



MEDICAL ONCOLOGY STATUS IN EUROPE SURVEY (MOSES)

PHASE III PROJECT

The paper format should serve only as reference,
the questionnaire has to be compiled through the online system.

MOSES III Survey – General Guidelines

Commitment

- The MOSES questionnaire is distributed to ESMO National Representatives (NR) of all European countries (EU Members States and non-EU Member States).
- Should a NR not be able to commit to this project, he/she is required to send an official letter stating that he/she will be unable to partake in the project, including also a possible replacing opinion leader, who will have to officially commit.
- All information (answers, queries, and general correspondence) is to be provided in English.
- Any query about compilation of the questionnaire must be addressed to your MOSES Task Force referent (see box below) by e-mail.

Questionnaire compilation

- The questionnaire must give a true and fair picture of the national situation.
- 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' box at the end of each section.
- For any comment and specification of questions please fill out the 'SOURCE OF INFORMATION / COMMENTS' box at the end of each section.
- If the situation in your country is heterogeneous and you cannot answer some questions, please make sure you provide a clear explanation of the actual situation in your country in the 'SOURCE OF INFORMATION / COMMENTS' box at the end of each section.
- Compilers are kindly requested to strictly follow the instructions.

Accuracy

- To properly compile the questionnaire, NR should refer to official documents provided by the health ministry or national registries.
- Accuracy is paramount to a smooth and proper analysis. Where answers are difficult to understand and/or incomplete, the MOSES Task Force referent will have to double check with the compiler(s).
- After compiling the questionnaire, the NR is kindly required to send it to the national medical oncology society/oncology society (see box below) in her/his country or, if no society exists, to the Ministry of Health for data certification.
 - The National medical oncology society/oncology society or the Ministry of Health, respectively, is invited to provide an official letter of certification that the NR will send to the ESMO Head Office by mail with original signature.

Technical guidelines

The questionnaire can be filled out via the online system at the address you will be given via e-mail.

Your Contacts

MOSES Task Force referent:

[NAME]

[E-MAIL ADDRESS]

[PHONE]

Contact for data certification:

[SOCIETY NAME]

[PRESIDENT NAME]

[ADDRESS]

[POSTAL CODE] - [CITY]

[E-MAIL ADDRESS]

[PHONE]

GENERAL INFO

Please specify in the 'Source of Information/comments' box your source of information. If no official source exists, please make sure you briefly explain the actual situation in your country.

Country		SOURCE OF INFORMATION / COMMENTS
No. of inhabitants		SOURCE OF INFORMATION / COMMENTS
No. of medical faculties		SOURCE OF INFORMATION / COMMENTS
Duration of undergraduate medical studies	<input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 6 years	SOURCE OF INFORMATION / COMMENTS
Is there a cancer registry activity?	YES <input type="checkbox"/> NO <input type="checkbox"/>	SOURCE OF INFORMATION / COMMENTS
Does the cancer registry cover all the country or just some areas?	National <input type="checkbox"/> Regional <input type="checkbox"/> Local <input type="checkbox"/>	SOURCE OF INFORMATION / COMMENTS

DEFINITIONS

These definitions apply to all questions: please make constant reference to them.

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 five to six (5-6) years, beginning with a training in internal medicine of at least two (2) years, followed by a training program in medical oncology of 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

II. Palliative Care specialist

A palliative care specialist is a medical oncologist or other specialist who holds an official certification in palliative medicine valid at national level.

