

Why Pilot Sites Matter: Shaping the Future of EUnetCCC



Definition of Comprehensive Cancer Centre:

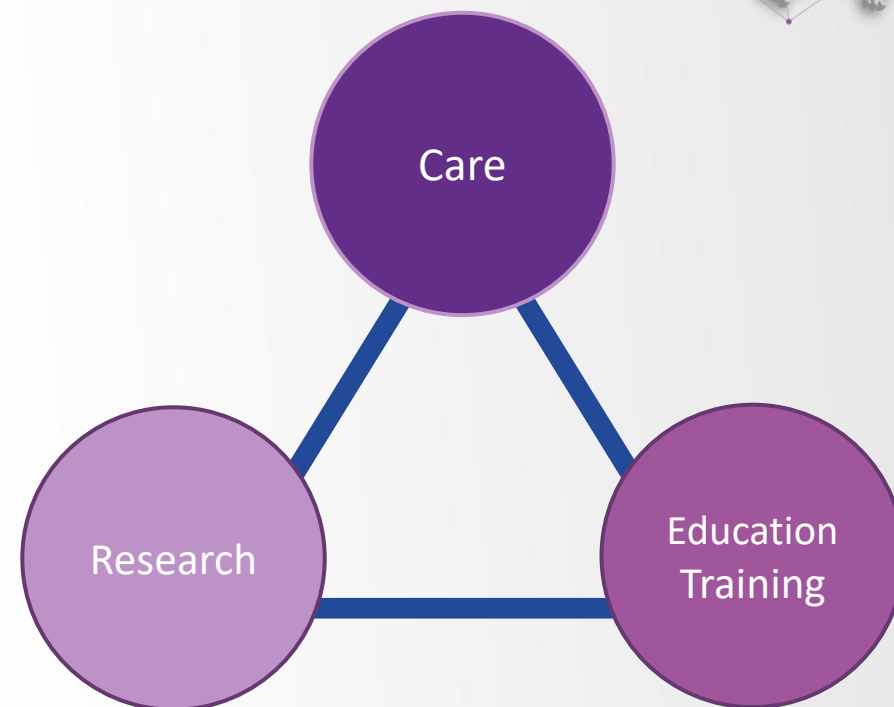
A European Comprehensive Cancer Centre (CCC) is an organisational entity with clear central governance and robust infrastructure, serving as a key provider of cancer care, research, and innovation. It offers a full range of diagnostics and treatments for major cancers and engages in basic, clinical, preventive, and population-based research. A CCC acts as a focal point within a local, regional, or national network and serves as a driving force in promoting high-quality care and research, disseminating guidelines and best practices, and engaging populations within its catchment area. It fosters collaboration among institutions, networks (such as Comprehensive Cancer Care Networks), and stakeholders across prevention, care, and research. Additionally, CCCs are supported by strategic partnerships, coordinated efforts, and a strong commitment to joint European cooperation.

What are pilot sites in the CCC development context?

CCC Pilot Sites – Hospitals/Universities/other institutions, including both OECI or DKH established CCCs and non-certified institutes, centers, or consortia. These pilots test different configurations within the EUnetCCC JA (WP4) to develop CCC-compliant structures, adapting to local needs, building governance frameworks, and assessing their maturity levels.

Purpose of Pilot Sites

- 1) Serve as testing grounds for new models which unite care, research, training/education and governance
- 2) Foster collaboration among stakeholders (i.e. Ministry of Health, hospitals etc.)
- 3) Provide an opportunity to assess feasibility and capacity of the pilot configuration
- 4) Support formation of National Study Groups and governance bodies
- 5) Help identify gaps and local adaptation needs
- 6) Pave pathway to Certification & Sustainability





