ECI Magazine

Organisation of European Cancer Institutes

European Economic Interest Grouping

Number 1 - Year 10
June 2026

49 ANNIVERSARY OECI

OECI Organisation of European Cancer Institutes
European Economic Interest Grouping

OECI49

Oncology Days

June 2027 Dublin, Ireland

GENERAL ASSEMBLY
SCIENTIFIC CONFERENCES
AND RELATED EVENTS

DEVELOPING THE FUTURE IN COMPREHENSIVE CANCER CARE

Editors:
Giovanni Apolone
and Claudio Lombardo

The contents of the articles are under the responsibility of the authors.

Editorial Office:
OECI Liaison Office

Publisher:
Organisation of European Cancer Institutes
European Economic Interest Grouping
c/o Fondation Universitaire, Rue d'Egmont 11
B-1000 Brussels, Belgium
www.oeci.eu oeci@oeci.eu
OECI - RPM N. 0473647634
Royal Library of Belgium
N.: D/2026/12.243/1

ISBN N.: 9789464782837

Graphic Designer:
Studio Sichel, Piacenza, Italy
Diana Kochegarova, Genoa, Italy

This Magazine has been realised in collaboration with: SOS europe

Index

OECI MAGAZINE n. 1-2026

OECI Strategy 2024-2026: Outcomes at the End of the Presidency's Mandate

Giovanni Apolone
President of the Organisation of European Cancer Institutes, Brussels, Belgium

OECI is an organisation now comprising more than 180 cancer centres, both within and outside Europe, which has always pursued the goal of improving the quality of cancer care – and thereby improving patient outcomes – with particular dedication over the last six years.

During Prof. Thierry Philip's presidency, OECI increased the number of member institutes and laid the foundations for my three-year term, during which, whilst maintaining and building on the initiatives proposed and implemented by the previous President, new activities were launched and supported, helping to create a broader and more robust community of people interested in the quality and improvement of care.

Over the past three years, we have made significant progress in strengthening OECI's role as a network of excellence and a driver of European integration, by strengthening the translational and interdisciplinary dimensions of cancer research, encouraging an increasingly integrated model of patient care and scientific innovation (see Table1).

Among the results I would like to highlight:

- **our participation, as leaders and/or beneficiaries, in several European projects** - among the several in which we are present I would like remind CCI4EU and EUonQoL that will undoubtedly shape the future of our Organisation, increase the participation of OECI Institutes in policy and cancer care research, and offer concrete opportunities to improve therapeutic options and the quality of life for our patients;
- **the revision of standards and the expansion of the OECI Accreditation and Designation Programme** (A&D Programme) which today involves more than 60% of our Members in Europe and beyond, helping to spread a shared culture of quality and continuous improvement;
- **the launch of new education, training and networking initiatives** dedicated to young and mild career young OECI people (ACADEMY and YOUNG Board) initiatives aimed at promoting collaboration among young researchers, clinicians, and managers of cancer centres
- **a continuous effort to involve citizens, patients and their representatives in our activities and projects**, restructuring all our working groups accordingly, with special attention to the one aimed at increasing their participation in policy and decision-making processes: the OECI for Patients WG.
- **the expansion of OECI's international dimension**, with new partnerships and exchanges that have enabled us to share experiences and expertise on a global scale, setting a model to be followed in other continents (OECIWORLD Programme)

All this would not have been possible without the dedication, competence, and vision of our Members, a large community that represents the true strength, and the support of our General Manager and the entire Board of Directors.

The European and international landscape is becoming increasingly complex; new risks, new players and new opportunities call for a re-evaluation of OECI's future. Although OECI has developed a comprehensive portfolio of activities linking accreditation, research, education, patient involvement and European collaboration, we must look ahead and assess whether we need to embark on a process of change, with a vision, mission and structure better suited to future and likely scenarios.

According to the above reflections, despite the fact that this will be the task of the new President, assisted by our Board and with the input of the General Assembly, I would like to add some information and thoughts that might help the new leadership to position our organization within the future European landscape and context.

During last months, I also considered it appropriate to request that the Chairpersons of our Working Groups, as well as the leaders of all the initiatives developed during my term, prepare and present a **three-year work plan**. This initiative is intended to provide a structured framework that will allow the incoming President to build a forward-looking strategy for the coming years. Such a strategy should be grounded on a **solid scientific foundation**, drawing on the work that has already been carried out during previous mandates, while at the same time identifying **concrete priorities and actions** that must be implemented in the years ahead, as well as will increase the role of members of the OECI community in by feeling part of a larger initiative and making a meaningful contribution to the discussion and future projects.

In addition, I proposed during the last meeting of our Board the preparation of multiannual work plans aligns our activities with the broader logic of **European strategic programming**, which increasingly emphasizes medium- and long-term planning, coordination among stakeholders, and the efficient use of financial resources. By articulating clear objectives, milestones, and deliverables over a three-year horizon, our working groups will be better positioned to contribute to the priorities emerging from European research and policy frameworks, including initiatives connected with **EU research and innovation programmes**, cross-border scientific cooperation, and the development of shared data and knowledge infrastructures, enabling OECI to position itself as a reliable partner in the development of **integrated European scientific agendas**.

Finally, we started discussing the opportunity (need?), given the wide variation that exists across Europe in terms of epidemiology, availability of resources to be allocated to health services, and outcomes, to focus on the countries and institutions that, more than others, require improvements in the quality of care–improvements that often involve support initiatives such as capacity building programs and other interventions tailored to specific needs. This applies not only to certain low-income countries but also to special situations such as Ukraine, which is still the target of an aggression by Russia, which has devastated its infrastructure - both healthcare and non-healthcare -and caused immense suffering to its citizens.

As my term comes to an end, I also wish to share with you my determination to continue working actively with OECI, and the OECI Board, focusing particularly on the participation in the European projects and development of international relations. I am deeply convinced that the future of our Organisation lies in its ability to build bridges between disciplines, between centres, between countries, and between continents.

I am confident that the new OECI Presidency, under the leadership of Professor Iwona Lugowska, will continue and strengthen, the path we have embarked upon, giving new impetus to the process of integrating the activities of Europe's most prestigious cancer institutes, and extending OECI's objectives beyond European borders, without compromising the principles and values that have always underpinned OECI, because "**OECI is about quality**" and we care for our citizens and patients.

OECI TODAY

- The largest Worldwide network of cancer centres/institutes recognised as European entity by the European Union (**more than 180 members**, covering 26 EU Member States)
- **About 65%** of our Members are currently partecipating in the A&D Programme, 80 already certified
- Several quality-focussed activities ongoing
  - A voluntary certification system: The A&D Program
  - 4 Working Groups (work in progress)
    (Patients, Cancer Economics, Biobanks&AI&Personalized Medicine, Outcomes cancer research)
  - OECI Academy to train young scientists and prepare future managers
  - A Board of young oncologists
  - OECI World
  - Coordination and participation in several European JAs and CSAs

Next: supportive/coaching/twinning/funding activities for specific centres (in Low Income Coutries) are under discussion, and a specific project to support Ukraine is in preparation

OECI: Excellence Remains Our Foundation. A New Strategy Will Shape Our Future

Iwona Lugowska
President-Elect of the Organisation of European Cancer Institutes, Brussels, Belgium

As OECI approaches nearly five decades as Europe's longest-established network of almost 200 Comprehensive Cancer Centres, we can take profound pride in what we have achieved together. Over the years, OECI has evolved into a respected and influential organisation, shaping standards in accreditation, quality, multidisciplinary cancer care, research, education, and institutional development across Europe. This legacy is not only a reflection of our history—it is a powerful institutional asset that positions OECI to continue leading within an increasingly complex oncology landscape.

The accumulated know-how, programmes, and initiatives built throughout OECI's evolution provide an exceptional platform for sustaining leadership while delivering value to our members and the broader healthcare system. The OECI Accreditation and Designation Programme has become a widely recognised benchmark for organisational quality in comprehensive cancer care, with 115 Comprehensive Cancer Centres either accredited or currently engaged in the accreditation process across our network. Through OECI World, we are expanding our global reach and strengthing international partnerships. OECI Patients reinforces patient engagement, ensuring that our work remains aligned with the needs, experiences, and priorities of those we ultimately serve. At the same time, OECI is cultivating future leaders, bringing new expertise, perspectives, and energy into our community. Together with our Working Groups in critical fields such as health economics, precision medicine, and artificial intelligence, we remain at the forefront of emerging scientific, organisational, and policy developments. The OECI Academy has become an essential platform for professional development and knowledge exchange across our network. The successful completion of one of our flagship projects, Comprehensive Cancer Infrastructures for the European Union (CCI4EU), financed through Horizon Europe as a strategic investment in EU policy priorities, has further reinforced OECI's institutional relevance by strengthening capacity, fostering collaboration, and advancing quality development across European cancer systems.

As we celebrate this important milestone during Oncology Days '48 in Warsaw on 17–19 June, we are reminded that growth and longevity bring not only recognition, but also responsibility. In a period of continued expansion and rapidly evolving external conditions, OECI is called to further strengthen its role not only as a benchmark for quality, but also as a strategic contributor to the evolution of cancer systems at both European and global levels. At the same time, oncology is being reshaped by substantial EU investment, digital transformation, and rapid scientific progress. The accelerated emergence of new diagnostic methods, high-cost innovations and therapies, combined with legislative, demographic, and security-related developments, is creating an increasingly complex environment for healthcare systems across Europe. In this context, OECI must build on its decades of expertise, institutional credibility, and established frameworks to reinforce its leadership role and help shape the future of cancer care as a major driver of progress in European and global oncology.

For this reason, we have launched the OECI 2030 strategy initiative, grounded in the strong belief that this process cannot be driven centrally or by a limited group alone; it must be built through the active engagement of members across our entire organisation. Reducing inequalities through a patient-centred approach remains central to this vision and must be present across care, research, innovation, and institutional development. The expertise and perspectives of our Comprehensive Cancer Centres constitute one of OECI's greatest institutional strengths, and the long-term direction of our organisation should emerge through inclusive dialogue across our community.

The development of OECI 2030 will therefore be a central priority of my Presidency. As we begin this new chapter, we are called not only to preserve what previous generations have built, but also to strengthen, modernise, and expand its impact. In the coming months, I will invite all OECI members to contribute actively to this important process. This commitment also requires deeper integration of patients as contributors to priority setting and knowledge generation. This OECI 2030 strategy should be structured, participatory, and truly collective, mobilising the knowledge, ambition, and practical experience of our centres, experts, working groups, patients, and future leaders. Stronger connectivity through an enhanced community of practice (and within our centres, specialist communities of practice), more agile cooperation, and clearer organisational focus will be essential to reinforce the internal structures that enable OECI to respond effectively to evolving challenges. The strategy development process must also identify concrete opportunities to strengthen collaboration and alignment with national cancer networks, cancer organisations, scientific societies, and broader European and global initiatives.

Through broader participation, partnerships, and the full mobilisation of our collective capabilities, we can ensure that OECI's next phase of development is inclusive, resilient, and impactful. As Jean Monnet wisely observed, "Nothing is possible without people; nothing is lasting without institutions." Our enduring strength lies in combining institutional excellence with the collective power of our community.

Together, we can further expand OECI's leadership, strengthen quality frameworks, reinforce strategic alliances, healthcare standards and innovation priorities—thereby shaping not only the future of our organisation, but also the future of cancer care across Europe and beyond.

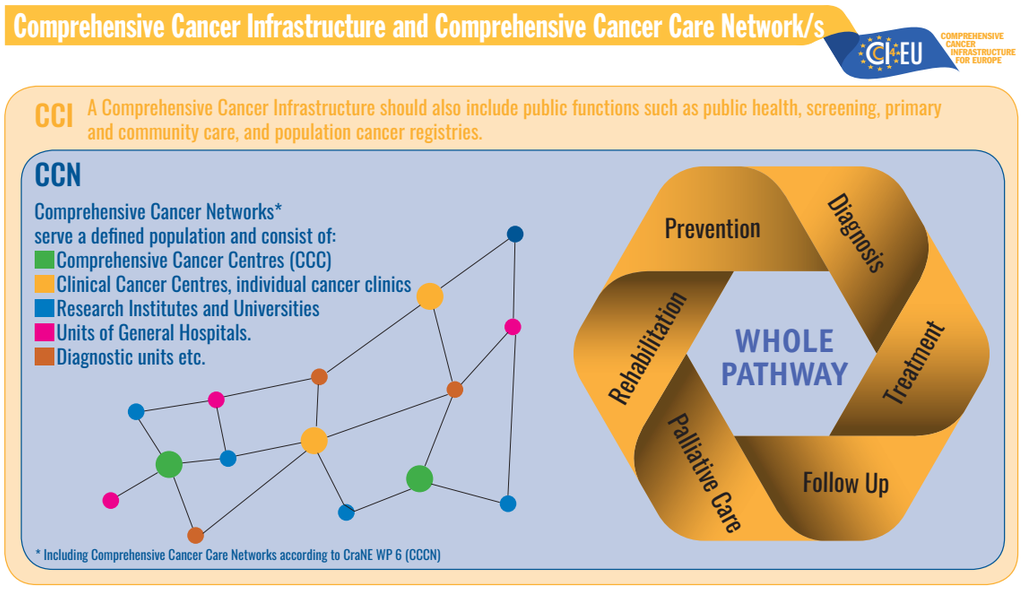
CCI4EU: A Three-Year Experience on Capacity Building

***Simon Oberst*[1], *Giovanni Apolone*[2], *Maja Čemažar*[3]**
1. Organisation of European Cancer Institutes,Brussels, Belgium and Improving Cancer Services,Bornholm, Denmark
2. Organisation of European Cancer Institutes,Brussels, Belgium
3. Institute of Oncology Ljubljana, Slovenia

We reached the end of the CCI4EU Horizon Europe Co-ordination and Support Action (CSA) on 30 April 2026. On April 16-17, 2026 we had a final meeting of the Consortium in the wonderful town of Bled in Slovenia

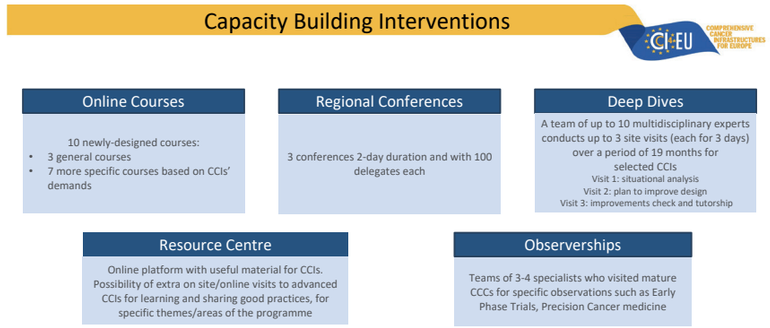
This conference marked the conclusion of what has been a very busy and rewarding project. It involved 26 beneficiaries, 28 entities affiliated to OECI, spanning 32 countries. The project was over 3 years, with a total budget of just under €10 million.

Unlike other EU initiatives launched by the European Commission, the aim of CCI4EU was not to create an EU network of new structures, but to build capacity within Comprehensive Cancer Infrastructures (CCIs). The vision for the structures has been wider than the traditional Comprehensive Cancer Centres, at which OECI is an expert. When we started the project we defined CCIs in a wide sense, as shown in the figure below.



This means that the CCIs which we were evaluating, and capacity building within these infrastructures, were networks of different cancer institutions working together across a geography, with a population generally between 1 and 6 million. These institutions included hospitals, universities, research institutions, regional and national authorities, and public functions such as the screening authority and the cancer registry. In some cases, these institutions had not formally worked together before in a collaborative manner. So, bringing them together was itself a beneficial exercise. The CCI4EU action then deployed its Maturity Model, developed in the first year of the project, as a self-assessment model by the CCIs. An impressive number of 58 CCIs completed all or part of the criteria of the Maturity Model across 8 themes, scoring themselves for maturity against each criterion.

In parallel to this work, the design of interventions was being worked on, trying to identify the best formats of capacity building models for different circumstances. The main interventions are depicted in the figure below. These interventions included, online courses, regional conferences, each devoted to a specific theme, deep dives and resources centre.



Online training is a model which can be deployed flexibly. CCI4EU successfully delivered 10 online courses over the course of 18 months. Courses with particularly high rates of engagement were around Molecular Diagnostics and Precision Medicine, What does a Comprehensive Cancer Infrastructure do? and Clinical Trials. The teaching time on each course and the regional conferences is depicted in the table below.

Hours Provided Across Courses and Conferences 1/3

		CBI TITLE	TIME PER CBI (hours) PER MATURITY LEVEL THEME 1 Structure of CCIs	2 CCC	3 Interfaces	4 Discovery & translational research	5 Clinical research	6 Outcomes research	7 Screening & early detection	8 Patient Pathways	TOTAL
CONFERENCES	1	Bringing research insights into clinical implementation	1:40			7:40	0:50				10:10
	2	Accelerating cancer research and innovation in comprehensive cancer infrastructures	1:40	2:00	1:15	2:00	1:15	0:45	1:00	0:50	10:45
	3	Efficient Patient Pathways	1:45	2:20		1:05	1:10	0:10	0:15	2:45	9:30
ON LINE COURSES	1	What does a Comprehensive Cancer Infrastructure do?	1:20	0:40	0:30	0:30	0:20			0:20	3:40
	2	Clinical trials and clinical research	0:15			0:15	4:15		0:15		5:00
	3	Molecular diagnostics and precision medicine			0:45	0:15	2:00	1:15		0:30	4:45
	4	Cost of health care and drugs	1:39	1:00	0:45	0:25	0:10		0:40	2:40	7:19
	5	Patient empowerment and patient-centered care	0:45	0:45		0:05				2:05	3:40
	6	Data Sharing and Exchange	1:00	1:00	1:00				1:00		4:00
	7	Early cancer detection, screening, and prevention						3:50			3:50
	8	Patient centered cancer outcome research		0:30		0:30		4:00	0:15		5:15
	9	Developing research skills for young researchers				1:00	2:40				3:40
	10	How to optimize molecular diagnostic in practice?		1:00			0:50	1:30	1:05	0:15	4:40

A second form of intervention was **regional conferences** held in different regions of Europe. These were held in Warsaw, Brussels and Madrid (see photo below) over a 12-month period. The attendance was limited to 100 delegates in each case, and priority was given to teams of clinicians and researchers, rather than isolated individuals, with the intention that teams attending the conferences could return and have real impact and change in their institution. The participation of the attendees was covered by the CCI4EU project. It was gratifying that the age range reached was predominantly younger professionals, and in the second and third conferences all the participants were under the age of 45. Themes were: Bringing Research into Clinical Implementation; Accelerating Cancer Research and Innovation in Comprehensive Cancer Infrastructures; and Effective Patient Pathways. The sessions most highly evaluated by delegates were those in which Use Cases (often clinical studies in the course of development) were presented by peer delegates, and then received relevant and constructive comments from other participants.

