



MELCAYA

NOVEL HEALTH CARE STRATEGIES FOR MELANOMA IN CHILDREN,
ADOLESCENTS AND YOUNG ADULTS

Grant Agreement: 101096667

D10.8 Conclusions of common annual meeting of the ‘Understanding’ cluster 1



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Executive Summary

This report summarises the conclusions of the common first year annual meeting of the “Understanding (risk factors & determinants)” cluster within the *EU Mission on Cancer*. A total of 13 projects took part, showcasing the advances achieved within each project during the first year. Alongside project updates, various topics were discussed as requested by the European Commission: research and innovation, citizen engagement, addressing inequalities, data management plan, dissemination and communication and collaborative initiatives such as research capacity creation. During the meeting, different options for collaborative work among the cluster projects were presented, and common aims were identified. A fruitful discussion with the European Health and Digital Executive Agency (HaDEA) representative was conducted and outlines for future work of the clusters was described mainly towards establishing synergies and best practices across the projects to pave the way for future collaboration.

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Acronyms & Abbreviations

Term	Description
AI	Artificial Intelligence
CCIs	Comprehensive Cancer Infrastructures
CT	Computed Tomography
DMP	Data Management Plan
EC	European Commission
ECIS	European Cancer Information System
EHR	Electronic Health Records
ELPA	European Liver Patients' Association
EU	European Union
FAIR	Findable, Accessible, Interoperable, Re-usable
GDPR	General Data Protection Regulation
HaDEA	European Health and Digital Executive Agency
HCC	Hepatocellular Carcinoma
KCC	Knowledge Centre on Cancer
KOM	Kick of Meeting
KPI	Key Performance Indicator
LC	Lung Cancer
Q&A	Questions and Answers
PO	Project Officer
QoL	Quality of Life
RTD	EU, Directorate-General Research & Innovation
WG	Working Group

1 Introduction to EU Mission on Cancer

The European Union has put forward the *EU Missions* as a novelty of the *Horizon Europe* research and innovation programme for the years 2021-2027. Their aim is to bring concrete solutions to some of the greatest challenges of our time, having ambitious goals that will deliver tangible results by 2030. The *EU Mission on Cancer* [1] has the ambitious goal (in combination with *Europe's Beating Cancer Plan*) of improving the lives of more than 2 million people by 2030 through prevention, cure and, for those affected by cancer (including their families), to live longer and better. The *Mission on Cancer* board estimates a reduction in the expected mortality rates between 2021 and 2030 with respect to the baseline scenario (resulting from the current efforts of Member States) from 14 % to 20 % for females and from 30 % to 40 % for males.

The specific objectives of the mission are the following [2]:

1. *Understanding*: despite the huge advancements in the field, much more research is still needed to understand why certain people, gender and age groups are at a higher risk of developing cancer, suffering from side-effects, etc. All these uncertainties limit the design of effective cancer prevention programmes as well as healthcare solutions adapted to each patient. Moreover, cancer research, healthcare providers, patient communities and industries are fragmented in the EU and do not benefit from patient engagement.
2. *Prevention, screening and early detection*: this is the most cost-efficient and long-term cancer control strategy. It is known that 40 % of cancers could be prevented, but a more personalized understanding of the disease is needed as well as improvements in the existing prevention programmes and general health literacy among EU citizens.
3. *Diagnosis and treatment*: the time to cancer diagnosis is generally too slow or early diagnostic tests do not exist. The currently existing best practices and standards of care are not consistently implemented across Europe, which results in unacceptable differences in standards of care and outcomes between Member States or socio-economic backgrounds. Many patients do not have access either to the latest personalized treatments across Europe (immunotherapy for instance) or are not empowered to make informed decisions on their treatment.
4. *Quality of life*: there is a clear lack of understanding or sufficient consideration of patient needs. Stigma affects patients and survivors of cancer and negatively impact their career and creates challenges to obtain health insurances or mortgages, generating a substantial burden for patients, their families and countries' health systems.

