



Addressing Psychosocial and Lifestyle Risk Factors to Promote Primary  
Cancer Prevention: an integrated platform to promote behavioural change  
(iBeCHANGE)

Project Number: 101136840

**D1.5 - Scientific Work Plan of the Prevention Cluster**

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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## List of Abbreviations

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| Abbreviation      | Explanation                                               |
|-------------------|-----------------------------------------------------------|
| AI                | Artificial Intelligence                                   |
| BC                | Behaviour Change                                          |
| CERTH             | Centre for Research & Technology Hellas                   |
| Cluster           | Prevention & early detection (behavioural change) cluster |
| DMP               | Data management plan                                      |
| EAB               | External Advisory Board                                   |
| EAC               | Ethics Advisory Committee                                 |
| EAPM              | European Alliance for Personalized Medicine               |
| EBCP              | Europe's Beating Cancer Plan                              |
| EHMA              | European Health Medicine Association                      |
| EM                | Emotional Management                                      |
| EU                | European Union                                            |
| GDPR              | General Data Protection Regulation (EU) 2016/679          |
| HUA               | Harokopio University of Athens                            |
| i <sup>2</sup> HD | European Institute for Innovation through Health Data     |
| IEAB              | Independent Ethical Advisory Board                        |
| IEO               | European Institute of Oncology                            |
| IOCN              | Institutul Oncologic Prof Dr Ion Chiricuta Cluj-Napoca    |
| PBY               | PredictBy                                                 |
| SPAB              | European Stakeholder and Policy Advisory Board            |
| VCIs              | Virtual Coach interventions                               |
| WP                | Work Package                                              |

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**Figure 1.** The Cluster’s LinkedIn page.

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## 1. Executive Summary

The current deliverable, co-authored by partners involved in the iBeChange, MELIORA, and SUNRISE projects, outlines the **Scientific work plan for collaboration under the Prevention & early detection (Behavioural Change) cluster**. The document aims to provide a comprehensive framework for the collaborative efforts across the Cluster, detailing the planned actions under each strand of work. Goals and objectives of the collaboration are introduced, emphasising the shared commitment to prevention and early detection in the cancer prevention field. Following this, the document maps out the **Scientific Collaboration Pathways**, identifying potential synergies, commonalities, shared deliverables, and milestones across the three projects. This section highlights areas where the projects intersect, facilitating a coordinated and efficient approach to advancing the cluster's scientific goals. In the subsequent sections, the work plan outlines specific activities planned for each key strand of collaboration: **Research and Innovation, Citizen Engagement, Addressing Inequalities, Communication and Dissemination, and Data Management**, and. For each strand, roles and responsibilities of the leaders and the involved colleagues for each project are defined to ensure clarity in execution and accountability. This document serves as a strategic guide for aligning efforts within the Cluster, fostering innovation, and ensuring that the scientific outputs are effectively coordinated and delivered.

## 2. Introduction

### 2.1. Deliverable structure and objectives

Cancer often results from a combination of genetic and environmental factors, many of which are influenced by daily choices. A balanced diet, regular physical exercise, avoiding smoking and excessive alcohol consumption, as well as sun protection, significantly reduce the risk of developing cancer. At the same time, the importance of early diagnosis cannot be understated: regular tests and screenings specific to different types of cancer allow for the detection of the disease at an early stage when the chances of successful treatment and recovery are higher. **Prevention and early detection remain two of the most powerful tools in the fight against cancer.** Adopting healthy lifestyle changes and promoting greater awareness are essential to reducing the incidence of this disease and improving survival rates. This integrated approach, combining prevention and early detection, not only improves an individual's quality of life but also represents an effective strategy for reducing the global cancer burden on society.

The current deliverable, titled *Scientific work plan for the prevention cluster*, highlights the collaborative scientific efforts among the three winning projects of the Prevention & Early Detection – Behavioural Change call within Horizon Europe: **iBeChange, MELIORA and SUNRISE**. These projects will share strategies, best practices, and insights to contribute to reducing inequalities in cancer prevention and early detection, aligning with the primary objectives of the Mission on Cancer promoted by the Europe Union (EU). This mission aims to improve the lives of more than 3 million people by 2030 through prevention, cure and for those affected by cancer including their families, to live longer and better.

The deliverable is structured in three main parts, which describe the collaborative approach of the three projects involved in the Prevention and early detection (behavioral change) cluster (**the “Cluster”**) within the Cancer Mission.

The **first part** serves as a general introduction (Section 2), explaining the structure and main objectives of the deliverable. After providing a background on the EU's Cancer Mission, it presents the three projects that make up the Cluster —iBeChange, MELIORA and SUNRISE— giving an overview of their purposes and areas of intervention.

The **second part**, *The Prevention and Early Detection (behavioural change) Cluster* (Section 3), provides a detailed overview of its operations and objectives, focusing on the collaborative

framework that guides the interaction between the three projects. It highlights tools and methods that will be used to foster effective cooperation, such as establishing shared workspaces to facilitate information and resource sharing, identifying common contact points, and creating a list of jointly agreed-upon milestones. Additionally, the section maps the expertise of each partner to identify potential synergies, improve collaboration, and optimise efforts by mapping project activities that highlight areas of cooperation. Finally, it emphasises the importance of exchange and the consolidation of best practices emerging from the three projects, ensuring a cohesive and effective approach.

The **third part**, *Strands of Cluster work* (Section 4), is dedicated to describing the different strands of work within the cluster (namely, Research and Innovation, Citizen Engagement, Addressing Inequalities in Access to Quality Care, Communication and Dissemination, and Data Management), focusing on the operational details. Each strand is described in terms of objectives, lead partner, participants, main activities, deliverables, and timelines.

Overall, this deliverable defines a *Common Scientific Work Plan* to guide collaborative efforts across these three projects. The plan identifies and addresses specific barriers that impede the adoption of sustainable behavioural changes essential for cancer prevention and early detection. By focusing on tailored interventions for different target populations, the Work Plan ensures that these populations access and benefit from the proposed solutions. Through scientific common work such as literature reviews and the co-creation of toolkits, the plan addresses several factors (e.g., socio-economic, cultural and geographical factors) that play a significant role in how individuals perceive and adopt health-related behaviours. Combining the collective efforts of the three consortia to target these factors can help find effective ways to promote behavioural changes, leading to improved cancer prevention and early detection outcomes.

In conclusion, the *Common Scientific Work Plan* presented in this deliverable synthesises the common work of iBeChange, MELIORA and SUNRISE, defining the collaborative framework of the Cluster. This plan serves as a guide for implementing collaborative actions that promote behavioural changes, improve cancer prevention and early detection, in order to reduce the societal burden of this disease.

## 2.2. The Cancer Mission

The **Horizon Europe Mission on Cancer** exemplifies a mission-driven approach by bringing together innovative strategies in research, public health, data sharing, digital policies, and citizen engagement. Jointly with the **Europe's Beating Cancer Plan (EBCP)**, it aims to improve the lives of over **3 million people by 2030** through prevention, treatment, and support for those affected by cancer, along with their families, helping them live longer and healthier lives. The mission focuses on delivering transformative, systemic solutions with clear goals, achievable objectives, and realistic timelines.