Participants to the Capacity Building regional conference in Madrid - 15-16 October 2025 Cancer Center Clinica Universidad de Navarra. (Seat in Madrid)

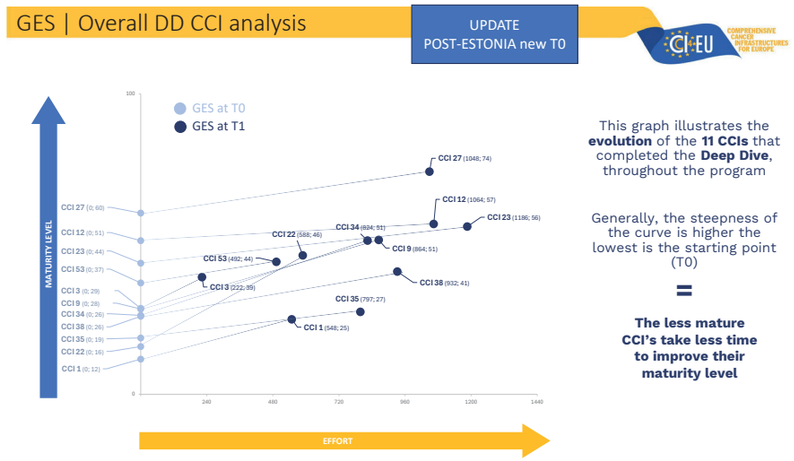
The main intervention within CCI4EU, both in terms of effort and cost, were the so-called **Deep Dives**. These were designed as expert consultancies, in which teams of 8-10 oncology experts were deployed into 10 CCIs over a 14-month period. The first exercise was to identify the most appropriately qualified experts and to ensure that they had sufficient time-release from their cancer centres and other institutes to provide the consultancy service. They were asked for up to 22 days each over the 14-month period, and in practice probably most experts spent between 15 and 20 days on the Deep Dives including all the preparation and reporting. Working with the CCI4EU beneficiaries, 95 experts were chosen from a wide variety of cancer disciplines including medical oncology, surgical oncology, translational research, epidemiology, precision medicine and early phase trials, quality management, and direction. The next exercise was to orientate and train these experts on the art of change management and a training conference was arranged in Milan in September 2024 for this purpose.

CCIs were chosen for intervention/Deep Dive by a rigorous process. They had to have completed all the self-assessment questions of the Maturity Model. Preference was given to CCIs in central and eastern Europe and other countries/regions without a mature integrated infrastructure. From a long-list of candidate CCIs, 10 CCIs were chosen after an interview process with their leaders. Each of the CCIs was asked to choose three main themes of intervention from the 8 themes of:

1. Comprehensive Cancer Infrastructures
2. Comprehensive Cancer Centre
3. Interfaces between research and care
4. Discovery and Translational Research
5. Clinical Research
6. Outcomes Research
7. Screening and Early Detection
8. Patient Pathways

The 95 experts were then allocated appropriately to the chosen CCIs according to their expertise, and chairs and project managers were allotted to the teams. Implementation of the three site visits then proceeded. The other aspect which was important to project management was the financing and appointment of a local coordinator at each CCI site to liaise with the expert project manager and ensure coordination of the visits and indeed the whole project. The first visit of deep dive was devoted to **Detailed diagnosis** ➔ Situational analysis, the second deep dive to **Intervention** ➔ Design of the step change improvement, and the third deep dive to **Follow-up** ➔ Site to report back and gain further focused advice.

What was the impact of the Deep Dives? Due to the re-scoring of the Maturity Model by the 10 Deep Dive CCIs we are able to say that for every CCI, in all 8 themes, the maturity of the CCI improved over the 14-month period, as shown in figure below.



This figure shows on the Y axis the overall level of maturity at Time 0 (at 0 on the X axis; September 2024) for each Deep Dive, and at Time 1 (the bold blue circles, measured at November 2025). The first number in brackets at T1 shows the number of hours expended by the CCI in achieving the improvement in maturity.

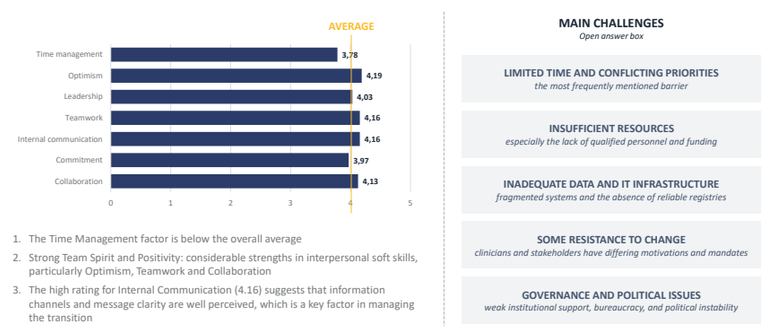
From this we can see that all CCIs improved their maturity, and that the less mature CCIs at the starting point made the largest gains. More specifically by theme, the Maturity Model and Global Efficacy Score (GES) also showed the gains per theme, as shown in the following table.

Overview Maturity Level Improvement T_0 –T_1 | CCI with DD

		Theme 1 Structure of CCI	Theme 2 CCC	Theme 3 Interfaces	Theme 4 Discovery & Transational research	Theme 5 Clinical research	Theme 6 Outcomes research	Theme 7 Screening & early detection	Theme 8 Patient Pathways	ΔML	Hours per 1% increase in ML
CCI 22	CROATIA	+71	+25	+58	+6	+16	+6		+60	+30	19,4
CCI 12	SPAIN BASQUE	+3		+33	+2		+6			+6	192,8
CCI 1	BULGARIA	+19	+50	+13	+4	+6	+6	+3	+5	+13	41,5
CCI 3	CZECHIA	+47		+8	+4		+13		+11	+10	21,5
CCI 23	IRELAND	+36	+50	+2				+4	+5	+12	97,7
CCI 27	ITALY PIEDMONT	+1		+17	+30	+16	+38	+6	+3	+14	76,2
CCI 34	NORTH PORTUGAL	+55		+33	+11	+31	+31	+7	+30	+25	33,2
CCI 9	ESTONIA	+64	+25	+44	+16		+6	+3	+27	+23	37,6
CCI 35	ROMANIA					+31			+38	+9	92,3
CCI 53	MOLDOVA					+13		+8	+35	+7	70,6
CCI 38	SLOVAKIA	+24	+50	+13	+2	+3		+7	+20	+15	62,8
	AVERAGE	+29	+18	+20	+7	+11	+10	+3	+21	+15	68

Theme selected for DD

A major aspect of capacity building is change management. At the end of the Deep Dives a short survey was conducted which received 32 replies. The results of this are shown in the following figure and show the scoring by recipients, evidencing good communications, but limiting factors in terms of time and conflicting priorities to manage the changes. In busy hospitals and research institutions this conclusion is hardly surprising, and indeed the CCI4EU project was working under fairly intensive time pressure. Other important rate-limiting factors noted were: insufficient local qualified personnel and funding; inadequate data and IT infrastructure; and lack of governmental or political support for changes (at with regional or national levels). It was difficult to quantify the impact of these rate-limiting factors because the circumstances of each CCI were different.



At the end of the Deep Dives it was found possible to arrange some **observerships** for small teams from the Deep Dive CCIs to visit more mature Comprehensive Cancer Centres on a chosen topic such as Early Phase Trials, or Precision Cancer Medicine, for 3-4 days. These short visits were well evaluated and are likely to lead to continuing contact between the two institutions.

Throughout the implementation of the interventions, the CCI4EU **resources centre**[1] has been available to assist CCIs in building capacity. This website now holds more than 220 validated and curated templates, standard operating policies and other guidance or exemplars from mature CCIs, to assist capacity building.

Overall, the evidence suggests that the targeted interventions, especially expert consultancies within Deep Dives, were successful in helping CCIs build their maturity throughout the eight themes. Our reflection is that the cancer challenge is so broad, that projects of this kind need to span research, care and education, and it is difficult to address all of these aspects together. In retrospect it would have been good to spend more time with CCIs developing their clinical and translational research capacities and capabilities. It would thus be beneficial if future EU capacity building actions were longer in duration and had greater funding, including the ability to inject seed-corn funds into needed areas of CCIs in less mature infrastructures. Building capacity takes time and effort to be sustainable, and in all areas, particularly research infrastructures, the impact of increased capacity and capability will take years to translate into improved outcomes for cancer patients.

1. ***https://resources.cci4eu.eu***

Towards a European Framework for Quality of Life in Cancer Care and Policy: The EUonQoL Project

Eugenia Rossi[1], Jack Latteur[1], Cinzia Brunelli[2], with contributions from the EUonQoL Consortium
1. European Cancer Organisation, Brussels, Belgium
2. Fondazione IRCCS Istituto Nazionale Tumori di Milano, Milan, Italy

1. The Growing Importance of Quality of Life in Oncology

In 2020, an estimated 2.7 million people in the European Union were diagnosed with cancer, with approximately 1.3 million people losing their lives to the disease[1]. Although Europe represents around one tenth of the global population, it accounts for roughly a quarter of all cancer cases worldwide. A cancer diagnosis is often accompanied by poorer quality of life (QoL) and a higher health burden when compared to the general population[2].

The WHO defines QoL as an "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns"[3]. In healthcare settings, the concept of Health-Related Quality of Life (HRQoL) is used to focus on aspects of QoL linked to health and is commonly measured through Patient-Reported Outcome Measures (PROMs), which are instruments used to capture patients' own reports on their health status without external interpretation[4].

QoL and HRQoL therefore span a broad number of dimensions, such as a person's physical and psychological health, and many other factors such as their relationships, independence and intrinsic beliefs. HRQoL is increasingly used in clinical research, reflecting recognition that patients may value QoL as much as, or more than typical clinical outcomes such as survival, particularly when gains are limited[5]. It helps to define and categorise what matters to patients, helping guide treatment decisions and wider political priorities, and is increasingly considered by regulators such as the European Medicines Agency (EMA) and the United States Food and Drug Administration (FDA) in the evaluation of new therapies.

Collecting standardised QoL data across different population levels (regional and national) is essential not only to identify the factors that matter most by people living with cancer but also to support effective population health management (PHM). PHM was defined by the WHO in 2023 as 'a data-driven, people-centred and proactive approach to managing the health and well-being of a defined population that can enable primary healthcare providers to move to targeted and tailored interventions that account for the needs of different groups and individuals[6]. As such, PHM can play a critical role in improving health outcomes, reducing inequalities, and optimising the use of healthcare resources. The integration of standardised QoL data into PHM frameworks and policy pathways further enables healthcare systems to monitor meaningful outcomes and drive progress towards national and global health priorities.

However, despite this growing recognition, PROMs remain seldom used in policy-making processes, and until recently, no standardised tool existed at European level to systematically capture and compare QoL data for research and policy purposes, a gap that EUonQoL aims to address.

2. The EUonQoL Initiative: A European Approach to Quality of Life Measurement

The EUonQoL project has developed the EUonQoL-Kit, a PROM and novel benchmarking system designed to become Europe's standardised measure for collecting population-level QoL data for policymakers and researchers[7]. The project is funded under Horizon Europe and aligned with the EU Mission on Cancer and Europe's Beating Cancer Plan. It is coordinated by the Fondazione IRCCS Istituto Nazionale Tumori di Milano (Italy) and has a consortium of 27 partners collectively spanning 32 countries. The project is at the end of its four-year duration (January 2023 – December 2026) and will deliver the kit, a survey web HUB and accompanying implementation guidelines at the end of the year (2026).

The EUonQoL Kit assesses HRQoL across the entire cancer care continuum, including active treatment, survivorship, and advanced disease.

Beyond its ambition to establish a standardised, population-level measure of HRQoL across Europe, the EUonQoL-Kit is characterised by the early and continuous involvement of people with lived experience of cancer, alongside clinicians, researchers and policymakers. This marks a shift from traditional approaches, where QoL instruments are largely developed by researchers and healthcare professionals[8].

EUonQoL also introduces methodological innovation through the use of dynamic questioning allowing the tool to adapt to individual responders as questions are automatically selected based on the respondent's previous answers, thus reducing survey fatigue, and improve relevance and precision. This innovates on standard assessment approaches, where measures typically rely on static, standardised paper & pencil questionnaires where all responders answer the same set of questions.

In order to facilitate the widespread uptake of the EUonQoL-Kit, it has been carefully adapted and translated to ensure cultural relevance and linguistic appropriateness across Europe and made available in the EU27 and Associated countries languages.

Figure 1: The EUonQoL Toolkit's Major Target Categories

3. From Data to Impact: Why Quality of Life Measurement Matters

The systematic collection of QoL data has the potential to generate significant benefits across multiple levels of cancer care. For patients, the routine collection of HRQoL data ensures that their experiences, symptoms, and priorities are directly captured and can inform clinical decision making, and that they are also systematically reflected in the evidence base used for research and policy development. This supports a more person-centred approach, where treatment success is not defined solely by clinical indicators such as survival rates, but also by the wellbeing and daily functioning of individuals living with and beyond cancer.

This is particularly important as emerging evidence suggests that patient priorities are not always fully reflected in current cancer care delivery and policy making. A recent analysis involving older adults with advanced cancer found that fewer than one in ten patients prioritised extending survival over maintaining QoL, underscoring the value many individuals place on wellbeing and daily functioning when considering treatment outcomes. Yet these preferences were not consistently reflected in treatment decisions or in the outcomes prioritised within care pathways, suggesting that existing care pathways may not always respond adequately to what matters most to patients[9]. Systematically collecting QoL data in both health and policy decision-making can therefore be vital in ensuring that treatment decisions, research priorities, and system-level strategies are better aligned with patient values.

From a health systems and research perspective, PROMs provide a structured way to capture symptoms, functional limitations, and treatment related challenges in a way that can be aggregated and compared across populations, settings, and interventions. This creates a stronger evidence base for comparative effectiveness research, monitoring inequalities, and evaluating cancer care pathways beyond traditional clinical endpoints like tumour response and survival.

Furthermore, population-based QoL data from widespread repeated cross sectional patient surveys can provide valuable insights into how cancer and its treatments affect individuals over time and across different healthcare settings[10]. These insights can help healthcare authorities identify gaps in care, monitor disparities between regions or population groups, and evaluate the long-term impact of cancer policies and interventions. Integrating patient-reported outcomes into health system monitoring frameworks can also support more efficient allocation of resources by highlighting areas where supportive care, rehabilitation, or survivorship services are most needed.

4. Collaboration Across Europe: Building a Shared Approach

The development of the EUonQoL-Kit followed a structured multi-step process combining literature reviews, stakeholder consultations, patient engagement and methodological research. The instrument was iteratively refined to ensure conceptual validity, cultural relevance and methodological robustness across European contexts.

The EUonQoL-Kit was tested through a large-scale pan-European pilot survey aimed at performing psychometric validation and acceptability. The survey involved more than 4,300 participants recruited via 44 cancer centres across EU Member States and associated Member States Cross-border collaboration has also been essential to ensuring the comparability and usability of quality-of-life data across Europe. Participating centres operated within a coordinated framework, supported by harmonized procedures, which enabled consistent implementation across different clinical and organisational contexts.

5. Advancing Towards European Implementation

The EUonQoL project is currently moving into its final phase, focusing on consolidating results from the research and validation stages and preparing the groundwork for the broader adoption of its main outputs.

Following the successful completion of the pan-European pilot phase and subsequent analyses, the EUonQoL-Kit is now finalised. The toolkit has been designed to ensure flexibility in its application, combining core modules that allow for comparability across populations with additional modules tailored to different stages of the cancer pathway. This modular structure supports its use in diverse research and policy contexts across Europe. As part of the project, a new e-platform will be soon launched to facilitate the collection data across Europe using the Toolkit. We plan to make the toolkit available via controlled access to qualified research and clinical institutions, including cancer centres, registries, public health authorities, and patient associations. In parallel, the project is also developing implementation Guidelines (EUonQoL IG) to support the uptake of the EUonQoL-Kit a providing practical guidance for national/local stakeholders on how to implement the tool via the Hub and use the results to inform decision-making.

As the project approaches its conclusion, a final high-level policy event will present the project's main results and facilitate dialogue between researchers, healthcare professionals, patient organisations and policymakers. The event will provide an opportunity to discuss how QoL measurement can be more systematically integrated into cancer policy and healthcare evaluation frameworks, while also exploring future pathways for sustaining the use of QoL data beyond the duration of the project, to be held on the 20 November 2026 both in Brussels and online (further detail found here ***https://www.europeancancer.org/summit.html#eu-projects-events***).

6. How EUonQoL Could Shape Future Cancer Policy

Looking ahead, EUonQoL has the potential to strengthen how cancer policy, research, and planning incorporate QoL evidence across Europe by enabling systematic use of patient-reported outcome data at scale. In line with international developments on patient-reported indicators[11], the availability of harmonised QoL data supports a shift towards more people-centred health systems by making outcomes visible from the patient perspective.

At present, the use of PROMs in oncology remains fragmented. Data collection often limited to regional initiatives, disease-specific registries, or research projects rather than integrated national systems. Where data are collected, they are frequently based on different instruments and heterogenous patient populations, limiting comparability across settings and reducing their usefulness for system level monitoring and international benchmarking[12]. EUonQoL responds directly to this gap by supporting a more standardised and comparable approach to QoL measurement across countries and cancer populations.

A key value of this approach lies in enabling comparison of QoL outcomes across countries and population groups). This includes variations in all the domains assessed by the EUonQoL kit such as overall QoL or pain, fatigue, psychological wellbeing, and functional limitations across countries (Figure 2) and across groups, including by sex, age, or disease stage. Such comparability supports a population health management approach, where variations in outcomes is used to better understand differences in needs across populations overtime.

