



MEDICAL ONCOLOGY STATUS IN EUROPE SURVEY (MOSES)

ESMO PHASE II PROJECT

Please respond to all of the following questions and,
when requested, please specify your degree of confidence in answering each question.
Thank you for your collaboration.

The purpose of this questionnaire is to gather information about undergraduate and postgraduate education, clinical practice facilities and clinical research devoted to oncology in countries members of ESMO.

Please take time to complete this form as completely as possible.

- For multiple choice questions, please tick mark the preferred one;
- When required, provide a precise quantification: answers like, 'less than 200,000 inhabitants' should be avoided.

In particular, for selected fields of questions 1.a, 1.b-1, 1.b-3, 1.c-1, 2.3, 2.6 please provide an appropriate estimate;

- Each answer should be accompanied by the reference of the source of information used, together with the referral year. For this purpose please fill out the '**SOURCE OF INFORMATION / COMMENTS**' paragraph at the end of each section.

If you need assistance filling out the form, please contact the MOSES WG representative allocated to you, who will be glad to assist you.

MEDICAL ONCOLOGY STATUS IN EUROPE (MOSES) SURVEY – PHASE II PROJECT

1. TEACHING OF ONCOLOGY FOR UNDERGRADUATE STUDENTS AND POSTGRADUATE SPECIALIZATION AND/OR SUB-SPECIALIZATION IN ONCOLOGY

1a. GENERAL INFORMATION

Country		SOURCE OF INFORMATION / COMMENTS
No. of inhabitants		
No. of medical faculties		
Duration of medical studies		

1b. TEACHING OF ONCOLOGY FOR UNDERGRADUATE STUDENTS

1b-1.

Specialization or sub-specialization	Is this specific specialization or sub-specialization foreseen in the curriculum of undergraduate students?	As a separate course? <i>If not, please specify as part of which course</i>	Is it mandatory?	In which year?	How many course hours per year are planned?
Medical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Surgical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Radiotherapy	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Oncology (general)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Hematology	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Palliative Medicine	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		

1b-2. Is the training mentioned above the same in all medical faculties or medical schools?

YES NO

SOURCE OF INFORMATION / COMMENTS

1b-3. If not, in how many medical facilities or medical schools is it true (number of total)? _____

1c. **POSTGRADUATE** SPECIALIZATION AND/OR SUB-SPECIALIZATION IN ONCOLOGY

1c-1.

Specialty or sub-specialty	Are the following specializations recognized in your country? (1, 2, 3 – please see questions below)	Is there nationwide training (option A) or specific training per faculty or school (option B)?	How many specialists or sub-specialists graduated with a degree in your country in 2004? (total)	How many years does the specialization or sub-specialization training last?	How many teaching hours are planned? (in hours per year)	Is full training or partial training allowed abroad?
Medical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Oncology as sub-specialty of Internal Medicine	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>
Surgical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>
Surgical Oncology as sub-specialty of Surgery	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>
Radiotherapy	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>
Hematology	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>
Hemato-Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>
Palliative Medicine	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>
Oncology*	YES <input type="checkbox"/> NO <input type="checkbox"/>	A or B				YES <input type="checkbox"/> NO <input type="checkbox"/>

* Please specify if other

SOURCE OF INFORMATION / COMMENTS

1c-2. If oncology specialty is a sub-specialization of a medical specialty which is not on the list, please explain the specific situation (for medical oncology-like, radiotherapy-like or surgical oncology-like situations), and feel free to comment

1c-3. Are there specific qualifications required for specialization in

Specialization or sub-specialization	Qualification (specific undergraduate or graduate requirements, publications...)
Medical Oncology	
Medical Oncology as a sub-specialty of Internal Medicine	
Surgical Oncology	
Surgical Oncology as a sub-specialty of Surgery	
Radiotherapy	
Hematology	
Hemato-Oncology	
Oncology*	

* Please specify if other

SOURCE OF INFORMATION / COMMENTS

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1c-4. Is there a national and/or an international certification exam or process (please specify method of certification and which organization is responsible for this; e.g. ESMO, national society, etc.)