Considering this framework, the **Cluster** aims to contribute to the "Prevention" objective of the EU Cancer Mission, leveraging on sustainable behavioural change to reduce cancer risk. Sustainable behavioural change across various domains, such as a healthy diet, increased physical activity and reduced smoking, is crucial for health promotion and cancer prevention. However, achieving sustainable behavioural change is complex and influenced by multiple factors that require a deeper understanding at both the individual and system levels. At the individual level, factors such as personal motivation, social and cultural influences, psychological variables, and economic conditions can all affect the ability to adopt and maintain healthier behaviours. On a systemic level, societal structures, healthcare accessibility, policy environments, and community support systems play significant roles in enabling or inhibiting these changes. Public health campaigns, urban planning, food availability, and socioeconomic inequalities create conditions that either facilitate or obstruct individuals from making healthier choices. Thus, sustainable behavioural change demands coordinated efforts that address these individual, social, and structural dimensions through tailored interventions, policies, and supportive environments.

**iBeChange, MELIORA, and SUNRISE** contribute to these goals by **seeking strategies to improve health literacy and reduce harmful behaviours** that can increase one's risk of developing cancer, and ensuring high standards in cancer care. They also support efforts to reduce cancer disparities across the EU by **strengthening telemedicine and remote monitoring capabilities**, particularly in remote and rural areas. Furthermore, these projects emphasise leveraging new technologies and innovation to **advance patient-centered cancer prevention and care**, making the most of data and digitalisation to enhance cancer prevention efforts. This comprehensive approach, grounded in scientific evidence and aligned with EU policies, is poised to make significant strides in cancer prevention and early detection. Through targeted interventions and inclusive design practices,

these projects aim to overcome the barriers that currently impede sustainable behavioral change, ultimately contributing to the reduction of cancer incidence and improvement of public health across Europe.

### 2.3. Projects in the Prevention & Early Detection-Behavioral Change Cluster

#### 2.3.1. iBeChange

The **iBeChange project** aims to design, developing and test a platform – the iBeChange system that fosters behavioural change (BC) and emotional management (EM) to promote the adoption of healthy and sustainable habits to reduce cancer risk. Recognising the link between BC and EM, enhancing emotional skills will help increase the chance to adopt healthier lifestyles. The platform will specifically target European citizens at risk for lung, breast, and colorectal cancer, encouraging them to make lifestyle adjustments – such as improving their diet, increasing physical activity, reducing alcohol consumption, and quitting smoking – that can lower their cancer risk, by also addressing emotional well-being. Through AI-driven personalised interventions, iBeChange will deliver tailored support to users, tackling healthcare access disparities by providing remote expert guidance regardless of geographical location. Through the collaboration of clinical and technical professionals, as well as the integration of inputs from literature reviews, retrospective and public data, the iBeChange platform will be designed to align with Europe's Beating Cancer Plan (EBCP). Overall, the project seeks to empower individuals to make informed lifestyle decisions, significantly contributing to cancer prevention and improving public health across Europe.

#### 2.3.2. MELIORA

**MELIORA Consortium** will jointly work with local actors at different levels for the realisation of eight (8) in total tailor-made lifestyle interventions and behavioural modification studies, including Artificial intelligence and digital tools, to promote sustainable behavioural changes among three target populations: i) healthy women at risk of developing breast cancer, ii) breast cancer patients and iii) breast cancer survivors. The MELIORA Virtual Coach interventions (VCIs) will take place across 4 different European countries (Greece, Sweden, Spain and Lithuania) and 6 piloting centres targeting 2000 women in urban and rural areas including participants throughout the socioeconomic spectrum. Primary health care centers, hospitals or patients'/survivors' organisations will be used as entry points to the community. The goal of the MELIORA VCIs is to evaluate the effect of multiple individual and contextual factors on the uptake and sustainability of behavioural changes. At the same time, specific bottlenecks and barriers that prevent the

uptake of sustainable behavioural change will be identified to support the development of optimal approaches for reaching and involving disadvantaged socio-economic population groups and people living in rural areas, and will provide best practices for the wider intervention's uptake and scale-up. Based on the effectiveness, health economic evaluation and budget impact analysis of the MELIORA VCI, national and European stakeholders will be invited to co-creation workshops aiming to evaluate the potential for adoption of the MELIORA VCI in other regions or countries in Europe.

### **2.3.3. SUNRISE**

The **SUNRISE project** aims to co-create, implement and evaluate an innovative digitally-enhanced life-skills programme for primary prevention of cancer through sustainable health behaviour change in adolescents. Primary prevention of cancer through behaviour changes in adolescence, a critical period in which many risk behaviours are initiated, is a significant health and societal challenge in Europe. To tackle the health and societal challenge of primary prevention of cancer in Europe, SUNRISE will combine an established, evidence-based digital solution for smoking prevention, with novel intervention approaches such as peer social media campaigns, advertising literacy training, educational games, and social robot platforms, to take cancer prevention approaches for adolescents in the EU to the next level. The digitally-enhanced programme will be developed through co-creation with schools-as-living-labs methods involving multiple societal actors such as educators, adolescents, parents, public health experts, and policy-makers. The programme will be implemented and evaluated at large scale across 154 schools and 7500 students in urban and rural regions of 8 European countries, including socially disadvantaged groups and ethnic minorities. Overall, the SUNRISE project aims to revolutionise primary cancer prevention in Europe by fostering sustainable, large-scale behavioural change in adolescents through an inclusive, digitally-enhanced and evidence-based approach.

### 3. The Prevention and Early Detection (behavioural change) Cluster

#### 3.1. The Cluster rationale and goals

To address the previously mentioned challenges (see Section 2.2), collaborative and coordinated efforts by means of public engagement and interdisciplinary and cross-project approaches are key. Not only aligning the participating projects, but also involving public authorities, policymakers, healthcare professionals, employers, educational institutions, (pharmaceutical) industry, patient organisations, citizens, and media is crucial to build the supporting environment needed for achieving sustainable behavioural change for cancer prevention.

Thus, collaboration is the keystone on which the Cluster's work is built. The Cluster aims to coordinate the efforts and expertise of different stakeholder groups and organisations belonging to the participating projects in the research efforts towards sustainable behavioural change to reduce cancer risk. By coordinating the efforts of the three projects, the goal of the Cluster is to minimise duplication of work, while at the same time enhancing the identification of common barriers, the reach of the findings or achievements and the sharing of best practices.

The Cluster will therefore focus on establishing, scaling up, and improving health promotion and cancer prevention programs by raising awareness among citizens about cancer risk factors and the importance of behavioural change, as provided by each project's goals. Such a collaborative approach will increase the efficient use of resources, knowledge, and expertise, enhancing the overall impact and effectiveness of the three projects and their interventions.

The Cluster aims to enhance and scale up interventions across various geographical, socioeconomic, and cultural settings, as well as in different environmental conditions, with a special consideration of vulnerable groups. This aligns directly with the Horizon Europe Work Programme 2023-2025<sup>1</sup>, which emphasizes the relevance of primary cancer prevention through sustainable behavioural change. The expected outcomes according to the Work Programme include:

- **Health promotion and primary prevention programs:** Citizens (including those at high risk of developing cancer, cancer patients, and survivors) will benefit from health promotion and primary prevention programs that incorporate sustainable behavioural

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<sup>1</sup> Horizon Europe Work Programme 2023-2025, Part 12: Missions and Cross-cutting Activities (European Commission Decision C(2024) 2371 of 17 April 2024) [[https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2023-2024/wp-12-missions\\_horizon-2023-2024\\_en.pdf](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2023-2024/wp-12-missions_horizon-2023-2024_en.pdf)].

change and psycho-social approaches. These programs will be tailored to the specific needs of different population groups, addressing the unique challenges faced by both urban and rural areas.

