EUnetCCC

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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK

D4.1 EUnetCCC

Initial Sustainability Strategy

WP4 – Sustainability

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DISCLAIMER:
This document reflects the final version of the 'Initial Sustainability Strategy' as of December 2025. It consolidates the findings, comments, and major actions developed during the EUnetCCC Joint Action up to this date. This first draft will serve as the reference version for the development of the EUCCC network Roadmap.

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Project information

Project Full Title: The European Comprehensive Cancer Centre Network
Project Acronym: EUnetCCC JA
Project N°: 101183407
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Topic: EU4H-2023-JA-3-IBA-07
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Version History

Version number	Publication date	Details of the changes
1.0	24/12/2025	Initial version shared with HaDEA
2.0	30/04/2026	Revised version following HaDEA review. Changes include: (i) Clarification of the following terminology and concepts: the HPP JANE-2 initiative (Chapter 1, 10; p. 15, 35), the Sustainability Roadmap (Chapter 1, 10, 11; p. 15, 35, 37), the Pilot's Guideline (Chapter 3; p. 17), EUnetCCC membership (Chapter 6; p. 22), a possible follow up Joint Action (Chapter 9; p. 28), the Sustainability Advisory Board (Chapter 9, 10; p. 30, 37), personalized medicine (Annex I; p. 47), the integration of AI in certification (Annex I; p. 48), the AI act and Apply AI Strategy (Annex I; p. 52). (ii) Amendments to the following developments or processes: the major goals of EUnetCCC (Summary notes; p. 9), the pilot implementation (Chapter 3; p. 16-19), the self-assessment tool (Chapter 3; p. 17), the future EUnetCCC equivalent entities (Chapter 9; Table 1, p. 29), the EUnetCCC roadmap (Chapter 10; Figure 6, p. 35), the list of key deliverables and milestones of EUnetCCC (Annex II, p. 54), and the suggestion for synergies (Annex III, p. 55) (iii) Correction of references to abbreviations (p. 7), and to hyperlinks, figures, tables, chapters and annexes (including changes in order) throughout the document (iv) Minor editorial, consistency, layout and formatting adjustments throughout the document The page numbers refer to the version with tracked changes hidden.
3.0	16/06/2026	Revised version following further HaDEA review. Changes include: (i) Amendment to the terminology of EUnetCCC JA target audience to specify 90 per cent of eligible patients (Summary Notes; p8, 9). (ii) Clarification of the structure of the EU Health Policy Platform to include that it is a Commission-led platform in which JANE-2 have established the restricted network (Chapter 1; p15). (iii) Removal of excessive descriptive text relating to the representation of the European Commission (Chapter 10; p35). (iv) Amendment to update the current state-of-play of the European Health Data Space (EHDS); amendment of terminology pertaining to the EHDS; clarification of the website to be developed under the EUnetCCC JA rather than the EHDS (Annex I; p42, 47, 50). (v) Amendment to improve the accuracy of the descriptive text of the Joint Action Personalised Cancer Medicine in the annex table (Annex III; p58).

Abbreviations and acronyms

Only abbreviations and acronyms relating specifically to the Joint Action EUnetCCC are included in this section.

CA: Competent Authority
CCC: Comprehensive Cancer Centre
CCCNs: Comprehensive Cancer Care Networks
CCI: Cancer Care Infrastructure
DKH: Deutsche Krebshilfe
EBCP: EU Beating Cancer Plan
EHDS: European Health Data Space
EoI: Expression of Interest
ERNs: European Reference Networks
GDPR: General Data Protection Regulation
HPP: Health Policy Platform
JA: Joint Action
KPI: Key Performance Indicator
MoU: Memorandum of Understanding
MS: Member States
NGO: non-governmental organization
NoE: Networks of Expertise
NSGs: National Study Groups
OECI: Organisation of European Cancer Institutes
PMT: Programme Management Team
SAB: Sustainability Advisory Board

Summary notes

Objectives of the deliverable

Target: The establishment of an European Network of Comprehensive Cancer Centres (EUnetCCC) [1] aims at developing an harmonised and integrated approach to cancer care across the continent. Its primary objective is to create a cohesive consortium of Comprehensive Cancer Centres (CCCs) across Europe to ensure that 90 per cent of eligible cancer patients, regardless of their location, have access to high-quality care.

Unmet Need: The EUnetCCC is conceived in response to the critical need for harmonised, high-quality cancer care and research, bringing forward the EU Beating Cancer Plan (EBCP)'s mission. There is the need of a state-of-the-art infrastructure, multidisciplinary expertise, continuous professional development, and the incorporation of cutting-edge technologies such as precision medicine, genomic testing, and telemedicine

Key goals: the establishment and development of the future CCC network relies on the work produced by the Joint Action (JA) EUnetCCC that entails five major goals, further described in Chapter 4 until 8:

- Driving excellence in care through an inclusive **certification framework**
- Building harmonised standards of excellence through an **EUCCC certification**
- Establishing the **governance of the EUnetCCC network**
- Empowering centres by building capacity for sustainable **quality improvements**
- **Jointly advancing cancer care and research** through collaborative initiatives



Driving excellence in care through inclusive certification framework

Empowering equitable access to world-class cancer care by establishing a dynamic, pan-European certification ecosystem

- Europe-wide CCC certification and quality alignment
- Inclusive certification pathways for all regions
- Dynamic, evidence-based updates to certification standards



Building harmonised standards of excellence through an *EU CCC certification*

Validation of centres to support improvement and alignment with the goals of Europe's Beating Cancer Plan

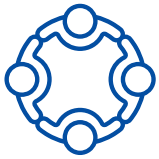
- Improving quality of care for patients
- Promoting equal access to high standards across the EU, including smaller countries, respecting existing national certification systems
- Provide user-friendly digital tools



Establishing the *governance of the EUnetCCC network*

Membership is defined based on participation in the Joint Action (JA) and on specific eligibility criteria. The governance model is designed to be inclusive, transparent, adaptable and will be implemented in three phases

- Gradual transition from Joint Action governance to a stable network structure
- A simplified structure will evolve into a complete governance system, ensuring sustainability and long-term continuity
- Coordination between the Joint Action and **the Network is maintained, with representation of Member States and a central role for CCCs in shaping the network**



Empowering centres by building capacity for sustainable quality improvements

Building sustainable expertise and infrastructure to elevate cancer care and research in every region

- Targeted capacity-building initiatives and resource sharing
- Continuous professional development
- Enhancing institutional capabilities and systems for sustained excellence



Advancing cancer care and research through joint initiatives and collaboration networks

Fostering a vibrant, interconnected community to accelerate progress and continuous improvement for all members

- Cross-centre collaboration and harmonized practices
- Network -wide forums and joint innovation projects
- Knowledge exchange, peer learning and benchmarking

Adapted from **https://eunetccc.eu/**

As of October 2025, EUnetCCC brings together 163 partners across 31 countries (all 27 EU Member States (MS) alongside Iceland, Norway, Ukraine and Moldova) with the ambition to reach at least 100 recognised CCCs by 2028. This would ensure that at least 90 per cent of eligible cancer patients in Europe have access to high-quality, evidence-based cancer care. EUnetCCC builds on the foundations of the JA on Network of CCCs (CraNE), and will establish a framework for inclusive certification, capacity building and networked collaboration among certified CCCs, while simultaneously integrating advanced research methods and capabilities and clinical practice. Beyond setting such standards, the project also aims to reduce inequalities in access to cancer care across Europe, foster cross-border cooperation and strengthen Europe's collective capacity to translate innovative research into benefits for cancer patients. In doing so, EUnetCCC contributes directly to the ambitions of the EBCP and supports the development of a sustainable, high-quality oncology environment across the continent.

The target audience and stakeholders of this document and the Roadmap include:

- EUnetCCC Consortium Members
- Policymakers and regulators
- Funding bodies and sponsors (including EU funding programmes, national funding agencies)
- Citizens and the general public
- Public institutions adopting sustainable practices
- Academic and research community
- Relevant NGOs and policy advocacy groups
- Media

As a key deliverable of the WP4 of the JA EUnetCCC, a sustainability roadmap that outlines the strategy to establish and maintain a EUCCC network is to be prepared by 2028.

Format

Written report

Target audience

Who will read/use the deliverable?

JA EUnetCCC consortium, national Competent Authorities and Ministries, healthcare professionals, Steering Committee members, and entities involved in the development, implementation, and future sustainability planning of the EUnetCCC network.

Content of the deliverable

What will be the different parts/themes/functionalities of the deliverable?

What won't be part of the deliverable?

The Sustainability Strategy provides a structured framework to ensure the continuity and consolidation of the EU Network of CCCs (EUnetCCC) beyond the duration of the JA in 2028. This document covering the Initial sustainability strategy provides a general update of the current status and activities during the next 3 years of the JA. It furthermore outlines the requirements, processes, and strategic actions necessary to maintain and scale the project's core components, including the certification system, governance of the network structure, activities of the network and cross-border collaborations. The framework is developed in the context of EBCP and the EU Cancer Mission, but will have to take into account upcoming EU-level initiatives supporting quality of care improvement, research excellence, and education and training needs. However, their long-term viability depends on continued need by CCCs to collaborate amongst them, sustained resourcing, coordinated governance, alignment with national initiatives, and alignment with national and EU-level policies.

The final strategy should also include a roadmap, being a set of recommendations and timeframe under which the outputs of the EBCP, Mission on Cancer (MoC) and other relevant initiatives can be integrated into the EUnetCCC network via e.g. national Contact Points, new JAs, Coordination and Support Actions (CSA), Pre-Commercial Procurement (PCP) / Public Procurement of Innovative Solutions (PPI), Technical Support Instrument (TSI). The sustainability strategy formulates short- and long-term actions required to operationalise the outcomes of the JA, organised around the following core elements:

- Governance Framework: Structures and processes ensuring effective internal coordination, decision-making, and accountability across the network.
- Certification System: An external accreditation mechanism that sets and evaluates standards to ensure consistent quality and continuous improvement across CCCs. Thematic network based collaboration across CCCs: Mechanisms to support sustained collaboration across research areas (prevention, translational research, clinical research, survivorship, and innovation) aligned with current and future national and EU initiatives; transcending the distinction of research and care wherein the current thematic areas of EUnetCCC can be the point of departure for sustainable continuity.
- Education & Training: A framework for continuous professional development, shared training programmes, and capacity building to maintain multidisciplinary expertise across the network.
- Synergies & Collaborative Opportunities: Integration of EUnetCCC with existing and future EU and national initiatives to maximise complementarity, avoid duplication, and strengthen cross-border cooperation. See Annex III for ongoing EU initiatives.
- Innovation: Adoption and governance of innovative applications such as digital, AI-driven, and data-intensive tools that enhance clinical decision-making, monitoring, and research integration across CCCs.
- Financial Incentives and Sustainable Funding Models: Identification of long-term (co)funding pathways that could be considered, including, next to local support mechanisms, Horizon Europe, EU4Health, TSI, national co-funding, and hybrid models, to support network coordination, certification, training, and research activities.
- Support to comply with legal and ethical requirements in the EU e.g. embedding of data governance requirements across all domains, especially for research integration and digital/AI tools.

This Initial Sustainability Strategy was compiled integrating feedback from the Members of the JA EUnetCCC consortium. The intended audience of this document includes national Competent Authorities and Ministries, healthcare professionals, Steering Group members, and entities involved in the development, implementation, and future sustainability planning of the EUnetCCC network. It serves as an initial reflection on the actions and decisions to be taken, to ensure consistency across work packages (WPs), and to guide the transition from project implementation to long-term operational readiness. The objective of this document is also to outline the process to build the final roadmap including already a number of long-term requirements for sustaining a high-quality, patient-centred network of CCCs across Europe (= target). The document explicitly indicates the need of a state-of-the-art infrastructure, multidisciplinary expertise, continuous professional development, and the incorporation of cutting-edge technologies such as precision medicine, genomic testing, and telemedicine (= current potentialities and challenges). Sustained collaboration with local healthcare providers, research institutions, and European-level initiatives is essential to embed research, education, and innovation into routine care. Financial sustainability will require diverse funding sources, including national investments, philanthropic contributions, and competitive research grants (= path). These sustainability challenges will continue to be addressed throughout the JA within a co-creative process with all relevant stakeholders (see below). A final comprehensive sustainability report, to be published in 2028, will present a concise post-JA operational and proposal for financial support, identify priority activities to be maintained, and propose mechanisms for integrating successful outputs into long-term cancer care, research, training and policy structures.

Initial Sustainability Strategy

State-of-Play and next steps towards "The EUnetCCC Roadmap: A Gateway Towards a Sustainable Future"

1 The Joint Action EUnetCCC in a nutshell

To achieve our objectives, the EUnetCCC JA is organised into 9 work packages (WPs):

- WP1 ensures the coordination of the JA. The coordination team regularly meet with the WP leaders and the consortium to assess the progress of the project. They provide the overall vision of the project, make sure milestones and deliverables of each WP are met on time.
- WP2 is in charge of the communication and dissemination of the JA results, regularly publishing updates on activities and events organised on different media.
- WP3 evaluates the EU network of Comprehensive Cancer Centres (CCCs), ensuring its efficient implementation, and making sure its broader objectives are met. Notably, they develop a set of indicators of success that will allow to track progress and adapt when necessary.
- WP4 ensures the sustainability of the EU network of CCCs beyond the duration of the JA. The main activity to meet this objective is the implementation of pilots, testing the certification process in multiple settings. They evaluate pilot programme success by considering CCC readiness for certification, identifying challenges, and determining necessary adjustments.
- WP5 crafts a detailed certification framework, based on the criteria from the previous CraNE JA.
- WP6 develops a capacity building framework to enhance collaborations between the EU network's member and enable knowledge transfer. This WP aims to improve expertise and competences between the EU network's members.
- WP7 outlines a governance framework for the EU Network of CCCs, starting with the implementation of an interim governance structure, before reaching maturity by the end of the project with the implementation of a fully-fledged governance structure, with efficient decision-making procedures. The fully-fledged governance structure will be from M37-M48. At the end of the project, the finalised governance structure will be established.
- WP8 develops and implement the network activities by organizing thematic, network-based collaboration on the 8 thematic areas including collaboration between these areas, refining management, boosting prevention and research, enhancing diagnostics, leveraging data, establishing a clinical trials network, supporting survivorship, improving governance, exchanging knowledge, forming partnerships, and evaluating impacts effectively.

- WP9 further develops access to comprehensive, high quality tumour-specific care in Comprehensive Cancer Care Networks (CCCNs) in all European MS, treating patients close to home and reducing inequalities across the EU and to ensure and align high standards in cancer care and to build sustainable interfaces with CCCs and other stakeholders in the cancer eco-system.

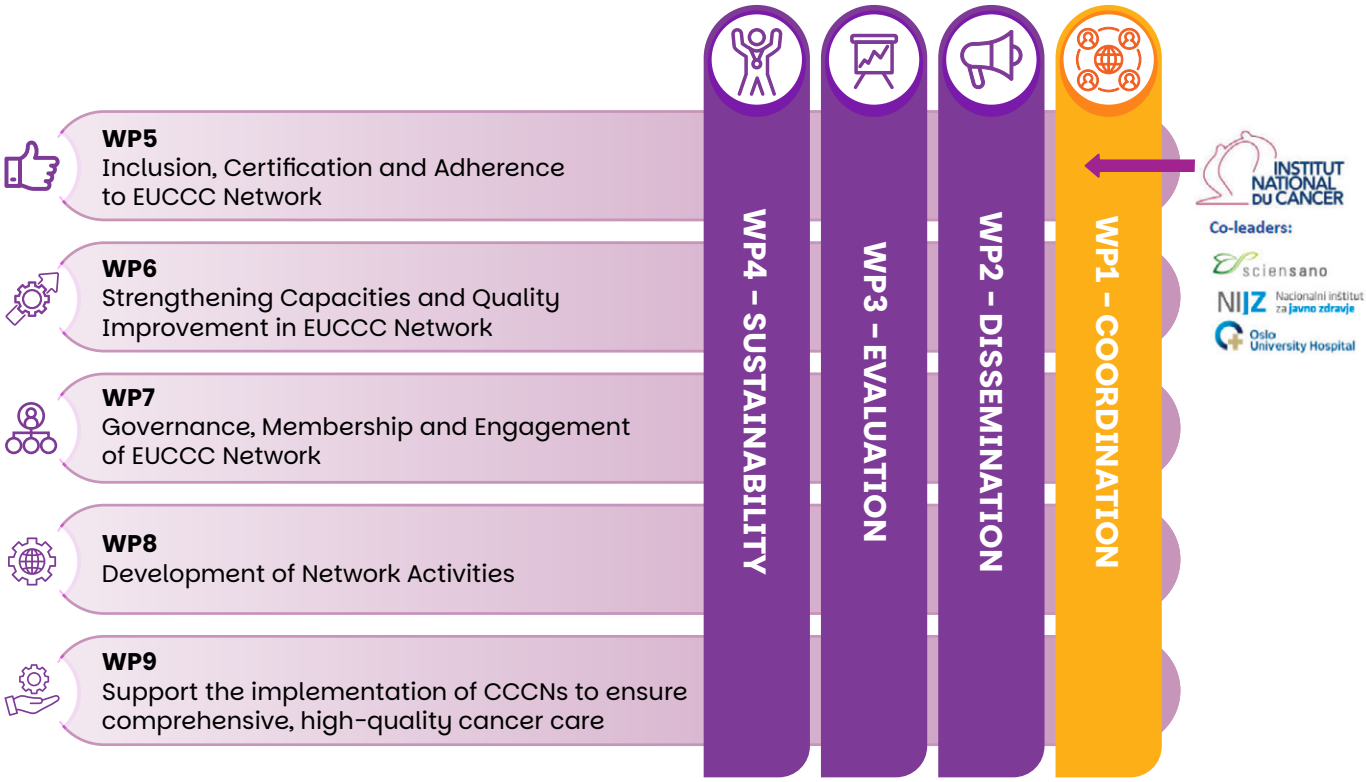


Figure 1: Illustration of the 9 Work Packages that will drive the implementation of the EUCCC Network

The JA EUnetCCC follows the conclusions of CraNE (https://crane4health.eu/), which developed the necessary administrative, professional and performance preconditions for an EU Network of CCCs. It also linked the development of Network of CCCs to the EU level for CCCs established in individual EU MSs [5] (see also Annex I).

