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

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D1.6 – Report Annual Meeting Prevention Cluster

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List of Abbreviations

Abbreviation	Explanation
Cluster	Prevention & early detection (behavioural change) cluster
DCC	Data Collection Campaign
DGA	Data Governance Act
DMP	Data Management Plan
EAB	External Advisory Board
EAC	Ethics Advisory Committee
EAPM	European Alliance for Personalized Medicine
EBCP	Europe’s Beating Cancer Plan
EHDS	European Health Data Space
EHMA	European Health Medicine Association
EM	Emotional Management
ENVI	Committee on the Environment, Public Health and Food Safety
EU	European Union
GDPR	General Data Protection Regulation (EU) 2016/679
HUA	Harokopio University of Athens
i-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
PAC	Public Health Policy Advisory Committee
PBY	PredictBy
PI	Principal Investigator
SANT	Subcommittee on Public Health
SPAB	European Stakeholder and Policy Advisory Board
VCIs	Virtual Coach interventions

WP	Work Package

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Executive Summary

The annual cluster meeting for the Prevention and Early Detection Cluster (the cluster) was held in Barcelona on September 17th 2024, during the iBeChange annual meeting. This cluster, created under the European Union’s Horizon Europe research and innovation programme, includes three key projects – iBeChange, MELIORA and SUNRISE - focused on the development of innovative strategies for cancer prevention and early detection. The current report is aiming to summarize the key points discussed during the first annual cluster meeting, including research updates, collaborative efforts, challenges and future directions.

1. Introduction

The **Prevention and Early Detection Cluster** (Cluster) is part of the collaborative approach uniting EU-funded projects that focuses on cancer prevention. Through this collective effort, the Cluster aims to address shared challenges and strategies, promote best practices, and accelerate progress towards reducing cancer risk across Europe. Aligned with the **European Union’s Mission on Cancer**, the Cluster plays a key role in contributing to the prevention objectives set by the mission. The EU Mission on Cancer seeks to improve the lives of over 3 million people by 2030, focusing on prevention, treatment, and support for those affected by cancer, including their families. One of the primary goals of the mission is to foster sustainable behavioural change that reduces cancer risk. This includes encouraging healthier lifestyles through improved diets, increased physical activity, and reduced smoking. However, achieving such behavioural change is complex, influenced by various factors at both individual and systemic levels. It requires coordinated efforts that integrate policy, tailored interventions, and supportive environments.

Three key projects are central to the Cluster: **iBeChange**, **MELIORA**, and **SUNRISE**. These projects work collectively to tackle the challenges associated with cancer prevention by promoting health literacy, addressing harmful behaviours, and ensuring high standards in cancer care. Specifically, **iBeChange** focuses on leveraging digital solutions and behavioural interventions to encourage healthier lifestyles and reduce cancer risks; **MELIORA** is committed to empowering women at risk of breast cancer, as well as those currently facing the disease and survivors, by harnessing AI and digital tools to foster sustainable lifestyle changes

SUNRISE contributes to the development of a digitally-enhanced life-skills programme for primary prevention of cancer through sustainable health behaviour change in adolescents, tailored to their socio-economic, cultural and environmental diversities.

1.1 Cluster annual meetings

Cluster annual meetings serve as a platform for project partners to review progress, share insights, and plan future common scientific activities. They also offer an opportunity to align strategic priorities, address emerging trends, and anticipate challenges. By fostering an environment of trust and cooperation, these meetings reinforce the shared vision and commitment of all partners involved in the Cluster. Four annual meetings are scheduled during the Cluster's duration. Each meeting will be organised by one of the participating projects, which will be responsible for preparing the agenda and drafting conclusions. As the projects have varying durations, the Cluster will conclude when the shortest project, i.e. MELIORA, ends (M48). Meetings will be organised on a rotational basis, potentially linked to other relevant events or each project’s annual meeting to optimise resources.

Meetings can be held in person, hybrid, or in fully remote formats and periodic virtual meetings are recommended to strengthen collaboration. Typically, the annual meetings will be half-day or full-day events, depending on the agenda. This deliverable provides a report of the first annual cluster meeting, highlighting the key discussions and outlining the collaborative efforts of iBeChange, MELIORA, and SUNRISE within the Prevention and Early Detection Cluster. It also summaries the action points that emerged during the meeting.

2. First annual cluster meeting

During the online Cluster kick-off meeting on March 6th, 2024, it was suggested that the first Cluster meeting be held around the European Society for Medical Oncology (**ESMO) Congress in Barcelona**. In line with this suggestion, the first meeting was hosted by **iBeChange**, which, to ensure efficient use of resources, decided to hold its annual project meeting in Barcelona on September **17-18th** 2024 and to organise the annual Cluster meeting on the same occasion. The meeting was organized by iBeChange's partner Institut Català d'Oncologia (ICO) in collaboration with IEO.

The meeting started with an overview of the research updates from the three projects, followed by progress updates on the cluster activities. A specific session was dedicated to the annual policy recommendations: this included a round table for discussion on planned activities and mitigation strategies for the potential gaps in their deployment.

A broad overview of the meeting agenda can be found in Appendix 1.

2.1 Meeting participants list

The meeting participation was allowed in both in person and online format, to ensure broad participation to discussion and ensure collaboration effectiveness. The participants list can be found in Appendix 2.

2.2 Opening session: HaDEA - Laura García Ibáñez

Laura García Ibáñez (LGI) – representing the European Health and Digital Executive Agency (HaDEA) - introduced the annual Cluster meeting with an overview of the EU Cancer Mission, highlighting its main goal: to improve the lives of more than 3 million people by 2030 through prevention, treatment, and support for those affected by cancer, including their families, enabling them to live longer and healthier lives. This is in alignment with Europe's Beating Cancer Plan. The mission is built around four interconnected objectives: understanding cancer, prevention and early detection, diagnosis and treatment, and improving the quality of life for those affected by cancer, including their families. LGI described the mission as a portfolio of cross-disciplinary actions aimed at achieving a bold, inspirational, and measurable goal within a defined timeframe, with significant societal and policy impact, relevant to a large segment of the European population. The Cancer Mission aligns with several EU policies and initiatives, including local and legislative frameworks. LGI emphasised the connection between the EU Cancer Mission and Horizon Europe initiatives. The mission's Work Programme 2021-2022-2023 encompasses 50 projects across 8 clusters, one of which is the Prevention and Early Detection Cluster, which aims to enhance cancer prevention for EU citizens through specific actions such as: developing new methods and technologies for screening and early prediction; conducting implementation research to improve cancer prevention programs; establishing a one-stop cancer information centre on prevention (an evidence-clearing

house to assist Member States in implementing effective cancer prevention strategies); boosting research and innovation into risk assessment; and optimizing access to screening.

