cancer and gynecological cancers such as ovarian and uterine cancer
2. Lung and thoracic cancers
3. Gastrointestinal cancers (including colorectal and gastric cancers, pancreas and liver)
4. Genitourinary cancers (including prostate and bladder cancers)
5. Skin cancers (melanoma and other advanced or aggressive skin cancers).

Suggested Evidence

1. Detailed documentation of clinical research projects focused on three specified cancer types out of five common cancers.
2. Written guidelines and standard operating procedures (SOPs) for conducting research on three specified cancer types out of five common cancers.
3. Publications of research results in recognized medical journals related to the selected cancer types.
4. Documents confirming the participation of employees in conferences where the results of multi-method research are presented.

› STANDARD 3.1.3.2–

The EUCCC carries out clinical research on pan-cancer topics.

Suggested Evidence

1. Documentation of clinical research projects, initiatives and outcomes regarding pan-cancer topics.
2. Publications of research findings in recognised medical journals on pan-cancer topics.
3. Written guidelines and standard operating procedures (SOPs) for conducting research on-pan cancer topics.
4. Records of participation in relevant conferences and workshops on pan-cancer topics.

› STANDARD 3.1.3.3–

The EUCCC carries out translational research on at least two of the tumour groups mentioned in 3.1.3.1., possibly as a part of a network including other research or cancer centres.

Suggested Evidence

1. Publications of research results in recognised medical journals related to the specified tumour groups.
2. Written guidelines and standard operating procedures (SOPs) for conducting translational research on the specified cancers.
3. Records of participation in conferences or workshops related to the specified tumour groups.
4. Documentation of translational research projects, initiatives and outcomes focused on the specified tumour groups.
5. Agreements, contracts and other documents confirming relations with other institutions for collaborative translational research on the specified cancers.

CRITERION 3.1.4 EUCCC's conducts research on additional cancers

Clarification of the criterion: Research on rare cancers is important for EUCCC's, given the methodological and organisational complexities they present, especially in the context of evolving precision medicine approaches.

› STANDARD 3.1.4.1-

The EUCCC is involved in research on at least two additional cancers, which may include rare cancers, pediatric cancers and hematologic cancers. (CORE)

Suggested Evidence

1. Publications of research results in recognized medical journals related to at least two additional cancers, which may include Rare cancers, Pediatric cancers, Hematologic cancers.
2. Documents confirming the participation of employees in conferences where the results of multi-method research are presented on at least two additional cancers, which may include Rare cancers, Pediatric cancers, Hematologic cancers.
3. Agreements, contracts and other documents confirming relations with other institutions for collaborative research on at least two additional cancers, which may include Rare cancers, Pediatric cancers, Hematologic cancers.

› STANDARD 3.1.4.2-

The EUCCC either has its own institutional MDT/tumour boards for rare entities or participates in multi-institutional MDT/tumour boards on a regular basis where all patients are discussed as candidates for clinical trials.

Suggested Evidence

1. Organigram which shows the roles of MDT/tumour board.
2. Documentation of MDT/tumour board meetings, meeting agendas, meeting minutes.
3. Records of patient discussions and decisions made during MDT/tumour board meetings.
4. List of participants in MDT/tumour board meetings.
5. Detailed evaluation criteria for choosing patients as candidates for clinical trials.

› STANDARD 3.1.4.3-

The EUCCC is involved in a European Reference Network (ERN) in at least two themes.

Suggested Evidence

1. Written agreements, partnerships or contracts within ERN.
2. Written guidelines and standard operating procedures (SOPs) for collaborative activities within ERN.
3. Results of the interviews with key employees involved in ERN activities.
4. Organisational structure of relations with other organisations within ERN.

CRITERION 3.1.5 EUCCC's commit research on patient-centred and personalized care

Clarification of the criterion: A shift from an organ-based tumour group approach to non-tumour specific research is crucial, emphasizing both patient-specific biomedical and socio-psychological characteristics and their specific reactions to cancer diagnosis and treatment interventions. This requires both a multi-disciplinary approach and application of a broad spectrum of scientific methodologies.

› STANDARD 3.1.5.1-

The EUCCC conducts cancer-related research that combines medical science with a focus on patient's experiences and needs at every stage of their care.

Suggested Evidence

1. Documentation of research processes focused on integrating patient-centred care with oncological research.
2. Results of an entire patient pathway analysis that show the patient's role within the research area.
3. Feedback from patients, and employees of the EUCCC on the effectiveness and improvement of research processes.

› STANDARD 3.1.5.2-

The EUCCC promotes the use of diverse research methods and ensures access to a broad spectrum of both internal and external expertise in relevant research methodologies.

Suggested Evidence

1. Description of the scope of duties of organisational units or working groups that aim to support multi-method research.
2. Procedures or solutions enabling knowledge transfer for conducting multi-method research.
3. Agreements, contracts and other documents confirming the conduct of multi-method research with other organisations in the ecosystem.
4. Publications of research results in recognised medical journals.
5. Documents confirming the participation of employees in conferences where the results of multi-method research are presented.

TOPIC 3.2 Research Practice

To achieve comprehensive and exemplary cancer research, and to ensure seamless integration between research and care, specific criteria and standards targeting research practices are essential. These criteria encompass areas like ethical standards, accessibility to clinical data, research infrastructure availability, external collaboration, and career development. The collective impact of these criteria will shape the research contributions at the EUCCC level.

CRITERION 3.2.1 EUCCC's foster research integrity and ethics

Clarification of the criterion: Established protocols are essential to uphold research integrity and ethical standards. This encompasses research design approvals, training in proper research practices, and mechanisms to address potential research misconduct. The criteria cover research ethics, data practices, data management, and research publication protocols.

› STANDARD 3.2.1.1-

The EUCCC provides training in research integrity. (CORE)

Suggested Evidence

1. Documentation and training materials confirming the organisation of training sessions on research integrity.
2. List of participants who attended the research integrity training sessions.
3. Written guidelines and training materials used in research integrity training.
4. Records of feedback and evaluations from participants of the training sessions.
5. Reports detailing the training activities related to research integrity.

› STANDARD 3.2.1.2–

The EUCCC ensures standardised procedures to handle suspected research misconduct (falsification, fabrication, and plagiarism).

Suggested Evidence

1. Detailed guidelines to handle suspected research misconduct.
2. A written procedure or other detailed regulation to be applied in the case of suspected research misconduct. The procedure includes the definition of responsabilities of the committee for suspected research misconduct, accountability before the committee and the procedure for appeal.
3. Documentation of past cases and their resolutions to demonstrate the application of the relevant procedures.
4. Records of training sessions on handling research misconduct.

› STANDARD 3.2.1.3–

The EUCCC ensures ethical evaluation (approval) of research projects is conducted by an ethical committee system.

Suggested Evidence

1. List of research projects reviewed and approved by the ethical committee.
2. Job descriptions of the members of the ethical committee.
3. Documentation of the ethical committee's structure and scope of duties.
4. Written protocols and guidelines for the ethical evaluation of research projects.
5. Records of ethical committee meetings, including minutes and decisions made.

› STANDARD 3.2.1.4–

The EUCCC provides guidelines for safe collection, storage, retention and deletion of informed consent and the connected research data. (CORE)

Suggested Evidence

1. Written guidelines for the collection, storage, retention, and deletion of informed consent and research data.
2. Documentation of training sessions on data management and informed consent procedures.
3. Records of compliance audits related to data management and informed consent.
4. Lists of systems and tools used for secure data storage and management.
5. Agreements or contracts with external bodies for data management services.

› STANDARD 3.2.1.5–

The EUCCC ensures that adequate infrastructures for data management are accessible in the centre.

Suggested Evidence

1. Documentation of available data management infrastructures and resources.
2. Written protocols and guidelines for accessing and utilising data management infrastructures.
3. Interviews with key personnel responsible for data management.
4. Periodical reports detailing the usage and maintenance of data management infrastructures.

› STANDARD 3.2.1.6–

The EUCCC ensures that legal and methodological advice in data sharing and transfer is offered by the centre.

Suggested Evidence

1. Documentation of legal and methodological advice services provided by the centre.
2. Written guidelines and standard operating procedures (SOPs) for data sharing and transfer.
3. Records of consultations and advice sessions on data sharing and transfer.
4. Agreements or contracts with external legal and methodological advisors.
5. Periodical reports detailing the advice services related to data sharing and transfer.

› STANDARD 3.2.1.7–

The EUCCC has established procedures for preventing and managing data breaches.

Suggested Evidence

1. Formal procedures for handling data breaches.
2. Documentation of past data breach incidents and their resolutions.
3. Records of training sessions on data breach management.
4. Lists of systems and tools used for monitoring and detecting data breaches.
5. Periodical reports detailing data breach incidents and preventive measures taken.

CRITERION 3.2.2 EUCCC's encourage the development of research talent and careers

Clarification of the criterion: The research at EUCCC's will depend on attractive research environments that foster future research leaders and stimulate interaction between basic and applied research. The standards herein relate to training and career development for research staff.

› STANDARD 3.2.2.1–

The EUCCC ensures that researchers have access to mentoring programmes, and has mechanisms in place to evaluate their effectiveness. (CORE)

Suggested Evidence

1. Documentation of mentoring programme structures, schedules, and guidelines.
2. List of participants in the mentoring programmes.
3. Records of mentoring sessions and evaluations, along with meeting minutes.
4. Feedback and evaluation reports from mentees and mentors.
5. Periodical reports detailing the activities and outcomes of the mentoring programmes.

› STANDARD 3.2.2.2–

The EUCCC partakes in PhD and postdoc programmes.

Suggested Evidence

1. Documentation of PhD and postdoc programme structures, schedules, and guidelines, including a list of evaluation criteria for candidates.
2. List of PhD and postdoc candidates and their research projects.
3. Records of participation in PhD and postdoc training sessions and workshops.
4. Agreements or contracts with universities and research institutions for participating in PhD and postdoc programmes.

› STANDARD 3.2.2.3–

The EUCCC provides structures for exchange programmes in research.

Suggested Evidence

1. Documentation of structures and guidelines for exchange programmes in research.
2. List of participants for exchange programmes in research.
3. Records of research projects and activities conducted during exchange programmes in research.
4. Partnership agreements or contracts with partner institutions for exchange programmes in research.
5. Feedback and evaluation reports from participants in the exchange programmes in research.

› STANDARD 3.2.2.4–

The EUCCC offers support services for grant proposals.

Suggested Evidence

1. Documentation of support services provided for grant proposals, including institutional document templates.
2. Job descriptions of employess involved in support services for grant proposals.
3. Current and archived lists of grant proposal submissions and outcomes, along with lists of participants.
4. Formal procedures/ guidelines, and training materials for grant proposal writing and training sessions.

› STANDARD 3.2.2.5–

The EUCCC performs regular evaluations on submitted and successful grant proposals.

Suggested Evidence

1. Documentation of evaluation procedures and criteria for grant proposals.
2. Records and detailed report of evaluations conducted on successful grant proposals.
3. Systems and tools used for tracking and evaluating grant proposals.
4. Periodical reports detailing the activities and outcomes of the evaluation system.

CRITERION 3.2.3 EUCCC's integrate research and care

Clarification of the criterion: This criterion is covered by a separate topic. In the current context, the standards are restricted to those underlining the required arrangements at the research side of EUCCC's that have to be present to ensure the necessary integration with care.

› STANDARD 3.2.3.1–

The EUCCC secures and provides measures to support investigator-initiated studies and research.

Suggested Evidence

1. Documentation of support measures system for investigator-initiated studies and research.
2. Records of investigator-initiated research projects and their outcomes.
3. Formal guidelines and procedures for initiating and conducting investigator-initiated studies research.
4. List of available grants and funding possibilities provided for investigator-initiated studies and research.

CRITERION 3.2.4 EUCCC's have permanent and strategic collaboration with academia on research

Clarification of the criterion: The hospitals constituting the core of a EUCCC have to cooperate with universities on joint programmes of research, on dissemination of new basic scientific knowledge based, and on collaboration on research projects.

› STANDARD 3.2.4.1–

The EUCCC has agreements for research collaboration which cover several academic disciplines with one or more academic institutions.

Suggested Evidence

1. Agreements, letters of intent and other documents confirming research collaboration with one or more academic institutions regarding several academic disciplines.
2. Records of joint research collaboration, projects, and other initiatives conducted with one or more academic institutions, along with their outcomes.
3. List of members of common meetings with representatives of one or more academic institutions along with meeting minutes.

› STANDARD 3.2.4.2–

The EUCCC provides the opportunity for split hospital and university affiliations for MDs and also for other relevant groups of employees.

Suggested Evidence

1. Documentation of split affiliation agreements between the hospital and university.
2. List of MDs and other employees holding split affiliations.
3. Records of research and clinical activities conducted by employees with split affiliations.
4. Detailed set of guidelines and procedures for managing split affiliations.

CRITERION 3.2.5 EUCCC's provide core research infrastructures

Clarification of the criterion: To achieve the goal of learning from every patient, it's essential to have access to real-world clinical data, tissue, and liquid samples from all patients visiting the cancer centre. This necessitates the appropriate infrastructure. Moreover, distinct infrastructure requirements exist for basic, translational, and clinical research.

› STANDARD 3.2.5.1–

The EUCCC has access to technological research core facilities. (CORE)

Suggested Evidence

1. List of core facilities.
2. Documentation of available technological resources and research equipment.
3. Formal procedures for accessing and utilising the core facilities.
4. Records of research projects utilising the facilities.
5. Interviews with key personnel utilising the core facilities.

› STANDARD 3.2.5.2–

The EUCCC provides administrative/legal support to perform (design, coordinate, run and monitor) research and specifically clinical trials. (CORE)

Suggested Evidence

1. Detailed description of administrative and legal support services provided for research and clinical trials.
2. Training materials and workshops for proper use of administrative/legal support to perform (design, coordinate, run and monitor) research and specifically clinical trials.
3. Formal evidence of materials on clinical trials (brochures, websites, public events) useful for research processes.
4. Feedback from involved beneficiaries of administrative/legal support system.

› STANDARD 3.2.5.3–

The EUCCC has access to the required capabilities and resources to run early-phase/first-in-man clinical trials.

Suggested Evidence

1. List of required capabilities and resources necessary for early-phase clinical trials.
2. Records of early-phase clinical trials conducted, along with their outcomes.
3. Training materials and sessions on early-phase clinical trial procedures.
4. Formal procedure for conducting early-phase/first-in-man clinical trials.

› STANDARD 3.2.5.4–

The EUCCC ensures the clinical trial unit undergoes periodical external site visits/reviews.

Suggested Evidence

1. Written guidelines for conducting and documenting external site reviews
2. Protocols of conducted external site revisions of the clinical trial unit.
3. Periodical reports detailing the outcomes and improvements stemming from external site reviews.

CRITERION 3.2.6 EUCCC's collaborate nationally and internationally in research

Clarification of the criterion: The hospitals constituting the core of a EUCCC have to cooperate with universities on joint programmes of research, on dissemination of new basic scientific knowledge based, and on collaboration on research projects.

› STANDARD 3.2.6.1–

The EUCCC participates in national/multi-centre studies.

Suggested Evidence

1. List of participants of national and multi-centre studies.
2. Agreements with other institutions for collaborative multi-centre studies.
3. Description of the scope of duties of organisational units involved in national/multi-centre studies.
4. Indication of assumed goals and effects of the collaboration.

› STANDARD 3.2.6.2–

The EUCCC acts as principal investigator/sponsor for national trials.

Suggested Evidence

1. Description of the scope of duties of the EUCCC acting as PI/ sponsor for national trials.
2. List of participants of national trials.
3. Agreements or contracts with other institutions for conducting national trials.
4. Records of national trials conducted and their outcomes.

› STANDARD 3.2.6.3-

The EUCCC participates in international research projects in translational and clinical medicine. (CORE)

Suggested Evidence

1. List of conducted projects in translational and clinical medicine.
2. Evidence of alignment of international research projects in translational and clinical medicine with national regulations dedicated for the EUCCC.
3. Agreements or contracts with international institutions for collaborative, international research.
4. Description of the scope of duties of the parties involved in the international project.

› STANDARD 3.2.6.4-

The EUCCC endorses leadership roles in national (multi-institutional)/ European/ international research projects.

Suggested Evidence

1. Description of responsibilities of the EUCCC involved in leadership roles in national (multi-institutional)/ European/ international research projects.
2. Agreements, contracts and other documents confirming collaborative relations with other institutions involved in national (multi-institutional)/ European/international research projects.
3. Formal research project documentation.
4. Records of research projects led by the EUCCC in national (multi-institutional)/ European/international circumstances, along with the outcomes.

TOPIC 3.3 Research leadership

Advancements in cancer research hinge on the coordination of intricate processes that require crossdisciplinary and multi-organizational collaboration, as well as adept management of stakeholders and regulatory frameworks. In a EUCCC context, effective leadership is paramount to offer direction, ensure integration, and foster continuous

learning and enhancement. This section outlines the criteria pertinent to these leadership aspects.

CRITERION 3.3.1 EUCCC's structure supports cancer research development

Clarification of the criterion: Comprehensive Cancer research necessitates input from varied organizational units, levels, professional groups and other stakeholders, like patients. For effective coordination and alignment with the research strategy within EUCCC, specific organizational structures and governance processes are essential. The design of these arrangements will be tailored to the local healthcare and research systems that make up the EUCCC and its associated external networks.

› STANDARD 3.3.1.1–

The EUCCC has a research council with the mission to implement the research strategy and to coordinate and facilitate cooperation across organisational borders.

Suggested Evidence

1. Descriptions of the scope of duties and mission of the research council.
2. Organigram which shows the roles of research council within the structure of the EUCCC.
3. The comprehensive research strategy document of the EUCCC approved by the research council.
4. Records of regular reviews and updates to the research strategy.

› STANDARD 3.3.1.2–

The EUCCC provides an organigram that defines research departments and leaders of research groups.

Suggested Evidence

1. Organigram detailing the structure of research departments and leaders of research groups.
2. Descriptions of roles and responsibilities of research department and leaders of research groups.
3. Organisational documents presenting formal links between various units and ensuring coordination between them.

› STANDARD 3.3.1.3–

The EUCCC reports data on key financial figures regarding its research on an annual basis.

Suggested Evidence

1. Annual financial reports detailing key financial figures related to research, summarising financial performance and funding for research.
2. Records of financial audits and reviews related to research funding.
3. Documentation of funding sources and allocation for research activities.
4. Written guidelines for financial procedures, formal reporting and management of research funds.

› STANDARD 3.3.1.4–

The EUCCC provides access to shared ICT platforms for research activities. (CORE)

Suggested Evidence

1. Formal agreements to share technology platforms/ formal procedure allowing to share technology platforms.
2. Documentation of accessible shared ICT platforms along with dedicated functionalities for research activities.
3. Records of research projects utilising shared ICT platforms.
4. Training materials and sessions on the use of ICT platforms for research purposes.

CRITERION 3.3.2 EUCCC has a research strategy

Clarification of the criterion: The EUCCC's research direction is articulated through a cancer research strategy, highlighting main goals, challenges, and planned initiatives for upcoming years.

› STANDARD 3.3.2.1–

The EUCCC has a regularly updated research strategy, (at least every three years), defining the main objectives and the means (resources) to reach these objectives.

Suggested Evidence

1. The research strategy document approved by the research council.
2. Records of regular reviews and updates to the research strategy.
3. Reports (elaborated at least every three years, preferably more often) detailing the main objectives and resources allocated to achieve them.
4. Reports and documentation showing the implementation of the research strategy across various departments.

› STANDARD 3.3.2.2–

The EUCCC has a regularly updated development plan which includes research, and which is actively integrated into the governance processes of the EUCCC.

Suggested Evidence

1. Current and previous versions of the development plan, showing periodical revisions, including research components and necessary updates.
2. Confirmation of alignment between the development plan and the overall research strategy.
3. Written guidelines and procedures for integrating the development plan into governance processes.
4. Records of regular monitoring and evaluation activities related to the implementation of the development plan.

› STANDARD 3.3.2.3–

The EUCCC ensures that input from all relevant stakeholders including clinical and laboratory professionals, academic researchers, and patient representatives, is integrated into the research strategy.

Suggested Evidence

1. Current and approved version, as well as previous versions of the research strategy, including records of regular reviews and updates.
2. Minutes and reports from meetings where the strategy was discussed and approved.
3. Procedural documents of implementing the research strategy in various departments of the EUCCC and its alignment with feedback from relevant stakeholders.
4. Feedback from stakeholders (i.e. clinical and laboratory research professionals and academic researchers and patient representatives) on the implementation and effectiveness of the research strategy.
5. Records of regular reviews and updates to the strategy.

CRITERION 3.3.3 EUCCC's evaluate their research

Clarification of the criterion: Research undergoes consistent monitoring and evaluation for enhancement, encompassing both internal tracking and external periodic or situational assessments.

› STANDARD 3.3.3.1–

The EUCCC publishes an annual report on the activities and the outcomes of research programmes/groups.

Suggested Evidence

1. Annual reports detailing the activities and outcomes of research programmes and groups.
2. Records of meetings and consultations held to review and finalise the annual report.
3. Publications of the annual report on the EUCCC website or other platforms.
4. Feedback forms and reports from stakeholders on the annual report.

› STANDARD 3.3.3.2–

The EUCCC convenes an external Scientific Advisory Board (SAB) meeting periodically (at least every three years) to evaluate research activities of the centre.

Suggested Evidence

1. Written reports by the external Scientific Advisory Board (SAB) including performance and development points.
2. Documentation of the structure and scope of duties of the SAB.
3. Records of SAB meetings, including minutes and evaluation reports.
4. Written guidelines and operational procedures for implementation of the SAB recommendations.
5. Feedback and periodical evaluation reports from SAB members on research activities detailing the outcomes and recommendations.

› STANDARD 3.3.3.3–

The EUCCC offers internal evaluation and guidance for research grant applications before submission.

Suggested Evidence

1. Documentation of internal evaluation and guidance procedures for research grant applications.
2. Records of individual internal evaluations and feedback provided to grant applicants.
3. List of participants in grant application workshops and training sessions.
4. Feedback from grant applicants after submissions.

› STANDARD 3.3.3.4–

The EUCCC provides procedures for the evaluation of clinical trials (e.g., number of patients, zero accrual trials, etc.).

