EUnetCCCC
ONEFORALL
Co-funded by the European Union

TRANSFORMING EUROPEAN CANCER CARE

One Network, Universal Access, Excellent Outcomes

Our goal: by 2030, 90% of eligible patients have access to a Comprehensive Cancer Centre.

234
partners

31
countries

109
centres and consortia designated

CONTENTS

Paris made a promise. Lisbon shows the proof. Join us in Lisbon.

Part 1 · Opening

01 Executive Summary 3

02 Forewords 8

03 One Year 11

Part 2 · The case

04 The Challenge 14

05 The Solution 18

Part 3 · The proof

06 The First 30 24

07 Work Packages 28

08 Patients 64

09 Project in Practice 69

10 Measuring Success 77

Part 4 · The invitation

11 The Portal 81

12 Your Role 84

13 Partners 89

14 Next Steps 93

Map on page 16: © EuroGeographics for the administrative boundaries.

Executive Summary

Two years of EUnetCCC at a glance: the results, the challenge and the answer, the nine Work Packages and what comes next.

The results 4

The challenge and the answer 5

The nine Work Packages 6

Patients, the Portal and what comes next 7

In two years, EUnetCCC went from a plan to a working European network

The EU4Health Joint Action that builds a European network of Comprehensive Cancer Centres, so that 90% of eligible patients have access to one by 2030. 234 partners in 31 countries, with €112M of combined EU and Member State investment for 2024 to 2028.

109 centres and consortia EU-Designated in 28 countries: 30 in February and 79 in November 2026

Page 24

EU-Designated centres and consortia per country

Both waves: 109 in 28 countries



9 volunteer centres field-tested the certification scheme

Page 43

68 pilots in 26 countries test the model and build capacity

Page 39

108 members of the Network validated by October 2026

Page 50

146 institutions in 31 countries work in eight thematic networks

Page 53

15 pilot Comprehensive Cancer Care Networks in 9 countries

Page 58

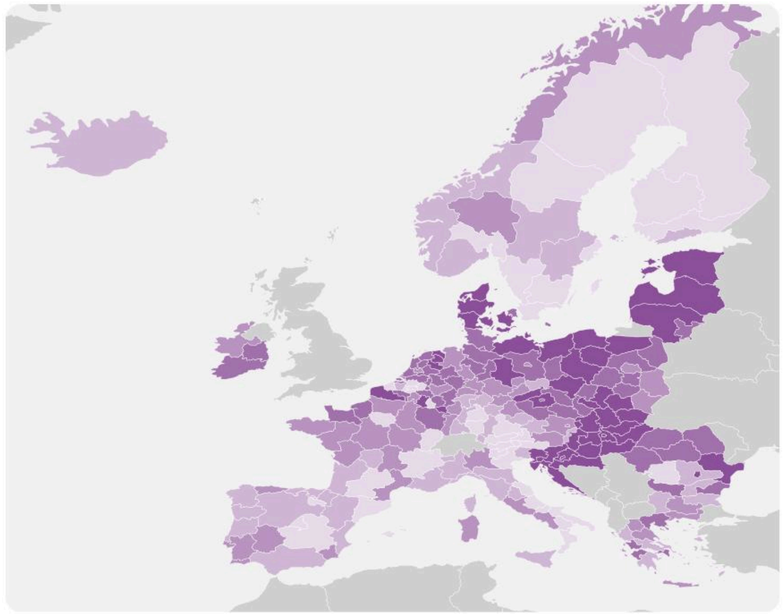
What comes next

Second designation wave: 79 more centres and consortia designated in November 2026. By 2028: 100 EU Comprehensive Cancer Centres, designated by their national authorities and holding a recognised certification, a fully operational European Network and a long-term funding roadmap.

Sources: the pages referred to under each figure; HaDEA review, 9 July 2026; Work Package contributions, October 2026.

THE CHALLENGE

Where you live still shapes your chance of surviving cancer



154 to 336

deaths per 100,000 across EU regions in 2021

+118%
gap

Details from page 14

1.3M

deaths a year: cancer is Europe's second leading cause of death

75% to 90%+

five-year breast cancer survival, weakest to best Member States

Up to 50%

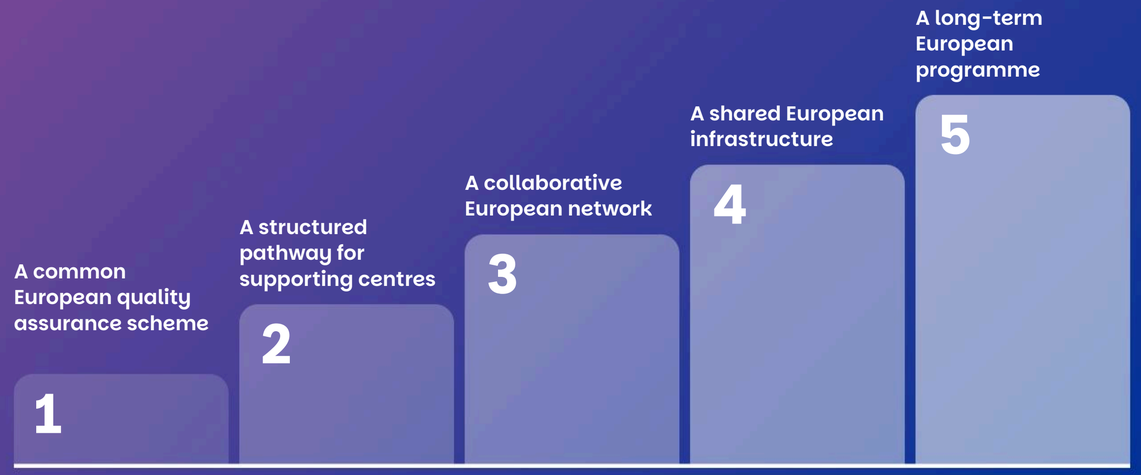
projected rise in cancer-related health spending by 2050 (OECD)

THE ANSWER

One network, built in five blocks

€112M

combined EU and Member State investment, 2024 to 2028, for a sustainable European infrastructure of CCCs and CCNs and a European collaborative network in oncology



Details from page 18

2026 to 2027 — 2027 to 2028 — THE ROAD TO 2028

Implement
Deploy the full pathway across Europe.

Demonstrate
Monitor implementation and outcomes across centres, systems and networks.

Sustain
A long-term funding and organisational model.

Sources: pages 14 to 23 of this booklet; Eurostat; OECD; HaDEA review, 9 July 2026.

Nine Work Packages, each with a result to show

WP1
Coordination
in 31 countries; 109 centres and consortia EU-Designated

234
partners

86
press mentions

WP2
Communication
in 14 countries, around the Paris meeting

WP3
Evaluation
co-created with the Work Packages

300+
KPIs

68
pilots

WP4
Sustainability
in 26 countries test the model

WP5
Certification
field-tested the certification scheme

9
volunteer centres

14
centres and coordinators

WP6
Capacity Building
paired for peer support

WP7
Governance
of the Network, with an Assembly, a Bureau and a Secretariat

108
members

146
institutions

WP8
Network Activities
in 31 countries, in eight thematic networks

WP9
Care Networks
in 9 countries

15
pilot care networks

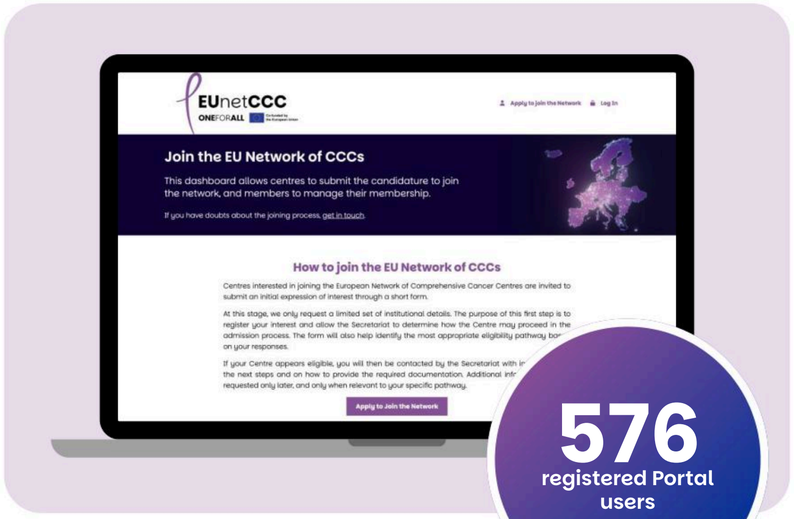
Each Work Package has its own pages in chapter 07, from page 28.

Sources: Work Package contributions, October 2026; HaDEA review, 9 July 2026; review by the Work Packages, November 2026.

Patients take part, the Portal connects the centres and the next step is Lisbon



20+
patient representatives in the network



576
registered Portal users



109
centres and consortia designated in two waves

Patients

Page 64

Task Force on Patient Involvement: first meeting on 30 September 2026

Patient Advisory Group since July 2026, from Romania, Portugal, Sweden and Norway

Six principles for meaningful patient involvement

17 certification standards already name patient involvement

The Portal

Page 81

Live since 30 April 2026

133 registered centres by early September 2026

Five tools, from designation and admission to the Collaborative Platform

Centres join the Network at gov.eunetccc.eu

What comes next

Page 93

Second EUnetCCC Annual Meeting, Lisbon

Second designation wave: 79 centres and consortia designated in November 2026, 109 in total in 28 countries

By 2028: 100 EU Comprehensive Cancer Centres, designated by their national authorities and holding a recognised certification, a fully operational European Network and a long-term funding roadmap

Your role, by type of reader, from page 84

Sources: pages 64 to 68, 81 to 83 and 93 to 95 of this booklet; Task Force contribution, 3 November 2026; Portal team, November 2026.



Foreword

The Joint Action EUnetCCC is firmly staying the course. In just its first two years of implementation, this EU4Health-funded action has already delivered meaningful results. These include successfully laying the foundations for the European Network of Comprehensive Cancer Centres, developing and implementing the European EUCCC certification scheme, and establishing the capacity-building framework to support cancer centres across Europe.

While important work remains to fully achieve the action's objectives over the next two years, the progress made so far demonstrates its commitment to delivering lasting benefits for cancer patients and strengthening cancer care performance across Europe, with a focus on reducing inequalities."

Marc Tachelet

Director, European Health and Digital Executive Agency (HaDEA)



Thomas Dubois

EUnetCCC Coordinator · Head of EU and International Affairs, Institut National du Cancer (INCa)

Foreword

Cancer is one of Europe's greatest public health challenges. Scientific advances—from earlier diagnosis to precision treatments—are creating new possibilities, but turning them into better care depends on strong links between clinical teams, research and health systems. Access to specialist expertise, clinical research and innovation remains uneven between and within countries. These gaps shape the options available to patients, challenge clinicians coordinating complex care, and confront policymakers with the task of strengthening cancer services across every territory. EUnetCCC brings Comprehensive Cancer Centres and their local partners together to address these challenges, while enabling centres to learn from one another across Europe.

Launched in October 2024, the EUnetCCC Joint Action brings together 234 organisations from 31 countries and more than 500 experts. The second designation wave is helping complete the European map of Comprehensive Cancer Centres and advance the goal of at least one CCC in every Member State. Participation has exceeded our initial expectations, bringing us close to our goal of building a structured, coherent and operational European network—one capable of strengthening cancer care, research and innovation from local coordination and national health systems to European and global cooperation.

The EUnetCCC certification scheme has been tested and strengthened and is progressing through accreditation. The tools developed by the project are already supporting centres as they align their quality practices with a shared European framework. Capacity-building is rooted in solidarity, with centres sharing expertise and supporting one another's progress. Cooperation activities are building collective momentum in priority fields such as clinical research and precision oncology.

We are also working towards a genuine European assembly where CCCs can express their distinct perspectives and shared priorities and, under the auspices of Member State governments, help define the present and future of the network.

For EUnetCCC to endure beyond 2028, it will need durable governance, shared ownership and long-term support. With these foundations, it can become a common European asset: enabling Member States and centres to coordinate priorities, pool expertise and make investment in cancer care, research and innovation more effective. This lasting infrastructure can strengthen Europe's competitiveness and strategic autonomy in cancer, while contributing to the 2030 goal of ensuring that 90% of eligible patients have access to a Comprehensive Cancer Centre or its collaborative network.

Success will mean that Europe retains the capacity to act collectively on cancer beyond the Joint Action: setting shared priorities, mobilising expertise and translating European commitment into lasting progress."

Foreword

For cancer centres on the front line, EUnetCCC is more than a network — it is a platform for transformation. It offers a unique opportunity to learn from peers across Europe, adopt best practices more rapidly and implement cutting-edge solutions that directly benefit our patients.

The certification process being developed will ensure that every Comprehensive Cancer Center meets the highest standards in multidisciplinary care, research integration and patient engagement. As a participating center, we gain not only recognition, but also the ability to contribute to — and benefit from — collaborative training, capacity building and innovation pilots.

Most importantly, EUnetCCC keeps patients at the heart of its mission. By working together across borders, we can ensure that every patient has access to the same level of excellence, whether they live in a capital city or a remote region. This initiative is a milestone in European oncology — one we are proud to be part of.”

Prof. Dr. Patriciu-Andrei Achimaș-Cadariu

Professor of Surgical and Gynecologic Oncology and Former Minister of Health, The Oncology Institute “Prof. Dr. Ion Chiricuță” (IOCN), Romania · EUnetCCC Partner



03

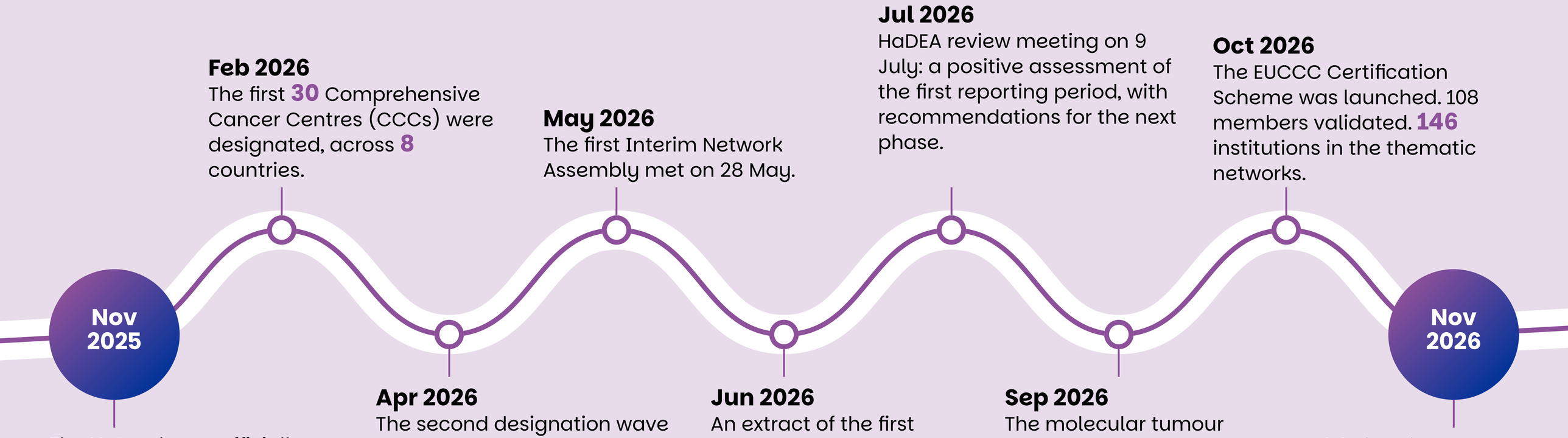
One Year

In twelve months the network went from a promise in Paris to proof in Lisbon.

Paris

Lisbon

Nine milestones in twelve months, from Paris to Lisbon



Nov 2025

The Network was officially presented in Paris, 6 and 7 November: **691** participants from **34** countries.

Feb 2026

The first **30** Comprehensive Cancer Centres (CCCs) were designated, across **8** countries.

Apr 2026

The second designation wave opened on 24 April. The Portal went live on 30 April.

May 2026

The first Interim Network Assembly met on 28 May.

Jun 2026

An extract of the first evaluation report, published in November 2025, went online.

Jul 2026

HaDEA review meeting on 9 July: a positive assessment of the first reporting period, with recommendations for the next phase.

