ONCOSCREEN

D7.9 PROGRESS REPORT AND UPDATES ON THE COMMONANNUAL MEETING OF THE 'PREVENTION, INCLUDINGSCREENING' CLUSTER (VERSION 1)

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Authors	Anaxagoras Fotopoulos (EXUS), Yoav Broza (TECH, LUCIA Project)*		
Co-authors	From ONCOSCREEN: George Karakonstantis (EXUS). From mission cluster projects: Letizia Pontoriero, Mathieu Jouannin, Marie Nabbe, Debbie Rankin, Anastasiia Aksonova, Daniel J Smit, Sara Stober, Ilmars Stonans, Mehrnaz Shamalnasab.		
Reviewers	Ioannis Galos (ICCS), Konstantinos Avgerinakis (CTL)		

* It is noted that among the mission cluster projects, it was decided that LUCIA will lead the core drafting of this deliverable. EXUS except the participation, initial contribution and the transformation to ONCOSCREEN template, provides additional content in regards to policy making planning chapter since this deliverable covers also this aspect.

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PROJECT PARTNERS

Partner	Acronym
EXUS SOFTWARE MONOPROSOPI ETAIRIA PERIORISMENIS EVTHINIS	EXUS
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
INSTITUTUL ONCOLOGIC PROF. DR. ALEXANDRU TRESTIOREANU BUCURESTI	IOB
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
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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
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LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA	MoH-LT
EY ADVISORY SPA	EY
AGENCIA ESTATAL CONSEJO SUPERIOR DE INVESTIGACIONES CIENTIFICAS	CSIC
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ROZENBAUM KONSULTING	ROSENBAUM
GIE AXA	GIE AXA
ASSOCIATION GERCOR	GERCOR
LOUWEN ROGIER	CC RL
SANNE VOOGD - CCassured	CC SV

LIST OF ABBREVIATIONS

Abbreviation	Description
API	Application Programming Interface
CA	Consortium Agreement
CARRCOMMS	Carr Communications
CRC	Colorectal cancer
D	Deliverable
DoA	Description of Action
EC	European Commission
EU	European Union
GA	Grant Agreement
GDPR	General Data Protection Regulation
IPR	Intellectual Property Rights
SME	Small to medium-sized enterprise,
WP	Work Package

Executive Summary

This deliverable summarises the conclusions of the common first year annual meeting of the "Understanding (risk factors & determinants)" and "Prevention and early detection (Screening)" clusters within the EU Cancer Mission. 13 projects took part, showcasing the advances achieved within each project during the first year. Alongside project updates, various topics were discussed as requested by the European Commission (EC, encompassing): research and innovation, citizen engagement, addressing inequalities, data management plan (DMP), dissemination and communication, and collaborative initiatives such as research capacity creation. During the meeting, different options for collaborative work among the cluster projects were presented, and common aims were identified. A fruitful discussion with the HaDEA representative was conducted and outlines for future work of the clusters was described mainly towards establishing synergies and "best practices" across the projects to pave the way for future collaboration. Except the Conclusions of common annual meeting of the 'Prevention, including Screening' cluster, this deliverable also reports on the early discussions and the planning of next steps related to policy recommendation among projects.

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1 Introduction to EU Mission on Cancer

The European Union (EU) has put forward the *EU Missions* as a novelty of the *Horizon Europe* research and innovation programme for 2021-2027. Their aim is to bring concrete solutions to some of the greatest challenges of our time, having ambitious goals that will deliver tangible results by 2030. The *EU Mission on Cancer*[1] has the ambitious goal (in combination with *Europe´s Beating Cancer Plan*) of improving the lives of more than 2 million people by 2030 through prevention, cure and, for those affected by cancer (including their families), to live longer and better. The *Cancer Mission* board estimates an improved reduction in the expected mortality rates between 2021 and 2030 with a 20% reduction for females and a 40% reduction for males, rather than the baseline scenario which estimates a reduction of 14% and 30% for females and males, respectively.

The specific objectives of the mission are as follows[2]:

1. *Understanding:* despite huge advancements in the field, much more research is still needed to understand why certain people, gender and age groups are at a higher risk of developing cancer, suffering from side-effects, etc. All these uncertainties limit the design of effective cancer prevention programmes as well as healthcare solutions adapted to each patient. Moreover, cancer research, healthcare providers, patient communities and industries are fragmented in the EU and do not benefit from patient engagement.

2. *Prevention, screening and early detection:* this is the most cost-efficient and long-term cancer control strategy. It is known that 40% of cancers could be prevented, but a more personalised understanding of the disease is needed as well as improvements in the existing prevention programmes and general health literacy among EU citizens.

3. *Diagnosis and treatment:* the time to cancer diagnosis is generally too slow or early diagnostic tests do not exist. The current best practices and standards of care are not consistently implemented across Europe, which results in unacceptable differences in standards of care and outcomes between Member States or socio-economic backgrounds. In addition, many patients do not have access to the latest personalised treatments across Europe (immunotherapy for instance) or are not empowered to make informed decisions on their treatment.

4. *Quality of life:* there is a clear lack of understanding or sufficient consideration of patient needs. Stigma affects patients and survivors of cancer. It can negatively impact their career and creates challenges in obtaining health insurance and mortgages, generating a substantial burden for patients, their families and countries' health systems.

1.1 Document outline

This deliverable summarises the conclusions of the common first year annual meeting of the "Understanding (risk factors & determinants)" and "Prevention and early detection (Screening)" clusters within the EU Cancer Mission. Alongside project updates, this deliverable presents the various topics that were discussed as requested by the European

Commission (EC, encompassing): research and innovation, citizen engagement, addressing inequalities, data management plan (DMP), dissemination and communication, and collaborative initiatives such as research capacity creation. In addition, it also reports on the discussion with the HaDEA representative which was conducted. Furthermore, this deliverable provide a first insight on the preliminary discussions and planning that was made in regards to policy recommendations and their planning.