- **Tailored recommendations and support programs:** Citizens will benefit from accessible and easy-to-understand recommendations and support programs, on sustainable behavioural changes, including psycho-social care, and are designed to be easily integrated into daily life. The emphasis is on the use of digital tools to facilitate healthier choices and enhance the reach and effectiveness.
- **Policy making and authority engagement:** Regional, local, and national policymakers and authorities are supported in promoting healthy environments. They are equipped to design and implement the most suitable and sustainable health promotion and prevention programs, which take into account behavioural change and psycho-social needs.

By fostering cooperation and sharing best practices, the Cluster will reinforce the Horizon Europe Work Programme's mission to improve cancer prevention programs, particularly for vulnerable groups. The Cluster's work will enhance the impact and effectiveness of these interventions, contributing to the overarching goal of the EU Cancer Mission to improve the lives of millions affected by cancer.

### 3.2. Scientific Collaboration pathways

To achieve these objectives, it will be essential to agree upon a robust collaboration plan that outlines both the existing tools and challenges, and details an actionable program to ensure effective collaboration. Rather than a rigid work plan, such a practical approach is proposed to generate a framework for establishing, implementing, and managing scientific collaboration while allowing it to be adapted to possible changes in the circumstances and the growing experience and knowledge of the team. A well-structured collaboration plan is thus essential to set up from an early stage, as ineffective collaboration could even hinder scientific outcomes, while successful collaboration drives innovation, creativity, and productivity (Hall et al., 2014)<sup>2</sup>. While the goal at this stage is not to demonstrate readiness for collaboration at all described levels, it is important to identify the needs and challenges before entering the collaboration and ideally those steps that

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<sup>2</sup> Hall, K. L., Crowston, K. G., & Vogel, A. L. (2014). How to Write a Collaboration Plan. National Cancer Institute. <https://www.teamsciencetoolkit.cancer.gov/Public/TSResourceBiblio.aspx?tid=3&rid=3119>

can be taken to overcome them. The following sub-sections give an overview of the scientific collaboration pathways required to achieve successful collaboration.

### **3.2.1. Shared workspace**

Effective and efficient collaboration and smooth communication mechanisms are the starting points of the Cluster's common work strategy. To these aims, the Cluster will rely on a shared digital workspace safely stored in the cloud (Google Drive) where all projects and their corresponding organisations can access relevant resources, share and assess data, and jointly work on documents and deliverables. This shared workspace is intended to enhance transparency and communication, streamline the work to be done, and foster a collaborative approach.

### **3.2.2. Common contact points and milestones list**

To ensure coordinated efforts, common contact points and a milestones list among the Cluster participating partners will be established. These points of contact will be responsible for maintaining regular communication, tracking progress, and ensuring that all relevant stakeholders are informed of developments and any emerging challenges. By streamlining communication, the aim is to minimise delays, enhance resource efficiency, and ensure the alignment of goals across all participating projects.

### **3.2.3. Best practices**

The Cluster is committed to identifying and implementing best practices across all projects and between the Cluster strands of work. This involves continuous monitoring and evaluation of ongoing activities, as well as incorporating feedback and lessons learned into future strategies. By adopting best practices, the Cluster aims to ensure high-quality, evidence-based interventions that can be replicated, scaled, and tailored to different regional, cultural, and socioeconomic contexts, maximising their impact and sustainability in cancer prevention and behavioural change efforts.

### **3.2.4. Annual meetings**

Annual meetings are to be held to review progress, share findings, and plan future activities. These meetings will provide a platform for the project partners to discuss challenges, share successes, and align on strategic priorities. By bringing together diverse perspectives, the meetings will help identify emerging trends, anticipate potential obstacles, and adapt strategies accordingly. Additionally, these meetings will serve as an opportunity to strengthen relationships, build trust,

and reinforce the collaborative approach of the Cluster, ensuring the commitment and shared vision among all partners.

### 3.3. Challenges and risk management

A risk is defined as an uncertain event or a set of events that, should occur, could have an effect on achieving successful collaboration. Therefore, risk management is necessary to identify, assess and control uncertainty, as to subsequently improve the ability of the collaboration to succeed, with the achievement and provision of deliverables. The Cluster recognises that there are several challenges and risks associated with its activities, which might include resource and data limitations, differing or conflicting stakeholder priorities, or conflicting views on the multifaceted complexity of influencing behavioural change. To address these challenges, the Cluster will implement a proactive risk management strategy:

Table 1. Risks and mitigation actions.

| Risk                                      | Mitigation action                                                                                                                                    |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Challenges with shared digital workspaces | Establish clear guidelines for file sharing, version control, and workspace navigation.                                                              |
| Conflict                                  | Create a conflict resolution framework, and promote an open, transparent dialogue among all partners.                                                |
| Divergent stakeholder objectives          | Regularly consult with stakeholders to align expectations.                                                                                           |
| Failure to adhere to project timelines    | Implement a detailed timeline with milestone tracking and conduct regular progress reviews to identify delays early and adjust planning accordingly. |
| Ineffective communication                 | Establish clear communication protocols, appoint communication leads/contact points, and ensure minutes are shared after meetings.                   |
| Misalignment among partners               | Establish regular communication channels, create clear and shared objectives, and hold alignment meetings early in the Cluster's timeline.           |
| Resource limitations                      | Optimise resource allocation, seek additional funding or partnerships, and prioritise key tasks to manage resource constraints.                      |

## 4. Strands of Cluster work

### 4.1. Research and Innovation

#### 4.1.1. Strand goals

Working on **research and innovation** involves generating new knowledge and applying it to develop effective solutions to real-world problems. In the context of cancer prevention and early detection through sustainable behavioural change, the focus of such efforts should be on advancing scientific understanding and translating these insights into effective interventions on promoting such behavioural change, improving health outcomes, and reducing cancer risk.

In that understanding, the Research and Innovation strand of the Cluster first and foremost aims to reduce overlaps, harmonise methods and create synergies between the three projects to enhance their respective scientific outcomes, improve research capacity building and formulate useful and aligned policy recommendations. In the context of this strand, the projects will identify and exploit their key commonalities and complementarities, by creating a common working environment and sharing mechanisms. By facilitating open communication and collaborative work, this strand will encourage the three projects' partners to work together, leveraging and combining their unique strengths. The objective is to create a unified approach to cancer prevention and early detection, ensuring that research findings are effectively integrated and translated into clear policy recommendations.

**The goal of this strand is thus to enhance collaboration and synergies between the projects within the Cluster, ensuring that research efforts are harmonised and that complementarities are made possible to exploit.** While each project within the cluster has its own methods, tools, and tasks, they share a common purpose in advancing sustainable behavioural change for cancer prevention. Relying on the proposed collaborative environment under this strand, the project and their partners will also be able share best practices, enabling others to learn from successful approaches or avoidable mistakes, avoiding duplication of efforts, and enhancing the open science principles by allowing to build on each other's resources, research outputs and tools.

#### 4.1.2. Lead and participants

The “**Research and Innovation**” strand is led by the SUNRISE project. Table 2 shows the participating organisations per project. The specific contact points can be accessed through the dedicated “Cluster Responsibilities and Contacts” Excel file available at the shared workspace.

