

# Onkologi i sverige

the independent  
magazine on  
Swedish Cancer Care

*Mission:*  
**Vision  
Zero  
Cancer**

**Vision Zero Cancer –  
a visionary innovation milieu**  
An offprint from Onkologi i Sverige

••• new innovative cancer care



Vision Zero Cancer was established in 2019 by (from left) Ola Ejlertsson (Stockholm School of Economics Executive Education), Hans Hägglund (National Cancer Coordinator), Per Nylund (Eleкта), Ebba Hallersjö Hult (Stockholm School of Economics) and Suzanne Håkansson (AstraZeneca). Photo: Micke Lundström



# **VISION ZERO CANCER**

## – innovation on all fronts

With the help of improved prevention, earlier detection, more effective treatments and functioning rehabilitation, no one should have to die from cancer in the future. And the road to that vision is via new cross-border partnerships and a systematic investment in innovation. Vinnova-funded Vision Zero Cancer – established in 2019 – currently brings together a number of stakeholders from the healthcare and medical world, academia, the pharmaceutical and medtech industry and is continuously entering into new partnerships. Oncology in Sweden has interviewed several members of the core team.



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# He started

Hans Hägglund, National Cancer Coordinator and chairman of the Confederation of Regional Cancer Centres, started Vinnova-funded Vision Zero Cancer after an informal meeting two years ago.  
Photo: Micke Lundström

# Vision Zero Cancer

– New forms of cooperation will strengthen cancer care

Two years ago, Hans Hägglund, chairman of the Confederation of Regional Cancer Centres and then newly appointed National Cancer Coordinator initiated an informal -and unusual -meeting.

**The purpose:** To find new, untried forms of cooperation to strengthen the Swedish cancer care.

**The goal:** To put the vision that no one should die from cancer into practice.

**The result:** Vision Zero Cancer, a Vinnova-supported innovation milieu coordinated by the Stockholm School of Economics, that brings together a number of stakeholders from the healthcare system, academia, industry and civil society.

**T**he National Cancer Strategy has been in place for over ten years, and the Standardised Care Processes, National Care Programs and various registries have been successful. The platform was set up, but what was missing was a system for increased collaboration and integration of cancer research and innovations within Swedish healthcare. Without this, all good ideas run the risk of just remaining ideas,” says Hans Hägglund, professor of Haematology who was appointed National Cancer Coordinator and chairman of the Confederation of Regional Cancer Centres in 2019.

Hans Hägglund, who has held a post as Operations Manager at Uppsala University Hospital and participated in the planning of the new Karolinska University Hospital has always been interested in organisation and leadership development.

## “IT MUST BE GOOD FOR THE PATIENT”

“I am driven by an understanding of the bigger picture and the primary driving force in my various general tasks has always been that what we do must be good for the patient in the end. That research results, new knowledge, new treatment methods, etc, will reach them, regardless of who they are or where they live in the country.”

In his new role as National Cancer Coordinator, he was looking for an opportunity to create a new form of collaboration, with stakeholders outside the healthcare system, with people from different positions who otherwise would never usually meet (see separate list of all stakeholders).

“These ideas coincided with Vinnova announcing a new five-year investment in different innovation environments under the umbrella “Vision-Dri-

ven Health”. That was the birth of Vision Zero Cancer in 2019, and after two years I think we have a strong brand and that we have managed to gather different stakeholders for interesting discussions and implementation of projects”.

“We have a core team of nine people and a large network that continues to grow. That our coordinator Ebba Hallersjö Hult is connected to the Stockholm School of Economics' House of Innovation is just an example that in this project we think outside the “ordinary” box,” says Hans Hägglund.

## INITIAL FOCUS ON LUNG CANCER

Vision Zero Cancer decided early on to concentrate its work for the first two years on a single cancer disease – lung cancer.

“That was a wise decision. To include all cancer diagnoses would have

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been far too scattered. By focusing on lung cancer, we will be able to test our ideas, and see if the efforts work.” Lung cancer is today the form of cancer that most individuals die from. Mortality has decreased among men but has increased among women.