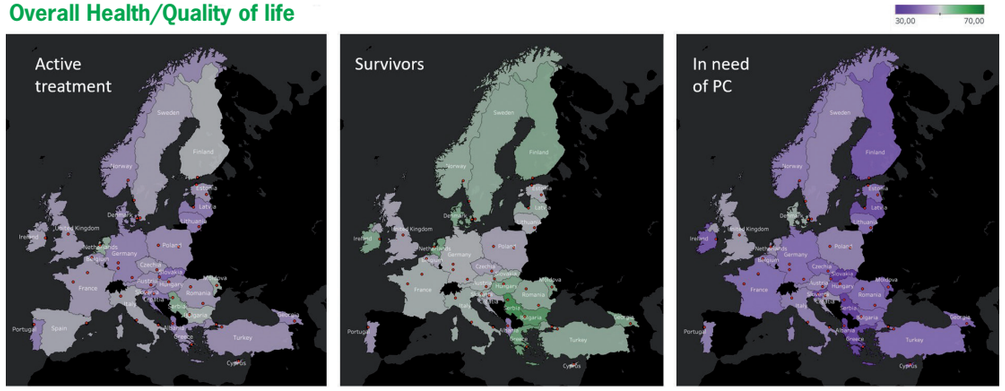


Figure 2: Example of cross-country benchmarking illustrating variations in overall quality of life across the EU, helping to identify inequalities between countries.

Legend: purple and green indicate, respectively, lower and higher quality of life scores, while grey represents average values.

From a policy perspective, harmonised QoL data can strengthen cancer planning, health technology assessment and cross-country benchmarking by integrating patient-reported evidence into decision making frameworks. This enables policymakers to complement traditional clinical indicators with structured insights into patient experience, improving the assessment of whether health systems are delivering outcomes that matter to patients.

In addition to healthcare systems, the data generated by EUonQoL can also provide useful insights into broader areas of social and economic policy. These include labour market participation and return-to-work pathways, social protection systems, workplace accommodation policies, support mechanisms for people with disabilities and income support, as well as services supporting long-term survival, such as rehabilitation, psychosocial support, and community integration. In this way, quality-of-life data extend the relevance of cancer outcomes beyond clinical care to inform broader social decision-making.

If implemented on a large scale, EUonQoL could therefore help make the measurement of quality of life a fundamental component of the evaluation of cancer care across Europe, strengthening the integration of patient-reported data into policies and contributing to more patient-centred and value-based decision-making for people living with cancer and beyond.

Achieving this goal will require ongoing coordination, stakeholder engagement, and adaptation to different national healthcare contexts. However, it offers a clear path toward the more systematic integration of patient-reported outcomes into European cancer policy and practice.

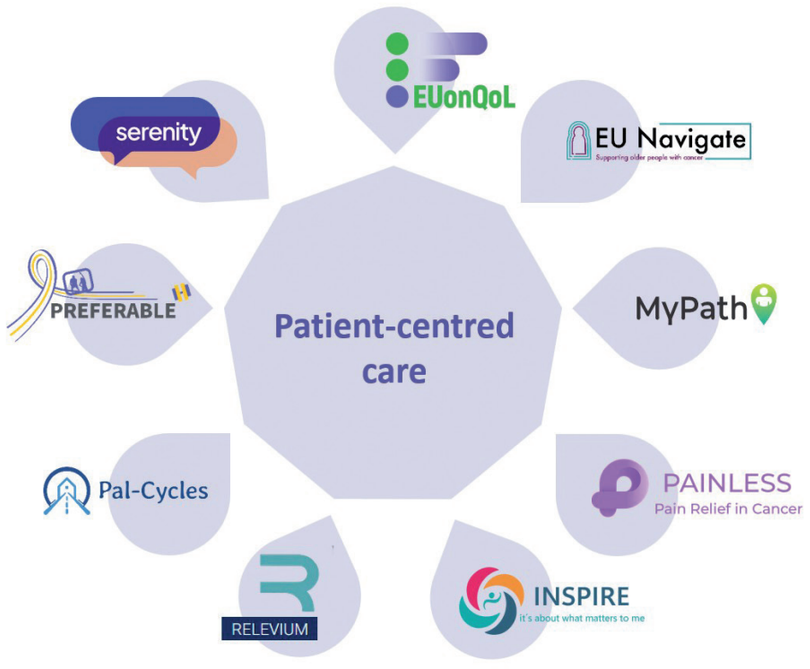
7. EU Collaboration on Patient Centred Cancer Care

EUonQoL coordinates the Quality of Life – Patient-Centred Care (QoL-PCC) Cluster, which brings together nine EU funded cancer projects working towards a shared objective: strengthening patient-centred care and improving QoL for people living with and beyond cancer across the entire cancer care continuum. The cluster is part of the coordination mechanisms promoted under the European Commission Cancer Mission to enhance collaboration between projects, generate synergies, and produce evidence that can inform European health policy priorities.

Within this framework, EUonQoL plays a coordinating role in facilitating collaboration between the participating projects, which in addition to EUonQoL includes:

- **EU Navigate** ***https://eunavigate.com/*** investigates navigation programmes in multiple EU countries that support older cancer patients in maintaining QoL at home.
- **INSPIRE** ***https://palliativeprojects.eu/inspire/*** evaluates a short-term, person-centred palliative rehabilitation model for patients with incurable cancer.
- **MyPath** ***https://mypath-cancercare.eu/*** develops digital patient-centred care pathways that allow individualised real-time communication of symptoms and preferences.
- **PAINLESS** ***https://palliativeprojects.eu/painless/*** addresses cancer-related pain through a non-invasive, home-based neuromodulation approach, using transcranial electric stimulation to modulate neural activity associated with chronic pain.
- **Pal-Cycles** ***https://palliativeprojects.eu/palcycles/home/about-the-project/*** provides a transitional palliative care programme, helping patients with advanced cancer move safely from hospital to home care.
- **PREFERABLE-II** ***https://www.preferable2.eu/*** improves access to supportive cancer care through personalised, live-remote exercise interventions.
- **Relevium** ***https://www.releviumproject.eu/*** focuses on advanced pancreatic cancer, combining personalised nutrition, physical activity, pain management, and chemotherapy.
- **Serenity** ***https://serenity-research.eu/*** develops a shared decision-making tool to guide deprescribing of antithrombotic medicines for patients at the end of life.

In addition to generating evidence through their individual activities, the initiatives collaborate within the cluster to translate their findings into shared policy and practice insights. This includes exchanges on patient and public involvement practices, the organisation of a high-level multistakeholder event, and the preparation of a policy brief aimed at European and national policymakers. By bringing together research findings, stakeholder perspectives, and policy dialogue, the cluster aims to support the integration of QoL considerations into cancer care planning, evaluation, and decision-making across European health systems and enhance the collective impact of these initiatives.



References

1. *Elmadani M, Mokaya PO, Omer AAA, Kiptulon EK, Klara S, Orsolya M. Cancer burden in Europe: a systematic analysis of the GLOBOCAN database (2022). BMC Cancer. 2025 Mar 12;25(1):447. doi: 10.1186/s12885-025-13862-1. PMID: 40075331; PMCID: PMC11905646.*
2. *Alfonsdóttir SÁ, Hjördísar Jónsdóttir HL, Þorvaldsdóttir GH, Einarsdóttir SE, Torfadóttir JE, Gunnarsdóttir S. The Quality of Life of Cancer Survivors: The Role of Social Factors. Cancers (Basel). 2025 Sep 27;17(19):3145. doi: 10.3390/cancers17193145. PMID: 41097673; PMCID: PMC12523955.*
3. *World Health Organization. Division of Mental Health and Prevention of Substance Abuse. WHOQOL: measuring quality of life. Geneva: World Health Organization; 1997. Available from:* ***https://iris.who.int/handle/10665/63482***
4. *U.S. Food and Drug Administration. Patient-Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims. Guidance for Industry. Silver Spring (MD): U.S. Food and Drug Administration; 2009 Dec. Available from:* ***https://www.fda.gov/media/77832/download***
5. *Ranganathan P, Musoro JZ, Pramesh CS. Measuring quality of life in clinical research - Part 1. Perspect Clin Res. 2025 Jul-Sep;16(3):162-165. doi: 10.4103/picr.picr_179_25. Epub 2025 Jul 8. PMID: 40718891; PMCID: PMC12288920*
6. *PHc Obwecf, Muscat cpNA. 7.I. Round table: population health management in PHc: a proactive approach toimprove health and well-being. eur J Public Health. 2023;33(Suppl 2):ckad160-471.*
7. *EUonQoL [Internet]. [no date] [cited 2025 Mar 8]. Available from:* ***https://www.euonqol.eu***
8. *Staniszewska S, Haywood KL, Brett J, Tutton L. Patient and public involvement in patient-reported outcome measures: evolution not revolution. Patient. 2012;5(2):79–87. doi:10.2165/11597150-000000000-00000*
9. *Richardson DR, Wang Y, Flannery M, et al. Outcomes of Older Adults With Advanced Cancer Who Prefer Quality of Life vs Prolonging Survival: A Secondary Analysis of the GAP70+ Cluster Randomized Clinical Trial. JAMA Oncol. Published online March 05, 2026. doi:10.1001/jamaoncol.2026.0072*
10. *Daveson B, Blanchard M, Clapham S, Draper K, Connolly A and Currow D (2023) Population-level, patient-reported outcomes: a case study regarding a public health intervention that involves patients with life-limiting illnesses. Front. Public Health 11:1232881. doi: 10.3389/fpubh.2023.1232881*
11. *9 Kendir, C. et al. (2025), "PROMoting quality of care through patient reported outcome measures (PROMs): Systematic collection of PROMs for quality improvement and assurance in 38 countries", OECD Health Working Papers, No. 183, OECD Publishing, Paris,* ***https://doi.org/10.1787/c17bb968-en***
12. *OECD/European Commission (2026), Delivering High Value Cancer Care: European Cancer Inequalities Registry Analytical Report, OECD Publishing, Paris,* ***https://doi.org/10.1787/060869fe-en***

ALTHEA: Digital Technologies for Patients' Mental Health

Ilaria Durosini[1,2], Dario Monzani[2,3,4], Veronica Coppini[1,2], Asia Grigis[2], Giorgia Mulè[2], Marta Tacchini[2], Chiara Bovolenta[2], Gabriella Pravettoni[1,2]

1. Department of Oncology and Hemato-Oncology, University of Milan, Milan, Italy
2. Applied Research Division for Cognitive and Psychological Science, IEO, European Institute of Oncology IRCCS, Milan, Italy
3. Department of Psychology, Educational Science and Human Movement, University of Palermo, Palermo, Italy
4. WeSearch Lab - Laboratory of Behavioral Observation and Research on Human Development, Department of Psychology, Educational Science and Human Movement, University of Palermo, Palermo, Italy

The psychological impact of cancer

Cancer is one of the leading causes of death worldwide[1], with over 2.7 million new cases and 1.3 million deaths reported in 2022, according to the World Health organisation (WHO)[2]. An increase of 1.3 million cases was estimated by the end of 2025[3]. Indeed, the high prevalence and incidence of the disease has a substantial impact on healthcare systems; beyond its physical impact and the consequences of the treatments, a cancer diagnosis can deeply impact also a patient's mental health and cognitive functioning[4,5]. It is well established that cancer treatments often cause side effects that require reorganising daily life, or pose challenges including, but not limited to, difficulties with memory, attention and insomnia[6]. These complications can appear at any stage, from diagnosis to survivorship affecting not only patients, but also their caregivers and family members, who often experience considerable emotional and physical strain. As a matter of fact, for many, balancing the care of a loved one with their own needs can be particularly difficult[7,8].
While the relevance of mental health in cancer is widely agreed upon, many patients, survivors and caregivers do not always receive the psychological support they need. Indeed, there are several barriers in accessing services, such as stigma, cultural or social factors, and even fear of being judged as "difficult patients" by doctors or family members[9]. Recognising the numerous barriers that prevent cancer patients from seeking or accessing psychological support is fundamental for both researchers and clinicians in order to develop adequate and innovative tools, particularly digital solutions. Recent studies have evaluated the effectiveness of digital technologies in providing, for instance, psychoeducational programs, online psychotherapy, and improving or understanding mental health disorders and their symptoms[10,11]. The results indicate that integrating digital solutions into cancer care can foster a more comprehensive approach, also highlighting the importance of mental well-being and psychological support throughout the cancer pathways[12].
As a consequence, raising awareness, reducing stigma and making mental health support easily accessible are essential steps to improve cancer care.

The role of digital technologies in cancer care

In line with the context outlined above, digital technologies are transforming the delivery and conceptualisation of cancer care. Indeed, these tools can help patients monitor their physical and mental health, access information, manage their symptoms and receive support anytime and anywhere[13]. Narrowing the focus to cancer, one of the main benefits is the possibility to provide timely psychological support, especially for those who face barriers (e.g., geographical difficulties, economic constraints, professional commitments) in seeking traditional in-person care[8]. Apps and digital platforms can guide patients and caregivers through psychoeducational programs, helping them recognise symptoms such as anxiety, depression, or cognitive difficulties and offering strategies to cope with such difficulties[14]. In fact, being able to distinguish the reported symptoms, and to identify which may be associated with the disease itself or with the consequences of the treatments, is fundamental for proper patient clinical management[15].
Online platforms can also allow communication with healthcare professionals, enabling early identification of needs, timely interventions and personalised care[16]. Moreover, digital tools can support caregivers by offering easy access to resources and guidance, helping in reducing the burden on families and improving overall well-being[17]. As a consequence, integrating digital solutions into cancer care promotes a more proactive approach, moving from symptom management to early risk identification and personalised comprehensive support.
It is precisely within this context that the ALTHEA project is being implemented.

The ALTHEA project

ALTHEA (tAckling menTal Health cancer patients and their families: digital solutions for bEtter cAre) is a project co-funded by the European Union under the EU4Health programme planned from September 2024 to February 2028. Under the coordination of Prof. Gabriella Pravettoni at the European Institute of Oncology (IEO) in Milan, Italy, it brings together 27 beneficiaries, 1 associated partner and 4 affiliated entities, for a total of 32 Consortium partners across Europe. The main goal of the project is to develop a digital platform to provide psychological and cognitive screening for cancer patients/survivors and their families, while supporting healthcare providers in delivering tailored psychological support.
The platform is designed to help identify patients and caregivers who may be at risk of emotional or cognitive difficulties. Based on individual assessments, users will receive tailored information, self-help materials, and guidance towards the available psycho-oncological treatment options. At the same time, healthcare professionals will be supported with the necessary tools and resources to identify and address mental health issues. In other words, the ALTHEA project aims to improve the well-being and quality of life of people affected by cancer, survivors and their families by providing timely, personalised and accessible educational materials and psychological support.
Through the project, a comprehensive analysis of the current landscape will be carried out to better understand the needs and challenges faced by patients and healthcare professionals in relation to mental health screening and psychological support. These insights will help lay the foundation for the development of clear guidelines and more standardised care practices.
In addition, identifying potential disparities in access to screening and support will be essential to promote more equitable care across different populations.

Understanding users' needs for digital care: findings from ALTHEA research

In order to understand users' needs and preferences for an accurate digital tool, surveys and focus groups were conducted among five Clinical Centers of the ALTHEA Consortium, the first located in Italy (European Institute of Oncology, IEO), two in Spain (Catalan Institute of Oncology, ICO; Hospital Sant Joan de Déu, HSJD), one in Lithuania (Vilnius University Hospital Santaros Clinics National Cancer Center, VULSK) and the last one in Germany (Saarland University, USAAR). The aim of the study was to identify barriers, needs, and preferences related to online psychological-cognitive screening and support. Survey and focus groups were administered to: 1) cancer patients who have previously received psychological support, 2) cancer patients who have not received previous psychological support, 3) caregivers of cancer patients, 4) psycho-oncologists, 5) oncology allied healthcare professionals (e.g., nutritionists, cardiologists, physiotherapists), and 6) oncologists and oncological nurses (e.g. palliative care, breast unit).
Findings show a strong interest in digital solutions for mental health support among cancer patients and caregivers. The most valued features include access to psychotherapy, cognitive support, symptom monitoring and educational resources. At the same time, some usability challenges were reported, highlighting the importance of designing accessible and user-friendly tools. Other emerging concerns regard technological barriers and the perceived lack of empathy of online psychological support. These findings support the potential of digital tools in oncology care for a personalised and target care[18].

Psycho-oncological Guidelines: what they tell us and what is missing

With the growing awareness of mental health challenges in oncology, recent Clinical Practice Guidelines (CPGs) increasingly emphasise the importance of integrating psychological assessment into cancer care across the entire disease trajectory, from diagnosis to treatments and follow-up[19,20]. Despite this progress, the implementation, dissemination and uptake of psycho-oncological recommendations and CPGs across the EU remain uneven and face several limitations. In this context, the ALTHEA team conducted a systematic review to provide a comprehensive overview of currently available CPGs addressing psycho-oncological and cognitive assessment, as well as psychological support, for both adults and pediatric cancer patients and their families. The findings confirm that psycho-oncological care is increasingly recognised as a core component of comprehensive cancer care, supported by a growing number of guidelines focusing on the psychological and cognitive well-being of patients and their families. A multidisciplinary approach and the consistent recommendations of evidence-based interventions within holistic care models seem to be the main strengths. At the same time, important gaps persist in terms of coverage, inclusivity, level of detail and real-world implementation. These limitations are particularly evident for unserved populations (e.g., pediatric patients and their caregivers, older adults, individuals with severe mental health illness, etc), as well as for less frequently addressed cancer-related conditions, including cognitive impairment, sleep disturbances, demoralisations and caregiver burden. Addressing these challenges requires continuous collaboration among clinicians, patients, caregivers, researchers, and policymakers[21].

The Role of OECI in the ALTHEA Project

Within the ALTHEA project, the Organisation of European Cancer Institute (OECI) will be part of a Patient advocacy, ethics, legal and regulation oversight committee. This committee will be in charge of providing feedback on the main findings and research activities along the entire project and will provide important advice regarding the contents and the design of the ALTHEA Platform, and contribute to patients' engagement. Moreover, this Committee ensures that the procedures and content of the ALTHEA project align with the patients' needs while adhering to ethical and regulatory principles, in line with the targeted population (children, young adults, adults, elderly).

In addition to the involvement in several project tasks (supporting patients' recruitment and oversight), OECI will facilitate the assessment of how associated centers adhere to existing guidelines for psychological evaluation and care, with the aim of identifying gaps and areas for improvement. The aim is to map around 108 OECI Comprehensive Cancer Centers. These activities will lead to the development of clinical recommendations for psychological assessment and support, establishing a standardised framework to ensure high-quality care.
The central component of ALTHEA is the development of an integrated digital platform that offers personalised psychological and cognitive assessment, access to educational resources, and communication with healthcare professionals. Therefore, another key role of OECI will be to oversee, together with other partners, a specific task related to the effective implementation of the ALTHEA platform.

