



## D7.6 Conclusions of common annual meeting of the “Prevention and early detection” cluster

*[Implementation research]*

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## List of Abbreviations

Abbreviation	Definition
<b>4P-CAN</b>	Personalized CANcer Primary Prevention research through Citizen Participation and digitally enabled social innovation
<b>CFIR</b>	Consolidated Framework for Implementation Research
<b>CPW</b>	Cancer Prevention at Work: Occupational health surveillance in the implementation of prevention of infection-related cancer
<b>CO-CAPTAIN</b>	Cancer prevention among individuals with mental ill-health: co-adapting and implementing patient navigation for primary prevention
<b>CoP</b>	Communities of Practice
<b>CRC</b>	Colorectal Cancer
<b>DMP</b>	Data Management Plan
<b>EC</b>	European Commission
<b>EU</b>	European Union
<b>FAIR</b>	Findable, Accessible, Interoperable, and Reusable
<b>HCV</b>	Hepatitis C Virus
<b>Hp</b>	<i>Helicobacter pylori</i>
<b>HPV</b>	Human Papilloma Virus
<b>KPI</b>	Key Performance Indicator
<b>OMOP</b>	Observational Medical Outcomes Partnership
<b>NCI</b>	National Cancer Institute
<b>ONCODIR</b>	Evidence-based Participatory Decision Making for Cancer Prevention through implementation research
<b>PCP</b>	Primary Cancer Prevention Programs
<b>PCP-IT</b>	Primary Cancer Prevention Programs – Implementation toolkit
<b>PI</b>	Principal Investigator
<b>PIECES</b>	Towards large-scale adaptation and tailored implementation evidence-based primary cancer prevention programmes in Europe
<b>PREVENT</b>	Improving and upscaling primary prevention of cancer by addressing childhood obesity through implementation research- the PREVENT approach
<b>R&amp;I</b>	Research and Innovation
<b>SOPs</b>	Standard Operating Procedures
<b>tbc</b>	To be confirmed
<b>WG</b>	Working Groups
<b>WP</b>	Work Package
<b>Y1</b>	First year
<b>Y2</b>	Second year

# Executive Summary

Deliverable D7.6 presents the conclusions from the first annual meeting of the “Prevention and Early Detection Cluster” that took place on September 23<sup>rd</sup>, 2024, in Vienna jointly worked and agreed upon the common annual meeting.

This report provides an overview of the Cluster and its projects, summarizing the key presentations from its first annual meeting. It reviews updates on project progress, outlines ongoing activities within the Cluster’s Working Groups, and highlights planned actions for the second year. Additionally, the report summarizes the first-year achievements, particularly in citizen engagement, addressing inequalities, and fostering research and innovation collaboration. The main conclusions from the meeting are also presented.

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# 1 INTRODUCTION

## 1.1 MISSION CANCER & CLUSTER PRESENTATION

### 1.1.1 Mission Cancer

The European Union, through its Mission Cancer program, is funding six innovative projects in the field of cancer prevention and early detection, in a way of combating one of the most prominent causes of death and socioeconomic burden among Europeans, that is preventable to a great extent. Ergo, the “Prevention and Early Detection – Implementation Research” Cluster comprises the collaborative effort of the six participating funded projects to improve cancer screening through working collaboratively to extend each other’s research and enhance their respective impact. The main cluster’s objective is to contribute, scale-up and improve primary cancer prevention and early detection programmes, considering the specific needs of the target population, in particular economic, cultural and geographical condition, with the specific objective to develop policy recommendations aiming at informing policy and decision-making.

### 1.1.2 Cluster Presentation



The **CO-CAPTAIN** project aims to address disparities in care for people with mental illness in Europe through innovative solutions such as the Patient Navigation Model. This approach focuses on patient empowerment, removing systemic barriers and ensuring access to primary prevention services. With the collaboration of experts and local governments, the project uses scientific approaches to reduce the burden of cancer and improve the overall health of people with mental health problems, reducing costs in health and social care systems in Europe. In addition, it aims to integrate integrated cancer care pathways and provide policy recommendations at the European level.



The **CPW** project researches the cost-effectiveness and social acceptance of incorporating prevention of cancers associated with *Helicobacter pylori*, Hepatitis C virus and Human Papillomavirus into ongoing primary occupational health surveillance programmes. The project involves workers and their families, policymakers, occupational health organizations, health authorities, companies and workers’ representatives, and cancer and patient organisations, among others, to identify the best strategies to increase the adherence of the population of workers in screening programs of infection-related cancers.



**ONCODIR** will identify risk factors associated with colorectal cancer and integrate multidisciplinary research methods and technologies (including health policy analytics, artificial intelligence, and decision support theories) to deliver evidence-based and personalized recommendations on colorectal cancer prevention. ONCODIR is developing a platform based on artificial intelligence and privacy principles. It will provide recommendation services based on input from citizens, clinicians, and policymakers. The project will consider factors such as lifestyle, nutrition, and economics.



**PREVENT** is a collaborative action to improve and upscale primary prevention of cancer by addressing childhood obesity. Through diligent implementation research and a comprehensive approach, this project aims to lay the foundation for a future where healthier lifestyles and brighter tomorrows await every child. The PREVENT project mission is rooted in epidemiological studies that have highlighted a clear link between obesity and increased risks of various types of cancer, including colon, endometrium, postmenopausal breast, and kidney cancer, among others.



**4P-CAN'S** mission is to understand barriers, whether legislative, socio-economic, commercial, or behavioural to the widespread adoption of cancer primary prevention measures across Central and Eastern Europe. By understanding barriers to policy implementation and individual adherence to healthy behaviours, 4P-CAN will improve primary prevention activities and reduce inequalities. With the collaboration of 17 organizations from 11 countries, including both EU and non-EU Balkan countries, as well as Western EU countries, 4P-CAN is dedicated to achieving these goals and fostering a healthier future.



The **PIECES** project aims to adapt and implement existing evidence-based programmes to improve implementation outcomes and by that, improve the reach and effectiveness of primary prevention programmes in real-world settings. It will address a wide range of risk factors and focus on the specific behaviour change mechanisms that promote healthy behaviours associated with a reduction of cancer incidence among the European Union (EU) population and beyond.

## 1.2 SCOPE

The scope of this deliverable is to summarize the main conclusions of the first 'Prevention and Early Detection' Annual Cluster Meeting that took place on September 23<sup>rd</sup>, 2024, in Vienna, Austria. During the meeting, each Working Group provided a detailed review of their first-year activities, including updates on achieved milestones, the current status of ongoing tasks, and plans for the second year of work.

