

ANNUAL REPORT

CANCER CARE HAUKELAND CCC 2024



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TOWARDS ACCREDITATION

2024 has been a pivotal year in the pursue of becoming accredited as Haukeland Comprehensive Cancer Centre (Haukeland CCC). As part of our ongoing efforts to strengthen cancer care, research, and collaboration, we have worked systematically to align with the standards set by the Organisation of European Cancer Institutes (OECI). The accreditation process has brought together clinical departments, research environments, support services, and user representatives in a shared commitment to integrated, high-quality cancer care at Haukeland University Hospital. Challenges have been identified and processes to address them together have been launched.



Haukeland CCC is not a separate physical unit, but a strategic framework built on existing hospital structures. It connects the departments and services where cancer care represents a significant part of the activity and supports a seamless patient pathway from prevention and diagnostics to treatment, palliative care, and survivorship.

This annual report highlights key achievements from 2024, including progress in establishing a Research Council dedicated to cancer research in the entire hospital, patient involvement, pathway monitoring, and strategic development to become a comprehensive cancer centre. It reflects our ambition to deliver world-class cancer care and to strengthen our position as a leading centre for cancer treatment, research, and innovation.

On behalf of the Cancer Board

Oddbjørn Straume

Director of the Cancer Clinic

Chair of the Cancer Board at Haukeland CCC

MISSION AND VISION

Haukeland CCC's mission and vision guide our strategic development and daily practice. They reflect our commitment to delivering cancer care of the highest international standard, shaped by science, collaboration, and patient involvement. Together, they define who we are – and where we are going.

Our mission

Haukeland CCC delivers high-quality, knowledge-based and patient-centred cancer care through coordinated, interdisciplinary services. We integrate clinical excellence, research, innovation, and education to improve outcomes and ensure equitable access to advanced diagnostics and treatment for all patients.

Our vision

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



CANCER STRATEGY

The strategy of Haukeland CCC is closely aligned with the Development Plan 2022–2035 and the broader strategic framework of Helse Bergen. It reflects our long-term ambitions to deliver high international standard of cancer care, strengthen research integration into daily clinical care, and build a resilient and patient-centred cancer service.

The Cancer Board has outlined the following strategic priorities:

- **High international standard of care**
We aim to deliver comprehensive cancer care that meets high international standards, ensuring high quality across diagnostics, treatment, and follow-up.
- **Empowered Patients**
We will strengthen patient autonomy and involvement, making patients active partners in their care journey.
- **Research integrated in Clinical Practise**
Clinical trials and research will be embedded in everyday patient care, accelerating innovation and improving outcomes.
- **A Workplace That Attracts and Inspires**
We will promote sustainable competence development and create an environment where professionals thrive and grow.

The CCC strategy will serve as a guiding framework for the development of Haukeland CCC, ensuring that our efforts are coordinated, future-oriented, and aligned with the highest standards of comprehensive cancer care.



CORE ACTIVITY DATA

Cancer Care 2024



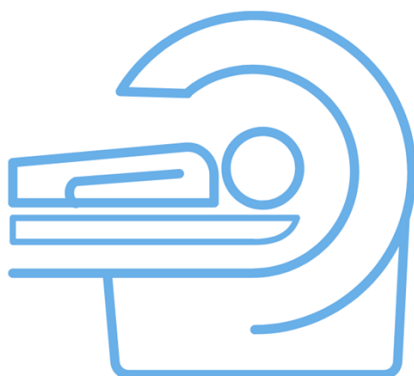
Number of cancer patients: **20 033**



Number of beds and chairs for systemic therapies: **69**

Number of overnight stays **9122**

MRI scans: **6347** CT scans: **20 114**



Radiotherapy treatment series **2221**

5459

Number of outpatient consultations

125 515



Number of day chemotherapy visits

12 810



Radiotherapy number of treatment sessions

32 548



Radiotherapy: number of patients:

2019



Molecular analysis:

23 621

CANCER BOARD HAUKELAND CCC

The Cancer Board at Haukeland University Hospital is an interdisciplinary advisory and coordinating body appointed by the Chief Executive Officer. Its purpose is to strengthen the hospital's ability to deliver high-quality cancer care in line with national and international standards.

The Cancer Board sets strategic goals for cancer care, monitors performance through key indicators, and initiates cross-functional improvement activities. It brings together representatives from clinical departments, research, education, and hospital management, ensuring broad engagement across cancer care.

The Cancer Board also serves as a unifying platform for cancer research and contributes to resource prioritisation. It reports annually to the CEO and plays a central role in supporting the hospital's CCC accreditation efforts.