Sep 2026

The molecular tumour board summit in Rome: 173 participants from 19 countries.

Oct 2026

The EUCCC Certification Scheme was launched. 108 members validated. **146** institutions in the thematic networks.

Nov 2026

Second designation wave: 79 more centres and consortia designated, 109 in total in 28 countries. Lisbon, 26 and 27 November: the second Annual Meeting, with results on the table.

Sources: Work Package contributions; HaDEA; eunetccc.eu.

109 centres, 68 pilots: one year after Paris

First designation wave

30

centres and consortia designated in 8 countries, 9 February 2026

68

pilots in 26 countries

108

network members validated by October 2026

Certification Scheme field-tested in 9 centres and launched in October 2026

First Annual Evaluation Report submitted in November 2025



691

participants from 34 countries in Paris

15

pilot Comprehensive Cancer Care Networks (CCCNs) onboarded in 9 countries, against a target of 9

79

centres and consortia designated in the second wave (November 2026): 109 in total, in 28 countries

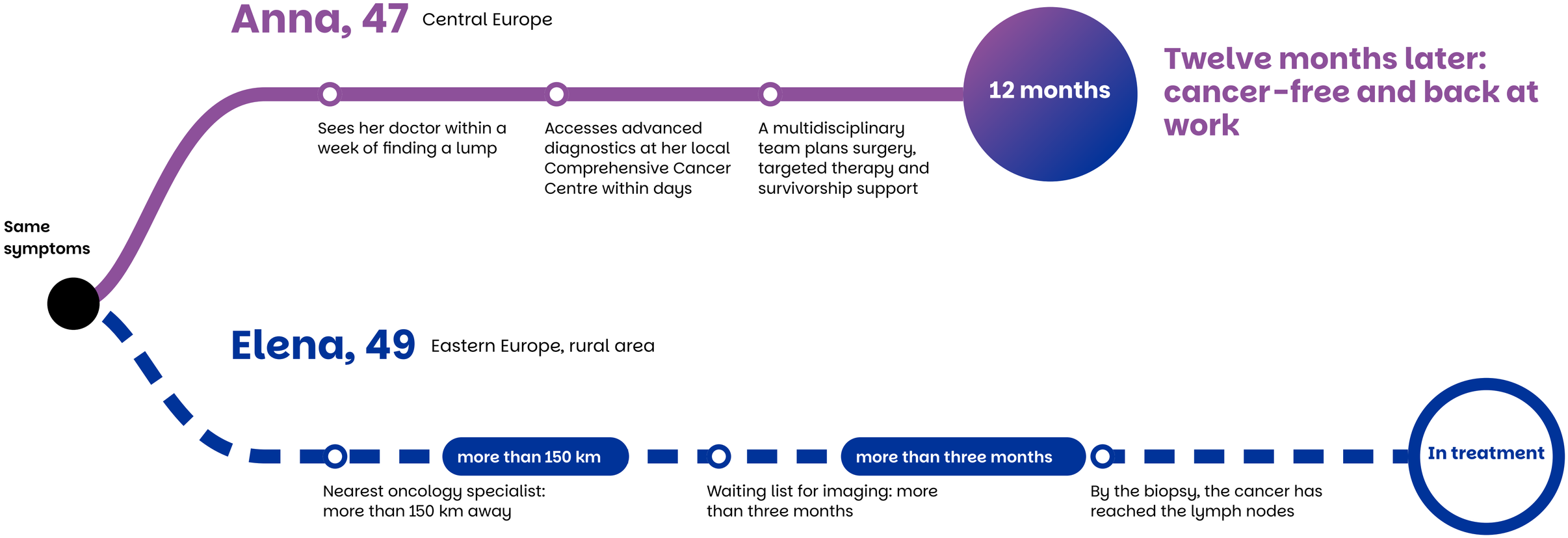
Sources: Work Package contributions, October 2026; HaDEA review, 9 July 2026; Booklet 2025.

04

The Challenge

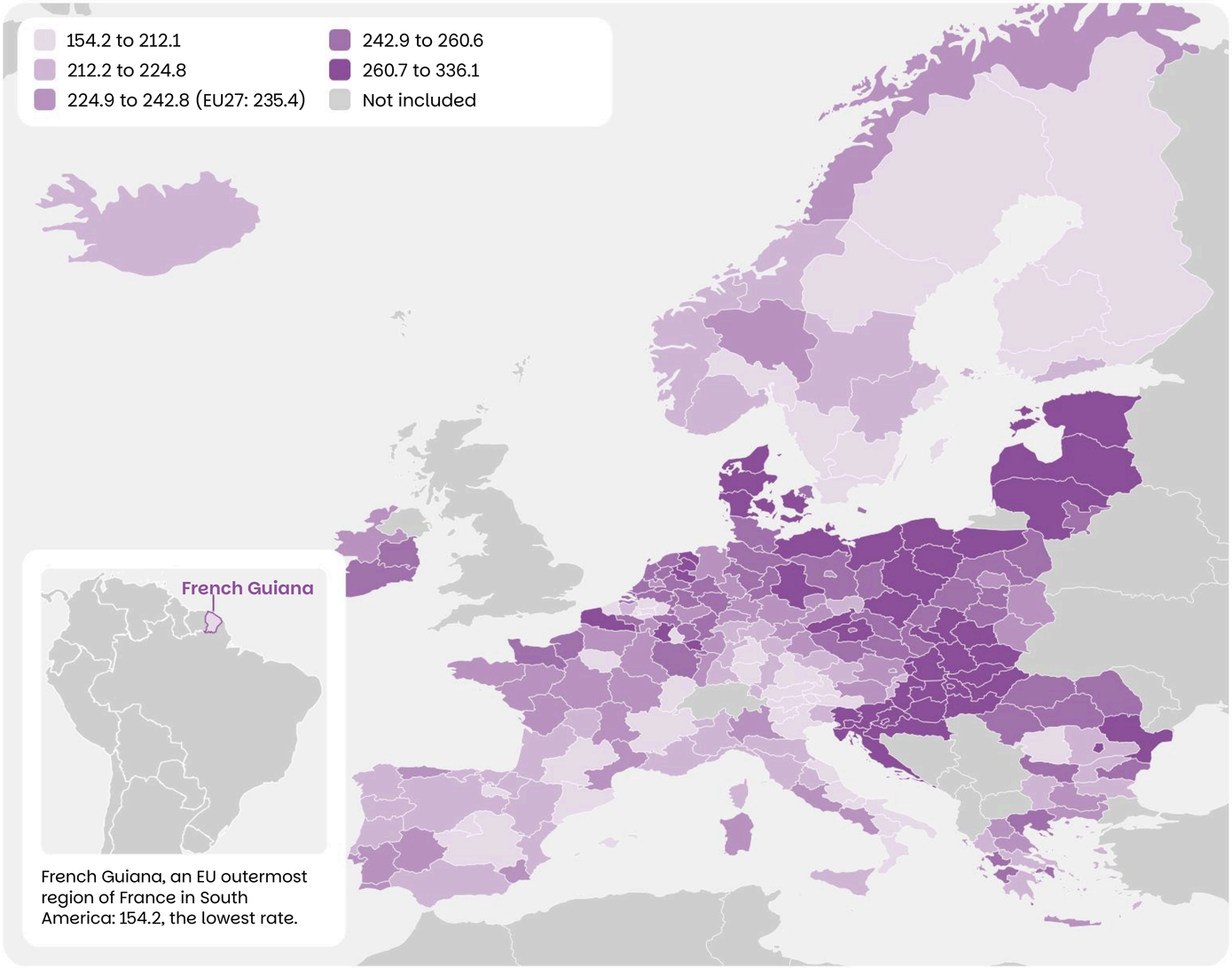
Where you live in Europe still shapes your chance of surviving cancer.

Anna and Elena noticed the same symptoms. Where they lived changed what happened next



Anna and Elena are illustrative stories, based on documented access patterns in Europe (ECIR 2024, OECD 2022).

Across EU regions, cancer mortality runs from 154 to 336 deaths per 100,000



French Guiana, an EU outermost region of France in South America: 154.2, the lowest rate.

154 to 336

deaths per 100,000 in 2021. Lowest region: French Guiana, an EU outermost region in South America, shown in the inset. Highest: Dél-Dunántúl, Hungary.

+118%
gap between lowest and highest

Ten EU regions are above 300: six in Hungary, three in Croatia and the Azores in Portugal. Twelve are below 200: four in France, three each in Italy and Sweden and one each in Spain and Malta.

The gap runs inside countries too. In mainland France, from 195 in Île-de-France to 263 in Nord-Pas-de-Calais.

The HaDEA review presentation of 9 July 2026 links these gaps to unequal access to early diagnosis, prevention and high-quality treatment.

Source: Eurostat, dataset hlth_cd_asdr2, malignant neoplasms (C00-C97), reference year 2021. Age-standardised rate per 100,000 inhabitants. A lighter shade indicates better performance. Norway and Iceland shown for reference.
Boundaries: Eurostat GISCO, NUTS 2021, 1:10 million. Inset: Eurostat GISCO, Countries 2020, 1:20 million. © EuroGeographics for the administrative boundaries. Data: https://ec.europa.eu/eurostat/databrowser/view/hlth_cd_asdr2/default/table

Fragmentation costs lives and money. Integrated networks are the path forward

1.3 M

deaths a year. Cancer is Europe's second leading cause of death.

75% to over 90%

five-year breast cancer survival, weakest to best Member States

Up to 50%

projected rise in cancer-related health spending by 2050 (OECD)

2.74 M

new cancer cases estimated in the EU in 2022

Every cancer patient in Europe should have access to high-quality, comprehensive cancer care, wherever they live.

Sources: ECIR 2024; OECD 2022; Annals of Oncology 2024; ECIS 2023; HaDEA review, July 2026.

05

The Solution

EUnetCCC turns fragmented national efforts into one pan-European network.

€112M backs two ambitions. The work is already delivering

1. A sustainable European infrastructure of CCCs and CCCNs,

so that **90%** of eligible patients have access to a CCC by 2030.

2. A European collaborative network in oncology, for mutual learning and cooperation.

€112M

combined EU and Member State investment, 2024 to 2028: **€90M EU funding**, **about €22M co-funded by Member States**



Certification

9 volunteer centres in the field test. EUCCC Certification Scheme launched in October 2026.

Capacity building

14 centres and coordinators paired. First on-site peer support in Sofia, June 2026.

Network infrastructure

429 Portal users and 133 centres by September 2026.

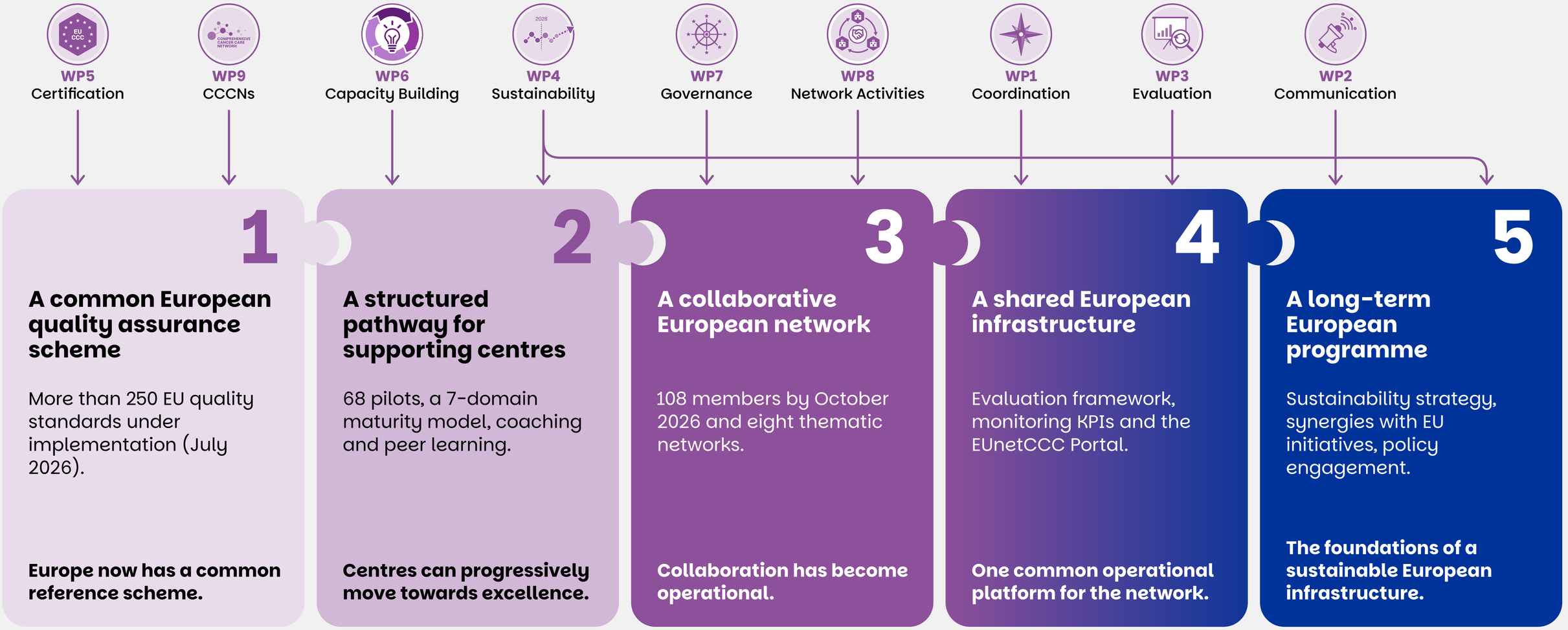
Sustainability

13 members on the Sustainability Advisory Board. Initial strategy approved in April 2026.

234 partners in **31** countries.

Sources: HaDEA review, 9 July 2026; Work Package contributions, October 2026.

Nine Work Packages, five building blocks, one infrastructure



One integrated infrastructure. More than 1,000 experts mobilised (July 2026).

Source: “FINAL presentation HaDEA review meeting”, 9 July 2026, slides 16 and 17; WP7, October 2026.

Two models: cancer centres (CCCs) and care networks (CCCNs)

COMPREHENSIVE CANCER CENTRES (CCCs) share one pathway

1

pathway for centres

Pilot programme → Designation → Capacity building → Certification

COMPREHENSIVE CANCER CARE NETWORKS (CCCNs) bring care closer to every patient

Coordinated care along the entire patient pathway

Early detection → Diagnosis → Treatment → Follow-up → Palliative care → Rehabilitation



2

forms: standalone institution or consortium

100

EU CCCs by 2028, designated by their national authorities and holding a recognised certification



Opening workshop for setting up a CCCN, IPO Porto.

5

key aspects of a CCCN: tumour-specific multidisciplinary network, unified patient pathways, quality indicators, continuous quality improvement, defined interfaces with CCCs

Source: HaDEA review, 9 July 2026, slides 12, 13 and 91. 2028 target: wording agreed by the Project Management Team in Rome (WP2, 24 November 2026).

The foundations are in place. Next: implement, demonstrate, sustain

2024 to 2025 Foundation

2025 to 2026 Validation

2026 to 2027 Implementation. **We are here.**

2027 to 2028 Scaling and sustainability

Implement

Deploy the full pathway across Europe.

Demonstrate

Monitor implementation and outcomes across centres, systems and networks.

Sustain

Define a long-term funding and organisational model with Member States and European institutions.

Expected by 2028

100 EU Comprehensive Cancer Centres, designated by their national authorities and holding a recognised certification. A fully operational European Network.

A framework for monitoring progress and future impact assessment.

A sustainable certification scheme and a long-term funding roadmap.

Patients:
more equitable access to high-quality comprehensive cancer care.

Centres:
a structured pathway to continuously improve quality.

