Quality Improvement: Innovations

EU Joint Action: Integrating Palliative Care in the EU Cancer Agenda: Insights From JANE-2

Line Foss, PhD, Augusto Caraceni, MD, PhD, Carlos Centeno, MD, PhD, Greta Chlebopaševienė, MD, Stine N. Clemmensen, MD, PhD, Itske Fraterman, PhD, Jesús González-Barboteo, MD, PhD, Mogens Groenvold, MD, PhD, DSci, Barry J A Laird, MD, Mari Lõhmus, MD, MSc, Miguel Mateu-Sanz, PhD, Anna Reyners, MD, PhD, Eva Schildmann, MD, PhD, Marianne Jensen Hjermstad, PhD[#], and Stein Kaasa, MD, PhD[#], on behalf of theWP6 Consortium[†]

Department of Oncology (L.F., B.J.A.L., M.J.H., S.K.), European Palliative Care Research Centre, Oslo University Hospital/Institute of Clinical Medicine, University of Oslo, Oslo, Norway; Department of Palliative Care—Hospice (A.C.), Pain Therapy and Rehabilitation, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy; University of Navarra Clinic and Institute for Health Research of Navarra (IDISNA) (C.C.), University of Navarra, Pamplona, Spain; Lithuania Hospital of Lithuanian University of Health Sciences Kauno klinikos (G.C.), Kaunas, Lithuania; Palliative Care Research Unit (S.N.C., M.G.), Bispebjerg/Frederiksberg University Hospital, Copenhagen, Denmark; Center of Expertise in Palliative Care and Department of Medical Oncology (I.F., A.R.), University Medical Center Groningen, University of Groningen, Groningen, the Netherlands; Palliative Care Unit (J.G.B., M.M.S.), Institut Català d'Oncologia (ICO), Hospital Duran i Reynals, L'Hospitalet de Llobregat, Barcelona, Spain; Research and Knowledge Group in Palliative Care of Catalan Institute of Oncology (GRICOPAL) (J.G.B., M.M.S.), Institut d'Investigació Biomèdica de Bellvitge (IDIBELL), L'Hospitalet de Llobregat, Barcelona, Spain; Department of Public Health (M.G.), University of Copenhagen, Copenhagen, Denmark; Department of Chemotherapy (M.L.), Haematology-Oncology Clinic, North Estonia Medical Centre, Tallinn, Estonia; Palliative Medicine (E.S.), Faculty of Medicine, University of Augsburg, Augsburg, Germany; Dipartimento di Scienze Cliniche e di Comunità—Dipartimento di Eccellenza 2023–2027 (A.C.), Università degli Studi di Milano, Milan, Italy

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Abstract

Background. Palliative care is inconsistently integrated into European cancer care, with fragmentation in provision, accessibility, and education leading to avoidable suffering and inefficient use of healthcare resources. There is a need to improve this through a Europe-wide initiative, the Joint Action on Networks of Expertise on Cancer (JANE-2), which builds on the earlier JANE initiative. Within JANE-2, one dedicated work package-6 (WP6) focuses specifically on palliative care.

Methods. JANE-2 spans 42 partners across 26 countries, in a cross-national, co-produced approach. As part of this, palliative care will be systematically appraised, aligned and ultimately transformed through one work package with four distinct tasks including: 1) organization and delivery, 2) digitalized care pathways with patient-reported outcomes, 3) education and competence frameworks, and 4) indicators for monitoring integration, using a "networks-in-networks" model designed for sustainability beyond JANE2.

Outcomes. These will include scoping reviews, expert consultations, and modular surveys to support cross-country mapping.

Conclusions. The palliative care work package within JANE-2 will deliver shared standards, pathways, education, and indicators in a sustainable European Network of Expertise that aims to embed palliative care as an inherent component of cancer care. J Pain Symptom Manage 2026;71:e624–e634.

Key Words

Cancer, palliative care, patient-centered care, patient reported outcome measures, education, health policy, European union, networks

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Address correspondence to: Line Foss, PhD, Department of Oncology, Oslo University Hospital (OUS), European Palliative Care Research Centre (PRC), Department of Oncology, OUS and Institute of Clinical Medicine, University of Oslo, Postboks 4950 Nydalen, Oslo 0424, Norway. E-mail: foslin@ous-hf.no

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[#] Contributed equally to this paper as senior authors.

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Key Message

WP6 of the EU Joint Action JANE-2, aspires to integrate timely, needs-based palliative care into cancer systems. By developing shared standards, pathways, education, and indicators, will deliver a sustainable European Network of Expertise to improve quality, equity, and system-level implementation.