Oddbjørn Straume
Chair of the Cancer Board
Director Cancer Clinic



Christian Beisland
Co-chair of the Cancer Board
Head of Urology, Surgical clinic



Marta Ebbing
Chief Medical Officer
Director of Research and Innovation



Ingrid Haldorsen
Director of the Radiology Department



John-Helge Heimdal
Director of the Surgical Clinic



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

ORGANOGRAM HAUKELAND CCC

Haukeland CCC is not a separate physical unit, but a strategic and functional framework built on existing hospital departments and services. Cancer care at Haukeland University Hospital is already deeply embedded across nearly all clinical units, reflecting the complexity and breadth of cancer as a field.

Our CCC model is based on the units where cancer constitutes a significant proportion of clinical activity or where the concentration of cancer patients is highest. This includes key departments within diagnostics, surgery, oncology, haematology, palliative care, and survivorship services. By anchoring the CCC in these high-impact areas, we ensure that the centre reflects patient pathways and clinical realities.

The accompanying figure illustrates the patient flow through the hospital — from diagnostics, MDT-meetings and treatment including palliative care, and survivorship. It highlights how cancer patients move through different phases of care, often across multiple departments, and how Haukeland CCC coordinates and strengthens this continuum. The model supports integration of research, education, and innovation at every stage, ensuring that patients benefit from the latest knowledge and best practices throughout their journey.

Haukeland CCC

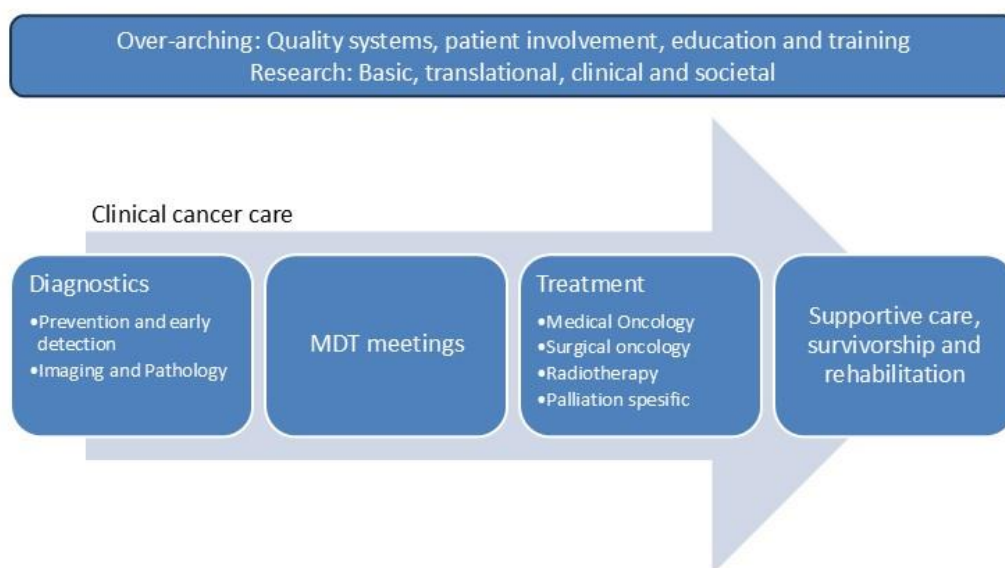


Illustration of the clinical cancer care pathway at Haukeland CCC

CCC ACCREDITATION PROCESS

Haukeland University Hospital is currently undergoing the accreditation process to become an accredited as a Comprehensive Cancer Centre (CCC) through the Organisation of European Cancer Institutes (OECI). This process involves documenting existing resources, identifying areas for improvement, and ensuring compliance with the standards set by the OECI Accreditation and Designation Programme.



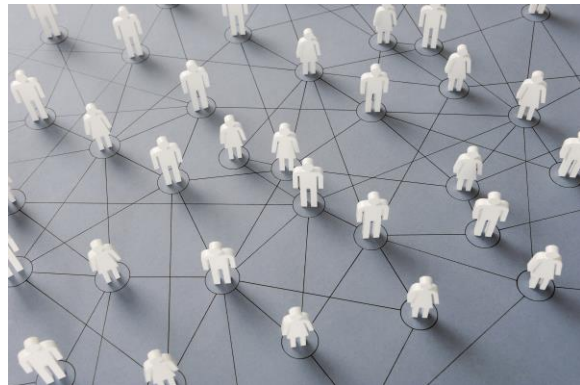
A dedicated working group was established in 2023 to lead the process, consisting of clinical, research, and analytical expertise. The group is responsible for coordinating input across units, including radiology, pathology, oncology, surgery, radiology, nursing, research, and patient organisations. The goal of the accreditation is to strengthen collaboration and improve quality across the hospital, and position Haukeland CCC as a centre for comprehensive cancer care and research.