Suggested Evidence

1. Written procedures for evaluating clinical trials, including criteria such as patient numbers, zero accrual trials, duration, comprehensiveness.
2. Records of clinical trial evaluations and obtained outcomes.
3. Documentation of meetings and consultations held to review clinical trial evaluations.
4. Feedback and evaluation reports from clinical trial investigators and patients involved.
5. Periodical reports detailing the evaluation and performance of clinical trials.

› STANDARD 3.3.3.5–

The EUCCC undergoes regular, external evaluation of research groups. (CORE)

Suggested Evidence

1. Collaboration agreements with other organisations within research groups.
2. Minutes from meetings with other organisations within research groups, indicating formal preparations for external evaluation.
3. Written guidelines and standard operating procedures (SOPs) for conducting and documenting external evaluations of research groups.
4. Records of external evaluation of research groups and obtained outcomes.
5. Feedback and evaluation reports from external investigators, including confirmations of evaluation results.

CRITERION 3.3.4 EUCCC's involve patient representatives in research

Clarification of the criterion: Incorporating the patient perspective enriches the research process, enhancing its relevance and applicability. From strategy formulation to results dissemination, patient involvement not only ensures research aligns with patient needs but also amplifies its societal impact. This criterion underscores the significant value added by patient representation throughout the research journey.

› STANDARD 3.3.4.1–

The EUCCC involves patients and/or their organisations in decisions on prioritisation of research programmes.

Suggested Evidence

1. Agreements or contracts with other organisations (i.e. patient organisations, research groups, academic institutions) for collaboration on research prioritisation.
2. Records of feedback and recommendations from patient representatives and other organisations on prioritisation of research programmes.
3. Training materials and attendance records of various stakeholders (i.e. employees, patients, representatives of collaborators and other institutions) during meeting on prioritisation of research programmes.
4. Confirmations of research results obtained from various sources to authenticate particular research topics for prioritisation of research programmes.

› STANDARD 3.3.4.2–

The EUCCC has a mandatory educational programme for patient representatives, providing them with necessary information and insights on cancer research and relevant topics, in order to prepare them for involvement in decisions relating to research.

Suggested Evidence

1. Formal documentation of the educational programme for patient representatives, including requirements, schedules, main thematic areas.
2. List of participants in such educational programmes.
3. Training materials and records of sessions provided to patient representatives.
4. Feedback and evaluation reports from participants of the educational programme.
5. Periodical reports detailing the activities and outcomes of the educational programme.

› STANDARD 3.3.4.3–

The EUCCC involves patients concerning the ethical aspects of research both at a general level and for specific research projects.

Suggested Evidence

1. Description of the scope of duties and activities of patients involved in the ethical aspects of research.
2. Written, formal guidelines and procedures for involving patients in ethical aspects of research, including legal aspects.
3. Minutes from meetings and records of consultations with patients on the ethical aspects of research.
4. Feedback and evaluation reports from patients involved in the ethical aspects of research.

› STANDARD 3.3.4.4 –

The EUCCC organises patient participation in planning and undertaking research programmes, especially on patient centred care (connected to supportive disciplines i.e. rehabilitation, pain management, psychosocial care, etc.).

Suggested Evidence

1. Description of the scope of duties and activities of patients participating in planning and undertaking research programmes.
2. Written guidelines and procedures for practical participation of patients in planning and undertaking research programmes (especially patient centered care research).
3. Records of meetings and consultations with patients on planning and undertaking research programmes.
4. Feedback and evaluation reports from patients participating in planning and undertaking research programmes.

THEME 4

INTEGRATION OF RESEARCH AND CARE

THEME 4 – INTEGRATION OF RESEARCH AND CARE

Patients treated at Comprehensive Cancer Centres (EUCCC's) experience enhanced survival rates, attributed to the seamless integration of top-tier cancer care and innovative research. This synergy is vital, with multidisciplinary teams bridging clinical needs and research advancements. Recent innovations, from personalized medicine to artificial intelligence, underscore the evolving landscape of cancer care. EUCCC's, equipped with robust Information and Communication Technology (ICT), lead these changes, ensuring consistent and advanced care. This section outlines the criteria for effective research-care integration across structural, management, and outcome dimensions.

TOPIC 4.1 Structural prerequisites for integrating research and care

Structural challenges can impede the integration of research and care in cancer centres. However, with the right infrastructure, these centres can drive impactful research projects. EUCCC's are tasked with bridging top-tier research and care. This section outlines criteria addressing essential structural elements, such as electronic information systems, research support near clinical settings, and research network infrastructure, to ensure seamless integration.

CRITERION 4.1.1 EUCCC's promote patient consent for research

Clarification of the criterion: For robust research outcomes, large cohorts with detailed annotations and adequate follow-up are essential. An institutional approach that promotes patient consent facilitates prospective data gathering, enabling the use of general clinical data for research.

STANDARDS

› STANDARD 4.1.1.1 –

The EUCCC has defined procedures to invite all new cancer patients to give consent to collect prospective data for research purposes (according to national regulations). (CORE)

Suggested Evidence

1. Procedure for new cancer patients in the centre and informed consent.
2. Provisions in other procedures ensuring the invitation to all new cancer patients to give consent to collect prospective data for research purposes.
3. Documents (analyses, reports) confirming the compliance of the procedure, enabling invitation to all new cancer patients to give consent to collect prospective data for research purposes.
4. Templates of documents (invitations) that will be provided to all new cancer patients to give consent to collect prospective data for research purposes.

› STANDARD 4.1.1.2 –

The EUCCC ensures that the patient's consent is obtained and stored according to the national or local requirements on ethics, privacy, and data protection.

Suggested Evidence

1. Standard Operating Procedure (SOP) for obtaining and storing patient consent – a formal document outlining the detailed steps for obtaining patient consent, including ethical considerations, data privacy measures, and compliance with national and international regulations).
2. Compliance reports and audits confirming that the consent procedures are regularly reviewed and comply with local regulations.
3. Securely stored records of patient consents, including signed consent forms and any related documentation.
4. Documentation of training programmes for staff on obtaining and handling patient consent, including training materials and attendance records.

CRITERION 4.1.2 EUCCC's have structural ICT facilities making clinical data and samples available for research

Clarification of the criterion: To foster clinical and translational research, it's essential to develop ICT solutions that provide access to anonymized patient clinical and biological data for research purposes. This approach must comply with strict institutional, national, and European regulations on data collection and usage. Proper guidance on these regulations is crucial to empower researchers with the necessary resources to conduct patient material research.

› STANDARD 4.1.2.1 –

The EUCCC provides access to a centralised database connected to its biobank, which is also linked to primary sources of clinical data. (CORE)

Suggested Evidence

1. Protocol for the biobank.
2. Comprehensive documentation detailing the technical specifications, user guidelines, and functionalities of the centralised database.
3. Reports and analyses demonstrating the successful integration of clinical data, biobank data, and other relevant datasets.
4. Documentation confirming the ongoing maintenance, updates, and security measures implemented for the centralised database.
5. Records (logs) of access and usage of the centralised database by researchers and healthcare professionals.

› STANDARD 4.1.2.2 –

The EUCCC provides access to ICT tools to build the necessary databases connected to the accomplishment of clinical trials. (CORE)

Suggested Evidence

1. Technical and user documentation of ICT tools.
2. Documents confirming the ongoing maintenance of ICT systems.
3. Observations of work on the use of ICT systems and opinions of employees on their functioning.
4. Purchase invoices for ICT tools and systems used to build the necessary databases connected to the performance of clinical trials.

CRITERION 4.1.3 EUCCC's encompass or provide access to clinical trial units for all relevant professions

Clarification of the criterion: There are strict regulations of ethics and protection of patient's rights on institutional, national, and European levels. Managing routines connected to this depend on professional and institutionalized support. In addition, the supportive structures also secure easy access to assistance for coordination and administrative functions. These support functions are offered through the presence of a clinical trial management unit providing clinicians with essential support to efficiently execute sound clinical trials and safeguard patient's rights.

› STANDARD 4.1.3.1 –

The EUCCC provides an institutional clinical research management unit dedicated to trials, and this unit is accessible to all relevant units. (CORE)

Suggested Evidence

1. Organogram for research and protocol /procedure for clinical research management unit.
2. Formal documents such as organisational charts, internal regulations, or institutional policies confirming the existence of a dedicated clinical research management unit, its structure, and its role within the EUCCC.
3. Employment contracts and qualifications of staff within the unit – documentation verifying that the unit is staffed with qualified professionals, including contracts, job descriptions, and credentials of personnel responsible for clinical trial management.
4. Records of clinical trial oversight and coordination – reports, meeting minutes, or operational logs demonstrating the unit's role in overseeing and coordinating clinical trials, including trial approval processes, patient recruitment strategies, and compliance with regulatory frameworks.
5. Performance and compliance reports that evaluate the effectiveness of the clinical research management unit. These reports should include metrics on trial management, adherence to timelines, and compliance with regulatory standards.

› STANDARD 4.1.3.2 –

The EUCCC supports and coordinates the aspects of administration, funding, feasibility assessment, and ethical approvals.

Suggested Evidence

1. Protocol /procedure for clinical research management unit.
2. Detailed documentation outlining the administrative procedures for managing clinical trials, including roles and responsibilities, workflow processes, and timelines.
3. Comprehensive reports on the funding and budget management for clinical trials, including sources of funding, allocation of resources, and financial oversight.
4. Documentation of feasibility assessments conducted for clinical trials, including criteria used, assessment outcomes, and decision-making processes.
5. Logs of meetings, task lists, project tracking reports, and quality assurance documentation verifying the unit's active coordination of administrative, financial, feasibility, and ethical aspects of clinical research.

CRITERION 4.1.4 EUCCC's have access to early-phase clinical trial units

Clarification of the criterion: Proof-of-concept studies (e.g. phase I/II) are resource demanding. Early-phase clinical trials are rarely sufficiently backed by industry or other

funding sources, though they have a high potential gain. EUCCC's have a leading role in early-phase clinical trials and in facilitation of proof-of-concept studies.

› STANDARD 4.1.4.1 –

The EUCCC has formal agreements to promote and facilitate access to early-phase clinical trials.

Suggested Evidence

1. Agreements concerning early clinical trials with other centres and a procedure for promotion of clinical trials.
2. Records of collaborative activities and initiatives undertaken as part of the formal agreements. This can include joint research projects, shared resources, and coordinated patient recruitment efforts.
3. Records of patients referred to early-phase clinical trials as a result of the formal agreements. These logs should include information on the number of patients referred, the referring institution, and the outcomes of the referrals.
4. Documentation of meetings between the EUCCC and its partners, including minutes, agendas, and reports that detail discussions and decisions related to early-phase clinical trials.
5. Documentation of feedback from partner institutions regarding the effectiveness of the formal agreements in promoting and facilitating access to early-phase clinical trials (like surveys, evaluation reports, and correspondence).

› STANDARD 4.1.4.2 –

The EUCCC has procedures to identify eligible patients for early phase trials.

Suggested Evidence

1. Procedure selection / clinical trial inclusion (Detailed documentation outlining the specific criteria and processes used to identify eligible patients for early phase trials).
2. Documentation of feedback from the clinical trial teams regarding the effectiveness and efficiency of the patient identification procedures (surveys, meeting minutes, or reports that provide insights into how well the procedures are working in practice).
3. Records of patient screenings that show how patients were evaluated against the eligibility criteria. These logs should include information on the number of patients screened, the criteria used, and the outcomes of the screenings.
4. Internal or external audit reports that assess the adherence to the procedures for identifying eligible patients.

› STANDARD 4.1.4.3 –

The EUCCC's procedures for recruiting patients to early-phase trials allow for the active identification of eligible patients.

Suggested Evidence

1. Procedure selection / clinical trial inclusion (Detailed documentation of the procedures for recruiting patients to early phase trials, including protocols and guidelines. This should demonstrate how these procedures are regularly reviewed and updated to reflect the latest best practices and regulatory requirements).
2. Records showing the methods and criteria used to actively identify patients eligible for early phase trials. This could include databases, screening logs, and patient registries that track potential candidates for trials.
3. Records of training programmes and workshops conducted to educate staff on the updated recruitment procedures and patient identification methods.
4. A document confirming who is responsible for updating the procedure (job description card or organisational structure).

› STANDARD 4.1.4.4 –

The EUCCC's procedures for recruiting patients to early-phase trials are regularly updated.

Suggested Evidence

1. Procedure selection / clinical trial inclusion (Detailed documentation of the procedures for recruiting patients to early phase trials, including protocols and guidelines. This should demonstrate how these procedures are regularly reviewed and updated to reflect the latest best practices and regulatory requirements).
2. Records showing the methods and criteria used to actively identify patients eligible for early phase trials. This could include databases, screening logs, and patient registries that track potential candidates for trials.
3. Records of training programmes and workshops conducted to educate staff on the updated recruitment procedures and patient identification methods.
4. A document confirming who is responsible for updating the procedure (job description card or organisational structure).

CRITERION 4.1.5 EUCCC's provide easy access to ongoing clinical research information

Clarification of the criterion: Effective patient enrolment and engagement, along with clear communication within the cooperating network of EUCCC, are vital for successful clinical trials and ensuring equal access for patients. This depends on communication structures with a well-developed ability to spread information and communicate customised to the target groups. Again, this is a prerequisite to providing equal access to clinical trials for patients while ensuring sufficient recruitment to trials coordinated by EUCCC's.

› STANDARD 4.1.5.1 –

The EUCCC has a policy for promoting clinical trials, including internal information and communication to the public and laymen on trial availability and results.

Suggested Evidence

1. Procedure for clinical trial promotion: e.g. brochures, websites, public events etc. (detailed documentation of the EUCCC's policy for promoting clinical trials. This should include the objectives, strategies, and specific measures taken to raise awareness about clinical trials among the public and laymen).
2. Documentation of internal communications, such as emails, newsletters, and intranet posts, that inform staff about clinical trial availability and results.
3. Access to the EUCCC's website and social media accounts to review the content related to clinical trials.

› STANDARD 4.1.5.2 –

The EUCCC has measures for promoting clinical trials, including internal information and communication to the public and laymen on trial availability and results.

Suggested Evidence

1. Documentation of public engagement activities, such as informational sessions, workshops, and community outreach programmes. This should include attendance records, feedback from participants, and reports on the effectiveness of these activities.
2. Physical or digital copies of brochures, flyers, posters, and other materials used to inform the public and laymen about clinical trials.

› STANDARD 4.1.5.3 –

The EUCCC has procedures and policies to promote the participation of patients in clinical trials.

Suggested Evidence

1. Procedure on promoting the inclusion of patients in clinical trials (Comprehensive materials provided to patients about clinical trials, including brochures, consent forms, and informational sessions. These resources should clearly explain the benefits, risks, and procedures involved in participating in clinical trials).
2. Detailed documentation of the procedures for recruiting patients into clinical trials, including strategies for identifying and approaching potential participants, ensuring inclusivity and diversity.
3. Reports and analyses on patient engagement activities, including metrics on the number of patients approached, the number of patients who consented to participate, and feedback from participants on the recruitment process.
4. Documentation of training programmes for staff on patient recruitment and engagement, including training materials, attendance records, and evaluations of the training's effectiveness.

› STANDARD 4.1.5.4 –

The EUCCC promotes participation in clinical trials of collaboration entities.

Suggested Evidence

1. Formal agreements (e.g., contracts, memorandums of understanding) between the EUCCC and local hospitals, clinics, or research institutions outlining joint efforts to promote clinical trial participation.
2. Documentation of workshops, training sessions, or informational materials provided to local healthcare professionals to raise awareness about ongoing clinical trials and encourage patient referrals.
3. Data or reports showing the number of patients referred by local collaborating entities for clinical trial participation, demonstrating the effectiveness of the EUCCC's outreach efforts.
4. Communication and promotional materials for external entities (brochures, newsletters, websites, or other materials designed to inform and engage local healthcare providers and institutions about available clinical trials and the benefits of participation).

TOPIC 4.2 Managing dynamics of integrating research and care

Successful integration of research and care hinges on effective management and coordination. This section emphasizes the importance of fostering dynamic interactions across the researchcare continuum and leveraging structures that enhance this integration.

CRITERION 4.2.1 EUCCC's emphasize research competence in recruitment and education

Clarification of the criterion: Recruitment of clinical staff with research competence is crucial for highquality care in EUCCC's. Continuous education programmes also enhance research skills relevant to cancer care positions.

› STANDARD 4.2.1.1 –

Research competencies are valued in the recruitment of clinical personnel.

Suggested Evidence

1. SOP for recruitment of personnel, KPI: (Table indicating clinical staff involved in research projects (yearly updated).
2. Documentation showing that research competencies are a required or preferred qualification in job descriptions for clinical personnel, as well as policies outlining the integration of research expertise into recruitment criteria.
3. Records of the interview and selection process, including interview questions and evaluation criteria that assess candidates' research competencies.
4. Documentation of training and development programmes aimed at enhancing research competencies among clinical personnel. This includes training resources, schedules, and attendance records, showing a commitment to ongoing professional development in research.
5. Reports, publications, or internal records indicating that recently recruited clinical personnel are actively involved in ongoing research projects, clinical trials, or collaborative scientific initiatives.

› STANDARD 4.2.1.2 –

The centre has explicit standards defining research competencies for all its staff.

Suggested Evidence

1. Programmes/plans for increasing research competence of clinical staff, KPI: list of training/education programmes to increase research competencies, including number of participants.
2. Detailed documentation of the future research competence framework, outlining the specific skills and knowledge that staff will need to acquire. This should include measurable objectives and proficiency levels for each competence area, with a focus on future requirements.
3. Documents defining employee development paths with identified and measurable development requirements in the research area.
4. Formally defined Job Description Cards for research positions showing the measurable requirements for the position.

CRITERION 4.2.2 EUCCC's integrate research in cancer patient pathways

Clarification of the criterion: EUCCC's structure their clinical operations according to cancer patient pathways, necessitating a seamless integration of research and care that aligns with each stage of the patient journey. Key junctures for this integration include outpatient clinic visits, Multidisciplinary Team (MDT) case discussions, and institutional and regional pathway network meetings. This synergy between research and care is established throughout the entire patient pathway, encompassing early detection, diagnosis, primary treatment, supportive care, follow-up/survivorship, and palliative care.

› STANDARD 4.2.2.1 –

The EUCCC provides patient pathways that specify the key stages at which clinical trial inclusion might be envisgaed. (CORE)

Suggested Evidence

1. Patient pathways/written procedure presented with clearly stated checkpoints for clinical trial inclusion including minutes of the MDT meeting indicating patient inclusion in clinical trials.
2. Detailed documentation of patient pathways that clearly outline specific junctures where clinical trial inclusion is assessed. This should include flowcharts, protocols, and guidelines that specify the points at which patients are evaluated for trial eligibility.
3. Examples of Patient Pathways: Detailed examples of patient pathways for specific cases, showing the points at which clinical trial inclusion is assessed. These examples should illustrate the decision-making process and criteria used at each juncture.
4. Case studies of individual patients who were assessed for clinical trial inclusion at various points in their care pathway.
5. Reports on the outcomes of patients who were included in clinical trials based on the pathway assessments. This could include data on treatment efficacy, patient health improvements, and overall trial success rates.

› STANDARD 4.2.2.2 –

The EUCCC has protocols documenting patient's eligibility to clinical trials, in meeting minutes or EHR adhering to local protocols. (CORE)

Suggested Evidence

1. This procedure must be clearly outlined for each patient pathway.
2. A written protocol or SOP that outlines the criteria and process for evaluating patient eligibility for clinical trials. This should include details about the inclusion and exclusion criteria for various clinical trials, the teams responsible for assessing eligibility, and the steps taken to ensure that all relevant clinical and research data is considered when determining eligibility.
3. Reports and analyses demonstrating compliance with the protocols for documenting patient eligibility (internal audits, external reviews, and documentation of adherence to local regulations and standards).
4. Meeting minutes documenting clinical trial eligibility decisions – minutes from multidisciplinary team meetings or clinical trial review boards where patient eligibility for clinical trials is discussed.

› STANDARD 4.2.2.3 –

The EUCCC screens all relevant patients for molecular alterations to identify those suitable for targeted treatment trials.

Suggested Evidence

1. Patient pathways/written procedure presented with clearly stated checkpoints (stating which patients and at which time) for molecular analyses. Written procedure describing composition and process in the molecular tumour board (or similar).
2. A document containing criteria for selecting patients for screening for molecular alterations.
3. Records of patients who have undergone screening for molecular alterations. This could include data on the number of patients screened, the types of molecular alterations identified, and the subsequent enrollment in targeted treatment trials.
4. Documentation of agreements and protocols with research institutions and clinical trial networks that facilitate the screening and enrollment of patients in targeted treatment trials. This should outline the roles and responsibilities of each party involved.

› STANDARD 4.2.2.4 –

The EUCCC has access to a Molecular Tumour Board (MTB) with competent staff in place for interpreting results, which are then documented in medical records. (CORE)

Suggested Evidence

1. Patient pathways/written procedure presented with clearly stated checkpoints (stating which patients and at which time) for molecular analyses. Written procedure describing composition and process in the molecular tumour board (or similar).
2. Documentation confirming the establishment of cooperation with the MTB in the form of an agreement and its terms and scope of duties.
3. Documentation confirming meetings/activities of the committee acting for the EUCCC (minutes, photos, attendance list).
4. Documents confirming the results of the MTB's work (reports, medical interpretations, medical documentation taking into account these interpretations).

› STANDARD 4.2.2.5 –

The EUCCC ensures regular revision of clinical tumour-specific patient pathways in order to incorporate results from research and development.

Suggested Evidence

1. Written procedure for revising tumour-specific patient pathways, specifying the frequency of updates, responsible personnel, and integration of new research findings.
2. Meeting minutes, reports, or documentation from multidisciplinary teams or committees responsible for reviewing and updating patient pathways based on recent research and development.
3. Patient pathway documents before and after revisions, demonstrating changes made in response to new scientific evidence and clinical trial results.
4. Records of staff training sessions or workshops on updated patient pathways, ensuring healthcare professionals are informed about new guidelines and treatment protocols (attendance lists, training materials, or feedback from participants).

