Seminario

Retos actuales y futuros del financiamento en la atencion del cancer en la

Caja Costarricense de Seguro Social

San José, Costa Rica,

29th May 2015

Modelo de Prestacion de Servicio en Italia: Perspectiva Local, Nacional e Internacional

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Coordinator, The Italian Research Network for Europe

Ministry of Health

My Presentation *(35 slides)*

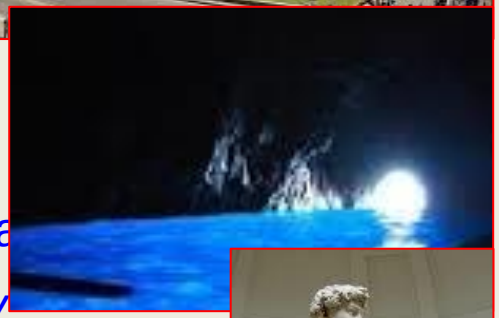
- Personal Introduction: “why I am here”; Conflict of Interest Statement
- The Italian National Health System (Sistema Sanitario Nazionale - SSN)
- Cancer in Italy

  The Numbers

  The National Oncology Plan (Piano Oncologico Nazionale)

  Focus on: The expenditure for oncological drugs in Italy
- A model of Care and Research in Oncology: my Hospital
- A model to promote research strategies from the local to the international scenario:
  - The accreditation as an International Comprehensive Cancer Center and
  - the www.healthresearch.it initiative

My Presentation *(35 slides)*



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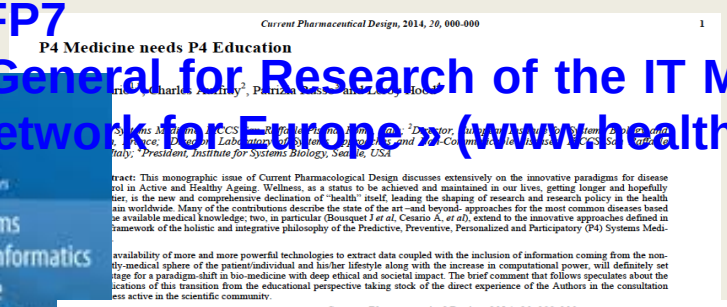
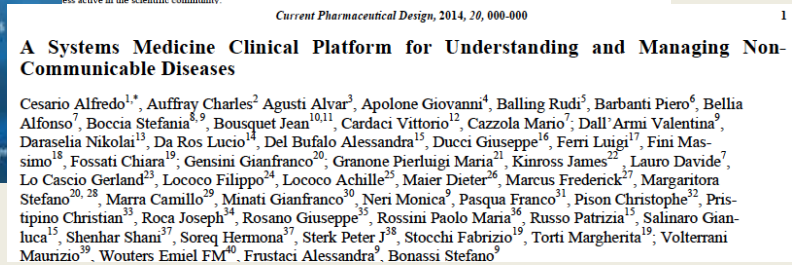
- **Researcher (H Index: 31; > 230 publ, IF:>950): thoracic surgical oncology, pulmonary rehabilitation & Systems Medicine**
- **Board Member, European Forum for Good Clinical Practice (www.efgcp.eu)**
- **General Assembly Member JPI MYBL, WP Leader CA J-AGE, WP Leader CA PerMed,**
- **Scientific Advisory Board Member CA EU-LAC Health and EraCoSysMed (Chair)**
- **European Commission Directorate General for Research, Seconded National Expert 2005-09**
- **National Delegation, European Commission Health Configuration Programme Committee FP7**
- **Advisor to the Director General for Research of the IT MoH and Coordinator « The Italian Research Network for Europe » (www.healthresearch.it)**



Current Pharmaceutical Design, 2014, *20*, 000-000 1

P4 Medicine needs P4 Education



Current Pharmaceutical Design, 2014, *20*, 000-000 1

A Systems Medicine Clinical Platform for Understanding and Managing Non-Communicable Diseases

Cesario Alfredo[1,*], Auffray Charles[2] Agusti Alvar[3], Apolone Giovanni[4], Balling Rudi[5], Barbanti Piero[6], Bellia Alfonso[7], Boccia Stefania[8,9], Bousquet Jean[10,11], Cardaci Vittorio[12], Cazzola Mario[7]; Dall'Armi Valentina[9], Daraselia Nikolai[13], Da Ros Lucio[14], Del Bufalo Alessandra[15], Ducci Giuseppe[16], Ferri Luigi[17], Fini Massimo[18], Fossati Chiara[19]; Gensini Gianfranco[20]; Granone Pierluigi Maria[21], Kinross James[22], Lauro Davide[7], Lo Cascio Gerland[23], Lococo Filippo[24], Lococo Achille[25], Maier Dieter[26], Marcus Frederick[27], Margaritora Stefano[20, 28], Marra Camillo[29], Minati Gianfranco[30], Neri Monica[9], Pasqua Franco[31], Pison Christophe[32], Pristipino Christian[33], Roca Joseph[34], Rosano Giuseppe[35], Rossini Paolo Maria[36], Russo Patrizia[15], Salinaro Gianluca[15], Shenhar Shani[37], Soreq Hermona[37], Sterk Peter J[38], Stocchi Fabrizio[19], Torti Margherita[19]; Volterrani Maurizio[39], Wouters Emiel FM[40], Frustaci Alessandra[9], Bonassi Stefano[9]

CONFLICTS of INTEREST: NONE

The Italian National Health System (Sistema Sanitario Nazionale, SSN)

"The entire System of Functions, Activities and care services managed and provided by the State"

- Based by the Article 32 of the Italian Constitutional Law (Universal Right to Health), established year 1978 (Law 833)
- **Governing Principles:**

- Universalism & Equality
- Free of Charge
- Absence of Barriers
- Political allocation of resources driven by the Need of the Population
- Redistribution twds lower social strata
- Services "produced" by the State

Livelli Essenziali di Assistenza – L.E.A. *(Essential Levels of Care)*

Livelli Essenziali di Assistenza, L.E.A.

As of 2001 Screening for Breast, Cervix and Colon-Rectum are considered L.E.A.s

- Upgraded by the Decree of the Prime Minister (Law), 29 November 2011.
- Implemented by the Regions (in force of the reform of the Title V of the Consitution) that can provide different services (never lesser than those established by the central government).

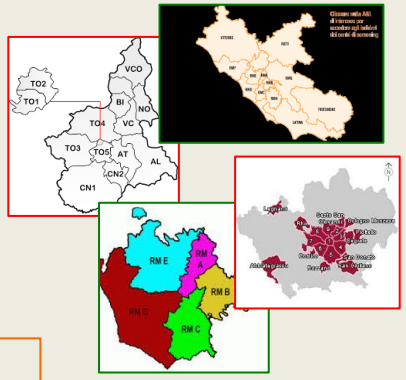
Italy
Surface: 301.340 sqKm
Pop.: 60.788.845 (11/14)
GDP: 2014 bn EUR
GDP *pro capita*: 34 kEUR

GOVERNMENT → **REGION**

LOCAL HEALTH AUTHORITY
Azienda Sanitaria Locale, A.S.L.

PUBLIC HOSPITAL
(Azienda Ospedaliera)

PRIVATE HOSPITAL
(Recognised)



Funding of the S.S.N.

Sources:

- Direct income of the Local Health Authorities (ASL), including the compartecipation by citizens ("ticket")
- Regional Taxation of Productive Activities
- General National Taxation (on "physical persons")

NATIONAL HEALTH FUND
Fondo Sanitario Nazionale

Average 2010 – 2014 (modified year by year by Gov. Decree): ≅ **108 billion EUR**

Average compartecipation by the citizens ("ticket"): ≅ **4.4 billion EUR**

2 bn → Buying of drugs

Cancer in Italy

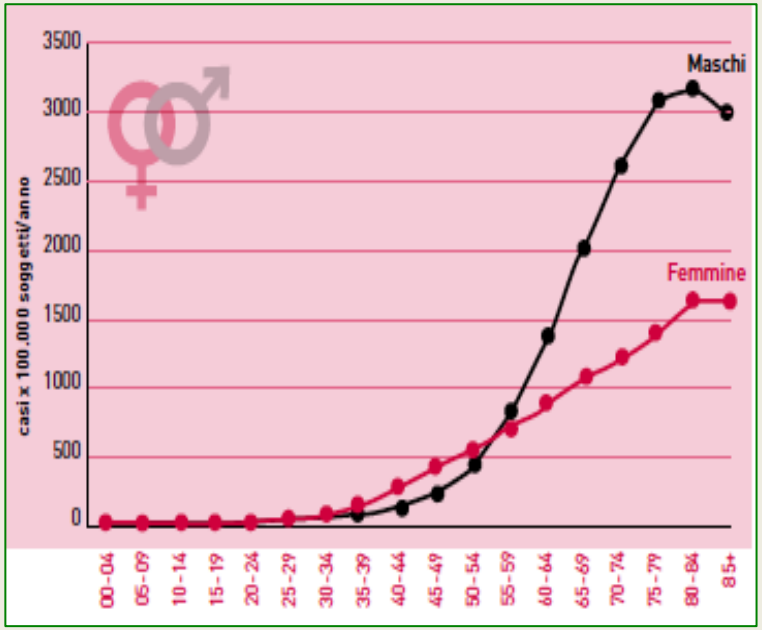
- **The "Numbers" of Cancer in Italy (1)**
- **The National Oncology Plan (2)**
- ***Focus on: The expenditure for oncological dr***

Sources:
1) The Italian Association of Medical Oncology,
The Italian Association of Tumour Registries (AIRTUM), the Ministry of Health and the National Institute of Statistics;
2) The Italian Ministry of Health
3) The Italian National Drug Agency (AIFA)

Cancer in Italy: The Numbers

INCIDENCE 1/2 (Pop.: 60.788.845; *Life Expectancy at 12/14: Men: 79.6 yrs and Women: 84.6 yrs*).