One of the key objectives is to establish synergies in prevention with other EU missions, as actions under different missions will support cancer prevention. LGI mentioned the general activities to be undertaken collaboratively, including the organisation of the 2nd (2025), 3rd (2026), and 4th (2027) annual meetings. Additionally, she highlighted that an annual update under the Citizen Engagement and Addressing inequalities strand is required and should be included in the meeting conclusions.

Finally, LGI presented a table outlining the progress of key deliverables:

- Data Management Plan (DMP) with a common chapter on the cluster • M6 (summer 2024) – pending;
- Common deliverable on Scientific Collaboration • 30 Sept 2024; - completed;
- Common Video and/or Brochure • 30 Nov 2024;
- 1st Annual Meeting Report • 30 Nov 2024 • Chapter on Citizen Engagement /Inequalities/R&I collaboration;
- 1st Policy Brief R&I Strand • 30 Nov 2024.

2.3 Research updates from the cluster projects

2.3.1. iBeChange

Gabriella Pravettoni (Principal Investigator; PI) and Marianna Masiero (MM) (Co-PI) chaired the session. The PI introduced the iBeChange consortium, listing all the partners involved and outlining the project's main goals.

The iBeChange PI and Co-PI presented an infographic summarising the project's specific workflows and achievements, emphasising dissemination, as this is critical in translating research goals into tangible outcomes.

MM then outlined specific activities performed by iBeChange Consortium from December 2023 to September 2024 across various research levels:

Table 1 iBeChange – activities performed M1-9

AREA	ACTIONS	RELATED WP \Deliverable
Clinical	Literature reviews on behavioural and psycho-social risk factors	• WP2 • D2.1
	Co-design studies & user driven approach	• WP2
	Identification of evidence-based interventions	• WP2

	Definition of the user journey	• WP2 • WP3 • WP4
	Health Habit Score	• WP2
	Education contents	• WP2 • WP3
	Discussion of clinical study protocols	• WP5
Technical level	Preliminary app design	• WP4
	Comprehensive research on wearables	• WP3
	Research on implementation of the recommender system	• WP4
	Retrospective data collection on colorectal and lung cancer patients	• WP3
Ethical level	Appointment of the Independent Ethics Advisory Board (IEAB)	• WP9
	Foundation of the Data Management Plan (DMP) and Data Protection Impact Assessment (DPIA).	• WP7
Dissemination level	Development of the project website	• WP8 • D8.7
	Creation of an extranet	• WP8 • D8.7
	Issuance of a press release	• WP8
	Newsletter updates	• WP8
	Social Media activity	• WP8
	Production of project videos	• WP8

MM also highlighted how iBeChange has integrated the cluster activities with the life cycle of the project. In particular, the following activities have been performed:

- **Addressing inequalities (Lead: MELIORA)**: iBeChange has participated in joint meetings aimed at identifying common variables, methodologies, and potential challenges for establishing best practices.

- Furthermore, iBeChange has completed a scoping review identifying some specific variables, such as social support and socio-economic status, related to inequalities in healthcare on which cluster might work in the future producing a common scientific publication.
- **Communication and dissemination (Lead: iBeChange):** iBeChange is leading the communication and dissemination strand, supported by EAPM and eCancer. This has involved coordinating the organisation of the first annual cluster meeting and developing a Google Drive platform for collaborative work. Additionally, the first draft of Deliverable "Common work plan for scientific collaboration under the "Prevention & Early Detection (Behavioural Change)" cluster", focused on the common scientific work plan, has been prepared, and partner contributions are ongoing.
- **Data management**: There is no designated leader, but several partners, including I-HD (the Ethics partner in iBeChange), have expressed interest in contributing. A suggestion for co-leadership among projects has been raised, but this requires further discussion.

MM concluded by providing an overview of the upcoming deadlines for drafting and submitting the Common work plan for scientific collaboration under the "Prevention & Early Detection (Behavioural Change)" cluster that was agreed by the involved colleagues.

Shared key points from the Plenary Session

- SUNRISE suggested further investigations to identify commonalities among the three ongoing projects. This step is intended to facilitate the development of a cohesive research cluster, enhancing collaboration and resource sharing.
- SUNRISE inquired about the age range for study participants. iBeChange clarified that the clinical studies are still in the design phase, and the age range will be determined based on periods of highest cancer risk. The systematic review will concentrate on the adult population aged 20 and older. While age is the main risk factor for colorectal and lung cancer, sex is also significant for breast cancer, which predominantly affects female-born inviduals.
- Further discussions with SUNRISE focused on the specific risk factors being considered for integration into the SUNRISE project. iBeChange agreed with this approach, indicating it would aid in the identification of various datasets and common subjects.

2.3.2 MELIORA

Niki Morouti (NM) chaired this session and presented the main aim of the MELIORA project, which is to promote sustainable behavioural changes among healthy women at risk

of developing breast cancer, breast cancer patients, and breast cancer survivors. This will be implemented through eight tailor-made lifestyle and behavioural modification interventions, with the engagement of local actors. A second principal aim is to assess the scalability and transferability of these interventions to other countries or regions in Europe.

The MELIORA project is structured into eight work packages (WPs). Under WP3, the project has nearly completed the identification of current policies, legislation, regulatory procedures, services, and environmental characteristics related to healthy eating, active living, and primary and secondary breast cancer care. A situation analysis report was created for the four implementation countries (Greece, Sweden, Spain, and Lithuania) in collaboration with engaged stakeholders. Workshops with citizens, breast cancer patients, breast cancer survivors, policymakers, and healthcare professionals have been organised in these countries.

NM also highlighted that the development of intervention materials is in progress, with the first draft set to be presented and discussed with the consortium in the upcoming consortium meeting (WP4). Additionally, the development of the MELIORA virtual coach is underway, and data collection campaigns (DCCs) are scheduled to start in December 2024. Protocols for the DCCs are expected to be finalised by the end of September 2024 (WP5). Work on the development of tools for process, impact, and outcome evaluation is also ongoing (WP6). A key focus under WP7 is the design and implementation of eight tailor-made lifestyle and behavioural modification intervention studies, which will involve 2,080 participants across the four implementation countries. These will include healthy women at risk of breast cancer, breast cancer patients, and breast cancer survivors. The assessment of the process, impact evaluation, and cost-effectiveness of the intervention is in progress, alongside a budget impact analysis and an assessment of the scalability of the MELIORA solution to other sites within the four countries.

NM concluded with updates on WP8, particularly on recommendations and dissemination activities. The establishment of a "European Stakeholder and Policy Advisory Board" has taken place (first meeting on September 10th, 2024), and the MELIORA website was launched (M04), alongside the release of the first newsletter (M06). Additionally, a video and/or cluster brochure is currently being developed.

An Ethics Advisory Board (EAB) has also been established in accordance with ethical requirements to oversee processes under the various WPs.

Shared key points from the Plenary Session

- **TU/e** (iBeChange) proposed that the knowledge generated across various projects could be utilized to identify connections in the technology being employed. This collaborative approach aims to enhance the efficacy of the virtual coaching platform by integrating insights and methodologies from multiple sources. The

discussions reflect a strategic approach to the development of the virtual coaching platform, emphasizing behavioural modification for healthy women and survivors while excluding genetic factors.

