



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

Project Number: 101136840

D8.2 – Public Health Policy Advisory
Committee (PAC)

Related Work Package	WP8 – Policy Alignment/ implementation, dissemination, and communication
Related Task	T8.2 Public Health Committee (PAC) & Exploitation
Lead Beneficiary	EAPM
Contributing Beneficiaries	IEO
Document version	v1.0
Deliverable type	R
Dissemination level	PU
Due date	30\04\2024
Delivery date	03\06\2024
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Reviewers	All partners



**Funded by
the European Union**

This project has received funding from the European Union's Horizon Europe research and innovation programme under the Grant Agreement Number 101136840.

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List of Abbreviations

Abbreviation	Explanation
PAC	Public Advisory Committee
PHPM	Public Health Policy Makers
GPs	General Practitioners
ESMO	European Society for Medical Oncology

Executive Summary

The iBeChange project held its first Public Health Expert Panel meeting to gather feedback from professionals. A dedicated Public Advisory Committee (PAC) was formed to ensure ongoing dialogue between stakeholders and Public Health Policy Makers. The PAC advises on strategic direction, research optimization, and prioritization of use cases. Comprising experts with diverse backgrounds, the PAC enhances project effectiveness and fosters synergistic collaborations. These developments mark significant progress towards the project's goal of advancing public health policy-making. The kick-off meetings were successful, laying a strong foundation for collaboration. Further meetings are anticipated, with at least one yearly meeting to maintain project momentum and achieve objectives.

1. Introduction

The iBeChange project convened its inaugural Public Health Expert Panel meeting, aimed at soliciting feedback from esteemed professionals in the field. The central aim of this gathering was to establish a robust feedback mechanism that accurately reflects the evolving needs of Public Health Policy Makers (PHPM).

Due to the dynamic nature of public health challenges, it was decided to form a dedicated Public Advisory Committee (PAC). This committee will serve as a conduit for continuous dialogue between project stakeholders and PHPMs, ensuring that research endeavors remain responsive to real-world exigencies.

The PAC's mandate is clear and comprehensive: to provide informed guidance throughout the project's lifecycle, particularly in directing research efforts towards maximizing utility in concrete Public Health Policy making. Its primary responsibilities encompass:

1. **Strategic Direction:** The PAC will offer strategic advice on the trajectory of research activities, aligning them with the most pressing needs and priorities within the public health landscape. By staying attuned to emerging trends and challenges, the committee will help shape the project's agenda to address critical policy gaps effectively.
2. **Optimizing Research Outcomes:** With a keen eye on practical application, the PAC will advise on methodologies and focus areas that promise to yield results most relevant to PHPMs. By identifying research avenues with the greatest potential for impactful policy interventions, the committee will ensure that project findings are poised for effective translation into tangible policy initiatives.
3. **Prioritizing Use Cases:** Recognizing the importance of resource allocation, the PAC will play a pivotal role in identifying and prioritizing specific use cases for closer scrutiny. Through rigorous evaluation and consensus-building, the committee will recommend which research streams warrant heightened attention and resource allocation, thereby maximizing the efficacy and impact of project outcomes.

The members of the PAC were meticulously selected based on their diverse backgrounds and expertise, specifically tailored to enhance the project's effectiveness. Each member brings a wealth of experience in public health policy, coupled with a clear understanding of European-funded projects and their unique characteristics. This strategic composition not only ensures comprehensive coverage of pertinent domains but also amplifies the potential for synergistic collaborations among committee members.

In conclusion, the formation of the PAC represents a significant milestone in the iBeChange project's journey towards catalyzing transformative advancements in public health policy-making. Through sustained engagement and collaboration, the project endeavors to realize its overarching vision of promoting the health and well-being of communities worldwide.

