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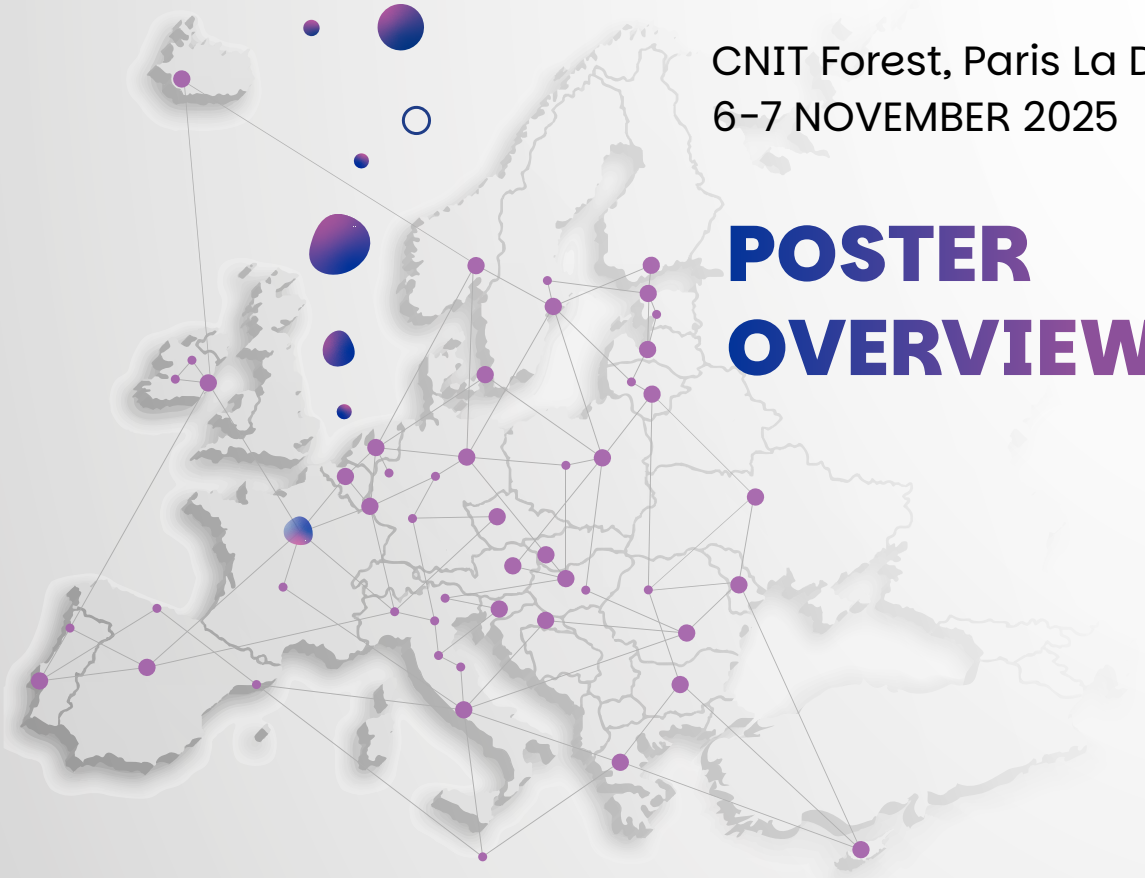
Annual meeting

Shaping the future of cancer care, research and education in Europe

CNIT Forest, Paris La Défense
6-7 NOVEMBER 2025

POSTER OVERVIEW



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From Precision Cancer Medicine collaborative approach, to Comprehensive Cancer Care Networks

Comprehensive Cancer Infrastructure - North of Portugal - CCINP

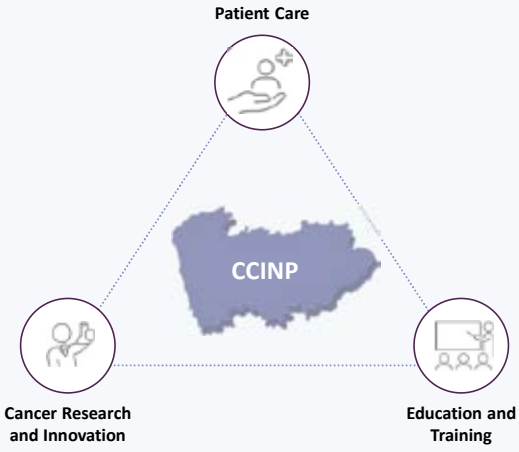
Rui Henrique, Joana Pereira, Manuel Freitas, Marta Soares, José Flávio Videira, Donzília Brito, Júlio Oliveira

Northern Region of Portugal

3,7 million

Cancer incidence

CCINP Foundational Pillars



A collaborative and unified approach in Oncology

Vision

Ensure that oncological care provided in the Northern Region is:

Equitable | **Standardized** | **Best-known clinical practices**

High-quality care | **Optimization of healthcare resources**

Precision Cancer Medicine

Goal:

- Identify and refer patients who may benefit from targeted therapies, especially in cases where conventional treatment options have been exhausted

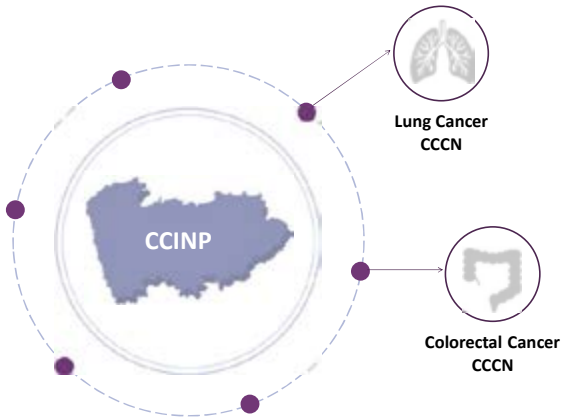
Structured Phases:

Molecular Screening → **Therapeutic Decision** → **Personalized Treatment**

After completing the PCM process, patients remain under the guidance of their oncologist for continued follow-up care at their referral institution

Expansion into Specialized Networks

Multidisciplinary teams come together to provide state-of-the-art care, advance scientific discovery, and cultivate specialized expertise, guided by the three foundational pillars of the CCINP



Improved patient outcome | **More efficient cancer care provision**

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~60,000 Pap tests per year

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ISPRO Istituto per lo studio, la prevenzione e la rete oncologica

Implementation of a centralized HPV-based cervical cancer screening programme in Tuscany as a model for colorectal cancer screening centralization in the same area

Sani C, Bisanzi S, Picozzi G, Soldo C, Tanini T, Amunni G, Turi A, Tanzini M, Mantellini P, Gusinu R, Dei S, Belvedere K.

Oncological network, Prevention and Research Institute (ISPRO), Florence, Italy

- The centralization of HPV-based cervical cancer screening (for women aged 34–64 years) at the Regional Laboratory for Cancer Prevention of ISPRO started in the Tuscany region of Italy in 2013 and reached the coverage of all the 12 centres (100% of the Tuscany Local Health Units), subsequently extended to primary PAP test also (for women aged 25-33 years).
- The HPV-based indicators recorded good performance (increased compliance vs. the Pap-based programme) with a substantial decrease in waiting times from sampling to test reporting, confirming that the centralization strategy in a laboratory with long experience in this field promotes efficiency and quality of the screening process.
- A similar model is then proposed for the colorectal cancer screening programme in Tuscany with the centralization at ISPRO not only of the laboratory tests (FIT, fecael immunochemical test) but also of invitation management and the communication of the test results, as defined by Tuscany Region Resolution n.957 of August 2024.
- Centralization will allow for standardized process management across the Region, resulting in greater equity, ensuring the highest quality standards, optimizing resources and costs, and above all improving overall participation in this screening programme.
- The second level assessments are decentralized in both screening programmes.

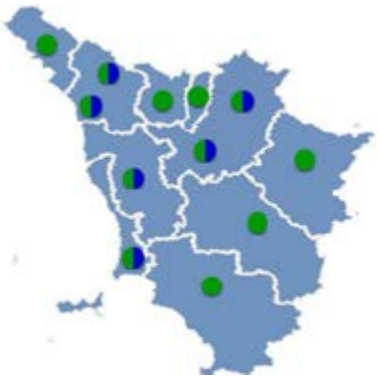
Centralization of HPV testing concluded in 2020

Centralization of Pap testing concluded in 2024

cervical cancer screening

Centralization of FIT testing:
Started in January 2024; will be concluded in 2026

colorectal cancer screening



~120,000 HPV tests per year

~60,000 Pap tests per year

~ 275,000 FIT per year

https://www.ispro.toscana.it/

segreteria.direzione@ispro.toscana.it
c.sani@ispro.toscana.it

SST Servizio Sanitario della Toscana

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DCOPiH
Praise u
SMART EARLY DETECTION OF PROSTATE CANCER

First impressions from Polish branch of PRAISE-U – novel organized prostate cancer screening protocol

Krzysztof Tupikowski, Katarzyna Hodyra-Stefaniak, Monika Litwin, Agata Nosol, Krzysztof Noga, Dawid Błaszczyk, Monika Złotkiewicz, Joanna Dołowy, Paweł Zawadzki, Adam Maciejczyk & PRAISE-U Consortium

Lower Silesian Oncology, Pulmonology and Hematology Center, Wroclaw, Poland

INTRODUCTION

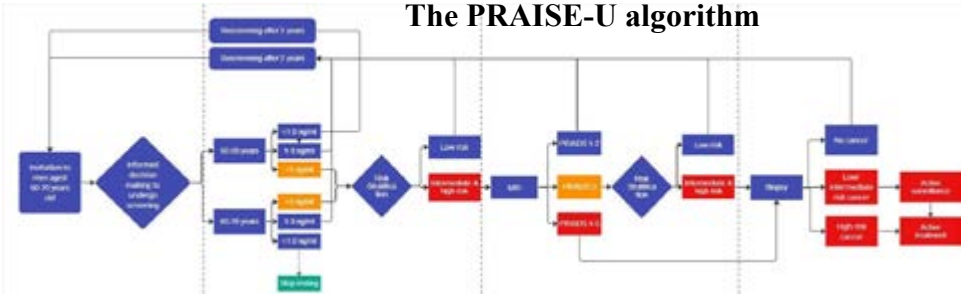
Prostate cancer (PCa) is the most common solid malignancy in European men. The distressing prognoses and the tremendous resources needed to cope with this health issue could exhaust health systems. Long-term observations have shown that screening is effective in lowering mortality. Therefore the EU Commission has recommended that member states start screening, but there is no optimal method.

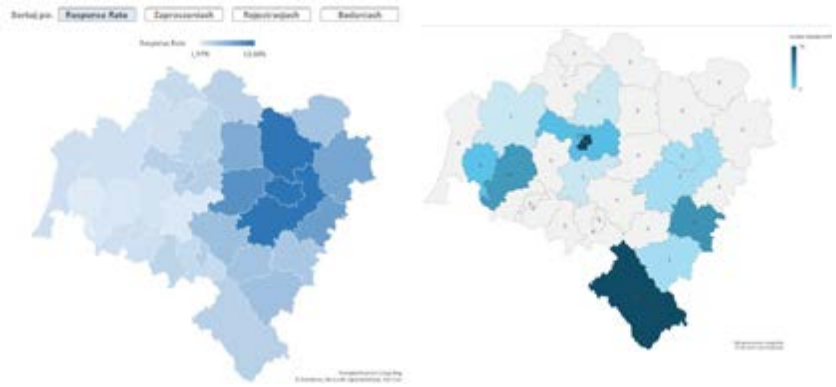
The EAU led PRAISE-U Consortium is testing a new adaptive algorithm for PCa screening and LSCOPH is one of five screening centres in Europe testing in an environment where there is no infrastructure for PCa screening and a high opportunistic screening rate.

PRAISE-U Poland

A model screening center in Wroclaw (Lower Sielsia, Poland) was developed outside hospital premises to lower the stress for participants.

The PRAISE-U algorithm



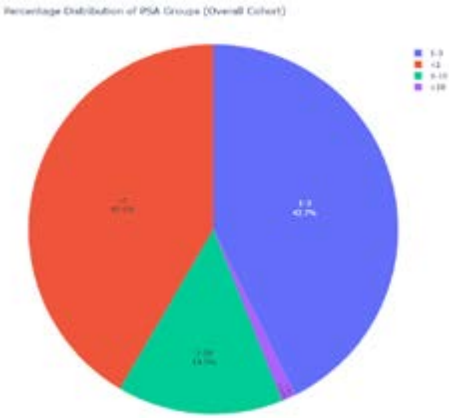


52,000 invitations per post to men aged 50-69, only 3397 (6.5%) responded for PSA testing (left). Mobile unit response (right)

PSA and biopsy results in age groups

Age groups	Overall	50-59	60-69
Participants	3397	1398	1999
Mean PSA	2.24	2.30	2.20
Median PSA	1.21	0.97	1.38
Biopsies No	90 (2.64%)	13	77
Cancer +	67 (1.97%)	9	58
Cancer CS	27 (0.79%)	4	23

CS – clinically significant



CONCLUSION

Letter Invitations Ineffective: Traditional mail invitations for screening show low effectiveness in countries like Poland

Alternative Methods Needed: Telephone calls, mobile screening units, and other personalized approaches are essential to improve participation

Barriers to Response: High opportunistic testing, low health literacy, transportation challenges, and electronic exclusion significantly reduce engagement

PRAISE-U Project Impact: First initiative to present raw data for evidence-based conclusions and support development of a national screening plan

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A **COMPREHENSIVE CANCER CENTER**
BRIDGING SCIENTIFIC DISCOVERY AND CLINICAL EXCELLENCE IN BELGIUM

TRADITION OF EXCELLENCE

World university ranking
#3 (EU) | **#46** (world)

World's best hospital
#15 (EU) | **#40** (world)

Most innovative university
#1 (EU & Europe) | **#7** (world)

> 36K oncological patients per year

~ 1,000 oncology publications per year
(of which 25% impact factor >10)

> 170 research groups

>20 multidisciplinary focus groups

26 oncological care pathways

SUPPORT FOR OUR MEMBERS

- valorisation
- seed funding
- event organisation

- webinars, weekly seminars
- annual scientific conference
- immuno-onco training

- communication & fundraising office
- (inter)national representation

FROM BENCH TO BED, AND BACK

LATEST REALISATIONS

- **Spatial multi-omics** for personalized medicine
- **AI-Oncology** Accelerator
- **Data** analysis & integration platform
- Leuven **Epigenetics** club
- Video's, podcast & seminars for patients & kids
- Onco **patient panel**
- Oncological **revalidation**
- **Multi-tumor clinical trial** platform
- **Brain tumor** research hub
- ...

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Find us on

Contact us

Chairman: steven.devleeschouwer@uzleuven.be
Director of Research: johan.vanlint@kuleuven.be
Manager: evy.lobbestael@kuleuven.be

KU LEUVEN · UZ LEUVEN

IMSPIO - INSTITUTUL ONCOLGIC DIN REPUBLICA MOLDOVA

WORKING TOGETHER

The Oncological Institute of Moldova is the only public medical institution in the country, specialized in the prevention, diagnosis, and treatment of cancer. We provide patients with access to modern technologies, multidisciplinary teams, and comprehensive care — from early detection to treatment and rehabilitation.

PREVENTION AND SCREENING

The Oncological Institute of Moldova carries out national awareness campaigns on the early detection of breast cancer and colorectal screening, offering the chance for early diagnosis and more effective treatment.

MODERN DIAGNOSIS

Advanced investigations (MRI with anesthesia, CT, SPECT-CT, genetic and morpho-pathological diagnostics) ensure an accurate evaluation, while the therapeutic decision is taken by the Multidisciplinary Oncology Board (MOB).

COMPREHENSIVE TREATMENT

Patients benefit from modern oncologic surgery, radiotherapy with advanced accelerators, and chemotherapy in accordance with international guidelines, including treatment for malignant hematologic diseases.

CONTINUOUS SUPPORT AND CARE

We provide comprehensive support through psychological counseling, palliative care, and rehabilitation programs to assist patients and their families throughout the entire course of treatment.

CONTACT US

30 Testemiţanu street, Chişinău, Moldova 2025
email: anticamera@onco.md; web: www.onco.md; tel/fax: + 373 733363

European Projects for the Development of Oncology in the Republic of Moldova

- CCI4EU
- EUcanScreen
- EUnetCCC
- JANE-2
- CancerWatch
- eCAN Plus
- IMPACT-EU
- PCM
- HOPE4Kids
- GENE-CONNECT

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ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ Υπουργείο Υγείας 1η Υγειονομική Περιφέρεια Αττικής
Γ.Ν.Α. ΑΛΕΞΑΝΔΡΑ
HELLENIC REPUBLIC National and Kapodistrian University of Athens EST. 1837

Building a Sustainable Comprehensive Cancer Centre in Greece: Challenges and Opportunities

Michael Liontos, Theodora Papadopoulou, Morena Bazelli, Alexandra Stavropoulou, Dimitrios Haidopoulos, Nikolaos Thomakos, Kalliroi Goul
George Pissakas, Athanasios Chalazonitis, Andreas Pambanos, Argiro Vezirgianni, Basiliki Markasioti, Dimitrios Valsamidis, Ourania Todoulou,
Anastasia Vourvouli, Elpiniki Tavianatou, Theodora Psaltopoulou, Meletios-Athanasios Dimopoulos

Background

Alexandra Hospital is the leading hospital in an administrative entity that encompasses also, Elena Venizelou Hospital and Spiliopouleion. This allows providing a complete cancer care from cancer screening and early diagnosis up to cancer treatment (surgical, medical, radiotherapy, radioligand therapies) and to palliative care. The Department of Clinical Therapeutics delivers comprehensive care across nearly the full spectrum of malignancies, including breast, gynecological, genitourinary, gastrointestinal, and thoracic cancers, as well as hematological diseases such as multiple myeloma, lymphomas and leukemias.

The hospital's organizational structure allows coordination across medical, surgical, laboratory, and psychosocial departments to ensure holistic, patient-centered care.

Multidisciplinary collaboration: Weekly tumor boards bring together Medical oncologists, Radiation Oncologists, Gynecologists, General Surgeons Urologists, Pathologists, Radiologists, and nursing staff for treatment planning and case reviews.

Integrated clinical pathways: Shared care protocols are applied across departments for the diagnosis, treatment, and follow-up of gynecological cancers, aligned with ESGO and ESMO standards.

Supportive care integration: Psychological, nutritional, and social support services are available through the hospital's Social Work and Dietetics departments, ensuring comprehensive patient management.

Aim

To establish Alexandra Hospital as a national reference point for comprehensive, patient-centered cancer care, fully integrated within the European network of Comprehensive Cancer Centres.

Challenges

- Structured data documentation and registry integration still missing
- Limited IT infrastructure to support digitalization
- Public-sector funding shortages, heavy workloads, and limited protected time for clinicians hinder innovation and quality improvement
- Ensuring effective integration of the Comprehensive Cancer Center within Greece's National Health System is complex
- Delays in administrative processes

Opportunities

- Existing expertise in gynecologic oncology can serve as flagship program for integrated care pathways
- Affiliation with the National and Kapodistrian University of Athens provides access to high-level research expertise and training programs
- Aligning with EUnetCCC standards and collaborations with accredited centers can raise quality, visibility, and patient trust

Outlooks

1. Completion of the CCC structure and alignment with EUnetCCC certification requirements. 2. Enhanced collaboration between the Ministry of Health, 1 st YPE, and participating centers. 3. Gradual integration of digital registries and outcome-based evaluation mechanism. 4. Positioning Greece as an active contributor in shaping the European model for comprehensive cancer care.

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Shaping the future of cancer care, research and education in Europe
CNIT Forest, Paris La Défense
6-7 NOVEMBER 2025
institut Curie
FRANCE MÉDECINE GÉNOMIQUE 2025
aviesan

French national multidisciplinary tumor board improves the management and survival of patients with cancer of unknown primary

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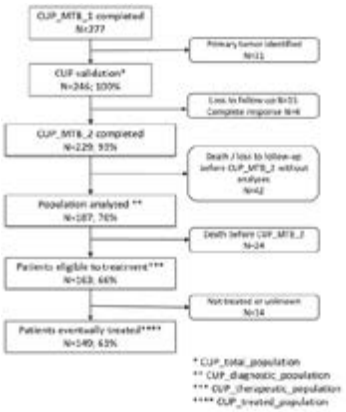
BACKGROUND

Recent clinical trials have shown that molecularly-guided treatments (MGT) can improve survival in patients with cancers of unknown primary (CUP). However, the feasibility and clinical benefit of MGT for CUP in a real-life setting remain uncertain. In France, a national multidisciplinary tumor board dedicated to patients with CUP (CUP_MTB) was created in 2020, with the aims of coordinating pathological and molecular diagnostic analyses and providing a centralized expertise for therapeutic orientation. Patient and tumor characteristics, treatments and outcomes are collected prospectively. This study reports the diagnostic and therapeutic impact of all patients discussed in CUP_MTB between July 2020 and December 2023.

PATIENTS and METHODS

This was a multicenter retrospective study with prospective follow-up. Pts and tumors characteristics, pathological data issued from clinical files, genomic analyses including WGS, WES and transcriptome performed on the two PFMG2025 (French Genomic Medecine Plan 2025) national sequencing laboratories, multidisciplinary tumor board (MTB) conclusions, and follow-up after MTB were collected.



Patients characteristics	n=246	%
Sex		
Female	124	50
Male	122	50
Age at diagnosis (years)		
Median	61	
Range	18-90	
Risk factors		
Past or active Smokers		
Yes	113	46
No	120	49
Unknown	13	5
Alcohol use		
Yes	43	17
No	188	76
Unknown	15	6
Personal history of cancer		
Yes	60	24
No	185	75
Unknown	1	-
ECOG Performance Status at diagnosis		
0	96	39
1	82	34
2	48	20
3	6	2
4	1	-
Unknown	13	5
Number of different metastatic sites per patient at diagnosis		
Median	2	
Range	1-7	
Types of metastatic sites at diagnosis		
Lymph nodes	150	61
Bones	89	36
Lungs	70	28
Liver	61	25
Peritoneal carcinomatosis	49	20
Brain	19	8

Patients characteristics	n=246	%
Histological types		
Undifferenciated Carcinoma	104	42
Adenocarcinoma	96	40
Squamous Cell Carcinoma	26	11
Others	20	8
Molecular analysis before NatCUPMTB		
DNA sequencing	131	53
RNA sequencing	60	24
Prognostic group at diagnosis according to ESMO guidelines		
Favourable	27	11
Unfavourable	219	89
TOO suspected before NatCUPMTB		
No	116	47
Yes	130	53
Gastrointestinal	42	17
Lung	27	11
Breast	14	6
Kidney	12	5
Gynecological tract	11	4
Sarcoma	7	3
Urinary tract	4	2
Head and Neck	4	2
Skin	4	2
Prostate	2	1
Other	3	1
Number of previous treatment lines		
0	73	30
1	108	44
2-3	56	23
>3	9	4

Table 1 : Patients characteristics

RESULTS

246 CUP patients were referred to CUP_MTB (124 females and 122 men); 187 (76%) underwent pathological and molecular characterizations as recommended by the MTB. **Tumor profiling enabled the identification of a putative tissue of origin (TOO) in 130/187 (70%) patients.** 149 (61%) patients received a treatment based on MTB recommendation. **111/149 (74.5%) patients received MTB-oriented treatment (MTB-OT**. 38 (25.5%) patients for whom no MTB-OT could be recommended were treated with empiric treatment according to international guidelines. The median overall survival (mOS) of patients treated with MTB-OT was 18.6 months, compared to 11.0 months in patients with empiric treatment (HR=0.61 [0.38-0.98], p=0.04).

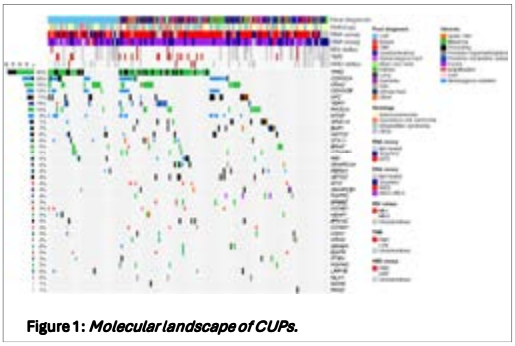


Figure 1: ***Molecular landscape of CUPs.***

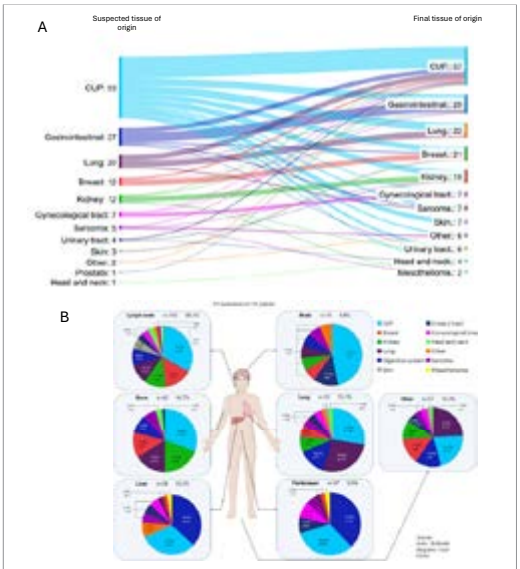


Figure 2: ***Diagnostic orientations of CUP_MTB.***
A) Suspected tissue of origin (TOO) before CUP_MTB and associated final TOO assigned following CUP_MTB evaluation. B) Final diagnostic orientations (final TOO) assigned following CUP_MTB evaluation according to metastatic sites identified at initial diagnosis.