Criteria for Categorizing Pilots

Structure and Scope of Pilots

Experience with CCC Models

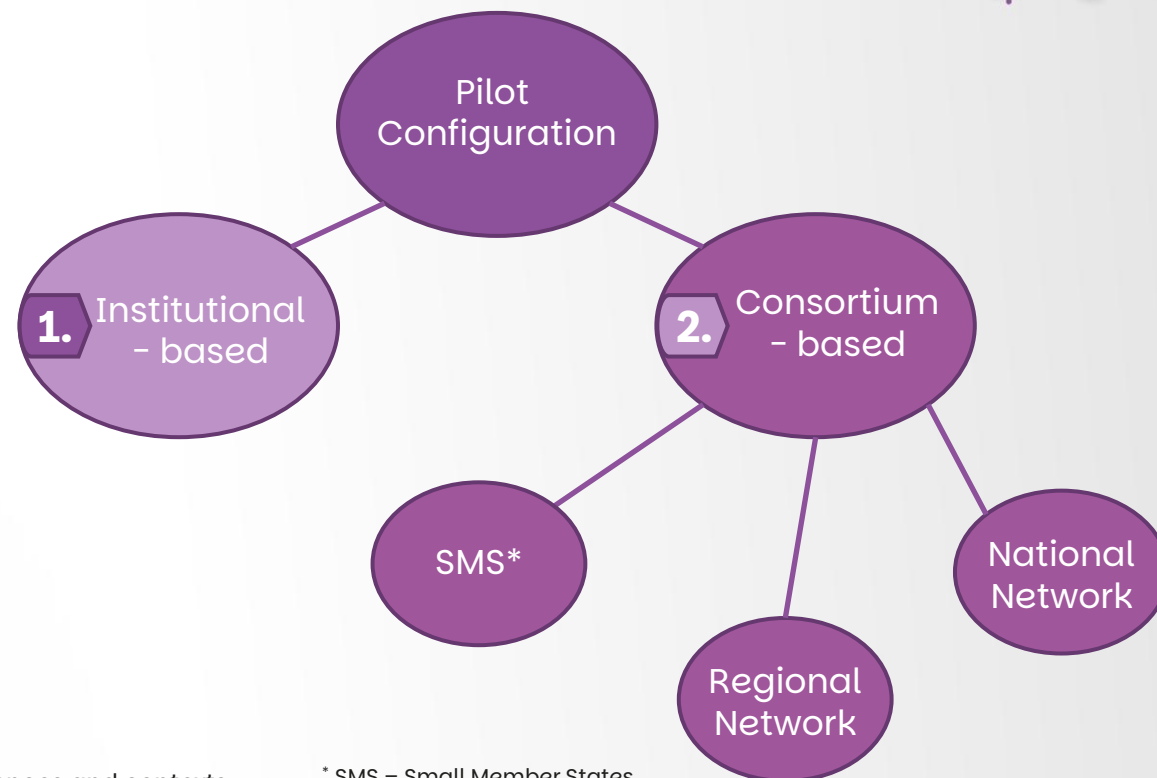
Readiness for Certification



Structure and Scope of Pilots

➤ Two main configurations under consideration:

1. Institutional – based CCC – a single institution integrating care, research, training, and prevention, operating autonomously while actively collaborating with its local ecosystem and broader networks.
2. Consortium – based CCC – a collaborative structure involving multiple institutions (hospitals, research centers, universities) operating at local, regional (or inter-regional), national, or international levels. A particular solution for this subtype will be adapted to the specific situation and needs of the small member states.



Configurations are flexible and may be adapted or combined to align with national preferences and contexts.

* SMS – Small Member States



Experience with CCC Models

- The experience is informed by existing certifications, such as those issued by OECI or DKG.
- Some participating countries already have OECI certified CCCs or other forms of certification from OECI or DKG. In contrast, other countries involved in the project currently lack formal certification.