Table 2. Overview of organisations participating in the Research and Innovation strand.

| Project        | Partner                                                       |
|----------------|---------------------------------------------------------------|
| iBeChange      | European Institute of Oncology (IEO)                          |
|                | European Alliance for Personalized Medicine (EAPM)            |
| MELIORA        | Harokopio University of Athens (HUA)                          |
|                | European Health Medicine Association (EHMA)                   |
| SUNRISE (lead) | PredictBy (PBY)                                               |
|                | Institutul Oncologic Prof Dr Ion Chiricuta Cluj-Napoca (IOCN) |
|                | Centre for Research & Technology Hellas (CERTH)               |

#### 4.1.3. Activities

The research and innovation strand will further engage in several key activities to foster collaboration and maximise scientific impact across the Cluster.

For instance, **joint scientific publications** could be a primary output, ensuring that findings from the projects are integrated and disseminated in a coordinated way. **Cross-cluster activities** could be organized to increase synergies with other approaches to cancer prevention and early detection. Such activities may include sharing best practices, methodologies and datasets to enable cross-comparative studies, co-authored policy recommendations, and regular training sessions on digital tools and methods relevant to cancer prevention and behavioural change.

A **detailed mapping of each of the three project's activities** could be conducted to identify areas of overlap and potential for synergetic collaborations. By understanding the specific activities and objectives of each project, efforts will be better coordinated, and duplication of work will be avoided, enhancing overall effectiveness. Moreover, a **mapping exercise of the partners' fields of expertise** could allow the Cluster participants to leverage the unique strengths of each partner, fostering collaboration and optimising resource utilisation.

**Monthly or bi-monthly meetings** will be held to ensure continuous communication, align objectives, and track progress, enabling timely adjustments and collaborative problem-solving as the projects evolve. These structured activities will strengthen the cluster's ability to deliver impactful and innovative research outcomes.

Besides this first common deliverable (the *Common Scientific Workplan for Scientific Collaboration*), the research and innovation strand will inform and serve as the space to build the common work of the three projects regarding the four subsequent versions of the Policy brief formulating recommendations. The first due date of the first version of that deliverable is M11 (November 2024) and its final version due at M60 (December 2028).

#### 4.1.4. Deliverables

Table 3 shows the overview of the deadlines of this first common deliverable “**Common work plan for scientific collaboration under the “Prevention & early detection (behavioural change) cluster”**” in the three different projects.

*Table 3.* Overview timeline deliverable “Common work plan for scientific collaboration under the “Prevention & early detection (behavioural change) cluster” with M1 corresponding to January 2024.

| Project                    | iBeChange                                                                                                           | MELIORA | SUNRISE |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|---------|---------|
| <b>Deliverable</b>         | D1.5                                                                                                                | D2.2    | D6.8    |
| <b>Lead</b>                | IEO                                                                                                                 | HUA     | PBY     |
| <b>Type</b>                | R – Document, report                                                                                                |         |         |
| <b>Dissemination level</b> | PU – Public                                                                                                         |         |         |
| <b>Due Date (month)</b>    | M9                                                                                                                  |         |         |
| <b>Work Package No</b>     | WP1                                                                                                                 | WP2     | WP6     |
| <b>Description</b>         | Common work plan for scientific collaboration under the “Prevention & early detection (behavioural change) cluster. |         |         |

Table 4 shows the overview of the deadlines of the deliverables “**Policy brief formulating recommendations v1 – v.final**” in the three different projects.

Table 4. Overview timeline deliverable “Policy brief formulating recommendations v1 – v.final” with M1 corresponding to January 2024.

| Project                    | iBeChange                                                                                                                                                               | MELIORA                | SUNRISE                    |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|
| <b>Deliverable</b>         | D8.11; D8.12; D8.13;<br>D.8.14; D8.17                                                                                                                                   | D8.6; D8.7; D8.8; D8.9 | D6.13; D6.14; D6.15; D6.16 |
| <b>Lead</b>                | EAPM                                                                                                                                                                    | EHMA                   | IOCN                       |
| <b>Type</b>                | R – Document, report                                                                                                                                                    |                        |                            |
| <b>Dissemination level</b> | PU – Public                                                                                                                                                             |                        |                            |
| <b>Due Date (month)</b>    | M11 (v1); M23 (v2); M35 (v3); M47 (v4); M60 (v.final)                                                                                                                   |                        |                            |
| <b>Work Package No</b>     | WP8                                                                                                                                                                     | WP8                    | WP6                        |
| <b>Description</b>         | Policy brief formulating recommendations based on the research and innovation strand of the “Prevention & early detection (behavioural change)” annual cluster meeting. |                        |                            |

## 4.2. Citizen engagement

### 4.2.1. Strand goals

Involving citizens and patients in the Cluster is essential to ensure that our research and interventions are grounded in the real needs and lived experiences of those most affected by cancer. By actively engaging patients and the wider public, we can bridge the gap between scientific research and societal impact, ensuring that the solutions we develop are not only scientifically sound but also practical, accessible, and meaningful for diverse communities. Patient and citizen involvement empowers individuals to have a direct voice in shaping innovations that aim to prevent cancer recurrence, helping to tailor interventions to real-world conditions and improving their acceptability and uptake. Moreover, it fosters a sense of ownership, ensuring that the outcomes of the project reflect the priorities and insights of the people who stand to benefit the most. In this way, patient engagement enhances both the scientific relevance and the societal value of the project composing the Cluster.

### 4.2.2. Lead and participants

The “**Citizen Engagement**” strand is led by the MELIORA project. Table 5 shows the participating organisations per project. The specific contact points can be accessed through the dedicated “Cluster Responsibilities and Contacts” excel file.

Table 5. Overview of organisations participating in the Citizen engagement strand.

| Project               | Partner                                                     |
|-----------------------|-------------------------------------------------------------|
| <b>iBeChange</b>      | European Institute of Oncology (IEO)                        |
|                       | European Alliance for Personalized Medicine (EAPM)          |
| <b>MELIORA (lead)</b> | European Health Medicine Association (EHMA)                 |
|                       | Harokopio University of Athens (HUA)                        |
|                       | PredictBy (PBY)                                             |
| <b>SUNRISE</b>        | Cyprus Association of Cancer Patients and Friends (PASYKAF) |

### 4.2.3. Activities

The following activities are planned to be conducted across projects within the Citizen engagement strand:

#### 1. Gathering testimonies (via email, interviews, videos):

*Objective:* To incorporate the voices and experiences of cancer patients and survivors, as well as citizens at risk, directly into the projects. By sharing their stories, patients bring invaluable perspectives that help shape the direction of research and interventions. This process not only empowers patients by giving them a platform but also helps the project stay aligned with the real needs and concerns of those affected by cancer. In terms of dissemination, it also supports an adapted level of information for the citizens. The testimonies will be gathered by the communication and dissemination partner leader in each project with the support of patient representative organisations part of the projects.

Activities in the different projects: A cluster video will be created, including patients' testimonial and citizen voices in 2026.

#### 2. Workshops to ensure a holistic research perspective:

*Objective:* To ensure that the research is not solely driven by the perspectives of scientists and researchers but also reflects the views and needs of patients and citizens. These workshops will complement our scientific work by integrating real-world experiences and fostering a co-creative process, thereby enhancing the relevance and effectiveness of the project's outcomes.

The following table summarises the activities foreseen in this regard in the different projects:

Table 6. Overview of foreseen workshops and other related citizen engagement-related activities per project.

