



Joint Action on Networks of Expertise on Cancer

Milestone number 19

1st Poor Prognosis Cancer NoE Annual Activity Report

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1 EXECUTIVE SUMMARY

This first annual activity report for the JANE-2 Joint Action (EU4Health; GA 101183265) summarises progress under Work Package 5 (WP5), which is establishing a European Network of Expertise (NoE) on Complex and Poor Prognosis Cancers (PPC)—with an initial focus on pancreatic and lung cancers. PPCs account for a disproportionate share of cancer mortality in Europe due to late diagnosis, complex care needs, limited treatment options, and uneven access to specialised services. WP5 addresses these challenges by building a structured, collaborative framework that links clinicians, researchers, policymakers, patient organisations, and other stakeholders to harmonise practice, strengthen innovation, expand training, and improve patient-centred care across Member States.

1.1.1 Objectives and overall progress

WP5's overarching goal is to improve survival and quality of life for PPC patients through coordinated European action. During the reporting period, foundational structures for the NoE were put in place, including governance mechanisms, evidence-gathering (surveys and national meetings), and the initial operation of the pancreatic cancer expert network (\approx 100 members), which held three online meetings in 2025 (June, September, November).

1.1.2 Key achievements by task

Task 5.1 – Establishing and supporting PPC NoEs

- Achieved broad Member State engagement: 25/30 national surveys completed (84%) and 23 national meetings held.
- Identified priority PPC areas across countries, with pancreatic and lung cancers most frequently flagged as urgent.
- An initial mapping of systemic gaps is under development, focusing on issues such as insufficient centralisation, fragmented pathways, limited registries, inconsistent MDT use, and weak early palliative integration.

Task 5.2 – Clinical care and quality of life

- Strengthened a multi-country pancreatic and lung cancer expert network to drive discussions on guidelines, pathways, quality-of-care indicators, and volume standards.
- Work is ongoing to develop an initial overview of national pancreatic and lung cancer service organization, including registries, screening and diagnostic pathways, MDT/MTB availability, molecular testing capacity, volume guidance.
- Began structured country interviews and enhanced alignment with EUnetCCC (WP8/WP9), supporting future implementation pathways for both pancreatic and lung cancer, with



particular attention to harmonisation of care standards and early integration of supportive and palliative care.

Task 5.3 – Research and innovation

- Advanced planning for PPC as a model for implementing omics and high-tech tools through close linkage with WP9 (T9.2) and WP10.
- Contributed to the launch of the WP9 T9.2 survey and established working groups for survey design and analysis.
- Proposed a timeline adjustment for Deliverable 5.1 (clinical study protocol within fellowship training) to ensure the study design is evidence-based and aligned with WP9/WP10 mapping outputs.

Task 5.4 – Education and training

- Initiated a systematic review on pancreatic cancer expertise.
- Work is in progress to harmonise a core curriculum framework for pancreatic cancer specialists, alongside ongoing partner consultation across Europe.

Task 5.5 – Policy and patient engagement

- The scoping reviews are under development and preliminary database searches are continuing.
- Work is ongoing to set up the survey and Delphi processes for mapping policy initiatives and engagement strategies across Member States.

Task 5.6 – Governance, dissemination, evaluation, sustainability

- Strengthened sustainability planning in collaboration with WP4, including structured stakeholder mapping to support long-term scaling and national uptake.

1.1.3 Challenges and outlook

Main challenges included delays in survey completion on time, heterogeneity of national care models, also partner engagement needs to be more visible. The next reporting period will prioritise completing remaining surveys/meetings, drafting the NoE roadmap, progressing harmonised care recommendations and quality indicators, finalising education outputs and advancing policy/patient engagement evidence synthesis.



2 INTRODUCTION

Poor prognosis cancers (PPC), such as pancreatic and lung cancer, represent a major and growing public health challenge in Europe. While some of these cancers—most notably lung cancer—are among the most frequently diagnosed malignancies, others, like pancreatic cancer, account for a smaller proportion of new cancer cases, they are responsible for a disproportionately high share of cancer-related mortality. Their often complex clinical presentation, frequent diagnosis at advanced stages, and limited treatment effectiveness, despite significant recent therapeutic advances, particularly in lung cancer underline the need for a coordinated and structured European response.