Accreditation project committee from left: Borghild Straume, advisor Cancer Clinic, Halfdan Sørbye, researcher and senior oncologist Cancer Clinic, Kirsten Bolstad, head of Research Operations Cancer Clinic, Pål Ove Vadset, head of Management Data.

STAKEHOLDERS

To support the CCC accreditation process, a reference group has been established, consisting of 35 representatives from key stakeholders across the cancer care ecosystem. The group was established in 2024 and meets twice a year for status updates and is invited to provide input on strategic initiatives, including the CCC strategy.



Members represent all units at Haukeland University Hospital involved in cancer care, as well as union representatives (tillitsvalgte), health and safety representatives (verneombud), patient representatives, the Norwegian Cancer Society, other hospitals in the Western Norway Regional Health Authority, Haraldsplass Deaconess Hospital, Hospital pharmacies in Western Norway (Sjukehusapoteka Vest), and academic institutions including the University of Bergen, Western Norway University of Applied Sciences (HVL), and VID Specialized University.

This broad involvement ensures that the development of Haukeland CCC is anchored in clinical practice, patient needs, and regional collaboration.

All units at HUS involved in cancer care	Union representatives and Health and safety representatives	Patient representatives	The Norwegian Cancer Society
Helse Stavanger	Helse Fonna	Helse Førde	Haraldsplass Deaconess Hospital
Hospital pharmacies in Western Norway	University of Bergen	Western Norway University of Applied Science	VID Specialized University

Stakeholders following the accreditation process

RESEARCH COUNCIL

The Research Council at Haukeland CCC was established as an advisory body to the Cancer Board, with responsibility for all aspects of cancer research. The Research Council is dedicated to strengthening and advancing cancer research across the entire spectrum; from fundamental discoveries to patient-centred innovation. Its overarching goal is to position Haukeland CCC as a national hub of excellence in highly specialized cancer care, as well as in basic, translational, and clinical cancer research. This integrated approach will foster the development of cutting-edge care, research, and education across all areas of the cancer field.

The main focus will be on clinical and translational cancer research. The Research council aim to achieve this through the following strategic priorities:

- Further develop research platforms within precision medicine and cell- and gene-based therapies.
- Biobanking: Further develop systems that ensure systematic sample collection throughout the patient care pathway and disease course, with active involvement from clinical departments
- Create interdisciplinary meeting arenas for patient-centred research
- Strengthen national and international networks
- Ensure that Haukeland University Hospital is a relevant and trusted partner in national and international research and development projects
- Systematically develop partnerships with patients and advocacy groups



Research Council from left: Bjørn Tore Gjertsen, Kjersti Hestetun, Anne Mathilde Kvamme, Stian Knappskog, Line Bjørge, Cecilie Brekke Rygh, Jon-Helge Angelsen, Christian Moen, Elisabeth Wik and Liv Bolstad Hysing. Halfdan Sørbye, Marianne Aanerud and Kirsten Bøe not present when photo was taken. Photo: Kirsten Bolstad

Working in close alignment with the Cancer Board at HUS, the Research Council provides strategic advice and supports the overall direction of cancer research at the hospital. It plays a key role in shaping research strategy, guiding complex grant applications, facilitating interdisciplinary collaboration, monitoring research activity, and strengthening networks between research groups. In addition to carrying out tasks assigned by the Cancer Board, the Research Council also initiates and drives forward new projects within defined strategic focus areas, fostering a dynamic and forward-looking research

environment. Through these efforts, the Research Council helps shape a strong foundation for future-oriented cancer research and care—advancing scientific excellence while delivering value to patients and society.

The Research Council includes 13 members with broad expertise from clinical, diagnostic, and research units at the hospital. It also includes representatives from the University of Bergen and patient advocacy groups, ensuring diverse and inclusive input. Most members are senior professionals, while two represent early-career researchers to support continuity and mentorship. The Research Council meets monthly. To maintain momentum between meetings, a smaller working group of four members meets weekly to follow up on tasks and prepare items for discussion.