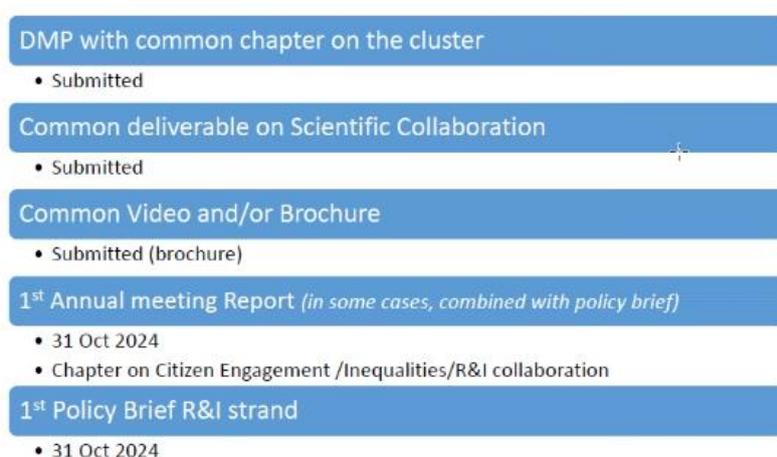
## 1.3 STRUCTURE

Following the overview of the "Prevention and Early Detection" Cluster as well as the projects comprising it, the following sections review and summarise the presentations of the first 'Prevention and Early Detection' Annual Cluster Meeting. Section 2 reviews the information given by EC representative Laura García, while Section 3 offers an update on the progress of each project within the cluster to date. Section 4 provides an overview of the ongoing activities in the Cluster's Working Groups, along with the planned actions for the second year (Y2). Section 5 summarizes the first year achievements of the cluster projects focusing on Citizen engagement, Addressing inequalities and Research and Innovation collaboration. Finally, Section 6 presents the key conclusions from the first Cluster meeting.

## 2 INFORMATION FROM THE EC

- EC representative, Laura García Ibañez, did a presentation about the EU Cancer Mission, which contains 50 projects across 8 clusters, one of them the Prevention and Early Detection Cluster, which is focused on implementation research.
- The Prevention and Early Detection Cluster is located in the first pillar of the EU Cancer Mission “Prevent what is preventable”, jointly with two other clusters.
- She also reviewed the current situation of our cluster, including leaderships, and deliverable progress.

Figure 1. Deliverables Progress



Source: Extracted from the presentation of Laura García Ibañez on 23<sup>rd</sup> September 2024

- Laura García highlighted that the 1<sup>st</sup> Annual Meeting Report (Conclusions) should include a chapter/annex about achievements related with Citizen engagement, Inequalities and Research and Innovation collaboration.
- About possible collaboration across project clusters, the EC representative communicates that although no concrete action has to be taken at the moment, collaboration across project clusters is expected in the future. Currently there are three clusters on Prevention and Early detection pillar, but new clusters will start in early 2025.
- The first cluster policy webinar will take place on 28<sup>th</sup> November 2024 (9.30 – 12.30 CEST). It will be coordinated by DG RTD ([RTD-SANTE-CANCER-MISSION@ec.europa.eu](mailto:RTD-SANTE-CANCER-MISSION@ec.europa.eu)).
- Laura García addressed some doubts presented by participants, including:
  - When a project ends, its role on the cluster also ends, so their tasks and/or roles should be redistributed between remaining projects.
  - For the first year, the policy recommendation should be related to science implementation based on the challenges encounter by each project during its

first year of activities and research. The goal is to inform policymakers about the emerging obstacles, allowing them to take measures that support researchers' efforts and objectives.

### 3 OVERVIEW OF CLUSTER PROJECTS

Co-Captain	
<b>Outline</b>	<p>The CO-CAPTAIN project aims to co-adapt and implement the Patient Navigation Model for primary cancer prevention for individuals with mental ill-health in four European countries (Austria, Greece, Poland, Spain). As part of this project, qualitative interviews were conducted, which provide information on the importance of prevention, key barriers, and facilitators. Furthermore, focus groups were conducted to co-adapt the Patient Navigation Model. The co-adapted Patient Navigation Model is currently being implemented and will be evaluated. Based on the findings, health and social care policy recommendations will be developed to support the broader adoption and implementation of the model across Europe.</p>
<b>Activities</b>	<ul style="list-style-type: none"> <li>- <b>Qualitative interviews</b>, to determine barriers and facilitators to healthcare access and utilization, were conducted with 81 individuals (people with mental health problems, caregivers, care team members, representatives of mental health organisations and service managers). The results showed the following:             <ul style="list-style-type: none"> <li>○ <b>Importance of Prevention:</b> Interviewees consider prevention to be a high priority, although health professionals often face difficulties in integrating it effectively into their daily practices.</li> <li>○ <b>Key barriers:</b> Mental health problems have been experienced to lead to stigmatization and discrimination when accessing and utilizing healthcare. Physical health problems might not be taken seriously, and mental health problems might overshadow physical health problems, such as cancer.</li> <li>○ <b>Facilitators:</b> Relationships to healthcare workers that are built on trust, joint decision-making, and adaptations of the health system to individual needs.</li> </ul> </li> <li>- <b>Focus groups</b> were conducted with a total of 50 participants (people with mental health problems, caregivers, care team members, representatives of mental health organisations and service managers), to co-adapt the patient navigation model. Based on the insights gathered from the focus groups and the consortium's experience with patient navigation models from previous projects like CANCERLESS, CO-CAPTAIN has focused on facilitating access to healthcare services, enhancing health literacy, and empowering individuals with mental health challenges. In particular, patient navigators should have a professional background (e.g., medical/psychological/social) and skills such as empathy and the ability to develop supportive relationships.</li> <li>- <b>Next steps:</b> The implementation of the adapted Patient Navigation Model is currently in process and will be evaluated as part of the project. For the purpose of evaluation, CO-CAPTAIN also collaborates with CIDMA, who have developed a data management tool. This tool, registered by the UPV (Universitat Politècnica de València), allows for efficient data management, which is crucial for the implementation of programmes and the personalisation of mental health and cancer interventions. The tool is currently being tested and will be key in the</li> </ul>

Co-Captain	
	<p>pilot phase. Health and social care policy recommendations for the adoption and implementation of the Patient Navigation Model across Europe will be made based on the findings from the CO-CAPTAIN project.</p>