Next steps in the ALTHEA Project
Related to the systematic review conducted to provide a comprehensive overview of currency available CPGs addressing psycho-oncological and cognitive assessment, a **survey will soon be disseminated to OECI centres**. The aim is to evaluate the extent to which OECI centers adhere to the identified guidelines and to map information regarding psycho-oncological treatments and standards of care. In particular, experts and staff members from OECI-accredited Comprehensive Cancer Centers, including those in chief of psychology\psychiatry divisions involved in mental health support (e.g., head of the psychology division, psycho-oncologists, and clinical staff) and those who are informed of the mental health screening, support and procedures and protocols adopted in their center will participate in this survey. Around 108 OECI cancer centres will be included, with each centre providing input from an average of 1–2 staff members directly involved in cancer care and psychological support, yielding a total sample of 100–200 healthcare professionals. Once the centres are identified, study coordinators will reach out to each centre's administration via formal invitation e-mails. These letters will outline the study's objectives, the specific requirements of the institutional assessment, and the benefits of participation.
Another **survey** will be disseminated, with the help of the **OECI Organisation, to cancer patients and their families** across diverse regions within the EU in order to detect possible disparities in their access to mental health screening and psychological-cognitive support.

Conclusion
There is growing consensus in recognising the need to integrate into routine cancer care not only physical treatment, but also psychological and cognitive well-being of patients and their families throughout the entire disease trajectory. Despite growing awareness of the development of psycho-oncological guidelines, significant gaps remain in access to support, implementation of recommendations and the inclusion of unserved populations. Different barriers continue to prevent many individuals from receiving adequate psychological support.
In this evolving landscape, digital technologies represent a promising opportunity to address these challenges by improving accessibility, enabling early identification of needs, and supporting more personalised and proactive models of care. However, their successful integration requires careful consideration of usability, equity, and the preservation of the human dimension of care.
Within this context, the ALTHEA project aims to contribute to existing gaps by developing a digital platform tailored to the psychological and cognitive needs of cancer patients, survivors and their family members/caregivers, while supporting healthcare providers in delivering timely and appropriate interventions. By combining technological innovation with a strong focus on users' needs and clinical practice, ALTHEA has the potential to foster more equitable, accessible and patient-centered psycho-oncological care across the EU[22].
Lastly, advancing cancer care requires a continuous and collaborative effort to integrate psychological support as a standard component of care.

Contact details
For more information, please visit our website: ***https://www.ieo.it/AltheaProject/***
If you have any questions, please contact us at: ***althea.euproject@gmail.com / gabriella.pravettoni@ieo.it***

References

1. ***https://www.who.int/news-room/fact-sheets/detail/cancer***
2. European Commission. ECIS - European Cancer Information System. 2023 [2023-12-12]
3. International Agency for Research on Cancer (IARC). Global cancer observatory: Data visualization tool. International Agency for Research on Cancer. ***https://gco.iarc.who.int/tomorrow/en/dataviz/isotype?types=1&single_unit=5000&populations=170&group_populations=0&multiple_populations=1&years=2025***
4. Park, J. H., Chun, M., Jung, Y. S., and Bae, S. H. (2017). Predictors of psychological distress trajectories in the first year after a breast cancer diagnosis. Asian Nurs. Res. 11, 268–275. doi: 10.1016/j.anr.2017.10.003
5. Durosini, I., & Pravettoni, G. (2023). Patients' representation of oncological disease: Psychological Aspects in the cancer journey. Frontiers in Psychology, 14, 1087083
6. Lange, M., Licaj, I., Clarisse, B., Humbert, X., Grellard, J. M., Tron, L., & Joly, F. (2019). Cognitive complaints in cancer survivors and expectations for support: Results from a web-based survey. Cancer medicine, 8(5), 2654–2663. ***https://doi.org/10.1002/cam4.2069***
7. Sun, R., & Francis, L. E. (2024). Quality of Relationships and Caregiver Burden: A Longitudinal Study of Caregivers for Advanced Cancer Patients. The journals of gerontology. Series B, Psychological sciences and social sciences, 79(2), gbad165. ***https://doi.org/10.1093/geronb/gbad165***
8. Coppini, V., Ferraris, G., Monzani, D., Grasso, R., & Pravettoni, G. (2023). Disparities and barriers in the assessment of psychological distress, access to and use of psycho-oncological support in Europe: current perspectives. Frontiers in psychology, 14, 1252843. ***https://doi.org/10.3389/fpsyg.2023.12528439***
9. Coppini, V., Ferraris, G., Ferrari, M. V., Dahò, M., Kirac, I., Renko, I., Monzani, D., Grasso, R., & Pravettoni, G. (2024). Patients' perspectives on cancer care disparities in Central and Eastern European countries: experiencing taboos, misinformation and barriers in the healthcare system. Frontiers in oncology, 14, 1420178. ***https://doi.org/10.3389/fonc.2024.1420178***
10. Triberti, S., Savioni, L., Sebri, V., & Pravettoni, G. (2019). eHealth for improving quality of life in breast cancer patients: a systematic review. Cancer treatment reviews, 74, 1-14.
11. Bártolo, A., Pacheco, E., Rodrigues, F., Pereira, A., Monteiro, S., & Santos, I. M. (2019). Effectiveness of psycho-educational interventions with telecommunication technologies on emotional distress and quality of life of adult cancer patients: a systematic review. Disability and Rehabilitation, 41(8), 870–878. ***https://doi.org/10.1080/09638288.2017.1411534***
12. Elkefi S, Trapani D, Ryan S. The role of digital health in supporting cancer patients' mental health and psychological well-being for a better quality of life: A systematic literature review. Int J Med Inform. 2023 Aug;176:105065. doi: 10.1016/j.ijmedinf.2023.105065. Epub 2023 Apr 9. PMID: 37224644
13. Frasca, M., La Torre, D., Pravettoni, G. et al. Explainable and interpretable artificial intelligence in medicine: a systematic bibliometric review. Discov Artif Intell 4, 15 (2024). ***https://doi.org/10.1007/s44163-024-00114-7***
14. Torous, J., Linardon, J., Goldberg, S. B., Sun, S., Bell, I., Nicholas, J., Hassan, L., Hua, Y., Milton, A., & Firth, J. (2025). The evolving field of digital mental health: current evidence and implementation issues for smartphone apps, generative artificial intelligence, and virtual reality. World psychiatry : official journal of the World Psychiatric Association (WPA), 24(2), 156–174. ***https://doi.org/10.1002/wps.21299***
15. Durosini I., Pizzoli S. F. M., Strika M., Pravettoni G. (2024). "Artificial intelligence and medicine: A psychological perspective on AI implementation in healthcare context," in Artificial Intelligence for Medicine: An Applied Reference for Methods and Applications (London: Academic Press; Elsevier), 231–237. doi: 10.1016/B978-0-443-13671-9.00011-9
16. Lin, A., Zhang, Y., Jiang, A. et al. Integrating digital solutions improves mental health management in cancer care. Commun Med 6, 124 (2026). ***https://doi.org/10.1038/s43856-026-01448-2***
17. Zhai, S., Chu, F., Tan, M., Chi, N. C., Ward, T., & Yuwen, W. (2023). Digital health interventions to support family caregivers: An updated systematic review. Digital health, 9, 20552076231171967. ***https://doi.org/10.1177/20552076231171967***
18. I. Durosini, D. Monzani, V. Coppini, G. Mulè, A. Grigis, G. Curigliano, L. Ciria-Suarez, C. Ochoa-Arnedo, M. Heifez, G. Pravettoni. 214P A digital platform for psycho-cognitive assessment and support in oncology. ESMO Real World Data and Digital Oncology. Volume 10, Supplement, 2025. 100410. ISSN 2949-8201. https://doi.org/10.1016/j.esmorw.2025.100410. ***https://www.sciencedirect.com/science/article/pii/S2949820125002991***
19. Grassi, L., Zachariae, R., Caruso, R., Palagini, L., Campos-Ródenas, R., Riba, M. B., Lloyd-Williams, M., Kissane, D., Rodin, G., McFarland, D., Ripamonti, C. I., Santini, D., & on behalf of the ESMO Guidelines Committee. (2023b). Insomnia in adult patients with cancer: ESMO Clinical Practice Guideline. ESMO Open, 8(6), 102047. ***https://doi.org/10.1016/j.esmoop.2023.102047onkologie.de/fileadmin/user_upload/Oncological_quality_indicators_5.0_EN.pdf***
20. Grassi, L., Fujisawa, D., Odyio, P., Asuzu, C., Ashley, L., Bultz, B., Travado, L., Fielding, R., & IPOS Federation of Psycho-oncology Societies' co-authors (2016). Disparities in psychosocial cancer care: a report from the International Federation of Psycho-oncology Societies. Psycho-oncology, 25(10), 1127–1136. ***https://doi.org/10.1002/pon.4228***
21. Durosini, I., Monzani, D., Coppini, V., Grigis, A., Mulè, G., … & Pravettoni, G. A Comprehensive Review of European Clinical Practice Guidelines on Psychological and Cognitive Assessment and Support for Cancer Patients and Their Families (2026). **Under review**
22. Durosini, I., Monzani, D., Coppini, V., Ferrari, M.V., Bovolenta, C., Grigis, A … & Pravettoni, G.. Digital Solutions for Tackling Mental Health in Cancer Patients and Their Families: The ALTHEA Project (2026). Under reviewthe number of planned interventions and of the possible targets, the skills necessary to implement it and the context where it must be applied (A new framework for developing and evaluating complex interventions: update of the Medical Research Council Guidance, BMJ 2021, 374: n 2061). **Under review**

ALTHEA Consortium Meeting, November 2025

Improving Patient Access to Cancer Research and Clinical Trials across European Union

Iva Kirac*[1,3], *Ivica Belina*[2,3], *Roxana Plesoianu*[3], *Paulina Bravo*[3,4] *on behalf of the OECI for Patients WG
1. Institute for Gastroenterological Tumors, Zagreb, Croatia
2. Coalition of Associations in Healthcare, Zagreb, Croatia
3. Organisation of European Cancer Institutes, Brussels, Belgium
4. Fundación Arturo López Pérez (FALP), Providencia (Santiago), Chile

Abstract
Clinical trials in Europe are undergoing a fundamental transformation shaped by regulatory harmonization, digital innovation, and an increasing emphasis on patient-centred care. This report, based on the OECI for Patients Working Group round table that took place on 4th February this year, provides a comprehensive analysis of these developments by integrating three complementary perspectives: 1) European-level regulatory initiatives, 2) patient access and involvement in cancer clinical trials, and 3) national research infrastructure development exemplified by the Croatian Oncology Research Network (CORN). The presentations examine key frameworks such as the Clinical Trials Regulation (CTR), the Accelerating Clinical Trials in the EU (ACT EU) initiative, and emerging programs including COMBINE and Facilitating and Accelerating Strategical Trials (FAST-EU). It further explores the role of digital tools like the Clinical Trials Information System (CTIS), the importance of patient and public involvement, and persistent barriers to participation in research. The Croatian case study illustrates the structural challenges faced by smaller health systems while highlighting the potential of coordinated research networks. The findings suggest that the future of clinical trials in cancer depends on the integration of efficient regulatory systems, robust data infrastructures, and meaningful patient engagement.

Introduction

Clinical trials represent the foundation of modern medical progress, providing the evidence base for the development of new therapies and the improvement of patient outcomes. In the field of oncology, where scientific advances are rapid and disease complexity is high, clinical trials are particularly critical. However, the European clinical trial landscape has long been characterized by fragmentation, administrative complexity, and unequal access across countries and patient populations.

Over recent years, a concerted effort has emerged to transform this fragmented environment into a more integrated and efficient system. This transformation is driven by three interrelated forces. The first is regulatory harmonization, which seeks to simplify and standardize processes across European Union Member States. The second is digital innovation, enabling improved data management, transparency, and collaboration. The third is the shift toward patient-centred research, which recognizes patients not merely as subjects but as active contributors to clinical research.

These developments are embodied in initiatives such as the Clinical Trials Regulation (CTR) and the Accelerating Clinical Trials in the EU (ACT EU) initiative. At the same time, patient advocacy organizations and national research networks are working to address persistent barriers to participation and to ensure that research systems are responsive to patient needs. By examining these interconnected developments, this article provides a comprehensive analysis of the evolving clinical trial ecosystem in Europe, based on the Croatian experience, with a particular focus on oncology research.

European regulatory transformation

The transformation of clinical trials in Europe must be understood in the context of its regulatory history. Prior to the implementation of the CTR, clinical research was governed by the Clinical Trials Directive of 2001. While the directive aimed to harmonize standards across Member States, it ultimately led to increased administrative burden, fragmentation and inefficiencies. Sponsors were required to submit separate applications to each country, resulting in duplication of effort, inconsistent timelines, and delays in trial initiation. These challenges reduced Europe's attractiveness as a location for clinical research and limited patient access to innovative therapies.

The introduction of the CTR marked a significant shift toward a more coordinated and streamlined system. One of its most important features is the establishment of a single submission process through the Clinical Trials Information System. This centralized platform allows sponsors to submit one application for trials conducted across multiple Member States, significantly reducing administrative complexity. In addition, the regulation introduces coordinated assessment procedures, harmonized timelines, and enhanced transparency through public access to trial information.

Building on this regulatory framework, the ACT EU initiative represents a strategic effort to further improve the clinical trial ecosystem. This initiative, established through collaboration between the European Commission, the European Medicines Agency, and national regulatory authorities, seeks to create a system that delivers faster, more efficient, and higher-quality clinical trials.

A key aspect of ACT EU is its focus on supporting non-commercial sponsors, including academic institutions and public research organizations. These sponsors often face significant challenges due to limited resources and complex regulatory requirements. To address these issues, ACT EU has implemented measures such as educational webinars, regulatory helpdesks, and the development of support tools. These initiatives are designed to ensure that academic and public research continue to play a vital role in innovation.

Digital transformation in clinical trials

Digital technologies are central to the modernization of clinical trials in Europe. The Clinical Trials Information System (CTIS) serves as a regulatory platform for improving transparency and data accessibility. By centralizing information on clinical trials, CTIS enables more efficient communication between stakeholders and facilitates oversight by regulatory authorities.

In addition to CTIS, the development of the Trial Map represents an important step toward improving public access to clinical trial information. This tool allows patients and healthcare professionals to search for trials based on geographical location and disease area, addressing a major barrier to participation: lack of awareness. As such, the Trial Map serves as a platform to democratise access to clinical research.

Beyond transparency, digital transformation enables more sophisticated data integration and analysis. Modern clinical trials generate large volumes of data, including clinical outcomes, imaging, genomic information, and patient-reported outcomes. Integrating these diverse data sources requires interoperable systems and standardized data formats. European initiatives such as BEACON aim to create integrated data ecosystems that support cross-border collaboration and data-driven decision-making.

The potential of digital technologies extends further into areas such as real-time monitoring, predictive analytics, and artificial intelligence. These tools can enhance the efficiency and quality of clinical trials, although they also raise important questions still to be addressed regarding data governance and ethical oversight.

Patient-centred clinical trials

A defining feature of the current transformation is the shift toward patient-centred clinical trials. Traditionally, clinical trials have been designed primarily to meet scientific and regulatory requirements, often with limited consideration of patient experience. However, there is growing recognition that patient engagement is essential for the success of clinical research[1].

Patient and Public Partnership (PPP) initiatives reflect this shift by incorporating patient perspectives into research design, funding decisions, and governance structures. This approach not only improves the relevance of research but also enhances its ethical legitimacy[2]. The Irish Cancer Society, for example, has developed mechanisms to involve patients in decision-making processes and to ensure that research priorities align with patient expectations. As such PPI is an imperative in contexts where research resources are limited and community health needs are substantial, ensuring that efforts are aligned with what matters most to patients and populations.

Another important development is the increasing focus on patient-reported outcomes in research. Traditional clinical trials have emphasized clinical endpoints such as survival and disease progression. While these remain important, there is growing recognition of the relevance of quality of life and patient experience in research. Initiatives such as EUonQoL aim to standardize the measurement of these outcomes across Europe, ensuring that research reflects the priorities and experiences of patients.

Despite these advances, significant barriers to PPP persist[3]. First, a traditional biomedical culture continues, in which research is conducted on patients rather than with them. Additionally, despite efforts to increase access to research information, many patients remail unaware of clinical trials or are not offered the opportunity to participate by their clinical teams. Moreover, financial and logistical challenges, such as travel costs and time commitments, further limit access. In addition, psychological factors, often associated with low health literacy, including fear of side effects and concerns about loss of control, can deter participation[4]. Together, these factors contribute to variability in access and uptake, potentially exacerbating existing health inequalities.

Addressing these barriers requires a comprehensive approach that includes training for researchers and clinicians about the value of PPP in clinical trials, alongside targeted patient education, and support mechanisms to enhance participation. It also entails rethinking trial design to reduce participant burden and increase accesibility[5].

National infrastructure: CCI4EU generated- Croatian case study

The transformation of clinical trials in Europe is also a national and local challenge. The Croatian case study derived from Deep Dive Intervention in the Comprehensive Cancer Infrastructures for Europe (CCI4EU) project provides valuable insights into the opportunities and constraints faced by smaller health systems.

Croatia experiences a significant cancer burden, with high incidence and mortality rates compared to the European

average. While survival rates have improved over time, particularly for certain cancers, mortality remains elevated. The country's research landscape is characterized by several challenges, including limited funding, high clinical workload for researchers, and a lack of coordinated infrastructure. These factors hinder the development and implementation of clinical trials, particularly investigator-initiated studies.

The Croatian Oncology Research Network (CORN) represents a strategic effort to address these challenges. By connecting hospitals, universities, research institutes, and policymakers, CORN aims to create a coordinated research ecosystem. Its objectives include improving collaboration, enhancing research quality, and supporting the development of clinical trials.

Data infrastructure plays a critical role in this effort. Croatia's National Cancer Registry, one of the oldest in Europe, provides a valuable resource for epidemiological research and policy planning. Participation in European initiatives such as BEACON further enhances data integration and collaboration.

Strengthening governance and coordination across Europe

As clinical trials in Europe become increasingly complex and interconnected, governance emerges as a central pillar of transformation. While regulatory harmonization through the CTR has laid the groundwork for coordination, the practical implementation of these frameworks requires robust governance structures that operate effectively across national and institutional boundaries.

One of the key challenges is ensuring alignment between European-level initiatives and national healthcare systems. While ACT EU and related programs provide strategic direction, their success depends on how well Member States integrate these approaches into their own regulatory and clinical environments. Differences in institutional capacity, administrative structures, and resource availability can create disparities in implementation, potentially undermining the goal of a truly unified European research area, and impacting directly on patients and communities.

