

JA ECAN

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Background

- 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

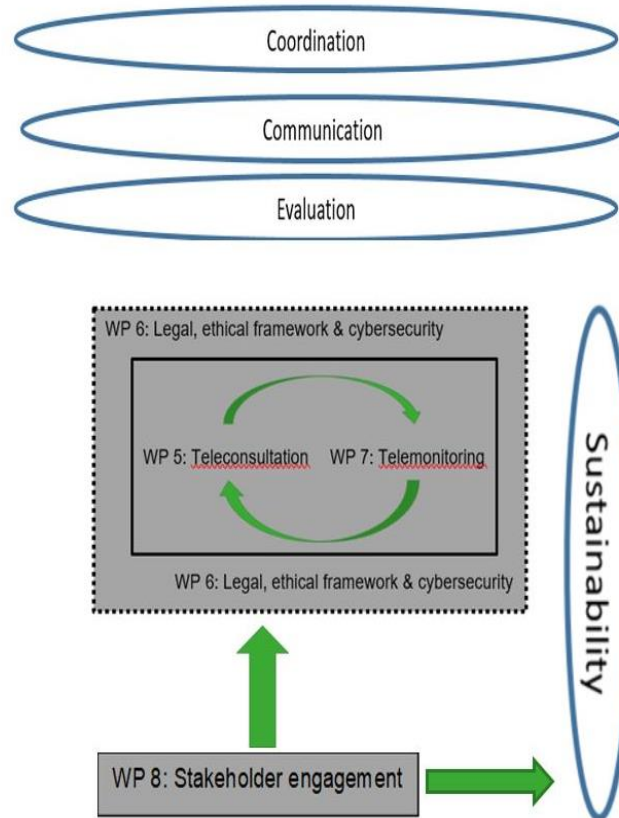
General objective The eCAN JA explores the role of teleconsultation and remote monitoring in two large clinical trials focused on telerehabilitation and tele-psychological support in different populations of cancer patients.



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.

Workplan



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 Thermometer, GAD (for anxiety), PHQ (for depression).

METHODOLOGY

- 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.