Specialization or sub-specialization	National Certification (please specify method and organization responsible)	International Certification (please specify method and organization responsible)
Medical Oncology		
Medical Oncology as a sub-specialty of Internal Medicine		
Surgical Oncology		
Surgical Oncology as a sub-specialty of Surgery		
Radiotherapy		
Hematology		
Hemato-Oncology		
Oncology*		

* Please specify if other

SOURCE OF INFORMATION / COMMENTS

2. OUTLINE OF MEDICAL AND RADIATION ONCOLOGY FACILITIES – PATTERN OF CANCER CARE AND MULTIDISCIPLINARY COLLABORATION

2.1. Do the following oncology facilities exist in your country? Please answer yes or no and give an accurate numbers of facilities according to their location, in the table below

- *Medical Oncology Facility*: facility with at least one specialized medical oncologist, exclusively supervising the treatment of cancer patients
- *Independent Oncology Unit*: a unit with a specialized medical oncologist as director, that treats only cancer patients, and has a clinical ward (minimum of 15-20 beds) +/- a day clinic (minimum of 5-15 beds/ places)
- *Comprehensive Cancer Center*: a referral center for cancer patients, a center which houses both medical and radiation oncology, with a minimum of 20 beds, at least 4 beds for immunocompromised patients or administration of high-dose therapies with transplant support, a day clinic, an attached radiotherapy unit, a clinical/ basic laboratory research, attached to, or with direct access to, other oncology-related specialties (i.e. surgical oncology, palliative care, etc.)
- *Radiation Oncology Facility*: facility with at least one specialized radiation oncologist, who supervises the administration of radiotherapy exclusively to cancer patients. The facility must have adequate radiotherapy equipment (at least one cobalt and/ or linear accelerator)
- *Palliative Care Facility*: facility with a palliative care specialist or oncologist providing palliative, supportive and end-of-life care to cancer patients, including home care and psychosocial support of cancer patient and family.

Institution	Medical Oncology Facility	Independent Oncology Unit (with ward + day clinic)	Independent Oncology Unit (with only a day clinic)	Comprehensive Cancer Center	Radiation Oncology Facility	Palliative Care Facility
University Hospitals	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/> N° with hospice <input type="text"/>
Cancer Centers	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/> N° with hospice <input type="text"/>
Referral General Hospitals	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/> N° with hospice <input type="text"/>
Community Hospitals	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/> N° with hospice <input type="text"/>
Private Hospitals/ Clinics	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/> N° with hospice <input type="text"/>
Private practices	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/> N° with hospice <input type="text"/>
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO N° <input type="text"/> N° with hospice <input type="text"/>
Total	N° <input type="text"/>	N° <input type="text"/>	N° <input type="text"/>	N° <input type="text"/>	N° <input type="text"/>	N° <input type="text"/>

SOURCE OF INFORMATION / COMMENTS

2.2.1. Are there private practices in your country by Medical Oncologists? YES NO

Are there other Medical Oncology Services* that cannot be included in the above categories in your country? YES NO

* *Medical Oncology Service*: minimum of one specialist in medical oncology

2.2.2. If yes, how many? N°

2.2.3. How many of those

- Are attached to an Internal Medicine Division? N°

- Are attached to divisions other than Internal Medicine N°

- Include only outpatient consultation**? N°

** *outpatient consultation of cancer patients by a specialist medical oncologist at least once per week*

SOURCE OF INFORMATION / COMMENTS

2.3. Please give the number of certified Medical Oncology specialists as well as Palliative Care specialists that practice in your country, according to the location of their practice

Institutions	Medical Oncologists	Palliative Care Specialists
University Hospitals	N° <input type="text"/>	N° <input type="text"/>
Cancer Centers	N° <input type="text"/>	N° <input type="text"/>
Referral General Hospitals	N° <input type="text"/>	N° <input type="text"/>
Community Hospitals	N° <input type="text"/>	N° <input type="text"/>
Private Hospitals/ Clinics	N° <input type="text"/>	N° <input type="text"/>
Private practice	N° <input type="text"/>	N° <input type="text"/>
Other	N° <input type="text"/>	N° <input type="text"/>
Total	N° <input type="text"/>	N° <input type="text"/>

