RARE CANCERS EUROPE

Joining forces for action

PRELIMINARY REPORT

SUMMARY OF CONSENSUS DISCUSSIONS

PATHOLOGIC DIAGNOSIS OF RARE CANCERS WORKSHOP

BRUSSELS, BELGIUM, WHO OFFICES, UN BUILDING

10 – 11 FEBRUARY 2014

KEY WORDS: rare cancers, pathology, oncology, European Reference Networks, Cross Border Health Directive

INTRODUCTION

The following report provides a summary of the discussions held at the "Pathologic Diagnosis of Rare Cancers Workshop" which took place at the World Health Organisation Offices in Brussels, Belgium, on 10 and 11 February 2014.

A full Consensus Document will follow, to be published in a peer reviewed journal later this year.

This report has been developed by

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- Dr Han van Krieken, President of the European Society of Pathology

BACKGROUND

In rare cancers, inaccurate diagnoses lead to inappropriate treatment of patients. Because these diseases are uncommon, physicians and pathologists rarely come across them during their careers.

Rare cancers affect over four million people in the EU and -taken together- represent over 20% of all cancer cases in Europe, when defined as those malignancies with an incidence lower than 6/100,000/year. They fall within the group of rare diseases, i.e. those with a prevalence equalling fewer than 5 cases out of 10,000.

Because of the unique challenges to diagnosing rare cancers accurately (including the many subtypes for each kind) a second opinion is often resorted to. In 2012, Rare Cancers Europe together with ESP conducted a survey (1) to see how cancer pathology is practiced in Europe.

Answers from 37 countries showed that, while 2/3 of those who answered considered that standards in their countries were good, there was room for improvement in various areas including:

- Integration of pathologists into multidisciplinary teams
- Continuous training of pathologists in the field of rare cancers to keep them updated on the new molecular subtypes of the diseases, which are constantly being discovered
- An urgent need to make some kind of central review process mandatory (and reimbursed) for rare cancers
- Need to improve standards evenly across Europe
- An urgent need to make referrals to centres of excellence within the patients country, or across borders, an easy process

In order to address some of these issues, Rare Cancers Europe (RCE), together with the European Society for Medical Oncology (ESMO) and the European Society of Pathology (ESP) decided to host a workshop on the Pathologic Diagnosis of Rare Cancers.

The aim of this meeting was to bring together expert clinicians and pathologists for each type of rare cancer (186 known to date) in order to identify the main critical hurdles for the accurate diagnosis of the cancer they specialise in.

METHOD: HOW WE WORKED

Day 1: 10 February 2014
Workshop: Improving Pathologic Diagnosis of Rare Cancers

- Teams composed of a pathologist and an oncologist specialising in one type of rare cancer, presented the main challenges to the pathologic diagnosis of that cancer
    - Pathologists focused on the technical difficulties and the pathologic entities which are more exposed to misdiagnosis
    - Oncologists explained which pathologic aspects are most relevant to clinical decision making
- A panel discussion followed, to highlight the organisational solutions which should be put in place in Europe in order to improve the quality of pathologic diagnosis of rare cancers
- Special focus was put on the implementation of 'EU reference networks' foreseen by the EU Directive on Cross Border Healthcare. Given the limited resources available, these networks could facilitate the exchange of experience, information, data and best practices

OUTCOME Day 1

At the workshop on 10 February 2014, a consensus was reached on the critical need in Europe to ensure accurate diagnosis of rare cancers. A full Consensus Statement will be drafted and published later this year.

The main **recommendations** included in this statement are:

1. Referring pathologic diagnoses of rare cancers to expert pathologists is in principle the best solution by which the appropriateness of rare cancer diagnosis can be improved
2. There are some rare cancers which are more in need for referral, because of the combination of their complexity and/or the need for diagnostic tools and/or their rarity, such as:
    i. Soft Tissue
    ii. Rare Head and Neck
    iii. Rare Breast
    iv. Rare GI
    v. Bone
    vi. Rare Urological
    vii. Rare Female genital
    viii. Haematological
    ix. Rare Thoracic
    x. Neuroendocrine
    xi. Paediatric
    xii. Rare Skin

    These cancers should be held as priorities for processes of quality improvement of the pathologic diagnosis of rare cancers.
3. Referral can be accomplished by sending specimens to a centre of excellence for an expert diagnosis or by sharing the diagnostic with such a centre. This can also be done by resorting to telepathology facilities, which have substantially improved from the technological perspective, but have the inherent limitation of not allowing the execution, or repetition, of immunohistochemistry and/or biomolecular assessments. For these reasons, circulation of the physical material represents the best option, though a form of "screening" of cases through telepathology may be a good first step
4. In principle, healthcare reference networks have the potential of allowing virtuous circles of quality improvement over time, by accommodating consultations, including teleconsultations, into collaborative routines amongst the same centres and professionals. Setting up referral procedures within reference networks is thus the option with the highest potential impact on quality of care.
5. Proper reimbursement solutions for institutions providing consultations need to be put in place
6. A multidisciplinary approach - including pathologists, molecular biologists, radiologists and clinicians - is best to ensure an appropriate pathologic diagnosis. It improves quality and decreases inappropriateness. Multidisciplinary clinical collaboration should be encouraged both at the institutional level and within healthcare networks, which could share areas of clinical expertise not widely available in the community
7. Mechanisms of central referral of pathologic diagnoses of rare cancers should foster biobanks that are open to research. Biobanking is crucial to improve clinical and translational research on "neglected" cancers and "orphan" drugs
8. Enduring consent should be promoted so that patients could give a "one-time consent" to allow use of their tissues and data (with provision for them to withdraw in the future if they wish to)

Day 2: 11 February 2014
A Cross Border Perspective on the Pathologic Diagnosis of Rare Cancers

Following the Pathologic Diagnosis Workshop, a meeting was held in the European Parliament, hosted by Mrs Zofija Mazej Kukovic, MEP, in order to raise awareness about the challenges of Rare Cancers and the need for urgent action to implement the EU Directive on Cross Border Healthcare.

