ANNUAL REPORT
CANCER CARE

HAUKELAND CCC
2025

HELSE BERGEN
Haukeland universitetssjukehus

HAUKELAND CCC IS MORE THAN A LABEL

The work towards Haukeland Comprehensive Cancer Centre (Haukeland CCC) is about more than accreditation alone. It is about quality, insight and continuous development. And, above all, about improving cancer care and research for our patients.

After submitting our self-assessment to the OECI Accreditation & Designation Board in November, we received the *GO* for the peer review audit. This milestone reflects a comprehensive and demanding process that has brought together clinical departments, research environments, support services and user representatives across the hospital. The self-assessment has been intense and rewarding. And at times humbling, particularly when benchmarking our performance against other European cancer centres and the OECI standards. At the same time, it has provided essential insight and momentum, pushing us forward and helping us raise the bar.

Haukeland CCC is not a separate organisational entity, but a strategic framework spanning the full cancer care continuum, from prevention and diagnostics to treatment, palliative care and survivorship, as well as education and research. Guided by the Cancer Board's strategy, our 4 main priorities include high international standard of care, empowered patients, research integrated in clinical practice, and a workplace that attracts and inspires.

One of the main priorities for the CCC Cancer Board has been to guide the CCC accreditation process. As the board has developed, we have also reviewed its composition and strengthened our collaboration with the University of Bergen. We have therefore invited Silje Skrede, Vice Dean of Research, Doctoral Education and Innovation, to join the board. Her participation helps ensure that research, education and innovation are closely connected to the clinical work and that we continue to develop the board's role as a shared platform for advancing cancer care. This adds on to the already established and strong collaboration between HUS and the academic institutions in our region.

This annual report reflects a strong culture of quality improvement and collaboration across organisational boundaries. The accreditation milestone is important, but it is only the beginning. Much of the groundwork is now in place, and we will continue building towards our shared vision:

Delivering international-standard cancer care – driven by research, shaped by patients.

On behalf of the Cancer Board

Oddbjørn Straume

Director of the Cancer Clinic

Chair of the Cancer Board at Haukeland CCC

CONTENT

CCC CANCER BOARD

The CCC Cancer Board brings together directors from cancer care units and provides strategic coordination of research, education and clinical activity within the cancer domain. One of the main priorities for the CCC Cancer Board has been to guide the CCC accreditation process. During 2025, the board was assigned new responsibilities from the CEO as the steering group for the implementation of Kaiku digital cancer services, the structured oncology documentation project, and the follow-up of suggested improvement points from the internal audit of national cancer pathways. The board meets every six weeks and serves as an advisory body to the Chief Executive Officer. The board's composition was strengthened through the inclusion of Silje Skrede, Vice Dean of Research, Doctoral Education and Innovation at the University of Bergen, ensuring closer alignment between academic research and clinical development.

Oddbjørn Straume
Chair of the Cancer Board
Director Cancer Clinic

Christian Beisland
Co-chair of the Cancer Board
Acting director of the Surgical clinic

Marta Ebbing
Chief Medical Officer
Director of Research and Innovation

Ingfrid Haldorsen
Director of the Radiology Department

John-Helge Heimdal
Director of the Surgical Clinic *(study leave)*

Sverre Lehmann
Director of the Department of Thoracic Medicine

Lorentz Linde
Director of the Women's Clinic

Ruby Mahesparan
Head of Neurosurgery, Neuro Clinic

Evelyn Neppelberg
Director of the Head and Neck Clinic

Astrid Olsnes
Head of Haematology, Department of Internal Medicine

Linda Sleire
Ass. Director of Laboratory Medicine and Pathology

Maria Vollsæter
Director of the Children and Youth Clinic

Silje Skrede
Vice Dean of Research, Doctoral Education and Innovation, UiB

CORE ACTIVITY DATA

Cancer Care 2025

Number of cancer patients:

20 933

Total number of new cancer patients referred to HUS:

5 760

Number of outpatient consultations:

121 257

Number of overnight stays:

9 232

Molecular analysis:

22 034

CT scans:

19 015

Number of day systemic anti-cancer treatment:

22 367

Radiotherapy number of treatment sessions

33 413

MRI scans:

6 509

PET/CT scans:

1 611

Radiotherapy treatment series:

2 269

PET/MRI scans:

230

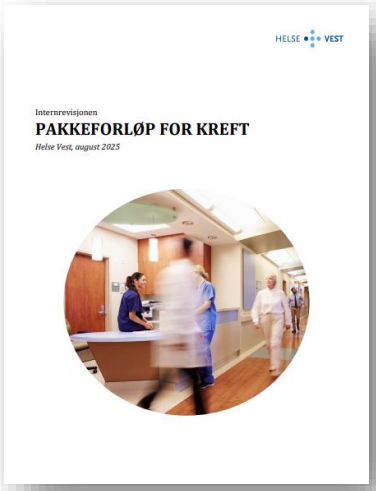
Surgical procedures:

4 090

Radiotherapy: number of patients:

2 089

INTERNAL AUDIT OF CANCER PATIENT PATHWAYS



In August 2025, an internal audit of Cancer Patient Pathways was completed across all hospital trusts in Helse Vest. The audit reviewed pathways for breast, lung, colorectal and prostate cancer and assessed compliance with national targets, equity of care, organisation and follow-up of the pathways.

