



iPAAC Joint Action meeting

17 February 2021



Co-funded by
the Health Programme
of the European Union

	iPAAC JOINT ACTION MEETING - AGENDA
12:30 -13:30	<p>Welcome from the Project Management Team</p> <p>WP 1 status update of the iPAAC JA</p> <ul style="list-style-type: none"> o iPAAC amendment (technical and financial part - main changes) o Periodic technical and financial reporting (M19-M36) o Meeting schedule and final conference o Sustainability of the project results o Budget consumption overview o Upcoming interim internal financial reports <p><i>Project Management Team</i></p>
13:30 – 14:30	Status of the iPAAC Joint Action with an overview of Work Packages (WP 5 – WP 10) <i>WP Leaders (5-10)</i>
14:30 – 14:40	Break
14:40 – 15:00	Discussion
15:00 – 15:15	<p>Information from Consumers, Health, Agriculture and Food Executive Agency</p> <p><i>Katarina Krepelkova, Project Officer</i></p>
15:15 – 15:30	Information on the Europe’s Beating Cancer Plan
15:30 – 15:45	Discussion
15:45 – 16:30	Final deliverable – progress and developments (WP 4 Leader)
16:30 – 16:50	<p>Discussion regarding the final deliverable – Roadmap</p> <p>AOB & Q&A</p>
16:50 – 17:00	Break
17:00- 17:20	<p>Overview of Horizontal Work Packages</p> <ul style="list-style-type: none"> o Dissemination activities (WP 2 Leader) o Evaluation activities (WP 3 Leader)
17:20 – 17:45	AOB & Q&A
17:45	End of meeting

JOINT ACTION MEETING IN BELGRADE



NEW PROJECT OFFICER AT CHAFEA

- Katarina Krepelkova has taken over the portfolio at CHAFEA covering cancer from 1st November 2020 and has officially replaced previous Project Officer Cinthia Menel-Lemos.

We are very much looking forward to continuing great collaboration with Katarina Krepelkova and are thankful to Cinthia Menel-Lemos for all the support in the past years.

NEW WP 9 LEADER

- Departure of **Sophie Negellen** as WP 9 Leader
- A new WP 9 Leader has already been nominated: Marianne Duperray

We would like to thank Sophie Negellen for her valuable contributions to the iPAAC JA.

We are very much looking forward to continuing our fruitful collaboration with WP 9 team!

IPAAC AMENDMENT – STATE OF PLAY



Amendment of the iPAAC Grant Agreement based on a 9-month extension has been approved and signed.

Main changes:

- Extension: 9-months
- One additional Periodic Report covering the period from M19-M36
- Changes in deadline for milestones and deliverables
- New subcontracting activity in WP 4
- Other changes that occurred during the project



REPORTING TO CHAFEA

There will be **THREE** technical and financial reports in three years, that will be submitted to CHAFEA:

Due to a 9-month extension, there will be **ONE ADDITIONAL PERIODIC** technical and financial report.

Products, their quality and quantity must meet the reported amount of time and costs!

FIRST Technical and Financial Report

Period M 1 – M 18 (1 April 2018 – 30 September 2019)

Deadline for the Technical Report: 18 October 2019

SECOND Technical and Financial Report

Period M 19 – M 36 (1 October 2019 – 31 March 2021)

Provisonal deadline for the Technical Report: April 2021

FINAL Technical and Financial Report

M 37 – M 45 (1 April 2021 – 31 December 2021)

WP 1 – COORDINATION

MEETING SCHEDULE



Stakeholder Forum meeting provisionally held in April 2021



5th Governmental Board meeting to be held on 1st April 2021



6th Governmental Board meeting – TBD



Final conference to be held in December 2021

LSF DURING COVID-19

- Each partner must organise one to two such events throughout the duration of iPAAC JA
- Inform ipaac@nijz.si and ipaac-pr@uzis.cz about the plans for the conference (dates, aims in English, announcements and programme).
- Face-to-face events replaced with virtual LSFs.

 **Each WP Leader** - update regarding planned Local Stakeholder Forums

ORGANISATION OF THE WEBINARS

- ✓ WP8 online webinar "Facing the harsh reality of pancreatic cancer: policy measures and health system strategies" (9th September 2020)
- ✓ WP 5 online webinar „WP5 online Cancer Screening webinar (14 January 2021)
 - Upcoming WP 4 online webinar: CCPIS Report (provisionally March 2021)
 - Upcoming WP 10 online webinar: WP 10 (provisionally in April 2021)

■ PLAN: ONE DISSEMINATION WEBINAR ORGANISED EACH MONTH

DISSEMINATION



DISSEMINATION ON THE OFFICIAL iPAAC WEBSITE



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CONSENSUS RECOMMENDATIONS FOR PANCREATIC CANCER CARE: THE BRATISLAVA STATEMENT

24. 06. 2020

Pancreatic cancer is one of the most lethal tumours, and it is the fourth cause of cancer death in Europe. Despite its important public health impact, however, there are no effective treatments or high-visibility research efforts.

This alarming situation is emblematic of a larger group of cancer diseases, the so-called "neglected cancers". In a bid to address this group of diseases in a coordinated way at the European level, a workshop was organised under the umbrella of the iPAAC Joint Action, involving representatives from medical societies, patient associations, cancer plan organisations, and other relevant European health care stakeholders.

After conducting a systematic review of the literature, a central discussion took place during a meeting in Bratislava on 16–17 September 2019. This led to a definition of the key steps that health care systems can rapidly implement to address pancreatic cancer while maximising the value of health care resources. This consultation also set the groundwork for prioritising pancreatic cancer as well as other neglected cancers at the national and European level.

This initiative resulted in twenty-two consensus recommendations for providing high-quality care for patients with pancreatic cancer. Substantial improvements can be achieved in patient outcomes by organising pancreatic cancer care around state-of-the-art reference centres, staffed by expert multidisciplinary teams. This organisational model requires a specific care framework that encompasses all levels of health care services, incorporating quality criteria and performance assessments.

- [The Bratislava Statement: consensus recommendations for improving pancreatic cancer care](#) (PDF file, 215 kB)



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REIMBURSEMENT MODELS FOR CANCER SURGERY AND RADIATION ONCOLOGY

04. 11. 2020

The evolving field of cancer therapy poses a real challenge for designing a reimbursement policy that can cope with providing a fair payment of the evidence-based standard of care and with the rapid pace of innovation.

Within the framework of WP8 Challenges in cancer care, a review of the different reimbursement models for cancer surgery and radiation oncology was carried out. Based on this analysis, a meeting with experts, industry and patient representatives were convened to discuss possible alternatives and options that could deal with the need of a fair reimbursement and support to emerging innovation. This initiative resulted in a set of recommendations to be taken into consideration when developing or updating a reimbursement system for radiation and surgical oncology in order to support and promote a comprehensive perspective, avoid fragmentation, and support valuable innovation.

- [Tackling reimbursement for radiation oncology and cancer surgery: challenges and options](#) (PDF file, 4.0 MB)



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Institute of Health Information and Statistics of the Czech Republic
Institute of Biostatistics and Analyses, Faculty of Medicine, Masaryk University
joint workplace










DISSEMINATION

➔ DISSEMINATION ON THE OFFICIAL iPAAC WEBSITE

iPAAC in magazines

 <p>Vloga NIJZ pri oblikovanju Evropskega načrta premagovanja raka (by Marjetka Jelenc et al.) Glasilo Zdravniška zbornica Slovenije 12/2020, p. 35-36</p>	 <p>Spletno srečanje deležnikov in organizacij s področja raka v Sloveniji v sklopu projekta iPAAC JA Glasilo Zdravniška zbornica Slovenije 11/2020, p. 56-57</p>
 <p>Promocija zdravja in preventiva na področju raka v sklopu projekta JA iPAAC 39th International Conference on Organizational Science Development</p>	 <p>Drugo iPAAC JA srečanje deležnikov in organizacij, ki delujejo na področju obvladovanja raka v Sloveniji UTRIP 5/2020, p. 34-35</p>
 <p>Misije – novost na področju evropskih raziskav in inovacij pri Evropski komisiji UTRIP 4/2020, p. 62-63</p>	 <p>Skupno ukrepanje za obvladovanje raka v EU Glasilo Zdravniška zbornica Slovenije 6/2020, p. 34-35</p>
 <p>Tit Albreht: Europe's unofficial head of cancer policy Cancer World 85, p. 70-71</p>	 <p>Koristi projekta iPAAC za slovenske in evropske prebivalce ter paciente z rakom Celostna obravnava pacienta, zbornik prispevkov, p. 175-179</p>

Scientific papers published with iPAAC funding

 <p>Core competencies in cancer genomics for healthcare professionals: Results from a systematic literature review and a Delphi process (by Ilda Hoxhaj et al.) J Cancer Educ. 2021</p>	 <p>Governance in/of cancer care and stewardship in cancer control: creation of definitions (by Marjetka Jelenc et al.) Coll Antropol. 2020;44(4):239-243</p>
 <p>Adolescent and young adult cancer survivors: design and characteristics of the first nationwide population-based cohort in Italy (by Alice Bernasconi et al.) J Adolesc Young Adult Oncol. 2020;9(5):586-593.</p>	 <p>Cancer cure for 32 cancer types: results from the EUROCARE-5 study (by Luigino Dal Maso et al.) Int J Epidemiol. 2020 Oct 1;49(5):1517-1525.</p>
 <p>Bratislava Statement: consensus recommendations for improving pancreatic cancer care (by Joan Prades et al.) ESMO Open 2020;5:e001051.</p>	 <p>Paving the way for patient pathways: synthesizing a user-centered method design with results from a systematic literature review 15th International Conference on Wirtschaftsinformatik 2020</p>
 <p>Implementation of patient-reported outcome assessment in routine cancer care: A systematic review of multicentric programs in Europe Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen 2020</p>	 <p>Understanding patient pathways in the context of integrated health care services – implications from a scoping review 14th International Conference on Wirtschaftsinformatik 2019</p>

DISSEMINATION

➔ **TWITTER** - information about the WPs webinars and WPs outputs

(ipaac@nijz.si and ipaac-pr@uzis.cz)

DISSEMINATION AMONG THE iPAAC PARTNERS

➔ Progress report of the iPAAC JA - key highlights of the year 2020

- Progress report shared with all iPAAC Partners in April 2021

DISSEMINATION

All materials arising from iPAAC Joint Action need to include the statement on EU funding, the EU co-funding logo and iPAAC logo.

This [*insert appropriate description, e.g. publication, conference, etc.*] arises from the iPAAC Joint Action, which has received funding from the European Union in the framework of the 3rd Health Programme 2014 – 2020.



DISCLAIMER TEXT:

This report arises from the Innovative Partnership for Action Against Cancer Joint Action, which has received funding from the European Union through the Consumers, Health, Agriculture and Food Executive Agency of the European Commission, in the framework of the Health Programme 2014-2020. The content of this report represents the views of the author/s only and is his/her/their sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains. The authors are not responsible for any further and future use of the report by third parties and third-party translations.