2. First session of the iBeChange project's Public Health Expert Panel

2.1 Attendees

IBeChange Panel

Marianna Masiero (IEO)
Chiara Marzorati (IEO)
Emilia Ambrosini (POLIMI)
David Suñol (EURECAT)
Maria Serra (ICO)
Nathan Lea (I-HD)
Denis Horgan (EAPM)
Ane de las Heras Martin (EAPM)
Giorgia Miale (IEO)
Carolina Migliorelli (EURECAT)
Patrizia Doranggrichia (IEO)

External Advisory Panel

Stefanos Tamouridis – Innovation Sprint
Delia Nicoara - Institutul Oncologic „Prof. Dr. Ion Chiricuță” Cluj-Napoca
Tommaso Osti - Università Cattolica del Sacro Cuore
Rocío Barrios – Universidad de Granada
Bedo Taha - Università Cattolica del Sacro Cuore
Jacob Gonzalez Isa - Universidad Politécnica de Madrid
Richard Felsinger - Center for Public Health in Medical University of Vienna
Melissa Sawaya - Centre de recherche en Épidémiologie et Santé des Populations

2.2 Agenda

1. Welcome (Denis Horgan)
2. Tour du Table (All)
3. Overview of IBeChange and Design of the integrated platform (Istituto Europeo di Oncologia)
4. Novel approaches for interaction through a Virtual User model (POLITECNICO DI MILANO)
5. Intelligent Reinforcement Learning-based Personalized Recommendation System (EURECAT)
6. Deployment of the Recommendation System to the population (Institut Català d'Oncologia)

7. Ethical, Privacy and Data Protection Discussion (The European Institute for Innovation through Health Data)
8. Closing remarks

2.3 Minutes

1. **Denis Horgan** initiated the meeting with a warm welcome and provided a brief overview of the meeting's objectives including an overview of the project in order to better understand it.
2. **All attendees** introduced themselves, sharing their backgrounds and reasons for joining the Public Advisory Committee.
3. **Chiara Marzorati** provided an overview of the IBeChange project, highlighting its consortium, approach, work plan, and objectives aimed at promoting sustainable behavioral change, offering recommendations for policymakers, and delivering holistic healthcare programs. She presented an overview of the "IBeChange" project, which aims to address psychological and lifestyle risk factors to promote primary cancer prevention. The project involves a consortium of 12 partners from various European countries and is coordinated by the European Institute of Oncology in Milan.

The project will focus on developing the IBeChange platform, which is a user-focused behavioral change and emotional management tool. The main objectives include triggering sustainable behavioral change to reduce the risk of developing cancer, providing recommendations for policymakers, and delivering evidence-based healthcare programs for citizens at risk of breast, colorectal, and lung cancer.

The approach will incorporate machine learning models, psychology theories, and clinical guidelines to identify effective interventions. The project will engage with different stakeholders, including citizens at risk, healthcare providers, policymakers, and academia members. It will also utilize artificial intelligence techniques, self-reported data, wearables, and a co-creation approach to design personalized recommendations.

The project consists of nine work packages focusing on project management, platform design, interaction approaches, intelligent systems, deployment of recommendations, impact assessment, ethical considerations, and policy implementation. The goal is to continuously improve the platform and technology while involving stakeholders in the process.

- **Bedo Taha** inquired further about the project, seeking clarification on the expected work over five years. The answer was that he would be able to further understand the project with the following presentations.
 - **Tommaso Osti** suggested synergies with the Prophet project since it focuses on personalized prevention for chronic diseases. He highlighted the necessity of increased collaboration over the next five years. Osti pointed out a significant gap in the current state of personalized cancer prevention, emphasizing the lack of evidence and practices related to behavioral data collected from wearable devices and other non-clinical tools. He suggested that this project can play a crucial role in raising awareness about the need for infrastructure to gather and utilize such data. Osti recommended stressing the importance of developing this infrastructure to combine and analyze data from various sources effectively.
 - **Delia Nicoara** suggested synergies with the Sunrise project, which was confirmed by Marianna Masiero since both projects are part of the same cluster.
4. **Marianna Masiero** from IEO elaborated on the significance of cancer prevention and the design aspects of the IBeChange platform. She presented the activities of Work Package 2, focusing on the ontological basis of the IBeChange project, which aims to enhance cancer prevention through a hybrid platform integrating behavioral change and emotional management tools. Key points included:

Cancer Prevention Overview:

- Cancer is a leading cause of death globally, with rising cases expected.
- Approximately 40-50% of cancers are preventable through effective prevention strategies targeting risk behaviors and psychological distress.