“Our vision is that no one should have to die from cancer in Sweden, and our unusual collaboration is about investigating what we need to do to achieve this. What efforts are most important to improve survival, what can we do to support primary healthcare when it comes to early detection, how can we highlight the importance of screening, how can we overcome the lack of Radiation Oncologists, how can we improve our prevention and rehabilitation, and more”, says Hans Hägglund and clarifies that those who have gathered around the large table of Vision Zero Cancer will have a lot to do.

### FIVE INNOVATION MILIEUS in Vision Driven Health

Two years ago, the Swedish Innovation Agency, Vinnova, established five new platforms for system innovations. All of them have a support of five years from Vinnova, and are based on cross-sector and cross-disciplinary cooperation. The goal is that all of them will continue after the five-year funding period. Recently, they have started making study visits to each other to create synergies and new collaborations.

- Vision Zero Cancer
- ATMP (Advanced Therapy Medicinal Products) Sweden
- Vision Zero Malnutrition in the Elderly
- Information-driven healthcare through AI application
- Antibiotics-smart Sweden

**Our vision is that no one should have to die from cancer in Sweden and our unusual cooperation is about investigating what we need to do to achieve this.**

Vinnova’s support is for five years and the question is how much can be achieved during the remaining three years. During the past two years, a number of different projects have been initiated and a number of workshops have been carried out (see separate list of initiatives).

“We gain new partners all the time. Vision Zero cancer is the hub of an ever-growing spider web, and that is why we believe that the project in some form will continue to live on and be of importance to Swedish cancer care, even after concluded support from Vinnova,” says Hans Hägglund, who sees a number of positive things ahead in Swedish cancer care.

“In just under ten years, we will have an increased focus on prevention, and with the help of AI (Artificial Intelligence) among others, we will have become better at detecting cancer earlier. And precision medicine, a number of new screening programs and an ever-greater patient involvement in healthcare will be natural elements in cancer care by 2030”, he predicts.

### The core team

- **Ebba Hallersjö Hult**, Head of Vision Zero Cancer, Stockholm School of Economics
- **Hans Hägglund**, MD, Professor, National Cancer Coordinator, chairman of the Confederation of Regional Cancer Centres
- **Magnus Mähring**, Professor of Entrepreneurship and Digital Innovation at the Stockholm School of Economics
- **Ola Ejlertsson**, Director Client Custom Solutions, Stockholm School of Economics Executive Education
- **Per Nylund**, Vice-President Corporate Strategic Sales, Elekta
- **Suzanne Håkansson**, Senior Director Government Affairs, AstraZeneca
- **Helena Anderin**, Director Healthcare shaping & innovation, Roche
- **Mia Rajalin**, MD Licensed Psychology, member of the Swedish Patient Association for Lung Cancer
- **Simon Ekman**, Chief Physician and Associate Professor in Oncology at Karolinska University Hospital and Karolinska Institutet, member of the Swedish Planning Group for Lung Cancer, node coordinator for the Swedish PPMC initiative – Partnership for Precision Medicine in Lung Cancer
- **Tobias Sjöblom**, Professor at the Department of Immunology, Genetics and Pathology, Experimental and Clinical Oncology, Uppsala University, PPMC Program Coordinator



“I hope we will become an international model for the lung cancer area”

Suzanne Håkansson, policy manager for AstraZeneca's Swedish operations, has been involved in Vision Zero Cancer from the start and appreciates the cooperation with new actors.  
Photo: Micke Lundström

**The opportunity to collaborate with new stakeholders when it comes to investments in early detection and effective treatments of lung cancer is an important driving force behind Suzanne Håkansson's commitment to Vision Zero Cancer, Policy Manager for AstraZeneca's Swedish operations.**

**G**iven that one person in the world dies from lung cancer every eighteen seconds – and approximately 4,000 Swedes per year – there is a lot to do. One of the intermediate goals that AstraZeneca has set in its global commitment within the *Lung Ambition Alliance* is to double the five-year survival rate. Therefore, the joint efforts towards a zero vision are completely in line with the company's goals.

Suzanne Håkansson, who participated in initiating Vision Zero Cancer in March 2019, is part of the core team.