EUnetCCC aims to build on the findings of CraNE, with the target of establishing at least 100 CCCs by 2028, and to integrate these centres into a cohesive network to foster partnerships and collaboration across the EU. The initiative aims to maximise the accessibility of high-quality, evidence based cancer care for at least 90 per cent of patients across Europe, regardless of their location. While the JA aims at fostering collaboration between CCCs covering seven key domains (*governance, research, integration of research, innovation, prevention, education and training, patient care*).

The EUnetCCC JA is thus conceived to address the critical need for harmonised, high-quality cancer care across Europe. Particularly, this Joint Action (JA) has the following objectives to achieve:

- Establishing and improving EU CCCs fostering stakeholder engagement for quality improvement, capacity building, and cooperation. A certification scheme will set high standards and actively encourage participating centres to continuously enhance their services and contribute to the overall strengthening of the European cancer care ecosystems. This strategy will raise the level of each centre and foster exchange of practices and innovations across the network.

- Fostering collaboration to strengthen care, research, innovation, training, governance and prevention capacities and reducing inequalities among cancer centres in the EU and associated countries, with a focus on enhancing cancer care in low-capacities areas, while ensuring that these efforts contribute to the overall excellence and cohesion of the EU network. Our pilots, integrated into WP4, aim to support countries in organising their cancer support in their centres according to the ambitions of the EBCP. The certification process, detailed in WP5, will serve as a guide for centres, offering a practical framework for self-assessment and the implementation of improvement plans enabled by capacity-building initiatives.

- The EU Health Policy Platform (HPP) is the Commission-led platform in which the restricted network has been established by JANE-2. This platform will strengthen synergies within the European cancer ecosystem integrating other cancer infrastructures (e.g. CCCNs, CCIs) and interacting with Networks of Expertise (NoE), European Reference Networks (ERNs), and European programmes and organisations (e.g. GDI, EUCAIM [4], EU Partnership on Personalised Medicine) (*see also Annex III*). The HPP serves as a central hub for sharing information, aligning priorities, and promoting joint action in public health policy. One of the most tangible efforts to foster synergies through the Platform is the creation of restricted thematic networks that bring together EU projects, networks and 14 JAs under common umbrellas.

Overall, the effort in place promotes synergies aiming at:

- Reduce duplication and improve coordination between EU-level health initiatives;
- Enhance coherence between policy development and implementation across MSs;
- Support more resilient health systems by sharing evidence, aligning networks, and building joint responses to shared challenges;
- Strengthen stakeholder participation in EU health policy through regular, structured engagement.

In this context, the EUnetCCC JA could strategically built its synergy plan building on the objectives of the EU HPP to strengthen collaboration, visibility and policy impact at the European level. WP4 specifically was designed and included in the composition of the project with the aim of developing the sustainability strategy for EUnetCCC, based on the outcomes of the pilot implementation, the use cases performed and by integrating the perspective from external European initiatives.

2 Methodology

The present document sets the basis for the Sustainability Roadmap as the principal output of the Initial Sustainability Strategy and was mainly outlined by the partners involved in WP4 with the support of all other WPs. Chapter 11 expands on the development of the EUCCC Network Roadmap methodology for 2026 to 2028 in further detail.

Elements used to design the content were:

- A) Desk research.
- B) Bilateral meetings with and revisions by WP leaders and co-leaders.
- C) Onsight FtF work session with all WP leaders and co-leaders (Paris, July 2025).
- D) Insights from the pilot implementation (WP4).
- E) Insights from the Field Testing (WP5): trials to explore the creation of new CCCs and the transformation of existing Cancer Centres (CC) (if considered necessary) into CCCs were conducted, assessing the organisational framework and standards adoption.
- F) Insights from collaborative thematic network activities.

For the development of the Roadmap document on sustainability (see Annex I), all insights from the above were used and combined in a single draft text. This draft will be transferred to a format that allows iterative, traceable revisions in a smooth manner (still to be decided e.g. MS teams-like format).

3 Initial insights from the pilot implementation

The EUnetCCC will assess various organisational models for CCCs and compliant structures as well as CCCNs, allowing MS to evaluate diverse setups. For this, pilot projects will provide insights into the viability and effectiveness of these organisational forms. The creation of national networks in small MS was will be explored, addressing unique challenges due to size and case volume, and by fostering connections with neighbouring countries and CCCs. Several countries proposed the formation of a national network, which would connect most relevant institutions and thus create a CCC-compliant structure, being collaborative, consortium-based models that together meet the EUCCC certification criteria. National networks will inform the development of local and regional CCCs as well as Small MS networks.

To advance this objective, a pilot implementation is being conducted with the aim of evaluating various CCC configurations and determining their adaptability and effectiveness within different national and regional contexts. This chapter primarily describes the piloting process and its preliminary insights from the initial bilateral meetings prior to the launch of the first out of two waves of pilots, given their implications for the sustainability of the project.

Through the pilot implementation, configurations are evaluated on a smaller scale, allowing the identification of potential issues or challenges early on. This early consultation phase with CCCs reduces the risk of large-scale failure, increasing the chances that EUnetCCC can be sustained on long-term. Moreover, pilot outcomes can demonstrate value and effectiveness of the project, helping to build support among CCCs and, more broadly, the healthcare community. During the pilot implementation, countries are offered advice but decide on the CCC configuration autonomously.

The Pilot's Guideline [7] provides comprehensive guidelines for the pilot phase, offering a clear understanding of WP4 milestones, deliverables, working structure, and the expectations for pilots within the EUnetCCC project. The document indicates that pilots can adopt at least two configurations:

1) **Institutional CCC:** a single legal entity or institution integrating care, research, training, and prevention, operating autonomously while actively collaborating with its local ecosystem and broader networks.
2) **Consortium-based CCC:** a collaborative structure involving multiple legal entities or institutions (hospitals, research centres, universities) operating at local, regional or interregional, and national, or international levels.

A particular solution for each configuration will be adapted to the specific situation and needs of the small MS. The overall outcome from the pilot implementation will be transformed into a set of recommendations that will enable each pilot to contribute not only to local success but also to the development of an integrated European network that meets high standards on a comprehensive set of thematic areas, including cancer care, research, and innovation. As part of WP4, the pilot implementation explores how to adapt one of the two configurations to the national context. The preliminary bilateral meetings are being conducted to form a comprehensive understanding of pilot configurations and determine their final structural outcomes, to explore the formation of National Study Groups (NSGs), and to provide insight on the self-assessment tool and maturity model. As indicated in CraNE D7.2, the self-assessment tool is under development by WP5 and the maturity model is being developed by WP6. The self-assessment tool is integrated into the EUnetCCC Portal to be launched in 2026. Centres will be able to complete the self-assessment progressively during 2026 and into 2027. Competent Authorities (CA) are expected to establish and organise NSGs to ensure that pilot activities are aligned with both national and EUnetCCC objectives. These NSGs are also meant to serve as platforms for discussing outstanding issues and tracking progress at pilot sites—particularly where national or regional action is required, whether in legal, financial, managerial, or other areas of support. Maturity levels reflect the development stage of each CCC pilot within the EUnetCCC framework, serving as a strategic plan toward certification.

Two primary categories can be identified for each pilot:

- Institutions certified or in-process of certification (or re-certification): these are institutions already certified by recognised organisations (e.g., OECI, DKH) or currently undergoing certification or re-certification [8].
- Non-certified institutions: these institutions have not yet pursued the abovementioned certification but aim to meet EUnetCCC standards.

In the pilot implementation, pilot teams are invited to undertake a structured analysis to inform the development of a plan and to define a clear pathway towards certification. A clarification about the stakeholder involvement is also included to assign responsibilities of key partners or Ministries of Health who are the designated official bodies for coordinating multiple pilots in MS. Additionally, the information gathered from pilot sites will support the development of a 'National Pilot Profile' – a document that summarises institutional characteristics from each participating country, including treatment options, staffing, equipment, and other relevant infrastructure details. To ensure continuous monitoring, each pilot must submit a monthly progress report beginning in May 2025, complemented by an annual summary report. Monthly meetings have been scheduled to offer support to the pilots as needed. Through the pilot implementation, WP4 aims to 1) adapt to local and regional needs (tailoring pilot configurations to address the unique challenges and opportunities of individual countries, regions, and institutions); 2) support the formation of governance structures that are scalable and compliant with CCC certification standards; 3) assist pilot teams in developing a structured approach towards certification, from participating institutions already certified by recognised organisations (e.g., Organisation of European Cancer Institutes (OECI) and Deutsche Krebshilfe (DKH)) to those developing their CCC capabilities from the start and those who will develop CCC-compliant structures; 4) ensure alignment between pilot activities and the CCC certification process, facilitating the refinement of certification standards based on real-world pilot experiences (in collaboration with WP5); 5) support pilots in achieving certification through tailored capacity-building plans based on their maturity levels (in collaboration with WP6); 6) align with WP8 to support pilots in applying standards and ensure the viability and sustainability of the structures in the case of newly developed CCCs and CCC-compliant structures.

Insights from the initial bilateral meetings – held before the launch of the pilots – have already led to preliminary recommendations for sustainability planning and pilot implementation, such as:

- Ensure integration of functions to consolidate patient care, clinical and translational research, training, and prevention within the pilot configuration, while aligning activities with the overarching goals of improving patient outcomes and fostering innovation in oncology.
- **Coordinate and cooperate** to develop governance structures that facilitate effective collaboration across local, regional, and international levels and foster integration across multidisciplinary teams (healthcare providers, researchers, educators, ...) and with regional CCCNs.
- Enhance **capacity building** to improve institutional capacity that meets CCC standards through targeted training, implementation plans and improves skills and expertise of staff through training programmes and collaborative initiatives.
- **Standardise practices** across pilot configurations, contributing to the harmonisation of CCC criteria and processes and facilitate knowledge exchange and the adoption of best practices through participation in European and international networks. These practices may revolve around clinical protocols, patient safety, administrative procedures, and quality management systems. This suggestion will be achieved through the collaboration with WP4, WP6 and WP8, specifically in the context of the pilot implementation (Task 4.2), testing of maturity model and dissemination to CCCs and the network of activities that is aiming at practicing efficient dissemination of

solutions implemented, while sharing learnings from experiences (Task 8.3). Types of interfaces between these WPs and related tasks include sharing of expertise and knowledge from the different cancer centres, sharing problems to be solved or potential areas to explore, and sharing methodologies and initiatives.

- Ensure that a **patient-centred approach** is placed at the core of pilot activities, ensuring access to innovative treatments and clinical trials and shared-decision making [9]. Sustainable strategies should be designed to integrate patient feedback into governance and operational frameworks. National or institutional patient advisory committees should be involved in the pilot assessment.
- **Establish Key Performance Indicators (KPIs)** to measure the impact of pilot activities on patient care, research outcomes, and capacity building, using the Evaluation Indicators (MS 20), in which a first list of consolidated comprehensive KPIs have been developed to support the evaluation of the JA's activities and the emerging EUCCC Network. This includes indicators developed under the WP6 Capacity Building system(Quality Improvement Indicators (QIIs) under Task 6.4) related to patient pathway coverage, which may support monitoring progress towards the EBCP target of ensuring access to CCCs for 90 per cent of eligible patients by 2030. Further work will focus on refining measurement methodologies, clarifying data sources and reporting mechanisms, and ensuring consistent data collection across pilot sites. Use these insights to refine policies and recommendations for broader adoption within the EUnetCCC network. This recommendation will be developed in close collaboration with the work prepared by WP3 that aims at assisting in crafting specific indicators for each WP, integrated into an overarching evalu ation dashboard to track the future EUCCC network's progress and success.
- **Strengthen collaboration beyond borders** by establishing joint projects and sharing resources between local and international partners. Leverage international expertise to address specific gaps and enhance the overall efficacy of the CCC network.

4 Goal 1: Driving excellence in care through an inclusive certification framework

- The crucial steps necessary to realise the future EUnetCCC infrastructure are also underlined by the certification scheme - a framework for continuous development ending up in improvement plans – and by the Network of Activities. This strategic document explores how the outcome and impact of the EUnetCCC JA could be maintained and continued after the initial implementation phase.
- Through a certification system of excellence for care, research and education programmes, the EUnetCCC aims to recognise centres around Europe that meet rigorous standards for transdisciplinary research focused on developing new and better approaches to prevent, diagnose, and treat cancer. The CCC network intends to also support centres at improving their quality of standards, covering 7 domains: *governance, care, research, integration research and care, innovation, prevention, education and training*.



Figure 2: The 7 domains covered by the set of standards and criteria of the EUnetCCC

The EUnetCCC consortium set the conditions necessary to fulfil the criteria for certification - following an EA certification approach (operators of the certification will need to be accredited) - as well as the necessary knowledge of holders and experts who will carry out the evaluation process [2].

The designated CCCs will be recognised for their scientific knowledge and expertise in laboratory and clinical research, serving their communities and the broader public with integration of training and education programmes for biomedical researchers and health care professionals [3].

Elements that have to be established during this JA to create sustainability of the collaborative networks include the following:

1) Make sure that we are implementing a certification scheme and process that are experienced as useful and contributing to continuously improvement at cancer centre level by relevant centre leaders and key personnel.
2) Implement a certification scheme that has a broad acceptance from MS and associated countries and from relevant bodies in EU.
3) Establish an organizational infrastructure for certification that can deliver efficiency and quality.
4) Established a program for an experiences-based and peer-based periodic renewal and updating of the standards and certification scheme.
5) Reached a collaboration with OECI and DKH working towards an alignment process of certification and collaborating on the conducting of certification
6) The JA and the network organization are moving towards a clarified connection between certification and designation.

Elements that have to be established after this JA to create sustainability of the collaborative networks include the following:

1) Established institutional solutions securing lasting solutions on the topics mentioned above - for example a clarified role for the Network Organization of CCCs as legal entity in the management of the certification.
2) Developing mechanisms to align EUCCC network activities with local health care systems.
3) Broaden the scope of the network towards a health care approach, wherever considered appropriate.

5 Goal 2: Building harmonised standards of excellence through a EU CCC Certification

A central element of the EUnetCCC JA is the development of a European certification system for CCCs, which ensures that centres operate according to harmonised standards of excellence. Certification provides external validation, facilitates mutual recognition across MS, and supports centres in their continuous improvement efforts, thereby contributing to the long-term goals of the EBCP.

The EUnetCCC JA will lay down solid foundations for a robust EUCCC certification system implementation aiming at delivering the framework combining excellence and inclusiveness, providing candidate centres with user-friendly webtools for certification purposes, ensuring a harmonised implementation of the certification by audit teams.

In relation to the EUCCC Certification, elements that have to be established to foster meaningful and continuous improvement for care teams and cancer patients include the following:

1) Promote continuous quality improvement, with clear benefits for patients, providing them the guarantee that they will benefit from the highest standards in cancer care, the latest research outcomes and the best trained healthcare professionals
2) Foster a shared EU ambition for more equity in patient access to high-quality care, supporting cancer care national systems and promoting fairness and inclusivity for smaller EU countries to address disparities in cancer care across Europe
3) Be fair to smaller EU countries
4) Be respectful of existing certification schemes in Europe and embedded in national realities

To ensure that the EUCCC Certification framework is both effective and applicable across diverse healthcare settings, a two-phase field test strategy has been designed to test, validate, and improve the scheme before its formal launch, ensuring that the tools, processes, and expectations align with the ground realities. This structured approach allows participating centres to explore and test the certification tools in both simulated (in-house test, focusing on the self-assessment tool and internal evaluation on standards) and real-world conditions (on-site test – simulating the audit process and assessing the organisational and logistical dimensions of a certification visit).