In this context, initiatives such as COMBINE represent a significant step forward. By promoting coordinated assessments across regulatory domains (including medicinal products, medical devices, and in vitro diagnostics) COMBINE addresses one of the most persistent sources of inefficiency in clinical research. The move toward joint evaluation processes, shared requests for information, and aligned decision-making reflects a broader shift toward integrated governance.

At the same time, governance must extend beyond regulatory coordination to include ethical oversight, PPI and stakeholder engagement. The increasing complexity of clinical trials, particularly in oncology, raises important questions about informed consent, data protection, and equitable access, issues that could be addressed by an effective PPI strategy. Ensuring that ethical standards are consistently applied across Member States remains a critical priority to tackle variability and inequalities.

The role of national networks in European integration

While European initiatives provide the framework for harmonization, national networks play a crucial role in translating these ambitions into practice. The CORN offers a compelling example of how national coordination can support European integration.

CORN brings together a wide range of stakeholders, including clinical institutions, academic centres, government bodies, and patient representatives. This collaborative structure reflects an understanding that effective clinical research requires not only scientific expertise but also organizational alignment and shared strategic vision.

One of the key strengths of CORN lies in its ability to connect institutions that were previously operating in relative isolation. By creating a networked model of collaboration, CORN facilitates the sharing of resources, expertise, and data. This is particularly important in a country like Croatia, where individual institutions may face limitations in capacity and funding.

However, the development of such networks is not without challenges. As highlighted in the lecture, issues such as overlapping projects, limited operational staff, and the need for clearer policy alignment can hinder progress. Addressing these challenges requires sustained commitment from both national authorities and European partners.

Importantly, CORN also illustrates the potential for national networks to contribute to broader European initiatives. By participating in projects such as BEACON and EUonQoL, Croatia is actively engaging in cross-border collaboration, demonstrating how smaller health systems can play a meaningful role in the European research landscape.

Advancing Data-Driven Oncology Research

Data is increasingly at the heart of clinical research, shaping everything from trial design to policy development. The transition toward data-driven oncology research represents one of the most significant shifts in the European clinical trial ecosystem.

In Croatia, the National Cancer Registry provides a strong foundation for this transformation. As one of the oldest registries in Europe, it offers a wealth of longitudinal data that can inform epidemiological studies, healthcare planning, and clinical research. The integration of registry data with clinical trial systems has the potential to enhance both the efficiency and the relevance of research.

At the European level, initiatives such as BEACON are working to create interoperable data platforms that enable the sharing and analysis of information across countries. These efforts are essential for addressing the challenges of scale and complexity in modern oncology research. By linking data from multiple sources, researchers can gain deeper insights into disease patterns, treatment outcomes, and patient experiences.

The growing emphasis on patient-reported outcomes further underscores the importance of data integration. Projects such as EUonQoL aim to standardize the measurement of quality of life across Europe, ensuring that patient perspectives are systematically captured and incorporated into research and decision-making.

However, the expansion of data-driven research also raises important challenges. Ensuring data quality, protecting patient privacy, and establishing clear governance frameworks are essential for maintaining trust and integrity. As data systems become more interconnected, the need for robust ethical and regulatory oversight becomes even more critical.

Addressing Inequities in Clinical Trial Access

Despite significant progress in improving the efficiency and coordination of clinical trials, inequities in access remain a major concern. These inequities are multifaceted, encompassing geographic, socioeconomic, and informational barriers.

Geographic disparities are particularly evident in countries with centralized healthcare systems, where clinical trial sites are often concentrated in major urban centres. Patients living in rural or remote areas may face significant challenges in accessing trials, including long travel distances and limited availability of specialized care.

Socioeconomic factors also play a significant role. Participation in clinical trials can impose financial burdens on patients, including travel costs, accommodation expenses, and loss of income. These barriers can disproportionately affect vulnerable populations, exacerbating existing health inequalities.

Informational barriers further limit access. Many patients are simply unaware of available clinical trials or lack the information needed to make informed decisions. The finding that a majority of patients have never been offered participation in a clinical trial highlights a critical gap in communication between healthcare providers and patients.

Addressing these inequities requires a comprehensive and coordinated approach. Digital tools such as the Trial Map can improve access to information, while decentralized and hybrid trial models can reduce logistical barriers. At the same time, targeted support measures, including financial assistance and patient navigation services, are essential for ensuring that participation is feasible for all patients.

Building Trust Through Communication and Engagement

Trust is a fundamental prerequisite for successful clinical research. Without trust, patients are unlikely to participate in trials, and public support for research initiatives may be undermined.

The lectures highlight several factors that influence trust, including transparency, communication, and patient involvement. Patients need clear, accessible information about clinical trials, including potential risks and benefits. They also need to feel that their perspectives are valued and that their participation contributes to meaningful outcomes.

Healthcare providers play a crucial role in building this trust. As the primary point of contact for patients, clinicians are uniquely positioned to inform and guide patients regarding clinical trial opportunities. However, time constraints and lack of awareness can limit their ability to fulfil this role effectively.

Patient advocacy organizations, such as the Irish Cancer Society, are instrumental in bridging this gap. Through public awareness campaigns, educational initiatives, and support services, they help to demystify clinical trials and encourage participation.

The integration of patient voices into research governance further strengthens trust. By involving patients in decision-making processes, research systems can become more responsive, transparent, and accountable.

Sustainability and the Future of Clinical Trials in Europe

The long-term success of clinical trial transformation efforts depends on sustainability. This includes not only financial sustainability but also the sustainability of infrastructure, workforce, and governance systems.

Funding remains a critical challenge, particularly for non-commercial research. While initiatives such as ACT EU provide support, sustained investment is needed to maintain and expand research capacity. This is especially important for smaller countries, where resources may be more limited.

Workforce sustainability is another key consideration. The increasing complexity of clinical trials requires specialized skills and dedicated personnel. Addressing workforce challenges will require investment in training, career development, and organizational support.

Looking ahead, the future of clinical trials in Europe is likely to be shaped by continued innovation and integration. Advances in digital technologies, data analytics, and personalized medicine will create new opportunities for research. At the same time, ongoing efforts to harmonize regulatory frameworks and strengthen collaboration will be essential for realizing these opportunities.

Final Reflection
The transformation of clinical trials in Europe is a dynamic and multifaceted process. It involves not only technical and regulatory changes but also cultural shifts in how research is conducted and how patients are engaged.
The insights from European initiatives, patient advocacy efforts, and national case studies highlight both the progress that has been made and the challenges that remain. They also point toward a shared vision: a clinical trial ecosystem that is efficient, inclusive, and centred on the needs of patients working with them as partners.
Achieving this vision will require continued collaboration, innovation, and commitment from all stakeholders. By building on the foundations established through initiatives such as ACT EU, CCI4EU-CORN, and patient involvement programs, Europe has the opportunity to remain a favourable site in the future of clinical research.

What is the OECI for Patients Working Group?

An effective and comprehensive global cancer landscape must include a structured process for involving patients and their representatives when planning, executing and organising services. Consequently, cancer centres, networks and infrastructures are expected to work in genuine partnership with patient organisations to improve outcomes and quality of life for people affected by cancer, ensuring meaningful patient and public partnerships across the whole pathway from prevention to survivorship.
The OECI for Patients Working Group brings together patient organisations, patient representatives and professionals from OECI member centres to advance structured patient and public partnership across cancer care, research and education. Its work supports a shift from patient participation to true partnership, where patients contribute to decision-making, service design and research processes across the entire cancer pathway.

Fig. 1: OECI as a Platform for Integrated Patient Partnership

The Working Group is developing a practical and scalable OECI Programme for Patient and Public Partnership, designed to support cancer centres in embedding patient perspectives in governance, clinical practice and research.
This includes the development and piloting of an evidence-based framework, aligned with the OECI Accreditation and Designation Standards, and adaptable to different national and institutional contexts.

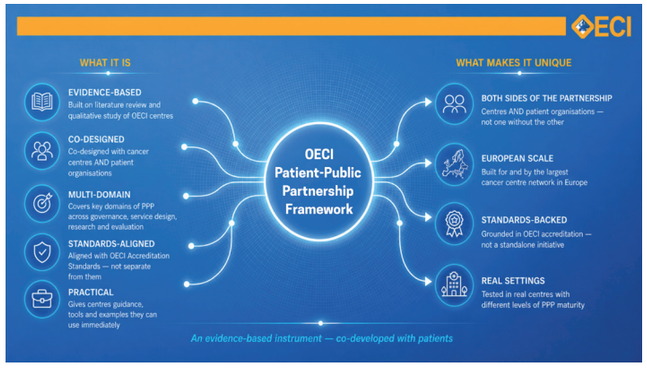


Fig. 2: The OECI Patient-Public Partnership Framework

Its activities are structured around three strategic pillars:

- **Pillar 1: Patient and Public Partnership**
  Designing and implementing a framework and programme to support meaningful and sustainable collaboration between cancer centres and patients.
- **Pillar 2: Research**
  Strengthening patient involvement in European research initiatives and building capacity for patient organisations to contribute to EU-funded projects.
- **Pillar 3: Education**
  Developing training and capacity-building activities to support professionals and patients in implementing partnership strategies.

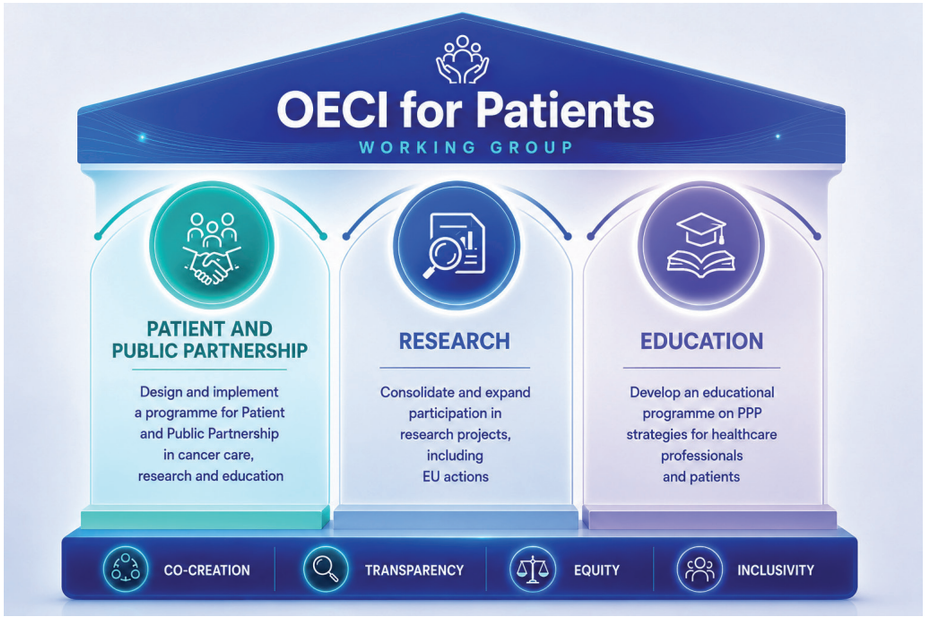


Fig. 3: Pillars of the OECI for Patients WG

Through these actions, the Working Group aims to reduce inequalities in access, improve the quality and relevance of research, and ensure that cancer infrastructures across Europe are more responsive to the needs and experiences of patients.

References

1. de Wit M, Cooper C, Reginster J. Practical guidance for patient-centred health research. The Lancet, 393, 1095-1096.
2. Colomer-Lahiguera S, Steimer M, Ellis U, Eicher M, Tompson M, Corbière T, Haase KR. Patient and public involvement in cancer research: A scoping review. Cancer Med. 2023 Jul;12(14):15530-15543. doi: 10.1002/cam4.6200. Epub 2023 Jun 16. PMID: 37329180; PMCID: PMC10417078.
3. Agyei-Manu E, Atkins N, Lee B, Rostron J, Dozier M, Smith M, McQuillan R. The benefits, challenges, and best practice for patient and public involvement in evidence synthesis: A systematic review and thematic synthesis. Health Expect. 2023 Aug;26(4):1436-1452. doi: 10.1111/hex.13787. Epub 2023 Jun 1. PMID: 37260191; PMCID: PMC10349234.
4. Evans J, Da Cunha Lewin C, Fabian H, Alam M, Calder P, Hill R, Khayri E, Markham S, Sweeney A, Wykes T. Facilitators of and barriers to patient and public involvement in mental health research within university settings: a systematic review and meta-synthesis. Psychol Med. 2025 Oct 6;55:e297. doi: 10.1017/S0033291725101748. PMID: 41048006; PMCID: PMC12527515.
5. Ganz-Blaettler U, Liptrott S, Tolotti A. The active involvement of patients in oncology research. Cancer Treatment Reviews, 2024; 130.

The OECI Cancer Economics Strategy for 2026 – 2028

Wim van Harten[1,2], ***Lionel Perrier*** [4], ***Michael Schlander***[5], ***Camila Quirland***[6], ***Valesca P. Retèl***[2,3]
1. Department of Health Technology and Services Research, University of Twente, Enschede
2. Netherlands Cancer Institute, Amsterdam, Senior Research Group Leader
3. Netherlands Cancer Institute, Amsterdam, Netherlands and Erasmus University Rotterdam (ESHPM), Rotterdam, Head Health Technology Assessment (HTA) unit
4. Centre Léon Bérard, Lyon. France
5. German Cancer Research Center, Heidelberg, and Institute of Innovation & Valuation in Health Care, Wiesbaden, Germany
6. Instituto Oncológico Fundación Arturo López Pérez (FALP), Providencia (Santiago),Chile

The Working group has the mission to promote "Equitable Access and Affordability of Treatments". By "strengthening and facilitating the role of OECI Comprehensive Cancer Centres in this field", we can actually bring this objective closer.

The OECI has a unique position to empower Cancer Centres to improve comprehensive care for patients, ranging from offering high quality medical interventions to socioeconomic support. Further to this, they may play an important role by delivering evidence and suggesting solutions on health economic challenges at all levels.

Cancer care has added much in survival over the past years, some countries show over 20%-points increase in 5-year overall survival. However differences persist over Europe, countries with available data show a range from 51% to 79%. Many promising, but often expensive new diagnostic and therapeutic technologies and (personalized) medications are in development or entering the market, creating challenges for health systems and institutions alike. The scope of activities of cancer care increasingly covers the full pathway from screening and early detection until even longer periods of survivorship. Digital care and new organizational cooperation models are emerging to accommodate growing patient numbers. In addition workforce shortages, financial pressure on budgets and -investments give reason to Cancer Patients to be worried about equal and timely access and Cancer Centres have to deal with all those challenges combined.

In view of shifting budgetary priorities and geopolitical challenges, national- and European policy makers continuously need to be made aware of the challenges in unequal access and socioeconomic impact of cancer. Although there is increased attention for these challenges through the Cancer Mission activities, and Joint Clinical Assessments started by EMA, related to the subsidiarity of health care this is mostly left to national systems and regulations. In practice we often see agencies that decide on coverage and cost-effectiveness without consulting professional entities like Cancer Centres.

Strengthening the health economic perspective is important to maintain a financially sustainable sector. The WG of Cancer Economics intends to provide specific instruments and guidance to OECI members to strengthen their contribution to- and position in the field. In addition, it is important to provide a podium for exchange on experiences and best practices and to provide support on important health economic issues for institutions and for patients that are internationally relevant. It can also empower institutions in bringing more weight in joint negotiations or national advocacy efforts.

The working group functions on non-paid input of (board) members and pursues cooperation with international groups (such as the European Fair Pricing Network) and funding through grants, and basic financial support from OECI is essential.

In 2025-`28 the WG will continue its activities in especially three domains: Socio-Economic Impact of Cancer, Access to Innovative Treatments, and Payment models.

1. SocioEconomic Impact (SEI) of Cancer

Based on input from many OECI members, in recent years a number of papers has been published on Socio Economic Impact (SEI) of cancer: A consensus paper with a research agenda[1], Overviews of SEI in EU countries in general[2] and in the AYA population[3] and a methodological paper validating a SEI assessment instrument providing support for the factors identified in the OECI consensus model[4]. We have shown that SEI is not only a prominent and very pressing issue in most, and also economically more developed EU countries, but especially Adolescent and Young Adult patients are prone to SEI related issues and distress. Through a separate taskforce the WG will follow up on this topic in three ways, as presented in Athens 2025 by prof. Michael Schlander:

- Instrument development on practical and valid assessment of SEI and especially identify vulnerable subgroups
- Identifying, developing and testing interventions that assists patients in managing/dealing with SEI.
- Further, in cooperation with the European Cancer League (ECL) and cancer patients, to lobby for policy measures like the "right to be forgotten", and for research funding on above mentioned topics. A "white paper" will be produced to generate policy interest and promote research funding.

2. Access to innovative treatments: Effectiveness, Pricing, Costs and Negotiation

The availability and access to innovative treatments is an important issue and many countries are struggling with the high costs of innovative cancer technologies and drugs. Unequal access between and within countries is an important challenge. Drug costs are also a burden to institutions in some countries and can contribute to financial toxicity. Two issues are pressing in which OECI members can play a role: Providing Real World Data on effectiveness in practice and involvement in- and influence on pricing (although this differs per country related to system choices).

2a. Real World Data based cost-effectiveness of innovative treatments/strategies

Working with Real World Data from digital health systems (EMR, data warehouses, data-lakes) is an important development and a very promising opportunity to strengthen the position of institutions. This will be a topic in cooperation with OncoValue project-partners, EUnetCCC and with DIGICORE.

In the area of precision medicine and also de-escalation policies are benefitting from hospital-RWD, as current practices and their actual value have to be proven from hospital records. Hospital data can e.g. function as external control arms in precision medicine studies, or in case current monitoring practices are mapped with limited value for patients, these strategies could be considered for de-implementation. In the developments around the European Health Data Space (EHDS), harmonizing data definitions and defining common data models for oncology will increase the power which CCCs can deliver for the necessary information in (policy) decision making.

AI tools for data and process mining are interesting approaches to identify innovative treatments in the pathways of cancer patients, and to point out possible significant differences between care strategies and disease management depending on access to therapeutic and/or organizational innovations. The Working Group Cancer Economics further proposes to facilitate the application of process mining techniques developed by Rifky et al. 2025 and presented in the 2025 OECI Oncology Days in Athens by Dr. Lionel Perrier.[4]

Actions: sharing data infrastructure initiatives to improve to data quality in our Cancer Centres, by means of joint HTA projects.

2b. Pricing, costs and negotiation

The geopolitical developments will most likely bring a period of even increased dynamics in discussions on drug costs and pricing. This will bear the risk of greater burden on health systems, and bring questions around coverage and access and the need to decide which drugs to re-imburse. Negotiation capacities of national agencies and (groups of) hospitals will likely be challenged in to greater extents.

