ONCOSCREEN

D7.8 INITIAL COMMON WORK PLAN FOR SCIENTIFIC COLLABORATION UNDER THE 'PREVENTION, INCLUDING SCREENING' CLUSTER

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DOCUMENT HISTORY

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PROJECT PARTNERS

Partner	Acronym
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UNIVERSITAETSMEDIZIN DER JOHANNES GUTENBERG-UNIVERSITAET MAINZ	UMC-Mainz
INSTITUTE OF COMMUNICATION AND COMPUTER SYSTEMS	ICCS
FIRALIS	Firalis
UNIVERSITATSKLINIKUM SCHLESWIG-HOLSTEIN	UKSH
UNIVERSITAET zu LUEBECK	UzL
LIETUVOS SVEIKATOS MOKSLU UNIVERSITETAS	LSMU
MEDIZINISCHE UNIVERSITAT GRAZ	MUG
INSTITUTO PORTUGUES DE ONCOLOGIA DO PORTO FRANCISCO GENTIL, EPE	IPO
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TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY	TECHNION
UNIVERSIDADE DO MINHO	UMINHO
UNIVERSITEIT VAN TILBURG	TLBG
VLAAMSE INSTELLING VOOR TECHNOLOGISCH ONDERZOEK N.V	VITO
ETHNIKO KENTRO EREVNAS KAI TECHNOLOGIKIS ANAPTYXIS	CERTH
INNOVATION SPRINT	iSPRINT
SCIENTIFIC ACADEMY FOR SERVICE TECHNOLOGY EV	SERVTECH
AINIGMA TECHNOLOGIES	AINIGMA
CATALINK LIMITED	CATALINK
KONNEKT ABLE TECHNOLOGIES LIMITED	KT
BEIA CONSULT INTERNATIONAL SRL	BEIA
UNIVERSIDAD DE LA RIOJA	URIOJA
TIME.LEX	time.lex
CARR COMMUNICATIONS LIMITED	CARR
MINISTRY OF HEALTH	MoHGR
PAGALBOS ONKOLOGINIAMS LIGONIAMS ASOCIACIJA	POLA LT
EUROPACOLON PORTUGAL- ASSOCIACAO DE LUTA CONTRA O CANCRO DO INTESTINO	ECPT
ELLINIKI ETAIREIA OGKOLOGIAS PEPTIKOU	HSGO
EUROPEAN SOCIETY OF DIGESTIVE ONCOLOGY	ESDO
FUNDATIA YOUTH CANCER EUROPE	YCE
MEDIZINISCHE UNIVERSITAT INNSBRUCK	MUI
LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA	MoH-LT
EY ADVISORY SPA	EY
AGENCIA ESTATAL CONSEJO SUPERIOR DE INVESTIGACIONES CIENTIFICAS	CSIC
UNIVERSITE DE FRANCHE-COMTE	UFC
ROZENBAUM KONSULTING	ROSENBAUM
GIE AXA	GIE AXA
ASSOCIATION GERCOR	GERCOR
LOUWEN ROGIER	CC RL

SANNE VOOGD - CCassured	CC SV

LIST OF ABBREVIATIONS

Abbreviation	Description
D	Deliverable
DMP	Data Management Plan
EC	European Commission
EHDS	European Health Data Space
EU	European Union
FAIR (data)	Findable, Accessible, Interoperable, Reusable (data)
HaDEA	European Health and Digital Executive Agency
KoM	Kick-off Meeting
WP	Work Package

Executive Summary

This deliverable D7.8 refers to the initial common work plan for scientific collaboration under the 'Prevention, Including Screening' cluster. It defines the strategy for the clustered projects over the next period. This deliverable is a joint deliverable agreed with the rest of the project coordinators participating in the cluster. The deliverable initially presents the Mission Cancer programme and the participating projects of the cluster. Thereafter it showcases the way that the cluster projects are currently organised to align their efforts sharing best practices. Subsequently, the areas of potential collaboration are described. There are two main pillars discussed that there is maturity in regards to the concrete actions: a) data and their usage as defined from common data management plan strategies, European Health Data Space (EHDS) alignment, secondary use as Open and Findable, Accessible, Interoperable, Reusable (FAIR) for the benefit of the project and b) Joint Communication activities. Beyond that, a series of further ideas for collaboration are presented dealing with joint publications, living labs, joint end user requirements, inequalities observation and financial mechanisms for reinforcing cancer screening programmes; however, further re-evaluation is needed in the context of the forthcoming cluster meetings. A pathway that defines these next steps has been created and discussed, that includes also a stronger engagement of project partners into joint working groups to increase the joint efforts. Finally, the possibility to further enhance the joint impact synergies with other cancer clusters shall be examined, with a particular focus on joint policy recommendation. Overall, to ensure the success of the cluster an active engagement of project partners and project coordinator is needed, under the guidance and support of the European Health and Digital Executive Agency (HaDEA).

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1 Introduction

This deliverable aims to provide an initial plan for the projects that participate in the Mission Cancer cluster of projects called "Prevention, including screening", aligning the joint efforts and enabling cross-fertilisation of activities to create a bigger impact towards the Mission Cancer ambitious goal of improving the lives of more than 3 million people by 2030.

The cluster was built with the scope of supporting the Mission objectives, creating added value and increasing the impact of EU funding. The areas to be addressed are:

- Data Management
- Research & Innovation
- Communication & Dissemination
- Citizen Engagement
- Addressing inequalities
- Research Capacity Building

The collaboration should proceed reducing overlaps, harmonising research methods and models to enhance science and policy outcomes, working together on research capacity building.

Additionally, the projects should organise exchanges with citizens, including patients, to engage them and to address their views. This could also be achieved during the scheduled annual meetings, where the cluster components should exchange strategies, best practices and results of organised workshops.

Finally, the projects have to develop common ideas on how they can contribute to reducing inequalities of care and improving access to care.

The cluster work will be harmonised through the involvement of different joint activities, starting from drawing up a common work plan for scientific collaborations.

This deliverable provides an Initial common work plan for all the projects and aims to highlight the similarities and the approaches that can be further valorised by this collaboration.

1.1 The need for D7.8 in the ONCOSCREEN Project

ONCOSCREEN is benefiting from the clustering activities in numerous ways. More specifically, clustering activities can enhance its dissemination and communication activities, create potentially a bigger impact especially in regards to policy recommendations and their potential adoption, further support of end user requirements co-design and eventually increase its scientific impact through joint publications (if achieved).