The goals are to refine the certification scheme by collecting structured feedback from end users (field test sites), with a focus on certification, and understanding of criteria and expectations, feasibility and practicality in real settings, usability and user-friendliness of the tools, relevance of the standards to diverse healthcare contexts. By identifying gaps, simplifying processes, and validating the implementation pathway, the field test plan ensures a smooth roll-out of the EUCCC certification in early 2026.

6 Goal 3: Establish the governance of the EUnetCCC network

EUnetCCC membership

To obtain Membership status institutions must be part of the JA and:

1) *hold a valid CCC certification obtained through EUCCC, OECI, DKH;*
2) *be formally engaged in a CCC certification process through EUCCC, OECI, or DKH schemes;*
3) *be a centre that is not currently certified as a CCC nor undergoing a certification process, but that has been selected and is actively participating in pilot activities under the JA's WP4 pilot programme;*
4) *be a CA from a country participating in the JA that currently has no eligible centre meeting the above criteria.*

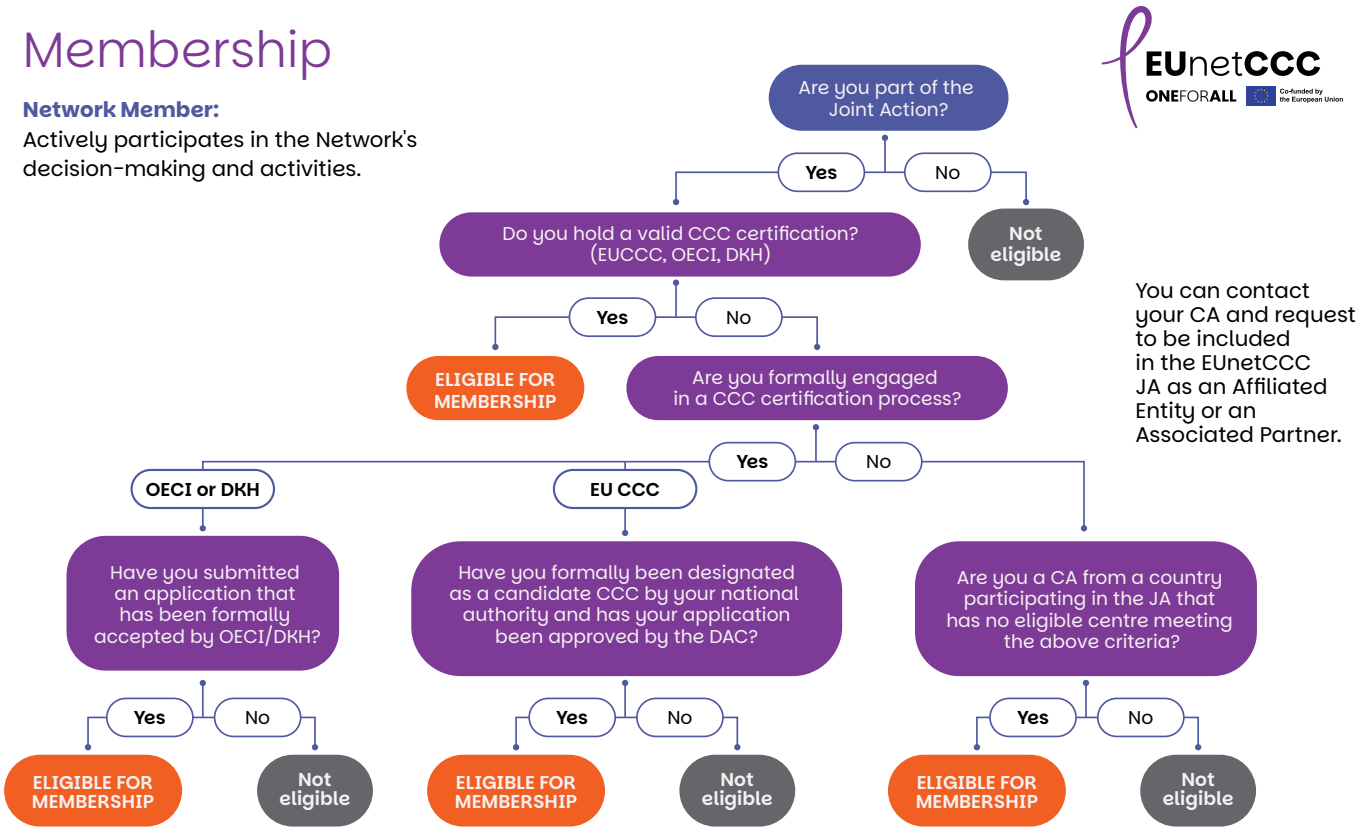


Figure 3: Membership Eligibility

EUnetCCC Governance

Pilots evaluations that were carried out to test various CCC models (see below), assessing their adaptability and effectiveness across MS together with network activities on improving Governance, Organization and Leadership (8.2.8), were used to develop an initial roadmap, including insights on how (1) developing new CCCs and transitioning existing organisations to CCCs, upgrading their current cancer treatment facilities in order to meet higher standards and rigorous benchmarks in research, clinical care, prevention, education, and outreach; (2) fostering the connection and integration of local/regional existing CCC networks into a larger, more unified European network of researchers, clinicians, and hospitals; (3) tailoring approaches for small MS through national networks; (4) creating national networks that form structures of CCCs that meet rigorous criteria for excellence in research, care and treatment, education and training, community outreach; (5) supporting MS with NSGs to ease the EUnetCCC transition. These findings were combined into a model for the EUnetCCC network and a potential governance structure of the CCC compound. The governance model is designed not only to ensure inclusive and transparent participation, but also to evolve over time in response to experience, changing needs, and strategic direction. To this end, throughout the JA and the Network, governance and membership will be implemented in three different phases:

- **Interim Governance (M18–M36: from March 2026 until September 2027)**
- **Fully-Fledged Governance (M37–M48: from October 2027 until September 2028)**
- **Network Governance (from M48: from October 2028 onwards)**

This step-wise approach is designed to:

1) Facilitate the transition from JA governance to Network governance
2) Avoid overlaps in decision-making processes and potential conflicts
3) Allow the Network to test, adapt, and refine its governance through real-world experience during the interim period
4) Begin with a simplified structure and gradually introduce additional governance bodies to support growing responsibilities and strategic directions
5) Enable member engagement and ensure that the governance model is both functional and sustainable

By the end of the fully-fledged phase, the complete Network structure is expected to be in place, laying the groundwork for long-term continuity beyond the JA. A close interaction between the Network and the JA, avoiding overlaps and maintaining a single level of representation with MS has been foreseen. It also ensures that CCCs are adequately represented, allowing them to be the key actors in structuring the Network and its activities.

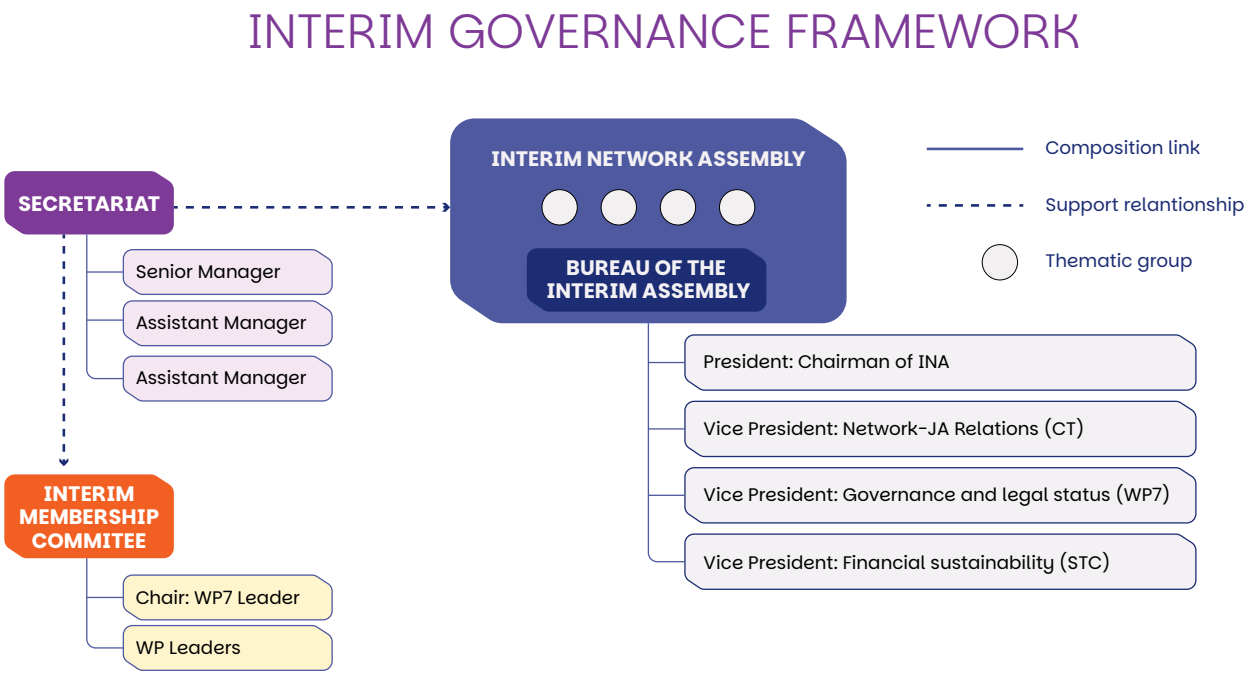


Figure 4: Interim Governance Framework

For more information, we refer to "D7.1 European Network of CCCs Governance Framework Document" by WP7 – Governance, Membership and Engagement of the EUnetCCC

7 Goal 4: Empowering Comprehensive Cancer Centres through building capacity for sustainable quality improvements

Another core pillar is the capacity building that aims at enhancing skills, resources and infrastructure of CCCs, by assessing for example the adoption of new advanced equipment for diagnostics and treatment, supporting adequate training of specialized healthcare operators. It is important to identify target stakeholders who will benefit from the services. Secondly, it is necessary to develop and describe the key advantages that the CCC network intends to deliver to its members (i.e. patients, healthcare providers and other relevant stakeholders). These advantages can vary depending on the type of healthcare system, but might have an impact - for example - on access to care, quality of services, personalised care, preventive services, clinical support tool availability, innovation.

WP6 is responsible for designing and implementing tailored capacity-building plans for CCC candidates, including mentorship and twinning. WP6 will develop:

1) Valuable insights into how CCCs should structure their long-term institutional frameworks while progressing through capacity-building phases.
2) In full adjustment to WP5, WP6 will require for each candidate institution to define a Priority Plan. This is not an improvement plan made after an auditor's visit, but a way to clarify the pace of change on what will be faced first and what second – what is urgent and what is important.
3) Evidence on the difficulties and barriers related to each core standard. This "comparative" perspective should be used by candidate institutions to give a proper foundation to the Priority Plans' template. Such instrument (the Priority Plan) can be common language for both WPs when approaching the candidates.
4) Follow up of each candidate progress. It is relevant to avoid over reporting. WP6 is intended to require the use of the Maturity Model every 6-8 months to know about the progress of each centre and the related impact to the quality improvement.

WP4 representatives can offer direct feedback on governance structures, sustainability challenges, and how CCCs can align with EU frameworks for long-term success. As one of WP4's core objectives is to establish governance models that ensure the long-term viability of CCCs, WP6 can leverage this expertise by involving WP4 as a key partner in institutional benchmarking efforts. WP4's insights will help WP6 understand how CCC candidates can form sustainable consortia, particularly in regions where multiple hospitals or institutions need to collaborate to achieve CCC standards. This collaboration will enhance WP6's ability to guide CCC candidates in setting up robust governance frameworks that facilitate their certification process and long-term operational stability. Finally, WP6 and WP4 can co-develop a specific module within the WP6 capacity-building framework that focuses on sustainability and governance structures. This module can include best practices from WP4 pilots, case studies on successful CCC consortia, and strategic recommendations.

8 Goal 5: Jointly advancing cancer care and research through collaborative initiatives

Managing sustainability is about facilitating, maintaining and further develop processes and infrastructure and activities created through network collaboration between CCCs created under the EUnetCCC umbrella and delivering increased equity and advancement in cancer care and research in Europe. Giving attention to sustainability means that the investments made during these years delivers returns and have viability far beyond the years of the project. Creating sustainability in this sense will have consequences in to time perspectives. First, it will influence the way we manage the project during the lifetime of this JA. Secondly, it sets requirements for how we design the necessary follow up constructs after the JA. This report on sustainability, delivered during the first part of this JA, will concentrate on recognition of the properties necessary to establish in this project.

The collaborative networking connecting and integrating development and implementation processes of European CCCs is a major activity area assumed to contribute to the main purposes of the JA. It is a prerequisite that this JA is just delivering the start of networking and its strategic potentialities will not least be triggered within a longer time perspective. The recognition of the roles of this part of the JA was present in CraNE that also delivered a catalogue of ideas of relevant topics for this type of collaborative network-based activities. The eight approaches chosen for this in EUnetCCC where pick from ideas created during CraNE. The efforts currently being invested in these thematic networks will interact with other parts of EUnetCCC. They will be managed separate from but simultaneously in a close connection with development connected to the other goals that this sustainability report is based on. The sustainability of this project will partly depend on a carefully well managed relation between these parts of the project.

Below we are expressing distinctly the different parts of the sustainability elements that must be emphasized in the management of the project. However, it is necessary to underline that the sustainability effect is secured not least as a result of all these taken together and the awareness of how they interact and together support the purpose of sustainability.

Elements that have to be established during this JA to create sustainability of the collaborative networks include the following:

1) Characteristics of the chosen thematic areas – creating the bottom-up drive.
   - Thematic areas should be acknowledged as currently relevant regarding needs and potentialities for development by member centres.
   - Thematic areas that are recognized as being dependent from cross centre and cross border collaboration to deliver advancement.
   - Thematic areas acknowledged as relevant for creating benefits both regarding equity and advancement in partnering cancer centres.

2) Characteristics of the working-processes of each thematic area – releasing and preserving commitment and engagement:
   - Commitment from CCC leadership at CCC being clearly supportive network activity partner.
   - Participation by centers representing a wide spectre of variation from the European field of cancer centres.
   - Processes stimulating establishment of personal relations between key personnel (leaders and experts) on cancer centre level.
   - Processes that can deliver some immediate pay off as well as requiring and encouraging new steps and long-time perspectives to release strategic benefits and advantages both on cancer centre level, national levels and EU-level.
   - Processes that require collaboration across geographical dividing lines and thematic boundaries of collaborative networks.

2) Requirements regarding supporting infrastructure – institutionalized solutions making connections and accumulating experience and knowledge easy:
   - Supported by ICT infrastructure (The Collaborative networking tool on the EUnetCCC portal solution).
   - Creating organizational infrastructure for collaborative efforts with relevant EU projects, professional communities and patient representatives.
   - Deploy the available resources in the JA in a way that most efficiently building and releasing the capabilities to deliver according to ambitions.
   - Organizational relations that secure interaction and reconciliation between needs and expectations from participating centres, MS and national health care authorities and EU policies.
3) Requirements regarding leadership of the process – creating direction, facilitating relations and the right balance of perspectives:
   - Leadership that both on personal and group level understand and have skills to implement the ideas and plans of the project and guide the processes according to the targets set above.
   - Leadership that has the ability to practice and facilitate the balance between top-down guidance and governance with releasing bottom-up ideas and engagement.

Several of the sustainability measures to be activated from the point where this JA has ended must be developed and prepared well in advance if they are supposed to fill the role efficiently. This is also the case regarding sustainability measures connected to the collaborative networking. A draft of proper and probably necessary initiatives should be drafted from now on. We indicate these here.

Elements that have to be established during this JA to create sustainability of the collaborative networks include the following:

1) An organizational framework suitable for hosting the management of these collaborative thematic networks after September 2028.
2) The role of this management both in a possible follow-up JA and in the future shortly implemented European Network of CCCs should be clarified. It is important to note that any new JA is subject to availability of funding, as well as in comparison to the current one will likely have limited scope.
3) Funding framework that clarifies the possible future division of financial commitment between EU level, national level and cancer centre level.
4) This should be adapted to release motivation and commitment from the different institutional levels being stakeholders in such a sustainability process and to take into consideration regions and countries with varied prerequisites.
5) Acknowledging the tracks that are emerging of institutional thematic cancer centre collaboration and signalling those infrastructures and personal relations developed will be recognized in preparation of measures beyond the EUnetCCC.
6) Such recognition will increase the motivation and the courage both at national and cancer centre level to invest in long time commitment in the ongoing networking process and probably inspire participants here exploit and explore these with a longer

time perspective in mind.

7) Further develop framework and management to be able to harvest from existing process experiences and other relevant ongoing EU projects and based on this to capture new ideas to launch and organize new network-based collaborative initiatives

8) Already during the first year of the EUnetCCC new ideas for thematic collaborative networks has been delivered from members and tasks. Some of these might be integrating in existing tasks.