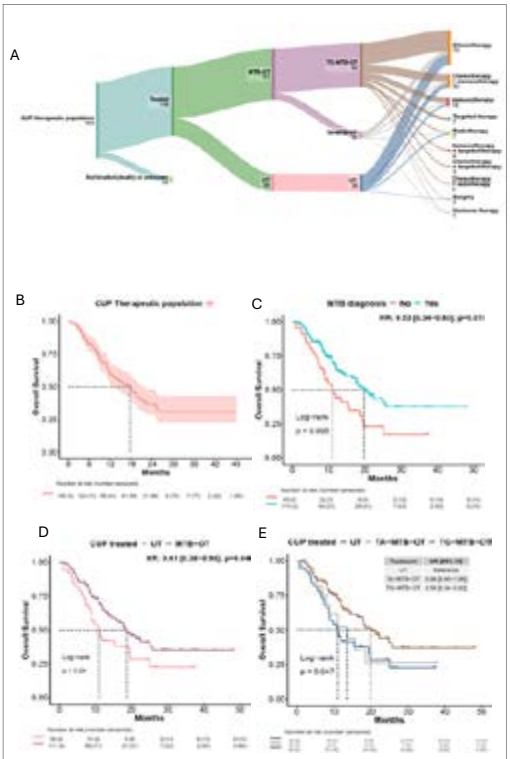


Figure 3: ***Therapeutic orientations and outcome following CUP_MTB.***
A) MTB recommendations and treatment received following CUP_MTB. B) OS from CUP_MTB_2 (OS2) in the CUP_therapeutic_population. C) OS2 in the CUP_therapeutic_population according to the diagnostic impact of CUP_MTB. D: OS2 in the CUP_treated_population according to recommendation of MTB-oriented treatment (MTB-OT) or unspecific treatment (UT). E: OS2 in the CUP_treated_population according to recommendation of tissue-gnostic MTB-oriented treatment (TG-MTB-OT), tissue-agnostic MTB-oriented treatment (TA-MTB-OT) or unspecific treatment (UT).

CONCLUSIONS

Integration of clinical, pathological and molecular data within an expert MTB is feasible in a real-life setting, enables access to MGT and results in prolonged survival for a large proportion of CUP patients. This study highlights the benefits of dedicated MTB and reference centers to improve the management of CUP.

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Poster n° 08

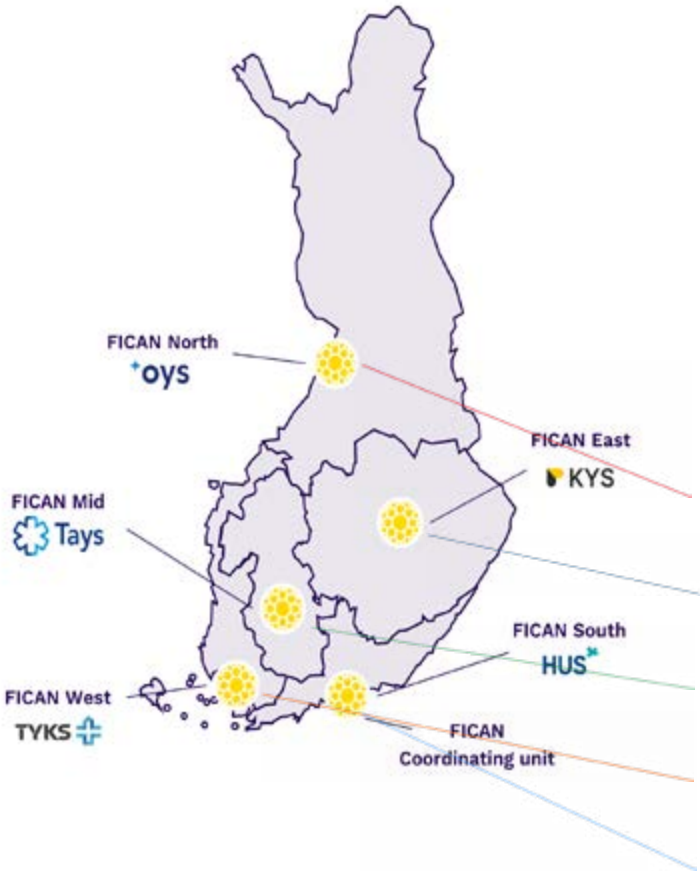
Liquid Biopsy for non-invasive cancer detection and precision oncology programs

National Institute of Cancer Regina Elena (IFO/IRE), Italy

AVAILABLE SOON

Cancer care strategy in Finland

Mia Wallin



- In Finland, cancer care delivery is centralised mostly to five university hospitals, and national and regional networks ensure access to high-quality cancer care throughout the care continuum.
- Basic-level cancer care is also provided in central hospitals.
- The national network is organised through a collaboration of the Finnish Cancer Centre (FICAN) the national coordination unit and five regional cancer centres.
- FICAN aims to implement and coordinate national policies and guidelines concerning cancer prevention, diagnosis, treatment and rehabilitation through collaboration with regional centres, while ensuring a research-based foundation for policy and guideline development.
- Each regional FICAN revolves around a university hospital:
- FICAN North near to Oulu University Hospital (OYS)
- FICAN East near to Kuopio University Hospital (KYS)
- FICAN Mid near to Tampere University Hospital (TAYS)
- FICAN West near to Turku University Hospital (TYKS)
- FICAN South near to Helsinki University Hospital (HUS CCC)

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DCOPiH

Developing Patient Pathways in a regional oncological center within Comprehensive Cancer Care Networks under iPAAC, CRANE and EUnetCCC - A Polish Perspective

Aleksandra Sztuder, Natalia Wiśniewska, Monika Litwin, Bartosz Kapturkiewicz, Iga Skrzypczyńska, Katarzyna Konat-Bąska, Dawid Błaszczyk, Kamila Kępska, Robert Fabiański, Agata Nosol, Krzysztof Noga, Joanna Banach, Krzysztof Tupikowski, Rafał Matkowski, Marcin Ziętek, Marcin Jędryka, Marek Bębenek, Ireneusz Pawlak, Adam Maciejczyk with Mulitidisciplinary Teams

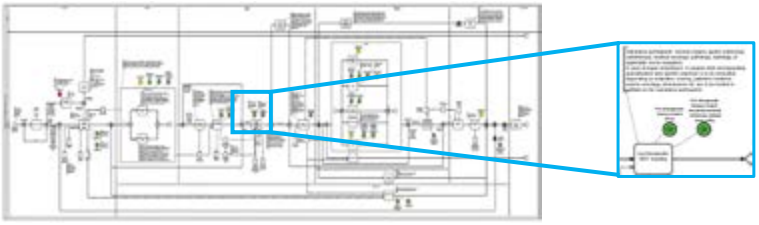
Lower Silesian Oncology, Pulmonology and Hematology Center, Wroclaw, Poland

INTRODUCTION

European initiatives, particularly the Innovative Partnership for Action Against Cancer (iPAAC) in 2019-2021 and the CraNE Joint Action in 2022-2024, have established frameworks for developing comprehensive cancer care networks that emphasize coordinated, evidence-based patient pathway. The poster presents Lower Silesian Oncology, Pulmonology, and Haematology Center;s (LSCOPH) experience in implementing European standards throug participation in iPAAC and CraNE Joint Actions, and our recent integration into the EUnetCCC project to advance comprehensive cancer care delivery. At the same time, our center participated in other initiatives: the European Commission Initiative on Breast Cancer (ECIBC) in 2022 and the Polish National Oncological Network pilot program (NON) in 2019-2023.

Lower Silesian Oncology, Pulmonology and Hematology Center: 70 years of tradition and experience

The LSCOPH is the largest oncological center in the Lower Silesian Voivodeship, southwestern Poland, providing comprehensive cancer care to approximately **9,000** newly diagnosed patients annually (primary cases). The implementation of European standards has enhanced care coordination, reduced diagnostic delays, and improved access to comprehensive oncological services for the regional population.



Implemented Standarized Patient Pathway for Colorectal Cancer

The center has systematically adopted European best practices for diagnostic-therapeutic pathways while addressing regional healthcare challenges. For the first time, the patient pathway n includes both medical and organizational guidelines in a graphic compliant with the BPMN 2.0 standard. Individual blocks contain interactive forms and descriptive Standard Operating Procedures (SOPs). The locations of quality indicators (QIs) are also precisely marked.

The duration of the CCCN joint actions allows for a development process, approximately 30% improvement in the quality of cancer care in both colorectal and lung cancer based on objective QIs!

iPAAC	2020	2021
	55%	83%

CraNE	2022	2023	2024
	62%	86%	92%

EUnetCCC	2024	2025	2026
	62%	70%	?

Quality Indicators Development Process in Colorectal (iPAAC, EUnetCCC) and Lung Cancer (CraNe)

Wrocław Comprehensive Cancer Care Network: first two certificates in Poland under IPAAC (2021) and CRANE (2024) Joint Actions

CONCLUSION

Objective Evaluation: Quality indicators are the most reliable auditing tools
Unified Standards: evidence-based practices across certified centres
Quality benchmarking: measurable indicators for clinical excellence
Regular audits and updates drive continous developoment
Data-driven approach: promotes digitalisation and automated quality indicators

The whole process provided the Institution with an opportunity to rise to the occasion for re-certificationa in Colorectal Cancer and enviable support for upcoming certification in Urooncology.

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CENTRE DE LUTTE CONTRE LE CANCER LEON BERARD
unicancer

THE INTEGRATED CANCER PREVENTION STRATEGY OF THE LÉON BÉRARD CANCER CENTER : EXAMPLE OF CCC PREVENTION HUB

Fervers B, Cadoré AC, Margiotta V, Pérol O, Lasset C, Mouret-Bonzi M, Marijnen P, Heudel P, Blay JY

The **Leon Berard Cancer Center (CLB)**, a leading French Comprehensive Cancer Center and member of the UNICANCER network, manages 13,000 new cancer patients and follows 43,000 patients annually. 2,000 person work at CLB (200 physicians, 600 researchers, 600 caregivers). CLB is a European reference in oncology and translational research.
Smoke-free hospital since 1990, environmental management certified ISO 14001 since 2011.

France recorded 433,000 new cancer cases and 164,000 cancer deaths in 2022, 40% attributable to established lifestyle and environment.
CLB has positioned cancer prevention as a strategic priority and core component of comprehensive cancer control, combining preventive clinical practice, research, innovation, and education to strengthen the prevention continuum from understanding to acting on cancer causes.

Cancer prevention continuum

- **Create synergies to overcome current fragmentation** between the components of cancer prevention
- **Clinical-community partnerships** to integrate population-wide approaches with targeted prevention interventions
- **Participatory approaches** to co-create interventions, enhancing effectiveness, equity and accessibility
- Ensure **knowledge transfer** and education

Digital & Community Engagement for Health Promotion

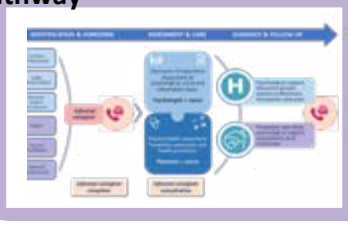
- Evidence-based outreach activities, interactive exhibitions, social media
- Virtual resources center: www.cancer-environnement.fr > 1.5 M visitors/year
- Community-based programs (HPV, environmental health, etc.)

Cancer screening

- Contribute to national screening programs
- Referral center for high-risk groups
- Specific screening in hereditary cancer
- Participation in the experimentation of lung cancer screening

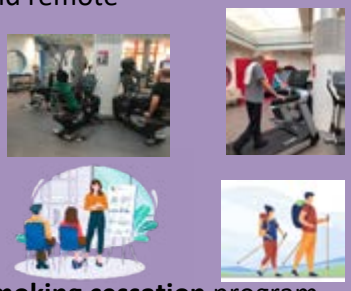
Clinical Prevention Pathways for high risk populations

- Personalized cancer prevention in high-risk individuals (INTERCEPTION)
- Prevention - risk assessment and lifestyle counselling - for individuals attending colonoscopy within colorectal cancer screening
- Cancer genetics consultations
- **Informal cancer caregivers pathway**



Clinical Prevention Pathways during & after cancer treatment

- Personalized **physical activity program and nutrition** : on-site and remote



- **Smoking cessation** program
- On-site and teleconsultation

Research: Understanding and acting on cancer causes at all stages of the prevention continuum

Anchored in a leading cancer research ecosystem (CRCL (UMR Inserm 1052-CNRS 5286-CLB-Univ.Lyon 1; IARC), CLB's cancer prevention research combines epidemiological and translational research on environmental and nutritional determinants and prevention strategies linking biological and epidemiological discoveries with behavioural and contextual interventions. CLB coordinates the national cancer primary prevention research network CANCEPT, funded by INCa.

The CLB's experience illustrates how prevention can be integrated into the comprehensive mission of CCCs, as well as how CCCs may contribute to bridging the current fragmentation between the cancer prevention components. Cancer prevention requires strong intersectoral collaboration and partnerships with citizens, patients, policy makers, and stakeholders outside the health care system.

Fervers B et al. Cancer Prev Res (Phila). 2024. doi: 10.1158/1940-6207.CAPR-23-0386.

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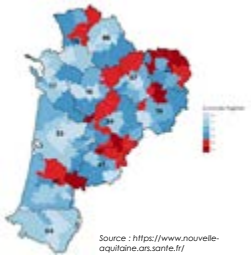
Institut régional de cancérologie nova
Groupement de coopération sanitaire de Nouvelle-Aquitaine

CHU BDX · CHU Limoges · CHU Poitiers

Multi-institution consortium NOVA : Organisation and Governance

Dr Liora Brunel, Ms. Floriane Lenoir, Ms. Aurore Loxq, Ms. Cécile Beneux, M. Stéphane Michaud, Ms. Catherine Biasini, Dr Corinne Lamour, Dr Françoise Colombani, Dr Florent Huré Papaiconomou, Pr Nicolas Isambert, Pr Alain Ravaud, Pr Elise Deluche, Pr Pierre Dubus

Nouvelle-Aquitaine : Population Catchment Area and Challenges



Source : https://www.nouvelle-aquitaine.ars.sante.fr/

The largest Region In France

- ✓+ 84,000 Km2 [> small EU states]
- ✓6 million inhabitants
- ✓37,000 new cancer cases / year

A heterogeneous territorial situations with 6.5% of the population affected by medical deserts « red zone » (compared to 3,3% in France).

NOVA Consortium : Origin and objectives

2021

Creation of the consortium by the 3 Hospital-University Centers of NA

2023

Gradual integration of the affiliated members

Origin
- Established with the aim of enhancing hospital-university collaboration in Nouvelle-Aquitaine
- Response to challenges in referral care, prevention, innovation, and management

Initial objectives
- Pool their strengths and resources
- Coordinate efforts in specialized care and referral services
- Structure joint actions around prevention, education and innovation
- Enhance visibility both locally and within the framework of European projects

General Assembly	Board of Directors	Follow-up meetings	Strategic committee and steering committee per projects
• CEO • Chair of the Medical Establishment Committee • Dean of the faculty	• Administrator • 3 Lead Directors NOVA • Consortium coordinator	• 3 Lead Directors NOVA • Consortium coordinator	• Project Manager • Medical Advisors
EVERY 3 MONTHS	MONTHLY	WEEKLY	WEEKLY

NOVA Consortium : From concept to completion

2022 — Health Data Hub

Regional Health Data Warehouse, the largest in France

Aims to create collaborative interfaces—organizational, technical, and regulatory—to foster research partnerships and populate the Health Data Hub with a catalog of shareable data.

Entrepôt de données de santé

Member of DARWIN-EU Network

2023 — eNOVAPath

France's first regional digital pathology platform

An eco-responsible digital heritage for AI, research, education, and the improvement of care pathways

eNovA-Path

2023 — Management school

Management Training Program for NOVA Practitioners

One initial training cycle over an academic year
Develop managerial skills
Provide opportunities for interaction among medical leaders
Strengthen collaborations

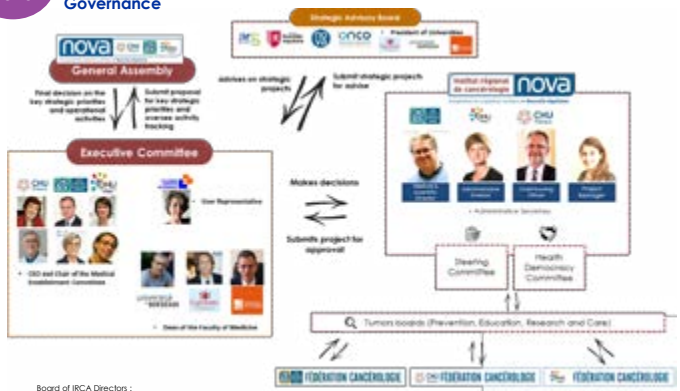
Prevention Program and initiatives

- Network of Public Health facilitators
- Promoting tobacco-free hospital,
- Contributing to the redesign of the cancer screening center in Nouvelle-Aquitaine
- **Impulsion** INCa-program
- **CAP-santé** : therapeutic education platform
- **SCAN VIR** : Hepatits C screening program
- **SO-RISP** : PI within INCa-accredited prevention research network ;
- Hospital-based prevention innovation unit (alone in France)
- **Station [e]-Santé** : digital health innovation hub dedicated to preventive care

GOVERNANCE : NOVA launched its **Regional Cancer Institute – IRCA NOVA -** to coordinate excellence and equity across the entire oncology care pathway and comply with EUNetCCC requirements

Oct 2025

Governance



Board of IRCA Directors :
Medical and Scientific Director : Pr Pierre Dubus (CHU de Bordeaux)
Administrative Director : Ms. Aurore Loxq (CHU de Limoges)
Chief Nursing Officer : M. Stéphane Michaud (CHU de Poitiers)

Contact point :
Dr Liora Brunel, Project Manager EUNetCCC/IRCA NOVA
liora.brunel@chu-bordeaux.fr

Strategic orientations

- Ensure equitable access to high-quality care
- Support and strengthen prevention and screening initiatives
- Promote research excellence by leveraging network expertise
- Facilitate access to innovation
- Foster health democracy and patient engagement
- Enhance education and training in oncology in close partnerships with the Universities of Bordeaux, Limoges, and Poitiers
- Increase visibility and attractiveness

Key figures

MTD meetings : +63,000 reports discussed yearly
~15,000 newly treated cases
+2000 ongoing clinical trials
24/7 care Access

Develop the network

At local level
with all the regional / national actors including non-university hospitals, community and institutions

At European Level

EUnetCCC

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Υπουργείο Υγείας
1η Υγειονομική Περιφέρεια Αττικής
Γ.Ν.Α. ΑΛΕΞΑΝΔΡΑ
HELLENIC REPUBLIC
National and Kapodistrian University of Athens
EST. 1837

Bridging CCC and CCC Network Development: Coordinated Actions between Alexandra Hospital and Competent Authority

Michael Liontos, Theodora Papadopoulou, Morena Bazelli, Alexandra Stavropoulou, Anastasia Mpalasopoulou, Emmanouela Zouroudi, Dimitrios Haidopoulos, Nikolaos Thomakos, Kalliroi Goula, George Pissakas, Athanasios Chalazonitis, Andreas Pambanos, Argiro Vezirgianni, Basiliki Markasioti, Dimitrios Valsamidis, Ourania Todoulou, Anastasia Vourvouli, Elpiniki Tavianatou, Theodora Psaltopoulou, Meletios-Athanasios Dimopoulos

Background

Within the EUnetCCC framework, Alexandra Hospital participates in two parallel initiatives: the establishment of a Comprehensive Cancer Centre (CCC) and the creation of a national network of CCCs for gynecological cancers. The 1st Health Region of Attica (1st YPE) acts as the Competent Authority under the Ministry of Health, providing strategic direction and ensuring the governance and operational processes align with EUnetCCC standards.
The collaboration enables a dual focus: on local implementation and national sustainability

Objective

To highlight how coordination between a pilot hospital and the regional Competent Authority supports effective governance, synchronization of work streams and, acceleration of the EUnetCCC implementation in Greece.

Approach

- Joint planning, goal setting, and decision-making between Alexandra Hospital and 1st YPE
- Regular coordination meetings to align CCC (WP4) and CCCN(WP9) objectives
- Integration of strategic oversight (YPE) with operational implementation (hospital)
- Development of shared decision-making mechanisms and transparent communication flows
- Creation of a mutual evaluation framework for progress and performance
- Shared prioritization of quality assurance, collaboration and digital improvement

Challenges

- Absence of predefined national governance models for pilot-authority collaboration
- Differences in institutional priorities, timelines and, administrative workflows
- Limited staff capacity for additional coordination and reporting duties
- Need for consistent digital tools to enable real-time data exchange
- Bureaucratic complexity in synchronizing hospital and regional governance processes
- Variability in interpretation of EUnetCCC standards across administrative levels

Achievements

- Established a structured collaboration mechanism between the pilot site and the Competent Authority
- Improved coordination of workstreams between CCC and CCCN teams, leading to faster alignment of deliverables
- Introduced joint governance reporting to monitor implementation progress
- Enhanced visibility of Greece's progress within the EUnetCCC network through coordinated communication

Next Steps

- Strengthen interoperability and digital data exchange with the 1 st YPE
- Formalize a governance framework that supports both CCC and CCCN implementation nationally
- Develop joint training modules for governance, leadership and, sustainability
- Use the collaboration model as a reference for future CCCs and networks in Greece
- Continue monitoring outcomes to demonstrate the value of coordinated governance

Collaborative governance ensures measurable and sustainable improvements in cancer care.

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CNIT Forest, Paris La Défense
6-7 NOVEMBER 2025

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IRCCS Istituto di ricovero e cura a carattere scientifico

TP53 Mutations Drive Metabolic Rewiring and Immune Dysfunction in Acute Myeloid Leukemia, Revealing Actionable Vulnerabilities

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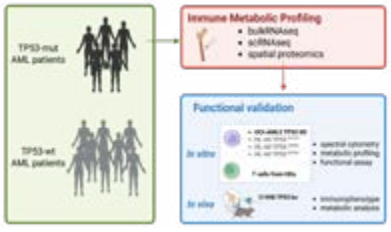
BACKGROUND

TP53-mutant Acute Myeloid Leukemia (AML) defines a high-risk clinical entity characterized by **very poor outcomes**. Along with a well-known cell-intrinsic chemoresistance, TP53-mutant AML is associated with a profound remodeling of the bone marrow (BM) immune microenvironment, where **chronic inflammation** coexists with **immune T-cell dysregulation and tolerance**. In particular, increased T-cell infiltration together with heightened expression of immune checkpoint molecules as well as enrichment of regulatory and exhausted lymphocyte subsets have been reported. Despite recent insights, the mechanisms underlying this immune dysregulation are far from being elucidated.