1.1 Deliverable objectives

Table 1 presents the connection of the contents of the present deliverable with the ONCOSCREEN Grant Agreement requirements in Work Package 7:

Table 1 Description of Action: Task 7.1

ONCOSCREEN DoA requirements	Deliverable addressing the requirements	Brief description
Task 7.4 Impact creation activities with other EU initiatives and projects	D7.9 Progress report and updates on the common annual meeting of the 'Prevention, including Screening' cluster (version 1)	The deliverable reports on the updates from the first annual cluster meeting

1.2 Relationship with other deliverables and tasks

Table 2 Linkages between D7.9 and other ONCOSCREEN deliverables

Deliverable	Description of the deliverable	Link to D7.9
D7.10, D7.11	Progress report and updates on the common annual meeting of the 'Prevention, including Screening' cluster (version 2 version 3)	These deliverables are the follow up second and third version of D7.9. They will report on the updates of the 2nd and 3rd annual meetings of the Prevention and Screening cluster.

2 Projects in the Understanding (risk factors & determinants) cluster

The Understanding (risk factors & determinants) Cluster is a group of five projects that received funding from the European Commission through the *Horizon Europe* programme (*HORIZON-MISS-2021-CANCER-02-03*) to work on the first objective of the *Mission Cancer* programme, which is aimed at better understanding the impact of risk factors and health determinants on the development and progression of cancer. These projects are:

- **GENIAL:** Understanding gene environment interaction in alcohol-related hepatocellular carcinoma[3]

- **LUCIA**: Understanding lung cancer related risk factors and their impact[4]

- **ELMUMY:** Elucidation of risk factors and health determinants associated with progression of monoclonal gammopathies to multiple myeloma[5]

- **DISCERN:** Discovering the causes of three poorly understood cancers in Europe (renal, pancreatic and colorectal)[6]

- **MELCAYA:** Novel health care strategies for melanoma in children, adolescents and young adults[7]

The main goal of this cluster is therefore to support the mission objective of *Understanding* cancer, create added value, establish a policy feedback loop and increase the impact of the EU funding.

3 Projects in the Prevention and early detection (Screening) cluster

The ONCOSCREEN Project is part of a group of seven projects that received funding from the European Commission through the *Horizon Europe* programme (*HORIZON-MISS-2021-CANCER-02-03*) to work on the second objective of the *Mission Cancer* programme, which is aimed at developing better long-term cancer control strategies towards prevention, screening and early detection of cancer. These projects are:

- **LUCIA** - Understanding Lung Cancer related risk factors and their Impact[4]

- **MAMMOSCREEN** - Innovative and safe microwave-based imaging technology to make breast cancer screening more accurate, inclusive and female-friendly[8]

- **ONCOSCREEN** - A European "shield" against colorectal cancer based on novel, more precise and affordable risk-based screening methods and viable policy pathways[9]

- **PANCAID** - PANcreatic CAncer Initial Detection via liquid biopsy[10]

- **SANGUINE** - Early detection and screening of haematological malignancies[11]

- **THERMOBREAST** - An innovative non-contact and harmless screening modality by next-generation dynamic thermal imaging and Artificial Intelligence [12]

- **DIOPTRA -** Early dynamic screening for colorectal cancer via novel protein biomarkers reflecting biological initiation mechanisms[13]

4   Minutes of the annual cluster meeting

4.1   Introductory sessions of the annual cluster meeting

The annual meeting was organised by the LUCIA project for both the Understanding (risk factors & determinants) and Prevention and early detection (Screening) clusters and held in San Sebastian, Spain, on 7 September, 2023. The agenda of the meeting was set for both clusters (*see* Annex 1). Meeting's presentations will be available to the Understanding (risk factors & determinants) cluster (SharePoint) and for "Prevention and early detection (Screening)" cluster and can be accessed on internal cluster SharePoint.

4.2   Opening presentation from the HaDEA project officer

PO, Marianne da Silva

The main goal of the EU Mission Cancer is to improve the lives of more than 3 million people by 2030. There are four mission objectives for the Cancer Mission (as described in section 1, and a number of concrete actions, e.g., the UNCAN.eu platform that aims to improve understanding of cancer mechanisms. The cancer mission relies on synergies with EU policies and initiatives. A number of initiatives, such as Knowledge Centre on Cancer (KCC); European Cancer Information System (ECIS), European Health Data Space, Pharmaceutical Package, Zero Pollution Action Plan can help achieve the goal (e.g., all this action together with national activities can help achieve the Cancer Mission goal were discussed. The Cancer Mission flagship initiatives include:

- **Uncan.eu:** aiming at improving understanding of cancer mechanisms

- **European Cancer Prevention Centre:** aiming at providing evidence on cancer prevention

- **Network of Comprehensive Cancer Infrastructures (CCI):** aiming at strengthening research capacities of CCIs

- **European Cancer Patient Digital Centre**: aiming at supporting the quality of life (QoL) of patients

In addition, a few EU-level governance activities (Dialogue with Member States, Dialogue with stakeholders, and EU Implementation Group) have been set to support Cancer Mission.

 The total budget allocated to the Cancer Mission in 2021-2023 is approximately € 365 M for about 50 projects and 8 different clusters. It was stressed that naming of the clusters has been refined as there are a few clusters related to each of the four pillars, therefore it is important to refer to the full name of each cluster and these names need to be systematically used:

- Understanding (risk factors & determinants)

- Prevention and early detection (Screening)

*The leadership on the collaboration and common work of the clusters as taken from the HaDEA dataset are listed in tables 3 & 4:

Table 3 Leadership: Understanding (risk factors & determinants)

Grant agreement no.	Acronym	Responsibilities Leadership
101096667	MELCAYA	Organisation of an annual cluster meeting in year 3
101097094	ELMUMY	Organisation of an annual cluster meeting in year 4; Lead on common video/brochure
101096312	GENIAL	Lead on addressing inequalities collaboration and report
101096473	LUCIA	Organisation of an annual cluster meeting in year 1; Lead on common chapter data management plan
101096888	DISCERN	Organisation of an annual cluster meeting in year 2; Lead on Citizen engagement report

Table 4 Leadership: Prevention and early detection (Screening)

Grant agreement no.	Acronym	Responsibilities Leadership
101097079	MammoScreen	Cluster kick-off meeting organisation Initial common work plan for scientific collaboration (common deliverable)
101096329	ThermoBreast	Lead on data management coordination work Organisation of annual cluster meeting in year 4.
101097036	ONCOSCREEN	Organisation of an annual cluster meeting in year 2 Citizen Engagement Report
101096309	PANCAID	Lead of the joint cluster brochure production (Diss/Com WG) Organisation of an annual cluster meeting in year 3
101097026	SANGUINE	Lead of the research and innovation collaboration area
101096473	LUCIA	Organisation of an annual cluster meeting in year 1
101096649	DIOPTRA	Lead of the joint cluster video production (Diss/Com WG)

Deliverable progress of the clusters is illustrated in Table 5. The naming of the deliverables can vary across the projects.