The audit confirms that Cancer Patient Pathways are well established and broadly implemented across the region. At the same time, it identifies variation in timeliness and access that points to a clear need for continued, systematic improvement.

Key findings from the audit include:

- **High inclusion in pathways:** More than 80% of patients with the included cancer diagnoses were enrolled in a Cancer Patient Pathway, exceeding the national target of 70%.
- **Delays in treatment start:** Slightly over half of the patients started treatment within the recommended maximum pathway time, with variation between cancer types and hospital trusts.
- **Impact of transfers:** Patients who were transferred between hospital trusts for diagnostics or treatment generally experienced longer overall pathway durations than those treated within a single hospital.
- **Capacity-related bottlenecks:** Shortages of specialised personnel, imaging capacity, operating theatres and access to advanced diagnostics and treatments (e.g. PET/CT, NGS and robot-assisted surgery) were identified as key contributors to delays.
- **Equity challenges:** While most patients receive comparable care, differences in access to certain advanced diagnostic and treatment options may result in unequal patient experiences across the region.
- **Strong organisation, but variable systematics:** MDT meetings and pathway coordinators function well and are critical enablers of coordinated care, but monitoring of pathway performance, particularly within individual phases, remains uneven.
- **Data quality and learning:** Variation in coding practices and data quality reduces the ability to use pathway data consistently for performance monitoring and quality improvement.

Overall, the audit provides a robust and transparent assessment of cancer patient pathways in Helse Vest. It highlights solid foundations while clearly pointing to opportunities to strengthen equity, timeliness and the systematic use of data as part of continuous quality improvement.

The report and key findings will be followed up by the hospital management (Foretaksledelsen) and the CCC Cancer Board.

The report is available here (in Norwegian): Internrevisjonsrapport

OPENING OF THE PROTON FACILITY

On 7 May 2025, the first patient received proton therapy at Haukeland University Hospital, marking the start of proton therapy services in Bergen. The patient was treated for a brain tumour, and the first treatment represented a significant clinical and symbolic milestone for cancer care in Western Norway.

The launch was formally celebrated on 13 May 2025 with an official opening ceremony attended by the Norwegian Minister of Health and Care Services, Jan Christian Vestre, together with representatives from national health authorities, international proton therapy centres, partner hospitals, patient organisations and hospital staff. The event marked what was described as a decisive step into the future of cancer treatment in Norway.

With proton therapy services starting in Oslo less than two months earlier, the commencement of treatment in Bergen completed the national proton therapy programme. As Minister Vestre noted during the opening, Norway can now offer proton therapy to patients from across the country, strengthening equitable access to advanced cancer treatment regardless of geography.

Norwegian Minister of Health and Care Services, Jan Christian Vestre opening the proton facility on May 13th. From the left: Mari-Sofie Fedøy Bjørsvik (Deputy Chair of the Youth Council at HUS), Eivind Hansen (CEO HUS) and Jan Christian Vestre (Minister of Health and Care Services)

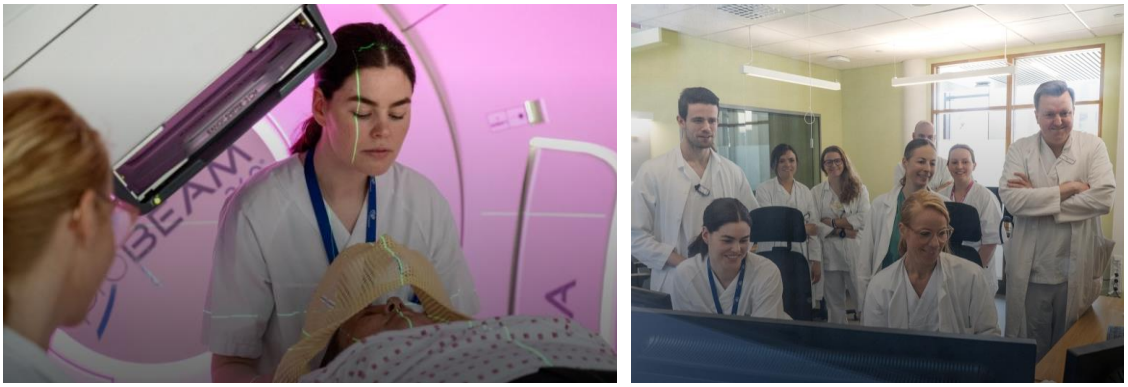
Improved cancer care and cancer research. From the left: Christine Øye (Deputy Rector for Research at Western Norway University of Applied Sciences), Ingrid Stenstadvold Ross (Secretary General of the Norwegian Cancer Society), Margareth Hagen (Rector of the University of Bergen) and Eivind Hansen (CEO HUS)

By the end of 2025, 32 patients had received proton therapy at Haukeland University Hospital. Patients treated in Bergen have mainly included individuals with brain tumours, head and neck cancer and sarcomas. Proton therapy is also offered to most children and young adults requiring radiotherapy, reflecting the particular benefit of this modality in reducing radiation exposure to surrounding healthy tissue. Proton therapy is not necessarily more effective than conventional radiotherapy, but it is generally more precise and less harmful to normal organs, which may reduce the risk of long-term side effects. Reduction of long-term side effects is an important consideration for patients expected to live long after treatment.