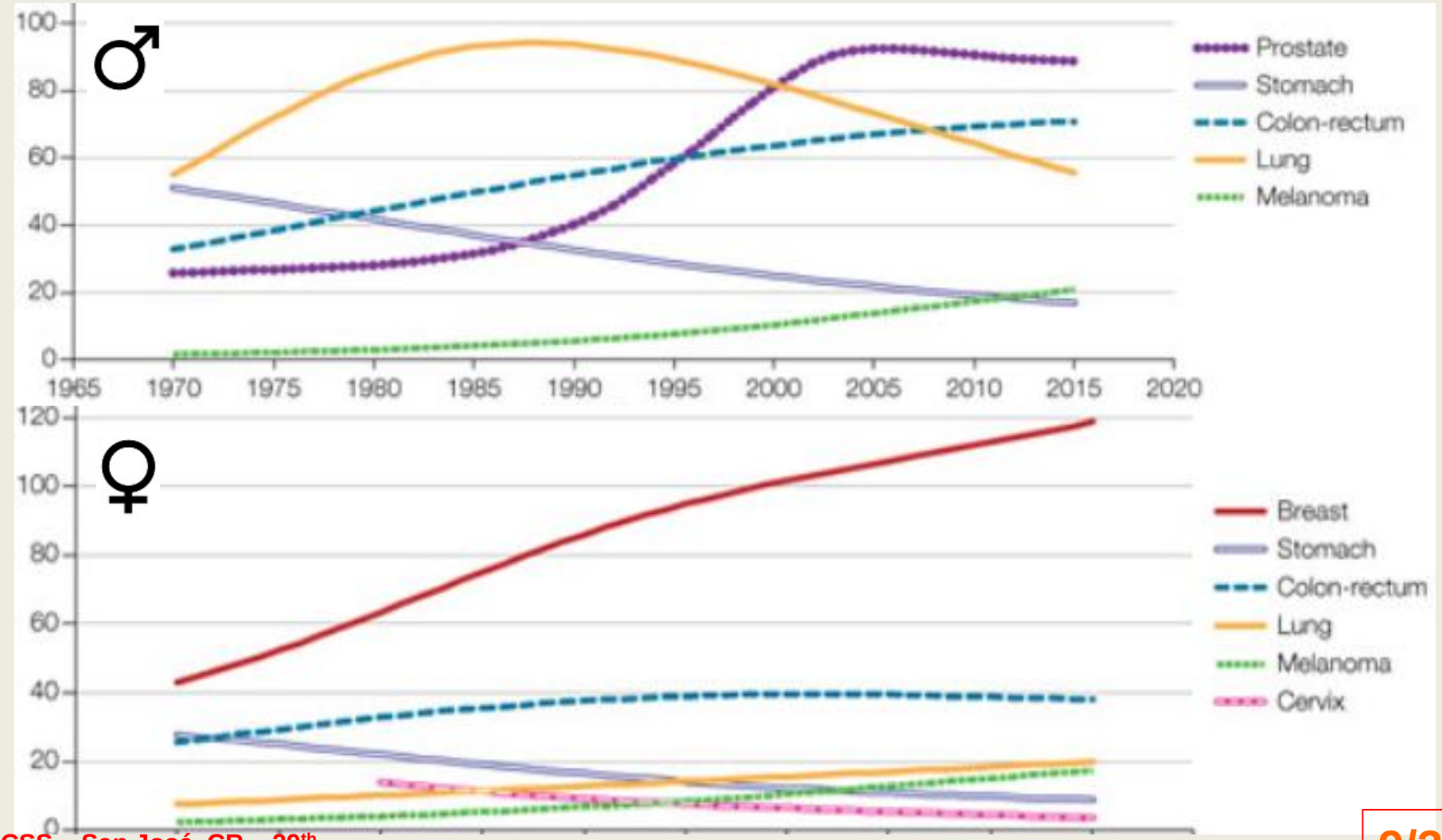
- Every day **1000** new cases of Cancer are diagnosed. Incidence rate is stable, overall # of diagnoses is thus increasing (ageing);
- In 2014, **366.000** new diagnoses have been made: **196.000 (54%)** in Men and **169.000 (46%)** in Women;
- **57%** of Men and **63%** of Women are alive at 5 years from diagnosis;
- Overall, the most frequent cancer is **Colon-Rectum (14%)**, followed by Breast (13%), Prostate (11%) and Lung (11%);
- Difference in incidence among the South (less rich) and the North (more rich) are levelling off.
- Overall, the incidence of Cancer in Italy is comparable (or slightly >) with that of the other



Rango	Maschi	Femmine	Tutta la popolazione
1°	Prostata (20%)	Mammella (29%)	Colon-retto (14%)
2°	Polmone (15%)	Colon-retto (13%)	Mammella (13%)
3°	Colon-retto (14%)	Polmone (6%)	Prostata (11%)
4°	Vescica* (10%)	Tiroide (5%)	Polmone (11%)
5°	Stomaco (5%)	Utero corpo (5%)	Vescica (7%)