SUSTAINABILITY OF THE PROJECT RESULTS

1. Slovenia will include cancer as one of the priorities of the Presidency - final conference programme/agenda needs to be defined early in order to provide room for political and policy discussions
2. Discussing how to maximise our outputs - publications, webinars (defining dissemination priorities during COVID-19)
3. iPAAC deliverables effectively transferred into some type of practical use:
 - There is a need to make own promotion of the Roadmap
 - Work on the screening programmes, including QA, but also monitoring and continued work on the assessment of potential new screening programmes and early detection of cancer
 - Expansion of the dataset in population-based cancer registries, especially to include the data on survivorship
 - Quality indicators and sets of standards for providers, patient pathway development, accreditation issues

IDENTIFYING OPPORTUNITIES FOR FURTHER COLLABORATION WITH IPAAC PARTNERS



- Discussions on how to continue working together for those interested -> EU4Health Programme - **Scheduling TC with WP Leaders in March 2021**
- Topical interests for the following:
 - Collaboration in the same cf. similar consortium on selected cancer policy topics
 - Different combinations of partners joining different tenders coming up in 2021 and 2022 on Horizon 2000 as well as EU4Health programme
 - Potential topics of interest:
 - Cancer screening programmes
 - Survivorship
 - Implementation of National Cancer Control Programmes
 - Quality in cancer care and cancer control
 - Patient pathways – management of the different segments of the cancer trajectory



GA AMENDMENT – FINANCIAL PART

CHANGES OF THE GRANT AGREEMENT, INTRODUCED IN THE AMENDMENT:

- 1. Change of Annex 1 (description of the action)*
- 2. Change of the action's duration*
- 3. Change of the reporting periods*
- 4. Changes of Annex 2 (estimated budget of the action)***

Main focus of the GA amendment:

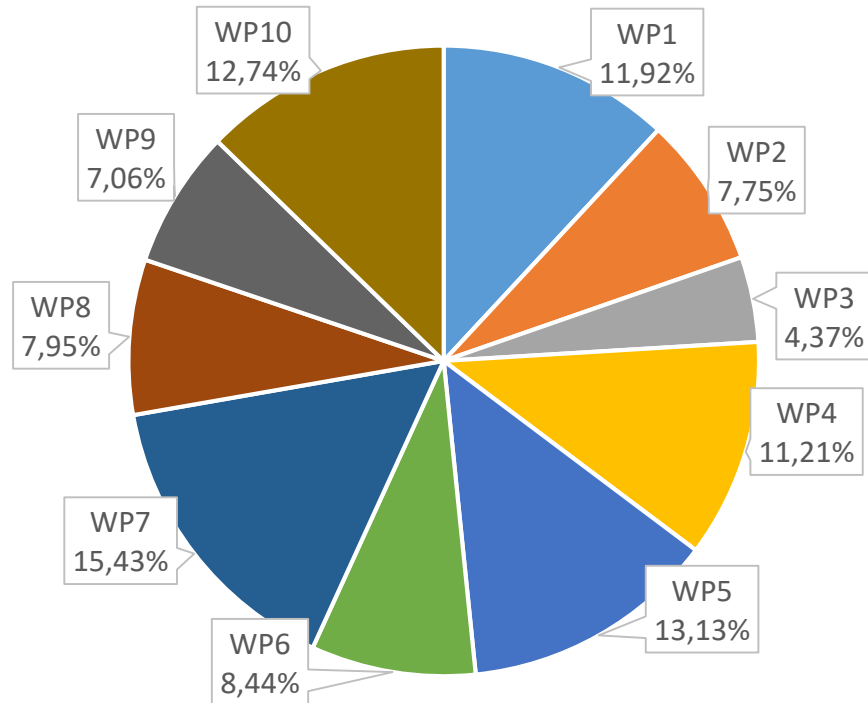
To complete agreed tasks, with same total budget per consortium, but in longer period of time.

1. Budget re-arrangements per category

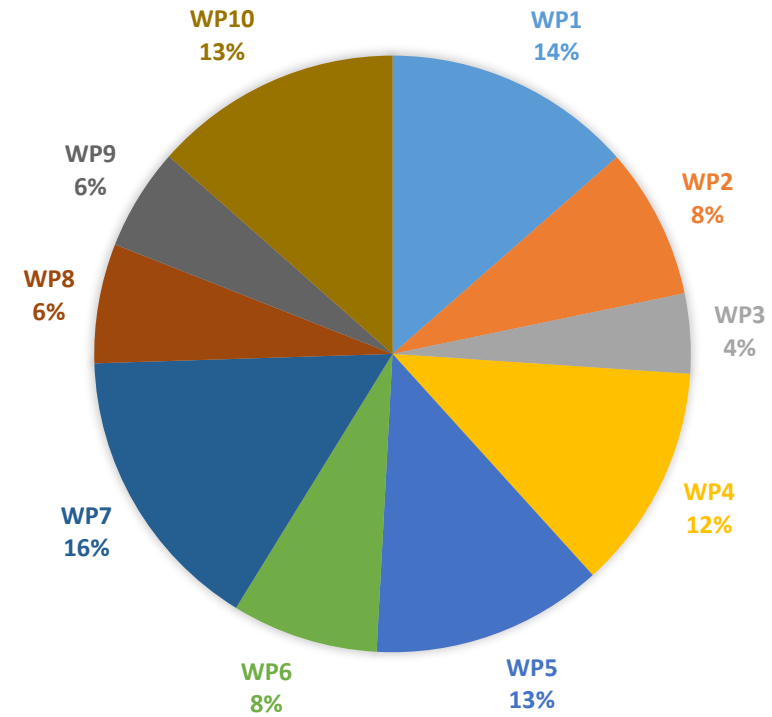
CURRENT STATUS		9-MONTHS EXTENSION	
BUDGET RE-ARRANGEMENTS (€)	ORIGINAL BUDGET DISTRIBUTION € (% of total direct costs)	BUDGET re-distribution in €	AMENDED BUDGET DISTRIBUTION € (% of total direct costs)
Personnel category	3.746.120,8 71,26 %	+ 218.024,53	3.964.145,33 75,3%
Subcontracting	441.000 8,44%	-21.995	419.005 7,45 %
Travel & subsistence costs	817.435,50 15,5 %	- 259.930,66	557.504,84 9,9 %
Equipment costs	17.400 0,33 %	- 7.549,54	9.850,46 0,18 %
Other goods and services	235.053,01 4,47 %	+71.450,7	306.503,7 5,5 %
TOTAL DIRECT ELIGIBLE COSTS	5.257.009,3		5.257.009,3
Indirect eligible costs	367.990,65		367.990,65
TOTAL ELIGIBLE COSTS	5.624.999,9		5.624.999,9