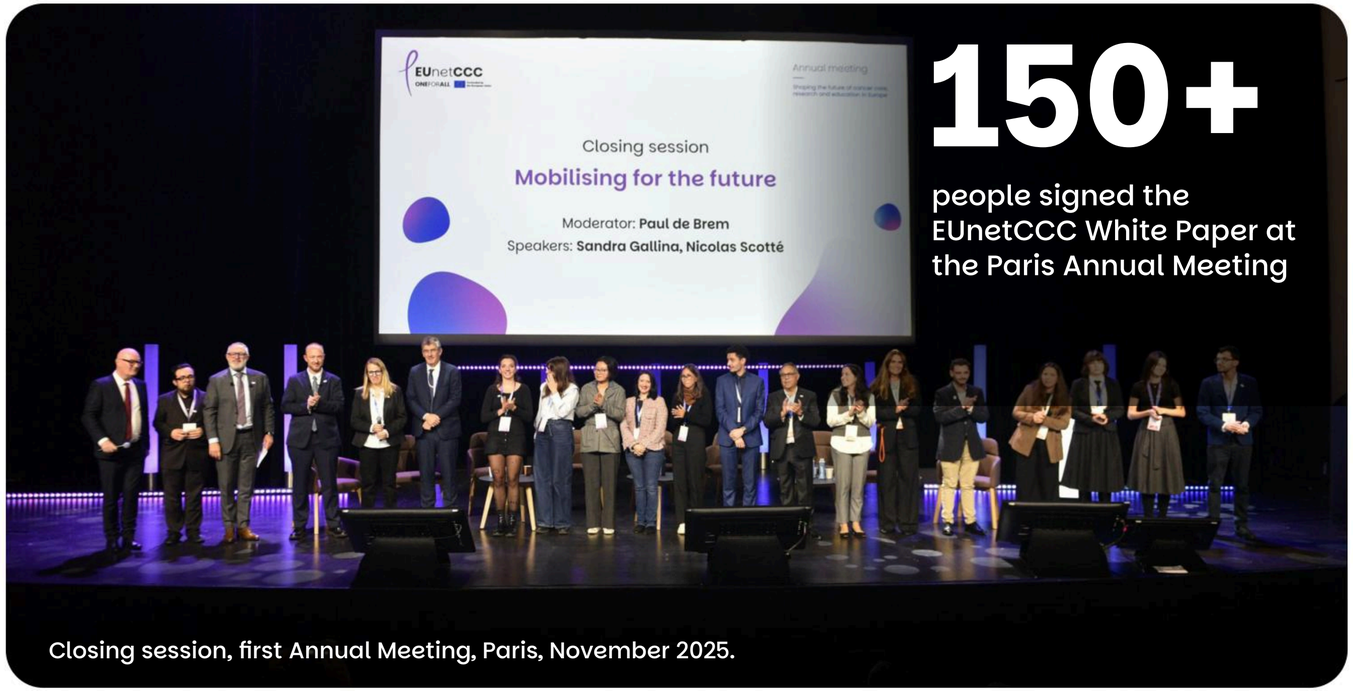
Europe:
a common quality scheme implemented across Member States.

Source: HaDEA review, 9 July 2026, slides 100 to 106. 2028 target: wording agreed by the Project Management Team in Rome (WP2, 24 November 2026).

The network is already part of Europe's cancer policy

85 participants at the Policy Board of 15 June 2026

- **27** countries
- **21** ministries of health
- **32** competent authorities



150+ people signed the EUnetCCC White Paper at the Paris Annual Meeting

Closing session, first Annual Meeting, Paris, November 2025.

3 task forces: patient, survivor and caregiver involvement; childhood, adolescent and young adult cancers; long-term scheme ownership and governance

116 participants set the synergy priorities in October 2026. Initial Synergy Strategy expected in early 2027.

EUnetCCC

- **Europe's Beating Cancer Plan:** operationalises Flagship 5
- **EU Cancer Mission:** infrastructure to translate research into practice
- **EU4Health:** a measurable outcome for a flagship EU investment
- **ERNs:** bridges rare cancer expertise with the CCC infrastructure

Also working with JANE-2, JA PCM, INTERACT-EUROPE100, the Health Policy Platform, OECI and OECD.

Sources: Work Package contributions; HaDEA review, July 2026.

06

The First 30



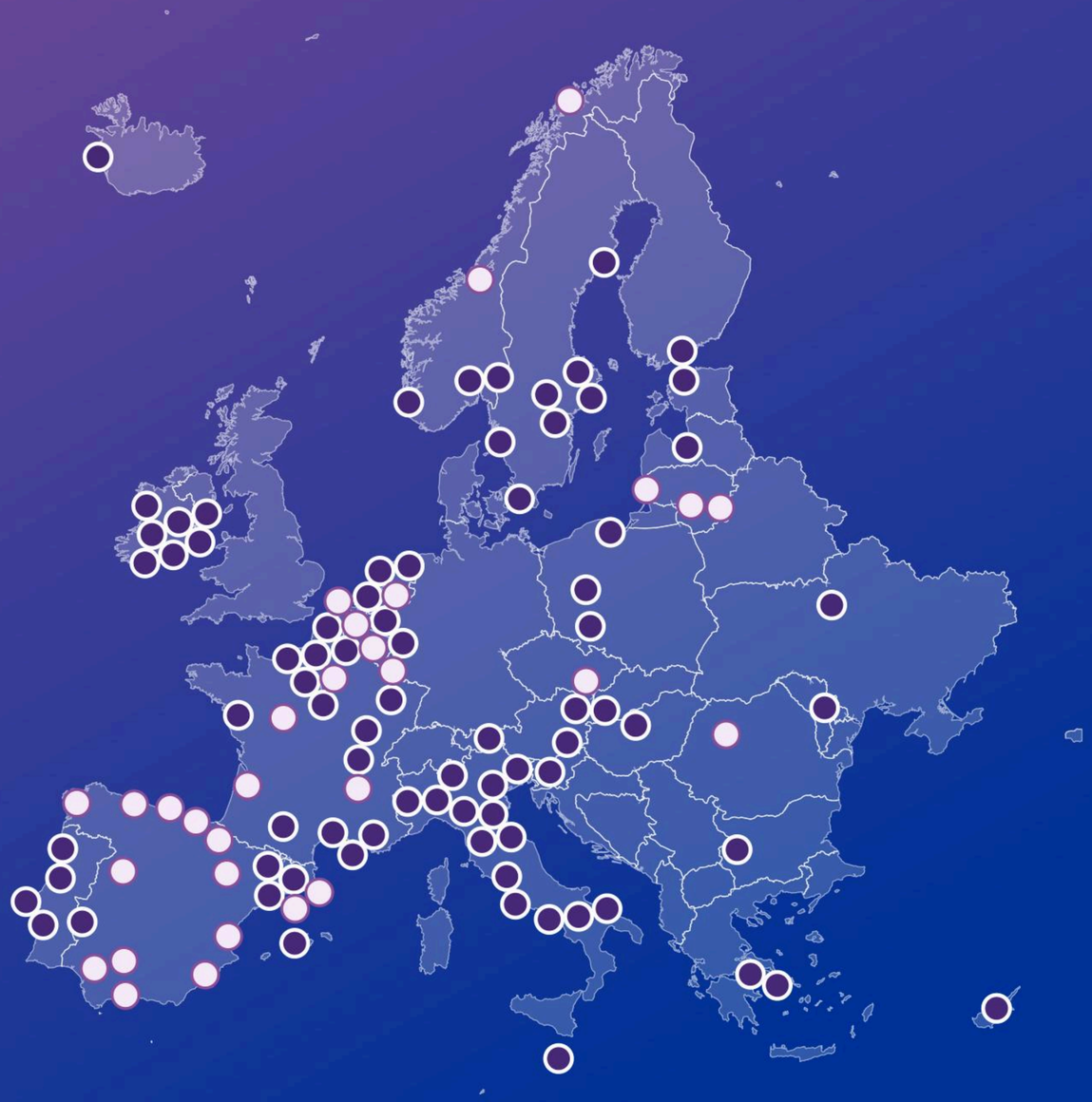
On 9 February 2026 the network announced its first 30 EU-Designated Comprehensive Cancer Centres, in 8 countries. In November 2026, a second wave brought the total to 109 EU-Designated centres and consortia in 28 countries.

The designation map: from 8 countries to 28

109 centres and consortia EU-Designated in 28 countries: 30 in February and 79 in November 2026

- **First wave, February 2026**
  30 centres and consortia in 8 countries
- **Second wave, November 2026**
  79 centres and consortia in 24 countries

Each dot is one centre or consortium, shown at its lead location. Where several are in the same city, the dots are placed side by side.



Source: EUnetCCC Coordination (INCa), November 2026. Base map: GSHHG.

EU-Designation is a European recognition and a starting point

1

National endorsement.
National health authorities identify and endorse centres before they apply.

2

DAC assessment.
The Designation and Admission Committee evaluates applications.

3

European recognition.
For centres ready to advance along the certification pathway.

Next: the certification pathway.
Wave 1 centres have already started their certification pathway.

EU-Designation is not a quality certification or an accreditation.

79

centres and consortia designated in the second wave, in November 2026.

24
countries

“This first group of EU-Designated Comprehensive Cancer Centres represents a fundamental step towards building a more coordinated and equitable European cancer landscape. By recognising centres that already play a structuring role at national level and connecting them through EUnetCCC, we are laying the foundations for lasting impact for patients across Europe.”

Thomas Dubois, Head of EU and International Affairs, INCa, and EUnetCCC Coordinator. Public announcement, 9 February 2026.



IOCN Cluj-Napoca, certification field test. Photo: WP5

INSIDE A DESIGNATED CENTRE

From field test to designation: IOCN Cluj-Napoca

The Oncology Institute “Prof. Dr. Ion Chiricuță” in Cluj-Napoca was one of the nine volunteer centres in the 2025 field test of the certification scheme. On 9 February 2026 it became Romania’s first EU-Designated Comprehensive Cancer Centre. The next step is the certification pathway itself.

2025

field test participant, one of nine centres in Europe

9 Feb 2026

EU-Designated, first in Romania

WP8 co-lead

Network Activities, with OUS CCC, Karolinska CCC and Sahlgrenska CCC

07

Team of Excellence: the nine Work Packages

One chain, from the European standard to the patient.



Nine Work Packages, a continuum from common standards to better care

WP1 Coordination
Steers the Joint Action

109
EU-Designated centres and consortia in two waves

WP3 Evaluation
Proves what the network promises

300+
key performance indicators (KPIs) co-created with the Work Packages

WP5 Certification
Sets the standard

9
volunteer centres in the field test

WP6 Capacity Building
Helps every centre reach it

14
centres and coordinators paired

WP7 Governance
Gives the network its structure

108
members of the Network

WP8 Network Activities
Turns collaboration into results

146
institutions in 31 countries

WP9 Comprehensive Cancer Care Networks
Brings care closer to where patients live

15
pilot networks in nine countries

Patients
Close to home, in every country

Makes it visible and keeps it going

WP2 Communication
Makes the work visible and usable

691
participants at the first Annual Meeting

WP4 Sustainability
Keeps the network alive beyond 2028

68
pilots in 26 countries

Sources: Work Package contributions, September to October 2026; WP3 figure from the HaDEA review, July 2026.

WP1 · Coordination

One direction for 234 partners

WP1 oversees project management, coordination and reporting, and makes sure partners collaborate effectively.

234
partner organisations

31
participating countries

€112 million
Joint Action budget, 2024 to 2028

Lead: INCa (France). Co-leads: NIJZ (Slovenia), Sciensano (Belgium), OUS CCC (Norway).

Source: WP1, October 2026.



Closing session of the first Annual Meeting, Paris, November 2025. Photo: EUnetCCC

Two designation waves take the network from 8 countries to 28

Countries represented

First wave: 8 countries



Second wave: 24 countries



Both waves: 109 centres and consortia in 28 of 31 countries



0 31

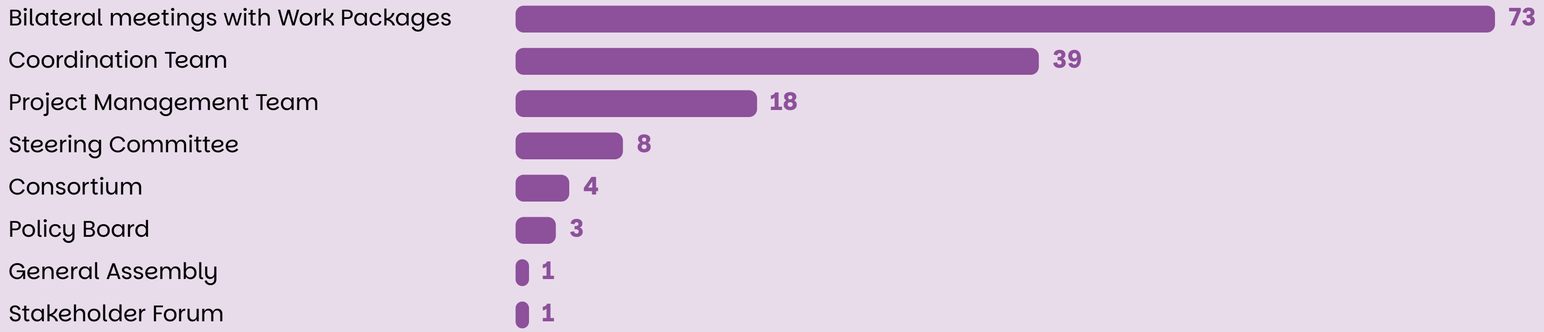
30
centres and consortia designated, announced on 9 February 2026

79
centres and consortia designated in the second wave, November 2026

100%
of first-wave centres intend to enter certification

3 of 3
postponed centres received bilateral support and applied again

Meetings that kept the Joint Action steered, months 11 to 24



17 + 21
deliverables submitted and milestones achieved

90%
average participation of WP leaders and co-leaders in Project Management Team meetings

Sources: WP1, October 2026; EUnetCCC Coordination (INCa), November 2026.



Public page of the Governance Tool on the Portal, gov.eunetccc.eu, November 2026.

273
users, 165 of them active, July 2026

429
registered users and 133 registered centres, early September 2026

576
registered users, Portal team

The Portal became the network's shared platform

First planned as a contribution to specifications, the Portal became a dedicated WP1 task through an adaptation of the Grant Agreement. Oslo University Hospital builds it and WP1 coordinates priorities across the Work Packages. The first version launched on 30 April 2026, on its deadline. It now covers designation, certification self-assessment, governance and collaboration tools. Audits, certification decisions and Network voting come next.

Through its designation and admission workflows, 114 centres have progressed through the application process, while 35 centres have engaged with capacity-building tools and 20 have initiated their certification journey. The Governance Tool has supported 125 membership applications, while the expanding Collaborative Platform is creating new opportunities for knowledge exchange and professional engagement.

What comes next

- → **Make the Portal fully operational**
- → **Deploy the European Network of CCCs**
- → **Track uptake and results with WP3**
- → **Prepare long-term sustainability with WP4, WP5 and WP7**

Sources: WP1, October 2026; HaDEA review, July 2026; Portal team, November 2026.

WP2 · Communication

The network speaks with one voice

WP2 drives strategic communication, stakeholder engagement and dissemination of outcomes.

406
partner-reported activities (July 2026)

86
press mentions in 14 countries, around the Paris meeting

31
countries, one shared identity and communication framework

Lead: ULSA (Portugal). Co-lead: LU (Latvia).

Source: HaDEA review, July 2026.



The ONE FOR ALL identity, first Annual Meeting, Paris, November 2025. Photo: EUnetCCC

188,000+ LinkedIn impressions and now an app for the Annual Meeting

188,000+

LinkedIn impressions

608

active users on the EUnetCCC website

2,800

page views

1,250

LinkedIn newsletter subscribers

February 2026

shared communication strategy launched

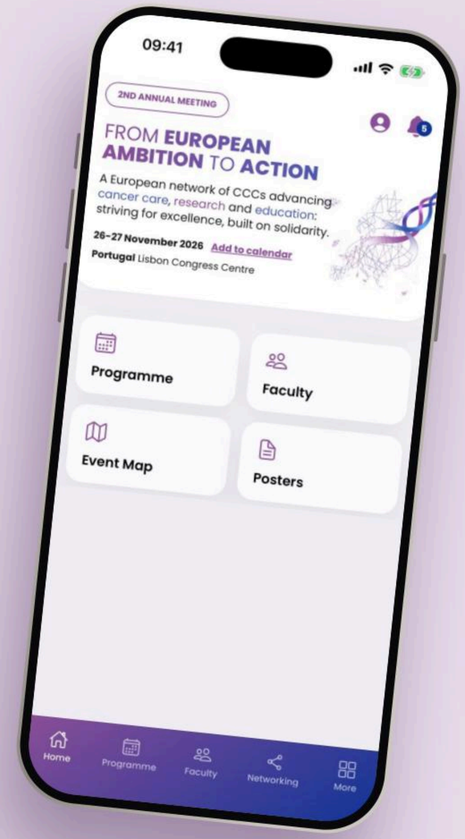
The activity log now records activity types, audiences, channels and reach more consistently across the consortium.