2.4. Are there National Standards / Minimum Requirements for a Medical Oncology Facility in your country? YES NO

2.5. How many Medical Oncology Facilities for official training in medical oncology exist in your country? N°

SOURCE OF INFORMATION / COMMENTS

2.6. Pattern of cancer care and multidisciplinary collaboration

Please mark with a 'x' the most relevant specialist in the diagnosis and treatment of the following major cancer type situations. If more than one specialist is relevant, please rank the involvement of each one from 1 to 7, (marking '1' for the specialist who is primarily involved and '7' for the specialist who is least involved in each defined step)

Type of Cancer	Stages of treatment	Multi-disciplinary Board	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Other Specialist	Palliative Care Specialist	General Practitioner/ Family Doctor
Breast Cancer						Gynecologist		
	Diagnosis							
	Neoadjuvant chemotherapy							
	Adjuvant chemotherapy							
	Chemotherapy for metastatic disease							
	Other medical treatment							
	Follow-up							
Terminal care								
Colorectal and Gastrointestinal Cancer		Multi-disciplinary Board	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Gastro-enterologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis							
	Adjuvant chemotherapy							
	Chemotherapy for metastatic disease							
	Other medical treatment							
	Follow-up							
	Terminal care							
Lung Cancer		Multi-disciplinary Board	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Pulmonologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis							
	Adjuvant therapy							
	Chemotherapy for metastatic disease							
	Other medical treatment							
	Follow-up							
	Terminal care							
Ovarian Cancer		Multi-disciplinary Board	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Gynecologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis							
	Adjuvant chemotherapy							
	Chemotherapy for metastatic disease							
	Other medical treatment							
	Follow-up							
	Terminal care							
Prostate Cancer		Multi-disciplinary Board	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Urologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis							
	Adjuvant therapy							
	Treatment of metastatic disease							
	Other medical treatment							
	Follow-up							
	Terminal care							

		Multi-disciplinary Board	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Urologist	Palliative Care Specialist	General Practitioner/ Family Doctor
Seminoma tous Germ Cell Tumor (GCT)	Diagnosis							
	Adjuvant treatment							
	Chemotherapy for metastatic disease							
	Other medical treatment							
	Follow-up							
	Terminal care							
Non-Seminoma tous GCT		Multi-disciplinary Board	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Urologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis							
	Adjuvant chemotherapy							
	Chemotherapy for metastatic disease							
	Other medical treatment							
	Follow-up							
Terminal care								
Malignant Lymphom a (NHL)		Multi-disciplinary Board	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Hemato- logist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis							
	Chemotherapy							
	Other medical treatment							
	Follow-up							
	Terminal care							

SOURCE OF INFORMATION / COMMENTS

- 2.7. Is the prescription of cytotoxic drugs in solid tumors (for chemotherapy of the listed major cancer types) restricted to a single specialty in your country? YES NO
- 2.8. Is the administration of cytotoxic drugs in solid tumors (for chemotherapy of the listed major cancer types) restricted to a single specialty in your country? YES NO
- 2.9. Do Radiation Oncologists prescribe any chemotherapy or hormonal drugs for cancer treatment in your country? YES NO
- 2.10. Are there reimbursement difficulties for medical oncology treatments provided by specialists other than medical oncologists in your country? YES NO
- 2.11. Are there local health authority rules and regulations for the prescription and compensation of cytotoxic drugs in your country? YES NO
- 2.12. Are there legal safety rules about the handling and administration of cytotoxic drugs in your country? YES NO
- 2.13.1. Is there a National Cancer Registry in your country? YES NO
- 2.13.2. If yes, since when? _____

SOURCE OF INFORMATION / COMMENTS

3. CONTINUING MEDICAL EDUCATION (CME); NATIONAL SOCIETIES FOR MEDICAL ONCOLOGY AND ONCOLOGY; NATIONAL CANCER GUIDELINES

3.1. After specialization or sub-specialization in medical oncology, is a CME process foreseen? YES NO

If yes, year of introduction _____

SOURCE OF INFORMATION / COMMENTS

3.2. Is the CME process optional or mandatory? O M

3.3. Who supervises the CME accreditation? (please mark with an 'x' if appropriate)

- National Health System
- University
- Scientific societies
- Hospitals
- Private facilities
- Other, please specify _____

SOURCE OF INFORMATION / COMMENTS

3.4. Can medical oncologists* choose their own CME activities or are they defined by the institution responsible for providing CME? O I

** Medical Oncologist*

A medical oncologist is a physician taking care of cancer patients. He/she has training in internal medicine, with subsequent specialization in the comprehensive management of patients with malignant diseases. His/her training comprises the scientific basis of oncology, prevention, screening, diagnosis, the use and evaluation of specific medical anticancer treatments, and clinical investigation of malignant diseases. He/she is able to use medical therapies and symptomatic, psychological, supportive, palliative, and after care in daily clinical practice to improve the quality-of-life of cancer patients. He/she will be trained and continue to update his/her knowledge in the application of such interventions for optimal benefit, taking into account the psychological and social needs of cancer patients and their families.