9) However, the sustainability of this JA and the role of opening dynamically up for its capability to create space for new ideas to be given the opportunity to follow similar tracks of growing through collaborative networking.

9 Input from WPs to the sustainability of the EUCCC network

The EUnetCCC JA lays down the foundation of the future EUCCC Network, therefore the support of the JA WPs towards 3 essential pillars of the network is crucial to ensure consistency with common goals to build on each other's results: *certification of CCCs (and CCCNs in later stage), the within-network thematic networking and the external European/Global Network collaboration and organization.*

These activities will lead to an higher impact of the outcome, supporting the integration of deliverables and improving project management and coordination between the different areas of work, from evaluation, pilot studies with CCCs and CCCNs, certification, until capacity building, governance and network of activities.

It is however also important to consider the links and translations between the current JA WPs and the future 'mirror' or equivalent entities in the EUCCC network. In the Table 1 below, a summary description of all these possible interactions is provided.

JA WP	JA role	EUCCC network equivalent	Contribution to Certification	Thematic Networking (internal) and EU/Global Networking
1	Coordination	President/Vice president cell	+*	+
2	Communication	Communication cell	+	+
3	Evaluation	Evaluation cell	+	+
4	Sustainability	Finance Cell	+	+
5	Certification	External Certification bodies	External	Not applicable
6	Capacity Building	Capacity Building cell	+	Not applicable
7	Governance	President/Vice president cell	Not applicable	Not applicable
8	Thematic activities	R&D cell	Not applicable	+
9	CC Networks	None	Not applicable	Not applicable
Policy Board	Contact with MS	President/Vice president cell	+	+
Stakeholder Forum	Contact with professionals, patients, industry	Communication cell	Not applicable	+

*In the table, the plus sign '+' means an active contribution to either certification or thematic, EU/global Networking

Table 1: Vision on the translation of the current JA WPs towards the future equivalent entities in the European Network of CCCs.

Coordination [WP1]

Input from WP1 will be essential to gather the financial and political support for the establishment of the EU CCC network. It is preferable also that representative(s) of the JA coordination are close working together with the network president cell.

Communication [WP2]

With a focus on developing a strategic communications plan to maximise the long-term visibility of EUnetCCC, there are clear correlations between the activities of WP2 and the sustainability aims foreseen in the roadmap. Developing comprehensive communications objectives, including network branding, launching of the web portal and disseminating relevant knowledge within and beyond the JA all provide the basis for ensuring long-term

sustainability and success of CCCs and CCCNs. Throughout the duration of the JA, WP2 will identify key pieces of information to be shared with various relevant stakeholders, including for hospitals and CCCs interested in certification, national health bodies and authorities in EU MSs, patients and policymakers. Such findings will provide a platform for the aims of the development of the roadmap to maintain the relevance and impact of the JA following the culmination of the project. Collaboration with WP2 will enable the development of both short- and long-term materials such as institutional presentations for high-level conferences, summaries for patients and leaflets for hospitals and CCCs who have or are seeking certification. A communications strategy developed in unison between the WPs can highlight the objectives of EUnetCCC, including to disseminate key messages from the sustainability roadmap and findings from the on-site pilot tests. A valid communication plan can also facilitate the strengthening of synergies between EUnetCCC and other JAs (Annex III), as well as other relevant stakeholders such as national health ministries.

Evaluation [WP3]

There is a natural overlap between the activities of WP3, evaluating the JA, the network that follows and the overall aim with WP4 focusing on sustainability and per definition beyond the project. Alignment can be found between evaluation criteria and sustainability objectives. The definition of KPI as seen from a sustainability perspective is important to define sustainable impact metrics. To secure continuous evaluation and improvements after the JA, a dynamic process should be sought with real-time adjustments compared to a static structure.

Sustainability [WP4]

Over the next years, WP4 will further develop their thinking on how the EU CCC network will be supported after this JA. Multiple options can be considered and for each of them a proposition is to be developed.

For this activity, a Sustainability Advisory Board (SAB) will be established to support WP4 in building this model. It is considered important that a mix of experts (from within the Programme Management Team (PMT) and external) be involved in the development of such models. The roadmap itself will be built through an iterative process with annual cycles of consultations – see Annex I.

Certification [WP5]

The implementation of the Field Test is supported by the 1st wave of the pilot implementation for exploring the certification scheme with a few centres, following a pragmatic approach. The Certification scheme comprehensiveness and inclusiveness will help to better understand the National contexts and critical political stakes, including in small MS. The interaction with the pilot implementation will allow a mapping resulting from the consultation outcomes with MS, thus facilitating the identification of the most relevant contact points for National consultations. The Certification roll-out is planned from 2026.

WP4 will closely follow the progress made in the certification process of the various candidate organisations by regular interactions with WP5. Here also, special attention will be given to 1º) challenges/barriers and their mitigation and 2º) best practices in obtaining smooth certification as CCC of a particular institute or CCC-compliant structures.

Capacity Building [WP6]

A close collaboration between WP6 and the development of the roadmap is essential to ensure a structured and effective pathway for support to CCC candidates on different aspects. These WPs must establish a clear timeline to ensure that activities related to capacity building and sustainability are complementary rather than overlapping. Given that both WPs interact with candidate CCCs and established CCCs, a coordinated approach will help streamline efforts and prevent unnecessary duplication of work. Coordination meetings between WP6 and WP4 should be scheduled to align and ensure that resources are used efficiently. Relevantly, the development of the capacity building activities (e.g., teaming, mentoring) follows the activation of the certification pathway (January-February 2026). Until that time, WP6 will be developing contents (e.g., guidelines) and preparing such activities.

Governance of the Network [WP7]

The governance of the network is one of the most important elements in the building and maintenance of the future CCC network. The European Network of CCCs, as set out in Flagship 5 of the EBCP is designed to foster collaboration, share knowledge, and drive continuous improvement in cancer research and care across Europe. Its ultimate goal is to help ensure that 90% of eligible cancer patients have access to a CCC by 2030 and can receive the highest-quality care close to home.

In the future, a resilient and scalable governance structure is required to coordinate a growing and diverse network of institutions across Europe.

To this end, throughout the project, the governance will be implemented in two phases:

- **Interim Governance (M18–M36: March 2026–Sept 2027)**
- **Fully-Fledged Governance (M37–M48: Oct 2027–Sept 2028)**

This step-wise approach allows the Network to test, adapt, and refine its governance through real-world experience during the interim period. It begins with a simplified structure and gradually introduces additional governance bodies to support growing responsibilities and strategic direction. This phased development enables meaningful member engagement and ensures the governance model is both functional and sustainable. By the end of the fully-fledged phase, the complete Network structure is expected to be in place, laying the groundwork for long-term continuity beyond the JA.

WP4 will collaborate with WP7 in promoting strategic alliances, fostering stakeholder collaboration, and developing a glossary, which will be included in the governance.

Network of Activities [WP8]

We wish to refer to above part in goal five for the interaction between WP4 and WP8.

As WP8 is driving the activities within the EU CCC network, it will support the organisations in the pilots following activities launched by WP8:

- **Collegial interview programme**
- **Exchange of experiences for Pilot sites**
- **Sharing knowledge between Pilot sites and established CCCs**
- **Events (e.g. Leadership Academy)**
- **Support activity to WP4 and Pilot sites**
- **Reference Models, solutions, insights and analytical tools**
- **Access to Scientific Advisory Group advice**
- **Support to following, capturing and analysing Pilot experiences**

This list is non-exhaustive and may be accommodated according to the needs of the partnering organisations, the learning experience by WP8 and any new findings coming along in the next years e.g. through the synergy experiences.

Comprehensive Cancer Care Networks (CCCNs) [WP9]

In line with corresponding requirements and standards for CCCs, an additional objective of the EUnetCCC JA is to develop further how to organise high-quality cancer care through **CCCNs aligned with the EUCCCs**. Through this initiative tumour-specific care networks will be set up and tools will be developed to ensure standardised, integrated oncological care and to build sustainable interfaces with CCCs and other stakeholders in all European MS with the goal to provide all-encompassing, high-quality care to all patients throughout the healthcare continuum treating patients as close to home as possible.

During the certification process, tumour-specific Set of Standards including defined interfaces between CCCNs and CCCs will be assessed and will help improving the quality and accessibility of high-quality cancer care, reduce inequalities and improve outcomes for all cancer patients in the EU [10].

The current work aiming at establishing CCCNs in the EUnetCCC JA, is a continuation of the achievements from previous JAs CanCon, iPAAC and CraNE. By using the tools developed in iPAAC & CraNE, the tumour-specific and pan-tumour approach will be updated and expanded (i.e. gynaecological tumours and prostate cancer) and assessed in up to 14 pilots from 9 MS. Most of the work will be focusing on developing and providing training and supporting instruments for setting up CCCNs, by cooperating with WP5, WP6, WP8 and other relevant stakeholders part of the cancer ecosystem (i.e. CCIs, European Commission Initiative on Breast Cancer (ECIBC), European Commission Initiative on Colorectal Cancer (ECICC), etc).

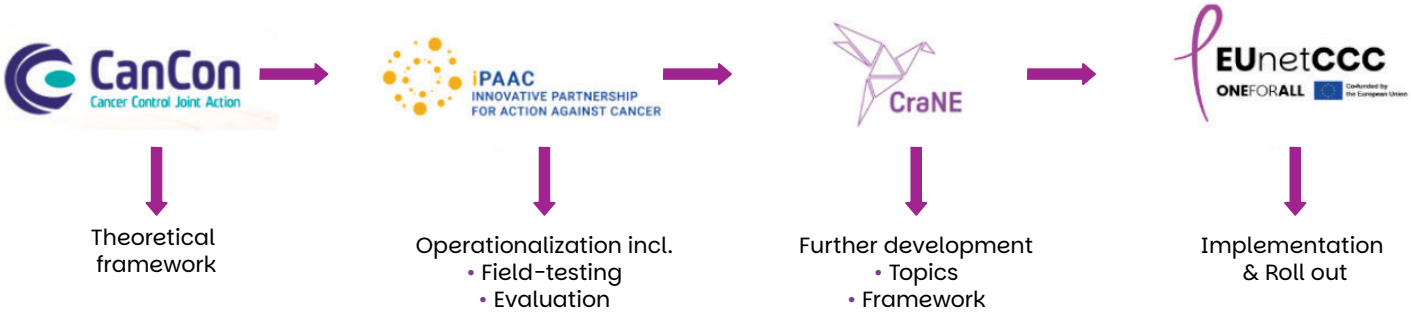


Figure 5: CCCNs in the EUnetCCC: Implementation & building on experiences from CanCon, iPAAC & CraNE

The CCCs together with CCCNs will be the foundation to help to reach the goal of EBCP flagship no 5 to deliver higher-quality care and reduce inequalities across the EU, while enabling patients to benefit from diagnosis and treatment close to home aiming to ensure that 90% of eligible patients have access to such centres/networks by 2030.

Required interactions with WP4 may include: regular alignment meetings to discuss real-life collaboration between setting up CCC and CCCNs in the light of the ongoing pilots; regular meetings between WP4, WP9 and piloting partners that are implementing both structures (CCC and CCCN); support the setting up of an interface working group between internal CCC and CCCN teams to use synergies and strive for alignment within the same institutions (i.e. care dimension, governance), also in collaboration with WP6 (for capacity building) and WP5 (for preparation of certification); regular meetings with WP4, WP9 and Joint Research Center (JRC) quality assurance schemes to discuss how it can be integrated in the roadmap. Lastly, a joint approach between WP9 and WP4 could guide on the preparation of recommendations for interfaces between CCC and CCCNs with EUnetCCC partners, as well as with other relevant stakeholders in the cancer ecosystem.

These close interactions, between the different work-packages and WP4 on the EUnetCCC sustainability strategy, contributes to the overall plan presented hereafter in this roadmap. As a matter of fact, the roadmap intends to leverage interdisciplinarity, collaboration and alignment of perspectives and resources from the different WPs and domains of the JA, moving from certification to governance, evaluation and activities of the Network. In the next session, a plan with a list of recommendations is described to guide through the project lifecycle.

"White paper" as the basis for further sharpening and articulating the structure, role and functioning of a EUnetCCC network.

Recently, a White Paper was published by the EUnetCCC consortium. It outlines the future positioning of the CCC Network as a unifying and structuring platform to deploy and scale up EU cancer and relevant health innovation initiatives, such as UNCAN.eu, personalised medicine, or digital infrastructures, by embedding them in a trusted, certified ecosystem.

Although this is an ambitious plan, this concept demonstrates the intrinsic spirit of collaboration embedded in the EUnetCCC JA that is willing at bringing together CCCs with complementary expertise across Europe, developing common goals in full alignment with European cancer priorities (e.g., personalized medicine, early detection, clinical trial harmonization).

In order to achieve this goal, the EUnetCCC will need to define joint priorities and challenges that will align research and clinical priorities, build capacity for participatory approaches to EU initiative, while leveraging existing EU Networks and tools.

To ensure the success and sustainability of the future European Network of CCCs, the White paper calls on EU institutions, MS, and key stakeholders to:

1) **Recognise the EU CCC Network as a strategic EU priority and a key instrument** to implement the actions of the EBCP, the Cancer Mission and effectively create the European Health Union.
2) **Position the Network as a unifying platform** to deploy and scale up EU cancer initiatives, as well as to amplify promising efforts from professional communities and individual centres or consortia.
3) **Ensure a clear institutional and legal anchoring** of the Network within the EU framework, to guarantee its sustainability and eligibility for long-term support.
4) **Establish a high-level governance mechanism**, involving the Commission, MS, and key stakeholders, to oversee the strategic orientation and coordination of the Network.
5) **Secure ring-fenced funding for patient involvement** at Network and centre level (including remuneration, participation costs, capacity-building, etc.)
6) **Secure dedicated and long-term EU funding** in the future Competitiveness Fund to support the coordination, maintenance, and development of the Network.
7) **Establish dedicated EU grant schemes** to support certification, infrastructure development, and capacity-building for CCCs in development or transition.

10 Development of the EUCCC network Roadmap - Methodology 2026-2028

Setting the scene

As indicated in Section 2, the here presented document was developed by the partners involved in WP4 in close collaboration mainly with the JA WP (co)leads. The text resulting from all these interactions is thus to be considered merely as an Initial Roadmap for the development of the EUCCC network, which can be seen in Annex I.

The work on the design of the roadmap began in January 2025. Different stakeholders directly or indirectly contributed to the development of this document, namely members of the consortium, healthcare professionals (as participants of the pilots and bilateral meetings), hospitals and cancer centres (as participants of the pilot implementation). As mentioned above, the roadmap was reviewed and approved by both internal (EUnetCCC JA partners) and external parties (CA of MS and the European Commission).

In the later stages of the EUnetCCC JA, additional rounds of revisions will be offered to update the Roadmap. Insights from parallel EU initiatives through the JANE-2 HPP initiative, surveys to experts and workshops (i.e. on EU legislations, legal bases for EUnetCCC) and foresight exercises will be included.