1.2 Clustering Activities in the frame of WP7 level

This deliverable is part of the Work Package 7 (WP7) 'Dissemination, Communication, Exploitation and Impact Creation' and is related to the clustering activities defined in task T7.4 'Impact creation activities with other EU initiatives and projects' towards sharing project's results, exchanging knowledge and organising joint initiatives.

1.3 Deliverable objectives

This deliverable aims to define the initial plan that will be followed over the next years by the project coordinators and project partners that participate in the 'Prevention, including screening' cluster. Secondly it provides a methodology on how the partners shall communicate and work. Furthermore, it defines the next steps.

1.4 Relationship with other deliverables and tasks

Table 1 Linkages between D7.8 and other ONCOSCREEN deliverables

Deliverable	Description of the deliverable	Link to D7.8
D7.9	Progress report and updates on the common annual meeting of the 'Prevention, including Screening' cluster (version 1)	D7.8 will set up the initial plan and any updates in regards to its execution progress or additional activities will be included within D7.9.
D7.10	Progress report and updates on the common annual meeting of the 'Prevention, including Screening' cluster (version 2)	Similarly, D7.8 will set up the initial plan and any updates in regards to its execution, progress or additional activities will be included within D7.10.
D7.11	Progress report and updates on the common annual meeting of the 'Prevention, including Screening' cluster (version 3)	Similarly, D7.8 will set up the initial plan and any updates in regards to its execution, progress or additional activities will be included within D7.11.
D7.12	Progress report and updates on the common annual meeting of the 'Prevention, including Screening' cluster (final version)	Similarly, D7.8 will set up the initial plan and any final updates in regards to its execution, progress or additional activities will be included within D7.12.
D7.14	Mission Cluster EU- Projects Common video and brochure	D7.8 defines the initial collaboration steps and planning between "Prevention, including screening" cluster where the Dissemination and Communication Managers of each project will collaborate for the generation of joint video and

		brochure that will be reported in D7.14

1.5 Deliverable structure

This deliverable is organized as follows.

Initially, Sections 2 to 7 focus on the motivation, objectives and members of the specific Cluster of the Mission Cancer along with the planned joint dissemination activities. In particular, Section 2 discusses the motivation and objectives of the European Mission on Cancer. Section 3 presents the seven members of the Cluster oriented on "Prevention, including Screening", on which this deliverable focus. Section 4 presents the workplan, including the preparatory activities and suggested best practices that were agreed between the members of the Cluster. Section 5 discusses the planned joint Workshops, while Section 6 and Section 7 present the planned joint dissemination activities including newsletters, brochures, videos and publications.

Sections 8 to 11 focus on efforts related with the management of data across the different Cluster members. In particular, Section 8 presents the Data Management Plan, which is led by the ONCOSCREEN project and aims at harmonizing data standards, data validation, data protection from the members of the Cluster under a common framework for fostering data exchange. Section 9 discusses the effort on considering and aligning user requirements from the different participating projects. Section 10 discusses the need to promote the use of data under Open/FAIR principles and the plan to include any necessary measures in the data management plan. Section 11 addresses the need to align with and contribute to the European Health Data Space which is a legislation currently under discussion at the European Parliament, aiming to promote the efficient and secure exchange of healthcare data.

Section 12 focuses on the joint working groups, while Section 13 discusses the European Oncological Living Labs and an EU-wide hackathon initiatives that are led by the ONCOSCREEN project. Sections 14 and 15 discuss the planned cross cluster activities and the joint recommendations for policy change.

Finally, Sections 16 and 17 discuss other activities and the present planned next steps following upon this deliverable.

At the end of the deliverable, Annex A presents the conclusions of the "Prevention, including Screening" Cluster KoM that was held on Feb. 9th 2023, on which major parts of this document are based.

2   The Mission Cancer

It is unquestionable that fighting cancer remains one of the greatest challenges for society. The disease affects every individual regardless of sex, age, gender or social status, tremendously afflicting not only patients, survivors and caregivers but society at large. Many of the causes that trigger the onset of cancer are related to unhealthy lifestyles and unfavourable social, environmental and working conditions. Looking at the local situation, it emerges that Europe is even more affected by the burden of cancer than other countries. The annual incidence is strongly off-balanced considering the global context. Indeed, European population represents 25% of the cases registered worldwide, even if it is only one-tenth of the global one. According to the European Cancer Information System, in the last years, around 2.7 million people received a tumour diagnosis, and about 1.3 million died from this cause (source). Without any intervention, about 3.2 million new diagnoses are estimated by 2035 (F. J. S. I. e. a. Bray F, «Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries» CA: a cancer journal for clinicians, vol. 68, pp. 394-424, 2018). The lives lost to cancer in the EU are set to increase by more than 24% by 2035. However, 40% of cancers can be prevented.

The concomitant Covid-19 pandemic worsened the health systems and delayed countless cancer diagnoses, and therefore countries are overburdened, with higher organisational and financial pressure. This situation imposes the necessity to undertake urgent actions at many levels, such as ambitious extra-EU collaborations and strong effort by EU member states, improvement of basic, translational, clinical and interventional research, as well as support through tailored policies and legislation.

On these grounds, the European Commission launched Mission on Cancer (hereafter simply referred to as Mission) of Europe's Beating Cancer Plan, as part of the EU missions, an important novelty introduced with the Horizon Europe Research and Innovation programme for the 2021-2027 period. The aim is to develop concrete actions with the ambition of delivering tangible results by 2030, as stated in the Mission's slogan "By 2030, more than 3 million lives saved, living longer and better".

The European Commission is also building a strong European Health Union, in which all EU countries prepare and respond together to health crises, so that medical supplies are available, affordable and innovative, and countries work together to improve prevention, treatment and aftercare for diseases such as cancer. In this context, in September 2022, the European Health Union launched a new approach to support Member States in increasing the uptake of cancer screening. Focusing on detection of cancers at an early stage, the objective of the proposed recommendation is to increase the number of screenings, covering more target groups and more cancers.