Group	Description	Countries/Pilots
Advanced	<i>Long-standing CCC experience, strong integration</i>	Ireland, France, Sweden, Austria
Intermediate	<i>Some CCC elements in place, partial integration</i>	Estonia, Lithuania, Slovenia
Emerging	<i>Early-stage CCC development or new pilot setup</i>	Bulgaria, Cyprus, Croatia, Romania

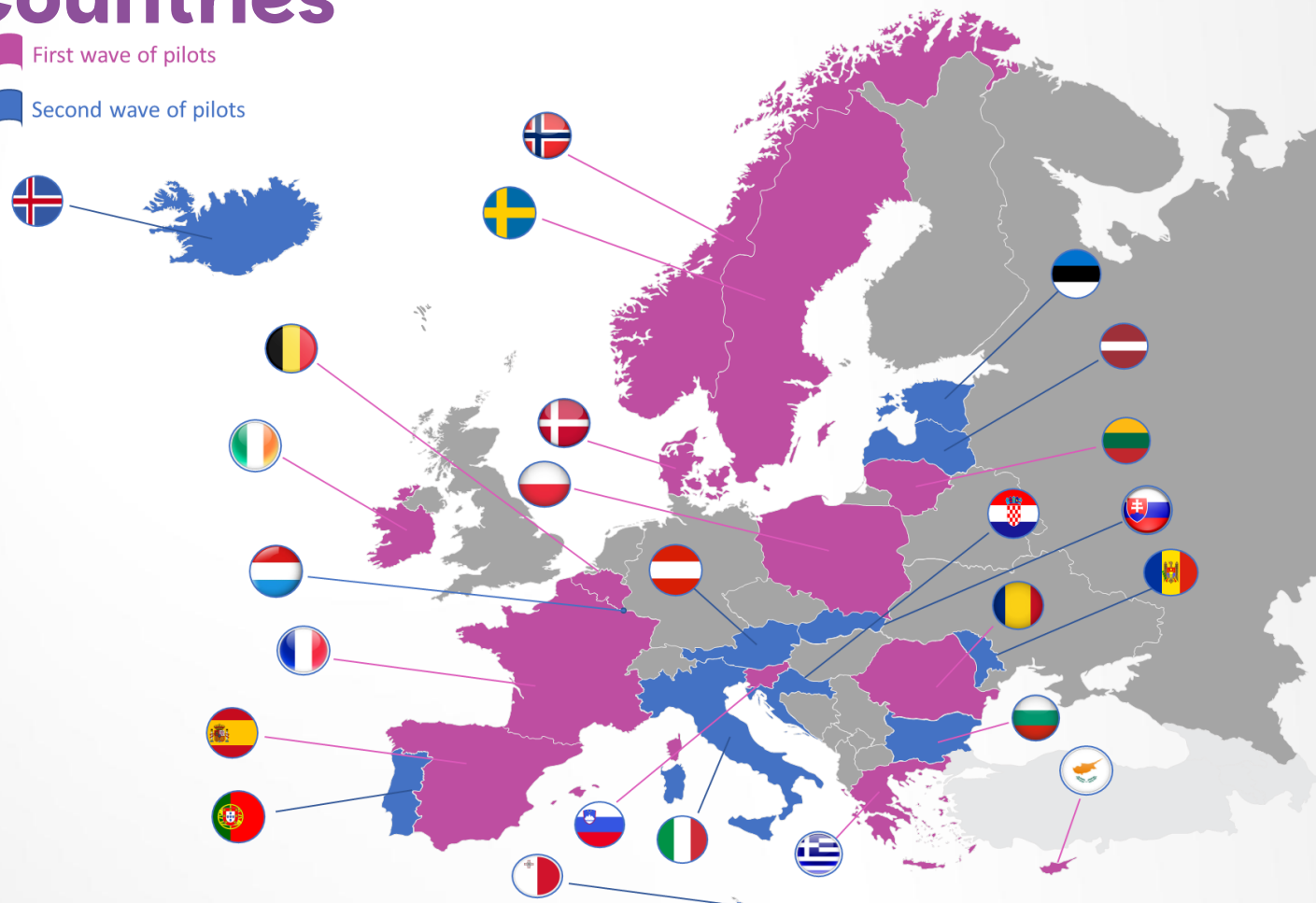


Readiness for Certification

- Some countries and their pilot sites began preparing for EUCCC certification prior to the official launch of the pilots. Due to existing healthcare systems and established governance structures, certain countries are currently more prepared than others.
- However, this does not imply that countries with a lower initial readiness will be unable to achieve EUCCC certification.

