



## D5.2 Integration with EU Initiatives

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## Project Information

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Project Full Title:	Network of Comprehensive Cancer Centres: Preparatory activities on creation of National Comprehensive Cancer Centres and EU Networking
Project Acronym:	CraNE
Project N°:	101075284
Call:	EU4H-2021-JA-IBA
Topic:	EU4H-2021-JA-03
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Duration:	24 months
Coordinator:	NIJZ-NACIONALNI INSTITUT ZA JAVNO ZDRAVJE-Slovenia





## Abbreviations and Acronyms

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CCC	Comprehensive Cancer Centre
CSA	Coordination and Support Action
EC	European Commission
ERN	European Reference Network
EBCP	European Beating Cancer Plan
EUNetCCCs	European Network of Comprehensive Cancer Centres
EU	European Union
JA	Joint Action
WP	Work Package





## Executive Summary

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This report provides a detailed analysis of the synergies between CraNE, the forthcoming EU Network of Comprehensive Cancer Centres (EUNetCCCs), and other prominent EU cancer initiatives. Through a process involving data collection via questionnaires and in-depth discussions in bilateral meetings, the report identifies and evaluates eleven EU cancer initiatives that hold significant relevance for CraNE and the envisioned EUNetCCCs.

These eleven initiatives are strategically categorised into three distinct macro categories, each presenting unique opportunities and challenges for collaboration and integration:

The first group encompasses other EU Networks on cancer, including the European Reference Network (ERN) **EURACAN** and related projects, such as the **JA JARDIN**, the upcoming Networks of Expertise (NoEs) developed in the **JA JANE**, and other emerging structures like National Mission Cancer Hubs (NMCHs) and the EU Network of NMCHs developed by the **CSA ECHoS**. The report emphasises the crucial need to connect these networks through the future EUNetCCCs governance framework, envisioning a harmonized ecosystem where Comprehensive Cancer Centres (CCCs) and cancer centres can readily access and leverage the resources and expertise of these interconnected networks, thereby amplifying collective impact and ensuring their sustainability.

The second group focuses on established infrastructures operating in various domains such as research, clinical trials, and data sharing, such as **ECRIN** and **BBMRI-ERIC**. Recognising the value of forging enduring partnerships with these infrastructures, the report advocates for tailored strategies aimed at integrating CCCs within the EU Network into these infrastructures, thereby facilitating access to specialised services and resources essential for driving innovation and excellence in cancer treatment and research.

Lastly, the report delves into ongoing or recently concluded EU projects funded through flagship programmes like EU4Health and Horizon Europe, such as **CCI4EU**, **Can.Heal**, **CanServ**, **UnCan.eu** and **HealthData@EU Pilot** project. It proposes specific activities aligned with the objectives and scope of each project, envisioning a collaborative landscape where project teams proactively identify synergies and opportunities for cooperation, thereby magnifying the effectiveness and endurance of these initiatives.





In conclusion, the report serves as a roadmap for action to be implemented in Crane's forthcoming implementation JA, EUNetCCC. It underscores the importance of fostering robust partnerships and collaboration, which are essential for driving transformative change and realising the shared vision of a unified and synergistic EU cancer ecosystem.





## Background and Purpose

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Crane's Work Package 5 (WP5) aims to establish a robust framework for EUNetCCCs' formation, covering governance, joining procedures, and operational functionalities. Subtask 5.3.2 within WP5 specifically scrutinised the interconnections between Crane and other relevant EU cancer initiatives, aiming to uncover synergies and delineate strategies for partnership. Identifying synergies with other EU initiatives is crucial for strategic partnerships that enrich knowledge, foster innovation, enhance operational efficiency, and ensure project sustainability beyond individual timelines. Crane has already initiated discussions on how to develop strategic partnerships with key projects such as JANE, CCI4EU and ECHO-S. Building on these efforts, the report aims to outline EU initiatives relevant to Crane's mission and suggest joint activities to drive improvement in CCCs and cancer centres within EUNetCCCs.

## Process

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The process of identifying synergies with other EU initiatives involved three primary steps:

- 1. Initiative Compilation:** a comprehensive list of key initiatives was compiled based on WP5's expertise and knowledge of existing EU cancer initiatives. The list included on both projects of the EU4Health and Horizon Europe programmes, as well as established networks and infrastructures operating in healthcare sector. This list was further supplemented with recommendations from other Crane WPs and similar tasks in other ongoing EU projects. Subsequently, eleven initiatives were selected due to their alignment with Crane's key areas of activity: ERN EURACAN, JANE, ECHO-S, ECRIN, BBMRI-ERIC, CCI4EU, CanServ, Can.Heal, 4.UnCan.eu, HealthData@EU Pilot, OCEAN.
- 2. Questionnaire Development:** The second step involved the development of a questionnaire to gather insights on:
  - Main objectives of each initiative;
  - Main areas of activity and key outputs;
  - Relationship with cancer centres and certified CCCs;
  - Role of stakeholders and their involvement;
  - Governance structures;
  - Potential collaboration on the activity areas developed in Crane subtask 5.3.1 which aimed at designing collaborative activities for CCCs within the future EUNetCCCs (e.g. clinical guidelines, clinical data,





research, prevention, clinical trials, precision cancer diagnostics, governance of CCCs);

- Other potential areas of collaboration, roles and joint activities;
- Potential barriers and mutual benefits for cooperation;

Before distribution, the survey underwent a rigorous review by the team and CraNE partners to ensure clarity and relevance. Once finalised, the questionnaire included forty-four questions (Annex 1). In early 2024, the survey was disseminated to designated respondents representing each initiative, which were either project coordinators or key project participants. Out of the eleven selected initiatives, ten participated in the survey.

- Data Collection and Bilateral Meetings:** Drawing on the survey results, the third step involved arranging bilateral meetings with the initiatives that were considered most relevant to CraNE. Six bilateral meetings were conducted; among these, the Joint Action JARDIN, which commenced in March 2024 and therefore did not participate in the survey, was also included in the list of initiatives and invited to participate in an online meeting to further explore the connection between CraNE and ERNs. The purpose of these meetings was to discuss the survey's main findings and to brainstorm on potential activities and strategies that would effectively facilitate cooperation between the selected initiatives, CraNE, and the future EUNetCCCs.

Finally, in formulating the subtask, we embraced the perspectives of CraNE, its prospective implementation project (JA EUNetCCC) and the envisioned EUNetCCCs to inform its development. This approach aimed not only to illuminate synergies within the project but also to envision potential enduring partnerships within the network.