Background

The four-year Joint Action Networks of Expertise on Cancer, JANE-2[1] was launched in November 2024. It was funded through the European Union - 4 (EU4) Health Programme and is part of Europe's Beating Cancer Plan (EBCP).[2] Building on the achievements of the preceding initiative (termed JANE, 2022−2024),[3] JANE-2 aims to improve cancer care in across Europe to the highest standard by establishing EU-wide Networks of Expertise (NoEs).[4] This is a health- policy-driven initiative focused on system-level improvement through shared tools, coordinated learning, and national implementation structures. By the end of the project, each NoE is expected to operate independently while aligning with existing structures such as the European Reference Networks[5] on rare diseases, the planned Comprehensive Cancer Infrastructure Network, as foreseen in EBCP,[2] and the Joint Action EU-net Comprehensive Cancer Centre Network.[6]

The NoEs in JANE2 are organized as seven thematic work packages: poor-prognosis cancers, palliative care survivorship, primary/secondary prevention, omics technologies, high-tech medical resources, and adolescents/young adults (AYA). Herein the rationale, objectives, methodology, and expected outputs of the palliative are work package 6 (WP6) are presented. The overall aim is to strengthen the integration of timely, needs-based palliative care for patients with cancer, in Europe, by establishing a NoE in Palliative Care. As part of JANE-2, this follows a "networks-in-networks" model that connects EU cancer policy with national programmes, to ensure a sustainable integration of palliative care into routine cancer care.

The Challenges around Palliative Care in Europe

The EU recognizes palliative care as a core component of its cancer control strategy, thus a dedicated WP on palliative care was created within JANE-2. WP6 addresses a long-standing gap: the uneven and insufficient integration of palliative care throughout the entire cancer trajectory.[7−10] It is being led by Oslo University Hospital (Norway) in collaboration with Istituto Nazionale dei Tumori (Italy) and involves 42 institutions from 26 countries (Appendix 1).

Despite decades of robust evidence, clinical guidelines, and policy recommendations from learned societies such as The European Society on Medical Oncology (ESMO) and the World Health Organization (WHO),[10−15] palliative care remains inconsistently integrated into routine cancer care. It is frequently misunderstood as care solely in the last days or weeks of life. At the same time rapid advances in cancer treatment have created organizational, commercial, professional, and social factors that have hindered the inclusion of palliative care.[8,16] Although symptom management has improved, systematic and structured palliative care is often initiated too late to realize its full effects alongside anticancer treatment or as standalone care.

The European healthcare landscape is also highly heterogeneous in terms of development, geography, resources and culture in palliative care. The 2025 European Association of Palliative Care (EAPC) Atlas[17] demonstrated persistent inequalities in palliative care between countries, particularly outside specialized centers, and in rural areas. These extended to clinical competence, organization of care, opioid availability and basic end-of-life care services. Additionally, timely, needs-based palliative care remains limited by heterogeneity in service delivery, disparities in professional education, poor availability of medicines, unsystematic symptom monitoring, and persisting misconceptions.[17] This specific WP is designed to overcome these barriers.

The WHO recognizes palliative care as a human right to health, and defines it as early, needs-based relief of suffering to improve quality of life for patients and families.[15,18] Randomized controlled trials show that specialized palliative care, integrated with anticancer treatment, improves outcomes[7,8,13,19−21] and whilst this is positive, patient-centered care requires attention to what matters to patients, how their needs change, and how care is adapted accordingly. A palliative care approach, grounded in patient-centered principles, contributes to better quality of life throughout the disease trajectory by tailored symptom management and support.[7−10,16] Evidence demonstrates improvements in symptom control, survival time,[19] communication, satisfaction, along with fewer hospital visits and less aggressive treatment at the end of life,[8,11,12,21] while also reducing healthcare costs.[22,23] The palliative care WP within JANE-2 aim to integrate palliative care across all patient settings, from tertiary to primary care. This implies a change of organization, service development in palliative care as well as change in mindset. The challenge is therefore not limited to resources only; it requires rethinking of the organization, service-delivery, and educational and professional cultures to ensure that palliative care becomes standard in cancer care based upon the evidence from clinical studies.

Palliative care is applicable at all stages of cancer (Figure 1). The focus is primarily on the patient, i.e., patient-centered care, not only the disease.[24] This does not necessarily mean there is a conflict between cancer-centered and patient-centered care; moreover, this is synergistic as both address how the disease affects the patient and family.

Figure 2 illustrates integration of palliative care across providers, levels, and settings, requiring coordination between cancer services, community care, and specialist teams to ensure timely, person-centered support as needs evolve and cancer treatment becomes less effective.[7,8,25–27]

Timely, needs-based, integration of palliative care ensures focus on what matters to patients and families, with shared decision-making being particularly important when anticancer treatment is less effective. Paradoxically, palliative care is at risk of losing momentum with a bias toward anticancer interventions, and the continuous development of new treatments.[28,29] Palliative care is not an alternative to anticancer treatments, but a "hand-in-hand" pathway throughout the cancer trajectory. This requires a shift in perspectives and mindsets, alongside seamless coordination and collaboration between anticancer treatment and palliative care.[13,22,30]

To address these structural and attitudinal barriers, four interrelated areas of action (Tasks 1–4) have been developed.