Table 5 First year deliverable Progress of Understanding (risk factors & determinants) and Prevention and early detection (Screening) clusters

Deliverable	Due date
DMP with a common chapter on the cluster	M6
Common work plan for scientific collaboration	M6
Common video and/or a common cluster brochure	M12
Conclusions of common annual meeting of the 'Prevention, including Screening' cluster *	M12

* In ONCOSCREEN, this deliverable includes the Policy brief formulating recommendations based on the research and innovation strand of the 'Prevention, including Screening' annual cluster meeting

In the long run, policy discussions across clusters under the same pillar will be coordinated by DG RTD. Currently, no requirements apply to that end.

Q&A session following HaDEA presentation:

Question	PO's Answer
To effectively communicate about the cluster and its activities as well as disseminate cluster projects' results, it requires common visual identity to be recognisable for target stakeholders. The "Prevention and early detection (screening)" cluster has set up branding guidelines to be approved to proceed with setting up respective channels of communication and created material distribution. No reply was received from RTD.	It was advised to currently follow the EU Mission Cancer branding, however this is still an open issue and will be further communicated by HaDEA and RTD to the clusters.
What incentives can be given to the researchers to promote collaboration between projects from a scientific perspective?	This point will be addressed by RTD.
How are the projects expected to properly allocate dedicated budget for cluster activities, travels, etc.?	Each project has the flexibility to allocate funding within projects and the EC will approve it, for the common expenses of the clusters. That is the reason different projects were asked to take the lead on different aspect to distribute expenses. it

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	would be nice if each project could estimate the budget spent each year for the cluster work for future clusters.

4.3 Projects presentations

This session included brief presentations by each project from the different clusters. The goal was to briefly introduce all projects and provide a short status update on each project to the different participants from within the clusters and among the external representatives attending the meeting. Below is a **short** status update and main achievements of each project (up to the San Sebastian meeting):

4.3.1 LUCIA

- o Communication for project via social media, including project website
- o Internal and external committees for ethics, quality and scientific advisory were established and all have started working.
- o Finalising clinical protocol, expected submission Nov 23November 2023
- o First set of new technologies expected by January 2024
- o Conducted 5 workshops on ethics, legal and scientific (internal and external).
- o Finalising clinical & user requirements KPIs. 3 workshops planned for September 2023 on Virtual Research Environment, Medical Devices Clinical, Cellular Pathways Requirements.
- o Value-sensitive design of LUCIA sociotechnical systems started
- o Legal requirements for AI and GDPR compliant data gathering and sharing started
- o AI models for medical image analysis (CT screening) started
- o Multi-omics polygenic risk scores for LC risk initiated
- o Initial data audit for relevant risk score databases and digital biobanks have started.
- o Health data platform architecture initiated
- o Started exploring data sources for Risk factor modelling using AI and GeoAI
- o Functional evaluation of molecular risk factors in lung cancer development and their potential as therapeutic targets (Initial characterisation of the cell lines started and in vivo models)

4.3.2   MELCAYA

- o Preparation and signature of data and material transfer agreements. Included in Consortium Agreement
- o Submission of 12 deliverables. Including EU Ethical Requirements, MELCAYA website, project management plan, etc.
- o First meeting of the consortium with the European melanoma patient community. MPNE conference held the 28-29th April 2023 in Brussels
- o First consensus meeting with pathologists to review cases. Online meeting during the 22nd of August 2023
- o Preparation of study protocols. Ethics Committee approval of Immuno-Ped and AI-MEL studies

o Preliminary review of European Cancer Plans
o Preliminary structure of clinical database. Using Xarxa Melanoma database developed at Hospital Clinic Barcelona

4.3.3 GENIAL

o WP1: Identification of novel inherited genetic variations predisposing to ALD HCC. Set up all cohort and obtain all ethical and GDPRs for trials. Finalising signature of data and samples, materials among partners.
o WP2: Gene environment interactions at the molecular level.
o WP3: Gene environment interactions at the population level – process is limited in WP mainly up to now describing data flow intended to be used. Legalisation of data transfer between partners of genetic info, legal permits were obtained aiming to start experiments January 2024.

4.3.4 DISCERN

o Main effort until now on objective 1: establishing biorepositories samples of case series and cohorts
o Currently working on preparation and finalisation of material and data transfer agreements and samples selection.

4.3.5 ELMUMY

o WP1, clinical partners have already a lot of clinical data well annotated identified some critical risks relating obtaining sequential data from patients.
o WP2, started work on the humanised mouse models
o WP3, omics work started and a new protocol was established to preform both proteomics and transcriptomics using single cell pellet
o WP4, data integration and AI, Data management plan was submitted on M6. They worked hard on defining the available clinical data and how these will be combined with the omics datasets that will be collected
o WP5, website is up since March 2023

4.3.6 MAMMOSCREEN

o Consortium Agreement signed and Advisory Board established (Scientific, Ethical and Patient Organisation Group coordinator)
o DMP submitted on time;
o Clinical Protocol expected to be approved in November 2023 by the Ethical committee of the coordination center
o Aim towards 10K study participants,
o Agreement for PhD student signed, expected to start in November 2023
o Expected start clinical study during February December 23 - January 24
o Initiated consortium discussion to address how to improve trustworthy of AI and try to create a network to synergy this concept among clusters.