## Synergies with other EU initiatives

### 1. Networks

#### 1.1. ERN EURACAN

<b>Name</b>	European reference network for rare adult solid cancers
<b>Timeline</b>	Since 2017, EURACAN Next Grant (2023-2027)
<b>Interaction</b>	Survey; meeting (29.03.2024)
<b>Members</b>	106 cancer centres, 26 European countries
<b>Website</b>	<a href="https://euracan.eu/">https://euracan.eu/</a>







<b>Description</b>	<p>EURACAN is the ERN that focuses on all rare adult solid cancers. EURACAN works with healthcare providers to connect them to experts and resources on rare cancers in the following domains: <i>connective tissue (sarcomas), female genital organs and placenta, male genital organs, and of the urinary tract, neuroendocrine system, digestive tract, endocrine organs, head and neck, thorax, skin and eye melanoma, brain and spinal cord.</i> In particular, EURACAN (2023-2027) has the following objectives:</p> <ol style="list-style-type: none"> <li>1. Increase and facilitate access for people with rare adult solid cancers to expert centres, information and better treatment options;</li> <li>2. Promote high-quality care of people with rare adult solid cancers;</li> <li>3. Involve and assist patient advocacy groups in the dissemination of relevant information;</li> <li>4. Implement “roadmaps” for referral and self-referral of adults with rare solid cancers to expert centres;</li> <li>5. Develop and continuously review Clinical Practice Guidelines (CPGs);</li> <li>6. Initiate and promote novel translational research programmes and associated tools.</li> </ol>
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AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

CAPACITY BUILDING OF CCCS AND CANCER CENTRES	<p><b>Comprehensive Mapping:</b> Conduct a detailed mapping of all centres, including CCCs and cancer centres, which are going to be part of the future implementation joint action and the EU Network of CCCs and those currently in EURACAN. Include information on the centres’ specialisations, resources, and existing partnerships to identify which centres are not connected to EURACAN.</p> <p><b>Implementation timeline:</b> <i>Short-term</i></p> <p><b>Facilitate Rare Cancer Knowledge Exchange:</b> Utilise the mapping results to identify CCCs and cancer centres in the EU Network that lack expertise in a specific rare cancer and that are not part of EURACAN and link them with the nearest EURACAN expert centre. This should be done by creating easier application processes for Network’s members to access EURACAN. This will enable the</p>
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sharing of knowledge and resources on rare cancers to enhance capabilities and knowledge exchange between healthcare professionals.

**Implementation timeline:** *Medium-term*

**Enhance Resource Access for EURACAN Expert Centres:** Identify and connect EURACAN expert centres that have expertise on a specific rare cancer but that lack scientific and technological facilities to the nearest CCC within the EU Network that has such facilities. This partnership will expand access to resources, enabling improved research and treatment options for rare cancers.

**Implementation timeline:** *Medium-term*

**Connecting EUNetCCC with EURACAN's Clinical Patient Management System (CPMS):** Explore and develop joint initiatives to allow centres within the EU Network to access EURACAN's CPMS platform. The CPMS is an IT platform for clinical consultation that allows healthcare professionals within EURACAN to connect with each other and discuss complex cases. The CPMS is now restricted to EURACAN members. However, granting access of the CPMS platform to healthcare professionals within the EU Network could help CCCs and cancer centres get a better support and guidance on the diagnosis and treatment options of patients with rare cancers.

**Implementation timeline:** *Medium-term*

CLINICAL GUIDELINES

**Joint Harmonisation of Rare Cancer Guidelines:** Develop joint initiatives between EURACAN (and in particular the ERN Guideline Advisory Board), EUNetCCCs and professional societies on the implementation and harmonisation of clinical guidelines on rare cancers within the EU Network.

**Implementation timeline:** *Medium/Long-term*

EDUCATION AND TRAINING

**Integrating EU Network's members into EURACAN's Education and Training Programs:** Developing joint initiatives to allow cancer centres and CCCs within the EU Network that are not already members of EURACAN to access the full range of EURACAN's education and training services (online learning, exchange programmes etc.) in collaboration with the European School of Oncology (ESO).





RESEARCH

**Implementation timeline:** *Medium-term*

**Launch Joint Research Initiatives:** Identify and prioritise areas for collaborative research that combine the strengths of both initiatives. Co-creation of joint research proposals and studies, focusing on shared goals and complementary expertise.

**Implementation timeline:** *Short/Medium-term*

**Pursue Collaborative Grant Applications:** Develop joint grant applications between EURACAN expert centres and CCCs within the EU Network. Common applications for grants between the initiatives could facilitate the pooling of technologies, resources, and expertise to maximise funding opportunities and research impact.

**Implementation timeline:** *Short/Medium-term*

**Harmonise Standard Operating Procedures (SOPs):** Work together to develop and harmonise SOPs across CCCs and EURACAN expert centres. Standardised procedures will streamline data sharing and support collaborative research efforts across both projects.

**Implementation timeline:** *Medium/Long-term*

**Establish Shared Platforms:** Create shared digital platforms to facilitate clinical data exchange on targeted themes. Use these platforms to support collaborative projects and allow for efficient communication and knowledge sharing between teams from EURACAN and the EU Network.

**Implementation timeline:** *Medium-term*

STRATEGIES TO  
ENHANCE  
COLLABORATION

**Governance of the EU Network of CCCs:** While designing and implementing the governance model for the future EU Network of CCCs, develop robust processes and protocols to seamlessly align the governance of the EU Network with that of EURACAN, fostering a stable and enduring partnership between the two.

**Implementation timeline:** *Medium/Long-term*

**Integration in Regular Stakeholder Meetings:** Involve EURACAN actively in consistent, ongoing project meetings with other key





stakeholders to foster collaboration and informed decision-making. By maintaining regular engagement, EURACAN can contribute insights, share best practices, and help shape the project's direction, ensuring a comprehensive approach that benefits all parties involved.

**Implementation timeline:** Short-term

**Create Networking Platforms and Activities:** Create a networking platform and joint activities between the EUNetCCCs and EURACAN to bridge the gap between national and EU cancer networks on rare cancers, facilitating dialogue and the exchange of experiences and best practices between national and EU level (in coordination with JA JARDIN on the integration of the ERNs in the national healthcare systems).

**Implementation timeline:** Medium/Long-term

**Shared Communication/Dissemination activities:** Share newsletters to raise awareness among participants in both projects about current project status, results and upcoming events.

**Implementation timeline:** Short-term

**BENEFITS**

**Improved capacities on Rare Adult Cancers:** By strengthening the collaboration between CCCs and cancer centres within the EU Network and EURACAN, members of both Networks could augment their knowledge base and advance their capabilities in tackling rare cancers, ultimately improving patient outcomes.

**POTENTIAL BARRIERS**

**Data Sharing and Regulations:** For activities on data sharing, national and EU regulatory frameworks could pose a challenge.