CPW	
Outline	<p>The CPW Project is designed to investigate innovative strategies for preventing infection-related cancers (eg., cancers caused by Helicobacter pylori- Hp, Hepatitis C Virus – HCV and Human Papilloma Virus –HPV) within occupational health programs across Europe. The project's primary goal is to assess these interventions' feasibility and effectiveness (including cost-effectiveness) by evaluating their outcomes, exploring public health impacts, and identifying sociocultural and behavioural barriers to their implementation. Pilot interventions will be conducted across different countries—Italy, Slovakia, Spain, and Romania—and also within a range of industries, including healthcare, manufacturing, metalworking, retail, and the financial sector. By targeting diverse workplace settings, the project will assess how preventive strategies can be tailored to the unique needs and risks of each industry. The data's insights will inform policymakers about targeted strategies for implementing these programs across the European Union, ensuring the scalability and adaptability of cancer prevention efforts across different countries and industries.</p>
Activities	<p>In the inaugural year of the CPW project, significant preparatory activities were undertaken to establish a robust framework for interventions. Key accomplishments include:</p> <p><b>Development of Standard Operating Procedures (SOPs) and Questionnaires:</b> Tailored SOPs were created for each intervention, considering the diverse contexts of participating countries and industries. A comprehensive, cross-disciplinary baseline questionnaire was developed to collect critical data on participants' demographics, occupational details, health status, sociocultural resources, and health behaviours related to HP, HCV, and HPV. Additionally, a specific questionnaire for healthcare providers associated with implementing partners was designed with the goal of gathering specific data on barriers and facilitators affecting the implementation. Moreover, a tool for monitoring intervention costs is also under advanced development.</p> <p><b>Comprehensive Literature Reviews:</b> Extensive reviews of existing preventive programs for HP, HPV, and HCV were conducted to identify best practices, knowledge gaps, and the sociocultural and behavioural, and economic factors influencing the success of cancer prevention and treatment initiatives.</p> <p><b>Initiation of Baseline Data Collection:</b> The project has commenced the process of recruiting participants and initiating baseline data collection at the first implementing centers. The infrastructure for secure data collection and management has been established using RedCap, which will facilitate systematic and efficient data handling across all participating sites over time.</p>

CPW	
	<p><b>Achievements:</b> A notable success during this year was the opening of the HPV vaccination center at F.D. Roosevelt Hospital in Banská Bystrica, Slovakia, marking a crucial step in both project implementation and its positive impact on citizens.</p> <p><b>Communication and Stakeholder Engagement:</b> The project team developed tailored communication materials in multiple languages to support interventions in each participating country.</p>

Oncodir	
<b>Outline</b>	<p>ONCODIR aims to address the challenges of colorectal cancer in a Pan-European dimension through interdisciplinary co-creation activities by implementing tools and methodologies for:</p> <ul style="list-style-type: none"> <li>• Risk-based stratification for citizens</li> <li>• Integrated decision support tools for clinicians</li> <li>• Intelligent monitoring tools for policy makers</li> </ul> <p>All the above will contribute towards personalised prevention, successful interventions and implementation plans by incorporating the perspectives of citizens/patients, medical experts and policy makers through a participatory co-designing approach, reinforced by open innovation and FAIR data.</p> <p>Thus far, what has been achieved is reflected in the following overview:</p> <ul style="list-style-type: none"> <li>- Project introduction</li> <li>- Literature review and meta-analysis completed of Cancer Incidence Risk Factors</li> <li>- Identification of barriers</li> <li>- Results shared with policy makers to improve programmes.</li> </ul>
<b>Activities</b>	<p>ONCODIR is based on two main pillars: the interventions developed and how these interventions will be exploited. Several digital tools have been designed to respond to the needs of citizens, health professionals and policy makers.</p> <p><b>Methodological Development:</b></p> <p>ONCODIR's objective is to design a framework to aid in the formulation of a National Cancer Plan which will include multidisciplinary research methods:</p> <ul style="list-style-type: none"> <li>• Health policy analytics</li> <li>• Social and behavioural science</li> <li>• Decision support theories to deliver evidence-based cancer prevention programmes</li> <li>• AI-powered retrospective data analytics and Innovative AI-powered personalised prevention approaches</li> </ul> <p><b>Comprehensive Literature Reviews:</b> Two comprehensive literature reviews have been conducted as part of the project. The first review focused on identifying risk and protective factors associated with colorectal cancer, while the second examined European policies aimed at preventing colorectal cancer and promoting a healthy lifestyle.</p>

Oncodir	
	<p><b>Baseline Data Collection:</b> Various CRC-related open datasets have been collected, which will be used as a baseline for the training of ONCODIR's AI solutions.</p> <p><b>Technical Development:</b> The integration aspect of ONCODIR's platform has been already tested, with most digital tools already being able to exchange information. Moreover, the mobile application integration is being tested next, during the following two months, with citizen recruitment having already started.</p> <p><b>Achievements:</b> During its 1st year ONCODIR started the development of a decision -support matrix for policy makers at local, regional and national level based on the Analytic Hierarchy Approach. Despite the matrix requiring more time for maturing, this first year its core elements were established. They consist of the most prominent decision-making criteria and the policies addressing inequalities and citizens' engagement as they emerged from an exhaustive review of the standing national cancer plans or equivalent documents of the 27 EU member states. The matrix will be perfected and validated in the next years of the project to provide in the end a decision-making tool applicable to different circumstances. During the first implementation phase, ONCODIR also engaged in the organisation of several focus groups with different stakeholders (clinicians, policy makers, citizens) to discuss current structural and behavioural barriers to participating in CRC prevention programmes and identify related mitigation measures and existing good or promising practices on which the project can further build. These engagements will also serve as a basis for the project's living labs approach.</p>

4P-CAN	
<b>Outline</b>	<p>4P-CAN is a four-year initiative aimed at reducing cancer risk at the national (macro), community (meso), and individual (micro) levels. The project combines the recommendations of the European Code Against Cancer with cutting-edge approaches such as implementation research, social and behavioural sciences, and advanced technology. Through co-created knowledge and the use of living labs, 4P-CAN develops personalized tools for cancer primary prevention. The project focuses on addressing modifiable cancer risk factors, including smoking, alcohol consumption, physical inactivity, excess body weight, preventable infections, and environmental pollutants like radon. Additionally, 4P-CAN seeks to identify barriers to policy implementation and individual adherence to healthy behaviours, with a focus on improving primary prevention and reducing inequalities, particularly in Eastern Europe.</p>
<b>Activities</b>	<p>In the first year of the 4P-CAN project, we focused on the <b>Living Lab in Leresti, Romania</b>, implementing several pioneering activities to advance primary cancer prevention through citizen engagement. Key activities included:</p> <ul style="list-style-type: none"> <li>• <b>Pilot Testing of Personal Network Analysis:</b> We launched (September 2023) a pilot study in Leresti to test the applicability of <b>personal network analysis</b> in understanding the community's social dynamics related to cancer primary prevention.</li> </ul>