Members of the Research Council at Haukeland University Hospital

Head of Cancer Research **Line Bjørge**, Professor, MD, PhD, MBA, Cancer Clinic and Department of Obstetrics and Gynecology (Chair)
 Senior Consultant **Marianne Aanerud**, Ass. Professor, MD, PhD, Department of Thoracic Medicine
 Senior Consultant **Jon Helge Angelsen**, Ass. Professor, MD, PhD, Department of Gastrointestinal Surgery
 Senior Consultant **Bjørn Tore Gjertsen**, Professor, MD, PhD, Department of Medicine, Section of Hematology
 Consultant and molecular MDT advisor **Kjersti Hestetun** MD, PhD, Cancer Clinic
 Research leader **Liv Bolstad Hysing**, Ass. Professor, MSc, PhD, Cancer Clinic, Section of Medical Physics
 Professor and Senior Researcher **Stian Knappskog**, PhD, Cancer Clinic and Department of Clinical Science, UiB
 Team leader Research Support **Anne Mathilde Kvamme**, MSc pharm, Research & Development
 Dr. **Christian Arvei Moen**, MD, PhD, Surgical Clinic, Department of Urology
 Head **Cecilie Brekke Rygh**, PhD, Center for Nuclear Medicine and PET, Department of Radiology
 Senior Consultant, **Halfdan Sørbye**, Professor, MD, PhD, Cancer Clinic
 Head **Elisabeth Wik**, Professor, MD, PhD, Department of Pathology
 Patient representative **Kirsten G Bøe**

USER INVOLVEMENT

User involvement is a core principle in our cancer care. Patients and their relatives are active partners in shaping services and care pathways.

In 2024, Helse Bergen has focused on implementing the user involvement system developed through the *Better User Involvement* project. The User Committee (Brukerutvalget) and Youth Council (Ungdomsrådet) have played key roles, especially in highlighting the importance of relatives and young users.



User representatives are included in decision-making structures across the health community, ensuring that patient voices are heard at all levels.

User representatives are actively involved in the Haukeland CCC organisation, including participation in the stakeholder committee for the accreditation process and in the Research Council. We are currently considering how to further strengthen patient involvement in the future of Haukeland CCC, for example through broader participation in the CCC governance structures and strategic planning processes. This will help ensure that the voices of patients and their relatives continue to shape the development of Haukeland CCC across all levels of activity.

#CHECKYOURSELF

About 70% of Norwegian women participate in the cervical screening program, and the goal of the #sjekkdeg (#checkyourself) campaign is to get as many women in Norway as possible to take a cervical smear and help fight cervical cancer.

January is the month for the annual #sjekkdeg campaign in Norway. 25 employees from the Women's Clinic, Gynaecological Outpatient Clinic at Haukeland University Hospital (HUS), volunteered their free time for this important work on January 23, 2025. A total of 225 women received a free cervical screening test.



25 employees at the Women's Clinic, Gynaecological Outpatient Clinic at Haukeland University Hospital (HUS), volunteered their free time for the #CHECKYOURSELF campaign

INTEGRATED HOME CARE PATHWAY

The "Pakkeforløp hjem" (integrated home care pathway) is a national initiative designed to ensure a structured, comprehensive and needs-based follow-up for patients diagnosed with cancer, extending beyond the active treatment phase. All patients diagnosed with cancer are automatically included in the pathway, which consists of three structured conversations with healthcare professionals at key stages: at diagnosis, 3–4 months after diagnosis, and 12–18 months post-diagnosis.



These conversations are conducted by professionals such as physicians, nurses, social workers, or cancer coordinators, and aim to identify individual needs related to family situation, employment, finances, rehabilitation, mental health, and social support. The information is documented and shared with relevant healthcare providers and external agencies (e.g., NAV) to ensure coordinated and tailored support.

The pathway enhances patient safety and predictability and strengthens collaboration between specialist and primary care services. It is a key tool for addressing the patient's overall life situation and resources, promoting coping and quality of life during and after cancer treatment.

NEXT-GENERATION IMMUNOTHERAPY: CAR-T

In august 2024 it was decided that Haukeland University Hospital will begin offering CAR-T therapy in 2025, marking a major step forward in advanced cancer treatment in Western Norway. CAR-T is a next-generation immunotherapy where a patient's own T-cells are genetically modified to target and destroy cancer cells. Initially used for certain types of leukaemia and lymphoma, the treatment is now becoming available for more indications.

Haukeland University Hospital has been assigned regional responsibility for CAR-T therapy, enabling seriously ill patients to receive this potentially curative treatment closer to home. The initiative reflects strong interdisciplinary collaboration and positions Haukeland University Hospital as a national leader in high-tech, personalised cancer care.



Celebration of CAR-T with coffee and cake at the Cancer Clinic

JACIE ACCREDITATION

In 2024, Haukeland University Hospital was awarded JACIE accreditation for its haematopoietic stem cell transplantation (HSCT) programme, recognising the hospital's high standards in clinical practice and quality management. This accreditation enables Haukeland to receive stem cells from unrelated international donors, significantly improving access to life-saving treatment for patients with certain cancers and severe blood disorders.