**1.2. JARDIN**

<b>Project Name</b>	Joint Action on the Integration of the ERNs into National Healthcare Systems (JARDIN)
<b>Timeline</b>	2024-2027
<b>Interaction</b>	Meeting (19.04.2024)
<b>Funding Programme</b>	EU4Health
<b>Participants</b>	60 partners, 28 countries
<b>Website</b>	Not available yet





<p><b>Description</b></p>	<p>ERNs are multinational networks of highly specialised healthcare providers in Europe that focus on rare and complex diseases, offering virtual expert consultations and supporting research, professional training, and education. This project aims to enhance ERN's impact by better integrating them into national healthcare systems. This includes improving existing or creating new governance models, quality assurance systems, patient pathways, and referral systems, and supporting national reference networks and undiagnosed disease programmes linked to ERNs. The project also aims to improve data management for full interoperability of health data sources at regional, national, and European levels and to identify national support options for ERN healthcare providers. Strategies will be developed for disseminating information about ERN, targeting both patients and the medical community. A key focus is to ensure the sustainability of these initiatives by incorporating them into updated national rare disease plans and strategies.</p>
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AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

<p>GOVERNANCE OF CCCS</p>	<p><b>Collaborative Planning and Implementation:</b> Work closely with JARDIN WP5 on creation of new governance models for the integration of the ERNs into national healthcare systems to jointly plan and implement activities that could effectively connect the governance of CCCs to the governance of ERNs at the national level.</p> <p><i>Implementation timeline: Medium/Long-term</i></p> <p><b>Information Campaigns and Training Activities for CCCs and cancer centres:</b> Collaborate with JARDIN WP6 on national care pathways and ERNs referral system to craft training activities and information campaigns that could advise CCCs and cancer centres within the EU Network on how to connect to the ERNs in their own country.</p> <p><i>Implementation timeline: Short-term</i></p>
<p>GOVERNANCE OF THE EU NETWORK OF CCCS</p>	<p><b>Strategic Partnerships to Foster Integration Among ERNs, EU Network and National Healthcare Systems:</b> Forge strong partnerships with the JARDIN Joint Action and ERNs to align</p>





STRATEGIES TO  
ENHANCE  
COLLABORATION

goals and synchronise efforts for better integration between CCCs, ERNs and national healthcare systems at both the EU and national levels from a governance perspective. Organise regular meetings, workshops and brainstorming sessions to bring all relevant stakeholders and include JARDIN’s perspective, together with the ERNs, in the governance model of the EU Network of CCCs.

**Implementation timeline:** Short/Medium-term

**Resource Sharing and Optimisation:** Share resources, knowledge, and best practices with JARDIN to optimise outcomes and foster a more interconnected approach to research and treatment of rare cancers at EU and national levels. This could be achieved through the creation of shared platforms that could foster the exchange of knowledge between JARDIN and the future implementation JA EUNetCCC.

**Implementation timeline:** Medium/Long-term

**Policy Engagement:** Combine forces to engage with key stakeholders, including policymakers and regulators, who are relevant to both projects. Develop a unified strategy for influencing policy decisions and advocating for initiatives that would better integrate EU and national networking efforts on rare cancers. This activity could be achieved by having representatives from both projects participating in the respective Governmental Board meetings gathering EU MSs and ACs.

**Implementation timeline:** Medium/Long-term

**Shared Communication/Dissemination activities:** Share newsletters to raise awareness among participants in both projects about current project status, results and upcoming events.

**Implementation timeline:** Short-term

BENEFITS

**Improved Integration and Networking Efforts at EU and national levels:** Create stronger linkages between networking efforts of CCCs at the EU level, ERNs and national health





POTENTIAL BARRIERS

systems to better craft strategies and capacities of CCCs on rare cancers in Europe.

None identified

### 1.3. JANE

<b>Project Name</b>	Joint Action on European Networks of Expertise (JANE)
<b>Timeline</b>	2022-2024
<b>Interactions</b>	Survey; meeting (03.04.2024)
<b>Funding Programme</b>	EU4Health
<b>Participants</b>	36 partners, 16 countries
<b>Website</b>	<a href="https://jane-project.eu/">https://jane-project.eu/</a>
<b>Description</b>	JANE is a Joint Action aiming to establish Networks of Expertise in the following domains: personalised primary and secondary prevention; poor prognosis cancer; palliative care; survivorship; omics technologies; high-tech medical resources; adolescents and young adults with cancer, working closely with comprehensive cancer centres. The JA has two goals: a) To prepare everything that is necessary to launch the new NoEs b) to critically evaluate existing models of current and future EU networking with a view to optimising the functioning of the new NoEs.

#### AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

GOVERNANCE

**Aligning Networks’ Governance Models for Seamless Collaboration:** Once the governance structures for the EU Network of CCCs and the seven Networks of Expertise (NoEs) are finalised, create streamlined processes and clear rules to facilitate effective cooperation. Develop a framework for potential joint activities that link the governance of the EU Network with that of the NoEs, ensuring cohesive strategies and collaboration between the two.

**Implementation timeline:** *Medium-term*

GENERAL ACTIVITIES

**Direct Connection with Experts:** Establish a streamlined





STRATEGIES TO  
ENHANCE  
COLLABORATION

process for CCCs within the EU Network to directly connect with JANE NoEs' experts for specialised consultations and guidance. Create a framework for expert consultations, allowing CCCs to seek advice on complex cases, emerging research, and innovative treatment options from JANE NoEs' specialists.

**Implementation timeline:** *Medium-term*

**Knowledge Sharing Platforms:** Develop online platforms or forums where CCCs can interact with JANE NoEs' experts, share knowledge, and discuss best practices and cutting-edge cancer care approaches.

**Implementation timeline:** *Medium-term*

**Customised Training and Workshops:** Organise tailored training sessions and workshops led by JANE NoEs' experts to enhance the skills of CCCs' staff within the EU Network and improve cancer care and research within the EU Network.

**Implementation timeline:** *Short/medium-term*

**Scheduled Collaborative Meetings:** Organise regular joint meetings among coordinators to align goals, review progress, and discuss challenges and opportunities for cooperation.

**Implementation timeline:** *Short-term*

**Policy Engagement:** Combine forces to engage with key stakeholders, including policymakers and regulators, who are relevant to both projects. Develop a unified strategy for influencing policy decisions and advocating for initiatives that benefit both projects.