Methods

A coordinated, cross-national and implementation-oriented methodology has been applied with four related tasks, each addressing a distinct dimension of palliative care:

1. Task 1: Concept, Organization and Delivery of Palliative Care
2. Task 2: Developing and testing Digitalized Palliative Care Pathways
3. Task 3: Strengthening Education and Competence Across Sectors
4. Task 4: Creating and Validating Indicators for Monitoring Integration of Palliative Care in Oncology

WP6 follows a two-phase timeline: in 2025–2026, all four tasks focus on conceptual work, mapping and tool development will be done; in 2027–2028, the emphasis will then shift to refinement and implementation, including studies in multiple countries to test the feasibility, relevance and clarity of the proposed pathways, education frameworks and indicators. A core premise for sustainability is that these models, tools and indicators are adapted to local settings and continuously improved through the Network of Expertise and international collaboration.

Each task has literature reviews, scoping exercises and expert input to identify knowledge gaps, barriers

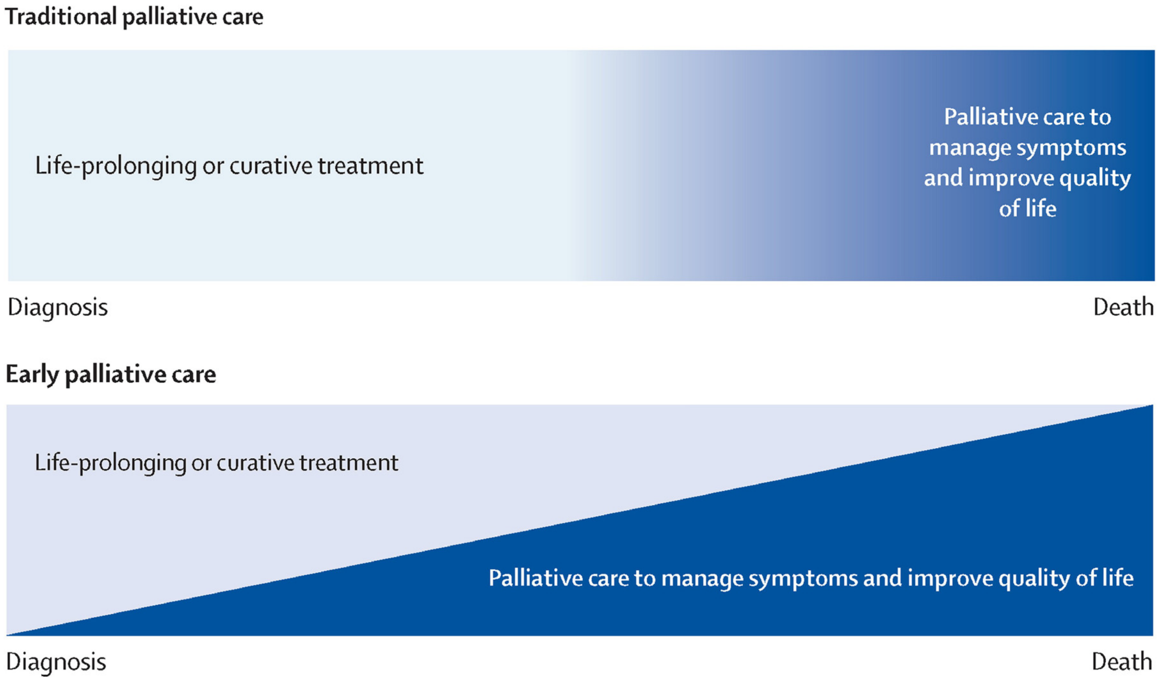

Fig. 1. Traditional versus timely and needs-based palliative care.[8] Reproduced with permission from Elsevier (Licence no. 6102590037198). This figure illustrates the role of palliative care across the cancer continuum, emphasizing early integration alongside disease-directed treatment.