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>iBeChange</b> | In the iBeChange project, activities related to citizen engagement play a crucial role and involve a series of tasks focused on actively involving citizens. In order to develop an effective and engaging platform fostering behavioural change and emotional management, participatory co-design principles and practices will be applied, ensuring that citizens are involved in every phase of the eHealth technology design process. To achieve this, a key activity involving citizen participation will be the organization of focus group discussions with individuals in at-risk age groups for breast, lung, and colorectal cancer. Citizens will be recruited in Italy, Spain, and Romania, for a total of 60-96 participants. The focus group discussions will aim to: collecting information and direct feedback on specific health and prevention issues; understanding the challenges and barriers that citizens face in accessing and adhering to prevention and screening programs; and identify critical areas where informational resources can be improved for this specific population. Overall, these focus group discussions may also reveal new issues that were not previously identified by researchers, contributing to further project improvements and informing about the relationship between health behaviors and technologies. Furthermore, for the Evaluation of Prevention Policy Strategies that will be led by the European Alliance for Personalised Medicine (EAPM), citizens will be invited to participate in expert panels to evaluate prevention and screening strategies. Using Big Data, past policies will be analysed, and citizen participation will allow the exploration and understanding of: opinions and attitudes towards prevention and screening; the reasons for acceptance or refusal of prevention programs; the barriers to participation. |
| <b>MELIORA</b>   | Between June and September 2024, MELIORA organized 5 workshops with patients, breast cancer survivors and women at risk, to study the barriers and factors that could facilitate breast cancer prevention interventions in Spain, Sweden, Lithuania, Greece and at the European level. They helped to identify end-users' health needs, their intention and readiness to adopt the MELIORA solution. Furthermore, patients will be gathered from all participating countries to evaluate the MELIORA Virtual Coach from the patient perspective, ensuring that it is user-friendly, effective, and meets their needs. This hands-on testing ensures that the digital health technologies we develop are both practical and responsive to the lived experiences of patients.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>SUNRISE</b>   | Within the framework of the SUNRISE project and the contribution to the citizen engagement, it is expected that the projects involved in the cluster, should organise exchanges with citizens, including patients, to engage them and to address their views. In this regard, the SUNRISE has until now organized: 5 working groups, i.e. "Councils", with adolescents, parents, educators, public health experts, and local policy-makers have been established, a large cross-sectional survey with adolescents across all 8 countries to assess (digital) health literacy, cancer literacy, cancer risk behaviours and environmental factors, an online survey with adolescents, parents, and educators to elicit digital tools requirements, a plenary workshop on socio-technical scenarios of the utilisation and sustainability of the programme and the 1st round of co-creation activities has started with 4 workshops on co-creation methodologies and SUNRISE use cases have all been completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

At the cluster level, together, iBeChange, MELIORA and SUNRISE, and will consider the added value of focus groups or workshops where citizens can share their experiences and opinions on lifestyle changes, mental health, and emotional management. These sessions would ensure that the behavior change strategies and digital interventions are designed with real-world applicability and that they resonate with individuals across different demographics. This type of workshop, where the three projects' outputs will be delivered, should happen before the finalization of the digital tools but after some of the technical stages have been overcome.

3. Citizen representation in all projects’ advisory boards

*Objective:* To ensure that patients and their representation organizations are continuously involved in shaping the projects and the Cluster, some of them are represented in all projects advisory board. The External Advisory Board for iBeChange, the European Stakeholder and Policy Advisory Board (SPAB) in MELIORA, the Independent Ethics Advisor Committee for SUNRISE, provides a structured mechanism for patient voices to be heard, ensuring that their insights are considered at every stage of the research and implementation process.

Patient organizations play a critical role in projects like iBeChange, MELIORA, and SUNRISE, particularly in reducing inequalities in prevention and cancer healthcare. They are often deeply embedded within the communities they serve, which gives them unique insight into the diverse challenges patients face, especially in terms of access to information, healthcare services, and support systems.

Beyond individual care, patient organizations often advocate for broader systemic changes that reduce healthcare inequalities. They work to influence public health policies, pushing for more equitable distribution of healthcare resources, better access to screening and treatment programs, and improvements in healthcare infrastructure. Their role in shaping policies that promote cancer prevention and equitable healthcare access is vital for long-term change.

The following table summarizes each project’s external advisory bodies features:

Table 7. Overview of each project’s external advisory bodies.

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| iBeChange | The External Advisory Board (EAB) was established at the beginning of the project and includes patient associations. This board meets every six months, and the first meeting was held on July 30, 2024. The meeting served as an opportunity to update the board on the activities undertaken and those currently in progress within the iBeChange project. Additionally, it aimed to gather feedback from the board to ensure their support and facilitate their consultative function. The patient associations included in the EAB are the following: European Cancer Breast Coalition (Europa Donna), Lung Cancer Europe (LuCe), Digestive Cancer Europe (DiCE). Further, in the EAB are also involved Joseph Maria Borrás (Director Plan of Oncology - Spain) and UO Prevention Members of Regione Lombardia (Italy). Additionally, iBeChange consortium has appointed a Public Health Policy Advisory Committee (PAC) which will be instrumental in ensuring that the project is not only patient-centered but also aligned with broader healthcare and policy objectives, by fostering open dialogue and connections with key stakeholders. |
| MELIORA   | The SPAB was created in the beginning of 2024, with a first meeting taking place on September 10th, 2024. The participants of this meeting included individuals who represented Cancer Patients Europe, the Champalimaud Foundation, the Clinical Hospital Centre Rijeka, the Turku University of Applied Sciences, and the Greek Institute of Information Technology and Communications. At least                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                |                                                                                                                                                                                                                                                                                                                     |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | one meeting per year will be organized for consultation, as well as ad hoc meetings and individual consultations upon needs.                                                                                                                                                                                        |
| <b>SUNRISE</b> | The independent Ethics Advisory Committee (EAC) in SUNRISE has been established. The EAC is composed of 3 independent experts, and aims at the monitoring of any ethical, regulatory, or psychosocial concerns related to the implementation of the SUNRISE activities. Regular meetings take place every 3 months. |

At a cluster level, for each annual cluster meeting, we will consider involving patients and patient advocates, who are related to each one of the projects.

#### 4. Cluster projects presentation and gathering patient feedback (including surveys)

*Objective:* To facilitate the exchange of strategies, results, and good practices across the cluster, ensuring that patient feedback is integrated into all phases of the projects. This feedback loop will help refine our approaches and ensure that innovations are designed with and for patients, enhancing both their efficacy and accessibility.

The Cluster, once the projects do present some progress in their development, will organize several rounds of presentations for patients, adapted to their profile, and open conversation and feedback loops via survey.

Through these activities, the cluster aims to create a patient-centered approach that is not only innovative but also deeply connected to the communities it seeks to serve.

Furthermore, the cluster will make sure that projects gather patients and citizens, as important stakeholders, during a final cluster event where sessions are organized for the sustainability of the project's results. The activities outlined will ensure meaningful citizen and patient engagement by integrating their voices directly into the research, design, and evaluation processes of each project. Through workshops, focus groups, and advisory boards, patients and citizens will co-create solutions, provide feedback, and help identify barriers to prevention. Their real-world experiences will guide the development of user-friendly digital tools and personalized interventions, ensuring relevance and practicality. By fostering continuous dialogue with patient organizations and involving citizens in policy discussions, the projects will stay grounded in addressing the actual needs and challenges faced by those at risk of or affected by cancer.