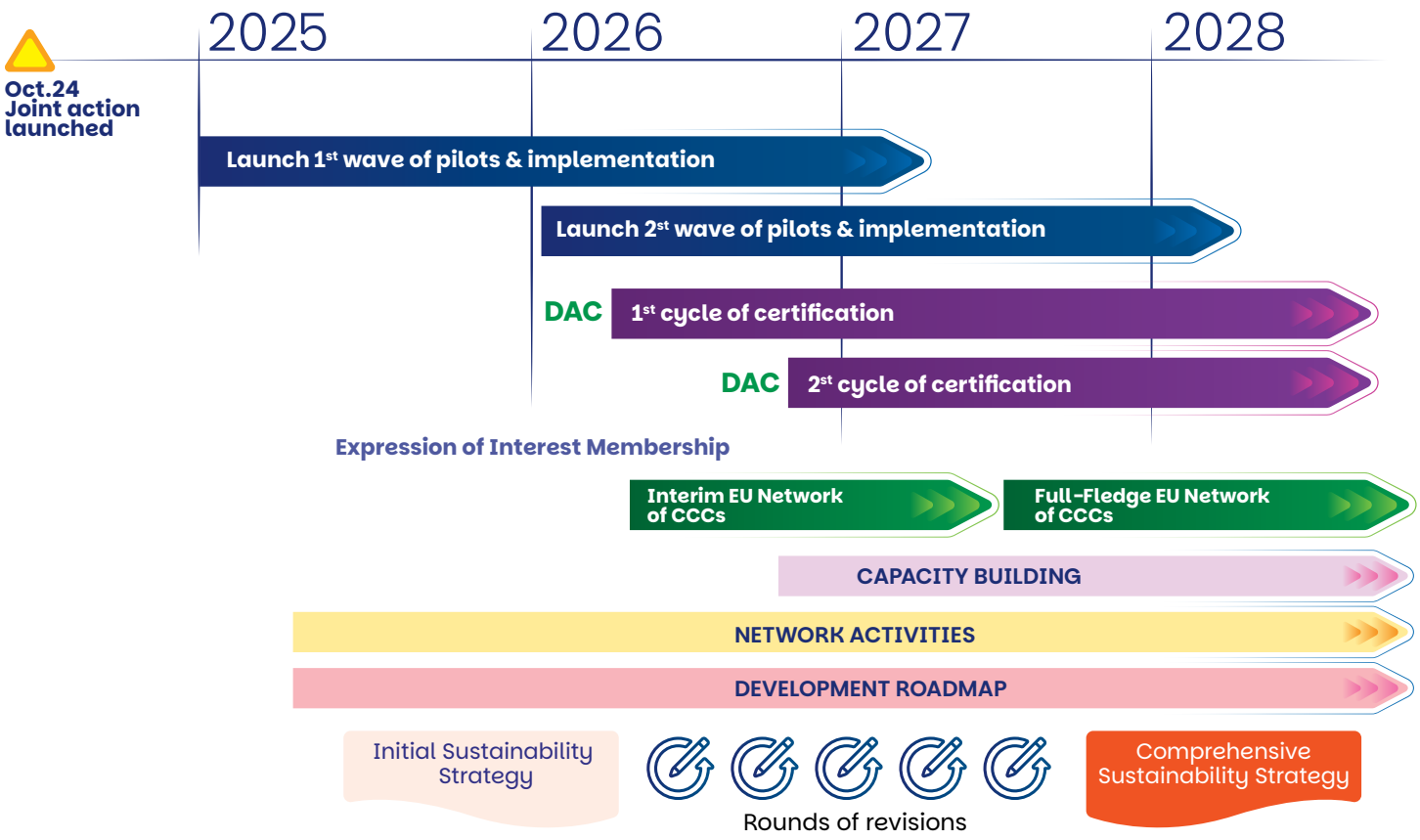


Figure 6: EUnetCCC roadmap

The current Initial Sustainability Strategy should serve as the basis to distillate in the upcoming years the core challenges for the different elements of the future network, its core domains, its operations and provide recommendations and solutions for encountered issues in a structured and timely format.

The process of developing such a tool is a key milestone for the JA as this encourages strategic reflection on needs and challenges bringing proposals on how to address them, tackling various aspects highlighted in the implementation phase of the project.

The overall objective is not only to ensure lasting value of the future network, but also to maintain the core elements that are necessary for its successful implementation.

All recommendations are to be closely tied to existing activities in the JA, integrating the work initiated by each WP and intended to be implemented or support implementation in local structures.

The fundamental aspects to consider for the future steps in the roadmap's development are:

- A **participatory approach** for the co-design of the roadmap - involving the consortium, external stakeholders, top management parties
- The consideration of the roadmap as a **living document**, regularly monitored and updated, using the same participatory process aforementioned
- **Regular communication** with stakeholders to help maintaining ownership of the roadmap throughout the implementation phase

The information contained within the final roadmap should thus originate from a rich variety of data sources, including scientific literature (e.g. research or review articles from peer-reviewed journals), grey literature (e.g. policy documents), expert insights, stakeholder views (e.g. answers during interviews in bilateral meetings) and pilot experiences.

The key elements considered for the practical implementation of the roadmap include:

- Endorse the governance structure of the EU CCC network at EU and MS level.
- Identify models of financing the EU CCC network structure.
- Develop the conceptual framework of monitoring the impact of the installation of the network.
- Activate mechanisms that allow operationalization of the network.
- Supervision and monitoring of the CCC network: description of responsibilities (both administrative and political), assignment of roles for the establishment of the governance structure, for monitoring the network framework, for conducting regular progress reviews and evaluate capacity building.
- Identification of risks and mitigation measures: description of potential risks for the Network, obstacles and mitigation measures to ensure the network's functionality. Some of the risks might include operational (i.e. disruption in services), data security, financial and capacity issues. This aspect will be developed in closed collaboration with WP3 that aims at tracking progress in benchmarks, identify actionable insights for continuous improvement, enabling strategic oversight.

As indicated above, the development of the EUnetCCC roadmap should be endorsed by all stakeholders of the network, being the hospitals, associated research institutions, authorities, patient representatives, the civil society, health professionals, scientists and private partners.

During Q1&2 of 2026, a call for expression of interest will be launched by WP4 to the EUnetCCC Programme Management Team (PMT) to compile a group of 5 to 6 committed experts to support this task, referred to as the Sustainability Advisory Board (SAB). The SAB will serve as an expert group where expertise and advice on EUnetCCC's sustainability plans, methodology and implementation will be shared. Each WP lead is invited to propose up to two candidate experts (from their team or external to the JA). At least one representative of the PMT and at least one external expert should preferentially actively participate, with due consideration to disciplinary and geographical diversity.

11 Future methodology (draft proposal)

Formulating recommendations

As indicated in Figure 6, an annual cycle of interaction will be installed to ensure the opportunity for all WP leads to review the roadmap depending on the development of activities. The cycle will be managed by the WP4 sustainability team.

Each cycle will comprise of a number of activities (to be decided which ones are appropriate at what stage):

- Survey
- Foresight
- Interviews
- Delphi
- Desk research
- Pilots/Activities outcomes

The cycle activity will be set up at the start of each cycle with all interested relevant partners on the 7 key areas to be addressed by CCCs. At each cycle, a set of recommendations for the different domains in the CCCs will be formulated based on the outcomes of the participatory exercises. The set of recommendations are to conceptualized in a way to support effectuating a transition from the current 'as-is' to a future 'to-be'. In addition, a perceived relevance of these recommendations from the perspective of different EU MS, originating from insights acquired from meetings with the Policy Board and eventually experts from across Europe or beyond will be assembled to externally validate the present roadmap.

We may want to consider to hire an external facilitator for some of these exercises.

Selected recommendations should along the Roadmap development process be matured and prioritised. The selection of recommendations is thus in each cycle to be analyzed and consolidated by the JA WP (co)leads for critical comments. The commented (revised) list is then sent to the JA Policy Board and discussed with them during a virtual or face-to-face meeting (e.g. by scoring in an anonymous fashion the relevance of the proposed recommendations through the use of polling software). Based on these results, the recommendation list may be adapted for discussion in a next cycle.

Conclusion

From recommendations to action

In the next step, we will focus on identifying actions that would be needed to implement the recommendations formulated above. The identification of actions will be through the future methodology steps as defined in Chapter 11. An overview of concrete actions categorised by recommendation as well as key area will be provided. It should be highlighted that only a broad perspective, listing general actions that could be taken across the EU as a whole is going to be covered at this level. However, since different countries have built CCCS to varying degrees, not all actions may be equally relevant for every MS.

It should be mentioned that the vast majority of these actions will be targeted at national policymakers. We may also want to provide a role of the private sector but this was not fully explored till now.

It is clear that next to recommendations and actions, also risks for each item will be formulated and articulated in a risk mitigation plan.

All outcomes will be combined in a table wherein each row is supported with an information 'fiche' that explains the rational of the particular element in the roadmap. Fields in the table could be: Key area, Recommendation, Action, Risk and Risk Mitigation.

Annexes

Annex I: Draft EUnetCCC Roadmap

This annex presents an initial draft version of the EUnetCCC Roadmap that contains a non-exhaustive list of areas for future discussion and improvement for the next iteration of the sustainability roadmap.
A number of issues are still to be resolved amongst the partners.

Date: 30 November 2025

Roadmap

Recommendations for an Holistic Integration of Governance, Care, Research, and Innovation for a Sustainable Future

Following the initial structure of the roadmap's design, some recommendations were identified to support a short and a long-term sustainability plan. The recommendations reported below are built on the basis of the **7 core thematic domains of the EUnetCCC**: *governance, care, research, integration research and care, innovation, prevention, education and training*. An overarching governance is also proposed to facilitate a patient-centric vision using the certification as a tool to build and promote high quality cancer care (CCC & CCCNs) with continuous improvement, and to integrate capacity building supporting tools, joint network activities and collaborations through a common framework that connects clinicians and institutions. The difference between short-term and long-term sustainability lies in the timeframe and impact of the actions or goals. This list of recommendations is crucial to establish a clear centre's purpose, values, and long-term goals that focus on research, education, and community outreach. Building partnerships for research and educational initiatives is an essential requirement as well as engaging with governments, health organisations and patients to ensure they are a central part of the planning process. The landscape of cancer care in Europe is characterised by a remarkable progress and persistent challenges. However, this progress did not reach uniformly all patients across Europe. Disparities persist in access to specialised care, treatment outcomes, and survival rates among demographic groups and geographical regions. CCCs together with CCCNs may play a pivotal role in mitigating these disparities by offering specialised expertise, access to new technologies, and multidisciplinary care essential for delivering high-quality cancer treatment as close to home as possible, ensuring that 90% of patients have access to quality assured care structures [3, 14, 15]. Based on this learning, the following roadmap provides a list of suggestions and recommendations, taking primarily into account the ultimate goal of advancing quality of life for cancer patients across Europe. The list of recommendation was created and divided by categories: Governance and Certification Scheme, Interdisciplinary & thematic focus areas for integration of research activities, Education & Training, Synergies and collaborative opportunities, Innovation & AI-supportive tools, Financial incentives for the Network and implementation of activities, Compliance with GDPR requirements, Cancer Care.

Short-Term Sustainability

When referring to short and long-term sustainability for the EUnetCCC, the timeframe perspective can vary depending by the goals and the context in which the project will be implemented and sustained in the future. In this Roadmap, the short-term sustainability refers to a period of time that covers the 5 years post-JA [2029-2034], and will still be in close connection to the initial phase of the JA, from piloting to certification, capacity building and network of activities; while the long-term frame covers the 5-15 years following the short-term sustainability phase [2035-2050] and will be focussing on scaling-up, expansion of the network and full integration of operations in the existing health systems.

❖ Governance and Certification Scheme

The EUnetCCC JA aims at establishing a robust **certification scheme** and **regulatory framework**, with an emphasis on research and innovation for its integration into the healthcare system to guarantee the best cancer care outcome for patients. The regulatory framework specifically refers to a structured set of guidelines and principles that will govern the future network of CCCs, providing directions on how members should operate and collaborate with each other. This framework should be designed to ensure consistency, quality of care, and effective resource management across the entire network. Developing a regulatory framework that integrates research and innovation in hospitals requires balancing scientific discovery, technological advancement, and patient care. Thus, the framework should foster an environment that encourages research while ensuring patient safety, ethical standards, and collaboration across sectors. This recommendation will be developed in closed collaboration with WP7 that is designing and operationalising a dynamic and inclusive governance structure for the EU Network of CCCs, ensuring effective leadership, strategic direction, growth and sustainability. An important element to be considered is also the definition of the EU Network ofCCCs' membership rules – also developed in WP7 – that will ensure active involvement of its e governance, valuing their input and addressing their needs.



Coordination and Cohesion

It ensures effective coordination and cohesion among the different network members, which are essential to achieve the common objectives of the Joint Action.



Transparency and Accountability

By establishing clear governance policies and membership procedures, it guarantees transparency and accountability within the network.



Engagement and Collaboration

By promoting network members engagement and facilitating communication, it strengthens collaboration and the exchange of best practices among cancer centers.

Objectives of WP7 in the EUnetCCC JA: Governance, Membership and Engagement, a key role to ensure effective collaboration within the network and integration of CCCs

The **certification framework** should be evidence-based, enabling a system that addresses challenges, suggests solutions and allow tracking progress towards the achievement of objectives. The aim is to apply the certification uniformly across MS. Nevertheless, the certification process will need to take into account certification and accreditation systems already in place in each MS. This recommendation will be developed in closed collaboration with WP5 that is delivering an inclusion and certification framework, that is also aiming at implementing and managing both inclusion & certification processes of CCCs and preparing for follow up, monitoring and future support of the certification activities.

The assignment of the certification responsibility to a competent health authority should be prioritised and urgently addressed in the EUnetCCC JA. As of today, it remains to be determined the scheme owner of the EUCCC certification and the accreditation system for certification operators that will audit candidate centres. This recommendation is also closely linked to the work conducted in WP6 on capacity building, as the launch of the certification process requires the activation of specific processes and workforce capacities within candidate centres. A Preparatory Guideline – produced in WP6 – will lay the groundwork for the subsequent deployment of interventions explicitly aimed – through capacity-building – at meeting the EUnetCCC Standards. Candidate centres should be supported in increasing their awareness about the capacities and contextual factors that may affect the implementation of changes related to the capacity building activity and, by extension, the EUCCC certification. The concept of "preparatory processes" in EUnetCCC should be aligned and be complementary to the instruments required by WP5 (i.e., certification framework)

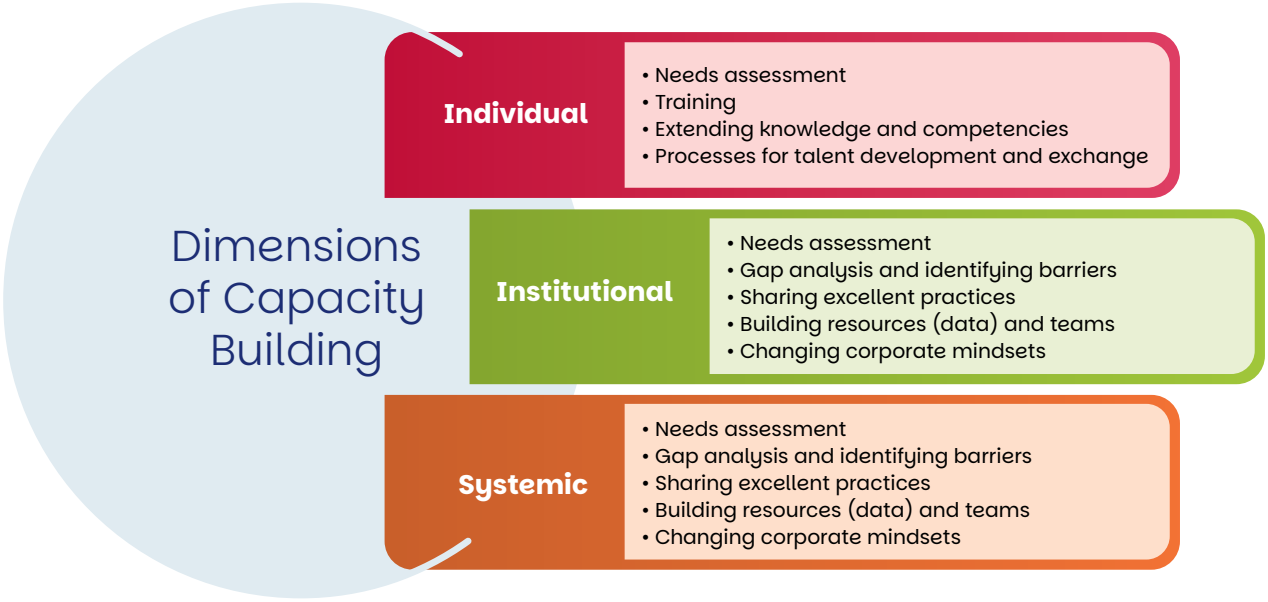


Illustration of the different dimensions of Capacity Building (OECI)

Standards of research and care for CCC and CCCN services should be defined to promote high quality research through training, resources, facilities. Technical requirements should be defined to ensure quality and excellence of services. Those standards may include requirements for cancer centres such as the use of valid and reliable scientific methodologies, personalised treatment options, promotion of multidisciplinary care teams, secured system for data collection and storage, access to clinical trials, research funding and collaboration, innovative technology use, training programmes, transparency and reporting of data. The certification process should be validated by decision-makers for its integration into health and research systems, while guidelines addressing privacy, data protection, and patient rights aligned with GDPR should be developed.