Haukeland University Hospital holds regional responsibility for proton therapy for patients in Helse Vest and Helse Midt-Norge. While the majority of patients treated so far have been referred from Western Norway, an increasing number of referrals from Central Norway is expected as the service matures. A gradual increase in patient volume is anticipated throughout 2026.

The introduction of proton therapy in Bergen is the result of longstanding national and international collaboration involving clinical teams, research institutions, international proton centres, patient organisations and educational partners. The establishment of the proton therapy facility also strengthens opportunities for research, education and innovation in radiation oncology in close cooperation with academic institutions.

The launch of proton therapy at Haukeland University Hospital represents a major advance in precision radiotherapy and contributes significantly to comprehensive, patient-centred cancer care at a national level.



First patient treated at the proton facility on May 7th

DEVELOPMENT OF COMPETENCY PROGRAMME FOR NURSES

In 2025, Helse Bergen initiated development of a hospital-wide shared competency programme for nurses working within the field of cancer. This programme aims to ensure that every cancer patient receives the same quality of care, regardless of where they are in the hospital, through defined proficiency structures and systematic professional development opportunities.

The competency programme is a shared tool for clinical skills development for all nurses working in cancer care within the hospital. It serves as alternative or supplemental to further education for nursing staff and helps ensure equal competency across units, strengthening collaboration and creating effective coordination and consistently high-quality experiences for patients.

Work group members collaborated throughout the year to build a variety of competency programme elements that cultivate nursing engagement, as well as support a focus on patient safety and clinical best practises at all stages of a nurse's employment. This begins with a standardised onboarding process with clear frameworks and expectations, as well as ongoing programming to ensure that more tenured nurses also receive continuous development opportunities and increased professional responsibilities aligned with their expanded competency areas.

The competency programme includes learning objectives defined within the five established areas of nursing knowledge:

1. **Health, illness, and clinical care**
2. **Research and evidence-based practise**
3. **Ethics, communication, and collaboration**
4. **Professional leadership, quality of care, and patient safety**
5. **Technology and digital competence**

The programme consists of four defined competency levels, ranging from Beginner to Expert, with corresponding requirements and learning outcomes at each level. These levels of programme competencies are documented and operationalised in the Hospital's standard employee learning and competency documentation platform (*Kompetanseportal*).

In addition, a guide for leaders has been developed, containing concrete measures and activities for leadership to implement the competency programme with their nursing staff.

While the competency programme will require additional time for training and professional development, especially for nursing staff at levels 3 and 4, the resulting benefits are potentially significant. The programme aims to utilise this competency framework to aid in nursing recruitment, while also supporting greater levels of nursing engagement and retention, contributing to continuity of a high-quality clinical workforce.

OUTPATIENT CLINIC FOR LATE EFFECTS

In August 2025, Haukeland University Hospital established an outpatient clinic dedicated to patients with late effects after cancer treatment. Adult patients (18 years or older) treated with curative intent who experience complex late effects and belong to the Western Health Region may be referred. Cancer treatment must have been completed at least one year prior to referral (endocrine therapy is accepted), and there should be no evidence of disease recurrence.

The late effect clinic is part of the Cancer Clinic and is staffed by experienced oncologists and specialised cancer nurses. All team members work part-time in the Late Effects Clinic and otherwise practice within the Cancer Clinic, where they are actively involved in the treatment and follow-up of patients across a wide range of cancer types, ensuring broad oncological expertise within the team.

In the Late Effect Clinic, the team work in close collaboration with an expanded team consisting of a physiotherapist, occupational therapist, social worker, psychologist and sexologist. Consultation with other specialties is arranged as required, most often through formal referral. The late effect team also have monthly national meetings with late effect teams from the other hospitals in Norway to build expertise and exchange experience.

Referrals to the Late Effect Clinic can be made by general practitioners or physicians in specialist health care. The establishment of the clinic represents an important step in strengthening survivorship care within Haukeland CCC and reflects a commitment to long-term, patient-centred cancer care beyond active treatment.

The outpatient clinic operates Wednesday–Friday every second week.

- Wednesday: preliminary consultations with nurse
- Thursday: joint nurse–physician consultation
- Friday: MDT (multidisciplinary team meeting)

During autumn 2025, 73 cancer survivors were referred to the late effect clinic and 56 accepted for assessment. Among the remaining 17 patients, who most often did not meet the referral criteria, advice was in most cases provided to the referring physician. Patients accepted are discussed in the late effect MDT meeting, usually after the first consultation and before deciding on further assessments, treatment and follow up. A wide range of late effects are assessed and addressed. The most common include fatigue, neuropathy, pain, lymphoedema, endocrine dysfunction, various psychosocial challenges, and organ-specific late effects related to the location of prior radiation fields (e.g., pelvic radiation disease).