- The collaborative sharing of knowledge across projects is expected to enhance the platform's technological foundation and overall effectiveness.
- Next Steps should be established to explore opportunities for collaboration across projects to identify and integrate technological connections, and to define risk factors relevant to cancer patients and survivors.

2.3.3 SUNRISE

Kostantinos Votis (KV) and Andreas Ttriantafyldis (AT) presented the SUNRISE project. The SUNRISE project aims to co-create, implement, and evaluate an innovative, digitally enhanced life-skills program for the primary prevention of cancer through sustainable health behaviour change in adolescents. The program will be tailored to adolescents' socio-economic, cultural, and environmental diversities, with a noticeable impact on society at large. This project includes 19 partners from 11 countries, providing multidisciplinary expertise in cancer prevention, public health, eHealth, health behaviour change, psychology, digital technologies, data management, social innovation, biomedical ethics, and large-scale implementation studies. The main challenges identified include the significant gap in achieving effective and sustainable health behaviour changes among adolescents for primary cancer prevention. These challenges stem from: a lack of systematic pathways to deliver digital health interventions for adolescents; the massive investment of time required by educators to prepare and administer such programs; difficulty in maintaining student engagement; and difficulty in adapting intervention materials to fit the diversity of children's backgrounds.

The main objectives of SUNRISE include:

- Co-create with school-as-a-living-lab methods a novel and highly engaging digitally-enhanced program for primary prevention of cancer through sustainable health behaviour change in adolescents, tailored to socio-economic, cultural and environmental diversities (urban and rural) in 8 European countries (Greece, Switzerland, Slovenia, Spain, Cyprus, Italy, Belgium, Romania), to have tangible impact on the society and socially disadvantaged populations at large (WP1).
    - This will involve 5 working groups (n=40), i.e. “Councils”, with adolescents, parents, educators, public health experts, and local policymakers; a large cross-sectional survey with adolescents (n=5000) across all 8 countries to assess (digital) health literacy, cancer literacy, cancer risk behaviours, and environmental factors, including >20%

migrants and ethnic minorities; an online survey with adolescents, parents, and educators (n=500), to elicit digital tools requirements; and a plenary workshop on socio-technical scenarios for the utilization and sustainability of the program. The first round of co-creation activities has started.

- Explore, monitor, and assess cancer prevention knowledge systematically and continuously identify unmet needs, barriers and facilitators for the sustainable implementation of the digitally enhanced cancer prevention program (WP2).
    - This includes an inventory of evidence-based cancer prevention strategies; a repository of persuasive multimedia content; and three literature reviews on a) factors influencing adherence to digital health programs in adolescents; b) effective and sustainable digital health behaviour change techniques; and c) successful implementation strategies for digital health interventions with potential impact on reducing health inequalities.
- Develop and use interactive digital tools for the improvement, tailoring and scaling-up of evidence-based and novel interventions toward the life-skills training of adolescents (WP3). This will include:
    - improving the Swiss Research Institute for Public Health and Addiction (ISGF) SmartCoach evidence-based life-skills digital intervention through the addition of persuasive multimedia content tailored to cultural specifics, ready for use in the 8 countries; a novel social media influencer campaign to promote healthy diet behaviours; promotion of the European Code Against Cancer (ECAC) and preventive behaviours for cancer through interactions with a social bot platform; educational games for advertising and health literacy training for the 8 countries; an interactive health education module for adolescents, parents, and educators; and a tailored digital platform with authoring and monitoring tools for the intervention program.

Shared key points from the Plenary Session

- **TU/e** (iBeChange) expressed interest in exploring the possibility of sharing educational materials, recognizing that the ideas promoted by both **iBeChange** and **SUNRISE** align closely. The primary objective of both projects is to improve cancer prevention, which can be significantly advanced through the dissemination of digital educational resources.
- **SUNRISE** acknowledged the importance of this collaboration, emphasizing that their project adheres to an open-science approach sharing methodologies and materials.

2.4 Collaborative efforts, challenges and synergies: progress updates on cluster activities

2.4.1 Addressing inequalities, MELIORA

Justine van der Feen & Ana Roca-Umbert (PBY; MELIORA) presented a progress update for the cluster activities under the Addressing inequalities strand. The principal objective of this strand is to identify how projects can effectively contribute to addressing inequalities in access to care, cancer prevention, and early detection, and to apply these strategies in practice. Strategies to achieve this goal include building on recommendations and findings from previous projects, creating synergies between cluster projects, reviewing existing literature, and utilizing developed tools (specifically, the Cancer Inequalities Factsheets[1] and ECIR data tool[2]). In order to achieve these objectives, bi-monthly meetings will be organised, which are crucial for discussing progress, sharing updates, collecting feedback, and addressing challenges. A preliminary identification of commonalities was developed through a screening of the variables collected across the various projects. This will be further analysed to integrate the data into the projects and produce the expected outcomes.

Table 2: Variables overlap across projects

Project	Partners	Pilot countries	Target group	Domain
iBeChange	**IEO** – Istituto Europeo di Oncologia	• Italy • Spain • Romania	• European citizens at risk of breast, colorectal, and lung cancer	• Socio-economic status • Education • Country of origin and residence • Digital literacy
MELIORA	**HUA** - Harokopio University of Athens **PBY** – PredictBy Research and consulting	• Sweden • Lithuania • Greece • Spain	• Breast cancer patients • Breast cancer survivors • Healthy women at risk of BC	• Education • Income • Urbanisation • Digital literacy
Sunrise	**CERTH** – centre for Research & Technology **PASYKAF** - Cyprus Association of Cancer Patients and Friends	• Greece • Switzerland • Slovenia • Spain • Cyprus • Italy • Belgium • Romania	• Adolescents	• Education • Country • Digital literacy

[1] https://cancer-inequalities.jrc.ec.europa.eu/inequalities-factsheets

[2] https://cancer-inequalities.jrc.ec.europa.eu/data-tool-by-country

Variable	Age	Gender	Country of origin	SES	Urbanisation	Environmental factors	Digital (health) literacy	Health status	Cultural aspects	Socio-demographic characteristics
iBeChange	✓	✓	✓	✓	✓		✓			
MELIORA	✓		✓	✓	✓	✓	✓	✓	✓	✓
SUNRISE		✓	✓	✓	✓	✓	✓		✓	✓

These common aspects (Table 2) are expected to support the creation of a cluster literature repository, which could play a vital role in deciding on the implementation of interventions, such as videos, workshops, and webinars. Additionally, all the information collected through the Cluster collaborative efforts—meeting minutes, best practices, evaluation and progress reports, co-created tools, and outcome materials (like videos, workshops, webinars, and scoping reviews)—will be instrumental in drafting a final recommendation report.