“What is unique to Vision Zero Cancer is that we are not a static group offering solutions. We work in a whole new way where the basic keyword is cooperation, often through rewarding and unexpected cross-fertilisation. Vision Zero Cancer has brought together

people who are prepared to share their time and skills to achieve a common goal together. And in order for our work to lead to lasting results, it has been important to include people who are in charge of the decisions, she says”, adding that this way to work with so many different stakeholders is new to her too.

“In my line, we are of course used to starting projects, but it's very unusual for us to cooperate externally in this way. In Vision Zero Cancer we also do not work with selling medications, that is absolutely not our role here. The ethical guidelines are very clear”, she emphasizes.

She spends almost 20 percent of her working hours on the work with Vision Zero Cancer and has an optimistic view of the future of lung cancer care in Sweden.

“There seems to be an opening to potentially invest in screening now, which is positive. We are also striving to find new methods to detect the ‘non-typical’ lung cancer cases early on.”

She adds that investments in many different areas are required to achieve the vision, in addition to early detection also prevention, treatment and rehabilitation.

“In our work within Vision Zero Cancer, we have a major focus on organisation, finance and ethics, in order to better see the bigger picture”.

“We also have a large and growing exchange of knowledge around the world. One of our goals is to contribute to increasing Sweden's competitiveness in this area. We believe and hope that our good results in lung cancer will make us an international role model within five years.”



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"Vision Zero Cancer should be a forum where you can think big and dare to try new things," says coordinator Ebba Hallersjö Hult from the House of Innovation, Stockholm School of Economics. Photo: Micke Lundström

## She leads the work to **put the vision**

She is a political scientist originally, with extensive experience in international relations, exports and business development in a variety of industries around the world – traffic, environmental technology, healthcare, life sciences, military defence and education. She has been employed at the House of Innovation, Stockholm School of Economics, for a few years to lead the coordination office of Vision Zero Cancer. Her broad experience from different countries and social sectors is one of the reasons why Ebba Hallersjö Hult was selected as coordinator.

**M**anagement, i.e., good knowledge in organisation and leadership is a requirement for the healthcare sector to be able to undergo a major transition with changed working methods, among other things," she says. The fact that I am not tied to any specific stakeholder is a great advantage in this context where it is important to broaden one's views and

support new opportunities, new innovations, new collaborations.

"If in Vision Zero Cancer we can't achieve this during these five years that we have been granted by Vinnova, we can change our name to Zero Vision," she jokes and adds that she is passionately engaged in everything that concerns Life Science.

She believes that Sweden's cancer care is in a good position in an international comparison.

"Yes, we are fortunate. We really have no big medical or technical problems, we have a good, state-funded cancer care. Our problems are rather about logistics, care processes and services. To achieve change, we must find ways that make working in healthcare



## Vision Zero Cancer operational network in Sweden



Partners, reference group and other actors across society currently engaged in Vision Zero Cancer initiatives

## zero cancer into practice

more attractive, and have the capacity to introduce new treatments, technologies and work methods much faster than we do today.”

That the key to any change is collaboration, is something all the parties in Vision Zero Cancer agree on. It is the very core of this Innovation Milieu, which is the formal name Vinnova uses for their association in their efforts for a Vision-driven Health.

### WOULD LIKE TO BREAK NEW GROUND

Vision Zero Cancer is led by Ebba Hallersjö Hult, with the help of innovation leader Viktoria Asplund; together they make up the Coordination Office at the House of Innovation. They convene regular, digital monthly meetings but several members of the nine who com-

**By bringing together people with very different skills around the same table, people who might have never met otherwise, we hope to be able to break new ground and create a flow of new ideas and initiatives.**

prise the core team have a much closer contact.

“The idea is for all partners to contribute with concrete efforts and continuous external monitoring. By bringing together people with very different skills around the same table, people who might have never met otherwise, we hope to be able to break new ground and create a flow of new ideas and ini-

tiatives. Vision Zero Cancer is based on existing structures and all the players involved hold leading positions in their organisations”.

Our task is not to direct, but to accelerate synergies and drive efforts by creating meeting places for experts and stakeholders in areas that are important for Vision Zero Cancer, with topics ranging from radiation therapy to the

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use of AI, screening and integrated diagnostics to the work with tobacco cessation through prescriptions, she says and adds that they want to create a neutral forum for big scale thinking and testing of new ideas.