III. Facilities

- *Medical Oncology Facility:* facility with medical oncologists who exclusively supervise medical treatment of cancer patients and which is equipped for storage/preparation/administration of cytotoxic drugs according to national standards.
- *Independent Medical Oncology Unit:* a unit with a medical oncologist as medical director that treats only cancer patients, and has a day clinic (minimum 5 beds/places) +/- a clinical ward (minimum of 10 beds) and which is equipped for storage/preparation/administration of cytotoxic drugs according to national standards.
- *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 certified radiation oncologists, who supervise the administration of radiotherapy to cancer patients. The facility must have adequate radiotherapy equipment (at least one cobalt and linear accelerator).
- *Palliative Care Facility:* facility with a palliative care specialist (*see definition) providing palliative/supportive/simultaneous/end-of-life care to cancer patients, including home care and psychosocial support of cancer patient and family, with the cooperation of physicians from other disciplines (radiotherapy, surgery, rehabilitation, psycho-oncology, pain medicine and anesthesiology, palliative medicine, etc.) as well as paramedical clinicians (nursing, social work, psychology, physical and occupational therapy, chaplains, etc.).

TEACHING OF ONCOLOGY FOR UNDERGRADUATE STUDENTS; POSTGRADUATE SPECIALIZATION AND/OR SUB-SPECIALIZATION IN ONCOLOGY; CONTINUING MEDICAL EDUCATION

1 TEACHING OF ONCOLOGY FOR UNDERGRADUATE STUDENTS

1.1 Is the teaching of oncology foreseen (i.e. with specific medical education credit recognition) in the curriculum for undergraduate students in your country? YES NO

If you answered YES to the above question, please proceed to the following questions. If you answered NO please proceed to section 2. "Postgraduate specialization and/or sub-specialization".

1.2 Is the teaching of oncology for undergraduate students the same in all medical faculties or medical schools in your country? YES NO

If you answered NO, please provide appropriate explanations in the box below (e.g. no official data exist, national situation is heterogeneous, or similar), then proceed to section 2. "Postgraduate specialization and/or sub-specialization".

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1.3 Teaching of oncology for undergraduate students – details

Topic	Is this specific topic foreseen in the curriculum of undergraduate students?
Medical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>
Surgical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>
Radiotherapy	YES <input type="checkbox"/> NO <input type="checkbox"/>
Oncology/Clinical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hematology	YES <input type="checkbox"/> NO <input type="checkbox"/>
Palliative Medicine	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you answered YES to one or more of the above questions, please proceed to questions 1.3.1 and 1.3.2 and double-check that you provided details and reference information for your answers. If you answered NO to all questions, please proceed to question 1.4.

1.3.1 Teaching of oncology for undergraduate students: topics foreseen as separate courses

Topic	Is this specific topic foreseen as a separate course in the curriculum of undergraduate students? If not, please specify as part of which course	Is it mandatory?
Medical Oncology	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"/>
Radiotherapy	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Oncology/Clinical Oncology	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"/>
Palliative Medicine	YES <input type="checkbox"/> NO <input type="checkbox"/> _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

1.3.2 Teaching of oncology for undergraduate students: topics details

Topic	In which year/s is this topic foreseen for undergraduate students?	How many total course hours are planned?
Medical Oncology		
Surgical Oncology		
Radiotherapy		
Oncology/Clinical Oncology		
Hematology		
Palliative Medicine		

1.4 Are credits in multidisciplinary oncology foreseen? YES NO

SOURCE OF INFORMATION/COMMENTS

2 POSTGRADUATE SPECIALIZATION AND/OR SUB-SPECIALIZATION IN ONCOLOGY

2.1 Is the teaching of oncology foreseen (i.e. does a student have the chance to have credits in oncology education?) for postgraduate students? YES NO

If you answered YES to the above question, please proceed to the following questions. If you answered NO please proceed to section 3. "Continuous Medical Education".

2.2 Is the teaching of oncology for postgraduate students the same in all medical faculties or medical schools? YES NO

If you answered NO, please provide appropriate explanations in the box below, then proceed to section 3. "Continuous Medical Education".

