

# OECD Accreditation and Designation Programme

One-day site visit

Aarhus University Hospital Comprehensive Cancer Centre (AUH CCC)

26 and 27 March 2026



## Our Goals



To enable knowledge exchange, cooperation and coherence among European cancer institutes



To improve quality in cancer care, education and research



To promote comprehensive care and optimal QoL for patients



# Closing meeting

## General findings:

- Serious progress made since the previous visit 2025
  - Active involvement
  - Commitment of the leadership
  - Benefitting from twinning
- 
- Visible struggle in implementing pathway orientation versus department positions



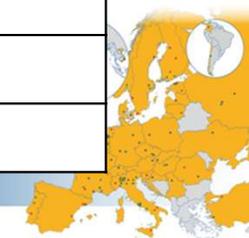
## Opportunities related to the OEI Standards: Governance

Topic	Advice
Mandate and position of CCC Board is established	Implementation of procedures and communication as next step
Strategy of the CCC Board is established through the appendix text	
Involvement of the CCC Board in finance is established	
Formal relationship with the University, through an agreement and involvement Vice Dean in the CCC Board and CCC Research Council	
Organisational chart is improved	Interaction between the different boards/councils and MDT leads and CCC organisation has to be developed
Quality and data policy	Dashboard in final pilot stage.
Policy on internal branding	Decided upon, but too limited in terms of branding and visibility towards patients, staff and researchers.



## Opportunities related to the OECD Standards: Research

Topic	Advice
CCC Research Board is installed, very active on a broad range of topics.	Involve the research council in coordinating and prioritizing CCC participation in international/EU projects
CCC Scientific Advisory Board (SAB) is installed and started its activities	
The relation with the University is formalised	
CCC research strategy is updated through an appendix	
Internal quality policy on the grant submission process is decided upon.	Advice to exclude nobody from this procedure
Structured basic research groups	Overview referred to but not seen yet.
A uniform policy and SOPs for clinical trials	The use of Trialmanager as data management system is decided, to be implemented widely.
Working with different trial units	not yet solved?
<p style="text-align: center;"><b>Strength:</b> available data show very high accrual date</p>	



## Opportunities related to the OECD Standards: Quality and data

Topic	Advice
Formal internal audits was not discussed	
Quality data for the CCC board and for MDTs to evaluate their policies: in pilot stage	
Standardising the internal organisation of MDTs: workgroups and discussion	deadlines?
Use the potential of the available data: visibly in progress	
Analysis of cancer centre data: visibly in progress	
Improvement the quality of the available data: visibly in progress	



## Other improvement points

- Biobank shifted to board level, monitor as part of the improvement plan
- Visible struggle with patient involvement: look and copy elsewhere!
- Use Cancer Centre logo for internal and external presentations as part of the branding
- Visible struggle in implementing pathway orientation versus department positions, for instance bring responsibly of lead times to the CCC Board.
- Risk of “over-discussing” and losing decisiveness
- Keep it simple



# How to proceed

- Audit team will add an appendix with the findings to the final report
  - Appendix to the centre: mid April
  - Feedback on the appendix: end April
  - Decision A&D Board: May
  - General Assembly OEI: June
  - FUP of the improvement plan: mid 2027
- Advice to the A&D Board to proceed with the designation of AUH CCC as Comprehensive Cancer Centre.





# Questions?

Organisation of European Cancer Institutes - EEIG