**Implementation timeline:** *Short-term*

**Coordinated Communication and Dissemination:** Collaborate on communication strategies to share information and updates across both projects' networks. Jointly plan outreach activities such as conferences, webinars,







<p>BENEFITS OF COLLABORATION</p>	<p>and publications to raise awareness and promote findings.</p> <p><b>Implementation timeline:</b> <i>Short-term</i></p> <p><b>Maximising Impact and Reach Across Networks:</b> On the one hand, collaboration between projects could provide the chance to elevate the visibility of the NoEs at the hospital level across each Member State. In addition, this collaboration can accelerate growth and expand the pool of experts available to assist CCCs, enriching their knowledge and capabilities within the EU Network. Lastly, JANE will be followed by another JA, JANE 2, which will run in parallel with the JA EUNetCCC.</p>
<p>POTENTIAL BARRIERS</p>	<p>None identified.</p>

#### 1.4. ECHoS

<p><b>Project Name</b></p>	<p>Establishing Cancer Mission Hubs: Networks and Synergies (ECHoS)</p>
<p><b>Timeline</b></p>	<p>2023-2026</p>
<p><b>Interactions</b></p>	<p>Survey; meeting (29.04.2024)</p>
<p><b>Type of Action-Funding Programme</b></p>	<p>Coordination and Support Action-Horizon Europe</p>
<p><b>Participants</b></p>	<p>57 partners, 28 countries</p>
<p><b>Website</b></p>	<p><a href="https://cancermissionhubs.eu/">https://cancermissionhubs.eu/</a></p>
<p><b>Description</b></p>	<p>ECHoS aims to promote and capacitate EU Member States and Associated Countries to gradually create and implement National Cancer Mission Hubs (NCMH) operating at local, national, and regional levels. These NCMH will have a key role in involving all relevant national, regional, and local stakeholders, including citizens, in cancer-related policy dialogues. In addition, ECHoS will set the foundations for the creation of a future European Network of National Cancer Mission Hubs (EU network of NCMHs) with the ambition to be a strong and cohesive network, aligned with the Mission on Cancer and with Europe’s Beating Cancer Plan (EBCP), that will continue fostering collaborative research and citizens and stakeholders’ engagement efforts.</p>





AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

GOVERNANCE	<p><b>Harmonising Governance Models for Effective Collaboration:</b> After the governance structures for the EU Network of CCCs and NCMHs will be identified, design efficient processes and establish clear guidelines to support smooth cooperation. Formulate a framework for potential joint initiatives that connect the governance of the EU Network with that of the EU Network of NMCHs, fostering cohesive strategies and collaborative efforts.</p> <p><i>Implementation timeline: Medium-term</i></p>
STRATEGIES TO ENHANCE COLLABORATION	<p><b>Policy Engagement:</b> Collaborate to connect with important stakeholders such as policymakers and regulators (through participation in stakeholder events and meetings). Create a cohesive plan to shape policy decisions and support initiatives that benefit both projects. This in turn could serve as a space to discuss the role of the EU Network, NMCHs and EU Network of NMCHs together with national health authorities.</p> <p><i>Implementation timeline: Medium-term</i></p> <p><b>Shared Communication/Dissemination activities:</b> Raising awareness among all participants in the projects about current project status, results and upcoming events.</p> <p><i>Implementation timeline: Short-term</i></p>
BENEFITS OF COLLABORATION	<p>Improved dialogue with policy makers and key stakeholders in EU MSs and ACs on key cancer policy issues and priorities and contribution to the realisation of the EU Mission on Cancer and EBCP.</p>
POTENTIAL BARRIERS	<p>None identified.</p>





## 2. Infrastructures

### 2.1. ECRIN

<b>Name</b>	European Clinical Research Infrastructure Network (ECRIN)
<b>Active Since</b>	2004
<b>Interactions</b>	Survey; meeting (11.04.2024)
<b>Members</b>	Full Members: Czech Republic, France, Germany, Greece, Hungary, Ireland, Italy, Norway, Portugal, Poland, Spain, and Switzerland. Observers: Slovakia
<b>Website</b>	<a href="https://ecrin.org/">https://ecrin.org/</a>
<b>Description</b>	ECRIN facilitates multinational clinical research, through the provision of advice and services for the set-up and management of investigator or SME led clinical studies in Europe. ECRIN unites national networks of clinical trial units across Europe, through its scientific partners, to fulfil its vision of generating scientific evidence to optimise medical practice.

#### AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

CLINICAL TRIALS	<p><b>Granting CCCs Access to ECRIN Services:</b> Investigate approaches to make ECRIN's resources and expertise available to CCCs and cancer centres within the EU Network for organising and managing multinational clinical trials. ECRIN could provide the following services:</p> <ul style="list-style-type: none"> <li>• <b>General information:</b> Provide comprehensive information and support on available funding sources, eligibility criteria and application processes and regulatory inquiries.</li> <li>• <b>Enhance Planning Support:</b> Offer tailored assistance in designing and planning clinical trials, including methodology, regulatory compliance, ethical considerations, and insurance requirements. Provide guidance on task distribution for managing multinational studies and selection of Clinical Trial Units (CTUs), cost evaluation, protocol peer review, and strategies for effective site selection and patient recruitment.</li> <li>• <b>Streamline Operational Coordination:</b> Facilitate smooth coordination of studies through ECRIN's</li> </ul>
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support for management, regulatory, and ethical submissions, monitoring, vigilance, data management, and statistical analysis for trials led by CCCs within the EU Network.

**Implementation timeline:** *Medium-term*

**CCCs Access to ECRIN Tools:** Facilitate access to ECRIN's tools for CCCs within the EU Network, such as:

- **Adaptive Platform Trial Toolbox:** knowledge, experiences and resources on the management of clinical trials;
- **Clinical Research Metadata Repository:** free tool that collects documents and data linked to a clinical research study and provides information on the accessibility of those results;
- **Risk based Monitoring Toolbox:** tools available for risk assessment, monitoring and study conduct
- **Regulatory and Ethical Tools:** information on clinical trial regulatory and ethical requirements covering 22 EU countries

**Implementation timeline:** *Medium-term*

**Collaborative Development of Cancer-Specific Tools:** Foster joint efforts between CCCs and ECRIN to create and customise tools specifically designed to meet the unique needs of the cancer community. Enhance existing tools or develop new ones to support multi-national cancer trials.

**Implementation timeline:** *Medium-term*

**Joint Education and Training for CCCs and Cancer Centres:** Organise collaborative education and training sessions for CCCs and cancer centres within the EU Network on topics such as regulatory requirements, application processes, trial design, and effective management techniques etc.

**Implementation timeline:** *Medium-term*





STRATEGIES TO ENHANCE COLLABORATION	<p><b>Meetings to Identify Collaboration Opportunities and Resources:</b> Facilitate targeted discussions and ad-hoc meetings to explore viable modalities to establish a productive partnership.</p> <p><b>Implementation timeline:</b> Short-term</p>
BENEFITS FOR COLLABORATION	<p><b>ECRIN:</b> Making the cancer community aware of ECRIN’s services; Potentially expand ECRIN’s reach and membership to also cover other countries represented in the EU Network; expand ECRIN’s cancer trial portfolio.</p> <p><b>EU Network:</b> take advantage of already developed expertise and services; better allocation and use of financial resources.</p>
POTENTIAL BARRIERS	Financial resources to access ECRIN’s services.