Key next steps include conducting a scoping review, collaborating to identify best practices; and to focus on the aspect of sustainable behavioural change after the initial overview. Additionally, a critical discussion will focus on the inequalities detected in access to care, guided by two main questions:

- What are the most effective strategies for translating existing recommendations from EU-funded projects, and how can these projects inform and shape policy to ensure inequalities are addressed?
- What metrics can be used to evaluate the success of projects aimed at reducing inequalities in cancer prevention, and how can these findings be applied to improve healthcare practices?

Shared key points from the Plenary Session

- **LGI from HaDEA** highlightded that the work of this cluster stems from the need to reinforce sustainable behaviour changes, and therefore, the focus on access to care should be limited.
- **MELIORA** acknowledged the comment of HaDEA; indicating that the primary focus of the strand is to share best practices and knowledge related to the commonalities between the projects, in the area of prevention, sustainable behavioural change, and addressing inequalities. The next steps will focus more in-depth on the aspect of prevention and sustainable behavioural change. This effort is intended to enhance collaboration and increase impact, by means of the exchange of effective strategies, lessons learned, and support in tackling similar challenges.

2.4.2 Communication and dissemination, iBeChange

Denis Horgan (DH, EAPM, iBeChange) and Ruth Cooper (RC, eCancer, iBeChange) chaired this session. iBeChange presented an overview of the policy alignment under this strand, emphasizing the crucial role of policy elements in involving health communication at both national and international levels.

iBeChange’s Work Package 8 (WP8) focuses on policy alignment, implementation, dissemination, and communication. Key achievements include the establishment of a Public Health Policy Advisory Committee (PAC), comprising public health experts from 10 EU countries, aimed at integrating digital health solutions into public health policies. The PAC addresses behavioural and emotional factors linked to cancer risk, developing a user-focused management system to improve health outcomes and foster collaboration among European public health stakeholders. Deliverable D8.11 proposes annual policy recommendations to strengthen EU disease prevention, with actions like educational campaigns, equitable access to preventive services, and integrated health approaches targeting lifestyle, psychosocial, and environmental determinants. The project’s prevention strategies, outlined in Deliverable D8.3, aim for long-term cancer risk reduction by addressing behavioural risks through a cross-sectional approach that examines cognitive, social, environmental, and lifestyle factors. Data is gathered from extensive literature reviews and organisations like WHO and the Organisation for Economic Co-operation and Development (OECD), processed for identifying key health determinants to support tailored prevention programmes.

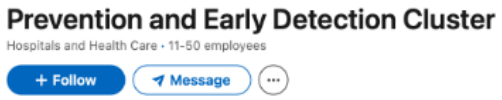
In conclusion, DH emphasized the need for a holistic and scalable approach to cancer prevention. By combining individual behavioural change with system-wide healthcare reforms targeting cognitive, social, and environmental factors, a broader impact can be achieved. Policymakers and healthcare providers must adopt comprehensive strategies integrating health literacy, social support, policy development, and environmental improvements to deliver solutions for high-risk groups and improve cancer prevention outcomes.

Ane de las Heras (AH) (EAPM) discussed iBeChange’s efforts in the communication and dissemination strand, which include the creation of a project website and extranet, branding and graphics development, assessment of newsletters and press releases, and video production for social media. This comprehensive dissemination effort is vital, as cancer prevention faces obstacles such as insufficient collaboration, fragmented health systems, and a lack of tailored approaches.

Achieving this aim requires a stronger data-sharing network, educational outreach, and enhanced health literacy to build public trust. Recognizing the need for investment in education, iBeChange’s dissemination effort will be bolstered by a robust strategy that

includes information sharing via the project website, newsletter, and social media accounts. Public engagement will be encouraged through videos and updates on fundamental findings, strategies, and aims.

Figure 1: Cluster LinkedIn account



Shared key points from the Plenary Session

- **TU/e** (iBeChange) highlighted the importance of scaling the tools currently being developed. They emphasized the need for a broad, holistic approach to effectively achieve this goal.
- **HaDEA** echoed TU/e's positions, highlighting that independent collection and systematization of data and findings are critical in identifying and addressing common challenges faced by projects. It was agreed that a collaborative strategy could provide viable solutions. This should begin with a comprehensive perspective that considers various avenues for disseminating findings and tools.
- **i-HD** (iBeChange) raised the need to examine ethical considerations, noting that engagement and technological developments should align with existing policies to ensure responsible practices.
- **MELIORA** suggested that, to maximize the impact of dissemination strategies, there should be increased engagement with regional and state institutions. This collaboration could significantly amplify the effectiveness of each project.

2.4.3 Research and innovation, SUNRISE

Lucas Javier Segal (LJS) (PBY, SUNRISE) and Delia Nicoara (DN) (IOCN, SUNRISE) chaired this session. The objective of this strand is to reduce overlap and harmonize methods between projects by fostering synergies and sharing best practices and knowledge. These elements are critical for formulating coherent policy recommendations. Key strategies to achieve this objective include identifying complementarities among cluster members and establishing a sharing mechanism that facilitates collaborative work (for example the shared Google Drive space).

The next steps under this strand include:

- Joint Scientific Publications;
- Cross-cluster activities;
- Mapping project activities;

- Mapping partners' fields of expertise and identifying overlaps.

Shared key points from the Plenary Session

- LGI from HaDEA suggested that since all projects address sustainable behaviour, the focus should not only be on shared risk factors. Despite the differing perspectives of the projects, their objectives align. Therefore, all projects should explore ways to enhance collaboration and make the cluster's work more productive.
- At this stage, the cluster's aim is not to merge the three existing projects into a new research effort. Instead, the goal is to identify discussion avenues that simplify and harmonize the independent work of the projects.

2.4.4 Open issues: data management

Nathan Lea (NL; iBeChange) chaired this session, which focused on data management. While the lead for this strand is still to be defined, several consortium members have expressed interest in collaborating on these activities. NL, the ethical leader for iBeChange, provided an introduction to the challenges associated with this strand.

NL emphasized common challenges faced by all projects, particularly the requirement to publish a Data Management Plan (DMP) that ensures compliance with research governance, data protection, and trial regulations. This is driven by shifting regulatory frameworks and consistent requirements across EU-funded projects. Projects must also navigate a balance between European Economic Area (EEA) regulations and local member states, including former member states. He outlined two main areas where challenges are expected:

Data protection:

- Data Protection by Design and Default – GDPR
- Mandates an early start to risk management
- Use of a Data Protection Impact Assessment (DPIA) to identify specifics.
  Informs the DMP and drives Data Sharing Agreements, Codes of Conduct, and other compliance measures

Research governance:

- Research Ethics, including Research Ethics Committee (REC) / Independent Review Board (IRB) assessment and approvals
- Protocol development, informed consent, and participant engagement strategies, all guided by the data protection process

Practical activities to address these objectives include:

- A questionnaire to capture key details for DPIA and DMP
- Use of a European Commission template for the DMP, adapted as needed

- Use of a Supervisory Authority template for DPIA, tailored for health data-driven innovation
- Advisory and support for REC / IRB approval and Participant Engagement
- Wider support for engagement activities, including transparency for GDPR and the AI Act

NL highlighted that each project is approaching these tasks differently, underscoring the importance of aligning efforts within a common framework. He also pointed out that the upcoming regulatory changes, such as the AI Act, European Health Data Space (EHDS), and Data Governance Act (DGA), necessitate a new approach to managing risks associated with data-driven research and engaging with the public and healthcare providers.