2.3 Teaching of oncology for postgraduate students – details

Topic	Are the following topics foreseen as an officially recognized specialization in your country?
Medical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Oncology as sub-specialty of Internal Medicine	YES <input type="checkbox"/> NO <input type="checkbox"/>
Surgical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>
Surgical Oncology as sub-specialty of Surgery	YES <input type="checkbox"/> NO <input type="checkbox"/>
Radiotherapy	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hematology	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hemato-Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>
Palliative Medicine	YES <input type="checkbox"/> NO <input type="checkbox"/>
Oncology/ Clinical Oncology	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you answered YES to one or more of the above questions, please proceed to the following questions. If you answered NO to all questions, please proceed to section 3. “Continuous Medical Education”.

2.4 Teaching of oncology for postgraduate students: number of graduated specialists

Topic	How many specialists graduated with a degree in your country in *2007? (total) *If no data are available for 2007, please refer to 2006 and specify the year to which data refer to.	Pls specify your degree of confidence referred to this question	Source of information
Medical Oncology		CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	
Medical Oncology as sub-specialty of Internal Medicine	Sub-specialists	CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	
Surgical Oncology		CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	
Surgical Oncology as sub-specialty of Surgery	Sub-specialists	CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	
Radiotherapy		CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	
Hematology		CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	
Hemato-Oncology		CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	
Palliative Medicine		CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	
Oncology/ Clinical Oncology		CONFIDENT <input type="checkbox"/> NOT CONFIDENT <input type="checkbox"/>	

2.5 Teaching of oncology for postgraduate students: postgraduate training

Topic	How many years does postgraduate training last?	Is full training or partial training abroad allowed?
Medical Oncology		YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Oncology as sub-specialty of Internal Medicine		YES <input type="checkbox"/> NO <input type="checkbox"/>
Surgical Oncology		YES <input type="checkbox"/> NO <input type="checkbox"/>
Surgical Oncology as sub-specialty of Surgery		YES <input type="checkbox"/> NO <input type="checkbox"/>
Radiotherapy		YES <input type="checkbox"/> NO <input type="checkbox"/>
Hematology		YES <input type="checkbox"/> NO <input type="checkbox"/>
Hemato-Oncology		YES <input type="checkbox"/> NO <input type="checkbox"/>
Palliative Medicine		YES <input type="checkbox"/> NO <input type="checkbox"/>
Oncology/ Clinical Oncology		YES <input type="checkbox"/> NO <input type="checkbox"/>

2.5.1 If the 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

2.6 Are there specific requirements for specialization in the following?

2.7 Is it possible to obtain official teaching in medical oncology outside the university structures?

YES NO

2.8 Are there specific requirements for specialization in the following?

Please mark with an 'x' if appropriate or specify which requirements.

Topic	Requirements				
	Medical degree	Specific undergraduate requirements	Specific graduate requirements	Publication	Other, please specify
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/ Clinical Oncology					

SOURCE OF INFORMATION/COMMENTS

3 CONTINUOUS MEDICAL EDUCATION

3.1 After specialization or sub-specialization in medical oncology, is a *medical oncologist required to follow a CME process in order to continue oncology practice...

in public institutions? YES NO

in private practice? YES NO

If you answered YES please proceed to the following questions. If you answered NO, please proceed to section 4. "National and International Certification".

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

- National Health System/Ministry of Health
- University
- Scientific societies
- Local Medical Associations
- Hospitals
- Private facilities
- Other, please specify _____

3.3 Can *medical oncologists choose their own CME activities or are they defined by the institution responsible for providing CME? Responsibility of MO Responsibility of Institution

3.4 Are *medical oncologists required to obtain a minimum number of CME points/credits per year?

YES NO

3.5 Are non-supervised CME activities (e.g. reading journals, E-learning, etc.) accepted as CME credits?

YES NO

3.6 Is any process foreseen to check actual attendance at meetings recognized with CME credits?

YES NO

3.7 How long is the oncology degree valid?

3.8 How long is the CME accreditation valid?

SOURCE OF INFORMATION/COMMENTS

4 NATIONAL AND INTERNATIONAL CERTIFICATION

4.1 In your country, is there an exam or process giving a national and/or an international certification in oncology? Please specify method of certification and which organization is responsible for this.

