

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

CZECH REPUBLIC COUNTRY PROFILE

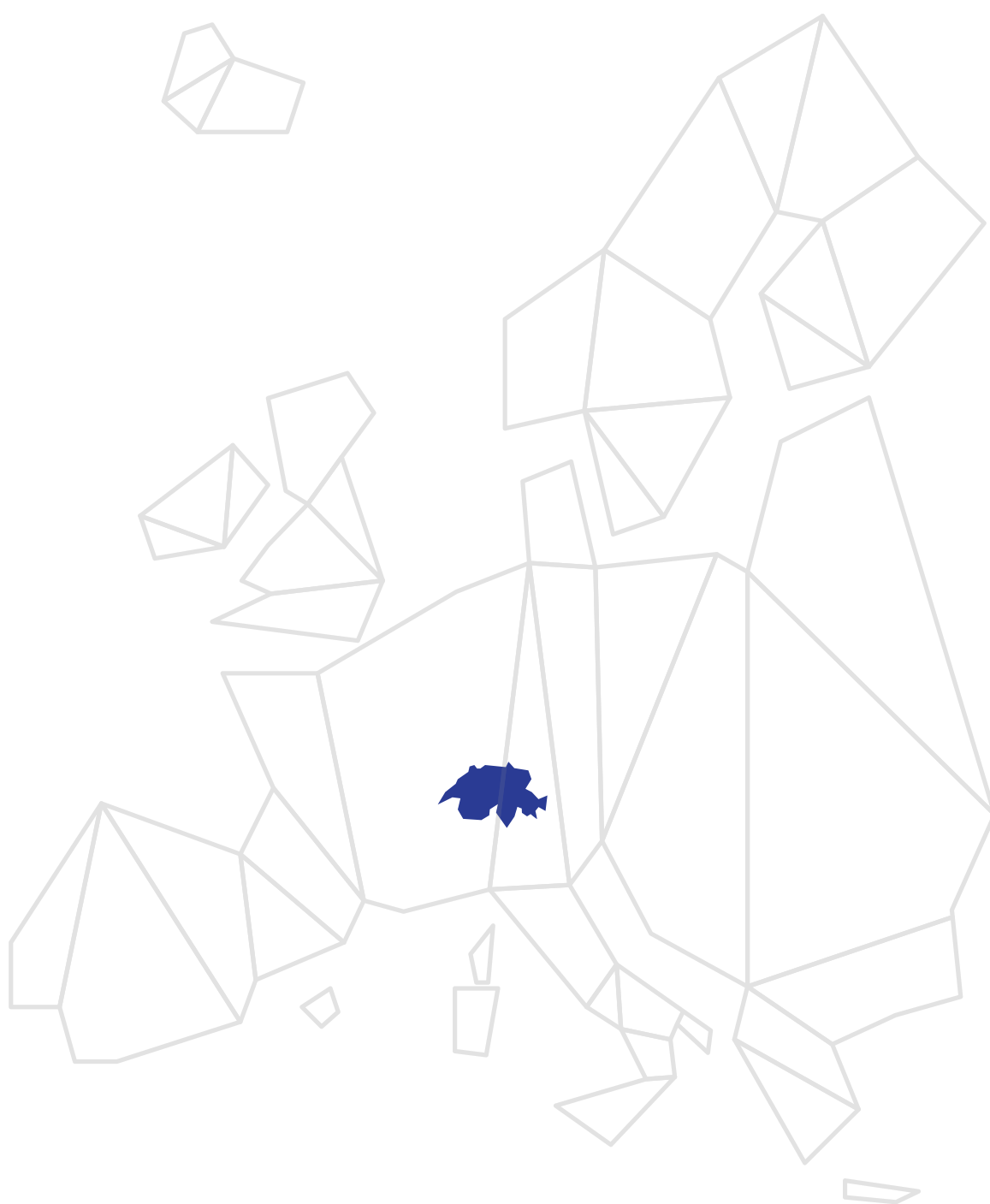


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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





Context: organization of cancer care and existing certification systems

Voluntary general certification for healthcare facilities and mandatory accreditation of comprehensive cancer centers are managed by the Czech Ministry of Health

All inpatient providers are legally obliged to have an internal system in place for monitoring quality, though no external authority collects or reviews the results. The Ministry of Health offers some guidance regarding the scope and organization of internal quality monitoring, but providers are free to choose how to do it.