2. Budget re-arrangements per WP

BUDGET PER WP - ORIGINAL



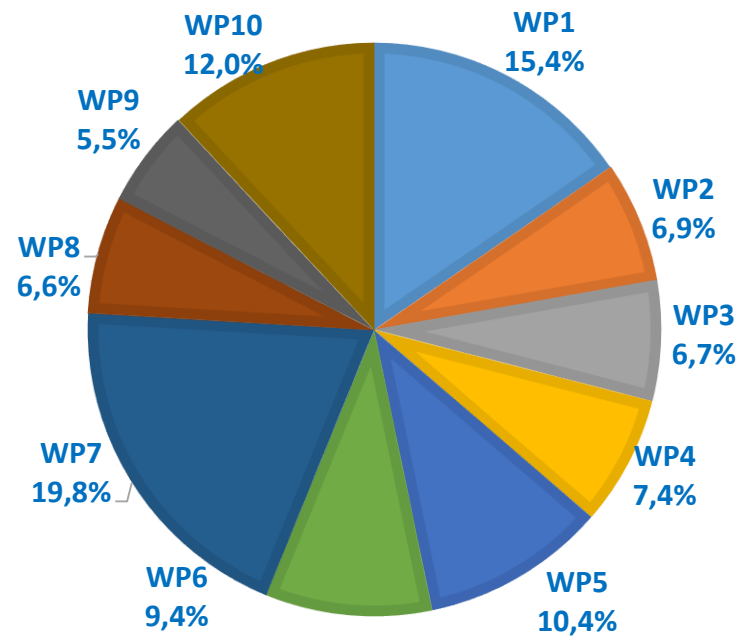
BUDGET PER WP - AMENDED



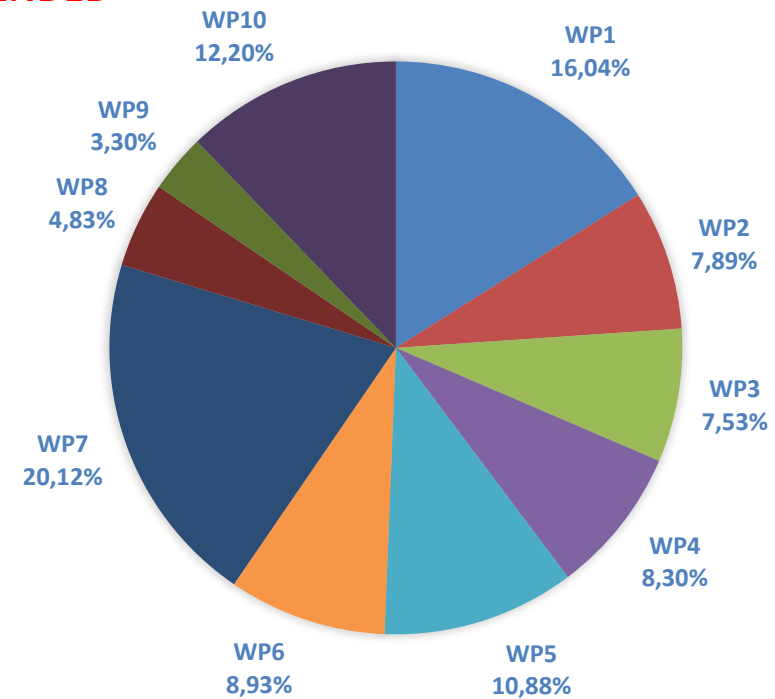
3. Person month distribution per WP

PM total **original** = 1.005,96, **amended** = 1.118,7

ORIGINAL



AMENDED



BUDGET CONSUMPTION OVERVIEW FOR PERIOD: M1-M30



TOTAL BUDGET SPENT PER CONSORTIUM:
3.506.070,54 € | 62,33%



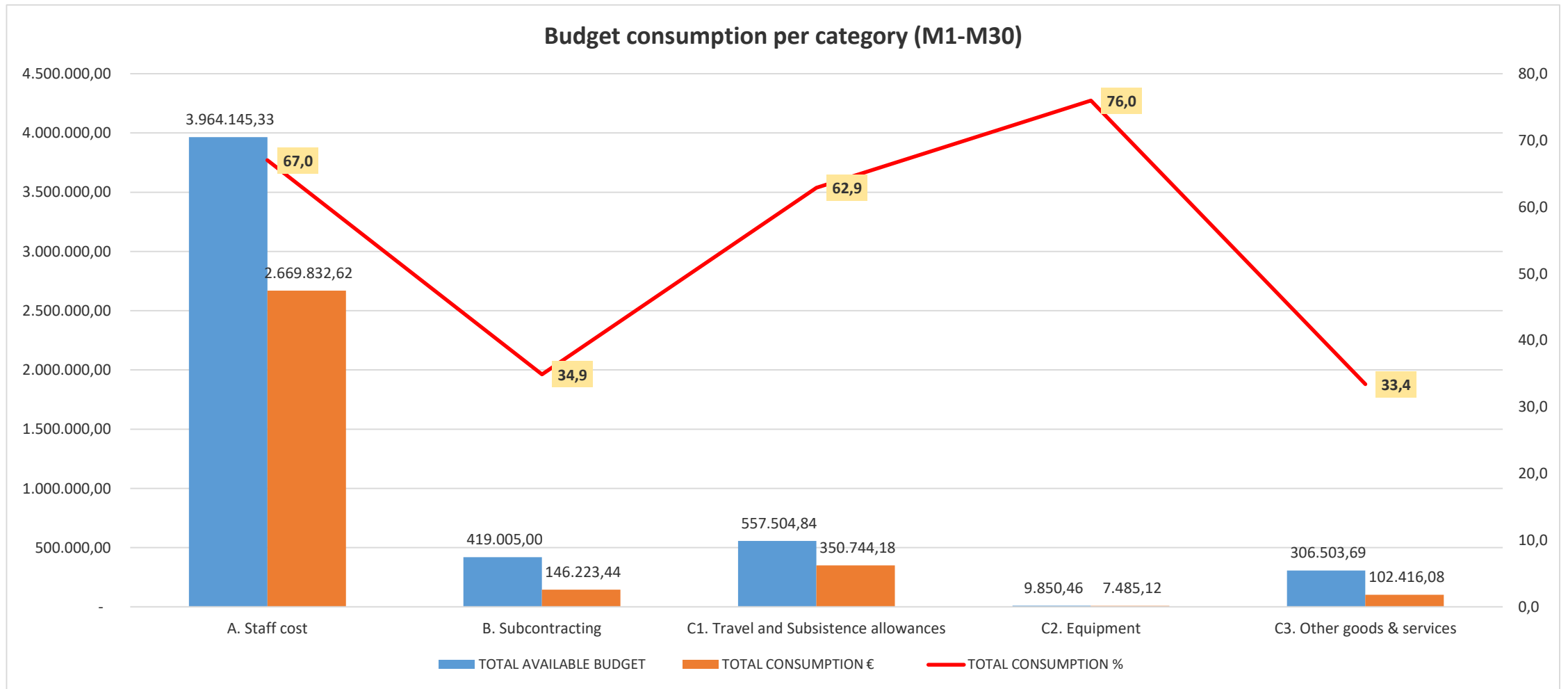
TOTAL BUDGET SPENT IN PERSONNEL CATEGORY:
2.669.831,32 € | 67,35 %



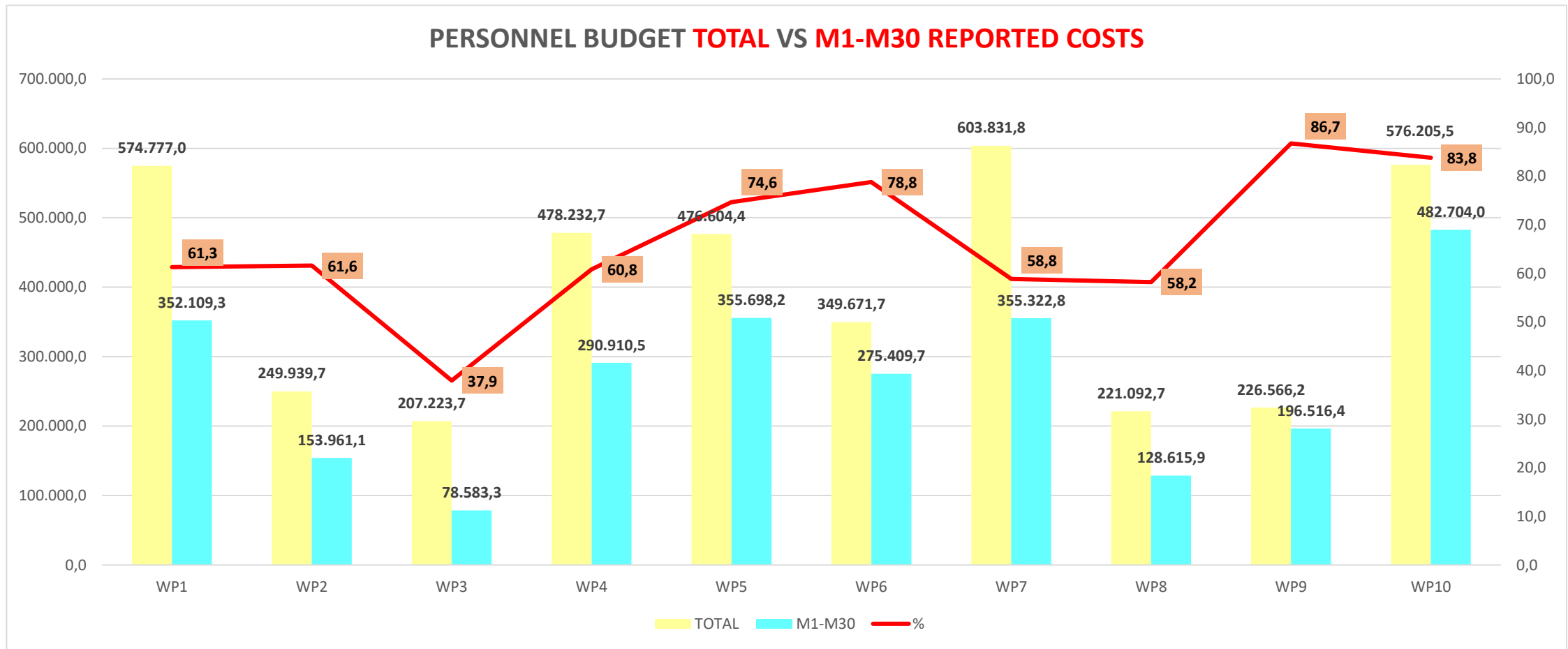
TOTAL NUMBER OF HOURS WORKED FOR THE JA:
over 95.790 hours | 665,19 PM = 59,46 %

1. M1-M30 EXPENDITURE PER CATEGORY

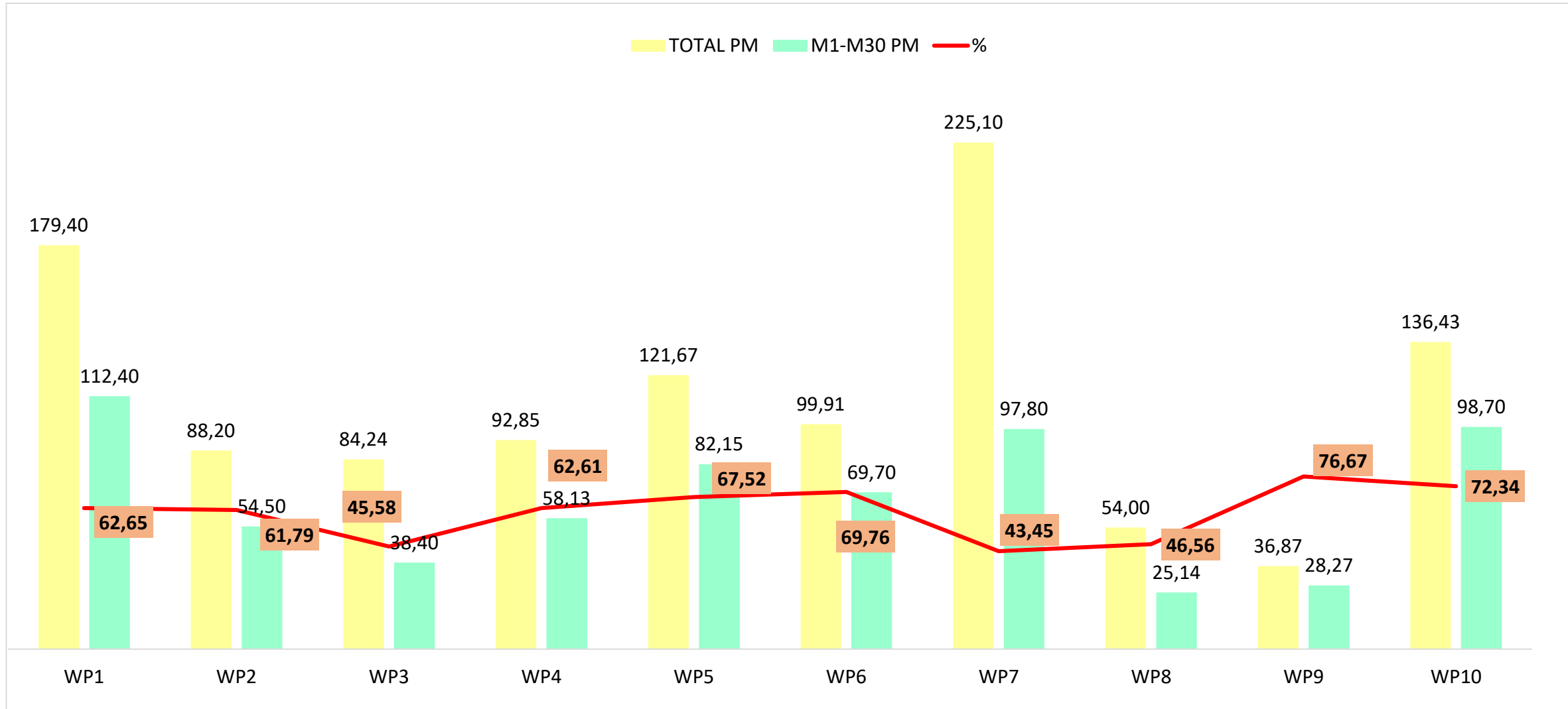
EXPENDITURE/ELIGIBLE COST			
	M1-M30		
	TOTAL PLAN	TOTAL CONSUMPTION	TOTAL CONSUMPTION
EXPENDITURE/ELIGIBLE COSTS	€	€	%
Direct Eligible cost			
A. Staff cost	3.964.145,33	2.669.832,62	67,35
B. Subcontracting	419.005,00	146.223,44	34,90
C. Other Direct costs	873.858,99	460.645,38	52,71
C1. Travel and Subsistence allowances	557.504,84	350.744,18	62,91
C2. Equipment	9.850,46	7.485,12	75,99
C3. Other goods & services	306.503,69	102.416,08	33,41
Total Direct Eligible Cost	5.257.009,31	3.276.701,44	62,33
Indirect Eligible cost			
Total Indirect Eligible Cost - Overheads (7%)	367.990,65	229.369,10	62,33
Total Indirect Eligible Cost	367.990,65	229.369,10	62,33
TOTAL EXPENDITURE	5.624.999,96	3.506.070,54	62,33
Ineligible costs	0	0	
Budget consumption M1-M30 %			62,33
Budget consumption M1-M24 %			50,57
Budget consumption M1-M18 % (comparison)			33,02