## 2.2. BBMRI-ERIC

<b>Name</b>	Biobanking and Biomolecular Resources Research Infrastructure-European Research Infrastructure Consortium (BBMRI-ERIC)
<b>Active Since</b>	2013
<b>Interactions</b>	Survey
<b>Members</b>	20 Members, 4 observers
<b>Website</b>	<a href="https://www.bbmri-eric.eu/">https://www.bbmri-eric.eu/</a>
<b>Description</b>	BBMRI-ERIC is a European research infrastructure for biobanking. This infrastructure brings together all the main players from the biobanking field – researchers, biobankers, industry, and patients – to boost biomedical research. To that end, it offers quality management services, support with ethical, legal and societal issues, and a number of online tools and software solutions. Ultimately, the goal of BBMRI is to make new treatments possible.

### AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

RESEARCH	<b>Biobank Access for CCCs and cancer centres:</b> Foster partnership to allow CCCs and cancer centres within the EU
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STRATEGIES TO ENHANCE COLLABORATION

Network to access the BBMRI-ERIC Directory, which is the largest biobanking catalogue in the world. This would allow centres conducting research projects within the EU Network to access samples and datasets from 600 biobanks in Europe.

**Implementation timeline:** *Medium-term*

**Ethical, Legal, and Social Issues (ELSI) Training Workshops:** Organise joint training sessions where the BBMRI team could provide training on ethical, legal, and social implications for researchers and staff in CCCs within the EU Network to enhance awareness and compliance with ELSI considerations.

**Implementation timeline:** *Short-term*

**Identify Opportunities for Synergy:** During the next implementation phase, explore areas where the EU Network and BBMRI can combine expertise, resources, and knowledge to achieve shared goals more effectively. Explore financial resources necessary for a potential partnership.

**Implementation timeline:** *Short-term*

**Formalise a Partnership:** Create a memorandum of understanding (MOU) or partnership agreement to outline the scope of collaboration, roles, responsibilities, and expected outcomes.

**Implementation timeline:** *Medium-term*

BENEFITS OF COLLABORATION

**Improving Research Within the EU Network:** BBMRI could provide researchers within the Network with access to state-of-the-art resources, data, and services, empowering them to conduct advanced research and drive innovation.

POTENTIAL BARRIERS

Financial resources to access BBMRI's services





### 3. EU Projects

#### 3.1. CCI4EU

<b>Project Name</b>	Comprehensive Cancer Infrastructures for Europe (CCI4EU)
<b>Timeline</b>	2023-2026
<b>Interactions</b>	Survey; meeting (26.03.2024)
<b>Type of Action-Funding Programme</b>	Coordination and Support Action-Horizon Europe
<b>Participants</b>	55 partners, 32 countries
<b>Website</b>	<a href="https://cci4eu.eu/">https://cci4eu.eu/</a>
<b>Description</b>	The Mission Board of the EU Mission on Cancer has defined Comprehensive Cancer Infrastructures as ‘national or regional infrastructures that provide resources and services to support, improve and integrate cancer care, research, training of care professionals and education for cancer patients, survivors and families/carers. CCI4EU should set up capacity-building for Member States and Associated Countries to support them in improving or developing their existing or future Comprehensive Cancer Infrastructures, by helping develop their research & innovation-related capacities.

#### AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

RESEARCH AND INNOVATION	<p><b>Mapping Existing Tools:</b> Catalogue and assess the current capacity building tools developed in CCI4EU. Analysis of their potential applicability within the EU Network of CCCs, especially in terms of research and innovation capacities of cancer centres and CCCs that will participate in the EU Network, identifying areas of overlap and possible alignment with the network’s needs.</p> <p><b>Implementation timeline:</b> <i>Short-term</i></p> <p><b>Engage Projects’ Participants:</b> Initiate a dialogue with key stakeholders from both projects to gather insights on their</p>
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specific challenges, goals, and priorities in research and innovation.

**Implementation timeline: Short-term**

**Customise Tools for CCCs and cancer centres:** Based on the feedback gathered, adapt the capacity building tools on research and innovation to better serve CCCs and cancer centres aspiring to become certified as CCCs according to the criteria and standards developed in Crane WP7.

**Implementation timeline: Medium-term**

**Cross-project training:** Organise joint workshops bringing together participants from both projects. These workshops could focus on sharing best practices, exploring collaborative research opportunities, and introducing adapted capacity building tools. In addition, these workshops could allow project teams to learn from each other's experiences and expertise.

**Implementation timeline: Short-term**

**Develop a Resource-Sharing Platform:** Establish an online platform where participants from both projects can share training tools, resources, data (in compliance with existing EU and national rules and regulations), best practices, as well as examples of success from the capacity building programme in CCI4EU and capacity building efforts for cancer centres on the road to become CCCs within the future EU Network of CCCs. This could enhance knowledge transfer and foster collaboration.

**Implementation timeline: Medium-term**

**Monitor and Evaluate Progress:** Implement a system to track the effectiveness of the adapted capacity building tools within the EU Network of CCCs. Gather feedback from participants to refine the approach and identify areas for improvement.

**Implementation timeline: Medium-term**

**Networking and Peer Exchange:** Set up regular networking events and peer exchange opportunities for professionals

STRATEGIES TO  
ENHANCE  
COLLABORATION







from both projects to encourage continued collaboration, maintain momentum and achieve sustained impact. Possible activities could include:

1. Participation in the respective Stakeholder Forums/Boards
2. Regular meetings between coordinators of both projects to discuss results, challenges and ways forward
3. Online meetings between specific work packages working on similar topics to maximise exchange, share experiences and find common strategies

**Implementation timeline:** Short-term

**Shared Communication/Dissemination activities:** Share newsletters to raise awareness among participants in both projects about current project status, results and upcoming events

**Implementation timeline:** Short-term

BENEFITS OF COLLABORATION

**Enhancing Collaboration Impact:** Leveraging the results, tools, expertise, and insights from CCI4EU's capacity-building program in research and innovation can promote more efficient use of resources and help ensure the sustainability and long-term impact of both projects' outcomes.

POTENTIAL BARRIERS

**Timeline:** Crane is scheduled to conclude in 2024. However, it will be succeeded by another implementation project, EUNetCCC. Since CCI4EU will end in 2026, the interaction between the two projects is expected to continue in the follow-up project during 2025 and 2026.

**National and EU regulatory frameworks:** sharing data between the two projects could pose challenges from a regulatory standpoint.