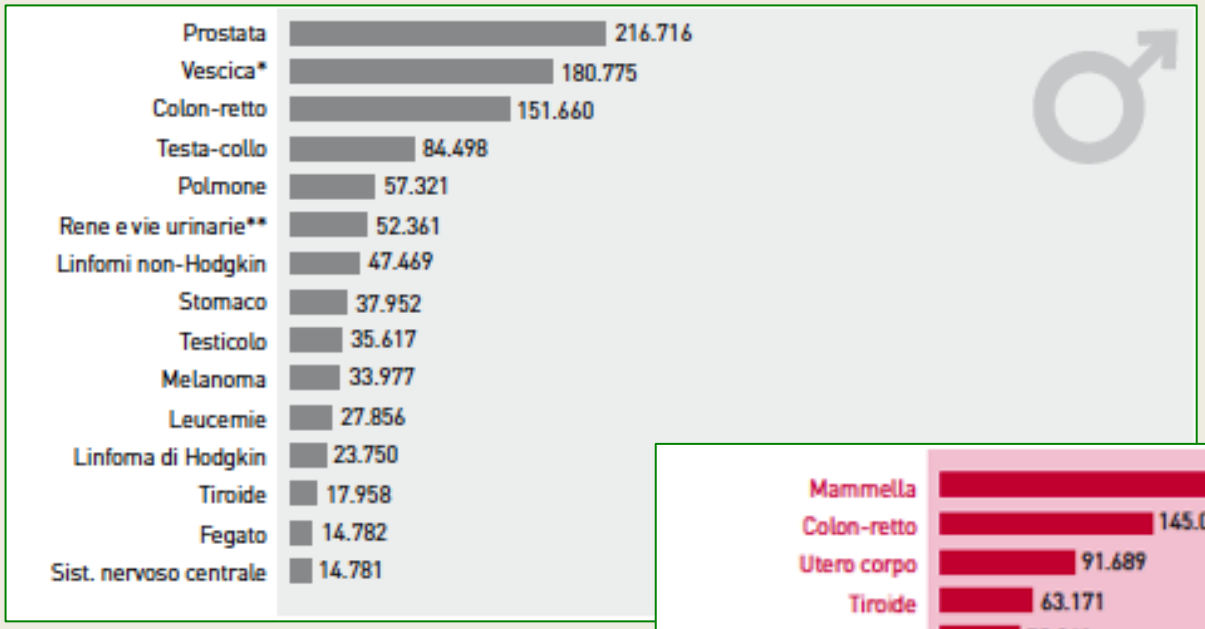
Cancer in Italy: The Numbers

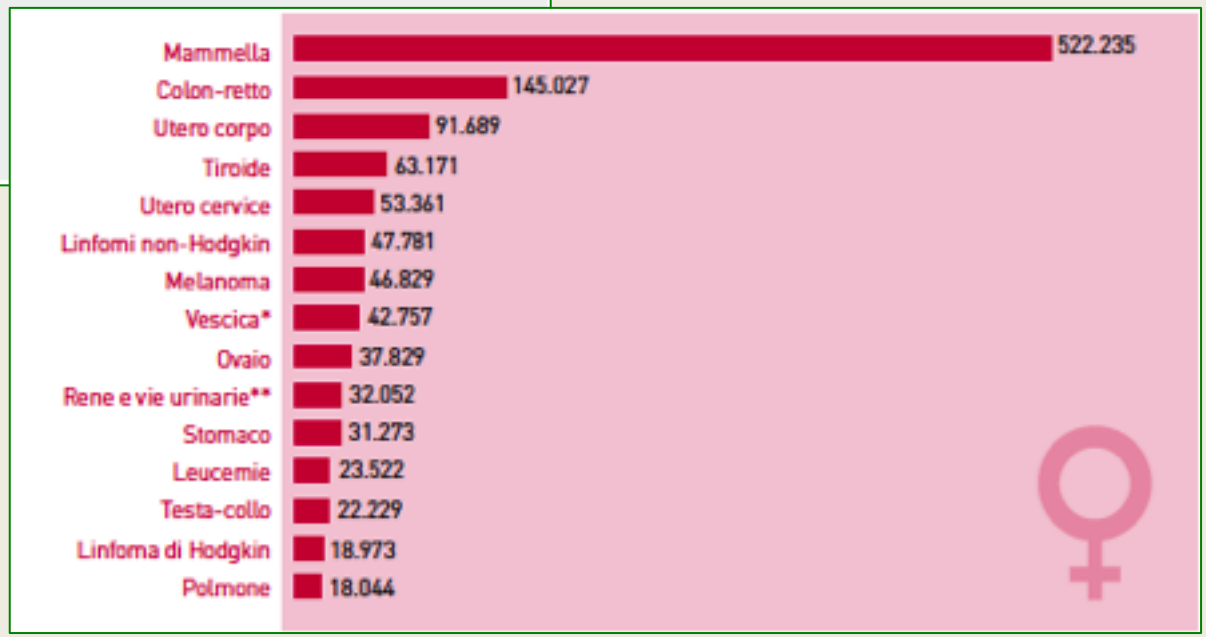
INCIDENCE 2/2



Cancer in Italy: The Numbers

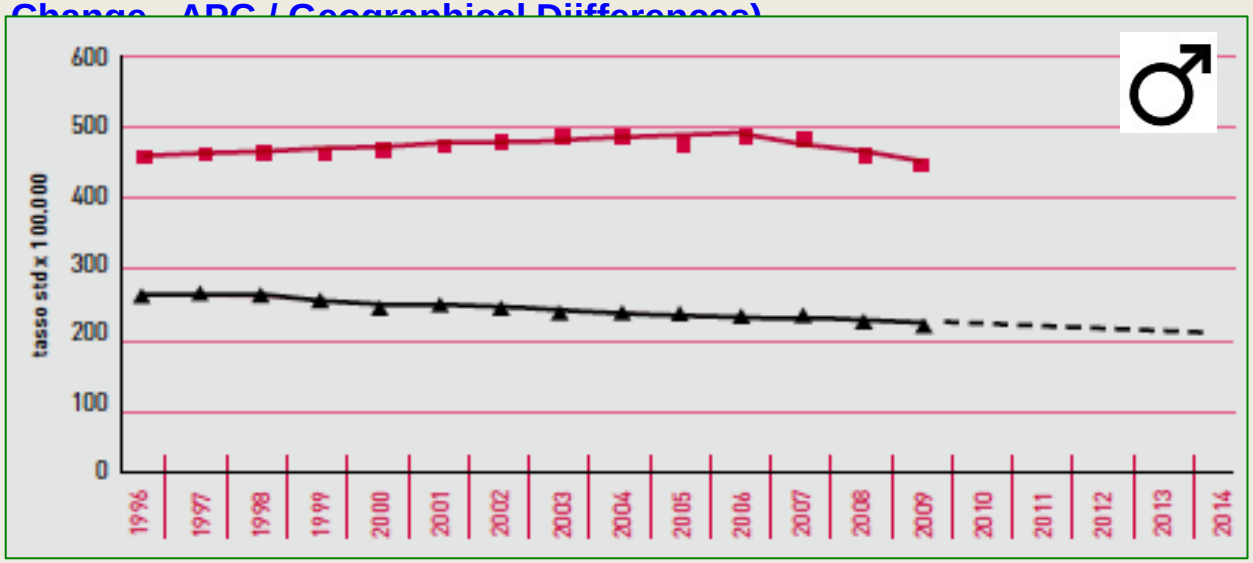
PREVALENCE 1/2 (2012 consolidated data)

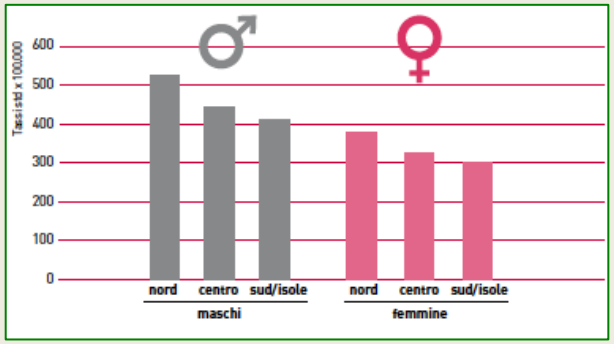


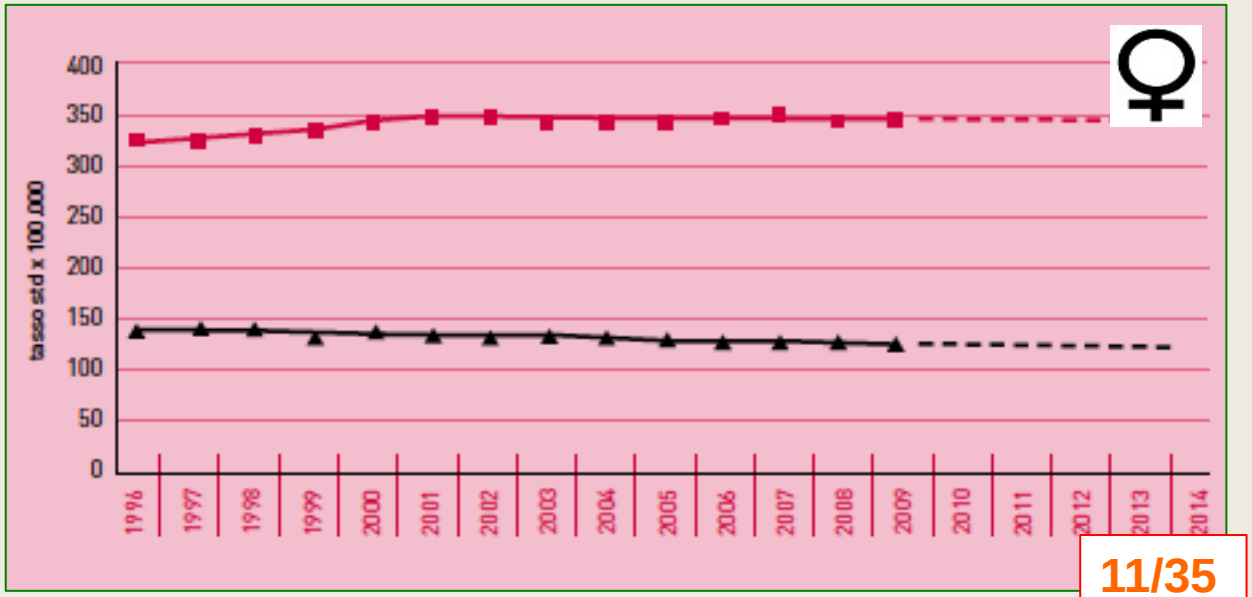


Cancer in Italy: The Numbers

PREVALENCE 2/2 (Time Trend, All Cancers – RED: Overall Rate X 100 k; BLACK: Annual Percent Change – APC / Geographical Differences)