Readiness Level	Key Indicators	Example Pilots
High	<i>Completed self-assessment, existing quality processes</i>	France, Luxembourg, Norway, Lithuania, Slovenia
Moderate	<i>Planning or ongoing self- assessment</i>	Spain, Denmark, Iceland, Slovakia, Poland
Low	<i>Needs support for initial planning</i>	Croatia, Latvia

 First wave of pilots

 Second wave of pilots



Pilot Implementation Phase

- Number of Countries: 26 participating
13 in 1st Wave of Pilots
12 in 2nd Wave of Pilots
4 not interested
1 ND

- Number of Pilots: 1st Wave: 34
2nd Wave: 14

Definition of Pilot Implementation Wave

A “wave” of pilot implementation refers to a phased group of institutions — potential future Comprehensive Cancer Centers (CCCs) — that commence their certification preparation within the same timeframe and at comparable stages of readiness.

Pilot Implementation Phase – Configurations

➤ 1st Wave*

- *N of Institutional based pilots:* 14
- *N of Consortium based pilots:* 20
 - N of Regional Networks: 4
 - N of National Networks: 3



1. Institution-based Pilot (One institution acts as CCC)

Example Countries: *Lithuania*
Croatia
Poland
Greece
Denmark



2. Consortium-based Pilot (Multiple Institutions Collaborate)

Example Countries: *Bulgaria*
Luxembourg
Slovenia

➤ 2nd Wave**

- *N of Institutional based pilots:* 6
- *N of Consortium based pilots:* 3
 - N of Regional Networks: XX
 - N of National Networks: 1



2.1 Regional Network

(Subtype of Consortium, where CCCs are connected within country region)

Example Countries: *Norway*
Sweden



2.2 National Network

(Subtype of Consortium, where all CCCs are nationally connected)

Example Countries: *Belgium*
Sweden

* Two countries have not yet finalized their pilot configurations and are therefore excluded from the first wave analysis.

** The majority of second wave countries have also not made decisions regarding their pilot configurations.

Pilot Implementation Phase – Lessons Learned

Category	Successes	Challenges
Study Group & Governance	Established study groups/central governance model ensured coordination, strategic direction, and accountability,	Variation and presence of local governance structures led to inconsistencies in decision-making and implementation speed,
Varied Readiness	Some centers were well-prepared, serving as models for others,	Others require significant support to meet certification standards,
Varied Maturity	High-maturity centers accelerated early implementation,	Non-certified centers struggle to provide detailed gap analysis,
Budget	EU support enabled initial roll-out and core activities,	Limited local funding created sustainability concerns for long-term adoption,
Collaboration	Strong cross-border cooperation among pilots,	Variability in engagement levels across countries/pilots,
Evaluation	Clear Key Performance Indicators (KPIs) helped track progress,	Inconsistent data collection made benchmarking challenging,
Communication	Consistent updates via monthly meetings and reports, fostered cohesion and shared understanding.	Communication flow varied across institutions; occasional delays or misalignment in messaging.

Annual meeting

—
Shaping the future of cancer care,
research and education in Europe

Thank You!

Thank you for your attention and interest.

If you would like to learn more about our activities, pilot implementation, or the progress of our tasks within EUnetCCC, we would be happy to hear from you.

✉ Contact: Tit Albreht – Tit.Albreht@nijz.si

Marjetka Jelenc – Marjetka.Jelenc@nijz.si

Tija Hubej – Tija.Hubej@nijz.si

Jelena Isailović – Jelena.Isailovic@nijz.si

🌐 More information: <https://eunetccc2025.eu/>