Improving the position of OECI members in this development through education and research projects is an important step to contribute to insights in real world effectiveness and selecting optimal treatments. Further transparency on pricing and real-world costs of medication through indexes and projects on the bargaining position of countries and providers, are aspects that will be further explored in close cooperation with the European Fair Pricing Network and other European consortia, like Ascertain, preferably through a covenant with (a group of members of the) ECL.[5,6]

3. Payment models that benefit patients and support sustainability

Many countries are struggling with payment models and experimenting with innovative schemes such as pay for performance, value based financing and bundled payments. It is presently not known what models carry the best benefits for patients and institutions alike. OECD reports in this issue focus mainly on national system levels and conclude that the more is spent on national level, the better cancer outcomes are seen. How to direct funding mechanisms on institutional- and pathway levels especially related to the effects on patients such as survival is however an open question.

To address this gap, the WG will start a scoping review and survey among OECI members on existing and innovative payment models that benefit patients in access and outcomes. This will support the sustainability of providers, including aspects such as the full patient pathway, digitalisation of care, and the appropriate use of expensive drugs.

Involvement in European projects

Lastly the WG will be involved in a number of European projects, such as COST-action programs and Joint Actions, and will be more actively involved in new calls on working with real world data, the implementation of personalized cancer medicine and on improving cancer treatment outcomes with a range of health services research modalities.

The OECI Working group on Cancer Economics

An important driver is to increase the knowledge within research- and clinical environments of the translational cancer research community on the growing importance of Health Technology Assessment (HTA) and health economics. HTA can also be founded on hospital based real world data and can assist in creating realistic expectations of innovative treatments and assist in adequate implementation in practice.

The board consists of Lionel Perrier (Lyon), Michael Schlander (Heidelberg/Wiesbaden), Camila Quirland (Santiago, Chile), Wim van Harten (Chair, Amsterdam) and Valesca Retèl (Coordinator, Amsterdam) and one position currently vacant.

The working group on Cancer Economics unites representatives from over 30 Cancer Centres and those interested in participation can reach out to ***h.merk@nki.nl.***

References

1. Schlander M, van Harten W, Retèl VP, Pham PD, Vancoppenolle JM, Ubels J, López OS, Quirland C, Maza F, Aas E, Crusius B, Escobedo A, Franzen N, Fuentes-Cid J, Hernandez D, Hernandez-Villafuerte K, Kirac I, Paty A, Philip T, Smeland S, Sullivan R, Vanni E, Varga S, Vermeulin T, Eckford RD. The socioeconomic impact of cancer on patients and their relatives: Organisation of European Cancer Institutes task force consensus recommendations on conceptual framework, taxonomy, and research directions. Lancet Oncol. 2024 Apr;25(4):e152-e163. ***https://doi.org/10.1016/S1470-2045(23)00636-8***
2. Vancoppenolle J, Franzen N, Azarang L, Juslin T, Krini M, Lubbers T, Mattson J, Mayeur D, Menezes R, Schmitt J, Scotte F, Seoane López O, Skaali T, Ubels J, Schlander M, Retel V, van Harten WH; OECI Working Group Health Economics. Financial toxicity and socioeconomic impact of cancer in Europe. ESMO Open. 2025 Jun;10(6):105293. ***https://doi.org/10.1016/j.esmoop.2025.105293***
3. Vancoppenolle JM, Janssen SHM, Franzen N, van der Graaf WTA, Retel V, Husson O, van Harten W. Socioeconomic impact among and socioeconomic support services for adolescents and young adults with cancer: A European perspective. Int J Cancer. 2025 Oct 1;157(7):1433-1445. ***https://doi.org/10.1002/ijc.35488***
4. Ubels J, Vancoppenolle JM, Tetteh J, van Harten WH, Retèl VP, Schlander M, Franzen N. Toward a validated European instrument to measure the socioeconomic impact of cancer. Int J Cancer. 2026 Mar 3. doi: 10.1002/ijc.70364.
5. Rifki, O., Peng, Z., Perrier, L., & Xie, X. (2024). Process mining with event attributes and transition features for care pathway modelling. International Journal of Production Research, 63(10), 3684–3708. ***https://doi.org/10.1080/00207543.2024.2427888***
6. European Fair Pricing Network - EFPN: Home - European Fair Pricing Network
7. Lindner, L. and L. Lorenzoni (2023), "Innovative providers' payment models for promoting value-based health systems: Start small, prove value, and scale up", OECD Health Working Papers, No. 154, OECD Publishing, Paris, ***https://doi.org/10.1787/627fe490-en***
8. Affordability and Sustainability improvements through new pricing, Cost- Effectiveness and ReimbursemenT models to Appraise INnovative health technologies - ASCERTAIN: ASCERTAIN – IMPROVING ACCESS TO INNOVATIVE HEALTH TECHNOLOGIES

The OECI Magazine

An inclusive communication tool designed to promote OECI's mission

OECI Accreditation and Designation (A&D) Programme: Going from Strength to Strength

The A&D Board

At the time of writing there are 109 centres and networks within the OECI A&D programme, and this number is growing every month as new centres and networks apply. The pipeline is healthy, and the coming years promise to be very busy with peer reviews. A particular growth area has been Spain, and in the Nordic countries where almost every significant cancer centre is now within the A&D programme.

In June 2025 we successfully completed our 2-year revision of our Centre and Network standards, to produce Manual 4.0 which now all centres and networks will use. We managed to include standards on new areas within oncology and to exclude less relevant standards in a process that ended up with significantly fewer standards in Manual 4.0 compared to version 3.0. We are very happy that these standards received the endorsement of all the significant cancer professional associations in Europe[1], as well as patient organisations, and we can reasonably argue that they are among the best and most targeted cancer centre standards in the world.

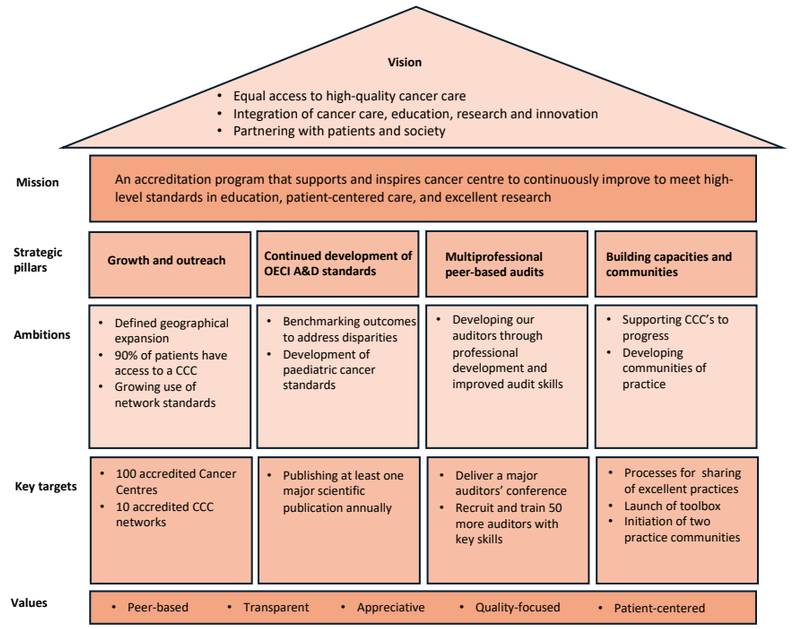
At the end of 2025 Jean-Benoît Burrion completed his last term as a member of the A&D Board and as chair of that Board. During his office, "J-B" has given great leadership and has helped with many initiatives including the development of our A&D toolbox. This toolbox has now gone live on the A&D website and consists of a series of templates, guidance notes, standard operating policies and the like, to enable centres within the programme to improve and to fulfil the A&D standards. We thank J-B for his leadership and infectious humour! He hands over the chair of the A&D Board to Mef Nilbert from Lund University Hospital (Sweden) and we look forward to her leadership over the coming years. Also completing his terms of office has been Wim van Harten from the Netherlands, former OECI President, who continues to be an audit chair and who has been a very wise voice on the A&D Board for many years, especially on the governance and quality systems of cancer centres. We don't lose the services of J-B and Wim because we have decided to convene an "Extended A&D Board" at least 3 times a year to consider strategic issues, and this body will include all audit chairs. We also welcome new members to the A&D Board by election: Evy Lobbestael, David Verger and Hisam Alahdab.

As well as the toolbox for centres in the Programme, we are publishing as a separate special issue of the OECI Magazine the collection of 32 Excellent Practices from around our accredited centres. These excellent practices are those which have been observed as particular strengths in various centres by the audit teams. The selection has been made through a robust process where the A&D Board scored practices for relevance, innovation and replicability in other cancer centres. We hope very much that our community of cancer centres will learn from one another and adopt excellence in every field of cancer research, education and care.

A particular highlight of the year has been the Auditors' Conference in Lisbon in February 2026 (parts of it in the photos). This was attended by 115 auditors and A&D staff. Our auditors are the front line and visible face of the A&D programme – their competence and skills are what really make the programme as strong as it is. The conference was packed with good sessions, including those on scoring difficult standards, assessing training needs, appreciative auditing, and how to evaluate the performance of auditors.

Draft Strategy for the A&D Programme 2026-28

Turning to the future, the A&D Board has been working with the OECI Board to develop a strategy for the next 3 years which builds on our existing strengths and extends them further. There are four pillars to this draft strategy as outlined in figure X below:



Growth and outreach

We aim to expand the programme in Central and Eastern Europe, in Switzerland, Austria, UK and in Spain to contribute to equity of care and high-quality cancer care across Europe in line with the EU Cancer Plan and Cancer Mission. These ambitions will require outreach to new centres to help them form into Comprehensive Cancer Centres (CCCs). We will also continue to expand internationally through OECI World, especially in South America in the new OLACI network.

Within the 3 years of the strategy we aim to raise the number of accredited centres to 100[2] and the number of accredited networks to 10.

Continued development of the OECI A&D Standards

In the first year of the A&D strategy we aim for our Manual 4.0 standards to be certified by the International Society for Quality in Healthcare (ISQua/IEEA) until 2030. This is the most prestigious body internationally for accrediting healthcare standards, and its requirements are stringent. Accordingly, we see no advantage in also seeking an ISO-based certification of our standards.

Because of the significance of cancer networks and their effectiveness in reaching 90% of the eligible cancer patients, we aim to roll out our network standards more robustly in European states. Furthermore, the A&D Programme has instituted a project to develop a set of Paediatric Cancer Standards which could apply either to paediatric units in Comprehensive Cancer Centres or to specialist Paediatric Hospitals.

Multiprofessional, peer-based audits

OECI has 20 years of experience of training auditors, sending audit teams for evaluating centres and working with centres to constantly develop. OECI takes pride in establishing new and independent teams for each audit. Our 140 auditors have experience of quality work and come from multiple professional backgrounds such as quality managers, nurses, physicians and researchers. Eligibility for auditor training includes considerable experience in quality control, clinical development work and decision-making positions. The auditor training includes proficiency in the OECI standards, knowledge of auditing techniques, and communication skills.

In the first year of the new A&D strategy we will establish new processes for feedback and support for the professional development of auditors in the first few years of their engagement. Future actions include strategies to recruit and retain auditors with special skills in responsible and impactful research and research leadership aspects.

On the technical side, the A&D Programme will upgrade our e-tool which is an essential platform for peer reviews.

Building capacities and communities

The A&D programme already takes several capacity building initiatives prior to, and subsequent to, the formal accreditation process – often in the form of one-day visits by Board members and audit chairs. During the 3-year strategy we will extend and improve such initiatives to help centres towards accreditation and beyond, not least in central and eastern Europe. We will also extend our accreditation toolbox as a resource centre for centres entering accreditation.

In building the community of accredited centres we are also sharing excellent practices on our website. These practices have been identified by audit teams as distinctive strengths which can be used to inspire and support development in other centres. We will also benchmark the results of our centres more effectively in scientific journals in order to share knowledge and stimulate improvements in cancer care, research and education.

OECI already experiences significant interaction and networking among its member institutes. In the 3-year strategy we will further support professional development through convening communities of practice within the accredited centres. Such communities of practice could comprise: centre directors, research directors, clinical trialists, oncology nurses, coordinators, quality managers and other staff groups. These communities of practice could be also engaged in liaison with EU actions.

In summary, the OECI A&D programme is going from strength to strength and is on target to accredit 100 centres by the end of 2028, the vast majority of which will be CCCs. We thank all those who give their time and talents so generously and conscientiously to this programme which drives up quality in our centres and has a huge impact on the lives of cancer patients and their families.

References

1. Including ESMO, ESTRO, ESSO, EONS, ECO, EACS, DKH, ECL.
2. Note that this is also the stated ambition of the EU Joint Action EUnetCCC by the end of 2028 – OECI will already have achieved this on a voluntary basis without any EU funding.

Empowering the Next Generation of Oncologists and Scientists 2026-2028 OECI Academy Programme

Chiara Gabbi[1], ***Carla Finocchiaro***[2], ***Per Anders Sandström***[3]
1. OECI Academy Coordinator, Milan, Italy
2. OECI Liaison Office and Member OECI Academy Steering Committee, Milan, Italy
3. Linköping Comprehensive Cancer Center and Member OECI Academy Steering Committee, Sweden

The OECI Academy is committed to empowering junior professionals in the field of oncology by equipping them with the scientific knowledge, technical expertise, and soft skills essential for advancing cancer research and improving patient care.

Its mission is fully aligned with the European Competence Framework for Researchers established by the European Commission[1], as well as with the educational and professional development recommendations[2] of the European Society for Medical Oncology (ESMO) and the European Society for Radiotherapy and Oncology (ESTRO)[3].

Established in 2024, the Academy launched its activities in January 2025 with a strong focus on grantsmanship. During its first year, it delivered four webinars and one residential course, attracting participants from more than 23 countries. The residential course received outstanding feedback, with 72.73% of attendees rating its overall quality as excellent.

Training Programme for 2026-2028

In line with its long-term vision, the Academy proposes the following initiatives for 2026–2028:

- **October 14-15-16, 2026 in Valencia, Spain**. The Academy will organize a course on "**Scientific Writing and Communication**." This course will equip participants with the technical skills needed to produce high-quality scientific publications, communicate effectively at conferences and scientific meetings, and meaningfully engage patients and the public as partners in research. Emphasis will be placed on clear, responsible, and inclusive science communication, including strategies for co-creating research outputs with patients, incorporating patient perspectives into manuscripts and presentations, and translating scientific findings into accessible language that supports shared understanding and impact. This course is particularly designed for PhD Students, Residents and Junior Post-doc (no more than 2 years from the PhD/ PhD/Medical Residency Diploma).
- **In March 2027** and **March 2028**, additional editions of the residential course entitled "**How to Develop and Write a Successful Grant Application**", will be delivered as an enhanced continuation of the 2025 programme and complemented by freely accessible online webinars. This course targets junior scientists and oncologists 2 to 7 years after their PhD/Medical Residency Diploma, offering a practical and comprehensive exploration of the grant development process. Participants will be guided through all stages of proposal preparation, with the aim of equipping early-career researchers with the tools needed to craft compelling, competitive grant applications.
- For **October 2027**, the proposed topic is "**Observational Studies in Oncology Research**." Participants will gain a solid understanding of observational study design, including cohort development, case–control studies and nested designs, the integration of AI models, and the role of biobanking in oncology research.
- For **March 2028**, the proposed topic is "**Interventional Studies in Oncology Research.**" This course will focus particularly on clinical trials and the statistical methodologies that underpin interventional research in oncology.

Furthermore, the Academy will collaborate with Working Groups (WGs) to propose webinars on oncology-specific topics of interest for the career development of junior investigators.

References

1. European Commission. Research-and-innovation.ec.europa.eu/system/files/2023-04/ec_rtd_research-competence-presentation.pdf
2. Dittrich C, et al. ESMO / ASCO Recommendations for a Global Curriculum in Medical Oncology Edition 2016. ESMO Open. 2016. PMID: 27843641
3. Benstead K, et a. Recommended ESTRO Core Curriculum for Radiation Oncologists/Radiotherapists 4th Edition. Radiother Oncol 2019. PMID: 31495514

First Announcement "COMMUNICATE SCIENCE" course

Residential course on scientific writing and communication for junior scientists

Valencia, Spain — October 14–16, 2026

Applications are open from June 1 to June 30, 2026.

For full details, visit: https://www.oeci.eu/OeciAcademy.aspx

"Communicate Science" is a three day residential course (October 14–16, 2026) designed for junior researchers from OECI member institutions who want to strengthen their scientific writing and communication skills. The program focuses on how to present research clearly, accurately, and effectively across different formats, from manuscripts and conference presentations to public outreach and social media.

Through lectures, discussions, practical exercises, and peer feedback, participants will learn to navigate the publication process, choose appropriate journals, write strong abstracts, and present their results at scientific meetings. The course will also cover how to conduct a constructive peer review, communicate science to the general public, and use social media responsibly for scientific dissemination.

Open to 50 early career scientists, the course offers a highly interactive environment where participants work directly on their own research outputs. By the end, they will have improved their writing, enhanced their communication skills, and gained practical tools to support their academic and professional development.

Applications will be accepted from June 1 to June 30, 2026. For more details visit the OECI Academy web page.

Participant Perspectives from the OECI Academy Programme 2025

***Chiara Gabbi*[1], *Carla Finocchiaro*[2], *Per Anders Sandström*[3]**
1. OECI Academy Coordinator, Milan, Italy
2. OECI Liaison Office and Member OECI Academy Steering Committee, Milan, Italy
3. Linköping Comprehensive Cancer Center and Member OECI Academy Steering Committee, Sweden

The OECI Academy's mission is to empower junior oncology professionals by equipping them with the scientific knowledge, technical expertise, and soft skills needed to advance cancer research and improve patient care.

In 2025, the Academy placed particular emphasis on **grant writing**, a core competency in oncology and biomedical sciences. Securing competitive funding not only fuels scientific innovation but also supports the career development and independence of early career researchers.

The programme unfolded in two complementary components:

- **Webinars** – Four online training sessions dedicated to funding strategies, available opportunities, and effective writing techniques. All webinars are freely accessible on the OECI YouTube channel.
- **Residential Course in Warsaw (October 2025)** – A three day intensive workshop offering step by step guidance for crafting strong, competitive grant applications.

The perspectives and experiences of course participants are highlighted in the following articles.