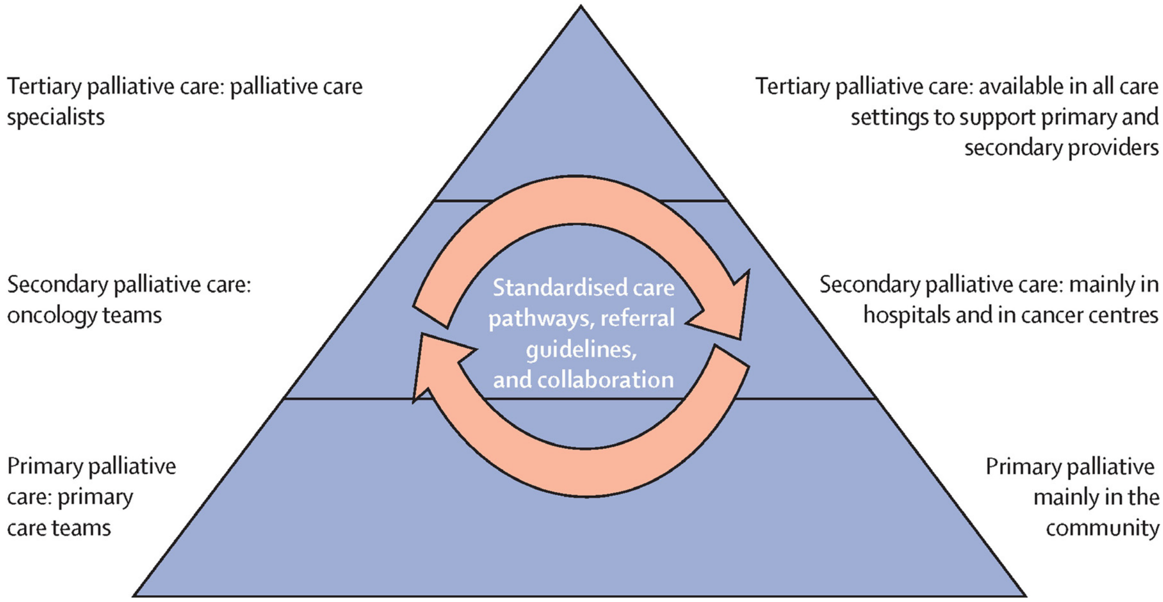

Fig. 2. Model of optimal palliative care provision for cancer care based on the integration across healthcare providers and settings.[8] Reproduced with permission from Elsevier (Licence no. 6102590037198). This figure shows how palliative care should be embedded across healthcare settings and delivered by different providers. The integration requires coordination between cancer services, community care, and specialist teams, enabling timely person-centered support as needs change and cancer-directed treatment becomes less effective.

and practical challenges. These then inform the design of modular surveys focusing on national and cross-country mapping. Stakeholder co-production is integrated, involving patients, clinicians, educators, researchers, patient organizations and system actors in developing tools and ensuring practical relevance.

The palliative care WP within JANE-2 builds on and contributes to ongoing European initiatives such as the Horizon Europe projects MyPath[31] which operationalizes digital care pathways with patient-reported outcomes (PROs), and EUonQoL[32] which will develop and test new standardized quality-of-life measurements. A synergistic education initiative is a COST Action (European Cooperation in Science and Technology), CODE-YAA,[33] focused on education, competence building and the development of educational indicators.

These collaborations promote responsive and needs-based palliative care across Europe. This work will be harmonized with other JANE-2 initiatives focusing on poor prognosis, survivorship and Adolescents and Young Adults. Table 1 details the overview of tasks activities, deliverables and sustainability measures.

Task 1: Concept, Organization, and Delivery of Palliative Care

Palliative care systems vary widely across countries and regions. At present, we lack a clear understanding of who delivers palliative care, where it is provided, and how responsibilities are distributed. For example, hospital-based palliative care in Norway may differ substantially from services in Spain, and even more so from systems in low- and middle-income countries. Without a comprehensive picture of existing structures, it is difficult to identify service gaps or plan for future improvements.

Task 1 addresses this challenge by providing a systematic assessment of how palliative care is currently organized and delivered across participating countries. The task includes a detailed, Europe-wide survey that will act as a blueprint for potential service development and workforce planning. Understanding the present landscape is essential before developing or harmonizing future services.

To tackle the wide disparities in how palliative care is defined and integrated into cancer care, Task 1 will investigate national frameworks, policies, and models of practice. This work will lay the conceptual groundwork. Significant variation exists in how palliative care is introduced, who takes responsibility, and the point in the disease trajectory at which it is offered. By mapping service organization and delivery, Task 1 provides an empirical and conceptual foundation for more aligned strategies across Europe.

Task 2: Developing and Testing Digitalized Palliative Care Pathways

Palliative care has been slower than other medical specialties to adopt structured care pathways and digital tools, reflecting challenges in translating evidence

Table 1
Overview of Tasks Activities, Deliverables and Sustainability Measures

Task	Activities	Deliverables	Sustainability
Task 1	• Scoping literature reviews • Expert consultations on key concepts • National survey on organization, delivery, and coordination of palliative care	• Shared European definition of integrated palliative care in cancer • Overview of organization and delivery of palliative care • Identification of barriers to integrated palliative care	• Supports harmonization of palliative care integration • Establishes knowledge base for future policy, research, and service development
Task 2	• Surveying current use of PROs and triage systems • Mapping institutional readiness and structural barriers • Developing and piloting pathway models based on MyPath	• Generic pathway model for palliative care • Implementation recommendations	• Promotes structured, needs-based pathways • Models for workflow integration • Builds institutional capacity for digital transformation
Task 3	• Mapping national curricula and accreditation processes • Analyzing competence frameworks • Developing benchmarking tools and quality indicators	• Overview of education structures and competence requirements • Aligned competence frameworks • Benchmarking and evaluation tools	• Supports harmonized training across Member States • Foundation for European competence qualification • Framework for future educational reforms
Task 4	• Scoping reviews of existing indicators • Expert interviews on measurement priorities • Delphi process to finalize indicator set	• Consensus-based indicator set for integration monitoring • Implementation guidance aligned with national evaluation frameworks • Conceptual model linking indicators to quality outcomes	• Standardized mechanism for monitoring progress • Supports continuous quality improvement • Enables benchmarking and policy development

into routine practice. Unlike cardiology and oncology, which use digitalized, protocol-driven pathways, palliative care remains variable and often poorly integrated. However, the complexity of palliative care should not preclude the development of structured and digitalized patient-centered pathways.