2 Projects on the Understanding cluster

Our project (MELCAYA) is part of a group of 5 projects that received funding from the European Commission through the *Horizon Europe* programme (*HORIZON-MISS-2021-CANCER-02-03*) to work on the objective 1 of the *Mission on Cancer* programme, which is aimed at better understanding the impact of risk factors and health determinants on the development and progression of cancer:

- **GENIAL:** Understanding gene environment interaction in alcohol-related hepatocellular carcinoma [3].
- **LUCIA:** Understanding lung cancer related risk factors and their impact [4].
- **ELMUMY:** Elucidation of risk factors and health determinants associated with progression of monoclonal gammopathies to multiple myeloma [5].
- **DISCERN:** Discovering the causes of three poorly understood cancers in Europe (renal, pancreatic and colorectal) [6].
- **MELCAYA:** Novel health care strategies for melanoma in children, adolescents and young adults [7].

The main goal of this cluster is therefore to support the mission objective of *Understanding cancer*, create added value, establish a policy feedback loop and increase the impact of the EU funding.

3 Minutes of the annual cluster meeting

The annual meeting was organised by the LUCIA project and held in San Sebastian (Spain), on the 7th of September 2023. The agenda of the meeting can be checked in the Annex 1.

The leadership on the collaboration and common work of the clusters as taken from the HaDEA dataset is listed in table 1:

Table 1 Responsibilities of cluster projects

Grant agreement number	Acronym	Responsibilities
101096667	MELCAYA	Organisation of an annual cluster meeting in year 3
101097094	ELMUMY	Organisation of an annual cluster meeting in year 4, lead on common video/brochure

101096312	GENIAL	Lead on addressing inequalities collaboration and report
101096473	LUCIA	Organisation of an annual cluster meeting in year 1, lead on common chapter data management plan
101096888	DISCERN	Organisation of an annual cluster meeting in year 2, lead on citizen engagement report

Deliverable progress of the clusters is illustrated in Table 2. The naming of the deliverables can vary across the projects.

Table 2 First year deliverables of the Understanding (risk factors & determinants) cluster

Deliverable	Due date
DMP with a common chapter on the cluster	M6
Common work plan for scientific collaboration	M6
Common video and/or a common cluster brochure	M12
Conclusions of common annual meeting of the ‘Understanding’	M12
Policy brief formulating recommendations based on the research and innovation strand of the ‘Understanding’	M12

3.1 Opening presentation from the European Health and Digital Executive Agency (HaDEA) by Marianne da Silva (Project Officer)

The main goal of the *EU Mission on Cancer* is to improve the lives of more than 3 million people by 2030. There are four mission objectives for the mission as described in section 1, and a number of concrete actions, e.g., the UNCAN.eu platform that aims to improve understanding of cancer mechanisms. The *Mission on Cancer* relies on synergies with EU policies and initiatives. A number of initiatives, such as the Knowledge Centre on Cancer (KCC), European Cancer Information System (ECIS), European Health Data Space, Pharmaceutical Package, Zero Pollution Action Plan can help achieve the goal. The *Mission on Cancer* flagship initiatives include:

- *Uncan.eu*: aiming at improving understanding of cancer mechanisms.
- *European Cancer Prevention Centre*: aiming at providing evidence on cancer prevention.
- *Network of Comprehensive Cancer Infrastructures (CCI)*: aiming at strengthening research capacities of CCIs.

- *European Cancer Patient Digital Centre*: aiming at supporting the quality of life (QoL) of patients.

In addition, a few EU-level governance activities (Dialogue with Member States, Dialogue with stakeholders, and EU Implementation Group) have been set to support the mission.

The total budget allocated to the *Mission on Cancer* in 2021-2023 is approximately 365 M€ for about 50 projects and 8 different clusters. It was stressed that the naming of the clusters has been refined as there are a few clusters related to each of the four pillars. Therefore, it is important to refer to the full name of each cluster and these names need to be systematically used:

- Understanding (risk factors & determinants)
- Prevention and early detection (screening)

Q&A session:

- To effectively communicate about the cluster and its activities as well as disseminate cluster projects' results, it requires common visual identity to be recognisable for target stakeholders. It was advised to currently follow the EU *Mission on Cancer* branding. However, this is still an open issue and will be further communicated by HaDEA and RTD to the clusters.
- What incentives can be given to the researchers to promote collaboration between projects from a scientific perspective? This point will be addressed by RTD.
- How are the projects expected to properly allocate dedicated budget for cluster activities, travels, etc.? Each project has the flexibility to allocate funding within projects and the EC will approve it, for the common expenses of the clusters. That is the reason different projects were asked to take the lead on different aspect to distribute expenses. It would be nice if each project could estimate the budget spent each year for the cluster work for future clusters.