This will impact by putting research and innovation into a new role, combined with new forms of governance and collaboration, as well as by engaging citizens. It will also generate evidence on factors limiting the effectiveness of policies and support actions to defeat Cancer.
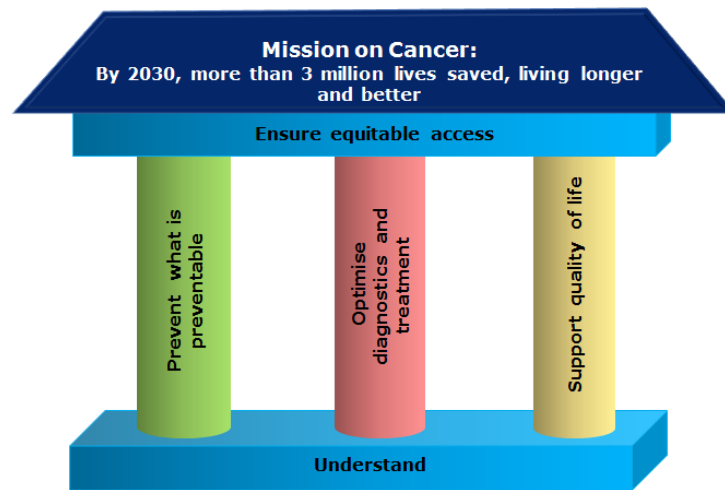

Figure 1 - Intervention areas of the Mission

The Mission is articulated in 5 objectives, depicted in Figure 1:

1. **Prevention,**
2. **Optimisation of diagnostics and treatment,**
3. **Support the quality of life of cancer patients, survivors, and their caregivers,**
4. **Equitable access to all the aforementioned areas,**
5. **Understanding, as the basis of the four previous actions.**

Transversal priorities such as addressing equity, innovation, childhood cancer and personalised medicine are also envisaged.

The Mission is thus focused on intensifying research and innovation efforts enabling to better understand cancer risk factors and improving screening programmes, diagnosis, therapies, treatments, and prevention policies. It also aims to refine and strengthen cancer research and its infrastructure, optimising cancer therapies, creating a European digital centre for cancer patients, establishing national hubs for cancer missions and creating a network to support the EU Mission Against Cancer.

It is worth noting that the Mission not only aims to improve patients' life but also aims at the prevention and minimisation of the risk for those who are exposed to cancer. As stated in the previous list, one of the main actions concerns "Prevention, including screening and early detection", which will be promoted for EU citizens by generating knowledge about current and potential risk factors for cancer, including interactions among multiple risk factors, by improving the performance of existing screening programmes and, through research, by developing new screening tools that can be integrated into new screening programmes and easily implemented at national level.

3 Project Members of the cluster

In the late 2022, in response to the Horizon Europe call entitled "Develop new methods and technologies for cancer screening and early detection", 12 research projects were selected for a total funding of €125.6 million budget to support the EU Mission on Cancer. 7 projects have been included in a cluster of projects oriented on "Prevention, including Screening". The group is composed of the following members:

3.1 LUCIA

Project Title: **Understanding Lung Cancer related risk factors and their Impact**

Lung Cancer (LC) is the biggest cancer killer worldwide, with five-year survival following diagnosis varying between 5% to 25%. Though tobacco smoking has long been recognised as the major risk factor for LC, many cases (incl. LC patients that are non-smokers) cannot be explained by this reason. In this sense, LUCIA aims to establish a novel toolbox for discovering and understanding new risk factors that contribute to LC development. The toolbox encompasses the analysis of three aspects: (i) personal risk factors, which include a person's exposure to chemical pollutants and behavioural and lifestyle factors; (ii) external risk factors, such as urban, built and transport environments, social aspects and climate; and (iii) biological responses to the personal and external risk factors, including changes in genetics, epigenetics, metabolism and ageing. Key components of the toolbox for analysing personal and external risk factors include retrospective and prospective cohort databases, AI models, wearable devices, novel non-invasive sensors, and multi-omics. Together, these tools will be used to identify the effects of a wide range of environmental, biological, demographic, community and individual-level risk factors associated with the formation of LC. Molecular changes associated with the risk factors identified by this set of tools will then be validated by cell and molecular biology methods and through in vivo analysis. The impact of the identified personal and external risk factors and the associated biological responses will be then validated in three clinical use cases: general population risk assessment and screening, precision screening of high-risk populations, and digital diagnostics. The resulting evidence within LUCIA will be translated into policymaking recommendations, with the aim to implement them in a screening program for LC. LUCIA is also part of action "Understanding of Risk Factors".

3.2 MAMMOSCREEN

Project Title: **Innovative and safe microwave-based imaging technology to make breast cancer screening more accurate, inclusive and female-friendly**

Breast cancer (BC) is the most common cancer in women worldwide, affecting 1 in 8 women. The figures from WHO's International Agency for Research on Cancer estimate that in 2020 worldwide cases of breast cancer accounted for 24% of all cancers in women (2.26 million women and 685,000 deaths globally). Mammography is the gold standard technology for breast screening, which has been demonstrated through different randomised controlled trials to reduce breast cancer mortality. However, it has limitations and potential harms, such as the use of ionising radiation, breast compression and performance restrictions due to the intrinsic nature of X-rays. In particular, breast density is a restrictive property that can prevent breast cancer detection in mammograms of women with radiographically dense breasts. Other existing techniques (MRI, Ultrasound, biopsy) also suffer from drawbacks. The overall aim of the MammoScreen proposal is to generate evidence about the use of MammoWave (a technology developed by UBT) as screening technique in population-based programs promoted by National or Regional Health Systems, to reach a revolution in breast screening. To do so, the consortium aims to confirm that MammoWave reaches sensitivity>90% and specificity>95% in BC detection on 10000 study participants undergoing regular screening programs. MammoWave uses safe non-invasive and non-ionising microwave signals, does not apply any compression to the breast and is very effective with dense breasts. Hence it can extend breast screening to younger women aged 20-49 (98 million women in Europe). This group accounts for ~30% of breast cancers in 2020. A comprehensive health economic assessment will be undertaken in this project and innovative way to implement patient engagement approaches is sought. An effective policy makers' engagement plan will be carried out to ensure that MammoWave is recommended as screening approach due to the benefits that it brings to women and healthcare systems.

3.3 THERMOBREAST

Project Title: **An innovative non-contact and harmless screening modality set to change the course of breast cancer detection and patient monitoring**

Female breast cancer is the most diagnosed cancer worldwide. In 2020, the International Agency for Research on Cancer estimated more than 2.26 million new cases of breast cancer. Early detection is crucial to survival; recovery rates approach 90% when detected in early stages. National population-based cancer screening programmes in Europe currently implement 3 standard imaging modalities: mammography, ultrasound and MRI. The downsides of these screening methods include ionising radiation, high costs and high false positive rates in screening results.

The ThermoBreast multidisciplinary consortium of 16 partners from 10 countries aims to contribute to EU's Mission on Cancer and Beating Cancer Plan by drastically improving the

prevention, diagnosis and monitoring of breast cancer while reducing the burden on women and female patients and their families, health care professionals and others who are directly or indirectly affected by breast cancer.