##### 4.2.4. Deliverables

Table 8. Overview of activities and related deliverables for the Citizen Engagement strand.

| ACTIVITY                                        | PROJECT       | RESPONSIBLE                                      | DUE DATE                                                       | LINKED DELIVERABLES                                                                                                     |
|-------------------------------------------------|---------------|--------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Focus-groups                                    | iBeChange     | IEO                                              | M21; M56                                                       | iBeChange D2.4 Report about system co-design and user requirements                                                      |
| Co-creation workshops with patients and citizen | MELIORA       | SPWS, EHMA, PBY                                  | M10                                                            | MELIORA D2.9 Citizen engagement summary report (PredictBy); D3.1 Situation Analysis and Feasibility Study (SWPS)        |
| Cluster video involving patient's testimonials  | Cluster       | EHMA                                             | M36                                                            | MELIORA D8.5 will be a brochure, but this video will be complementary                                                   |
| Evaluation of Prevention Policy Strategies      | iBeChange     | EAPM                                             | M12                                                            | iBeChange D8.3 Policy report on prevention strategies                                                                   |
| Cluster workshops involving citizens            | Cluster level | EHMA;<br>eCancer (iBeChange)<br>EAPM (iBeChange) | M42; M6; M56                                                   | iBeChange D8.9 Dissemination and exploitation plan<br>iBeChange D8.15 Citizen engagement Summary report                 |
| SPAB                                            | MELIORA       | EHMA                                             | Project lifespan, constituted in the first year of the project | D8.6 Policy brief formulating recommendations v.0; D8.7; D8.8, D8.9                                                     |
| EAB                                             | iBeChange     | IEO                                              | Project lifespan, constituted in the first year of the project | D7.3 First Report of The EAB<br>D 7.6 Second report of the EAB<br>D7.8 Final Report of EAB                              |
| Ethics Advisor Committee                        | SUNRISE       | PBY, CERTH                                       | Project lifespan, constituted in the first year of the project | D7.8, D7.9, D7.10 Monitoring of ethics/regulatory issues by independent ethics advisors                                 |
| Co-creation activities                          | SUNRISE       | HMU, CERTH, PASYKAF, PBY, IOCN                   | Project lifespan                                               | D1.1, D1.2, D1.3 – Consensus multi-actor requirements including psycho-social, ethical, legal requirements - v1, v2, v3 |
| Cluster annual meetings                         | Cluster level | CERTH, HUA, IEO                                  | M12; M24; M36; M48                                             | D2.2 Common work plan for scientific collaboration under the "Prevention & early detection (behavioural change)"        |
| Cluster projects presentation to patients       | Cluster level | CERTH, HUA, IEO                                  | M46                                                            | Dissemination, Communication, Exploitation and IPR Management Plan for all projects                                     |

### 4.3. Addressing inequalities in access to quality care

#### 4.3.1. Strand goals

Inequality refers to differences between individuals or groups and can cover various dimensions. To be able to address inequalities, it is important to understand its causes and consequences, which are often complex and deeply rooted in social, economic, political, and environmental systems and resources. Addressing inequalities can thereby focus on disparities within and between countries, based on income, sex, age, disability, sexual orientation, race, class, ethnicity, religion, and opportunity.

This cluster strand focuses on **addressing inequalities in access to quality care, especially in relation to sustainable behavioural change to reduce cancer risk**. The three projects will develop common ideas on how they can contribute to reducing inequalities in access in the developed interventions of their projects. To achieve this, various existing tools and resources will be deployed (e.g. the ECIR data tool<sup>3</sup>), which explores inequalities in cancer prevention and care across Europe.

Since inequality is a broad concept that covers several domains, it is important to clarify how this cluster strand intends to address it. Therefore, it can be useful to identify which domains are most relevant to each project and create an overview highlighting these domains. The primary focus is on Europe, with specific geographical coverage for the three projects in 10 Member States: Italy, Spain, Romania, Greece, Switzerland, Slovenia, Cyprus, Belgium, Lithuania and Sweden. Table 9 indicates a baseline of the most important domains, target groups, and geographical coverage for each project.

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<sup>3</sup> <https://cancer-inequalities.jrc.ec.europa.eu/data-tool-by-country?ind=ALLMORT&ft=TOTAL>.

Table 9. Domain, target group and pilot countries per project.

| Project          | Domain                                                                                                                                                                | Target group                                                                                                                                   | Pilot countries                                                                                                                                                                                |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>iBeCHANGE</b> | <ul style="list-style-type: none"> <li>- Socio-economic status</li> <li>- Education</li> <li>- Country of origin and residence</li> <li>- Digital literacy</li> </ul> | European citizens at risk of breast, colorectal, and lung cancer                                                                               | <ul style="list-style-type: none"> <li>- Italy</li> <li>- Spain</li> <li>- Romania</li> </ul>                                                                                                  |
| <b>MELIORA</b>   | <ul style="list-style-type: none"> <li>- Education</li> <li>- Income</li> <li>- Urbanisation</li> <li>- Digital literacy</li> </ul>                                   | <ul style="list-style-type: none"> <li>· Healthy women at risk</li> <li>· Breast cancer patients</li> <li>· Breast cancer survivors</li> </ul> | <ul style="list-style-type: none"> <li>- Sweden</li> <li>- Lithuania</li> <li>- Greece</li> <li>- Spain</li> </ul>                                                                             |
| <b>SUNRISE</b>   | <ul style="list-style-type: none"> <li>- Education</li> <li>- Country</li> <li>- Digital literacy</li> </ul>                                                          | <ul style="list-style-type: none"> <li>· Adolescents, parents, educators</li> </ul>                                                            | <ul style="list-style-type: none"> <li>- Greece</li> <li>- Switzerland</li> <li>- Slovenia</li> <li>- Spain</li> <li>- Cyprus</li> <li>- Italy</li> <li>- Belgium</li> <li>-Romania</li> </ul> |

The goal of this cluster strand is to identify how projects can effectively contribute to reducing inequalities in access to care and cancer prevention, especially in relation to sustainable behavioural change, and to apply these strategies in practice. By combining knowledge and best practices, we can avoid duplicating efforts in isolated projects and collectively ensure that inequalities are addressed in the most efficient way possible.

#### 4.3.2. Lead and participants

The “Addressing inequalities” strand is led by the MELIORA project. Table 10 shows the participating organisations per project including the main contact points. The specific contact points can be accessed through the dedicated “Cluster Responsibilities and Contacts” excel file.

Table 10. Overview of organisations participating in the Addressing inequalities strand.

| Project                         | Organisation                                                |
|---------------------------------|-------------------------------------------------------------|
| <b>iBeCHANGE</b>                | European Institute of Oncology (IEO)                        |
| <b>MELIORA</b><br><b>(lead)</b> | PredictBy (PBY)                                             |
|                                 | Harokopio University of Athens (HUA)                        |
| <b>SUNRISE</b>                  | Centre for Research & Technology Hellas (CERTH)             |
|                                 | Cyprus Association of Cancer Patients and Friends (PASYKAF) |

#### 4.3.3. Activities

The annual cluster meetings should include a discussion on the area of **Addressing inequalities in access to quality care**. Projects will develop common ideas on how they can contribute to reducing inequalities of care and improving access to care. The conclusions from each annual cluster meeting should include an update on this specific strand. The first annual cluster meeting was held on **18 September 2024 in Barcelona**.

Furthermore, to structure the results of the cluster work and to address inequalities across the three projects systematically, consistently and efficiently, the aim is to develop a comprehensive and co-created "toolkit". This toolkit will provide practical steps and best practices, and by using it, the aim is to improve the impact of initiatives addressing inequalities in access to care and cancer prevention by means of sustainable behavioural change. To create this toolkit, brainstorming sessions with representatives from each project will be held to identify common challenges, gather diverse perspectives and set clear goals.

In addition to the co-created toolkit and a recommendations report, multiple channels were discussed to maximise the impact of the strand, for example, by contributing to developing videos, workshops, and webinars together with the other cluster strands.

