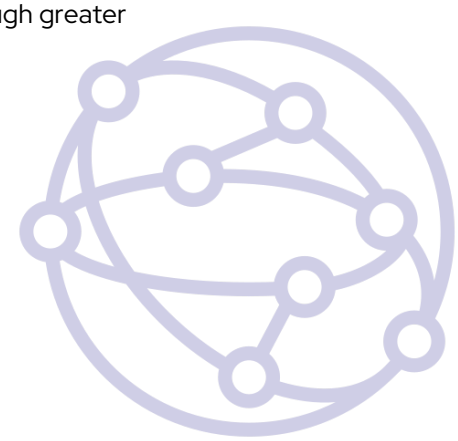
POLICY BRIEF

Feedback on implementation of EU Projects in Belgium: Case Study of Comprehensive Cancer Centres

This policy brief explores the current state of cancer care organisation in Belgium, with a focus on the role and potential of university hospitals and identifies key issues and priorities for system-wide improvement.

Belgium has made significant progress in cancer care in recent decades through greater harmonisation of care, improved access to innovation via legally mandated Multidisciplinary Oncology Consultations (MOC/COM)[1], and more integrated care pathways, especially following the actions of the 2008 Cancer Plan[2]. Cancer care is organised through Oncology Care Programmes (OCPs) alongside national conventions for complex oncological surgery. Despite these advances, challenges remain in ensuring equitable access to high-quality care and expertise, reducing fragmentation[3], and more firmly integrating research and innovation into clinical practice.



Europe's Beating Cancer Plan aims to establish a European network of Comprehensive Cancer Centres (CCCs), with at least one in each Member State by 2028[4], through initiatives such as CraNE[5] and the Joint Action EUnetCCC[6], in which many Belgian stakeholders, across disciplines, are involved. Comprehensive Cancer Centres are intended to combine high-quality clinical care with leadership in prevention, education, and research.

Methodology : This policy brief uses a mixed-methods approach combining a desk research, stakeholder interviews, and stakeholder dialogue.

KEYWORDS
Care organisation
Access to treatment and care equity
Comprehensive cancer centre

GAPS & RECOMMENDATIONS

Comprehensive Cancer Centre Certifications

Lack of coordination between the different certification systems, and between certifications systems and existing national Oncological Care Programmes (OCPs).

RECOMMENDATION

A **harmonised national framework** for CCC certification that recognises existing international schemes while ensuring alignment with shared national quality standards.

Belgium's Cancer Data Ecosystem

Insufficient interoperability between existing hospital data systems and research/quality databases.

Lack of structured support for data management.

RECOMMENDATION

Strengthen national cancer **data governance** through coordinated action by the Ministry of Health, RIZIV/INAMI, and the Belgian Health Data Agency to enable secure, GDPR-compliant, interoperable data collection.

Coordinated, Collaborative, and Patient-Centred Cancer Research Ecosystem

Fragmented and inefficient clinical trial pathways, with no centralised national platform to streamline processes.

Insufficient funding for academic clinical trials, preventing the translation of preclinical research into impactful therapies and diagnostics.

RECOMMENDATIONS

- Strengthen **research–care integration** by establishing a coherent national framework for **cancer research coordination**, with BeCRA as a collaborative platform.
- Strengthen **inter-centre collaboration** through formal communication channels and shared governance structures to support joint research initiatives and consistent quality standards.
- Reinforce clinical trials **collaboration with neighbouring countries.**
- **Supporting valorisation-driven ecosystems** for academic, early-clinical research.

High-quality Multidisciplinary Cancer Care

Risk of unequal access to care if concentration of expertise in CCCs is not supported by clear referral pathways, patient routing, and equitable resource allocation.

Lack of structured, care-quality-adjusted funding, governance and transparent quality standards.

RECOMMENDATIONS

- Strengthen Belgium's cancer care strategy by clearly defining and leveraging the **role of all hospitals within coordinated loco- and supraregional networks**, enabling **multidisciplinary care**, and smooth referrals where needed, to ensure high quality **care continuity for all patients, and revising (re)allocation of resources accordingly.**
- **Revise the national nomenclature** to better recognise and fund **multidisciplinary activities** beyond surgical acts.
- **Transparent quality standards (and measurements)** to monitor the efficiency of the collaboration between CCCs and other types of hospitals, and across levels of care. Using quality indicators as basis to organize high-quality care at national level across the supra-regional networks.

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