



European Oncology Nursing Society Europe's Beating Cancer Plan



Good Governance

The development of a comprehensive and inclusive European beating cancer plan needs to involve key stakeholders, including patient and carer representatives and all parts of the cancer community across the cancer care continuum. This includes public health and health care professionals with expertise in health promotion in order to tackle cancer risk factors, prevention and early detection.

Europe's beating cancer plan needs to take into consideration the specificities and different contexts across the European community. Efforts should be made to also include stakeholders outside of the core cancer community by including marginalised communities in Europe to understand the challenges that relate to access and disparities in cancer care.

An exemplary European cancer plan that is well developed, implemented and measured, has the potential to be a very strong influence and guide for neighbouring countries and the wider European continent.



Reducing the Cancer Burden

i. Prevention, Screening and Early diagnosis

Europe's Beating Cancer Plan needs to have a strong focus on cancer prevention, screening and early detection following the European Code Against Cancer. These areas, where most benefits could be gained, get far too little attention in most countries in Europe. Recent progress in cancer treatment has been outstanding, but improved treatment outcomes alone will never be enough to reduce the cancer burden. With evidence-based interventions and novel approaches, a large proportion of the cancer cases could be prevented and/or detected earlier.

Research shows that HPV vaccination interventions by nurses are associated with higher uptake, especially in underserved areas (WHO, 2014)¹. Nurses also have a key role in cancer screening programmes and their involvement is essential to reduce inequalities and improve access. Cancer nurses rarely have a platform to influence these policies despite being a willing voice in the fight for stronger prevention measures.

Despite the fact that their specific roles and duties vary across healthcare systems, primary care nurses have the opportunity to contribute to early cancer diagnosis and follow-up. Due to their expanding role, cancer nurses in primary care are increasingly likely to encounter patients with cancer warning signs and make decisions about appropriate actions (e.g. referral specialist care).

EONS CANCER PLAN RECOMMENDATIONS:

- ✓ *Use the opportunity created by the political momentum behind cancer to collaborate across non-communicable diseases with similar causes such as unhealthy lifestyles: alcohol, tobacco, unhealthy diet, obesity, inactivity and air pollution.*
- ✓ *Use the highly respected and trusted² position in society that cancer nurses enjoy is used in order to leverage their opportunities to inform and educate people about healthy lifestyle choices, vaccinations and help to overcome vaccine hesitancy. Nurses have, and could have an even stronger position, in cancer prevention.*

ii. Survivorship care

Lifelong investments in advanced medicine and evidence-based care now mean that a cancer diagnosis is not always equivalent to a death sentence. Luckily for more and more children, adolescents, young adults and older adults cancer results in a survivable illness. Despite this encouraging evolution, survivorship has come at a cost; being a survivor does not mean being free from the early and late effects of the illness and its treatment. Survivors encounter long-term changes in their health status and well-being that is altered immediately after cancer treatment, and late effects can always manifest even after patients are considered cured from cancer. These growing number of cancer survivors experience physical, psychological, social, emotional, spiritual, practical and financial problems. In addition, cancer survivors are too often vulnerable to stigma and certain levels of discrimination.

This ongoing burden of cancer into survivorship has a major impact on the quality of life of the survivors generating additional healthcare costs for society. We need to invest in strategies to develop and establish cost-effective interventions throughout rehabilitation and beyond. Secondary prevention interventions, including psychosocial support, life-long surveillance, cancer screening, and health education, are recommended for follow up and improving Quality of life into survivorship.