Topic	National Certification (please specify method and organization responsible)		International Certification (please specify method and organization responsible)	
	Method	Organization	Method	Organization
Medical Oncology	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Medical Oncology as a sub-specialty of Internal Medicine	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Surgical Oncology	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESSO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESSO <input type="checkbox"/> Other (pls. specify):
Surgical Oncology as a sub-specialty of Surgery	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESSO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESSO <input type="checkbox"/> Other (pls. specify):
Radiotherapy	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESTRO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESTRO <input type="checkbox"/> Other (pls. specify):
Hematology	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Hemato-Oncology	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):
Oncology/Clinical Oncology	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> University <input type="checkbox"/> National Oncology Society <input type="checkbox"/> International scientific body <input type="checkbox"/> ESMO <input type="checkbox"/> Other (pls. specify):

4.2 Is certification required to practice as a *medical oncologist in your country ...
in public institutions?
in private practice?

YES NO

YES NO

SOURCE OF INFORMATION/COMMENTS

OUTLINE OF ONCOLOGY FACILITIES; PATTERN OF CANCER CARE AND MULTIDISCIPLINARY COLLABORATION

5 OUTLINE OF ONCOLOGY FACILITIES

5.1 Do the following oncology facilities exist in your country?

Please answer yes or no and provide the numbers of facilities only if totally confident in the data provided.

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"/>

5.1.1 If not provided in a facility, where is palliative care provided in your country?

5.2 Please mark with an 'x' the estimated number of medical oncology specialists as well as *Palliative Care specialists practicing in your country, according to where they practice.

Institutions	*Medical Oncologists	5.2.1*Palliative Care Specialists
University Hospitals	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50
Cancer Centers	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50
Referral General Hospitals	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50
Community Hospitals	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50
Private Hospitals/ Clinics	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50
Private practice	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50
Other (please specify)	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50	<input type="checkbox"/> <5 <input type="checkbox"/> Btw 5-15 <input type="checkbox"/> Btw 15-25 <input type="checkbox"/> Btw 25-50 <input type="checkbox"/> >50

If you are unable to provide the exact number because there is no official source of information regarding this topic, please provide an estimated number and indicate at the end of the table that you are not confident.

Please indicate your degree of confidence: CONFIDENT NOT CONFIDENT

5.3 According to the specialization/sub-specialization type, who takes care of Palliative Care in your country?

If more than one answer applies, please mark only the most relevant.

- Palliative Care specialist (*)
- Anesthesiologist
- Medical oncologist (*) with specific training in Palliative Medicine
- Medical oncologist (*)
- Other: ...

5.4 Are there national standards and/or minimum requirements (e.g. number of beds, number of oncologists, special requirements for storage/preparation/administration of cytotoxic drugs, etc.) for a medical oncology facility in your country? YES NO

If you answered YES to the above question, please proceed to the following questions. If you answered NO, please proceed to section 6. "Patterns of Cancer Care and Multidisciplinary Collaboration".

5.4.1 Please specify major standards/requirements and reference this information to an official document, like “White Book in Oncology”, “National Cancer Plans”, “National Oncology Societies reports” etc.

Item	Standard	Requirement
Number of beds		
Number of *medical oncologists		
Storage of cytotoxic drugs		
Preparation (dilution) of cytotoxic drugs		
Administration of cytotoxic drugs		
Other (please specify)		

5.4.2 Who issues these standards/requirements? (please mark with an 'x' if appropriate)

- National Health System/Ministry of Health
- National/Public quality assurance institutes
- Scientific societies
- Private quality assurance companies
- Other, please specify _____

SOURCE OF INFORMATION/COMMENTS

6 PATTERNS OF CANCER CARE AND MULTIDISCIPLINARY COLLABORATION

6.1 Please mark with an 'x' the most relevant specialist respectively in the screening, diagnosis and treatment of the following cancer type situations.