Within the JANE-2 Joint Action, Work Package 5 (WP5) aims to establish and advance a Network of Expertise (NoE) dedicated to addressing the specific needs of patients with PPC. The NoE fosters collaboration among clinical experts, researchers, policymakers, patient organisations, and other key stakeholders to harmonise clinical practice, enhance quality of care, strengthen research and innovation, support education and training, and improve patient engagement and policy alignment across Member States.

This report presents the progress achieved within the framework of WP5 and its associated tasks. It outlines the steps taken towards establishing and supporting NoEs for pancreatic and lung cancer, developing a roadmap for future PPC networks, and implementing activities that contribute to improving outcomes and quality of life for individuals affected by PPC in Europe.

Objectives of the NoE

The overarching goal of the Network of Expertise on Poor Prognosis Cancers is to enhance survival and quality of life for patients affected by PPC by strengthening European collaboration, improving clinical pathways, promoting innovation, and supporting equitable access to high-quality care.

Aligned with the Description of Action, the specific objectives of the NoE are to:

1. **Establish and support NoEs for pancreatic and lung cancer**, and use these experiences to develop a roadmap for future NoEs addressing public health priorities in PPC (Task 5.1).
2. **Support the development and implementation of clinical guidelines, diagnostic-therapeutic pathways, consensus statements, and practical factual materials** promoting high-quality and equitable cancer care from early diagnosis to palliative care (Task 5.2).
3. **Promote innovative translational research programs** to accelerate the use of omics and high-tech medical resources in PPC management, in close collaboration with relevant WPs and research networks (Task 5.3).
4. **Strengthen education and training across Europe** by assessing needs, defining core competencies, and developing interactive learning tools such as online modules, workshops, and webinars (Task 5.4).



5. **Engage policymakers and patient organisations** to support optimal care delivery, improve access to innovation, and promote early access to diagnostics and supportive/palliative care (Task 5.5).
6. **Ensure effective governance, dissemination, evaluation, and sustainability** of the PPC NoE, in synergy with other WPs and European initiatives (Task 5.6).

These objectives collectively aim to create a long-term, scalable, and sustainable framework that strengthens capacity, reduces inequalities, and improves outcomes for PPC patients across the European Union.

NoE of Pancreatic Cancer

The pancreatic cancer network with around 100 members was established in the spring 2025 and has held three online meetings during 2025 (in June, September and November). The first meeting was devoted to introduction, guidelines, education and collaboration. The second meeting was devoted to interaction with EUnetCCC (WP8.2 and 9) and research. The third meeting was devoted to updates and case volumes.

NoE of Lung Cancer

The lung cancer network has held one online meeting in May 2025. The first meeting was devoted to network introduction, objectives, guidelines, education, and opportunities for collaboration.

3 TASK 5.1 – PPC NOE

3.1 Planned activities

Task 5.1 focuses on establishing and supporting Networks of Expertise (NoEs) for pancreatic and lung cancer as initial PPC groups. The task includes:

- Development of a structured catalogue assessing the readiness of key domains (“readiness for use”) relevant to PPC NoEs, such as existing clinical pathways, databases, training programmes, and research infrastructures.
- Continuous monitoring of this catalogue to identify gaps requiring further development or support, with particular attention to disparities in screening implementation, variability in biomarker testing, and patient’s care across Member States.
- Based on the experience gained, preparation of a roadmap including a set of minimum requirements (“endorsement criteria”) for establishing and evaluating future NoEs (T5.1.2)

3.2 Achievements

- 25/30 national surveys completed (84%), with pending responses from Estonia, France, Iceland, Netherlands and Slovakia



- 23 national meetings held, with Finland and Lithuania scheduled next; five meetings pending linked to missing survey responses
- Identification of pancreatic and lung cancers as the most urgent PPC priorities across MS, followed by glioblastoma, biliary tract cancers, ovarian and gastric cancer
- Initial mapping of systemic gaps: insufficient centralisation, care fragmentation, missing registries, inconsistent MDT application, weak early palliation structures and lacking patient pathways
- Next steps defined: creation of NoE experience registration system and overall roadmap development

3.3 Challenges encountered

- Delay in survey completion across five MS.
- Heterogeneous definitions and policy structures complicating comparisons.