› STANDARD 4.2.2.6 –

The EUCCC has procedures for documenting clinical trial inclusion and patient consent for the collection of data/biological material in the EHR.

Suggested Evidence

1. Examples of standard phrases in the EHR.
2. Written procedure for documenting clinical trial inclusion and consent in the EHR, specifying how and when patient participation and consent are recorded.
3. Templates of informed consent forms used for clinical trial participation and biological material collection, including their integration into the EHR system.
4. Audit reports or compliance reviews - documents verifying adherence to procedures ensuring that all patient consents and trial enrollments are correctly recorded in the EHR.
5. Documentation of training programmes and educational initiatives for healthcare professionals on the procedures for clinical trial inclusion and obtaining consents. This should include attendance records, training materials, and feedback from participants

CRITERION 4.2.3 EUCCC's integrate translational research into clinical practice

Clarification of the criterion: Parallel involvement in translational and clinical research, alongside clinical practice, enhances the EUCCC's ability to foster synergies between research and care. Key factors include physical proximity, dual affiliations for employees, protected research time, and the inclusion of clinicians in research groups, extending to diagnostics.

› STANDARD 4.2.3.1 –

The EUCCC ensures that all research groups have affiliated clinicians. (CORE)

Suggested Evidence

1. All research groups show lists of members including their roles.
2. Formal agreements or contracts between the EUCCC and clinicians, outlining their roles and responsibilities within the research groups. These documents should specify the terms of affiliation and the expected contributions of the clinicians to the research activities.
3. Detailed records of the composition of each research group, including the names and qualifications of the affiliated clinicians. This documentation should demonstrate that each research group includes at least one clinician actively involved in the research.
4. Minutes from research group meetings and activity reports that highlight the participation and contributions of the affiliated clinicians.
5. Regular performance and evaluation reports that assess the effectiveness of the clinicians' involvement in the research groups.

› STANDARD 4.2.3.2 –

The EUCCC ensures all cross-disciplinary professional tumour groups have members from both clinical and research departments.

Suggested Evidence

1. List of tumour groups and research environment with which their members are affiliated.
2. Official documentation outlining the requirement that all tumour groups must include members from both clinical and research departments, ensuring interdisciplinary collaboration.
3. Formal agreements or memorandums of understanding between clinical and research departments, outlining the terms of collaboration and the roles of each department in the tumour groups.
4. Minutes from meetings and activity reports of the cross-disciplinary professional tumour groups, highlighting the participation and contributions of members from both clinical and research departments.
5. Regular performance and evaluation reports that assess the effectiveness of the cross-disciplinary collaboration within the tumour groups.

› STANDARD 4.2.3.3 –

The EUCCC facilitates regular meeting points that promote discussion and integration of clinical and research experiences, where presentations and contributions from both research and clinical departments are shared to identify needs, activities, and opportunities for collaboration. (CORE)

Suggested Evidence

1. Detailed agendas and schedules of the meetings, including specific time slots allocated for presentations and contributions from both research and clinical teams. This documentation should demonstrate the structured inclusion of both perspectives.
2. Documentation confirming the active participation of both clinical and research professionals, as well as records of discussions, decisions, and follow-ups on collaborative efforts.
3. Copies of presentations, reports, or summaries showcasing contributions from both research and clinical teams, demonstrating a structured exchange of information to enhance collaboration.
4. Documents or reports detailing how insights from these meetings have been translated into collaborative research initiatives, clinical improvements, or integrated patient care strategies.

CRITERION 4.2.4 EUCCC's integrate advanced knowledge into general practice

Clarification of the criterion: EUCCC's play a pivotal role in pioneering ground-breaking clinical research and facilitating the implementation of evidence-based technological and therapeutic advances. Key areas of focus include precision medicine, targeted therapies, theragnostic, molecular diagnostics, genomics/proteomics, and artificial intelligence, all aimed at enhancing patient care and contributing to their networks.

› STANDARD 4.2.4.1 –

The EUCCC has written strategies to study and implement personalised cancer medicine based on: molecular diagnostics (including targeted therapy) and imaging techniques (including theragnostic).

Suggested Evidence

1. Written strategies and examples of studies, equipment and process instructions are presented; KPI: Concrete examples of studies, equipment and process instructions are presented.
2. Inventory of molecular diagnostic tools such as next-generation sequencing (NGS) platforms, PCR machines (qPCR, digital PCR), mass spectrometry systems, and liquid biopsy technologies that enable personalised cancer treatment.
3. Established and approved clinical procedures describing the use of molecular profiling, genetic testing, and imaging techniques for personalised treatment. This should include specific checkpoints for patient eligibility, testing workflows, and decision-making processes for therapy selection.
4. Documentation of training programmes and educational initiatives for healthcare professionals on the use of molecular diagnostics and imaging techniques in personalised cancer medicine.

CRITERION 4.2.5 EUCCC's connect with excellence networks in research and care

Clarification of the criterion: A EUCCC's play a crucial role in maintaining a strong and up-to-date network and knowledge base to connect patients with the right clinical trials, whether they are national, regional, or international. This is particularly important for rare diagnoses and specialized areas of clinical practice where not every EUCCC may have the necessary research activity and expertise. By linking to expert networks (i.e. Networks of Expertise, NoE), EUCCC's can facilitate investigator-driven trials in regions or countries with few incidents and make European networks of EUCCC's attractive for industry-initiated trials in cases where each EUCCC may have too few cases.

› STANDARD 4.2.5.1 –

The EUCCC offers eligible patients access to international clinical trials conducted at its own centre or through possible referral appointments at other EUCCC's. (CORE)

Suggested Evidence

1. List of projects (Documentation of ongoing and past international clinical trials conducted at the EUCCC or in collaboration with other EUCCC's. This should include trial registration details (e.g., ClinicalTrials.gov ID), eligibility criteria, and the number of patients enrolled).
2. Formal agreements, memoranda of understanding (MoUs), or contracts confirming cooperation between the EUCCC and other EUCCC's in facilitating patient participation in international trials.
3. Written procedures outlining the process for referring patients to other EUCCC's for participation in international clinical trials, including travel support, coordination of medical records, and follow-up care.
4. Documentation such as patient enrollment logs, consent forms, and feedback reports from patients who have participated in international clinical trials.

› STANDARD 4.2.5.2 –

The EUCCC participates in both academic and industrial clinical trials along the whole patient pathway. (CORE)

Suggested Evidence

1. List of trials with specification of where in the patient pathway patients will be included (a documented list of academic and industrial clinical trials, specifying trial sponsors (academic institutions or pharmaceutical companies), phases, objectives, and the number of patients enrolled).
2. Formal agreements, memoranda of understanding (MoUs), or contracts confirming cooperation between the EUCCC, universities, research institutes, and pharmaceutical/biotech companies for clinical trial participation.
3. Written procedures governing patient recruitment, data collection, ethical approval, and regulatory compliance across the entire patient care pathway, ensuring seamless integration of research and clinical care.
4. Records such as patient enrollment logs, informed consent forms, trial reports, and analyses of patient outcomes demonstrating active participation in both academic and industrial clinical trials.

› STANDARD 4.2.5.3 –

The EUCCC collaborates with neighbouring hospitals in disseminating results from research and implementing them into clinical practice.

Suggested Evidence

1. Official documents, such as contracts or memoranda of understanding (MoUs), outlining the scope, objectives, and responsibilities of EUCCC and neighbouring hospitals in research dissemination and clinical implementation.
2. Agendas, minutes, attendance lists, and presentations from events where EUCCC and neighbouring hospitals discuss research findings and strategies for their clinical application.
3. Detailed plans and strategies for disseminating research results to neighbouring hospitals and integrating them into clinical practice. These plans should include timelines, methods of dissemination, and specific actions to be taken.
4. Reports evaluating the effectiveness of the dissemination and implementation efforts, including feedback from healthcare professionals at neighbouring hospitals.

TOPIC 4.3 Outcome of integrating research and care

EUCCC's are tasked with delivering cutting-edge information on research and care advancements to patients, families, patients´ social environments and professionals. Successful research-care integration results in the effective translation of research-based knowledge into guidelines, education, quality enhancements, and broad dissemination to both caregivers and patients.

CRITERION 4.3.1 EUCCC's implement research-based knowledge in clinical guidelines

Clarification of the criterion: EUCCC's play a vital role in contributing to the development and updating of regional, national, or international clinical practice guidelines. By actively participating in expert panels and disseminating evidence-based advances, EUCCC's help ensure that guidelines reflect the latest research and best practices in cancer care.

› STANDARD 4.3.1.1 -

The EUCCC has routines in place to ensure that its clinical practice is governed by clinical guidelines that are updated in line with the latest research-based evidence. (CORE)

Suggested Evidence

1. A strategy plan (e.g. Cancer strategy) describing how research is integrated into care (both ways).
2. Records of guideline revision meetings and expert consultations – Meeting minutes, attendance lists, and expert opinions demonstrating interdisciplinary discussions and decision-making regarding guideline updates, ensuring alignment with recent clinical research findings.
3. Internal or external evaluation reports assessing how well the clinical practice follows the latest guidelines, including identified gaps, corrective actions, and implementation tracking to maintain evidence-based patient care.
4. Training and implementation records for healthcare professionals (documentation of training sessions, workshops, or internal communications provided to medical staff to ensure awareness and adherence to the updated clinical guidelines, reflecting recent research developments).

› STANDARD 4.3.1.2 –

The EUCCC contributes to national and/or international expert panels and authorities to develop new guidelines for clinical practice.

Suggested Evidence

1. Documentation of EUCCC representatives' participation in national and international expert panels and authorities. This includes meeting minutes, attendance lists, and records of contributions made by EUCCC representatives.
2. Formal agreements or memorandums of understanding between the EUCCC and national or international bodies, outlining the terms of collaboration and the roles of EUCCC in developing clinical practice guidelines.
3. Reports and documentation of the processes involved in developing new clinical practice guidelines, including drafts, feedback from stakeholders, and final versions of the guidelines. These documents should highlight the contributions of EUCCC representatives.
4. Copies of the published clinical practice guidelines that include acknowledgments or references to the contributions made by the EUCCC.

CRITERION 4.3.2 EUCCC's include research knowledge in education programmes

Clarification of the criterion: Educational programmes affiliated with EUCCC's incorporate the latest research findings to maintain current and relevant syllabuses.

› STANDARD 4.3.2.1 –

The EUCCC has syllabuses of educational programmes with focus in new research advances (developments). (CORE)

Suggested Evidence

1. Written procedure on how the educational programme covers research and regularly incorporates new knowledge from research.
2. Documentation of regular reviews and updates to the curriculum that incorporates the latest research findings. This could include meeting minutes, revision logs, and records of changes made to the syllabuses.
3. Reports and analyses demonstrating how new research findings are integrated into the educational programmes, for example case studies.
4. Documentation of training sessions, workshops, or seminars conducted to educate faculty and students on the latest research advances (attendance records, training materials, and evaluations of the training sessions)

› STANDARD 4.3.2.2 –

The EUCCC holds regular educational events to update data on relevant topics, in line with updates brought up at major scientific meetings.

Suggested Evidence

1. Documentation of educational events, including agendas, schedules, session topics, leading speakers and participant lists.
2. Reports and presentations from the events that highlight updates from major scientific meetings.
3. Results of surveys and feedback forms completed by event participants.
4. Training materials and resources used during the events.

CRITERION 4.3.3 EUCCC's transform research into innovations and improvements

Clarification of the criterion: EUCCC's facilitate platforms such as projects, colloquia, and seminars to foster multidisciplinary collaborations and build networks among researchers, clinicians, and entrepreneurs.

› STANDARD 4.3.3.1 –

The EUCCC organises regular meetings for dissemination and implementation of new research involving multidisciplinary attendants. (CORE)

Suggested Evidence

1. List of events, with frequency and distribution/dissemination channels (professionals), list of professionals participating.
2. Official syllabuses - documents outlining the structure, content, and learning objectives of educational programmes, clearly demonstrating the inclusion of the latest research advancements in oncology.
3. Course materials and teaching resources (Lecture slides, textbooks, recorded webinars, and other instructional materials used in training sessions), showcasing the integration of new research findings into education.
4. Documentation of training sessions, workshops, and seminars (e.g., attendance lists, event programmes, certificates of participation) confirming the active dissemination of research developments.
5. Evaluation and feedback reports like surveys, assessments, and feedback from participants and instructors indicating the effectiveness and relevance of the educational programs in keeping up with the latest research advances.

› STANDARD 4.3.3.2 –

The EUCCC sets up formal collaborations with key enterprises and entrepreneurs interested in promoting clinical improvements.

Suggested Evidence

1. List of events, with frequency and distribution/dissemination channels, list of participants, including agreements with enterprises/entrepreneurs.
2. Signed agreements or contracts between EUCCC and key enterprises/entrepreneurs, outlining the terms, scope, and objectives of the collaborations, particularly those focused on clinical improvements.
3. Documentation of joint initiatives or projects like reports, meeting minutes, or project plans documenting the collaboration between EUCCC and external partners in clinical improvement initiatives.
4. Evidence of funding, grants, or resource-sharing arrangements between EUCCC and collaborators to promote clinical advancements, including invoices, transfer agreements, and financial reports.
5. Results or outcomes of collaborative efforts (published studies, clinical trial results or reports) demonstrating how these collaborations have led to clinical improvements or the implementation of new treatment methods or technologies).

CRITERION 4.3.4 EUCCC's disseminate new research to professionals and patients

Clarification of the criterion: EUCCC's are responsible for effectively disseminating new knowledge and ongoing research activities to relevant professional communities, as well

as to patients and their caregivers. This dissemination is crucial for enhancing patient awareness and providing professionals involved in cancer care with the latest advances in cancer understanding, prevention, diagnostics, and treatment options.

› STANDARD 4.3.4.1 –

The EUCCC regularly arranges public events for patients and caregivers to disseminate new knowledge and ongoing research activities. (CORE)

Suggested Evidence

1. List of events, with frequency and distribution/dissemination channels (professionals), list of professionals participating (disciplines (caregivers), patients (proportion), authorities.
2. Documentation such as event calendars, agendas, or planning materials showing that regular public events are organized by EUCCC.
3. Reports, photos, attendance lists, and feedback surveys from previous events that demonstrate the EUCCC's commitment to hosting these events regularly. This would include documentation of the frequency of the events and the engagement of patients and caregivers.
4. Promotional materials like invitations, flyers, or online announcements (e.g., emails, social media posts) that were used to inform patients and caregivers about the events, showcasing the scope of outreach and public communication regarding the events.
5. Evaluations or feedback forms collected from patients and caregivers who attended the events.

› STANDARD 4.3.4.2 –

The EUCCC routinely involves patients with experience in clinical research and patient representatives in lectures and training sessions for healthcare professionals, such as physicians and specialist nurses, and in educational events for the general public.

Suggested Evidence

1. Documentation of events including patients.
2. Documentation of patient involvement in training programmes like written records of how patients who have participated in clinical research are included in training sessions or lectures aimed at healthcare professionals. This could include training agendas, presentations, or patient testimonials used during training sessions.
3. Evidence such as invitations, event programmes, or promotional materials showing that patients are actively invited to participate in lectures or training events.
4. Feedback, surveys, or evaluations from physicians, specialist nurses, or other healthcare professionals who attended these training sessions.
5. Documentation of public engagement – materials showing that patients involved in clinical research are also engaged in public outreach activities such as seminars, health awareness campaigns, or public talks.

› STANDARD 4.3.4.3 –

The EUCCC publishes clinical research results in open-source journals and has regular dissemination of research and clinical newsletters and channels targeting laymen.

Suggested Evidence

1. Proportion of publications in open-source journals Newsletters or similar publications from last year.
2. Documentation or lists of clinical research articles, studies, and papers that have been published in open-source, peer-reviewed journals.
3. Examples of internal newsletters or reports that are regularly distributed within the EUCCC to staff, patients, or other stakeholders, summarizing clinical research findings, updates, and key developments.
4. Public dissemination channels – evidence of EUCCC's use of various dissemination platforms (e.g., websites, social media, webinars, press releases) to share clinical research results and updates.
5. Dissemination strategy or procedure outlining how EUCCC ensures the regular dissemination of research findings, including the target audiences (such as healthcare professionals, patients, the general public, etc.), frequency of updates, and the type of content shared.


THEME 5
INNOVATION

THEME 5 - INNOVATION

Comprehensive Cancer Centres (EUCCC's) stand at the forefront of global cancer care, championing innovative solutions and advanced treatments. Leveraging state-of-theart technologies, from robotic surgery to artificial intelligence, EUCCC's set the gold standard in patient care. Their collaborative ethos extends to partnerships with both governmental and non-governmental entities, ensuring a holistic approach to innovation. This commitment is further underscored by incentives like awards that fuel the spirit of innovation. Within the EUCCC framework, innovation is structured into three core areas : Management and Facilitation of Innovation (Outlining how EUCCC's strategize and oversee innovation), Areas of Innovation (Highlighting the diverse innovation domains, from medical advancements to organizational shifts), Supportive Infrastructure for Innovation (Emphasizing the foundational elements that nurture innovation, from education to technology transfer), which provides a roadmap to evaluate and amplify the innovative process of EUCCC's in their quest to address the multifaceted challenges of cancer.

TOPIC 5.1 Culture and commitment to innovation

Comprehensive Cancer Centres (EUCCC's) champion a culture of research and innovation, dedicated to elevating treatments and patient care. Their commitment spans diverse research fields, leveraging cutting-edge technologies. Strategic frameworks guide and integrate innovation within EUCCC's, harmonizing it with other institutional activities.

CRITERION 5.1.1 Integration of Innovation in Cancer Strategy and Development Plans

Clarification of the criterion: EUCCC's play a pivotal role in shaping the future of cancer care, with innovation at the forefront of their strategic and developmental plans. By championing innovation, EUCCC's contribute to the integration of ground-breaking activities in both research and care. It is essential for EUCCC's to maintain current knowledge of regulatory requirements and available resources that support innovation, ensuring that their strategic activities are in sync with national and European contexts.

› STANDARD 5.1.1.1 -

The EUCCC has innovation as a topic integrated and visible in its cancer strategy.

Suggested Evidence

1. A formal, written strategic plan that explicitly mentions innovation objectives and initiatives in cancer care and research.
2. Documents confirming team meetings (minutes, recordings) to establish innovation activities for the coming years in the EUCCC.
3. Documentation from meetings during which innovation activities were planned (e.g., brainstorming reports, mind maps).
4. Documentation confirming market research regarding the possibilities of acquiring/creating innovations.

› STANDARD 5.1.1.2 –

The EUCCC has follow-up action plan specifically addressing innovation related to cancer and connected to care and research, including innovation in technology, medicine and services. (CORE)

Suggested Evidence

1. Organogram activities aimed at implementing cancer care and research innovations.
2. Organisational chart of the team responsible for implementing innovative projects with assigned roles and responsibilities.
3. Reports from team meetings responsible for implementing innovations in CCC.
4. Documents confirming the method of verifying the progress of work in the innovative projects.

› STANDARD 5.1.1.3 –

The EUCCC has access to an organisational unit whose purpose is to coordinate and facilitate innovation by providing regulatory requirements and by bridging internal potential and initiatives with external resources.

Suggested Evidence

1. A formal document of an agreement on cooperation with external partners containing terms of use for resources and technologies.
2. Documentation of the organisational unit's structure, roles, and responsibilities.
3. Documentation with formal procedures for coordinating and facilitating innovation projects.
4. Documentation from meetings of the team cooperating in the field of creating/implementing innovations.

CRITERION 5.1.2 Monitoring and improving innovation performance

Clarification of the criterion: Expanding capabilities and capacities to innovate depend on systematically learning from own experiences and from exchange with other innovating communities and academic knowledge on innovation. Both quantitative and qualitative indicators of innovation serve as tools to evaluate strategic activities, emphasizing the importance of innovation and enhancing the cultural awareness of innovation as a strategic element within the EUCCC. In addition, involving patient representatives as key partners in the innovation processes is crucial.

› STANDARD 5.1.2.1 –

The EUCCC has established a set of performance indicators on innovation.

Suggested Evidence

1. List of patents filed, registered industrial collaborations.
2. Documentation of the set of performance indicators on innovation.
3. Documentation (reports, dashboards) presenting the tracking processes and analysis of the indicators on innovation.
4. List of financial indicators of innovative projects.

› STANDARD 5.1.2.2 –

The EUCCC provides evidence of active development and implementation of innovative practices in care and research.

Suggested Evidence

- The number of new or unique programmes, treatments, or research initiatives the EUCCC has launched in a given period.
2. Documents from team meetings (minutes, recordings) aimed at confirming the implementation of innovation activities.
3. Documents confirming patent applications by the EUCCC.
4. Prototypes of results that are the subject of innovation projects conducted by the EUCCC.

› STANDARD 5.1.2.3 –

The EUCCC organises at least an annual event or produces a report evaluating innovation practice and the outcomes of innovation.

Suggested Evidence

1. Agendas, programmes, and meeting minutes demonstrating that innovation-related topics were discussed during an event and/or through a formal report.
2. Attendance lists for innovation-related events and/or dissemination records of the report (e.g. internal circulation, presentation to staff or governance bodies).
3. The innovation evaluation report itself, or documentation summarising the outcomes of innovation practices and initiatives.
1. Photo, video, or presentation materials illustrating the organisation of innovation-related events where applicable.

CRITERION 5.1.3 Participation in Innovation Networks

Clarification of the criterion: EUCCC's foster a collaborative environment that engages commercial, technical, and academic partners in dynamic processes essential for successful innovation. They also support and encourage innovative entrepreneurship among their staff and cooperating entities.

› STANDARD 5.1.3.1 –

The EUCCC actively participates in networks or clusters with institutions external to the EUCCC itself that foster innovation.

Suggested Evidence

1. The EUCCC must be able to list its participation in various collaborative networks, specifying its role and level of involvement and, if applicable, the accreditation or recognition awarded to the network.
2. Documentation in the form of signed agreements on connection to a network or a cluster operating for innovation development.
3. Documents from team meetings (minutes, recordings) aimed at confirming activity in cooperation with members of clusters/networks.
4. Documentation of implemented innovation projects in cooperation with members of clusters or networks.

› STANDARD 5.1.3.2 –

The EUCCC is involved in collaborative projects or partnerships aimed at promoting innovation.