If more than one specialist is relevant, please rank the involvement of each one from 1 to 3, (marking '1' for the specialist who is primarily involved and '3' for the specialist who is least involved in each defined step)

Type of Cancer	Stages of treatment	*Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Other Specialist	*Palliative Care Specialist	General Practitioner/ Family Doctor
Breast					Gynecologist		
	Screening						
	Diagnosis						
	Neoadjuvant chemotherapy						
	Adjuvant chemotherapy						
	Chemotherapy for metastatic disease						
	Other medical treatment						
	Follow-up						
Terminal care							
Upper gastrointestinal		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						
Hepatocellular carcinoma		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						
Colorectal		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Gastro-enterologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Screening						
	Diagnosis						
	Adjuvant chemotherapy						
	Chemotherapy for metastatic disease						
	Other medical treatment						
	Follow-up						
Terminal care							

Lung		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		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		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Urologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Screening						
	Diagnosis						
	Adjuvant therapy						
	Treatment of metastatic disease						
	Other medical treatment						
	Follow-up						
Terminal care							
Seminomatous Germ Cell Tumor (GCT)		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Urologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis						
	Adjuvant treatment						
	Chemotherapy for metastatic disease						
	Other medical treatment						
	Follow-up						
	Terminal care						
Non-Seminomatous GCT		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						

Non-Hodgkin Lymphoma (NHL)		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Hematologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis						
	Chemotherapy						
	Other medical treatment						
	Follow-up						
	Terminal care						
Hodgkin Lymphoma (HL)		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Hematologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis						
	Chemotherapy						
	Other medical treatment						
	Follow-up						
	Terminal care						
Leukemia		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Hematologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis						
	Chemotherapy for acute disease						
	Chemotherapy for chronic disease						
	Other medical treatment						
	Follow-up						
	Terminal care						
Bladder		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Urologist	Palliative Care Specialist	General Practitioner/ Family Doctor
	Diagnosis						
	Chemotherapy						
	Other medical treatment						
	Follow-up						
	Terminal care						
		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Urologist	Palliative Care Specialist	General Practitioner/ Family Doctor
Renal	Diagnosis						
	Chemotherapy						
	Other medical treatment						
	Follow-up						
	Terminal care						
		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Gynecologist	Palliative Care Specialist	General Practitioner/ Family Doctor
Cervical	Screening						
	Diagnosis						
	Chemopotentiati on during post-operative radiotherapy						
	Chemotherapy for metastatic disease						
	Other medical treatment						
	Follow-up						
	Terminal care						
	Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Otorhinolary ngologist	Palliative Care Specialist	General Practitioner/ Family Doctor	

Head and neck	Diagnosis						
	Chemopotentiati on during postoperative radiotherapy						
	Chemotherapy for metastatic disease						
	Other medical treatment						
	Follow-up						
	Terminal care						
		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Pls indicate specialist	Palliative Care Specialist	General Practitioner/ Family Doctor
Soft tissue sarcoma	Diagnosis						
	Chemotherapy						
	Other medical treatment						
	Follow-up						
	Terminal care						
		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Orthopedist	Palliative Care Specialist	General Practitioner/ Family Doctor
Bone sarcoma	Diagnosis						
	Adjuvant chemotherapy						
	Chemotherapy for metastatic disease						
	Other medical treatment						
	Follow-up						
	Terminal care						
		Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Neurosurgeon	Palliative Care Specialist	General Practitioner/ Family Doctor
CNS	Diagnosis						
	Post-operative chemotherapy						
	Chemotherapy for metastatic disease						
	Other medical treatment						
	Follow-up						
	Terminal care						

6.2 Is there a multidisciplinary board for each of the above tumor types? YES NO

If you answered YES to the above question, please proceed to the following questions. If you answered NO, please specify in the box below for which tumor types this is not the case and then proceed to section 7. "Prescription and administration of cytotoxic therapy".