ThermoBreast proposes a new solution for accurate, harmless and non-contact screening, equally applicable for all age groups and breast densities and capable of detecting pre-cancerous states. This risk-free screening technology, recently patented by the project coordinator ThermoMind LTD, can detect vascular anomalies and asymmetry caused by cancerous growth. It combines innovative screening through multiple sensitive infrared sensors with advanced AI analysis of temporal dynamic thermal patterns. Through its patient-centred integrated diagnostics approach, this project converges intelligent computer vision, blood vessel extraction and tissue analysis with advanced information technology to deliver a medical class 1 device that will be validated in an international multi-centre clinical study. To enhance stakeholder participation, ThermoBreast involves end-users, SSH experts and a patient organisation in the co-creation of the new screening solution and assesses its health and socio-economic benefits as well as its cost-effectiveness.

3.4 ONCOSCREEN

Project Title: **A European "shield" against colorectal cancer based on novel, more precise and affordable risk-based screening methods and viable policy pathways**


With Colorectal Cancer (CRC) being accountable for 12.4% of all deaths due to cancer, and with only 14% of EU citizens participating in screening programmes, there is an urgent need for accurate, non-invasive, cost-effective screening tests based on novel technologies and an increased awareness on the disease and its detection. Furthermore, personalised approaches for screening are needed, to consider genetic and other socio-economic variables and environmental stressors that lead to different onsets of the disease. ONCOSCREEN responds to these challenges by developing a risk-based, population-level stratification methodology for CRC, to account for genetic prevalence, socio-economic status, and other factors. It complements this methodology by a) developing a set of novel, practical, and low-cost screening technologies with high sensitivity and specificity, b) leveraging AI to improve existing methodologies for CRC screening, allowing for the early detection of polyps and provision of a personalised risk status stratification, and c) providing a mobile app for self-monitoring and CRC awareness raising. Furthermore, ONCOSCREEN develops an Intelligent Analytics dashboard for policymakers facilitating effective policy-making at regional and national levels. Through a multi-level campaign, the above-mentioned solutions are tested and validated. For the clinical solutions specifically, a clinical validation study has been planned with the participation of 4100 enrolled patients/citizens. To ensure the adoption of the developed solutions by the healthcare systems, their cost-effectiveness and financial viability will be assessed. The 48-months duration project will be implemented by a multidisciplinary consortium comprising of 38 partners, including technical solutions providers, hospitals, Ministries of Health as policymakers, legal and

ethics experts, Insurance companies, actively involving end-users/citizens in all phases of implementation through targeted workshops.

3.5   SANGUINE

Project Title: **Early detection and screening of hematological malignancies**
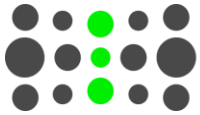
 Project SANGUINE addresses the objectives raised by the Cancer Mission Call, which emerged from the growing societal challenge faced by European citizens. According to the European Cancer Information System (ECIS), each year, 2.7 million people in the EU are diagnosed with cancer. The SANGUINE project focuses on haematological malignancies, which account for 10% of those cases, and aims to target the four objectives of the Cancer Mission: (1) understanding, (2) prevention, including screening and early detection, (3) diagnosis, and (4) quality of life improvement of the patients and their relatives. The project introduces a novel minimally-invasive blood test that detects and classifies a set of haematological malignancies. The test is based on detecting a combination of epigenetic biomarkers in DNA from peripheral blood cells and in cell-free DNA. The SANGUINE test will provide superior sensitivity at low cost, which is ideal for screening purposes. This is enabled by direct fluorescent labelling of epigenetic marks in patient DNA and its analysis on a custom-designed microarray – the HemaChip. The SANGUINE team consists of a comprehensive and strong team of experts that will address medical, technological and social aspects of the developed diagnostic test. Expertise from the medical field includes clinical research, technology development and access to patients. This will enable optimisation of the test for haematological malignancies following a user-centric approach and experiencing its implementation in "real-life" clinical settings. The social part of the team includes researchers and patient organisation that will promote accessibility of the test to patients and individuals at-risk for screening, early detection and disease management, in combination with a study aiming to increase the screening rates. Ultimately, the project will provide validated reagents, HemaChips and data analysis software ready for large-scale screening and early-stage commercialisation.

3.6   PANCAID

Project Title: **PANcreatic CAncer Initial Detection via liquid biopsy**

 Pancreatic cancer (PDAC) is usually detected at late stages, and most patients die within one year after diagnosis. In PANCAID we will therefore develop a blood test for early detection of PDAC. Despite tremendous technological advances in Liquid Biopsy Diagnostics (LBx), this goal is very ambitious because small tumours release only minute amounts of cells or cellular products (e.g DNA, RNA, protein, metabolites) into the circulation. Thus, tests with a high sensitivity are required, but increases in sensitivity are usually achieved at the expense of reduced specificity, which can lead

to significant overdiagnosis leading to unnecessary stress for individuals with a false-positive blood test and high costs for the health system. In PANCAID, we will therefore , analysing large cohorts of patients with PDAC and its precursor lesions, individuals at risk of developing PDAC and appropriate age-matched control groups (healthy and non-cancer diseases frequent in the targeted population).

Ambitious objectives of PANCAID include (1) stablishment of a unique resource of blood samples of early PDAC and risk groups (WP1); (2) stablishment of a breakthrough blood test for early diagnosis of PDAC (WP2); (3) Identification of the best composite biomarker panel by integrating multimodal features in an AI-assisted computational analysis; (4) Analysis of the socio-economic impact of early PDAC diagnosis (WP4); and (5) Definition of the ethics parameters relevant to early PDAC detection (WP5). A robust multi-biomarker panel will be determined during the training period (year 1-3) and subsequently validated on bio-banked blood samples (year 4-5). Depending on the outcome of this comprehensive analysis, PANCAID will provide the design of a future prospective study for validation of the developed composite blood test in an international multi-centre setting required to introduce LBx into screening programs for high-risk individuals.