- **Validation of Methodology:** The methodology for applying **personal and social network analysis** in the field of primary cancer prevention was validated (December 2023). This step ensured that the tool is effective in capturing relevant social networks that influence cancer primary prevention related behaviours.
- **Data Collection in Two Waves:** Two rounds of data collection were conducted using personal network analysis in Leresti: the first in **September 2023** and the second in **March 2024**. These data waves provide insights into the evolving social connections influencing cancer primary prevention in the community.
- **Comprehensive Stakeholder Mapping via NetMap:** An extensive **stakeholder mapping** exercise was carried out using the **NetMap method** and the **pentahelix model**. This effort mapped key actors at the European, national, and local/regional levels, identifying influencers and stakeholders essential for the success of cancer prevention efforts.
- **Establishment of a Citizen Jury:** A **citizen jury** was formed within the Living Lab to foster direct engagement between citizens and the project. The jury provides a platform for community members to have a say in the design and implementation of cancer primary prevention activities.
- **Two Cancer Prevention Interventions:** Over the first year, we organized **two town halls** with citizens, held in **October 2023** and **February 2024**, where community members were involved in discussions about cancer primary prevention.
- **Adaptation and Implementation of a Personalized Communication Model:** Based on the data collected from the personal and social network analysis, we adapted the **personalized communication model** tailored to the needs of the community. This model was then implemented across the three cancer primary prevention interventions in the Leresti Living Lab.
- **Activation of Non-Traditional Stakeholders:** Non-traditional stakeholders were actively involved in the project, notably the **local football team**, which became an ambassador for the 4P-CAN initiative. This helped engage a broader segment of the community and beyond Leresti, at county level.
- **Collaboration with Media and Local Influencers:** We established a broad collaboration with the **media and local influencers**, ensuring that the project's message reached a wider audience and raised awareness of cancer prevention initiatives in Leresti.
- **Policy Event and Early Systemic Dialogue:** We are organizing a policy event at the **European Parliament** in April 2024 to disseminate the first results from the Living Lab and initiate an early dialogue with **high-level European policymakers** on scaling the project's impact across Europe.

PIECES	
Outline	The PIECES project focuses on the <b>selection, adaptation and implementation</b> of evidence-based primary cancer prevention programs across diverse European regions. The project addresses modifiable cancer risk factors such as tobacco use, alcohol consumption, physical inactivity, HPV infection, and poor diet.

	<p>PIECES aims to enhance the real-world effectiveness of cancer prevention programs by tailoring them to local contexts, ensuring better outcomes for European citizens.</p>
<p><b>Activities</b></p>	<ol style="list-style-type: none"> <li>1. <b>Repository development:</b> PIECES concentrated on creating and populating a <b>Repository of Evidence-Based Primary Cancer Prevention Programs (PCP)</b>. This repository is the result of a systematic review of existing cancer prevention interventions. Each program within the repository is accompanied by detailed logic models that outline the pathways through which these interventions are expected to achieve their desired outcomes.       <ul style="list-style-type: none"> <li>o The <b>systematic review</b> assessed interventions based on their effectiveness, scalability, and adaptability to various European contexts. Programs targeting major modifiable cancer risk factors—such as tobacco use, alcohol consumption, unhealthy diets, and sedentary lifestyles—were reviewed and selected for inclusion based on rigorous evaluation criteria. Additionally, the review focused on identifying interventions that can be tailored to address specific cultural, socioeconomic, and geographic challenges. The PCP repository is fed from 3 different sources: Cochrane library reviews, National Cancer Institute (NCI) evidence-based control programs, and interventions from PIECES implementation sites (<i>practice-informed</i>)</li> <li>o For each program, <b>logic models</b> were developed to map the intervention inputs, activities, theories of change, mechanisms of action, outputs, and expected outcomes. These models serve as a crucial tool for implementers, providing clear pathways to understand how each program works and the necessary conditions for its success. By including these models, PIECES ensures that local implementers have a robust framework to guide them in replicating or adapting the interventions effectively in their regions.</li> </ul> </li> <li>2. <b>Repository of implementation determinants:</b> PIECES developed a comprehensive repository of implementation determinants, which identifies and categorizes over 97 factors that impact the implementation of primary cancer prevention programs. These determinants were extracted from existing research using the Consolidated Framework for Implementation Research (CFIR), a widely recognized framework in implementation science. The repository covers multiple domains such as program characteristics, inner and outer settings, and individual-level determinants. This strategic repository serves as a guide for local implementers to recognize and address potential barriers to adapting cancer prevention programs. By identifying key factors like stakeholder engagement and environmental conditions, PIECES helps implementers tailor interventions to specific community needs and optimize program outcomes.</li> <li>3. <b>Repository of implementation strategies:</b> in the PIECES project provides evidence-based methods for overcoming barriers and enhancing the effectiveness of cancer prevention programs. It includes a comprehensive collection of strategies based on frameworks like the CFIR. Key focuses include stakeholder engagement, contextual adaptation, overcoming resource barriers, among others.</li> </ol>

4. **PCP Implementation Toolkit (PCP-IT):** The project developed the implementation framework and the “PCP-IT” platform to guide local implementers in selecting, adapting, and implementing cancer prevention programs suited to their specific cultural, socioeconomic, and geographic needs. The evidence-based PCP program repository, determinants repository and strategy repository developed during the course of this first year are embedded in the platform.
5. **Translation, testing and allocation of the toolkit (ongoing).**
  - o All components of the PCP-IT, including the repository of programs, determinants, and strategies, are being translated into the local languages of participating countries.
  - o After the translation process, the toolkit will undergo **testing and piloting** in various regions to assess the effectiveness and clarity of the translations.
  - o Once translation and testing are completed, the PCP-IT will be **allocated** to local implementers. This involves providing access to the digital platform, training users in how to navigate and utilize the toolkit and ensuring that support systems are in place to assist with any challenges that arise during implementation. The toolkit’s deployment is accompanied by training workshops or online tutorials to guide healthcare professionals in using the translated materials effectively.
6. **Evaluation of the PCP-IT (ongoing):** PIECES project focused extensively on evaluating the feasibility and effectiveness of the PCP Implementation Toolkit (PCP-IT). This evaluation aims to assess how well the toolkit supports the selection, adaptation and implementation of evidence-based primary cancer prevention programs across diverse settings and countries.
7. **Study protocol development:** To ensure that the PCP-IT can be applied more broadly and consistently across different regions, PIECES is currently developing a **study protocol**. This protocol is designed to provide a standardized framework for using and evaluating the toolkit’s effectiveness across various countries and to ensure that implementation and evaluation comply with ethical standards.