“It may involve various incentives that will first and foremost prevent younger people from using tobacco, perhaps offer cheaper driving licences for those who do not start smoking. Always with the main goal in sight – to prevent people from starting to use tobacco. This is part of our Vision Zero.

### LUNG CANCER DEATH RATES

#### MUST BE HALVED

Ebba Hallersjö Hult does not think that in ten years cancer will be extinct in Sweden, that is too optimistic. But when it comes to the form of cancer which this innovation alliance has chosen to focus its initial efforts on – lung cancer – she is convinced that the situation will have improved considerably.

“In ten years, we expect the number of people in Sweden who die from lung cancer to have halved. From the current 4,000 per year to 2,000. We will be able to achieve this through efforts within prevention, improved and early diagnostics, translational research and implementation of precision medicine, close cooperation with the Life Sciences industry for the rapid development of effective treatments, and a greater investment in good rehabilitation to offer a good quality of life.

She says that it is a bit too early to talk about the impact of Vision Zero Cancer’s work at this point.

“If we could predict the result, the innovation level would probably not be as high as it should be.”

Ebba Hallersjö Hult recently arranged a study visit to the four other vision-driven innovation environments supported by Vinnova: ATMP Sweden (Advanced Therapy Medicinal Products), Information-driven healthcare through AI application, Vision Zero Malnutrition in elderly and Antibiotic-Smart Sweden.

“It is important to learn more from and about each other and to create new partnerships. We strive to achieve our goals by delivering on three national strategies: the National Cancer Strate-

### Vision Zero Cancer – the founders

Anders Blanck, LIF - the research-based pharmaceutical companies

Björn Arvidsson, STUNS Life Science

Ebba Carbonnier, Swelife

Ebba Hallersjö Hult, Head of Vision Zero Cancer

Hans Hägglund, Hans Hägglund, National Cancer Coordinator, chairman of The Confederation of Regional Cancer Centres

Hans Winberg, Leading Health Care

Karin Elinder, The Swedish Cancer Society

Lena Svendsen, Swedish Medtech

Magnus Mähring, Stockholm School of Economics, House of Innovation

Matz Larsson, Clinical Health Promotional Centre at the Lund University

Mia Rajalin, MD Licensed Psychology, member of the Swedish Patient Association for Lung Cancer

Per Nylund, Elekta

Ola Ejlertsson, Stockholm School of Economics, Executive Education

Simon Ekman, Swedish Lungcancer Study Group, Karolinska University Hospital and Karolinska Institutet

Suzanne Håkansson, AstraZeneca

Tobias Sjöblom, Professor at the Department of Immunology, Genetics and Pathology, Experimental and Clinical Oncology, Uppsala University, PPMC Program Coordinator

**“ In ten years, we expect the number of people in Sweden who die from lung cancer to have halved. From the current 4,000 per year to 2,000.**

gy, the Life Science Strategy and the Export and Investment Strategy, three overlapping areas that all require new sustainable investments for Swedish cancer care to be world-class.

But how the effects of the innovation environments’ efforts can eventu-

ally be measured is a complicated question, and an answer has not yet been found. How and what is to be measured will be clarified in the coming years as a part of developing a method for vision-driven innovation.”

Associate Professor Simon Ekman at Karolinska University Hospital hopes that Vision Zero Cancer will be an innovative forum where many different fields can work together to improve lung cancer care in Sweden.  
Photo: Andreas Andersson/Karolinska Institutet



## ***“Several important projects have already been initiated”***

“A healthcare program is similar to a guidebook for healthcare, where there is little potential for innovation and it is not an optimal instrument for research and development. In Vision Zero Cancer we can interact and complement our different competencies on a common ground. It is both an unusual and exciting collaboration that has already initiated several important projects, including early detection of lung cancer”.

**T**his is how Associate Professor Simon Ekman, oncologist and consultant at Karolinska University Hospital, expresses himself, the only clinically active person in the core team.

“I was not involved from the beginning, but came in a little later,” says Simon Ekman, who is both a clinician and a researcher with focus on translational research within biomarkers and drug development.