3.7 DIOPTRA

Project Title: **Early dynamic screening for colorectal cancer via novel protein biomarkers reflecting biological initiation mechanisms**

Colorectal cancer (CRC) is the third most common tumour in men and the second in women, accounting for 10% of all tumours worldwide and ranking second in cancer-related deaths with 9.4%. About 1.9 million new cases were diagnosed in 2020, translating into 0.9 million deaths, while incidence is projected to rise significantly over the next decade. Studies have showcased a difference of >30% in mortality rate favouring screening-detected vs symptom-detected CRC, so routine screening is key, especially since CRC is considered a highly preventable disease with a wide temporal development window. In this context, western registry data show an increased incidence in the age group of 40-44, considerably lower than the current age threshold, attributed to modern lifestyle alterations, constituting a wide set of risk factors for CRC. Despite the available arsenal of screening practices, there exist a number of factors such as taxing procedures, citizen reluctance, poor awareness and screening accessibility that are hindering participation. In this vein, liquid biopsy appears as a promising new tool on non-invasive, quick, safe and cost-effective assessment. Therefore, DIOPTRA aims to introduce a front-line screening tool that will consider risk factors and protein biomarkers for pinpointing individuals at a high risk for CRC incidence. Tissue & blood samples will be examined towards a discriminative set of prognostic proteins that are detectable via standard bloodwork and can indicate a need for further evaluation (i.e., colonoscopy). Other data (e.g., medical, behavioural) will also be considered as potential risk factors. Artificial intelligence

(AI) will be leveraged for assessing prognostic power, while personalised behavioural change will be promoted based on modifiable risk factors. Given the low citizen participation on CRC screening across EU, DIOPTRA seeks to broaden the evaluated population, boosting participation rates and bypassing age screening thresholds.

4   Common Workplan and Preparatory Activities

4.1   Joint Agreement of Common Workplan

The workplan backbone was discussed together with all the projects' coordinators and HaDEA's members during the Cluster Kick-Off meeting that was held online on the 9th of February 2023. The joint actions included in the Grant Agreements outlined the work path and helped to identify inputs for scientific collaboration. The cluster unanimously agreed to create sub-clusters joining projects that share similarities (i.e, MammoScreen and ThermoBreast) and sub-groups to manage specific tasks such as Dissemination/Communication and Data management. These will be progressively defined as the Cluster collaboration progresses and will be consolidated at the first Annual Cluster meeting in September. A large part of the discussion focused on identifying common aspects of the projects, possible fields, and aspects to start a synergic cooperation working together on research capacity building. A key aspect of collaboration concerns the identification of commonalities between the various member projects, useful to identify fields and activities to start a synergic work.

4.2   Preparatory Activities

4.2.1   Mapping single project activities

The mapping of the single project activities will help to provide the members with an overview of the overall activities each cluster project is involved in, trying to identify those that can be implemented jointly by the cluster

4.2.2   Common Cluster Workspace

Additionally, ThermoBreast has shared a file to collect information about all the projects to facilitate communication and synergies. Each project has shared the details (including website, social media handles, logos, responsibilities within a specific project in terms of defined cluster sub-groups). ThermoBreast has also initiated the process of setting up the shared space for collaborative work and is currently configuring a SharePoint platform that will help all cluster members share and store files and collaboratively work on tasks efficiently

4.2.3   Common Cluster Contact List

THERMOBREAST will also explore the possibility of creating a mailing list.

4.2.4   Common Presentation Templates

A poster and a PowerPoint presentation will be created, so that the coordinators can present the Cluster activities in the events they will attend.

4.3   Sharing Best practices

This activity plays a crucial role in optimising research processes, enhancing efficiency, and fostering mutual learning. This also represents a great opportunity to showcase and exchange valuable insights, strategies, and methodologies that can be effective within the individual projects. The joint activities and the working cluster model "Prevention, including screening" under implementation can also become a good practice to be shared for implementation of the EC objectives of the Mission.

Each project will identify practices which can be related to different kinds of aspects, from methodologies and experimental techniques, data analysis approaches, project management strategies or communication protocols, considering it may be necessary to shape some practices fitting the specific context, resources, and goals of each project.

5   Joint Cluster Workshops

This activity aims to share knowledge and insights among project partners and possibly extend them to the wider scientific community and citizens. The scope is to trigger awareness of the cluster goals and the strong EC commitment to the fight against cancer burden. The resources can be exploited both as updating courses to internal training or external courses. Educational resources will be created by all projects based on the individual scope of each project to address specific topics or issues, and this can be achieved both with online activities and in-person events. The selection of opportune topics (Research and innovation, socio-economic aspects, education, etc.) and the content development could be distributed among the partners based on their expertise and experience. The possibility of involving people in face-to-face events should be facilitated, although it may not be easy since there is no dedicated budget. However, Cluster members can also be involved in participating in single project events.

Both scenarios can be facilitated using different available online tools to implement interactive and engaging sessions that incorporate Q&A sessions, panel discussions, polls and quizzes. This is also giving a strong contribution to active learning. The topics could encompass fundamental aspects that valorise the single projects, such as cutting-edge technologies and methodologies adopted, theoretical frameworks, main barriers that need to be overcome, practical skills that are valuable to the scientific community but, particularly, dissemination events dedicated to citizens, including patients, to engage them and address their views. Each individual project coordinator will notify their consortium members and encourage their participation in such events in order to foster interdisciplinary collaboration & knowledge sharing. It would be also pivotal to address the inequalities in access to quality care: projects will develop common ideas on how the cluster can contribute to reducing inequalities and improving access to care.

A general calendar with cluster-related events will be created (updated throughout the cluster activities) and shared with all member projects

6   Joint Dissemination Actions

To manage joint dissemination and communication activities of the cluster, a dedicated working group has been established and is comprised of the Dissemination Managers of the involved projects. The first meeting of the sub-group took place on the 15th of May and set out a working plan for collaborating on dissemination and communication activities. The Dissemination and Communication Working Group will hold a recurring monthly meeting to manage the task, while it was agreed also topics on chairing responsibilities and the distribution of tasks.

Each project shared available communication materials in the common Sharepoint folder, such as the project websites, social media channels, logos, and branding guidelines. Furthermore, the Dissemination Directory has been created for the cluster. It will help to identify specific events, training activities, and other opportunities for joint dissemination events.

In the next phase of close collaboration, the Dissemination and Communication Working Group will develop the branding guidelines for the cluster. The guidelines will be instrumental in establishing the identity of the cluster and raising awareness about the EU Mission Cancer. The branding will include a cluster logo, colour and font palettes and an explanatory infographic.

6.1   Joint Video

A joint video presentation of the cluster and the EU Mission on cancer prevention will be prepared and published on multiple channels, including websites and social media of the cluster projects.

It was agreed that DIOPTRA will coordinate the activities on producing a joint video. DIOPTRA will collect the information from other projects and combine materials to produce a short 3-minute video targeting the general public, such as cancer patients and citizens. DIOPTRA has prepared an initial idea for the video and requested individual contributions from each project. Based on the collected materials, DIOPTRA will create a draft of the script and storyboard and present it during the first cluster conference. Each project will have the time to provide feedback and comments before the video is finalised and published.