3.4 Deviations in activities and justifications

No deviations from the Description of Action have occurred.

All activities under Task 5.1 are progressing according to the planned timeline and scope.

3.5 Contribution of partners

- International interviews about PPC: 12 coordinated by MSCl and 12 by RSYD.
- National competent authorities (CA) have appointed experts and in the next step we will analyse the results and together with the CA will prepare the final report.

3.6 Use of resources

Resources used to date remain aligned with planned effort:

- Personnel months utilised as planned for data collection, analysis, and coordination.
- No additional costs beyond those foreseen in the DoA.

3.7 Activities planned moving forward

- Finalisation of outstanding surveys and national meetings.
- Roadmap drafting based on consolidated evidence.
- Further collaborative work has the need for engagement of external services proposed by JANE2 Coordinator.



4 TASK 5.2 – CLINICAL CARE AND QUALITY OF LIFE

4.1 Planned activities

Task 5.2 aims to support the PPC NoE in developing and implementing clinical recommendations that enhance early diagnosis, treatment pathways, and supportive/palliative care for individuals with poor prognosis cancers. The task includes:

- Mapping existing diagnostic–therapeutic guidelines, pathways, consensus statements, and do’s-and-don’ts factsheets across Member States, including diversity in organization and access to specialized services.
- Supporting the development of harmonised recommendations tailored to PPC, spanning prevention, early detection, treatment, and supportive/palliative care
- Facilitating cooperation with CCC/CN structures to define and validate quality-of-care indicators and assess their potential impact on patient outcomes.
- Contributing to the integration of these indicators and recommendations into the broader activities of the PPC NoE, ensuring alignment with clinical practices and European standards, and real-life feasibility across Member States.

4.2 Achievements

Work is ongoing focusing on guidelines, patient pathways, quality-of-care discussions, and treatment volumes. In parallel, a multi-country expert network is being further expanded to support collaborative work on standards, pathways, and quality-of-care recommendations for pancreatic cancer.

Alignment with EUnetCCC (WP8/WP9) is being strengthened to support guideline implementation and explore synergies around pancreatic and lung cancer standards and quality indicators relevant for CCCN settings.

4.3 Challenges encountered

- Marked heterogeneity across Member States in how pancreatic cancer care is organised and documented (guidelines/pathways, registries, MDT/MTB structures), limiting direct comparability.
- Variation in national treatment volumes and centralisation models, making it challenging to propose indicators that are both ambitious and feasible across different health system contexts.
- Ensuring adequate country representation and sustained engagement while balancing clinical disciplines and roles needed for indicator development.



4.4 Deviations in activities and justifications

Not applicable.

4.5 Contribution of partners

- Task leadership and coordination provided through WP5/Task 5.2 leadership and the pancreatic cancer network chairs to drive the agenda on standards, pathways, and quality-of-care discussions.
- Network members and national experts contributed through the national survey inputs and follow-up discussions on service organization and treatment volumes.
- Collaboration with EUnetCCC partners (WP8/WP9) supported alignment on guideline implementation approaches and the framework for standards/QIs in CCCNs.

4.6 Use of resources

Primarily personnel time for coordination, preparation of network meetings, consolidation of national survey results, and conducting country interviews. Use of online meeting infrastructure for regular expert-network engagement and cross-country information exchange.

4.7 Activities planned moving forward

The pancreatic cancer network plans 3-4 online meetings during 2026 and will hold physical meetings in relation to four international oncology/surgery conferences related to pancreatic cancer. The lung cancer network will arrange 3 online meetings during 2026 and plans to hold physical meeting in alignment with major international conference ie, European Respiratory Society Congress (ERS 2026) in Barcelona, providing opportunity to integrate NoE activities with broader scientific exchange and clinical practice updates.