AIM

- Assess the role of TP53 mutations in reshaping leukemia–immune interactions
- Define how immune–metabolic reprogramming drives inflammation and tolerance.
- Identify vulnerability points exploitable for therapy

METHODS



FUNDING

- **Joint Action EUnetCCC**
- Fabbri1905
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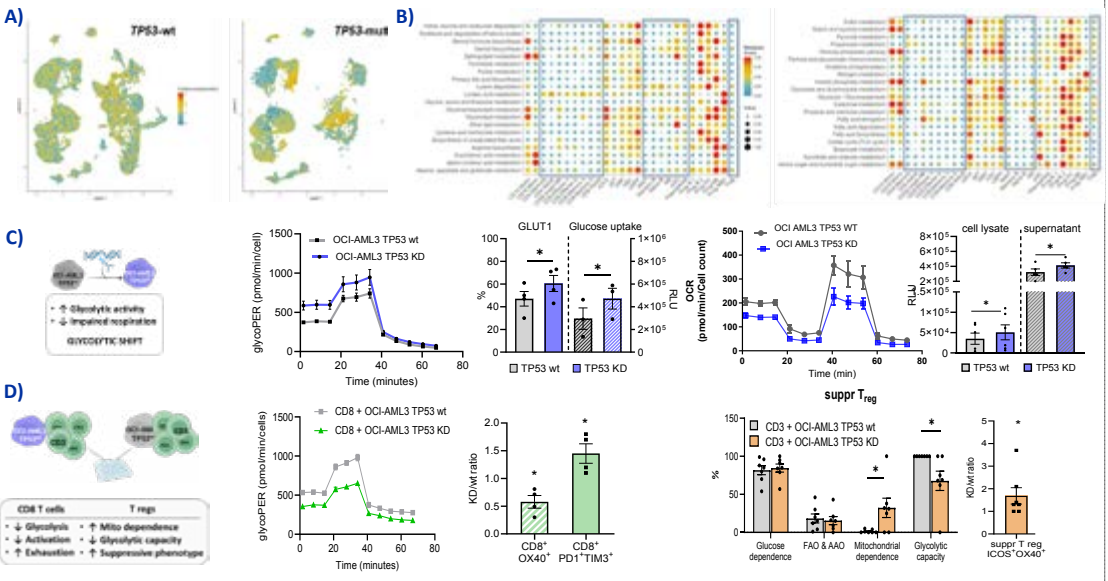
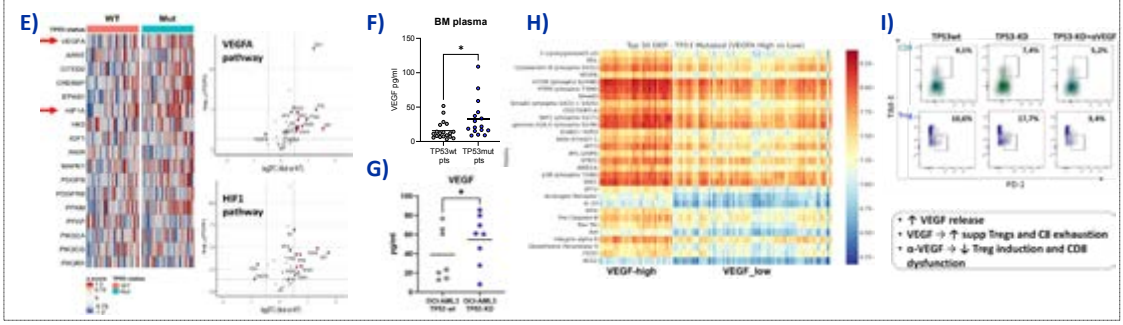
RESULTS

ScRNA-seq revealed that TP53-mutant AML patients display a distinct metabolic profile **(A)** and metabolically inactive T cells **(B)** compared to TP53-wt cases, suggesting altered metabolic crosstalk in the BM niche. TP53 knockdown in OCI-AML3 cells reprogrammed metabolism **(C)** toward glycolysis at the expense of mitochondrial respiration, generating a glucose-depleted, lactate-rich microenvironment that impaired T-cell activation. In co-culture **(D)**, CD8 T cells showed reduced glucose uptake and glycolysis, consistent with an exhausted phenotype, whereas regulatory T cells increased mitochondrial reliance, supporting proliferation and suppressive phenotype.



Transcriptomic profiling revealed increased VEGF and its regulator HIF-1 expression in TP53-mutant cases **(E)**, paralleled by higher VEGF levels in BM plasma **(F)** compared to TP53-wt, with KD cells also showing increased VEGF production **(G)**. Spatial proteomic analyses of TP53 mutant BM sections **(H)** revealed that areas with elevated VEGF expression are enriched for T-cell dysregulation markers, mainly related to Tregs and exhausted effector T cells. Finally, pharmacologic inhibition of VEGF signalling in co-culture **(I)** partially reversed CD8 T-cell dysfunction and reduced Tregs induction, supporting a role for VEGF in mediating immune suppression downstream of TP53 loss.



CONCLUSION

TP53 loss reshapes AML immunity through integrated metabolic and signalling changes that promote tolerance. VEGF emerges as a key mediator of this process, highlighting potential therapeutic targets to restore immune competence in TP53-mutant AML

IMPACT

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La Fe Hospital Universitari i Politècnic
IIS La Fe Health Research Institute

Advancing Cancer Care Coordination: EUnetCCC Pilot in the Valencian Region Pilot Site

J.L. Poveda Andrés, J.E. Megías Vericat, S. Matoses Jaen, R. Diranzo Año, J. C. Diarte Ortiz

Background

Cancer remains a leading cause of illness and death across Europe, requiring coordinated, multidisciplinary approaches to ensure quality and equity in care (1). The EUnetCCC initiative was created to improve cancer care coordination, harmonize clinical practices, and strengthen collaboration among comprehensive cancer centers across the EU.

In Spain, the Valencian Region Pilot Site, led by the Hospital Universitari i Politecnic La Fe and IIS La Fe, serves as a model for integrated oncology care. Through the Interdepartmental Health Group (ASI) structure, this pilot connects multiple hospitals and health departments to deliver seamless cancer care, from diagnosis to survivorship, while fostering innovation, research, and equitable access to advance therapies.

Figure 1. Geographic distribution of the Valencian Region Pilot, illustrating the catchment area (≈650,000 inhabitants) and its integration within the regional cancer network (total 5.3 million).

Cancer Care Activity

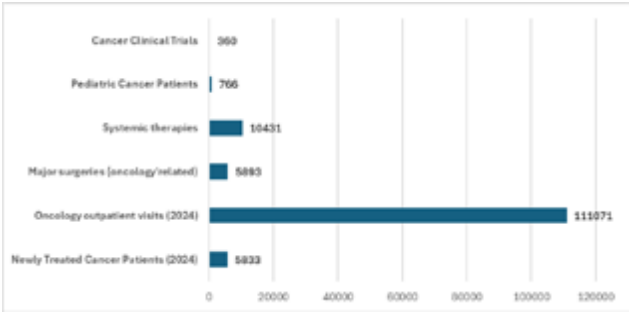

Figure 2. Summary of key cancer care indicators at HU La Fe Pilot Site (2024)
Key indictors show the scope and complexity of cancer care delivered at HU La Fe, integrating clinical, research, and advanced therapy services

Clinical & Research Infrastructure

Clinical Platforms	Research & Innovation Platforms
• Proton Therapy Unit (PET-RAM) - advanced radiotherapy technology	• NovaSeq X Plus sequencer for large-scale genomic analysis
• CAR-T and virus-specific T-cell production (GMP certified unit)	• Centralized Biobank for oncology and hematology research
• Advanced Imaging Units (PET, MRI, high-end radiology)	• AI & Big Data platforms for clinical and research integration
• Interoperable Clinical Data System connecting hospital and regional units	• ISO 9001-2015 certified laboratories ensuring quality and standarization

Figure 3. Clinical and technological infrastructure supporting the Valencian Region Pilot Site (IIS La Fe/HU La Fe).

This infrastructure strengthens La Fe´s role as a national and European reference in comprehensive cancer care, integrating innovation, research, and equitable access to advanced therapies.

Reference Units and Specialized Services

National Reference Units (CSUR)	Hospital Reference Units (RU)
• Intraocular and Orbital Tumors (Adults)	• Abdominopelvic Oncology Surgery Unit
• Neuroblastoma (Children)	• Medical Oncology Unit
• Sarcomas (Children&Adults)	• Pediatric Oncology Unit
• Renal Tumors with Vascular Involvement	• Genetic Counseling for Cancer
• Allogeneic Hematopoietic Stem Cell Transplantation (Children)	• Neuroendocrine Tumor Unit
• Esophagogastric Surgery Unit	• Complex Hepatobiliary & Pancreatic Surgery Unit
	• Complex Spinal and Musculoskeletal Tumor Surgery Unit (Children)

HU La Fe hosts 29 national reference CSUR centers and 27 hospital reference units (RU), including 8 dedicated to complex oncologic care, reflecting its role as a leading institution in specialized oncology services in Spain.

Research and Innovation

IIS La Fe internationalization:

- 43 European projects
- 14 in cancer, 4 coordinated by La Fe
- Annual budget for cancer research: €35,035,294.13
- Percentage of publications in Q1 journals: 48%
- Cumulative publication score 11.56.

Human Resources & Training

- 794 oncology professionals at HU La Fe
- 1461 postgraduate students
- 82 internal + 83 external residents

Key Outcomes & Impact

- Integration of cancer care across departments
- Enhanced access to genomic testing (NGS node at La Fe)
- Contribution to EU harmonization in oncology
- Pathway toward sustainable European cancer care networks

Conclusions & Future Steps

- Ongoing data harmonization with other EUnetCCC sites
- Evaluation of coordination metrics and patient outcomes
- Expansion toward national adoption

References

1. European Cancer Information Systems (ECIS). *Cancer burden in Europe, 2023 estimates.* European Comission, Joint Research Centre; 2023. Available from: https://ecis.jrc.ec.Europa.eu

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Poster n° 16

Gränby Project: decentralized, person-centred cancer care in shopping center clinics

Uppsala Comprehensive Centre, Sweden

AVAILABLE SOON

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An institutional experience of Open-Faced Immobilisation Masks in Head and Neck Radiotherapy at Galway University Hospital

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Introduction

Head and Neck Cancers (HNC) has a prevalence of approximately 800 cases per year in Ireland, accounting for 3.3% of all invasive cancers(excluding non-melanomatous skin cancers). Approximately half of these patients receive radiotherapy treatment[1].

Open-faced radiotherapy masks were introduced in Galway University Hospital in April 2025. This study aims to survey the patients' experience of closed versus open faced masks during and following radiotherapy treatment.

Materials and methods

A seventeen-question survey was created in both paper and online formats, and included questions related to mask comfort, anxiety and mask stability. Surveys were completed either during or within three months of completion of treatment.

Data regarding inter-fraction translational moves, number of rescans, and number of reset-ups were collected by treating radiation therapists.

Results

Thirty-two patients were surveyed; sixteen from the closed-faced mask group and sixteen from the open-faced group.

Seventy-four percent of patients reported some degree of anxiety related to the mask.

Two-thirds of patients with increased mask-related anxiety had a closed face mask (8 closed vs. 4 open).

Sixty-two percent of patients who reported trouble breathing had a closed-face mask (8 closed vs. 5open).

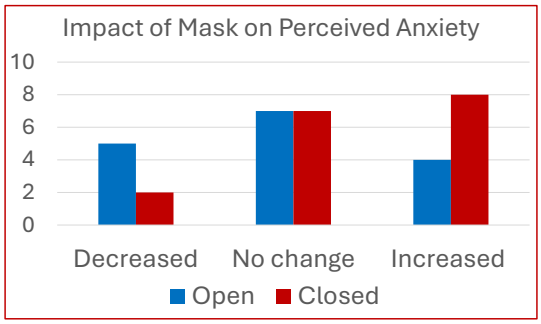
Most patients (78%) would prefer to use an open-faced mask if they were to undergo radiotherapy again.

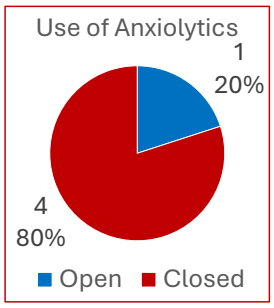
The number of re-scans and re-sets are shown in table 1.

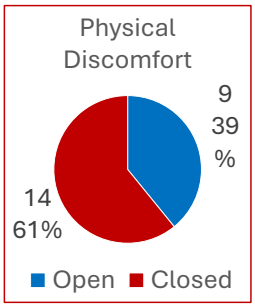
Conclusions

This patient survey has shown that radiotherapy face-masks remain a source of anxiety for patients undergoing HNC radiotherapy. The results suggest that this effect is greatest in patients with pre-existing anxiety.

Overall, our survey demonstrated that open-faced masks were the preferred immobilisation method for head and neck radiotherapy, reflecting greater patient acceptability and comfort without compromising treatment setup

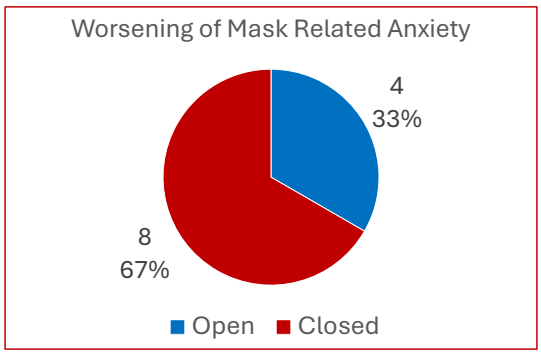






	Re-scans	Re-sets/ No. of fractions (%)
Open	0	14 / 417 (3%)
Closed	3	42 / 463 (9%)

Table 1. The number of re-scans and re-sets



References

1. Brennan A, Murray D, McDevitt J et al. Overview of the current epidemiology of head and neck cancers in Ireland. Journal of The Irish Head and Neck Society 2025; (3) https://theihns.com/publication/overview-of-the-current-epidemiology-of-head-and-neck-cancers-in-ireland/

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MEDIZINISCHE UNIVERSITÄT INNSBRUCK

CCCI comprehensive cancer center innsbruck

Development and validation of an transcriptomic- and genetic-based model for predicting regorafenib response in metastatic colorectal cancer

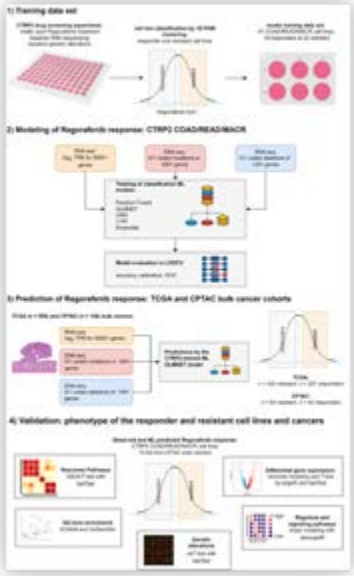
Abdel Hamid M., Amann A., Kocher F., Pammer L.M., Gruber R., Nocera F., Elliott A., Tymoszuk P., Riedl J.M., Huemer F., Doleschal B., Taghizadeh H., Seeber A.

BACKGROUND AND AIM

Regorafenib is a late-line option in metastatic CRC, often overshadowed by its limited efficacy and high toxicity. Yet, rare cases of deep and even complete responses hint at untapped potential. This study applies machine learning to transcriptomic and genetic data to identify those exceptional responders—aiming to turn regorafenib into a precision tool rather than a last resort.

MATERIAL AND METHODS

In the CTRP2 screen, >700 cancer cell lines were treated with regorafenib. Sensitivity was quantified via AUC and binarized using medoid clustering (339 sensitive, 383 resistant). From these, 41 colorectal cell lines (COAD, READ, MACR) were selected for model training based on gene expression, mutation status (~2600 genes), and copy number losses. Four machine learning models (RF, GLMNET, SVM, GBM) were trained and evaluated via LOOCV (FIG 1). GLMNET achieved the best performance and was used for downstream analysis. Model predictions were validated in over 700 CRC patients (Caris Life Sciences) and compared with TCGA/CPTAC data.

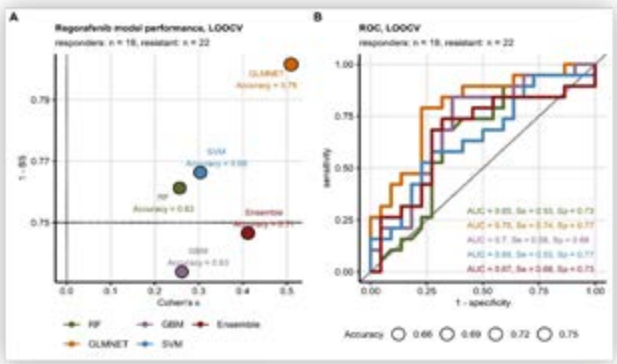


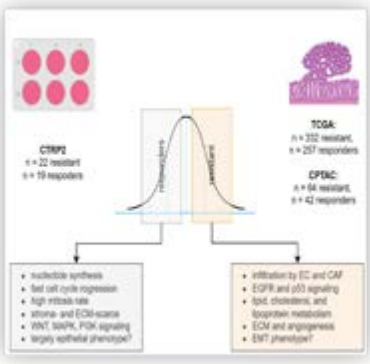
RESULTS

The GLMNET model outperformed all other algorithms (AUC = 0.79) and was used to calculate a regorafenib response score (FIG 2). The model was applied to a real-world cohort of >700 regorafenib-treated CRC patients (Caris Life Sciences), showing signature-based stratification with potential clinical relevance. Predicted sensitive tumors (FIG 3) showed high proliferative activity with upregulation of MYC, E2F, MAPK, and PI3K pathways, increased ZNF441 and CCDC82 expression, elevated DNA synthesis and mitotic/apoptotic proteins, higher tumor cell fraction with reduced fibroblast/endothelial infiltration, and Th2 cell enrichment. In contrast, resistant tumors were marked by activation of TGF-β, p53, EGFR, and hypoxia pathways, enrichment of FAM131A, SH3BP1, and mutations in RBM33 and EXTL3, enhanced lipid metabolism and ECM remodeling, and increased infiltration of memory CD4+ T cells and NKT cells (FIG 4 + 5).

CONCLUSION

A transcriptomic and genomic model was developed to predict regorafenib sensitivity in colorectal cancer. Applied to a real-world cohort of treated patients, it identified distinct molecular subgroups consistent with treatment benefit. These results demonstrate the model's potential to enable precision use of regorafenib in clinical practice.





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Candiolo Cancer Institute

Joining a network of excellence:
FPO-IRCCS in EUNetCCC as an affiliated entity of Alleanza Contro il Cancro

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IN(side) Candiolo Cancer Institute

Our story & structure

Founded on June 19, 1986, the Piedmont Foundation for Cancer Research (FPRC) was established with the scope of creating **an institute exclusively dedicated to cancer research and care**, promoting cutting-edge scientific projects in oncology. **The Candiolo Cancer Institute, Piedmont Oncology Foundation (FPO)**, began its activities in 1996 with the mission to integrate clinical assistance and translational research to advance cancer diagnosis and treatment.

Since 2013, the FPO has been accredited by the Ministry of Health as an **Istituto di Ricovero e Cura a Carattere Scientifico (IRCCS)**, or Scientific Institute for Research, Hospitalization and Healthcare. These are public or private health institutions of national importance that integrate highly specialized clinical care with biomedical research, with the goal of improving healthcare through research, diagnosis, and treatment. The institute covers more than 56,000 square meters, with nearly 48,000 square meters dedicated to clinical care and 8,500 to research. Clinical services are provided by the FPO.

Since 2022, the Institute is **recognized as a Comprehensive Cancer Centre** by the Organisation of European Cancer Institutes (OECI), confirming its commitment to the highest European standards in cancer care and research. As a national and international reference centre for the treatment of numerous oncological diseases, **Candiolo Cancer Institute, FPO-IRCCS formally collaborates with leading scientific institutions**, including the University of Turin and the Italian Institute for Genomic Medicine (IIGM), reaffirming its role as a centre of excellence in biomedical and clinical research

Research, Healthcare, Education

The **comprehensive outlook of Candiolo** Cancer Institute **combines clinical, research and educational activities** with the aim of constantly improving patients' early and precise diagnosis, effective treatment, and high-quality care to achieve optimal patient outcomes. Candiolo Cancer Institute serves more than 35,000 patients yearly. **Its team of 450+ healthcare professionals and researchers** carries out clinical and research activities through 20 Multidisciplinary Teams (MDTs), following modern standards of clinical synergy.

There are **15 laboratories in the Institute**, including five specialized facilities, supporting cutting-edge research. **Over 1,700 publications** were published **in the past 10 years**. **In 2024, the Institute conducted 258 clinical trials**, ranging from early- to late-phase studies (of which 185 interventional trials) and encompassing both profit and non-profit initiatives in medical/surgical/diagnostic areas leaded by clinician and nurses, , with over 1,758 newly enrolled patients. The **Institute also conducted 19 Phase I trials** of which 9 first in human and served as the **promoter of 31 independent studies** and one national registry, reinforcing its pivotal role in clinical research advancement. The institute is equipped for CAR-T, cell therapies and theragnostic. The institute includes several preclinical and translational research groups focusing on the main tumour types under treatment. This clinical–preclinical interaction forms the foundation of precision medicine, which represents the ultimate goal of modern oncology.

Quality Excellence Through Integration of Care, Research, and Safety

The Candiolo Cancer Institute **is a high-level healthcare and research institution recognized** as an **IRCCS** and a Comprehensive Cancer Centre (**CCC**). Since 2016, the Institute has maintained a Quality Management System focused on process effectiveness and patient satisfaction, achieving **ISO 9001:2015 certification**. In 2022, the Institute also obtained **ISO 45001:2018 certification** for occupational health and safety. The **Transplant Centre**, part of the Turin Metropolitan Transplant Program, **has been recognized as a centre of excellence by JACIE-FACT** and the Italian National Transplant Centre since July 2013. The Institute's Technology Transfer Office promotes the protection and valorisation of the scientific research. It focuses on oncology and biomedical innovation through intellectual property management, patent analysis, licensing, and industrial and academic collaborations. In 2023, the **Institute received three Pink Badges**, as a "woman-friendly hospital".

Innovation & Patient-Centeredness

The **Candiolo Cancer Institute has always kept pace with the times**, investing in advanced infrastructures, equipment, and technologies to ensure better diagnosis and patient care.

The **Institute performs complex surgical procedures** using the innovative multiport and single port robotic technologies. **With cutting-edge imaging systems** such as the SIGNA Artist 1.5T MRI and the Spectral CT 7500. Candiolo is one of the few hospitals in Italy equipped with two Tomotherapy Radixact X9 systems, offering state-of-the-art precision radiotherapy for cancer treatment. In its ever-evolving innovation spirit, the **new Biobank building** will cover 3,000 square meters across two floors, dedicated to the collection and preservation of biological samples donated by patients.

The human biological samples, obtained from surgical procedures or biopsies, can be transformed into organoids enabling the study of disease evolution and the testing of personalized therapies. Liquid and tissue biopsy enables extensive gene panel exploration (500+ genes) by analysing circulating tumour DNA to detect genetic mutations non–invasively. The Institute's **Internal Pharmacy** has an **automated system** for the preparation of antineoplastic drugs. The Institute has provided **drug home delivery** to patients in remote areas and outside region, also assisted in telemedicine.

At the **Candiolo Cancer Institute, the patient lies at the heart of everything we do**. Our **vision** is to ensure that **every individual receives comprehensive, personalized, and human-centred care**, supported by cutting-edge research, advanced technologies, and multidisciplinary collaboration. The **Centre proudly consults a Users' Board,** representing patients and caregivers, which provide feedback and suggestions to improve the quality, accessibility, and human dimension of care. **The Institute also provides support services** such as nutritionists physiotherapists and psychologists to support families, caregivers and patients, in areas such as sexual dysfunction and lifestyle habits. For example, the "Candiolo Cares" project, promoted by the FPRC, offers patients activities and events designed to complement medical treatment.

Since 2022, **the Hospice at IRCCS Candiolo has been a serene home for palliative care**, offering compassionate, personalized support to patients no longer responding to specific treatments. A dedicated multidisciplinary team, including palliative physicians, pain specialists, psychologists, physiotherapists, nurses, and spiritual assistants, ensures holistic, patient-centred care.

From Piedmont to International Partnerships

The **Candiolo Cancer Institute's vision is rooted in delivering the highest standards of research and patient care, strengthened through partnerships with cancer centers, institutions, and networks** at local, regional and international level. It has **established collaboration with University of Turin, University of Eastern Piedmont** and is an active member of the **Transplantation Metropolitan Centre**. The Institute **has various global research partnerships** among which in the EU, USA, China, and others. Since 2008, **the Institute has also been an active partner of the Oncology Network of Piedmont and Aosta Valley (ROPVA)**, an integrated system of cancer care that coordinates healthcare facilities across the two regions. **Starting in 2016, it is a member of Alleanza Contro il Cancro (ACC),** the Italian national network of oncology IRCCSs. The **Candiolo Cancer Institute is a member of various European-funded projects**, among which, the finalized ProCancer-I project developing, and supporting a secure, cloud-based European imaging infrastructure, the cooperation research project Torino-Lione (with Léon Bérard Centre - Lyon) and the European Joint Action CCI4EU, aimed at strengthening the creation of a Comprehensive Cancer Infrastructure.

Since 2024, and its affiliation with ACC, **Candiolo Cancer Institute has been a committed member of the European Joint Action EUNetCCC**. In the Joint Action, it contributes to the overall workpackages with a key focus on WP6 (Capacity Building) and WP7 (Governance). Candiolo Cancer Institute is a CCC coordinator for governance in WP6, shaping the standards for capacity building and strengthening aspiring centres in their processes to become CCCs.

The Institute has supported the development of the WP6 standards and manuals, engaged in online meetings and interviews as well as actively participating in WP6 Barcelona cooperating to define strategies for standards implementation and quality improvement. The Candiolo Cancer Institute is a dynamic actor in WP7, participating in meetings and workshops to define and support the governance framework, membership rules, the network portal and review KPIs for governance evaluation.