The standard requirements for training in Medical Oncology are a total training period of six (6) years, beginning with a training in internal medicine for at least two (2) years, followed by a training program in medical oncology for three (3) to four (4) years.

The 3 to 4 year training program in medical oncology must include a minimum of two (2) years full-time clinical training in the diagnosis and management of a broad spectrum of neoplastic diseases.

Hansen H, Bajorin D, Muss H, et al: ESMO/ASCO Task Force on Global Curriculum in Medical Oncology, Recommendations for a Global Core Curriculum in Medical Oncology. Ann. Onc., Nov 2004; 15: 1603-1612

SOURCE OF INFORMATION / COMMENTS

3.5. Are medical oncologists required to obtain a minimum number of CME points per year? YES NO

3.6. Are CME points mandatory in order to maintain the status of medical oncologist in your country? YES NO

3.7. For what time period is the certification as a medical oncologist valid? Years Not applicable

SOURCE OF INFORMATION / COMMENTS

3.8.1. Is there a National Society for Medical Oncology in your country? YES NO

3.8.2. If yes, in what year was it established? _____

3.8.3. If no, is there a National Society for Oncology in your country? YES NO

Other _____

SOURCE OF INFORMATION / COMMENTS

If the answer above is that there is only an Oncology Society or 'Other', please complete following questions in reference to the National Society for Oncology or 'Other'.

3.8.4. How many members does the National Society for Medical Oncology have? _____

SOURCE OF INFORMATION / COMMENTS

3.8.5. Which categories of professionals are members? (Please rank from 1 to 10, marking '1' for the specialist that is the most represented in the Society and '10' for the specialist that is least represented in the Society.)

<input type="checkbox"/> Medical Oncologists	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Hematologists	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Internists with interest in Medical Oncology	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Surgical Oncologists	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Radiotherapists	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Radiologists	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Organ-specific specialists (pneumologists, gastroenterologists, urologists, gynecologists...)	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> General Practitioners	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Nurses	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other professionals (epidemiologists, psychologists, psycho-oncologists, data managers...)	<input type="checkbox"/> <input type="checkbox"/>

3.8.6. How many medical oncologists are there in your country? _____

3.8.7. How many medical oncologists in the country are members of the National Society for Medical Oncology? _____

- 3.8.8. Do working groups on specific topics exist within the National Society for Medical Oncology? YES NO Not applicable
- 3.8.9. Does the National Society for Medical Oncology organize CME events? YES NO
- 3.8.10. Is there a special group of Young Medical Oncologists in the National Society for Medical Oncology? YES NO

SOURCE OF INFORMATION / COMMENTS

- 3.9.1. Do you have national guidelines on cancer? YES NO
- 3.9.2. If no, which guidelines do you use for reference? _____

SOURCE OF INFORMATION / COMMENTS

- 3.9.3. Was the National Society for Medical Oncology involved in the production and/or dissemination of your national guidelines? YES NO

- 3.9.4. If yes,
- Alone
 - With other societies
 - With local health authorities
 - Other, please specify _____

- 3.9.5. Are ESMO *Minimum Clinical Recommendations* adopted as national guidelines in your country? YES NO

- 3.9.6. Do medical oncologists follow guidelines? YES Partly NO

- 3.9.7. Were National Multimodal 'Tumor Groups' or scientific societies with several specialist representatives involved in the production and/or dissemination of national guidelines? YES NO

- 3.9.8. If yes,
- Alone
 - With specialist societies
 - With local health authorities
 - Other, please specify _____

- 3.9.9. Do cancer specialists follow guidelines? YES Partly NO

- 3.9.10. Is following guidelines a controlled process in your country? YES Partly NO