The January 2026 pancreatic cancer meeting will be devoted to guidelines and patient volumes in pancreatic cancer with guidelines and results shared from three countries that have recently developed national treatment principles.

5 TASK 5.3 – RESEARCH AND INNOVATION

5.1 Planned activities

Task 5.3 aims to use poor prognosis cancers as a model to assess the feasibility and added value of innovative omics technologies and other high-tech medical tools in patient management. As outlined in the DoA and further detailed in the latest task update, the planned activities include:

- **Identification and mapping of omics and high-tech medical resources** used in PPC-related translational and clinical research across selected EU centres.



- **Design of pilot clinical studies** to test the feasibility, utility, and impact of novel technologies (e.g., omics, molecular profiling, AI-based diagnostics) in defined focus groups.
- **Close collaboration with WP9 and WP10**, ensuring alignment with ongoing omics mapping (WP9 T9.2) and high-tech implementation frameworks developed within WP10.
- **Establishing connections with CCC/CN structures**, particularly through synergies with guideline development and innovation implementation.
- **Engagement of patient groups** in pilot design to ensure relevance, acceptability, and ethical robustness.
- **Integration of a training dimension**, including the development of a fellowship or twinning programme tied to the design and implementation of the pilot study (linked to Deliverable 5.1).

5.2 Achievements

- Work is ongoing to identify and map omics and other high-tech medical resources in selected EU centres, alongside advancing the design of pilot clinical studies and strengthening linkages with CCC/N actions and guideline development.
- In parallel, the WP9 T9.2 survey on the implementation and harmonisation of omics technologies across European hospitals is being further developed, including refinement of its purpose, scope, content, and target respondent groups.
- Two working groups under WP9 T9.2 are now operating to support this work—one focused on survey structuring (led by the OUS team) and one dedicated to survey analysis.
- The WP9 T9.2 survey has also been launched to map the use of innovative omics in clinical research, and the resulting dataset will serve as a key input for the ongoing Task 5.3 activities.

5.3 Challenges encountered

No specific challenges encountered.

5.4 Deviations in activities and justifications

A deviation is proposed for Deliverable 5.1 “Design of clinical study as a part of fellowship training”: postponement of the protocol due date from M24 (1 November 2026) to M48, to align the timeline with the progress and outputs of WP9 and WP10 activities. This adjustment is intended to ensure that the selected technology/omic and study design are fully informed by the ongoing mapping of innovative medical resources and omics.



5.5 Contribution of partners

- WP9 (T9.2 team) is developing and deploying the omics implementation survey that will generate the baseline evidence required for Task 5.3.
- The OUS team leads the working group on survey structuring, while a second working group is responsible for survey analysis.
- WP10 and CCC/N, together with focus groups in selected centres/countries, are foreseen as key collaborators for mapping innovative medical resources/omics and for defining and implementing pilot clinical studies and guidelines.
- Patient groups are planned to be actively engaged in the design of all pilot studies, and the training dimension (e.g. via fellowships or twinning programmes) is embedded in the task concept.

5.6 Use of resources

Resources used to date remain aligned with planned effort:

- Personnel months utilised as planned.
- No additional costs beyond those foreseen in the DoA.

5.7 Activities planned moving forward

- Finalisation and analysis of the WP9 T9.2 survey on omics implementation and harmonisation, to obtain the evidence base needed for Task 5.3.
- Liaison with WP9 and WP10 to select the specific novel technology or omic to be tested, based on the mapping of innovative medical resources.
- Design and drafting of the clinical study protocol (Deliverable 5.1) to test the impact of the selected novel technology in defined focus groups, within a fellowship or twinning framework.
- Organisation of an Expression of Interest (EoI) process to identify individuals and centres willing to contribute to the clinical study design and implementation.
- Strengthening links with CCC/N and relevant WPs for guideline definition and future implementation of innovative omics and other high-tech resources in patient management.