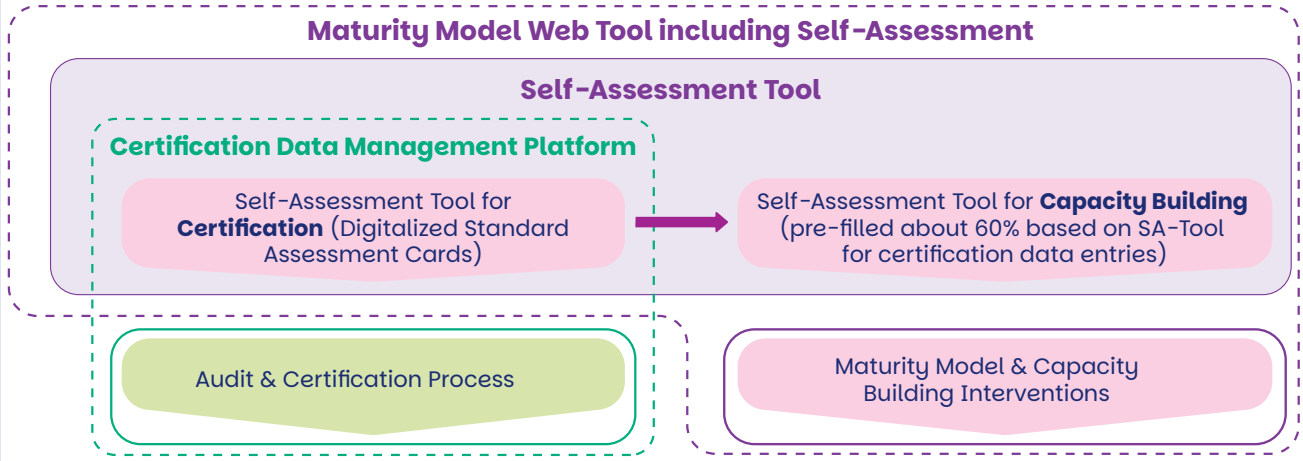
Reflecting upon digital infrastructures, a general platform or a portal that connects CCCs at national and EU levels will be developed and implemented to provide interactive interfaces to foster engagement between CCCs and CCCNs. Such a platform will be implemented in the EUnetCCC JA under the responsibility of WP1 in the revised portal project. This platform should include interactive interfaces to provide more engaging and sharing of experiences between CCCs and CCCNs. An IT strategy for the network that enables the alignment of technology initiatives with CCC's clinical, research, and operational goals – while ensuring patient safety, regulatory compliance, data security, and support for innovation should be developed. Such initiative may pave the way towards the creation of a Unified Electronic Health Records (EHR) across the network, integrate clinical decision support tools (e.g., for precision oncology), and ensure secure access to high-quality data for research.

Administrative services should be digitised through the creation of a portal for CCCs in order to efficiently share data between centres in all EU. While these data will not be harmonised, support could be envisaged by closely connecting with the European Health Data Space (EHDS) as the initiative aims at transforming the healthcare service into a more digital, user-friendly and interoperable structure. Digitalisation can support applications of centres and storage of online documents, management of health records and cross-border sharing and mobility of data. In this regard, the EHDS is a flagship initiative of the EU that aims at supporting safely care across borders, enabling access to anonymised health data for research, policy-making, innovation, and public health [17]. The European Health Data Space (EHDS) Regulation entered into force in March 2025 and is currently undergoing phased implementation across Member States, establishing a common framework for the exchange and reuse of health data for healthcare, research, innovation, and policymaking purposes. Technical and functional specifications should be defined for developing a Capacity Building Maturity Model web tool, available on the Portal. This tool will enable applicants for Comprehensive Cancer Centre (CCC) certification to assess their maturity level, perform gap analysis, and benchmark against certification standards. WP6 will ensure that specifications include the necessary features, user interface design, data management protocols, and integration capabilities to support capacity building efforts in CCCs. Data flows should be standardised to ensure interoperability between all CCCs. Also in this case, the EHDS plays a key role in harmonising health data to ensure better healthcare delivery, medical research, innovation, and policymaking across EU MS. One of the goals of the EHDS is to establish common standards (e.g., HL7 FHIR, SNOMED CT, ICD-10) for data interoperability and harmonisation. The EHDS will identify ways to

collect and access health data. This is a crucial element to emphasise as currently health data is fragmented across systems and countries that use different coding systems, languages, and formats, representing an obstacle for data sharing and cross-border care. Legal and ethical standards also differ between MS.

The development of a solid IT infrastructure and the exchange of standardised data supporting the uptake of research services and the primary and secondary use of data within and between the EU MS should be guaranteed. This suggestion will be supported and in tight connection with the EHDS that aims at creating a common framework for the secure and efficient use of health data across the EU. The access to data in the EHDS is granted by Health Data Access Bodies (HDABs) established in each MS. Data is pseudonymised or anonymised, with access granted only for specified purposes under strict conditions with strong authentication mechanisms.

A website for the EUnetCCC JA will be developed to describe the certification process (management tool) and explicative tools, by reporting status of applications, results and evaluations. A comprehensive digital guide providing instructions and best practices for project management should be developed. The project website will serve as an effective entry point and communication hub for the project and network. A clear illustration of the added value of the certification should be present. The implementation of the website should include efforts and insights from all the different work-packages and experts in the consortium. A website for the EUnetCCC JA was already created and is available on the following link: https://eunetccc.eu/. This recommendation will build on the collaboration with WP5 and WP6 for both the certification process and the capacity building exercise even functioning after the conclusion of the JA. One of the objectives of the capacity building's activities in EUnetCCC aims at defining the technical and functional specifications for a Maturity Model web tool that will enable CCC applicants for certification to assess their maturity level, perform gap analysis, and benchmark against certification standards. WP6 will focus on ensuring that the specifications include the necessary features, user interface design, data management protocols, and integration capabilities to support capacity building efforts in CCCs. The Maturity Model Web Tool for Capacity Building uses the Self-Assessment Tool for Capacity Building to collect data from the CCCs and assess their maturity. It can also use the data entered by the CCCs for the Self-Assessment for Certification. Both tools for certification and capacity building shall be integrated in order to provide users with a transparent view on their data and utilisation for both certification and capacity building purposes.



General system delimitation between Self-Assessment Tool for Certification, Maturity Model Web Tool (for Capacity Building), and Certification Data Management Platform

Potential synergies with the **eCAN+ JA** will be explored to integrate teleconsultation & telemonitoring in the healthcare system, improving health data exchanges, strengthening virtual tumour boards and boost digital health literacy. eCAN+ could leverage EUnetCCC's infrastructure to strengthen cross-centre virtual collaboration, while supporting the implementation of virtual tumour boards by aligning with CCC best practices and IT capacity. Opportunities should be explored to ensure integration of eCAN+ tools into a broader EU-wide clinical research and care network. The creation of an interactive **virtual chat-box** will be considered, in which candidates can expose questions and get answers easily. A link to all CCC sites would be integrated into the platform so that external users can make use of the resources offered by the Network.

The design would be inclusive of all user demographics, and available in multiple languages. Through these recommendations, the roadmap will also enhance communication with key stakeholders and patients. The EUnetCCC platforms will serve as dynamic hubs for information exchange, training resources, and sharing of best practices. They will also provide patients with accessible, understandable information about cancer care options, treatments, and research, thereby empowering them with knowledge and choice. The structure will also facilitate linking to the European Health Data Space (EHDS). For these recommendations, it is important to emphasise the **General Data Protection Regulation (GDPR)** that governs how personal data of individuals in the EU is collected, processed, stored, and transferred. GDPR applies to any organisation that handles EU citizens' personal data. When operating a website privacy policy, data collection, user rights must be compliant with GDPR, as well as data storage, access control, backups and data retention in relation to IT infrastructures. The scheme owner of the EUnetCCC certification and the accreditation system should ensure to follow-up **monitoring and consultations with CCCs** within and outside hospitals for evidence-based integration into the network (re-certification). This stream of work is partially developed in the EUnetCCC following data gathered from the certification process, capacity building and evaluation working groups (WPs 3, 5, 6). EU funding programmes could be used to support the monitoring and evaluation activities (i.e. EU4Health, Horizon Europe, etc.) [12]. **Tools for comprehensive evaluation** and continuous monitoring of CCCs should be developed to generate

annual evaluations, tracking progress and inform strategic adjustments. Monitoring and evaluation analysis should be carried out on a regular basis in the **certification process** and make adjustments to guidelines and requirements, if necessary. Clear metrics and **evaluation criteria** should be defined for the certification system; **evaluations on health outcomes services** should be conducted before and after certification approval. Collaborations with international organisations beyond the EU – such as the G7 Cancer [18] – should be sought to coordinate actions and align in ambition, vision and priorities.

❖ Interdisciplinary & thematic focus areas for integration of research activities

Interdisciplinary and thematic working groups should be essential components of CCCs. They foster collaboration across various scientific, clinical, and operational domains to accelerate research, improve patient outcomes, and drive innovation. These groups should be typically organised around key themes or priorities within each CCC and the Network, and should include diverse professionals and experts from different areas of work (i.e. researchers, clinicians, data scientists, epidemiologists, patient advocates, etc.). The following paragraph will describe some actions that could be considered to implement the Network of CCCs.

An interdisciplinary focus group should be assembled to share **best practices** for integration and implementation within and between CCCs. Members of the focus group should also include legal experts, patient advocates, and medical societies, considering those best practices as living documents, regularly reviewing and updating them. The objective of the focus group is to support consistent excellence in care, research and education programmes in each certified CCC. The necessary **qualifications** requirements for healthcare professionals should be determined providing innovative services and educational sessions, ideally at international level to facilitate the cross-border provision of such services. As a consequence, a dedicated focus group could be established. The EU can suggest and advise on qualification requirements, but enforcement is under the remit of MS. A **collaborative framework** with stakeholders will be established to foster collaboration across various scientific, clinical, and operational domains to accelerate research, improve patient outcomes, and drive innovation. **Thematic focus areas** should be created to address different aspects of integration between different domains of the cancer pathway, but operate under an overarching governance structure. Key stakeholders should be identified and communication channels established based on a pre-formulated strategy. This recommendation can be developed in close collaboration with WP7 – promoting partner engagement in the governance to ensure a cooperative environment that shapes the network's strategic direction, but also forging strategic partnerships with key European and global stakeholders to expand the network's influence and resources – and with WP8 that is developing the Network of Activities in the EUnetCCC JA. An interdisciplinary focus area should be created with involvement of regulatory authorities, healthcare providers, payers, manufacturers and patients that evaluates funding requests and foresee a trial period. The establishment of **public-private partnerships** should be considered to stimulate collaboration in research between health authorities, hospitals, universities, manufacturers. Cross-border cooperation

should be promoted with the seven leading organisations in cancer – the G7 Cancer [18] – to strengthening existing initiatives, CCC networks and accelerating the progress to defeat cancer worldwide.

A **collaborative focus area** with stakeholders should be established for comprehensive research and innovation integration. **European and international stakeholders** will be actively involved to promote best practices and foster collaborative relationships. International cooperation offers key opportunities to improve knowledge of cancer mechanisms, accelerate the transfer of scientific discoveries and their clinical application, and stimulate innovation on an international scale. G7 Cancer's initiatives will also aim at facilitating discussions on key issues by creating a learning environment, sharing, and developing successful initiatives. The focus on access to **new technologies** should remain a priority, while health literacy for all demographics should be improved. CCC's challenges will be addressed to facilitate implementation of new innovative technologies. Strategies and plans from pilots will be consolidated into a single document to guide the project's objectives, methodologies, timelines, and deliverables. The development of a cancer prevention hub and survivorship hub will be supported in close collaboration with WP8.

Particularly, in the context of the development and implementation of the Network of Activities (WP8), the ambition of the EUnetCCC is to highly involve a community of officers, professionals, patients and hospitals across borders – at cancer centre level – through a collaborative approach. These activities aim to shape the infrastructure to deliver the highest standard of cancer care for patients in the future. The activities planned include: 1) the development of general tools and toolkits to develop the framework of activities; 2) the implementation of clinical and organisational guidelines at CCC, CCC-network, national and cross-national levels; 3) the dissemination of a knowledge based activity to enhance personalised primary and secondary cancer prevention; 4) the sharing of experiences and practice for the precision cancer diagnostics; 5) the use of secondary use of data within the EU-Network of CCCs for research and quality improvement; 6) building the European Clinical Trials Engine; 7) implementing a programme on cancer survivorship in all EU CCCs; 8) Enhancing governance and leadership in cancer centres.

Ensuring **equitable access** to innovation for patients is highly important as well the access to services delivered by CCCs in all countries and on all operating systems. This element is addressed in the CCC standards for certification (WP5). Satisfaction levels and patients' feedback should also be measured on services delivered by CCCs through the development of a **patient platform**. This element is also addressed in the CCC standards for certification (WP5). **Engagement with patients** must be ensured since the early stages of the functional activities of CCCs and its network, including their involvement in the design and testing of research services and in their care decisions, supported by evidence-based tools. A patient engagement focus group could be also implemented together with the creation of a policy document for patient engagement, in close collaboration with WP8. **High quality care improvements** for patients focusing on enhancing outcomes, safety, satisfaction, and efficiency of care should also be promoted. Based on the recommendations aforementioned, the thematic focus areas that could be established by the future EUCCC Network might include:

Basic & Translational Science Focus Area
Clinical Trials Focus Area
Cancer Prevention & Control Focus Area
Data Science, Bioinformatics & AI Focus Area
Precision Oncology & Molecular Tumour Board
Survivorship & Supportive Care Focus Area
External Partnership Focus Area
Emerging Technologies & Innovation Focus Area
Training and Mentorship Focus Area
Monitoring and Integration of Best Practices Focus Area
Financial & Budgeting Focus Area
Patient Engagement Focus Area

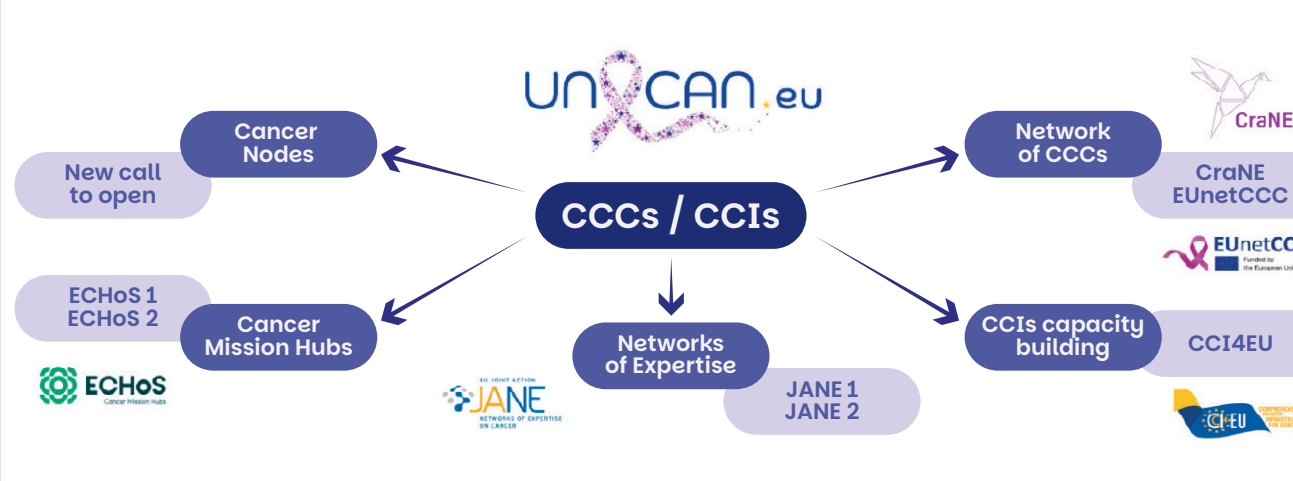
❖ Education & Training

Guidance and **training** should be provided on how to become and remain a certified CCC. An example of this initiative is the CCC leadership academy that will be developed in WP8 during the EUnetCCC JA and it is embedded in the capacity building plan developed in WP6. Guidance and training sessions are important tools to ensure that CCCs are equipped with adequate knowledge, skills, and instruments to provide the best possible care to cancer patients. The training should be designed for patients and for a variety of medical, support staff, including oncologists, nurses, social workers, laboratory technicians, administrative personnel. Multilingual educational resources and video tutorials should be developed and be accessible via an online resource centre. Specialised training and resources should be offered to healthcare providers and researchers to assist patients in adopting new technologies. **Knowledge sharing** should be encouraged to foster a culture of learning and exchange to build capacity and innovation. Training and mentoring programmes should be supported, allocating resources for workshops and seminars, boosting beneficiary networking and knowledge exchange. This is a core activity in the WP8 tool kit that should be maintained and further developed in a sustainability perspective.