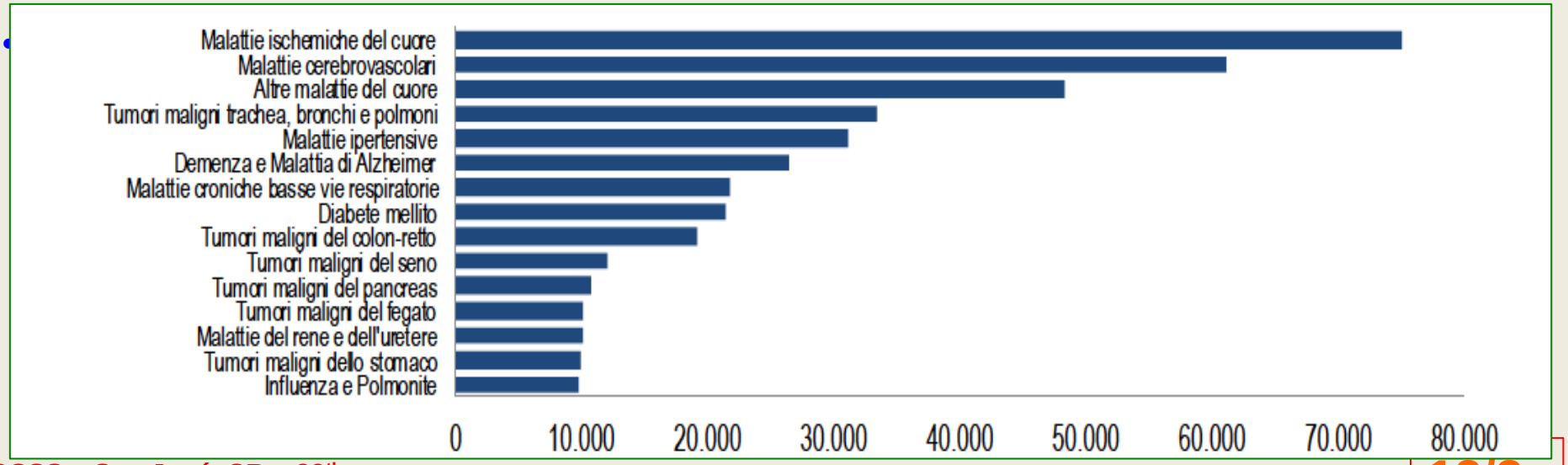




Cancer in Italy: The Numbers

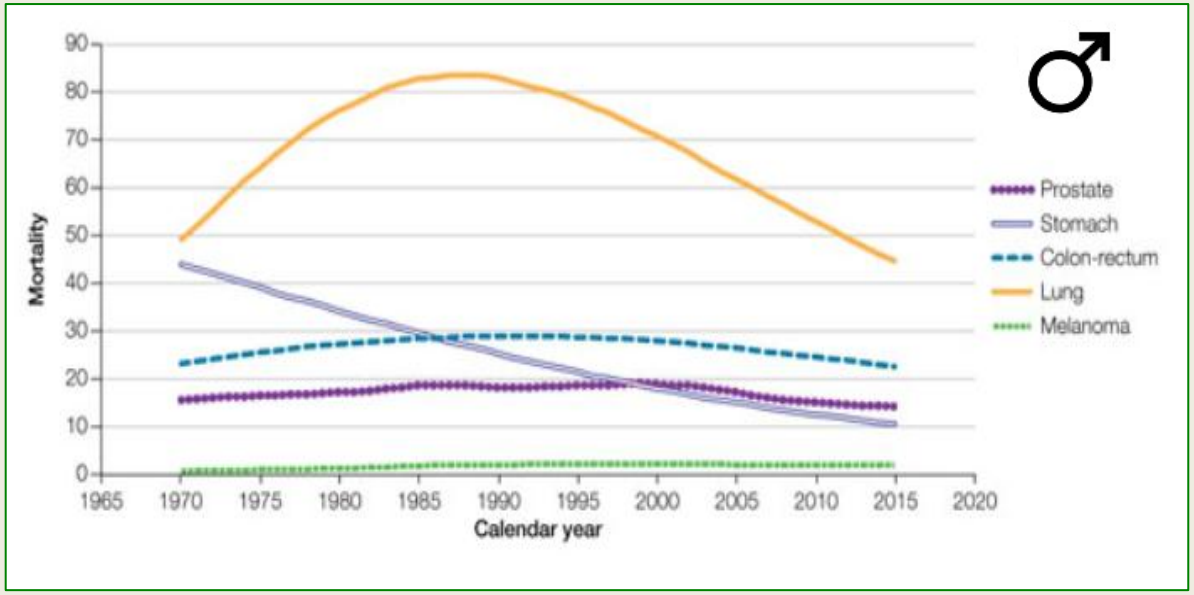
MORTALITY 1/2

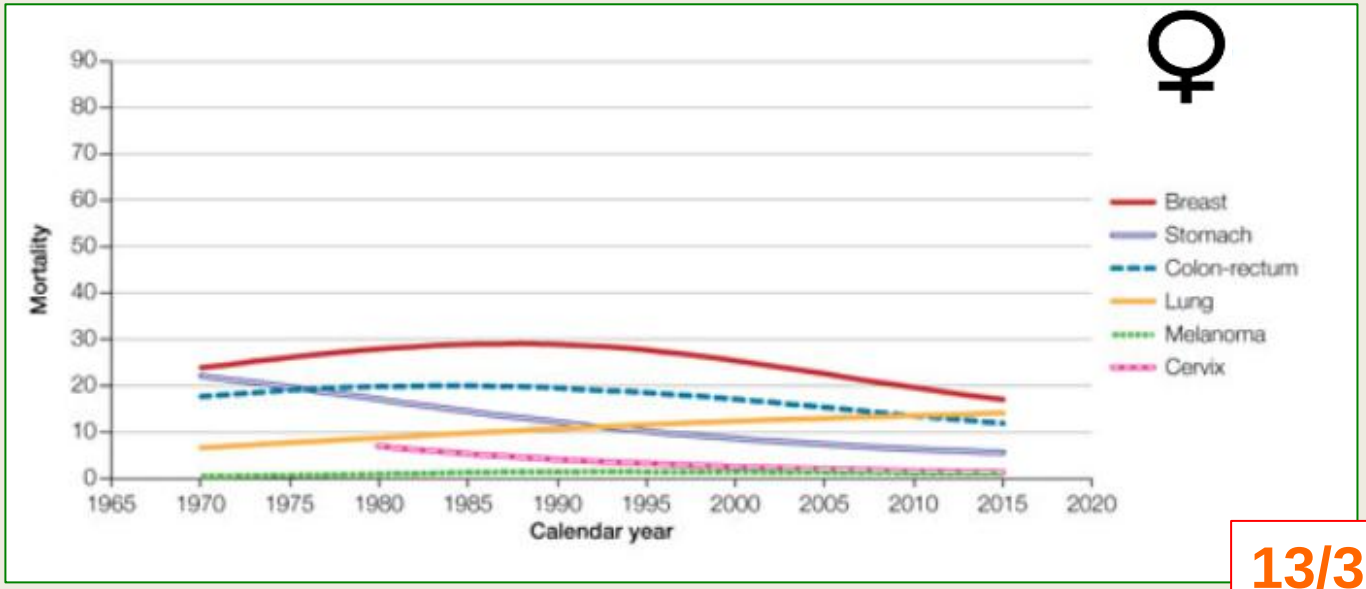
- Cancer related deaths (consolidated 2011 data): **175.000** (99000 Men and 77000 Women);
- Frequency of Cancer related Deaths (mean): **4 out of 1000 resident Men** and **3 out of 1000 resident Women**. 1 out of 3 Men and 1 out of 6 Women have died of Cancer
- Cancer related Death rate is **decreasing** in both genders. Ageing of the population is hiding this phenomenon (in general descriptive statistics).



Cancer in Italy: The Numbers

MORTALITY 2/2





Cancer in Italy: The Numbers

SURVIVAL

- **Median Survival** at 5 years: **55% in Men** and **63% in Women**.
- **Increased steadily** over time (overall).
- **Increases steadily** and proportionally with the **time from diagnosis**.
- Highest: Breast (87%) and Prostate (92%).
- **Cancer stays as the second cause of Death** (considering cardiovascular and cerebrovascular events as one category) justifying 30% of deaths; however, for some cancers (Testis, Uterus, Melanoma, Hodgkin Lymphoma and lesser in Colon-Rectum), **after 5 yrs from diagnosis survival levels off with that of the general population without a diagnosis of Cancer**;
- Survival rates ar n countries, U.S. and Australia.

	EU	ITALY
colon-retto	53,5 (38,8-59,7)	57,5 (45,2-63,5)
polmone	10,2 (7,9-14,7)	12,7 (8,1-16,2)
melanoma	85,4 (63,0-92,1)	83,4 (61,9-88,5)
mammella	79,5 (71,9-87,6)	82,6 (72,1-86,6)
ovaio	34,2 (30,3-42,8)	35,9 (28,7-60,0)
prostata	73,9 (47,7-84,9)	78,5 (56,4-83,3)
testicolo	95,5 (92,1-98,3)	94,1 (69,3-100)
linfomi di Hodgkin	80,1 (74,0-83,9)	80,4 (65,0-85,4)

Cancer in Italy: The National Oncology Plan

- Issued by the Ministry of Health every 3 years in consensus with the Regions and relevant stakeholders

Rationale

- Adequate Planning
- Optimisation of the use of the available resources
- Covers Oncology, Rehabilitation and Palliative Care

Objectives

- To offer the highest diagnostic and therapeutic standards
- To level off inequalities related to geographical distribution
- To contain the expenditure

Actions

1) **Define the standards to evaluate the appropriateness** at the light of a) **reducing mortality** and b) **optimise the expenditure**.
2) **Rationalize the use of resources** to level off the geographical differences
3) **Reduce the migration** among Regions by reducing the technological gaps
4) **Increase the coverage of the population** served by adequate **tumor registries** above 50%
5) **Increase the networking** among existing tumor registries
6) **Realise Hub&Spoke networks** dedicated to the validation of new diagnostic therapeutics with highly

Cancer in Italy: The National Oncology Plan

Strategies *** - Primary Prevention

Centralised (political) & at the level of the SSN (implementation)

A) To fight the habit to smoke
B) To Promote healthy diet and active life
C) To fight alcohol abuse
D) To fight transmissible oncogenic agents (HBV, HCV, HIV)
E) To fight environmental exposition to oncogenes in everyday life and working place
F) To promote technological development

**** (aligned with the European Union white book "A common commitment to Health: EU strategies for the period 2008-2013 and Council Conclusions, The Council of the European Union "Reducing the Burden of Cancer", Luxembourg 10th June 2008*

Cancer in Italy: The National Oncology Plan

*Strategies ****

Secondary Prevention

- **Screening Programs**: implemented as of 2001 as L.E.A.s for Breast, Cervix and Colon-Rectum

- Italy Proposal for a EU Resolution adopted by the European Parliament in 2003: all Countries in the EU should be able to propose active screening programs for Breast, Cervix and Colon-Rectum.

Actions

1) **Expand screening programs** to reduce by 50% the gap among the percentage of invitations observed and that expected according to the total coverage of the target population (Breast: 50-69 → 45-74).

2) To **empower and optimize the quality of screening programs** by easing the access to proper funding (i.e. the Regional funds dedicated to Health) and according to the negotiation among the national observatory on screening and the Regions themselves.

3) By **re-engineering the opportunistic screenings** to make entirely sustainable the programs for Breast, Cervix and Colon-Rectum.

4) To **define a national research programs on screening** to validate innovative and more efficient apporaches.

5) To **establish a centralized "Screening Steering Board"** to centrally plan, coordinate, monitor and evaluate pilot studies on the impact and cost-effectiveness on innovative technologies.

6) To create a steering group to define a **National Plan on Public Health Economics**

**** (aligned with the European Union white book "A common commitment to public health: Strategies for the period 2008-2013" and Council Conclusions, The Council of the European Union "Reducing the Burden of Cancer", Luxembourg 10th June 20*

Strategies *** - Tertiary Prevention

A) Promote **the <u>territorial attention</u>** in order to control co-morbidities and recurrences.

B) Promote **<u>Diagnostic and Therapeutic Protocols (PDTAs)</u>** of integrated management as Best Practice standards.

C) Promote the **<u>technological upgrade</u>** for the **<u>equitable</u>** access to therapies and diagnostics with high cost – effectiveness.

D) Promote **<u>the Carers empowerment</u>** for the definitions of support protocols for the terminally ill.

E) Promote the **<u>accessibility to the psycho-oncology</u>** support.

F) Promote the **<u>capacity building</u>** on follow-up and integrated management protocols (PDTA) via a national training and re-training program.

G) Rewrite optimised follow-up protocols, based on the accurate definition of categories at risk.

*** *(aligned with the European Union white book "A common commitment to Health: EU strategies for the period 2008-2013" and Council Conclusions, The Council of the European Union "Reducing the Burden of Cancer", Luxembourg 10th June 2008)*

Cancer in Italy: The National ogy Plan

Strategies

Seconda
- ervix and
Colon-Rec
- iament in
2003: all C
a d Colon-
Rectum.

Actions

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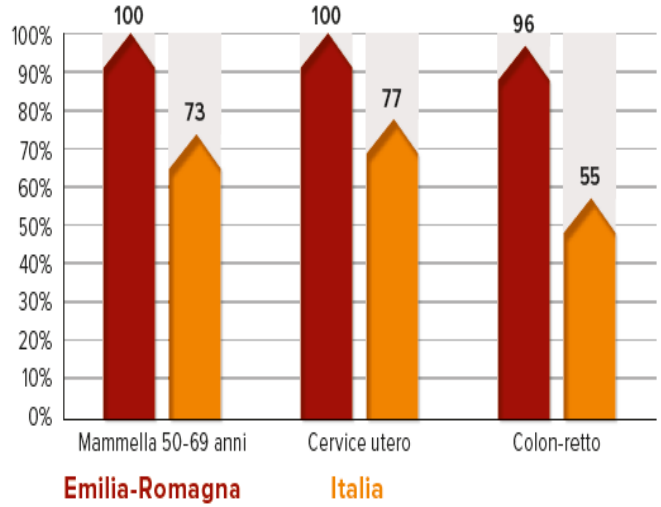
2) To empo ms by easing the access to proper fun th) and accrodng to the negotiation an d the Regions themselves.