Annual Meeting app.

The EUnetCCC Annual Meeting app is available for iOS and Android.

Download on the App Store

GET IT ON Google Play



Sources: WP2, September 2026; HaDEA review, July 2026; App Store and Google Play. These figures show engagement and visibility, as distinct from longer-term impact.



9 + 9
plenary and parallel sessions

7
networking moments

150+
White Paper signatures

First Annual Meeting, Paris, 6 and 7 November 2025. Photo: EUnetCCC

Paris launched the Network in front of 691 people from 34 countries

The first Annual Meeting, on 6 and 7 November 2025, marked the official launch of the Network. With INCa and the coordination team, WP2 contributed to its organisation, communication and dissemination. The meeting brought identity, messages, digital channels and media relations together around one milestone.

Our first task was to give EUnetCCC a shared identity and the means to communicate across countries and institutions. The next is to show what this cooperation produces: the knowledge, tools and experiences that centres can share and use.

Ana Varges Gomes, WP2 Lead

What comes next

Media relations across partner countries → **Second Dissemination Report in 2027** → **Third Annual Meeting in 2027**

Source: WP2, September 2026.

WP3 · Evaluation

The honest mirror of the Joint Action

WP3 evaluates the Joint Action and the EU network of CCCs, ensuring transparency, accountability and a culture of learning.

40+
meetings evaluated

25 + 1
interviews and focus group

6
recommendations, first annual report



WP3 Annual Meeting, Budapest, June 2026. Photo: WP3

Lead: RSYD (Denmark). Co-leads: OOI (Hungary), MHA (Malta).

Sources: WP3; HaDEA review, July 2026.

Four evaluation tracks measure the Joint Action and feed the findings back

The benchmark is the 2028 target: 100 EU Comprehensive Cancer Centres, designated by their national authorities and holding a recognised certification.

Track 1: KPIs and monitoring

300+

Work Package KPIs, July 2026

16

co-creation workshops

Offline KPI tool and evaluation dashboard

Track 2: Process and output

40+

meetings evaluated

25 + 1

interviews and focus group

Annual satisfaction survey with WP1

Track 3: Outcome and impact

6

tailored co-evaluation designs, WP4 to WP9

Logic Model Guide and Data Logbook

Track 4: Dissemination and reporting

152

pages in the First Annual Evaluation Report, on the first 10 months

6

cross-cutting recommendations

Findings feed back into the Joint Action

Quality and equity are central lenses throughout.

Sources: WP3, October 2026; WP3 slide for the booklet, 23 November 2026; HaDEA review, July 2026.

The KPIs were written with the Work Packages that report them

WP3 wanted indicators that are relevant and meaningful for each Work Package, so it defined them together. Eight workshops built the KPIs in 2025. Eight more updated them in 2026 as the Joint Action evolved. A digital tool now makes reporting easier, and an evaluation dashboard will give a shared overview of progress.

What motivates me about EUnetCCC is the goal of realising equal opportunity for access to high-quality cancer control across Europe.

Dr Miriam Dalmas, Co-leader of WP3, Department for Policy in Health, Malta

What comes next

Six multi-site case studies in 2027, on outcomes that are hard to count, such as trust and culture change

The Internal Satisfaction Survey, interviews and focus groups, in a mixed-method approach

The Third Annual Evaluation Report

Sources: WP3, October 2026; HaDEA review, July 2026.



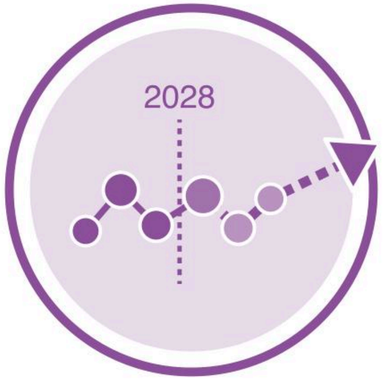
8 + 8

co-creation workshops, 2025 and 2026

300+

Work Package KPIs, July 2026

WP3 Annual Meeting, Budapest, June 2026. Photo: WP3



WP4 · Sustainability

Sustaining progress beyond 2028

WP4 works to sustain the EU Network of Comprehensive Cancer Centres and its impact after the Joint Action ends in 2028.

68
pilots in 26 countries, against the 17 first planned

13
Sustainability Advisory Board members, set up in May 2026

116
participants in the synergy workshop, October 2026

Lead: Sciensano (Belgium). Co-lead: NIJZ (Slovenia).

Source: WP4, October 2026.

Pilot bilateral meeting, Lithuania. Photo: WP4

The plan for after 2028 is approved and already under way



Funding is one part of sustainability. Governance, ownership and implementation are the others.

April 2026

HaDEA approved the Initial Sustainability Strategy, the roadmap for the network after the Joint Action

85

participants from 27 countries at the Policy Board of 15 June 2026, with 21 ministries of health and 32 competent authorities. They reaffirmed their political commitment. 4 Policy Board meetings by November 2026.

27 countries

21 ministries of health

32 competent authorities

13

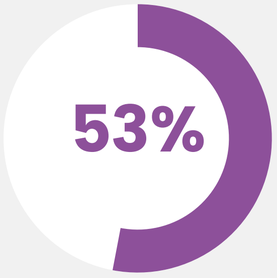


external

internal

coordinators

Advisory Board members: 5 external experts, 4 internal experts, 4 coordinators. 4 meetings by November 2026.



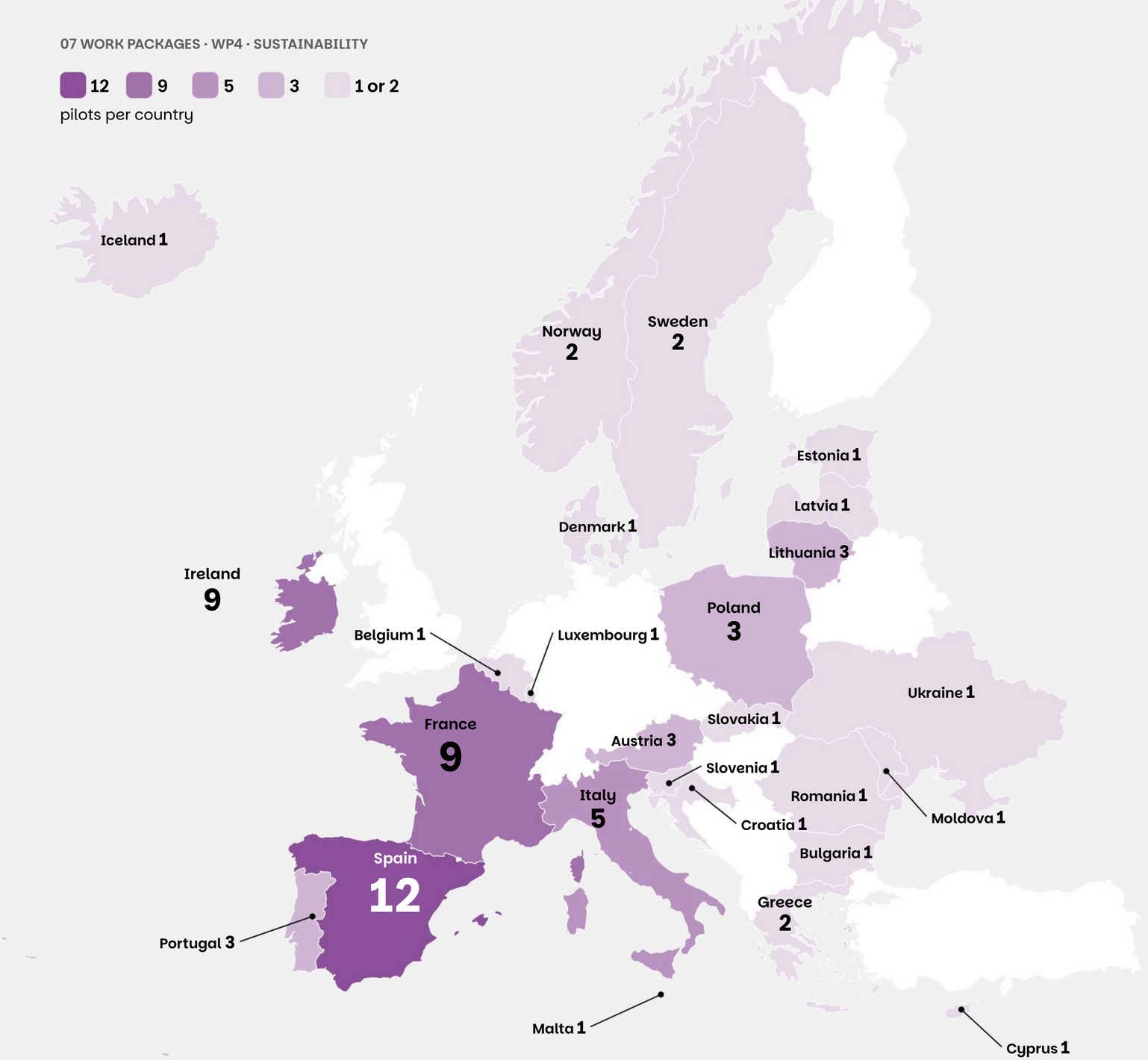
of the 116 participants in the October 2026 synergy workshop came from Comprehensive Cancer Centres

100+ cancer projects at EU level

1,000+ stakeholder contact points identified

The consortium's first priorities for joint work: clinical trials and research, precision medicine, data sharing and patient involvement.

Sources: WP4, October 2026; HaDEA review, July 2026 (100+ and 1,000+).



68 pilots in 26 countries are testing the model

The pilots help countries and centres turn Europe's Beating Cancer Plan into organisational change. The programme grew in two waves to four times the 17 first planned.

68

17 first planned

33 + 35

first wave and second wave

25 of 26

countries visited in person

17+

Open Days since March 2026, 40 participants on average



Pilot visits: Cyprus, Italy, Latvia, Romania. Photos: WP4

Sources: WP4, October 2026. Pilots per country as presented to HaDEA, July 2026.



67
in person at the annual meeting

120
online

What comes next

25 November 2026
second Community of Practice, with Oslo University Hospital.

May 2027
Open Room Accelerator, with WP5 and WP6.

2027
first-wave outcomes report. Work on a financial framework.

2028
Comprehensive Sustainability Report and Roadmap completed.

WP4 annual meeting, Brussels, 10 and 11 February 2026. Photo: WP4

In Brussels the pilots began learning from each other

The first EUnetCCC Community of Practice met on 11 February 2026, on day two of the WP4 annual meeting. First- and second-wave pilots swapped practical solutions on governance, research and patient involvement. Participants valued the cross-border connections and the exchange between centres at different stages.

> **We think that this network of comprehensive cancer centres is very important for European Sovereignty, to have the same way of thinking on what high-quality care is for cancer patients and what the priorities are in cancer research and education.**
>
> Member of the EUnetCCC Policy Board. Quoted by WP4, October 2026.

Sources: WP4, October 2026; HaDEA review, July 2026.

WP5 · Certification

Excellence, tested

WP5 sets the standard for Comprehensive Cancer Centres and designs a robust, independent and impartial certification scheme.

31
countries consulted through their Competent Authorities, June to September 2025

9
volunteer centres tested the scheme in house, June to November 2025

6
on-site test visits, first half of 2026

Lead: HAS (France). Co-lead: Unicancer (France).

Source: WP5, October 2026.



WP5 annual meeting, Dresden, 2026. Photo: WP5

Certification went from expert concept to field-tested scheme

The lessons of both testing phases are built into the consolidated scheme.

1 Design

Building on the CraNE Joint Action

31

experts from 12 institutions

13 framing interviews and 21 workshops.

2 Anchor

June to September 2025

31

countries consulted through their Competent Authorities

31 country profiles.

3 Digitise

37

architecture meetings

16 strategic, 14 technical and 7 functional. The certification tool goes into the EUnetCCC Portal.

4 Test

June 2025 to April 2026

9 + 6

volunteer centres, in house and on site

In house: 9 centres and 25 experts, June to November 2025. On site: 6 centres and 22 auditors, January to April 2026.

5 Consolidate

Final scheme

launched in October 2026

The lessons of both testing phases are built in.

6 Validate

August to November 2026

EU validation

scheme submitted for European accreditation validation

HAS can act as temporary Scheme Owner, with support from the Joint Research Centre and the French national accreditation body.

Four deliverables

- Initial Certification Framework
- Tender Guidelines
- Data Management System Specifications
- Countries' Consultation Report

Sources: WP5, October 2026; HaDEA review, July 2026.













9 centres, 25 experts
in house, June to November 2025

→

6 centres, 22 auditors
on site, January to April 2026

Field test visits: VULSK, Lithuania; CAUSA, SACYL, Spain; MUG, Poland; UCL, Belgium; Institut de Cancérologie de l'Ouest (ICO), France; IOCN, Romania. Photos: WP5

Real centres and real auditors tested certification before the roll-out

Two testing phases were added to the initial project design. In workshops, end users checked the criteria, the standards and the self-assessment tool. Then auditors went on site and tried audit organisation and evaluation tools in near-real conditions. The lessons refined the scheme released in July 2026.

> **WP5 has successfully transformed an expert-driven certification concept into a robust field-tested certification scheme. The consolidated EUCCC Certification Scheme is now mature and ready for EU accreditation, enabling its scale-up and implementation across Europe.**
>
> WP5 · Certification. From the WP5 contribution, October 2026

What comes next

A community of peer-reviewing experts and auditors.

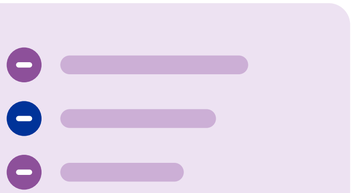
First half of 2027: calls for a scientific advisory council and thematic working groups.

Second quarter of 2027: accreditation of certification bodies foreseen.

Source: WP5, October 2026.

The certification scheme is final: where WP5 stands now

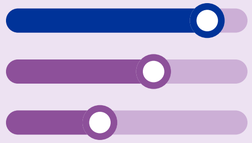
Launched in October 2026, with three working tools and the Community of Auditors and Experts.



Set of criteria and standards



Scheme manual



Self-assessment tool

Robust. Independent. Impartial.

An EU identity: the scheme is under European accreditation validation, in line with EU regulation.

A community of auditors and experts

Common standards also require harmonised certification practices. EUnetCCC has created an Auditors and Experts Registry, which identifies professionals by expertise, experience, languages and availability for certification activities.

The next challenge: shared practices, shared methods and a common understanding of excellence.

Join the Community of Auditors and Experts

auditors-db.eunetccc.eu

What comes next

A community of peer-reviewing experts and auditors.

First half of 2027: calls for a Scientific Advisory Council and thematic working groups.

Second quarter of 2027: accreditation of certification bodies foreseen.

A visible and credible European network operating according to common standards can strengthen Europe's scientific leadership, its ability to generate and scale innovation, and its attractiveness for researchers, talent and clinical trials.

Source: WP5, November 2026.

WP6 · Capacity Building

No centre left behind

WP6 strengthens the capacity of cancer centres across Europe to achieve and maintain CCC certification.

60
experts from 30 centres contributed to the 7-Domain Guideline

40
experts in five thematic activities

14
centres and coordinators paired by October 2026

Lead: ICO (Spain). Co-leads: RSYD (Denmark), ESTCAN (Estonia).

Sources: WP6, October 2026; eunetccc.eu/work-packages/wp6.