FIND US HERE (www.ircc.it)
TO KNOW MORE ABOUT CANDIOLO ISTITUTE AND CONNECT & PARTNER WITH US

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Precision health in action – a nationwide pancreatic cancer screening program in Iceland

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[1]Faculty of Medicine, University of Iceland. [2]Landspitali – The National University Hospital of Iceland.

[3]The Icelandic Heart Association, Radiology

Introduction

- Pancreatic ductal adenocarcinoma is slowly rising in incidence and ~40 cases are diagnosed annually in Iceland. Despite extensive efforts in advancing treatment, prognosis has not improved substantially for pancreatic cancer in the last 20 years.
- Screening high-risk populations is recommended by several professional societies[1-3] to increase early diagnosis. This includes individuals with a strong family history (fulfilling familial pancreatic cancer criteria) and individuals carrying pathogenic variants (such as in STK11, CDKN2A, BRCA1/2, ATM, PALB2 and Lynch syndrome).
- Iceland has one Medical Genetics department at Landspitali that oversees all clinical genetic testing.
- The clinical genetics department has permission to use a genealogy registry containing information on all living and deceased Icelanders dating back to late 1800s, in genetic counseling.
- The Icelandic Cancer Registry dating back to 1955 provides information on cancer diagnoses, adding the information to pedigrees.

Initiating pancreatic cancer screening

- In 2023, a public campaign was launched through Landspitali Genetics department to find individuals at an increased risk of pancreatic cancer due to family history or genetic carrier status.
- All patients diagnosed with pancreatic cancer undergo genetic testing.
- Iceland participates in an international screening study, PRECEDE.

PRECEDE
The Pancreatic Cancer Early Detection Consortium

References:

1. Conroy T et al. Ann Oncol 34:987-1002, 2023.
2. National Comprehensive Cancer Network: Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic. Plymouth Meeting, PA. 2025.
3. Goggins M et al. Gut 69:7-17, 2020.

Screening results

- Approximately 300 individuals have self-referred to the Genetics department in the last two years, and 84 high-risk individuals have entered surveillance.
- Annual MRI pancreas is performed as well as a blood test, measuring glucose and creatinine along with a research blood test.

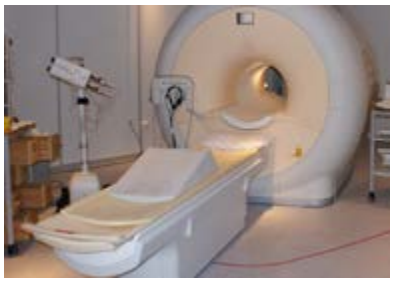

Table 1: High-risk individual characteristics

	n=84
Median age, range	58 (Q1:52, Q3: 65), 37-80
Gender	
Males	43 (51%)
Females	41 (49%)
Criteria for screening	
DNA damage repair genes* + family history	59 (70,3%)
CDK2NA	13 (15,5%)
STK11	1 (1,2%)
Familial pancreatic cancer	8 (9,5%)
Lynch syndrome + family history	3 (3,6%)

*2 *BRCA1* carriers, 46 *BRCA2* carriers, 9 *ATM* carriers, 1 *BRIP1* carrier, 1 *PALB2* carrier.

Discussion

- No cases of pancreatic cancer were diagnosed in the first two years of the program.
- This nation-wide high-risk screening effort is a good example of precision health, utilizing information regarding genetic variants and family history to inform screening procedures.
- Furthermore, it aligns with the governmenetal national goals of increasing individualized health care (precision health).

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Institut de Cancérologie de l'Ouest
unicancer PAYS DE LA LOIRE

Participation of the ICO in the EUnetCCC Project :
Testing the European Certification Framework and Capacity Building

S. Le Lann, Pr JS. Frenel, Dr R. Delva, Dr M. Le Blanc, B. Chambre-Clavel, J. Gautret, C. Boymond, R. Charron-Bighetti, G. Mercusot, C. Le Manach, Dr S. Larramendy, V. Joalland, Pr M. Campone

Affiliations : Institut de Cancérologie de l'Ouest, 44805 Saint Herblain, France

INTRODUCTION - CONTEXT

- **EUnetCCC Project Overview:**
  Building a European network of Comprehensive Cancer Centres with a unified certification framework.
- **Role of the Institut de Cancérologie de l'Ouest (ICO):**
  Testing self-assessment tools and supporting capacity candidate centres.

OBJECTIVES

- Test **the EUCCC self-assessment prototype** for **relevance** and **adaptability**.
- Provide **methodological and strategic support** to candidate centres.
- Promote **mutual learning** and strengthen local teams' skills through **shared practices and experiences.**
- Contribute to a **harmonized certified CCC network**.

METHODS

- Structured, collaborative approach involving internal teams and thematic meetings.
- Use of the Helict platform for centralized data collection and progress monitoring.
- Participation in European workshops and exchanges with coordinators.
- Critical review of the certification guide and prioritization of standards.

RESULTS

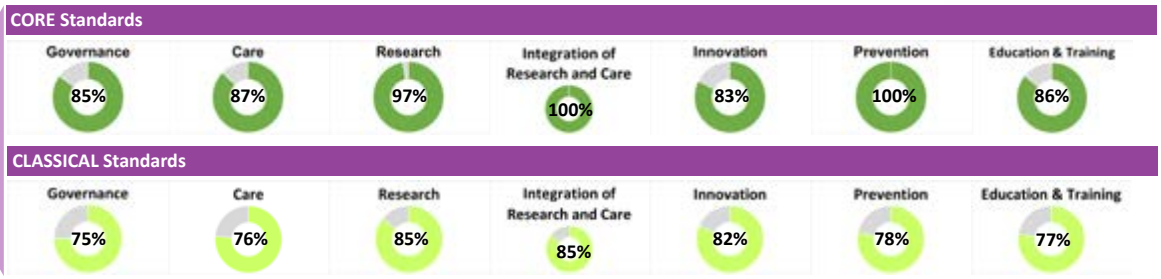
- **9 Field Test Centres**

- **7 Domains assessed**

1. Governance
2. Care
3. Research
4. Integration of Research and Care
5. Innovation
6. Prevention
7. Education & Training

- **322 Standards tested**

- **9 On-line workshops**



CONCLUSION

The experience gained through these two work packages highlights the **importance of collective engagement, structured evaluation, and capacity building** to meet the challenges of **quality and equity in cancer care**.

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Improving Cancer Care Through Electronic Libraries: A Survey of Health Professionals' Experiences with Ireland's Systemic Anti-Cancer Therapy Regimen Library.

Margaret Triggs[1], Grant Carroll[1], Fabian Sweeney[2], Clare Meaney[1], Anne- Marie DeFrein[1], Michaela Higgins[3], Maccon Keane[4], Amjad Hayat[5], Patricia Heckmann[1]

Contact details: margarettriggs@hse.ie

INTRODUCTION

The HSE National Cancer Control Programme (NCCP) develops national Systemic Anti-Cancer Therapy (SACT) Regimens to support safe, evidence-based and cost-effective cancer treatment for Irish patients. These regimens are freely available on the NCCP website, and are developed under the guidance of consultants involved in the treatment of patients with cancer with input from other healthcare professionals. The regimens also underpin the electronic order sets used in the National Cancer Information System (NCIS). NCIS is a single electronic system used for the prescribing, preparation and administration of SACT in most Irish Public Hospitals providing SACT services.

The NCCP National SACT regimens and NCIS standardise patient care, improve efficiency, allow data capture for research and service planning, encourage collaboration and reduce errors. Standardisation in particular is a well-recognised process for improving patient safety and outcomes in health care and other industries, and is also recognised as a key component for successful implementation of electronic health systems.

AIMS

The aim of this study was to understand the utility and appropriateness of the NCCP National SACT regimens from a clinical end user perspective.

METHODS

This study adopted a survey methodology (16 questions which included free text responses) to explore the perceived value and utility of this e-library from the perspective of health professionals delivering cancer care in Ireland.

RESULTS

230 complete responses were collected, comparable to similar studies. Respondents were from a range of disciplines with the predominate responders being nurses (n=78), hospital pharmacists (n=73) and doctors (n=55). Other respondents included community pharmacists (n=12) and hospital pharmacy technicians (n=3). Survey responses were subjected to descriptive statistics. Free text responses were analysed using an inductive qualitative content analysis approach by two authors.

95.6% of respondents were in strong agreement that the NCCP National SACT Regimens were a useful resource with 96.5% agreeing that their development is a valuable use of resources. 98.2% also strongly agreed or agreed with statements that the regimens should remain publicly available to health professionals. 96.9% agreed that SACT regimens should continue to be developed and provided at a national level- See Table 1

The following themes were derived from analysis of free text responses to the survey; Regimen Utility, Standardisation, Efficiency, Governance, Content and Supportive Care. Overall, health professionals perceive the national SACT regimen library to be useful and valuable when delivering care, with respondents suggesting a high level of integration into clinical work flows. However, uncertainty was observed regarding the governance structures that underpin the maintenance of the library.

Table 1: Survey response to statements

Respondents were asked to indicate their agreement with the following statements	Agree Strongly Agree		Neither Agree nor Disagree		Disagree Strongly Disagree	
	n	%	n	%	n	%
The NCCP National Regimens are a useful resource	219	95.6	5	2.2	5	2.2
The development and maintenance of the NCCP national regimen library is a valuable use of resources	221	96.5	5	2.2	3	1.3
NCCP National regimens should be included in the National Cancer Information System	212	93	11	4.8	5	2.2
NCCP national regimens should remain publically available to healthcare professionals	225	98.2	2	0.9	2	0.9
SACT regimens should continue to be developed and provided at a National Level	221	96.9	3	1.3	4	1.8
I am aware of the governance process for NCCP National Regimens	137	60.1	43	18.9	48	21
The NCCP National Regimens support my practice	211	91.7	16	7	3	1.3
The NCCP National Regimens contain sufficient information to support me in my role	195	85.2	26	11.3	8	3.5

NCCP National SACT Regimens - HSE.ie

DISCUSSION / CONCLUSIONS

This study represents the first formal analysis of the NCCP National SACT Regimens. The results demonstrate that clinical users regard the regimens as a useful resource that represents an appropriate use of healthcare resources and that supports healthcare providers in the delivery of high-quality care to patients. Several free text responses suggested that the regimens are currently strongly integrated into clinical workflows in practice.

Areas identified for improvement include clinical stakeholder engagement in governance and content development.

REFERENCES

Carroll G, Sweeney FF, Meaney C, et al. Improving cancer care through electronic libraries: A survey of health professionals' experiences with Ireland's systemic anti-cancer therapy regimen library. Journal of Oncology Pharmacy Practice. 2025;0(0).
Leotsakos A, Zheng H, Croteau R, et al. Standardization in patient safety: the WHO High 5s project. Int J Qual Health Care. 2014 Apr;26(2):109–16.
Shulman LN, Miller RS, Ambinder EP, et al. Principles of Safe Practice Using an Oncology EHR System for Chemotherapy Ordering, Preparation, and Administration, Part 1 of 2. Journal of Oncology Practice. 2008 Jul;4(4):203.
Shulman LN, Miller RS, Ambinder EP, et al. Principles of Safe Practice Using an Oncology EHR System for Chemotherapy Ordering, Preparation, and Administration, Part 2 of 2. Journal of Oncology Practice. 2008 Sep;4(5):254.
Loke LPY, Chen TYT, Lewis CR, et al. Quality and impact of eviQ Cancer Treatments Online (www.eviq.org.au): the medical oncologist's perspective. Asia Pac J Clin Oncol. 2018 Apr;14(2):e203–10.

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4. Department of Medical Oncology, Galway University Hospital, Galway, Ireland
5. Department of Haematology, Galway University Hospital, Galway, Ireland

The Oncology Institute Prof. Dr. Ion Chiricuță, Romania

Excellence in Cancer Care, Research & Prevention

OECI DKG KREBSGESELLSCHAFT ASCO

Our Mission and Excellence

To provide preventive, curative and palliative oncology care; advance translational research; and educate future generations – **always placing the patient at the center.**

- **Founded 1929**
- **European OECI Accreditation since 2017 until 2024**
- **Regional Reference Center in Oncology**
- **National Cancer Control Plan**
- **National Cancer Law 293/2022**
- **National Center of Competence in the field of Cancer (NCCC) - since 2022**

IOCN BY THE NUMBERS

290	596	93,126	26,184
Physicians +Residents	Beds	Consultations/ year	Chemotherapy Sessions

Together, We Restore Hope

IOCN combines science, empathy, and innovation to offer every patient a chance at life and dignity.

SCAN ME

→ www.iocn.ro

Serving 23,000 patients annually from all over Romania

From Prevention to Survivorship

Awareness → Screening → Treatment → Survivorship

Prevention & Public Health

- Promotes personalized prevention – risk-based screening & lifestyle guidance
- Founding partner in JANE / EUnetCCC WP8.2.2
- Supports the National Cancer Control Plan (PNCC) pillars:
  a. Cancer registry & standardized pathways
  b. Screening for breast, cervical, colorectal cancer
  c. Multidisciplinary care across Romania

Survivorship & Psycho-Oncology

- National leader in psycho-oncology and onco-nutrition
- Survivorship Hub Concept in EUnetCCC (WP8.2.7)
- Patient support communities:
  a. "ReDescoperă Fericirea" Association - mental health & art therapy
  b. "Oameni Buni" Association – body positivity & (On)Cool Art project
  c. Temerarii (Little People) Association – youth cancer survivors network

Onco-Pediatrics & Compassionate Care

- Full pediatric oncology department – treating all childhood cancers
- Psychological support for both children and parents
- "The child becomes our partner in healing." (IOCN Magazine II)
- Annual events like "Temerarii Camp "– celebrating courage

At the European level, IOCN contributes to key initiatives:

EUnetCCC JANE2 Sunrise TRANSITION EU CanScreen CancerWatch CHEU

"There is life after cancer – acceptance, resilience and art heal together."
– On(Cool) Art Project @IOCN

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Vall d'Hebron Barcelona Hospital Campus
VHIO Vall d'Hebron Institute of Oncology

Shared Decision-Making: from theory to practice

Karla Salas-Gama, Ena Niño de Guzman, Georgina Martinez, Magora Torres

INTRODUCTION

Shared decision-making (SDM) is a **collaborative process** where patients and healthcare professionals make health decisions together, **guided by the patient's values and preferences**.

Collaboration process and information exchange

WHEN TO PERFORM SDM?

STRONG RECOMMENDATION

1.Clear balance
- Benefits > risks
- Risks > benefits

2.High or moderate confidence in evidence findings

3.Patient **preferences**
- Almost everyone would choose the same option

WEAK RECOMMENDATION

1.Unclear balance
- Benefits = risks

2.Low or very low confidence in the findings of the evidence

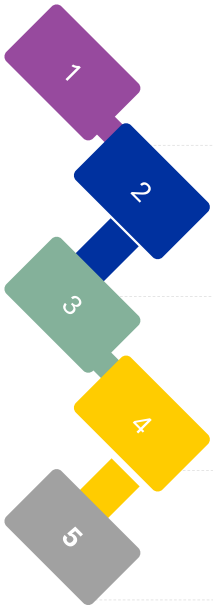
3.Patient **preferences**
- Much variability

SHARED DECISION-MAKING

DEVELOPMENT OF A MODEL

MODEL IMPLEMENTATION

Since 2022 → 7 areas of our hospital
- Morbid obesity
- Advanced chronic kidney disease
- Multiple sclerosis
- Induction of labour
- Genetic risk of cancer
- Endometriosis
- Paediatrics (Primary Immunodeficiency)



Step 1. DEFINING THE DECISION
Proposal and approval by the **Clinical Committee**
Definition of the **working group** (**patients**, **clinical leads** and professionals)
Identification of **decision points** within the **clinical pathway**

Step 2. DEVELOPING THE SDM TOOL
Review of **scientific evidence**
Definition of the **tool's clinical content**
Identification of **values and preferences**
Development of **risk communication graphics**

Step 3. CO-CREATION WITH PATIENTS
Conducting **focus groups**
Assessment of **comprehension and readability**
Final **validation** by the **multidisciplinary team**

Step 4. PROFESSIONAL TRAINING
Introduction to **SDM concepts**
How to **use the decision aid**
Communication skills

Step 5. IMPLEMENTING SDM IN CLINICAL PRACTICE AND EVALUATION
3 phases: Team and tool delivery; Option review and preference elicitation; SDM
Evaluation of **decision and clinical outcomes**

The team of the Quality and Clinical Practice Improvement Unit

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aslimnica RIGA EAST UNIVERSITY HOSPITAL

Optimising Breast Cancer Care in Latvia through a Structured Patient Pathway

Assoc. prof. Alinta Hegmane, dr. Krista Arcimoviča, dr. Valērija Garaščenko, Inga Jefrēmova

Introduction

The Latvian Cancer Centre at Riga East University Hospital (REUH) is the main oncology care provider in Latvia, serving over 70% of all cancer patients.

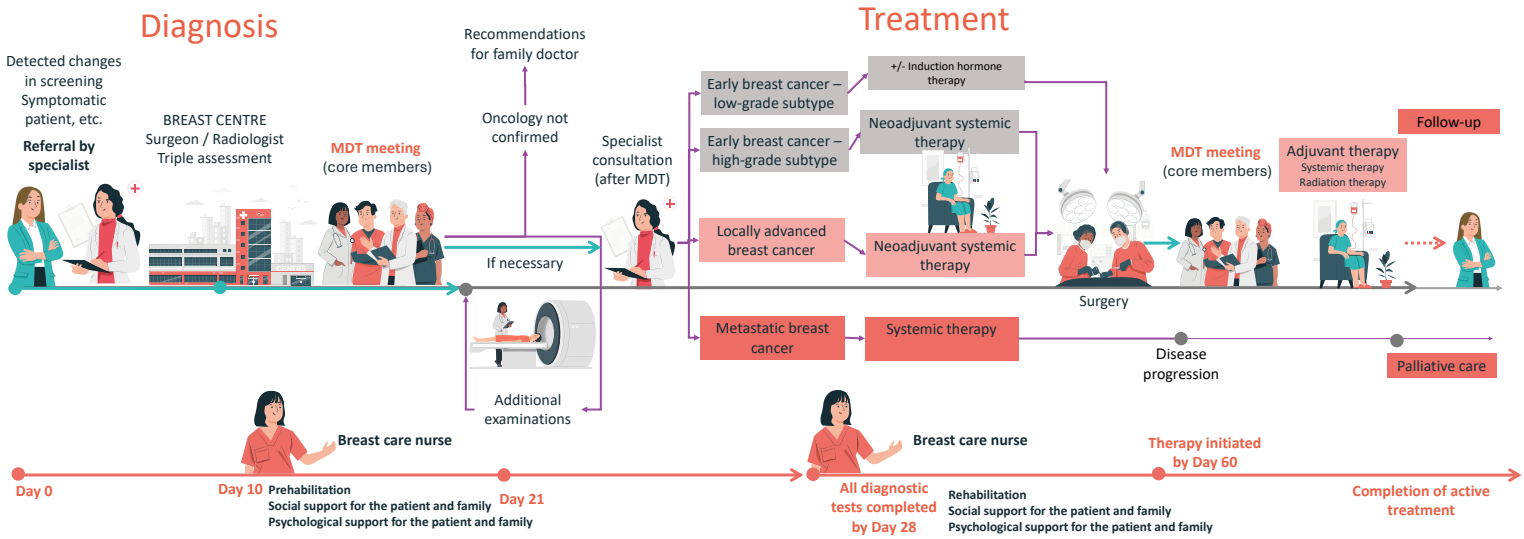
To ensure timely, coordinated, and evidence-based care, 36 structured patient pathways were developed across major cancer types.

A patient pathway developed at REUH was selected by OECI for inclusion in the Accreditation & Designation Toolbox as an example of best practice.

The Breast Cancer Patient Pathway was among the first implemented. It serves as a clear, step-by-step clinical guideline for doctors, nurses, and support staff, outlining the process from initial suspicion of malignancy to survivorship care.

This approach leads to improved coordination, reduced waiting times, and enhanced care quality and consistency across the country.

For more information:
www.aslimnica.lv/veza-centrs



Results and Benefits

Implementation of structured oncology pathways has led to measurable improvements in care coordination and outcomes:

- Reduced waiting times for diagnostics and first treatment decisions.
- Improved communication between primary care and hospital specialists.
- Increased transparency and patient satisfaction.
- Defined and standardized patient pathways for major cancer types (breast, colorectal, lung, prostate, haematology etc).
- Established data collection and monitoring tools for continuous quality improvement.

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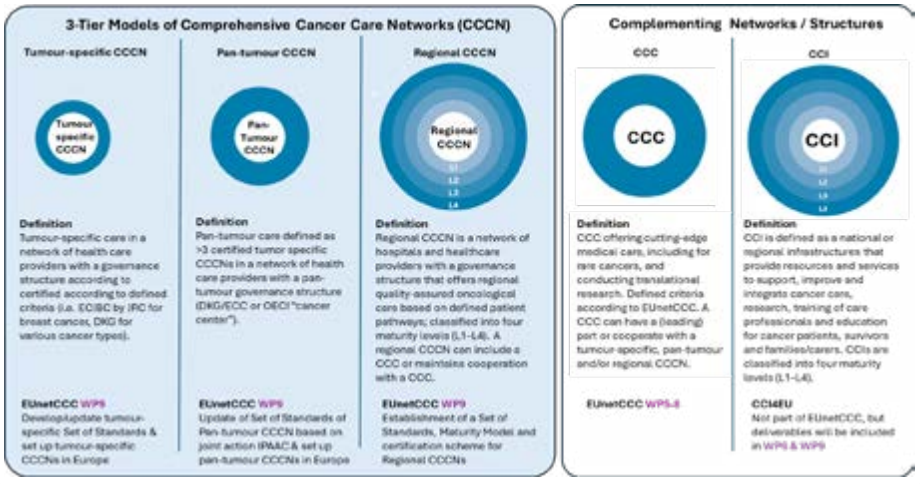
TUMOR ZENTRUM Oberösterreich

WP 9.1.2 Development of **European Model for Regional Comprehensive Cancer Care Network** (regional CCCN)

Assoc. Prof. Mathilde Sengölge, MPH, PhD, Assoc. Prof. Ansgar Weltermann, MD, Thomas Pichler

Goal: to create a harmonized EU-model of regional CCCN to ensure regional access to high quality care according to the EU-flagship in all regions of the EU
Method: develop a maturity model for regional CCCNs (including set of standards and key performance indicators) based on the existing regional networks in EU member states to evaluate and improve regional cancer care quality within a network with as many cancer care providers and entities as possible at regional level



First Results

(1) Developed an easily understandable definition and complementary visualisations of the significance of regional CCCNs to achieve a common understanding within EUnetCCC (see figure Models of CCCN).

(2) Interviews performed with regional networks in 11 EU-countries (Austria, Bulgaria, Estonia, France, Italy, Latvia, Lithuania, Norway, Poland, Portugal, Sweden):

- Nordic countries have regional networks for cancer care in the whole country with patient pathways, with governance
- Major key performance indicators tracked: most common, waiting times due to variability between regions
- No existing set of standards and outcomes/KPIs at country level found to date

In the EU, delivery of cancer services takes place at regional level, often independently from one another. The regional CCCN model promotes collaboration between the different healthcare providers in the region for improved quality cancer care close to home, with reduced inequalities.

Start of a Regional CCCN - Example

Development over time according to standards and key performance indicators of regional CCCNs

Fully matured Regional CCCN - Example

Explanatory remarks:

Icon Legend:
- Each circle: represents a healthcare service provider at local level, can be a single hospital, clinic, etc.
- Circle size: correlates to the number of newly diagnosed cancer patients per year per health service provider.
- Lines between the circles: represent a binding commitment to cooperation between local service providers to ensure that patients have access to quality assured oncological care close to home.

Color Legend:
- Gray: provides cancer care not quality assured
- Light blue: high quality assured cancer care in 1-3 entities (tumor specific CCCN)
- Dark blue: high quality assured cancer care in >3 entities (pan-tumor CCCN)

Collaboration is required between healthcare providers at regional level, as no provider is able to provide *all* services in a timely manner.

Example for services provided (and not provided) by 2 different health care providers in a regional network for lung cancer. These providers work together to deliver all necessary quality assured services for their patients using a defined patient pathway.