3) By reen tirely sustainable the programs for Bre

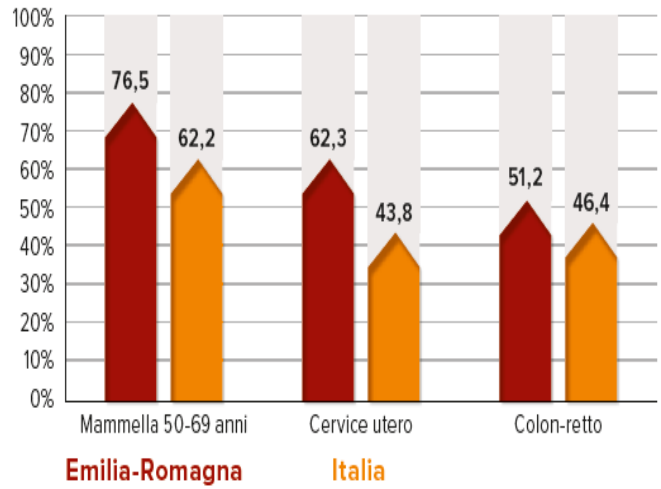
4) To defin hite book "A common alidate innovative and more efficient ap e period 2008-2013 and

5) To establish a centralised "Screening Steering Board" to centrally

Screening tumori mammella, collo dell'utero e colon-retto. Popolazione invitata al 31/12/2013: Emilia-Romagna e Italia – Valori %



Screening tumori della mammella, collo dell'utero e colon-retto. Adesione all'invito: Emilia-Romagna e Italia – Anno 2013 – Valori %



Screening per la prevenzione del tumore del collo dell'utero		
	Reggio Emilia	Emilia Romagna
Adesione	72,1%	62,3%%

Screening per la prevenzione del tumore alla mammella		
Adesione	80,1%	76,5%

Screening per la prevenzione del tumore al colon retto		
Adesione	61,8%	51,2%

Council Conclusions. The Council of the European

"Reducing the Burden of Cancer"; Luxembourg 10th June 2008

Cancer in Italy: The National Oncology Plan

Strategies *** - **Other**

A) Integration of the diagnostic-therapeutic pathways

- Medico di Medicina Generale (GP)
- Outpatient Clinics
- Hospital

B) Continuity of Care (Simultaneous Care)

- Specific Oncological Therapy
- Rehabilitation
- Palliative Care
- Therapy for Pain
- Psycho-oncology
- Carers (including not-for-profit, volunteers, families)

C) Technological Upgrade

- Imaging (Diagnostics, Nuclear Medicine and Radiometabolic Therapy)
- Pathology
- Endoscopy
- Surgery
- Radiotherapy (150 centers, 150.000 pts/yr)

D) Innovation

- Biobanks
- Molecular Medicine
- Cellular Therapy
- Haematopoietic Stem Cell Transplant
- Oncological Networks

*** *(aligned with the European Union white book "A common commitment to Health: EU strategies for the period 2008-2013 and Council Conclusions, The Council of the European Union "Reducing the Burden of Cancer", Luxembourg 10th June 2008*

The expenditure for Oncological Drugs

CONSOLIDATED DATA 2013 (National Drug Agency "Agenzia Italiana del Farmaco"– AIFA; www.aifa.gov.it)

- The **reduction in mortality** over time **did not induce any reduction** in the expenditure.
- New Drugs are inducing a very high risk (a certainty?) negative impact on sustainability.
- Each Italian citizen has taken slightly less than 1.7 drug doses per day for an overall of 1.8 billions drug packs (+1.7% than 2012)
- Antineoplastic Drugs are the Third therapeutic strategy (after Cardiovascular and Gastrointestinal) in terms of expenditure and the 12h in terms of overall consumption.

3.589 billion EUR

14 doses / 1000 residents / day

NEW DRUGS (oncology)

Mitigating Strategies

a) Pre-Marketing

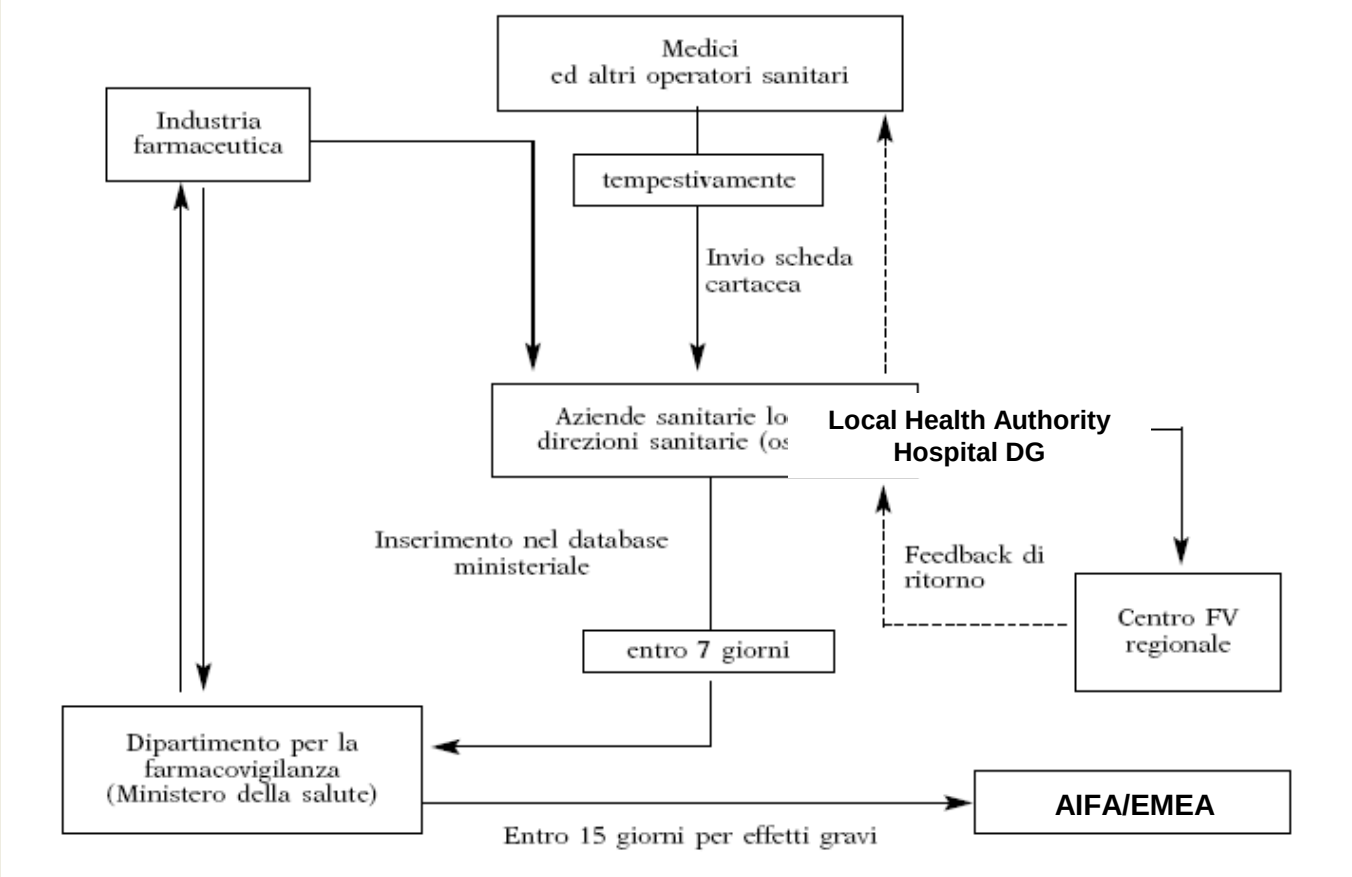
- **empowering of research conducted in Italy** through the optimisation of related processes.
- **support to the early phase** clinical research (especially. "first in human" phase I).
- **scientific support for early phase clinical research** (gene therapy, cell therapy and biotech in general).
- increase understanding of criteria towards **better selection of patients candidate for high cost drugs**.
- **rationalization of the policy** around the "rare tumors".

b) Post-Marketing

- **upgrade of the monitoring** of newly registered drugs.
- **optimization of the pricing negotiation** strategies with the Pharma

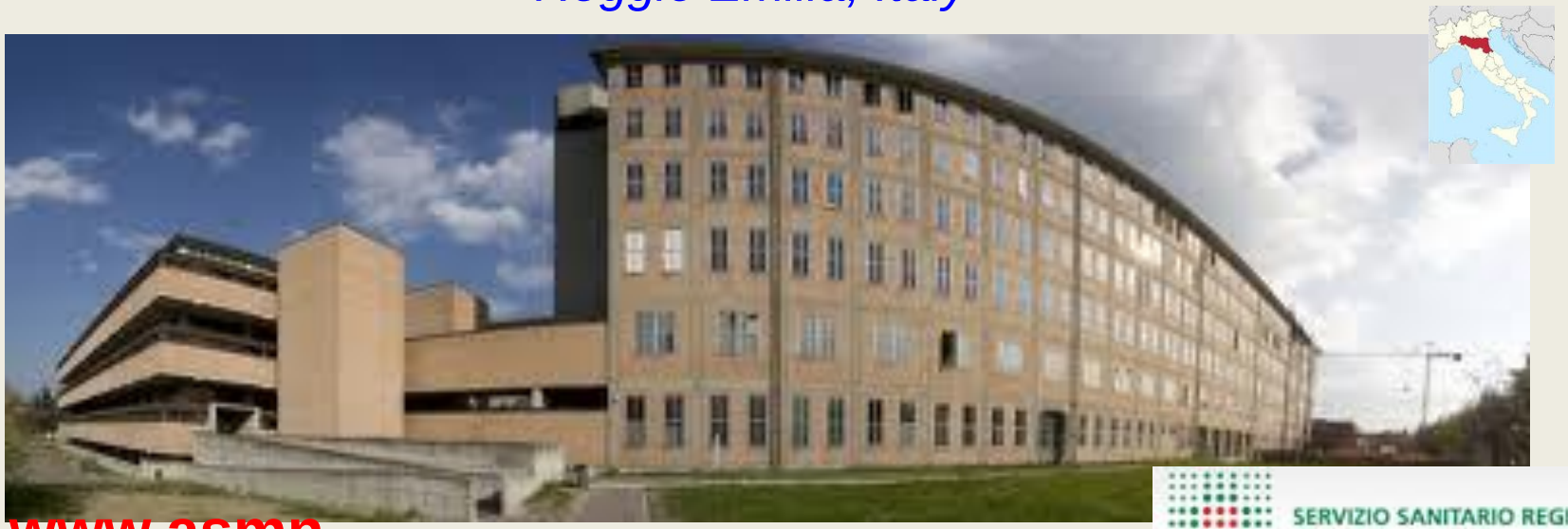
Pharmacovigilance

armacovigilance workflow



IRCCS Azienda Ospedaliera Santa Maria Nuova

Reggio Emilia, Italy



www.asmn.re.it

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA

SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA

535,869 Inhabitants (December 31st 2012)

907 Beds *(803 inpatients beds - 104 daycare beds)*

Hub for the Reggio Emilia province: (overall + 2000 beds circa)

45,446 Hospital admissions *(31,992 regular admissions , 14,623 daycare admissions)*

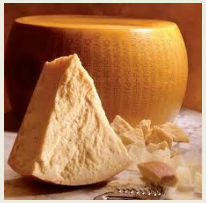
14,238 Major surgeries (2.787 more in comparison to year 2011)

84,892 Accesses to Emergency Department.