6 TASK 5.4 – EDUCATION AND TRAINING

6.1 Planned activities

Task 5.4 focuses on strengthening education and training across Europe for professionals involved in the management of poor prognosis cancers (PPC). The main planned activities include:

- Conducting a training and education needs assessment through literature review and expert consultation.
- Organising a Delphi consensus study to define core competencies required for PPC care across the patient pathway.
- Developing a framework for an online platform that will host training modules, educational materials, webinars, and collaborative learning tools—prioritising accessibility, interactivity, and user-friendliness.
- Creating online training modules, workshops, and webinars aimed at promoting hands-on learning and the dissemination of best practices across the PPC NoE.
- Developing supportive educational materials and literature to foster knowledge sharing within the network.
- Preparing a concept paper describing the desired content, structure, and technological features of the online training platform.
- Establishing evaluation tools to assess training quality, relevance, and learning outcomes.

6.2 Achievements

- Work is ongoing to analyse the current scientific literature on pancreatic cancer expertise through a systematic review, with the search strategy.
- In parallel, an initial shared and harmonised framework for the core curriculum of pancreatic cancer specialists is under development, intended to inform and guide future capacity-building activities.

6.3 Challenges encountered

- Collection of documents/inputs/feedback from other European partners

6.4 Deviations in activities and justifications

- Mapping of institutional documents at European level not yet completed due to some difficulty receiving documents/inputs/feedback from other European countries.
- Analysis of the current scientific literature on pancreatic cancer expertise still ongoing, due to due to a review and integration of the search string initially defined and launched.



6.5 Contribution of partners

- Task 5.4 is led by FPG, Rome, Italy, under the coordination of Giampaolo Tortora.
- A board of 10 Italian experts developed the foundational document for the pancreatic cancer specialists' core curriculum, which was released by the Italian Ministry of Health and now serves as the reference profile.
- Other European partners contribute documents, feedback and inputs to compare national/European profiles and to amend and integrate the proposed core curriculum framework.
- Other WPs and the Project Coordination are expected to participate in the discussion of results and in using the finalised framework to inform capacity-building actions.

6.6 Use of resources

Resources used to date remain aligned with planned effort:

- Personnel months utilised as planned, a limited delay occurred in recruiting new staff members dedicated to the action.
- No additional costs beyond those foreseen in the DoA.

6.7 Activities planned moving forward

- Continued mapping of institutional documents at European and national level to further refine the description of knowledge and competencies required for pancreatic cancer experts.
- Completion of the systematic review process: finishing study selection (titles and abstracts), followed by analysis and synthesis of evidence.
- Comparison of the Italian core curriculum profile with documents and inputs from other European partners, and subsequent amendment/integration of the framework based on this feedback.
- Updating and integrating the framework for the pancreatic cancer specialists' core curriculum according to the results of the systematic review.
- Finalisation of the core curriculum document and discussion of results with other WPs and Project Coordination to ensure alignment with real needs and local contexts, and to inform the design of future capacity-building initiatives. The platform will be connected to JANE2 website.



7 TASK 5.5 – POLICY AND PATIENT ENGAGEMENT

7.1 Planned activities

In the short term, the planned activities comprise registering the protocols from the two scoping reviews on Health Policies and Patient Engagement and performing the respective scoping reviews. Afterwards, while we finalize the results of the scoping reviews, we will begin the development of the surveys for subsequent distribution among stakeholders. After data collection has finished, we will analyse the results, and these will be submitted to the Delphi method with experts. The image below summarizes the planned activities / next steps.

7.2 Achievements

The first drafts of the two scoping reviews have been completed, and we are already conducting preliminary searches on PubMed to refine the search strings.

7.3 Challenges encountered

We anticipate facing the following challenges: performing the two scoping reviews simultaneously; ensuring stakeholder adherence to the survey; identifying experts from all EU member states to integrate into the Delphi panel; and managing the overlap with other ongoing tasks.

7.4 Deviations in activities and justifications

Although the hiring of the dedicated staff was delayed compared to the initial plan, it will not impact the completion of the planned tasks.

7.5 Contribution of partners

This is not applicable at this time, but partners' contributions will be requested for the survey distribution and/or response during the first semester of 2026.