3.2 Project presentations

This session included brief presentations by each project from the cluster. The goal was to briefly introduce all projects and provide a short status update on each project to the different participants from within the clusters and among the external representatives attending the meeting. Below is a short status update and main achievements of each project (up to the San Sebastian meeting):

3.2.1 LUCIA

- Communication about the project via social media, including project website
- Internal and external committees for ethics, quality and scientific advisory board were established and all have started working.

- Finalising clinical protocol (expected submission by November 2023).
- First set of new technologies expected by January 2024
- Conducted 5 workshops on ethics, legal and scientific issues (internal and external).
- Finalising clinical & user requirements KPIs. 3 workshops planned for September 2023 on virtual research environment, medical devices and clinical pathways requirements.
- Value-sensitive design of LUCIA sociotechnical systems started.
- Legal requirements for AI and GDPR compliant data gathering and sharing started.
- AI models for medical image analysis (CT screening) started.
- Multi-omics polygenic risk scores for lung cancer risk initiated.
- Initial data audit for relevant risk score databases and digital biobanks have started.
- Health data platform architecture initiated.
- Started exploring data sources for risk factor modelling using AI and GeoAI.
- Functional evaluation of molecular risk factors in lung cancer development and their potential as therapeutic targets (initial characterisation of the cell lines started as well as *in vivo* models).

3.2.2 MELCAYA

- Preparation and signature of data and material transfer agreements (included in Consortium Agreement).
- Submission of 12 deliverables (including EU Ethical Requirements, MELCAYA website, project management plan, etc.)
- First meeting of the consortium with the European melanoma patient community (MPNE conference held the 28-29th of April 2023 in Brussels).
- First consensus meeting with pathologists to review cases (online meeting during the 22nd of August 2023).
- Preparation of study protocols. Ethics Committee approval of Immuno-Ped and AI-MEL studies.
- Preliminary review of European Cancer Plans.
- Preliminary structure of clinical database using Xarxa Melanoma database developed at Hospital Clinic Barcelona.

3.2.3 GENIAL

- Identification of novel inherited genetic variations predisposing to alcohol-related hepatocellular carcinoma. Set up all cohorts and obtained all ethical and GDPRs approvals for trials. Finalising signature of data and samples and materials among partners.

- Started the study about the gene environment interactions at the molecular level.
- Started the study about gene environment interactions at the population level. Work carried out till now has mainly focused on describing the data flow to be used. Obtention of legal permits to transfer genetic info between partners is underway, aiming to start experiments by January 2024.

3.2.4 DISCERN

- Main effort until now has focused on objective 1: establishing biorepository samples of case series and cohorts.
- Currently working on the preparation and finalization of material and data transfer agreements and sample selection.

3.2.5 ELMUMY

- Clinical partners have already started gathering a lot of well annotated clinical data and identified some critical risks related to the obtention of sequencing data from patients.
- Work has started on the humanized mouse models.
- Omics work has started and a new protocol was established to perform both proteomics and transcriptomics using single cell pellets.
- Data management plan was submitted on M6. They worked hard on defining the available clinical data and how these will be combined with the omics datasets that will be collected.
- Website is running since March 2023.

3.3 Discussions on the areas for collaboration within the cluster

The following areas of collaboration have been defined and discussed during the annual meeting between the different projects of the clusters, in line with the “common work plan” deliverable submitted by each cluster:

3.3.1 Research and innovation

The goal of this session was to find some common ground for scientific collaboration between the different projects within the cluster, mainly:

- Reduce overlaps between projects.
- Harmonize research methods and models.
- Maximise scientific and health policy outcomes.
- Work together on research capacity building.

Point 1: Sharing and agreeing on common practices for data and material management

The first point identified for collaboration was sharing and agreeing on common practices for data and material management, as all the projects within the cluster work on the integration of retrospective clinical information from different sources, such as European registries, biobanks, etc.