❖ Synergies and collaborative opportunities

A framework that **strengthens synergies within the European cancer ecosystem** should be developed and piloted to integrate other cancer infrastructures (e.g. CCCNs, Comprehensive Cancer Infrastructure - CCIs) and interacting with Networks of Expertise (NoE), European Reference Networks (ERNs), and European programmes and organisations (e.g. GDI, EUCAIM [4], EU Partnership on Personalised Medicine). A list of potential stakeholder organisations to engage with includes European cancer organisations, patient representatives and advocacy groups, organisations for research and treatment of cancer, European public health associations, and European societies for medical oncology. This recommendation can be achieved in close collaboration with activities from WP8 and WP9, in particular task 9.1, which aims to find alignment

of high standards in cancer care, building sustainable interfaces with CCCs and other stakeholders in the cancer eco-system (i.e. CCIs, ECIBC, ECICC, etc). The establishment of a **European Molecular Tumour Board** of oncologists, pathologists, radiologists, geneticists, specialists in palliative care, psychologists and support staff should be implemented and could significantly enhance cancer care across Europe. This would facilitate cross-border collaboration, sharing expertise, and standardising care practices (connection with the canSERV EU-funded project under the Horizon Europe) [19, 20]. **Annual meetings** bringing together all network members and partners, as well as numerous European and international stakeholders, will be organised with the intent to foster synergies and encourage widespread collaboration. The unique opportunity to **structure professional connections** at regional, national, European and international levels can be offered to the future network of CCCs. In terms of innovation, a **dynamic platform for CCCs** should be introduced to enhance cooperation and creating new opportunities for collaborative actions, from pilot projects to resource and infrastructure sharing. Concrete synergies with key **European programmes and organisations** (e.g. ESMO, EORTC, ELIXIR, BBMRI, EATRIS, EOSC, ECL), will be established to align with and amplifying their missions by giving them access to a pool of experts and infrastructure. The future network could be the backbone structure for many EU initiatives. Concretely, the **networks of expertise**, the **personalised medicine**, the **federated data hub for cancer research data** could be initiatives to be integrated into the network of CCCs. Specifically in the context of the Personalised Medicine initiative, new advanced and innovative technologies currently tested in PCM pilots - such as the Molecular Tumour Boards and the use of liquid biopsies – will be deployed by CCCs through the network of activities (WP8 in the EUnetCCC JA). The implementation of these new technologies could support CCCs to reach standards of excellence. The integration in practice could be exploited through: 1) the preparation of joint policy recommendations; 2) the publications of technical, medical guidelines; 3) support for clinical trials; 4)development of common practices and models to follow the progression of a patient's journey; 5) the organisation of joint campaigns to support equitable access to new treatments; 6) the establishment of a European Molecular Tumour-Board of oncologists and experts across the network; 7) the development of training modules for healthcare professionals on latest protocols. Additional European programmes to connect with include PreventNCD, EUCanScreen, eCan+, ECHoS, JA PCM, oncNGS and PCM4EU. See Annex III for ongoing EU initiatives.



Possible interaction of CCCs with some EU initiatives (projects & JAs)

❖ Innovation & AI-supportive tools

New AI-based technologies are rapidly revolutionising cancer care by offering powerful tools to enhance early detection, drug discovery, diagnosis, treatment, and patient follow-up [21, 22]. By leveraging on data analytics, AI models can analyse wide and broad amounts of medical data generated in cancer centres, from imaging to genomic profiles and electronic health records, with unprecedented speed and accuracy. In oncology, the use of AI models is supporting the identification of early stage of cancer, the design of personalised treatments and the prediction of efficacy, all the while streamlining clinical workflows [21, 22, 23]. AI is also rapidly transforming the healthcare systems by providing critical support to hospitals across the different stages from diagnosis, treatment and research until patient care and survivorship. In medical imaging, AI can assist in the interpretation of CT scans, MRIs, and mammograms to detect tumours or abnormalities earlier enough and with higher precision. The digital pathology also uses AI to analyse samples from biopsy with a high degree of accuracy. With a view on the personalised cancer medicine, AI supports healthcare providers in developing 'tailored' treatment plans based on a patient's unique genetic profile and cancer type, for example through the identification of mutations leading to cancer and the prediction of potential side effects generated by therapies or by matching patients with suitable clinical trials based on their health records and genetic information. AI systems can also be utilised as a clinical decision support tool in synthesising patient data with guidelines to assist clinical decision-making. Drug discovery is another field currently speeding up at high pace due to the support from AI models offering a simulation on how different molecules interact with cancer cells, significantly drug discovery.

When looking at the future configuration and evolution of CCCs, the use of AI in improving administrative and operational aspects is also evident: plan of consultations, reduction of waiting times in hospitals, prediction of patient data volumes and more efficient plan for resources needed. Future CCCs should also invest in AI-driven systems to enhance patient support through virtual assistance and chatbots that provide answers to patients' questions, schedule appointments, and provide medication reminders. AI-powered apps also offer the possibility to track symptoms and alert specialist teams, predicting post-treatment complications. Lastly, AI can be used effectively for the real-world data & predictive analytics by monitoring outcomes across large patient populations and identifying inequalities in healthcare. With continued research, ethical oversight, and collaboration between researchers and clinicians, AI can play a pivotal role in the future of cancer care, ultimately improving outcomes, access to high-quality care, reduce inequities and saving lives. Some examples of areas of improvement for CCCs by using AI-supportive tools are as follows:

- Clinical decision settings: assistance to oncologists in making more accurate and faster diagnoses and treatment plans
- Precision Oncology: identification of highly individualised cancer treatments
- Workflow and Operational Efficiency: streamline workflows and reduce the administrative burden
- Early detection and screening: enabling earlier detection, potentially leading to higher survival rates

- Patient Engagement: continuous monitoring and communication
- Research and Clinical Trials: accelerate research and discovery
- Equity and Bias Reduction: avoiding reinforcing existing disparities

In this context, **EUCCC certification could in the future integrate AI in its processes and standards in two ways**: Firstly, for the certification process and audit procedure, AI tools could be integrated into the certification pathways for cancer centres to ensure accuracy, efficiency, consistency, and regulatory compliance [24]. As a first step, specific AI applications that could support each phase of the process should be identified, for example to assist with document and data analysis, to assess clinical pathway adherence, to predict outcome and benchmarking, audit and reporting, to assess adherence to governance and compliance with existing regulations. Secondly, the future updated version of the set of standards and criteria required by centres in order to be certified could include items related to the use of AI tools in the hospitals and the regulation of their uses (i.e. presence of ethical guidelines in the hospital).

❖ Financial incentives for the Network and implementation of activities

A **budget** dedicated to the implementation of the membership organisation of CCCs and its governance following the JA should be allocated. This will support the deployment of the planned activities and services, taking into account the multidisciplinary nature of research. Examples of types of services that will be supported cover different areas of the cancer pathway, from personalised primary and secondary prevention, to precision cancer diagnostics, secondary use of data, conduction of clinical trials and survivorship. This multidisciplinary approach will also involve professionals from different areas, including oncologists, biologists, clinical researchers, public health experts, data scientists and psychologists. A **financial plan** should be developed for the Network, outlining how cancer care, research and education support services would continue to be funded and how they would operate. Two potential alternatives would rely on fundings from the European Commission and/or through support received at MS level [25]. This recommendation can be developed in collaboration with WP7 that defines the governance model of the EU Network by supporting the preparation of the strategic plan of the Network and the collection and storage of administrative and financial data related to the Network. A system of **financial incentives** for CCCs should be introduced to provide excellent care, research and education services with a longterm perspective, supporting technological equipment for CCCs. Support fundings could be offered by policymakers or at MS level. A 'compensation award' could also be considered, in agreement with healthcare professionals, for providing excellent research services. Types of financial incentives that could be envisaged may include Horizon Europe funds for research activities, EU4health grants for capacity building aspects an operational activities, Technical Support Instrument from DG Reform, financial support from MS and National Health Ministries. The funding and operationalisation of the network activities beyond the JA should be guaranteed through the creation of a **Coordination Fund**. The establishment of a Coordination Fund to finance scheduled activities will foster collaboration and drive progress towards project objectives.

❖ Compliance with GDPR requirements

The General Data Protection Regulation (GDPR) is a legal requirement for any organisation handling personal data of residents of the European Union (EU) or European Economic Area (EEA), regardless of where the organisation is located. Hospitals and cancer centres, like any other data-processing entity, are legally obligated to protect the personal data of patients. Aligning with GDPR demonstrates value towards patient privacy and commitment to maintaining trust. Many hospitals and healthcare systems share patient data across borders (e.g., between EU and non-EU countries). Therefore, it is essential to ensure that GDPR governs how such cross-border data can be transferred legally and securely. The EUnetCCC Network must ensure the appropriate use of mechanisms to transfer data while still complying with GDPR protections. All CCC Network governance structures, policies, and workflows should be fully aligned with GDPR requirements. Clear guidelines should be developed on privacy, data protection and patient rights for CCCs addressing collection, storage, processing, and transfer of personal data. Mandatory GDPR training for staff to handle patient data should be implemented within all CCCs. Standard operating procedures (SOPs) for data storage, access control, backups, and retention policies should also be introduced together with the GDPR compliance audits across CCCs to identify gaps and mitigate risks.

❖ Long-Term Sustainability

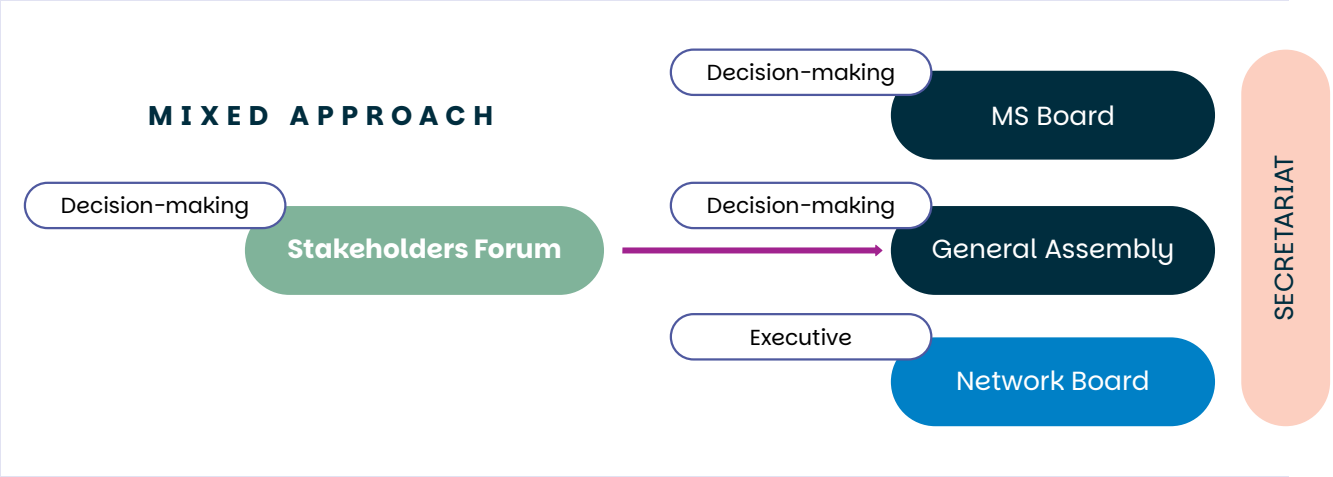
When discussing the long-term sustainability plan of the EUnetCCC, our main objective is to reflect on strategies to implement that ensure the progression of activities, outcomes, and collaborations, initiated during the JA, with a long-term vision and impact. The sustainability of the network can be organised breaking down a few elements. The consortium must ensure that the outcomes of the JA align with national and EU health policies, supporting and informing on strategies and objectives at both EU and MS levels. It is also crucial to maintain a constant dialogue and close interaction between MS and key stakeholders to establish a culture of policy integration. Methods and outputs from the JA should be adaptable across countries and different healthcare systems. Alternative funding sources should be identified to continue the implementation of activities, for example using national budgets, EU structural funds, public-private partnerships. Lastly, to maintain the status of the network beyond the JA, a plan to track the impact, measure process and output (during and post-JA) should be implemented, using KPIs or case studies. In addition, persistent efforts should be in place to formalise collaborations through MoUs, working groups, or twinning activities, encouraging partners to commit to continuing activities post-project, possibly by including them into existing structures or initiatives. While the Network Governance and their bodies will manage the CCC Network post-2028, it is crucial to provide a solution to the question of how the system will be funded for its sustainability.

Possible solutions to this question are presented here below:

- Request of a formal legal entity of the network
- Designation of a MS Board
- Launch of a new JA for additional 4-year project (not a permanent long-

term solution)

Although some questions still remain to be clarified, integrating sustainable practices across all phases, from planning and implementation to monitoring and evaluation, will enable the optimal use of available resources and foster community engagement. Through continuous collaborations between CCCs and relevant stakeholders, the network is committed to support and foster innovation providing a strong foundation for maintaining the JA's effectiveness and relevance over time, beyond the duration of the project. Regular evaluations and implementation of strategies will ensure that the project will stay up to date and will respond to continually emerging needs and challenges. This sustainability plan will provide a strategic approach aiming at ensuring the network with long-lasting valuable services for the community and for patients of current and future generations.



Governance Model of the CCC Network post-2028

❖ Governance and Certification Scheme

The long-term recommendations described below are typically based on the short-term actions and conditions that lay the foundation for future strategies. Short-term and long-term actions are in fact interrelated. When previous recommendations were discussed concerning the EUnetCCC **governance and certification scheme**, some reflections should be made on the insights from CCCs and CCCNs, gathered during the JA, to understand the **challenges** and needs about the certification itself and available tools. Addressing hospital workload and challenges to facilitate integration in the network is an important aspect to be considered for a long-term realisation of the project's objectives. Continued alignment of the CCC Network governance with GDPR is also crucial. **Long-term standards of research and care** for CCC and CCCN services should be maintained to promote high quality research through training, resources, facilities, as well as the refinement of technical requirements developed to ensure continued quality and excellence of services. Regular interaction with already existing certification bodies should also be maintained over time to avoid duplications. Generally, the integration of the certification process into health and research systems should be facilitated by leveraging guidelinesdeveloped during the project.

Following the creation of the portal to be developed in WP1, there must be constant maintenance to continue to connect CCCs at national and EU levels. This includes the

platform continuing to include interactive interfaces to facilitate engagement and sharing of experiences. Following its creation during the JA, the portal for CCCs should be sustained to be able to effectively share data between centres within and between EU MS. Total alignment with the continued legislative and political evolvements of the European Health Data Space (EHDS) should be carefully maintained while continuing to develop the efficient digitalisation and user-friendliness of healthcare services. To facilitate the sustainability of data flows we must ensure a continue interoperability between CCCs, maintaining the standards of the EHDS framework in its role to harmonise European health datasets. Regular and continued updating, adapting and further developing the website for the EUnetCCC certification process should be in place, allowing aspiring centres to be able to continually access relevant explicative tools relating to their status in applications, results and evaluations. Consistently updating the digital guide that will be created during the JA should also be maintained to ensure it aligns with evolving requirements for cancer centres applying for accreditation. Where necessary, this should include adapting the messages centred around the added value of becoming certified as a CCC. These messages can continue to be displayed on the EUnetCCC JA website. Beyond the JA, existing or aspiring CCCs must be able to carefully evaluate the technical and functional specifications required for accreditation, with the ability to benchmark against required standards, as well as produce gap analyses. The Maturity Model Web Tool for Capacity Building must continue to function to enable data collection from CCCs to continually and transparently assess their maturity. A long-term integration of the tools developed in the eCAN+ JA of teleconsultation and telemonitoring within the healthcare system should be fostered, to continue to improve the exchange of harmonised health data, strengthening virtual tumour boards and boosting digital health literacy. The need to leverage synergies developed between eCAN+ and EUnetCCC during the JA should be maintained to ensure integration of these tools into broader networks of clinical research and care.

Furthermore, if developed during the JA, the functionality of the virtual chat-box for aspiring centres to access to answers for questions and doubts regarding the accreditation process should be maintained. The European Network of CCCs, as well as the CCC accreditation body, should independently persist with longterm monitoring and consultations with CCCs for evidence-based integration into the network. This should account for aspiring CCCs as well as existing centres seeking re-certification. Tools will be developed for this comprehensive evaluation that can be adapted and tailored beyond the realm of the JA. Annual evaluations can be delivered to track progress and adjust processes if necessary. The accreditation process should also be regularly monitored beyond the JA, using clear metrics and evaluation criteria developed during the project.

❖ Interdisciplinary & thematic focus areas for integration of research activities

The continuation of interdisciplinary focus areas from the JA in the Network should facilitate and enable members to share best practices for integration and collaboration within and between centres. Member criteria should be such that legal experts, patient advocate organisations and other professionals in the field can continue to take part. Best practices should be considered as living examples, meaning the focus group should have the capabilities to review and update them where necessary. The collaborative framework should facilitate the creation of various **thematic focus areas** that can address different aspects of integration across each different domain in the cancer pathway. The overarching governance structure can facilitate the sustainability of these thematic areas. A process for revising the structure and framework must be defined in order for members to optimise the long-term benefits of the focus groups. A separate focus area should be established to define the necessary **qualification requirements** for healthcare professionals to provide innovative services and educational sessions, a framework must be provided to facilitate the establishment of such qualifications. The framework must include relevant criteria for enforcement of the requirements, which will fall under the remit of EU MS. Accordingly, stakeholders of such a focus group must include national and regional policymakers.

The development of a dedicated **patient platform** during the JA will enable the measuring of patient satisfaction levels and the collecting of individual points of feedback from patients on services delivered by CCCs. This platform must be integrated into CCCs' digital infrastructure in order to provide an accessible route to delivering feedback for patients. As a result, the technical infrastructure of the platform must be maintained in the longterm.