Finally, there is a common final deliverable in the last year of each project: "Addressing inequalities recommendations". The three projects exchange **strategies, best practices, and lessons learnt** regarding the question on how projects can contribute to reduce inequalities in cancer prevention and early detection, a key objective of the Mission on Cancer. The first due date of this deliverable is on M48 (December 2027).

#### 4.3.4. Deliverables

Table 11 shows the overview of the deadlines of the final deliverable "**Addressing inequalities recommendations**" in the three different projects.

Table 11. Overview timeline deliverable “Addressing inequalities recommendations” with M1 corresponding to January 2024.

| Project                    | iBeChange                                                                                                                     | MELIORA | SUNRISE |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| <b>Deliverable</b>         | D8.16                                                                                                                         | D2.10   | D6.18   |
| <b>Lead</b>                | IEO                                                                                                                           | PBY     | PASYKAF |
| <b>Type</b>                | R – Document, report                                                                                                          |         |         |
| <b>Dissemination level</b> | PU – Public                                                                                                                   |         |         |
| <b>Due Date (month)</b>    | M56                                                                                                                           | M48     | M51     |
| <b>Work Package No</b>     | WP8                                                                                                                           | WP2     | WP6     |
| <b>Description</b>         | Addressing inequalities recommendations report based on the Prevention and early detection (behavioural change) cluster work. |         |         |

4.4. Communication and dissemination

4.4.1. Strand goals

The Cluster's Communication and Dissemination strand aims to ensure maximum outreach to key stakeholders such as policymakers, healthcare professionals, patient organizations, and the general public. Its primary goal is to promote the cluster's developments and outcomes, fostering collaboration, sharing knowledge, and enhancing visibility across the three consortia. Through strategic communication efforts, the **strand will strengthen the impact of the cluster's activities and encourage engagement among relevant audiences**. The synergy among MELIORA, SUNRISE and iBeChange is essential, as it enables the optimization of communication resources and unites different strengths to address the challenges associated with cancer prevention in a coordinated manner.

4.4.2. Lead and participants

This strand is led by the iBeChange consortium, involving specifically significant support from the European Alliance for Personalised Medicine (EAPM) (Table 12). However, all partners from the three consortia will contribute to the activities outlined in this strand, which will be introduced in the following section (4.4.3).

Table 12. Overview of organisations participating in the communication and dissemination strand.

| Project          | Partner                                                     |
|------------------|-------------------------------------------------------------|
| iBeChange (lead) | European Institute of Oncology (IEO)                        |
|                  | European Alliance for Personalized Medicine (EAPM)          |
| MELIORA          | European Health Medicine Association (EHMA)                 |
| SUNRISE          | Cyprus Association of Cancer Patients and Friends (PASYKAF) |

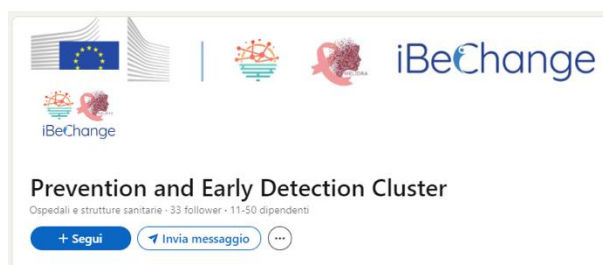
4.4.3. Activities

The main activities that will be carried out within this strand involve (1) annual meetings, (2) a cluster-dedicated LinkedIn page, (3) interviews with relevant stakeholders, and (4) online workshops. Specifically, **annual meetings** will provide a platform for the projects to present their progress, exchange knowledge, and explore synergies. The **annual meetings** are scheduled to take place once a year. The first meeting was held in Barcelona (Spain) on the 17th September, 2024, and future meetings are expected for the following years.

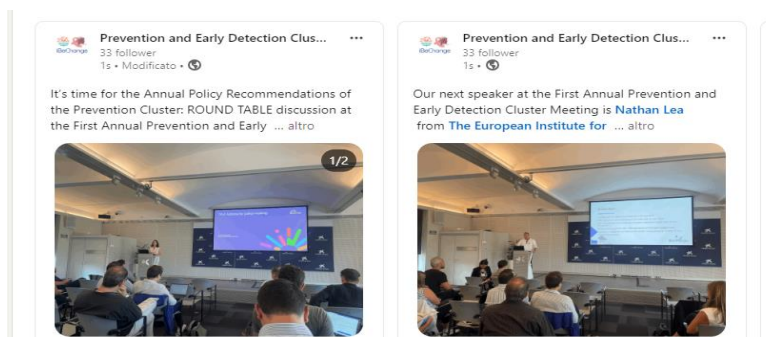
Furthermore, a **cluster-dedicated LinkedIn page** has been created to serve as the public-facing hub of the cluster, where monthly or bimonthly interviews with cluster partners and stakeholders will be posted. These interviews will highlight project achievements, share best practices, and encourage stakeholder engagement. Along with the interviews, also relevant news and updates will be shared in this social media channel.

- The **LinkedIn page** was launched with the first Annual meeting, covering this session (see **Figure 1 and 2**). At least 2 monthly posts are expected and they will cover the information shared by the work package WP in charge of communication and dissemination of each project. The timeline for the posts will be flexible to accommodate project developments, but a consistent content schedule will be maintained. **As for the stakeholder interviews**, the first one is set to be published within 3 after the LinkedIn page launch, with subsequent interviews scheduled every 1-2 months.

**Figure 1.** The Cluster's LinkedIn page.



**Figure 2.** First posts shared on the LinkedIn page.



- **Interviews with Relevant Stakeholders** will also be a crucial part of this strand. By regularly interviewing key stakeholders from the projects, the cluster will generate content that can be used to build momentum, attract attention, and share insights

on cancer prevention and behavioural change. The first set of video interviews was recorded during the first in-person cluster meeting that took place in Barcelona. In these interviews we tried to focus on the commonalities of the three projects in order to unify the message and find a more targeted audience.

- Finally, **online workshops** will serve as an interactive forum to test some of the research results from the three projects in the cluster and receive feedback from the relevant audience (e.g., researchers, healthcare providers, patients and citizens), whenever needed. Each project will be encouraged to bring a diverse array of stakeholders to these workshops, representing the broad spectrum of the consortiums involved. This initiative will foster collaboration and ensure that a variety of perspectives are considered during the testing phase of the research outcomes. The **online workshops** will align with key research milestones in each project. Workshops will occur periodically, with the aim of testing project research results throughout the lifetime of the projects. Each project will rotate leading the workshops to ensure equal contribution and participation from all three projects.

Overall, the **interviews** and **LinkedIn** page will serve as a conduit for sharing not only the developments of the cluster but also insights and best practices from these projects, enhancing cross-project synergies. Additionally, **online workshops** and joint sessions in the annual meetings will foster further collaboration and innovation. We expected that this approach would not only enhance the visibility of scientific innovations and recommended best practices between three consortia, but also **foster continuous dialogue between all relevant stakeholders in cancer care** supporting decisions that can translate into more effective health policies and targeted prevention interventions.

The common deliverable due date for this strand is in Month 11 (M11), while IEO has scheduled Deliverable 8.10 (D8.10) – *Communication and Dissemination of the Prevention Cluster* – for Month 12 (M12).

#### 4.4.4. Deliverables

Table 13 provides an overview of the deliverable “Communication and Dissemination of the Prevention cluster” in the three different projects.