The action points identified in this regard are to create a Data Management Board at the cluster level, which has already been done, and start having regular meetings (maximum every six months) to discuss and try to develop a common guideline regarding data standards, data validation strategies, anonymisation or pseudo anonymisation techniques, as well as the data storage and exchange procedures to then be able to pool this information in pan-European infrastructures, such as the European biobanking platform or the UNCAN federated data hub platform.

Point 2: Sharing and cross-comparison of risk factors and molecular features

The second point common to all projects is related to analysing omics information (mainly from genomic sequencing, but also proteomics) to understand the onset of the disease. Many projects also have an interest in characterising the molecular features and biological pathways driving a change from healthy or precancerous lesions to cancer (ELMUMY, MELCAYA and LUCIA).

As an action point, it is proposed that, when the projects start producing some results in this regard, regular meetings are organized between relevant project representatives in charge of this topic in order to share and perform a cross-comparison of the results on identified gene mutations, environmental factors and molecular characteristics, with the aim of finding cross-cancer features, cancer specific genetic risk factors and therapeutic target identification.

Point 3: Cross-comparison and integration of risk stratification/early diagnosis tools

The following point identified for collaboration is the cross-comparison and integration of risk stratification and early diagnosis tools. On the one hand, all projects aim at creating a decision support tool based on AI-technology for patient risk stratification using multidimensional and multicentric datasets, including clinical, genetic and histopathological data. There is also a common interest in two projects, MELCAYA and LUCIA, to explore the use of non-invasive devices for the detection of volatile compounds as novel cancer biomarkers.

It is proposed as actions to organise regular meetings, when results start being obtained, between relevant representatives of each project working on AI tools to share and perform a cross-comparison of stratification and biomarker results in order to evaluate any potential common pattern or signature between different cancer types. Regarding the studies with the devices, it is also proposed to start

having joint meetings between MELCAYA and LUCIA as soon as possible to prepare documentation and facilitate the regulatory and ethical approval process in Spain.

Point 4: Sharing best practices on implementation of healthcare policies

The final point identified for collaboration relates to the common interest of the different projects in generating policy making recommendations for the implementation of new prevention strategies for the detection of different types of cancer (MELCAYA, LUCIA, DISCERN). There is also a particular interest to perform an in-depth evaluation of the incorporation of innovative technologies, such as AI, in the current standard of care, including ethical, legal and social implications (MELCAYA).

As action points, the organization of regular meetings is proposed, mainly during the last year of the project (when most of the results should be available), to consolidate clinical guidelines for cancer prevention. The idea would be to then present these results to the main EU stakeholders to discuss the implementability in the different EU health care systems.

Also, specifically in MELCAYA, when the technology assessment tool is produced (scheduled for the summer of 2025), we propose to organise a meeting to present the findings to other projects and discuss how to use it for the evaluation of the technologies developed within their projects.

Q&A session:

- What would be the added value of this activities beyond each project? A possibility is to propose the differential risk factors probabilities as one added value for the cluster projects. This could be compared and done as a joint comparison and common publication. An added value in terms of the clinical side could be policy making, and clinical guidelines related to risk factors information. Further options related to scientific aspects should be explored such as databases, registries and different initiatives for data sharing, which are also important and related to cluster work. To leverage the cluster potential, initiatives should be explored to access databases of collaborators in other countries in order to facilitate the development of AI tools across the cluster.

3.3.2 Data management

Data management board meets regularly to discuss commonalities on data standards and data validation, establish the best practices for data privacy, storage and exchange protocols and define the common chapter in DMPs. The main areas identified for collaboration are the following:

- Commonalities in data use and objectives: integration of retrospective (registries, biobanks) and prospective data (cohort studies), including clinical, exposomic and genomic data as well as medical images, biomarkers, etc. The goal is to try to understand risk factors, causal pathways,

mechanisms of development and improve diagnosis and prognosis including imaging models, AI based diagnostic tools and sensor tools for early detection.

- Commonalities in FAIR data management: committed to making data findable, accessible, interoperable, re-usable with the aim to share data in a pan-European research infrastructure and exploring common exploitation of data.

Regarding the steps ahead, the cluster plans to meet every 6 months to decide on the implementation of DMP (following initial DMP submitted by the cluster) and agree on future actions such as the sharing of data within the cluster, sharing of risk scores and models, publishing a common paper or implementing results in common healthcare policies.