Participants to the 1st Academy Residential Course:
How to Develop and Write a Successful Grant
Warsaw – 8 -10 October - 2025

Bridging the Gap: Hematologist's Reflections from the OECI Grantsmanship Course

Dr. Tetiana Skrypets
IRCCS IstitutoTumori "Giovanni Paolo II", Bari, Italy

Being a hematologist, primarily engaged in clinical research, my participation in the OECI Academy Residential Course on Grantsmanship 2025 in Warsaw was a valuable experience. In my routine practice, I often face clinically relevant questions that deserve structured exploration. Clinical and translation research motivate you to reshape the transition from patient care management and to secure the necessary resources for innovative proposals. However, often it feels like navigating unmapped territory. Moreover, it requires a distinct set of skills and knowledge that this course addressed in a highly practical way.

To be honest, it was not my first experience neither in such programs nor in writing grant proposals. However, this intensive 2-days course offered more than just technical instructions. The highly-experienced faculty provided a strategic roadmap how to translate clinical insights into competitive, high-impact research proposals. The maintained balance between theoretical guidance and interactive teamwork, allowed participants to immediately proceed with concepts discussions with a particular impact.

One of the most valuable takeaways for me was the cornerstone of clarity and coherence in the research proposals. Expert-led sessions guided us through the fundamental building blocks: creating the background, the hypothesis structure, and strong experimental design. As clinicians, we are trained to be focused on diagnosis and patient management, however, the successful grant writing requires us to step back and frame our research within a broader scientific context. For clinicians, I found this shift in perspective both challenging, but powerful narrative. In the field of hematology/oncology, where studies involve multiple heterogenous disease subtypes, complex patient populations and rapidly evolving therapy strategies, designing robust and feasible projects is essential. The OECI course emphasized not only methodological rigor, but also the importance of feasibility, risk assessment, and contingency planning - elements that are sometimes underestimated in early-stage proposals. Moreover, the session on how gender and diversity shape the future of personalized approaches was particularly resonant, as these factors are increasingly critical in tailoring hematological/oncological treatments.

Another key aspect was the focus on the Principal Investigator's profile for a successful grant application. This link has no doubts, however sometimes create difficulties for early-career researchers. Building a competitive academic identity is not only about publications, but also about demonstrating independence, leadership, and a clear vision for future research. Personally, I found this session extremely motivating, as it provided clear strategies who to strengths your profile and align it with future funding expectations.

For those of us more routinely involved to clinical protocols than statistical and administrative management, the sessions on performing a sample size calculations and budgeting grants were equally insightful. Understanding how to justify statistical power, explaining the financial complexities, defining work packages and using different helpful tools is essential for any clinical trial.

Additionally, the course provided a focus on impact resonated strongly with my clinical background. In hematology/oncology, the main goal of research is to improve patient outcomes. The course highlited the importance of communicating this impact. Whether addressing scientific innovation, social benefits, or economic - a successful proposal has to have strategies to demonstrate convincingly why the research matters beyond the academic community.

Beyond the formal agenda, the course fostered a stimulating environment for interacting, collaboration and the possibility to exchange different experiences from broad spectrum of European countries. This part enriched the experience and provided new perspectives on common challenges. The opportunity to work in teams and receive feedback from experienced faculty created a dynamic learning process that went far beyond traditional lectures.

At the end of OECI course I upgraded my directions and obtained a more structured approach to develop research ideas. During these two days, participants gained not only theoretical skills, but also greater confidence in how to dive deeply in the competitive landscape of European funding. Importantly, a successful grant is not merely a good idea, buy it is a well-justified, effectively communicated, and strategically implemented plan.

In conclusion, the OECI Academy course represents a valuable investment in the next generation of early-career clinician-scientists that provides the necessary tools to bridge the highlighted gap.

From learning to impact: reflections from the OECI Academy in Warsaw

Eloisa Helena Ribeiro Olivieri, Milena Monteiro de Souza Antunes, Rafael Canfield Brianese
A.C. Camargo Cancer Center, San Paulo, Brazil

Participating in the Organisation of European Cancer Institute's Academy residential course in Warsaw was a transformative experience, both professionally and personally. Over the course of several intensive days, the program provided not only technical knowledge on grant writing and research design, but also a broader understanding of how to position research strategically within the European and global oncology landscape.

One of the most impactful aspects of the course was the structured approach to building a competitive research proposal. The emphasis on the three core pillars: excellence, implementation, and impact, provided a clear framework that we now apply in our daily work. Excellence goes beyond having a good idea; it requires a strong scientific rationale, a well-defined hypothesis grounded in literature and preliminary data, and a robust experimental design. Implementation demands clarity in budgeting, timeline, and feasibility, ensuring that the project is realistic and well-structured. Finally, impact extends far beyond scientific output, encompassing societal, economic, and patient-centered outcomes.

A key learning point was the importance of clearly defining the “gap of knowledge”. Understanding what is missing in the current scientific landscape and articulating why it matters now proved to be central to developing a compelling proposal. The course reinforced that strong proposals are not only scientifically sound but also clearly communicated. Writing with precision, avoiding uncertainty, and conveying confidence are essential to building trust with reviewers. This was particularly evident in discussions about “weak words” and how language can subtly undermine the perceived feasibility of a project.

Another critical takeaway was the emphasis on anticipating challenges. Addressing potential pitfalls and presenting alternative strategies is not a weakness but a strength, demonstrating maturity and preparedness. This mindset shift has significantly influenced how we can support other researchers in refining their proposals.

From a practical perspective, sessions on sample size calculation, budgeting, and project management tools such as Gantt and PERT charts were extremely valuable. These elements are often seen as technical requirements, but the course highlighted their strategic importance in demonstrating feasibility and credibility. Understanding how to align resources, timelines, and deliverables with scientific objectives is fundamental for successful grant applications.

The discussion on impact was equally inspiring. The course encouraged us to think beyond traditional academic output and consider how research can generate real-world change. This includes engaging patients, promoting diversity and gender balance in research teams, and developing effective dissemination strategies tailored to different audiences. These components are increasingly central to European funding schemes and are essential for creating meaningful and sustainable research outcomes.

At A.C.Camargo Cancer Center, we could apply these principles, advising researchers on proposal development, helping them structure their ideas more clearly, strengthening their arguments, and aligning their projects with funders’ expectations. The course provided not only knowledge but also a practical toolkit that enhances our institutional capacity to develop competitive proposals. It has also reinforced the importance of viewing grant writing as a strategic process, one that involves not only scientific excellence but also communication, positioning, and alignment with broader priorities.

Beyond the academic content, the experience in Warsaw was truly enriching. The opportunity to connect with professionals from diverse countries and backgrounds created a dynamic and collaborative environment. Sharing perspectives, challenges, and ideas with peers broadened my understanding of the global oncology research ecosystem. These interactions were as valuable as the formal sessions, fostering a sense of community and future collaboration.

Exploring Warsaw itself added a unique dimension to the experience. The city’s rich history and vibrant culture provided a meaningful backdrop to the course, making the entire experience even more memorable.

In conclusion, the OECI Academy was not only a training program but a catalyst for professional growth. It strengthened our ability to support peers, enhanced our understanding of what makes a strong proposal, and expanded our perspective on the role of research in society. We are deeply grateful for this opportunity and confident that its impact will continue to resonate in our work and in the projects we develop moving forward.

OECI

THE LARGEST NETWORK OF CANCER INSTITUTES ACROSS EUROPE AND BEYOND ITS BORDERS

OECIWorld: Opening European Cancer Centres to the World

Thierry Philip*, *Claudio Lombardo
Organisation of the European Cancer Institutes, Brussels, Belgium

Background

In 2024, the OECI Board decided to establish a dedicated network bringing together associate members located outside Europe, the so recognized Associate members Type B. The initiative reflects the Organisation of European Cancer Institutes (OECI) commitment to strengthening international collaboration and extending its standards and expertise beyond the European context.

Launched in September 2024, **OECIWorld** aims to promote the values, quality standards and collaborative spirit of OECI globally, supporting cancer centres in different regions in their efforts to improve cancer care and research.

Objectives

The network pursues five main objectives:

- **Promoting** quality by placing the OECI Accreditation programme at the centre of its activities, using it as a tool to strengthen cancer care and research in non-European centres.
- **Supporting** the development of regional partner networks, particularly OLACI (Organización Latinoamericana de Institutos de Cáncer), which is being structured as a sister network while maintaining its autonomy.
- **Encouraging** collaboration between OECI World members and European cancer centres, as well as cooperation among the associated centres themselves.
- **Linking** international cancer control initiatives, particularly those of the International Agency for Research on Cancer (IARC), with hospital-based cancer programmes.
- **Helping** countries developing national cancer strategies, including those preparing for European Union accession.

Members of the network currently include cancer centres located in several regions outside Europe:

Algeria	Anti-Cancer Center Blida Algeria Specialized Hospital Control Against Cancer - Blida
Brazil	A.C. Camargo Cancer Center – San Paulo
Chile	Instituto Oncológico Fundación Arturo López Pérez (FALP) - Santiago
China	Jinshazhou Hospital of Guangzhou University of Chinese Medicine - Guangzhou
Colombia	Instituto Nacional de Cancerología – ESE - Bogota
Jordan	King Hussein Cancer Center - Amman
Lebanon	Naef K Basile Cancer Institute at the American University of Beirut Medical Center - Beirut
Moldova	Public Health Institution Oncological Institute - Chisinau
Peru	Oncocenter Peru – SAC - Lima
Serbia	Oncology Institute of Vojvodina – Sremska Kamenica
Tanzania	The Aga Khan Hospital, Dar es Salaam
Turkey	Anadolu Saglık Merkezi - Kocaeli
Turkey	Dokuz Eylül Üniversitesi Onkoloji Enstitüsü - Izmir
Turkey	Türkiye Kanser Enstitüsü - TKE - Istanbul
Ukraine	RE Kavetsky Inst. of Exp. Path. Onc. and Radiobiology of Natl. Acad. Of Science (IEPOR) Kyiv

Ukraine	National Cancer Institute - Kyiv
Viet Nam	Benh vien K - Hanoi

We also welcome in the OECIWORLD the New Associate members Type B that enter the network from June 2026:

Albania	Mother Teresa University Hospital Center- Tirana
North Macedonia	University Clinic for Radiotherapy and Oncology - Skopje
Morocco	Ibn Sina University Hospital Center - Rabat

Early results

Although recently established, the network has already produced several tangible outcomes.

The Instituto Oncológico Fundación Arturo López Pérez (FALP), a cancer centre in Chile, has been officially designated as an **OECI Cancer Centre**, and five additional centres are currently preparing applications for the OECI Accreditation and Designation Programme. Most participating centres have also begun implementing the **OECI Standard 4.0 Manual**, which provides a structured approach to quality improvement.

Regional cooperation is also developing rapidly. **OLACI**, is now active in Brazil, Chile, Colombia and Peru, with working groups focusing on benchmarking and research activities

In East Africa, a regional collaboration is emerging between Tanzania and Kenya, bringing together nine cancer centres. A simplified programme, **OECI Cancer Safe Care**, has been introduced as an initial step towards strengthening quality and safety in cancer care. Our associated Center in Dar es Salaam, the Aga Khan Hospital, seeks to initiate a network in this region of Africa. This effort is part of the East African Comprehensive Cancer Center (EACCC) initiative, co-funded by the “Agence Française de Développement (AFD)” and the “Bill & Melinda Gates Foundation”.

This regional network aims to address critical gaps in cancer prevention, screening, treatment, and survivorship in East Africa, particularly for women’s cancers and HPV-related cancers, while advancing quality assurance in oncology care through regional collaboration.

Collaborations with European institutions are increasing, while interactions among OECI World centres themselves are steadily expanding.

In addition, OECIWorld is:

- supporting Ukraine and Moldova in their reflections regarding closer integration with European cancer networks;
- acting as an official sponsor of the Lebanese Cancer Plan;
- developing collaborations with IARC, notably through activities in Tanzania.
- a contact with cancer centres in Tunisia and Maroc is under way
- the possibility to attract other UK cancer centres to OECI is part of the 2026 Workprogramme

Resources and governance

The network currently operates with limited financial resources, based on an annual budget allocated by OECI.

However, the success of OECIWORLD relies primarily on the strong commitment of participating centres. These centres invest substantial local resources and expertise in order to pursue shared quality objectives and strengthen collaboration across the network. Participation to EC initiatives is also foreseen.

Strategic focus for the coming years

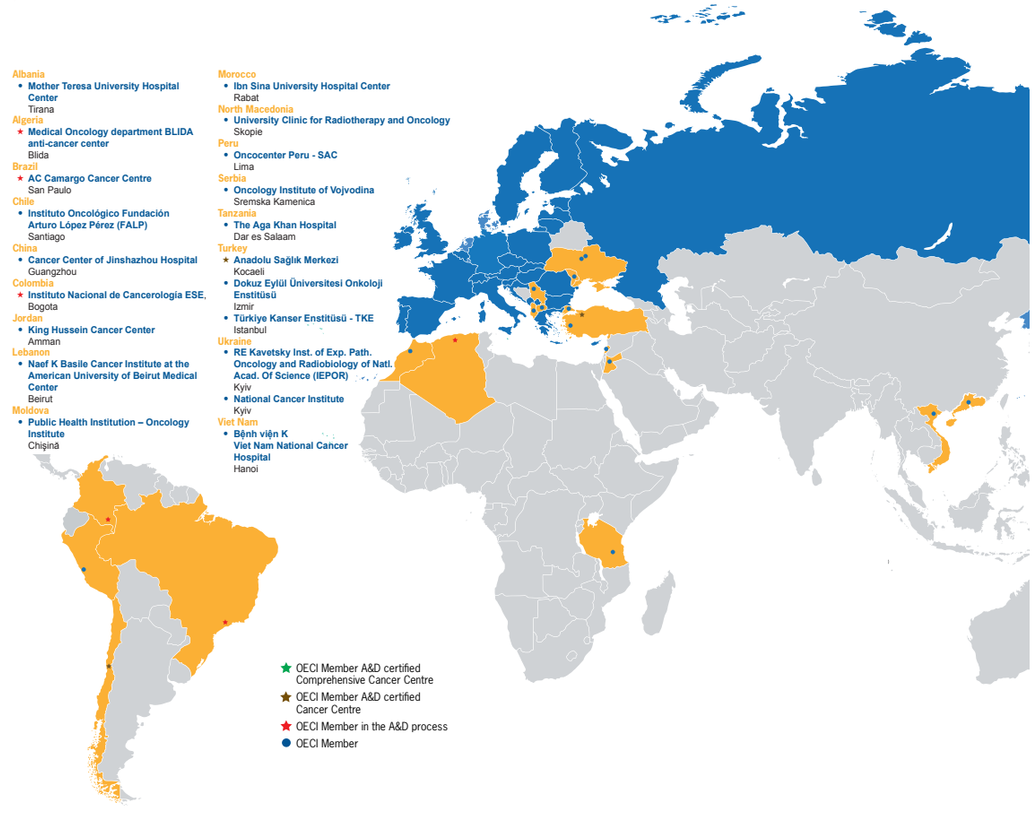
Given the rapid development of the initiative, the OECI Board has decided to prioritise consolidation rather than expansion.

The main strategic orientations include:

1. Continuing ongoing initiatives, while avoiding excessive expansion. Priority will be given to Accreditation activities and to the further development of the OLACI network. OECI standards will serve as practical tools for quality improvement, relying mainly on local expertise rather than dedicated OECI task forces.
2. Eastern Europe remains a key area of interest, with 24 centres already members of OECI across Bulgaria, Croatia, Hungary, Poland, Romania, Slovakia and the Czech Republic. Reducing disparities between Western and Eastern Europe remains an important strategic concern.
3. Within Eastern Europe, Ukraine and Moldova are already integrated into the network. Future engagement will focus on Albania, North Macedonia, Serbia, Bosnia and Kosovo.
4. Two non-EU European countries are strategic priorities for 2026–2027: Switzerland and the United Kingdom.
5. In the Middle East and North Africa, priority partnerships will focus on Morocco and Tunisia.
6. In China, collaboration will concentrate on Guangzhou and Changsha Cancer Centres, without expanding to additional centres at this stage.
7. In Africa, efforts will focus on the Aga Khan Cancer Center in Dar es Salaam, in Tanzia and cancer centres in Kenya, supported by funding from the French Development Agency (AFD) and the Bill & Melinda Gates Foundation. We have already signed a collaboration agreement with Aga Khan Health Service of Tanzania to plan and support the Establishment of the East Africa Organization of Cancer Institutes (EAOCI)

Conclusion

In less than two years, OECI World has demonstrated its potential to strengthen global collaboration in oncology and to support cancer centres worldwide in improving quality standards and organisational capacity. The next phase of development will focus on consolidating existing initiatives and ensuring that the network evolves in a structured, sustainable and quality-driven manner, while continuing to support cancer centres worldwide in their path towards excellence.



Initiation of the OECI Young Board and Network 2025-2028

Rebecca Amet[1]***, Izabela Agnieszczak***[2]***, Michael Eamon Kelly***[3]***, Sara Paltrinieri***[4]***,***
Vince Kornél Grolmusz[5] ***on behalf of the OECI Young Board***
1.Mater Private Network, Dublin, Ireland
2. Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland
3.Trinity St James Cancer Institute,Dublin, Ireland
4.AUSL IRCCS Reggio Emilia, Italy
5.National Institute of Oncology, Budapest, Hungary

The Young Board (made up of clinicians, scientists and healthcare professionals) was established in February 2025 as a self-governing entity that is part of the wider Organisation of European Cancer Institutes (OECI). Chaired by Dr. Vince Kornél Grolmusz and Co-Chaired by Dr. Rebecca Amet, the purpose of the Young Board is to promote and support young professionals across its network while acting as an advisory body to the OECI Board (Figure 1). Bringing together young cancer professionals and researchers from OECI member institutes in Belgium, Finland, Hungary, Ireland, Italy, Poland and Portugal (Figure 2); the initiative supports the development of new ideas and collaborative activities aligned with the OECI's mission. Membership in the OECI Young Board is for a period of three years, with membership review and new member selections on a yearly basis.

The past year has seen the establishment of elected Young Board leadership, a terms of reference and the development of priority working groups led by Young Board members. Key activities developed by the Young Board include the OECI Young Network, the Excellence Mobility Programme and a Young Session at Oncology Days Annual Meeting. Importantly, the Young Board recognises the need to monitor the impact of its activities through measurable evidence.

The Young Board is currently working on developing a three-year strategic workplan toward building a more connected, collaborative, and forward-looking network, ensuring that the next generation plays an active role in shaping the future of cancer research, care and education in Europe.