Late effect outpatient clinic, from the left: Ida Knutsen Alvsvåg (cancer nurse), Merete Moberg (cancer nurse), Beate Hatlenes (cancer nurse), Marianne Brydøy (oncologist), Andreas Fleten (oncologist), Terje Nordberg (oncologist), Janita Svindseth (cancer nurse).

CANCER GENOMICS

Five Years of Growth and National Impact

On January 4th 2026, the Cancer Genomics department at Haukeland University Hospital marks its five-year anniversary, celebrating a remarkable development from a small unit into a nationally important player in molecular cancer diagnostics. Over this period, the department has grown substantially in both size and competence, expanding from 21 to 44 highly skilled staff members, including biomedical laboratory scientists, molecular biologists, pathologists and haematologist.

During its first five years, Cancer Genomics has introduced a broad range of new diagnostic analyses, implemented advanced genomic technologies, and nearly doubled its volume of cancer diagnostic tests. This development has significantly strengthened the hospital's capacity for precision diagnostics and personalised cancer treatment.

The department has played a key role in establishing Haukeland as an InPreD level 1 hospital and has been a central contributor to national collaboration within molecular pathology, including a leading role in the NorPreM network. A major milestone has been the implementation of extended gene panel analyses, used in clinical studies such as IMPRESS, enabling identification of a wider range of actionable biomarkers. In parallel, a regional molecular multidisciplinary tumour board has been established, with regular participation from oncologists at the Cancer Clinic and a coordinator from Cancer Genomics. This strengthens and support well-informed decision-making in advanced cancer care.

Through active participation in national and international initiatives, including IMPRESS, Matrix and the upcoming NorCUP study, Cancer Genomics continues to expand patient access to personalised medicine. Five years of growth and collaboration have laid a strong foundation for the future, with continued focus on high-quality diagnostics and improved treatment options for cancer patients.

REMOTE MONITORING OF CANCER PATIENTS

In 2025, Kaiku Health (Elekta) was selected as the regional solution for digital follow-up of cancer patients in Helse Vest. The decision marks an important step towards more patient-centred, needs-based and equitable cancer care across the region.

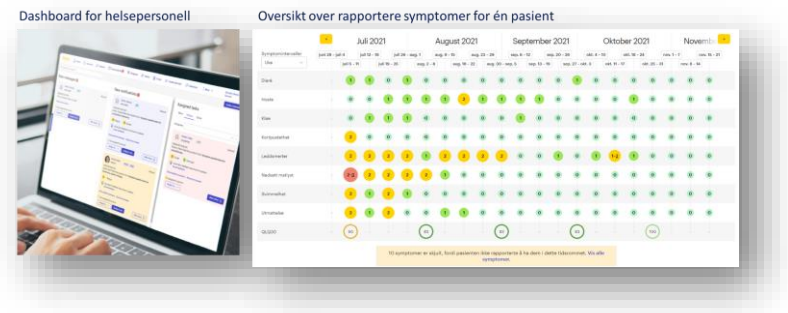
Advances in cancer treatment mean that more patients live longer with cancer and often undergo prolonged and demanding treatment courses, both physically and mentally. At the same time, many patients wish to spend as much time as possible at home or at work and to reduce unnecessary hospital visits. Digital follow-up solutions such as Kaiku Health enable care teams to support patients more closely between scheduled consultations, while adapting follow-up to individual needs.

Kaiku Health is a digital tool for patient-reported symptom monitoring related to cancer treatment. Through integration with the electronic health record system (DIPS), patients can report symptoms directly from their mobile phone or computer between hospital visits. The system provides immediate feedback and advice for mild and moderate symptoms, while alerting the treatment team to potential risks that require clinical assessment or follow-up.

For health care professionals, Kaiku Health provides a more comprehensive and continuous overview of patients' symptoms that can be captured through episodic consultations alone. Symptoms are collected in a structured and standardised manner and triaged according to predefined criteria. This supports clinical prioritisation, earlier identification of potential complications, and more targeted use of healthcare resources. In addition, the systematic collection of structured patient-reported data contributes to a strengthened data foundation for quality improvement and research within the relevant clinical areas.

The implementation of Kaiku Health is coordinated through a regional project, supported by local implementation projects across all hospital trusts in Helse Vest. Standardised processes and new ways of working are being developed to ensure that the solution supports clinical practice, patient safety and quality of care, rather than becoming a goal in itself.

The introduction of Kaiku Health supports Haukeland CCC's ambition to strengthen digital follow-up, patient involvement and equitable access to high-quality cancer care across the region.