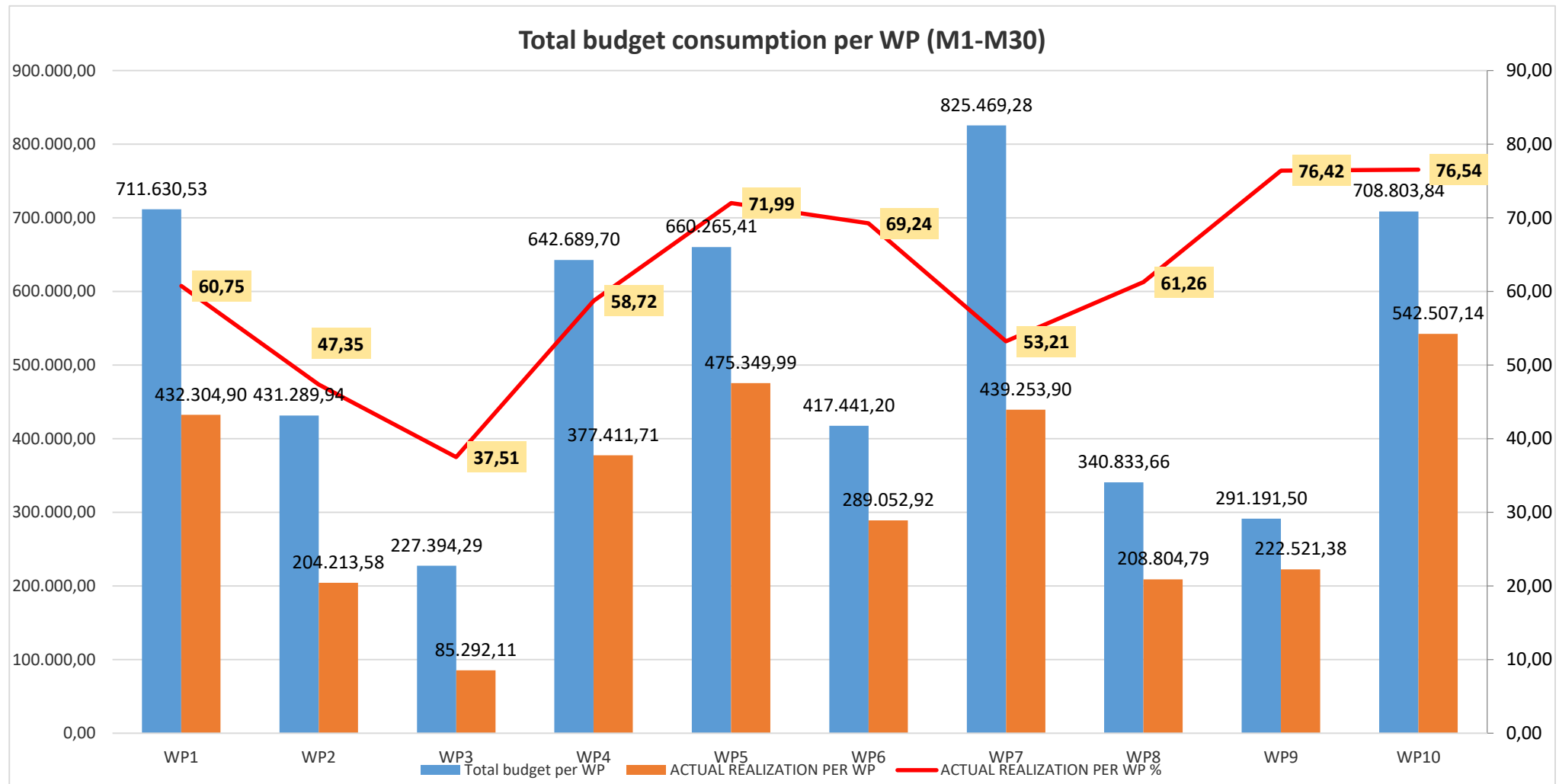
2. M1-M30 EXPENDITURE IN PERSONNEL CATEGORY PER WP



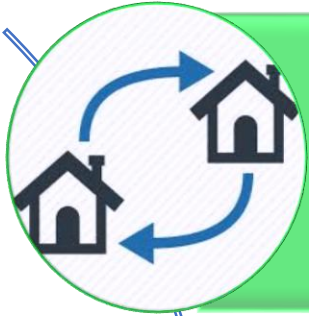
3. M1-M30 PERSON MONTH REPORTED PER WP



4. M1-M30 TOTAL BUDGET CONSUMPTION PER WP



NEXT STEPS



M1-M30 budget status report vs new budget breakdown will be sent to each beneficiary.

Re-location of already received EC funds.

Due date: MARCH 2021



Financial webinar: preparation for submission of 2nd Periodic report to CHAFEA

Due date: APRIL 2021

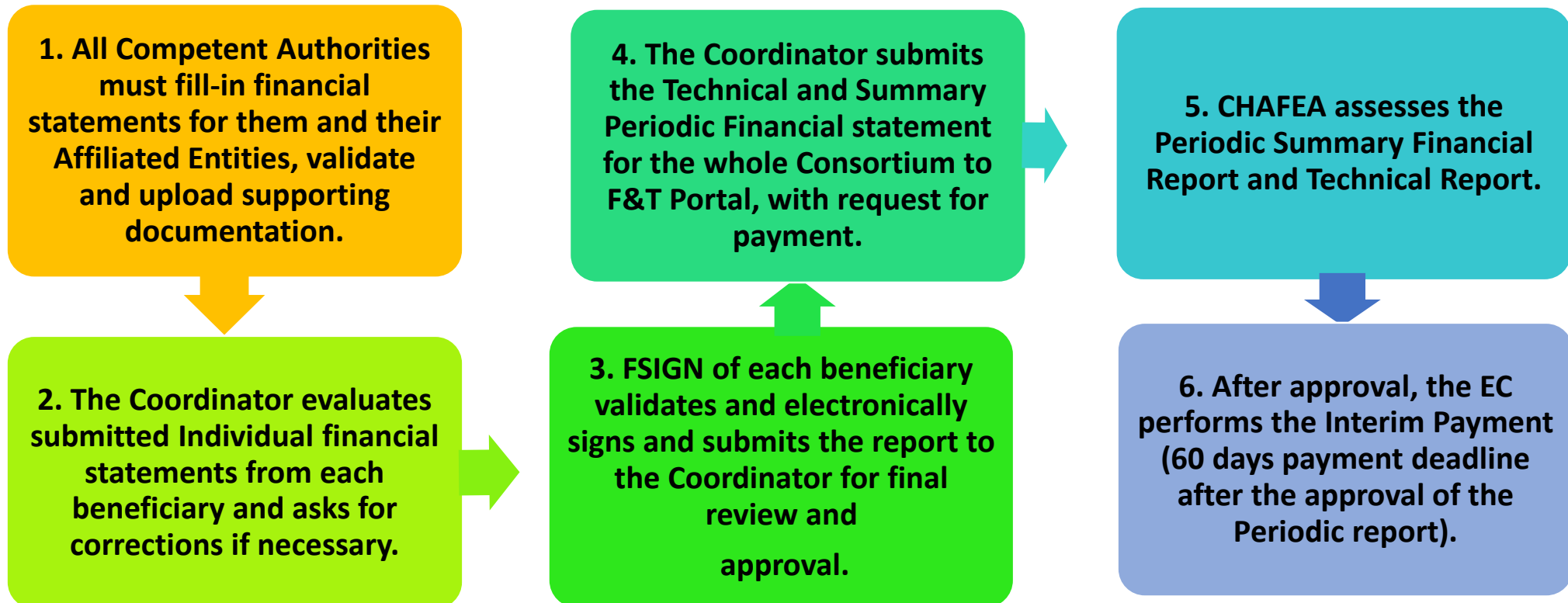


Second Periodic Report to CHAFEA

Reporting period: October 2019 – March 2021 (M19 -36)

Due date: MAY 2021 (60 days after the end of reporting period)

2ND PERIODIC REPORT – FINANCIAL PART



CONCLUDING REMARKS REGARDING PERIODIC REPORT

- Products, completed tasks and deliverables, their quality and quantity must meet the reported amount of time and costs.
- Each beneficiary is responsible to report amount of time and costs which is in accordance with work done for iPAAC JA only.
- Each beneficiary, and not only the Coordinator, is responsible to report true, verifiable and justifiable costs and supporting documentation.
- Please note that in case of failure to deliver an individual financial statement according to the time schedule or if CHAFEA does not approve the statement from one beneficiary, the interim payment to all partners will be delayed.

REPORTING PERIODS TIMELINE	2018									2019												2020												2021												2022										
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB									
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24	M25	M26	M27	M28	M29	M30	M31	M32	M33	M34	M35	M36	M37	M38	M39	M40	M41	M42	M43	M44	M45	M46	M47									
1. Internal interim report IIFR 1: period 1 April 2018 - 30 September 2018							REPORT																																																	
2. Internal interim report IIFR 2: period 1 October 2018 - 31 March 2019													REPORT																																											
3. Internal interim report IIFR 3: period 1 April 2019 - 30 September 2019																			REPORT																																					
4. INTERIM REPORT M 1-18 TO CHAFAA: period 1 April 2018 - 30 September 2019	M1-M18																		EC REPORT																																					
5. Internal interim report IIFR 4: period 1 October 2019 to 31 March 2020																									REPORT																															
6. Internal interim report IIFR 5: period 1 April 2020 - 30 September 2020																															REPORT																									
8. 2ND INTERIM REPORT M 19-36 TO CHAFAA: period 1 October 2019 - 31 March 2021																			M19-M36																		EC REPORT																			
7. Internal interim report IIFR 6: period 1 October 2020 - 31 March 2021																																											REPORT													
8. FINAL REPORT M 37-45 TO CHAFAA: period 1 April 2021 - 31 December 2021																																																	EC REPORT							

PAYMENT TIMELINE



WP 5 – CANCER PREVENTION

Cancer Society of Finland (CSF)

1. KEY DELIVERABLES & MILESTONES COMPLETED

M.1. Survey on attitudes for early diagnosis at European level

M.2. Report of innovations, incl. harms and benefits from risk-stratified screening

M.3. Sustainability and Monitoring of the European Code Against Cancer: Recommendations by IARC subcontract iPAAC contribution