The HSCT programme is a collaboration between the Section for Blood Disorders at the Medical Clinic and the Section for Cell Therapy at the Department of Immunology and Transfusion Medicine. Together, they manage all aspects of stem cell transplantation—from patient evaluation and follow-up to cell harvesting, processing, and distribution.

This achievement reflects nearly a decade of dedicated work and cross-departmental collaboration and ensures that patients at Haukeland University Hospital receive care aligned with the highest international standards.



From left Guro Kristin Melve, Head of Section for Cell Therapy, Department of Immunology and Transfusion Medicine; Astrid Marta Olsnes, Head of Section for Blood Disorders, Medical Clinic; Anne Kristine Lehmann, Senior Consultant; Kathan Al-Azawy, Clinic Director, Medical Clinic; Ina Kobbeltvedt Endregaard, Head Nurse, Section for Blood Disorders; Einar Klæboe Kristoffersen, Head of Department, Department of Immunology and Transfusion Medicine.

COMPETENCE PROGRAMME FOR ONCOLOGY NURSES

A competence programme for oncology nurses is under development and is based on the programme developed at Oslo university hospital. It has been developed to attract and retain skilled nurses through clear and targeted development opportunities. The programme provides professional challenges and motivation for staff and facilitates continuous learning and professional growth.

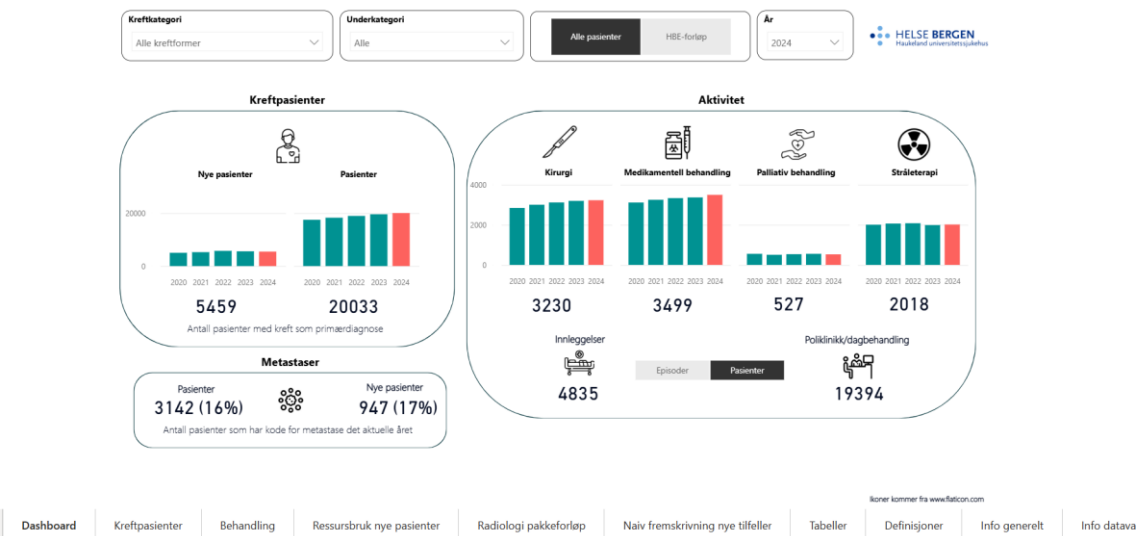
Through a structured and predictable training pathway across departments, we ensure comprehensive professional development that strengthens both individual nurses and interdisciplinary collaboration.

By consolidating content and coordinating training across units, we achieve efficient use of resources and strengthen competence throughout the organisation. The competence programme is an important tool for ensuring a high professional standard and quality in cancer care—now and in the future.



CLINICAL CANCER DASHBOARD

A clinical dashboard tailored to cancer care is currently under development. This tool integrates and visualises key data from multiple sources, organised by cancer type and patient pathway. It is designed to provide both clinicians and management with enhanced insight into treatment processes, resource utilisation, and patient trajectories, thereby supporting continuous quality improvement. The project builds on a similar dashboard developed at Oslo University Hospital (OUS).