STRUCTURED ONCOLOGY DOCUMENTATION

“Document once – use everywhere”

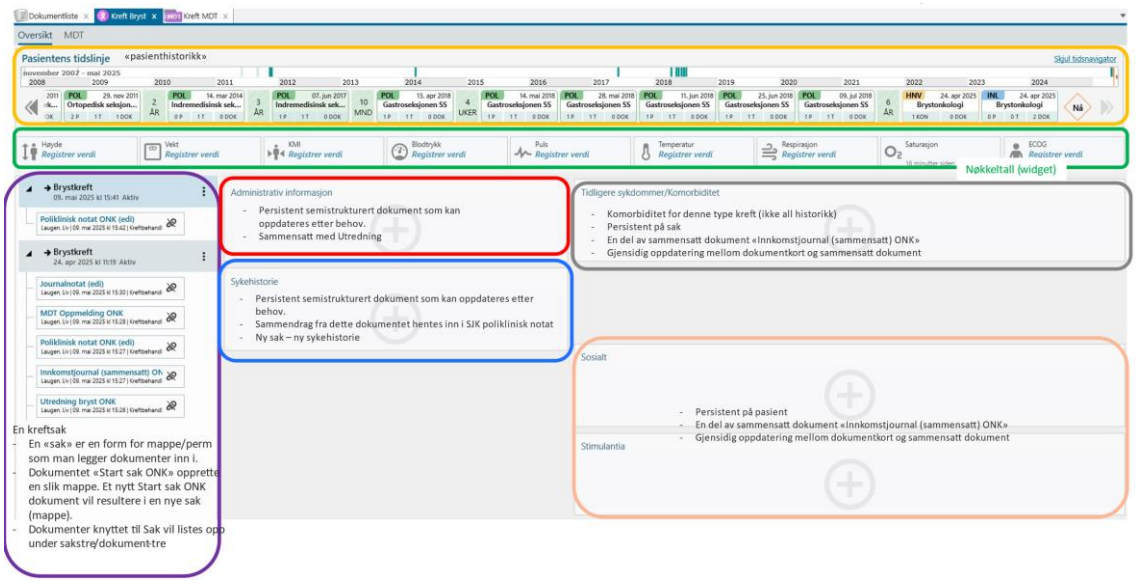
Cancer patient pathways are nationally standardised care pathways designed to ensure timely, coordinated, and high-quality diagnostics and treatment. Structured Oncology Documentation builds on these pathways by making cancer documentation more consistent, easier to find, and easier to reuse.

Cancer care generates large amounts of information, but important details are often spread across long notes, summaries and multidisciplinary team (MDT) meetings. This can make key information harder to find and can lead to duplicate work. Structured documentation brings essential information together in one place in the electronic health record, giving clinicians a clearer overview and supporting safer teamwork, clearer MDT decisions and more consistent follow-up.

In 2025, structured documentation for head and neck cancer—including an integrated MDT module—was taken into use in clinical practice at Haukeland University Hospital. In parallel, the MDT module has been piloted and prepared for broader rollout in other clinical areas in Helse Vest, including sites in both Bergen (HUS) and Stavanger (SUS).

This work is carried out in collaboration across all four Norwegian health regions and national partners, including the Cancer Registry of Norway and the Norwegian Proton and Radiotherapy Registry (NORPREG). It is not a single national IT system; it is a shared way of documenting key cancer information that can be implemented in the hospital record systems in use. Using internationally standardised terminology helps ensure that information is recorded with consistent meaning, enabling national and international research as well as reliable registry reporting.

A major benefit is that the same information can be reused for quality improvement, research and registry reporting—reducing manual work over time. In 2025, the solution for automated data extraction to NORPREG was completed, and the registry will begin harvesting proton therapy patient data from Haukeland University Hospital in 2026. Early proof-of-concept work suggests a substantial reduction in both lead time and workload for registry reporting.



HARMONISATION OF TREAMENT REGIMEN DEFINITIONS FOR SYSTEMIC ANTI-CANCER THERAPY

In 2025, Regional Clinical Governance for Systemic Cancer Therapy (REFF) continued its work to harmonise treatment regimen definitions across Helse Vest. The aim is to establish a shared regional treatment regimen library, ensuring consistency, safety and quality in the delivery of systemic cancer therapy.

The harmonisation process is carried out diagnosis by diagnosis, with melanoma selected as the pilot area. Through this structured approach, regimen definitions are aligned across hospitals and prepared for integration into a common regional regimen library.

REFF is organisationally located within the Cancer Clinic at Haukeland University Hospital, but functions as a regional unit. The team includes physicians, specialised oncology nurses and pharmacists from Haukeland University Hospital, Stavanger University Hospital, Haugesund Hospital, Førde Central Hospital and Hospital Pharmacies West. This broad professional and geographical representation ensures that regional perspectives and clinical practice are reflected in the harmonisation work process.

The REFF SharePoint platform serves as a key communication and collaboration tool. Here, departments can find contact information, submit requests for changes or new regimen definitions within harmonised diagnoses, and follow updates on progress and developments in systemic cancer therapy.

The work of REFF represents an important step towards safer, more standardised and more efficient systemic cancer treatment across the region, and supports integrated, high-quality cancer care within Haukeland Comprehensive Cancer Centre.

From left to right: Ane Rømmen Docarmo (Consultant Oncologist); Anne Sæle Barlund (Palliative Care Nurse, MSc); Evelyn Sævland (Oncology Nurse Specialist); Andrea Spjeld Høyvik (Oncology Nurse Specialist); Elisabeth Guntveit (Oncology Nurse Specialist, team leader); Anette Bru Staurland (Pharmacist); Margrete Friestad (Oncology Nurse Specialist); Israr Hussain, Consultant Oncologist. Also part of the team (not in picture): Christine Kobberstad Erdal (Oncology Nurse Specialist).