Importance of Behavioral and Psychological Factors:

- Behavioral factors (e.g., smoking, diet, physical activity) and psychological factors (e.g., stress) significantly impact cancer onset and progression.
- Comprehensive cancer prevention must address both types of factors.

Technological Integration:

- The European Beating Cancer Plan suggests using health technologies to target risk behaviors early, fostering patient engagement and management.

Project Goals:

- Develop an integrated platform combining behavioral and emotional management tools to support cancer prevention.
- Use a user-centered design approach involving co-creation with citizens, healthcare providers, and system designers.

Scientific Activities:

- Mapping lifestyle and psychological risk factors through systematic reviews and qualitative studies.

- Identifying interventions and techniques to monitor and address these risk factors.
- Designing educational content and a user-friendly interface for the platform.
- Developing a point-of-care system to monitor and deliver data to healthcare providers for early risk identification.

Progress and Future Plans:

- Ongoing reviews and studies will inform the platform's design, with initial results expected by July 2024. The project aims to implement these findings into clinical practice to improve cancer prevention strategies.
- **Tommaso Osti** acknowledged the impressive effort and extensive work involved in mapping activities related to the project. He understands the importance of having a comprehensive overview of the available evidence but expresses some confusion about the role of psychological elements. Osti perceived psychological factors as potential drivers of behavioral changes rather than elements directly linked to behavioral change or cancer risk. He sought clarification on how the project plans to use information about psychological elements, considering his view that these elements might influence behavior, which in turn affects cancer prevention. The answer was that the main goal of the project is to be able to gather as much data as possible and then there will be further work done to curate the data.
 - **Stefanos Tamouridis** congratulated the work and asked to have access to more information/ presentations due to his interest in the topic.
5. **Emilia Ambrosini** from POLIMI presented to the PAC what the objectives and tasks of the WP 3 are, which focuses on user interaction development. Her team aims to design technologies to enhance health and well-being using smart medical devices and personalized tech. Key objectives include gathering user information in smart, non-intrusive ways, analyzing retrospective and public data on cancer and behavior, and designing AI-driven virtual users for personalized interventions. Tasks include analyzing data on cancer and behavior, designing strategies to collect user information using wearables and smartphone apps, and developing adaptive user interfaces with gamification and social media features to enhance user engagement and motivation. The team will also address challenges of including users without access to smartphones.
- **Jacob Gonzalez** asked which strategy was going to be followed to gather the users and how they were going to gather the data. The answer was that they would focus on healthy population that take part in screening programs of colon and breast cancers and that the project would provide a “small number” of wearable devices for free due to the budget.
 - **Richard Felsing** asked if they had anticipated problems with the users that are not very technologically literate. The answer was positive, explaining that maybe users

would be able to provide the data in another way, through surveys or phone interviews and that at the same time that would also provide more data.

6. **David Suñol** from EURECAT presented the iBeChange platform flowchart and the expected timeline for its creation and results of the last Co-creation meeting. He presented on an intelligent reinforcement learning-based personalized platform. He outlined the components and workflow of the project, which involves gathering user data from various sources (e.g., biometrics, wearables) to create personalized behavioral recommendations. The platform will assess users' habits, set objectives, and provide tailored recommendations through reinforcement learning. It will also feature smart timing strategies and adaptive language models to enhance user engagement and effectiveness. Breakdown of the key points:

Introduction and Background: David introduced himself and his organization, EUT, which is based in Barcelona. He outlined the focus of the presentation, which is on the working package titled "Intelligent Reinforcement Learning-Based Personalized Platform."

Overview of Partners: He mentioned the seven partners involved in the project, emphasizing the collaboration between technical and clinical entities.