[Print screen of the current version of the clinical cancer care dashboard](#)

PATIENT PATHWAYS 2024

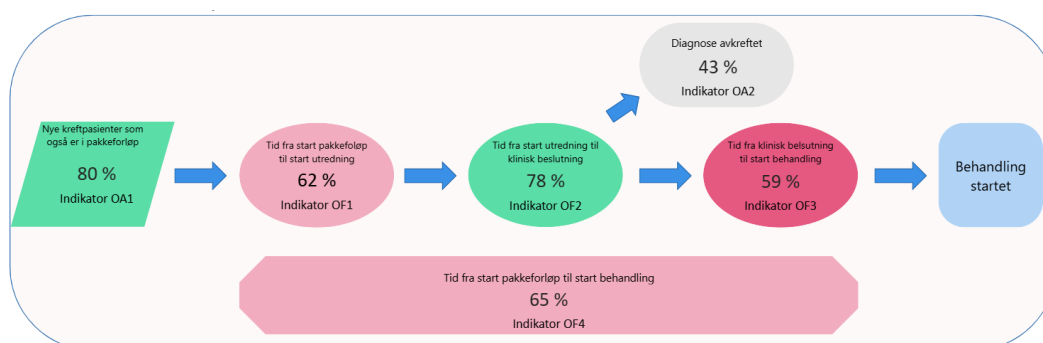
Cancer patient pathways (*pakkeforløp kreft*) are nationally standardised care pathways designed to ensure timely, coordinated, and high-quality cancer diagnostics and treatment. All deadlines and milestones within the pathways are defined at the national level and monitored through a national reporting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



Overview of all cancer pathways for 2024 at Haukeland University Hospital for all cancer types (green at 70% or better).

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.

Overview of pathway performance and deadline breaches in 2024 across all patient pathways

Cancer pathway	Indicator OF4	Number of patients
(A01) Breast Cancer	67 %	431
(A02) Head and Neck Cancer	69 %	68
(A04) Multiple Myeloma	80 %	30
(A06) Lymphoma	83 %	40
(A07) Pancreatic Cancer	83 %	40
(A12) Colorectal Cancer	62 %	286
(A14) Bladder Cancer	81 %	79
(A15) Kidney Cancer	58 %	62
(A16) Prostate Cancer	46 %	512
(A17) Penile Cancer	86 %	21
(A18) Testicular Cancer	19 %	26
(A20) Endometrial Cancer	69 %	64
(A21) Ovarian Cancer	73 %	59
(A22) Cervical Cancer	39 %	23
(A23) Brain Cancer	77 %	44
(A26) Lung Cancer	57 %	249
(A30) Paediatric Cancer	74 %	19
(A32) Oesophageal and Gastric Cancer	93 %	40
(A34) Primary Liver Cancer	73 %	11
(A36) Sarcoma	46 %	24
(A37) Thyroid Cancer	68 %	38
(A38) Malignant Melanoma	91 %	301
(A39) Neuroendocrine Tumours	100 %	7
(A40) Bile Duct Cancer	80 %	20

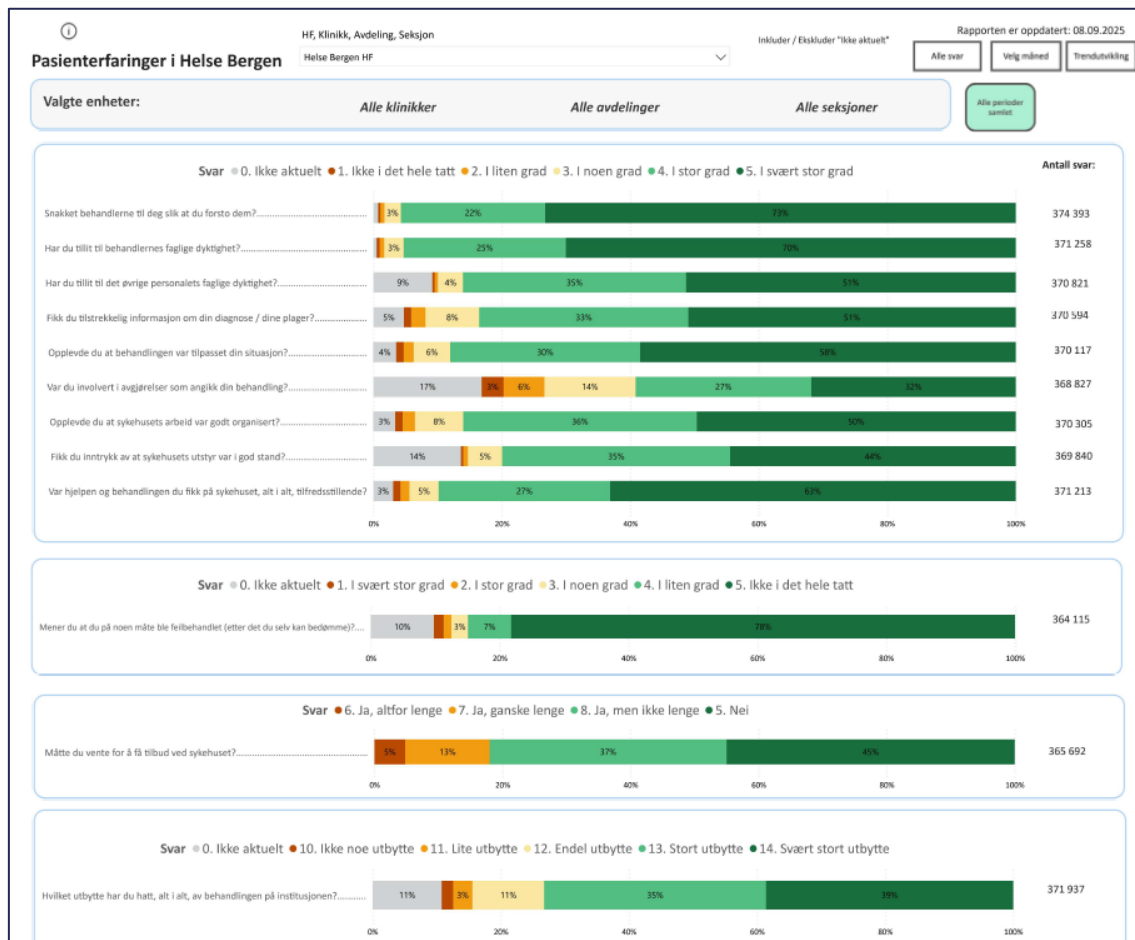
Pathway performance 2024 at Helse Bergen (In Norwegian). Indicator OF4 - Composite indicator – treatment initiated within recommended timeframe.