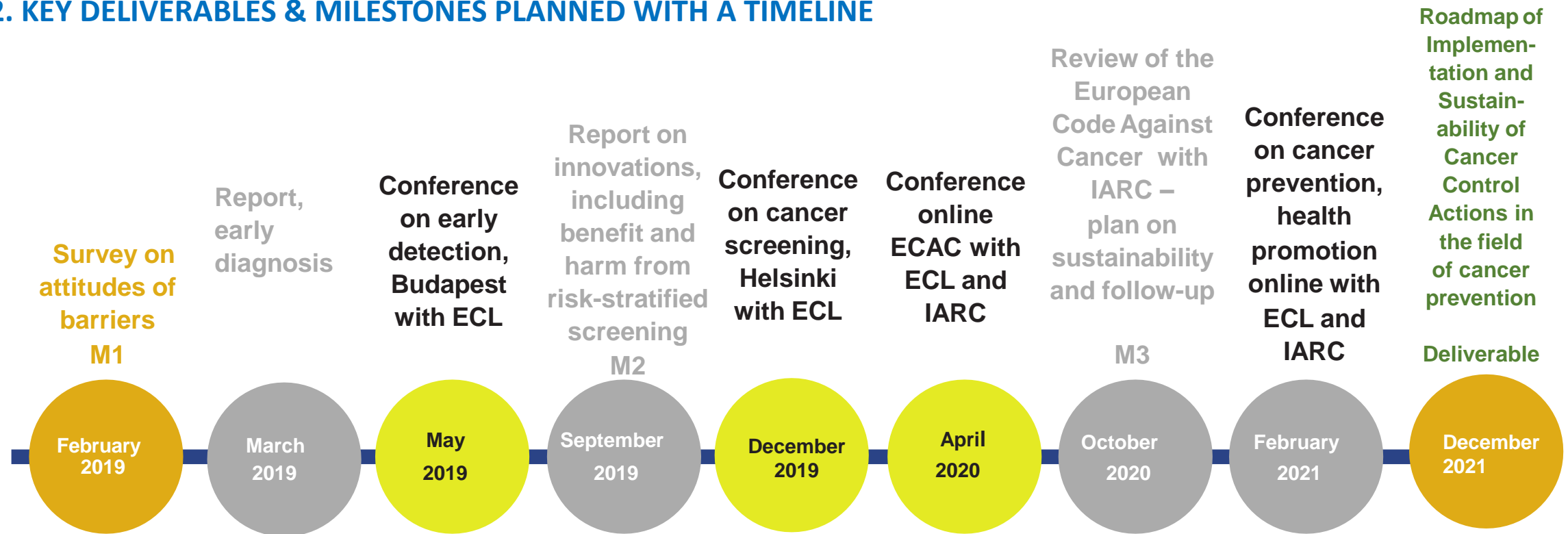
Inequality: Best practices competition (Fisabio, Spain)

3 co-creational conferences 2019-2020 from the milestones 1-3 (Hungary, Finland, Lyon)

Final WP5 conference on prevention 22 February online with ECL and IARC

WP 5 – CANCER PREVENTION

2. KEY DELIVERABLES & MILESTONES PLANNED WITH A TIMELINE



Conference reports early diagnosis and cancer screening from
ipaac.eu>WP5

WP 5 – CANCER PREVENTION

3. DISSEMINATION OF THE WP 5 RESULTS/OUTPUTS

Website, Facebook, LinkedIn and Twitter: THL, Cancer Society of Finland, iPAAC, ECL and IARC

Newsletters: ECL, iPAAC

Conferences: WHO screening event 2019, German Cancer Congress 2020, 16th World Congress on Public Health 2020

Local stakeholder meeting in Finland as a webinar

4. SUSTAINABILITY OF THE PROJECT RESULTS AND POTENTIAL FOR FURTHER COLLABORATION WITH iPAAC PARTNERS

Co-creational events well attended (networking effect), close collaboration with ECL and IARC, research ideas, collaboration of cancer registries, WHO initiative with cervical cancer

5. CHALLENGES, QUESTIONS AND OPEN ISSUES TO BE DISCUSSED / Bridges between tasks

Sciensano (SC)

1. KEY DELIVERABLES & MILESTONES COMPLETED

- Four supporting papers published (Task1 & Task 4,5)
- One One-pager finalized – two former submitted to be assessed (Task 4,5)
- Citizen-engagement efforts on the Cancer Mission and Belgian ELSI conclusions (Task 1)

2. KEY DELIVERABLES & MILESTONES PLANNED WITH A TIMELINE

- Position paper on VUS in oncology (Febr 2021)
- Two more papers on ELSI outcomes (2nd Q)
- 14 new one-pagers (concluded with task leaders on 12 Feb 2021 – Del: end April 2021)

WP 6 – GENOMICS IN CANCER CONTROL AND CARE



Sciensano (SC)

3. DISSEMINATION OF THE WP 6 RESULTS/OUTPUTS

- Webinars for all tasks in period April/May 2021
- Genomics and cancer symposium (4thQ) – SC establishment (Task 3 – Feb 2021)
- Seminar on Implementation of Genomics in HCS within the framework of the High Superior Council initiative on ‘Genomics for Health’ (March 2021)

4. SUSTAINABILITY OF THE PROJECT RESULTS AND POTENTIAL FOR FURTHER COLLABORATION WITH iPAAC PARTNERS

- B1MG project (SC Co-lead in WP6 – HTA – link to WP9)
- Onco-VAC project: covid vaccination of cancer-patients started
- Healthy Cloud projects: interlinkage of health registers (incl CR)

5. CHALLENGES, QUESTIONS AND OPEN ISSUES TO BE DISCUSSED

- ECB & EC Mission alignment (inc WG Cancer of SGPP)



WP 7 – CANCER INFORMATION AND REGISTRIES

Italian National Institute of Health (ISS)

1. KEY DELIVERABLES & MILESTONES COMPLETED

A. Report Survey to registries to census electronic data sources available for linkage, Task 7.1 M1,D1

B. European pilots: 7.2 Quality of Care 7.3 Costs of Care 7.4 Long-term outcomes of AYAs survivors, M2, Draft D2,3,4

- Methodology, index tumours and target indicators defined for each domain
- Feasibility assessed for registries in Italy, Belgium, Spain, Norway, Poland, Croatia, Slovenia, Greece, Portugal
- Centralised applications: authorizations obtained, linkage completed, data transmitted
- Decentralised applications: authorizations obtained, common procedures shared and adapted to available data

C. Czech pilot: Integrated Cancer Information System at national level, Task 7.5 Draft D5

- ICT model underlying interconnection of national CR to multiple data sources
- Publication of rules for network of regional cancer centres, including monitoring of performance indicators

D. Population-based cancer prevalence indicators in Europe, Task 7.6, Draft D6

- Joint European Cancer Registries dataset (29 countries, 119 registries, EUROCare-6 protocol)
- Methodology to estimate complete prevalence (empirical vs model-based) and projections to 2020

WP 7 – CANCER INFORMATION AND REGISTRIES

2. KEY DELIVERABLES & MILESTONES PLANNED WITH A TIMELINE

European Pilots 7.2-7.4 : Integrating CRs data through linkage with multiple data sources

- Decentralised pilots: data linkage completed by **02/21 (M2)** and application of common procedures to derive domain specific indicators **by 06/2021**
- Workshop on-line to discuss results of centralised pilots application, **M3 05/21**
- Draft Final Deliverable (D2,3,4) and Roadmap contribution, country-specific OP by **06/2021**

Task 7.5: Integrated Cancer Information System at national level in the Czech Republic

- finalise the description and implementation guide for ICT model (D5) **by 06/2021**;
- organise workshops; liaise with regional cancer centres overseeing regional networks

Task 7.6 Cancer prevalence indicators in Europe

- estimation of cancer prevalence in Europe 2020 by country by 03/21; draft D6 OP, paper **05/21**
- organization of an ENCR-JRC course on cancer prevalence indicators (scheduled **22-23 June**)

WP 7 – CANCER INFORMATION AND REGISTRIES

Italian National Institute of Health (ISS)

3. DISSEMINATION OF THE WP 7 RESULTS/OUTPUTS

Task 7.3 - *The Economic Impact of Rectal Cancer: A Population-Based Study in Italy*, Int J Environ Research and Public Health 2021; *A direct method for the identification of patterns of care using administrative databases: the case of breast cancer*, submitted to European Journal of Health Economics, under review

Task 7.4 - *AYA Cancer Survivors: Design and Characteristics of the First Nationwide Population-Based Cohort in Italy*, J AYA Oncology 2019; at least 2 articles envisioned to be submitted/published in 2021

Task 7.5 - national dissemination through liaison with regional centres and presentations on national conferences; national protocols and regulations could be included in final documentation and disseminated on European level.

Task 7.6 -

- *Cancer cure for 32 cancer types: Results from the EURO CARE-5 study*, Int J Epidemiol 2020; Preliminary results cancer prevalence in Europe 2020 presented at WCPH-EUPHA Oct 2020; At least 2 articles envisioned: i) empirical vs model-based prevalence completeness indexes ii) cancer prevalence 2020 in Europe by country, cancer type, duration, trends determinants
- ENCR-JRC Training course on methods and software to derive cancer prevalence indicators (22-23 June 2020)
- ECPC dissemination initiatives on cancer survivorship (tbc)
- ECIS web-site integration: new session for on-line access to prevalence indicators in collaboration with JRC-ENCR

WP 7 – CANCER INFORMATION AND REGISTRIES



4. SUSTAINABILITY OF THE PROJECT RESULTS AND POTENTIAL FOR FURTHER COLLABORATION WITH iPAAC PARTNERS

- Sustainability linked to plans to consolidate the European Cancer Information System (Cancer Knowledge Center ?)
- Potential for further collaboration on the whole spectrum of cancer survivorship information. Sustainability in countries where the piloted models were proven applicable requires resources to move to systematic implementation
- Czech pilot : sustainability is dealt with through ongoing implementation in national regulations on comprehensive cancer care.

5. CHALLENGES, QUESTIONS AND OPEN ISSUES TO BE DISCUSSED

- Czech pilot: the biggest challenge is indeed the focus of all stakeholders on COVID-19, which will likely be the case also in 2021
- Knowledge gaps due to fragmented and inefficient use of health data. Obstacles linked to personal data protection rules, lack of interoperability, open data access and re-use of data for research (link to EU Health Data Space initiative)
- To address data sharing concerns alternative solutions to analyse jointly decentralised data without any physical data exchange are to be explored. Federated data or federated learning are possible options for the European CRs network



WP 8 – CHALLENGES IN CANCER CARE

Catalan Institute of Oncology (ICO)

1. KEY DELIVERABLES & MILESTONES COMPLETED

D8.1: Report on the definition of neglected cancers

D8.3: Report with recommendations for improving access to expert clinicians in reference hospitals concerning patients' diagnosis and treatment of pancreatic cancer, and its potential impact on outcomes (*The Bratislava Statement*, supported by scientific societies, stakeholders, patients' representatives and cancer plans).