PREVENT	
<b>Outline</b>	<ul style="list-style-type: none"> <li>- Project Set up</li> <li>- Communities of Practice (CoP)</li> <li>- Identification of barriers and facilitators</li> <li>- Baseline assessment and metrics</li> <li>- Design the digital and social means</li> <li>- Set up three Living Labs</li> <li>- Results shared with policy makers to improve programmes.</li> </ul>
<b>Activities</b>	PREVENT is based on the following main pillars in the first year: the set up and activation of the CoPs, the identification of the main metrics for assessment and

the design of the interventions developed. Socio-tech tools have been designed to respond to the needs of citizens, health professionals and policy makers.

- The CoPs encompass a diverse array of stakeholders, including physicians, oncologists, obesity associations, guardians, academic institutions, educators, nutritionists, policymakers, ministries, and more. Their primary role is to oversee the formulation, adjustment, execution, and evaluation of the PREVENT interventions and engagement policies. Moreover, these groups aim to suggest comprehensive strategies, actions, and potential legislative measures to enhance the scaling-up process.
- A list of somatometric indicators that relate obesity in children and adolescents to cancer risk in adulthood has been provided.
- A survey has been conducted to analyse and identify current primary policies regarding childhood obesity across different scales (medical, genetics, cultural and ethnic, regional, societal and economic), alongside with the bottlenecks and gaps they face while being implemented in schools.

With regards to the clustering activities, PREVENT has a leading role to the organisation of all relevant activities regarding R&I. The project have collaborated and actively participated to all meetings organised by EC and the cluster projects.

# 4 REVIEW OF WORKING GROUPS' ACTIVITIES

## 4.1 DATA MANAGEMENT PLAN

Data Management Plan	
<b>Presentation</b>	<p>Role of CPW:</p> <ul style="list-style-type: none"> <li>- Leads coordination of Data Management in the cluster</li> <li>- Organizes Working Groups (WG) meetings</li> <li>- Design collaborative strategies</li> <li>- Act as a consultation point for partner projects in specific cluster projects' data management issues (technical and legal requirements on data management, how to comply with FAIR principles, definition/description of variables and, standard data format and vocabularies).</li> <li>- Questions and requests: <a href="mailto:cpw.dmp@almahealthdb.it">cpw.dmp@almahealthdb.it</a></li> </ul>
<b>Update</b>	<ul style="list-style-type: none"> <li>- Identification of differences and similarities in data management strategies across projects</li> <li>- Optimization of data comparability and interoperability, share and discussed with Principal investigators (PI) in cluster meetings</li> <li>- Work on common issues</li> <li>- Identification of collaboration points, such as: the creation of a community in a trusted repository for data sharing, potential overlaps in data variables across projects, options of standardizing information.</li> <li>- Common DMP Chapter was submitted, although it is a living document that may be adapted during the course of the cluster</li> <li>- CPW has proposed Zenodo as a data repository platform for cluster community – Pending to be approved by the rest of projects</li> </ul>
<b>Steps towards Y2</b>	<ul style="list-style-type: none"> <li>- Webinar on FAIR principles</li> <li>- tbc: To catalogue the possible anonymous and /or anonymizable sources from now until the end of the project</li> <li>- tbc: To identify overlaps with the sets of variables collected within the projects (each project starting with CPW will release their description of datasets)</li> <li>- tbc: To catalogue the current hypotheses regarding the standardization of datasets and related metadata (CPW plans to adopt OMOP standard)</li> <li>- tbc: To standardize the descriptions of datasets to be published on the common repository</li> <li>- Other actions may be proposed by the other members of the cluster</li> </ul>
<b>Main conclusions</b>	<p>During the recent Cluster meeting, participants agreed on several key proposals related to data management strategies and future collaboration. There was a general consensus on the need to address differences in data management approaches across the various projects, and to work collaboratively on issues such as data interoperability and standardization. A</p>

	<p>trusted repository for data sharing was proposed, with <b>Zenodo</b> suggested by CPW as the platform.</p> <p>The Common Data Management Plan (DMP) chapter has already been submitted, but it remains a living document that will be revised as needed throughout the cluster's activities. Moving forward, cataloguing anonymizable data sources, identifying overlaps in the variables collected across projects, and standardizing dataset descriptions for publication in the shared repository will be important steps.</p> <p>Further details will be discussed in the next DMP Working Group meeting, which will be scheduled once the current deliverables are completed. <b>CPW</b> will lead the process of advising on data-sharing practices among the projects and will also prepare a template, allowing each project to contribute its own input.</p> <p>The cluster also plans to focus on optimizing data comparability and promoting the use of <b>FAIR principles</b> to ensure that data is findable, accessible, interoperable, and reusable. The first discussion will be followed after the proposed workshop. All initiatives, along with other potential actions proposed by cluster members, will be discussed and finalized in the upcoming DMP Working Group meetings.</p>
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## 4.2 COMMUNICATION AND DISSEMINATION

Communication and Dissemination	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>- Increasing awareness about the cluster's scope, initiatives and expected impacts</li> <li>- Help individual projects spread their activities and results</li> <li>- Influence key stakeholders, especially policymakers</li> </ul>
<b>Update</b>	<ul style="list-style-type: none"> <li>- Target groups identified</li> <li>- Co-creation of cluster logo, deliverable and presentation templates, cluster brochure</li> <li>- Establishment of the umbrella branding (graphic elements, colours and typography) and guidelines, so it can be implemented consistently by each cluster project in different formats.</li> <li>- As agreed by the working group members, no cluster-specific social media profile, website or newsletter has been created. Instead, cluster-related information will be disseminated through the existing communication channels of the individual projects in order to reach a wider audience</li> <li>- Creation of cluster-related content for social media, newsletters and websites</li> <li>- A common hashtag has been created to help track all cluster-related social media posts: #CancerPreventionEU</li> </ul>
<b>Steps towards Y2</b>	<ul style="list-style-type: none"> <li>- Improving and updating the initial tools and channels</li> <li>- Disseminating synergies and cross-cutting activities among cluster projects</li> <li>- Effective monitoring of the process through specific KPIs</li> </ul>

	<ul style="list-style-type: none"> <li>- Other communication channels are also planned for the future:               <ul style="list-style-type: none"> <li>o Joint scientific publications, prioritising open access</li> <li>o Press releases</li> <li>o Media appearances (articles in specialised journals and magazines, interviews)</li> <li>o Events (workshops, conferences, symposia...)</li> </ul> </li> <li>- Addressing communication-related needs of the other cluster workgroups</li> </ul>
<b>Main conclusions</b>	<ul style="list-style-type: none"> <li>- Effective communication is an important activity for the Prevention and Early Detection Cluster, keeping the Mission Cancer members informed and involved in cluster activities and highlighting the impact maximisation of synergistic efforts to key stakeholders and the public.</li> <li>- Joining forces between all six projects will be crucial to maximise the impact of communication and dissemination of results to relevant stakeholders.</li> </ul>