PATIENT SATISFACTION

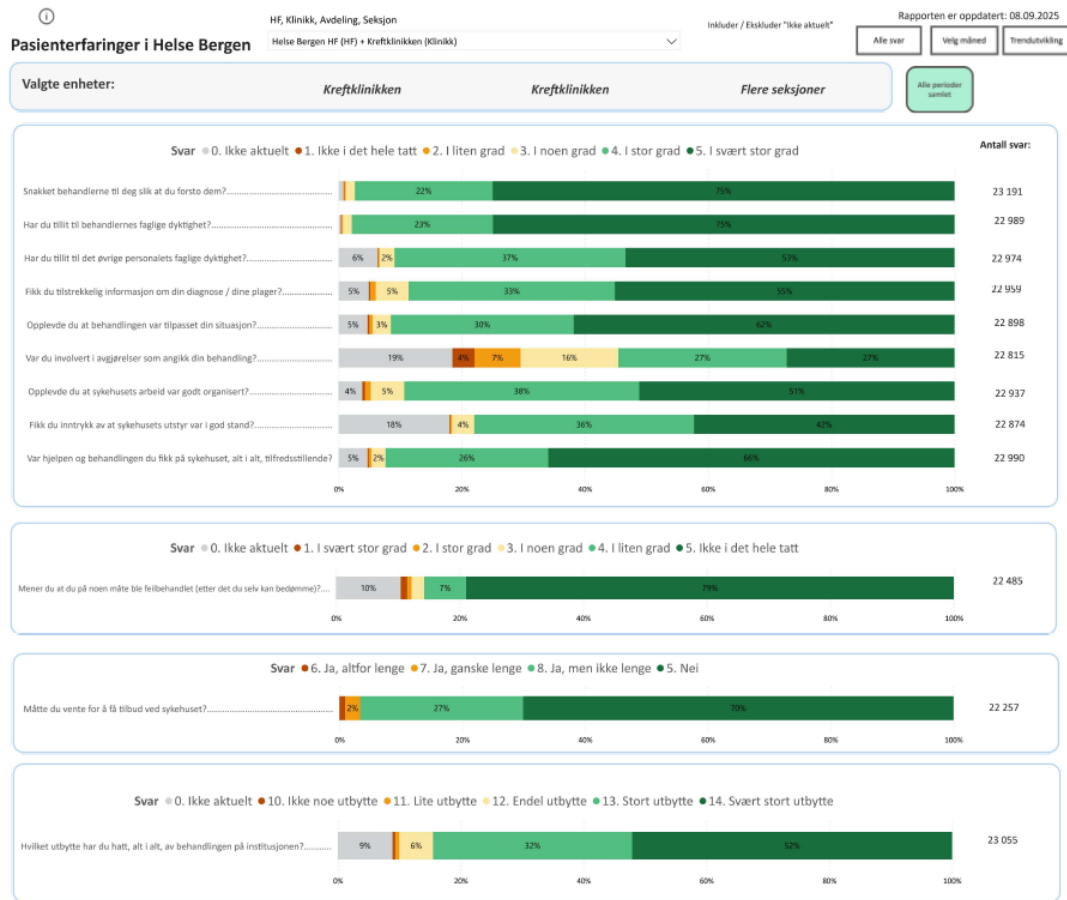
To monitor patient satisfaction, Haukeland University Hospital sends out a text message (SMS) following all hospital visits. The message includes a set of questions asking patients to rate their experience and provide feedback on various aspects of their visit. This feedback is used to identify areas for improvement and ensure that services meet patient expectations. Results from the patient satisfaction survey are available for all staff in the Report portal, and results can be drilled down to clinic, department and unit.