4.3.7 ONCOSCREEN

o Website and social media are up and running
o Common Data Management Plan defined
o First round of End user requirements
o First round of Technical requirements is finishing soon
o We are on track with the submission of necessary documents for the approval of the clinical study
o We are preparing for our first Lab Test
o A series of deliverables were submitted on time:
o D7.1 – ONCOSCREEN Project Website
o D7.2 – ONCOSCREEN Dissemination, Communication and Exploitation Plan
o D1.3 – Data Management Plan (First Version)
o D7.8 – Initial common work plan for scientific collaboration under the 'Prevention, including Screening' cluster
o D5.1 – Phase A Clinical Study – Initiation package

4.3.8 PANCAID

o WP1/WP2 – Samples & LBx analysis
o Database with samples - ongoing
o Sample requirements
o Matching 1 & 2 - ongoing
o WP3 – Data management
o Agreement on parameters, DTA, ethics application submitted
o WP4 – Health Economy
o PhD students started
o WP5 – Patient perspective & Ethics
o Questionnaires ready to go
o WP6 - Dissemination
o Home page, Poster, social media
o WP7 – Project Management
o Professional Project Management: Organisation of meetings, KEYWAYS (intranet) setup, regular risk monitoring, 1st project amendment (concentris.de)

4.3.9 SANGUINE

o Initial differential methylation, as well as hydroxy methylation, patterns data has been collected so far based on cell free DNA, showing not only detection of disease but differentiation.

4.3.10 THERMOBREAST

o 12 deliverables were submitted
o The functional breast imaging device prototype was developed, including development of a screening protocol and relevant software

- o The clinical protocol was finalised and ethical submission phase was submitted. Two approvals were already received. 50 participants were already sampled.
- o A screening survey was conducted together with the focus groups on stakeholder needs in the proposed technology
- o Cross-channel outreach activities are ongoing (LinkedIn, Facebook, Twitter, website)

4.3.11   DIOPTRA

- o Data management WG lead, dissemination and communication WG. Created a shared space for common work on SharePoint; provided a template chapter on the cluster for, data management plan deliverable
- o Definition of an extensive variable list for data collection
- o Input of CRC experts and partners on behavioural data
- o Data filtering by each clinical partner to define datasets
- o Consideration of ~250 parameters related to CRC
- o Clinical study timeline generation for data collection, research analysis & evaluation of components
- o Data exploitation for biomarkers discovery
- o Evaluation of screening models
- o Investigation of behavioural change effect of lifestyle profile and blood biomarkers
- o Creation of retrospective and prospective protocols for data collection
- o Reviewed by clinical technical and legal partners
- o Retrospective protocol approved by local ethical committees
- o Informed consent included
- o Key action in progress:
- o Biomarkers discovery
- o ICT development for data management
- o Use case finalisation & specification for tool development
- o Data sharing actions
- o Prospective study protocol constructed waiting for local submission   and study registration
- o Submitted D1.1, D1.4, D6.2, D6.6, D7.1, D7.2

5 Discussion on the areas for collaboration within the clusters

The following areas of collaboration have been defined and discussed during the annual meeting between the different projects of the clusters, in line with the "*common work plan*" deliverable submitted by each cluster:

5.1 Understanding (risk factors & determinants) cluster

5.1.1 Research and innovation

The goal of this session was to find some common ground for scientific collaboration between the different projects within the cluster, mainly:

- Reduce overlaps between projects.

- Harmonize research methods and models.

- Maximise scientific and health policy outcomes.

- Work together on research capacity building.

Point 1: Sharing and agreeing on common practices for data and material management

The first point identified for collaboration was sharing and agreeing on common practices for data and material management, as all the projects within the cluster work on the integration of retrospective clinical information from different sources, such as European registries, biobanks, etc.

The action points identified in this regard are to create a Data Management Board at the cluster level, which has already been done, and start having regular meetings (maximum every six months) to discuss and try to develop a common guideline regarding data standards, data validation strategies, anonymisation or pseudo anonymisation techniques, as well as the data storage and exchange procedures to then be able to pool this information in pan-European infrastructures, such as the European biobanking platform or the UNCAN federated data hub platform.

Point 2: Sharing and cross-comparison of risk factors and molecular features

The second point common to all projects is related to analysing omics information (mainly from genomic sequencing, but also proteomics) to understand the onset of the disease (all partners). Many projects also have an interest in characterising the molecular features and biological pathways driving a change from healthy or precancerous lesions to cancer (ELMUMY, MELCAYA and LUCIA).

As an action point, we propose that, when the projects start producing some results in this regard, we organise regular meetings between relevant project representatives in charge of this topic, in order to share and perform a cross-comparison of the results on identified gene mutations, environmental factors and molecular characteristics, with the aim of finding cross-cancer features, cancer specific genetic risk factors and therapeutic target identification.

Point 3: Cross-comparison and integration of risk stratification/early diagnosis tools

The following point identified for collaboration is the cross-comparison and integration of risk stratification and early diagnosis tools. On the one hand, all projects aim at creating a decision support tool based on AI-technology for patient risk stratification using multidimensional and multicentric datasets, including clinical, genetic and histopathological data (all partners). ONCOSCREEN along with DIOPTRA that focus on the There is also a common interest in two projects, MELCAYA and LUCIA, to explore the use of non-invasive devices for the detection of volatile compounds as novel cancer biomarkers.

It is proposed as actions to organise regular meetings, when results start being obtained, between relevant representatives of each project working on AI tools to share and perform a cross-comparison of stratification and biomarker results in order to evaluate any potential common pattern or signature between different cancer types. Regarding the studies with the devices, we also propose to start having joint meetings between MELCAYA and LUCIA as soon as possible to prepare documentation and facilitate the regulatory and ethical approval process in Spain.

Point 4: Sharing best practices on implementation of healthcare policies

The final point identified for collaboration relates to the common interest of the different projects in generating policy making recommendations for the implementation of new prevention strategies for the detection of different types of cancer (MELCAYA, LUCIA, DISCERN). There is also a particular interest to perform an in-depth evaluation of the incorporation of innovative technologies, such as AI, in the current standard of care, including ethical, legal and social implications (MELCAYA).

As action points, we propose to start organising regular meetings, mainly during the last year of the project when most of the results should be available, to consolidate clinical guidelines for cancer prevention. The idea would be to then present these results to the main EU stakeholders to discuss the implementability in the different EU health care systems.

Also, specifically in MELCAYA, when the technology assessment tool is produced (scheduled for the summer of 2025), we propose to organise a meeting to present the findings to other projects and discuss how to use it for the evaluation of the technologies developed within their projects.