### 3.2. CanHeal

<b>Project Name</b>	Building the EU Cancer and Health Genomics Platform (CanHeal)
<b>Timeline</b>	2022-2024
<b>Interactions</b>	Survey





<b>Type of Action-Funding Programme</b>	Action Grant-EU4Health
<b>Participants</b>	41 partners, 17 countries
<b>Website</b>	<a href="https://canheal.eu/">https://canheal.eu/</a>
<b>Description</b>	<p>CAN.HEAL aims at aligning clinical and population-based interventions by building on ongoing national studies to promote the application of genomics and improve diagnosis and treatment of cancer patients, as well as to deepen our understanding of the individual susceptibility to develop a certain type of cancer.</p> <p>The clinical component of CAN.HEAL focuses on incorporating NGS and liquid biopsy approaches into patient care and identifying implementation paths to facilitate harmonised data interpretation and treatment decisions, and to allow better counselling of family members regarding cancer risk.</p> <p>The public health component of CAN.HEAL aims at developing estimation of cancer risks in healthy populations through polygenic risk score analysis in population-wide interventions, as well as strategies for remote genetic counselling and telegenetics. Ultimately, CAN.HEAL seeks to establish recommendations for EU health systems to enhance access of individuals and patients to cancer prevention, diagnosis, and treatment through personalised medicine, so that patients with comparable cancer profiles will be treated by the same or similar diagnostic and therapeutic approaches across the EU.</p>

#### AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

<p>ACTIVITIES FOR CCCS ON PRECISION CANCER DIAGNOSTICS</p>	<p><b>Access for CCCs to CanHeal's Tools and Resources:</b> establish joint activities to allow CCCs to access tools and resources developed in CanHeal on precision cancer diagnostics, such as:</p> <ul style="list-style-type: none"> <li>• Protocols and best practices for wet-lab testing, e.g. liquid biopsy, comprehensive genomic profiling;</li> <li>• Strategies for data sharing, analysis, interpretation and reporting;</li> <li>• Guidelines for Molecular Tumour Boards (MTB), including composition and objectives, inclusion criteria, workflow, reporting, training and monitoring;</li> </ul>
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- Recommendations on the concept of a Decision Support Tools (DST) to be used in clinical practice.
- E-learning course on oncogenomics for healthcare professionals.
- Ethical, legal, and social issues (ELSI) resources.

**Implementation timeline: Short-term**

EDUCATION AND TRAINING ACTIVITIES

**Expert-Led Workshops and Seminars:** Host expert-led workshops and seminars for healthcare professionals in CCCs and cancer centres within the EU Network to enhance their understanding of genomic technologies and their application in cancer treatment and control.

**Implementation timeline: Short-term**

RESEARCH AND DATA

**Facilitated Access to Data:** Leverage the strengths of Can.Heal by offering access to Biobank samples and associated data to CCCs within the Network. Can.Heal could also contribute a comprehensive data model and effective data management support to improve data handling and storage processes. Lastly, it could provide expertise in ethical, legal, and social implications (ELSI) to ensure compliance with regulatory standards and ethical practices in research and data use.

**Implementation timeline: Short/Medium-term**

STRATEGIES TO ENHANCE COLLABORATION

**Joint Planning and Alignment:** Develop a joint action plan to guide collaborative activities between the team working on precision cancer diagnostics in the Crane’s follow-up joint action and Can.Heal and track progress.

**Implementation timeline: Short-term**

**Regular Communication Channels:** Set up regular meetings or communication channels between the two for ongoing dialogue and updates. Ensure clear and open lines of communication to address challenges and share insights.





BENEFITS OF COLLABORATION

**Implementation timeline: Short-term**

**Enhanced Sustainability:** Strengthen the longevity and impact of both projects by leveraging existing tools and knowledge, leading to more efficient use of resources and continuous improvement over time.

**Standardisation and Harmonisation:** Achieve consistency in methodologies, protocols, and data handling, leading to more reliable and comparable results across projects.

**Streamlined Data Sharing:** Promote efficient data exchange between projects, allowing for more comprehensive analyses and faster progress in research and diagnostics.

POTENTIAL BARRIERS

**Timeline:** Crane is scheduled to conclude in 2024 and it will be succeeded by a follow-up implementation project. Can.Heal will also end in 2024. However, partnerships with other projects such as the forthcoming JA on Personalised Cancer Medicine (CR-g-24-41) should also be explored in the future.





### 3.3. CanServ

<b>Project Name</b>	Cutting Edge Cancer Research Services Across Europe (CanServ)
<b>Timeline</b>	2022-2027
<b>Interactions</b>	Survey
<b>Funding Programme</b>	Horizon Europe
<b>Participants</b>	18 European partners
<b>Website</b>	<a href="https://www.canserv.eu/">https://www.canserv.eu/</a>
<b>Description</b>	CanServ provides cutting edge, interdisciplinary and customised oncology services across the entire cancer continuum. The aim is to offer a comprehensive portfolio of oncology-related research services available to all scientists in EU member countries, associated countries and beyond. The project unites a multidisciplinary consortium of 18 European partners, consisting of Research Infrastructures, key organisations in the field of oncology, project management and sustainability experts.

#### AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

RESEARCH	<p><b>Fostering Knowledge Exchange on Research:</b> CanServ could provide customised services throughout the research and development cycle (from fundamental, translational, and clinical research) to tackle the entire disease pathway regarding a) prevention, b) early detection, c) diagnosis and treatment, and d) quality of life for cancer patients and survivors. The EU Network, on the other hand, could provide data, best practices and experiences from CCCs.</p> <p><b>Implementation timeline:</b> <i>Short-term</i></p>
STRATEGIES TO ENHANCE COLLABORATION	<p><b>Establish Clear Partnership Goals:</b> Bringing together representatives from both projects (CanServ and the team that in the future implementation JA of the EU Network of CCCs will design and implement activities for CCCs on research), outline specific, measurable objectives for the partnership that align with the strategic aims of both projects.</p>





	<p><b>Implementation timeline:</b> Short-term</p> <p><b>Determine an Optimal Partnership Structure:</b> Choose an appropriate partnership model, such as a consortium or collaborative agreement, based on the needs and resources of each project.</p> <p><b>Implementation timeline:</b> Short-term</p> <p><b>Draft a Comprehensive Partnership Agreement:</b> Create a detailed agreement outlining the responsibilities, expectations, and terms of the partnership, ensuring all parties are in mutual agreement.</p> <p><b>Implementation timeline:</b> Medium-term</p>
BENEFITS FOR COLLABORATION	Maximise the use of existing tools and resources developed in CanServ to streamline resource allocation and enhance the sustainability of both projects, ensuring long-term success and efficiency.
POTENTIAL BARRIERS	None identified.