Flowchart of the Platform: Suñol provided a detailed overview of how the platform will function. It started with user modeling, where various data sources like biometrics, wearables, and questionnaires are integrated. This data is then used to personalize recommendations for behavior change.

Behavioral Patterns and Recommendations: The platform assesses users' behavioral habits and scores them, providing tailored recommendations for improvement. Users set objectives, and the system offers recommendations based on reinforcement learning algorithms.

Smart Timing Strategies and Adaptive Messaging: The platform employs smart timing strategies to deliver recommendations at optimal times for users. Additionally, adaptive language models ensure that recommendations are tailored to each user's preferences and needs.

Risk Stratification and Support: Users are stratified based on their risk levels for behavioral change, and appropriate support is provided accordingly. This includes community or point-of-care support based on the severity of the risk.

User Interface Design: Suñol briefly touched on the user interface design, highlighting the importance of user experience and interaction with the mobile application.

Timeline and Milestones: He outlined the project timeline, including milestones such as the development of the first version of the platform, pilot studies, integration of models, and commencement of randomized controlled trials.

Functionalities and User Journeys: Suñol discussed the functionalities of the platform, such as user personalization, health measurement, and risk assessment. He also mentions ongoing discussions regarding gamification and user engagement strategies.

- **Stefanos Tamouridis** commended the project, noting the challenge of balancing researchers' data needs with patient comfort and satisfaction. He highlighted the potential fatigue from constant user input and emphasizes the importance of striking a balance.
- **Bedo Taha** echoed similar concerns about feeding a large platform with ample training materials while ensuring timely, certified recommendations. They expressed appreciation for the presentation and suggest focusing questions on this aspect.

7. **Maria Serra** from ICO explained the Deployment of the Recommendation System to the population and the objectives of their work, as well as where and how the clinical studies were going to take place and the Recruitment Strategy. She outlined three main objectives for the project. Firstly, to conduct clinical studies evaluating the visibility and impact of the IBeChange platform on the recommendation system. Secondly, to update the system with collected information after the technical trial and demonstrate its effectiveness. Finally, to test the usage of the IBeChange platform for collecting behavioral and psychosocial data. Three centers in Spain, Italy, and Romania will recruit participants for the pilot study, followed by a larger randomized clinical trial. The process for recruiting participants involves screening units, general practitioners and pharmacies. The interventions will be fully administered through the IBeChange platform once participants agree to enter the study and sign the informed consent. Data collection through the Point of Care Tool (PoC) will include demographic, clinical, psychosocial, and lifestyle information, with regular updates to inform personalized recommendations. The study design aims to improve various lifestyle areas (smoking and alcohol consumption cessation, improve nutritional habits and physical activity), with a focus on mental health. Additionally, a subset of participants will undergo continuous passive data collection through wearables to assess intervention effectiveness.

There was an invitation to the PAC to attend the IBeChange Annual meeting that will take place in Barcelona later in the year. The meeting will take place right after the ESMO meeting (European Society for Medical Oncology) and if the PAC members were planning to attend it they could also attend our event.

- **Bedo Taha** asked who was going to be in charge of the recruitment, either someone from the project or the healthcare providers and the answer was that the idea was for the screening experts to do it. He also suggested having some side surveys in order to gather more data, which could be contemplated if deemed necessary. Lastly he was curious about how the data was going to be approved and the answer was that one of the project partners would be in charge of doing so. He expressed concerns about participant recruitment and retention in the trial, emphasizing the importance of involving healthcare professionals to maintain motivation. Maria Serra-Blasco explained that recruitment would involve technicians providing information and encouraging participation, with ongoing involvement to ensure motivation. For retention, follow-up tasks would be assigned to clinical centers, and psychologists would conduct interventions.
 - **Tommaso Osti** asked about evaluation methods, suggesting the inclusion of measurable outcomes like BMI in addition to self-reported data. Maria Serra-Blasco acknowledged the validity concerns but explained that including laboratory outcomes might not be feasible due to resource constraints. They planned to introduce random validity questions in self-reported surveys to ensure accuracy. Additionally, they would consider including measurable outcomes in future projects.
 - **Rocío Barrios** asked whether there was going to be any intervention in the control group and the answer was no.
8. **Nathan Lea** from I-HD talked about the goals and tasks of his WP and the activities that were planned especially in relation to the Ethical Advisory Board. He outlined their focus on ethical privacy and data protection matters within the project. He emphasized the need to address these concerns in light of developments in technology, such as large-scale platform use and machine learning. The regulatory landscape in Europe, including the AI Act and the European health data space, adds further complexity.