The joint video will be a narrative-driven animation with an explainer approach. The video will not explore every single project; instead, it will present the strategies that each project employs to develop new cancer screening methods and how these methods can improve the detection of cancer. It will focus on the complementarity of the technologies and solutions in all the project rather than individual technologies and components.

The second iteration of the joint video will be discussed when the projects will enter the development and result-oriented phase. The updated video will focus on the results, showcasing specific developments and achievements of the projects that promote the prevention and detection of cancer.

6.2   Joint Brochure

In addition to the cluster video, the projects will develop a joint brochure. The brochure will present each project as well as common objectives and goals for increasing citizens' awareness of cancer technologies, methods, and screening programmes. It was agreed that PANCAID will oversee all efforts of developing the brochure. The initial plan estimates that it will be an eight-page brochure, presenting each project and a cover page with main objectives and goals of the cluster. A ready-for-print version will be shared with all the projects. However, all the projects mainly aim for online distribution of the brochure on their websites and social media to contribute to the reduction of the environmental impact of printed documents.

6.3   Joint Social Media Channel and Newsletter

The cluster will create a joint social media platform. Based on the current social media trends, the dissemination managers agreed to create a dedicated LinkedIn page for the cluster. The page will include regular updates on each project, joint activities, and campaigns on cancer awareness and screening programmes, as well as develop special content to facilitate social media engagement with different target audiences. The LinkedIn page will include a cluster newsletter, which will be issued every six months. The LinkedIn page and the newsletter of the cluster will be actively promoted via different online channels of the projects and projects' partners. Furthermore, each project will create a dedicated section on the cluster in their individual newsletters.

6.4   Dedicated page for the cluster in projects website

All the participating projects will create a dedicated section about the cluster on their project websites. The description of the cluster will include an overview of all projects, links to their websites and social media, as well as the cluster infographic, brochure, and video. The page will also include links to the LinkedIn cluster page and a subscription button that will lead to the cluster newsletter.

7   Joint Scientific Publications

By pooling together expertise and resources, it will be possible to collaborate on research efforts across the cluster's projects to produce high-quality publications in relevant academic journals. These will be proposed and selected among coordinators. The publications could be based on shared research goals or methodologies, or the specific reviews on the overarching field of study. A list of recommendations to address the Mission's objective can also be published as position paper. This becomes an essential activity to consolidate research efforts and maximise the impact of the cluster work creating a more robust body of knowledge and drawing up new proposals for work methodologies. An in-depth literature review could be preliminary conducted to build upon existing research and provide novel insights to the field, such as the strategy adopted to reach the Mission ambitions as tangible goals. Iterative internal peer reviews will clarify, organise and validate the manuscripts. Collaborative team works should be defined in order to reach the task aims.

Three particular topics that have been identified as of high interest are:

- Early Onset Cancer
- Understanding inequalities between and within EU countries
- Risk-based factors contribution to cancer propagation

The first topic refers to the need to have a common understanding on why more and more young Europeans are diagnosed with cancer (Early Onset Cancer) and whether there are adaptations that should be made in the screening strategies and subsequently screening policies.

The second topic refers to a common understanding on why inequalities exist and in particular on whether they relate only to budgetary issues and behaviours.

The third topic relates to any potential new findings in regards to what is already known as contributing factors to different cancer types.

8   Data Management Plan Harmonisation

The DMP will be prepared in compliance with the template provided by the European Commission. The preparation of the Data Management Plan (DMP) will include a common chapter on cluster. The aim of the chapter will be to address commonalities in data standards, data validation, data protection and foster data exchange. ONCOSCREEN is drafting the common chapter that will be revised by the DMP task force component. ThermoBreast is drafting a template for the DMP that will be shared to the other members.

A Data Management Task force has been established (including a representative from each of the projects, ONCOSCREEN being the coordinator of the joint cluster efforts) which acts as a working group to discuss and agree on the common approach to the data management framework of the cluster projects (to the extent that sharing such a common approach is possible considering the character and nature of the projects), including on the common aspects related to the management of the data generated within each of the projects (i.e. standards, validation protocols, privacy, storage, etc.), as well as on how to foster data exchange between the cluster projects. The monitoring and update of the DMP (and/or recommendations for improvement) for the remainder of the duration of the actions will also be carried out by this task force to ensure that the data produced by each project can be correctly integrated in the UNCAN.eu platform.

Furthermore, the organization of regular virtual meetings of the data management task force is foreseen. More specifically, during the first 6 months the meetings have occurred on a bi-weekly or weekly (as needed) basis to discuss basic commonalities of the cluster projects to be addressed in the initial versions of the respective projects' DMPs; they will continue to be held regularly for the remainder of the projects' duration, on a quarterly basis. The collaboration will be also conducted via email correspondence (as needed).

During the cluster projects' collaboration, the data management task force will explore further the possible shared commonalities and will provide more detailed versions of the common aspects of data management in the Prevention cluster in the upcoming versions of the DMPs.

9 Aligning End User requirements

Although each project that participates in the cluster has different needs, addressing different types of cancer (in most cases), an effort will be made for aligning requirements among the end users (clinicians, patient/citizens, policy makers). ONCOSCREEN will undertake this initiative and more specifically POLA as an End User Coordinator will be responsible for communicating with the other end user coordinators and end users to facilitate potential common requirements for tools provided to the three main end user types.

It is noted that some projects (including ONCOSCREEN) have already defined a first set of end user requirements. The above process is expected that will feed the second round (and onwards) of requirements enhancing the overall end user participation in the co-designing activities. However, it should be noted that in each project there may exist technical limitations for dedicated solution. A potential grouping of solutions across projects may occur to facilitate the common elicitation of requirements.

10 Promotion of Secondary Use of Data under FAIR principles

The feasibility of sharing data is a tricky and sensible aspect necessary to be addressed, as the possibility of data sharing could be an added value among Cluster collaborations. However, this implies the need of mappings and comparability studies to understand how to share and which kind of data, under which data types.

Legal frameworks of individual projects could overcome the expectations of this task. For these reasons, cluster members will consider the opportunity of data sharing depending on the context in which this will occur. Additional details which may not be able to be incorporated early on, will be provided within the planned updates of the DMPs.