### 3.4. 4.UnCan.eu

<b>Project Name</b>	European Initiative to Understand Cancer (4.UnCan.eu)
<b>Timeline</b>	2022-2023
<b>Interactions</b>	Survey
<b>Funding Programme</b>	Coordination and Support Action-Horizon Europe
<b>Participants</b>	29 Partners, 20 EU Member States
<b>Website</b>	<a href="https://uncan.eu/">https://uncan.eu/</a>
<b>Description</b>	The overarching goal of the project was to deliver a blueprint outlining the roadmap for the creation of a European Federated Cancer Research Data Hub, a platform to collect high-quality multi-modal cancer research data generated and accessible worldwide. The UNCAN.eu network has been envisioned as a federation of Cancer Research National Nodes coordinated by a Central Technological Node. According to a bottom-up





	<p>approach, cancer researchers and data scientists will be involved in co-creating the network, through participation in several "use cases". Therefore, a major outcome of the project consisted in defining a set of use cases as innovative, cross-border, and trans-disciplinary research challenges that will tackle an ambitious scientific and medical problem. Furthermore, the blueprint described the 4.Uncan.eu governance model, envisioned as a stepwise evolution from a leaner structure supporting a preparatory phase to gradually achieving a fully-fledged organisational model. The final governance structure entails the involvement of cancer researchers, clinicians and data scientists, along with patient representatives and European Research Infrastructures.</p>
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AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

RESEARCH	<p><b>Facilitating Seamless Data Sharing and Access to Data:</b> Explore ways in which the European Federated Cancer Research Data Hub could be accessible to the CCCs in the EU Network. The platform could provide a secure, user-friendly platform for data sharing that would allow researchers across the network to easily exchange and access valuable information.</p> <p><i>Implementation timeline: Medium-term</i></p> <p><b>Training and Capacity Building:</b> Offer comprehensive training programs for researchers on best practices in data management and data sharing to bridge the digital divide across Member States.</p> <p><i>Implementation timeline: Short-term</i></p> <p><b>Establishing Data Management Standards:</b> Create and implement guidelines on data curation, standardisation, and harmonisation to improve data quality and consistency.</p> <p><i>Implementation timeline: Medium-term</i></p>
STRATEGIES TO ENHANCE COLLABORATION	<p><b>Regular Interactions to Foster Partnership Development:</b> Maintain regular interaction with key members of the 4.UnCan.eu consortium to monitor developments and future</p>





<p>BENEFITS OF COLLABORATION</p>	<p>implementation projects that might collaborate with Crane’s follow up joint action, which will give rise to the EU Network of CCCs.</p> <p><b>Implementation timeline: Short/Medium-term</b></p> <p><b>Mitigating Data Inequality:</b> Leverage an EU network of Comprehensive Cancer Centres (CCCs) to reduce disparities in data access and collection across Europe.</p> <p><b>Improving Cancer Research within the EU Network of CCCs:</b> Provide an opportunity for researchers from all CCCs to access high-quality interoperable data through the same platform.</p>
<p>POTENTIAL BARRIERS</p>	<p><b>Timeline:</b> the 4.Uncan.eu CSA has ended in 2023. However, two implementation calls for the Uncan.eu platform have just been launched (Use cases for the Uncan.eu research data platform, HORIZON-MISS-2024-CANCER-01-01, and Support dialogue towards the development of national cancer data nodes, HORIZON-MISS-2024-CANCER-01-02).</p>

### 3.5. HealthData@EU Pilot

<b>Project Name</b>	HealthData@EU Pilot project
<b>Timeline</b>	2022-2024
<b>Interactions</b>	Survey
<b>Funding Programme</b>	EU4Health
<b>Participants</b>	17 partners, 9 EU Member States
<b>Website</b>	<a href="https://ehds2pilot.eu/">https://ehds2pilot.eu/</a>
<b>Description</b>	The HealthData@EU Pilot project brings together 17 partners including health data access bodies, health data sharing infrastructures and European agencies. It will build a pilot version of the European Health Data Space (EHDS) infrastructure for the secondary use of health data which will serve research, innovation, policy making and regulatory purposes. The project will connect data platforms in a network infrastructure and develop services supporting the user journey for research projects using health data from various EU Member States. It will also provide guidelines for data







	standards, data quality, data security and data transfer to support this cross-border infrastructure. Its main expected outputs are: 1) Create and test a beta version of the European Health Data Space (including an IT infrastructure, the design of a Health extension to the DACT-AP metadata standard, the development of a common data application form and of condition of use of health data, and the drafting of recommendations on data interoperability, and quality) 2) Demonstrate the feasibility and added value of European research projects with 5 use cases.
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AREAS OF COLLABORATION AND POTENTIAL JOINT ACTIVITIES

RESEARCH AND DATA	<p><b>Exploring Synergies and Piloting Opportunities:</b> Investigate how the EU Network, along with its activities among CCCs focused on research and the secondary use of clinical data, can serve as a testing ground to further pilot and refine the research infrastructure developed in the project.</p> <p><i>Implementation timeline: Medium-term</i></p>
STRATEGIES TO ENHANCE COLLABORATION	<p><b>Identifying Prospective Collaboration:</b> Bringing together representatives from both projects to discuss developments and results of HealthData@EU Pilot project and understand if and how the infrastructure could be utilised by the EU Network.</p> <p><i>Implementation timeline: Short-term</i></p>
BENEFITS OF COLLABORATION	Improving the sharing and use of data within the EU Network.
POTENTIAL BARRIERS	<b>Timeline:</b> the project is due to end in 2024.





## Conclusion and Next Steps

Collaboration with other EU cancer initiatives is essential for establishing a robust and enduring EUNetCCCs. This collaboration not only ensures the effectiveness and sustainability of EUNetCCCs but also positions it as a central hub for numerous cancer-related initiatives throughout the EU. While analysing these initiatives, the following actions should be prioritised:

- 1. Connecting Governance Systems:** Strong partnerships need to be forged and enabled through the governance of the EU Network; the governance will play a key role in creating processes to connect the EUNetCCCs to other initiatives and establishing long-term cooperation. This includes other EU Networks on cancer, such as the ERNs and the Networks of Expertise that will be established in JANE and key policy initiatives such as the NCMHs developed in ECHOs. By devising strategies to interlink these governance structures, there is potential to amplify the impact of these initiatives and realise the primary goal of EUNetCCCs: enhancing access to high-quality cancer care and research across the EU. While the governance models for all of these initiatives are still developing, it will be crucial to start collaborating while developing these governance mechanisms to ensure coordinated growth and shared learning experiences.
- 2. Connecting Infrastructures to CCCs:** Establishing links between the EU Network and essential infrastructures like ECRIN for clinical trials and BBMRI-ERIC for biobanks is crucial. This alignment fosters long-term, stable partnerships and facilitates access for CCCs and cancer centers within the Network to services that enhance the quality of clinical trials, biomedical research and reduce inequalities across the EU. Collaboration with these key actors should be explored during the JA EUNetCCC to define proposals for cooperation and overcome possible barriers.
- 3. Connecting ongoing EU Projects:** Each analysed project has the potential to provide immense value to the future EUNetCCCs. Projects focusing on research and innovation, as well as on the optimisation of data use and exchange are going to be essential to enhance CCCs and cancer centres' capacities within the Network. Interactions should occur on two levels: at the project level and within the governance of JA EUNetCCC and the EU Network. These interactions will facilitate cooperation, exchange and discussion (e.g. stakeholder meetings) and allow teams within JA EUNetCCC to design joint activities, assess





the adoption and dissemination of knowledge and tools and maximise impact within the EU Network.