D8.5: Report including key criteria for organisation and implementation of ICT and information systems within the area of MDTs' management as well as key organisational requirements prompting the integration of cancer care (ECCO Essential Requirements for pancreatic cancer, supported by scientific societies)

M 8.1: Review of the literature on indicators of incidence, prevalence and survival in pancreatic cancer

M 8.2: Methodology of evaluation of reimbursement of complex surgery and radiation oncology, with a map of the pros and cons of different approaches completed

M 8.3: Workshop on reviewing experience on reorganization of therapy care for pancreatic cancer

D8.2. Report on the list of clinical and social demographic variables to describe pancreatic cancer patient pathways and monitor outcomes (M30→M34)

D8.4. Report on Essential requirements for Quality Cancer Care in Pancreatic Cancer (M24→M28) ✓

D8.7. Report on the critical factors for improving reimbursement of new therapies and technologies in cancer care (M25→ M30) ✓

2. KEY DELIVERABLES & MILESTONES PLANNED WITH A TIMELINE

D8.6. Review of the literature on European best practices in identifying and withdrawing low value care (M31→M35)

M8.5. Identification of key features of quality improvement efforts aimed at tackling low value cancer care (M30→M36)

D8.8. Recommendations on the implementation of available guidelines on pain control in oncologist education and multidisciplinary teams (M30→M36)

D8.9. Recommendations on integration between palliative care and oncology (M30→M36)

M8.4: Review of the literature on European best practices in identifying and withdrawing low value care (M18→M36)

WP 8 – CHALLENGES IN CANCER CARE

Catalan Institute of Oncology (ICO)



3. DISSEMINATION OF THE WP 8 RESULTS/OUTPUTS

- Publication of the “**Bratislava Statement**” (ESMO Open, <https://pubmed.ncbi.nlm.nih.gov/33188052/>) (22 policy recommendations to increase health systems’ capacities on **pancreatic cancer**)
- **Online webinar** "Facing the harsh reality of **pancreatic cancer**: policy measures and health system strategies" was held on 9th of September 2020. Supported by the Slovenia team. 50 participants.
- Pancreatic Cancer Europe (PCE) annual meeting (2020, September). Presentation of the Bratislava Statement
- MEP against Cancer Meeting (15. March, online): Tackling Challenges in Cancer Care and Improving its Governance in the EU – Recommendations from iPAAC (WP 8 & 10)
- In process of publication:
 - **Systematic review** of the evidence on healthcare strategies on **pancreatic cancer**.
 - **ICTs** and cancer multidisciplinary teams

4. SUSTAINABILITY OF THE PROJECT RESULTS AND POTENTIAL FOR FURTHER COLLABORATION WITH iPAAC PARTNERS

- Collaboration with ECCO and PCE for disseminating recommendations regarding neglected cancer and raise this topic in the agenda.
- In collaboration with ESTRO, ESSO and ECCO, we plan to disseminate recommendations for improving reimbursement of complex surgery and radiation oncology.

5. CHALLENGES, QUESTIONS AND OPEN ISSUES TO BE DISCUSSED

- Challenge: balance the European Beating Cancer Plan priorities, our focus and the priorities set up by NCCP from the different MS.



WP 9 – INNOVATIVE THERAPIES IN CANCER



French National Institute of Cancer (INCa)

1. KEY DELIVERABLES & MILESTONES COMPLETED

Tasks 9.1 & 2: two deliverables completed

- **Report on Innovative cancer therapies in clinical practice guidelines (July 2019)**
 - Mapping of clinical practice guidelines placing innovative immunotherapies in the cancer treatment strategy (focus on checkpoint inhibitors and CAR-T cells)
 - Highlight of the main challenges regarding the integration of innovative immunotherapies in clinical practice guidelines and maintenance of guidelines up to date
 - Off-label recommendations as well as recommendations linked with biomarkers expression were also presented
- **Report on Reference frameworks linked with the access to innovative immunotherapies (July 2019)**
 - Information gathering on the reimbursement of immunotherapies (checkpoint inhibitors and CAR-T cells) in European countries with their potential restrictions of uses as well as existing frameworks enabling early access to innovative immunotherapies.

Tasks 9.3 & 2: one deliverable completed:

- **Report on Horizon scanning systems applied for cancer control in Europe (Sept 2020)**
 - Information gathering on the main existing horizon scanning systems and collaborations in Europe and characterizes methodological specificities needed for the identification and for the assessment of impact of innovative immunotherapies in cancer. Includes early detection of biomarkers.
 - Identification of the remaining challenges and perspective to enable an efficient anticipation of innovative therapies in oncology and their potential related biomarkers

Milestone 9.3: 1st draft of the report on Real life monitoring of innovative cancer therapies taking CAR-T cells as an example (sent in November 2020).

2. KEY DELIVERABLES & MILESTONES PLANNED WITH A TIMELINE

Task 9.4 : integration of the feedback received from the WP9 partners and experts in the task 4 deliverable and finalisation of the report – Final report due in June 2021 (M39)

iPAAC JA Joint Action meeting, 17 February 2021



Co-funded by
the Health Programme
of the European Union

WP 9 – INNOVATIVE THERAPIES IN CANCER



French National Institute of Cancer (INCa)

3. DISSEMINATION OF THE WP 9 RESULTS/OUTPUTS

Website: e-cancer.fr / **Twitter**

National events:

- Presentation of the project to ministry of health (February 2019)
- CAR-T seminar (April 2019)
- Local stakeholder forum (December 2019)

International/European congress :

- **DIA Europe 2020** (abstract and oral poster presentation) - *Access to innovative cancer immunotherapies: an iPAAC Work Package 9 study focusing on checkpoint inhibitors and CAR-T cells* – March 2020 (postponed in June 2020)
- **2020 ASCO annual meeting** (abstract) - *How to better anticipate innovative anticancer drugs and their potential challenges: A European survey from the iPAAC WP9*. Journal of Clinical Oncology - May 25, 2020
- **16th World Congress on Public Health** coordinated by the WP1&6

4. SUSTAINABILITY OF THE PROJECT RESULTS AND POTENTIAL FOR FURTHER COLLABORATION WITH iPAAC PARTNERS

- Roadmap: 12 OP have been sent to WP4 describing examples of European initiatives and programs found interesting by partners, member state representatives and/or stakeholders in the field of clinical practice guidelines, access to innovative therapies and Horizon scanning systems.
- Some recommendations for further European collaborations have been suggested in the deliverables (ex: develop guidelines repository to better identify existing guidelines in Europe ; pooling experiences/sharing challenges encountered in HSS at the European level)

5. CHALLENGES, QUESTIONS AND OPEN ISSUES TO BE DISCUSSED

- The WP9 Leader have changed – new team took over the work on WP9 with more limited resources
- Format and organisation of the final WP9 workshop is unclear at this point (face to face meeting? Date to fix soon?)



WP 10 – GOVERNANCE OF INTEGRATED AND COMPREHENSIVE CANCER CARE



German Federal Ministry of Health and German Cancer Society (DKG)

1. KEY DELIVERABLES & MILESTONES COMPLETED

1. Assessment and review of NCCPs completed (10.1.1., 10.1.3)
2. Methodology for patient pathways developed (10.2.1, 10.2.2, 10.2.3)
3. Methodology for QI developed (“iET-QIs”) & set of colorectal and pancreatic QI derived (10.3.1, 10.3.2)
4. PROM framework finalized (10.4.1, 10.4.2)
5. Two pilot-CCCNs identified, started implementing Set of Standards & monitoring framework finalized (10.5.1, 10.5.2, 10.5.3); Pre-audit conducted 9.-11. September 2020 in Lower Silesian Oncology Centre, Wroclaw

2. KEY DELIVERABLES & MILESTONES PLANNED WITH A TIMELINE

1. Implementation of CCCNs, peer-review and evaluation (10.5.3) (*delayed to M40*)
 1. LSOC, Wroclaw: 25.-26. March 2021 (audit, M35-36)
 2. Charité, Berlin: 27.-28. May 2021 (audit, M37)
2. Finalization of two tumour-specific patient pathways (*delayed to M30*) and implementation at CCCNs (10.2.4) (*delayed to M40*)
3. Development of recommendations for NCCP updates based on results of task 2-5 (10.1.2) (*delayed to M40*)
4. WP 10 meetings: 6th meeting: May/June 2021 (Berlin or online)



WP 10 – GOVERNANCE OF INTEGRATED AND COMPREHENSIVE CANCER CARE



German Federal Ministry of Health and German Cancer Society (DKG)

3. DISSEMINATION OF THE WP 10 RESULTS/OUTPUTS

1. Events:

- **MEP against Cancer Meeting** (15. March 2021, online): Tackling Challenges in Cancer Care and Improving its Governance in the EU – Recommendations from iPAAC (WP 8 & 10)
- **WP 10 meeting** (April/May 2021, online): Instruments to improve governance of integrated and comprehensive oncological care in the EU

2. Publications :

Published:

- **Task1:** *Governance in/of Cancer Care and Stewardship in Cancer Control: Creation of Definitions*
- **Task 2** *Paving the way for patient pathways: synthesizing a user-centred method design with results from a systematic literature review; Patientenpfade in der Onkologie – Hilfe zur Sicherstellung von Patientenzentriertheit und Versorgungskontinuität*
- **Task 4:** *Implementation of patient-reported outcome assessment in routine cancer care – a systematic review of multicentric programs in Europe*

Pipeline

- **Task 3:** The iPAAC Evaluation Tool for QIs in oncology (iET-QIs) incl. set of tumour-specific QI derived (in preparations);
- **Task 5:** CCCN structure, set of standards and evaluation framework, Case study (in preparations); Implementation in real life setting: recommendations and lessons learned (in preparations)

→ 4 articles published & 3 in preparations; goal: every task of WP10 publishes at least 1 article about their results



WP 10 – GOVERNANCE OF INTEGRATED AND COMPREHENSIVE CANCER CARE



German Federal Ministry of Health and German Cancer Society (DKG)

4. SUSTAINABILITY OF THE PROJECT RESULTS AND POTENTIAL FOR FURTHER COLLABORATION WITH iPAAC PARTNERS

- exploring options to finding an institutional home for products developed under iPAAC - Patient Pathways, Quality Indicator Set, Framework for Implementation of PROM and the CCCN certification into existing quality assurance programmes

- 5. CHALLENGES, QUESTIONS AND OPEN ISSUES TO BE DISCUSSED

If both CCCN audits cannot be conducted in March/May 2021 → on-site verification of implemented structures and processes not possible → proposed counter measure: options for online audits will have to be explored and discussed



WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

- **CONTENT OF THIS PRESENTATION**
 - Remind the objectives, tasks
 - Concept, content and format of the Roadmap
 - Next steps

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

Objectives WP4

- 1 Support EU Ms in the implementation of cancer control policies
- 2 Development of the JA iPAAC final deliverable: *Roadmap on implementation and sustainability in cancer control*

Tasks WP4

1. Map implementation experience among EU MS: Interviews with health administrators in 28 countries (CCPIS)
2. Develop format of the iPAAC Roadmap:
 - Develop IT tool in cooperation with WP2
 - Integrate inputs from WPs4 – 10
3. The Sustainability Report

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY



WP4 Supporting platforms

Governmental Board: EU MS representatives, EC representatives, WP leaders

Roadmap Coordination Committee: WP's Leaders, EC representatives

→ Bi-annual meetings supporting the development of the Roadmap:

Consensus on the Roadmap : online tool facilitating experience exchange on cancer control implementation between EU MSs



**DEVELOPMENT OF THE
ROADMAP: INFORMATION
FROM MULTIPLE
SOURCES**

iPAAC WPs 5-10 results

Deliverables of WPs 5-10

**CCPIS
(WP4)**

results from interviews



Main results (not
outdated)

**CanCon
EPAAC**

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

I. Cancer Control Policy interview Surveys:

Interviews with 226 health administrators or experts involved in cancer control from 28 EU countries

- explore implementation experience (barriers and facilitators)
- identify (remaining) challenges and needs for support

☒ non-exhaustive state of play, no evaluation, no comparison

Types of information collected:

- contextual features related to cancer control (policy) implementation;
- general and specific implementation challenges
- experience: lessons learned during implementation (barriers and facilitators)

Two outputs:

- the CCPIS Report (website)
- innovative examples of cancer control (policy) implementation, included in the Roadmap for experience exchange

☑☑☑ **Focus on innovative approaches:** innovation is a new idea in relation to something that is established (EC)
-> overcoming implementation challenges, solve practical issues, etc.