Suggested Evidence

1. Documents showing participation in various collaborative projects and partnerships, specifying its role and level of involvement and, if applicable, the valorisation or recognition resulting from these collaborations.
2. Documentation in the form of cooperation agreements with external entities aimed at promoting the implementation of innovative activities.
3. Documents confirming meetings of EUCCC representatives (minutes, recordings) with partners regarding promotion of innovative activities.
4. Documentation of the results of the cooperation undertaken in the field of promoting innovative activities (e.g., jointly created advertisement posts on social media).

TOPIC 5.2 Areas of Innovation

In EUCCC's, innovation targets enhancing the patient care journey, tackling healthcare hurdles, and advancing diagnostic and therapeutic methods. Evaluations of such innovations consistently incorporate health economic assessments and cost-benefit analyses.

CRITERION 5.2.1 EUCCC's foster diverse innovations in oncology

Clarification of the criterion: EUCCC's lead in technological advances, actively engaging in activities that develop the next generation of diagnostic and treatment innovations for patients. Their innovation initiatives are structured as matrix programmes, encompassing

various diagnoses and levels of care. The innovative activities are targeted at both commercial and not commercial products.

› STANDARD 5.2.1.1 –

The EUCCC's foster innovation on issues relevant across various cancer diagnoses and levels of care, utilising advanced technologies (such as AI, big data, genomics, new imaging or interventional techniques, human science, and epidemiology).

Suggested Evidence

1. Evidence of these innovations is readily available and demonstrates the centre's commitment to cutting-edge cancer care and research.
2. Documentation confirming the possession of digital medical devices for professional use in cancer treatment and diagnosis (e.g. inventory of fixed assets).
3. Documentation confirming the acquisition of digital medical devices for cancer diagnosis and care (purchase or lease agreements, signed contracts for the supply of these devices).
4. Documentation confirming the provision of training to staff in the use of advanced medical devices used in cancer diagnosis and treatment.

› STANDARD 5.2.1.2 –

The EUCCC is active in supporting development and implementation of innovations addressing services and organisational areas.

Suggested Evidence

1. Documented innovations conducted or implemented in EUCCC services (e.g., telemedicine or telemonitoring).
2. List of conducted or implemented innovations of an organisational nature, i.e., interactive patient service systems or medical documentation processing.
3. Organisational documentation (job description card) confirming the assignment of the role of the person/team coordinating the implementation and development of innovations in EUCCC.
4. Documents from team meetings (minutes, recordings) aimed at confirming activity in the scope of services and organisational areas.

CRITERION 5.2.2 EUCCC's nurture both commercial and non-commercial innovations

Clarification of the criterion: EUCCC's play a pivotal role in fostering cultural and organizational capacities through active innovation and entrepreneurship. These initiatives not only have the potential to generate revenue in commercial fields but also lead to significant resource savings and improvements in patient care within non-commercial domains.

› STANDARD 5.2.2.1 –

The EUCCC is engaged in early-phase trials with Principal Investigators (PIs) from their own network.

Suggested Evidence

1. Documentation confirming the conduct of early-stage trials with Principal Investigators (PIs) from their network (schedule).
2. Documentation in the form of signed agreements with Principal Investigators from their network to conduct early-stage trials.
3. Documentation confirming team meetings in which Principal Investigators from their network participate (minutes, recordings) to confirm the conduct of early-stage trials.
4. Documentation of the results of early-stage trials conducted by Principal Investigators within their network.
4. Documents from team meetings (minutes, recordings) aimed at confirming activity in the scope of services and organisational areas.

› STANDARD 5.2.2.2 –

The EUCCC initiates and is engaged into investigator-initiated trials (IITs).

Suggested Evidence

1. Formal documentation of the IITs initiated and conducted by the EUCCC, including trial protocols, objectives, and methodologies.
2. Reports and dashboards presenting the performance and outcomes of the IITs, including data on patient enrollment, trial progress, and preliminary results.
3. Formal trial protocols and ethical approval documents (e.g., Institutional Review Board (IRB) or Ethics Committee approvals).
4. Financial reports tracking budget allocation and spending on investigator-initiated trials.

TOPIC 5.3 Supportive Infrastructure

EUCCC's, equipped with advanced technology and care frameworks, champion innovation throughout their operations. Essential infrastructures are in place to stimulate educational and networking initiatives, empowering staff to pioneer innovation in their respective domains.

CRITERION 5.3.1 EUCCC's train researchers in innovation processes

Clarification of the criterion: Successful innovations rely on skilful practice and understanding of contextual constraints. EUCCC's promote these skills by elucidating the process from ideation to intellectual property, proof-of-concept, and commercialization.

This empowers employees, particularly researchers, to identify potential for innovation in their activities and improve research strategies.

› STANDARD 5.3.1.1 –

The EUCCC partakes in educational programmes that offer training on the innovation process (e.g. intellectual property rights, proof-of-concept development, and commercialisation strategies).

Suggested Evidence

1. Evidence of the availability and content of these programmes.
2. Certificates of completion or attendance records for staff members who have participated in educational programmes focused on the innovation process, including intellectual property rights, proof-of-concept development, and commercialisation strategies.
3. Course materials and syllabi from the educational programmes attended by EUCCC staff.
4. Reports or surveys evaluating the effectiveness of training programmes in improving knowledge and fostering innovation among EUCCC staff.

CRITERION 5.3.2 EUCCC's have intellectual property schemes and a Technology Transfer Office (TTO)

Clarification of the criterion: Research staff receive comprehensive guidance on intellectual property rights and the processes for reporting and developing inventions into mature products, facilitated by a Technology Transfer Office (TTO). A standing agreement with a TTO unit, whether internal or external to the EUCCC, ensures access to essential support. TTOs provide a holistic view of developmental stages and commercial potential, connecting resources and expertise accordingly.

› STANDARD 5.3.2.1 –

The EUCCC provides access to a Technology Transfer Office (TTO) unit, either internal or external, including records of interactions or transactions. (CORE)

Suggested Evidence

1. Formal Documentation of Technology Transfer Office (TTO) access such as agreements or contracts demonstrating EUCCC's access to an internal or external TTO, specifying the scope of services provided.
2. Organisational structure documents outlining the TTO's role in supporting innovation, intellectual property management, and commercialisation efforts.
3. Records of interactions and transactions between the TTO unit and other entities, including meeting minutes, correspondence, and transaction logs.
4. Agreements and contracts with external partners, such as universities, research institutions, and industry partners, outlining the terms of collaboration for technology transfer and innovation projects.

› STANDARD 5.3.2.2 –

The EUCCC has rules for ownership of intellectual property and patents, either through the EUCCC or the TTO.

Suggested Evidence

1. Official documentation outlining EUCCC's policies on intellectual property ownership, specifying rights and responsibilities of researchers, the institution, and external partners.
2. Agreements and contracts with researchers, staff, and external partners that specify the terms of IP ownership and patent rights.
3. A list of patents filed, granted, or licensed under EUCCC or its associated TTO.
4. Minutes of meetings and reports from the TTO or relevant committees that discuss IP management, patent strategies, and related issues.

CRITERION 5.3.3 EUCCC's support innovative spin-offs from R&D.

Clarification of the criterion: Supportive units play a crucial role in streamlining the commercialization process, aiding in areas such as commercialization strategies, venture capital acquisition, and the establishment of spin-offs and start-ups. However, such support such also be available for innovations that might deliver improvements in quality of care without necessarily having commercial potentials.

› STANDARD 5.3.3.1 –

The EUCCC facilitates entrepreneurship by offering commercialisation support and access to venture capital.

Suggested Evidence

1. Formal documentation detailing the commercialisation support programmes offered by the EUCCC. This should include descriptions of the services provided, such as mentorship, business development assistance, and market analysis.
2. Agreements and contracts with venture capital firms that outline the terms of collaboration, and the support provided to start-ups and innovative projects.
3. Records of interactions and transactions between the EUCCC, start-ups, and venture capital firms.
4. Reports and dashboards presenting the performance metrics of the commercialisation support programmes and venture capital access initiatives. These documents should include data on the number of start-ups supported, the amount of venture capital secured, and the outcomes of the supported projects.

› STANDARD 5.3.3.2 –

The EUCCC maintains a record of facilitated spin-offs and start-up companies, showcasing their proactive stance in nurturing entrepreneurship and innovation.

Suggested Evidence

1. A formal database or records listing all spin-offs and start-ups supported by EUCCC, including company names, founders, and key areas of innovation.
2. Documentation of in-kind support, such as access to laboratory facilities, mentorship programmes, regulatory guidance, and business development services.
3. Formal evidence of financial investments, grants, or seed funding allocated by EUCCC to spin-offs and start-ups.
4. Accounting documents, including investments and shares in associated companies.

› STANDARD 5.3.3.3 –

The EUCCC supports implementation of improved services, practice and governance of cancer care stemming from research-based knowledge.

Suggested Evidence

1. Strategic plans demonstrating the integration of research-driven innovations into the cancer care system.
2. Formal documentation detailing initiatives and projects aimed at translating research-based knowledge into practical applications.
3. Reports on pilot programmes or clinical trials that have successfully transitioned into standard practice in services, practice and governance of cancer care.
4. Data dashboards or annual reports showcasing key metrics, such as reduced mortality rates, improved treatment adherence, or cost savings resulting from research-driven changes.

THEME 6
PREVENTION

THEME 6 – PREVENTION

Prevention spans three distinct tiers: primary, which mitigates cancer risk by curtailing carcinogen exposure; secondary, which prioritizes early detection to thwart carcinogenesis; and tertiary, which targets interventions specific to cancer patient care. Central to this triad, EUCCC's champion tertiary prevention as an integrated part of its follow-up procedures and survivorship programmes. However, the increased engagement of EUCCC in primary and secondary prevention will follow as an inevitable consequence of the development of more personalized prevention measures the connection to and collaboration with research, education and even integrated in care activities and the role of the CCCs in screening programmes.

TOPIC 6.1 Scope of prevention

Cancer prevention is a collaborative effort, requiring national policies and programmes. The EUCCC's, with their specialised expertise and resources, are uniquely positioned to lead, contribute to, and promote activities in cancer prevention across primary, secondary, and tertiary levels. Their role are synergistic, working in tandem with community-based initiatives and health facilities to holistically address the health of their patients, staff, and the broader community.

CRITERION 6.1.1 EUCCC's collaborate with primary prevention policies and programmes

Clarification of the criterion: EUCCC's play a crucial role in enhancing the full range of cancer control programmes for both patients and staff. This includes implementing primary prevention policies and reinforcing public health recommendations to minimize carcinogenic exposures and encourage positive behaviour changes and acceptance of immunization.

› STANDARD 6.1.1.1 –

The EUCCC provides comprehensive, evidence-based information on cancer risk control and health promotion, aligned with national and regional prevention campaigns, targeting cancer patients, their relatives and informal caregivers, individuals at risk, and the wider community, and focusing on lifestyle and environmental factors.

Suggested Evidence

1. Evidence-based educational materials on cancer risk reduction and health promotion (e.g. brochures, leaflets, presentations, digital resources), aligned with national or regional prevention campaigns and adapted to relevant target groups (patients, relatives, informal caregivers, individuals at risk, employees, wider public).
2. Use or reference to recognised prevention frameworks or tools, such as existing cancer prevention recommendations and risk assessment or screening tools, to support implementation.
3. Documentation of dissemination activities, demonstrating how prevention and health promotion information is made accessible to the identified target populations.
4. Evidence of engagement in prevention evaluation, such as reports, analyses, surveys, or participation in multicentre or collaborative initiatives assessing prevention and health promotion efforts.
5. Patient and community feedback, where available, related to cancer prevention information and health promotion activities.

› STANDARD 6.1.1.2 –

The EUCCC is recognised as a smoke-free facility and facilitates cessation services for both patients and staff.

Suggested Evidence

1. Documentation confirming the EUCCC's official recognition as a smoke-free institution. This could include certificates, official signage, or any other formal recognition that the facility adheres to smoke-free policies, either from local health authorities, national regulatory bodies, or an accreditation system.
2. A formal written policy that outlines the EUCCC's smoke-free environment, including prohibitions on smoking on the premises, designated smoking areas (if any), and the enforcement mechanisms in place.
3. Documentation detailing the cessation services offered by the EUCCC for both patients and staff.
4. Reports on cessation programme participation and outcomes (evidence such as surveys, statistics, or reports showing the uptake and effectiveness of smoking cessation programmes).

CRITERION 6.1.2 EUCCC's enhance secondary prevention through screening

Clarification of the criterion: Leveraging their advanced expertise and technical platforms, EUCCC's can offer risk stratification services and screening for high-risk groups. These activities complement national policies and local infrastructure, and EUCCC's also endorse recommended population-based screening programmes.

› STANDARD 6.1.2.1 –

The EUCCC has established oncogenetic clinics or genetic counselling structures that are integrated with biomolecular laboratories; in the absence of onsite biomolecular laboratories, formal procedures are in place to ensure effective linkage with external biomolecular laboratories.

Suggested Evidence

1. Official agreements, operational guidelines, or structural documentation confirming the existence of oncogenetic clinics or genetic counselling structures, either within the EUCCC or through formal collaboration, and their integration with biomolecular laboratories.
2. Documentation of available biomolecular laboratory infrastructure or access to external laboratory services, such as equipment inventories, accreditation documents, or safety data sheets.
3. Certificates, training programmes, and professional development records verifying that professionals involved in oncogenetics and biomolecular testing (e.g. genetic counsellors, oncogeneticists, molecular biologists, laboratory technicians) receive appropriate specialised education.
4. Patient logs, anonymised case reports, and test result documentation demonstrating that genetic assessments and biomolecular analyses are performed in an integrated manner, supporting risk assessment, early detection, and personalised prevention strategies.

› STANDARD 6.1.2.2 –

The EUCCC provides access to specialised oncogenetic or genetic counselling services for patients and families at risk, delivered by qualified professionals according to specific guidelines, and offering counselling and psychosocial support as part of personalised prevention pathways.

Suggested Evidence

1. Written procedures, clinical guidelines, or protocols describing oncogenetic or genetic counselling services, including referral criteria, counselling content, psychosocial support, and follow-up for patients and families at risk.
2. Documentation of patient pathways demonstrating how oncogenetic counselling, genetic testing, and psychosocial support are organised and delivered, including coordination with relevant services.
3. Evidence of personalised prevention approaches, showing how genetic information is combined with lifestyle and other relevant risk determinants to guide counselling, prevention, and follow-up.
4. Reports, audits, or feedback surveys from patients and families regarding oncogenetic or genetic counselling services, including the quality of counselling and psychosocial support provided.

› STANDARD 6.1.2.3 –

The EUCCC contributes to national or local population-based screening programmes, serving as a screening unit, a referral centre, or both. (CORE)

Suggested Evidence

1. Documentation of participation in national or local population-based screening programmes, including formal agreements, protocols, or collaboration arrangements with relevant healthcare entities and public authorities.
2. Written protocols or procedures for cancer screening, describing eligibility criteria, organisation of screening activities, diagnostic follow-up, and referral pathways.
3. Regular reports or statistical analyses demonstrating the EUCCC's contribution to screening programmes, such as numbers of individuals screened, referral rates, detection rates, and follow-up outcomes, where applicable.
4. Documentation of procedures and measures to promote screening participation, including information and communication activities targeting primarily individuals present at the EUCCC (e.g. patients, relatives, informal caregivers, individuals at risk), and, where relevant, the wider public.

› STANDARD 6.1.2.4 –

The EUCCC has access to screening and early detection services (including through network collaborations) for high-risk sub-groups across various tumour types such as pancreas, ovaries, lungs, colorectal tract, prostate, and breast, adhering to established national guidelines, including referral of cancer patients to screening services for other cancer types when appropriate.

Suggested Evidence

1. Documentation demonstrating adherence to national guidelines for cancer screening and early detection, including communication materials, referral guidelines, internal audits, external reviews, and evidence of compliance with established standards.
2. Detailed documentation of screening and early detection services accessible through the EUCCC, describing services for high-risk subgroups across tumour types, including applied protocols and procedures for referral to screening and early detection services not provided onsite.
3. Documentation of agreements and collaborations with other healthcare providers or institutions supporting screening and early detection services, such as partnership agreements, memoranda of understanding, or records of joint activities.
4. Records demonstrating the outcomes of screening and early detection activities, including numbers of individuals screened, detection rates, referral and follow-up processes, supported by case examples, patient feedback, or aggregated data.

› STANDARD 6.1.2.5 –

Clinical staff within the EUCCC are regularly updated and informed about best practices in cancer prevention, screening, and early diagnostic programmes and services, including information on services provided at the EUCCC and referral procedures.

Suggested Evidence

1. Documentation demonstrating that clinical staff are regularly updated and informed on best practices in cancer prevention, screening, and early diagnostic programmes, including information on services provided at the EUCCC and referral procedures, through training activities and internal communication channels.
2. Records of feedback, surveys, or evaluations from clinical staff regarding their awareness and understanding of cancer prevention, screening, and early diagnostic programmes and services.

CRITERION 6.1.3 EUCCC's integrate tertiary prevention into the survivorship care of their patients

Clarification of the criterion: A primary responsibility of a EUCCC is to ensure its patients receive highquality care and treatment throughout their journey, from diagnosis to end-of life care. Actions to prevent of the consequences of treatments and risks of relapse is a pre-requisite of activities to be provided by or coordinated by a EUCCC.

› STANDARD 6.1.3.1 –

The EUCCC integrates tertiary prevention into patient care pathways.

Suggested Evidence

1. Clinical pathways or protocols detailing the tertiary prevention measures integrated into patient care, including psychosocial support, symptom management, and lifestyle modifications.
2. Documentation of initial and regular follow-up screenings, including patient risk and needs assessments, services provided, and referral procedures.
3. Documentation of information and guidance provided to cancer patients and their families on lifestyle modifications, including nutritional counselling, physical activity, smoking cessation, reduction of exposure to occupational and environmental carcinogens, and participation in cancer screening programmes.
4. Documentation of services provided, including educational initiatives, support groups, physiotherapy, nutritional counselling, and psychological services offered to cancer survivors to promote long-term health, reduce recurrence risk, and manage treatment-related complications.
5. Patient statistics showcasing the number of patients enrolled in and benefiting from such services.

› STANDARD 6.1.3.2 –

The EUCCC provides early and late post-cancer follow-up for risk factor evaluation, management, and prevention.

Suggested Evidence

1. Documentation of individualised follow-up care plans for cancer survivors, outlining schedules and types of evaluations conducted for risk factor assessment, management, and prevention, including regular physical examinations, medical tests, rehabilitation, management of long-term effects of disease and treatment, recommendations for cancer screening, lifestyle modification, and reduction of occupational and environmental carcinogen exposure.
2. Records of risk factor evaluations conducted during follow-up visits, including assessments of cardiovascular health, metabolic conditions, and other relevant clinical and infraclinical sequelae and risk factors affecting cancer survivors.
3. Documentation of personalised tertiary prevention protocols, including interventions and referral procedures aimed at managing and preventing risk factors in post-cancer patients, such as dietary counselling, physical activity programmes, smoking cessation support, return-to-work support, and other preventive measures provided within the EUCCC or through external services.
4. Reports tracking the effectiveness of follow-up programmes, including recurrence rates, patient adherence to follow-up schedules, and the outcomes of risk management interventions, supported by patient feedback, surveys, or audit data used to improve follow-up services.

TOPIC 6.2 Research on Prevention

Understanding its aetiology to outcome is vital for effective prevention and management in the cancer continuum. EUCCC's play a pivotal role, offering platforms for interdisciplinary research that delves into cancer causatives and risk factors. Leveraging infrastructures that aggregate clinical and biological data, EUCCC's can elucidate the interplay between internal and external determinants of cancer risk, providing avenues for impactful preventive strategies.

CRITERION 6.2.1 EUCCC's contribute to research on prevention

Clarification of the criterion: To strengthen the link with prevention, a deeper understanding of the risk factors for cancer development is crucial. This understanding can aid in the identification of highrisk populations and the development of effective screening programmes. EUCCC's possess infrastructures that enable clinical and translational research, fostering the discovery and validation of factors that influence the risk and effects of cancer.

› STANDARD 6.2.1.1 –

The EUCCC contributes to research in cancer prevention, including early detection and screening, identification of high-risk groups, immunisation strategies, and links to tertiary prevention, as a lead or participant in multicentre studies, in alignment with its research strategy.