Figure 1
Members of the Young Board with OECI Vice President Iwona Lugowska at Oncology Days 2025 in Athens, Greece

Work to Date:

The OECI Young Network

The OECI Young Board established the OECI Young Network in 2026, a structured initiative designed to connect young professionals across all OECI member institutions. The Network aims to foster collaboration and knowledge exchange, enable joint initiatives across OECI Institutes, support the development of future oncology leaders, and help disseminate information about OECI programmes and the broader OECI mission. By creating a formal communication network for early career professionals, the Network seeks to strengthen cross institutional dialogue and elevate the collective voice of young cancer experts within the OECI community.

Although still in its early stages, the Network is steadily growing. Each OECI member institution is encouraged to nominate at least one representative (self-nomination is also encouraged). Applications from young professionals under the age of 40 years, working in any cancer related role, whether in research, clinical care, or administrative support are accepted. The Network already includes members from Belgium, France, Italy, Lithuania and Spain (Figure 2). These representatives form the foundation of the Network, contributing to collaboration across institutions and engaging directly with the OECI Young Board. Members are also encouraged to participate in the Young Board Working Groups, helping to shape projects that address the needs and priorities of young cancer professionals across Europe. Ultimately, the goal is to build a vibrant community of at least 181 representatives, ensuring every OECI member institute is actively connected and involved in shaping the future of oncology.

Figure 2
Geographical representation of members of the OECI Young Board (red) and members of the OECI Young Network (blue)

As the Network develops, it is envisaged that subgroups and speciality groups will be established to allow for more targeted collaboration and training based on the growing needs of these communities.

The OECI YB Excellence Mobility Programme

The OECI Young Board Excellence Mobility Programme is a new initiative designed to support collaboration and mutual learning among OECI member institutes through mobility opportunities for young oncology professionals. The call is planned to open between June and September 2026, targeting clinicians, researchers, and administrative professionals under 40 years of age, with up to ten selected exchanges (starting 2027). The programme will offer financial support of up to €2,000 for placements lasting from a minimum of one week, covering key mobility costs such as travel and accommodation.

A central goal of the programme is to promote equity in cancer care by strengthening collaboration between OECI member institutes while investing in the next generation of oncology leaders and specialists. Therefore, exchanges involving at least one Comprehensive Cancer Centre are warmly encouraged that will both facilitate the career development of young professionals as well as provide capacity building and networking between OECI cancer centres.

We warmly encourage you to share this initiative within your networks and among young professionals who could benefit from this opportunity. For more information, please feel free to reach out to the Secretary of the Young Board, Dr. Izabela Agnieszczak (izabela.agnieszczak@nio.gov.pl).

Young Session at Oncology Days

Chaired by Dr. Evy Lobbestael and Dr. Ilkka Liikanen, the session of the Young Board provides the opportunity to present our aims and activities with the larger OECI community. The session highlights a specific focus on collaborating with fellow OECI initiatives (OECI Academy and OECI for Patients working group) and offers the opportunity to learn from successful European collaborative projects in which young investigators and/or healthcare professionals are deeply involved. Presentations will include stellar examples of joint efforts in brain tumour research, drug repurposing trials, and national career development initiatives promoting oncological subspecialities starting from undergraduate studies. We believe that these presentations will provide new avenues for collaboration between young professionals in several OECI-related initiatives.

Impact and Evaluation

Recently, the Young Board has identified the need to monitor the impact of its activities. Establishing a Young Board has the potential to generate meaningful impact across the OECI network, contributing to the development of future leaders in oncology and strengthening collaboration between institutions.

To support this, a structured evaluation approach is being developed. This includes the use of pre- and post-programme surveys for the Excellence Mobility Programme to capture participants' expectations, experiences, and outcomes, with a particular focus on mentorship, training opportunities, and the development of new collaborations across institutions. Additional feedback will also be collected through broader engagement initiatives, such as an open survey during OECI Oncology Days, allowing input from a wider community.

In addition, the Young Board is planning to submit an abstract to the ESMO Congress in 2026 to increase its visibility and share its goals. By adopting this data-driven approach, the Young Board aims to continuously improve its initiatives and its contribution to the growth of the OECI network.

Future developments

We are currently developing a 3-year strategic workplan that will guide us over the coming years. The workplan is being developed collaboratively by the Young Board following valuable input from the OECI Board and will be presented to the OECI Board. The world is changing rapidly and while this affects all members of the OECI community, strengthening and addressing the needs of young professionals will enable a more resilient future.

Growth

As the OECI Young Network continues to take shape, its long term vision is focused on growth, diversification, and meaningful engagement across Europe and the world. One of the Network's core ambitions is to expand representation to include young professionals from every OECI member institution, in every field building a truly worldwide community of future cancer leaders. This growth will not only strengthen the Network's visibility and impact but will also ensure that the voices and experiences of young professionals from a wide range of disciplines and backgrounds are incorporated into OECI's broader mission.

Specialisation

Looking ahead, the Young Network also aims to establish a series of speciality subgroups, enabling members with shared professional interests such as surgical oncology, cancer research, nursing, psychosocial care, data science, or cancer administration. These subgroups will provide targeted spaces for extending expertise, advancing joint initiatives, and fostering innovation within specific areas of cancer care and research.

Training and Mentoring

In parallel, the Network plans to pilot a training and mentoring framework tailored to the needs of its members. This may include structured mentoring programmes, skills focused workshops, leadership development sessions, and peer learning opportunities. By supporting members' professional growth in a personalised and strategic way, the Network aims to contribute to capacity building across Europe and the personal growth of our network members.

Collaboration and Networking

Another priority for the future is the creation of collaboration and networking initiatives, designed to encourage connections across institutions and countries. These may take the form of cross centre project teams, short term exchange opportunities (such as the Excellence Mobility Programme), joint seminars, annual meet ups, and virtual innovation hubs. Such initiatives will help break down institutional silos and foster the collaborative culture needed to address the increasingly complex challenges in cancer care and research.

Patient Partnership

Patients are at the heart of all of the work carried out by cancer professionals across the OECI Network. The Young Board is keen to promote and collaborate with the OECI for Patients working group as well as offer training and collaborative opportunities for young cancer professionals to ensure that patient's needs and perspectives are embedded in all of our work.

Together, these developments represent a clear and ambitious path forward. As the OECI Young Network grows, it aims to become a central, vibrant, and influential community within the European cancer ecosystem.

For more information on our aims and activities do not hesitate to contact us via e-mail (***youngboard@oeci.eu***).

Artificial Intelligence and Precision Oncology: A Strategic Imperative for OECI Cancer Centres

Arsela Prelaj[1], ***Maud Kamal***[2]
1. Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Milan, Italy
2. Institut Gustave Roussy, Villejuif, France

The rapid evolution of oncology over the past decade has been driven by the convergence of genomics, digital pathology, radiomics, and electronic health records. Together, these advances have generated an unprecedented volume of multimodal data, forming the foundation of what is now widely recognized as precision oncology. Yet, while data generation has accelerated, the ability to translate these data into clinically meaningful decisions remains uneven. Artificial intelligence (AI) offers a critical solution to this gap, acting as a bridge between translational research and real-world clinical practice. By integrating molecular profiles with imaging, clinical data, and treatment outcomes, AI has the potential to transform how oncologists diagnose, stratify, and treat patients, enabling a shift toward truly individualized care pathways.

In clinical practice, AI-based systems are already demonstrating their capacity to support physicians in identifying relevant biomarkers and suggesting tailored therapeutic options. At a broader level, AI represents a key enabler of precision healthcare, supporting more accurate diagnoses, improving prevention and early detection strategies, and enhancing the overall efficiency and sustainability of healthcare systems.

Despite this promise, the integration of AI into cancer care remains fragmented and uneven across institutions. This is particularly evident when considering disparities between well-resourced centres and those operating in more constrained environments. As AI technologies continue to mature, there is a growing recognition that their successful implementation requires coordinated strategies, shared standards, and robust governance frameworks. Within this context, the Organisation of European Cancer Institutes (OECI) is uniquely positioned to play a leading role in shaping the future of AI in oncology with focus in care and prevention.

The creation of a dedicated OECI Working Group on Artificial Intelligence and Precision Oncology therefore represents a strategic and timely initiative. Such a group would provide a structured platform for collaboration among member institutions, facilitating knowledge exchange, fostering scientific cooperation, and promoting participation in European research initiatives. More importantly, it would ensure that AI development and implementation are aligned with the broader strategic goals of OECI, particularly in relation to quality of care, accreditation, and equity across cancer centres.

A central priority for this Working Group should be the development of harmonized quality standards for AI in cancer centres. As AI adoption accelerates, there is an urgent need to define minimum requirements that ensure safety, reliability, and clinical relevance. These standards must address key domains including data quality, interoperability, model validation, usability within clinical workflows, implementation and mechanisms for continuous monitoring and performance evaluation. Establishing such a framework would not only support safe and effective implementation but also enable benchmarking across institutions and strengthen trust among clinicians and patients.

An important dimension of this effort is the definition of differentiated roles within the OECI network, particularly through the concept of AI “Hubs” and “Spokes.” In this model, highly specialized centres could function as hubs, responsible for developing, validating, and governing AI models, while other centres would act as spokes, focusing on implementation, clinical integration, and data contribution. This tiered approach would allow for both innovation and scalability, ensuring that AI capabilities are distributed across the network in a sustainable and equitable manner.

At the same time, it is essential to acknowledge that significant gaps persist in the application of AI across the cancer care continuum, especially in low- and middle-income countries. Many existing AI tools have been developed and validated in highly resourced environments, limiting their applicability. As a result, key areas such as prevention, risk stratification, screening, remote digital diagnosis, and treatment decision support remain underdeveloped or poorly implemented in these contexts.

These disparities raise important concerns about the generalizability and fairness of AI-driven solutions. Without deliberate efforts to address them, there is a risk that AI could exacerbate existing inequities rather than reduce them. For OECI, this underscores the importance of conducting a structured and context-aware gap analysis, aimed at identifying high-impact and scalable use cases that are tailored to diverse healthcare environments. Such an approach could be integrated within the OECI World Programme and aligned with patient engagement initiatives, ensuring that AI solutions are both clinically relevant and socially responsible.

To translate this vision into concrete action, it is crucial to define priority use cases within clearly delineated clinical settings. Rather than adopting a broad and unfocused approach, AI implementation should be guided by clinical relevance, feasibility, and potential impact on patient outcomes.

AI tools such as I3LUNG, designed for resource-limited (‘medical desert’) settings have demonstrated enhanced performance in predicting immunotherapy outcomes when supporting non-lung oncology specialists. This highlights their potential utility in generalist hospital settings, particularly through the use of multimodal RW, accessible, and cost-effective data.

Another key pillar for the future development of AI in oncology is the integration of biobanking with multi-omic, imaging, and clinical data, referred to here as BIOData. This integrated approach offers a powerful opportunity to advance translational research by enabling the development of robust, data-driven models that link biological mechanisms to clinical outcomes. However, realizing this potential requires the establishment of clear standards for data collection, annotation, and model validation. Defining minimal data requirements, ensuring harmonized annotations, and enforcing rigorous external validation will be essential to produce reproducible and generalizable results. In this context, BIOData-driven models like APOLLO 11 represent a critical link between the two core dimensions of the proposed Working Group: artificial intelligence and precision oncology.

Finally, for both clinical and research purpose, shared analytical pipelines among certified OECI cancer centers will be necessary to integrate these diverse data types and enable the discovery of predictive biomarkers.

Ultimately, the integration of AI into oncology represents not just a technological shift, but a transformation in how cancer care is conceptualized and delivered. For OECI, the challenge is to guide this transformation in a way that is coordinated, equitable, and aligned with its mission of improving quality and outcomes across cancer centres. The establishment of a dedicated Working Group on Artificial Intelligence and Precision Oncology provides a concrete and strategic mechanism to achieve this goal.

Artificial intelligence will undoubtedly reshape the future of oncology. The critical question is whether this transformation will occur in a fragmented and unequal manner, or whether it will be guided by shared standards, collaborative frameworks, and a commitment to equity. The integration of AI into oncology also fosters stronger collaboration between research institutions and healthcare systems. Large-scale datasets from hospitals, clinical trials, and research laboratories can be analyzed collectively using AI tools. These collaborations enable continuous learning from real-world patient data, accelerating the discovery of new biomarkers and therapeutic targets. In addition, AI-powered platforms can support longitudinal monitoring of patients and citizens by analyzing clinical, molecular, and imaging data over time. This allows researchers and clinicians to track and intercept cancer evolution, detect treatment resistance earlier, and adjust therapeutic strategies accordingly.

Through leadership, coordination, and innovation, OECI has the opportunity to ensure that AI becomes not only a driver of scientific progress, but also a tool for delivering better, more equitable cancer care across Europe and beyond.

References

1. Hwang, YM., Ng, M.Y., Pillai, M. et al. The landscape of AI implementation in US hospitals. Nat. Health 1, 99–112 (2026). ***https://doi.org/10.1038/s44360-025-00016-7***
2. Prelaj, A, Miskovic V et al. I3LUNG: Clinical Validation of a Multimodal AI Tool to Support Immunotherapy Decisions in NSCLCmedRxiv January 2026, ***https://doi.org/10.64898/2026.01.16.25342913***
3. Prelaj, A., Provenzano, L., Miskovic, V. et al. APOLLO11: a bio-data-driven model for clinical and translational research in lung cancer. npj Precis. Onc. 10, 96 (2026). ***https://doi.org/10.1038/s41698-026-01295-3***
4. Wang X, Xiong D, Cui S, Duan B, Ding G, Huang Y, Wang Q. Artificial intelligence-enabled multi-omics biomarkers for immune checkpoint blockade: mechanisms, predictive modeling, and clinical translation. Front Immunol. 2026 Feb 23;17:1732079.
5. Wells, B.J., Nguyen, H.M., McWilliams, A. et al. A practical framework for appropriate implementation and review of artificial intelligence (FAIR-AI) in healthcare. npj Digit. Med. 8, 514 (2025). ***https://doi.org/10.1038/s41746-025-01900-y***
6. Mateen, B.A., Menon, V., Agweyu, A. et al. Trials for LLM-supported clinical decisions in African primary healthcare. Nat Med 31, 2833–2835 (2025). ***https://doi.org/10.1038/s41591-025-03815-3***

The European Parliament Hosts CCI4EU Policy Forum on Tackling Cancer Inequalities

On 22 April 2026, policymakers, healthcare professionals, researchers, patient representatives, and European project leaders gathered at the European Parliament in Brussels for the CCI4EU Policy Forum, titled “Addressing inequalities in cancer: the role of Europe-wide networks and infrastructures for comprehensive cancer care.”

Held under the auspices of the European Parliament Intergroup on Cancer and Rare Diseases, the event highlighted the growing importance of European collaboration in reducing disparities in cancer care and strengthening Comprehensive Cancer Infrastructures (CCIs) across Europe.

The forum showcased the progress achieved through several EU-funded initiatives, including the CCI4EU project, which focuses on capacity building and reducing inequalities between countries and regions with differing levels of cancer care development. Participants discussed how sustainable Europe-wide networks can improve access to high-quality cancer prevention, diagnosis, treatment, research, and survivorship care.

Opening remarks were delivered by Giorgos Georgiou and Richard Price of the European Cancer Organisation. The programme then explored the evolution of the concept of European cancer networks and infrastructures, including the role of the European Commission in supporting this vision through research and health policy initiatives.

A key moment of the event was the presentation of a new policy brief developed within the framework of CCI4EU and in collaboration with other major European cancer initiatives. Presented by Simon Oberst on behalf of the Organisation of European Cancer Institutes, the document outlines practical recommendations for sustaining and expanding comprehensive cancer infrastructures throughout Europe, particularly in the context of upcoming discussions on the next EU long-term budget for 2028–2034.

The forum also provided concrete examples of capacity building efforts. Associate Professor Sona Ciernikova presented the Slovak experience within CCI4EU, illustrating how collaboration and knowledge exchange can help strengthen national cancer systems. The patient perspective was represented by Edel Shovlin, who reflected on the importance of involving patients in the development of sustainable and equitable cancer care infrastructures.

A panel discussion featuring representatives from major European initiatives including EUnetCCC, ECHoS, JANE2, and UNCAN-Connect focused on the long-term sustainability of EU cancer networks and the importance of continued political and financial support.

The event concluded with an open exchange with Members of the European Parliament and participants, reaffirming a shared commitment to reducing inequalities in cancer care through stronger European cooperation, investment, and knowledge sharing.

European Parliament Session - May 2026
From Cancer Care to Partnership
How OECI Advances Quality, Equity, and Research in Europe and Beyond Its Borders

Cancer policy in Europe must deliver not only excellent treatment, but also equitable, person-centred and participatory care. OECI works with cancer centres, professionals, researchers and patient organisations to ensure that people affected by cancer are not only recipients of care, but active partners in shaping services, standards and research. Through accreditation standards, patient partnership models and collaboration across European initiatives, OECI contributes to improving quality, reducing inequalities and strengthening comprehensive cancer care in Europe and beyond.

Promoting patient participation is not only a matter of ethics. It is also a matter of effectiveness. Evidence increasingly shows that when patients are engaged, outcomes improve, adherence to treatment increases, and healthcare systems become more responsive and sustainable. At the same time, this approach contributes to reducing inequalities, by ensuring that all patients, have access not only to high-quality care, but also to a voice in their own journey.

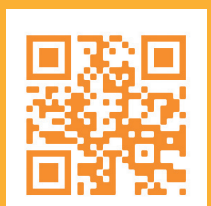
The challenge we face today is therefore clear: to move from isolated experiences of excellence to a shared European standard.

This requires commitment at all levels, policy makers, healthcare providers, researchers, and patients themselves. It requires investment in education, in communication, and in organisational models that facilitate participation. And it requires a cultural shift, in which listening becomes as important as treating.

In this context, the role of European institutions is crucial. By supporting policies that promote integration, quality, and patient-centred care, we can help create the conditions for this transformation to take place across all Member States and beyond.

The future of oncology will not be defined only by the therapies we develop, but by the relationships we build and for this moving from treating cancer to partnering with patients is not a secondary step, it is the natural evolution of modern medicine. And it is an evolution that comprehensive cancer centres, working together across Europe, are ready to lead.

The event, organised by OECI in collaboration with the OECI for Patients Working Group, explored how meaningful patient partnership can be embedded in care, governance and research, and what policy conditions are needed to support it.



OECI-EEIG
c/o Fondation Universitaire
11, Rue d'Egmont
B-1000, Brussels, Belgium
Phone: +32 2 512 0146

www.oeci.eu
For membership contact:
oeci@oeci.eu