3.3.3 Citizen engagement

The main aims regarding this aspect are the following:

- Audience identification: citizens vs patients, clinical vs industrial stakeholders.
- Gauging perceptions and defining common goals.
- Defining realistic and achievable activities for citizen and patient engagement

These aims will be achieved in a three-step process, including the review of the content of all five projects, distillation and identification of relevant themes for citizens and patients and articulation of the messages to assess the engagements, using existing models such as the one from the Melanoma Patients' Network in Europe.

A few potential activities were proposed to foster citizen engagement such as:

- Coordination of social media calendars (consolidate messaging themes, build consensus, generate and implement a communication calendar).
- Podcast series of all 5 project participants (select interviews together across projects, bundle and promote, measure impact).
- Night of Science events in Northern, Eastern and Southern Europe: select 3 sites, build teams, define themes and secure funding.
- Consider applying for an European Cooperation in Science and Technology (COST) consortium.

Q&A session:

- The POs mention that all this planning is nice, but each project should have its own specific activities. They suggest sharing your "best practices" (activities that have already proven successful within projects). Common activities can be encouraged as long as resources allow it.

They also mention that it is beneficial to discuss how to facilitate citizen engagement, what works, and what can be done, without necessarily having to all do the same thing within the cluster. By sitting down and discussing ideas, there is no need to do everything in common among the cluster.

3.3.4 Addressing inequalities

This task is led by GENIAL and it connects stakeholders with policy making. Working groups on the unmet needs of patients have been established. They propose using the European Liver Patients' Association (ELPA) network to share good practices for cluster work and the European Beating Cancer plan to produce policy recommendation papers. They propose reaching out to any PI or advisor that could help the cluster and suggest ideas. The main action points put forward are the following:

- Hold a first virtual meeting in June 23rd 2023, prepare a draft of the first-year report and present it during the first cluster meeting.
- Have a second virtual meeting during October 2023 to validate the updated draft and submit the first report.

The working group meets quarterly and continuously share e-mails communication for the submission of the yearly report, building consensus and finalizing the EU policy recommendation document by end of M48 (depending on project progress).

The main focus points of the report were presented:

1. Where we are? including different methodologies and approaches to calculate equity in access to health care (odds ratios, rates of access, use-needs ratios and horizontal inequity index) and indicators of access to health care. In essence, the cluster realises the complexities of measuring equal access to healthcare and the need for more comprehensive data collection methods. Improving survey design and dissemination to the entire population should be maximized to capture the health needs of vulnerable, potentially under-represented groups such as immigrants, homeless people and older people living in institutions.
2. Inequalities in cancer care, including key topics such as cancer prevention, time, care and cancer registries. The main identified challenges are the direct cost, population coverage and service coverage.
3. Policy, different stakeholder groups such as national policymakers, regional health planners, academic societies, clinicians/providers, patients and civil society. Propose to each group steps and recommendations on how to proceed.

4. Roadmap for understanding the expected outputs in order to monitor progress on relevant priorities and monitor the impact on reducing inequalities in order to know if we were successful or still missing something.

3.3.5 Communication, joint video and brochure

It is mentioned that the general objectives of the video are its accessibility, engagement, simplicity, access to non-academic audiences and be complementary to written material. The provisional structure of the video is as follows:

- Introduction (30 seconds): start with an attention-grabbing visual or hook related to the research grant. Briefly introduce the purpose of the video: to present the cluster and provide insights from the principal investigators.
- Part 1 Meet the principal investigators (2 minutes): introduce the principal investigators (PIs) of the cluster projects (GENIAL, LUCIA, ELMUMY, DISCERN, MELCAYA). The PIs will talk about the objectives of their projects and complementarity within the "Understanding" cluster.
- Part 2 Objectives of the "Understanding" cluster (30 seconds): highlight the specific objectives and goals of the "Understanding" cluster. Use graphics or animations to make the objectives visually appealing and easy to understand.
- Part 3 Methodology and expected outcomes (1 minute): explain the methodology of the collaboration in simple terms, as well as the potential outcomes and impact of the research.
- Part 4 EU support and end of video (30 seconds): acknowledge the EU support of this initiative. Display a closing screen with the grant's logo and contact information for further inquiries.