There is no system-wide compulsory certification system for quality standards. The certification process for providers is voluntary, however it can only be performed by an accredited third party that fulfils the legal requirements of independence and professional background and staffing; it is the Czech Ministry of Health that grant these third-party accreditations. Any organization fulfilling the accreditation requirements can apply. These criteria were created over the past decade to standardise accreditation organizations.¹

The main accreditation body is the (Czech) Joint Accreditation Commission and the Czech Corporation for Accreditation in Healthcare, both private for-profit entities.²

Specific accreditation processes for comprehensive cancer centers (KOC)

Following centralisation of highly specialised cancer care since 2008, the Comprehensive Cancer Centers (KOC), highly specialised haematology care centers for haemato-oncological diseases (HOC), and highly specialized centers for paediatric tumours (KOCde) are subject to regular accreditation (every five years) by the Ministry of Health. Accreditation criteria include minimum staffing and equipment requirements and minimum volume norms.³ For the next accreditation cycle, experts estimate that a remedy plan may be needed in case a KOC is challenged by the updated criteria, to safeguard at least one KOC in every Czech region. The Czech Oncology Society is responsible for verifying that KOC's fulfil the required criteria. However, no accreditation process or criteria are applied to Regional Oncology Groups (ROS) providers⁴.

To define networks that ensure the delivery, accessibility, proper utilisation and staffing of specialised treatment, the Ministry of Health can assign inpatient providers the status of being highly specialised health care centers. It publishes the list of highly specialised centers for each selected medical specialty in its decrees⁵.

Centers are subject to quality indicator reporting and regular monitoring of their compliance with center requirements as defined in the application process. Applications must be approved by the Ministry of Health, after which they can obtain a special reimbursement contract based on the costly care and pharmaceuticals provided.

Presence of international accreditations

Although certification is not mandatory, several oncology centers have pursued accreditation from international bodies. For example, Masaryk Memorial Cancer Institute (MMCI) in Brno has received OECI accreditation and has been designated as a Comprehensive Cancer Center. MMCI also holds accreditations from the European Society for Medical Oncology (ESMO) and the European Society of Gynaecological Oncology (ESGO). In haematology-oncology, where bone marrow transplants are performed, Joint Commission International (JCI) certification is more common.

Other frameworks (e.g. EFQM, Planetree, EUSOMA) are occasionally applied in pilot projects or specific initiatives.

Several developments concerning deployment of certification systems are expected in the near future

- Alignment with European standards for Comprehensive Cancer Centers – as part of EU projects such as EUnetCCC, CCI4EU, and JANE, Czech oncology centers are preparing to comply with harmonised European CCC criteria (including quality of care, research integration, patient involvement, etc.).
- Expansion of international accreditations (e.g. OECI) – particularly in university hospitals and large specialised centers, to improve benchmarking and international collaboration.
- Certification in digital health and cybersecurity – with the digitalisation of healthcare (eHealth, AI diagnostics, etc.), new certification schemes related to data protection and digital service reliability are anticipated.
- Patient-centered care and experience certifications – The Czech Republic led the INTENT⁶ consortium, which developed a patient-centered cancer care model. This approach is now being gradually rolled out in KOCs, inspired by models such as Planetree, with growing interest in certifications related to multidisciplinary care, quality of life, and psychosocial services.

Organization of cancer care

The Czech Republic is one of the countries with the longest tradition of the National Oncology Program (NOP). The first one was approved on February 2, 2004, by the Czech Ministry of Health and signed by the President of the Republic in 2005. Part of the first NOP was to create a network of oncology care in the Czech Republic.

The cancer care network is centralised and vertically structured. The cancer care network was established in 2006 and is based on the existence of highly specialised care centers for adult patients with solid tumours, known as Comprehensive Cancer Centers (KOC), highly specialised haematology care centers for haemato-oncological diseases (HOC), and highly specialized centers for paediatric tumours (KOCde). The KOC/HOC/KOCde network is defined on the basis of a call pursuant to Section 112 of Act No. 372/2011 Coll.

In 2024, the Czech Republic had 15 accredited comprehensive cancer care centers (KOC), 8 haemato-oncology centers (HOC), 2 national cancer centers for highly specialised oncology and 2 haemato-oncology care centers for children (KOCde). Within regions, the KOCs interact with lower-level cancer care providers⁷. Since 2017, each KOC is responsible for forming and acting as the clinical lead of a regional oncology group (ROS), including consultation on treatment decisions and co-ordination of follow-up care.