Notes\comments:

What would be the added value beyond each project?

- A possibility is the differential risk factors probabilities as one added value for cluster projects, this. This could be compared and done as a joint comparison and common publication.

- An added value in terms of the clinical side could be policy making, and clinical guidelines related to risk factors information.

- Further options related to scientific aspects should be explored such as databases, registries and different initiatives for data sharing, which are also important and related to cluster work.

- To leverage the cluster, initiatives should be explored to access databases of collaborators in other countries in order to facilitate the development of AI tools across the cluster.

5.1.2 Data management

Data management board meets regularly for:

Commonalities on data standards and data validation

Best practices for data privacy, storage and exchange protocols

Common chapter in DMPs

Commonalities in data use and objectives:

Integration of retrospective (registries, biobanks) and prospective data (cohort studies). Clinical data, exposomics, genomic data, medical images, biomarkers

To understand risk factors, causal pathways, mechanisms of development & improve diagnosis and prognosis Including imaging models, AI based diagnostic tools, sensor tools for early detection

Commonalities in FAIR data management:

Committed to making data findable, accessible, interoperable, re-usable

Aim: share data in pan-European research infrastructures

Exploring common exploitation of data

What's to come:

Meetings every 6 months to decide on the implementation of DMP (following initial DMP submitted by the cluster):

Sharing data within the cluster; *Sharing risk scores or models; *Publishing common paper; *implementing results in common healthcare policies or screening programmes; etc.

5.1.3 Citizen engagement

Aims:

Audience identification: Citizens vs patients, clinical vs industrial stakeholders

Gauging perceptions, common goals

Defining realistic and achievable activities for citizen and patient engagement

These aims will be achieved in a three-step process:

1) review the content of all five projects

2) distil and identify themes for citizens and patients

3) articulate the messages to assess the engagements, we will use existing models (such as the Melanoma patients' network in Europe).

<u>Few activities have been discussed:</u>

- o Coordinate social media calendars (consolidate messaging themes, build consensus, generate and implement communication calendar)
- o Podcast series of all 5 project participants (select interviews together across projects, bundle and promote, measure impact)
- o 3* 'Night of Science' events (in North, East, South Europe; select 3 sites build teams, define themes, secure funding)
- o Consider applying for a COST consortium

Notes\comments:

PO's: All this planning is nice, but each project should have its own specific activities. Why not share "your best practices" - activities that have already proven successful within projects? Common activities can be encouraged as long as resources allow, and it's beneficial to discuss "how to facilitate citizen engagement" - what works, and what can be done - without necessarily having to all do the same thing within the cluster. By sitting down and discussing ideas, there is no need to do everything in common among the cluster.

5.1.4 Addressing inequalities

- o Led by ELPA (Genial), connecting to policy making, stakeholders. Working groups on the unmet needs of patients. Using the ELPA network to share good practice for cluster work. European beating cancer plan to produce policy recommendation papers. Part of 18 new medical projects. Reach out to any PI or advisor that could help cluster and suggest ideas
- o Step 1: 1st virtual meeting in June 23, 1st draft of the 1st year report, participating in cancer mission clusters meeting in Spain, and presenting the draft
- o Step 2: (Oct 2023). 2nd virtual meeting, validate updated draft, submission of first report.

Cluster committee, quarterly meetings and e-mails communication, submission of yearly report, building consensus, finalising EU policy recommendation document by end of M48 (depending on project)

Focus 1 – where we are? Including different methodologies and approaches to calculate equity in access to health care (odds ratios, rates of access and use-needs ratios, horizontal inequity index). Indicators of access to health care, in essence the cluster realise the complexities of measuring equal access to healthcare and the need for more comprehensive data collection methods. Disseminate, survey design should maximise general lability to the entire population therefore capturing the health needs of vulnerable, potentially under-representative groups such as immigrants, homeless people and older people living in institutions.

Focus 2 – Inequalities in cancer care, key topics: cancer prevention, time, care and cancer registries. Main challenges are, direct cost, population coverage, service coverage.

Focus 3 – Policy, different stakeholder groups such as national policymakers, regional health planners, academic societies, clinicians\providers, patients and civil society. Propose to each groups steps and recommendations how to proceed

Focus 4 – Roadmap for understanding cluster and expected outputs. To monitor progress on relevant priorities and monitor the impact on reducing inequalities in order to know if we were successful or missing something.

5.1.5 Updates on communication, joint video and brochure

General Objectives video: Accessibility, Engagement, Simplicity, Access to Non-Academic Audiences, Complementary to Written Material. Provisional structure:

Introduction (30 seconds):

Start with an attention-grabbing visual or hook related to the research grant.

Briefly introduce the purpose of the video: to present the cluster and provide insights from the principal investigators.

Part 1: Meet the Principal Investigators (2 minutes):

Introduce the principal investigators (PIs) of the cluster projects (GENIAL, LUCIA, ELMUMY, DISCERN, MELCAYA).

The PIs will talk about the objectives of their projects and complementarity within the "Understanding" cluster.

Part 2: Objectives of the understanding cluster (30 seconds):

Highlight the specific objectives and goals of the "Understanding" cluster.

Use graphics or animations to make the objectives visually appealing and easy to understand.

Part 3: Methodology and expected outcomes (1 minute):

Explain the methodology of the collaboration in simple terms.

Potential outcomes and impact of the research.

Part 4: EU support – end of video (30 seconds):

Acknowledge the EU support of this initiative

Display a closing screen with the grant's logo and contact information for further inquiries.

General Objectives brochure: Concise Information, Accessibility, Resource for Networking, Cost-Effective, Measurable Impact, Provisional structure:

Front Cover

Title and Visual Impact: Title that clearly conveys the essence the cluster and a captivating image or graphic to make the cover visually appealing.

First double spread: concise information on the EU Mission on Cancer and the Prevention and early detection (screening) cluster.

Each subsequent double spread: project specific information on e.g. technology and expected outcomes.

Back Cover

Message from the cluster coordinator, Contact Information, Acknowledgement of EU funding.