WP6 addresses this gap through a two-step study. First, palliative care organization, standardization, and the use of the pathway methodology will be mapped across European countries using scoping reviews, expert consultations, and modular survey instruments. Second, PCC pathways will be co-developed with integrated patient-reported outcomes. The pathway development uses an agile process within and between the centers (6−8 centers) selected for a pilot study. Thereafter the PCC are implemented at the sites, using implementation science methodologies. The MyPath methodology is used as a prototype for the entire process in this task.[34]

This task will explore scalable, adaptable pathway models (digital, hybrid, or paper-based) with a strong emphasis on digital solutions due to their efficiency and capacity to support real-time communication.

Task 3: Strengthening Education and Competence Across Sectors

Palliative care education across Europe remains highly variable, especially when compared with other medical specialties where training pathways and competence requirements are clearly defined and standardized. In palliative care, there is no uniform approach to undergraduate training, residency exposure, or specialist-level education. This inconsistency leads to significant disparities in clinical competence, service quality, and equity of care. There is a clear need to move towards a more structured, assessed, and standardized model of training ultimately progressing toward a Europe-wide competence qualification in palliative care.

Task 3 aims to address this gap by undertaking a comprehensive assessment of the current educational landscape. This includes examining what training is provided, how it is delivered, and how competence is measured across European countries. The task will actively engage with key organizations such as the EAPC and the European Union of Medical Specialists (UEMS) to align efforts and support the development of harmonized standards.

Building on insights from the EAPC Atlas 2025,[17] Task 3 will map national curricula, accreditation mechanisms, and existing competency frameworks. The task will also analyses gaps and opportunities for alignment, working towards shared benchmarks that can be adopted across training levels: undergraduate, postgraduate, and specialist. In collaboration with other European initiatives, Task 3 will contribute to the development of quality indicators and evaluation tools that support both educational processes and competence assessment.

Collectively, these activities will form the foundation for a harmonized, competence-based education framework in palliative care across Europe, ensuring that training becomes more consistent, accountable, and aligned with best practice.

Task 4: Creating and Validating Indicators for Monitoring Integration of Palliative Care in Oncology

Developing high-quality palliative care across Europe is essential, but progress is limited if we cannot measure it. Unlike conditions such as ischaemic heart disease or stroke, where outcomes are monitored through clear clinical metrics, palliative care requires a different approach. Because its value lies in quality, coordination, patient experience, and timely integration, we need well-defined quality indicators that can reliably assess whether palliative care is being delivered effectively and integrated into oncology services.

Task 4 addresses this need by creating a validated set of indicators that can be used to monitor the integration of palliative care into routine cancer care. Integration is understood as a model in which oncology and palliative care services work together, providing anticancer treatments while also offering interdisciplinary support for physical, psychological, emotional, and spiritual needs. Effective integration ensures coordinated, efficient, and person-centered care throughout the cancer trajectory.

This task will generate an evidence-based and consensus-driven indicator set through scoping reviews, expert interviews, and a formal Delphi process. The indicators developed will be sensitive to context and designed to align with national monitoring and evaluation systems, allowing Member States to track progress, identify gaps, and strengthen the quality of integrated care.

Networks-In-Networks

The aforementioned "networks-in-networks" model linking national clinical and research structures with EU strategies, will bring coordination closer to providers and reflecting real-world needs.[4] Local, regional, and national networks will serve as the main mechanism for adapting tools, guidelines, and care models in a cultural context, enabling co-development, that will be closer to the national and local palliative care services. This model, when developed, will strengthen implementation and sustainability of palliative care.

Conceptual Framework

The palliative care WP is informed by an implementation science approach using various implementation principles, rather than a single framework. However, the project builds on implementation principles described by Skivington et al.,[35] including systematic attention to local context, culture, organisational requirements, and available resources. These guide how determinants of implementation are identified and how implementation strategies are selected and adapted.

JANE-2 also incorporates core elements commonly described across widely used implementation frameworks including: 1) assessment of contextual and organisational determinants influencing implementation (e.g. intervention characteristics, inner and outer setting, and stakeholder needs); 2) selection and tailoring of implementation strategies to address identified determinants; and 3) evaluation of implementation outcomes such as adoption, integration into routine practice, and sustainability. These elements are applied throughout. For example, in Task 4, indicators of palliative care will be developed and applied to assess the impact of palliative care across diverse healthcare settings in Europe, explicitly accounting for contextual variation. This approach ensures that implementation efforts are both evidence-informed and responsive to local conditions

Within this approach, JANE-2 will systematically assess barriers and facilitators across multiple domains, including intervention characteristics, inner and outer setting factors, characteristics of individuals, and propose implementation plans adapted to the varies cultures and economical challenges across Europe. These determinants will inform hypothesised mechanisms of change such as improved workflow integration, increased user confidence, and strengthened communication pathways. Information from the JANE-2 project may also be applicable world-wide.

Engagement strategies for JANE-2 focus on structured, ongoing interaction with end users and stakeholders. These include early co-design sessions, iterative feedback cycles, clear communication channels throughout implementation, and tailored support to address site-specific needs. Together, these strategies are intended to promote stakeholder ownership, enhance feasibility, and optimize long-term integration of JANE-2 into routine practice.