Our Tasks for 2025 -2028

- **2025-2026:** Regional CCCN set of standards, quality criteria
- **2026-2027:** Regional CCCN pilots in 3-6 sites in the EU
- **Until Oct. 2028:**
  - certification structure with regional CCCN auditor teams for EU countries
  - coaching/consultation team for achieving progress based on maturity levels

For more information: wp9eunetccc@krebsgesellschaft.de

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Onkološki inštitut
Institute of Oncology
Ljubljana
Republic of Slovenia
Ministry of Health

PATIENT INCLUSION – Slovenian iniciative

B. Perić, MD, PhD [1]; I. Oblak, MD, PhD [2]; S. Tomšič, MD, PhD [3]; A. Kocijančič [4]; T. Čoga [4]

[1] Assistant Professor, Department of Surgical Oncology, Institute of Oncology Ljubljana, [2] Associate Professor, Division of Radiotherapy, Institute of Oncology Ljubljana, [3] National Cancer Control Programme, Institute of Oncology Ljubljana [4] Department of Research and Education, Institute of Oncology Ljubljana

We are launching a systematic approach for patients and the general public to build capacity and foster greater inclusion and communication of patients in the care pathway through EUnetCCC structures.

Patient Council

The first advisory Oncology Patient Council of Slovenia was established **on September 22, 2025**.

It comprises **a president and nine (9) members**, ensuring diversity in:

- geographic representation – across Slovenia
- age and gender groups – a range of demographics
- Personal experience of different cancer types – including patients and family members

Patients with their experiences of illness and treatment, and their relatives, represent a valuable source of knowledge and insight into possible improvement of the quality of cancer care.

OUR GOAL
To achieve greater inclusion of patients in the care pathway through EUnetCCC structures.

Operational Timetable:

Institutions that are a part of Slovenian CCC pilot

#EUnetCCCSlovenia, #EUnetCCC

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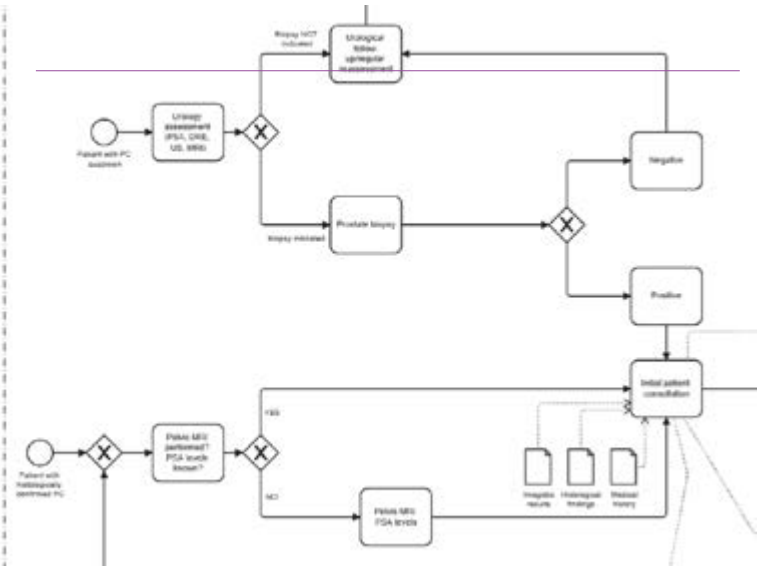
Unified patient pathways across hospitals in Romania & Moldova – prostate cancer

Teodora Alexa-Stratulat

AIM: to develop a common pathway across various hospital settings in Romania and Moldova

Participants:

MedEuropa Bucuresti (Romania)
Oncohelp Timisoara (Romania)
Oncology Institute IMSP Chisinau (Moldova)
Ploiesti Municipal Hospital (Romania)
Regional Institute of Oncology Iași (Romania)



Challenges – what was different?

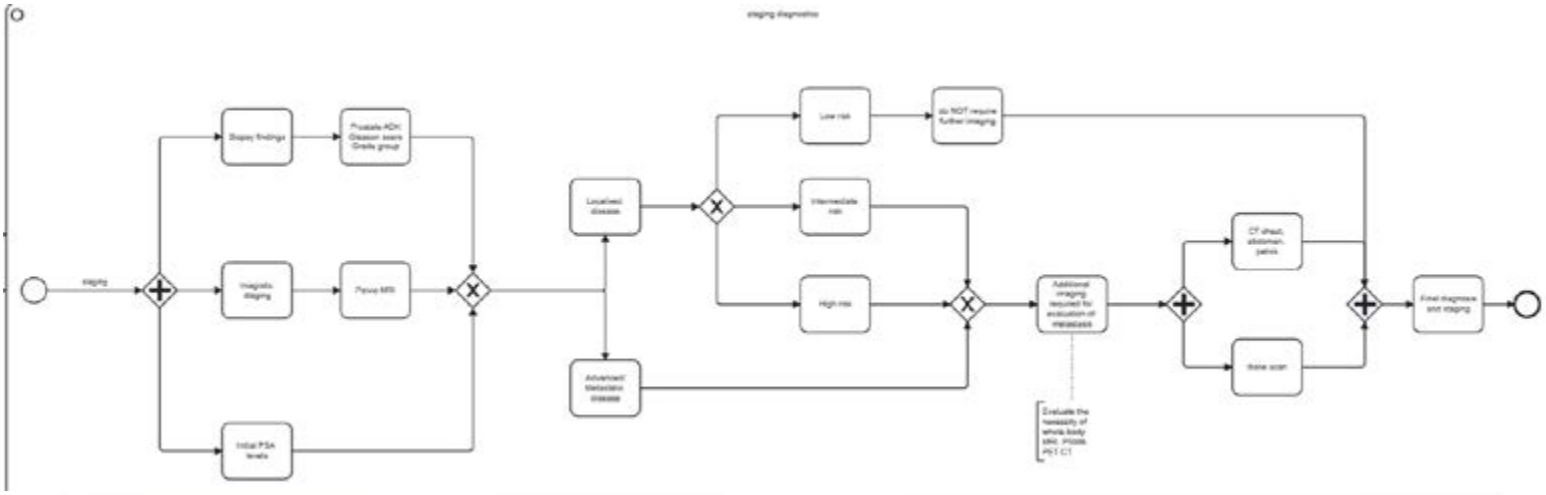
- Patient population (Local coverage/Regional coverage/National coverage)
- Referral pathway (Private hospital/Regional Institute/County hospital)
- Policy of pre-biopsy imaging assessments
- Reimbursement policies (Romania/Moldova)
- Timeframes for imaging (time to bone scan, etc), initial oncology consultation, MDT presentation, start of treatment
- Access and manner of connection with supportive disciplines (rehabilitation, psychooncology, nutrition, genetician)

What we decided: KPIs

- KPI1: % of patients with pelvic MRI before PC biopsy
- KPI2: % of patients with a pathology report that is in accordance with current guidelines for biopsy reporting (number of cores, left vs. right, diagram, etc.)
- KPI3: % of patients with geriatric screening and subsequent additional assessments (nutrition, psychology, CGA)
- KPI4: Time from diagnosis to start of treatment
- KPI5: % of metastatic PC patients treated on ADT alone
- KPI6: % of patients enrolled in clinical studies (academic or pharma-initiated)
- KPI7: % of patients sent for a genetic assessement

What KPIs were NOT included

- % of new PC cases discussed in MDT
- % of PC cases discussed in MDT at progression
- % of patients with ecocardiography prior to ADT start
- % of patients with genetic testing
- % of patients assessed by means of PET/PSMA



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INSTITUT RÉGIONAL FÉDÉRATIF DU CANCER
FRANCHE-COMTÉ

Regional Federative Cancer Institute of Franche-Comté

An innovative regional model in oncology

Q. Jacquinot, C. Querry, C. Borg, J. Boustani, E. Deconinck, E. Pidoux-Simonin

CONTEXT

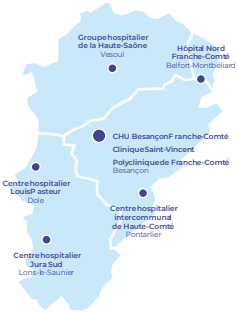
2008 Creation of the **Health Cooperation Group for resources**

8 public and private hospitals

3 main objectives
- Federate
- Harmonise
- Guarantee access

Same quality of care everywhere and for everyone!

Doctors travel, not patients!



1,2 million inhabitants in Franche-Comté

7,000 patients diagnosed with cancer/year	**21,500** multidisciplinary team meetings/year
53,500 IV chemotherapy sessions/year	**19,000** oral treatments/ year
7 supportive day care units	**64** in-patient beds

ORGANIZATION

Team and governance

Territorial cooperation
- Between 8 public and private hospitals
  - General assembly (admin managers and chief medical officers)
- A common medical project
- Supported by the Regional Health Agency

University hospital expertise
- A single mobile medical team
  - 35 medical oncologists and organ specialists including 12 hospital practitioners with a PhD
- 15 haematologists
- 16 radiotherapy oncologists

1 multidisciplinary coordination support team

Equity
Reduce territorial health inequalities

>90 % population can benefit (from RFCI)

Harmonize practices and patient care

Shared tools
- Chemotherapy prescription software (BPC®) since 2005
- Shared oncology record system since 2009
- 18 multidisciplinary consultation meetings by specialty/week since 2009
- ONCOTEL (single phone number for patients and doctors) since 2013

Shared tools
- Supportive care: a key component of patient care pathway
- Care pathways tailored to specific cancer types
  - Pancreatic, head & neck, breast, glioblastomas....

Spotlight on

21 days between diagnosis and treatment

27 days ***(versus 42 days in France)*** between breast cancer surgery and strat of chemotherapy

Guarantee access to research and innovation

A joint clinical research team
- Patient enrollment across all healthcare facilities

+ 150 clinical trials from Phase I to Phase IV

+ 700 patients included/year

Inserm labelling (over 8 years)
- 4 publications in *The Lancet Oncology*
- 1 in *Journal of Clinical Oncology*

Center certified as "Early Phase" CLIP2

Unit of methodology and quality of life in oncology (UMQVC)

Training, prevention & awareness

Coordination of 2 University Diplomas
- DU in Oncology
- DU in Adapted Physical Activity, Nutrition and Cancer

Training unit "Clinical Research"
Faculty of Science and Technology of Besançon

Prevention
- Enchanced collaboration with community care structures
- Strengthened local and regional health actions

Taking part in "Impulsion" project
- Validated by

Participation in several working groups

RESULTS

This organisation guarantees high standard quality care and equitable access
Reduce geographic disparities in access to care

A faster-declining mortality rate
A study conducted by the Regional Health Observatory in 2021 shows that mortality is declining in Franche-Comté.

Breast
26.1 / 100,000
vs 29.3 in France[1]

Colorectal
20.8 / 100,000
vs 22.9 in France[1]

Prostate
24.4 / 100,000
vs 29.6 in France[1]

A regional organization promoting healthcare cost control in oncology.

30 %
lower treatment costs than in other French regions[2]

1. Standardized mortality rates
2. Report dated March 22, 2022, concerning the year 2020

Scan this QR code to download the IRFC activity report (in French).

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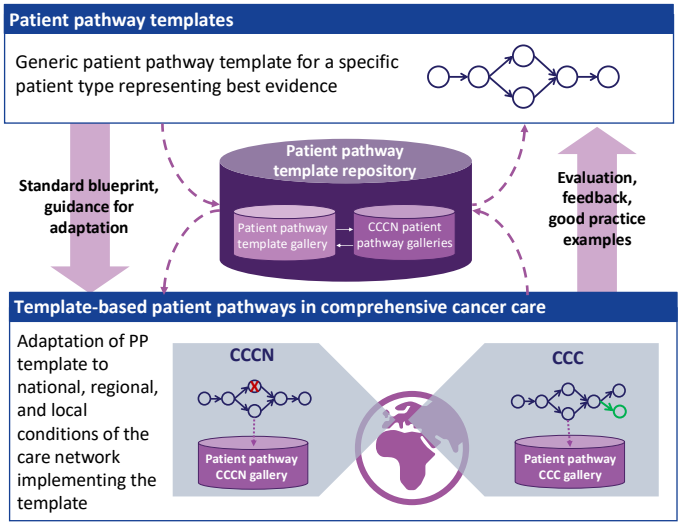
Dresden University of Technology

European Patient Pathway Repository

Martin Burwitz, Peggy Richter, Madita Schädlich, Hannes Schlieter

Supporting European CCCs and CCCNs with structured patient pathway development



Utilising cancer-specific **patient pathway templates** is expected to:

1. Create a **uniformly high level of quality** cancer care
2. Shorten the **development times** of pathways
3. Simplify patient pathway **development process**
4. Improve **evidence-based practice**
5. Increase **re-usability** of patient pathways
6. Increase the **quality of pathways** in practice
7. Contribute to **internal dissemination** of knowledge

Patient pathway templates available:

- Lung cancer
- Pancreatic cancer
- Colorectal cancer
- Prostate cancer
- Gynaecological cancers

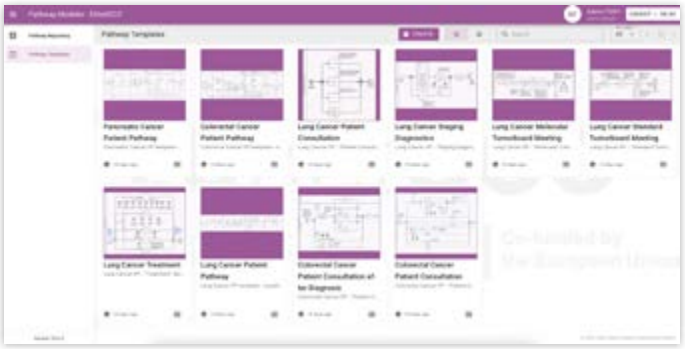
The pathway templates will be updated or newly developed in EUnetCCC WP9.

Example: Lung cancer patient pathway template (CraNE legacy)

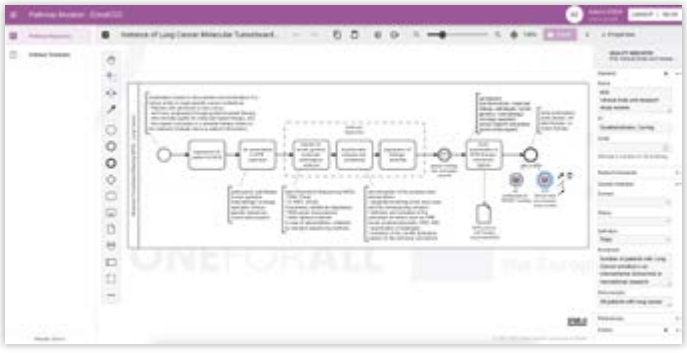
Example: Colorectal cancer patient pathway template (iPAAC legacy)

Designing and managing patient pathways in a pathway repository and modelling tool

- Pathway tool for the systematic and standardised creation, representation, management, and documentation of patient pathways and templates
- **Prototype features:**
  - Search and browser verified European pathway templates
  - Adapt pathway models to local, regional, national contexts
  - Integrate quality indicators along the pathway
  - Link references to pathway elements
  - Structured exporting functionalities
- **Status quo:** testing the repository prototype with WP9 Comprehensive Cancer Cancer Network pilots
- **Vision:** Empowering a collaborative community to co-develop, refine, and share patient pathway templates - fostering harmonisation, innovation, and sustained quality improvement across regions



Patient pathway template gallery. Using existing templates to create own patient pathways.



Modelling patient pathways using a BPMN extension. Example: integrating quality indicators.

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Research Group Digital Health

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Advancing Practice: An Evaluation of efficiency and effectiveness of RT led Vaginal Vault Brachytherapy

Rhona Goodwin, Saolta Radiation Oncolgy Centre, Galway University Hospital

Background

Endometrial cancer is the most common gynaecological cancer, with 80% diagnosed as Stage 1. Vaginal brachytherapy (VBT) is endorsed for Stage 1 intermediate and high intermediate risk groups (Columbo et al. 2016). Its efficacy has been validated in pivotal trials (Nout et al. 2010; Creutzberg et al. 2000).

The VBT treatment process is complex and time consuming due to multidisciplinary team input and consultant approval at numerous steps in the patient treatment workflow.

A Radiation therapist dedicated to brachytherapy was upskilled to expand scope of practice. The role has been steadily expanding to encompass the 4 pillars of advanced practice, with the current candidate practicing with a high level of autonomy and complex decision making

Discussion

Appropriate education and training allowing increased activities to be undertaken by an APRT increases service efficiency and capacity by improving wait times and increasing patient throughput (Harnett et al. 2014).

70% of women undergoing VBT treatment suffer with anxiety related to fear and pain of the treatment (Park et al. 2022).

'Task shifting' facilitated staff to prioritise patient comfort meant , streamline workflow

Local recurrence rates recorded, are in line with international data validating the effectiveness of the role and demonstrating that an RT led role is non-inferior in outcome of recurrence

People's Needs Defining Change

Objectives

1. **Efficient referral** : surgery to treatment
2. **Efficient treatment :** insertion/plan/ treat
3. **Effectiveness of treatment** : Local recurrence compared to international data

Safer Better Healthcare, and Staff & Public Value

Methodology

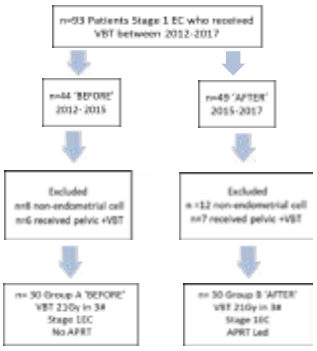


Fig 1. Study Flow chart. Vaginal brachytherapy (VBT), Endometrial carcinoma (EC), Advanced practice radiation therapist (APRT)

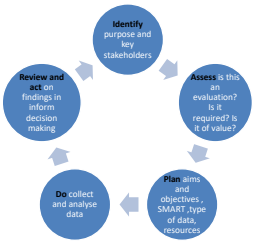


Fig 2. Evaluation Cycle
"NHS evaluation toolkit," by NHS National Institute for Health Research

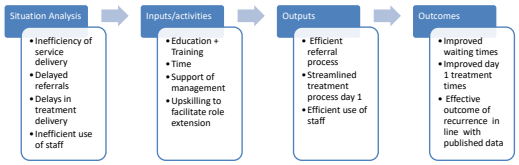


Fig 3. The Logic Model

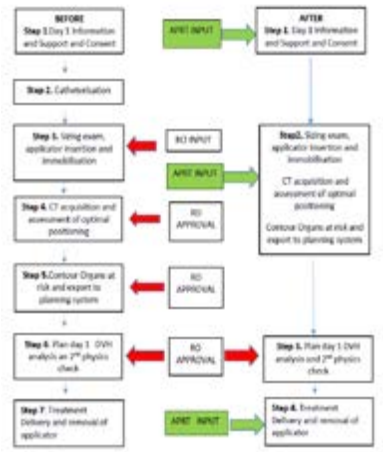


Fig.4 'Before' and 'after' patient pathway demonstrating new streamlined process with changes implemented

Results

Time	Before	After
Minimum	75	45
Maximum	150	90
Mean	91	59

Table 1. Time of day 1 procedure for 'Before' and 'After' groups in minutes

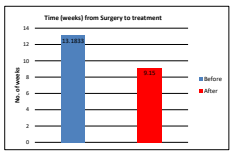


Fig. 5. Time (weeks) from surgery to VBT alone for 'Before' and 'After' group

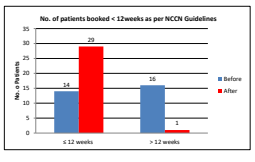
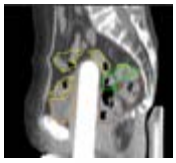


Fig. 6. Number of patients booked within best practice guidelines as per NCCN guidelines



One of the pivotal trials validating the role of VBT was the PORTEC 2 Trial. (Nout et al. 2010). The results of recurrence from our evaluation were comparable with PORTEC 2 with 0% and 1.8% isolated vaginal recurrence respectively and identical loco regional recurrence of 5%.

For more information contact

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CONCLUSION

An advanced practice Radiation Therapist led vaginal vault service, with learnt role extension, allows for efficient and effective service delivery with non- inferior outcomes of recurrence.

References:
https://doi.10.1093/annonc/mdv484
https://doi:10.1016/S0140-6736(09)62163-2
https://doi:10.1016/s0140-6736(00)02139-5
https://www.proquest.com/scholarly-journals/roadmap-change-charting-course-developmentnew/docview/1550880785/se-2?accountid=12269
https://doi:10.1016/j.ejogrb.2020.02.011

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COMPLEJO ASISTENCIAL UNIVERSITARIO D SALAMANCA | Sacyl | Junta de Castilla y León

IBSAL

Complejo Asistencial Universitario de Salamanca

"INNOVATING TOGETHER: THE SYNERGY OF RESEARCH, TEACHING, AND HEALTHCARE"

Authors:

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CAUSA at a Glance

Level 4 tertiary hospital

Population served:
320,000 (Salamanca) + 1550,000 (Ávila) + 155,000 (Zamora)
→ Serves entire Castilla y León region -- 2.3 million inhabitants
◆ Referral center for complex cancer treatments

Capacity: 997 beds | 31 ORs | 60 ICU beds

Medical specialties: 43 specialties

Technology: Advanced surgical and diagnostic systems

Reference center: CAR-T therapies, transplants and rare diseases

Excellence in Cancer Diagnosis and Treatment

Comprehensive care for adult and pediatric patients
Advanced technology: neuronavigators, Da Vinci robotic surgery, PET-CT, SPECT-CT, CAR-T, radioligand therapy
High-performance labs: DNA sequencers, flow cytometers, automated pharmacotech systems

Integrated Model

Teaching hospital linked to University of Salamanca
Regional coordination of cancer centers
Collaborative cancer work team: Direction, Quality, Oncology, Hematology

Biomedical Research with Global Impact

IBSAL: joint institute integrating CAUSA, University of Salamanca, and CSIC
23 cancer research groups (10 led by CAUSA PIs)
263 clinical trials in 2024 (53 in phase I)
580 publications with impact factor >5 (2020–2024)
159 funded projects tregional, national, (2020–2024)

Institutional Synergy

Integrated model of care, research, and education

Cancer Work Team: leadership, quality, oncology, hematology

Patient-centered innovation and collaborative network development

SPECIALIZED HUMAN RESOURCES

- ≈ 500 cancer care professionals
- ≈ 75 research technicians
- ≈ 100 medical specialists
- ≈ 75 research professionals
- ≈ 200 nurses and auxiliary staff
- ≈ 345 research professionals
- ≈ 50 lab technicians
- ≈ 270 researchers
- ≈ 75 research technicians

Teaching and Knowledge Transfer

Strong academic ties with University of Salamanca

Active participation in European networks

Regional coordination of satellite centers across Castilla y León

Get to know us

COMPLEJO ASISTENCIAL UNIVERSITARIO DE SALAMANCA

Paseo de San Vicente, 58-182
37007 Salamanca, Castilla and Leon, Spain

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EUSKO JAURLARITZA GOBIERNO VASCO

OSASUN SAILA

DEPARTAMENTO DE SALUD

Osakidetza

bioef

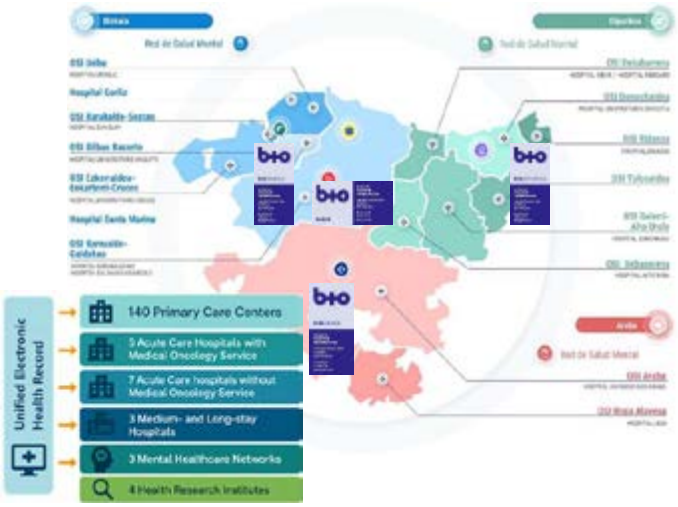
Basque Country Comprehensive Cancer Plan 2025–2030:

Towards a European-aligned, people-centred and innovation-driven oncology strategy

Health Ministry of the Basque Government, Basque Health Service – Osakidetza, BIOEF – Basque Foundation for Health Innovation and Research

Contact e-mail: planifikazioa-osasuna@elkarlan.euskadi.eus

• PILOT CONFIGURATION
BASQUE COUNTRY: Consortium-based CCC



• METHODOLOGY: Plan development

Guiding Principles

1. Develop a shared vision
2. Think beyond health services
3. Engage citizens, patients, and professionals
4. Consider implementation from the very beginning
5. Promote local and timely adaptation
6. Measure outcomes

TIMELINE AND PEOPLE INVOLVED

- **STRATEGIC COMMITTEE** 19 PEOPLE
- **WORKING GROUPS** 156 PEOPLE
- **PATIENTS GROUP** 7 PEOPLE
- **TECHNICAL SECRETARIAT**
- **WORKSHOP** 60 PEOPLE
- **ASSOCIATIONS GROUP** 8 ASSOCIATIONS

STRATEGIC FRAMEWORK

SCAN ME

BASQUE COUNTRY COMPREHENSIVE CANCER PLAN 2025-2030

• BASQUE COUNTRY COMPRENHENSIVE CANCER PLAN 2025-2030: Overview

MISSION

"Establish a **comprehensive, participatory, sustainable and dynamic** strategy to guide cancer actions based on **excellence, scientific evidence and equity,** generating **value** for Basque citizens in terms of better **health outcomes**"

PEOPLE, THE CORE OF THE BCCP
Promote humanization, comprehensive well-being, and active patient participation in decision-making

HEALTHCARE MODEL
Ensure an equitable and integrated organizational model that guarantees quality care through coordination across all levels and adherence to European standards

PROMOTION & PREVENTION
Implement policies and promote healthy lifestyles to minimize exposure to risk factors, following the guidelines of the European Code Against Cancer

EARLY DETECTION
Strengthen evidence-based population screening programs and use rapid diagnostic pathways to reduce treatment aggressiveness and improve survival rates

COMPREHENSIVE CARE
Apply a holistic and integrated model encompassing early diagnosis and innovative therapies through to survivor follow-up and palliative care

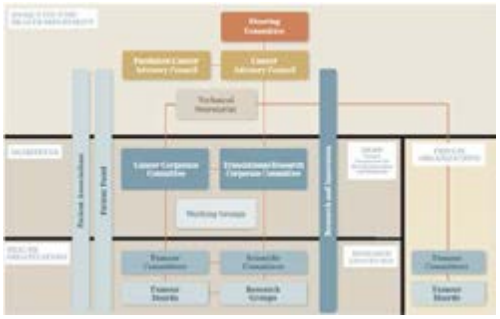
HEALTH OUTCOMES
Develop a management model focused on collecting, monitoring and improving health outcomes and system sustainability, using strong information systems

RESEARCH & INNOVATION
Strengthen research and innovation to translate scientific advances into clinical practice

- **7** PRIORITY AREAS
- **35** OBJECTIVES
- **142** ACTIONS
- **81** INDICATORS
- **+200** PARTICIPANTS

GOVERNANCE

ORGANISATIONAL STRUCTURE: priorisation of actions, follow-up, monitoring and evaluation of the Plan



DASHBOARD: General Impact Indicators and 74 Specific Indicators linked to the 7 Priority Areas

GENERAL INDICATORS	SOURCE	BASELINE	BASELINE YEAR
Cancer incidence rates in the Basque Country by type of cancer	Basque Cancer Registry	776,4 (men) 458,5 (women)	2019
Cancer mortality rate in the Basque Country by type of cancer	Basque Mortality Registry	322,0 (men) 154,2 (women)	2023
Relative survival at 5 years of people diagnosed with cancer in the Basque Country, by type of cancer	Basque Cancer and Mortality Registries	0.5751 (men) 0.6466 (women)	2015-2019
Potential years of life lost by people who died of cancer in the Basque Country	Basque Mortality Registry	10,344 years (men) 7,745 years (women)	2023
Quality of life of cancer patients and survivors and their carers	Osakidetza	0.8018 (men) 0.8093 (women)	2015-2019

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Lillebaelt Hospital
University Hospital of Southern Denmark

Denmark's National Cancer Plan V
– A Better Life With and After Cancer

The Capital Region of Denmark and Lillebaelt Hospital, Region of Southern Denmark

A Model for Modern Cancer Care

Since 2000, Danish cancer plans have been instrumental in improving cancer survival and ensuring uniform, high-quality, patient-centred care nationwide. Studies showed that there were large differences in quality and waiting times between hospitals. It created political and public pressure for action.