Suggested Evidence

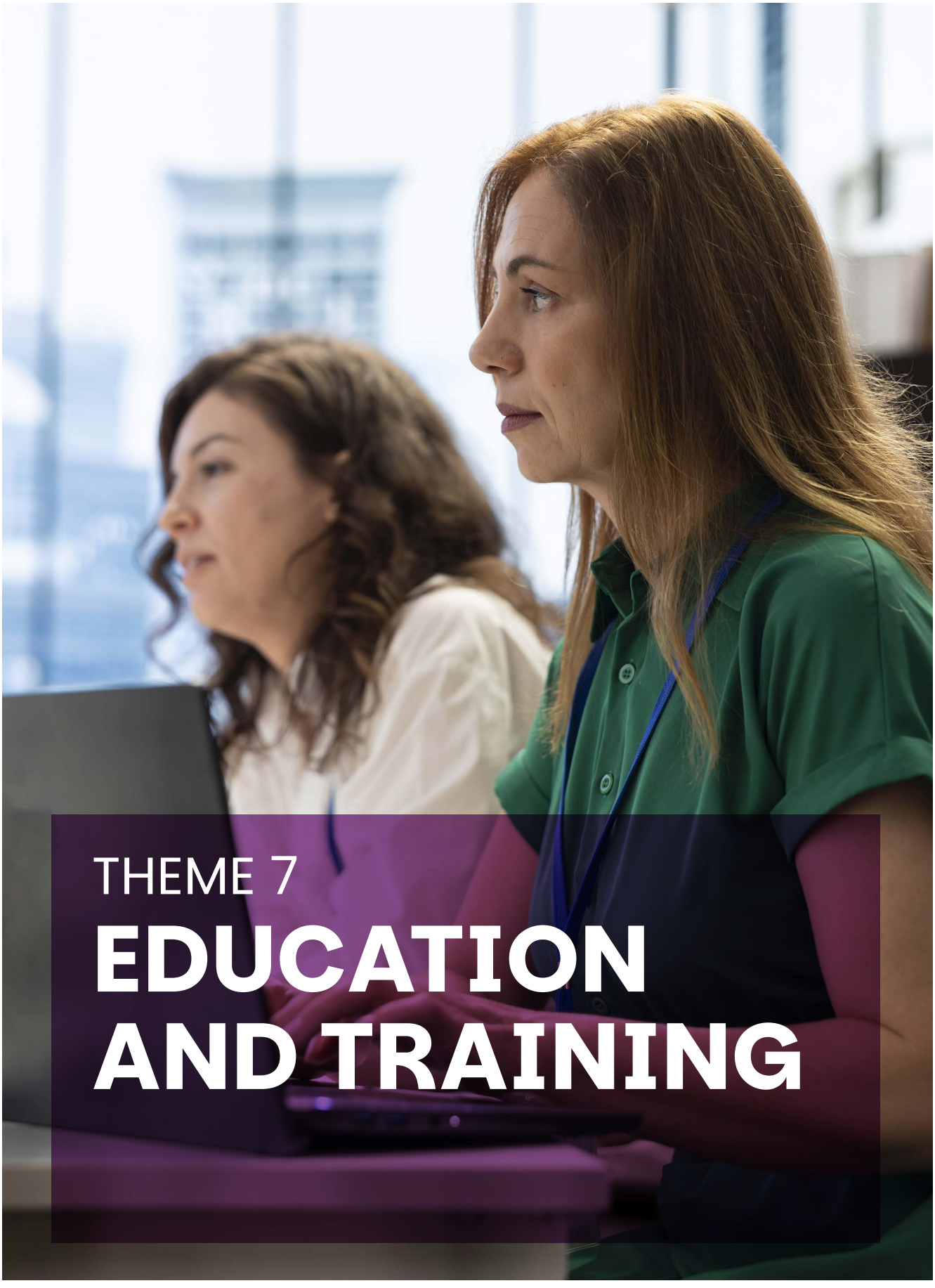
1. Documentation of participation in ongoing and planned research projects, specifying the EUCCC's role and level of involvement.
2. Documentation of research grants or funding received.
3. Collaboration and partnership agreements with external research entities.
4. Peer-reviewed publications, research reports, or scientific papers.

› STANDARD 6.2.1.2 –

The EUCCC facilitates data sharing with stakeholders for primary prevention research, including Cancer Registries or equivalent population-based data sources where available, in line with local, regional, and national regulations and ethical requirements.

Suggested Evidence

1. Formal data-sharing agreements, memoranda of understanding, or contracts outlining the terms of data exchange between the EUCCC and stakeholders (e.g. Cancer Registries, public health agencies, research institutions).
2. Internal protocols ensuring standardised, secure, and compliant data collection, anonymisation, storage, and transmission to authorised stakeholders.
3. Documentation demonstrating the use of shared data in cancer prevention research (e.g. data analysis reports, project documentation, research summaries), without duplication of publication evidence listed under research standards.
4. Internal or external audit reports confirming compliance with data-sharing agreements, data protection regulations, and ethical standards.



THEME 7

EDUCATION AND TRAINING

THEME 7 – EDUCATION AND TRAINING

Education and training stand as pillars for Comprehensive Cancer Centres (EUCCC's). Rapid advancements in cancer biology and therapeutic strategies underscore the importance of keeping health professionals updated, ensuring patients benefit from the latest in cancer care. As cancer management adopts a multidisciplinary lens, collaboration among various oncology disciplines becomes paramount for optimal patient outcomes. This dynamic calls for an encompassing, interdisciplinary curriculum. A central mission of EUCCC's is continuous educational opportunities for professionals and knowledge dissemination to patients, their families, patients 'social environment and the broader community. Establishing such programmes demands significant resources. EUCCC's often collaborate with educational entities and patient groups to craft comprehensive educational curricula. This document delineates the educational framework for EUCCC's, spotlighting core criteria and activity areas for ongoing education and training for staff, patients, and other stakeholders.

TOPIC 7.1 Integration of Education and Training into care

Training and education play a crucial role in the strategic vision of EUCCC's, providing tools to improve prevention and treatment outcomes for cancer patients. A comprehensive policy for education and training is key to ensuring that the latest advancements in cancer care are integrated throughout the patient pathway.

CRITERION 7.1.1 EUCCC's provide comprehensive cancer-related education and training

The comprehensive policy and programmes for cancer-related education and training align with the strategic goals of the EUCCC's. These programmes offer a variety of learning opportunities to staff, covering advancements within their fields of expertise and areas related to their daily responsibilities and operations.

› STANDARD 7.1.1.1-

The EUCCC's offers its employees access to a comprehensive list of formal education programmes.

Suggested Evidence

1. List of educational programmes of the formal education programmes offered, including objectives and target group.
2. Curriculum details and course descriptions for each education programme.
3. Copies of certificates of completion for education programmes by employees.
4. Results of surveys and feedback forms completed by participants of education programmes, assessing their effectiveness and usefulness.

› STANDARD 7.1.1.2-

The EUCCC provides education and training programmes aligned with the strategic goals of the centre.

Suggested Evidence

1. List of educational programmes of the formal education programmes offered, including objectives and target group.
2. Curriculum details and course descriptions for each education programme.
3. Copies of certificates of completion for education programmes by employees.
4. Results of surveys and feedback forms completed by participants of education programmes, assessing their effectiveness and usefulness.
5. Annual checklist listing educational programmes linked to specific goals and/or training needs.

› STANDARD 7.1.1.3-

The EUCCC's provides or collaborates in providing a range of educational programmes meeting professional needs and covers:

- Undergraduate and post-graduate education
- Continuous Professional Development (CPD) programmes
- Postdoctoral research training in cancers.

Suggested Evidence

1. List of educational programmes of the formal education programmes offered, including objectives and target group. 2. Annual training plans consistent with strategic objectives.
3. Professional development paths for individual employees, considering educational plans.
4. Reports from HR analyses and/or interviews with employees/managers of organizational units regarding training needs.

CRITERION 7.1.2 EUCCC's support multi-disciplinary integration of research and clinical practice

EUCCC's offer educational programmes that intertwine research principles and evidence-based medicine. This approach equips healthcare professionals with the tools to actively participate in clinical research and seamlessly incorporate the latest discoveries into their everyday clinical practice.

› STANDARD 7.1.2.1-

The EUCCC provides educational programmes aimed at a multiprofessional and multidisciplinary audience, promoting interdisciplinary and multidisciplinary collaboration.

Suggested Evidence

1. Documentation confirming the conduct of interdisciplinary and multidisciplinary training for employees (attendance lists, photos).
2. Agenda for conducting interdisciplinary and multidisciplinary training.
3. Contracts signed with internal or external trainers for conducting interdisciplinary and multidisciplinary employee training.
4. Quality assessment surveys after conducting interdisciplinary and multidisciplinary training for employees.

› STANDARD 7.1.2.2–

The EUCCC offers cancer research training programmes that emphasise research methodologies, data analysis, and critical appraisal of scientific literature to facilitate integration research and care.

Suggested Evidence

1. Formal Documentation of Training Programmes detailing the inclusion of research methodologies, data analysis techniques, and critical appraisal of scientific literature.
2. Course materials and resources used in the training programmes, including lecture slides, reading lists, and practical exercises.
3. Attendance records and certificates of completion for participants who have completed the training programmes.
4. Evaluation and feedback reports from participants and trainers, assessing the effectiveness of the training programmes.

› STANDARD 7.1.2.3–

The EUCCC offers training programmes bolstering healthcare professionals' capacity to seamlessly integrate research findings into clinical practice.

Suggested Evidence

1. Official descriptions of training programmes, including curricula, objectives, and targeted participants.
2. Attendance records, certificates of completion, and lists of participants who have successfully completed the training.
3. Contracts or agreements with internal and external experts in research translation, clinical guidelines, and evidence-based medicine.
4. Participant feedback surveys evaluating the effectiveness and relevance of the training in improving research integration into practice.

CRITERION 7.1.3 EUCCC's establishe a network for comprehensive cancer-related training

EUCCC's collaborate formally with training centres, universities, research institutions, and community partners, including patient representatives. The objective is to develop and provide educational programmes tailored to the unique needs of healthcare professionals involved in cancer care at both undergraduate and postgraduate levels. These partnerships ensure a holistic and interdisciplinary approach to education and training.

› STANDARD 7.1.3.1-

The EUCCC collaborates with training centres, universities, research institutions, and community partners, including patient representatives, to create and offer cancer-related training and education programmes. (CORE)

Suggested Evidence

1. Signed formal agreements on cooperation in creating and offering training and educational programmes on cancer.
2. Documentation confirming the holding of meetings with institutional partners (universities, research units, training centres) on creating and offering training and educational programmes on cancer.
3. Interviews with patients on creating and offering training and educational programmes on cancer.
4. Formal list of created trainings and information materials that are offered to patients and their immediate environment.

› STANDARD 7.1.3.2-

The EUCCC ensures stakeholder involvement in the revision of the educational programme.

Suggested Evidence

1. Documentation of formal agreements or memorandums of understanding between the EUCCC and various stakeholders, such as patient associations, healthcare professionals, and educational institutions, outlining their roles and contributions in the revision process.
2. Meeting minutes, attendance records, and invitations confirming the participation of key stakeholders in discussions about educational programme revisions.
3. Internal policies or procedural guidelines detailing how EUCCC integrates stakeholder engagement into the educational programme review process.
4. Finalized documents of the revised educational programme, highlighting the changes made based on stakeholder input and demonstrating how their feedback was incorporated into the programme.

CRITERION 7.1.4 EUCCC's educate patients and caregivers for active participation in care

EUCCC's provide educational programmes and resources to equip patients and their families with the necessary knowledge and skills for informed decision-making, self-care, and active participation in shared decision-making with healthcare professionals.

› STANDARD 7.1.4.1-

The EUCCC develops and offers a range of educational programmes and resources for patients and their families, including topics on:

- Cancer prevention
- Treatment options
- Supportive care
- Self-care
- Informed decision-making.

Suggested Evidence

1. Comprehensive documentation of the educational programmes offered, including curricula, lesson plans, and educational materials that cover the specified topics.
2. Records of patient and family participation in the educational programmes, including attendance lists and engagement metrics.
3. Formal collaborative agreements and partnerships with healthcare professionals, patient advocacy groups, and educational institutions that collaborate in the development and delivery of these educational programmes.
4. Surveys, feedback forms, or interviews with patients and their families assessing the usefulness, accessibility, and effectiveness of the educational programmes.

› STANDARD 7.1.4.2-

The EUCCC offers personalised counselling and support services to assist patients and their families in understanding and managing the complexities of cancer care.

Suggested Evidence

1. Formal descriptions of programmes designed to help patients and families manage cancer-related challenges.
2. Formal agreements with healthcare professionals, patient advocacy groups, and other relevant organisations that collaborate in the provision of counselling and support services.
3. Results from surveys and feedback forms collected from patients and their families regarding their experiences with the counselling and support services.
4. Confidential session summaries documenting the type of support provided, such as mental health assistance, symptom management guidance, or survivorship planning.

› STANDARD 7.1.4.3–

The EUCCC provides access to support groups, survivorship programmes, and community resources that can offer additional support and information. (CORE)

Suggested Evidence

1. Formal agreements with community organisations, healthcare providers, and patient advocacy groups that collaborate with the EUCCC to provide additional support and information.
2. Published guides or directories listing community resources available to patients and their families. These guides should include information on how to access various services and support networks within the community.
3. Detailed records of the support groups offered, including schedules, attendance lists, and descriptions of the group sessions.
4. Information about support groups or survivorship programme sessions published on websites or social media (screen or website link).
5. Results from surveys and feedback forms collected from patients and their families regarding their experiences with the counselling and support services.
6. Confidential session summaries documenting the type of support provided, such as mental health assistance, symptom management guidance, or survivorship planning.

TOPIC 7.2 Organisation of Training and Education

Education and training initiatives within EUCCC's foster future scientists and healthcare providers, promote employee development, enhance patient and public knowledge, and facilitate community outreach. Strategic partnerships with educational institutions, other specialised organisations, and leading experts in the field are key to ensuring a comprehensive, high-quality, and contemporary portfolio of educational and training programmes.

CRITERION 7.2.1 EUCCC's offer diverse educational formats

The EUCCC prioritizes diverse educational formats to accommodate the different learning styles and preferences of healthcare professionals in cancer care. These educational opportunities are accessible, engaging, and tailored to the specific roles and responsibilities of various professionals. Furthermore, EUCCC's regularly assess the effectiveness and impact of their training and education programmes, seeking continuous improvement and gathering feedback to enhance their quality and relevance.

› STANDARD 7.2.1.1-

The EUCCC's offers all its employees access to comprehensive list of formal education programmes covering all stages of the cancer patient pathway

Suggested Evidence

1. Examples of: workshops, seminars, online courses, conferences, topics.
2. Training programme documentation detailing educational programmes for healthcare professionals.
3. Surveys and feedback forms assessing the relevance, quality, and effectiveness of educational programmes from the perspective of participants.
4. Documentation of collaboration with external experts and institutions (agreements with universities, research institutions, and professional organizations, contracts with external trainers).

› STANDARD 7.2.1.2-

The EUCCC provides education and training programmes alingned with strategic goals of the centre.

Suggested Evidence

1. Examples of channels to report needs.
2. Surveys and comprehensive reports detailing the assessment of educational needs and competencies for various professional roles within cancer care.
3. Structured educational programmes aligned with identified competency needs, including course descriptions, objectives, and targeted healthcare roles.
4. Documentation of consultations or workshops with subject-matter experts to develop specialised training content.

› STANDARD 7.2.1.3-

The EUCCC regularly evaluates their training and education programmes to inform improvements based on peer experts and/or feedback from participants .

Suggested Evidence

1. Written policy and routines to collect data on: participations, participant feedback, gain in knowledge, outcomes.
2. Detailed reports from peer experts who have reviewed the training and education programmes.
3. Results from surveys and feedback forms collected from participants after attending the training programmes.
4. Meeting minutes from meetings where feedback from peer experts and participants is discussed, and decisions are made regarding programme improvements.

CRITERION 7.2.2 EUCCC's involve patients in education programme development

EUCCC's actively involve patients in shaping education and training programmes, ensuring these initiatives are tailored to meet patients' specific needs and provide a patient-centred approach to care.

› STANDARD 7.2.2.1-

The EUCCC collaborates with patient associations or advocacy groups to co-create education and training programmes for healthcare professionals, ensuring that the programmes are aligned with patients' needs and perspectives. (CORE)

Suggested Evidence

1. Formal agreements between the EUCCC and patient associations or advocacy groups.
2. Results of patient surveys and opinion polls on the required direction of competence development for EUCCC staff.
3. Minutes of meetings with patient associations or advocacy groups regarding planning, implementing and monitoring training programmes for the EUCCC staff.
4. Formal documents in the form of educational and training programmes developed together with patients offered to the public.

› STANDARD 7.2.2.2-

The EUCCC integrates patient-centred principles in its education and training programmes, highlighting the significance of shared decision-making and empowering patients in their healthcare journey.

Suggested Evidence

1. Detailed documentation of the education and training programmes, including syllabi, course materials, and learning objectives that emphasize patient-centred principles, shared decision-making, and patient empowerments.
2. Results from surveys and feedback forms collected from patients and healthcare professionals who have participated in the training programmes.
3. Documentation confirming the conduct of training sessions focused on patient-centred care, including attendance lists, photos, and session agendas.
4. Formal agreements with patient advocacy groups, healthcare organisations, and educational institutions that collaborate in the development and delivery of patient-centred training programmes.

› STANDARD 7.2.2.3 –

The EUCCC provides training opportunities for healthcare professionals to enhance communication skills, promote patient involvement in treatment planning, and address individual patient needs and preferences.

Suggested Evidence

1. Documentation of specific training programmes, workshops, or courses dedicated to improving healthcare professionals' communication skills, especially in the context of cancer care.
2. Records of training sessions (attendance lists, training agendas) where healthcare professionals are educated on involving patients in their treatment planning, ensuring that patients' perspectives, values, and preferences are taken into account.
3. Results from surveys and feedback forms collected from healthcare professionals who have participated in the training programmes.
4. Documentation or results from patient satisfaction surveys that evaluate the effectiveness of healthcare professionals' communication, particularly in relation to shared decision-making and involving patients in treatment planning.

CRITERION 7.2.3 EUCCC's foster international learning experiences for relevant staff

EUCCC's foster international collaboration in education, cancer care and research by participating in undergraduate and postgraduate student exchange, clinical and research staff mobility and international activities to create opportunities for best practice and knowledge exchange.

› STANDARD 7.2.3.1–

The EUCCC participates in student exchange programmes, fellowships, and staff mobility to support international education and training.

Suggested Evidence

1. Agreements between partner institutions from abroad with which mobility takes place.
2. Individual agreements of employees who have used international mobility.
3. Documentation of the procedure for participation in international mobility for both outgoing and incoming persons (templates of application documents or reports after completed mobility).
4. Official offer of international mobility for employees and students presenting possible destinations and formal conditions of participation.

› STANDARD 7.2.3.2–

The EUCCC engages in a variety of international activities, such as conferences, workshops, research, and meetings, to facilitate knowledge sharing, idea exchange, and collaborative efforts.

Suggested Evidence

1. Conference and workshop documentation such as detailed records of international conferences and workshops organised or attended by EUCCC, including agendas, attendance lists, and presentation materials.
2. Examples of EUCCC's contributions to international conferences or workshops, such as conference papers, abstracts, or presentation slides, demonstrating engagement in global knowledge-sharing activities.
3. Formal agreements, memoranda of understanding (MOUs), or partnership contracts with international institutions, universities, or organisations involved in cancer care, research, or education.
4. Meeting minutes and reports from international collaborative meetings.

OVERVIEW OF THE SET OF CRITERIA&STANDARDS

Theme	Topic	Criteria	Standard
Governance	1.1 Organisation of EUCCC Governance	1.1.1 EUCCC's have a governance body to coordinate processes internally and externally	> STANDARD 1.1.1.1 - The EUCCC has a governing body responsible for its overarching strategy, including care, research, and education. (CORE)
Governance	1.1 Organisation of EUCCC Governance	1.1.1 EUCCC's have a governance body to coordinate processes internally and externally	> STANDARD 1.1.1.2 - The institutions forming the EUCCC are distinctly outlined, and their roles within the governing body are specified.
Governance	1.1 Organisation of EUCCC Governance	1.1.1 EUCCC's have a governance body to coordinate processes internally and externally	> STANDARD 1.1.1.3 - If the EUCCC is a consortium of multiple legal entities, there are formal agreements in place that define the collaboration terms among these entities.
Governance	1.1 Organisation of EUCCC Governance	1.1.1 EUCCC's have a governance body to coordinate processes internally and externally	> STANDARD 1.1.1.4 - The EUCCC's governing body includes senior representatives directly responsible for the area of cancer diagnosis, care, research, and education.
Governance	1.1 Organisation of EUCCC Governance	1.1.1 EUCCC's have a governance body to coordinate processes internally and externally	> STANDARD 1.1.1.5 - The EUCCC governance model emphasises clinical coordination, ensuring quality care across tumour groups, organisational boundaries, and the entire patient pathway.
Governance	1.1 Organisation of EUCCC Governance	1.1.1 EUCCC's have a governance body to coordinate processes internally and externally	> STANDARD 1.1.1.6 - The EUCCC governance structure ensures that all patients, regardless of their tumour group or whether they have a common or rare cancer diagnosis, have access to the necessary diagnostic and treatment options as specified by their patient pathways. These services are provided either directly by the EUCCC or through collaboration with other specialized units, coordinated by appropriate governance structures. (CORE)

Theme	Topic	Criteria	Standard
Governance	1.1 Organisation of EUCCC Governance	1.1.1 EUCCC's have a governance body to coordinate processes internally and externally	> STANDARD 1.1.1.7 - The EUCCC obtains key financial figures about the centre's operating costs and investments for care and research purposes.
Governance	1.1 Organisation of EUCCC Governance	1.1.1 EUCCC's have a governance body to coordinate processes internally and externally	> STANDARD 1.1.1.8 - The board of the EUCCC has influence on the budget related to cancer activities: * For centres that are part of a general hospital, the board of the EUCCC has influence on the budget related to cancer activities *For stand-alone cancer centres, the board of the EUCCC has the mandate to decide on the budget/funding, and to prioritise activities.
Governance	1.1 Organisation of EUCCC Governance	1.1.2 EUCCC's have a governance model ensuring high-quality patient care	> STANDARD 1.1.2.1- The EUCCC has multidisciplinary teams (MDT/tumour boards) for every tumour type treated by the EUCCC or by collaborating institutions. (CORE)
Governance	1.1 Organisation of EUCCC Governance	1.1.2 EUCCC's have a governance model ensuring high-quality patient care	> STANDARD 1.1.2.2- There is a written and mutually accepted patient pathway for each tumour entity treated in the EUCCC.
Governance	1.1 Organisation of EUCCC Governance	1.1.2 EUCCC's have a governance model ensuring high-quality patient care	> STANDARD 1.1.2.3- The EUCCC has a clinical quality system that focuses on measuring quality indicators specific to cancer and is underpinned by a PDCA practice to ensure quality assurance and improvement.
Governance	1.1 Organisation of EUCCC Governance	1.1.2 EUCCC's have a governance model ensuring high-quality patient care	> STANDARD 1.1.2.4- The EUCCC has a dashboard providing standardised metrics for governance and leadership to follow up on quality of care and patient outcomes.