In summary, this report explored synergies with various EU initiatives to align them effectively with CraNE's overarching objectives and the forthcoming EUNetCCCs. It is our aspiration that this report will not only serve as a foundation but also as a catalyst for further development, advancing beyond the proposals delineated in this report. As we transition from CraNE to the JA EUNetCCC, the next Joint Action will continue to scrutinise collaborative opportunities with other pivotal EU projects, infrastructures, and organizations and build strong partnerships benefiting Network in both the short and long term.





## Annex 1. Questionnaire

1. Name
2. Role in the project
3. Email
4. Project/initiative name
5. Start date and end date of the project
6. What are the main expected outputs and outcomes of the project?
7. What are the main areas of work of your project/initiative? -Performing collaborative Research. -If selected, specify area of research -Collaborating on clinical Data -Care development -Supporting Innovation on technology, services or medication -Collaboration with Education and training -Other:
8. What is the operational level of your project/initiative? -EU -National -Regional -Local
9. Are cancer centres formally a partner in the project? -Yes (Continue to q. 10) -No (Continue to q. 16)
10. If yes, how many centres are partners?
11. How many of the participating centres are certified as CCCs?
12. Are the governing bodies of the participating cancer centres involved in the projects? -Yes (Continue to q. 13) -No (Continue to q. 14)
13. How are they involved?
14. Does your project's output/initiative and long term follow up and implementation require the endorsement of participating cancer centres? -Yes (Continue to q. 15) -No (Continue to q. 17)
15. Which are the obstacles to receiving their endorsement?





16. Will cancer centres become part of your project/initiative in the future?
17. Are networking activities foreseen in your project/initiative?
18. Does your final project output/initiative have a governance structure? If you are working on an ongoing project, please answer from the perspective of your project's expected outputs (e.g. if your project is expected to create a Network or an infrastructure, please answer from the perspective of such Network or Infrastructure).  -Yes (Continue to q. 19)  -No (Continue to q. 20)  -N/A (Continue to q. 20)
19. Which are the main bodies of the governance model?
20. Does your project's output/initiative require the endorsement of MSs? If you are working on an ongoing project, please answer from the perspective of your project's expected outputs (e.g. if your project is expected to create a Network or an infrastructure, please answer from the perspective of such Network or Infrastructure).  -Yes (Continue to q. 21)  -No (Continue to q. 22)  -N/A (Continue to q. 22)
21. How are MSs represented and engaged in your project's output/initiative governance? If you are working on an ongoing project, please answer from the perspective of your project's expected outputs (e.g. if your project is expected to create a Network or an infrastructure, please answer from the perspective of such Network or Infrastructure)
22. Does your project output/infrastructure require structural or legal adaptations or changes on national level or EU level? If you are working on an ongoing project, please answer from the perspective of your project's expected outputs (e.g. if your project is expected to create a Network or an infrastructure, please answer from the perspective of such Network or Infrastructure).  -Yes  -No  -Other:
23. Does your project output/infrastructure foresee the establishment of a legal personality? If you are working on an ongoing project, please answer from the perspective of your project's expected outputs (e.g. if your project is expected to create a Network or an infrastructure, please answer from the perspective of such Network or Infrastructure).  -Yes  -No





<p>24. What types of stakeholders are relevant for your project output/initiative? Select all that applies.</p> <ul style="list-style-type: none"> <li>-Patients' organizations</li> <li>-Cancer centres/hospitals</li> <li>-Networks</li> <li>-Professional Associations</li> <li>-Public health authorities</li> <li>-Governmental Bodies</li> <li>-Health professionals</li> <li>-Nurses</li> <li>-Health managers</li> <li>-Medical professionals</li> <li>-Hospital IT personnel</li> <li>-Pharmaceutical and Biotechnological Industries</li> <li>-Research Institutes/Universities</li> <li>-Local authorities</li> <li>-Regional authorities</li> <li>-Citizens</li> </ul>
<p>25. How are stakeholders engaged and involved in your project output/initiative? If you are working on an ongoing project, please answer from the perspective of your project's expected outputs (e.g. if your project is expected to create a Network or an infrastructure, please answer from the perspective of such Network or Infrastructure).</p>
<p>26. Is there any collaboration between your project/initiative and other EU initiatives?</p> <ul style="list-style-type: none"> <li>-Yes (Continue to q. 27)</li> <li>-No (Continue to q. 28)</li> </ul>
<p>27. In your opinion, which are the main challenges for your project output/initiative at the EU level?</p>
<p>28. In your opinion, which are the main challenges for your project output/initiative at MSs level?</p>
<p>29. In your opinion, which are the main challenges for your project output/initiative at cancer centre level?</p>
<p>30. In your opinion, which factors could ensure the sustainability of your project output/initiative in the long term?</p>
<p>31. In your opinion, to what extent could the EU Network of CCCs help in solving these challenges? Choose one value from 0 to 10, where 0 = Not at all and 5= Very much</p>
<p>32. How do you think the EU Network could help mitigate or solve these challenges?</p>
<p>33. In your opinion, on which of the following activity areas of the EU Network could your project/initiative collaborate the most? Select all that applies.</p> <ul style="list-style-type: none"> <li>-Clinical Guidelines</li> <li>-Prevention</li> <li>-Research</li> <li>-Precision Cancer Diagnostics</li> <li>-Clinical data</li> <li>-Clinical Trials</li> <li>-Survivorship</li> <li>-CCC Governance</li> <li>-Other:</li> </ul>





<p>34. Which role could your project output/initiative have in this activity area? Select all that applies.</p> <ul style="list-style-type: none"><li>-Provider of education and training courses/tools (Continue to q. 36)</li><li>-Provider of clinical guidelines (Continue to q. 36)</li><li>-Research data infrastructure (Continue to q. 36)</li><li>-Providing Expertise (Continue to q. 36)</li><li>-Other (Continue to q. 35)</li></ul>
<p>35. Please specify</p>
<p>36. What role could the Network of CCCs have in realizing your project output/activities?</p>
<p>37. Name at least 3 concrete examples of activities that your project output/initiative could provide:</p>
<p>38. What would be the contributions required from the Network to realize this partnership?</p> <ul style="list-style-type: none"><li>-Funding</li><li>-Connection to the governmental level of the cancer centres</li><li>-Connection to potential users</li><li>-Data</li><li>-Best practices/experiences</li><li>-Other:</li></ul>
<p>39. In your opinion, what could be the factors that could contribute to making this partnership successful?</p>
<p>40. In your opinion, what could be the constraints to implement such a partnership?</p>
<p>41. In your opinion, what could be the added benefit for your project/initiative to collaborate with the EU Network of CCCs?</p>
<p>42. In your opinion, what could be the added benefit for the EU Network to collaborate with your project/initiative?</p>
<p>43. In your opinion, how could be the next steps in forming a partnership between the future EU Network of CCCs and your project/initiative?</p>
<p>44. Other Comments</p>