The I-HD team, collaborates with other partners in the consortium to understand data flows and partner needs. Nathan explained their goals, including understanding and addressing ethical, legal, and regulatory challenges, especially concerning sensitive areas and behavior change.

Their tasks include developing a data management plan, conducting a data protection impact assessment, and supporting ethical approval in clinical centers. Nathan stressed the importance of regulatory compliance as an enabler rather than a hindrance, aiming for excellence and readiness for future regulatory changes.

Work Package 7 aims to develop governance materials, including data sharing contracts and codes of practice, to ensure compliance. They also coordinate with an Ethical Advisory Board to oversee the project's ethical challenges. Nathan concluded by emphasizing the importance of not losing sight of the human aspect of the project and supporting participants throughout the process.

- **Tommaso Osti** raised a point about the massive amount of data that the project will handle and emphasized the importance of developing effective data management strategies to navigate various regulations like GDPR and new regulations. He highlighted the potential significance and challenges this presents for stakeholders in health and technology innovation. Nathan acknowledged the importance of this issue, mentioning plans to address it in a future deliverable. He emphasized the need to integrate regulatory requirements into the project's development and engagement processes.
9. **Denis Horgan** closed the session and thanked everyone for their contributions and announced plans for a follow-up meeting with more experts. Chiara Marzorati expressed appreciation for the input received and emphasized the importance of collaboration in implementing the project's goals, especially in clinical practice. Nathan Lea concluded by thanking everyone and wishing them a pleasant day.

3. Second session of the iBeChange project's Public Health Expert Panel

3.1 Attendees

IBeChange Panel

Marianna Masiero (IEO)
Chiara Marzorati (IEO)
Aline Machiavelli (SPOREDATA)
Mirtha Amanda Angulo Valencia (SPOREDATA)
David Suñol (EURECAT)
Denis Horgan (EAPM)
Ane de las Heras Martin (EAPM)
Giorgia Miale (IEO)
Carolina Migliorelli (EURECAT)
Patrizia Doranggrichia (IEO)

External Advisory Panel

Arnau Peñalver - Vall d'Hebron Institut de Recerca
Ricardo Espinosa - Spanish Resident Association
Anita Gottlob - Gesundheit Osterreicht GmbH
Linda Abboud - Scienciano
Silviya Aleksandrova - Ulm University

3.2 Agenda

1. Welcome (Denis Horgan)
2. Tour du Table (All)
3. Overview of IBeChange (Istituto Europeo di Oncologia)
4. Design of the integrated platform (Istituto Europeo di Oncologia)
5. Intelligent Reinforcement Learning-based Personalized Recommendation System (EURECAT)
6. Impact assessment and policy-making (Sporedata)
7. Closing remarks

3.3 Minutes

1. **Denis Horgan** the IBeChange Project, an EU-funded initiative under the European Beating Cancer Plan, led by the European Institute of Oncology. The project involves various work packages, and today's agenda includes a welcome, a tour de table, an overview of the project, discussions on public health feedback, and presentations on the project's integrated

platform design, learning-based personalized recommendation systems, and impact assessment for policy making. The goal is to gather input from public health experts on implementing and rolling out the project within public healthcare systems. The meeting features two advisory committees due to scheduling conflicts and aims to conclude in under two hours.