7.6 Use of resources

We will use the platform to register the protocol and the databases for scoping review searches (PubMed, Scopus and CINAHL), which were all easily accessible.

7.7 Activities planned moving forward

Once we have the results from the scoping reviews, surveys and Delphi method, we will be able to create a catalogue of policy initiatives and patient engagement strategies, as well as to develop educational materials and supportive literature to disseminate the catalogued best practices across the network.



8 TASK 5.6 – GOVERNANCE, DISSEMINATION, EVALUATION AND SUSTAINABILITY

8.1 Planned activities

Task 5.6 ensures the effective governance, coordination, visibility, evaluation, and long-term sustainability of the PPC Network of Expertise. According to the Description of Action, the planned activities include:

- **Governance (T5.6.1):**
A governance structure for the PPC NoE is in place, including roles, responsibilities, decision-making mechanisms, problem-solving procedures, and interactions with external experts, stakeholders, and other NoEs, as presented in the first JANE report.
- **Dissemination (T5.6.2):**
Implementing a targeted dissemination strategy to reach healthcare professionals, patients, policymakers, and other key stakeholders involved in PPC.
- **Evaluation (T5.6.3):**
Coordinating with WP3 to evaluate the efficiency and effectiveness of NoE activities, using qualitative and quantitative indicators aligned with the overall JANE-2 evaluation framework.
- **Sustainability (T5.6.4):**
Collaborating with WP4 to develop a sustainability strategy for the PPC NoE, focusing on resource planning, funding mechanisms, scalability, European collaboration, and country-level implementation of achievements.

8.2 Achievements

Work is ongoing to define the governance scope for Task 5.6, including a targeted dissemination approach aimed at professionals, patients, and key PPC stakeholders (T5.6.2), an evaluation framework aligned with WP3 to assess efficiency and effectiveness using a combination of qualitative and quantitative data (T5.6.3), and a sustainability strategy developed in cooperation with WP4 focusing on resource allocation, funding mechanisms, scalability, EU collaborations, and country-level implementation of achievements (T5.6.4).

8.3 Challenges encountered

- Difficulties in definition of relevant KPIs

8.4 Deviations in activities and justifications

KPIs will be reassess in the following periods to adjust the real needs and assure long-term sustainability



8.5 Contribution of partners

Close cooperation between the WP5 leaders and WP3 coordination team

- Leader: RSYD-University Hospital of Southern Denmark (Torben Frøstrup Hansen, PM-Jesper Stejnicher Drongstrup Jensen)
- Co-leader: Biosistemak, Spain (Jone Guenetxea Gorostiza, Sarah Berrococo Cascallana, Ane Fullaondo Zabala, Lola Verdoy)
- Sub-task leader: Institute of Oncology Ljubljana, Slovenia (Maja Čemažar, Nina Pečoler, Alma Čerin, Anja Kocijančič)

Synergies with WP 3/ tasks

- T 3.1 Develop an evaluation framework
- T 3.2.- Manage data collection and analysis (KPIs)
- T 3.3 – Regular reporting – dashboard
- T 3.4 – Publication of results

8.6 Use of resources

Resources used to date remain aligned with planned effort.

No additional costs beyond those foreseen in the DoA.

8.7 Activities planned moving forward

- Continued implementation of the monitoring system to track WP5 progress against KPIs.
- Ongoing coordination with WP3 (evaluation) and WP4 (sustainability) to ensure that governance, evaluation and sustainability strategies for the NoE are consistent, evidence-based and implementable at national level.

8.8 Governance of the NoE

The Network of Expertise (NoE) on Complex and Poor Prognosis Cancers is governed within Work Package 5 (WP5), led by the Maria Skłodowska-Curie National Research Institute of Oncology (MSCI, Poland), with Socialstyrelsen (Sweden) acting as co-lead. WP5 governance encompasses several thematic tasks, including care (T5.2), research (T5.3), education and training (T5.4), policy and patient engagement (T5.5), and governance, evaluation and sustainability (T5.6), each coordinated by designated task leaders.