Almost **7,700,000 medical actions/services**: outpatients: 4,315,119

> 150 Clinical Trials ongoing

Region Emilia Romagna
Surface: 22.451 sqKm
Pop.: 4.5 mil (11/14)
GDP *pro capite*: 32 kEUR



Patients discharged with a diagnosis of Cancer, 2012 and 2013

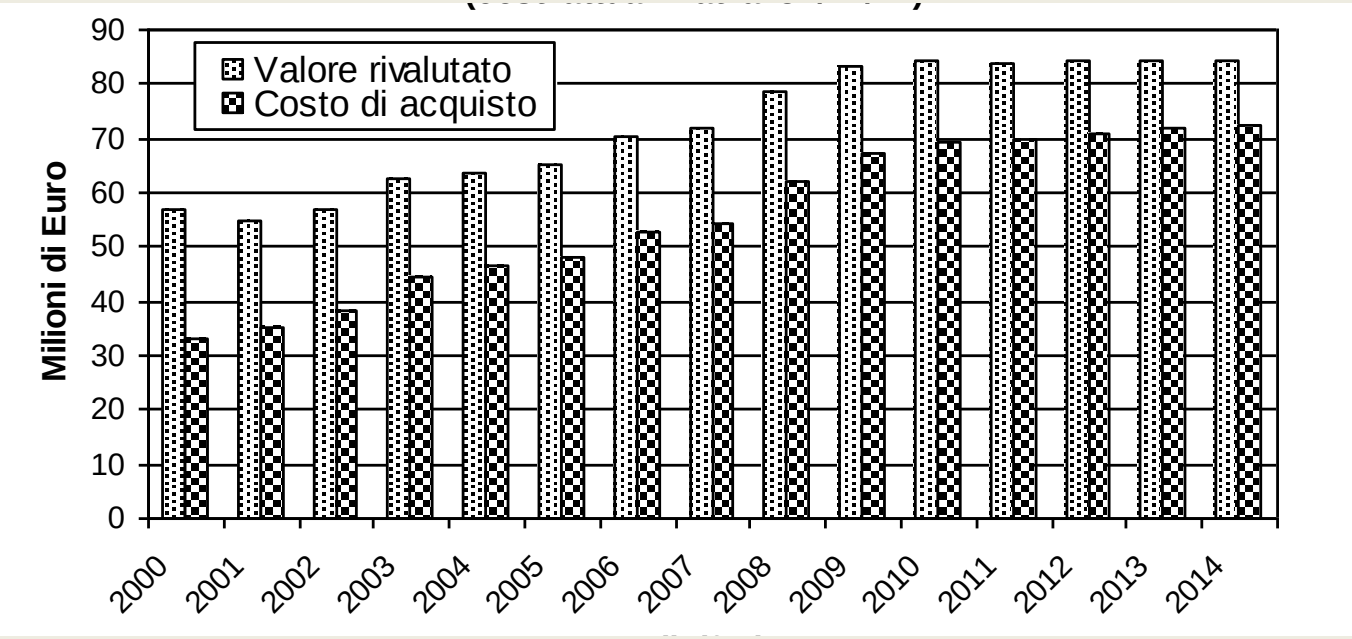
NEOPLASIA IN PATOLOGIA PRINCIPALE ANNO 2012 (Codici ICD-9-CM 2007 da 140 a 239)	n. dimessi	%
MDC: 01-SISTEMA NERVOSO	266	3,00%
MDC: 02-OCCHIO	44	0,50%
MDC: 03-ORECCHIO NASO BOCCA E GOLA	395	4,46%
MDC: 04-APP. RESPIRATORIO	576	6,50%
MDC: 05-APP. CARDIOCIRCOLATORIO	8	0,09%
MDC: 06-APP. DIGERENTE	727	8,20%
MDC: 07-FEGATO, VIE BILIARI E PANCREAS	509	5,74%
MDC: 08-APP. MUSCOLOSCHELETR., TESS. CONNETTIVO	83	0,94%
MDC: 09-PELLE, TESSUTO SOTTOCUTANEO, MAMMELLA	1476	16,65%
MDC: 10-ENDOCRINI METABOLICI NUTRIZIONALI	277	3,12%
MDC: 11-RENE E VIE URINARIE	511	5,76%
MDC: 12-APP. RIPRODUTTIVO MASCHILE	196	2,21%
MDC: 13-APP. RIPRODUTTIVO FEMMINILE	547	6,17%
MDC: 16-SANGUE E ORGANI EMATOPOIET. SIST. IMMUNITARIO	65	0,73%
MDC: 17-MIELOPROLIFER. E NEOPLASIE SCARSAM. DIFFERENZIATE	691	7,79%
MDC: PRE MDC	64	0,72%
altro	76	0,86%
sub-totale	6511	
V58.0 SESSIONE DI RADIOTERAPIA	661	7,46%
V58.11 CHEMIOTERAPIA ANTINEOPLASTICA	1.636	18,45%
V58.12 IMMUNOTERAPIA ANTINEOPLASTICA	58	0,65%
TOTALE GENERALE 2012	8.866	100,00%

8966

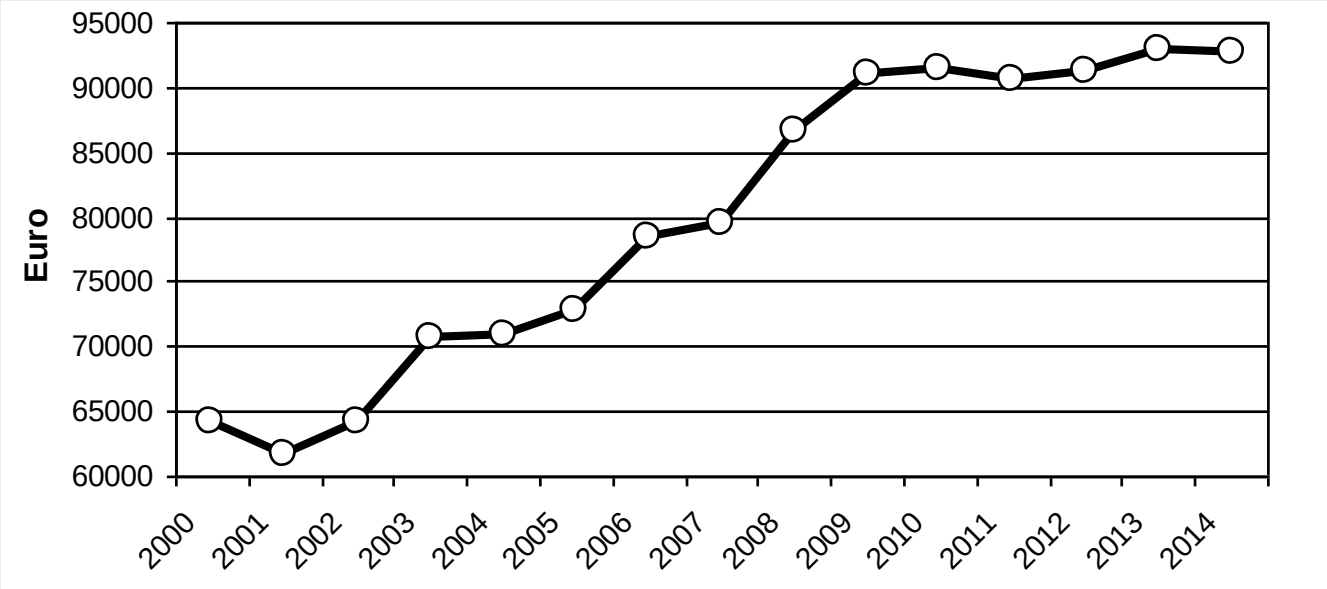
NEOPLASIA IN PATOLOGIA PRINCIPALE ANNO 2013 (Codici ICD-9-CM 2007 da 140 a 239)	n. dimessi	%
MDC: 01-SISTEMA NERVOSO	240	2,73%
MDC: 02-OCCHIO	63	0,72%
MDC: 03-ORECCHIO NASO BOCCA E GOLA	366	4,17%
MDC: 04-APP. RESPIRATORIO	560	6,38%
MDC: 05-APP. CARDIOCIRCOLATORIO	3	0,03%
MDC: 06-APP. DIGERENTE	692	7,88%
MDC: 07-FEGATO, VIE BILIARI E PANCREAS	507	5,78%
MDC: 08-APP. MUSCOLOSCHELETR., TESS. CONNETTIVO	73	0,83%
MDC: 09-PELLE, TESSUTO SOTTOCUTANEO, MAMMELLA	1547	17,62%
MDC: 10-ENDOCRINI METABOLICI NUTRIZIONALI	245	2,79%
MDC: 11-RENE E VIE URINARIE	498	5,67%
MDC: 12-APP. RIPRODUTTIVO MASCHILE	179	2,04%
MDC: 13-APP. RIPRODUTTIVO FEMMINILE	557	6,34%
MDC: 16-SANGUE E ORGANI EMATOPOIET. SIST. IMMUNITARIO	50	0,57%
MDC: 17-MIELOPROLIFER. E NEOPLASIE SCARSAM. DIFFERENZIATE	709	8,08%
MDC: 25-INFEZIONI DA HIV	1	0,01%
MDC: PRE MDC	68	0,77%
altro	1	0,01%
sub-totale	6359	
V58.0 SESSIONE DI RADIOTERAPIA	681	7,76%
V58.11 CHEMIOTERAPIA ANTINEOPLASTICA	1.700	19,36%
V58.12 IMMUNOTERAPIA ANTINEOPLASTICA	39	0,44%
TOTALE GENERALE 2013	8.779	100,00%