Shared key points from the Plenary Session

TU/e raised a question about the potential conflict between inclusivity and the need for informed consent, especially when developing interventions for institutions like schools, where at-risk youth are involved. i-HD responded that any engagement requires approval, and engaging younger individuals poses specific challenges. Establishing strong relationships with schools and institutions will be essential. Ethical boards and committees will offer the necessary guidance and supervision throughout the research process.

3. ROUND TABLE - Annual policy recommendation of the Prevention Cluster

This session was chaired by Denis Horgan (DH, iBeChange) and consisted of a collaborative discussion, guided by the following questions:

- SWOT Analysis of how they are tackling Prevention
- What are the gaps and how to mitigate these?
- How to ensure uptake in healthcare systems?
- What are the policy enablers to facilitate this?
- Common elements that the EU should take
- Specific elements for low- and middle-income countries (LMIC), and minority groups

3.1 Annual Policy Recommendations –MELIORA

Dolores Cviticanin (DC), policy officer at EHMA, chaired this session and introduced it with a brief overview of the MELIORA Project.

Recognising that breast cancer represents a significant social and economic challenge—having the highest treatment costs of any cancer and with projections indicating that the number of newly diagnosed cases could increase by over 40% by 2040—the project aims to identify barriers that prevent the uptake of sustainable behaviour changes in order to implement targeted interventions. Planned interventions include:

- Information and Guidance: A comprehensive pool of informational materials, along with personalized guidance and feedback delivered by health professionals.
- Digital Tool: The development of the MELIORA Intelligent Virtual Coach, which will offer context-sensitive and personalized advice via a mobile and web application.

The approach of the MELIORA Project involves several key steps: targeting (identifying women at risk), translation (adapting message characteristics and constraints), context-sensitive guidance (providing individualised advice based on cultural, financial, geographical, and other contexts), and monitoring and adaptation (both passive and active monitoring to assess goal compliance and adapt the feedback loop accordingly).

The methodology of the project was presented, dividing the actions into three phases:

- Knowledge acquisition (WP3): Literature reviews, situational analysis, co-creation & engagement, stakeholder workshops.
- Intervention development (WP4-5-6): Information material, personalized guidance and feedback, delivered by health professionals & the MELIORA Virtual Coach.

- Intervention and evaluation (WP7): Cluster randomized studies with 2000+ participants in 4 countries

All of these steps necessitate supportive local policies to facilitate access for diverse populations and groups, aiming to enhance motivation and address context in order to increase capabilities and opportunities. To ensure structured and comprehensive stakeholder engagement, the project will implement several advisory boards, including four local Stakeholder Policy Advisory Boards (SPABs) in Greece, Spain, Lithuania, and Sweden, along with one European SPAB.

The stakeholders will be divided into two main groups: implementers (including policymakers, health authorities, non-clinical health professionals, policy experts, and researchers) and end-users (such as breast cancer patients and patient representatives). It was noted that health authorities represented in the four local SPABs will be invited to join the European Board to foster a comprehensive and reciprocal stakeholder engagement strategy.

MELIORA provided an overview of the SPAB, which is tasked with advising on MELIORA intervention development to ensure the sustainability of project results. The aims of the board are as follow:

- Identifying gaps and needs in European breast cancer prevention programmes and policy.
- Maximising the replicability and scalability of the project's outcomes.
- Integrating the good practices from MELIORA into European and national cancer prevention plans.

This board is expected to participate in at least four virtual meetings throughout the project and may also be invited to participate in policy events. They will guide the development of the final policy conference and participate in the MELIORA policy debate during Breast Cancer Awareness Month in 2024. Breast cancer prevention is divided in primary prevention (behaviours and lifestyle) and secondary prevention (screening: https://cancer-screening-and-care.jrc.ec.europa.eu/en/ecibc/european-breast-cancer-guidelines?topic=62&usertype=60&updatef2=0). This process will involve:

- Integration of precision medicine: whole genome sequencing of a tumour can identify targetable mutations for treatment.
- Immunoprevention tactics: Vaccines to prevent non-viral induced cancers are an attractive approach to cancer prevention.
- Targeting other at-risk populations: Populations with a family history have been targeted, but we can increasingly target (for example) obese populations.
- Health literacy: Enhancing public education regarding the importance of proper diet, weight control, screening, and treatment.

- Monitoring and evaluation of policies
- Standardization across nations, and support from EU level to country level
- Improving access to health prevention tools for under-served populations

3.2 Annual policy recommendations - iBeChange

DH (EAPM) chaired this session. The main outcome is the identification of persistent gaps and structuring the subsequent policy recommendations. A SWOT analysis must focus on the strengths, weaknesses, opportunities, and threats, particularly:

- Strength:
  - Evidence-based Interventions: Current prevention strategies are grounded in evidence-based models, ensuring scientific backing and effectiveness.
  - Comprehensive Data Sharing: There is a strong emphasis on creating data-sharing platforms, facilitating collaboration between healthcare providers and stakeholders.
  - Focus on Emotions and Mental Health: Addressing psychological factors like anxiety and depression is crucial in cancer prevention and other chronic disease management.
  - AI Integration: AI-enhanced platforms allow for personalized prevention strategies, adjusting interventions based on user data, risk factors, and engagement.
- Weakness:
  - Limited Accessibility: AI-driven solutions and personalised interventions may not be accessible to all populations, particularly in low-resource areas.
  - Fragmented Policies: The absence of standardised, cross-national policies often leads to inconsistent implementation of prevention strategies across healthcare systems.
  - Data Privacy Concerns: Sharing patient data raises concerns about data security and patient consent, potentially limiting collaboration.
  - High Costs: Many advanced technologies (e.g., AI, telehealth) are expensive to implement, making it difficult for smaller healthcare providers to adopt them.
- Opportunities:
  - Expansion of Telehealth Services: The rise of digital health platforms provides an opportunity to expand prevention services to remote and underserved communities.
  - Policy Support for Mental Health Integration: Policy initiatives supporting the integration of mental health services into primary care can enhance prevention efforts by addressing both physical and emotional health.
  - Global Health Collaborations: International organisations like WHO and OECD can facilitate broader adoption of successful prevention programmes across regions through policy enablers and funding.