Table 13. Overview timeline deliverable “Communication and Dissemination” in the three different projects.

| Project                    | iBeChange                                                 | Meliora | Sunrise |
|----------------------------|-----------------------------------------------------------|---------|---------|
| <b>Deliverable</b>         | D8.10                                                     | D8.5    | D6.7    |
| <b>Lead</b>                | IEO-EAPM                                                  | EHMA    | PASYKAF |
| <b>Type</b>                | R – Document, report                                      |         |         |
| <b>Dissemination level</b> | PU – Public                                               |         |         |
| <b>Due Date (month)</b>    | M12                                                       | M11     | M11     |
| <b>Work Package No</b>     | WP8                                                       | WP8     | WP6     |
| <b>Description</b>         | Communication and dissemination of the prevention cluster |         |         |

## 4.5. Data Management

### 4.5.1. Strand goals

The Data Management Strand goals are broadly twofold. The first is focused on defining areas of harmonisation that projects such as ours can achieve for Data Management Planning and its role in defining data protection and ethical compliance. We wish to reach a consensus on the approaches and tools that are in use currently.

The second goal is to collaborate on defining how our existing approaches need to adapt and evolve to meet the changing needs to protect and enhance innovation in line with recent and forthcoming regulations around data management and the use of modern technologies, including artificial intelligence. These include the AI Act, the Data Governance Act, European Health Data Space Regulations and Medical Device Regulations.

Arguably the existing Data Management Plan (DMP) templates are becoming less fit for purpose as the requirements and expectations around data handling as these newer and updated regulations bring about greater emphasis on understanding data quality and interoperability, as well as citizen engagement and involvement. We will use our shared experiences and learnings from the project to develop a consensus template for recommendation and use by other innovation projects to support their regulatory and development needs.

We aim to have as an output recommendation around adapting data management planning templates and policy changes around their scope and coverage. We will work closely to support the Deliverables for our Cluster.

#### 4.5.2. Lead and participants

This strand is led by iBeChange where its WP7 lead, i~HD, has offered to coordinate efforts across the three projects. i~HD will be joined by CERTH (MELIORA) and PredictBy (SUNRISE) who will represent their own project partners to ensure that they are involved in the development of this strand and are satisfied with the outputs.

Table 14. Overview of organisations participating in the Data management strand.

| Project                 | Partner                                                      |
|-------------------------|--------------------------------------------------------------|
| <b>iBeChange (lead)</b> | European Institute for Innovation through Health Data (i~HD) |
|                         | European Institute of Oncology (IEO)                         |
| <b>MELIORA</b>          | Centre for Research & Technology Hellas (CERTH)              |
|                         | Harokopio University of Athens (HUA)                         |
| <b>SUNRISE</b>          | PredictBy (PBY)                                              |

#### 4.5.3. Activities

Each of the Cluster partner projects has undertaken its own data management planning approaches and risk management for data use. This has involved the publication of a DMP, the establishment of an Ethics Advisory Board and the development of support for GDPR Compliance and advisory on each of the projects' respective technical teams.

- **DMP Approach Review:** As part of our Deliverable responsibilities, each project will through this strand share and discuss their initial DMP (published as Public Deliverables) and consider their templates. We will collaborate to define areas of challenge and missing elements for the new regulatory landscape. We will also discuss and develop a common chapter for the respective DMPs to address commonalities in data standards, validation, protection and exchange methodologies, particularly considering the future engagement of the data produced with the federated Cancer Research data hub of the UNCAN.eu initiative.

- **Data Management Support and Advisory for Development:** Alongside the DMP evolution work, our strand will share the experiences of providing regulatory support and guidance (either via Project-wide DPIAs or other engagements) to assess the potential for harmonisation in ensuring our best abilities a high standard of GDPR and Research Governance Compliance that can set the standard for achieving this for other programmes of work.
- **Independent Review Board Support and Assistance:** Our strand's focus will also be on how we can articulate data management particulars consistently across different recruitment site review panels, particularly around informed consent and participant information leaflets, with a keen view on how data management articulation can be more inclusive and avoid inequalities and alienation of those with a lower digital literacy and experience.
- **Routine Meetings and Workshops:** Our strand will organise biannual meetings to review the items above and develop materials and recommendations. We will look to align with any existing activities within our projects to arrange Cluster specific activities, including updates to templates and recommendations, and reflecting back learning back to our respective projects as the work develops.

#### 4.5.4. Deliverables

We aim to hold our first strand meeting in early December which will allow our partners to share some materials and develop some comments on how we can improve these. At that meeting we will plan the remaining activities and look to align existing commitments with our strand cluster. In Table 15 we define each project's key deliverables and we aim to update what we have learned from our collaboration. Additionally, we will aim to engage via our dissemination and communications strand our findings and any policy recommendations and updates.

Table 15. An overview of the deliverable “Data Management” in the three different projects.

| Project                    | iBeChange                     | Meliora                 | Sunrise                           |
|----------------------------|-------------------------------|-------------------------|-----------------------------------|
| <b>Deliverable</b>         | D7.1; D7.7                    | D2.7; D2.8              | D7.5; D7.6; D7.7                  |
| <b>Lead</b>                | i~HD / IEO                    | CERTH                   | PBY                               |
| <b>Type</b>                | R – Document, report          |                         |                                   |
| <b>Dissemination level</b> | PU – Public                   |                         |                                   |
| <b>Due Date (month)</b>    | M6 (v.1); M36 (v.final)       | M6 (v.1); M45 (v.final) | M6 (v.1); M40(v.2); M52 (v.final) |
| <b>Work Package No</b>     | WP7                           | WP2                     | WP7                               |
| <b>Description</b>         | DMP v.1; DMP v.2; DMP v.final |                         |                                   |

## 5. Conclusion

The collaborative efforts outlined in this document showcase the critical role of the Cluster in contributing to the EU Cancer Mission's ambitious goal of reducing cancer incidence and improving public health by 2030. The combined expertise of the three projects—SUNRISE, iBeChange, and MELIORA—presents a multi-faceted approach to cancer prevention through sustainable behavioural change, citizen engagement, and addressing healthcare inequalities.

Key strategies such as creating shared workspaces, identifying common milestones and methodological communalities, and promoting best practices provide a robust framework for fostering effective collaboration and sharing evidence-based knowledge. By integrating research and innovation, citizen feedback, and targeted interventions across geographical and socioeconomic boundaries, the cluster is well-positioned to enhance cancer prevention efforts at a European level.

The focus on tailoring interventions for vulnerable groups and using digital tools to improve health literacy and accessibility further amplifies the potential impact of these projects. By addressing both individual behavioural change and systemic inequalities in healthcare access, the Cluster is contributing to a more equitable and effective approach to cancer prevention.

As the projects evolve, the continued coordination and collaboration across these strands will be essential to maximising the outcomes. Future efforts will focus on scaling up successful interventions, refining digital tools, and ensuring that the lessons learned are translated into actionable policies at local, national, and European levels.

In conclusion, the Prevention Cluster represents a pioneering model for cross-project collaboration, leveraging the collective strength of iBeChange, MELIORA, and SUNRISE to advance cancer prevention strategies. This work is expected to significantly contribute to the overarching goals of the EU Cancer Mission, ensuring long-term benefits for public health and the fight against cancer across Europe.

**Version history**

| Version | Description                              | Date completed |
|---------|------------------------------------------|----------------|
| v1.0    | First draft                              | 26/8/2024      |
| v2.0    | First version circulated among consortia | 28/09/2024     |
| V2.1    | Last version approved by consortia       | 1/10/2024      |