Timeline:

- Interviews by the PIs (September '23)

- First drafts of the video and the brochure (mid-November '23)

- Feedback from partners (mid-November '23)

- Final video / brochure preparation and submission to the EC of D.512 (December '23)

Notes\comments:

PO: it is important to ensure it is a common video for example "potential outcomes and impact of research". In 1 minute It is impossible to go over all projects in cluster in one minute. The video needs to focus on common work and on collaboration. If we are successful in collaborating on R&I we may find further collaborations.

An action at the end of the video to engage the viewer can be added.

PO: add to the viewer "Why it is important for you" in a sense "why it is important to me (the citizen) to see that all projects are collaborating on understanding cancer". What is the added value outside of a single project as a cluster.

5.2 Prevention and early detection (Screening) cluster

5.2.1 Research and innovation

The goal of this session was to find some common ground for scientific collaboration between the different projects within the cluster. The main areas of focus were to:

- Reduce overlaps between projects

- Harmonise research methods and models

- Maximise scientific and health policy outcomes

- Work together on research capacity building

Pillar 1: Sharing samples

Many cluster groups are collecting samples and it is a big bottleneck in all biomedical research. As, some sharing of samples can give population diversity and other aspects.

For example, liquid biopsy space in SANGUINE, PANCAID, and DIOPTRA. They could optionally have joint small-scale pilot projects (collaboration\comparison of experiments between projects)on a set of partner samples by generalising these experimental approaches thus strengthening publication impact (also between clusters).

Pillar 2: Complementary techniques and technology

Many techniques are complementary and can -validate each other particularly regarding multi-omics and thus could be shared.

Projects utilise a variety of technologies that may be suitable for cross-project utilization, such, as discovery of biomarkers for early detection. ThermoBreast LUCIA, ONCOSCREEN, and MAMMOSCREEN use non-invasive sensing, while SANGUINE, PANCAID, DIOPTRA, and LUCIA do biopsy-derived markers. These can lead to cross-validation of technologies on a set of specific samples as a pilot.

Pillar 3: Complementary data analysis

A lot of machine learning and AI are actively used in each project and all these methods (statistical and AI) can benefit from more data and can also be used to cross validate between groups. Data analysis are all developing pipelines based on a set of markers to create a classifier. There are opportunities to build data repositories that could be shared and allow different projects to use data in their pipeline.

Pillar 4: Joint publication

Enhance publication impact with the effort from the projects within cluster.

Notes\comments:

PO: Collaboration between clusters should be left aside, only focus within cluster. HaDEA ask projects to see similarities among projects, not set common experiments. These are the, similarities in the way you approach a project, similarities in difficulties, similarities with scientific challenges. All this experience building year after year will result in a common final document that will be shared. Budget in theory should be allocated to the cluster efforts from the projects funding, some expenses can be shared. Regarding sharing data, most projects have already submitted ethical protocols and this might be problematic.

Addressing risk factors can also promote screening earlier. Such aspects could be examined not only from a scientific point of view but also examined from policy perspective.

To meet the Mission Cancer goal, it is important to connect with healthcare policymakers at the national level to get an impact that could eventually be tangible. White paper is a technical guide to support progress from both sides.

There is a concern about AI-powered technologies, so it is important to explain to the public what exactly AI is and what it does in the broader scope of the technologies implemented in the cluster projects.

5.2.2 Data management

Common work plan: work jointly on consistency and quality of collected data and ensure compliance with regulation and GDPR.

Data management plan: harmonisation, created common chapter on the cluster in the data management plan touches upon the projects' synergies in this regard. Established working groups to discuss and agree on an approach to the data management framework. Regular virtual meetings (bi-weekly) during first 6 months of the management task force have been held. That will continue once per quarter as this is a "living" document.

Current status and challenges

Two different approaches of DMP (all in 1, separated management and clinical, P-DMP and C-DMP respectively)

Not all sites or partners have started screening

No official "first results" of screening quality

Big data is real; storage of raw screening data

All projects are currently in transition from planning to operation\performance

Next step

Review and evaluate first screening data

Quality check of data collected

Assessment according with data compliance (e.g., anonymisation)

Monitoring ICT architecture

Ensuring maintenance of data management and data handling, including regulation updates

Notes\comments:

PO: This deliverable should focus on the DMP as declared in FAIR principles. Otherwise, it is not a DMP for clinical studies.

5.2.3 Citizen engagement

Aims, strategies and ideas

Aligning End User Requirements: Cluster project should align their end-user requirements on common needs and requests to the technical partners, increasing the overall end-user acceptance. An iterative co-design should be promoted. So that citizens affect the original design of the technologies even at cross project level.

- o ONCOSCREEN, through its End-User Coordinator, will be responsible for communicating with the other End-User Coordinators to define the process.

- o A dedicated contact list with the contact persons of end-user organisations should be created in the common SharePoint. A mailing list containing contact details shall be created.

- o Periodic virtual meetings shall take place among End-User Coordinators to define some common axes among requirements.

     o   Ideas can be exchanged for common tools.

     o   Cluster focus groups of patients & citizens can be created

Limitations include: some projects have already defined a first set of requirements. Some diagnostic devices are completely different, and thus requirements cannot be general, and technical limitations may exist.

The above process is expected to feed the second round (and onwards) of requirements, enhancing the overall end user's active participation in the co-design activities.

- Activities that have been started include the creation a virtual oncological living lab to promote open innovation initiatives. Scientific advancement and best practices can be exchanged among stakeholders so that end users and key experts can set a series of challenges, issues, and problems of EU interest. Furthermore, creation of pan-EU Hackathons in Cancer – ONCOTHONs, will surely promote engagement.

- "Observatory of Cancer inequalities", can be created in each project website to present important information concerning inequalities in cancer care. In this frame a standard form questionnaire for citizens could be created to report various inequality issues in a standardised way.

Note\comments:

PO: There are a lot of initiatives that can be engaged in. It is important to separate between citizen engagement and addressing inequalities. It is a good basis for discussion for all topics. You need to divide these into working groups where all take the lead and meet separately to discuss those similarities in detail.