## 4.3 ADDRESSING INEQUALITIES

Addressing Inequalities	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>- Detect and analyse health inequalities in cluster projects</li> <li>- Develop strategies to jointly address identified inequalities within the cluster</li> </ul>
<b>Update</b>	<ul style="list-style-type: none"> <li>- Webinar reviewing the concept of inequalities in health care and specifically in Cancer prevention and treatment</li> <li>- Cluster projects have been working on their Project Positionality Matrix, and their team's positionality to map potential issues that may influence interpretation of project results and identify possible improvement measures (work in progress) (4PCAN is pending to submit its matrix. Deadline: 31/10/2024)</li> <li>- Based on Positionality Matrix received, an early set of recommendations has been prepared in order to minimise negative effects of positionality, maximise inclusion and participation of vulnerable population, and enhance the influence on policy makers</li> </ul>
<b>Steps towards Y2</b>	<ul style="list-style-type: none"> <li>- Continue working on the Positionality Matrix</li> <li>- Further analysis of Matrix and elaboration of a Report to share ideas on what can be done till the next cluster meeting</li> <li>- Implementation of changes based on recommendation</li> <li>- Analysis of the early results of the cluster</li> </ul>

<b>Main conclusions</b>	<p>All actions carried out in the first year of the Prevention and Early Detection Cluster have laid the groundwork for a deeper understanding of inequalities in cancer care and prevention. The use of the Project's Positionality Matrix has helped project teams reflect on how their approaches and perspectives can affect the interpretation of results, encouraging greater inclusion of vulnerable groups. The organised webinar on inequalities has been key to aligning understanding within the cluster on these challenges. The central aim has been to develop strategies that maximise equitable participation and that projects not only contribute to science, but also promote tangible changes in public health policy. Building on this foundation, the second year will focus on implementing practical recommendations, improving the effectiveness of interventions and broadening the impact on policy making, ensuring that innovations reach those who need them most.</p>
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## 4.4 CITIZEN ENGAGEMENT

Citizen Engagement	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>- <b>Mapping Best Practices:</b> Identify and analyse successful <b>citizen engagement strategies in cancer primary prevention</b> from across the Cluster's projects</li> <li>- <b>Co-Creation of a Citizen Engagement Framework:</b> Collaborate to co-create a comprehensive <b>framework for citizen engagement</b> tailored to cancer primary prevention following the EC Code of Practice on Citizens engagement for knowledge valorisation</li> <li>- <b>Enhancing Community Participation:</b> Strengthen citizens engagement in Cluster projects by applying the co-created framework, ensuring citizens play an active role in <b>co-designing interventions</b> that reflect their needs and contribute to sustainable cancer primary prevention efforts.</li> </ul>
<b>Steps towards Y2</b>	<p>As part of our <b>Year 2 plan</b>, and building upon the webinar organized by 4P-CAN on <b>September 3rd</b> and the session during the Cluster meeting in Vienna on <b>September 23rd</b>, the next step will be the co-creation of a <b>Citizen Engagement Framework</b> aligned with the <b>EC Code of Practice on Citizen Engagement for Knowledge Valorisation</b>.</p> <p><b>Some of the criteria that the Citizens Engagement Framework will take into account include:</b></p> <ul style="list-style-type: none"> <li>• <b>Citizen Engagement Strategy:</b> Presence of a clear strategy and action plan for engaging citizens in knowledge valorization.</li> <li>• <b>Implementation Methods:</b> Use of appropriate participatory methods such as living labs, co-creation workshops, public consultations, or interactive digital platforms.</li> <li>• <b>Trans-disciplinarity and Collaboration:</b> Degree of collaboration across different sectors and domains, involving citizens, researchers, healthcare professionals, and decision-makers.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Social Inclusion and Diversity:</b> Ensuring participation of diverse and vulnerable groups, promoting gender equality, and addressing barriers to engagement.</li> <li>• <b>Recognition and Incentives:</b> Mechanisms to acknowledge and reward citizen contributions, such as awards, certifications, or other recognition schemes.</li> <li>• <b>Evaluation and Impact:</b> Implementation of an evaluation framework with clear indicators and metrics to assess the effectiveness of engagement processes and their impact on cancer primary prevention.</li> <li>• <b>Use of Digital Technologies:</b> Integration of human-centric and sustainable digital solutions to facilitate citizen engagement and promote inclusivity.</li> <li>• <b>Sustainability and Scalability:</b> Potential for replication and scaling of engagement actions in other contexts or regions, supported by toolkits and best practices.</li> </ul> <p>Based on these criteria and the direct input from the projects within the Cluster, we will <b>co-create the Framework for Citizen Engagement in cancer primary prevention</b>. This framework will guide future initiatives, ensuring a unified, effective, and sustainable approach across all Cluster projects. By aligning with the European Commission's <b>Code of Practice on Citizen Engagement for Knowledge Valorisation</b>, we ensure that our strategies adhere to European best practices and address the real needs of citizens.</p>
<p><b>Main conclusions</b></p>	<p>All primary cancer prevention projects within the cluster are addressing <b>citizen engagement</b>, though they are currently at different stages of implementation. The importance of <b>living labs</b> is paramount for fostering active citizen participation, providing real-world environments where communities can collaborate directly. Engagement activities such as <b>town halls</b> and personalized communication strategies have been instrumental in effectively involving citizens. Additionally, the use of <b>social and personal network analysis</b> and other advanced social science tools has proven crucial in understanding community dynamics and enhancing engagement efforts. Recognizing the necessity for a unified approach, we will develop a comprehensive <b>framework for citizen engagement</b> starting in Year 2, following the European Commission's <b>Code of Practice on Citizen Engagement for Knowledge Valorisation</b>, to guide and strengthen citizen participation across all projects.</p>

## 4.5 RESEARCH AND INNOVATION: POLICY RECOMMENDATIONS

As a final activity of the meeting, participants were divided into two groups to collaborate and identify synergies based on the challenges faced in each project. Each group focused discussing each project findings related to:

- Community level challenges
- National level challenges
- EU level challenges
- Identified good policies

The conclusions drawn from those working sessions are presented in **Deliverable 2.4**.