The KOCs are responsible for co-ordinating the full spectrum of cancer care, especially multidisciplinary, including palliative care and follow-up care for patients with a history of cancer within their ROS. Dedicated co-operation contracts are signed between a KOC and ROS members to ensure compliance with common clinical protocols and guidelines, and to support standardised oncology care management.

Since 2017, two Comprehensive Cancer Centers, one in Prague and one in Brno, have been designated as National Cancer Centers (NOC) within the oncology network. NOCs are designed as coordinating scientific and research entities, and their establishment expands the possibilities for international cooperation within the KOC network. NOCs act as coordinators in their respective areas, primarily as national contact points for international cooperation. These two NOC are part of the European Reference Networks for Rare Diseases: EURACAN, Genturis, EuroBloodNet, and PeadCan.

Every region in the Czech Republic has at least one KOC, except Karlovarský region. This KOC is currently being created and should be operational from 2026. The share of cancer patients treated in KOCs nationwide had been increasing gradually, and stabilised at 70% in recent years, including 2022. Not all cancer cases require treatment, diagnostics or consultation in a KOC according to the Czech Oncology Society guidelines, yet regional differences are significant:

88% of all cancer patients residing in Prague were treated in a KOC, while only 43% of cancer patients in Karlovarský region were treated in a KOC in 2022.

Introduced in 2017, the Regional Oncology Networks (ROs) of lower-level cancer care providers were originally formed by the KOCs on a voluntary basis; the obligation for a KOC to establish and be the clinical lead of an RO was added in 2022 as part of the last KOC reaccreditation cycle. A RO can include hospitals and outpatient cancer care providers, as well as GPs – who gained new competencies to monitor patients with a history of cancer in 2019. To support this global politics, a national data management system dedicated to cancer has been created. All KOC are supposed to provide access to a complete and detailed overview of cancer in the country for research and public health.

Identified barriers towards the implementation of EUCCC certification in the Czech Republic

- Despite the sophisticated structure of cancer care, regional implementation remains uneven. Some regions have successfully developed structured patient pathways; others lag behind.
- Further centralisation is needed, particularly by introducing minimum activity thresholds, a process that is already underway in oncology surgery (lung, urology, gynaecology) and expanding to rectal, oesophageal, liver, and pancreatic tumours.

Identified enablers towards the implementation of EUCCC certification in the Czech Republic

- The well-structured organization of cancer care (see description above) is an opportunity to provide high quality care for all. With the regional oncology networks: KOC is responsible for organising care for the entire region, which gives the system accountability and structure.

Conditions for successful EUCCC certification implementation in the Czech Republic

- Improve the organization of existing networks by defining clear pathways.
- Improve the transparency of information: cancer registry exists since 1977 and a lot of data available. However, it is difficult to obtain permission to publish it, especially for hospitals with low scores.

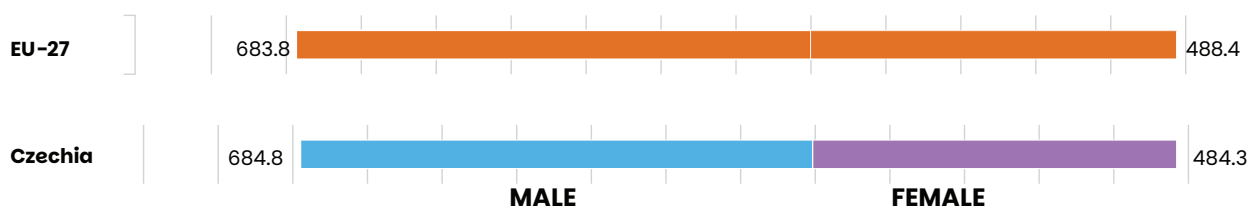
Number of OEIC-certified CCCs: 1

Number of EUCCC pilot centers: 0

Epidemiology: incidence, mortality and survival rates

Incidence rate:

Estimated incidence, both sexes, all sites but non-melanoma skin, 2022 (per 100 000 population)



