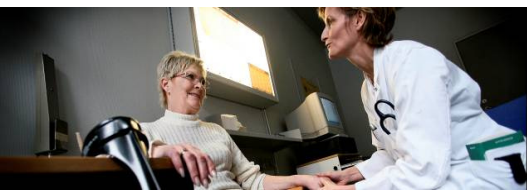


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**Planning and Organizing of Cancer Services:
Integrated Clinical Pathways for all Cancer
Patients**

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Objective and Methods

Objective

- To develop national integrated cancer pathways, defined as pathways based on nationwide clinical guidelines and national standards for processing times and responsibilities at each step of the care process through the health care system

Methods

- Regional participation in clinical working groups for each type of cancer
- Close cooperation with Danish Multidisciplinary Cancer Groups (DMCGs)
- Establishment of a National Task Force for Cancer

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Results

Disease specific groups (multidisciplinary)	National implementation	Cancer diseases
Colorectal cancer	April 2008	Colonic cancer, rectal cancer
Lung cancer	April 2008	Lung cancer
Head and neck cancer	April 2008	Head and neck cancer
Breast cancer	April 2008	Breast cancer
Gynecologic cancer diseases	August 2008	Cancer in cervix, ovary and uterus. Vagva cancer (January 2009)
Leukemia	September 2008	Myelomatosis, acute leukemia, lymphomas and myelodysplastic syndrome
Cancer in the urinary system	November 2008	Cancer in the urinary bladder and kidney
Skin cancer	November 2008	Malignant melanoma, non malignant melanoma (January 2009)
Cerebral cancer and cancer in the nervous system	November 2008	Cerebral cancer
Cancer diseases in males	January 2009	Cancer in testicle, prostate and penis
Upper gastrointestinal cancer	January 2009	Cancer in the liver and cystic duct, cancer in esophagus, cardia, stomach, pancreas and metastases in the liver
Cancer diseases in children	January 2009	Cancer in the brain and spine, leukemia, lymphatic cancer, cancer in the chest, abdominal cavity, musculoskeletal system, abdominal and chest wall
Cancer of the eye	January 2009	Malignant melanoma in uvea, cancer in orbitae, retinoblastoma
Cancer – orthopedic surgery and others	January 2009	osteosarcomas, soft tissue sarcomas (cancer in the connective tissue)

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Conclusions and Perspectives

The success of integrated pathways was dependent on a joint venture between the clinicians and the administrative health care system such as:

- Increased attention by GP's on cancer alarm symptoms and improved criterion based suspicion referrals
- Appropriate and timely political attention and commitment
- Common use of nationwide clinical guidelines
- Increased working in Multidisciplinary Teams

The expected effects of integrated pathways for cancer patients are:

- Reduced waiting times from referral to onset of diagnostic procedures and treatment
- Better survival rates, lower mortality and higher patient satisfaction