2. **All attendees** introduced themselves, sharing their backgrounds and reasons for joining the Public Advisory Committee (PAC).
3. **Chiara Marzorati** provided an overview of the IBeChange project, aimed at primary cancer prevention by addressing psychological and lifestyle risk factors through an integrated platform promoting behavioral change. The project, coordinated by the European Institute of Oncology in Milan, involves 12 partners across Europe, including technical, clinical, and communication experts. The project focuses on developing a user-centered platform that combines machine learning, health psychology, and clinical guidelines to foster sustainable behavioral changes and emotional management, ultimately reducing cancer risk. The project spans five years and includes various work packages focusing on project management, platform design, impact assessment, ethical issues, and policy implementation. Each partner is responsible for specific areas, ensuring a comprehensive approach to cancer prevention and health promotion.
 - **Linda Abboud** asked about the project's start date and the role of the PAC in supporting the project. The answer was December 2023, and that the role of the PAC would shift depending on the needs of the project.
 - **Sylvia Aleksandrova-Yankulovska** appreciated the presentation but requested further details on the PAC's objectives and specific tasks. Chiara assured that more concrete plans and activities would be discussed in the next presentations, emphasizing the importance of the committee's input and consensus in shaping the project's activities.
4. **Marianna Masiero** presented Work Package 2 of the IBeChange Project, focusing on designing a platform using behavior change techniques and a user-centered approach. The presentation highlighted the project's theoretical background, emphasizing cancer prevention and digital health technologies. Key points included:

Cancer Prevention

 - Stressed the importance of early diagnosis and behavioral changes to reduce cancer risk. Noted that psychological distress also plays a significant role in cancer onset and progression.

Health Technologies:

 - Emphasized the role of digital health tools in promoting healthy behaviors and managing cancer.

Project Goals:

- The IBeChange platform aims to integrate behavioral change and emotional management tools, targeting lifestyle improvements and early cancer detection.

Scientific Activities:

- Conducting systematic reviews to understand lifestyle and psychological factors affecting cancer.
- Engaging users to ensure the platform meets their needs.
- Developing tools to measure and profile risk factors.

User-Centered Design:

- Focused on involving users in the design process through focus groups and interviews to align the platform with user preferences.

Future Steps

- Planned activities include finalizing protocols, designing educational materials, and developing point-of-care interfaces to monitor and manage user risks.

Marianna concluded by mentioning that preliminary results from ongoing activities are expected by July 2024, which will inform the platform's design and subsequent clinical trials to test its effectiveness.

- **Ricardo Espinosa** inquired about how patients are contacted and managed, with different risk levels (high, low, intermediate)? Chiara answered that the IBeChange platform assesses the risk level of users and designs specific interventions. For low-risk individuals, the platform provides lifestyle maintenance suggestions and promotes good psychosocial adjustment. For high-risk users, it facilitates direct contact with healthcare providers for specific interventions. Additionally, the platform allows healthcare professionals to monitor users and maintain communication, ensuring both assessment and ongoing support are integrated into the care process.
- **Linda Abboud** sought clarification on the targeted users. Marianna clarified that the focus is on citizens enrolled in screening programs, along with healthcare professionals.
- **Linda Abboud** suggested extending the platform to General Practitioners (GPs) and Marianna agreed that it would be a good idea for future projects.
- **Linda Abboud** suggested exploring synergies with the Joint Action named Prevent, which received appreciation from the coordination team.
- **Anita Gottlob** proposed creating synergies with the EU CanScreen project, which received appreciation from the coordination team.

5. **David Suñol** from EURECAT presented the iBeChange platform flowchart and the expected timeline for its creation and results of the last Co-creation meeting. He presented the task working package focusing on the platform. The platform involves various partners, with technical and clinical aspects coordinated by a central entity. The platform flow chart outlines its components, starting with virtual user modeling receiving data from wearables,

questionnaires, and more. The platform assesses high-risk behaviors, provides personalized recommendations, and tracks user engagement.

The platform's timeline spans 60 months, starting with design and functionality discussions. Milestones include developing a functional application, conducting pilot studies, refining models, and integrating them into the final platform. The project emphasizes user personalization, health measurement, behavior change facilitation, risk level stratification, and recommendation delivery.

The user journey within the application is under consideration, aiming for a minimalistic interface, user-friendly interaction, and potential gamification to motivate behavior change. David concluded by inviting questions and discussion.