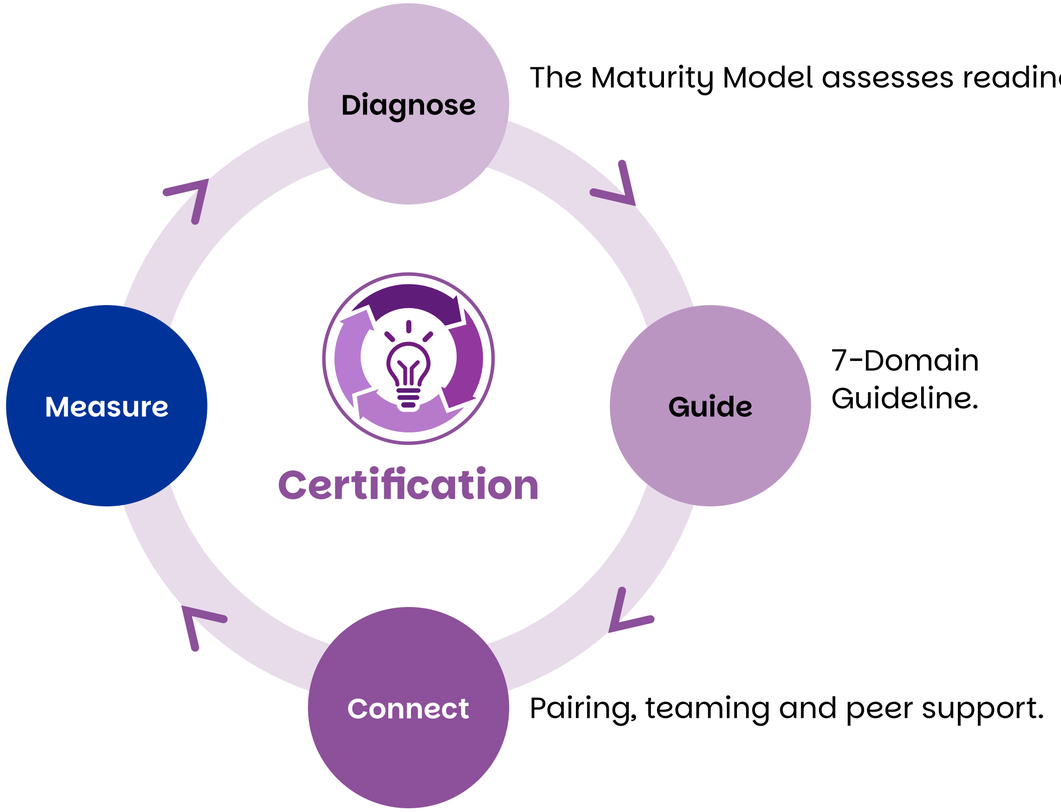


WP6 team from Denmark, Estonia, Spain and Poland, Vejle, Denmark, February 2026. Photo: WP6

One system, from first assessment to measured progress

The Capacity-Building System helps aspiring centres prepare for certification. It embeds an improvement cycle.

Quality Improvement Indicators and a dashboard on the Portal.



The Maturity Model assesses readiness.

7-Domain Guideline.

Pairing, teaming and peer support.

14 paired

centres and coordinators by October 2026 (12 of 14 matched in July)

14 of 56

teaming, July 2026

10 of 19

support mechanisms prepared, July 2026

3

on-site visits

Five thematic activities: Culture of Innovation · Advanced Nursing Roles · Patient-Centredness · Palliative Care (with JANE-2) · Training on Personalised Cancer Medicine

Sources: WP6, October 2026; HaDEA review, July 2026.



3 and 4 June 2026
on site in Sofia

18
months paired with IPO Porto CCC from September 2026, on Integration of Research and Care

Peer support at USHATO, Sofia, June 2026. Photo: WP6

USHATO in Sofia now has its priorities and a partner in Porto

Sofia — Porto

Peer support came to USHATO in Bulgaria, with a quality manager from the Candiolo Cancer Institute, Italy. The visit covered certification, quality management and the organisation of a cancer centre, including its board. It ended with a list of priorities for further support.

What comes next

May 2027: Open Room Accelerator, Alicante, Spain, with WP4 and WP5.

2027: pairing and teaming deployed in full.

2027: data on progress and maturity keeps the system responsive.

Sources: WP6, October 2026; HaDEA review, July 2026.

WP7 · Governance

108 members, an Assembly and rules everyone can read

Build a sustainable European Network of Comprehensive Cancer Centres (CCCs) and deliver the best solution for patients.

108
members validated by October 2026

129
applications in the first Call for Interest, from 28 of the 31 countries

200+
participants at the second Interim Network Assembly, 5 October 2026



Lead: ACC (Italy). Co-lead: MSCI (Poland).

Source: WP7 contribution, October 2026.

EUnetCCC Annual Meeting, Paris, 2025. Photo: EUnetCCC

The network now has members, an Assembly, a Bureau, a Secretariat and digital tools

4 **Thematic Groups**
Capacity Development, Integrated Care, Certification and Joint Network Activities. Kick-off at the 3rd Assembly in Lisbon.

Secretariat

Operational in November 2025, ahead of schedule.

108

Members, 15 of them validated at the latest committee meeting. The second Call stays open.

Assembly

Met on 28 May and 5 October 2026.

Bureau

Set up in July 2026 with an interim Deputy President.

Digital tools

The Governance Tool is up and running.

The rules, 2025

Membership Rules, Governance Framework Document, Interim Policies and Procedures Manual.

Evaluation

5 focus areas and 11 KPIs

6

from surveys

5

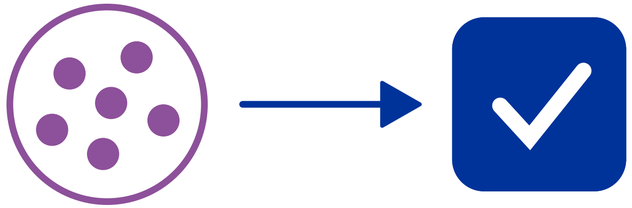
from the Governance Tool

The biggest lesson: inclusivity and transparency make common solutions possible across very different national systems.

Source: WP7 contribution, October 2026.

Many countries organise their centres as consortia. Now one process counts as one vote

The first applications showed many countries organise their CCCs as consortia or umbrella organisations, which the governance design had not foreseen. WP7 worked with the Competent Authorities and put options to the Steering Committee. On 26 June 2026 it approved one vote per certification, designation or pilot process. The membership rules did not need to change.



A responsive and reliable Secretariat builds trust across very different national systems.

WP7 · Governance. From the WP7 contribution, October 2026

25 Nov 2026

3rd Interim Network Assembly, Lisbon, the first in person.

10 Dec 2026

Steering Committee decides the election framework.

Early 2027

Election of the first President.

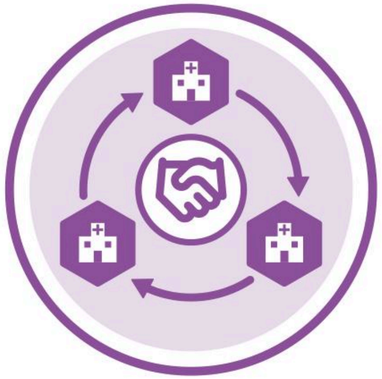
January to March 2027

Patient recommendations reach the interim governance, through a process with the Norwegian Cancer Society.

2028

Permanent governance bodies go into operation.

Source: WP7 contribution, October 2026; HaDEA review, July 2026.



WP8 · Network Activities

Better together: what no CCC can do alone

Connect Comprehensive Cancer Centres so that lessons learned at one centre become knowledge every centre can use.

146
institutions in 31 countries, October 2026

300+
experts active in 35 working groups

60+
strategic partners, among them Joint Actions, medical societies and regulators



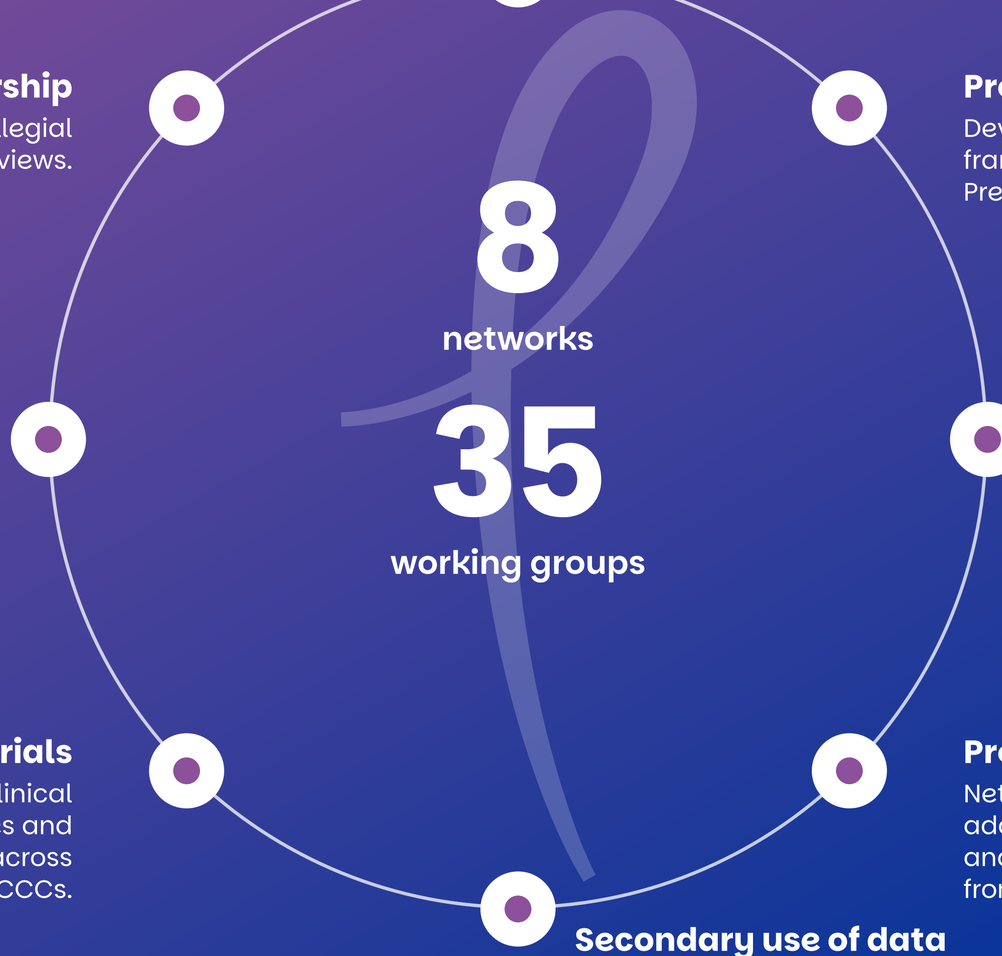
Lead: OUS CCC (Norway). Co-leads: IOCN (Romania), Karolinska CCC and Sahlgrenska CCC (Sweden).

Source: WP8 contribution, October 2026.

WP8 alignment workshop, Tromsø, Norway, July 2025. Photo: WP8

Eight thematic networks turn what one centre learns into knowledge for all

In 2026, the eight thematic networks moved from establishing networks to implementation.



Clinical guidelines

Developing implementation guidelines for treatment guidelines to support, harmonise and monitor their adoption across CCCs.

Prevention

Developing a European Cancer Prevention Hub and framework for personalised, risk-stratified prevention. Presented at IARC, Lyon, May 2026.

Research

66 Research Twinnings applications from 18 countries; 33 partner matches proposed.

Precision diagnostics

Network of Molecular Tumour Boards established, addressing the current challenges for implementation and development of MTBs in Europe. 173 professionals from 19 countries at the summit in Rome.

Secondary use of data

Real-world evidence working group with 23 centres running pilots to improve data readiness at the source.

Clinical trials

Building a Clinical Trial Engine to strengthen clinical research collaboration, harmonise trial processes and improve access to innovative cancer studies across CCCs.

Survivorship

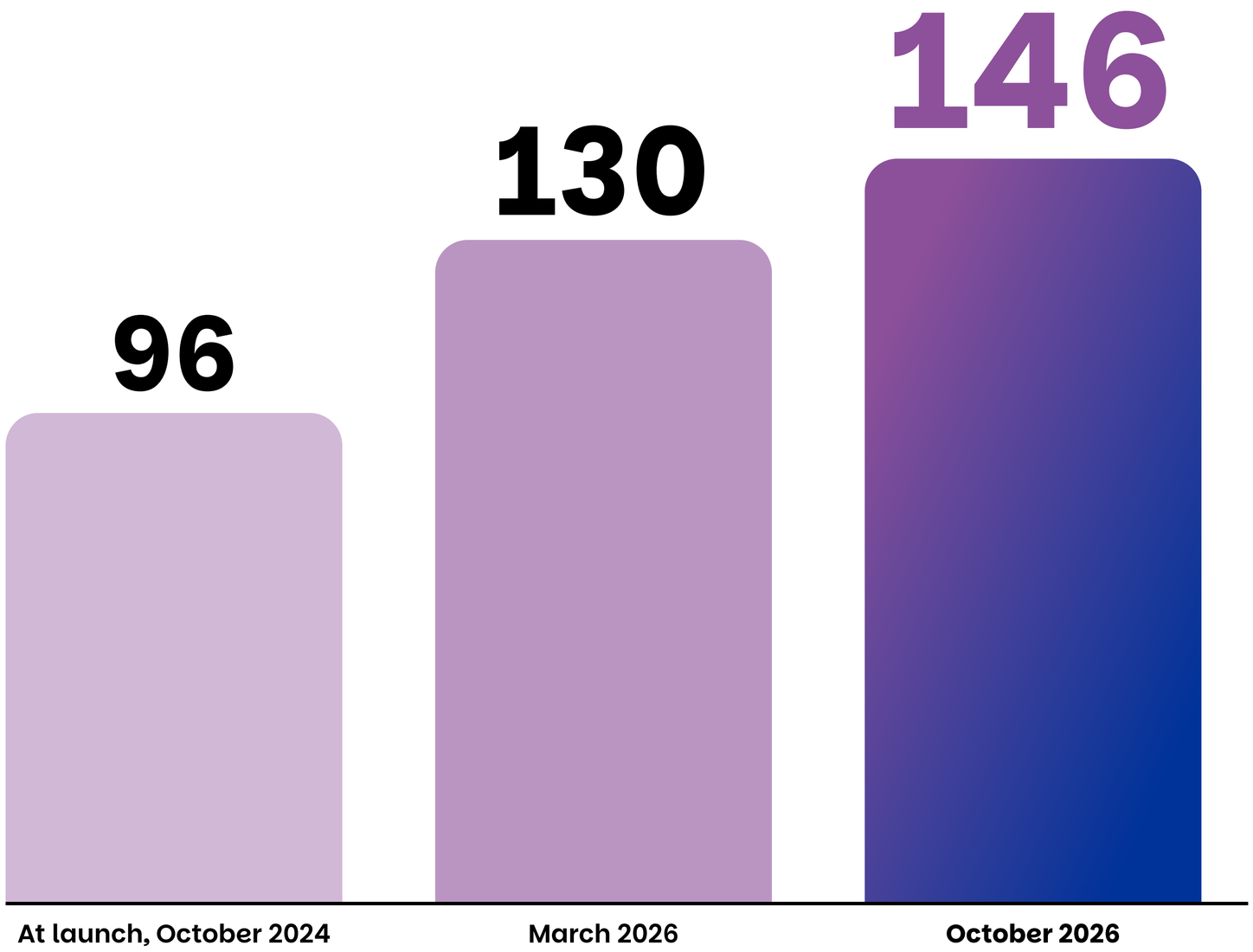
A Patient Navigation Implementation Framework from the Malta teaming, with nurses from 17 countries.

Governance and leadership

Connecting CCC boards: 16 CCCs part of the collegial interviews.

Sources: WP8 contribution, October 2026; WP8 newsletter, April 2026.

Institutions keep joining: 146 by October 2026



Source: WP8 contribution, October 2026.

WP8 sees the value grow when a centre takes part in several networks and when its leadership is involved.

Task lead team
2 to 3 institutions

Core group
10 to 25 institutions

Working groups
5 to 10 institutions

Each core group and working group has at least 1 patient representative.

Deepening collaboration led to signed agreements and funded research



14 and 5

Staff from 14 centres spent time at 5 host trial units, October 2025 to January 2026. The second wave has 3 host sites, September to November 2026.

1 + 2

1 EP PerMed project funded and 2 Horizon Europe proposals submitted.

2 and 1

2 paired centres signed a memorandum of understanding. 1 pilot CCC adopted a new governance structure.

20+

patient representatives, in a model moving from consultation to co-creation

120+

research nurses reached, April to June 2026

20+

face-to-face workshops

15+

webinars

30+

site visits and exchanges

Testing of the Collaborative Platform within the EUnetCCC Portal is underway in November 2026, in preparation for its launch to the network members.