## 5 CLUSTER ACHIEVEMENTS - Y1

### 5.1 CITIZEN ENGAGEMENT

<b>CO-CAPTAIN</b>	<p>CO-CAPTAIN has conducted interviews and focus groups with individuals affected by mental health problems, care givers and professionals to co-design and develop a more effective intervention model. Through these activities, the perspective of end-users has been captured, enabling interventions to be better tailored to their needs.</p>
<b>CPW</b>	<p><b>Baseline Questionnaire Development and Initiation of Data Collection:</b> The CPW Project has successfully developed comprehensive baseline questionnaires targeting workers across different countries and industries. This initiative aims to collect critical data on participants' demographics, occupational details, health status, sociocultural resources, risk behaviors, and knowledge related to HP, HCV, and HPV with feedback. Gathered data will serve as the foundation for assessing the effectiveness of the interventions and helping to identify barriers to accessing health services.</p> <p><b>Opening of the HPV Vaccination Center:</b> Establishing the HPV Vaccination Center at F.D. Roosevelt Hospital in Banská Bystrica, Slovakia, was a significant achievement and a key milestone in the project's implementation. This hospital is a crucial resource for health services in the region, and opening the HPV vaccination Hub will improve citizens' access to vaccinations and positively impact public health.</p> <p><b>Development of Tailored Communication and Educational Materials:</b> The project team developed communication materials in multiple languages to support interventions across participating countries. This effort ensures that information is accessible and relevant to diverse populations, enhancing workers' engagement and participation in the research project.</p> <p><b>Social Media Campaigns:</b> Ongoing social media campaigns have been conducted to promote the project, raise awareness, and educate the general population about HP, HCV, and HPV infections, as well as cancer prevention strategies.</p> <p><b>Comprehensive Literature Reviews:</b> Extensive reviews of existing preventive programs for HP, HPV, and HCV were conducted to identify best practices and knowledge gaps. This research informs the project's approach and ensures that citizen engagement efforts are grounded in evidence-based strategies.</p> <p><b>Stakeholder Mapping:</b> National and international stakeholders have been mapped to enhance collaboration and support for the project in the next years.</p>

<b>ONCODIR</b>	<p>ONCODIR's citizen engagement strategy targets individuals who do not have colorectal cancer to gather valuable feedback for testing the project's digital tools. To obtain this input, baseline questionnaires have been distributed to various groups, with university students playing a key role to highlight the importance of prevention among young people. Since ONCODIR's consortium spans various countries, interventions need to be developed into the respective languages for all communication materials, digital tools and questionnaires.</p> <p>Moreover, ONCODIR has established a Living Lab for a creative and participatory policy-centric dialogue for evidence-based policy making, focusing on citizen engagement, including patients and healthcare professionals. To create a more effective intervention model and to co-design the system, ONCODIR has conducted interviews and focus groups with both patients and healthcare professionals.</p> <p>Specifically, the Ministry of Health Greece (MoHGr) collected a total of 1000 responses by filling questionnaires aiming to identify common behavioural barriers.</p> <p>EUREGHA and EFPC have successfully conducted two focus groups in Italy and Slovenia respectively. Two more focus groups are planned by INCLIVA in Spain and MoHGr in Greece.</p>
<b>4P-CAN</b>	<p>In Year 1, the 4P-CAN project made significant strides in citizen engagement through its innovative Living Lab in Leresti. The establishment of the citizen jury empowered local residents to take an active role in shaping cancer prevention strategies, ensuring that their voices were heard in both the design and execution of interventions. Through two town halls, we directly engaged citizens (10% of the population living in Leresti) in meaningful discussions about cancer risk factors and prevention methods, fostering a sense of ownership and collaboration. Furthermore, leveraging non-traditional stakeholders, such as the local football team as ambassadors, allowed us to reach a broader and more diverse audience, building trust and strengthening the community's commitment to the project.</p>
<b>PIECES</b>	<p>In its first year, PIECES has focused on the development of a digital toolkit to facilitate the implementation of primary cancer prevention (PCP) programs. The toolkit emphasizes the importance of citizen engagement and provides guidance to engage relevant stakeholders throughout the process of selecting, adapting and implementing PCP programs. Among other components, the toolkit also includes an interactive module to foster a community of practice and enhance collaboration among implementers. Over the next years, the toolkit will be tested by implementers from diverse countries and disciplines.</p>
<b>PREVENT</b>	<p>PREVENT has already set up the living labs in 3 EC countries (Spain, Sweden and Greece) and work towards citizens engagement (children/adolescents, school units/heads/teachers/professors, parents and the wider communities). PREVENT has conducted interviews and</p>

	<p>focus groups with school heads, sociologists, psychology and educational experts, and health care professionals in order to develop a more effective intervention model. The perspective of the school communities has been initially captured in order to provide interventions that are tailored to their needs. PREVENT works in close collaboration with UNICEF to prepare better engagement strategies and tools (both digital and social ones).</p>
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## 5.2 ADDRESSING INEQUALITIES

<b>CO-CAPTAIN</b>	<p>The project has addressed health inequalities by identifying key barriers such as stigma, discrimination and issues in provision of a care in the public health system. In addition, efforts have been made to tailor health services to the individual needs of people with mental health problems.</p> <p>As leader of the Inequalities work package in the Cluster, CO-CAPTAIN organised a webinar for all cluster members, in which issues related to reducing inequalities in access and provision of health services were discussed. In addition, it is leading further activities to map out inequalities and suggest how these can be overcome in all cluster projects.</p>
<b>CPW</b>	<p><b>Pilot Interventions Across Diverse Settings:</b> The CPW Project has initiated pilot interventions in various industries, including healthcare, manufacturing, metalworking, retail, and finance. By tailoring these interventions to the unique needs of each sector, the project addresses specific barriers to engagement that may vary by workplace culture and employee demographics. The CPW Project developed comprehensive baseline questionnaires and conducted a thorough literature review to investigate sociocultural and behavioural factors limiting engagement with preventive health interventions. This research aims to uncover varying levels of awareness and cultural stigmas associated with HP, HCV, and HPV infections, providing a deeper understanding of the barriers and facilitators faced by different populations.</p> <p><b>Feedback Collection Mechanisms:</b> The project has implemented mechanisms to gather feedback from participants on their experiences with health interventions. Special attention will be given to workers who test positive for HP and HCV infection or express willingness for HPV vaccination.</p> <p><b>Training for Healthcare Providers:</b> The project has conducted numerous training sessions for healthcare providers (occupational physicians, nurses, and beyond) to equip them with the skills to effectively communicate the project while engaging with diverse populations and improving patient (employee)-provider interactions.</p>

