

cancer but why is this the case, where are the obstacles and what needs to change to move forward efficiently?

The answers to these questions are complex in nature and the solutions involve establishing sincere partnerships. Future targeted and non-targeted therapy trials hold the key. Integral is the uptake of tissue sampling for biomarker analyses and translational research to progress the understanding of cancer biology.

A change in direction of trial design is required. Inherent difficulties with conventional trial design and drug evolution stratagems in their application to targeted therapeutics exist. These nuances are part of the reasons why such drugs fail at the costly phase III stage. Options include using validated alternative clinical endpoints and the neoadjuvant setting to test early drug signals.

The explosion of targeted agent trials and advances in genomics has meant that vast amounts of data are generated (i.e. clinical, pathology, imaging and complex molecular signatures). However, optimal exploitation of this data to improve standards in patient outcomes has lagged behind research efforts. Data sharing environments involving co-operation with industry and academia for re-use of data to test hypotheses, generate new biomarkers and clinical trials and set contemporary benchmarks in cancer therapy are called for.

Collaboration must exist between pharmaceutical companies and academia. The pharmaceutical industry is facing mounting pressures in drug development. The substantial investment required for drug maturity, limited drug pipelines, difficulty with traditional drug development paradigms and loss of patents have all been cited as causes. The fallout from this pressure to produce the new 'blockbuster' targeted therapy is abandoning many drugs that may have a niche therapeutic indication due to limited potential market share.

The progress of clinical trials in the future will strongly rely on the co-operation of governments/regulatory bodies with the research industry to break down administrative barriers, assist in the acquisition of knowledge of standards of care in different countries, provide flexibility of drug registration and establish a partnered cost relationship for expensive targeted therapies.

These new streamlined drug development methods and partnerships need to be adopted by the academic, pharmaceutical industry, regulatory bodies and government in order to progress effective clinical research.

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Invited

#### Advocacy Perspective on Barriers to Effective Care

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(1) There is a large amount of energy put into the improvement of care in breast cancer. Both from the medical as well as from the political side. In addition to the European guidelines for quality assurance in breast cancer screening and diagnosis a large number of guidelines exist. The work of specialists, politicians and patients together has established evidence based ways that will lead to more effective care for breast cancer patients. Data clearly indicate that multidisciplinary work and breast units are the cornerstones to improved care and more efficiency in European health care systems.

(2) Studies on the implementation of guidelines were reviewed (PubMed, HSTAT, HSRR/NLM). Data from qualitative and quantitative research on barriers in care and prevention were reviewed. In addition, the experience of patient advocates pushing for the implementation of European guidelines in three European countries was evaluated.

(3) The studies collected from the scientific literature indicate that several barriers to effective care exist: most often cited are structural, psychological, cultural, financial and bureaucracy levels as well as health inequalities. From the patients perspective all these barriers exist; in addition, the health care providers themselves are sometimes perceived as barriers to changes on the existing system. The local medical specialty organisations, the organisation of the health care system, interplay between private and public sector are a very frequently mentioned obstacle.

(4) In conclusion: patient advocates have been instrumental for getting the EU resolution on breast cancer adopted by the Parliament. Advocates work in their respective countries and encounter – in addition to the well documented (in the scientific literature) barriers – resistance from some of the health professionals. These kind of oppositions are less well documented in the literature. The barriers to change are common to many health care systems. Integration, innovation and values have to be challenged and improved. The system needs continuous control and adaptation to patients needs.

#### References

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#### Internal Barriers to Effective Care (Staff Dynamics)

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The delivery of good quality cancer care is now a serious team business demanding effective collaboration from numerous healthcare professionals from a variety of different disciplines. Ideally each member of these multi-disciplinary teams should contribute independently from their own area of expertise enabling appropriate treatment plans to be made and then offered to a patient.

The increasing complexity of cancer management means that large numbers of healthcare are involved so there is considerable potential for miscommunication and poor co-ordination. The putative benefits of working in collaborative groups should lead to consistency, continuity and cost-effectiveness of care that might enhance patient outcomes, provide better opportunities for audit and clinical trial recruitment and contribute to the satisfaction and psychological well-being of patients. There should also be other benefits including more educational opportunities for team members, support from a collegial working environment leading to increased job satisfaction and psychological well-being.

Crucial to the achievement of these aspirations are positive team dynamics and good leadership. Unfortunately teams do not automatically function well. The best team leaders are also not always the most senior member of the team. Without encouragement of full participation, some specialties may feel that they are without a voice. There is often a lack of clarity about shared objectives and little mutual respect or appreciation of the role of others.

Health service research demonstrating the benefits of effective team working is difficult to conduct given the numerous variables that impact on outcomes. Historical enmities, hierarchical boundaries and personality styles can be difficult to change and a lack of respect for different viewpoints is not conducive to harmonious exchanges that leave healthcare professionals feeling satisfied that they have contributed to optimal management plans for their patients. There is a need to invest in team training and support. In this talk examples will be shown of educational initiatives aimed at improving team functioning.

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#### Political Barriers to Effective Care

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Approximately 360 000 new patients are diagnosed with cancer in France every year. It is the first mortality cause in our country. Since 2003, the fight against cancer has been supported by two consecutive national cancer plans which have guaranteed substantial funding to specific actions for almost 10 years.

Years can pass between the recognition of a public health problem and the implementation of a policy. It is strongly linked to the many political barriers that policy makers have to lift. The two cancer plans demonstrated a strong political will in the fight against cancer that has undoubtedly helped French policy makers in the cancer field to address many issues in a relatively short timeframe.

Some successful policies can be used as illustrations. In terms of access to innovation, the development of regional platforms for molecular diagnostic tests provides access for all to the adequate molecular test as soon as a new targeted therapy is available on the market. In terms of access to medical information, a personal cancer electronic medical record should be launched at the national level by 2013 to improve information exchange between healthcare professionals and thereby improve efficiency of care.

Some issues remain challenging because they generate important political barriers. In terms of access to more personalized pathways, France is experimenting organizations to implement survivorship care plans. Recommended organizations should reinforce the role of the primary care sector during and after cancer treatment. However, it can already be anticipated that the organizational and cultural change will take several more years and may imply various policies such as fee changes, new medical training, and more precise clinical guidelines. Policies promoted by the cancer plans have also addressed issues concerning life plans of cancer patients. Negotiation with insurers to increase access to loans for patients with cancers is an emblematic example of policies that are much hindered by politics.