- If yes, is there a system on clinical audit in your country? YES NO

3.9.11. If yes, who is responsible for this? (Please mark with an 'x' the appropriate choice or choices)

Multimodal Tumor Groups/ Scientific societies

Medical specialist societies

Local health authorities

Hospitals

Other, please specify _____

3.9.12. Is availability of cancer treatment based on guidelines? YES Partly NO

3.9.13. Is reimbursement for treatment costs based on guidelines prohibitive? YES Partly NO

3.9.14. Does having or following guidelines improve outcome of cancer treatment in your country?
 YES NO I do not know

SOURCE OF INFORMATION / COMMENTS

4. CLINICAL RESEARCH

4.1. Is there an official annual report documenting oncological research activity in your country? YES NO

4.2. If yes, please specify who is responsible for publishing this report

SOURCE OF INFORMATION / COMMENTS

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4.3. Please indicate the prevalence of clinical studies in each phase of development during the last year (please give percentages within each category so that the sum of the row adds up to 100%)

	I	II	III	IV
Prevalence (%)				

Degree of confidence: Sure Quite sure Uncertain

4.4. To what degree are each of the following categories of institutions involved in clinical research? (please give percentages within each category so that the sum of each row adds up to 100%)

	I	II	III	IV
Academic institutions				
Non-academic research institutions				
General hospitals				
Comprehensive cancer centers				

Degree of confidence: Sure Quite sure Uncertain

4.5. In what proportion do the following categories of institutions participate in each phase of clinical research? (please give percentages within each phase so that the sum of each column adds up to 100%)

	I	II	III	IV
Academic institutions				
Non-academic research institutions				
General hospitals				
Comprehensive cancer centers				

Degree of confidence: Sure Quite sure Uncertain

4.6. Please specify which Ethical Committee is involved in each phases of development of clinical trials:

	I	II	III	IV
Central Ethical Committee*				
Local Ethical Committee**				

* e.g. Health Ministry

** A. Ethical committee of each hospital/institution in a particular country

B. Ethical committee of a group of hospitals/institutions in a particular country

Degree of confidence: Sure Quite sure Uncertain

4.7. Composition of the Central Ethical Committee. Please rank in order of importance (with '1' indicating the most important, and '7' indicating the least important) the participation each of the following professionals

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Clinician | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pharmacologist | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bureaucratic | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Statistician | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Representative of patients | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Epidemiologist/methodologist | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other, please specify _____ | | |

4.8 Composition of the Local Ethical Committee. Please rank in order of importance (with '1' indicating the most important, and '7' indicating the least important) the participation each of the following professionals:

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Clinician | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pharmacologist | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bureaucratic | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Statistician | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Representative of patients | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Epidemiologist/methodologist | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other, please specify _____ | | |

4.9. On average, how long does it take to obtain approval by the Ethical Committee?

- <2 months 2-4 months >4 months

SOURCE OF INFORMATION / COMMENTS

4.10.1. What is the percentage of clinical research studies not fully funded* by the pharmaceutical industry?

- <25% 25-50% 50-75% >75%

Degree of confidence: Sure Quite sure Uncertain

** Not fully funded by the pharmaceutical industry*

Clinical research studies which are not fully funded by the pharmaceutical industry are those studies, where the pharmaceutical industry has only a (partial) financial involvement (through so-called 'unrestricted grants'), without any further influence on the scientific profile and aspects of the study.

4.10.2. What is the percentage of clinical research studies sponsored* by the pharmaceutical industry?

- <25% 25-50% 50-75% >75%

Degree of confidence: Sure Quite sure Uncertain

** sponsored by the pharmaceutical industry*

Clinical research studies which are sponsored by the pharmaceutical industry are those studies where industry has both financial involvement and influence on the scientific profile and aspects of the study.

4.11. Who provides funding for clinical research studies not funded by the pharmaceutical industry? (Please rank the answers in order of importance, with '1' indicating the most important funding provider and '3' indicating the least important funding provider.)

- | | |
|---|--------------------------|
| <input type="checkbox"/> Health Ministry | <input type="checkbox"/> |
| <input type="checkbox"/> Private organizations/ Foundations | <input type="checkbox"/> |
| <input type="checkbox"/> Pharmaceutical Industry | <input type="checkbox"/> |