EONS CANCER PLAN RECOMMENDATION:

- ✓ *The knowledge and expertise that cancer nurses have of the overall cancer care pathway can be used in order to implement cost effective nurse led survivorship programmes to increase accessibility to rehabilitation and after care programmes. Nurses have the capacity to provide accessible second prevention, have the skills to address survivors comprehensive needs, advocate for survivors rights and support their capacity to make decisions about their own health.*



Delivering Cancer Care

The 2016 WHO Global Strategy for the Human Workforce in Health set their primary objective “to improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce.”³ Key challenges to the delivery of quality cancer care in Europe that ensures universal access are the interlinked issues of occupational and patient safety, skills, education, recognition and nursing shortages.

i. Patient and Professional Safety

Recent positive developments in cancer care with improved treatment outcomes also carry with them new patient safety risks. Potent drugs with small therapeutic margins, complex treatment regimens with severe symptom burdens and issues around adherence to treatment are examples of some of these risks. Research shows that errors occur during all phases of the administration process of systemic anti-cancer treatments. Safe procedures and the correct use of devices are crucial steps in safety promotion. The EONS Safety Manifesto⁴, highlights four key points for occupational safety ranging from: using the appropriate personal protective equipment including clothing and closed system transfer devices; providing information to patients and their carers; ensuring people take an active part in their care; and avoiding administering chemotherapy or radiotherapy while pregnant or planning to have a baby.

A recent study of four European countries found that patient safety culture, as reported by cancer nurses, varies between European countries. Contextual factors, such as recognition of the nursing role and education have an impact on it (Sharp et al, 2019⁵). Nurse’s valuable contributions in promoting safer patient care has been acknowledged by the Institute of Medicine (IOM) report “Keeping Patients Safe: Transforming the Work Environment of Nurses” (IOM 2004⁶) and was reaffirmed in the report “The Future of Nursing: Leading Change, Advancing Health” (IOM, 2010). This is clearly an area where specialist education for cancer nurses is crucial, although sadly in many countries, this is still not an option.

EONS CANCER PLAN RECOMMENDATIONS:

- ✓ *Ensure collaboration between DG Santé, DG Employment, OSHA and DG Energy so there is synchronicity in the co-ordination of measures to protect the health of patients, their carers and the oncology workforce in the administration of all cancer treatments.*
- ✓ *Strongly recommend or oblige all EU Member States to provide cancer nurses with post-graduate level training in order to ensure high safety standards for patients, themselves and to improve cancer outcomes.*

ii. Training and skills

The cancer nursing skill set covers each stage of the patient pathways. Cancer nurses;

- ✓ *Provide expert treatment delivery, psychosocial interventions, monitoring and follow up of care,*
- ✓ *Work within complex multi-professional team models, promoting patient wellbeing, innovation & safety*
- ✓ *Work across hospital and community sectors at all phases of the cancer experience*
- ✓ *Respond to new treatments with person-centric models of care.*

Specialist cancer nursing provision has been associated with improved management of chronic problems in cancer patients; having a positive impact on patient knowledge and self-management; marked improvement in patient symptoms and a reduction in the rate of emergency admissions, length of hospital stays and fewer follow-up appointments (Charalambous et al 2018; Sharp et al 2019). Through the better supportive care of the patient, specialist cancer nursing has also been associated with improved Health Related Quality of Life outcomes⁷. Patient experience surveys have consistently identified the presence of clinical nurse specialists as the factor most likely to be associated with a good experience of cancer care⁸.

Indeed, post-graduate nursing education is associated with improved management and even reduced mortality (Aiken et al 2017)⁹. Training and educational disparities of the cancer nursing workforce across Europe contributes to inequalities in cancer outcomes between countries (Sharp et al 2019). These disparities also have a negative impact in the manifestation of cross-border care within the European Union.