The pancreatic cancer domain is jointly chaired by Mef Nilbert / Matthias Löhr (Sweden) and Nuria Malats (Spain). Members are responsible for contributing to joint NoE initiatives and for ensuring



effective linkage between the EU-level Network of Expertise and national or regional expert structures.

The lung cancer domain is chaired by Joanna Chorostowska-Wynimko (Poland) and Torsten Gerriet Blum (Germany), with around 100 members from 21 countries who jointly advance the work programme and strengthen the connection between EU-level initiatives and national or local lung cancer expertise.

Governance meetings and coordination activities

Governance of the NoE is supported by a structured system of regular meetings at different levels organised by MSCl. These include coordination meetings between NoE leaders and the Joint Action coordinator, quarterly WP5 group and task-leader meetings, as well as separate domain-specific meetings for pancreatic and lung cancer. We attended the JANE2 Coordination Meeting and the Policy Dialogue.

8.9 Dissemination activities

WP5 dissemination activities have expanded significantly, combining domain-specific outreach with coordinated communication efforts through WP2. Dissemination will be organised as a targeted activity (Task 5.6.2) towards professionals, patients and key stakeholders involved in poor-prognosis cancers. In the pancreatic domain, dissemination occurs through dedicated expert-network meetings, calls for experts, and interaction sessions with professional and advocacy networks.

8.10 Synergies with the NoE

The NoE is explicitly designed to work in synergy with other JANE-2 WPs and NoEs as well as external EU initiatives. Governance and evaluation are aligned with WP3 (evaluation framework, KPI collection, dashboards and publication of results) and sustainability planning with WP4. In care and quality, the pancreatic network collaborates with EUnetCCC (WP8/WP9) on sets of standards and quality indicators for pancreatic cancer and CCCN implementation. For lung cancer, synergies are being established with EU4Health actions on the European Lung Cancer Strategy, the SOLACE project on lung cancer screening, SPARC project on advancing diagnostics, improving care access, and enhancing patient outcomes to align NoE criteria with existing thoracic oncology expertise.

Working groups in both cancer domains are foreseen to link with the NoE on Personalised Primary Prevention (for early detection and prevention), the Omics NoE (for biosamples and clinical/genomic data roadmaps) and a high tech solutions. Synergies further extend to other EU projects on pancreatic and lung cancer EU initiatives. The attempt to collaboration with European patient organizations may ensure that NoE standards are integrate patient perspectives.

Sustainability

Sustainability is a dedicated component of Task 5.6 (T5.6.4), developed in close collaboration with WP4 and focused on establishing a long-term strategy covering resource allocation, funding



mechanisms, scalability, EU-level collaborations, and the implementation of NoE achievements at national and regional levels.

Deutsche Krebsgesellschaft (DKG), represented by **Ellen Griesshammer**, plays an active coordinating and facilitative role in the sustainability work under WP4. DKG has been responsible for preparing and circulating a pre-filled stakeholder mapping Excel file, drawing on documentation from JANE-1 and early JANE-2 activities, and aligning this work with the needs of WP5 and the NoE on Complex and Poor Prognosis Cancers. DKG has coordinated the consultation process with WP5 leadership and task leaders, provided clear guidance and instructions, and set timelines to ensure timely feedback and consolidation of inputs. The **stakeholder-mapping exercise led by WP4 and coordinated by DKG** aimed to systematically identify, validate, and prioritise stakeholders required to sustain NoE services over time. Stakeholders are categorised according to their typology and their potential role as users, partners, and/or customers of NoE services, thereby supporting a structured assessment of expectations, contributions, and added value. DKG also acts as an interface between WP4 and WP5 by collecting feedback from NoE leadership, harmonising inputs across tasks, and preparing a consolidated stakeholder mapping list for submission to WP4. This process ensures consistency, transparency, and alignment between sustainability planning and the operational realities of the NoE PPC.



Revision History

Version no.	Date of issue	Author(s)	Brief description of change
1	18.11.2025	Iwona Lugowska Anna Glowacka	First draft
2	15.12.2025	All	Input and comments
3	18.12.2025	Iwona Lugowska Anna Glowacka	Final version