Theme	Topic	Criteria	Standard
Governance	1.1 Organisation of EUCCC Governance	1.1.3 EUCCC's involve patient participation at all relevant levels	> STANDARD 1.1.3.1- The EUCCC integrates patient perspectives, through the involvement of patient representatives and the patient advisory council in assessing outcomes and quality of care and relevant change and improvement initiatives. (CORE)
Governance	1.1 Organisation of EUCCC Governance	1.1.3 EUCCC's involve patient participation at all relevant levels	> STANDARD 1.1.3.2- The EUCCC facilitates access to existing educational programmes for patient representatives (and candidates) to enhance their capacity to be involved in decision-making processes.
Governance	1.1 Organisation of EUCCC Governance	1.1.4 EUCCC's governing bodies have adequate administrative and management support	> STANDARD 1.1.4.1- The EUCCC governing body has administrative support related to managing their meetings and ongoing operations, in case it is a part of a general hospital or a multi-entity centre.
Governance	1.1 Organisation of EUCCC Governance	1.1.4 EUCCC's governing bodies have adequate administrative and management support	> STANDARD 1.1.4.2- The governing body of the EUCCC has sufficient resources to deliver the regular provision of both cancer data-based reporting and analysis and ad hoc need of cancer-related analysis. (CORE)
Governance	1.1 Organisation of EUCCC Governance	1.1.4 EUCCC's governing bodies have adequate administrative and management support	> STANDARD 1.1.4.3- The governing body of the EUCCC has access to project management support.
Governance	1.1 Organisation of EUCCC Governance	1.1.5 EUCCC's governance includes formal agreements with external collaborators	> STANDARD 1.1.5.1- The EUCCC is active in developing care networks (both tumour-specific and pan-cancer based) in its local area.
Governance	1.1 Organisation of EUCCC Governance	1.1.5 EUCCC's governance includes formal agreements with external collaborators	> STANDARD 1.1.5.2- The EUCCC has formal agreements and a coordinating committee with other hospitals, external clinical units ,care networks and other organisations collaborating with the EUCCC on cancer patient pathways. (CORE)

Theme	Topic	Criteria	Standard
Governance	1.1 Organisation of EUCCC Governance	1.1.5 EUCCC's governance includes formal agreements with external collaborators	> STANDARD 1.1.5.3- The governing body of the EUCCC (CCB/ coordinating committee) sets goals for cooperation, division of responsibilities and tasks and coordination mechanisms with its local care networks.
Governance	1.1 Organisation of EUCCC Governance	1.1.5 EUCCC's governance includes formal agreements with external collaborators	> STANDARD 1.1.5.4- The governing body of the EUCCC has structured reporting on the coordinated activities with its associated/collaborating local care networks.
Governance	1.1 Organisation of EUCCC Governance	1.1.5 EUCCC's governance includes formal agreements with external collaborators	> STANDARD 1.1.5.5- The governance of the EUCCC ensures continuity of care with primary and community care providers, including data sharing and communication for better patient care.
Governance	1.1 Organisation of EUCCC Governance	1.1.5 EUCCC's governance includes formal agreements with external collaborators	> STANDARD 1.1.5.6- The EUCCC has formal agreements with research institutions or universities for cancer research or education, where those entities are not contractually part of the EUCCC.
Governance	1.2 The Processes of EUCCC governance	1.2.1 EUCCC's have a unified cancer strategy covering care, education and research	> STANDARD 1.2.1.1- The EUCCC has developed and approved a comprehensive cancer strategy covering all aspects of oncology. (CORE)
Governance	1.2 The Processes of EUCCC governance	1.2.1 EUCCC's have a unified cancer strategy covering care, education and research	> STANDARD 1.2.1.2- The EUCCC develops its cancer strategy with involvement from relevant stakeholders, including patients, and gains approval from all involved institutions.
Governance	1.2 The Processes of EUCCC governance	1.2.1 EUCCC's have a unified cancer strategy covering care, education and research	> STANDARD 1.2.1.3- The cancer strategy is implemented through an action plan revised every year.
Governance	1.2 The Processes of EUCCC governance	1.2.1 EUCCC's have a unified cancer strategy covering care, education and research	> STANDARD 1.2.1.4- The EUCCC's cancer strategy has evaluation indicators designed to assess its implementation and expected outcomes.

Theme	Topic	Criteria	Standard
Governance	1.2 The Processes of EUCCC governance	1.2.2 EUCCC's governance facilitates coordination operationally and strategically	> STANDARD 1.2.2.1- The EUCCC has internal rules of procedure to guide the management of cross-organisational matters. (CORE).
Governance	1.2 The Processes of EUCCC governance	1.2.2 EUCCC's governance facilitates coordination operationally and strategically	> STANDARD 1.2.2.2- The governing body of the EUCCC has a quality management system for organising and executing action plans to implement the cancer strategy and improvement recommended/guided by EUCCC certification.
Governance	1.2 The Processes of EUCCC governance	1.2.2 EUCCC's governance facilitates coordination operationally and strategically	> STANDARD 1.2.2.3- The EUCCC has governance processes for patient pathways of all tumours treated.
Governance	1.2 The Processes of EUCCC governance	1.2.2 EUCCC's governance facilitates coordination operationally and strategically	> STANDARD 1.2.2.4- The line managers of all units in the EUCCC have a defined responsibility for the integration of care, research, and education/training.
Governance	1.2 The Processes of EUCCC governance	1.2.3 EUCCC's leadership stays informed about care and research activities	> STANDARD 1.2.3.1- The EUCCC actively uses a data monitoring system (dashboard) to follow up essential metrics in care and research, available at both the centre and pathway/tumour group levels and accessible to all relevant employees. (CORE)
Governance	1.2 The Processes of EUCCC governance	1.2.3 EUCCC's leadership stays informed about care and research activities	> STANDARD 1.2.3.2- The EUCCC actively uses metrics collected by the data monitoring system to improve its management.
Governance	1.2 The Processes of EUCCC governance	1.2.4 EUCCC's collaborate regionally with other hospitals for equal access to care and research	> STANDARD 1.2.4.1- The EUCCC has processes on collaboration and coordination in a geographical area of shared patient pathways and shared resources (in the fields of research, care, innovation, education, and training).

Theme	Topic	Criteria	Standard
Governance	1.2 The Processes of EUCCC governance	1.2.4 EUCCC's collaborate regionally with other hospitals for equal access to care and research	> STANDARD 1.2.4.2- The EUCCC has processes on collaboration on MDT/tumour boards in a geographical area with shared patient pathways regarding participation. (CORE)
Governance	1.2 The Processes of EUCCC governance	1.2.4 EUCCC's collaborate regionally with other hospitals for equal access to care and research	> STANDARD 1.2.4.3- The EUCCC has processes on collaboration in a geographical area with shared patient pathways regarding: the inclusion of cancer trial activities of the EUCCC, interoperable IT structures, molecular tumour board, cooperation with regional providers of survivorship care (incl. rehabilitation, psycho-oncology, sexuality), and cooperation with regional providers of palliative home care.
Governance	1.2 The Processes of EUCCC governance	1.2.4 EUCCC's collaborate regionally with other hospitals for equal access to care and research	> STANDARD 1.2.4.4- The EUCCC promotes that integrated care pathways include the role of each institution from the sub- / region in dealing with diagnosis and treatment of cancer patients.
Governance	1.2 The Processes of EUCCC governance	1.2.5 EUCCC's participate in european and/ or international networks	> STANDARD 1.2.5.1- The EUCCC participates in at least one cross-border network, organising collaborative institutional activities between CCCs.(CORE)
Governance	1.2 The Processes of EUCCC governance	1.2.5 EUCCC's participate in european and/ or international networks	> STANDARD 1.2.5.2- The EUCCC participates in at least one European and/or international collaborative research consortium.

Theme	Topic	Criteria	Standard
Care	2.1 Comprehensiveness of Care	2.1.1 EUCCC's deliver complete set general and advanced Diagnostics and Treatment for a minimum number of specified cancer diagnoses	> STANDARD 2.1.1.1- The EUCCC provides complete and advanced diagnostic services and cutting-edge treatments for at least three of the five major cancers: 1. Breast cancer and gynaecological cancers such as ovarian and uterine cancer 2. Lung and thoracic cancers 3. Gastrointestinal cancers (including colorectal and gastric cancers, pancreas and liver) 4. Genitourinary cancers (including prostate and bladder cancers) 5. Skin cancers (melanoma and other advanced or aggressive skin cancers)
Care	2.1 Comprehensiveness of Care	2.1.1 EUCCC's deliver complete set general and advanced Diagnostics and Treatment for a minimum number of specified cancer diagnoses	> STANDARD 2.1.1.2- The EUCCC provides complete and advanced diagnostic and treatment options for at least two less prevalent cancers diagnoses, which may include rare cancers, paediatric cancers, or haematological cancers.
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.1- The EUCCC has a physical and/or virtual information centre that is available for staff, patients, family members, and caregivers. (CORE)
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.2- The EUCCC documents relevant information communicated to the patient in the patient's record. (CORE)
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.3- The EUCCC ensures that all individuals, including those with disabilities and special needs, have universal and equal access to the care they need.

Theme	Topic	Criteria	Standard
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.4- The EUCCC has implemented a policy that ensures that patients are treated with sensitivity and respect, and that their preferences are considered in all aspects of their care.
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.5- The EUCCC has procedures that specify how (and by whom) patients are included in shared decision-making covering: - Diagnostic procedure and results - Treatment options (including side effects and late effects) - Follow-up - Survivorship (a plan detailing all relevant contact points for support services and peer groups); and all relevant personnel are trained in the practice of this.
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.6- The EUCCC provides patients (and their caregivers) information material that is readable, up-to-date, appropriate, and available in languages commonly spoken by the population served and covers rights and access to: - Diagnostic and treatment options - Second opinions - Information about relevant patient pathways - Follow-up after treatment - Availability of clinical trials - Supportive care - Palliative care - Psycho- and social counselling - Patient's associations, self-help, and support groups.

Theme	Topic	Criteria	Standard
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.7- The EUCCC provides its patients with: - General information about the hospital - Detailed information about the admission procedure - Contact people for all matters related to their care (e.g., navigator/coordinator) - Contact information for reaching clinical staff in case of emergency - Clinical trial activity - Patient's Associations and support groups.
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.8- The EUCCC ensures that patients are thoroughly informed and understand the continuity of care and their patient journey and when they are referred to another healthcare provider.
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.9- The EUCCC has policies on informed consent for diagnostics, treatment, and research that meet national laws and regulations.
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.10- The EUCCC guarantees that personal data protection is respected for patients according to the General Data Protection EU Regulation (GDPR) 2016/679.
Care	2.2 Quality of Care and Patient Safety	2.2.1 EUCCC's facilitate and ensure patient empowerment	> STANDARD 2.2.1.11- The EUCCC guarantees 24/7 access to all emergency medical care. It has a 24-hour on-call service (including weekends and public holidays), if necessary, through cooperation agreements.

Theme	Topic	Criteria	Standard
Care	2.2 Quality of Care and Patient Safety	2.2.2 EUCCC's are continuously exploring possibilities for improving its quality of care and outcome of treatment based on experience and knowledge gained from professionals and patients	> STANDARD 2.2.2.1- The EUCCC has routines to collect patient's experiences during outpatient and inpatient care and has routines to integrate the knowledge from this in its quality improvement programme.
Care	2.2 Quality of Care and Patient Safety	2.2.2 EUCCC's are continuously exploring possibilities for improving its quality of care and outcome of treatment based on experience and knowledge gained from professionals and patients	> STANDARD 2.2.2.2- The EUCCC has a procedure for patient involvement as a part of its quality improvement programme.
Care	2.2 Quality of Care and Patient Safety	2.2.2 EUCCC's are continuously exploring possibilities for improving its quality of care and outcome of treatment based on experience and knowledge gained from professionals and patients	> STANDARD 2.2.2.3- The EUCCC systematically collects, presents and pays attention to main indicators of quality of care and outcomes of care.
Care	2.2 Quality of Care and Patient Safety	2.2.2 EUCCC's are continuously exploring possibilities for improving its quality of care and outcome of treatment based on experience and knowledge gained from professionals and patients	> STANDARD 2.2.2.4- The EUCCC ensures that improvement actions are prioritised, developed, and implemented regularly in agreement with all concerned departments and disciplines, at a minimum on an annual basis.

Theme	Topic	Criteria	Standard
Care	2.2 Quality of Care and Patient Safety	2.2.2 EUCCC's are continuously exploring possibilities for improving its quality of care and outcome of treatment based on experience and knowledge gained from professionals and patients	> STANDARD 2.2.2.5- The EUCCC arranges or facilitates learning events for its personnel in quality improvement at least twice per year.
Care	2.2 Quality of Care and Patient Safety	2.2.3 EUCCC's facilitate active involvement by caregivers	> STANDARD 2.2.3.1- The EUCCC has dedicated meeting areas for visits from caregivers.
Care	2.2 Quality of Care and Patient Safety	2.2.3 EUCCC's facilitate active involvement by caregivers	> STANDARD 2.2.3.2- The EUCCC provides flexible visiting hours and, when required, supports overnight stay arrangements for patients and caregivers.
Care	2.2 Quality of Care and Patient Safety	2.2.3 EUCCC's facilitate active involvement by caregivers	> STANDARD 2.2.3.3- The EUCCC ensures that caregivers are invited to participate in certain personal activities (e.g., meals, washing) when feasible and in line with patients' expressed wishes.
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.1- The EUCCC ensures safety, accuracy, and high-quality care by adequately staffing essential disciplines.
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.2- The EUCCC has defined routines and procedures for: - Prescription, preparation, and administration of drugs - Mandatory training of staff administrating drugs - Documentation in a quality assured digital system.

Theme	Topic	Criteria	Standard
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.3- The EUCCC has established quality and risk management routines that include procedures to handle and report all diagnostic and treatment-related unexpected side-effects or adverse events.
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.4- The EUCCC has a comprehensive system for reporting, registering, and assessing complications and adverse events, including 30-day mortality and unexpected re-admissions to surgery within 90 days.
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.5- The EUCCC provides facilities and procedures for the evaluation of acute toxicity, especially in relation to oncology treatment.
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.6- The EUCCC has systematic procedures and action plan for measures after an adverse event and for monitoring the efficiency of the implemented measure(s).
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.7- The EUCCC has systematic procedures and action plan for measures after an undesirable event and for monitoring the efficiency of the implemented measure(s).
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.8- The EUCCC conducts experience feedback committees and conferences following unexpected outcomes such as mortality and morbidity.
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.9- The EUCCC has procedures and routines for systematically assessing risk when implementing new technologies or interventions.

Theme	Topic	Criteria	Standard
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.10- The EUCCC ensures a maintenance programme for medical equipment, including calibrations, safety checks, and clinical audits aligned with authorised authorities' recommendations and carried out as scheduled.
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.11- The EUCCC has procedures to ensure that new and specialised technical equipment is handled only by personnel trained and competent on this equipment.
Care	2.2 Quality of Care and Patient Safety	2.2.4 EUCCC's ensure patient safety and risk management in Care	> STANDARD 2.2.4.12- The EUCCC ensures that only authorized personnel (specific training modules accomplished) administer anti-cancer drugs.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.1- The EUCCC performs regular reviews and updates on the documented patient pathway based on new evidence-based knowledge and assessment of practice experiences. (CORE)
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.2- The EUCCC has implemented patient pathways at least for the most common tumour entities treated at the centre. These pathways describe the functions of involved disciplines, the role of MDTs, and include palliative care and survivorship care.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.3- The EUCCC makes sure that the patient pathway management approach also includes other diagnostic and treatment units that the EUCCC shares pathways with in its local networks.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.4- The EUCCC evaluates the performance of its patient pathways as part of continuous quality improvement.

Theme	Topic	Criteria	Standard
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.5- The EUCCC ensures that patients with rare cancers are referred to a centre with experience in treating this type of cancer (such a designated reference centre or a European Reference Network (ERN) or equivalent).
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.6- The EUCCC identifies and provides each patient with a pathway coordinator or case manager facilitating the patient's pathway from admission until end of treatment, including the implementation of MDT recommendations, referral and feedback amongst nursing, palliative care, and supportive disciplines.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.7- The EUCCC has defined standards for maximum waiting times and record actual waiting times for each step in the patient pathway.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.8- The EUCCC uses data on waiting times as part of its quality management system and continuous improvement framework.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.9- The EUCCC has a discharge procedure (after hospitalisation, day -care or interventional procedures) that provides patient and its General Practitioner with information on further treatment, follow-up, re-admission, and home care.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.10- The EUCCC has a contact procedure for general practitioners to follow when there is a need of consultation with the centre.

Theme	Topic	Criteria	Standard
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.11- The EUCCC provides medical consultation prior to cancer treatment.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.12- The EUCCC has a contact procedure for patients to follow when there is a need of consultation with the centre.
Care	2.2 Quality of Care and Patient Safety	2.2.5 EUCCC's deliver patient-centric and continuity in care based on managed patient pathways	> STANDARD 2.2.5.13- The EUCCC has established easily accessible procedures for patient's complaints.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.1- The EUCCC ensures state-of-the-art diagnosis aligned with national and international guidelines, reviewed periodically.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.2- The EUCCC has established policies and written procedures for scheduling diagnostic examinations, which include prioritising urgent cases.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.3- The EUCCC ensures that results from diagnostic procedures are available within recommended maximum turnaround time in line with national guidelines/regulations.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.4- The EUCCC upholds high standards of diagnostic procedures and lab work under Good Clinical Practice and Good Laboratory Practice, performing regular quality assurance tests among different laboratories.

Theme	Topic	Criteria	Standard
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.5- The EUCCC ensures that its diagnostic laboratories have proper procedures to cover specimen collection, pre-analytic and analytical phases, and specimen storage.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.6- The EUCCC diagnostic laboratories maintain an accreditation from a recognised quality management system that documents all relevant steps in sample processing.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.7- The EUCCC ensures that its patients and physicians have access to the necessary infrastructures, including sufficient board-certified pathologists and human geneticist (for germline analysis), to provide full scope of molecular diagnostics in alignment with recommended guidelines, including molecular tumour boards (MTB).
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.8- The EUCCC has established procedures for the preservation of fresh and frozen surgical specimens in diagnostic biobanks.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.9- The EUCCC has standardised pathologist reports that are aligned with best practice and guidelines to cover information on: - Histological type and grade (according to validated international classification) - Resection margins - Lymph nodes status - Any diagnose-specific predictive information.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.10- The EUCCC has a molecular diagnostics programme for tumour-(sub) typing recommended (and/or appraised) by national guidelines and regulations.

Theme	Topic	Criteria	Standard
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.11- The pathology laboratory/institute at the EUCCC has specialists and equipment for molecular pathology for those tumour sub-types for which molecular pathology is needed and in line with national guidelines.
Care	2.3 Diagnostics	2.3.1 EUCCC's deliver advanced diagnostics through pathology and molecular diagnostics	> STANDARD 2.3.1.12- The EUCCC has an internal or a formal link and access to a MTB to support therapeutic decisions.
Care	2.3 Diagnostics	2.3.2 EUCCC's deliver support in radiology and nuclear medicine	> STANDARD 2.3.2.1- The EUCCC has up-to-date Standard Operating Procedures which describe the imaging methods and are reviewed at least once a year, in accordance with national procedures.
Care	2.3 Diagnostics	2.3.2 EUCCC's deliver support in radiology and nuclear medicine	> STANDARD 2.3.2.2- In the EUCCC, the radiologist's written report is available to the attending doctors at the latest 72 hours after the examination.
Care	2.3 Diagnostics	2.3.2 EUCCC's deliver support in radiology and nuclear medicine	> STANDARD 2.3.2.3- The EUCCC records waiting times for radiology and nuclear medicine, measured from the time of notification by the physician to the radiological examination.
Care	2.3 Diagnostics	2.3.2 EUCCC's deliver support in radiology and nuclear medicine	> STANDARD 2.3.2.4- In the EUCCC, all images (mammograms, ultrasound documentation, MRI) are stored in a digital format.
Care	2.3 Diagnostics	2.3.2 EUCCC's deliver support in radiology and nuclear medicine	> STANDARD 2.3.2.5- In the EUCCC, quality control of all equipment used for imaging is routinely performed, according to relevant national protocols and/or European guidelines.
Care	2.4 Treatment	2.4.1 EUCCC's ensure a multidisciplinary treatment approach	> STANDARD 2.4.1.1- The EUCCC has established procedures for identifying eligible patients for MDT consultation as part of their patient pathway and before any treatment decisions. (CORE)

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.1 EUCCC's ensure a multidisciplinary treatment approach	> STANDARD 2.4.1.2- The EUCCC ensures that recommendations made by MDT (when available) are followed, and, if relevant, reasons for not following recommendations are documented in the medical record and communicated to the patient and the MDT. (CORE)
Care	2.4 Treatment	2.4.1 EUCCC's ensure a multidisciplinary treatment approach	> STANDARD 2.4.1.3- The EUCCC has a written procedure that defines the criteria for which patient cases should be discussed at each type of MDT meetings.

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.1 EUCCC's ensure a multidisciplinary treatment approach	> STANDARD 2.4.1.4- The EUCCC has defined procedures to: - State the type of MDT meetings that are present at each cancer diagnosis - State the composition of MDT-meetings (core and extended attendance) from all relevant diagnostic and therapeutic disciplines (including MTB, oncology nursing, palliative care, supportive care) - State the meeting frequency of MDTs, per patient pathway - Identify relevant extended expertise (case by case, e.g. a neurosurgeon, fertility specialist or palliative care specialist) - Inform the MDT about patients that will be discussed - Execute the MDT meeting; including roles, required documentation (medical records, images) and facilities - Assess patient's eligibility for clinical trials - Document recommendations and conclusions (in medical records, within 24 hours) - Define the indications for referral and the types of intervention from supportive disciplines (e.g. psycho-oncologist, nutritionist, social worker, physiotherapist).
Care	2.4 Treatment	2.4.1 EUCCC's ensure a multidisciplinary treatment approach	> STANDARD 2.4.1.5- The EUCCC has procedures for communicating MDT-meetings' recommendations and conclusions to patients for shared decision-making. Patients can consent or refuse treatment.

