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The Danish Multidisciplinary Cancer Groups (DMCG) as a key actor in order to improve the clinical and scientific outcome of all elements in the scenario of cancer
October 15th 2009

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Chairman:
Danish Lung Cancer Group (DLCG)
&
The Cooperative of Danish Multidisciplinary Cancer Groups in Denmark
DMCG.dk

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Director of the Colorectal Cancer Registry

On behalf of DMCG.dk, DLCG and DCCG

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It is generally recognized that the scientific outcome in research fields calls for an optimal organizational infrastructure of the entire research network.

This process – regarding clinical research in cancer - was initiated in Denmark in year 2000 by the launching of the first National Cancer Plan by the government and the National Board of Health.

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Elements in the process of improvement of the entire effort in cancer from year 2000 until 2010:




Cancer Plan I (2000): primary focus were improvement of survival and capacities in technical equipments in order to secure reasonable waiting times

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Elements in the process of improvement of the entire effort in cancer from year 2000 until 2010:



Cancer Plan I (2000): primary focus were improvement of survival and capacities in technical equipments in order to secure reasonable waiting times



Cancer Plan II (2005): highest professional standard in all phases of the disease

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Elements in the process of improvement of the entire effort in cancer from year 2000 until 2010:

Recommendations regarding clinical cancer research (2005):

The infrastructure should be improved by:

- 1) national multidisciplinary cancer group for each cancer disease (DMCG)
- 2) to organize a National CancerBiobank for research
- 3) to improve the support of epidemiology, biostatistics etc. to clinical researchers

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These structural recommendations were adapted into Cancer Plan II:

Obligatory tasks for the Danish Multidisciplinary Cancer Groups:

- Implementation of national clinical guidelines
- Stimulate and initiate clinical research protocols
- Collect biologic material to the Biobank
- Establish a quality and research database

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Obligatory tasks for the Danish Multidisciplinary Cancer Groups:

- Implementation of national clinical guidelines
- Stimulate and initiate clinical research protocols
- Collect biologic material in the Biobank
- Establish a quality and research database
- Early warning regarding new technology and medicine
- Public announcements of the state of art
- Initiatives regarding educational activities
- International collaboration
- Collaboration with the general practitioners
- Improve It-technology

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The basic structure of each of the 24 DMCG's

Board		
Scientific societies , Organizations, Danish Regions		
	Working Parties	
	Database – Diagnostics - Surgery	
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Board of chairmen from the 24 DMCG's		
Represent the DMCG's in relation to central authorities and in matters of general professional character		

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Hæmatologisk Fælles DMCG:

- DMSG:** Dansk Myelomatose Studie Gruppe
- DSKMS:** Dansk Studiegroupe for Kroniske Myeloide Sygdomme
- DLG:** Dansk Lymfom Gruppe
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- DGC:** Dansk Gynækologisk Gruppe (æggestok – skede – livmoder- og hals)

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UoF: Uro-onkologisk Forum:
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DMCG-PAL: DMCg for Palliation
DPCG: Almen medicin

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Waiting time and Prognosis

Waiting time is a psychic embarrassment but is the prognosis influenced?


Yes:
 The curable potential can be lost in the last phases in the development of the disease
 For all patients – and in all cancer diseases

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Waiting time

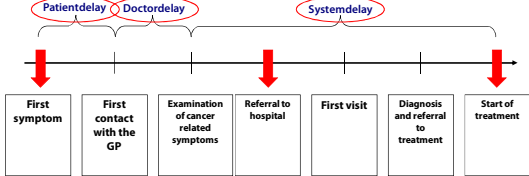
An embarrassment for the prognosis and the patient



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Delays



The flowchart illustrates the patient journey from symptom to treatment, with arrows indicating delays at various stages:

- First symptom** (Patientdelay)
- First contact with the GP** (Doctordelay)
- Examination of cancer related symptoms** (Systemdelay)
- Referral to hospital** (Systemdelay)
- First visit** (Systemdelay)
- Diagnosis and referral to treatment** (Systemdelay)
- Start of treatment** (Systemdelay)

Marianna Bjergager og Birka Pilgaard Hansen, 2006

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Delays

In general 100 day for lung cancer patients

First symptom | First contact with the GP | Examination of cancer related symptoms | Referral to hospital | First visit | Diagnosis and referral to treatment | Start of treatment

Marianna Sjogager og Rikke Pilgaard Hansen, 2006

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Long waiting times and worsening of the prognosis were elements in the decision to improve the cancer care plan in 2007

Waiting time data from 10.000 lung cancer patients

Scientific evidence from the Head and Neck Cancer Group demonstrating a connection between waiting time and prognosis

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Annual reports from the Danish Lung Cancer Group and Lung Cancer Register

National Indicator Project - Lung cancer

Time from referral to operation < 42 days for at least 85 % of all patients –

% < 42 d

A total of 10,000 pts

2004 2005 2006

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Original article

Tumor progression in waiting time for radiotherapy in head and neck cancer

Annal Ravnshøj Jensen^{1,2,3}, Marise Marie Hellemans^{1,2,3}, Jens Overgaard^{1,2,3}

Department of Experimental Hematology, Copenhagen University Hospital, Copenhagen, Denmark; Department of Head and Neck Cancer, Copenhagen University Hospital, Copenhagen, Denmark; Department of Head and Neck Cancer, Copenhagen University Hospital, Copenhagen, Denmark

Documentation – spring 2007

19 dage!!

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Autumn 2007

Special agreement between the government and the Danish Regions:

- No unnecessary waiting time
- Clear and relevant information

During 2007-2008

Updated guidelines for all cancer diseases 32 integrated cancer pathways i.e.:

- an extraction from the individual guidelines including order and indications of diagnostic and therapeutic procedures and time intervals between these
- Monitoring of waiting times

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Integrated cancer pathway in lung cancer

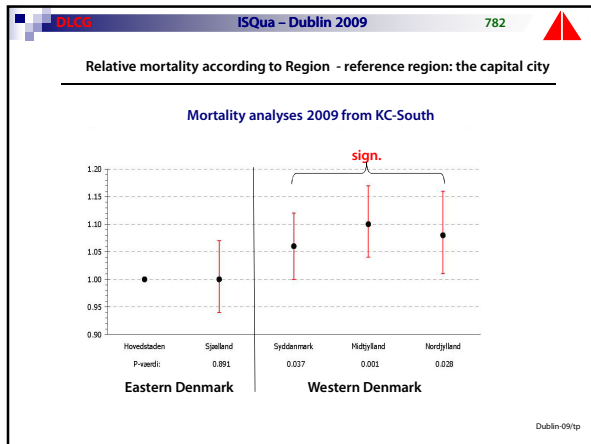
Time intervals identical with those defined in the National Indicator Project

42 days

< 28 days | < 14 days

First symptom | First contact with the GP | Examination of cancer related symptoms | Referral to hospital | First visit | Diagnosis and referral to treatment | Start of treatment

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How to balance?

Quality Research

Quality in research
Research in quality

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- Conclusions:**
- The new infrastructure have created multidisciplinary cancer groups for each disease
 - Updated national guidelines for each disease and 32 integrated cancer pathways
 - Registration of quality and research data in clinical data bases
 - Possibility to correlated clinical and biologic data
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