Below are the answers for the entire hospital (all diagnoses including cancer), and answers for patients visiting the Cancer Clinic.



Patient satisfaction across the entire hospital (all diagnoses)



Patient satisfaction Cancer Clinic

RELATIVE SURVIVAL

Relative survival measures the proportion of cancer patients who survive their disease, adjusted for other causes of death. It is a key indicator of how well cancer treatment is working. The measure accounts for the fact that cancer patients may have a higher risk of other illnesses and allows for fair comparison between different patient groups.

Data from the Cancer Registry of Norway for the period 2020–2024 show that the overall 5-year relative survival is 77.9% for men and 77.7% for women. However, survival rates vary significantly depending on cancer type and stage at diagnosis. For example, survival is high for prostate and breast cancer, while lung cancer has lower survival due to late detection.



See below for relative survival for patients receiving treatment at Haukeland University Hospital.

Breast Cancer	I	II	Unknown
1- year relative survival	100,1 % (98,7 - 101,5)	101,0 % (101,0 - 101,0)	99,3 % (96,8 - 101,8)
5- year relative survival	100,8 % (98,9 - 102,7)	99,2 % (96,6 - 101,8)	95,7 % (92,0 - 99,6)
10- year relative survival	98,6 % (91,2 - 106,6)	90,1 % (77,1 - 105,3)	87,0 % (79,3 - 95,4)

Lung Cancer	I	II	III
1- year relative survival	99,0 % (87,8 - 99,9)	95,2 % (85,1 - 98,5)	85,9 % (65,0 - 94,8)
5- year relative survival	89,6 % (80,1 - 94,7)	87,7 % (72,8 - 94,7)	48,1 % (29,5 - 64,4)

Prostate Cancer	I	II	III
1- year relative survival	101,3 % (101,3 - 101,3)	100,4 % (99,5 - 101,3)	100,1 % (98,2 - 101,9)
5- year relative survival	104,1 % (101,3 - 107,0)	101,3 % (99,4 - 103,3)	102,6 % (99,7 - 105,6)
10- year relative survival	111,1 % (106,9 - 115,4)	105,3 % (101,1 - 109,7)	107,1 % (101,0 - 113,5)

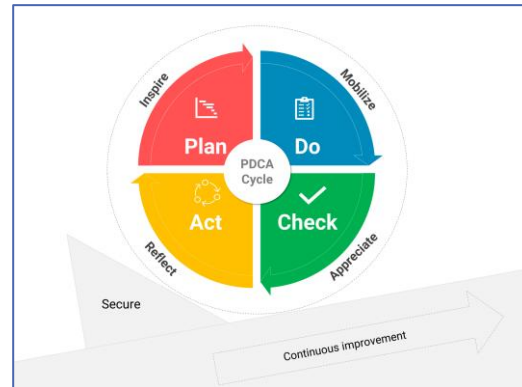
Melanoma	I	II	III
1- year relative survival	101,4 % (100,5 - 102,4)	98,7 % (94,8 - 102,7)	95,7 % (89,4 - 102,6)
5- year relative survival	102,3 % (99,3 - 105,4)	85,5 % (79,6 - 91,8)	91,3 % (83,9 - 99,4)
10- year relative survival	101,2 % (92,3 - 111,1)	79,3 % (60,5 - 103,8)	81,9 % (60,8 - 110,4)

Colorectal Cancer	I	II	III
1- year relative survival	98,7 % (86,3 - 99,9)	98,8 % (86,0 - 99,9)	92,3 % (85,8 - 95,9)
5- year relative survival	97,0 % (80,6 - 99,6)	92,6 % (85,2 - 96,4)	78,0 % (71,1 - 83,5)
10- year relative survival	85,1 % (61,8 - 94,7)	86,6 % (68,6 - 94,7)	73,6 % (54,1 - 85,8)

Relative survival for patients receiving treatment at Haukeland University Hospital

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