- **Anita Gottlob** also asked about the inclusion of functionality for automated content analysis of user language. The response was affirmative but pending decisions on user interaction methods.
 - **Linda Abboud** inquired about data tracking methods and wearable devices. Confirmation was received that various methods would be used such as wearables, smartphones and questionnaires, and the project would provide a small number of wearable devices depending on the budget.
 - **Arnau Peñalver** showed interest in the concept of gamification suggested by David, particularly in incentivizing users with vouchers and gifts.
6. **Aline Machiavelli** from Sporedata presented the WP on impact assessment and policy-making dealing with the implementation science framework, user usability and acceptability assessment and the cost-effectiveness evaluation. Aline provided detailed insights into the methodologies and frameworks being employed for the impact assessment. She explains how the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework and the CFIR (Consolidated Framework for Implementation Research) guide the selection of outcomes and interviews for evaluation. Aline emphasizes the importance of using both qualitative and quantitative data for a comprehensive assessment.

Moreover, Aline delved into the specifics of each task, such as the implementation science framework's focus on individual and organizational factors, and the usability and acceptability assessment's iterative approach involving user feedback and heuristic evaluations. Additionally, she discussed the cost-effectiveness evaluation, highlighting the inclusion of societal costs and the use of standard metrics like quality-adjusted life years (QALYs).

By incorporating various measures and analyses, Aline aims to provide a robust evaluation of the application's impact, usability, and cost-effectiveness, ultimately aiding decision-makers in determining its implementation feasibility and value.

- **Linda Abboud** asked about the trial locations and acknowledged the comprehensive nature of the presentation and expresses gratitude for it. Aline answered that the application will be piloted in three countries: Italy, Romania, and another location. Aline confirmed that data collection will occur during the trial, providing further clarity on the implementation process.
7. **Denis Horgan** closed the session and highlighted the importance of technical input and announced plans to summarize key points from the meeting for internal use. Denis also mentioned upcoming events and invites attendees to participate, concluding with thanks to all participants and wishes for a pleasant evening. Chiara and Marianna echo appreciation for input and express readiness to collaborate with other projects.

4. Conclusions

The conclusions drawn from these two kick-off meetings are highly positive. They have set a strong foundation for the project's progression, fostering an environment of collaboration and synergy. The meetings have already created opportunities to establish connections with other projects, potentially enhancing the effectiveness of our project.

The advisory board expressed their congratulations for the project's proper structure and alignment with the right goals. This affirmation reinforces our confidence in the project's trajectory.

Moving forward, we anticipate further meetings, with at least one yearly meeting. However, the frequency of these meetings could be increased if deemed necessary for obtaining input and guidance from the advisory group. Overall, these initial meetings have been very successful, laying the groundwork for a fruitful collaboration and ensuring that the project is on the right track to achieve its objectives.

These are the main recommendations gathered from the first PAC:

R1. Increase Collaboration:

- Enhance collaboration with the Prophet and Sunrise projects and the Joint Action named Prevent, to leverage synergies and shared resources within the same cluster, focusing on personalized prevention for chronic diseases.

R2. Ensure Effective Recruitment and Retention:

- Recruit participants through screening experts and healthcare providers, involve healthcare professionals to maintain motivation, and utilize technicians and psychologists for information dissemination and follow-up interventions.

R3. Implement Robust Evaluation Methods:

- Consider including measurable outcomes like BMI in addition to self-reported data, introduce random validity questions in surveys to ensure accuracy, and consider including laboratory outcomes in future projects if feasible.

R4. Develop Effective Data Management Strategies:

- Address the challenges of managing a massive amount of data, ensure compliance with regulations like GDPR, and integrate regulatory requirements into the project's development and engagement processes.

Version history

Version	Description	Date completed
v1.0	First draft shared with coordination team	26/04/2024
v2.0	Second draft shared with coordination team	22/05/2024
v3.0	Third draft shared with coordination team (consortium suggestions added) for upload	31/05/2024