

Strategic Committee Report for the EUomo Assembly at Larnaca

I. Europa UOMO goals and status

Goal 1: Coordinated EU prostate cancer research program with patient advocate representation

Status:

a. During discussion with Prof. Mulders, Chairman Department of Urology, Radboud University Nijmegen Medical Centre, chairman executive board EAU research foundation (EAU RF) during strategic committee meeting on 26 Feb. 2012 at Paris on EUomo goal 1 it became apparent, the EAU has at present no program nor organizational element which strive for a coordinated prostate cancer research program in Europe.

During July 2012 Prof. Hendrik van Poppel, EAU Adjunct Secretary General & Executive Member Education, Leuven (BE) has agreed to bring the subject coordinated prostate cancer research to the attention of the EAU steering committee for discussion. EUomo has not yet received information from the EAU.

Recommendation:

Günter Feick follows up on this with Prof. van Poppel before end of 2012.

Goal 2: Prostate cancer treatment guidelines in all EU states based upon latest evidence

Status:

Availability of guidelines, national and/or European, within the EUomo member states is not known by the strategic committee. Quality of guidelines and adherence to guidelines are strongly influencing treatments results. Unless this information is provided by the EUomo members, we shall not be able to draw comparisons among our member states and make recommendations for improvements for the benefit of patients..

Recommendation:

EUomo members provide information to the steering committee on kind and use of guidelines applied for the treatment of prostate cancer within their country. Information should include: Name of guideline, organization responsible for guideline, date of guideline, time of planned update, information on patient representation in guideline commission.

Goal 3: Centers of excellence for the treatment of prostate cancer in all EU states

Status:

During a 9 Feb. 2012 meeting at Paris representatives from the Organization of European Cancer Institutes (OECI), European School of Oncology (ESO) and German Cancer Society (DKG) concluded:

There is critical need in Europe to provide high quality and standardized care to prostate cancer patients in Europe through multidisciplinary cancer care in a formal and comprehensive setting. They shall organize a “Prostate Cancer Units Initiative in Europe”. The board of the initiative is composed of Alberto Costa, Mahasti Saghatchian, Riccardo Valdagni and Peter Albers /Simone Wesselmann. The board established a task force chaired by Riccardo Valdagni ESO and Henk Hummels, OECI, into which cancer specialities (surgeons, radiation therapists, medical oncologist ...), cancer centre managers, quality experts, etc. are invited. The task force will be in charge of developing the standards for prostate cancer units and pathways of care for prostate cancer patients.

Based upon EUomo request the EAU agreed to join the initiative and nominated the chairman of the European Section of Oncological Urology, Prof. Maurizio Brausi. Prof. van Poppel had supported the EUomo request and presented it successfully in the EAU steering committee.

Günter Feick is invited to join the next meeting during this month at Barcelona for representing the patient position. At appears I shall not be able to attend and will provide a written statement instead and/or request participation via video conference.

Recommendation:

Continue with the current EUomo strategy which was successful in gaining support from the medical family for the concept of prostate cancer units (centers of excellence).

Goal 4: Quality of prostate cancer treatment at world top level in all EU states

Status:

Public health and medical systems have not achieved what is standard in industry. They lack quality management systems informing about success or failure of treatments. This is causative to our inability to measure, compare and improve treatments in a scientific way for the benefit of patients. Centers of excellence (prostate cancer units) are one of the few examples where processes and treatment results are quality controlled with patient life time follow-up.

These facts are known in many countries and changes are anticipated in order to improve patient care and for keeping public health systems financed.

Prof. Michael E. Porter, Harvard Business School, Institute for Strategy and Competitiveness has published on this subject and seems to move forward with his concepts shared by other prominent leaders by launching a worldwide initiative which will put patient benefit as the main goal for any public health system.

Recommendation:

EUomo establishes contact with the initiative and works with the initiative on reshaping the public health system for improving patient care.