Good practices hub · Learning hub · Thematic workspaces

Source: WP8 contribution, October 2026; HaDEA review, July 2026. Clinical Trial Exchange, Cork. Photo: wp8.eunetccc.eu



111
participants from 23 countries, March 2026

73
participants, July 2026

33
institutions across 21 countries mapped

When less treatment is better: a question no centre can answer alone

Many patients receive full-intensity treatment where less could be just as effective, with fewer side effects and lower costs. De-escalation trials rarely change practice, especially across borders. A symposium at the Netherlands Cancer Institute, with EMA and EORTC, became a European De-escalation Network within months, with the aim of addressing the hurdles for de-escalation strategies.

Running a cancer centre is about know-how. By connecting professionals and institutions, we share that know-how, build on each other's strengths and spare each other the detours. That is the real value of the network.

Live Fagereng, PhD, Lead of Network Activities (WP8); Deputy Head, European Cancer Collaboration Unit, Oslo University Hospital

What comes next

26 and 27 Nov 2026
Second Collegial Interview cohort kicks off in Lisbon.

Q1 and spring 2027
Series of educational webinars on liquid biopsy implementation. Workshop on financing de-escalation studies.

De-escalation Symposium, Amsterdam, March 2026. Photo: wp8.eunetccc.eu. Source: WP8 contribution, October 2026.

COMPREHENSIVE CANCER CARE NETWORK

WP9 · Comprehensive Cancer Care Networks

Care close to home, tested by 15 pilot networks

Give all patients access to high-quality tumour-specific cancer care as close to home as possible.

A Comprehensive Cancer Care Network (CCCN) can sit inside one hospital, between two hospitals or across several hospitals and other care providers.



15
pilot networks

9
countries

5
tumour-specific pathways: lung, colorectal, pancreatic, prostate and gynaecological cancers



Third WP9 Meeting, Vienna, 2026. Photo: WP9

Lead: DKG (Germany). Co-lead: NIZP PZH-PIB (Poland).

Source: WP9 contribution, October 2026.

15 pilots are setting up CCCNs and implementing the Standards and Criteria for CCCNs

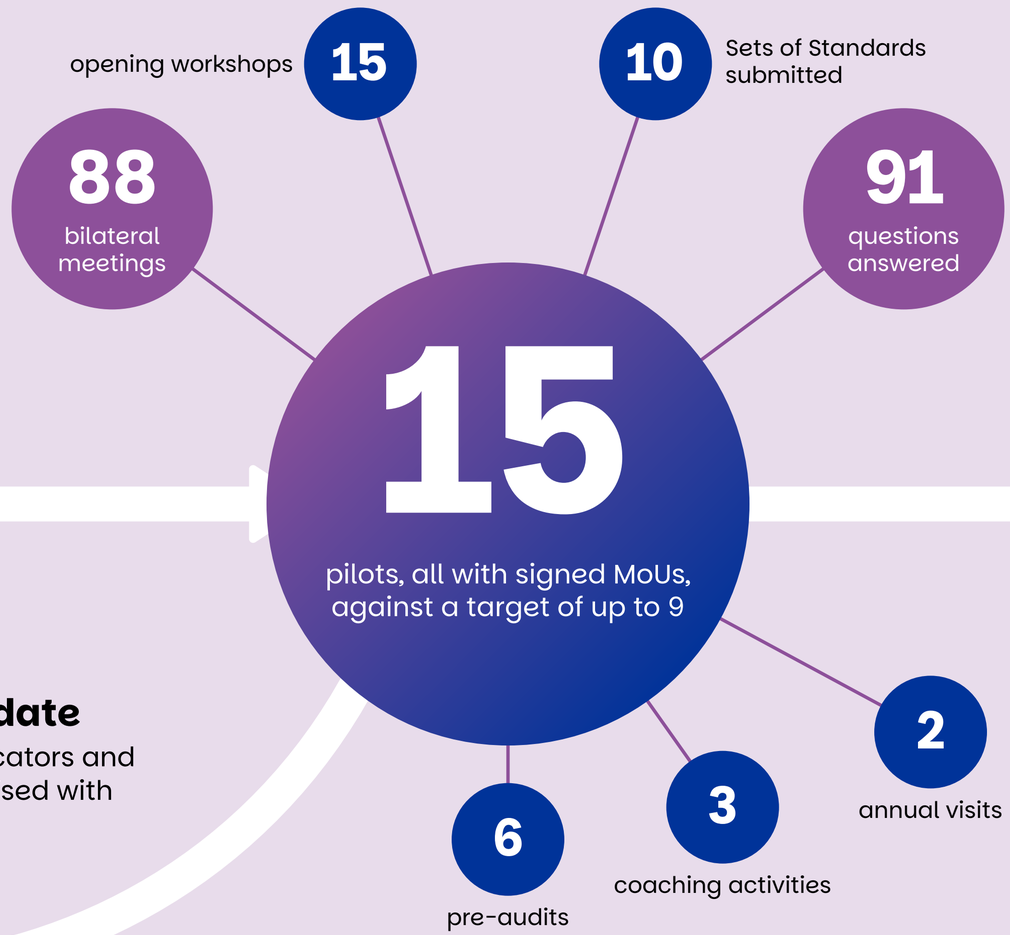
The tools

5 tumour-specific Standards and Criteria for CCCNs.

5 Sets of Quality Indicators, including data specification documents for standardised data documentation.

A Training Framework with Handbook, Self-Assessment Tool, Coaching and Document Repository.

2026 collaboration overview:



Certification
From 2027, through monthly meetings, annual visits and pre-audits.

Annual update
Standards, indicators and training are revised with pilot feedback.

Source: WP9 contribution, October 2026; HaDEA review, July 2026.

From Ireland to Ukraine: 15 pilots in very different health systems

Galway. West Northwest Cancer Centre (HSE-West). Lung



Luxembourg. Institut National du Cancer. Gynaecological



Linz. Tumorzentrum Oberösterreich, Ordensklinikum Linz. Regional



15

pilot networks in 9 countries

Porto. IPO-Porto. Lung and colorectal



IRELAND

LUXEMBOURG

AUSTRIA

ITALY

PORTUGAL

LITHUANIA

POLAND

UKRAINE

GREECE

Naples. INT Pascale, Campania Oncology Network. Prostate



Athens. Alexandra Hospital. Gynaecological



Athens. Attikon University Hospital. Lung



Vilnius. National Cancer Centre (VULSK). Colorectal



Gdańsk. Medical University of Gdańsk. Lung



Kyiv. National Cancer Institute. Lung



Warsaw. Institute of Tuberculosis and Lung Diseases. Lung



Warsaw. Maria Skłodowska-Curie National Research Institute of Oncology. Prostate



Lublin. Medical University of Lublin. Gynaecological



Kielce. Holy Cross Cancer Centre. Colorectal



Wrocław. Lower Silesian Oncology, Pulmonology and Hematology Centre. Colorectal and prostate



Source: WP9, milestone MS68, November 2025. Photos: WP9.

Two pilots on the way to CCCN certification





Wrocław, Poland · Prostate cancer

The Lower Silesian Oncology, Pulmonology and Hematology Centre had a two-day pre-audit to prepare its prostate cancer care network for CCCN certification. The team showed how it works across disciplines and received specific feedback on what to improve before the main audit.

"This is an important step on the path to certification."

Krzysztof Tupikowski, LSOPHC, on LinkedIn, 2026

Athens, Greece · Gynaecological cancers

Alexandra Hospital completed its pre-audit to become a CCCN for gynaecological cancers. Multidisciplinary collaboration and the involvement of patient organisations helped change how care for patients with gynaecological cancers is organised.

"Together, we can go further. And we will."

Michael Liontos, Alexandra Hospital, on LinkedIn, 2026

Sources: WP9 contribution, October 2026; WP9 feedback, 13 November 2026; LinkedIn posts by Krzysztof Tupikowski (LSOPHC) and Michael Liontos (Alexandra Hospital), 2026. Photos: from the same LinkedIn posts.



2

Knowledge Exchange Workshops, Warsaw 2025 and Vienna 2026

Second Knowledge Exchange Workshop, 2026. Photo: WP9

CCCN Knowledge Exchange Workshop

On 7 October 2026, representatives of the WP9 pilot CCCNs met in Vienna to share their implementation experiences and help shape practical support for setting up CCCNs. Annual monitoring and survey findings opened a panel discussion on applying the Standards and Criteria for CCCNs in practice. In collegial interviews, pilots explored each other's challenges, approaches and possible solutions, and shared practical examples and common support needs. Group discussions on the support available along the CCCN Roadmap showed which parts of the Training Framework work in practice and where further support would be valuable. Feedback will guide the further development of these tools. The KEW gave pilots the chance to learn from one another and take ideas back to their own CCCNs.

> **"Every cancer patient in Europe should have access to high-quality and comprehensive cancer care for their specific disease."**
>
> WP9 · Comprehensive Cancer Care Networks. From the WP9 contribution, October 2026

Nov 2026
Launch of the CCCN Certification Framework.

Dec 2026
Annual update of the Standards and Criteria for CCCNs, based on implementation feedback.

2027
Continuous support for CCCNs in implementation and certification. New CCCN pilots are welcome to join.

Sources: WP9 contribution, October 2026; WP9 feedback, 13 November 2026.

3rd Annual WP9 Meeting

Vienna, 8–9 October 2026

On 8–9 October 2026, WP9 partners met in Vienna to jointly develop ideas on how to better connect CCCs and CCCNs to deliver comprehensive, high-quality care for all patients. After an overview of existing concepts to find a common language, participants explored the perspectives of patients, clinicians and policy makers. They identified challenges in providing access to high-quality cancer care for 90% of patients and discussed how to organise and govern care, certification and capacity building. In group work, they developed ideas for collaboration across governance, care, research, innovation, prevention, and education and training. The “Planning Regional Cancer Care” exercise explored cooperation between healthcare providers in a fictional region. The results will inform further work on interfaces, terminology and sustainable collaboration.

“Connecting Excellence for Tomorrow’s Cancer Care”

Theme of the 3rd Annual WP9 Meeting, Vienna, October 2026

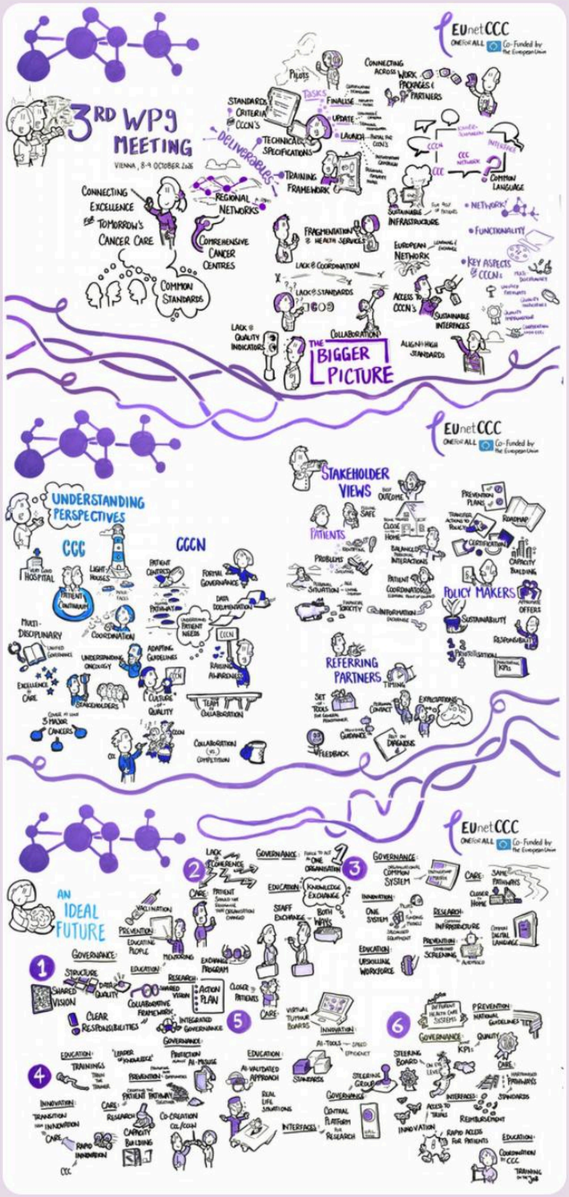


3

WP9 Meetings: Berlin 2024, Warsaw 2025, Vienna 2026

3rd Annual WP9 Meeting, Vienna, 2026. Photos: WP9





Graphic recording of the 3rd Annual WP9 Meeting, Vienna, 2026

Source: WP9 feedback, 13 November 2026 (text, theme and images).

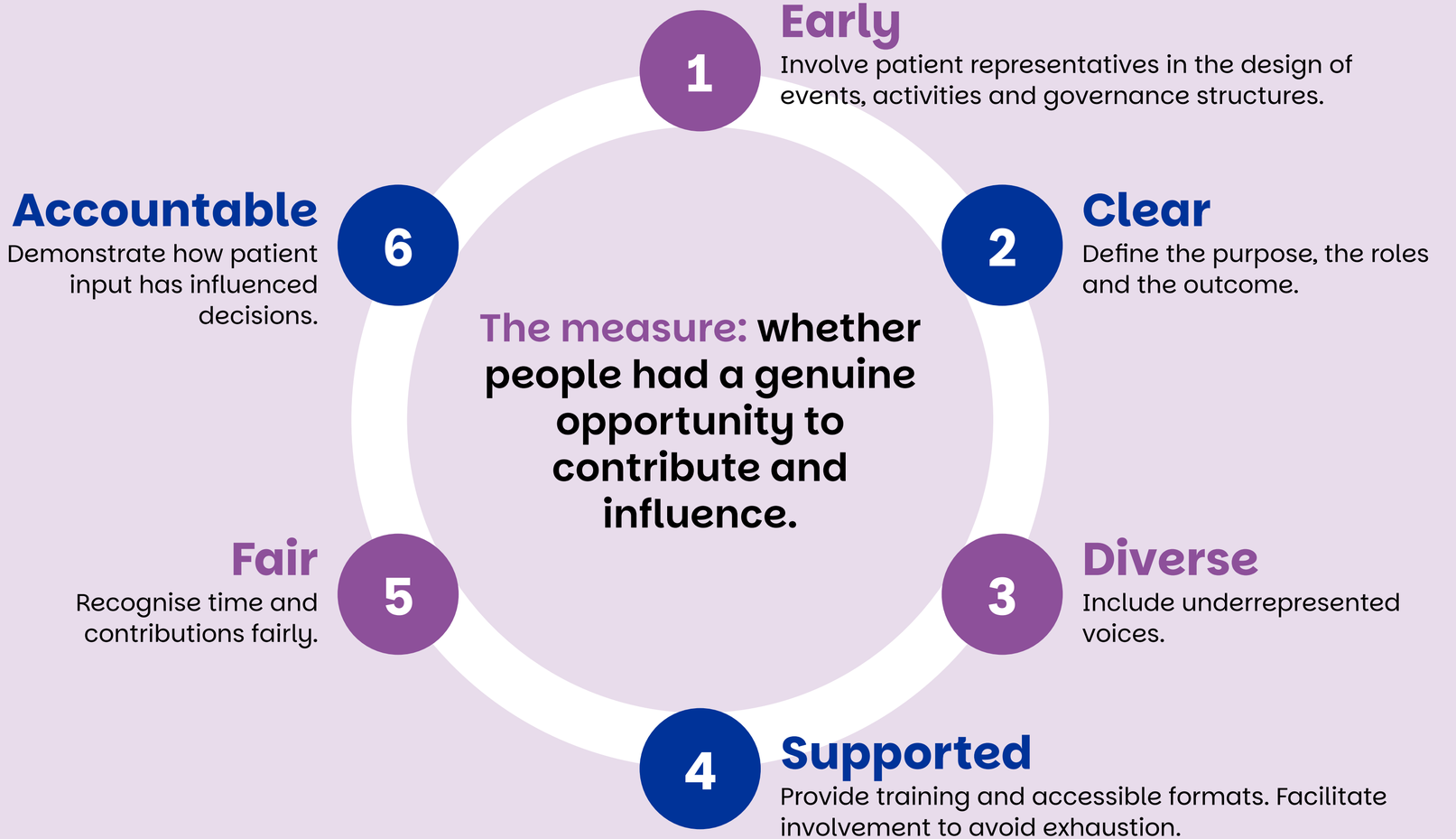
08

Patients

From doing things for patients to doing things with patients.