Implementation Strategies

The palliative care work package implementation plan is an ongoing and iterative process. Each task group includes a broad membership of approximately 60 stakeholders from a range of settings who contribute to content development. Because of this collaborative structure, implementation occurs throughout the project rather than only at the end. Our aim is that, once completed, JANE-2 will be understood as a resource developed by a large community of palliative care professionals for the wider palliative care community.

Several components of the work package illustrate active implementation. For example, we are mapping palliative medicine training programmes across Europe to support the development of a future Europe-wide accreditation process. Another example is the integration of the MyPath tool within Task 2 to advance a digital patient pathway. These instances demonstrate how implementation activities are embedded across the project and inform the continuous refinement of JANE-2.

Discussion

Structural heterogeneity, workforce gaps, and poor understanding of what palliative care, whether alongside anticancer treatment or as stand-alone care, continue to hinder its integration into cancer care. The latest EAPC Atlas[17] substantiates this, pointing to the persistent disparities in access, inconsistent care pathways, and gaps in training and education. A core focus of the palliative care work package in JANE-2 is to address and close these gaps by placing palliative care on the European agenda. Similar challenges are observed also in high-income countries, raising concerns that palliative care is losing momentum due to the accelerating focus on new anticancer treatments.

The palliative care work package addresses and complements EU initiatives by advancing palliative care integration. Its outputs will include definitions, pathways, education, and indicators, designed to outlast JANE-2, supported by early engagement of authorities, professionals, researchers, and patients. This ambition requires robust infrastructure, governance, funding, and sustained European collaboration.

A strength of this work lies in its alignment with JANE-2's "networks-in-networks" model. This model aims to facilitate mutual learning, shared resource development, and policy alignment Subsidiarity as Member States can tailor the implementation to national contexts, complementing the focus of ERNs, CCIN, and EUnetCCC on specialised cancer care by introducing palliative care integration and palliative care approaches in the coordination of comprehensive cancer care.

The work package also builds on prior EU Joint Actions, such as Comprehensive Cancer Control (CanCon)[36] and Innovative Partnership for Action Against Cancer (iPAAC),[37] which helped place palliative care on the EU cancer policy agenda. While these actions addressed palliative care conceptually, they did not deliver the structural tools needed for widespread implementation. WP6 will fill this gap by offering operational solutions, grounded in evidence, co-creation, and real-world practices. As outlined, WP6 will be harmonized with other JANE-2 work. These synergies provide access to validated tools, implementation frameworks and experiences that will enhance the capacity to promote needs-based, integrated palliative care in Europe.

Ultimately, this will contribute not only to cancer policy, but to a broader cultural shift, reframing palliative care as an integral part of cancer care from diagnosis and onwards, not as an isolated service at the end-of-life. Achieving this, also demands alignment with the lived experience of patients and families and their perspectives during the disease. It will provide the foundation for this transformation, demonstrating the commitment of participating countries and sites to invest in palliative care as part of cancer care. Its future success will depend on how its outputs are embedded, institutionalised, and scaled across Europe in the years beyond JANE-2. Whether countries succeed in embedding palliative care will depend not only on evidence or tools, but on their investment in the competencies, and institutional support required to make integration real.

The broader cancer policy landscape is rapidly evolving, with increasing attention to quality, equity, and sustainability. The planned work within JANE-2 on palliative care offers a model aiming to integrate and deliver care that aligns with patient needs, values, and rights. Considering the steadily growing elderly population, the increasing prevalence of comorbidities, and the decline in the healthcare workforce, it is imperative that we address these needs now. The outputs can inform future Joint Actions and help embed palliative care more deeply into the European cancer care, with the long-term goal to build a palliative culture.

Conclusion

JANE-2 aims to leave cancer care, including palliative care, across Europe meaningfully stronger within five years within a population where people will be older, living longer and with a higher prevalence of incurable cancer. It is also acknowledged that changing practice, culture and organization, varies dramatically from more standard medical approaches e.g. targeting hyperlipidemia at a population level, smoking cessation etc. By creating shared standards, common training expectations, and a clearer picture of service provision across countries, JANE-2 is designed to help reduce unwarranted variation in access and quality. Its work on mapping services, identifying workforce needs, and clarifying core components of palliative care should allow health systems to plan more consistently and allocate resources more effectively. Digital tools developed or supported through JANE-2, such as patient-reported pathways, are intended to make services more responsive and person-centered. Overall, within JANE-2, the palliative care vision is that professionals, educators, and policymakers will have practical, evidence-informed frameworks that enhance coordination, strengthen training and accreditation, to ultimately improve the experience and outcomes of people receiving palliative care across Europe.

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References

1. JANE-2 consortium. Joint action on networks of expertise on cancer. Available at: https://jane-2.eu/; Accessed September 4, 2025.

2. European Commission. Europe's beating cancer plan: communication from the commission to the European Parliament and the Council. Brussels: European Commission; 2021 .

3. JANE consortium. JANE-project. Available at: https://jane-project.eu/; Accessed September 4, 2025.

4. Casali PG, Antoine-Poirel H, Berrocoso S, et al. Health networking on cancer in the European Union: a 'green paper' by the EU Joint Action Networks of Expertise on (JANE). ESMO Open 2025;10:104126.

