



## Target groups

The primary target group of the iPAAC Joint Action will be policymakers at the EU level and decision makers at the national, regional and local level. All of the innovative actions covered by the JA work packages will be assessed on the basis of sustainability and integration into national policies. The results of this work will be the **Roadmap on Implementation and Sustainability of Cancer Control Actions**, which will be a tool developed specifically for policymakers.



## iPAAC work packages

- WP1 – Coordination of the action
- WP2 – Dissemination
- WP3 – Evaluation of the action
- WP4 – Integration in national policies and sustainability
- WP5 – Cancer prevention
- WP6 – Genomics in cancer control and care
- WP7 – Cancer information and registries
- WP8 – Challenges in cancer care
- WP9 – Innovative therapies in cancer
- WP10 – Governance of integrated and comprehensive cancer care



## Funding

The iPAAC Joint Action has received funding from the European Union's Third Health Programme (2014–2020).

## iPAAC in numbers



**4.5**  
million EUR  
co-funding by EC



**24**  
countries



**44**  
partners



**3**  
years

## Contacts

### Project management team

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### Dissemination team

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# Innovative Partnership for Action Against Cancer (iPAAC)

The Innovative Partnership for Action Against Cancer (iPAAC) Joint Action, which has been selected for funding under the Third Health Programme (2014–2020), brings together 44 partners from 24 European countries. It aims to build upon the outcomes of previous EPAAC and CANCON Joint Actions and is coordinated by the National Institute of Public Health of the Republic of Slovenia (NIJZ). The iPAAC Joint Action has officially started on 1st April 2018 and will last for three years.



Co-funded by  
the Health Programme  
of the European Union



## iPAAC objectives

The general objective of the iPAAC Joint Action (JA) is to develop innovative approaches to advances in cancer control. The innovation that will be covered within the JA consists of further development of **cancer prevention**, comprehensive approaches to the use of **genomics** in cancer control, **cancer information** and registries, improvements and challenges in **cancer care**, mapping of **innovative cancer treatments** and **governance** of integrated cancer control, including a new analysis of national cancer control plans. The key focus of the Joint Action will be on **implementation**, as reflected in the key deliverable, i.e. the **Roadmap on Implementation and Sustainability of Cancer Control Actions**, which will support EU Member States in the implementation of recommendations developed by iPAAC and the previous CANCON and EPAAC Joint Actions on cancer control.



## iPAAC outcomes

1. **Support for Member States in implementing recommendations from the CANCON Joint Action at national, regional and local levels.** The Roadmap will focus on a number of intersecting issues, which occur in different topics represented by both previous CANCON Work Packages and current iPAAC Work Packages. The Roadmap will thus provide an *integrated summarised strategic tool* on several important aspects in cancer control, which are of particular relevance to policymakers.
2. **Reinforcing of cancer prevention** through further developing current *recommendations* for quality cancer screening and a sound *assessment* of new potential that might exist, through evaluating harms and benefits of population-based programmes. With focus on inequalities, further strengthening the European Code Against Cancer by policy implementation. Assessment of how the activities in the field of genomics continuously contribute to cancer control.
3. **Providing better efficacy for dealing with neglected cancers** through development of new key indicators to

assess clinical patient pathways and health care related costs of cancer and its interventions, particularly in the case of *pancreatic cancer*.

4. **Supporting the introduction of immunotherapies into clinical practice** through a comprehensive assessment of *immunotherapies* and their effectiveness.
5. **Evaluation of cancer care in European countries** through an assessment of quality indicators.
6. **Support for policymakers in the field of governance**, including pilot comprehensive cancer care networks and an updated analysis of national cancer control programmes in the EU.



## iPAAC partners

### Competent authorities

- Slovenia (coordinator): National Institute of Public Health of the Republic of Slovenia (NIJZ)
- Belgium: Sciensano (SC)
- Bulgaria: National Center of Public Health and Analyses (NCPHA)
- Croatia: Croatian Institute of Public Health (CIPH)
- Cyprus: Ministry of Health of the Republic of Cyprus (MOH)
- Czech Republic: Institute of Health Information and Statistics of the Czech Republic (UZIS)
- Finland: National Institute for Health and Welfare (THL)
- France: French National Cancer Institute (INCA)
- Germany: Federal Ministry of Health (BMG)

- Greece: 7th Health Region of Crete (7 HRC)
- Hungary: National Institute of Oncology (OOI)
- Ireland: Department of Health (DoH)
- Italy: National Institute of Health (ISS)
- Lithuania: Ministry of Health of the Republic of Lithuania (SAM)
- Malta: Ministry for Health – Government of Malta (MFH)
- Moldova: Institute of Oncology of the Republic of Moldova (IMSP IO)
- Netherlands: National Institute for Public Health and the Environment (RIVM)
- Norway: Oslo University Hospital (OUS)
- Poland: National Institute of Public Health – National Institute of Hygiene (NIZP – PZH)
- Portugal: Ministry of Health of Portugal (MS)
- Romania: National Institute of Public Health (INSP)
- Serbia: Institute of Public Health of Serbia “Dr Milan Jovanović Batut” (IPHS)
- Slovakia: Biomedical Research Center of the Slovak Academy of Sciences (BMC SAS)
- Spain: Catalan Institute of Oncology (ICO)

### Affiliated entities

- Slovenia: Institute of Oncology Ljubljana (OIL)
- Czech Republic: Masaryk University (MUNI)
- Finland: Cancer Society of Finland (CSF)
- Germany: German Cancer Research Center (DKZF)
- Germany: German Cancer Society (DKG)
- Germany: Technical University Dresden (TU Dresden)
  - Chair of Information Systems, esp. Systems Development
  - Centre for Evidence-based Healthcare
- Germany: University Medicine Köln (UK Köln)
- Italy: Italian Ministry of Health (MoH)
- Lithuania: Vilnius University Hospital Santaros Klinikos (VUHSK)
- Romania: “Marius Nasta” Pneumophtisiology Institute (IPMN)
- Romania: Oncology Institute “Prof. Dr. Ion Chiricuță” (IOCN)
- Romania: Emergency Clinical County Hospital Craiova (CCHC)
- Serbia: Clinical Centre of Kragujevac (CCK)
- Serbia: Faculty of Medicine, University of Belgrade (UBEO)
- Serbia: Institute for Oncology and Radiology of Serbia (IORS)
- Serbia: Public Health Institute Niš (IPHN)
- Serbia: Institute of Public Health of Vojvodina (IPHV)
- Serbia: Oncology Institute of Vojvodina (IOV)
- Serbia: Provincial Secretariat for Health Care (APV)
- Spain: Foundation for the Promotion of Health and Biomedical Research of Valencia Region (FISABIO)