On the other hand, the general objectives of the brochure are: to provide concise information, accessibility, resources for networking, be cost-effective and have a measurable impact. The provisional structure is as follows:

- Front cover
- Title and visual impact: provide a title that clearly conveys the essence of the cluster and a captivating image or graphic to make the cover visually appealing.
- First double spread: provide concise information on the EU *Mission on Cancer*.
- Each subsequent double spread: provide project specific information on e.g., technology and expected outcomes.

- Back cover: provide a message from the cluster coordinator, contact information and acknowledgement of EU funding.

The steps ahead regarding the preparation of these materials are the following:

1. Interview the PIs (September 2023)
2. Create a first draft of the video and the brochure (November 2023)
3. Get feedback from partners (November 2023)
4. Produce the final video/brochure and submit to the EC (December 2023)

Q&A session:

- The POs mention that it is important to ensure it is a common video on a particular aspect, for example “potential outcomes and impact of research”, as in 1 minute, it is impossible to go over all projects within the cluster. Therefore, the video needs to focus on common work and on collaboration. If we are successful in collaborating on research and innovation, we may find further collaborations later on. They also suggest that an action at the end of the video to engage the viewer can be added. For instance, “Why it is important for you?” in a sense “Why it is important to me (the citizen) to see that all projects are collaborating on understanding cancer?”, to point what is the added value outside of a single project as a cluster.

3.4 External presentations

Two dedicated presentations were included in the annual meeting to open knowledge to already existing initiatives in the European cancer efforts.

3.4.1 UNCAN.eu research and data platform (Eric Solary)

Towards the creation of a unique digital platform where researchers worldwide share and have access to high-quality research data.

3.4.2 Insights from EOSC4cancer project (Alfonso Valencia)

On Federated Digital Infrastructure for accelerating cancer research.

4 Conclusions

In this report, we have presented the summary of the first annual cluster meeting presentations and topics of the "Understanding (risk factors & determinants)" cluster that was organised by the LUCIA project and held in San Sebastian (Spain), in September 2023 (hosted by Vicomtech). The aim of the *EU Mission on Cancer* is to reduce cancer mortality rates. The main idea behind the cluster concept is to find commonalities between the projects and try to establish "best practices" and synergies that can be implemented among different projects within the cancer mission. Therefore, the meeting included the following areas of discussion and conclusions:

- a) Research and innovation: reduce overlaps, harmonize research methods and models to enhance science and policy outcomes, working together on research capacity building.
- b) Citizen engagement: projects should organize exchanges with citizens, including patients, to engage them and to address their views. During the annual meetings, projects should exchange strategies, best practices and results of organized workshops.
- c) Addressing inequalities in access to quality care: projects will develop common ideas on how they can contribute to reducing inequalities of care and improving access to care.
- d) Data management: DMP was submitted in both clusters yet it is a living document. Projects should have scheduled meetings and continue the discussions on commonalities on data standards and FAIR data management.
- e) Communication & dissemination: the main objectives of this effort are managing activities collaboratively, resource sharing, coordination, raising awareness, and increasing visibility. The main outcomes include a common video and common brochure. The video needs to focus on common work and on collaboration, it is important to add to the viewer "why it is important for you" in a sense "why it is important to me (the citizen) to see that all projects are collaborating on cancer research", and add what is the added value outside of a single project as a cluster. Branding is still an issue and at this stage, projects are asked to use the Mission's branding for formal activities.
- f) Research capacity building, as part of the research and innovation it is important to have projects within cluster define and build a research capacity to identify common problems and potential solutions, harmonize research methods and models, set priorities to enhance science and policy outcomes. It should include activity on three levels: individual (project), team (cluster) and organizational (mission).

As part of the annual meeting the POs concluded that “the ball is rolling” and they would like to stress that towards the next meeting it is important to focus on the three aspects and ask projects not to try and solve the issues (e.g., inequalities) but try to collaborate where there are synergies or best practices. The cluster members should try to organise subsequent meetings in conjunction with big events, or alternatively in central locations, thus allowing more people to participate onsite. All projects should try to send at least one representative to future cluster meetings. The particular actions for current status and further collaboration have been presented and discussed with HaDEA representatives, resulting in clearer views and action items for further cluster work.