Six principles for meaningful patient involvement

Patients, survivors and caregivers bring lived experience that complements clinical and scientific expertise. These principles guide how EUnetCCC works with them.



Patients are involved at one of three levels, chosen for each activity: co-creation (the preferred level), an advisory role, or patient feedback. Patient feedback is used where safety, ethics or regulatory requirements limit deeper involvement.



Sources: EUnetCCC Task Force on Patient Involvement, contribution of 3 November 2026; Health Policy Platform presentation.

A Task Force and an advisory group give the patient voice a structure

Some cancer centres have strong patient advisory structures. Others have no formal way for patients to take part. The Task Force on Patient Involvement was set up to close that gap.

12M

cancer survivors living in Europe

15,000+

hospitals across the EU



“Meaningful patient involvement means recognising lived experience as valuable expertise and ensuring that patients, survivors and caregivers have an active role in shaping cancer care, research and policy. Our goal is to move from consultation to genuine co-creation.”



Dr Delia Nicoară
Primary Physician in Public Health & EU Project Manager
The Oncology Institute “Prof. Dr. Ion Chiricuță” Cluj-Napoca (IOCN)

Sources: Task Force contribution, 3 November 2026; OECD and European Union (2022); IARC (2024); Eurostat (2024).

17 certification standards already name patient involvement

17

EUCCC standards, mapped under WP5

The Task Force turns that requirement into practice, up to 2028.



Governance
Patient voice in quality improvement, educational programmes for patient representatives, involvement in cancer strategy

Care
Shared decision-making, patient experience used to improve care, a procedure in the quality improvement programme, treatment decisions

Research
Input to research strategy, priorities, ethics and design, with mandatory training for patient representatives

Integration of research and care
Patients and patient representatives contributing to professional education

Education and training
Cancer training with training centres, trainings co-created with patient associations, patient-centred principles and communication

LISBON, NOVEMBER 2026

June to November 2026
Set-up; policy framework and position paper in development

November 2026 to May 2027
First activities; first presentation at the Annual Meeting

May to November 2027
First recommendations for centres and the future EU Network

November 2027 to October 2028
Good practices shared; continuity after the Joint Action

Sources: Health Policy Platform presentation; Task Force contribution, 3 November 2026.



“Since my diagnosis in 2018, I’ve come to understand that life is not defined by what happens to us, but also by what we choose to make of it. Today, as a Six-Day World Championship Vice Champion and Romanian record holder in M30, I hope my journey reminds others that new beginnings are always possible.”

Paul Vulturar, Patient representative at IOCN Cluj-Napoca

Patients already work inside the network. The WP8 page shows how to join them

20+

patient representatives active as network members

9 of 111

participants at the de-escalation symposium were patients, March 2026

5

patient representatives, from 4 countries, as speakers and moderators, MTB Summit, Rome, September 2026

The first material for patients is out: a physical activity guidebook, made with JANE-2.

Start at wp8.eunetccc.eu/patient-involvement

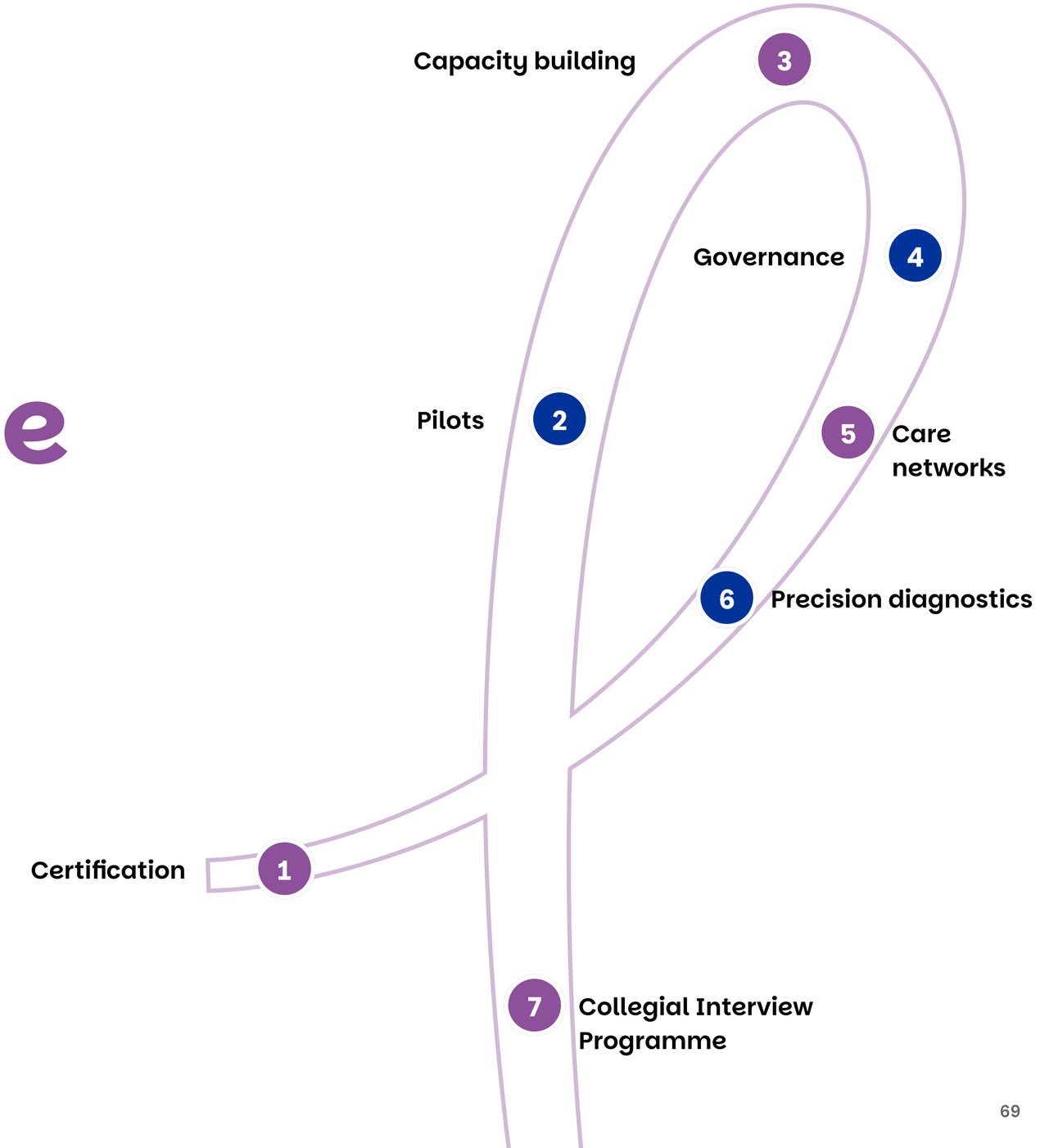
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Sources: quote from Paul Vulturar, November 2026; WP8 contribution, October 2026; Task Force contribution, 3 November 2026. Photo: WP8, Empowering Patients session, Annual Meeting, Paris, 2025.

09

Project in Practice

Seven stories: what happened, what came out of it and what it changed.





Field test visit, Institut de Cancérologie de l'Ouest, France. Photo: WP5

A field test in nine volunteer centres shaped the certification scheme

The test combined a digital self-assessment, interpretation workshops and a simulated on-site audit. It ran in two phases: in-house with 9 volunteer centres and 25 experts from June to November 2025, then on site in 6 centres from January to April 2026.

The lessons refined the criteria, the standards, the tools and the pathway. The consolidated scheme was launched in October 2026 and is ready for EU accreditation.

9

volunteer centres tested

22

auditors, 6 centres on site

109 centres and consortia EU-Designated: 30 on 9 February 2026 and 79 in November 2026

Sources: WP5 and WP1 contributions, October 2026.

68 pilots in 26 countries are turning the Beating Cancer Plan into organisational change

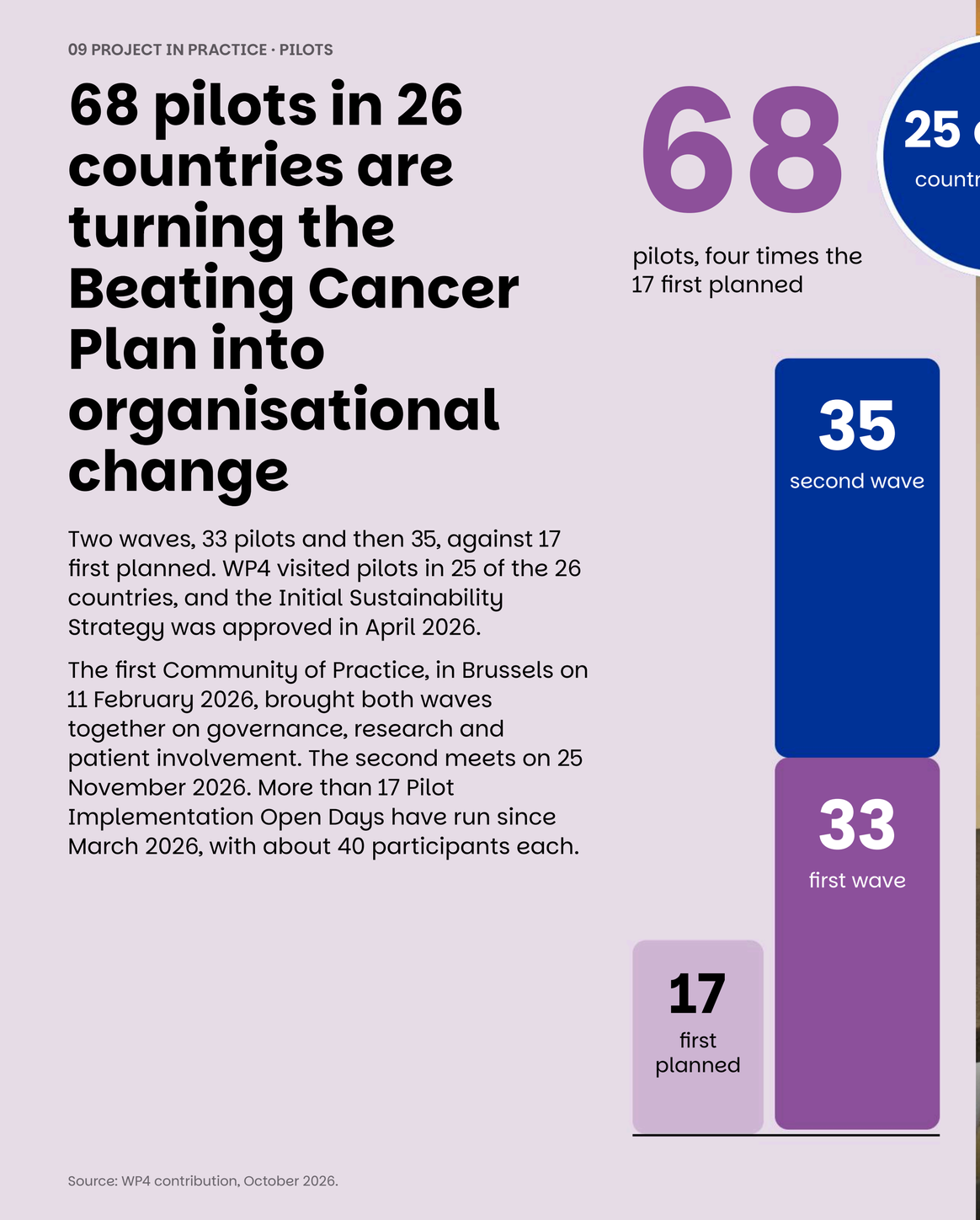
Two waves, 33 pilots and then 35, against 17 first planned. WP4 visited pilots in 25 of the 26 countries, and the Initial Sustainability Strategy was approved in April 2026.

The first Community of Practice, in Brussels on 11 February 2026, brought both waves together on governance, research and patient involvement. The second meets on 25 November 2026. More than 17 Pilot Implementation Open Days have run since March 2026, with about 40 participants each.

68

pilots, four times the 17 first planned

25 of 26
countries visited



Source: WP4 contribution, October 2026.



Cyprus pilot site visit. Photo: WP4



Sofia, Bulgaria

Peer support, USHATO, Sofia, Bulgaria, June 2026. Photo: WP6

Peer support reached Sofia in June 2026

On 3 and 4 June 2026, the first on-site peer support visit took place at USHATO in Sofia, Bulgaria. It brought training on certification and quality management, and a list of priorities for further support. Three more visits are being planned.

Behind it stands the WP6 system: the Maturity Model, a Preparatory Guideline, Quality Improvement Indicators and a 7-Domain Guideline, with pairing, teaming and five thematic activities running.

60
experts from 30 CCCs on the 7-Domain Guideline

40
experts in five thematic activities

14
centres and coordinators paired

Sources: WP6 contribution, October 2026; HaDEA review, July 2026.

108 members, an Assembly and a Secretariat: governance becomes real

108

members validated, October 2026

129

applications from 28 of 31 countries in the first Call

The second Call stays open, so any centre can apply at any time.

November 2025
Network Secretariat starts, ahead of schedule

May 2026
Interim Network Assembly meets

26 June 2026
Steering Committee approves one vote per certification, designation or pilot process for consortia, with the membership rules unchanged

5 October 2026
Second Assembly, more than 200 participants

LISBON

25 November 2026
Third Assembly, Lisbon: four Thematic Groups kick off

Early 2027
Election of the President of the Network Assembly

Source: WP7 contribution, October 2026.

Excellence beyond the big centres: 15 pilot Comprehensive Cancer Care Networks (CCCNs) are setting up in 9 countries



CCCN pilot visit, Lower Silesian Oncology, Pulmonology and Hematology Centre, Poland. Photo: WP9

15

pilot networks onboarded in 9 countries

88

bilateral meetings with WP9

6

pre-audits

Comprehensive Cancer Care Networks (CCCNs), anchored by CCCs, bring multidisciplinary care closer to home. Their standards, quality indicators and training framework are ready. In 2027 WP9 will accept new applications.



Athens

Multidisciplinary collaboration and patient organisations helped Alexandra Hospital change how care for gynaecological cancers is organised.



Lower Silesia

A pre-audit helped a prostate cancer network recognise its strengths and the improvements needed before the formal audit.

Source: WP9 contribution, October 2026.



From a molecular finding to a treatment: 173 professionals took the question to Rome

Precision oncology only helps patients when a molecular finding leads to a treatment recommendation, and when that recommendation reaches the patient. Molecular tumour boards (MTBs) sit at the centre of this path. Yet they are not available in every country, and some countries may lack some of the expertise, access to funding or trials to run them.

The MTB Summit organised by Oslo University Hospital showcased that boards can work in settings of every size: nationally and through shared regional or cross-border networks. With mock case examples, guidance on quality-assured diagnostics and certification, and examples of translational research pathways, the summit brought together a broad range of precision medicine professionals working towards excellence and equity.

“EUnetCCC is the answer to how precision medicine framework will become sustainable, embedded firmly in the major cancer centres across Europe.” Kjetil Taskén, Oslo University Hospital

173

professionals from 19 countries

45

speakers

10

countries signed up to liquid biopsy within ten days

MTB Summit, Rome, 24 and 25 September 2026. Photo: WP8 newsletter, October 2026

Sources: WP8 contribution, October 2026; WP8 newsletters, May and October 2026.



Governance workshop, Oslo, June 2026. Photo: WP8 newsletter, June 2026

“INT Pascale colleagues provided us with invaluable insights and candid information that we will integrate into our practices to enhance patient care.”

Panos Ergatoudes, CEO, Bank of Cyprus Oncology Centre

Leaders learn from leaders: 16 centres visited each other for two days

Pairs of CCCs work through governance topics at each other’s sites, as peer learning with no assessment. In Oslo in June 2026, leaders from 13 CCCs each brought a real issue and had 45 minutes of their peers’ undivided attention. Together they launched the first governance network of CCC leaders.

Two paired centres have signed a memorandum of understanding, and one pilot CCC has adopted a new governance structure. A second cohort starts at the Annual Meeting.

16

CCCs in the first programme, up from 10

13

CCCs in Oslo

5 topics turned into reference models

2 paired centres with a signed memorandum

Sources: WP8 contribution, October 2026; wp8.eunetccc.eu, April and June 2026.