However, following the EU strategies for the promotion of FAIR and Open Data and given the fact that the clustered projects are conducting a series of clinical trials involving a significant number of patients, a special provision shall be included in the submission folder to the ethical committees for approval in regards to the secondary use of data collected from citizens as Open/FAIR for the further continuation of research. Privacy preservation of citizens will be ensured by any means, following necessary guidelines for the protection of their personal data. It is noted that some projects have already designed the preparation folder and it is not feasible for all projects to alter the initial preparatory approval documents.

FAIR and Open Data strategies across the cluster can facilitate a further validation of components with more available data, enable the engagement of young innovators and start-ups to generate new innovative ideas and solutions, and promote the newly derived knowledge from scientific publications in the future.

11 Contributing to Collaborating with a view to the European Health Data Space (EHDS)

The EHDS is an initiative and a legislation currently under discussion at the European Parliament, which aims to promote the efficient and secure exchange of healthcare data. It represents a game changer from the regulatory point of view as it is defining the accessibility of data throughout and beyond European borders. By collaborating in line with the EHDS, scientific projects can leverage shared data resources, enhance research capabilities, and contribute to the broader goals of improving health and healthcare in Europe. Working towards EHDS is useful not only to exploit its resources but also to contribute to its improvement. It is thus fundamental to familiarise with the legal framework and guidelines, understanding where the EHDS can support and enhance the cluster goals. Dedicated events be implemented to train cluster members on EHDS policy and roundtables for discussions could be dedicated to this.

In addition, with the drafting of the Data Management Plan (DMP) deliverable and the expected cluster common chapter, it will be easier to identify objectives and the potential contribution to this task, understanding how to align with the EHDS. The identified processes and models for data definition, treatment and collection will be harmonised with a view to EHDS framework. Finally, ethical and social implications of EHDS will not be neglected but addressed and valorised to ensure safeguard of privacy and confidentiality with robust protocols that are compliant with data protection.

12 Joint Working Groups

The project coordinators of the "Prevention, including screening" cluster will continue to facilitate the discussions among project partners updating the existing set of common mailing list in order to promote the alignment of efforts. Already, 2 Joint working groups have been established across the cluster: a) a Data Management Plan task force and b) a Dissemination & Communication working group. As the familiarisation across the projects of the technical solution progresses possibly more technical working groups could be created that can focus on the 3 main end user groups as defined from the call (citizens, clinicians, policy makers) or based on the solutions since there are already different diagnostic devices with similar technologies like the CTCs (Circulating Tumour Cells). The exact groups shall be defined over the next cluster meeting, given that the project partners will be by then familiar with the different solutions across the projects.

13 European ONCOLOGIGAL Living Labs & EU ONCO-THON

ONCOSCREEN that has a dedicated task (T7.3) for the creation of a virtual oncological living lab for the promotion of open innovation initiatives will facilitate the collaboration among projects calling for participation of a diverse set of stakeholders (patient associations and advocacy groups, clinical experts, policy makers, researchers, investors, mentors, industry etc) that can enhance mutual understanding, design collaborative approaches to drive innovation by setting a series of challenges such as societal inequalities of the cancer burden, calling for an EU-wide participation of young innovators, students, researchers, start-ups and SMEs to solve them. A prominent approach is the design of an EU-wide hackathon with an oncological theme (ONCO-THON) focused on prevention and screening, starting with the cancer types covered by the clustered projects. LSMNU that is the responsible partner from ONCOSCREEN will liaise with other projects issuing different calls for participation (call for mentors, call for experts, call for solution providers etc.) that can be disseminated through the existing communication channels of the cluster projects. In the forthcoming meetings, specific details on a commonly agreed date, thematic topics and other event' logistics shall be discussed.

14 Cross-cluster Activities

While in the "Prevention, including screening" cluster the projects belonging to the HORIZON-MISS-2021-CANCER-02-01 referred in this document (ONCOSCREEN, MAMMOSCREEN, THERMOBREAST, SANGUINE, PANCAID, DIOPTRA) are collaborating in joint efforts, further synergies with more clusters will be sought. More specifically LUCIA project through TECHNION (project coordinator, project partner in ONCOSCREEN), handles the efforts of communication between the HORIZON-MISS-2021-CANCER-02-03 cluster of projects (LUCIA, ELMUMY, DISCERN, MELCAYA, GENIAL). Furthermore, ONCOSCREEN project through EXUS (project coordinator, project partner in ONCODIR) will handle the efforts of communication with the "Prevention and early detection" cluster of projects (CO-CAPTAIN, CPW, ONCODIR, PIECES, PREVENT and 4P-CAN) with the support of CERTH (ONCODIR project coordinator, project partner in ONCOSCREEN). The aim of the discussions with the other projects would be to align the policy recommendations for change that however are going to take place towards the end of the project, so that concrete recommendations have the highest possible approval and insights from multiple projects. Over the next 1-2 cluster meetings it will be decided on whether a dedicated event will be created for the participation of projects across different clusters.

15 Joint Recommendations for Policy Change

During the second half of the projects' duration, where preliminary results of cluster project solutions will be made available, along with a series of supporting deliverables and potential scientific publications, a series of policy recommendations will be made available. Over the next cluster meetings, it will be examined whether white paper with key policy recommendations or more extend policy brief should be created. To create a synergistic impact, cluster projects should align some common recommendations that may overlap and provide specific measures for change for the cancer types of the involved projects. It shall be rather easier for policy maker to accommodate one document with recommendations that refer to a certain number of cancer types, than scattered policy documents deriving from different projects.

ONCOSCREEN that has two Ministries of Health (in Greece and in Lithuania) will facilitate the discussions with feedback towards the corresponding partners that will draft policy documents.

The "Prevention, including screening" cluster counts on the support of HaDEA for identifying a group of high-level contacts from other Ministries of Health from the EU Member states (that relate potentially to the drafting of National Cancer Plans), to receive recommendations and adopt potentially in the future the suggestions of the cluster creating a long term on the lives of the EU citizens.

16 Other Activities

In addition to the previous agreed actions, there is a set of further activities that may be examined based on the actual results of the projects and particular deliverables. More specifically, ONCOSCREEN as a project has given particular attention in topics that can horizontally support other projects and EC possibly, namely the identification of inequalities and the identification of financial mechanisms that can support screening.

Based on the clinical trials that will be conducted also by the other projects participating in the cluster, it may be evident that discrepancies between and within EU countries exist in regards to mortality, cancer survivors and socio-economic characteristics. These results that may be part of certain publications, may be also presented with graphics in an easy to follow and readable manner in a dedicated section in each partner's website constituting collectively an "Observatory of Cancer inequalities". The info that will be presented, will be in complement to ECIS - European Cancer Information System[1] data.