- Public Health Campaigns: Awareness campaigns focusing on behavioural and lifestyle changes can help populations adopt healthier habits, reducing long-term healthcare costs.
  - Threats:
- Regulatory Barriers: Complex regulatory environments may slow down the adoption of AI-based and data-driven prevention tools, especially in data-sensitive regions.
- Resistance to Change: Healthcare providers and patients may be resistant to adopting new technologies or shifting away from traditional models of care.
- Health Disparities: Social, economic, and regional disparities can limit the effectiveness of prevention strategies, particularly in underfunded healthcare systems.
- Cybersecurity Risks: With the increasing reliance on digital data-sharing platforms, there is a growing risk of data breaches and cyberattacks, which could undermine trust in prevention initiatives.

DH also presented a comprehensive list of the key gaps identified so far and the subsequent mitigation strategies to be implemented to overcome them.

  - Accessibility to Advanced Technology
- Gap: AI and telehealth technologies may not reach low-resource regions.
- Mitigation: Introduce lower-cost or subsidised models of AI and telehealth platforms for resource-limited settings, potentially funded by international aid or public-private partnerships.
  - Inconsistent Policy Implementation
- Gap: Fragmented policies across different regions hinder a unified approach to prevention.
- Mitigation: Foster international collaborations to establish standardised prevention policies, with a focus on adaptable frameworks suitable for diverse healthcare systems.
  - Data Privacy and Security Concerns
- Gap: Worries about patient data security slow down collaborative efforts.
- Mitigation: Implement stringent security protocols and transparent consent mechanisms to protect patient data while promoting collaboration between healthcare entities.
  - Cost Barriers
- Gap: High costs associated with AI, personalised medicine, and advanced prevention technologies.

- Mitigation: Encourage healthcare policies that incentivise the adoption of cost-effective preventive measures and provide subsidies for the implementation of new technologies in smaller practices.

To ensure uptake in the healthcare system, the following actions are foreseen under four main objectives:

- Community Engagement: Engage communities through education and outreach to increase the public's understanding and trust in preventive healthcare strategies (particularly AI-driven models).
- Training and Education: Provide healthcare professionals with comprehensive training on integrating AI and telehealth platforms into their daily practice.
- Incentives for Prevention: Develop reimbursement models that incentivise preventive care over reactive care.
- Public-Private Partnership: Governments can partner with private tech companies to offer affordable solutions for AI-driven prevention platforms in the public healthcare system.

To facilitate the success of the described action plan and the uptake of prevention, some policy enablers have been identified and described as follows:

- Cross-National Data Sharing Agreement: Promote international collaboration and data-sharing agreements that allow iBeChange to expand globally while maintaining high standards (privacy, security).
- National Digital Health Strategies: Advocate for national policies that support the adoption of AI and digital platforms in healthcare (particularly preventive care).
- Incentivised Preventive Care Models: Encourage governments to create policies facilitating healthcare interventions that include behavioural change models.
- Telehealth Integrations: Leverage policies that promote telehealth as a vehicle for preventive care, integrating iBeChange with broader digital health initiatives at a national level.

3.3 Annual policy recommendations - SUNRISE

Adela Maghear (AM, IOCN, SUNRISE) representing the SUNRISE team explained that the idea behind the dissemination effort at a policy level relies on the assumption that, at the EU level, there is a large availability of resources in the field of health research. Those resources should not only remain as scientific articles and websites but should be translated into a format that is relevant for policymakers: scientific results should be converted into meaningful measures.

In this context, the European Commission should be considered the legislative body, and the role of the Cancer Mission is not just to bring innovation to the EU citizens, but also to impact policy-making. Research outcomes can be translated into meaningful policy data through the following steps:

- Develop a policy strategy that effectively communicates the project's research outcomes, their impact, and regulatory relevance to policymakers at both the EU and national levels.
- Raise awareness about the project among a broader audience, including policymakers (EU institutions, national legislators), patient and healthcare professional organisations, academia, national health authorities, industry, and civil society.
- Enable policy dialogue between research partners and policymakers (EU institutions, national legislators) to inform and drive policy change.

To achieve these goals, it is essential to establish engagement with relevant policymakers. This includes identifying key figures at both the EU and national levels to collaboratively define the most efficient means of communicating the policy implications of the research outcomes. Relevant stakeholders include Members of the European Parliament (MEPs from the ENVI/SANT committee), the EU Commission (cabinet and directorate general levels), Member States (health ministries and health authorities), and the EU Council (health attachés from upcoming presidencies such as Poland, Denmark, Cyprus, etc.). From a practical standpoint, strategies to translate research outcomes into meaningful policy data include the production of policy brochures and reports that incorporate relevant research outcomes tailored for policymakers, as well as creating synergies with existing and ongoing legislative and non-legislative acts and initiatives. Additionally, it is recommended that all policy materials include recommendations aimed at suggesting feasible ways to apply the research outcomes in policy development. To reach a larger audience and raise awareness about the project and its policy impact at the national level, the projects should consider translating materials into multiple EU languages.

In summary, the primary aim of researchers in establishing contact with relevant policymakers is to open a dialogue with them from the very start of project implementation. Involving all project partners in evidence-based discussions, workshops, and consultations with policymakers could be beneficial, as well as organising periodic meetings and online calls to discuss the progress of research activities and their expected results. It is also fundamental to organise events and utilise social media to engage stakeholders. The SUNRISE project suggests organising at least two one-day events in Brussels within the EU Parliament/Commission: one aimed at introducing the project and its policy implications, and the other focused on discussing implementation progress and the challenges encountered along the way.

The main take-aways for policy-makers were summarized as follows:

- To enhance accessibility and inclusivity in preventive healthcare, it is crucial to support socioeconomically disadvantaged populations, particularly in remote and underserved areas of the EU.
- Harmonizing preventive policies across regions is vital to prevent fragmented healthcare approaches and ensure effective implementation.
- Structured reimbursement models that prioritize preventive services are key to shifting healthcare from reactive to preventive care.
- Integrating mental health into prevention frameworks is essential for a holistic healthcare approach.
- As digital health initiatives and data-sharing expand, prioritizing data privacy and cybersecurity is crucial.
- Expanding public health campaigns to promote lifestyle changes is vital for raising awareness and fostering healthier behaviors.
- Collaborative frameworks are essential for supporting research and innovation, which are key to enhancing preventive measures.
- Fostering multistakeholder collaboration is crucial for effective cancer prevention policy change, aligning diverse perspectives and resources towards a common goal.

Shared key points from the Plenary Session

All meeting participants agreed that the primary focus of collaborative work in this strand is to establish a general yet clear understanding of where projects should invest in delivering policy recommendations—such as the creation of educational materials, events, and social media campaigns—to optimise alignment among them. In particular, opportunities should be identified with a focus on the research and innovation sector.

LGI from HaDEA reinforced the message that projects do not need to reinvent themselves or their objectives for the sake of collaboration; the EU has already established channels for communication with policy officers. LGI offers herself as a resource to enhance this communication avenue.