INTERNATIONAL CLINICAL TRIALS DAY

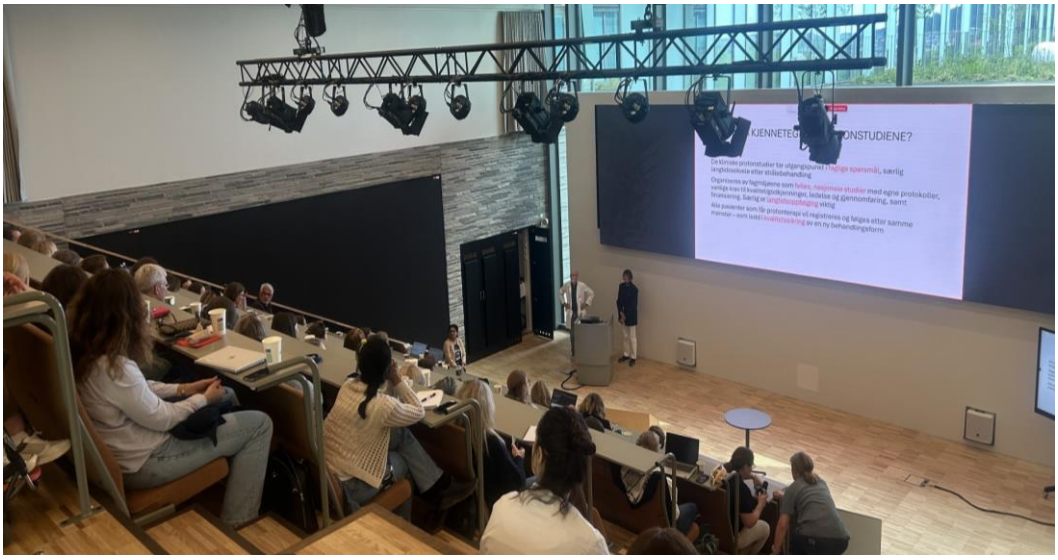
International Clinical Trials Day is celebrated annually on May 20 to honour the first randomized clinical trial conducted by James Lind in 1747, which revolutionized scurvy treatment. This global observance recognizes the critical role of clinical research in advancing medical knowledge, improving health, and developing new treatments, highlighting the contributions of researchers, participants, and professionals.

In 2025, Haukeland University Hospital had the honour of serving as the national host for Norway's celebration of International Clinical Trials Day (ICTD). The annual event aims to raise awareness of the importance of clinical research for developing better and more precise treatment options. Together with NorCRIN, Haukeland organised a hybrid seminar attracting researchers, clinicians, students, industry partners, and others interested in clinical research.

This year's theme, *"Clinical Trials – Future Strategies and Technologies,"* brought forward discussions on national strategy, pandemic preparedness, structured cancer documentation, proton therapy, and how clinical research can be successfully integrated into busy hospital routines. Across the programme, speakers highlighted the need for strong research infrastructure, clear communication, and collaboration across sectors to enable high-quality, patient-centred studies.

Presentations addressed key national priorities, including updates to the National Action Plan for Clinical Trials, lessons learned from infectious disease research during the pandemic, and the development of structured oncology records to support data quality and future use of artificial intelligence. The seminar also explored the potential of proton therapy to reduce long-term side effects, as well as the organisational conditions required to embed clinical trials into routine care.

The event brought together a broad community of research-interested staff and strengthened connections across institutions, disciplines, and national networks. Haukeland extended special thanks to NorCRIN for its vital contribution to professionalising and supporting clinical research in Norway, including its work on national routines, agreements, support tools, and training programmes for research staff.



CANCER RELATED FATIGUE

On 4 November 2025, the Department of Physiotherapy at Haukeland University Hospital organised a professional education day focusing on cancer-related fatigue—one of the most common and burdensome long-term effects after cancer treatment. The event brought together approximately 90 health professionals, including physiotherapists, physicians, nurses, occupational therapists and other disciplines, from both primary and specialist health care services.

The programme was led by specialist physiotherapists Birte Kvamsås and Elisabeth Livden Baklien. The newly established Outpatient Clinic for Late Effects after cancer treatment at Haukeland was presented by cancer nurse Janita Svindseth and consultant oncologist Andreas Sandnes Fleten, highlighting new services for patients living with complex late effects.

Lectures addressed both clinical practice and research perspectives. Consultant Frode Skanke presented a holistic approach to late effects and fatigue, while researcher Sara Hassing Johansen provided updates on current evidence for exercise during and after cancer treatment, including exercise-based interventions for fatigue. Specialist physiotherapist Kjersti Taarnesvik Aas shared practical experiences from physiotherapy in patients with cancer-related fatigue, and the programme also included reflections from a participant in a cancer rehabilitation programme. In addition, psychologist specialist Fredrik Hansen addressed stress, coping strategies and psychological aspects of fatigue.