5 Annex 1: Annual cluster meeting agenda

  		
<p style="text-align: center;">Hosted by LUCIA project</p> <p style="text-align: center;">FINAL AGENDA</p> <p style="text-align: center;">Cancer Mission Clusters Meeting (Hybrid event)</p> <p style="text-align: center;">Thursday, 7th September 2023 09:00 – 17:45</p> <p style="text-align: center;">PARKE building in the Scientific Park</p>		
09:00-09:10	Greetings, LUCIA and Understanding Cluster Coordinator	Hossam Haick
09:10-09:40	Greetings and presentation by HaDEA's Project Officer	Marianne da Silva
09:40-11:30	Project Overview and Scientific Update: 09:40-09:50 LUCIA 09:50-10:00 MELCAYA 10:00-10:10 GENIAL 10:10-10:20 DISCERN 10:20-10:30 ELMUMY 10:30-10:40 MAMMOSCREEN 10:40-10:50 ONCOSCREEN 10:50-11:00 PANCAID 11:00-11:10 SANGUINE 11:10-11:20 THERMOBREAST 11:20-11:30 DIOPTRA	Yoav Broza Adrián López Canosa Mathieu Jouannin Mehrnaz ShamaInasab Makis Zoidakis Gianni D'Errico, Letizia Pontoriero Anaxagoras Fotopoulos Matthias Löhr Miri Meaman Larisa Adamyan George Matsopoulos, Stavros Miloulis
11:30-12:00	Coffee break	
12:00-13:30	Research and innovation status: 12:00-12:25 MELCAYA on behalf of the "Understanding" Cluster 12:25-12:50 SANGUINE on behalf of the "Prevention" Cluster Data Management Plan update: 12:50-13:10 LUCIA on behalf of the "Understanding" Cluster 13:10-13:30 THERMOBREAST on behalf of the "Prevention" Cluster	Adrián López Canosa Yuval Ebenstein Silke Fiers Hakan Yeslimen
13:30-14:30	Break for Lunch	
14:30-14:50	UNCAN.eu research and data platform	Eric Solary
14:50-15:10	Insights from EOSC4cancer project	Alfonso Valencia
15:10-16:30	Citizen engagement update: 15:10-15:30 DISCERN on behalf of the "Understanding" Cluster	María Luisa Pagano



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LUCIA
Lung Cancer-related risk factors and their Impact Assessment



**EU MISSIONS
CANCER**

Hosted by LUCIA project

	15:30-15:50 ONCOSCREEN on behalf of the “Prevention” Cluster Addressing Inequalities update: 15:50-16:10 GENIAL on behalf of the “Understanding” Cluster 16:10-16:30 MAMMOSCREEN on behalf of the “Prevention” Cluster	Anaxagoras Fotopoulos Veronika Vsetickova Gianni D’Errico, Letizia Pontoriero
16:30-16:45	Coffee break	
16:45-17:25	Updates on communication Joint Video and Brochure: 16:45-17:05 ELMUMY on behalf of the “Understanding” Cluster 17:05-17:25 PANCAID and DIOPTRA on behalf of the “Prevention” Cluster	Dimitris Raptis Valentin Popescu\ Tamara Breitinger
17:25-17:45	Free discussion and Meeting closure	
Specific time will be coordinated by Dimitris	Short interviews with 4-5 selected PIs, for joint video - Understanding cluster	Dimitris Raptis

The event is a hybrid event, participation for those joining online would be available via the TEAMS link below

Sept. 7. Mission Cancer Clusters meeting: 09.00h-16.45h.

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 385 277 012 081

Passcode: vjrJB

[Download Teams](#) | [Join on the web](#)

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References

- [1] https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/eu-missions-horizon-europe/eu-mission-cancer_en#:~:text=years%202021%2D2027.-,What%20this%20EU%20Mission%20deals%20with,to%20live%20longer%20and%20better.
- [2] European Commission, *European Mission on Cancer Implementation Plan*, September 2021.
- [3] <https://cordis.europa.eu/project/id/101096312>
- [4] <https://cordis.europa.eu/project/id/101096473>
- [5] <https://cordis.europa.eu/project/id/101097094>
- [6] <https://cordis.europa.eu/project/id/101096888>
- [7] <https://cordis.europa.eu/project/id/101096667>
- [8] <https://cordis.europa.eu/project/id/101069496>