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.1 EUCCC's ensure a multidisciplinary treatment approach	> STANDARD 2.4.1.6- The EUCCC organises an annual learning event for MDTs to review patient outcomes, other quality indicators, patient pathway performance, compliance with guidelines, and makes use of this information in quality improvement initiatives.
Care	2.4 Treatment	2.4.1 EUCCC's ensure a multidisciplinary treatment approach	> STANDARD 2.4.1.7- The EUCCC has a multi-disciplinary service providing patients with pre-habilitation, psychosocial care and nutritional counselling based on screening of needs before and during treatment.
Care	2.4 Treatment	2.4.2 EUCCC's carry out treatment based on evidence	> STANDARD 2.4.2.1- The EUCCC follows formally agreed clinical guidelines for treatment and follow-up, and provides easy access to the guidelines in written or digital form. (CORE)
Care	2.4 Treatment	2.4.2 EUCCC's carry out treatment based on evidence	> STANDARD 2.4.2.2- The EUCCC ensures that all new staff engaged in clinical work are familiar with the relevant guidelines implemented in the EUCCC. (CORE)
Care	2.4 Treatment	2.4.2 EUCCC's carry out treatment based on evidence	> STANDARD 2.4.2.3- The EUCCC conducts an annual review and updates its clinical guidelines based on new evidence, with defined responsible personnel for authorisation.
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.1- In the EUCCC, staffing levels of key disciplines contributing to cancer surgery are planned to ensure safety, accuracy, and high-quality care. (CORE)
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.2- In the EUCCC minimum surgical requirements of quality of personnel and equipment are documented and followed up in each tumour type. (CORE)

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.3- The EUCCC has established a minimum surgical volume requirement for each cancer surgeon and tumour type in line with regional or national guidelines to ensure quality standards are met.
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.4- In the EUCCC, all surgical procedures are based upon treatment plans and recommendations stemming from the MDT.
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.5- In the EUCCC, any deviations from the surgical treatment plan are recorded in the patient record and communicated appropriately to the patient and MDT.
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.6- In the EUCCC, technical and organisational processes for fresh tissue, frozen sections and bio-banking are in place for surgical procedures in line with national guidelines.
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.7- In the EUCCC, 30-day mortality after surgery is recorded and evaluated.
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.8- In the EUCCC, if unplanned re-admissions to surgery within 90 days occur, they are recorded and evaluated for risk management and continuous improvement.
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.9- The EUCCC facilitates access to a full range of reconstructive surgery, immediate or delayed, including aesthetic and functional restoration surgery for all body sites.
Care	2.4 Treatment	2.4.3 EUCCC's ensures high operational standards in surgery for its patients	> STANDARD 2.4.3.10- In the EUCCC, patient information about reconstructive surgery is proactively provided in written form and includes a risk-benefits analysis.

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.1- In the EUCCC, the staffing levels of key disciplines contributing to cancer radiotherapy are planned to ensure safety, accuracy and high-quality care. (CORE)
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.2- The radiotherapy department of EUCCC's has a written contingency plan.
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.3- In EUCCC each patient has a medical consultation prior to the onset of radiotherapy.
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.4- In the EUCCC, adequate information is provided to each patient about diagnosis and therapy planning, which includes an explanation of treatment options, side effects and self-management during therapy.
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.5- In the EUCCC, relevant radiation data (e.g. RT treatment technique, single dose, total dose, total treatment time) are recorded in line with guidelines and assessed for adherence to guidelines.
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.6- In the EUCCC, any deviation from the dose prescribed by the physician is justified and documented.
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.7- In EUCCC, the unit has processes for recording treatment complications in the patient record and at department level for quality purposes.

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.8- The EUCCC has access to sufficient linear accelerators to meet all the radiotherapy provision demands of its patients. (CORE)
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.9- In the EUCCC, there is a maintenance programme for medical equipment, including calibrations and safety checks.
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.10- In the EUCCC, safety checks and calibrations are carried out as scheduled.
Care	2.4 Treatment	2.4.4 EUCCC's ensure high operational standards in radiotherapy for its patients	> STANDARD 2.4.4.11- In the EUCCC, medical devices used for treatment are periodically certified by an authorised authority.
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.1- In the EUCCC, the staffing levels of key disciplines contributing to cancer systemic therapies are planned to ensure safety, accuracy and high-quality care. (CORE)
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.2- In the EUCCC, there is a quality assured digital system for the prescription, preparation, and administration of anti-cancer drugs. (CORE)
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.3- In the EUCCC, anti-cancer drugs are prepared in a centralised pharmacy unit.
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.4- In the EUCCC, there are SOPs for the preparation of anti-cancer drugs in the pharmacy.

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.5- In the EUCCC, a validation procedure for the whole process, including prescription, preparation and distribution, is implemented.
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.6- In the EUCCC, there are sufficient chairs and beds to manage patient numbers for systemic therapies.
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.7- In the EUCCC, there are SOPs for the administration of anti-cancer drugs. (CORE)
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.8- In the EUCCC, anti-cancer drugs are administered only in dedicated wards, e.g. oncology or haema-to-oncology (for inpatients).
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.9- In the EUCCC, there are dedicated day-care units for the administration of anti-cancer drugs.
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.10- In the EUCCC, anti-cancer drugs are administered by nurses who have completed a specific train-ing programme for chemother-apy administration. (CORE)
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.11- In the EUCCC, each patient has a medi-cal consultation prior to the onset of systemic therapy. (CORE)

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.12- In the EUCCC, adequate information is provided to each patient about diagnosis and therapy planning, which includes explanation of treatment options, side effects and self-management during therapy.
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.13- In the EUCCC, the time between the patient consultation at which the treatment plan is agreed upon (post MDT) and the onset of treatment does not exceed 21 days (if there are no medical contra-indications or patient preferences opposing this).
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.14- The EUCCC records relevant data (dosage and total treatment time) in line with the guidelines.
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.15- The EUCCC provides all relevant new and/or concomitant medication or prescription to patients upon discharge to prevent possible delay in treatment.
Care	2.4 Treatment	2.4.5 EUCCC's ensure high operational standards in systemic therapies for its patients	> STANDARD 2.4.5.16- The EUCCC implements a specific procedure for reporting adverse reactions of anti-cancer drugs.
Care	2.4 Treatment	2.4.6 EUCCC's provide access to advanced and innovative therapies	> STANDARD 2.4.6.1- The EUCCC provides state-of-the-art cancer treatment based on national and international guidelines.
Care	2.4 Treatment	2.4.6 EUCCC's provide access to advanced and innovative therapies	> STANDARD 2.4.6.2- The EUCCC provides access to sequential/simultaneous radio-chemotherapy.

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.6 EUCCC's provide access to advanced and innovative therapies	> STANDARD 2.4.6.3- The EUCCC has a written procedure to ensure the safe delivery of radio-chemotherapy, which includes specialist training, monitoring, and recording blood count and side-effects.
Care	2.4 Treatment	2.4.6 EUCCC's provide access to advanced and innovative therapies	> STANDARD 2.4.6.4- The EUCCC provides patients with an overview of all relevant clinical trials and undertakes an early screening of the trials they could be eligible for.
Care	2.4 Treatment	2.4.7 EUCCC's ensure palliative care	> STANDARD 2.4.7.1- The EUCCC offers individual palliative care plans for each patient (inlcluding late-stage and early-stage), which is discussed with the patient and caregivers.
Care	2.4 Treatment	2.4.7 EUCCC's ensure palliative care	> STANDARD 2.4.7.2- The EUCCC provides a defined composition of the palliative care team, led by a specialised physician in palliative medicine.
Care	2.4 Treatment	2.4.7 EUCCC's ensure palliative care	> STANDARD 2.4.7.3- The EUCCC has written procedures for the palliative team to identify and meet patient's needs.
Care	2.4 Treatment	2.4.7 EUCCC's ensure palliative care	> STANDARD 2.4.7.4- The EUCCC has established protocols covering most common oncological emergencies. A treatment plan is drawn up within 24 hours of the suspected diagnosis.
Care	2.4 Treatment	2.4.7 EUCCC's ensure palliative care	> STANDARD 2.4.7.5- The EUCCC provides palliative radiotherapy, and the therapeutic goal (local control or solely symptom alleviation) is documented.
Care	2.4 Treatment	2.4.7 EUCCC's ensure palliative care	> STANDARD 2.4.7.6- In the EUCCC, the palliative care team provides education and palliative care guidance (e.g., symptom control) for patients, caregivers, and health professionals.

Theme	Topic	Criteria	Standard
Care	2.4 Treatment	2.4.7 EUCCC's ensure palliative care	> STANDARD 2.4.7.7- The EUCCC palliative care team has established generic pathways describing interactions with primary care, where basic palliative care is provided.
Care	2.4 Treatment	2.4.7 EUCCC's ensure palliative care	> STANDARD 2.4.7.8- The EUCCC provides information on available hospice facilities/NGO support for patients and their relatives.
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.1- The EUCCC has SOPs to identify patients with specific follow-up needs related to medical or psycho-social consequences of cancer disease or cancer treatment. (CORE)
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.2- The EUCCC has established procedures for referring patients to adequate professional follow up (like internal medicine, psychology, nutrition or social counselling) in specialist health care or primary care.
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.3- The EUCCC provides patients in need of survivorship follow-up measures with a corresponding individual plan.
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.4- The EUCCC gives advice and support to patients and caregivers on how to detect early signs and symptoms of recurrence. (CORE)

Theme	Topic	Criteria	Standard
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.5- The EUCCC gives advice and support to patients and caregivers on activities that may reduce risk of recurrence (among others diet, exercise) in line with the latest recommendations.
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.6- The EUCCC gives information and support to patients about the potential late effects of their cancer.
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.7- The EUCCC gives information and support to patients about self-management.
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.8- The EUCCC has established clear procedures for referring patients to cancer rehabilitation services both within and outside the centre.
Care	2.5 Cancer survivorship care	2.5.1 EUCCC's work systematically with cancer patients who need follow-up related to consequences of cancer or cancer treatment	> STANDARD 2.5.1.9- The EUCCC ensures that cancer patients and survivors have access to rehabilitation services with multidisciplinary interventions based on screening of needs and coordinating individual plans for vocational rehabilitation and return to work, if feasible.
Research	3.1 The Comprehensiveness of Research	3.1.1 EUCCC's conduct bench-to-bedside research and opposite	> STANDARD 3.1.1.1- At least one organisational entity that makes up an EUCCC has in-house activity in translational research or is integrated in a network conducting translational research. (CORE)

Theme	Topic	Criteria	Standard
Research	3.1 The Comprehensiveness of Research	3.1.1 EUCCC's conduct bench-to-bedside research and opposite	> STANDARD 3.1.1.2- All units providing cancer care in the EUCCC are integrated in a network allowing clinical research activities. (CORE)
Research	3.1 The Comprehensiveness of Research	3.1.1 EUCCC's conduct bench-to-bedside research and opposite	> STANDARD 3.1.1.3- The centre promotes mutual interactions between translational research and clinical practice or is part of a network that facilitates this process.
Research	3.1 The Comprehensiveness of Research	3.1.1 EUCCC's conduct bench-to-bedside research and opposite	> STANDARD 3.1.1.4- The EUCCC either undertakes activity, or has a formally organised collaboration with an institution conducting: • Basic research • Epidemiological research • Health care research.
Research	3.1 The Comprehensiveness of Research	3.1.2 EUCCC's engage in comprehensive cancer research	> STANDARD 3.1.2.1- The EUCCC conducts research related to cancer diagnostics (pathology and radiology). (CORE)
Research	3.1 The Comprehensiveness of Research	3.1.2 EUCCC's engage in comprehensive cancer research	> STANDARD 3.1.2.2- The EUCCC conducts research related to cancer treatments (both regarding medical treatments, radiotherapy, and surgery). (CORE)
Research	3.1 The Comprehensiveness of Research	3.1.2 EUCCC's engage in comprehensive cancer research	> STANDARD 3.1.2.3- The EUCCC demonstrates ongoing research activity in at least two of the following areas relevant to patient-centred outcomes: survivorship, palliative and end-of-life care, outcomes, healthcare service, or patient-centred needs.
Research	3.1 The Comprehensiveness of Research	3.1.2 EUCCC's engage in comprehensive cancer research	> STANDARD 3.1.2.4- The EUCCC is actively involved in research that focuses on the risks and underlying causes of cancer development, prevention and early detection.

Theme	Topic	Criteria	Standard
Research	3.1 The Comprehensiveness of Research	3.1.3 EUCCC's conduct research on major tumour groups	> STANDARD 3.1.3.1- The EUCCC carries out clinical research on three of the following five common cancers: 1. Breast cancer and gynaecological cancers such as ovarian and uterine cancer 2. Lung and thoracic cancers 3. Gastrointestinal cancers (including colorectal and gastric cancers, pancreas and liver) 4. Genitourinary cancers (including prostate and bladder cancers) 5. Skin cancers (melanoma and other advanced or aggressive skin cancers).
Research	3.1 The Comprehensiveness of Research	3.1.3 EUCCC's conduct research on major tumour groups	> STANDARD 3.1.3.2- The EUCCC carries out clinical research on pan-cancer topics.
Research	3.1 The Comprehensiveness of Research	3.1.3 EUCCC's conduct research on major tumour groups	> STANDARD 3.1.3.3- The EUCCC carries out translational research on at least two of the tumour groups mentioned in 3.1.3.1., possibly as a part of a network including other research or cancer centres.
Research	3.1 The Comprehensiveness of Research	3.1.4 EUCCC's conducts research on additional cancers	> STANDARD 3.1.4.1- The EUCCC is involved in research on at least two additional cancers, which may include rare cancers, pediatric cancers and hematologic cancers. (CORE)
Research	3.1 The Comprehensiveness of Research	3.1.4 EUCCC's conducts research on additional cancers	> STANDARD 3.1.4.2- The EUCCC either has its own institutional MDT/tumour boards for rare entities, or participates in multi-institutional MDT/tumour boards on a regular basis where all patients are discussed as candidates for clinical trials.
Research	3.1 The Comprehensiveness of Research	3.1.4 EUCCC's conducts research on additional cancers	> STANDARD 3.1.4.3- The EUCCC is involved in a European Reference Network (ERN) in at least two themes.

Theme	Topic	Criteria	Standard
Research	3.1 The Comprehensiveness of Research	3.1.5 EUCCC's commit research on patient-centred and personalized care	> STANDARD 3.1.5.1- The EUCCC conducts cancer-related research that combines medical science with a focus on patient's experiences and needs at every stage of their care.
Research	3.1 The Comprehensiveness of Research	3.1.5 EUCCC's commit research on patient-centred and personalized care	> STANDARD 3.1.5.2- The EUCCC promotes the use of diverse research methods and ensures access to a broad spectrum of both internal and external expertise in relevant research methodologies.
Research	3.2 Research Practice	3.2.1 EUCCC's foster research integrity and ethics	> STANDARD 3.2.1.1- The EUCCC provides training in research integrity. (CORE)
Research	3.2 Research Practice	3.2.1 EUCCC's foster research integrity and ethics	> STANDARD 3.2.1.2- The EUCCC ensures standardised procedures to handle suspected research misconduct (falsification, fabrication, and plagiarism).
Research	3.2 Research Practice	3.2.1 EUCCC's foster research integrity and ethics	> STANDARD 3.2.1.3- The EUCCC ensures ethical evaluation (approval) of research projects is conducted by an ethical committee system.
Research	3.2 Research Practice	3.2.1 EUCCC's foster research integrity and ethics	> STANDARD 3.2.1.4- The EUCCC provides guidelines for safe collection, storage, retention and deletion of informed consent and the connected research data. (CORE)
Research	3.2 Research Practice	3.2.1 EUCCC's foster research integrity and ethics	> STANDARD 3.2.1.5- The EUCCC ensures that adequate infrastructures for data management are accessible in the centre.
Research	3.2 Research Practice	3.2.1 EUCCC's foster research integrity and ethics	> STANDARD 3.2.1.6- The EUCCC ensures that legal and methodological advice in data sharing and transfer is offered by the centre.
Research	3.2 Research Practice	3.2.1 EUCCC's foster research integrity and ethics	> STANDARD 3.2.1.7- The EUCCC has established procedures for preventing and managing data breaches.

Theme	Topic	Criteria	Standard
Research	3.2 Research Practice	3.2.2 EUCCC's encourage the development of research talent and careers	> STANDARD 3.2.2.1- The EUCCC ensures that researchers have access to mentoring programmes, and has mechanisms in place to evaluate their effectiveness. (CORE)
Research	3.2 Research Practice	3.2.2 EUCCC's encourage the development of research talent and careers	> STANDARD 3.2.2.2- The EUCCC partakes in PhD and postdoc programmes.
Research	3.2 Research Practice	3.2.2 EUCCC's encourage the development of research talent and careers	> STANDARD 3.2.2.3- The EUCCC provides structures for exchange programmes in research.
Research	3.2 Research Practice	3.2.2 EUCCC's encourage the development of research talent and careers	> STANDARD 3.2.2.4- The EUCCC offers support services for grant proposals.
Research	3.2 Research Practice	3.2.2 EUCCC's encourage the development of research talent and careers	> STANDARD 3.2.2.5- The EUCCC performs regular evaluations on submitted and successful grant proposals.
Research	3.2 Research Practice	3.2.3 EUCCC's integrate research and care	> STANDARD 3.2.3.1- The EUCCC secures and provides measures to support investigator-initiated studies and research.
Research	3.2 Research Practice	3.2.4 EUCCC's have permanent and strategic collaboration with academia on research	> STANDARD 3.2.4.1- The EUCCC has agreements for research collaboration which cover several academic disciplines with one or more academic institutions.
Research	3.2 Research Practice	3.2.4 EUCCC's have permanent and strategic collaboration with academia on research	> STANDARD 3.2.4.2- The EUCCC provides the opportunity for split hospital and university affiliations for MDs and also for other relevant groups of employees.
Research	3.2 Research Practice	3.2.5 EUCCC's provide core research infrastructures	> STANDARD 3.2.5.1- The EUCCC has access to technological research core facilities. (CORE)

Theme	Topic	Criteria	Standard
Research	3.2 Research Practice	3.2.5 EUCCC's provide core research infrastructures	> STANDARD 3.2.5.2- The EUCCC provides administrative/legal support to perform (design, co-ordinate, run and monitor) research and specifically clinical trials. (CORE)
Research	3.2 Research Practice	3.2.5 EUCCC's provide core research infrastructures	> STANDARD 3.2.5.3- The EUCCC has access to the required capabilities and resources to run early-phase/ first-in-man clinical trials.
Research	3.2 Research Practice	3.2.5 EUCCC's provide core research infrastructures	> STANDARD 3.2.5.4- The EUCCC ensures the clinical trial unit undergoes periodical external site visits/reviews.
Research	3.2 Research Practice	3.2.6 EUCCC's collaborate nationally and internationally in research	> STANDARD 3.2.6.1- The EUCCC participates in national/ multi-centre studies.
Research	3.2 Research Practice	3.2.6 EUCCC's collaborate nationally and internationally in research	> STANDARD 3.2.6.2- The EUCCC acts as principal investigator / sponsor for national trials.
Research	3.2 Research Practice	3.2.6 EUCCC's collaborate nationally and internationally in research	> STANDARD 3.2.6.3- The EUCCC participates in international research projects in translational and clinical medicine. (CORE)
Research	3.2 Research Practice	3.2.6 EUCCC's collaborate nationally and internationally in research	> STANDARD 3.2.6.4- The EUCCC endorses leadership roles in national (multi-institutional)/ European/international research projects.
Research	3.3 Research leadership	3.3.1 EUCCC's structure supports cancer research development	> STANDARD 3.3.1.1- The EUCCC has a research council with the mission to implement the research strategy and to coordinate and facilitate cooperation across organisational borders.
Research	3.3 Research leadership	3.3.1 EUCCC's structure supports cancer research development	> STANDARD 3.3.1.2- The EUCCC provides an organigram that defines research departments and leaders of research groups.

Theme	Topic	Criteria	Standard
Research	3.3 Research leadership	3.3.1 EUCCC's structure supports cancer research development	> STANDARD 3.3.1.3- The EUCCC reports data on key financial figures regarding its research on an annual basis.
Research	3.3 Research leadership	3.3.1 EUCCC's structure supports cancer research development	> STANDARD 3.3.1.4- The EUCCC provides access to shared ICT platforms for research activities. (CORE)
Research	3.3 Research leadership	3.3.2 EUCCC has a research strategy	> STANDARD 3.3.2.1- The EUCCC has a regularly updated research strategy, (at least every three years), defining the main objectives and the means (resources) to reach these objectives.
Research	3.3 Research leadership	3.3.2 EUCCC has a research strategy	> STANDARD 3.3.2.2- The EUCCC has a regularly updated development plan which includes research, and which is actively integrated into the governance processes of the EUCCC.
Research	3.3 Research leadership	3.3.2 EUCCC has a research strategy	> STANDARD 3.3.2.3- The EUCCC ensures that input from all relevant stakeholders including clinical and laboratory professionals, academic researchers, and patient representatives, is integrated into the research strategy.
Research	3.3 Research leadership	3.3.3 EUCCC's evaluate their research	> STANDARD 3.3.3.1- The EUCCC publishes an annual report on the activities and the outcomes of research programmes/ groups.
Research	3.3 Research leadership	3.3.3 EUCCC's evaluate their research	> STANDARD 3.3.3.2- The EUCCC convenes an external Scientific Advisory Board (SAB) meeting periodically (at least every three years) to evaluate research activities of the centre.
Research	3.3 Research leadership	3.3.3 EUCCC's evaluate their research	> STANDARD 3.3.3.3- The EUCCC offers internal evaluation and guidance for research grant applications before submission.

Theme	Topic	Criteria	Standard
Research	3.3 Research leadership	3.3.3 EUCCC's evaluate their research	> STANDARD 3.3.3.4- The EUCCC provides procedures for the evaluation of clinical trials (e.g., number of patients, zero accrual trials, etc.).
Research	3.3 Research leadership	3.3.3 EUCCC's evaluate their research	> STANDARD 3.3.3.5- The EUCCC undergoes regular, external evaluation of research groups. (CORE)
Research	3.3 Research leadership	3.3.4 EUCCC's involve patient representatives in research	> STANDARD 3.3.4.1- The EUCCC involves patients and/or their organisations in decisions on prioritisation of research programmes.
Research	3.3 Research leadership	3.3.4 EUCCC's involve patient representatives in research	> STANDARD 3.3.4.2- The EUCCC has a mandatory educational programme for patient representatives, providing them with necessary information and insights on cancer research and relevant topics, in order to prepare them for involvement in decisions relating to research.
Research	3.3 Research leadership	3.3.4 EUCCC's involve patient representatives in research	> STANDARD 3.3.4.3- The EUCCC involves patients concerning the ethical aspects of research both at a general level and for specific research projects.
Research	3.3 Research leadership	3.3.4 EUCCC's involve patient representatives in research	> STANDARD 3.3.4.4- The EUCCC organises patient participation in planning and undertaking research programmes, especially on patient centred care (connected to supportive disciplines i.e. rehabilitation, pain management, psychosocial care, etc.).
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.1 EUCCC's promote patient consent for research	> STANDARD 4.1.1.1 - The EUCCC has defined procedures to invite all new cancer patients to give consent to collect prospective data for research purposes (according to national regulations). (CORE)
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.1 EUCCC's promote patient consent for research	> STANDARD 4.1.1.2 - The EUCCC ensures that the patient's consent is obtained and stored according to the national or local requirements on ethics, privacy, and data protection.

