JA ECAN

BelgianCancerCenter@sciensano.be
Across Europe, receiving a timely cancer diagnosis and of surviving the disease differs considerably because of inequalities in preventive policies, access to state-of-the-art diagnostics, treatments and care.

Therefore, the usage of telemedicine in healthcare has now even more been acknowledged as important in responding to epidemic situations, including the COVID-19 one.

The exchange of best practices on the use of digital tools could provide assistance to individuals and patients living in remote and rural areas during cross-border emergencies and health crises.
JA on strengthening ehealth including telemedicine and remote monitoring for health care systems for cancer prevention and care

Project acronym: eCAN
Project coordinator: Sciensano
Start Date: July 2022 TBD
Duration: 24 Months
Participants: 16 countries; 35 partners
Work packages: 8

General objective: The eCAN JA explores the role of teleconsultation and remote monitoring in two large clinical trials focused on telerehabilitation and tele-psychological support in different populations of cancer patients.
Specific objectives

1. **Allow for a better response in** case of a rapid spread of an epidemic and in crisis situations, where isolation of patients will be an urgent requirement.

2. **Increase capability and capacity** to communicate between cancer services during an emergency situation and health crises.

3. **Improve knowledge of** the cancer care workforce in the virtual consultation of patients and survivors resident in areas that are difficult-to-reach.

4. **Increase communication** to support knowledge-sharing among healthcare professionals.
PILOTS

Pilot 1: Role of a teleconsultation program focused on rehabilitation to determine the benefits of a 2 month program in terms of QoL & pain

Population: 90 newly diagnosed Breast cancer and Head & Neck cancer patients that have undergone surgery (90 controls)

Coverage: 10 countries: IT, ES, IE, HU, LT, PT, BE, CY, SI, SK

Measures of Outcome:
1) Quality of Life measured with EORTC QLQ C30 + BR23 module (or H&N35 module)
2) Pain Visual Analogical Scale (VAS); PHQ-8 questionnaire.

Pilot 2: Role of a teleconsultation program focused on remote psychoncology support to determine the benefits of a 2 month program in terms of QoL and distress thermometer score

Population: 45 patients affected by advanced cancer at recurrence (different histology) (45 controls)

Coverage: 10 countries: IT, ES, IE, HU, LT, PT, BE, CY, SI, SK

Measures of Outcome:
Patients’ Quality of Life measured with EORTC QLQ C30; Distress Thermomether, GAD (for anxiety), PHQ (for depression).
Focus on the role of teleconsultation and telemonitoring in 2 large clinical trials investigating tele-rehabilitation and tele-psychological support in different populations of cancer patients.

The pilot projects will be conducted in 10 European countries with a multicentric, prospective, randomized design in patients:

- facilitate the development of modular/ interoperable solutions that build on regional/ national infrastructures,
- inform telemedicine services with a strong focus on users: patient and health care providers.
- could offer cost-effective improvements to health care systems.