<b>ONCODIR</b>	<p>The ONCODIR project during its first year focused on identifying and mapping behavioural &amp; structural barriers and facilitators for CRC primary prevention, analysing habits such as lack of exercise and preference for fast food, collecting in parallel valuable insights regarding primary prevention in general. Despite conducting a dedicated survey on the general population of the consortium countries, clinicians and policymakers were invited as well to take part and assist in seeking effective facilitators and strategies. The analysis of preliminary data revealed more than 40 barriers (behavioural, financial, social, cultural, legal), more than 4 inequalities linked to primary prevention, and more than 20 facilitators. In addition, a series of focus groups sessions with healthcare experts from consortium countries that is planned for after M12 (started on M16) aims in identifying the population groups that mostly require support concerning primary prevention as well as already established effective strategies for addressing those barriers and inequalities in local, regional and national level.</p>
<b>4P-CAN</b>	<p>The 4P-CAN project in its first year focused on addressing <b>health inequalities</b>, particularly in underrepresented and vulnerable groups in <b>rural areas</b> like Leresti. The project's activities, including <b>personal network analysis</b>, provided a <b>deep understanding of local networks and barriers</b> to accessing cancer prevention services, especially among <b>elderly</b> populations and marginalized communities like the <b>Roma</b>. By focusing on these vulnerable groups and adapting our <b>personalized communication model</b> to meet their needs, we were able to deliver targeted interventions aimed at reducing disparities in cancer prevention. Our efforts to bring prevention services closer to these populations are helping to bridge gaps and improve health outcomes in regions often overlooked by traditional health initiatives.</p>
<b>PIECES</b>	<p>In its first year, PIECES has developed a digital toolkit aimed at reducing inequalities in the implementation of primary cancer prevention (PCP) programs. The toolkit provides guidance on selecting, adapting, and implementing programs, taking into account and addressing local inequalities. It includes evidence-based repositories of implementation barriers and strategies to overcome them, helping match specific barriers with appropriate solutions. Additionally, all toolkit components are being translated into the local languages of participating countries to ensure broader accessibility.</p>
<b>PREVENT</b>	<p>The PREVENT team has actively joined all relevant workshops/campaigns towards enhanced inclusivity, diversity and dealing with socio-economic inequalities. Through the direct inclusion of all needed political partners and the decision makers in the consortium, PREVENT will promote at higher level the equity issues in cancer prevention further to the lifetime of the cluster. PREVENT has addressed health inequalities by identifying key barriers such as socio-economic discrimination and health system dysfunctions.</p>

## 5.3 R&I COLLABORATION

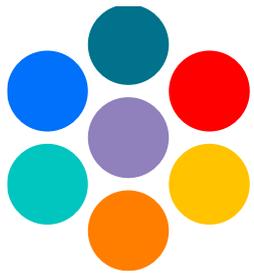
<b>CO-CAPTAIN</b>	<p>During the first year, CO-CAPTAIN has made progress in creating research and innovation collaborations with partners and experts in the implementation of cancer prevention models in vulnerable populations. These collaborations have facilitated the integration of expertise in mental health and healthcare, strengthening the multidisciplinary approach of the project.</p>
<b>CPW</b>	<p>CPW has a leadership role within the Cluster for the Data Management Plan (DMP) Common Chapter. CPW coordinated data management efforts among partners, organized working group meetings, consulted on data management issues, and designed collaborative strategies for future cooperative efforts. The joint DMP chapter was successfully submitted. In Year 1, CPW made significant progress in Research and Innovation collaboration among partners, undertaking various preparatory activities to establish a robust framework for interventions. Key activities included developing SOPs for each intervention, considering the diverse contexts of participating countries and industries. A comprehensive baseline questionnaire was created to collect critical data on participants, while a healthcare provider-specific questionnaire was designed to gather insights on implementation barriers. A cost-monitoring tool is also in development. Extensive reviews of preventive programs for HP, HCV, and HPV were conducted to identify best practices and key challenges, supporting the project's goal of evaluating innovative, cost-effective cancer prevention strategies within occupational health programs.</p>
<b>ONCODIR</b>	<p>Continuous feedback: a feedback loop was established in which results from the app and information from the doctor-patient interaction are sent to policy makers to adjust and improve prevention programmes. The project has now completed a comprehensive literature review and is transforming these results into practical recommendations for clinicians. Laboratory testing is underway, and the application is expected to be tested in the next two weeks, with a view to launching a pilot soon.</p>
<b>4P-CAN</b>	<p>In Year 1, 4P-CAN made significant progress in Research and Innovation (R&amp;I) collaboration, particularly through the use of personal and social network analysis. These tools provided deep insights into local networks, helping to understand how social relationships influence cancer prevention behaviours. In addition, we conducted stakeholder mapping using the NetMap method and the pentahelix model, allowing us to identify and engage key actors at the European, national, and regional levels, ensuring a coordinated and comprehensive approach to cancer prevention. The project also fostered a strong multidisciplinary collaboration, bringing together social scientists, public health experts, medical doctors, health communicators, and nurses to ensure our interventions were grounded in diverse expertise and practical realities. We validated our methodologies with international experts and submitted the first three scientific publications for review, marking an important step in disseminating our findings.</p>

<b>PIECES</b>	<p>In its first year, PIECES has developed an innovative digital solution that integrates an evidence-based repository of primary cancer prevention (PCP) programs, along with repositories of implementation determinants and strategies. This comprehensive toolkit has been reviewed by project partners as well as a board of international experts in implementation science and health promotion.</p>
<b>PREVENT</b>	<p>PREVENT is leading the R&amp;I collaboration among the participating projects. During the first year, PREVENT has made progress in creating research and innovation collaborations with partners and experts in the implementation of cancer prevention models with regards to obesity and other metabolic disorders. Most of these collaborative activities will run in the second year.</p>

## 6 CONCLUSIONS

The first annual meeting of the “Prevention and Early Detection Cluster” served as a valuable platform for updating the progress of each project within the cluster, with a focus on the various working groups: Citizen Engagement, Addressing Inequalities, Research and Innovation Collaboration, and the Data Management Plan. During the meeting, each working group presented its main achievements over the past year and outlined its detailed work plans and objectives for the second year.

The first year was critical for laying the groundwork, establishing a solid foundation, and fostering collaboration between the projects. It provided an opportunity to share experiences, exchange knowledge, and identify synergies across the different areas of focus. By building this strong base, the projects are now well-positioned to advance further. As we move into the second year, there is a shared expectation that the groundwork laid in the first year will lead to more tangible outcomes.



# PREVENTION<sub>and</sub>EARLY DETECTION CLUSTER



**Funded by  
the European Union**

The six projects (CPW, PIECES, PREVENT, CO-CAPTAIN, 4PCAN, ONCODIR) that form the Prevention & Early Detection cluster are funded by the European Union's Horizon Europe – Research and Innovation funding programme (2021 – 2027). Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union nor of the individual projects that constitute the cluster. Neither the European Union nor the granting authority can be held responsible for them.