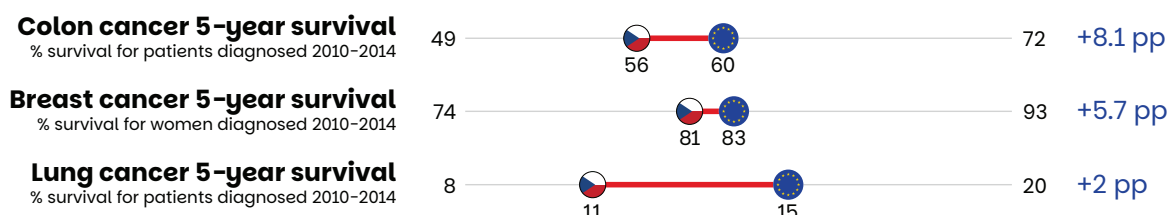
Mortality rate:

Cancer mortality
ASMR per 100 000 population

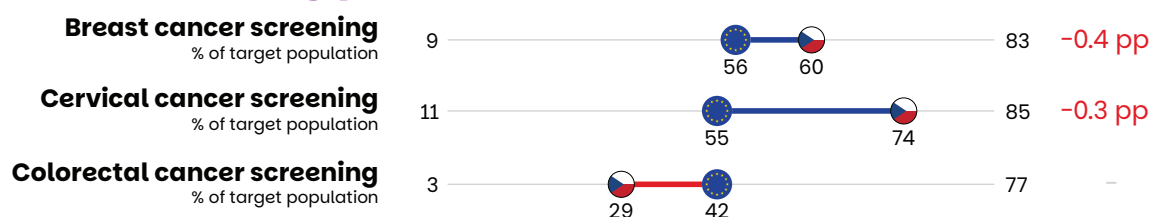


Survival rates:

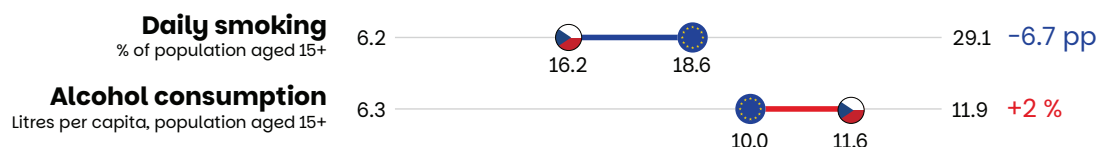
For the selection of cancers:



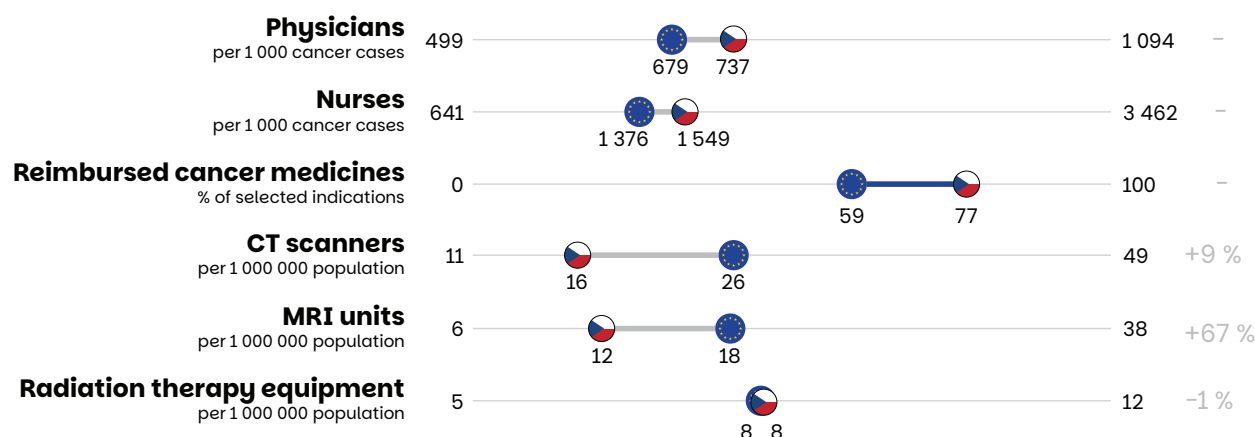
Screening performance



Risk factors



Human resources and infrastructure



Number of clinical trials: 632

Endnotes

1. <https://eurohealthobservatory.who.int/countries/czechia>
2. Joint Accreditation Commission, o.p.s. and CSAZ
3. Criteria defining the status of Comprehensive Cancer Center » Linkos.cz
4. EU Country Cancer Profile: Czechia 2025 | OECD
5. List of highly specialised care centers in the Czech Republic – Page 2 – Ministry of Health of the Czech Republic
6. <https://programme2014-20.interreg-central.eu/Content.Node/INTENT.html>



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