6.2.1 Is the composition of the multidisciplinary board the same in every hospitals/institutions?

YES NO

6.3 Which specialists are included in each multidisciplinary board?

Please mark with 'x' if appropriate.

Type of Cancer	*Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Organ-based specialist	Pathologist	Other Specialist (pls. specify)
Breast						
Upper gastrointestinal						
Hepatocellular carcinoma						
Colorectal						
Lung						
Ovarian						
Prostate						
Seminomatous Germ Cell Tumor (GCT)						
Non-Seminomatous GCT						
Non-Hodgkin Lymphoma (NHL)						
Hodgkin Lymphoma (HL)						
Leukemia						
Bladder						
Renal						
Cervical						
Head and neck						
Soft tissue sarcoma						
Bone sarcoma						
CNS						

6.3.1 Which specialists are mandatory members of the multidisciplinary board?

Please mark with 'x' if appropriate.

Type of Cancer	*Medical Oncologist	Surgical Oncologist	Radiation Oncologist	Organ-based specialist	Pathologist	Other Specialist (pls. specify)
Breast						
Upper gastrointestinal						
Hepatocellular carcinoma						
Colorectal						
Lung						
Ovarian						
Prostate						
Seminomatous Germ Cell Tumor (GCT)						
Non-Seminomatous GCT						
Non-Hodgkin Lymphoma (NHL)						
Hodgkin Lymphoma (HL)						
Leukemia						
Bladder						
Renal						
Cervical						
Head and neck						
Soft tissue sarcoma						
Bone sarcoma						
CNS						

6.4 Is there any official policy regulating the activities of the multidisciplinary board? YES NO

6.5 Is there any official recognition for the multidisciplinary board (i.e. is the patient treatment subject to the multidisciplinary board's decision)? YES NO

6.6 How many hours of collaboration among the various specialists within the multidisciplinary board are foreseen per week?

6.7 Is there a waiting list for patients to be directed to the multidisciplinary board? YES NO

6.8 Is the multidisciplinary board based in the oncology facility? YES NO

6.9 Is there a supervising body over different multidisciplinary boards? YES NO

6.10 Do the multidisciplinary board specialists visit patients or do they just consult patient records?

6.11 Does the primary oncologist present the case within the multidisciplinary board?

YES NO Not Always

6.12 Are trainees allowed to attend multidisciplinary board's meetings? YES NO Not Always

6.13 Does the Public Health System in your country reimburse oncology treatments on the basis of second opinions? YES NO Not Always

If you answered YES to the above question, please proceed to the following question; if you answered NO please proceed to point 6.14.

6.13.1 Where can the treatment provided on the base of second oncology opinions be obtained:

In your country? YES NO

In other EU countries? YES NO

In other non-EU countries? YES NO

6.14 Are trainees allowed to participate in these second oncology opinion groups?

YES NO Not Always

SOURCE OF INFORMATION/COMMENTS

7 PRESCRIPTION AND ADMINISTRATION OF CYTOTOXIC THERAPY

7.1 Is the prescription of cytotoxic drugs in oncology restricted to a single specialty in your country?
YES NO

If you answered YES to the above question please specify to which specialty it is restricted to in the box below, then proceed to question 7.2. If you answered NO to the above question, please proceed to the following question (7.1.1.)

7.1.1 What is the degree of involvement of non Medical Oncology specialists in your country in the prescription of ...

chemotherapy:	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Almost always <input type="checkbox"/>
hormone therapy:	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Almost always <input type="checkbox"/>

7.2 Is the administration of cytotoxic drugs in oncology restricted to a single specialty in your country?
YES NO

7.3 Are there reimbursement difficulties for medical oncology treatments provided by specialists other than *medical oncologists in your country? YES NO

7.4 Are there local health authority rules and regulations for compensation of prescribed cytotoxic drugs in your country? YES NO

7.5 Are there legal safety rules about the handling and administration of cytotoxic drugs in your country?
YES NO

SOURCE OF INFORMATION/COMMENTS