The cancer plans intended to:

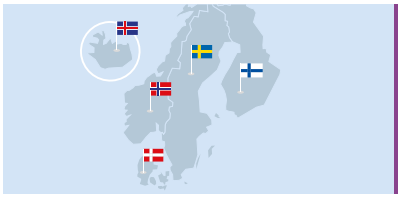
- Establish a national strategy for prevention, early diagnosis, treatment, rehabilitation, and research.
- Strengthen cooperation within the healthcare system.
- Make cancer treatment more uniform, faster, and patient-centered across the entire country.

Level of implementation	Examples
National policy	National guidelines & targets (2025-2028)
Regional governance	Regional cancer steering groups
Clinical practice	Late-effects clinics, rehabilitation, AI diagnostics
Local & community	Rehabilitation, prevention, palliative care
Data & learning	Real-time dashboards and quality audits

National Cancer Plan V

In Denmark, the **fifth National Cancer Plan** recently was launched

- A model that ties directly into hospitals' cancer strategies and strongly supports patient pathways and patient involvement.
- It represents a modern approach to cancer care, integrating best practices, personalized medicine, and new technologies



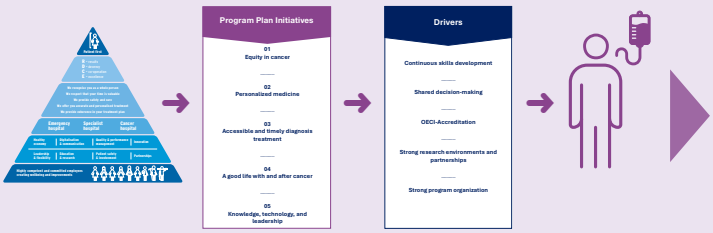
Facts

More people are diagnosed with cancer in Denmark compared to our Nordic neighbours.

Four priorities

1. **Cancer patients' quality of life must be increased**
   Far more people are surviving cancer today. But more people are living with the consequences of the disease. Because cancer is a disease that leaves its mark both physically and mentally.
2. **Cancer treatment must be tailored to the individual patient**
   Cancer patients are different and have different needs and wishes for their treatment. Cancer efforts must take this into account.
3. **More good cancer-free years**
   Prevention efforts must be strengthened to create a better framework for the health of children and young people. This applies to the use of tobacco and nicotine, tanning beds, alcohol and unhealthy foods.
4. **The quality of cancer care must be developed and increased.**
   – We must continue to be at the forefront of cancer. This requires a sustained focus on strengthening the quality of the treatment we offer patients.

CASE: Lillebaelt Hospital – The Patient-centred Cancer Hospital



Lillebaelt Hospital is the patients' hospital — guided by an ambitious vision to be a leading, specialized cancer hospital that always puts the patient first.
Through the Program Plan, the hospital strives to ensure the best possible care and treatment for patients and their families. The overarching purpose is to deliver top-level cancer treatment and to position Lillebaelt Hospital among the best cancer hospitals in the world.

Synergy with EUnetCCC

Cancer plan V directly supports EUnetCCC's Comprehensive Cancer Centre framework and it demonstrates how a national cancer strategy can be transformed into measurable, patient-centred quality improvements.

- **Patient Care:** Person-centered integrated pathways
- **Research:** Data and innovation integration
- **Research Integration:** Research is integrated into national strategies and hospitals' development plans
- **Governance:** National-regional-local accountability model
- **Prevention:** Equal quality under and after cancer
- **Innovation:** Digital tools for shared decision-making and follow-up care
- **Education & Training:** Continuous competence development in modern cancer care

The Capital Region of Denmark
Region of Southern Denmark

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Vilnius University Hospital SANTAROS KLINIKOS
National Cancer Center

Integration of Cancer Care Services: An In-Depth Case Study of the Lithuanian Strategies and Practices

Jelena Rascon, Marius Čiurlionis, Feliksas Jankevičius, Edita Baltruškevičienė, Renata Blackutė, Vilma Jeršovienė, Valdas Pečeliūnas
Vilnius University Hospital Santaros Klinikos, National Cancer Center

Background and Implementation Pathway

Lithuania is a small member state in Eastern Europe, with a population of 2.89 million as of January 1, 2025. Cancer care services are provided at two major cancer centers and three regional centers (Fig. 1). Although accredited by OECI as a Cancer Center, the National Cancer Institute (NCI)

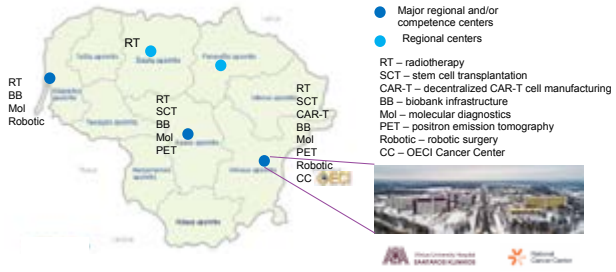

Fig. 1. Cancer care infrastructure in Lithuania.

still lacked clinical services for certain rapidly advancing areas, such as hematological malignancies, neuro-oncology, and pediatric cancers. Moreover, being a small member state, accumulating enough research volume to meet the requirements for a comprehensive cancer center was impossible.

To implement Europe's Beating Cancer Plan and establish a national Comprehensive Cancer Center (CCC), two major institutions providing cancer services – Vilnius University Hospital Santaros Klinikos (VUH SK) and the NCI – merged their clinical facilities. As a result, a comprehensive cancer-dedicated structure – the National Cancer Center (NCC), Affiliate of VUH SK – was formed, ensuring all diagnostics and treatment modalities for all cancer types. The newly established entity enables autonomous organization of oncology services, efficient translation of scientific innovations into clinical practice, and collegial management of care pathways.

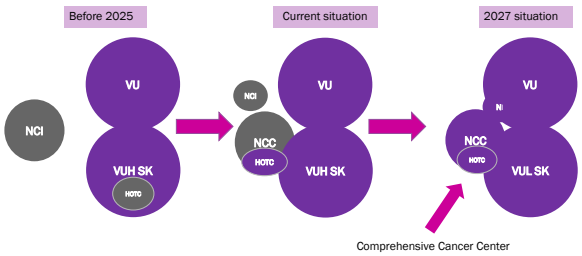

Fig. 2. Creation of a national Comprehensive Cancer Center. HOTC – Hematology, Oncology, and Transfusion Medicine Center, NCC – National Cancer Center, NCI – National Cancer Institute, VU – Vilnius University, VUH SK – Vilnius University Hospital Santaros Klinikos.

In addition, NCC, Vilnius University (VU), and the NCI (retained its activities as a cancer research hub), agreed to streamline forces, aiming at the establishment of a national CCC, which was formalized through a joint agreement (Fig. 2). Sustained collaboration across clinical, academic, and research domains is ensured through the Cancer Research and Education Council, coordinated by the NCC, NCI, and VU.

Results

A consistent upward trajectory has been observed in both newly diagnosed cancer cases and the number of unique individuals treated for cancer each year (Fig. 3). Increasing case volume goes along with improved survival and long-term follow-up.

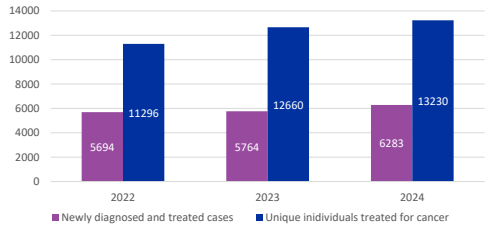

Fig. 3. Cancer volume

Gastrointestinal cancers are the most frequently treated type of cancer at the institution. Hematological malignancies and prostate cancer follow as major contributors to the oncological caseload.

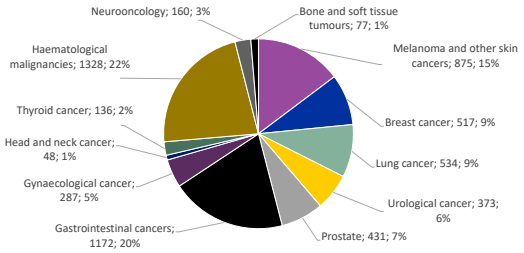

Fig. 4. Distribution of cancer types

In the past three years, a total of 163 clinical research studies were conducted, including 76 academic studies and 87 commercially sponsored studies. Among these, 101 were interventional trials. Over 3,000 patients were enrolled, contributing to significant advancements in evidence-based oncological care.

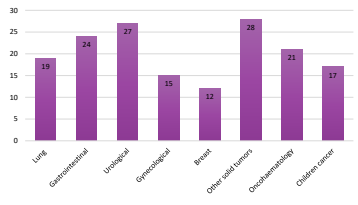

Fig. 5. Clinical Research Activity according to cancer type.

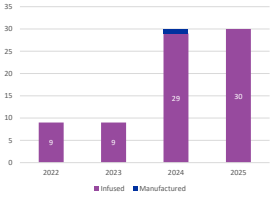

Fig. 6. Autologous CD19 CAR-T cell manufacturing at point-of-care followed by clinical infusion.

Decentralized autologous CD19 CAR-T cell manufacturing at the point-of-care program was launched in June 2022. By November 2025, 71 patients (70 adults and 1 child) with relapsed/refractory hematologic malignancies benefited from CAR-T therapy (Fig. 6). The treatment is reimbursed by the Lithuanian Health Insurance Fund. Cross-border patients are admitted under the EU cross-border healthcare framework (E112 form).

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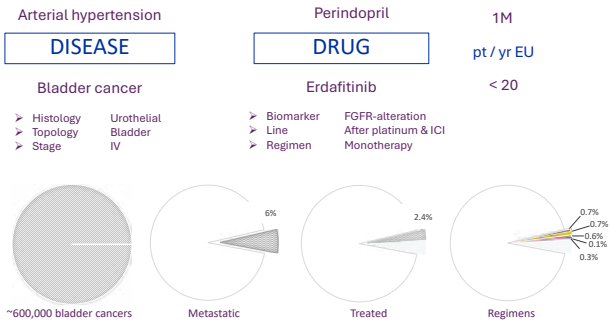
FALCON – a novel high-quality cancer network for real-world evidence

Presented by Annelies Verbiest on behalf of FALCON. Contact: annelies.verbiest@uza.be; kimmo.porkka@helsinki.fi ; golozar@ohdsi.org ; reich@ohdsi.org
Collaborators: see oncology.ohdsi.org; www.ohdsi.org/2025showcase-422; ESMO 2025 1867P; ESMO 2025 2318P

Background

Precision oncology requires timely and reliable real-world evidence (RWE)
But cancer RWE is challenging:

- ✓ **Cancer is complex**
- ✓ **Cancer is rare**
- ✓ **Data are fragmented**
- ✓ **Meaningful evidence requires detail & scale**

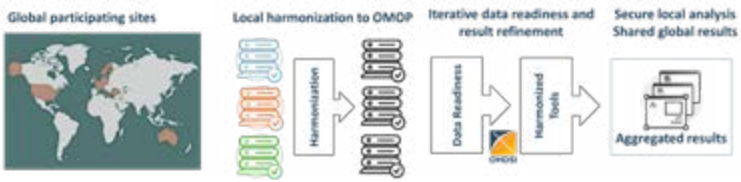


EU and countries across the world are struggling to establish a network of cancer centers with high-quality fit-for-purpose data that can be interrogated in a timely, privacy-preserving and reproducible fashion.

Methods

We established the **Federated Alliance for Large-scale Cancer Observational Network (FALCON),** a global initiative designed to enable high-quality, large-scale, timely oncology RWE generation.

- **Federated Network:** privacy-by-design, GDPR & EHDS compliant.
- **OMOP Cancer Model:** uniquely fit to model cancer trajectories
- **Data Quality and Readiness label:** partners undergo comprehensive oncology-specific data-quality assessment to ensure reliability and completeness & refine their quality
- **Use Case–Driven Research:** Network activities are guided by clinically relevant use cases, such as treatment pattern evaluation (FALCON-Lung) and guideline adherence (FALCON-Bladder)
- **Open Science Infrastructure:** Using open-source OHDSI tools and transparent analytic pipelines for reproducible, scalable evidence generation.



Results

A Global Oncology RWE Network

- First large-scale federated oncology RWE network
- 40 data partners across 19 countries contributing standardized cancer data.

Diversity and Representativeness

- Academic hospitals, community centers, and national registries across 19 countries
  → real-world differences in clinical practice and health systems
- EHR, oncology EHR, registry, and claims-based data
  → Combine clinical detail & population-level representativeness

This diversity enhances external validity of findings, supports cross-system comparisons, and reveals how local policies, reimbursement, and care delivery shape treatment use and outcomes.

Data Readiness and Quality

- All partners completed oncology-specific readiness assessments, incl. disease coding, staging, treatment capture, and laboratory
- 53% demonstrated high readiness for key oncology domains
- Tailored "patches" were developed for identified data gaps.
- The readiness framework enabled partners to rapidly improve data quality and consistency

Use Case–Driven Prioritization and Refinement

- Creating a closed-loop process, where readiness informs feasibility and use cases drive targeted data improvement.

Conclusions

FALCON establishes a unique approach for high-quality cancer RWE, tackling several of Europe's Beating Cancer plan's challenges

- **Scalable** – >25 EU cancer centers
- **Timely** – 1 year for 1st study conception to delivery
- **Privacy-by-design** – GDPR compliant
- **Data quality & fit-for-purpose label**
- **Reproducible** – global data standard (OMOP-CDM), open-source tools, transparent analytic pipelines

Subnetwork 1 – FALCON-Lung

Compare geographic & temporal health system trends
Do patients achieve equitable access and meaningful outcomes?

☛ **Explore preliminary results** through an interactive dashboard. Stratify by regimen, treatment line, site, age and sex. **www.oncology.ohdsi.org/hus-nsclc/**

Subnetwork 2 – FALCON-Bladder

Assess the relevance of, adherence to, generalizability of the clinical guidelines on metastatic bladder cancer & address unmet needs

☛ **We clearly need a network!**

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Poster n° 37

Pilot survivorship initiative, early health needs assessments, digital tools, breast cancer

Skåne University Hospital Comprehensive Cancer Center, Sweden

AVAILABLE SOON

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ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
Υπουργείο Υγείας
1η Υγειονομική Περιφέρεια Αττικής

Γ.Ν.Α. ΑΛΕΞΑΝΔΡΑ

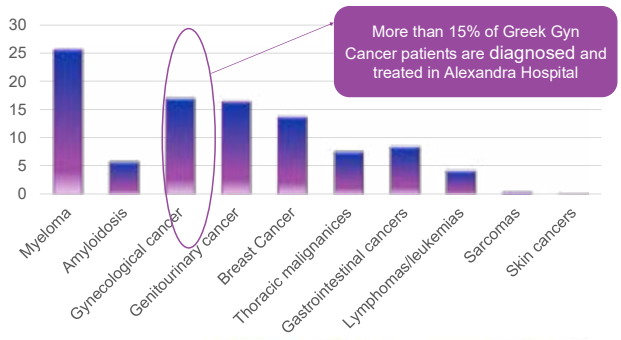
HELLENIC REPUBLIC
National and Kapodistrian University of Athens
EST. 1837

WP9 : Pathway to Excellence: Establishing a Certified Comprehensive Cancer Care Network for Gynecological Cancers in Greece

Michael Liontos, Theodora Papadopoulou, Morena Bazelli, Alexandra Stavropoulou, Dimitrios Haidopoulos, Nikolaos Thomakos, Kalliroi Gouli, George Pissakas, Athanasios Chalazonitis, Andreas Pambanos, Argiro Vezirgianni, Basiliki Markasioti, Dimitrios Valsamidis, Ourania Todoulou, Anastasia Vourvouli, Elpiniki Tavianatou, Theodora Psaltopoulou, Meletios-Athanasios Dimopoulos

Background

The EUnetCCC initiative aims to establish certified Comprehensive Cancer Centres and Networks (CCCNs) across Europe to ensure equitable access to high-quality, multidisciplinary cancer care. In Greece, services for gynecological cancers remain fragmented, with limited coordination between hospitals and specialties. To address these gaps, Alexandra Hospital participates as a pilot site, adapting the EUnetCCC framework to develop a structured and certified network for gynecological cancer care.



Objectives

To design and implement a certified CCCN for gynecological cancers in Greece, integrating existing clinical services and aligning them with EUnetCCC standards of quality and governance.

Approach

- Mapping of existing gynecologic oncology services (Alexandra, Elena Venizelou, Spiliopoyleion Agia Eleni
- Multidisciplinary collaboration with our internal and external partners, under the supervision of our Competent Authority (1st YPE)
- Gap analysis using the draft EUnetCCC Set of Standards
- Development of SOPs
- Creation of an Excel-based patient registry to support structured data collection

Progress Update

Achievements to date

- Completion of partner matrix and implementation plan
- Successful opening workshop with multidisciplinary participation
- Gap analysis finalized and translated into an actionable roadmap
- Registry for gynecologic oncology patients under development and shared as a good practice among pilot sites

Next steps

- Launch of coaching support (M16)
- Development and testing of the gynecologic patient pathway tool
- Self-assessment and preparation for internal audit and pre-audit activities
- Integration of digital registry and SOP workflows into clinical routine

Challenges & Opportunities

Challenges

- Limited digital infrastructure and registry interoperability
- Missing standardized SOPs
- Time and staff limitations for additional coordination tasks

Opportunities

- Strong academic affiliation with the National and Kapodistrian University of Athens (NKUA)
- First pilot hospital in Greece to align CCC development with CCCN
- Support through EU-wide coaching and knowledge exchange

Key message:

Alexandra Hospital, in collaboration with the 1st YPE, is leading Greece's pilot effort to establish a certified Comprehensive Cancer Care Network, translating the EUnetCCC vision into sustainable, patient-centered practice.

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Institut National du Cancer
Nikolai Goncharenko – nikolai.goncharenko@inc.lu
Amélie Gaignaux – amelie.gaignaux@inc.lu
www.institutcancer.lu

Organisation and Integration of Comprehensive Cancer Care in Small Member States

The Luxembourg Model

Gaignaux A., and Goncharenko N., Institut National du Cancer

Luxembourg in a nutshell

- Small Member State:
  - Total land area = 2,586 km²
  - Population = approx. 677,500 residents + 230,000 cross-border workers
- Cross-border care: ~45% of staff are cross-border workers
- Health coverage: Universal
- Cancer burden: approx. 3,000 new cancer cases annually
- National Cancer Plan ✓
- National cancer registry ✓

Our challenges

- Small Member State *(<3 million population)*:
  - Scale and critical mass
  - Structural limitations in healthcare expertise
  - Low clinical trials activity
  - Limited human resources
  - Complex cross-border coordination across systems (Greater Region)
- Oversight by different Ministries
- Data sharing and interoperability

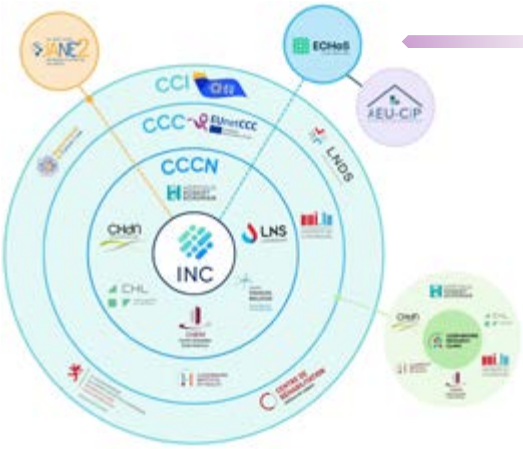
Towards an integrated comprehensive cancer care framework

Consortium-based approach
Enables comprehensive coverage and functional integration

Framework collaboration agreement
Foundation for institutional cooperation

Transversal governance – CCC Board
Streamlines processes, rationalises structures, and ensures coordination between institutions to deliver high-quality patient care

Underlying principles



Coordination mechanisms

Cancer dashboard
Enables the monitoring of the quality of care and of patient outcomes

National guidelines and patient pathways
Standardise processes, formalise interfaces and promote equitable access to cancer care

Multidisciplinary tumour boards
Hospital-based tumour boards for high-prevalence cancer types, and national tumour boards for rare, poor-prognosis cancers and complex cases

Key national flagship initiatives

Plan National Cancer

- 2020-2024 (extended to 2026)
- 8 Axis, 48 objectives
- Aligned with the objectives of the EBCP and the Cancer Mission
- High synergies with the CCC standards

LUXEMBOURG RESEARCH CLINIC

- Scientific affiliation between LIH, Uni.lu, hospitals
- Connecting the wide range of cancer-related research
- Translational and clinical research → bench-to-bedside
- Integration of research and care

Comprehensive Cancer Care Networks - CCCNs

- Lung and gynaecological CCCNs
- High-quality care
- Integrated patient pathways
- Strong foundation for the coordinated mechanisms of the CCC

From concept to implementation

National designation of the CCC by the Ministry of Health and Social Security
Enables the CCC structure to receive formal endorsement from the national authority

Creation of a National Support Group
Establishes a project steering committee, overseeing the implementation of the CCC through Working Groups

Creation of thematic Working Groups
Establishes operational project teams to support implementation, formally endorsed by the respective institutions

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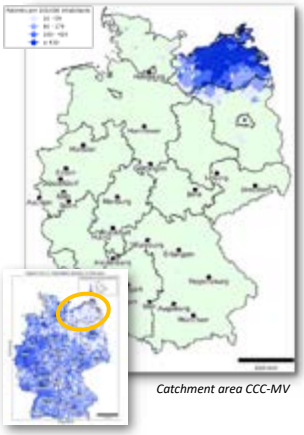
Comprehensive Cancer Center Mecklenburg-Vorpommern
Universitätsmedizin Rostock

Ethical Challenges of Modern Cancer Care

Jörg Haier & CCC-MV Team

CCC – Mecklenborg–Pommerania in Brief



Catchment area CCC-MV

Population density

CCC-MV in State of Mecklenborg - Pommerania

- Lowest population density in Germany (1.57M)
- Large rural areas, only 4 larger cities
- Lowest per capita income in Germany
  Low life expectancy compared to other areas in Germany
- 2 university hospitals building the CCC-MV
- ~60% of approx. 12,000 new cancer cases in state treated at CCC-MV
- Low availability of certified cancer care structures according to German National Cancer Plan (DKG certification)

Strategic Highlights of our Center

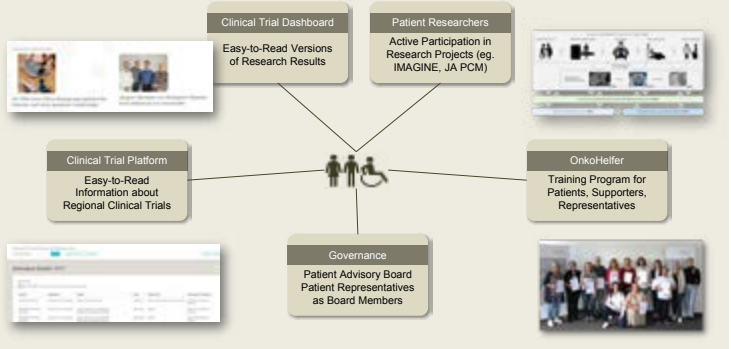
Outcome and Implementation Research as Part of Developmental Strategy

Head & Neck Cacner, CNS Cancer, Hematological , Malignancies Urological Tumors, Skin Cancer

1. Preclinical cacner models for analysis of tumorassociated mechanisms and development of personlized treatment strategies
2. Personalized cancer medicine (incl. molecular treatment stratification and risik adapted primary-, secondary und tertiary prevention)
3. Outcome- and implementation research (Living with and after cancer) with special focus towards rural aeas

PRO - Unit | Clinical trial support group | Oncological data management | Regional research partners

Patient Participation and Centeredness in Cancer Research



Ethical Issues in Personalized Cancer Care

Applicability of Evidence

- High-throughput, genome- or –omics-based diagnostics induce a new level of decisional uncertainty, and impaired applicability of evidence
- Potentially generating acceptance barriers and affecting informed consent management and shared-decision making

Classical high-level evidence

Molecular-based high-throughput diagnostics

European PCM-Ethics Trial – Basic Concept

Perception of Ethical Challenges

Uncertainties related to PCM can create acceptance barriers and challenge informed consent processes consequently affecting shared decision-making between clinicians and patients. Understanding how patients, clinicians, and molecular diagnosticians perceive and navigate these emerging uncertainties is critical for optimizing implementation of molecular tumor boards (MTB), ensuring appropriate informed consent management, and harmonizing precision medicine practice across European health systems. For a deeper understanding of these potential barriers and creation of a scientific implementation background for PCM we will conduct a pan-European study on perception by various involved stakeholders.