5.2.4 Addressing inequalities

The main challenges identified regarding inequalities in access to healthcare are:

- inadequacy of the public resources invested in the health system;

- fragmented population coverage;

- gaps in the range of benefits covered;

- prohibitive user charges, in particular for pharmaceutical products;

- lack of protection of vulnerable groups from user charges;

- lack of transparency on how waiting list priorities are set;

- inadequate availability of services, in particular in rural areas;

- problems with attracting and retaining health professionals

- difficulties in reaching particularly vulnerable groups

A survey was conducted during the session to try and understand the most important point to be addressed with this subject (see below the Q&A from the meeting):

- **Q:** what limits must be overcome to ensure access to quality care?
  - o   Price\cost of access to care must be lowered and geographical disparities
  - o   Access to research data, sustainable technology
  - o   Financing

- **Q:** Propose one practical action you would take to contribute to improve quality access?
  - o   New reimbursement data
  - o   Improve infrastructures

- **Q:** In your opinion, which are the main inequalities in health R&I?
  - o   Access to good affordable care, difference in national policies
  - o   Inclusive data, more access to clinical data
  - o   Access to information and funding

- **Q:** Which challenges has the most negative impact in access to quality care?
  - o   Prohibitive user charges in particular for pharmaceutical products
  - o   Inadequate availability of services, in particular in rural areas
  - o   Problems with attracting and retaining health professionals.

Note\comments:

PO: The idea is not to solve the problem but first to map the problems, the commonalities of the inequalities, and create working groups on the subject.

Tool from EC, European Cancer Information System (ECIS) that can be used to access inequalities and questionnaires questionnaire for citizens.

PO: Another tool is ECIR – European Cancer Inequalities Registry. The idea is not to duplicate efforts but to check what is available and how your projects can add to it.

5.2.5 Updates on communication and dissemination (Working Group)

Objectives: managing activities collaboratively, resource sharing, coordination, raising awareness, and increasing visibility.

Joint dissemination actions: working groups. The WG agreed on chairing responsibilities and distribution of tasks, including shared materials, website, social media. Next steps would be to identify specific event opportunities for joint dissemination, develop cluster brand identity to set up a unified cluster webpage integrated to each project; produce a video and a brochure.

Joint video: 3 min video targeting the general public of a narrative-driven animation with an explainer approach focusing on strategies for new cancer screening methods, emphasising complementary with innovative technology/focus on early detection/patient centered approach /collaborative research effort/public health impact. The script was finalised and DIOPTRA is currently working on the storyboard and the start of production. Expected of delivery: November.

Joint Brochure: present each project and common objective to increase citizen awareness of cancer technologies. A 16-page brochure focusing on individual project presentations, the cluster's main objectives. PANCAID is currently collecting information Expected time of delivery: December.

Next steps: cluster workshops for sharing knowledge and triggering awareness; (joint social media channel (cluster LinkedIn group)

Note\comments:

PO: For now, make use of the Mission's branding for all formal activities and communication, but further information on that will be provided.

6 External presentations

Two dedicated presentations were included in the annual meeting to open knowledge to already existing initiatives in the European cancer efforts.

6.1 UNCAN.eu research and data platform (Eric Solary)

Towards the creation of a unique digital platform where researchers worldwide share and have access to high-quality research data.

6.2 Insights from EOSC4cancer project (Alfonso Valencia)

On Federated Digital Infrastructure for accelerating cancer research.

7 Preparatory Activities for Joint Policy Recommendations

As stated in the beginning this deliverable provides the conclusions of the common annual meeting of the 'Prevention including Screening', but also contains preliminary information in regards to the preparatory activities for the Joint Policy Recommendations. In regards to the latter, SANGUINE project that leads the formulation of policy brief recommendation based on the research and innovation strand of the 'Prevention, including Screening', will provide specific guidelines over the next period for the coordination of activities among projects. Dedicated teleconferences and mailing lists will be made involving related policy making partners from 'Prevention including Screening cluster'.

For ONCOSCREEN it is noted that the corresponding task that is related to policies is the "T6.4 EU wide uptake of ONCOSCREEN solutions in National CRC Screening Programs and adoption from health care system" is expected to start on M26 and end at M48. Similarly, for most projects, the significant recommendations in regards to policies will derive during the second half of the projects' period when particular results are going to be generated. Nevertheless, as soon as the corresponding mailing lists and teleconferences are set up, preliminary discussions from the involved partners will take place and findings will be reported within the progress report of the cluster.

ONCOSCREEN and DIOPTRA that participate in the 'Prevention, including screening' Mission Cancer cluster focusing both in CRC, agreed at the coordination level, to join forces for working together towards providing joint policy recommendations for CRC. In the beginning of 2024, it is expected that a Joint Press Release, followed from joint blog article and social media posts will depict this partnership, that will involve a series of activities, including the cross-project dialogue on policies.

During the second half, ONCOSCREEN in particular will conduct a use case analysis on relevant health policies established in the EU with a particular focus in CRC, examining also financial constraint aspects in regards to the viability of measures. A series of CRC-focused roundtable discussions will be conducted inviting policy makers from DIOPTRA and other projects to participate. The main target is to provide a regulatory roadmap of feasible and sustainable legislative reforms for administrations across EU, enhancing accessibility and inclusivity. During the roundtables, stakeholders (including patient/advocacy partners) will have the opportunity to discuss on the proposed elements of the roadmap in a way to assess their feasibility and engage them in adopting and applying our suggestions.

8 Conclusions

In this report, we have presented the summary of the first annual cluster meeting presentations and topics of both the "Understanding (risk factors & determinants)" and "Prevention & Early detection (Screening)" clusters that was organised by the LUCIA (hosted by Vicomtech) project and held in San Sebastian, Spain, in September 2023. The aim of the *EU Mission Cancer* is to reduce cancer mortality rates. The main idea behind the cluster concept is to find commonalities between the projects and try to establish "best practices" and synergies that can be implemented among different projects within the cancer mission. Therefore, the meeting included the following areas of discussion and conclusions:

A. Research and innovation: reduce overlaps, harmonize research methods and models to enhance science and policy outcomes, working together on research capacity building.
B. Citizen engagement: projects should organize exchanges with citizens, including patients, to engage them and to address their views. During the annual meetings, projects should exchange strategies, best practices and results of organized workshops.
C. Addressing inequalities in access to quality care: projects will develop common ideas on how they can contribute to reducing inequalities of care and improving access to care.
D. data management: DMP was submitted in both clusters yet it is a living document, projects should have scheduled meetings and continue the discussions on commonalities on data standards and FAIR data managements and follow FAIR principals.
E. communication & dissemination: the main objectives for this effort are managing activities collaboratively, resource sharing, coordination, raising awareness, and increasing visibility. The main outcomes include a common video and common brochure. The video needs to focus on common work and on collaboration, it is important to add to the viewer "Why it is important for you" in a sense "why it is important to me (the citizen) to see that all projects are collaborating on cancer study", and add hat is the added value outside of a single project as a cluster. Branding is still an issue and at this stage, projects are asked to use the Mission's branding for formal activities.
F. research capacity building, as part of the research and innovation it is important to have projects within cluster define and build a research capacity to identify common problems and potential solutions, harmonize research methods and models, set priorities to enhance science and policy outcomes. It should include activity on three levels: individual (project), team (cluster), organizational (Mission)

Also including Data Management Plan, communication, Joint Video and Brochure.