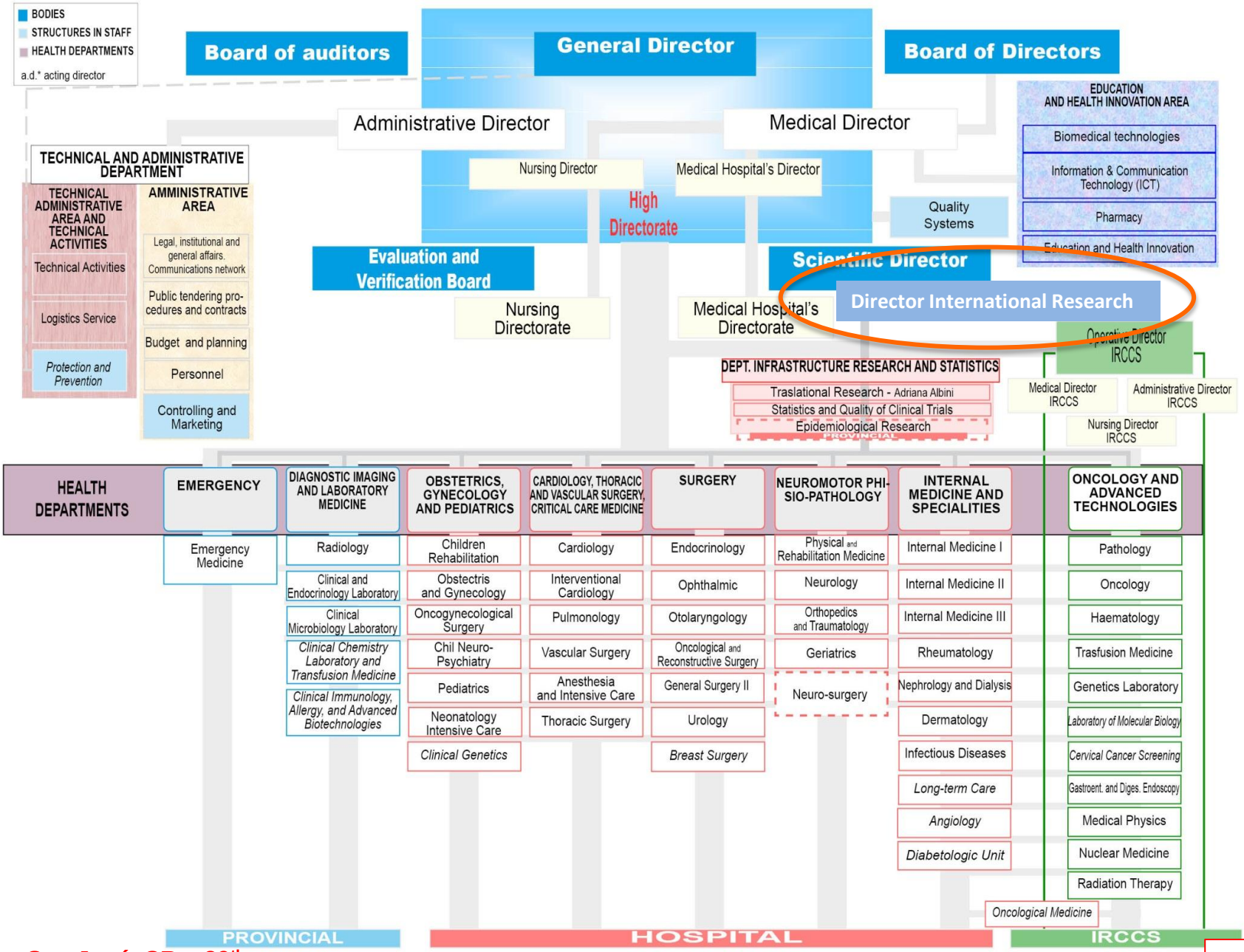
8779

Overall Value of Equipment (31/12/2014)



Value of Equipment per bed (31/12/2014)




BODIES
STRUCTURES IN STAFF
HEALTH DEPARTMENTS
a.d.* acting director
Board of auditors
General Director
Board of Directors
Administrative Director
Medical Director
EDUCATION AND HEALTH INNOVATION AREA
Biomedical technologies
Information & Communication Technology (ICT)
Pharmacy
Education and Health Innovation
TECHNICAL AND ADMINISTRATIVE DEPARTMENT
TECHNICAL ADMINISTRATIVE AREA AND TECHNICAL ACTIVITIES
Technical Activities
Logistics Service
Protection and Prevention
AMMINISTRATIVE AREA
Legal, institutional and general affairs. Communications network
Public tendering procedures and contracts
Budget and planning
Personnel
Controlling and Marketing
Nursing Director
Medical Hospital's Director
High Directorate
Quality Systems
Evaluation and Verification Board
Scientific Director
Director International Research
Nursing Directorate
Medical Hospital's Directorate
Operative Director IRCCS
DEPT. INFRASTRUCTURE RESEARCH AND STATISTICS
Traslational Research - Adriana Albini
Statistics and Quality of Clinical Trials
Epidemiological Research
PROVINCIAL
Medical Director IRCCS
Administrative Director IRCCS
Nursing Director IRCCS
HEALTH DEPARTMENTS
EMERGENCY
Emergency Medicine
DIAGNOSTIC IMAGING AND LABORATORY MEDICINE
Radiology
Clinical and Endocrinology Laboratory
Clinical Microbiology Laboratory
Clinical Chemistry Laboratory and Transfusion Medicine
Clinical Immunology, Allergy, and Advanced Biotechnologies
OBSTETRICS, GYNECOLOGY AND PEDIATRICS
Children Rehabilitation
Obstectris and Gynecology
Oncogynecological Surgery
Chil Neuro-Psychiatry
Pediatrics
Neonatology Intensive Care
Clinical Genetics
CARDIOLOGY, THORACIC AND VASCULAR SURGERY, CRITICAL CARE MEDICINE
Cardiology
Interventional Cardiology
Pulmonology
Vascular Surgery
Anesthesia and Intensive Care
Thoracic Surgery
SURGERY
Endocrinology
Ophthalmic
Otolaryngology
Oncological and Reconstructive Surgery
General Surgery II
Urology
Breast Surgery
NEUROMOTOR PHI-SIO-PATHOLOGY
Physical and Rehabilitation Medicine
Neurology
Orthopedics and Traumatology
Geriatrics
Neuro-surgery
INTERNAL MEDICINE AND SPECIALITIES
Internal Medicine I
Internal Medicine II
Internal Medicine III
Rheumatology
Nephrology and Dialysis
Dermatology
Infectious Diseases
Long-term Care
Angiology
Diabetologic Unit
ONCOLOGY AND ADVANCED TECHNOLOGIES
Pathology
Oncology
Haematology
Trasfusion Medicine
Genetics Laboratory
Laboratory of Molecular Biology
Cervical Cancer Screening
Gastroent. and Diges. Endoscopy
Medical Physics
Nuclear Medicine
Radiation Therapy
Oncological Medicine
PROVINCIAL
HOSPITAL
IRCCS

The New "CENTRO ONCOLOGICO REGGIO EMILIA –C.O.R.E.

Total Surface: 15.880 sqm

Useful Surface: 13.300 sqm

6 floors

Cost € 28.550.000

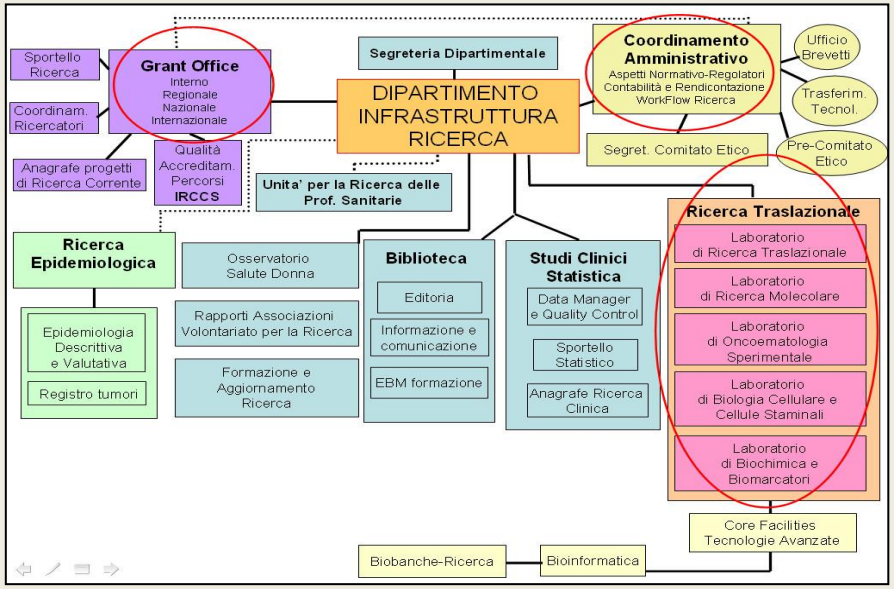
- **€ 14.600.000** loan
- **€ 11.950.000** regional (ex art.20 L.67/1988)
- **€ 2.000.000 donations**

Disciplines / Wards

- Haematology
- Oncology
- Internal Medicine Oncology oriented
- Gastroenterology - Endoscopy
- Oncological Surgery
- Chemotherapy, Outpatients' Consultations

June 2014 *March 2015*

Infrastructure and staff entirely dedicated to Research (Scientific Direction, Epidemiology and Biostatistics, Grant Office and Office for International Research Coordination) with long-lasting experience in EU and international