4. Action points and next steps

- **For all projects**

- Regular cluster meetings to guarantee continuous collaboration under the various strands will be organized from the involved partners
- Utilise EU channels: Leverage EU communication channels (via Laura García Ibáñez) to enhance policy dialogue.
  The first Project Cluster Policy Webinar on Prevention and Early Detection is scheduled for November 28th, 2024, from 9:30 to 12:30 hours CEST
- The lead for Data Management strand should be defined
- The participating contact points in each project for the Citizen Engagement Strand should contact Laurène Mathey, from EHMA, who will lead this Strand for MELIORA
- Finalize collaboratively the draft of the Deliverable: Common work plan for scientific collaboration under the "Prevention & Early Detection (Behavioural Change)" cluster- deadline on September 30th, 2024 (completed)

- **Strand: Addressing Inequalities (Lead: MELIORA)**

- Identify best practices: Conduct a scoping review of existing literature and methodologies.
- Common variables analysis: Continue analysing shared variables among projects to integrate data and support final recommendations.
- Policy discussions: Focus on sustainable behavioural change, prevention, and addressing inequalities in access to care and how interventions can address potential challenges.
- Repository creation: Establish a literature repository to support interventions like videos, workshops, and webinars.

- **Strand: Communication and Dissemination (Lead: iBeChange)**

- Public engagement: Enhance dissemination through newsletters, social media, and video production.
- Organise two one-day events in Brussels (EU Parliament) to present progress and challenges to policymakers.

- **Strand: Research and Innovation (Lead: SUNRISE)**

- Joint scientific publications: Start planning collaborative publications across the cluster.
- Mapping activities: Continue mapping project activities and partners' expertise, identifying overlaps for future synergies.

- Cross-cluster activities: Begin work on cross-cluster publications and project evaluations.

  - **Strand: Data Management (Lead: iBeChange)**
- Data protection protocols: Ensure compliance with GDPR and national regulations through ongoing assessments.
- Common DMP for the prevention cluster.
- Engagement strategies: Create a questionnaire to capture details for DPIA and REC/IRB approval processes.

  - **Strand: Citizen Engagement (Lead: MELIORA)**
- Launched during the Annual cluster meeting
- Call for a soon-to-be strand meeting. All contacts should reach out to EHMA.
- A brainstorming on cluster actions should be made to produce the Cluster Workplan and determine a schedule of activities on that strand.
- All projects should make sure citizens are involved in the research and project outcomes

4.1 Progress updates

Action points completed after the annual meeting:

- Nathan Lea (i-HD, iBeChange) assumed the leading of the Data Management strand. The activities under this strand will be carried out collaboratively with IEO (Project coordinator of iBeChange) and the involved partners from MELIORA and SUNRISE.

- The Scientific Work Plan of the prevention cluster has been collaboratively drafted and delivered on time, after revision from the three consortia.

5. Conclusions

The conclusion of the first annual cluster meeting included an update on the activities carried out for the citizen engagement and the addressing inequalities strand.

5.1 Citizen engagement & addressing inequalities: annual update –MELIORA

The objective of the strand on citizen engagement is to ensure that the research and interventions that result from the three projects accurately reflect 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. The strand has been launched during the annual cluster meeting 2024. Therefore, only separate actions by the different projects have been undertaken so far. However, in the near future, this strand will be supported through the implementation of workshops, working groups, and expert panels where citizens can share their experiences and opinions; through the establishment of advisory boards to ensure a structured mechanism for patient voices to be heard; patient feedback through the dissemination of surveys; and gathering patient testimonies via video, email, and interviews to incorporate the voices of cancer patients and survivors. For instance, MELIORA will involve patient representatives in the next MELIORA Policy debate that will take place on November 20th,2024 at 17:00 hours CET (with representatives from Europa Donna Greece). At the cluster level, together, SUNRISE, MELIORA and iBeChange 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. For the next annual cluster meeting, the projects will consider involving patients and patient advocates, who are related to each one of the projects. In addition, once the projects present some progress in their development, several rounds of presentations for patients will be organised. These presentations will be adapted to their individual profiles and will open conversation and feedback loops via surveys.

The objective of the strand on Addressing Inequalities is to ensure effective collaboration among the three projects focused on addressing inequalities in access to care, sustainable behavioural change, and enhancing cancer prevention. This will be supported by creating synergies between cluster projects, building on recommendations and findings from previous projects, reviewing existing literature, and utilising developed tools. To facilitate these efforts, bi-monthly meetings are scheduled to discuss the progress, gather feedback, and address common challenges. A preliminary identification of commonalities has been developed through a screening of the variables collected across the various projects, which will be further analysed to integrate the data and produce the expected outcomes. The identified common aspects will facilitate the development of key expected outcomes, together with the information gathered through the cluster's collaborative efforts - encompassing meeting minutes, best practices, evaluation and progress reports, co-created tools, and outcome materials.

5.2 Annual cluster meeting conclusions

The first annual meeting of the Prevention Cluster has underscored the critical role of collaboration in advancing cancer prevention and behavioural change strategies across Europe. The projects within the cluster—iBeChange, MELIORA, and SUNRISE—have demonstrated impressive progress, particularly in digital health innovation, addressing health inequalities, and implementing comprehensive communication strategies. Notably, the establishment of regular cluster meetings is set to strengthen ongoing collaboration and streamline efforts across the various strands. By identifying best practices, analysing shared variables, and conducting a scoping review, partners aim to build an evidence-based foundation that supports robust policy recommendations and effective interventions.

Following the meeting, key action points were successfully completed: Nathan Lea (i-HD - iBeChange) assumed leadership of the Data Management strand, working closely with IEO (iBeChange Project Coordinator) and partners from MELIORA and SUNRISE to enhance data integration and streamline management protocols. Additionally, the Scientific Work Plan for the cluster was collaboratively drafted and delivered on time, reflecting a unified scientific direction across consortia. These updates, alongside efforts to establish regular cluster meetings, define best practices, analyse shared data, and develop a literature repository, underscore the cluster's commitment to a cohesive, evidence-based approach.

The next steps will focus on addressing these challenges through greater synergies, targeted policy alignment, and cross-project collaboration, including joint publications, mapping of partner expertise, and the establishment of data protection protocols compliant with GDPR and other regulations. These activities are pivotal for fostering a unified approach, which is essential for translating research findings into actionable strategies. The success of the Prevention Cluster ultimately hinges on continuous communication, shared learning, and a cohesive strategy that aligns with Europe's Beating Cancer Plan[3] (EBCP) to maximise its impact on cancer prevention and health outcomes across Europe.