He is active in several all-embracing contexts, including as a coordinator at Karolinska Institutet/University Hospital within the National Network PPMC (Partnership for Precision Medicine in Cancer) and member of several large international organizations, including IASLC (International Association for the Study of Lung Cancer) and ESMO (European Society for Medical Oncology).

Simon Ekman is also involved in the Swedish Planning Group for Lung Cancer, which developed the first care program for lung cancer in 1991.

“There is currently no forum for dialogue or innovation between academia, healthcare and industry. In Vision Zero Cancer we have the opportunity to initiate and support exciting and innovative pilot projects, such as designing an instrument within primary healthcare for early detection of lung-cancer in persons who have never smoked. Nowadays this represents about ten to fifteen percent of all people diagnosed with lung cancer, women are somewhat over-represented. These patients are often younger and sometimes have several different diffuse symptoms which it is important to detect in time”.

He also hopes that Vision Zero Cancer will succeed in having an impact on the screening efforts for lung cancer, which is the form of cancer that causes the highest number of deaths today.

“The research in Sweden is strong, not least thanks to the lung cancer registry, and a lot has happened in this area in a relatively short time when it comes to new, effective treatments, such as immunotherapy.” However, increased efforts are needed within radiation therapy, various IT support systems and Artificial Intelligence (AI), tools that can help select the right patients for the right treatment, as well as monitoring side effects”.

“I hope that Vision Zero Cancer can be the forum where all this is tied together, so we can discover and connect each other’s different skills.”



Post graduate John-Erik Bergkvist from the Stockholm School of Economics, who is involved with Vision Zero Cancer as a researcher, thinks that this new form of collaboration has come at the right time. Photo: Juliana Wiklund

“The mere fact that Vision Zero Cancer exists is a step towards a new form of collaboration. This platform for unexpected meetings can lead to new perspectives and this may possibly become a model for future projects.” says PhD student John-Erik Bergkvist at the Stockholm School of Economics, who has been involved with Vision Zero Cancer as a researcher since August 2020.

# Research project: **Vision**

**J**ohn-Erik Bergkvist is only 28-years-old but he has already achieved quite a lot. He holds a master’s degree in politics, has studied economics, and has always had a major interest in healthcare issues and social science research. He has worked at the Swedish Agency for Health and Care Services Analysis and the Ministry of Education.

“It was probably mostly a coincidence that I have dedicated myself to healthcare issues, but I think the major structural issues in the healthcare sector, which is facing major challenges, is an exciting area to research,” says John-Erik, who was recruited to the post-graduate job last year.

Innovation environments of this kind are relatively un-investigated, but there is a new wave around Europe of increasing government investments in innovation. And he thinks



## Vision Zero Cancer efforts – some examples

These are some of the Vision Zero Cancer efforts to contribute to the transformation of the cancer health care system.

### SHARED HOSTING OF THE PARTNERSHIP FOR PRECISION MEDICINE

PPMC is a virtual centre for translational research within precision medicine for cancer. The goal is to collect and store samples and data from cancer patients in a nationally structured manner, to be made accessible to physicians and researchers. Vision Zero Cancer shares hosting with Uppsala University and will coordinate and strengthen external communication.

### COLLABORATION ON THE INDIVIDUAL PATIENT OVERVIEW (IPÖ)

Better decision support for health care providers, increased involvement for patients, source of current data for researchers and documentation for systematic quality assurance in cancer care development. The Individual Patient Overview (IPÖ) provides great added value. Vision Zero Cancer contributes to efforts within strategies and ways of further implementation.

### THE PATH TO EARLY DETECTION OF CANCER IN PRIMARY CARE

How can Primary Care detect lung cancer and colorectal cancer earlier? The post-graduates Elinor Nemlander and Eliya Abedi will try to answer this question. Vision Zero Cancer and AstraZeneca co-finance the postgraduate positions.