The professional education day emphasised a multidisciplinary bio-psycho-social approach to cancer-related fatigue and highlighted the need for competence development across all levels of the health care system. Strengthening knowledge and collaboration is essential to ensure safe, coherent and person-centred care for patients experiencing fatigue after cancer treatment.

PREHABILITATION FOR PATIENTS WITH COLORECTAL CANCER

In 2025, Helse Bergen initiated a comprehensive prehabilitation programme for patients in the colorectal cancer pathway. The initiative combines an open-access learning portal, a digital prehabilitation programme, and a structured prehabilitation pathway piloted at the Department of Gastrointestinal Surgery.

The learning portal provides open licensed educational resources on nutrition, physical activity and coping skills, supporting patients who need to prepare for demanding cancer treatment. The model is designed to be scalable to other tumour groups and will inform future digital programmes in the region.

We are building on international evidence, including the PREHAB multicentre RCT showing reduced postoperative complications and improved psychosocial outcomes. The programme offers a multimodal approach with an eLearning course prior to surgery, endoscopic intervention, or oncological treatment.

All patients over 70 years of age are assessed using the Clinical Frailty Scale (CFS). Patients with a score above 3 are also assessed individually using validated screening tools for physical and cognitive function. The assessment contributes to the choice of further treatment.

The pilot pathway for patients with colorectal cancer focuses on optimising individual risk factors and strengthening patient capacity prior to surgery or oncological treatment. This includes tailored interventions for patients who are older, frail or living with multiple comorbidities, with the aim of improving prognosis, enhancing self-management and potentially preventing overtreatment.

The project is developed in close collaboration with the Learning and Mastery Centre, the Department of Gastrointestinal Surgery, the Unit for Cancer Rehabilitation at the Cancer Clinic, and external partners including Stavanger University Hospital.

All digital content will be openly licensed to support national and international dissemination. The programme aligns with regional and national priorities for patient health literacy, sustainability, reduced unnecessary treatment, and early habilitation. Ultimately, the initiative aims to strengthen patient outcomes, support equitable access to prehabilitation services across Helse Vest, and contribute to a more sustainable cancer care pathway.

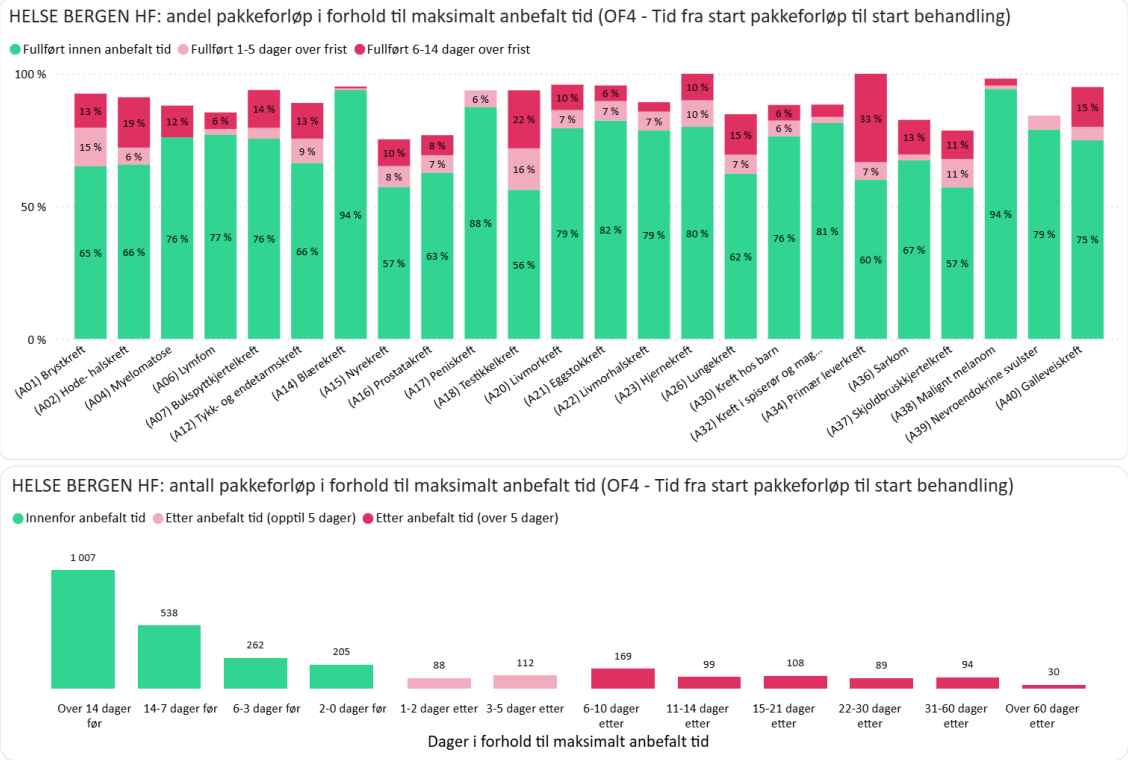
CANCER PATIENT PATHWAYS 2025

Cancer patient pathways (pakkeforløp kreft) are nationally standardised care pathways designed to ensure timely, coordinated, and high-quality cancer diagnostics and treatment. All deadlines and milestones within the pathways are defined at the national level and monitored through a national reporting system.