Objectives

Characterize and compare perceptions of uncertainty in PCM across three key stakeholder groups —patients, clinicians, and molecular diagnostic professionals — involved in MTB workflows at European university cancer centers. Our goal is to include at least 5,000 participants in 50 institutions in 10 European countries.

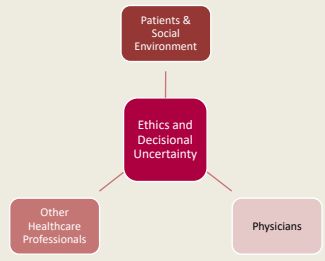
Methods

Prospective, multicenter, cross-sectional survey study. Structured and validated questionnaires assess uncertainty perceptions across stakeholder groups:

Contact & Study Participation

Director CCC-MV (Rostock): Prof. Jörg Haier
Mail: eu-projects@ccc-mv.de

Perspectives of Stakeholder Groups



Interest in Participation

This investigation is accompanying the Joint Actions EUnetCCC and JA PCM.
If your institution is interested in participation you can get more information and contact details at our website:

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Klaipeda University Hospital

Improving outcomes, embracing wholeness

Cancer case management in the "Green corridor": a best practice example from Klaipeda

Alvydas Česas[1], Jolanta Česienė[1] Samanta Šamrejienė[1]
Klaipeda university hospital[1]

Introduction

Aiming to enhance timely access to cancer diagnostic services and improve the quality of cancer care, Klaipeda University Hospital was the first in Lithuania to implement a cancer case management approach for oncology patients in 2019. A dedicated patient pathway and registration system — the "Green Corridor" — was established within the organization for oncology diagnostics and treatment. In this model, patients are guided by specially trained oncology case managers who provide continuous coordination, information, and support from the initial suspicion to the start of specific treatment (see Figure 1). The model was developed and recognized as a best practice, leading to its nationwide implementation in 2023. Since then, both the oncology case manager role and the "Green Corridor" model have been formally integrated into the national healthcare legislation.

Figure 1. Conceptual framework of cancer case management in the "Green corridor"

Conclusions

The implementation of the "Green Corridor" model has shown a variety of benefits across all levels — patient, clinician, and organization. The most important include improved patient experience, reduced oncologists' workload, shorter waiting times for diagnostic procedures and specialist consultations, increased efficiency in resource allocation, and strengthened institutional collaboration to meet national targets.

Challenges for future development

- Model application disparities across the country
- Insufficient training programs for case managers
- Low fiscal motivation for health institutions
- Misperception of case manager's role
- Cultural resistance

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The clinical breast network in The Tuscany region of Italy

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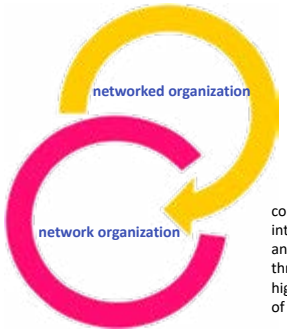
*Breast Unit of Pisa Universitary Hospital
Oncological network, Prevention and Research Institute (ISPRO), Florence, Italy

Premise: The European Parliament resolution on breast cancer in the European Union (2002/2279) states that every woman must have access to quality screening, treatment, and post-therapy care and calls for all women affected by breast carcinoma to have the right to be treated by an interdisciplinary team.
The Tuscany Region of Italy has hystorically adopted strategies for breast cancer cases management by healthcare facilities capable of providing assistance according to the quality standards required by the European Community and the Ministry of Health.
In particular, in 2014, the first guidelines for Healthcare Companies for the establishment of Breast Units were issued with the following requirements: integrated Single Unit, sufficient volume of cases handled, specialized staff, multidisciplinary approach, availability of all services, from genetics to prevention, to palliative care and follow-up, psychological support, data collection and auditing.

Context: The Tuscany Oncological Network coordinated by ISPRO (Oncological network, prevention and research institute, Florence) is active in Tuscany from 2017 (Decision 74/2017). It has the role of coordinating all the activities in the prevention, diagnosis and care in the oncological field, conducted in the Tuscany healthcare system through the oncological departments with the aim to prevent, know, understand and to care cancer, giving citizens the opportunity to have homogeneous and high-quality care throughout the area.

A regional clinical breast network model (Resolution No. 958 "Guidelines for regional clinical networks“) was introduced in 2018: it identifies the various services that are part of it and defines structured relationships among the different providers through a network governance system to support inter-organizational collaboration, thereby overcoming informal interaction methods based solely on interpersonal relationships between healthcare professionals. This model allows for the combination of the need to centralize surgical cases at facilities (Breast Units) that meet the required threshold volumes and encompass all competencies outlined in international, national, and regional guidance documents, with the advantage of making other types of services in the breast cancer prevention and care pathway (screening, chemo-radiotherapy treatment, rehabilitation, follow-up) available at other “nodes” of the network that offer greater proximity for patients. In this way, an integrated clinical-care pathway is structured, capable of providing each patient with active management at every stage of the pathway.

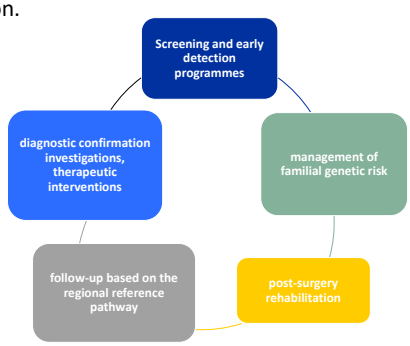


which focuses mainly on technical-scientific coordination and on the sharing of diagnostic-therapeutic and care pathways

conceived as a set of interdependent services and in functional relation through connections and highly structured modes of interaction.

The clinical breast network: has been defined in the context of the Tuscany oncological network (decision n.268 4.03.2019), with the aim of coordinating all the structures and centres involved in the breast cancer path and the Breast Units in Tuscany.
Tasks and functions: scientific evidence clearly shows that breast cancers treated in a specialized and multidisciplinary setting experience a significant increase in survival and an improvement in quality of life. For this reason, national and international guidelines discourage the treatment of these cancers outside of facilities with such characteristics that combine expertise and provide effective services through established diagnostic and therapeutic pathways. The European Parliament and the State-Regions Conference, in adopting these recommendations, indicate the need to centralize services that require defined minimum volumes and to standardize responses in specific areas through an effective reorganization of service provision.

The reorganization of the regional breast care network represents an opportunity to redefine and structure a more modern and current multidisciplinary approach to patients with breast cancer, preserving the guiding principles of Breast Units, adding organizational methods capable of creating structured and coordinated synergies among all network services present in the various hospitals and in the territory. It also includes implementing proposals for healthcare governance such as avoiding the spread of a few cases to many hospitals and a reorganization of skills.



To ensure the necessary operational capability, the Tuscany regional network, composed now by 14 Breast Units is organized into three Large Area subnetworks. Each of them operates according to shared and homogeneous protocols, drafted in adherence to regional guidelines and contextualized with respect to the characteristics of the different nodes that compose it.

The network model allows breast care activities to be conducted within a single pathway that favors multidisciplinarity and ensures continuity of care across the various “nodes” of the oncology network and its departments beyond structural boundaries, provides comprehensive support, coordinated among the different structures and guarantees attention to quality of life and facilitation of patient access to necessary services.

This also allows for the monitoring of all interventions concerning breast cancers with appropriate tools, indicators, and reference standards relating to all phases of the process, both in terms of adequacy, appropriateness, efficiency, effectiveness, quality, and health outcomes related to the interventions performed. https://www.ispro.toscana.it/

mail to: segreteria.direzione@ispro.toscana.it

Co-funded by the European Union

BRCA1/2 population genetic screening: challenges and benefits

P01.126.B

Z. Daneberga[1], A. Irmejs[1], A. Klujeva[1], N. Krike[1], E. E. Liepina[1], K. Viksne[1], R. Ciematnieks[1], U. Lakuca[1], K. Kiploka[1], H. Hoberg-Vetti[2], C. Bjorvatn[3], I. Kononova[4], E. Syundyukov[4], I. Danovska[4], A. Kalcenaua[4], M. Mednis[4], E. Pildegovica[4], I. Lindenberga[5], E. Miklasevics[6], J. Gardovskis[7]

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[7]Riga Stradins University, Department of Surgery, Riga, Latvia.

INTRODUCTION

Approximately 80% of *BRCA1/2* positive breast and ovarian cancers are diagnosed at stages II-IV. Despite the availability of modern treatments, the associated morbidity, mortality and costs remain significant. Therefore, the identification of *BRCA1/2* carriers in a presymptomatic stage is an ultimate goal to improve the prognosis for individuals at risk of hereditary breast and ovarian cancer.

The aim of this pilot study is to evaluate the feasibility of implementing a *BRCA1/2* population screening program in Latvia.

STUDY POPULATION

- Age group 25 – 59, without cancer history
- Invitation by e-mail or media campaign
- Bias – preselected group

SAMPLE COLLECTION

- Saliva collection
- Closest regional laboratory

DIGITAL ENGAGEMENT TOOL

Personal information → Informed consent → Family cancer history → Pre-testing PHQ-9 and GAD-7 → Result communication → Post-testing PHQ-9 and GAD-7

TESTING AND REPORTING

536 saliva samples
↓
BRCA1 and *BRCA2* NGS
↓
SNV and CNV analysis and validation
↓
No pathogenic variants Digital report

PV/LPV reported Face-to-face consultation

RESULTS

3,438 invitations sent
↓
49% opened email
↓
54% visited platform
↓
From visitors **79%** consented
↓
67% saliva samples collected
↓
Overall response rate 14.26%

BRCA1 NM_007294.4	*BRCA2* NM_000059.4
c.4035del	c.658_659del
c.5266 dup	c.8572C>T
c.5117G>A	**8 PV/536 tested**
c.4675G>A	
c.1371del	
ex15del	

FUNDING

- LINDEX donation
- In-kind contribution from LONGENESIS and E. Gulbis laboratory
- RSU-PAG-2024/1-0013

CHALLENGES AND BENIFITS

- Screening engagement response rate was low – testing new engagement approach, refined screening design.
- Health literacy, digital literacy. Equal opportunities to participate, regardless of digital literacy, place of residence, social status, level of education should be considered.
- Genetic testing results – VUS, incidental findings in validation (e.g. CHEK2 variant identification).
- PHQ-9 and GAD-7 did not show significant difference pre- and post testing.
- All detected PV carriers had affected 1st degree relative.

CONFLICTS OF INTEREST
All authors declare no conflicts of interest related to this pilot project.

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GUSTAVE ROUSSY
CANCER CAMPUS GRAND PARIS

GUSTAVE ROUSSY
Integrated Model of Cancer Care, Research & Innovation

Gustave Roussy, The French and European Leader in Oncology

4,000 Employees

including **1,400** people dedicated to research

600 beds / spaces in 2024

52,000 patients seen in consultations and/or hospitalised in 2024

including **2,644** in 2024 in paediatrics

24,000 new cases referred in 2024

Including **472** in paediatrics

Patients by Our Side

25 Partner patients and carers, involved in the life and projects of Gustave Roussy

1 Patients-Carers Committee which operates on the scope of care, research and education

18 collaborative projects in 2024

1 Patient Experience Collective which steers the patient experience and partnership projects

1 children's committee

4 partnerships priority areas defined and monitored in 2024

1 Patient and Career space to welcome, listen to and inform both patients and carers

Global Research with Societal Impact

Research Key Figures

1,400 researchers and research staff

43 exploratory and transitional research teams in 2025

13 exploratory and teams + 1 Clinical Research Department

1,200 publications

16 researchers among the most cited in the world

11 technological platforms

9 University-Hospital Research (RHU) led by RG leaders

3 Investments for the future programme (PIA) cohorts (CANTO, E3N, Coblance)

1 University-Hospital Institute (IHU PRISM)

Artificial intelligence and data

Database of 400,000 patients

1 Center **2** Research teams **2** Data science teams

Clinical Research

350 staff members

586 active trials

6,115 patients included

Over **500** patients in phases I and II

IHU PRISM : National Precision Center in Oncology label

Co-founded by Gustave Roussy, CentraleSupélec, Inserm, Unicancer and Paris-Saclay University, this excellence centre aims to accelerate innovation in precision medicine around 4 pillars:

Biology **Modelling** **Clinic** **Patients**

Gustave Roussy Education: Transmitting Oncology Excellence

4,300 students trained in 2024

10,000 Students enrolled on the educational platform in 2024

23 university diplomas in 2024

14 master classes in 2024

1,400 participants including **30%** international

230 Teacher practitioners

41 academics

Focus on 2028: New research building

Gustave Roussy is the first cancer center in France and in Europe, recognized as a world leader in the fight against cancer. Its ambition is clear: to improve the cure rate of cancer by 15% over the next 15 years. By concentrating the best talents and the latest innovations, Gustave Roussy is positioned among the best hospitals in the world in oncology according to the Newsweek 2026 ranking.

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European Association of Urology

EAU Guidelines and Evidence Development on Prostate Caner

Ellen Moyse, Sarah Collen, Susan Evans-Axelsson

Introduction

The EAU membership is made up of Urologists, scientists, residents, nurses, patients - over 19,000 members from 140 countries

The EAU guidelines office and expert panels systematically review research and assess evidence quality to ensure transparent, reproducible guidance. Development follows systematic review principles aligned with Cochrane and GRADE methodology.

The EAU policy office works to translate clinical standards into implementable frameworks and political action at the health-system and EU level.

Patients have a crucial role in providing feedback on the guidelines, including benefit-risk, values, ideas and preferences.

Patients involved from the beginning and throughout guideline development = better quality of care.

Real-world data and PCa collaboration with UroEvidenceHub

UEH aims to collect and analyse data throughout the PCa patient pathway (screening – diagnosis – treatment – follow-up). Through integration with the UroEvidence Hub and projects we are evolving guidelines toward a living model, informed by real-world data and outcomes research. UEH integrates and harmonises datasets to the OMOP CDM, focusing on interoperability and analytics. It connects research datasets, registries, and real-world clinical data.

Following FAIR, interoperable access to both research and clinical data, the UEH supports high-quality evidence synthesis, facilitates reproducible research, and strengthens the feedback loop between data, research, and clinical guidance.

eau uro evidence hub

Prospective PCa registry

PIONEER

Data analytics

Prostate cancer is the second most frequent cancer and the fifth leading cause of cancer death among men in the world

Praise u

Organised screening

Clinical decision support

OPTIMA

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NATIONAL CANCER INSTITUTE

Advancing Comprehensive Cancer Care in Ukraine Under EUnetCCC Framework

Yurii Kondratskyi, Andrii Horodetskyi, Mykyta Pepenin, Oleksii Dobrzhanskyi
email: mykyta.pepenin@unci.org.ua | phone: +380959448858

Background

In response to the urgent need for coordinated and high-quality cancer care in Ukraine, the National Cancer Institute has launched a series of initiatives aimed at strengthening multidisciplinary collaboration, guideline-based decision-making, and standardized patient pathways across the country. These activities are conducted within the EuNetCCC framework, translating European principles of comprehensive cancer care into practical, measurable improvements.

Multidisciplinary Education and Clinical Integration

- Nationwide master classes dedicated to gastric, colorectal, thoracic, and urological cancers.
- Each event combines case-based MDT discussions, hands-on workshops, and scenario simulation for surgeons and oncologists.
- Focus on real-time decision-making, emphasizing coordination between surgery, systemic therapy, and supportive care.
- Participants trained to document and evaluate MDT decisions according to EuNetCCC quality indicators (timeliness, completeness, adherence to evidence-based guidelines).

12
Number of regional cancer centers in collaboration

288
Physicians trained

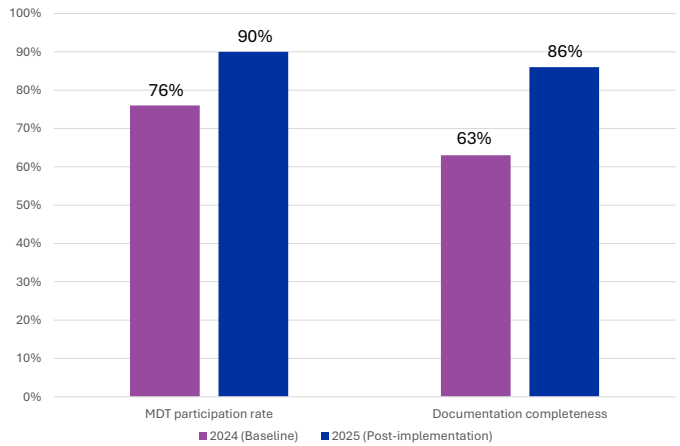

Table 1. Quality & Performance Indicators

Standardized Patient Pathways

- Development of standardized patient pathways (SPPs) for high-priority tumor types (gastric, colorectal, lung).
- SPPs define diagnostic timelines, MDT checkpoints, and measurable quality criteria-mirroring the EuNetCCC standards.
- Integration of SPPs into the electronic health record pilot at NCI to enable automated quality monitoring and benchmarking.
- The model serves as a blueprint for replication in regional centers and future CCCN development.

Picture 1. Master class dedicated to gastric cancer treatment, surgical day.

Picture 2. Collaborative MDT with Poltava regional cancer centre.

Conclusion

Through multidisciplinary master classes, consensus-based adaptation of European guidelines, and the creation of measurable patient pathways and quality indicators, the National Cancer Institute is building a sustainable foundation for evidence-based, networked, and quality-controlled cancer care. This initiative illustrates how education, standardization, and data-driven quality improvement can translate EuNetCCC principles into tangible national progress.

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ARPEGO : how to find together in the west of France the trial for each patient for solid tumors

JP Metges for ARPEGO NETWORK

Introduction and what is Arpego ?

Tasks : Centralize, organize, and optimize the search for early-stage and innovative prospective cancer trials (I,II,III) for adult patients with solid tumors, drawing on a collaboration of professionals in western France.

Health Clinical Research referent Centers ARPEGO

Medical facilities resquesting a clinical trial for patients Area involved in Arpego Network.

210 MD from 50 centers in 14 French departments

HOW IT WORKS

Development of a medical data collection form (selection form) to identify patients who may be eligible for an open trial in western France.

This form has been posted online on the Breton Cancer Communication File (DCC*).

Opening of the Breton DCC to oncologists and clinical research teams in the Pays-de-la-Loire, Nouvelle Aquitaine, and Normandy regions

In practice, access to a link for 100 oncologists in western France on Tuesday at 1 p.m. who have the files presented for the Arpego staff meeting at 8 a.m. on Wednesday

Proposal of a trial or not for each case by the 100 oncologists

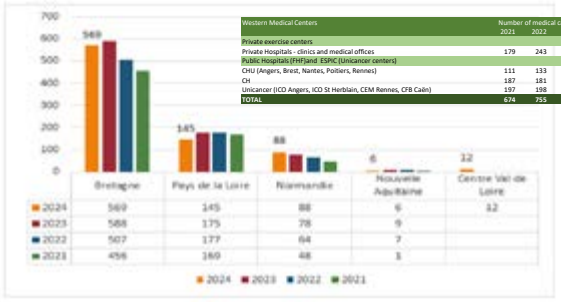
At 8 a.m., video conference staff meeting with teams (MD, Clinical nurses, clinical research assistants from Brest, Nantes, Rennes, Caen, Poitiers (CHU and CRLCC) and CHP Saint Gregoire, and final proposal for each case

At 11 a.m., response to the requesting oncologist and the teams proposing a trialTranslated with DeepL.com (free version)

ARPEGO
Weekly meeting for finding together potential clinical trial in the WEST of France

Results of Arpego Network

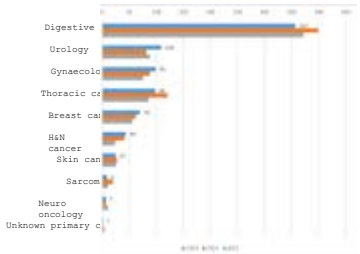
Request for clinical trials by geographic location of the healthcare facility treating the patient



Number of files and percentages of proposed trials

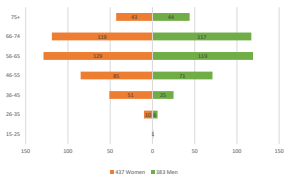
Years	Numbers of meeting	Numbers of files sent to ARPEGO Network	Numbers of files with at least on clinical trial proposed	Numbers of files without any clinical trials proposed	% clinical trials proposed
2023	51	850	580	270	68,23
2022	52	755	540	207	72,38
2021	52	674	529	145	78,53
2020	49	484	296	188	61,15
2019	53	960	345	345	58,47
2018	51	504	246	258	48,81
TOTAL	256	3027	1964	1042	

Demand by type of tumors



Clinical trials proposed % by type of tumor			
Specialities	2024	2023	2022
Digestive tract	46,53	46,94	49,27
Urology	13,29	9,64	11,65
Gynaecology	12,07	10,35	10,06
Breast cancer	11	7,2	7,41
Thoracic oncology	8,53	14,23	11,39
H&N cancer	4,36	4,82	3,17
Skin cancer	3,04	3,29	3,44
Neurooncology	1,09	0,82	1,45
Sarcoma	0,85	2,35	1,45
Unknown primary	0,24	0,2	0,66

Age pyramid of patients



Arpego: proof of concept finding an innovative clinical trial in a large interregional area for each patient

TOGETHER WE ARE STRONGER !!!!!