As part of the annual meeting the PO concluded that EC would like to stress that towards the next meeting it is important to focus on the three aspects and ask projects not to try and solve the issues (e.g., inequalities) but try to collaborate where there are synergies or best practices. The cluster members should try to organise subsequent meetings in conjunction with big events, or alternatively in central locations, thus allowing more people to participate

onsite. All projects should try to send at least one representative to future cluster meetings. Future cluster meetings should be separated between Understanding (risk factors & determinants) and Prevention & Early Detection (Screening).

The particular actions for current status and further collaboration have been presented and discussed with HaDEA representatives, resulting in clearer views and action items for further cluster work.

Finally, in regards to policies, although that for most projects policy recommendations are dependent on project results that will be available over the second half, preliminary discussions will take over the next period and results will be present within progress reports of cluster activities. In this frame, ONCOSCREEN and DIOPTRA, agreed to join forces for providing joint policy recommendations in regards to CRC.

9 References

[1]   EU Mission on Cancer webpage

[2]   European Commission, *European Mission on Cancer Implementation Plan*, September 2021.

[3]   GENIAL factsheet in CORDIS webpage

[4]   LUCIA factsheet in CORDIS webpage

[5]   ELMUMY factsheet in CORDIS webpage

[6]   DISCERN factsheet in CORDIS webpage

[7]   MELCAYA factsheet in CORDIS webpage

[8]   MAMMOSCREEN factsheet in CORDIS webpage

[9]   ONCOSCREEN factsheet in CORDIS webpage

[10]   PANCAID factsheet in CORDIS webpage

[11]   SANGUINE factsheet in CORDIS webpage

[12]   THERMOBREAST factsheet in CORDIS webpage

[13]   DIOPTRA factsheet in CORDIS webpage

10 Annex 1 – annual cluster meeting agenda

Funded by the European Union

LUCIA
LUng Cancer-related risk factors and their Impact Assessment

EU MISSIONS CANCER

Hosted by LUCIA project

FINAL AGENDA

Cancer Mission Clusters Meeting (Hybrid event)

Thursday, 7th September 2023 | 09:00 – 17:45
PARKE building in the Scientific Park

Time	Session	Speaker
09:00-09:10	Greetings, LUCIA and Understanding Cluster Coordinator	Hossam Haick
09:10-09:40	Greetings and presentation by HaDEA's Project Officer	Marianne da Silva
09:40-11:30	Project Overview and Scientific Update: 09:40-09:50 LUCIA 09:50-10:00 MELCAYA 10:00-10:10 GENIAL 10:10-10:20 DISCERN 10:20-10:30 ELMUMY 10:30-10:40 MAMMOSCREEN 10:40-10:50 ONCOSCREEN 10:50-11:00 PANCAID 11:00-11:10 SANGUINE 11:10-11:20 THERMOBREAST 11:20-11:30 DIOPTRA	Yoav Broza Adrián López Canosa Mathieu Jouannin Mehrnaz Shamalnasab Makis Zoidakis Gianni D'Errico, Letizia Pontoriero Anaxagoras Fotopoulos Matthias Löhr Miri Meaman Larisa Adamyan George Matsopoulos, Stavros Miloulis
11:30-12:00	Coffee break	
12:00-13:30	Research and innovation status: 12:00-12:25 MELCAYA on behalf of the "Understanding" Cluster 12:25-12:50 SANGUINE on behalf of the "Prevention" Cluster Data Management Plan update: 12:50-13:10 LUCIA on behalf of the "Understanding" Cluster 13:10-13:30 THERMOBREAST on behalf of the "Prevention" Cluster	Adrián López Canosa Yuval Ebenstein Silke Fiers Hakan Yeslimen
13:30-14:30	Break for Lunch	
14:30-14:50	UNCAN.eu research and data platform	Eric Solary
14:50-15:10	Insights from EOSC4cancer project	Alfonso Valencia
15:10-16:30	Citizen engagement update: 15:10-15:30 DISCERN on behalf of the "Understanding" Cluster	Maria Luisa Pagano

ONCOSCREEN

Hosted by LUCIA project

	15:30-15:50 ONCOSCREEN on behalf of the "Prevention" Cluster **Addressing Inequalities update:** 15:50-16:10 GENIAL on behalf of the "Understanding" Cluster 16:10-16:30 MAMMOSCREEN on behalf of the "Prevention" Cluster	Anaxagoras Fotopoulos Veronika Vsetickova Gianni D'Errico, Letizia Pontoriero
16:30-16:45	Coffee break	
16:45-17:25	**Updates on communication Joint Video and Brochure:** 16:45-17:05 ELMUMY on behalf of the "Understanding" Cluster 17:05-17:25 PANCAID and DIOPTRA on behalf of the "Prevention" Cluster	Dimitris Raptis Valentin Popescu\ Tamara Breitinger
17:25-17:45	Free discussion and Meeting closure	
Specific time will be coordinated by Dimitris	Short interviews with 4-5 selected PIs, for joint video - Understanding cluster	Dimitris Raptis

The event is a hybrid event, participation for those joining online would be available via the TEAMS link below

Sept. 7. Mission Cancer Clusters meeting: 09.00h-16.45h.

Microsoft Teams meeting

Join on your computer, mobile app or room device

Click here to join the meeting

Meeting ID: 385 277 012 081

Passcode: vjrJRB

Download Teams | Join on the web

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