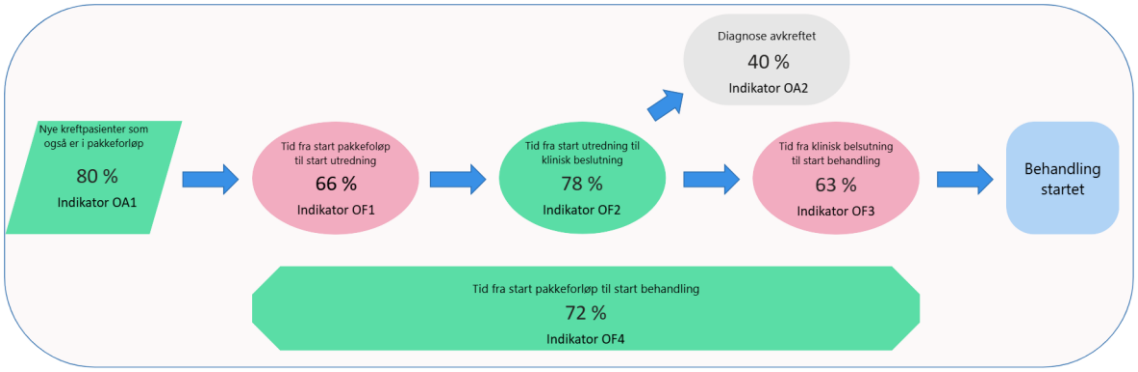
These pathways aim to reduce unnecessary delays, improve patient experiences, and ensure equal access to care across regions. Haukeland University Hospital actively monitors performance indicators to identify potential bottlenecks and implement improvement measures where needed.

Below is an overview of all indicators that is used to highlight potential bottlenecks and to identify whether improvement measures are needed in specific parts of the pathway. The indicators are arranged in chronological order and colour-coded according to the degree of goal achievement (green at 70% or better).

At the point of clinical decision-making, the patient may have the diagnosis ruled out; this indicator is therefore placed after the clinical decision. Indicator OF4 is a summary indicator that shows whether the pathway as a whole has resulted in treatment being initiated within the maximum recommended time.



Pathway performance 2025 at Helse Bergen (In Norwegian). Indicator OF4 - Composite indicator – treatment initiated within recommended timeframe

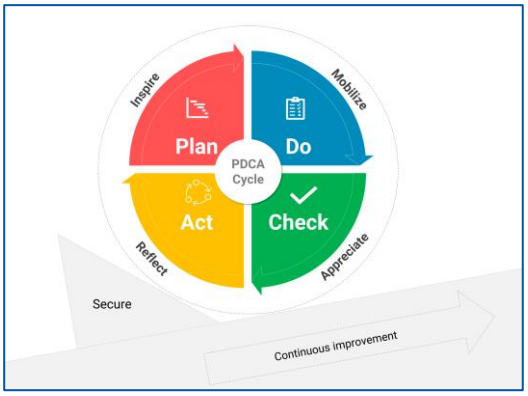


Overview of all cancer pathways for 2025 at Haukeland University Hospital for all cancer types (green at 70% or better).

Indicators: OA1: Newly registered cancer patients in the standardised cancer care pathway. OF1: Time from referral to initiation of diagnostics. OF2: Time from initiation of diagnostics to treatment decision. OF3: Time from treatment decision to start of treatment. OA2: Cancer diagnosis ruled out. OF4: Time from referral received to start of treatment.

IMPROVEMENT PLANS

Continuous quality improvement is an integral part of the hospital's operations. Here is a selection of planned or ongoing improvement actions related to cancer care within the CCC structure.



1. **Further develop CCC governance structure**

2. **Research Infrastructure and Strategy**
   - Enhancing research quality and volume
   - Establish external Scientific Advisory Board
   - Development of real-time research dashboards (publications, clinical trials, feasibility, patient accrual)
   - Strengthen research visibility and structure, e.g. improve website and establish an annual CCC Day to promote and present ongoing cancer research
   - Strengthening academic collaboration through shared infrastructure and participation in research networks

3. **Patient Pathways and Clinical Practice**
   - Piloting of palliative MDT
   - Establish structured annual evaluation of all MDTs
   - Development of flowcharts for all relevant tumour-specific care pathways
   - Promote broader adoption of relevant screening tools such as the Clinical Frailty Score
   - Strengthening collaboration with municipal health services

4. **Patient-Centred Care**
   - Improve the availability and visibility of patient information on treatment and clinical trials on the hospital website
   - Further development of patient feedback systems (PREM and PROM)
   - Further develop the patient education portfolio

5. **Diagnostics and Treatment**
   - Identification and reduction of bottlenecks in diagnostic pathways
   - Increasing capacity and access to precision diagnostics
   - Support the development and implementation of the national structured oncology electronic health record
   - Support the implementation of digital cancer care services
   - Development and implementation of multimodal treatment strategies

6. **Education and Competence Development**
   - Career development models to support professional growth and long-term competence
   - Competence programme for cancer nurses, including annual cycle and role clarification
   - Competence building in data technology and artificial intelligence