	2012	2013	2014
Number of Researchers	111	122	114
Clinical Trials	152	160	152
Publications	61	143	153
IF	237	468	601
IF (median per researcher)	6.6	7.8	8.83

In house research lines:

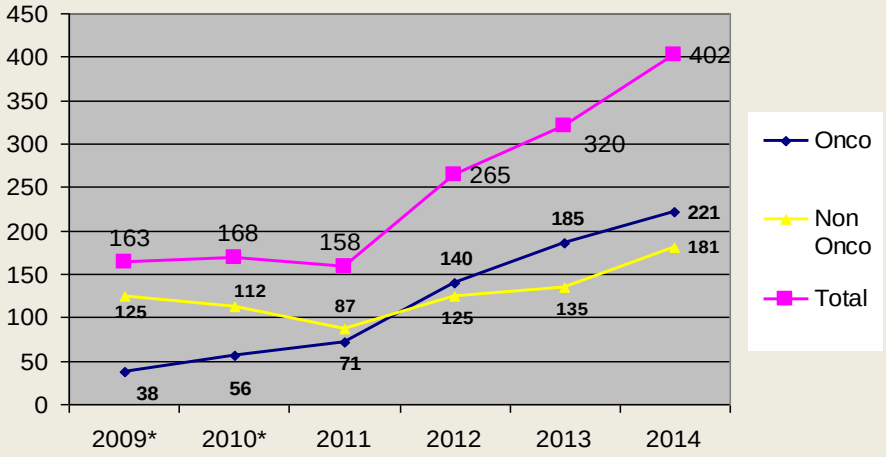
a- Biomedical Complexity in Cancer / NCDs (co-morbidities) / Systems-Personalised Medicine

b- Advanced Diagnostics and Therapeutics in Health Care Models and Pathways

INVESTIGATOR-DRIVEN Research

Titolo Linea	Numero Linea	Totale Progetti attivi nel 2012	Totale Progetti attivi nel 2013	Totale Progetti attivi nel 2014
Patologia Oncologica Complessa	1	16	32	30
Tecnologie Avanzate Diagnostiche e Terapeutiche	2	21	39	39
Modelli assistenziali e percorsi oncologici	3	29	51	33
Bersagli e strategie terapeutiche innovative in Oncologia e Oncoematologia: microambiente, infiammazione, angiogenesi, immunità	4	0	14	17
	Totale Progetti	66	136	119

Publications from 2009 to 2014



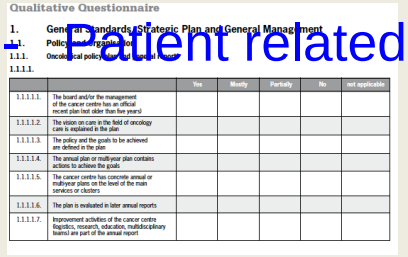
The International Perspective – the O.E.C.I. accreditation

Organisation of the **E**uropean **C**ancer **I**nstitutes

IRCCS-ASMN is a <u>Comprehensive Cancer Center</u> certified by the Organisation of European Cancer Institutes (OECI <u>www.oeci.eu</u>)

→ A **<u>one-year long process</u>** consisting in the iterative evalutation of 264 criteria related to:

- General Standards, strategic plans and general management.
- Screening & Primary Prevention and Health Education.
- Care.
- Research, Innovation and Developmer
- Education ald Teaching.
- Patient related domains.



Qualitative Questionnaire

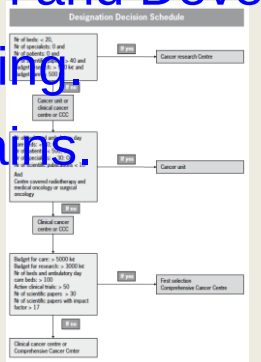
1. General Standards, Strategic Plan and General Management

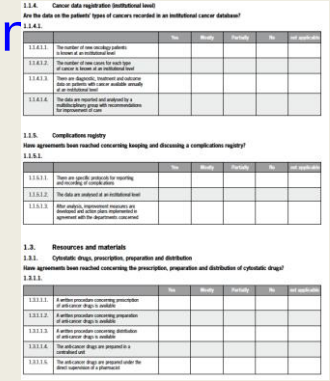
1.1. Policy / Organisation

1.1.1. Oncological policy and strategic plan

1.1.1.1.

		Yes	Mostly	Partially	No	not applicable
1.1.1.1.1.	The board and/or the management of the cancer centre has an official recent plan (not older than five years)					
1.1.1.1.2.	The vision on care in the field of oncology care is explained in the plan					
1.1.1.1.3.	The policy and the goals to be achieved are defined in the plan					
1.1.1.1.4.	The annual plan or multiyear plan contains actions to achieve the goals					
1.1.1.1.5.	The cancer centre has concrete annual or multiyear plans on the level of the main services or clusters					
1.1.1.1.6.	The plan is evaluated in later annual reports					
1.1.1.1.7.	Improvement activities of the cancer centre (logistics, research, education, multidisciplinary teams) are part of the annual report					





1.1.4. Cancer data registration (institutional level)

Are the data on the patients' types of cancers recorded in an institutional cancer database?

1.1.4.1.

		Yes	Mostly	Partially	No	not applicable
1.1.4.1.1.	The number of new oncology patients is known at an institutional level					
1.1.4.1.2.	The number of new cases for each type of cancer is known at an institutional level					
1.1.4.1.3.	There are diagnostic, treatment and outcome data on patients with cancer available annually at an institutional level					
1.1.4.1.4.	The data are reported and analysed by a multidisciplinary group with recommendations for improvement of care					

1.1.5. Complications registry

Have agreements been reached concerning keeping and discussing a complications registry?

1.1.5.1.

		Yes	Mostly	Partially	No	not applicable
1.1.5.1.1.	There are specific protocols for reporting and recording of complications					
1.1.5.1.2.	The data are analysed at an institutional level					
1.1.5.1.3.	After analysis, improvement measures are developed and action plans implemented in agreement with the departments concerned					

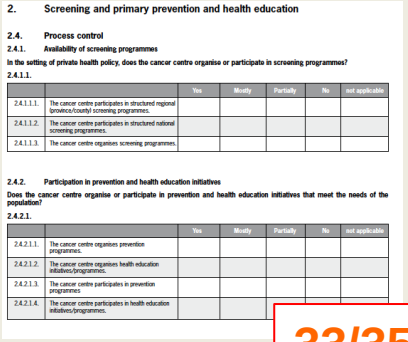
1.3. Resources and materials

1.3.1. Cytostatic drugs, prescription, preparation and distribution

Have agreements been reached concerning the prescription, preparation and distribution of cytostatic drugs?

1.3.1.1.

		Yes	Mostly	Partially	No	not applicable
1.3.1.1.1.	A written procedure concerning prescription of anti-cancer drugs is available					
1.3.1.1.2.	A written procedure concerning preparation of anti-cancer drugs is available					
1.3.1.1.3.	A written procedure concerning distribution of anti-cancer drugs is available					
1.3.1.1.4.	The anti-cancer drugs are prepared in a centralised unit					
1.3.1.1.5.	The anti-cancer drugs are prepared under the direct supervision of a pharmacist					



2. Screening and primary prevention and health education

2.4. Process control

2.4.1. Availability of screening programmes

In the setting of private health policy, does the cancer centre organise or participate in screening programmes?

2.4.1.1.

		Yes	Mostly	Partially	No	not applicable
2.4.1.1.1.	The cancer centre participates in structured regional (province/county) screening programmes.					
2.4.1.1.2.	The cancer centre participates in structured national screening programmes.					
2.4.1.1.3.	The cancer centre organises screening programmes.					

2.4.2. Participation in prevention and health education initiatives

Does the cancer centre organise or participate in prevention and health education initiatives that meet the needs of the population?

2.4.2.1.

		Yes	Mostly	Partially	No	not applicable
2.4.2.1.1.	The cancer centre organises prevention programmes.					
2.4.2.1.2.	The cancer centre organises health education initiatives/programmes.					
2.4.2.1.3.	The cancer centre participates in prevention programmes					
2.4.2.1.4.	The cancer centre participates in health education initiatives/programmes.					

Rete IRCCS per l'Europa

- A Coordination Action **funded & supervised the Italian Ministry of Health** acting as an executive agency for the International research activities to **boost the networking/empowerment & participation** of Italian biomedical scientists in Europe and Worldwide with a budget of 2,5 million EUR / 2 years.

- **48** Research Hospitals (IRCCSs) – **10.000** researchers, all domains. A **very large clinical platform** *(in the tens of thousands range).*

- Representatives from the National Institute of Health, the Regions, and other public stakeholders performing research in the biomedical domain (as, for example, the Italian equivalent of the CCSS).

- Among other initiatives, it coordinates the Italian Participation into the **EU-LAC Health Project.**

IRCCS ITALIAN NETWORK FOR EUROPE

www.healthresearch.it
dtsreteirccs@gmail.com

USEFUL LINKS

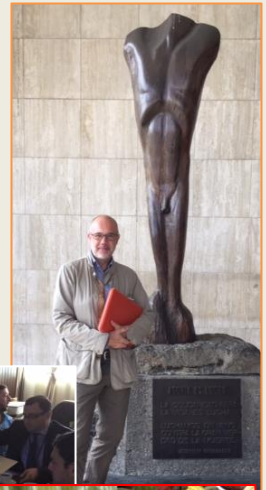
- Governo Italiano www.governo.it
- Ministero della Salute www.salute.gov.it
- Agenzia Italiana del Farmaco www.aifa.gov.it
- Istituto Superiore di Sanità www.iss.it

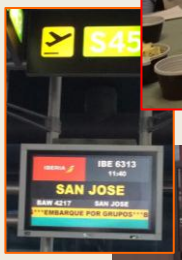
- Associazione Italiana dei Registri dei Tumori www.registri-tumori.it
- Istituto Nazionale di Statistica www.istat.it

Grazie Costa Rica

Pura Vida e Arrivederci !

alfredo.cesario@asmn.re.it





CCSS – San José, CR – 29th May 2015