[3] https://ec.europa.eu/newsroom/sante/newsletter-archives/35593

6. References and external links

https://cancer-inequalities.jrc.ec.europa.eu/inequalities-factsheets

https://cancer-inequalities.jrc.ec.europa.eu/data-tool-by-country

https://ec.europa.eu/newsroom/sante/newsletter-archives/35593

Version history

Version	Description	Date completed
V1.0	First draft - iBeChange	29/10/2024
V1.1	First draft with Meliora integration	8/11/2024
V3.0	Final Version: iBeChange, Meliora, Sunrise Revision	27/11/2024

APPENDIX

Appendix 1. Prevention and early detection cluster annual meeting Agenda

SEPTEMBER 17th - Cluster Meeting – 09:30 - 13:00		
Topic	**Speaker**	**Time**
Greetings and Welcome	Gabriella Pravettoni (IEO)	09.30 - 09:40
Opening session	Laura García Ibáñez (HADEA)	09:40 - 10:00
Q&A	*All representatives*	*10 minutes*
Research Updates from the Cluster's Project		
iBeChange	Gabriella Pravettoni and Marianna Masiero	10:10 - 10:20
MELIORA	Yannis Manios and Niki Mourouti	10:20 -10:30
SUNRISE	Konstantinos Votis and Andreas Triantafyllidis	10:30 - 10:40
Q&A	*All representatives*	*10 minutes*
Coffee Break 10: 50 – 11:05		
Progress Updates on Cluster Activities		
▪ Addressing Inequalities	MELIORA - Justine van der Feen and Ana Roca-Umbert (PBY; MELIORA)	11:05 - 11:20
▪ Communication and Dissemination	Denis Horgan - EAPM and Ruth Cooper - eCancer (IBeCHANGE)	11:20 - 11:35
▪ R&I strand including the Common Scientific Workplan and the Policy recommendations	Lucas Javier Segal (PBY) and Delia Nicoara – (IOCN; SUNRISE)	11:35-11: 50
▪ Open issues: Data Management and Citizen engagement.	*All representatives*	11: 50 - 12:00
Annual policy recommendations of the Prevention: *ROUND TABLE* Chair: Denis Horgan (EAPM)		
▪ SWOT Analysis of how they are tackling Prevention	iBeChange - Denis Horgan	12:00-12:10
▪ What are the gaps and how to mitigate these?	MELIORA - Dolores Cviticanin	12:10-12:20
▪ How to ensure uptake in healthcare systems?	SUNRISE - Delia Nicoara	12:20-12:30
▪ What are the policy enablers to facilitate this?		
Q&A	*All representatives*	*10 minutes*
Discussion:	*EAPM* – Denis Horgan	12:40 - 12:55

▪ Common elements that the EU should take ▪ Specific elements for LMIC, and minority groups		
Any Other Business (AOB) and Conclusions	Gabriella Pravettoni	12:55 - 13:00

Appendix 2. Meeting attendance list

2.1 In person attendance list

Name	Project, team
Laura Garcia Ibanez	HaDEA
Frans Folkvord	MELIORA and SUNRISE, predictby
Justine Fleur van der Feen	MELIORA and SUNRISE, predictby
Lucas Javier Segal	MELIORA and SUNRISE, predictby
Ana Roca Umbert	MELIORA and SUNRISE, predictby
Delia Nicoara	SUNRISE, IOCN
Nick Dietrich	SUNRISE, IOCN
Adela Maghear	SUNRISE, IOCN
Gabriella Pravettoni	iBeChange, IEO
Marianna Masiero	iBeChange, IEO
Giorgia Miale	iBeChange, IEO
Patrizia Dorangricchia	iBeChange, IEO
Elisa Tomezzoli	iBeChange, IEO
Cristian Ochoa Arnedo	iBeChange, ICO
Maria Serra Blasco	iBeChange, ICO
Joan Carles Medina	iBeChange, ICO
Noemie Travier	iBeChange, ICO
Laura Ciria	iBeChange, ICO
Raul Zamora	iBeChange, ICO
Paula Jakszyn	iBeChange, ICO
Anna Garcia Serra	iBeChange, ICO
Laura Sistach	iBeChange, EUT
Carolina Migliorelli	iBeChange, EUT
David Sunol	iBeChange, EUT
Silvia Orte	iBeChange, EUT
Laura Ros	iBeChange, EUT
Ruth Cooper	iBeChange, eCancer
Emily Poole	iBeChange, eCancer
Mircea Lupusoru	iBeChange UMFCD
Octavian Andronic	iBeChange UMFCD
Mani Beigy	iBeChange, TU\e
Laura Genga	iBeChange, TU\e
Pieter Van Gorp	iBeChange, TU\e
Alberto Maria Metelli	iBeChange, POLIMI
Francesco Trovò	iBeChange, POLIMI
Dario Monzani	iBeChange, UNIPA

Nathan Lea	iBeChange, I-HD
Ane De Las Heras	iBeChange, EAPM
Denis Horgan	iBeChange, EAPM

2.2 Online attendance list

Name	Project, team
Emilia Ambrosini	iBeChange, POLIMI
William Bennardo	iBeChange, POLIMI
Linda Greta Dui	iBeChange, POLIMI
Simona Ferrante	iBeChange, POLIMI
Davide Piantella	iBeChange, POLIMI
Rita Laureanti	iBeChange, POLIMI
Diana Ghiold	iBeChange, SIMAVI
Carmen Oana	iBeChange, SIMAVI
Radu Popescu	iBeChange, SIMAVI
Noémie Travier	iBeChange, ICO
Denise Amram	iBeChange, IEAB
Alice Cavolo	iBeChange, IEAB
Sarah Songhorian	iBeChange, IEAB
Ana Beatriz Lopes	iBeChange, SD
Aline Machiavelli	iBeChange, SD
Martina Fontana	iBeChange, EAB
Britt Sandberg	MELIORA, BCF Amazona
Monika Kornacka	MELIORA, SWPS
Nikos Sarris	MELIORA, CERTH
Alexandra Olson	MELIORA, EHMA
Dominika Wietrzykowska	MELIORA, SWPS
Gintarė Kalinienė	MELIORA, LSMU
Eva Karaglani	MELIORA, HUA
Giuseppe Martone	MELIORA, EHMA
Linda Engström	MELIORA, BCF Amazona
Laurène Mathey	MELIORA, EHMA
Mireia Gandia Prat	MELIORA and SUNRISE, FISABIO
Teresa de Pablo Pardo	SUNRISE, FISABIO
Andreas Triantafyllidis	SUNRISE, CERTH
Dolores Cviticanin	MELIORA EHMA
Christina Pelekanou	MELIORA, HUA
Anna Gavrieli	MELIORA, HUA
Niki Mourouti	MELIORA, HUA
Nina Nicoara	SUNRISE, IOCN
Yannis Manios	MELIORA, HUA
Marina Pinto Carbó	MELIORA and SUNRISE, FISABIO
Ana Molina Barceló	MELIORA and SUNRISE , FISABIO

Nina McGrath	MELIORA, EUFIC
Theophano Pampaka	SUNRISE, PASYKAF
Kay Duggan-Walls	European Commission Policy Officer
Jan-Willem van de Loo	European Commission Policy Officer
Ana Miralles Marco	MELIORA, INCLIVA
Paula Romeo Cervera	MELIORA and SUNRISE, FISABIO