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

I Innovative examples of implementation resulting from EU MSs

Total number identified: 150 from 27 EU MS

→ 1 country declined (DK)

-> identified by WP4 (via CCPIS) & confirmed by the country contact person

→ rational for choice: actual/current actions; availability of information and experts; relevance for other countries

Types of examples

→ legal frameworks; implementation plans; policy programs, approaches, measures; ...

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

II Innovative examples of implementation resulting from WPs5-10

WP5	WP6	WP7	WP8	WP9	WP10
examples overcoming barriers of cancer early detection programs	DNA debat on use of genomic information: an IT platform. The French debate on genomics medicine. The SIENNA approach on collecting citizen info from a large population	Example(s) legal frameworks for data sharing agreements.	Definition of neglected cancers.	Early access mechanisms innovative therapies into clinical practice for (FR/NO)	Recommendations for the update of NCCP's for the governance of integrated cancer care
Oral cancer screening. Pilot in Hungary	Stratified genetic screening high-risk breast cancer: a real-life case. MyPeBs: a multistate BC stratified screening initiative	Example(s) IT, NO, ES, PL, EL of integration cancer registry data with administrative and health information	An EU Consensus Statement for improving pancreatic cancer care	Reimbursement schemes joint negotiations of prices from BeNeLuxA and Germany	Providing guideline-based care in CCCNs through the implementation of tumor-specific patient pathways using the iPa2-Guide
Screening quality criteria. Supporting tool for decision making	Riskapp: considerations on implementing stratified genetic screening	Example(s) It, Be, No, ES, PI, EL of integration cancer registry data with cancer cost information.	Healthcare strategies to tackle pancreatic care challenges: a systematic review.	The French framework enabling a controlled access to an off-label indication of innovative immunotherapy with specific biomarker expression	Monitoring and evaluation of Quality of oncological care in CCCN's through the use of tumor-specific quality Indicators.

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

II Innovative examples of implementation resulting from WP5-WP10

WP5	WP6	WP7	WP8	WP9	WP10
Best practices on tackling social inequalities in cancer prevention & screening	Implementing NGS diagnostics in oncology in Belgium. The French/ Italian / UK Genomics medicine initiative	IT Example of integration cancer registry data with administrative databases. AYAs cancer survivor cohort	Essential Requirements for Quality Cancer Care: Pancreatic cancer	Examples of national HS systems: France (INCa), Italy, Denmark, Austria, UK	Implementing patient-reported outcome measures in CCCNs
Finish example on risk-stratified screening	oncNGS Pre-commercial procurement: approach to sustainable complex oncologic diagnostics	legal basis and harnessing administrative datasets: example from the Czech Republic	Examples of ICTs' main utilities and tools for multidisciplinary teams (MDTs) when managing and making decisions.	Examples of existing international collaborations on horizon scanning: EuroScan, IHSI, EUnetHTA	Setting up CCCN's with generic and tumor-specific Set of Standards
Sustainable monitoring system with a follow-up structure for ECAC	Managing direct-to-consumer testing. Education on genomics for health professionals, patients and citizens at large. Italian example of e- training & certification of Health professionals	Integrating cancer prevalence in registries statistics in Europe to boost the European Cancer Information System (ECIS)	Actions to tackle inefficiencies and to increase the value of cancer care for patients	Examples to collect specific data on patients treated with CAR-T cells in real-life settings: Be, Fr, Catalonia, AIFA monitoring system for CAR-T, the EBMT registry	Framework for monitoring and evaluation of the implementation level of CCCN's
Country cases of HiAP			Critical points to support innovation in radiation oncology		Country experience: : Implementation of the iPAAC pilot CCCN in Poland / the situation

**DEVELOPMENT OF THE
ROADMAP: INFORMATION
FROM MULTIPLE
SOURCES**

iPAAC WPs 5-10 results

1. Results from pilots, recommendations
2. References (results from literature)

**CCPIS
(WP4)**

1. Examples of implemented actions collected during CCPIS
2. References: (legal acts, cancer control plan)



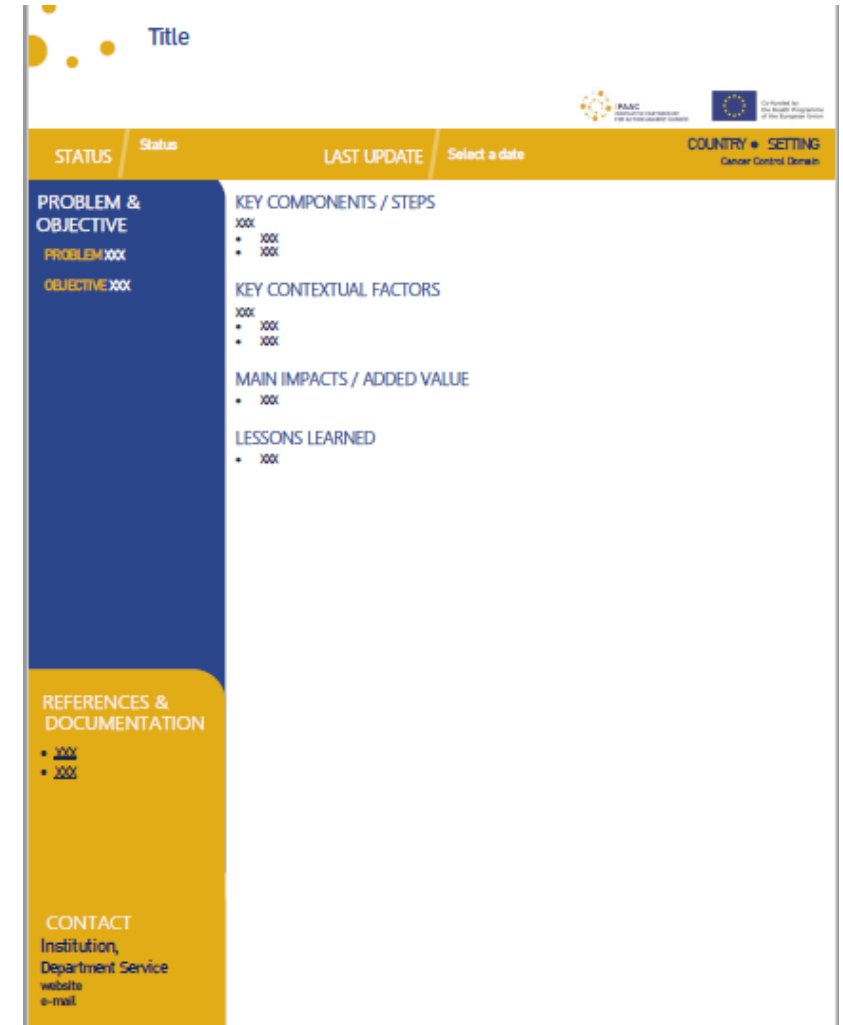
1. Country examples (not outdated)
2. References

**CanCon
EPAAC**

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

III. Roadmap interface: one Pager

- template to present and describe the examples
(key implementation aspects; challenges overcome;
lessons learned; etc.)
- Teaser for contact & experience exchange between
EU MSs



WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

III One Pager Template

- **COUNTRY, SETTING, CANCER CONTROL DOMAIN**
- **TYPE & STATUS:** type of action and level/phase of implementation
- **PROBLEM & OBJECTIVE:** rationale; objectives ; results expected
- **KEY COMPONENTS / STEPS:** implementation steps (timing); stakeholders involved/consulted; legal frameworks; ...
- **KEY CONTEXTUAL FACTORS:** characteristics of country and program (governmental actors and parties involved)

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

III. One Pager Template


- **MAIN IMPACTS / ADDED VALUE:** for individuals, organizations, society
- **LESSONS LEARNED:** key success factors that can help others; challenges and barriers encountered
- **REFERENCE & DOCUMENTATION :** supporting literature, articles, international frameworks or recommendations
- **CONTACT**

III. Roadmap format: searchable repository

- Different means to search: key words; by domain; by country
- Possibility to apply filters: domain, setting, country, subdomain

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

III. Roadmap format: searchable repository




iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

ROADMAP

Use fulltext search, domain selection or interactive map to find a topic, guidelines or documents

OR

OR



WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

III. Roadmap format: searchable repository

Results from a search:

- classified in two groups:
 - one pagers (titles)
 - references and background documentation (related to the OPs)

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

III. Roadmap format: example of a One Pager

Anticipating Innovative Anticancer Medicines: The French Horizon Scanning System (HSS) Using a Scoring Approach

IPAAAC INNOVATIVE PARTNERSHIP FOR ACTION AGAINST CANCER
EUROPEAN UNION
FRANCE • NATION-WIDE
(Diagnostic & Treatment • Access to Innovative therapies)

STATUS	Implementation completed	Program ongoing	LAST UPDATE	Select a date
--------	--------------------------	-----------------	-------------	---------------

PROBLEM & OBJECTIVE

PROBLEM With many innovative therapies continually emerging, the potential clinical impact on therapeutic strategies and organizational impacts on health systems are substantive. It is therefore important to anticipate the arrival on the market of new drugs. Innovative medicines in oncology require specific considerations, including the variety of drugs, the preliminary status of clinical trials data, their non-comparativeness and the dynamics of this therapeutic area.

OBJECTIVE The French National Cancer Institute (INCa) aimed to implement a horizon scanning system (HSS), a process that allows decision-makers to anticipate clinical, economic and organizational impacts of innovative therapies and prioritize new and emerging anticancer drugs (including assessment of indications) and their associated biomarkers. This included an explicit scoring method in order to help prioritize clinically impactful drugs.