❖ Long-term vision for the Cancer care

In order to promote a sustainable cancer care system in Europe, an integrated approach of different strategies should be considered to improve quality of life for cancer patients. The implementation of **telemedicine solutions**, for example, should be considered in every cancer centre in order to reduce unnecessary travel, particularly for follow-up appointments or consultations, that do not require in-person visits. The home-based care or community oncology services should also be encouraged whenever possible. Home healthcare models could offer a **more personalised and supportive care system**. In order to limit the need for patients to travel long distances for treatment and to promote equal access to cancer care, the creation of more localised treatment hubs, using for example **regional cancer networks**, should be considered. Early detection and prevention programmes for cancer should also be promoted. Focusing on **prevention**, through education about lifestyle choices (such as healthy eating, reducing smoking, physical activity), the burden on cancer treatment systems would be reduced. In addition, expanding national or regional screening programmes for common cancer types (such as breast, cervical, colorectal) could also improve **earlier detection**, consequently having an impact on lower treatment costs and on patient outcomes, making the overall cancer care system more efficient and sustainable. Participation of cancer centres in **European-wide collaborations** that

support cancer research and promote implementation of guidelines should continue to be pursued. These networks foster the exchange of best practices across countries, leading to a harmonised and more sustainable cancer care system in the EU.

Collaboration with EU-funded research programmes should be promoted to bring innovation to cancer care, for instance by supporting the development of new drugs with higher efficacy and lower side effects and by stimulating research into personalised medicine using genetic and molecular markers to identify the most effective treatment for individual patients. Overall, incorporating a sustainability strategy into cancer care systems could enhance patient outcomes by promoting more holistic and patient-centred care. By leveraging digital technologies, fostering collaboration and focusing on prevention, the EU could lead the way in delivering sustainable and equitable cancer care for all patients.

❖ Education & Training

The offer for long-term specialised training and resources for healthcare providers and researchers should continue in the long-term following the end of the JA. These should be adapted across various languages, and should continually account for new and evolving technologies. The training and resources should emphasise an approach of fostering knowledge sharing, to facilitate the continued culture of learning and exchange both within and between CCCs. Training and mentoring programmes should continue to be provided for and by healthcare professionals in order to ensure long-term networking and knowledge exchange.

❖ Innovation & AI-supportive tools

The integration of AI-supportive tools, once adequately identified, should be robustly implemented into the digital infrastructure of CCCs, as outlined for a short-term recommendation. AI-supported tools should be established as a standard component of CCC operations, including in diagnosis, treatment planning and patient follow-up.

To ensure long-term uptake and implementation of such tools, a robust framework for AI governance will be required, including ethical oversight, transparency and accountability processes. This framework should be aligned with the EU legal and policy landscape on artificial intelligence, including the AI Act – providing harmonised rules on AI in Europe – [26], the Apply AI Strategy – the EU's overarching AI sectoral strategy – [27], GDPR and other relevant data and digital strategies. Ongoing mechanisms for training, validation and benchmarking should be implemented to encourage and ensure long-term use of AI within the health delivery processes. As a result, long-term strategies should be continuously delivered to train clinicians, data scientists and administrative staff in AI-enabled care, including the interpretation of outputs, decision-making support and the understanding of biases and limitations.

❖ Synergies and collaborative opportunities

A framework to foster and strengthen synergies between stakeholders within the field of European cancer should be developed during the project, as outlined for a short-term sustainability goal. The synergies will target cancer infrastructures and networks of expertise. While an initial list of stakeholders to be included will be finalised by the culmination of the JA, appropriate organisations involved in such effort for synergies must continually be added. Accordingly, a list of requirements to be considered must be drafted, and a continual regular review process must be conducted to ensure total alignment between the different cancer infrastructures. A similar approach must be made for the European Molecular Tumour Board, that will be installed during or shortly after the JA. This Board expected to be made up of various stakeholders within the cancer domain, including oncologists, pathologists and geneticists, among other target groups. Clear requirements for involvement must be defined and continually reviewed to prevent the Board being closed to new members and adaptive approaches.

The initiative of organising annual meetings to bring together all network members and partners with other national or regional stakeholders will commence ahead of the finalisation of the JA. Such annual meetings must be maintained to continue fostering synergies and collaboration between relevant stakeholders. See Annex III for ongoing EU initiatives.

❖ Compliance with GDPR requirements

Similarly to the recommendation described in the short-term section, the establishment of an harmonised, network-wide GDPR framework for cross-institutional data sharing must be ensured to align with legal requirements and operational efficiency. GDPR compliance should be integrated into the design of IT systems, AI applications, and data analytics tools used within CCCs and within the Network. A centralised oversight mechanism to monitor GDPR adherence should be established to handle data breaches, and manage datasharing agreements across the network. The update of GDPR guidelines and practices should be performed on regular basis to reflect the evolution of EU regulations, technology developments, and ethical considerations Finally, a culture of continuous data protection awareness should be promoted among staff, patients, and affiliated researchers, fostering trust in secure handling of sensitive data.

❖ Financial incentives for the Network and implementation of activities

From a financial perspective, a **long-term budget** with sustainable sourcing for continued implementation of the membership organisation of CCCs and its governance should be maintained. A sustainable financial plan for the network should include a consistent level of support for cancer care, research and education services. Key funding mechanisms for this should be identified, such as allocated budget from the European Commission, as well as financial support received by national authorities or bodies at the MS level. It should be considered to maintain the continued application of the Coordination Fund to ensure consistent long-term funding and operationalisation of the network activities, also ensuring the potential for manoeuvrability concerning financial activities. Following the establishment of a detailing financial document in the aftermath of the JA, a continuation of the reporting on financial outlay could be considered, as well as emerging priority funding areas for operationalisation and sustainability of network activities.

Annex II: List of key deliverables and milestones of the EUnetCCC JA supporting the Roadmap and developed by the 9 WPs

Deliverables

D1.1 – Risk Management Plan

D1.2 – Project Managment Framework Document

D1.3 – Development plan for the Full EUnetCCC Portal: From Initial Launch to Integrated Multi-Module Platform

D1.4 – Portal Technical Documentation and Maintenance Framework

D2.1 – Communication and Dissemination Strategy & Action Plan (Initial version)

D2.2 – First Dissemination Report (2025)

D2.3 – First Annual meeting report (2025)

D2.4 – First Policy Brief (2025)

D2.5 – Second Dissemination Report (2026)

D2.6 – Second Annual Meeting Report (2026)

D2.7 – Second Policy Brief (2026)

D2.8 – Third Dissemination Report (2027)

D2.9 – Third Annual Meeting Report (2027)

D2.10 – Third Policy Brief (2027)

D2.11 – Final Dissemination Report (2028)

D2.12 – Fourth Annual Meeting report (2028)

D2.13 – Fourth Policy Brief (2028)

D3.1 – Evaluation strategy

D3.2 – Final Evaluation report

D3.3 – Action-level indicators for reporting purposes

D4.1. - Initial Sustainability Strategy

D4.2 – Pilots: outcomes, conclusion and recommendations

D4.3 – Comprehensive Sustainability Report

D5.1 – Tender Guidelines for Selecting Certification operators

D5.2 – Specifications for the EUCCC Data Management System

D5.3 – Initial Comprehensive Certification Framework

D5.4 – Report on Member States Consultation Outcomes

D5.5 – Certification Process Testing report (Initial Assessment and Evaluation)

D5.6 – Mid-term review of the certification process

D5.7 – Final Certification Process Guideline report

D5.8 – EUCCC Scheme Ownership and Governance Framework

D6.1 – Transversal Capacity-Building Guideline Document

D6.2 – Revised version of Maturity Model (V2.0)

D6.3 – Comprehensive Capacity Building Framework and Tools for CCCs

D6.4 – Final CCC Maturity Model (V3.0) capacity building tool

D6.5 – Final Capacity building guidelines for each domain

D6.6 – Report on experiences of candidate CCCs in Capacity-Building and Quality Improvement in Small

Member States

and unique healthcare environments (UHEs)

D7.1 – Governance Framework Document

D7.2 – Interim Policies and Procedures Manual

D7.3 – EUCCC Network Portal Development Report

D7.4 – Finalized Governance Policies and Procedures Manual

D7.5 – Membership and Engagement Strategy Report

D7.6 – Governance Stakeholder Engagement Report

D7.7 – Final Governance and Management Evaluation and Report

D7.8 – Portal Specifications and Governance - WP7 Coordination report

D8.1 – Roadmap for Network Activities

D8.2 – Collaborative Framework and Infrastructure Report

D8.3 – First Progress Report on Strategic Joint Activities

D8.4 – Comprehensive Network Activities Report

D8.5 – Best Practices Compendium for CCC Collaboration

D8.6 – Sustainability and Scale-up Plan

D8.7 – Final Evaluation and Impact Assessment

D9.1 – Updated CCCN certification framework

D9.2 – Updated CCCN concept

D9.3 – Patient Pathway Repository

D9.4 – Maturity Model CCCNs

D9.5 – Report on the Establishment of CCCNs

D9.6 – Set of standards & Quality Indicators for CCCNs

D9.7 – Technical specifications for digital documentation of quality indicators

D9.8 – Training concept for setting up CCCNs

Milestones

MS 1. Digital Project Management Tool

MS 2. Coordination Fund

MS 3. Management Handbook

MS 4. Financial Policy

MS 5. Governance Policy

MS 6. Templates for Processes

MS 7. JA & Network Identity

MS 8. Website Launch

MS 14. Communication and Dissemination Strategy & Action Plan – Revision 2

MS 17. Communication and Dissemination Strategy & Action Plan – Revision 3

MS 19. Fourth Annual Meeting

MS 20. Evaluation indicators developed

MS 21. Dashboard indicators proposal in place

MS 22. First Annual Evaluation Report

MS 23. Second Annual Evaluation Report

MS 24. Third Annual Evaluation Report

MS 25. Publication of Evaluation Findings

MS 26. Pilots Guidelines document

MS 27. Launch of the Pilots (round 1)

MS 28. Launch of the Pilots (round 2)

MS 29. Pilots outcome (round 1)

MS 30. Report on EUnetCCC Synergies 2025-2026

MS 31. Pilots outcome (Round 2)

MS 32. Report on EUnetCCC Synergies 2027-2028

MS 33. Workshop on Aligning

Certification Processes Framework with CCC Configurations

MS 34. Launch of an official consultation of existing certifications in European member States

MS 35. Specifications for the Self-Assessment web tool for Certification

MS 36. Launch of Certification Process Testing Phase

MS 37. Panel of experts established

MS 38. Guidelines for Maturity Model Testing Established

MS 39. Specifications for the Maturity Model web tool for Capacity Building

MS 40. Launch of Maturity Model testing using the web tool

MS 41. Configuration of all 7 domains for capacity building

MS 42. Indicators and metrics for quality improvement

MS 43. Launch of Continuous Monitoring System

MS 44. Identification of "good practices"

MS 45. Mid-term evaluation report on monitoring activities

MS 46. Portal and Tools Alignment Workshop

MS 47. Portal Scope and Content Defined

MS 48. Membership Rules and functioning

MS 49. First meeting of the Interim General Assembly of the EU CCC Network

MS 50. Call for Interest for prospective members

MS 51. Launch of the Portal

MS 53. Establishment of a Secretariat to support the governance and functions of the EUCCC Network

MS 54. Government and Management Evaluation Framework

MS 55. First General Assembly of the Fully-Fledged Governance of the EUCCC Network

MS 56. Interim Governance and Management Evaluation Report

MS 57. Strategic Partners Established

MS 58. Alignment Workshop on collaboration and synergies for network activities within EUnetCCC

MS 59. Launch of Initial Collaborative Activities

MS 60. Launch of mapping tool(s) for needs assessment

MS 61. Plan for roll-out of activities across the network

MS 62. First version of interactive database

MS 63. Network-wide Activity scale-up Initiated

MS 64. Midterm Evaluation of Network Activities

MS 65. Cross-border Synergy Assessment

MS 66. Workshop in collaboration with WP5 on Integrating CCCN Certification Framework

MS 67. Workshop in collaboration with WP6 on Integrating CCCN Maturity Model for Capacity Building

MS 68. Signed MoU with up to 9 Candidate CCCNs

MS 72. Patient Pathway Report

MS 73. Formal launch of the portal development phase

MS 74. Strategic Recommendations on Portal Evolution Based on the First Round of User Testing

MS 75. Portal Intermediate Evaluation Report

MS 76. Maturity Model for CCCNs

Annex III: Suggestions for integration and synergies between ongoing EU initiative

Project/ Joint Action	Brief Summary	Opportunities for Collaboration with EUnetCCC
JANE-2	A Joint Action under EU4Health (2024-2028) to build seven Networks of Expertise (NoEs) across cancer domains: complex/poor-prognosis cancers, palliative care, survivorship, personalised prevention, omics, high-tech resources, adolescents & young adults.	Joint work on standardisation of quality indicators; shared guidelines; possible co-sponsorship or recognition of outputs (e.g., shared accreditation or certification frameworks); mutual support in integrating omics and personalised prevention methodologies.
JA-PCM	A Joint Action under EU4Health (2025–2029) focused on improving access to and knowledge of innovative technologies for personalised care across the entire patient pathway from prevention to survivorship.	Alignment on patient-centred care standards within the certification scheme; integration of survivorship and qualityof-life indicators; joint development of care pathways; exchange of best practices on patient engagement and multidisciplinary care models; potential collaboration on training and capacity building in person-centred approaches.
UNCAN -Connect	A Horizon Europe project (from Sept 2025) to build a decentralised collaborative network for cancer research and innovation; aims to create federated, interoperable access to cancer health data across Member States.	Close alignment in developing data models, sharing best practices on data governance and GDPR compliance; possible joint pilot projects; shared infrastructure for benchmarking outcomes; using EUnetCCC's centres as nodes in UNCAN's network; contributing to UNCAN's use cases (e.g., lung, pancreatic cancer) with EUnetCCC member centres.
eCAN+	A 2025–2029 EU Joint Action to strengthen the digital capabilities of cancer centres across Europe, focusing on digital skills development, collaboration between centres, telemedicine applications and preparedness for the European Health Data Space.	Joint development of tools / pilots in telemonitoring; shared standards or protocols for remote follow-up; training programs for digital skills within CCCs; mutual evaluation of digital health tools across centres; sharing of technology platforms.
CANDLE	Project to build robust cancer research infrastructure via national cancer data nodes; federated network to connect data infrastructure, align with EHDS and Mission on Cancer.	EUnetCCC could contribute to standards, benchmarking, and governance models for national nodes; provide input on what data centres need; pilot integration of CCC data into national cancer data nodes; use national nodes to strengthen crosscentre research and outcomes reporting.

EOSC 4Cancer	Initiatives aiming to enable data-sharing, secure, interoperable research infrastructure across Europe, including genomic, imaging, clinical, environmental data.	Pooling infrastructure efforts; aligning data standards & metadata; co-developing platforms or pipelines; leveraging EOSC tools to support EUnetCCC member centres; joint governance or ethical frameworks.
oncNGS	Consortium / PCP and related projects to develop affordable, standardised NGS and liquid-biopsy solutions for oncology across EU countries; aims to drive market solutions for ctDNA/NGS testing.	Joint pilots to validate NGS/ctDNA assays across EUnetCCC centres; share standard operating procedures (SOPs) for reporting; coordinate procurement/ market-shaping activities to scale affordable diagnostics.
ERNs	Virtual EU networks that pool expertise for rare/complex diseases, enabling case discussion, guideline development, registries and telemedicine across borders.	Use EUnetCCC CCCs as national nodes to facilitate ERN case referral/MTB links; align quality indicators and referral pathways; joint training and registries for rare cancers.
ECHoS	Horizon Europe project to create National Cancer Mission Hubs (NCMHs) and link national research & care actions to the Mission on Cancer.	Formalise linkages so EUnetCCC centres act as pilot nodes for National Cancer Mission Hubs; share governance models; codesign national research-to-care roadmaps.
EUCAIM	EU pan-cancer federated imaging infrastructure to collect FAIR cancer imaging data, enable AI benchmarking/testing and support precision diagnostics.	Collaborate on federated cancer imaging pilots, integrate imaging with EUnetCCC clinical datasets, co-validate AI tools for MTBs and diagnostics.
JA Pre-ventNCD	Joint Action to strengthen Member States' capacity to monitor and act on cancer / NCD risk factors and to align prevention policies across the life course.	Integrate CCC data (e.g., high-risk cohorts) into prevention monitoring; develop coordinated programmes for personalised prevention (tertiary prevention linked to CCCs).
JA EU-Can-Screen	European Joint Action to support high-quality, sustainable cancer screening (breast, cervical, colorectal) and investigate implementation of other screening programs.	Align follow-up protocols and data flows between screening programmes and CCCs; co-develop indicators for screeningto-treatment pathways and shared evaluation frameworks, aiming to align with the European Commission Initiatives.
CCI4EU	Horizon Europe initiative to build capacity and maturity of Comprehensive Cancer Infrastructures across Member States (capacity-building programme / CBP).	Joint calls for CBIs (capacity-building activities) where EUnetCCC CCCs act as mentors/pilots; harmonise maturity assessments and share training resources.

Annex IV: Investigated literature

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