### SCREENING PROGRAM FOR EARLY DETECTION OF LUNG CANCER

The earlier lung cancer is detected, the greater the chances of survival. The Swedish Planning Group for Lung Cancer/Swedish Lung Cancer Study Group (SLUSG) is working on the creation of an Implementation Study for Lung Cancer Screening in Sweden, combined with smoking cessation, as a basis for an evaluation of a future implementation of a nationally targeted screening program. Vision Zero Cancer, together with AstraZeneca, acts as a catalyst for these efforts by bringing together stakeholders for targeted collaborations, through workshops and international expert meetings, as well as clients and funding partners based

on health economic and behavioural science, among others.

### STRUCTURED RESPONSE TEMPLATES IN CANCER DIAGNOSTICS

In order to improve quality and the possibility of analysis, standardised response templates in cancer diagnostics should be developed. Vision Zero Cancer works as a catalyst for these efforts, by bringing together stakeholders to collaborate in a targeted manner and co-finance staff costs for work and system development. The effort focuses on lung cancer pathologies.

### A REHABILITATING SOCIETY

How can rehabilitation reform the Swedish cancer care? Vision Zero Cancer is carrying out an initiative on Action Research and Activity Development, starting in Region Uppsala. The goal is to develop new ways to work with rehabilitation in cancer diagnoses, and the health care system, together with the patients and relatives, to build up a life that promotes health.

# Zero Cancer

**It will be difficult to measure the effects of what Zero Vision Cancer can achieve, but this new, broad way of cooperating can lead to a change in the approach when it comes to, for example, the healthcare system's traditional fear of being associated with the pharmaceutical industry.**

that Vision Zero Cancer has come at the right time, because the healthcare sector is now starting to take an interest in trying new working methods, and there is a good environment for collaboration that can strengthen innovation.

“It will be difficult to measure the effects of what Vision Zero Cancer can achieve, but this new, broad way of cooperating can lead to a change in the approach when it comes to, for example, the healthcare system's traditional fear of being associated with the

pharmaceutical industry. It is important to have new input, not to consolidate old structures but to work together for ‘the greater good.’” The hope is that the research will generate new knowledge that may be useful for similar investments in the future.

John-Erik's task is to be a constant observer, participate in all important meetings, do interviews and surveys in order to study how the ecosystem around Vision Zero Cancer perceives a vision-driven innovation environment, among other things.

“My research is both qualitative and quantitative; I will continue to work with Vision Zero Cancer at least until Vinnova's five-year support ends.”



Psychologist Mia Rajalin, who is part of Vision Zero Cancer's core team, had to seek care 14 times before she was diagnosed with lung cancer.

Photo: Petra Kyllerman

She was 50 years old, had never smoked, was physically active, had no underlying illnesses and had almost never needed to seek healthcare before. These otherwise positive factors unfortunately contributed to it taking a 1.5 year and 14 (!) medical consultations before Mia Rajalin was diagnosed with lung cancer. Today she is part of 'the Vision Zero Cancer core team and is actively working for an increased knowledge about the disease within primary healthcare that hopefully will result in early detection.

**M**ia Rajalin has a PhD and is a licensed psychologist. Nowadays she works with suicide issues within specialist psychiatry in Region Stockholm. Six years ago, when she was busy working on her thesis paper, she began to feel strange.

“I was extremely tired, I lost weight and had nocturnal sweats,” says Mia, who booked an appointment at her primary health centre.

Over the next 18 months, there would be a total of eleven visits to the health centre and three visits to the emergency room at Danderyd Hospital before she finally managed to convince a doctor that she should be allowed to undergo a computed tomography.

“Despite the fact that my symptoms were continuously worsening, with

# Her own experience from the health-care system resulted in efforts to **increase knowledge within primary healthcare**

pneumonia and pain in different parts of the body, they never suspected that it could be something serious, such as lung cancer. I was considered to be too young and I had never smoked. During the long period until I got my diagnosis, the doctors at the health centre assessed that my symptoms were due to stress and they prescribed me everything from strong, addictive analgesic tablets to nasal sprays.”

## “THIS IS A STRUCTURAL ERROR”

But Mia’s own suspicion that it could be cancer, which was continuously played down by the healthcare staff, turned out to be true. When she had surgery in 2017 she had a three-centimetre tumour in one of her lungs, and metastasis were found in one of the removed lymph nodes.