Theme	Topic	Criteria	Standard
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.2 EUCCC's have structural ICT facilities making clinical data and samples available for research	> STANDARD 4.1.2.1 - The EUCCC provides access to a centralised database connected to its bio-bank, which is also linked to primary sources of clinical data. (CORE)
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.2 EUCCC's have structural ICT facilities making clinical data and samples available for research	> STANDARD 4.1.2.2 - The EUCCC provides access to ICT tools to build the necessary databases connected to the accomplishment of clinical trials. (CORE)
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.3 EUCCC's encompass or provide access to clinical trial units for all relevant professions	> STANDARD 4.1.3.1 - The EUCCC provides an institutional clinical research management unit dedicated to trials, and this unit is accessible to all relevant units. (CORE)
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.3 EUCCC's encompass or provide access to clinical trial units for all relevant professions	> STANDARD 4.1.3.2 - The EUCCC supports and coordinates the aspects of administration, funding, feasibility assessment, and ethical approvals.
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.4 EUCCC's have access to early-phase clinical trial units	> STANDARD 4.1.4.1 - The EUCCC has formal agreements to promote and facilitate access to early-phase clinical trials.
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.4 EUCCC's have access to early-phase clinical trial units	> STANDARD 4.1.4.2 - The EUCCC has procedures to identify eligible patients for early phase trials.
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.4 EUCCC's have access to early-phase clinical trial units	> STANDARD 4.1.4.3 - The EUCCC's procedures for recruiting patients to early-phase trials allow for the active identification of eligible patients.
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.4 EUCCC's have access to early-phase clinical trial units	> STANDARD 4.1.4.4 - The EUCCC's procedures for recruiting patients to early-phase trials are regularly updated.
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.5 EUCCC's provide easy access to ongoing clinical research information	> STANDARD 4.1.5.1 - The EUCCC has a policy for promoting clinical trials, including internal information and communication to the public and laymen on trial availability and results.

Theme	Topic	Criteria	Standard
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.5 EUCCC's provide easy access to ongoing clinical research information	> STANDARD 4.1.5.2 - The EUCCC has measures for promoting clinical trials, including internal information and communication to the public and laymen on trial availability and results.
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.5 EUCCC's provide easy access to ongoing clinical research information	> STANDARD 4.1.5.3 - The EUCCC has procedures and policies to promote the participation of patients in clinical trials.
Integration research and care	4.1 Structural prerequisites for integrating research and care	4.1.5 EUCCC's provide easy access to ongoing clinical research information	> STANDARD 4.1.5.4 - The EUCCC promotes the participation in clinical trials of collaboration entities.
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.1 EUCCC's emphasize research competence in recruitment and education	> STANDARD 4.2.1.1 - Research competencies are valued in the recruitment of clinical personnel.
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.1 EUCCC's emphasize research competence in recruitment and education	> STANDARD 4.2.1.2 - The centre has explicit standards defining research competencies for all its staff.
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.2 EUCCC's integrate research in cancer patient pathways	> STANDARD 4.2.2.1 - The EUCCC provides patient pathways that specify the key stages at which clinical trial inclusion might be envisaged. (CORE)
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.2 EUCCC's integrate research in cancer patient pathways	> STANDARD 4.2.2.2 - The EUCCC has protocols documenting patient's eligibility to clinical trials, in meeting minutes or EHR adhering to local protocols. (CORE)
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.2 EUCCC's integrate research in cancer patient pathways	> STANDARD 4.2.2.3 - The EUCCC screens all relevant patients for molecular alterations to identify those suitable for targeted treatment trials.
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.2 EUCCC's integrate research in cancer patient pathways	> STANDARD 4.2.2.4 - The EUCCC has access to a Molecular Tumour Board (MTB) with competent staff in place for interpreting results, which are then documented in medical records. (CORE)

Theme	Topic	Criteria	Standard
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.2 EUCCC's integrate research in cancer patient pathways	> STANDARD 4.2.2.5 - The EUCCC ensures regular revision of clinical tumour-specific patient pathways in order to incorporate results from research and development.
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.2 EUCCC's integrate research in cancer patient pathways	> STANDARD 4.2.2.6 - The EUCCC has procedures documenting clinical trial inclusion and patient consent for the collection of data/biological material in the EHR.
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.3 EUCCC's integrate translational research into clinical practice	> STANDARD 4.2.3.1 - The EUCCC ensures that all research groups have affiliated clinicians. (CORE)
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.3 EUCCC's integrate translational research into clinical practice	> STANDARD 4.2.3.2 - The EUCCC ensures all cross-disciplinary professional tumour groups include members from both clinical and research departments.
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.3 EUCCC's integrate translational research into clinical practice	> STANDARD 4.2.3.3 - The EUCCC facilitates regular meeting points that promote discussion and integration of clinical and research experiences, where presentations and contributions from both research and clinical departments are shared to identify needs, activities, and opportunities for collaboration. (CORE)
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.4 EUCCC's integrate advanced knowledge into general practice	> STANDARD 4.2.4.1 - The EUCCC has written strategies to study and implement personalised cancer medicine based on: molecular diagnostics (including targeted therapy) and imaging techniques (including theragnostic).
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.5 EUCCC's connect with excellence networks in research and care	> STANDARD 4.2.5.1 - The EUCCC offers eligible patients access to international clinical trials conducted at its own centre or through possible referral appointments at other EUCCC's. (CORE)

Theme	Topic	Criteria	Standard
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.5 EUCCC's connect with excellence networks in research and care	> STANDARD 4.2.5.2 - The EUCCC participates in both academic and industrial clinical trials along the whole patient pathway. (CORE)
Integration research and care	4.2 Managing dynamics of integrating research and care	4.2.5 EUCCC's connect with excellence networks in research and care	> STANDARD 4.2.5.3 - The EUCCC collaborates with neighbouring hospitals in disseminating results from research and implementing them into clinical practice.
Integration research and care	4.3 Outcome of integrating research and care	4.3.1 EUCCC's implement research-based knowledge in clinical guidelines	> STANDARD 4.3.1.1 - The EUCCC has routines in place to ensure that its clinical practice is governed by clinical guidelines that are updated in line with the latest research-based evidence. (CORE)
Integration research and care	4.3 Outcome of integrating research and care	4.3.1 EUCCC's implement research-based knowledge in clinical guidelines	> STANDARD 4.3.1.2 - The EUCCC contributes to national and/or international expert panels and authorities to develop new guidelines for clinical practice.
Integration research and care	4.3 Outcome of integrating research and care	4.3.2 EUCCC's include research knowledge in education programmes	> STANDARD 4.3.2.1 - The EUCCC has syllabuses of educational programmes with focus in new research advances (developments). (CORE)
Integration research and care	4.3 Outcome of integrating research and care	4.3.2 EUCCC's include research knowledge in education programmes	> STANDARD 4.3.2.2 - The EUCCC holds regular educational events to update data on relevant topics, in line with updates brought up at major scientific meetings.
Integration research and care	4.3 Outcome of integrating research and care	4.3.3 EUCCC's transform research into innovations and improvements	> STANDARD 4.3.3.1 - The EUCCC organises regular meetings for dissemination and implementation of new research involving multidisciplinary attendants. (CORE)
Integration research and care	4.3 Outcome of integrating research and care	4.3.3 EUCCC's transform research into innovations and improvements	> STANDARD 4.3.3.2 - The EUCCC sets up formal collaborations with key enterprises and entrepreneurs interested in promoting clinical improvements.

Theme	Topic	Criteria	Standard
Integration research and care	4.3 Outcome of integrating research and care	4.3.4 EUCCC's disseminate new research to professionals and patients	> STANDARD 4.3.4.1 - The EUCCC regularly arranges public events for patients and caregivers to disseminate new knowledge and ongoing research activities. (CORE)
Integration research and care	4.3 Outcome of integrating research and care	4.3.4 EUCCC's disseminate new research to professionals and patients	> STANDARD 4.3.4.2 - The EUCCC routinely involves patients with experience in clinical research and patient representatives in lectures and training sessions for healthcare professionals, such as physicians and specialist nurses, and in educational events for the general public.
Integration research and care	4.3 Outcome of integrating research and care	4.3.4 EUCCC's disseminate new research to professionals and patients	> STANDARD 4.3.4.3 - The EUCCC publishes clinical research results in open-source journals and has regular dissemination of research and clinical newsletters and channels targeting laymen.
Innovation	5.1 Culture and commitment to innovation	5.1.1 Integration of Innovation in Cancer Strategy and Development Plans	> STANDARD 5.1.1.1 - The EUCCC has innovation as a topic integrated and visible in its cancer strategy.
Innovation	5.1 Culture and commitment to innovation	5.1.1 Integration of Innovation in Cancer Strategy and Development Plans	> STANDARD 5.1.1.2 - The EUCCC has follow-up action plan specifically addressing innovation related to cancer and connected to care and research, including innovation in technology, medicine and services. (CORE)
Innovation	5.1 Culture and commitment to innovation	5.1.1 Integration of Innovation in Cancer Strategy and Development Plans	> STANDARD 5.1.1.3 - The EUCCC has access to an organisational unit whose purpose is to coordinate and facilitate innovation by providing regulatory requirements and by bridging internal potential and initiatives with external resources.
Innovation	5.1 Culture and commitment to innovation	5.1.2 Monitoring and improving innovation performance	> STANDARD 5.1.2.1 - The EUCCC has established a set of performance indicators on innovation

Theme	Topic	Criteria	Standard
Innovation	5.1 Culture and commitment to innovation	5.1.2 Monitoring and improving innovation performance	> STANDARD 5.1.2.2 - The EUCCC provides evidence of active development and implementation of innovative practices in care and research.
Innovation	5.1 Culture and commitment to innovation	5.1.2 Monitoring and improving innovation performance	> STANDARD 5.1.2.3 - The EUCCC organises at least an annual event or produces a report evaluating innovation practice and the outcomes of innovation.
Innovation	5.1 Culture and commitment to innovation	5.1.3 Participation in Innovation Networks	> STANDARD 5.1.3.1 - The EUCCC actively participates in networks or clusters with institutions external to the EUCCC itself that foster innovation.
Innovation	5.1 Culture and commitment to innovation	5.1.3 Participation in Innovation Networks	> STANDARD 5.1.3.2 - The EUCCC is involved in collaborative projects or partnerships aimed at promoting innovation.
Innovation	5.2 Areas of Innovation	5.2.1 EUCCC's foster diverse innovations in oncology	> STANDARD 5.2.1.1 - The EUCCC's foster innovation on issues relevant across various cancer diagnoses and levels of care, utilising advanced technologies (such as AI, big data, genomics, new imaging or interventional techniques, human science, and epidemiology).
Innovation	5.2 Areas of Innovation	5.2.1 EUCCC's foster diverse innovations in oncology	> STANDARD 5.2.1.2 - The EUCCC is active in supporting development and implementation of innovations addressing services and organisational areas.
Innovation	5.2 Areas of Innovation	5.2.2 EUCCC's nurture both commercial and non-commercial innovations	> STANDARD 5.2.2.1 - The EUCCC is engaged in early-phase trials with Principal Investigators (PIs) from -- their own network.
Innovation	5.2 Areas of Innovation	5.2.2 EUCCC's nurture both commercial and non-commercial innovations	> STANDARD 5.2.2.2 - The EUCCC initiates and is engaged into investigator-initiated trials (IITs).

Theme	Topic	Criteria	Standard
Innovation	5.3 Supportive Infrastructure	5.3.1 EUCCC's train researchers in innovation processes	> STANDARD 5.3.1.1 - The EUCCC partakes in educational programmes that offer training on the innovation process (e.g. intellectual property rights, proof-of-concept development, and commercialisation strategies).
Innovation	5.3 Supportive Infrastructure	5.3.2 EUCCC's have intellectual property schemes and a Technology Transfer Office (TTO)	> STANDARD 5.3.2.1 - The EUCCC provides access to a Technology Transfer Office (TTO) unit, either internal or external, including records of interactions or transactions. (CORE)
Innovation	5.3 Supportive Infrastructure	5.3.2 EUCCC's have intellectual property schemes and a Technology Transfer Office (TTO)	> STANDARD 5.3.2.2 - The EUCCC has rules for ownership of intellectual property and patents, either through the EUCCC or the TTO.
Innovation	5.3 Supportive Infrastructure	5.3.3 EUCCC's support innovative spin-offs from R&D.	> STANDARD 5.3.3.1 - The EUCCC facilitates entrepreneurship by offering commercialisation support and access to venture capital.
Innovation	5.3 Supportive Infrastructure	5.3.3 EUCCC's support innovative spin-offs from R&D.	> STANDARD 5.3.3.2 - The EUCCC maintains a record of facilitated spin-offs and start-up companies, showcasing their proactive stance in nurturing entrepreneurship and innovation.
Innovation	5.3 Supportive Infrastructure	5.3.3 EUCCC's support innovative spin-offs from R&D.	> STANDARD 5.3.3.3 - The EUCCC supports implementation of improved services, practice and governance of cancer care stemming from research-based knowledge.
Prevention	6.1 Scope of prevention	6.1.1 EUCCC's collaborate with primary prevention policies and programmes	> STANDARD 6.1.1.1 - The EUCCC provides comprehensive, evidence-based information on cancer risk control and health promotion, aligned with national and regional prevention campaigns, targeting cancer patients, their relatives and informal caregivers, individuals at risk, and the wider community, and focusing on lifestyle and environmental factors.

Theme	Topic	Criteria	Standard
Prevention	6.1 Scope of prevention	6.1.1 EUCCC's collaborate with primary prevention policies and programmes	> STANDARD 6.1.1.2 - The EUCCC is recognised as a smoke-free facility and facilitates cessation services for both patients and staff.
Prevention	6.1 Scope of prevention	6.1.2 EUCCC's enhance secondary prevention through screening	> STANDARD 6.1.2.1 - The EUCCC has established oncogenetic clinics or genetic counselling structures that are integrated with biomolecular laboratories; in the absence of onsite biomolecular laboratories, formal procedures are in place to ensure effective linkage with external biomolecular laboratories.
Prevention	6.1 Scope of prevention	6.1.2 EUCCC's enhance secondary prevention through screening	> STANDARD 6.1.2.2 - The EUCCC provides access to specialised oncogenetic or genetic counselling services for patients and families at risk, delivered by qualified professionals according to specific guidelines, and offering counselling and psychosocial support as part of personalised prevention pathways.
Prevention	6.1 Scope of prevention	6.1.2 EUCCC's enhance secondary prevention through screening	> STANDARD 6.1.2.3 - The EUCCC contributes to national or local population-based screening programmes, serving as a screening unit, a referral centre, or both.
Prevention	6.1 Scope of prevention	6.1.2 EUCCC's enhance secondary prevention through screening	> STANDARD 6.1.2.4 - The EUCCC has access to screening and early detection services (including through network collaborations) for high-risk sub-groups across various tumour types such as pancreas, ovaries, lungs, colorectal tract, prostate, and breast, adhering to established national guidelines, including referral of cancer patients to screening services for other cancer types when appropriate.

Theme	Topic	Criteria	Standard
Prevention	6.1 Scope of prevention	6.1.2 EUCCC's enhance secondary prevention through screening	> STANDARD 6.1.2.5 - Clinical staff within the EUCCC are regularly updated and informed about best practices in cancer prevention, screening, and early diagnostic programmes and services, including information on services provided at the EUCCC and referral procedures.
Prevention	6.1 Scope of prevention	6.1.3 EUCCC's integrate tertiary prevention into the survivorship care of their patients	> STANDARD 6.1.3.1 - The EUCCC integrates tertiary prevention into patient care pathways.
Prevention	6.1 Scope of prevention	6.1.3 EUCCC's integrate tertiary prevention into the survivorship care of their patients	> STANDARD 6.1.3.2 - The EUCCC provides early and late post-cancer follow-up for risk factor evaluation, management, and prevention.
Prevention	6.2 Research on Prevention	6.2.1 EUCCC's contribute to research on prevention	> STANDARD 6.2.1.1 - The EUCCC contributes to research in cancer prevention, including early detection and screening, identification of high-risk groups, immunisation strategies, and links to tertiary prevention, as a lead or participant in multicentre studies, in alignment with its research strategy.
Prevention	6.2 Research on Prevention	6.2.1 EUCCC's contribute to research on prevention	> STANDARD 6.2.1.2 - The EUCCC facilitates data sharing with stakeholders for primary prevention research, including Cancer Registries or equivalent population-based data sources where available, in line with local, regional, and national regulations and ethical requirements.
Education and training	7.1 Integration of Education and Training into care	7.1.1 EUCCC's provide comprehensive cancer-related education and training	> STANDARD 7.1.1.1- The EUCCC's offers its employees access to a comprehensive list of formal education programmes. (CORE)
Education and training	7.1 Integration of Education and Training into care	7.1.1 EUCCC's provide comprehensive cancer-related education and training	> STANDARD 7.1.1.2- The EUCCC provides education and training programmes aligned with the strategic goals of the centre.

Theme	Topic	Criteria	Standard
Education and training	7.1 Integration of Education and Training into care	7.1.1 EUCCC's provide comprehensive cancer-related education and training	> STANDARD 7.1.1.3- The EUCCC's provides or collaborates in providing a range of educational programmes meeting professional needs and covers: • Undergraduate and post-graduate education • Continuous Professional Development (CPD) programmes • Postdoctoral research training in cancers.
Education and training	7.1 Integration of Education and Training into care	7.1.2 EUCCC's support multi-disciplinary integration of research and clinical practice	> STANDARD 7.1.2.1- The EUCCC provides educational programs aimed at a multi-professional and multidisciplinary audience, promoting interdisciplinary and multidisciplinary collaboration.
Education and training	7.1 Integration of Education and Training into care	7.1.2 EUCCC's support multi-disciplinary integration of research and clinical practice	> STANDARD 7.1.2.2- The EUCCC offers cancer research training programmes that emphasise research methodologies, data analysis, and critical appraisal of scientific literature to facilitate integration research and care.
Education and training	7.1 Integration of Education and Training into care	7.1.2 EUCCC's support multi-disciplinary integration of research and clinical practice	> STANDARD 7.1.2.3- The EUCCC offers training programmes bolstering healthcare professionals' capacity to seamlessly integrate research findings into clinical practice.
Education and training	7.1 Integration of Education and Training into care	7.1.3 EUCCC's establishe a network for comprehensive cancer-related training	> STANDARD 7.1.3.1- The EUCCC collaborates with training centres, universities, research institutions, and community partners, including patient representatives, to create and offer cancer-related training and education programmes. (CORE)
Education and training	7.1 Integration of Education and Training into care	7.1.3 EUCCC's establishe a network for comprehensive cancer-related training	> STANDARD 7.1.3.2- The EUCCC ensures stakeholder involvement in the revision of the educational programme.

Theme	Topic	Criteria	Standard
Education and training	7.1 Integration of Education and Training into care	7.1.4 EUCCC's educate patients and caregivers for active participation in care	> STANDARD 7.1.4.1- The EUCCC develops and offers a range of educational programmes and resources for patients and their families, including topics on: • Cancer prevention • Treatment options • Supportive care • Self-care • Informed decision-making.
Education and training	7.1 Integration of Education and Training into care	7.1.4 EUCCC's educate patients and caregivers for active participation in care	> STANDARD 7.1.4.2- The EUCCC offers personalised counselling and support services to assist patients and their families in understanding and managing the complexities of cancer care.
Education and training	7.1 Integration of Education and Training into care	7.1.4 EUCCC's educate patients and caregivers for active participation in care	> STANDARD 7.1.4.3- The EUCCC provides access to support groups, survivorship programmes, and community resources that can offer additional support and information. (CORE)
Education and training	7.2 Organisation of Training and Education	7.2.1 EUCCC's offer diverse educational formats	> STANDARD 7.2.1.1- The EUCCC's offers all its employees access to comprehensive list of formal education programmes covering all stages of the cancer patient pathway
Education and training	7.2 Organisation of Training and Education	7.2.1 EUCCC's offer diverse educational formats	> STANDARD 7.2.1.2- The EUCCC provides education and training programmes alingned with strategic goals of the centre.
Education and training	7.2 Organisation of Training and Education	7.2.1 EUCCC's offer diverse educational formats	> STANDARD 7.2.1.3- The EUCCC regularly based on peer experts and/or feedback from participants evaluates their training and education programmes to inform improvements.
Education and training	7.2 Organisation of Training and Education	7.2.2 EUCCC's involve patients in education programme development	> STANDARD 7.2.2.1- The EUCCC collaborates with patient associations or advocacy groups to co-create education and training programmes for healthcare professionals, ensuring that the programmes are aligned with patients' needs and perspectives. (CORE)

Theme	Topic	Criteria	Standard
Education and training	7.2 Organisation of Training and Education	7.2.2 EUCCC's involve patients in education programme development	> STANDARD 7.2.2.2- The EUCCC integrates patient-centred principles in its education and training programs, highlighting the significance of shared decision-making and empowering patients in their healthcare journey.
Education and training	7.2 Organisation of Training and Education	7.2.2 EUCCC's involve patients in education programme development	> STANDARD 7.2.2.3- The EUCCC provides training opportunities for healthcare professionals to enhance communication skills, promote patient involvement in treatment planning, and address individual patient needs and preference.
Education and training	7.2 Organisation of Training and Education	7.2.3 EUCCC's foster international learning experiences for relevant staff	> STANDARD 7.2.3.1- The EUCCC participates in student exchange programmes, fellowships, and staff mobility to support international education and training.
Education and training	7.2 Organisation of Training and Education	7.2.3 EUCCC's foster international learning experiences for relevant staff	> STANDARD 7.2.3.2- The EUCCC engages in a variety of international activities, such as conferences, workshops, research, and meetings, to facilitate knowledge sharing, idea exchange, and collaborative efforts.

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