EONS CANCER PLAN RECOMMENDATIONS:

- ✓ *Ensure that high standards of training across the EU for cancer nurses are matched with remuneration that reflects post-graduate education.*
- ✓ *Request that Member States adopt the EONS Education Framework¹⁰ as a post-graduate master's degree for graduating nurses and adopt it as a Common Training Framework.*
- ✓ *Provide legal recognition of more cancer professionals in order to elevate the status of cancer nurses, oncology pharmacists and surgical oncologists. Making these professions more attractive will help to address the serious shortages faced in many countries. This would also support the existing European Directives on Cross-Border Mobility for patients (Directive 2011/24/EU) and Cross-Border Healthcare Directive (2018/2108(INI)).*

iii. Multidisciplinary teams (MDT) work for better and safer cancer care

The diagnosis, treatment and care of cancer patients are currently complex, continuously evolving sciences. With increasing availability of new treatment options and a growing cancer patient population, the diversity of different health professionals in cancer care is also expanding. When the healthcare workforce increases, the possibility for poor coordination and communication between patients and healthcare providers could increase fragmentation of care, which can have major consequences for both survival rates and quality of life.

Systematic multidisciplinary team meetings in cancer care should be used more systematically to tackle these challenges. These allow cancer care professionals to confirm the correct diagnosis, develop a comprehensive treatment and survivorship plan together with the individual patient and her/his family, to achieve the high quality and safe cancer care.

Nurses, the largest group of healthcare professionals and frontline care providers, specialised in cancer care have a crucial role in these cancer MDT meetings. By sharing information, asking critical questions, providing evidence-based care suggestions and advocating for the patient they influence key processes, prompt discussions, strengthen the treatment and care plan, facilitate teamwork and optimize cancer care coordination¹¹. Cancer nursing across Europe face different barriers to participate, provide evidence-based care suggestions and advocate for the patient in multidisciplinary team meetings¹².

EONS CANCER PLAN RECOMMENDATIONS:

- ✓ *All EU Member States ensure MDTs are in operation in all cancer centers in order to provide the best care for cancer patients.*



Digitalization

The impact of the digitization of diagnosis, treatments and management of health records, data entry and analysis are shaping our understanding of prevention and the way that cancer patients are treated and. The cancer workforce and nurses in particular, are well placed to act as the liaison between patients and the MDTs translating the results of real-world data. In many areas, cancer nurses are also very active in research using digitized health records to generate evidence about healthcare interventions.

EONS CANCER PLAN RECOMMENDATIONS:

- ✓ *Long term sustainable impacts of digitization are maximized by including cancer workforce training and an understanding of how changes affect roles in MDTs when investing in the digitalization of cancer care.*



Research

Advances in research and technology coupled with an increased cancer incidence and prevalence have resulted in significant expansion of cancer nurses roles. Cancer nurses are also tasked with delivering an increasing number of complex interventions as a result of ongoing clinical trials in cancer research (Charalambous et al, 2018)¹³. Cancer nurses are involved in clinical trials across the entire cancer care continuum and a wide range of tumour types. The EU has a strong track record in investing in cancer research although focus tends to be on seeking treatment breakthrough projects which are already heavily invested in by private companies. More research attention is needed for cancer prevention and early detection but also to symptom management, self-management, lifestyle changes and end-of life care.

EONS CANCER PLAN RECOMMENDATIONS:

- ✓ *More public funding needs to be prioritized for clinical trials or other research interventions on how to improve cancer care are organized by, or including, cancer nurses.*



Who We Are

The European Oncology Nursing Society is a pan-European organisation dedicated to reduce the cancer burden, to improve cancer care to support and develop cancer nursing across Europe. Through our individual members and national societies we engage in projects to help nurses develop their skills, network with each other and raise the profile of cancer nursing across Europe. EONS is a registered ASBL (Association Sans But Lucratif) under Belgian law. EONS' public ID number in the Transparency Register is: 43916872639-25.

This paper was written by the current EONS President, Dr Andreas Charalambous, EONS Past President, Dr Lena Sharp, and the President Elect, Johan de Munter, with support from the EONS Executive Board and Chief Operating officer, Emma Woodford.

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- ³ https://www.who.int/hrh/resources/pub_globstrathrh-2030/en/
- ⁴ <https://www.cancernurse.eu/documents/EONSSafetyManifesto.pdf>
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