“I was told that there was a risk of relapse and that is what happened. In the summer of 2020, I was treated again with radiation and chemotherapy, but I feel well at the moment.”

“But nobody should have to visit the healthcare centre so many times without anyone reacting, there is a structural error. It is true that in the beginning I was looking for help for different symptoms, but it is the combination of these that should raise suspicion and the willingness to investigate further. With so many repeated symptoms from the chest area, they should perhaps have done a chest x-ray. Something was obviously wrong.”



**Lung cancer was previously a death sentence, but the disease care has changed over the last few years. It is therefore important that primary healthcare is made aware that several early, and sometimes diffuse, symptoms may indicate lung cancer.**

Mia’s experience in healthcare led to her engagement in the Lung Cancer Association and the assignment as a patient representative in the Regional and National Healthcare Program Group.

She is part of the Vision Zero Cancer core team and is so far the only patient representative in the group.

“My main focus is to work for increased knowledge about lung cancer in primary care and thus earlier detection.” Nearly 20 percent of those who are currently diagnosed with adenocarcinoma, the most common form of lung cancer, are women who have never smoked.

## WE NEED FASTER DIAGNOSIS

“Lung cancer was previously a death sentence, but the disease care has changed over the last few years. It is therefore important that primary care is made aware that several early, and sometimes diffuse symptoms may indicate lung cancer. At present we can only treat one symptom at a time, but lung cancer is a complex disease where

early detection is crucial to the prognosis. Many lives could be saved with faster diagnoses. “Vision Zero Cancer strives to make screening a possibility in Sweden in the future”, she says, and adds that “this forum, where different stakeholders meet and cooperate is really needed to change healthcare”.

Mia Rajalin, who works in healthcare herself, states that today we are managing an antiquated system.

“What is required now is new, innovative economic and organisational perspectives. For example, AI – Artificial Intelligence – may be a good aid in detecting whether a patient has sought care several times for the same symptom.”

In Vision Zero Cancer there are several representatives from the pharmaceutical industry, and she thinks this is wise.

“All future change is about new routines and new collaborations. Having a good collaboration with pharmaceutical companies highlights our disease, which benefits us, the patients.”

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“We are part of Vision Zero Cancer in order to improve cancer care in Sweden, and stimulate an increased interest in radiotherapy,” says Per Nylund at Elekta. Photo: Micke Lundström

## *Our task is to act as inspirers and catalysts*

“There is a huge craving for this type of cross-linked collaboration, which is the complete opposite of traditional pipeline models. Vision Zero Cancer is an innovation environment with high integrity which, unlike other similar efforts, has the ambition to include everyone in the change process, i.e. also the users,” says Per Nylund, who works with Strategic Sales and Strategic Partners at Elekta.

**P**er Nylund, who was included early on in Vision Zero Cancer through contacts with both AstraZeneca and the Confederation of Regional Cancer Centres, is part of the core team.

“In our initial discussions, we agreed to try to create a new type of Innovation Platform, because we felt that so far only a few of these projects have managed to achieve something permanent.”

He believes that common pitfalls in previous innovation projects have been that they did not succeed in including everyone who should have been involved in a change.

“It has often stumbled on not involving the end customer, i.e. the users, the care providers. If you can’t explain

and show why it is good to do something new and different, then nothing happens; you have to be able to show the benefits.”

“The mission of Vision Zero Cancer is to act as a source of inspiration and as a catalyst, to connect various interested parties, to get projects up and running”, believes Per Nylund and uses a suitable metaphor with an old telephone switching center to clarify.

“We can connect interested parties and perhaps eavesdrop a little on the conversation to create new coalitions,” he says, adding that there are no profit interests at all.

“Vision Zero Cancer is completely non-commercial, priority is given to credibility and integrity. Elekta partici-

pates as a partner to improve the Swedish cancer care. Naturally, we hope to strengthen our brand as a by-product in our home market [Sweden], and also the interest in Swedish Radiation Therapy. At present, at least 50 percent of all cancer patients need radiation therapy, but there is a major shortage of Radiation Oncologists. Raising an increased interest in this exciting area is a long-term national effort that we hope that Vision Zero Cancer can help initiate.

**REPORT VISION ZERO CANCER**  
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