5. European Commission. European Reference Networks. Available at: https://health.ec.europa.eu/rare-diseases-and-european-reference-networks/european-reference-networks_en; Accessed September 4, 2025.

6. German Cancer Society. EUnetCCC: The European Network of Comprehensive Cancer Centers . Available at: https://ecc-cert.org/health-service-research/eunetccc/ Accessed September 4, 2025.

7. Haun MW, Estel S, Rücker G, et al. Early palliative care for adults with advanced cancer. Cochrane Database Syst Rev 2017;6:CD011129.

8. Kaasa S, Loge JH, Aapro M, et al. Integration of oncology and palliative care: a Lancet Oncology Commission. Lancet Oncol 2018;19:e588–e653.

9. Ferrell BR, Temel JS, Temin S, et al. Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update. J Clin Oncol 2017;35:96–112.

10. Hui D, Kim YJ, Park JC, et al. Integration of oncology and palliative care: a systematic review. Oncologist 2015;20:77–83.

11. Ferrell BR, Firn JI, Temin S, Sanders JJ. Palliative care for patients with cancer: ASCO guideline clinical insights. JCO Oncol Pract 2024;20:1304–1307.

12. Jordan K, Aapro M, Kaasa S, et al. European Society for Medical Oncology (ESMO) position paper on supportive and palliative care. Ann Oncol 2018;29:36–43.

13. Bajwah S, Oluyase AO, Yi D, et al. The effectiveness and cost-effectiveness of hospital-based specialist palliative care for adults with advanced illness and their caregivers. Cochrane Database Syst Rev 2020;9:CD012780.

14. World Health Organization. Assessing the development of palliative care worldwide: a set of actionable indicators. Available at: https://www.who.int/publications/i/item/9789240033351; Accessed September 1, 2025.

15. World Health Organization. Palliative care. Available at: https://www.who.int/news-room/fact-sheets/detail/palliative-care; Accessed September 1, 2025.

16. Kaasa S, Hjermstad MJ, Sjøgren P. Commercial and social determinants in palliative care. Eurohealth 2022;28:22–27.

17. Garralda E, Tripodoro VA, Ling J, et al. EAPC Atlas of Palliative Care in the European Region. Pamplona: EUNSA; 2025.

18. World Health Organization. WHA67.19: Strengthening of palliative care as a component of comprehensive care throughout the life course. Sixty-seventh World Health Assembly. Geneva: World Health Organization; 2014.

19. Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. N Engl J Med 2010;363:733–742.

20. Jordhøy MS, Fayers P, Saltnes T, et al. A palliative-care intervention and death at home: a cluster randomised trial. Lancet 2000;356:888–893.

21. Vanbutsele G, Pardon K, Van Belle S, et al. Effect of early and systematic integration of palliative care in patients with advanced cancer: a randomised controlled trial. Lancet Oncol 2018;19:394–404.

22. Hui D, Bruera E. Integrating palliative care into the trajectory of cancer care. Nat Rev Clin Oncol 2016;13:159–171.

23. Knaul FM, Farmer PE, Krakauer EL, et al. Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: the Lancet commission report. Lancet 2018;391:1391–1454.

24. Ferris FD, Balfour HM, Bowen K, et al. A model to guide patient and family care: based on nationally accepted principles and norms of practice. J Pain Symptom Manage 2002;24:106–123.

25. Kayastha N, LeBlanc TW. When to integrate palliative care in the trajectory of cancer care. Curr Treat Options Oncol 2020;21:41.

26. Hui D, Paiva BSR, Paiva CE. Personalizing the setting of palliative care delivery for patients with advanced cancer: "care anywhere, anytime". Curr Treat Options Oncol 2023; 24:1–11.

27. Castro JA, Hannon B, Zimmermann C. Integrating palliative care into oncology care worldwide: the right care in the

right place at the right time. Curr Treat Options Oncol 2023;24:353–372.

28. Geyer T, Le NS, Groissenberger I, et al. Systemic anticancer treatment near the end of life: a narrative literature review. Curr Treat Options Oncol 2023;24:1328–1350.

29. Le NS, Zeybek A, Hackner K, et al. Systemic anticancer therapy near the end of life: an analysis of factors influencing treatment in advanced tumor disease. ESMO Open 2024; 9:103683.

30. Caraceni A, Apolone G. Conquer cancer for everyone. Lancet Oncol 2021;22:583–584.

31. MyPath. The digital solution to patient-centred cancer care. Available at: https://mypath-cancercare.eu/; Accessed September 4, 2025.

32. European Commission. EUonQoL Quality of Life in Oncology.. Available at: https://euonqol.eu/ Accessed September 4, 2025.

33. CODE-YAA. Palliative Care EDUcation. . Available at: http://codeyaa.eu Accessed September 4, 2025.

34. Urrizola A, Brkic A, Caraceni A, et al. MyPath: the roadmap to implementing patient-centred care. Acad Oncol 2025;2(1). https://doi.org/10.20935/AcadOnco7566.

35. Skivington K, Matthews L, Simpson SA, et al. A new framework for developing and evaluating complex interventions: update of medical research council guidance. BMJ 2021;374:n2061. https://doi.org/10.1136/bmj.n2061.