10 Measuring Success

100

109

We said 100 centres by 2028. Today 109 centres and consortia are designated. Here is every target and where it stands.

Six strategic goals of the Joint Action launched in October 2024

Deliverable	Strategic goal	Status, November 2026	State
Certification	100 EU CCCs by 2028, designated by their national authorities and holding a recognised certification	**109** EU-Designated centres and consortia (30 in February and 79 in November 2026); Certification Scheme field-tested in 9 centres and launched in October 2026	**Wave 2 completed**
Pilots	CCC configurations tested in Member States	**68** pilots in 26 countries against 17 first planned	**Above target**
Capacity building	500+ professionals trained by 2028; twinning and mentoring in every Member State	**14** centres and coordinators paired; peer support started, Sofia, June 2026	**Operational**
Governance	Interim governance 2025 to 2027; permanent Assembly and Secretariat from 2028	Interim governance established; **108** members	**Secretariat set up**
Care networks	9 candidate CCCNs, up to 9 certified; 90% of eligible patients with access by 2030	**15** candidate CCCNs engaged in 9 countries	**Above target**
Evaluation	Annual reporting, mid-term review and end-of-action evaluation	First Annual Evaluation Report submitted in November 2025	**Second report next**

Sources: Booklet 2025; First Annual Evaluation Report; WP contributions, October 2026; HaDEA review, July 2026; EUnetCCC Coordination (INCa), November 2026.

The funder's first review gave a positive assessment

Each Work Package leader presented, then took questions from experts. The assessment of the first reporting period recognised the project's solid foundations and effective management.

9 July 2026

The first 18 months, as reported.

48

milestones and deliverables delivered

162

bilateral meetings with Work Packages

7

Steering Committees with competent authorities

3

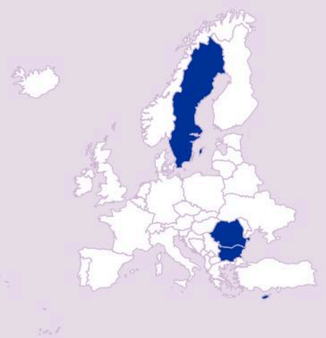
Policy Boards with ministries of health

33

Project Management Team meetings

4

country visits: Sweden, Romania, Bulgaria and Cyprus



Sources: HaDEA review, 9 July 2026; WP1 contribution, October 2026.

The first evaluation report is published and the road to 2028 is set

The First Annual Evaluation Report was submitted in November 2025 and covers the first 10 months. The evaluation strategy covers process, output, outcome and impact evaluations, covering a total of 15 different evaluation activities providing learning and insights to the consortium.

300+
WP KPIs co-created with all WPs in 2 series of 8 workshops

40+
meetings evaluated

2
annual WP3 meetings held with 40+ participants from WP3 and other WPs

Completed
KPI data collection tool and Data Management Plan

222
respondents to the Internal Satisfaction Survey; results disseminated broadly

25 + 1
interviews and focus group; results disseminated broadly

Launched
Evaluation dashboard on the eunetccc.eu website

6
co-evaluations with WP4 to WP9 set up, including 6 data logbooks and 6 logic models

152 pages
First Annual Evaluation Report disseminated; 6 cross-cutting recommendations

2026

Second Annual Evaluation Report
Co-evaluation and logic models for WP4 to WP9
Internal Satisfaction Survey report, Interview report
And much more

2027

Case studies ongoing
A second round of interviews and focus groups
The second Internal Satisfaction Survey
The first External Satisfaction Survey
The Third Annual Evaluation Report

2028

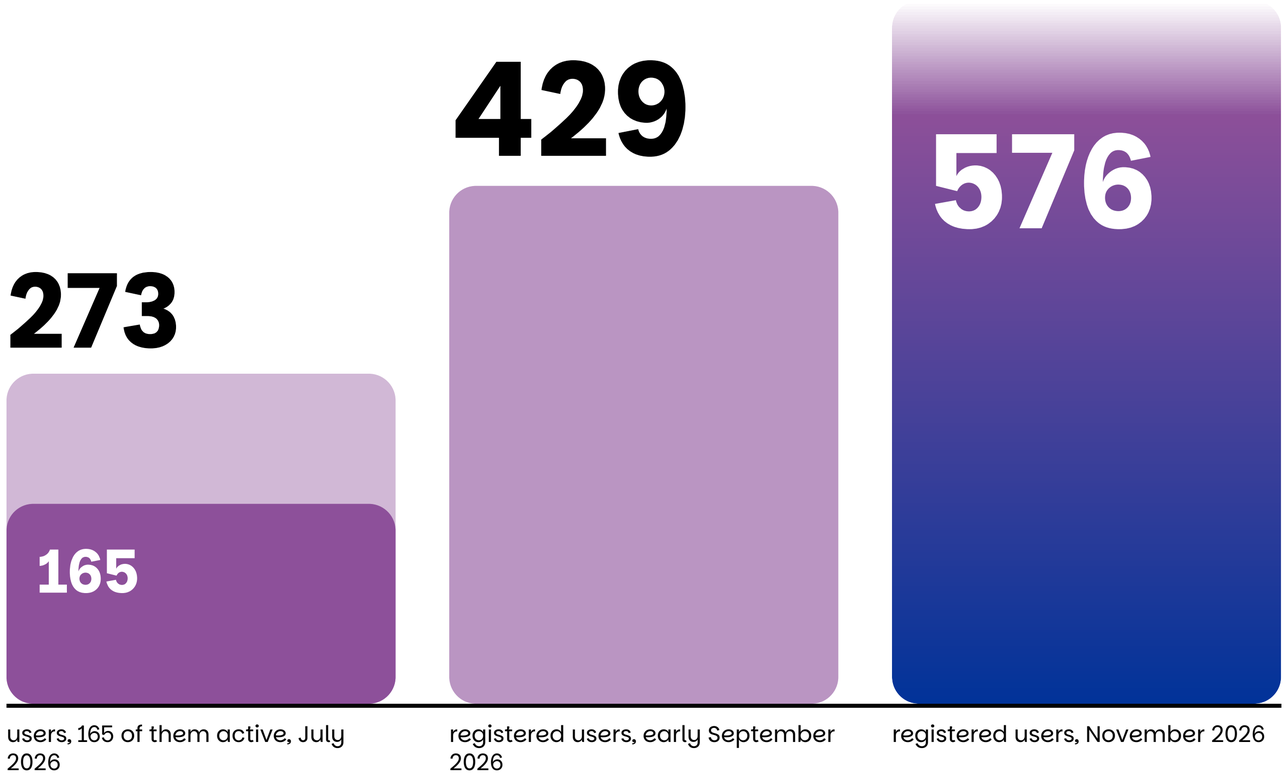
Process, output, outcome and impact evaluation across the JA and network resulting in several evaluation reports, the final evaluation report, a journal article and the action-level indicators report.

Read it at eunetccc.eu

Source: WP3, slide for the booklet with its notes, 23 November 2026 (Technical Report Part B; First Annual Evaluation Report, MS22).

The Portal went live on 30 April 2026. 576 people have registered

One digital home for centres in different countries, health systems and stages of development. It became a dedicated WP1 task, developed with Oslo University Hospital and built with its users.



users, 165 of them active, July 2026

registered users, early September 2026

registered users, November 2026

Who works in it:

centres · experts · Competent Authorities · the Designation and Admission Committee · Certification Operators · Network members

133

registered centres by early September 2026

31

countries connected

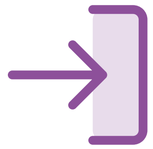
125

membership applications through the Governance Tool

Sources: EUnetCCC Portal team, November 2026; WP1 contribution, October 2026; HaDEA review, July 2026.

Five tools follow a centre from its first application to European collaboration

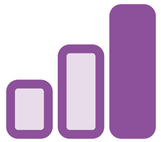
Enter



Designation and Admission

Registration, national designation and European admission, with applications reviewed by Competent Authorities and the Designation and Admission Committee.

Strengthen



Capacity Building

The Maturity Model and resources help centres assess needs, set priorities and reach targeted support.

Demonstrate



Certification

European standards, preparatory guidance and the Self-Assessment Tool. Next: audits, certification decisions and follow-up.

Join



Membership and Network Governance

Membership applications, onboarding and administration. Next: Network decision-making and voting.

Collaborate



Collaborative Platform

Good practices hub, Learning hub and Thematic workspaces. In testing, launching to members after November 2026.

Source: EUnetCCC Portal team, November 2026.

Centres join the network at gov.eunetccc.eu

Centres apply to join the Network here, and members manage their membership.

gov.eunetccc.eu

1. Complete the core functionalities and improve usability
2. Expand the Collaborative Platform
3. Integrate the modules and show network progress in dashboards
4. Prepare long-term operation beyond the Joint Action



gov.eunetccc.eu, public page, November 2026.

The long-term value: helping centres develop, achieve and maintain excellence while staying connected to a European community.

Sources: EUnetCCC Portal team, November 2026; WP1 contribution, October 2026.

12 Your Role



Comprehensive Cancer Centres

Page 85



Hospitals

Page 85



Physicians and researchers

Page 86



Policy makers

Page 86



Patient organisations

Page 87



Technology and industry

Page 87



Experts and auditors

Page 88

You do not need all the answers. A challenge to share or expertise to offer is enough.

Photos: credits on pages 85 to 88.

Calling on centres to join us. Hospitals connect to a network



Comprehensive Cancer Centres

- Prepare for EUCCC certification.
- Take part in capacity building.
- Share expertise through the EU Network of CCCs.
- Mentor and twin with emerging centres in other Member States.

EU-Designation

goes through your national Competent Authority. In November 2026, the second designation wave brought the total to 109 EU-Designated centres and consortia.

Membership is open at any time through the second Call for Interest, at

gov.eunetccc.eu



Hospitals

- Join a Comprehensive Cancer Care Network linked to a Comprehensive Cancer Centre.
- Implement shared pathways, referral systems and training.
- Take part in survivorship and prevention initiatives.

Talk to the Comprehensive Cancer Centre in your region.

In 2027 WP9 opens to applications from new networks.

Photos: Masaryk Memorial Cancer Institute, Brno, by Roman Mifek, CC BY-SA 4.0; Ordensklinikum Linz, by Remotabi, CC BY-SA 4.0. Both via Wikimedia Commons, cropped and colour-adjusted.

Professionals join a thematic network. Policy makers speak to their representative



Physicians and researchers

- Take part in cross-border clinical trials and translational research.
- Join thematic networks on survivorship, prevention, data and governance.
- Use the self-assessment and maturity tools in your institution.

Join one of the eight thematic networks at

wp8.eunetccc.eu



Policy makers

- Support national participation in certification and care networks.
- Align national cancer plans with EUnetCCC frameworks.
- Take part in governance assemblies and policy dialogues.

Speak to your national representative in the Joint Action, or to the Coordination team at INCa.

Photos: surgical team, by Ethan Fox Surgery, CC0; Paul-Henri Spaak building of the European Parliament, Brussels, by VynedJ, CC BY 4.0. Both via Wikimedia Commons, cropped and colour-adjusted.

Patient organisations co-create. Industry tests and scales with the network



Patient organisations

- Co-create prevention and survivorship programmes.
- Give input to certification, governance and policy.
- Represent patient perspectives in thematic groups and workshops.

Start at

wp8.eunetccc.eu/patient-involvement

Chapter 08 shows how patients take part.



Technology and industry

- Partner with CCCs and care networks on digital platforms, AI, precision medicine and clinical trial solutions.
- Co-develop tools for prevention, diagnostics and survivorship.

Contact the Coordination team at INCa.

The precision diagnostic network plans a technology fair in 2027.

Photos: Empowering Patients session, first Annual Meeting, Paris, 2025, by WP8; molecular genetics laboratory, by CardioElena, CC BY 4.0, via Wikimedia Commons, cropped and colour-adjusted.

Experts and auditors.
Your expertise makes peer assessment possible



Researchers, physicians, senior nurses, managers and leaders across the cancer continuum

- Bring clinical, research, quality or management experience to future certification activities.
- Help develop shared methods and consistent assessment across Europe through common practices.

Join the Community of Auditors and Experts

and encourage your colleagues to contribute.

Express your interest at

auditors-db.eunetccc.eu

Photo: certification field test visit, VULSK, Lithuania, by WP5.

Partners

234 organisations from 31 countries stand behind this network.

234
partner organisations

31
countries

27
EU Member States

4
associated: Iceland, Norway, Moldova and Ukraine



Full list of the 234 partner organisations at eunetccc.eu



Full list of the 234 partner organisations at eunetccc.eu



Full list of the 234 partner organisations at eunetccc.eu

Lisbon

One year after Paris, the network meets in Lisbon

109 EU-Designated centres and consortia after two designation waves, the EUCCC Certification Scheme launched in October 2026, and the road to 2028.

25 November 2026, the day before

Third Interim Network Assembly, second Community of Practice, fourth Policy Board

26 and 27
November 2026

Second EUnetCCC Annual Meeting, Lisbon Congress Centre, Lisbon, Portugal

Programme, venue and practical information at
eunetccc.eu

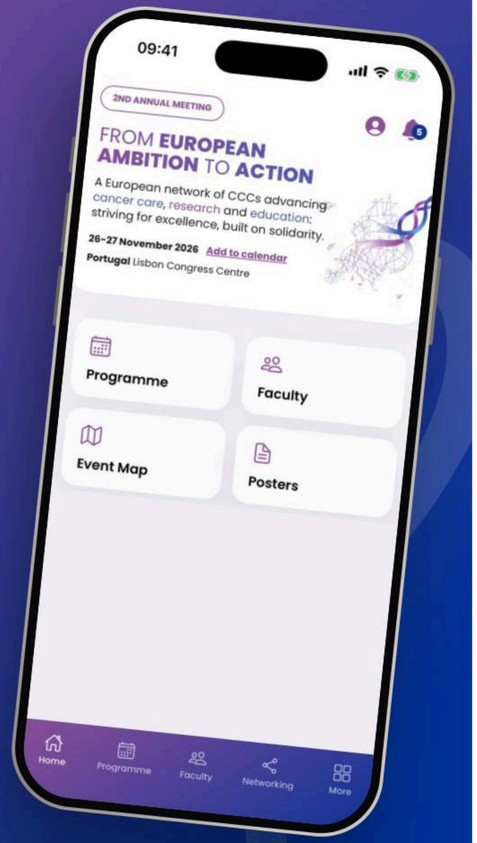
Three websites and one app keep you connected

EUnetCCC Annual Meeting app, for iOS and Android

Programme, speakers, event map, posters, exhibition and networking. On the App Store and Google Play.

Download on the App Store

GET IT ON Google Play



eunetccc.eu

News, publications, the White Paper, the evaluation reports and the events calendar.

gov.eunetccc.eu

Membership rules, how to join, the eligibility pathways and the bodies that review applications.

wp8.eunetccc.eu

The eight thematic networks, the Prevention Hubs and the Survivorship Hub, the video series and the patient involvement page.

Follow EUnetCCC on LinkedIn, Instagram and Facebook, and subscribe to the LinkedIn newsletter. Network Activities also sends a monthly newsletter.

From Lisbon into 2027: the dates already announced

26 and 27 November 2026

EUnetCCC Annual Meeting, Lisbon

25 November 2026
Third Interim Network Assembly, Thematic Groups kick-off; second Community of Practice
WP7 WP4

8 December 2026
Webinar on access to precision diagnostics
WP8

Early 2027
Election of the President of the Network Assembly
WP7

January to March 2027
Patient recommendations reach the interim governance
WP7

First half of 2027
Calls for interest: Scientific Advisory Council and Thematic Working Groups
WP5

2028

Fully-fledged governance bodies operational
WP7

2027
Third Annual Evaluation Report; Third Annual Meeting
WP3 WP2

Q3 2027
Patient involvement hackathon on cancer research
WP8

Q2 2027
Accreditation of certification bodies to the scheme foreseen
WP5

May 2027
Open Room Accelerator, Alicante, Spain
WP4 WP5 WP6

March 2027
Survivorship teaming, Luxembourg; prevention teaming, Denmark
WP8

Sources: WP2, WP3, WP4, WP5, WP7 and WP8 contributions, October 2026.

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EUnetCCC

The European Network of Comprehensive Cancer Centres. 234 partners, 31 countries, one network

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Also available in the EUnetCCC Annual Meeting app, for iOS and Android.