Furthermore, the examination of different blended-financial mechanisms between public-private sector, incentive mechanisms, role of insurance sector etc. that shall be analysed through ONCOSCREEN tasks and deliverables can constitute a 'Financial Toolbox for Cancer prevention & screening' for policy makers. It is noted that this activity from the aspect of timeline is tail-heavy and it can occur only towards the end of the project periods.

It is noted that the above 'other' activities are dependent on the derived results and the available resources from other projects to support them. Nevertheless, the actions are not limited to the above and more may derive based on the next cluster meetings.

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[1] https://ecis.jrc.ec.europa.eu/

17 Next Steps

The "Prevention, including screening" cluster after spending necessary time for the familiarisation among projects derived to a first set of common actions as depicted in this deliverable. Furthermore, a set of internal organising activities took place (mailing lists, shared folder etc) that along with periodical teleconferences and hybrid cluster meet-up events will ensure the execution of the commonly agreed actions. These activities shall be further enhanced by aligning the efforts among similar components through dedicated joint working groups for themes of common interest that will be decided over the next period.

More specifically over the next period it is foreseen that joint dissemination activities and joint cluster workshop will take place to familiarise the project partners across all projects in regards to the activities taking place, but also to enhance the sense of joint collaboration to the outer world and external stakeholders. The familiarisation of the technologies among the end users as well shall lead to a potential co-sharing of end user requirements aligning their voice towards common needs. Over the next cluster meeting the citizen engagement will be defined and updated.

Furthermore, most of the data management plans are finalised, and any updates will be monitored and discussed periodically. Specific provisions for Open, FAIR data re-use will be analysed by the corresponding partners along with EHDS strategies.

Depending on the cluster project results a series of other activities that include publications, identification of inequalities and financial mechanisms for wide-population screening will be considered. An effort will be made for establishing open innovation activities through hackathons and living labs.

Finally, a series of cross-cluster meetings shall take place in order to lead to potential joint recommendations for policy change towards the second half of project period to create a bigger impact.

All of the above shall be reported in progress report deliverables of cluster activities along with updates in the corresponding joint strategy of the cluster.

Conclusion

The work plan described in the previous chapters defines the collaboration pathway and highlights interdisciplinary activities both in individual areas and in the macro areas of collaboration. Various areas of potential synergies have been identified and analysed for potential action to cross-fertilise the discussions towards the creation of a bigger impact, in alignment with Mission Cancer Goal of improving the lives of more than 3 million EU citizens. The next steps are defined and the progress on the corresponding joint effort will be reported over the next progress report deliverables. Any updates in regards to the strategic orientation of the cluster or its particular activities, shall be defined over the next cluster meetings in collaboration with HaDEA representatives and reported accordingly.

Annex A: "Prevention, including Screening" Cluster KoM

The conclusions of the "Prevention, including Screening" Cluster KoM that was held on Feb. 9th virtually were the following:

1. Tour the Table

All the project coordinators provided a tour the table, stressing the project objectives, the start date (all the projects started on Jan. 1st 2023, except MammoScreen which started on Dec. 1st 2022.

2. Initial work plan of Mission cluster prevention Project

This deliverable will provide an Initial common work plan for scientific collaboration under the 'Prevention, including Screening' cluster for all the projects. This deliverable is due in Month 6 for all the projects.Since the MammoScreen Project has started one month earlier, only for this project the due date will be on M7, which according to HaDEA is justifiable as change in the due date of the deliverable.

Laura Garcia Ibanez from the European Health and Digital Executive Agency [HaDEA], stated that this deliverable should highlight which are the similarities of the different projects and the approaches that can be further valorized by joint collaboration.

Marianne Da Silva from HaDEA,highlighted how this Cluster should reflect on what may be feasible in terms of collaboration finding the right balance in the context of the various projects. The participant agreed that the Deliverable should have a rationale, a list of activities that can jointly be implemented. The sub-cluster (i.e. MammoScreen and ThermoBreast) collaboration is also supported and should be sought. It was also agreed that an initial mapping should be carried out, to understand from each project the specific tasks, events and activities within which the collaboration could happen.

Initial inputs for scientific collaboration are:

- Developing Joint publications in peer reviewed journals – Klaus Pantel (PANCAID) will provide some tailored journals;
- Sharing Best Practices among project partners – about the main regulatory, clinical hurdles the projects are facing and learning from each other;
- Developing Joint webinars and training modules;
- Fusion of data, when possible;
- Collaborating with a view to the European Health Data Space (EHDS);
- It was also suggested to share data among the partners, but since clinical protocols have already been approved in certain cases, there are ethical barriers to do so.

It is also agreed that TLS will lead the elaboration of this deliverable. It will be the same deliverable that will be submitted by all the partners.

3. Data Management Plan

The preparation of the Data Management Plan will include a common chapter on the 'Prevention, including Screening' cluster. The aim is to address commonalities in data standards, data validation, data protection and foster data exchange. Larisa Adamyan (Thermobreast) will align with LUCIA members for a homogeneous Data Management plan (DMP). The proposal is to harmonize each project plan providing support to the members from different aspects. ThermoBreast project is going to schedule meetings/training and create an outline for the DMP. During these meeting Larisa Adamyan will collect information about the DPM of each project (especially for data standard and data validation) and will draft the common chapter that each project will include in their own DMP and submit to the EC.

4. Annual Cluster Meeting

It is agreed that the 1st hybrid Annual Cluster Meeting will be hosted by LUCIA, responsible for Year 1. The additional cluster meeting will be hosted by ONCOSCREEN (Year 2); PANCAID (Year 3); THERMOBREAST (Year 4). The next meeting will most probably happen early in September 2023, in parallel with the Lucia consortium meeting. The LUCIA project will also be in charge of the Deliverable.

5. Joint Video and Brochure

A video presentation of the project and the projects of the mission was agreed to be developed by November 30th, 2023, focused on the general description of each project and, especially, on the potential benefit for the patients since all the projects won't have any significant result by the proposed deadline. The Patient organizations from all the projects will be involved to fine tune the message. All the Cluster members will use a very small part of their budget for the joint video. HaDEA will check how each project can claim their part of the costs. In parallel, a brochure to showcase the Cluster members to the various stakeholders will be produced. PANCAID and DIOPTRA have offered to lead this task, liaise with all the other cluster projects and be in charge of the final outcome and deliverable.

6. Miscellaneous and conclusion

Specific project members involved in special tasks, such as dissemination, should be in contact creating "sub-groups" of collaboration. A more focused joint meeting is expected by the end of May 2023, close to the deadline for the Initial work plan Deliverable.