36. Cancer Control Joint Action (CanCon). Cancer control joint action—policy papers. Available at: https://www.iccp-portal.org/resources/cancer-control-joint-action-policy-papers; Accessed September 4, 2025.

37. iPAAC Joint Action. Innovative partnership for action against cancer. Available at: https://www.ipaac.eu/; Accessed September 4, 2025.

Supplementary Material; Appendix 1

Appendix 1. Participating Institutions in Network of Expertice in Palliative Care, WP6 by Country

Country	Institution(s)	Type of Institution
Austria	Medical University of Vienna / Vienna General Hospital	University hospital, Comprehensive cancer centre
Belgium	Vrije Universiteit Brussel	University / medical faculty
Bulgaria	National Association of General Practitioners in Bulgaria	Professional association
Cyprus	Bank of Cyprus Oncology Centre	Comprehensive cancer centre
Czechia	Masaryk Memorial Cancer Institute	Comprehensive cancer centre
Denmark	Aarhus University Hospital (Region Midtjylland)	University hospital, Comprehensive cancer centre
Denmark	The Capital Region of Denmark—Bispebjerg and Frederiksberg Hospital	University hospital
Estonia	North Estonia Medical Centre	University hospital
Finland	Finnish Cancer Center	Comprehensive cancer centre
Finland	Helsinki University Hospital	University hospital, Comprehensive cancer centre
France	UNICANCER	National network of cancer centres
Germany	Charité—Universitätsmedizin Berlin	University hospital
Germany	University Hospital Augsburg	University hospital
Greece	National and Kapodistrian University of Athens	University / medical faculty
Hungary	National Institute of Oncology	Comprehensive cancer centre
Hungary	National Koranyi Institute for Pulmonology	University hospital
Ireland	Health Service Executive	Health authority
Ireland	Trinity College Dublin	University / medical faculty
Italy	Fondazione IRCCS San Gerardo dei Tintori	University hospital
Italy	Fondazione IRCCS Istituto Nazionale dei Tumori	Comprehensive cancer centre
Italy	IRCCS Azienda Ospedaliero-Universitaria di Bologna	University hospital
Latvia	Riga East University Hospital	University hospital
Lithuania	Hospital of Lithuanian University of Health Sciences Kauno Klinikos	University hospital
Lithuania	Ministry of Health of the Republic of Lithuania	Health authority
Lithuania	National Cancer Institute	Comprehensive cancer centre, Research institute
Moldova	Institute of Oncology	Comprehensive cancer centre
Netherlands	Netherlands Comprehensive Cancer Organisation	Research institute, national cancer organisation
Netherlands	University Medical Center Groningen	University hospital, Comprehensive cancer centre
Norway	Oslo University Hospital	University hospital, Comprehensive cancer centre
Portugal	Directorate-General of Health	Health authority
Portugal	Portuguese Oncology Institute of Lisbon Francisco Gentil	Comprehensive cancer centre, Research institute
Romania	OncoHelp Association—Oncology Center	Patient/NGO cancer centre
Slovenia	University of Ljubljana, Faculty of Medicine	University / medical faculty
Slovenia	Institute of Oncology Ljubljana	Comprehensive cancer centre
Spain	Andalusian Health Service	Health authority
Spain	Catalan Institute of Oncology	Comprehensive cancer centre
Spain	Ministry of Health of the Valencian Government	Health authority
Spain	Vall d'Hebron Institute of Oncology	Research institute, Comprehensive cancer centre
Sweden	Region Östergötland (Linköping University)	Health authority, University hospital
Sweden	National Board of Health and Welfare	Health authority
Ukraine	National Cancer Institute	Comprehensive cancer centre
United Kingdom	The Royal Marsden NHS Foundation Trust	Comprehensive cancer centre

Supplementary Material; Appendix 2

The Network of Expertice in Palliative Care (WP6) Fact Box: What We Aim to Achieve

Overall aim:

To promote timely, needs-based integration of palliative care into mainstream cancer care across Europe through structured, system-level implementation and the establishment of a sustainable Network of Expertise in Palliative Care.

The Network of Expertice in Palliative Care (WP6) Fact Box: What We Aim to Achieve

The Network of Expertice in Palliative Care (WP6) will:

- Define and promote a shared understanding of integrated cancer palliative care
- Develop and pilot scalable clinical pathways using patient-reported outcomes
- Strengthen education and training through competence-based frameworks and indicators
- Create, validate, and map indicators to monitor integration and guide system improvement

The Network of Expertice in Palliative Care (WP6) Fact Box: Deliverables by the End of JANE-2

- A harmonised European framework for the concept and delivery of integrated cancer palliative care, including barriers to integration
- Shared European understanding of integrated cancer palliative care
- Scalable care pathways using patient-reported outcomes
- Competence-based education framework across levels of training, with European consensus document and validated indicators
- Validated indicators for monitoring integration, including mapping of compliance across Europe, to guide system improvement
- A sustainable Network of Expertise in Palliative Care, expanded and maintained through the “networks-in-networks” model to ensure long-term impact