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Salut/ ICO Institut Català d'Oncologia
Region Syddanmark Sygehus Lillebælt
ESTCAN

WP6 – Strengthening Capacities and Quality Improvement in EUCCC

Building capacities, shaping tomorrow's excellence

Task 6.1 Development of Assessment and Capacity Building Framework	Task 6.2 Strengthening capacity activities across the quality domains of the Set of Criteria and Standards	Task 6.3 Support for Implementation Strategies within CCCs in Unique Healthcare Environments	Task 6.4 Continuous Monitoring and Enhancement of Quality in CCCs

Objectives – developing peer learning activities and tools in 2025

Stage. 1 Preparatory process and maturity assessment

Starting situation diagnosis

Maturity Model | Readiness assessment (RACCC-30)

Partnering gap-analysis with candidates

Formal commitment of the candidate center

Stage 2. Candidate strategy setup

Tailored capacity-building

Needs analysis and goals definition based on:

Level of priority* (n=5)
- Preparatory Guideline
- 7-domain Guideline

Adapted guidance (alignment with WP4)

Stage 3. Partnering, mutual learning and access to key resources

3.1 Support the certification roll-out
Peer-support of quality managers

Resources centre (portal)

3.2 Domain-based programs
✓ Pairing & Teaming

3.3 Thematic activities (examples)
✓ Resilience of advanced nursing roles
✓ Small countries and inclusivity
✓ Patient centeredness

Integrated framework with WP8 network activities

Certified CCC experts per Domain (DKH and OECI)

Governance		Oslo universitetssykehus
Care	Institut de Cancérologie de l'Ouest	Comprehensive Cancer Center Niedersachsen
Research	wtz	VHIO
Integration of Research and Care	Fondazione IRCCS Istituto Nazionale dei Tumori	IPOPORTO
Innovation	institut Curie	ICO
Prevention	LEON BERARD	Sygehus Lillebælt
Education and Training	GUSTAVE ROUSSY	MEDIZINISCHE UNIVERSITÄT WIEN

Stage 4. Quality Improvement assessment and feedback

Continuous Evaluation **based on (1) Quality Improvement Indicators (QII) and (2) Maturity levels — Every 7-8 months (at least 3 times across the JA) —**

Feedback loops

Capacity Building activities

Domain specific

Toolbox
- 7 guidelines per domain
- Webinar on critical standards
- Podcast on adoption challenges
- Preparatory guideline

Activity on research and innovation

Activity on patient centeredness

Activity on advanced nursing roles

Activity on inclusivity

Mutual learning
- Teaming
- Pairing
- Mentoring (cycle based)

Transversal
- Peer Support for Certification

WP6 Main Contact: Nacho Añón-Andrés, ianon@iconcologia.net; **Task 6.1**: Witold Szumowski, witold.szumowski@ue.wroc.pl; **Task 6.2**: Joan Prades, jprades@iconcologia.net; **Task 6.3**: Kadi-Liis Veiman: kadi-liis.veiman@ut.ee; **Task 6.4**: Eva.Sandberg@rsyd.dk.

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Sahlgrenska Comprehensive Cancer Centre

IPOPORTO

Guidelines – improving efficiency and quality in implementation and impact

Work Package 8 – Subtask 8.2.1

Objectives for Disseminating and Implementing Guidelines

To **improve quality and equity** of European cancer care and research **by** increased and equal use of **guidelines**

Explore the most effective way to implement, use and follow-up on guidelines

Explore, establish, and **harmonize guidelines SOP´s and KPI´s in CCC´s** with pilot projects development

Stakeholders for collaboration
EUnetCCC
WP 2, 4, 5, 6, 7, 9
JANE-2, other JA´s

Medical Societies
ESMO, ESTRO and others

Patient organisations
ICPC, WECAN

Strong patient focus and strengthening of patient representative and public involvement in planning, writing, implementation and follow-up

"It is not our task to create **new** Pan-European guidelines"

Key Activities

In early 2025 our task identified six priority areas and established six subgroups to address them. The activities of subgroup 1 and 2 have been completed, while work in subgroups 3-6 continues.

1. *Mapping core group guidelines presentations and perform GAP analysis*
2. *Mapping of use of guidelines in countries not present in the core team*
3. Elaborate on Guidelines Indicators to ensure standardization, consistency and effectiveness and to help measure how well the guidelines are adopted and their impact on healthcare outcomes
4. Establishing contacts with medical societies
5. Establishing contacts with patients' organizations and advocate groups
6. Establishing contact with 4-6 CCC´s within the network to analyse their guidelines strategies and requirements for the efficiency of guidelines implementation.

Regular work meetings
- Lead team (weekly)
- Core group (bi-weekly)
- Subgroups (bi-weekly)

Meeting series with participants
- **First Meeting:** Background and introduction to 8.2.1 Guidelines
  - June 18th, 2025 (Digital)
- **Second meeting:** Report on present status in Europe – Further dialogue of improvement Strategy
  - When: October 7th 2025 at 3 – 4.30 pm (Digital)
- **Third meeting:** Workshop on implementation of decided strategy
  - When: November 5th 2025 in Paris (FTF)
- **Fourth meeting:** Inspiration lectures on effective guideline implementation
  - When: December 2025
- **Fifth meeting:** Workshop with patient organisations
  - When: To be decided

Current Situation & The Goal

Current situation
- At present big differences between countries
- Very different how Europe works with guidelines
- Many use ESMO and NCCN guidelines, but local guidelines are produced
- Multiprofessional groups but depends on which organisations that produces the guidelines
- Many countries have good examples of working nationally with guidelines

The GOAL

We are aiming for number 1 – Currently at number 3

1. Common European Guidelines
2. National guidelines in all European Countries
   - National authorities
   - CCC-networks, WP 4 (CCI)
   - NGOs
3. Increased collaboration between CCCs across Europe
   - Development
   - Implementation
   - Follow up
   - Research

Stakeholder Collaboration

- **CCC´s within EUnetCCC**
- **Other subtask´s within WP8**
- **Other WPs within EUnetCCC**
- **Medical societies**
  - e.g ESMO, ESSO, ESTRO, EONS, national societies
- **National Comprehensive Cancer Network**
- **Guidelines International Network**
- **Patients' organizations & advocate Groups:**
  - ICPC, WECAN
- **Other Joint Actions**

Global collaboration
NCCN Guidelines Process – Nadeem R. Abu-Rustum, MD
Memorial Sloan Kettering Cancer Centre, NY, USA

Collaboration Partners

Curious about our work? Want to share your thoughts or explore collaboration? Please send us an e-mail and we will get back to you.

Task lead Claes Jönsson: claes.jonsson@vgregion.se **Co Lead** Cátia Faustino: catia.faustino@ipoporto.min-saude.pt **Project manager** Johanna Höstner: johanna.hostner@vgregion.se

Work Package 8 – subtask 8.2 Develop and Implement the EUCCC Network Activities

A European Continuum: From Prevention to Survivorship

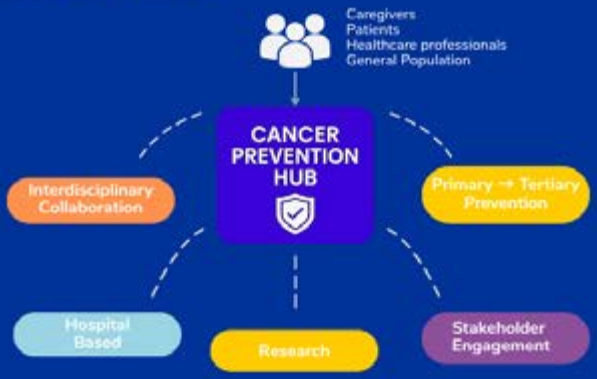
Task 8.2.2 – Primary & Secondary Prevention

Lead by: IOCN, Romania
Co-lead: Unicancer, France

25 Countries | 45 Institutions | 108 Members

Mission
To establish a sustainable, collaborative network of Comprehensive Cancer Centers integrating **personalized prevention strategies** into routine cancer care.

The Cancer Prevention Hubs at Hospital Level: A EUnetCCC Concept



Key Objectives and Progress

- Design the **Cancer Prevention Hubs** (framework done, aligned with Crane standards)
- Finalize the **Caregiver Interview Tool** and pilot in CCCs
- Complete the **Transferability Protocol** for scaling the Hub across Europe
- Strengthen peer learning through **Teamings** (next up: ICELAND March 2026)
- Increase awareness via **communication sprints & campaigns**
- Develop **scientific publications** and policy-ready briefs

Strategic Highlights

- International collaboration with **Australia, Japan and Canada**
- Policy integration with EU Ministries of Health
- Embedded KPIs and sustainability via WP6

Rollout by 2028

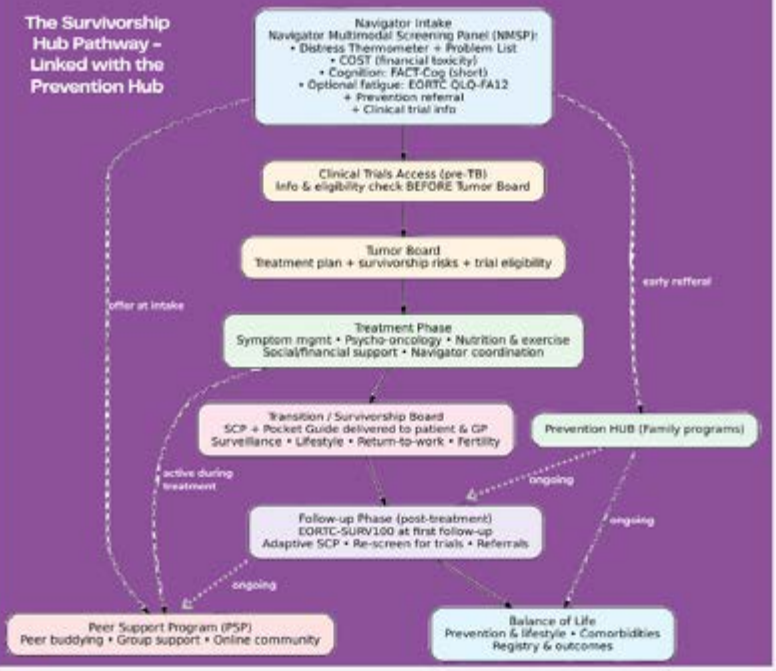
Prevention will be embedded in the CCCs as a core function, covering primary and secondary prevention, lifestyle intervention and risk assessment.

Task 8.2.7 – Accelerating Cancer Survivorship

Lead by: IOCN, Romania
Co-lead: Sciensano, Belgium & IPO-Porto, Portugal

27 Countries | 58 Institutions | 156 Members

The Survivorship Hub Pathway – Linked with the Prevention Hub



Key Objectives and Progress

- The finalization of the **survey & analysis** of current survivorship care in Europe and continue the ongoing analysis through each **Thematic Working Groups** (TWGs – medical follow up/ onco-phycological care/ occupational and vocational support & social and financial care) perspective:
  → Develop **minimal standards and criteria** for survivorship care, aligned with Crane standards.
  → Organize **data-driven teaming** activities between CCCs to support implementation and knowledge exchange.
- Design the **Survivorship Hub Framework** with patient navigation, digital tools and shared care pathways

Strategic Partnerships

- Deepened alliances with primary care, rehabilitation and patient organizations

Rollout by 2028

Every CCC to deliver structured, high-quality survivorship care integrated with prevention, digital tools and patient involvement

Contact us for more information:
Email: drdelianicoara@gmail.com
anamariasuciu1994@gmail.com

Check more about our work at EUnetCCC here:

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6-7 NOVEMBER 2025

HUS Helsinki University Hospital
Oslo University Hospital

Task lead Kristin Austlid Taskén
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Co-lead Peeter Karihtala peeter.karihtala@hus.fi
Co-lead Mia Wallin mia.wallin@hus.fi

Unlocking Cancer Research Collaborations and Synergies

Work Package 8 – Task Cancer Research (WP8.2.3)

Our goal is to improve cancer care across Europe by fostering collaborations and unlocking synergies in cancer research ecosystem

23 countries

46 Institutions:
20 Cancer Centres & Hospitals
13 CCCs

306 Person months

In 2025, WP8.2.3 launched a comprehensive survey to map the cancer research ecosystem across EUnetCCC. The primary goal was to uncover each institution's unique strengths, pinpoint existing challenges, and identify barriers to progress. A key objective was also to determine the most pressing cancer-related topics that could benefit from international collaboration within the EUnetCCC network. Drawing on the insights gathered, WP8.2.3 will initiate collaborative networks and targeted events and activities centered on selected topics (cases) - prioritizing clinical-impact and research opportunities, with a patient-centered mindset.

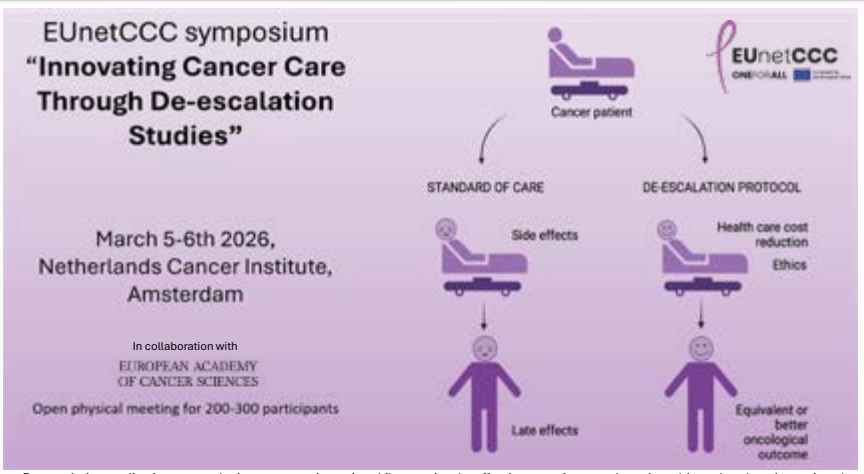
- Case 1: How to succeed at de-escalation studies (2026)
- Case 2: Join forces to tackle treatment resistance
- Case 3: Functional precision medicine – from bench to bedside
- Case 4: Unleashing the potential of AI to transform cancer diagnostics and treatment guidance

Case 1 De-escalation 2026

De-escalation symposium

Why de-escalation and where are we now?

Improve the quality and increase the number of clinical De-escalation trials



De-escalation studies focus on reducing treatment intensity while ensuring the effectiveness of cancer therapies, ultimately enhancing patients' quality of life by minimizing side effects and toxicity. This symposium will delve into the critical challenges and necessary steps for initiating successful de-escalation trials. Our goal is to identify best practices that will ensure de-escalation is a viable option for patients who might benefit, by building inter-disciplinary networks.

Biobanking and biomarkers

Sample, data and code sharing for expansion of cohorts and validation of research findings

New discoveries and faster implementation of research findings into clinic

Network

Webinars, courses, workshops, hackathons

Dynamic and sustainable

Research twinnings

Staff and knowledge exchange, visits

Long lasting collaborations

Patient and public involvement in cancer research

Motivation and education of researchers, clinicians and patient representatives to strengthen collaborations

Increased relevance and quality

Digital platform

Sharing information, calls for funding, best practices, guidelines and SOPs

Active user contributions

Core group members and collaborators

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CONNECTING PATIENTS TO TREATMENT LEARNING FROM ALL PATIENTS

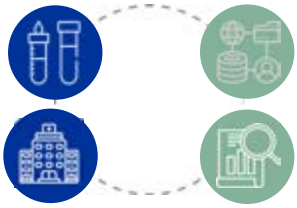
Tasks Precision Cancer Diagnostics and Secondary Use of Clinical Data

MISSION

Task 8.2.4 Precision Cancer Diagnostics

- Advance harmonised and standardised use of molecular diagnostics across CCCs
- Ensure equal access to high-quality, state-of-the-art diagnostics and robust CDSS

Molecular Tumour Boards



Task 8.2.5 Secondary Use of Clinical Data

- Harmonise data practices, improve data readiness and facilitate transition of CCCs towards EHDS
- Enable secondary use of data for governance, cross-border research and quality improvement

Data and Personnel Readiness

IMPLEMENTATION STRATEGY

COMMON APPROACH

Collaboration with European and International Initiatives

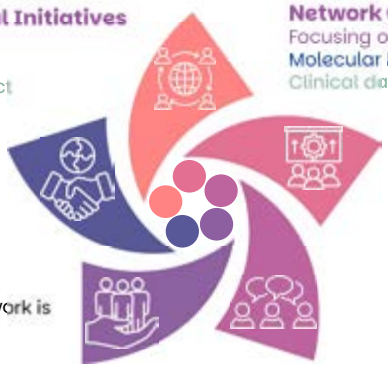
JANE2, JA-PCM, eCAN plus, ELBS, ESMO, IQNPath*
QUANTUM, CANDLE, TEHDAS2, eCAN plus, UNCAN.Connect

Promoting complementarity

Patient Engagement

Dedicated patient advisory group to ensure that our work is relevant and accessible to patients and caregivers

Increased relevance and accountability



Network Creation
Focusing on
Molecular biologists and bioinformaticians
Clinical data management professionals

Network Engagement and Capacity Building

Webinar series: *Dynamic and sustainable*
Peer learning visits: *Promote excellence, sharing practical experience*
Educational seminar: *Support early-career professionals*
Data summit: *Connect CCC leaders and data professionals*

Collaborative Platform of EUnetCCC Portal

Collection of best practices and self-paced learning modules
Community forum for knowledge exchange and collaboration

Active user contributions

TARGETED ACTIVITIES

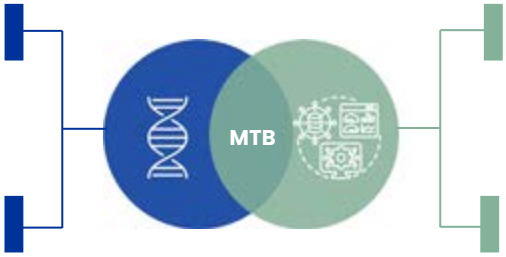
Harmonisation and implementation

- Provide template SOPs to harmonise MTB operations
- Develop workflows for ring tests to support EQA of molecular diagnostics

Regulatory alignment

Operationalise JANE-2 recommendations within CCCs on:

- Financing and reimbursement (HTA-R) frameworks
- IVDR implementation frameworks



Assessment of data readiness

- Develop a comprehensive data catalogue to capture primary data with varying degrees of granularity and access complexity
- Identify gaps in CCC data management infrastructure for primary data sources through data maturity assessments

Improvement of data readiness

Conduct feasibility studies to improve data maturity and promote secondary data use for:

- Governance and benchmarking
- Cross-border research collaborations
- Quality improvements

CCC: Comprehensive Cancer Centre; CDSS: Clinical Decision Support System; EHDS: European Health Data Space; EQA: External Quality Assurance; HTA-R: Health Technology Assessment Regulation; IVDR: In Vitro Diagnostic Regulation; MTB: Molecular Tumour Board; SOPs: Standard Operating Procedures CANDLE: National Cancer data Node DeveLopErs; ELBS: European Liquid Biopsy Society; IQNPath: International Quality Network for Pathology; JANE2: Joint Action Networks of Expertise in Cancer 2; JA-PCM: Joint Action Precision Cancer Medicine; TEHDAS2: Towards European Health Data Space 2

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EUnetCCC
ONEFORALL
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Annual meeting

Shaping the future of cancer care, research and education in Europe

CNIT Forest, Paris La Défense
6-7 NOVEMBER 2025

KAROLINSKA UNIVERSITETSSJUKHUSET
VHIO
UNIDADE LOCAL DE SAÚDE SANTA MARIA

Building the European Clinical Trials Engine

WP8 – Subtask 8.2.6

Task Goals:

The Clinical Trial task goal is to ensure equal access for patients across Europe and to establish Europe as a leading destination for clinical trials

Objectives

Ensure Equitable Access to Clinical Trials for Patients in Europe

- Increase Patient awareness and opportunities to participate in Clinical Trials
- Ensuring access to innovative therapies for all

Foster Cross-Border Collaboration & Knowledge-Exchange

- Promote sharing of expertise and best practices
- Facilitate drug- and patient mobility
- Bridge basic, translational, and clinical research

Strengthen Europe as a Target Destination for Clinical Trials

- Accelerate patient enrolment and strengthening collaboration to align with both patient needs and sponsor requirements

Streamline Clinical Trial Management

- Reduce administrative and regulatory burdens
- Disseminating best practices and integrating efforts through a unified, collaborative platform

Key activities 2025 – 2026

Exchange Programs
Pair institutions and staff – trial coordinators, data managers, research nurses – to rotate between centers, learning best practices in trial set-up, monitoring, and reporting

Expert Groups
Launch thematic expert interactive online meetings to share challenges and discuss solutions; and later set up an Expert Q&A Platform to address real-world clinical trial questions

Industry & Stakeholder Engagement
Initiate round-tables with pharma, biotech, and academic sponsors to showcase EUnetCCC´s unified infrastructure

Patient Involvement
Strengthening patient empowerment through educational material, providing multimedia toolkits that explain trial design, informed consent, and co-creation opportunities

Clinical Trial Resource Center
Develop a centralized platform to collect, structure, and share SOPs, guidelines, and best practices, supporting standardized trial processes across Europe

26 countries

53 Institutions:
27 Cancer Centers & Hospitals
11 CCCs

304 Person Months

Core Group Members

KAROLINSKA UNIVERSITETSSJUKHUSET · SAHLGRENSKA UNIVERSITETSSJUKHUSET VGR · POLICLINICO DI SANT'ORSOLA · OUH Odense University Hospital Svendborg Hospital · IPOPORTO · Skåne University Hospital · VHIO · HUS · UNIDADE LOCAL DE SAÚDE SANTA MARIA · International Hospital Federation · slimnica · IOCN · Oncology Institute Ljubljana · Vilnius universiteto ligoninė SANTAROS KLINIKOS · Regionaalhaigla · OSLO UNIVERSITETSSYKEHUS

Please reach out to our Lead Team and let's connect!

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IOCN
Institut National du Cancer
OSLO UNIVERSITY HOSPITAL

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Joint Activities to enhance CCC Governance, Organisation & Leadership

Work Package 8 – subtask 8.2.8

Developing networking activities and tools

Governance, Organisation and Leadership support the collaboration needed to meet the goal of comprehensiveness and underpin the CCC's ability to contribute to and benefit from the network activities of EUnetCCC.

Collegial Interviews

A Pairing program where **CCC leaders exchange experiences and explore solutions together**

Reference Models

Practical guides and case studies for governance, organisation and leadership **that are pragmatic, adaptable and context-sensitive**

Governance networks

Launch of governance-oriented learning networks for CCC leaders for ongoing learning, exchange and collaboration on governance issues

Leadership Academy

Support for CCC leaders and future CCC leaders to **hone the skills** needed to manage **the complexities inherent in CCCs**

Network Readiness

Assess and support governance aspects that **enable CCCs to engage in other Network activities** and initiatives

22 countries 47 institutions

90 Lead, Core and Participant team members

Key Activities - 2025

The Collegial Interview Program

Collegial Interviews are peer-to-peer discussions between leadership teams from different cancer centres. They encourage reflection, problem exploration and mutual learning across key aspects of governance, organisation, and leadership of Comprehensive Cancer Centres (CCCs).

16 CCCs and candidate CCCs are participating in 2025. Each is paired with another, and interviews are conducted at both sites. The process uses a structured but flexible interview protocol, with multiple interviews taking place during a two-day facilitated Interview Event.

Launch the first 'Governance' network for CCC leaders

To encourage ongoing networking, support and exchange, the first cohort will form the first governance-oriented network of CCC leaders. Workshops, training and seminars are planned activities to support development of the network.

Mapping and Analysis

Data from Collegial Interviews will develop detailed understanding of both general and local solutions and modifications deployed by CCCs in diverse settings. These will be used to produce Reference Models, and as inputs for workshops and learning curricula.

The Goals

Forge **new relationships and networks** of CCC leaders

Offer practical guides, events and training **support to leaders of CCCs and candidate CCCs**

Understand factors affecting **readiness** of CCCs for **EUnetCCC network activities**

In 2026

Recruit a second pan-European cohort of CCCs and candidate CCCs and pair them for Collegial Interviews

Launch governance-oriented networks for CCCs in **Small MS and Eastern European MS**

Offer **Events and Resources**, to support CCC leaders and their networks, including:

- Reference Models and Workshops
- Leadership Academy
- Seminar – bringing CCCs and Health Authorities together

Sites for Collegial Interviews

KU LEUVEN
ISTITUTO NAZIONALE TUMORI IRCCS - Fondazione Pascale
wtz westdeutsches tumorzentrum netzwerk
SAHLGRENSKA UNIVERSITETSSJUKHUSET VGR
CHU BDX
Institut National du Cancer
ΟΓΚΟΛΟΓΙΚΟ ΚΕΝΤΡΟ
IOCN
KAUNO KLINIKOS
ONKOLOŠKI INŠTITUT INSTITUTE OF ONCOLOGY LJUBLJANA
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Aarhus University Hospital