KEY COMPONENTS / STEPS

- Public procurement for development of the HSS was initiated in December 2017, with the vendor selected and initiating work by September 2018.
- First version of the database was delivered in March 2019 with first results and prioritization of emerging drugs by the end of 2019.
- INCa developed a scoring method, integrating several indicators to prioritize clinical developments. First, a score is attributed for six categories: (1) added therapeutic value; (2) availability of specific early access program (ATU or RTU); (3) regulatory innovation; (4) pediatric population; (5) disease incurability; and (6) population size. Second, a list of filtered clinical trials is generated and sent to all relevant French stakeholders who attribute a score between 0 and 100 based on their assessment of the degree of innovation. Third, a final score is calculated based on the mean of the first two scores and the result is a list of prioritized medicines published on the INCa website.
- In 2019, 78 developments of anticancer drugs were scored and prioritized.
- Staff resources at INCa: 0.75 FTE staff involved with additional support from the IT team.
- Budget: 500 000€ for the 2 first years of the project.

KEY CONTEXTUAL FACTORS

- The principle of HSS applied to medicines is to identify emerging drugs before their marketing authorization and to anticipate their clinical, organizational and economic impacts.
- In 2014, EuroScan developed a toolkit for the identification and assessment of new and emerging health technologies.
- INCa is one of 11 European Union organizations performing HSS.
- INCa is the preeminent health and science agency in charge of cancer control in France and reports to the Ministries for Health and for Research.

MAIN IMPACTS / ADDED VALUE

HSS is a standardized process that provides an overview of the landscape of upcoming innovative anti-cancer drugs, supporting the proper introduction and diffusion of innovative drugs on the territory. Having a methodology specifically developed for medicines in the field of oncology is very helpful to better anticipate challenges related to these innovative therapies.

LESSONS LEARNED

- Using a scoring system involving the key scientific societies and stakeholders is highly valuable for the prioritization of clinically impactful medicines.
- Having a HSS in place with a structured database is a strong support to answer potential additional requests or to prepare thematic reports.

REFERENCES & DOCUMENTATION

- INCa website
- Methodological support for horizon scanning implementation - EuroScan
- iPAAC WP9 Task Deliverable (link needed)

CONTACT
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This publication was funded by the European Union's Health Programme (2014–2020)

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

Next steps WP4:

Development One Pagers from WPs5-10 (until September 2021)

- Disseminated template & good examples (NL, HR, BE, FR) to WP' Leaders
- Coordination with WP Leaders
- More flexibility against the template/examples
- Please think to develop OPs as soon as:
 - a task has been completed
 - a deliverable is available
- Back and forth between WP leaders and WP4 revision team until final version is ready
- External revision by Mark Dobrow

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

Next steps WP4:

Development of IT-tool

- Key words related to each OP
- Filters and classification of OPs
- Link references to OPs (from EPAAC, CanCon, iPAAC WPs 5-10)
- ...

→ Final deadline O-P EU MSs: beginning of June

→ Present prototype @ Governmental Board end of June

→ Presentation Final IT Tool: October 2021 (?)

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

Next steps WP4:

III. Sustainability of future cancer control implementation

PART I Presentation of the RM

- Main results WPs 4-10
- How to use the RM
- Description of (potential) MTL exercise

PART II Support Needs for cancer control implementation and sustainability

- Presentation of (remaining) challenges (MSs and WPs5-10)
- How these could be addressed (actions at the EU level: cooperation between EC and MSs)
- In the light of the EU Beating Cancer Plan

PART III: impact of COVID-19 on cancer control

WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY

Thanks for the attention!

Q&A

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WP 3 –EVALUATION

Croatian Institute of Public Health (HZJZ)

1. KEY DELIVERABLES & MILESTONES COMPLETED

Deliverables:

- Evaluation Strategy (M7)
- Interim Evaluation Report (M22)

Milestones:

- Evaluation Strategy finalised (M7)

Internal Milestones:

- First evaluation questionnaires sent (M2)
- First focus group held, for WPLs (M13)

2. KEY DELIVERABLES & MILESTONES PLANNED WITH A TIMELINE

Deliverables:

- Final Evaluation Report (M45)

Milestones:

- Workshop on Impact and Sustainability held (M42) – process (M39) + outputs/outcomes (M42)

Internal milestones:

- Evaluation workshop held (M39)
- Second focus group (MS reps) held (M39)
- Second evaluation questionnaires sent (M38)

WP 3 – EVALUATION

Croatian Institute of Public Health (HZJZ)

3. DISSEMINATION OF THE WPs RESULTS/OUTPUTS

- LSF (Croatia) held January 28th, 2021
- Regular informative articles on CIPH's official web page
- Informative articles in other relevant publications

4. SUSTAINABILITY OF THE PROJECT RESULTS AND POTENTIAL FOR FURTHER COLLABORATION WITH iPAAC PARTNERS

- More appropriate for core WPs
- Lessons learned through the process of evaluation are useful for other JA and cancer-related projects
- Open for further collaboration

5. CHALLENGES, QUESTIONS AND OPEN ISSUES TO BE DISCUSSED

- Form/modality of Workshop (including the second Focus Group) + date/venue for the second part of the workshop

WP 2 – DISSEMINATION

Institute of Health Information and Statistics (UZIS)

1. KEY DELIVERABLES & MILESTONES COMPLETED

- Graphic identity for iPAAC developed
- Leaflet
- iPAAC website online
- Dissemination strategy finalised

2. KEY DELIVERABLES & MILESTONES PLANNED WITH A TIMELINE

- Ongoing updates of web portal
- Layman version of the final report (end of JA)
- Local stakeholder forums
- Cooperation with WP4
 - Roadmap online tool
 - CCPIS final report formatting and dissemination

IPAAC WEB PORTAL



- Information materials
- Webinars, local stakeholder forums
- Outputs from WPs
- News articles, papers
- Intranet
 - meeting documents
 - outcomes

www.ipaac.eu



LOCAL STAKEHOLDER FORUMS

LOCAL STAKEHOLDER FORUMS – PAST

User: majek@iba.muni.cz | [intranet](#) | [Logout](#)



Local Stakeholder Forum in Croatia

02. 02. 2021

On 28 January 2021, Croatian Institute of Public Health (CIPIH) organized first local stakeholder meeting.



Local Stakeholder Forum in Portugal

21. 11. 2020 – 21. 11. 2020

Portuguese Local SF was held as part of the National Oncology Congress.



Local Stakeholder Forum in Belgium

19. 11. 2020 – 19. 11. 2020

On 19 November 2020, Sciensano organized a local stakeholder meeting on the ethical, legal and societal implications of the use of genomic information.



Finnish Local Stakeholder Forum

10. 11. 2020 – 10. 11. 2020

On Tuesday 10 November 2020, Cancer Society of Finland (CSF) organized the first Local Stakeholder meeting in cooperation with Ministry of Social Affairs and Health and Finnish Institute for Health and Welfare. The meeting was held online via open webcast platform.

- necessary activity for all partners

<https://www.ipaac.eu/en/news/local-stakeholder-forums-past/>

WP 2 – DISSEMINATION

Institute of Health Information and Statistics (UZIS)

CHALLENGES, QUESTIONS AND OPEN ISSUES TO BE DISCUSSED

- possibility to organise dissemination meetings in person and travelling is disrupted, novel approaches needed, in addition to tools described in dissemination strategy
- organisation of local stakeholder forums
- other dissemination events for external stakeholders

DISSEMINATION ACTIVITIES

KEY PERFORMANCE INDICATORS

- Website (16/4/2018 – 31/01/2021)
 - 5,000 unique visitors over the JA duration 12,882
 - 2,347 returning visitors 2,979
 - Average of 2 minutes spent on the website 2 m 38 s
 - Visitors from at least 24 different countries ~ 50
- Newsletters
 - 4 newsletters per year, 12 in total over the course of the JA 9
- Twitter
 - 12 tweets per year, 36 tweets in total 63
 - Minimum 200 followers 236
 - Minimum 100 retweets 49

DISSEMINATION ACTIVITIES

DISSEMINATION CHANNELS



European
Commission

Latest updates

Issue 520, January 26, 2021

EU Health Policy Platform



Find out what's new in your networks!

Add your say to the joint statements and share your news!

Agora Network

Cancer prevention in the 2020s »
By *Jakub Gregor* on 26-JAN-21 09:54 **EVENT**

The Cancer Society of Finland, the Finnish Institute of Health and Welfare, the Association of European Cancer Leagues and the International Agency for Research on Cancer are organizing the iPAAC WP5 conference with the theme Cancer prevention in the 2020s. Online Zoom advance registration required. Deadline for registration is 15 February 2020, 5pm CET. We will find solutions to the most topical question: what should be done to get cancer prevention more effective in Europe? What are the priorities? Are there room for new ideas? What are ways to achieve lasting results? Join this unique meeting!

#Webinar: Building a European Health Union for stronger EU preparedness and response for health crises (Friday 29 January, 10.15 - 11.45 CET, Brussels time) »
By *Abigail MORENO GINES* on 26-JAN-21 09:33 **EVENT**

On Friday 29 January at 10.15 CET, the European Commission's Health and Food Safety Directorate will host a webinar on Building a European Health Union for stronger EU preparedness and response for health crises. With participation of Commissioner for Health

Uživatel iPAAC retweetnul

 **Societal Impact Pain** @SIP_PainPolicy · 4. 2. ...

On the occasion of #WorldCancerDay, SIP announces its event "Ensuring Europe's Beating Cancer Plan addresses #cancer pain in quality of life, survivorship, and palliative care" on 2 March. MEPs @DolorsMM and @spietikainen will host the event! Register now: bit.ly/3tsb7Vu

SAVE THE DATE!

ENSURING EUROPE'S BEATING CANCER PLAN ADDRESSES CANCER PAIN
IN QUALITY OF LIFE, SURVIVORSHIP, AND PALLIATIVE CARE


SIP
02 March 2021
Time: 14h00-17h00 CET

An interactive virtual meeting hosted by MEP Dolors Montserrat and MEP Sirpa Pietikäinen

   #EUCancerPlan

1 12 9

Let us know about relevant activities

DISSEMINATION EVENTS

KEY PERFORMANCE INDICATORS



- 24 Local Stakeholder Forums (minimum) in 24 countries **11 countries, 14 LSF**
- 3 Stakeholder Forums at iPAAC, EU level in Brussels **2**
- 1 final conference **0**
- 6 WP Meetings where external stakeholders have been invited for active participation
- 20 external events where iPAAC is presented, organised by third parties
- **Please keep us informed about all dissemination activities**

COMMUNICATION AND DISSEMINATION STRATEGY: TIMELINE FOR 2020-21



- Brief iPAAC communication annual plan for 2020
 - Maintenance of website, intranet
 - iPAAC on social media
 - Communication with target groups (newsletter and social management)
 - Organisation of events for external stakeholders, special emphasis on policymakers
 - Variety of iPAAC multimedia promotional tools (videos, infographics, etc.)
- Brief iPAAC communication annual plan for 2021
 - Promotion of Roadmap to policymakers
 - Launching discussion regarding sustainability of work on cancer control at EU level
 - Organisation of events for external stakeholders, special emphasis on policymakers
 - Production of final report in laymen's terms



**THANK YOU VERY MUCH FOR
COOPERATION**