The agenda was the following:

Introduction by Zofija Mazej Kukovic, MEP

Summary of Consensus Statement, by Prof Paolo G Casali, ESMO Public Policy Committee and RCE Coordinator

Issues Facing Cancer Patients, by Jayne Bressington, Patient Advocate

Issues Facing Research for Rare Cancers in Europe, by Anne Mathieu-Boué, MD, Novartis, Industry Partner

Development of European Reference Networks, by Annika Nowak, Health Systems, DG SANCO

The future of cancer treatment, by Anastassia Negrouk, Head of International Regulatory Office, EORTC

Q&A

Following are the main points discussed:

The European Union and Member States must adopt and implement the necessary measures with a view to ensuring that the 'EU Directive on Patient's Rights to Cross-border Healthcare' (Directive 2011/24/EU) has an impact on the lives of patients suffering from rare cancers. In particular, they should:

Develop and/or identify **Centres of Expertise** at national level that meet specific quality criteria for rare cancers

Foster the creation of **European Reference Networks** on rare cancers, in order to allow structured collaboration between specialists and centres of expertise at a national and European level

Promote **prompt and appropriate referral** of the pathologic diagnosis of rare cancers to Centres of Expertise and European Reference Networks, to ensure a **timely and accurate diagnosis**

Encourage the establishment and further development of networks **of clinical databases and registries on rare cancers, with a focus on tissue banks,** to foster translational and clinical research

HOW DO WE MOVE ON?

1. **What we need to move on:**
    a. From European Institutions
        i. Implementation of Cross Border Healthcare Directives
        ii. Centres of Excellence: specific criteria for rare cancers
        iii. European Reference Networks for rare cancers: specific criteria, in addition to general principles for inclusion, clear process for referrals, process for sharing data (digital images, etc)
        iv. Second opinion to be reimbursed, in the lack of a centralized review process
        v. Clear rules about biobanking to ensure they are open to research and sharing information
        vi. One-time withdrawable patient consent for future research on data and tissues
        vii. Funding of networks
    b. From local governments
        i. Implementation of Cross Border Healthcare Directives at a national level
        ii. All of the above at local level
    c. From Medical Societies (ESMO, ESP, etc)
        i. To highlight the challenges of diagnosing rare cancers through their channels to their audiences (newsletters, congresses, journals)
        ii. Continuous medical education, to be integrated with clinical networking in EU reference networks focusing on rare cancers
        iii. To continue to act together in drawing attention to the challenges of diagnosing rare cancers
    d. From Patient Associations
        i. Help in communicating the particular needs of the rare cancer community in order to create awareness
        ii. Help in lobbying local and European authorities for best practice implementation
        iii. Help in empowering patients through awareness of best practices
    e. From Industry
        i. R&D dedicated to rare cancers
        ii. Collaboration with academia, patients, etc in improving quality of care in specific rare cancers and improving clinical development in rare cancers
    f. From Media
        i. Help in creating awareness about the challenges facing patients with rare cancers (diagnosis, treatment and support)
        ii. RCE to establish a Communication Strategy to keep rare cancers in the news through traditional and social media

NEXT STEPS

- Preparation of a consensus position paper to be published in scientific journal
- White Paper on the need for EU reference networks on rare cancers, for EU Commission, EU Parliament, EU governments, national health systems
- New meeting to be set up with MEP and DG SANCO to follow up and present a White Paper where the need to prioritise the establishment of Centres of Excellence and European Reference Networks for Rare Cancers, as well the need to implement EU Cross Border Healthcare processes for rare cancer patients (including guidelines for reimbursement issues)
- ESP to host a session on challenges of diagnosing rare cancers at their annual congress end of August
- RCE members to communicate the results of the workshop to their members

- Need to communicate results of this workshop in individual countries and to local healthcare bodies

CONCLUSION

The pathologic diagnosis of rare cancers presents unique challenges because of their complexity and rarity. Rare cancers are often inaccurately diagnosed, leading to inappropriate treatment with huge implications for patients. There is an urgent need for processes to be put in place within countries and across borders in Europe, so that pathologic diagnoses can be referred to experts in a timely manner.

Much remains to be done by all stakeholders to improve the current situation. Full implementation of EU directives and of medical best practices is vital: we need to make it happen. Communication and advocacy are crucial to advance the cause of rare cancers.

The best practices recommended at this Workshop by pathologists and clinicians will be presented shortly in a full position paper.

For more information please contact:

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References:

(1) **Pathology in Rare Cancers Survey:** http://www.rarecancerseurope.org/content/download/18869/325235/file/rare-cancers-pathology-survey-report-2012.pdf
(2) **Families and lists of rare cancers:** http://www.rarecancerseurope.org/About-Rare-Cancers/Families-and-List-of-Rare-Cancers