The Joint Action on Personalized Cancer Medicine

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OBJECTIVES, SCOPE AND ACTIVITIES

….

This action should cover the ambition of the sixth flagship of the Europe's Beating Cancer Plan: 'Cancer diagnostic and treatment for all' initiative and will build on the results of other EU4Health Programme funded projects: the project Personalised Cancer Medicine for all Union citizens (PCM4EU)50 , the EU Cancer and Public Health Genomics platform project (CAN.HEAL), as well as the project for improved diagnostics and survival for all children with Acute Myeloid Leukaemia treated within the NOPHO-DB- SHIP consortium, which is a cross-European collaboration (CHIP-AML22).

Projects and major initiatives on personalised medicine, such as the International Consortium for Personalised Medicine (ICPerMed), the 1+ Million Genomes Initiative, a European-wide foundation to accelerate Data-driven Cancer Research (EOSC4Cancer), and the European Partnership for Personalised Medicine (a Europe's Beating Cancer Plan action) should also be considered.

Brussels, 5.12.2023
C(2023) 8524 final

ANNEX 1

ANNEX

to the

Commission Implementing Decision

on the financing of the Programme for the Union's action in the field of health ('EU4Health Programme') and the adoption of the work programme for 2024

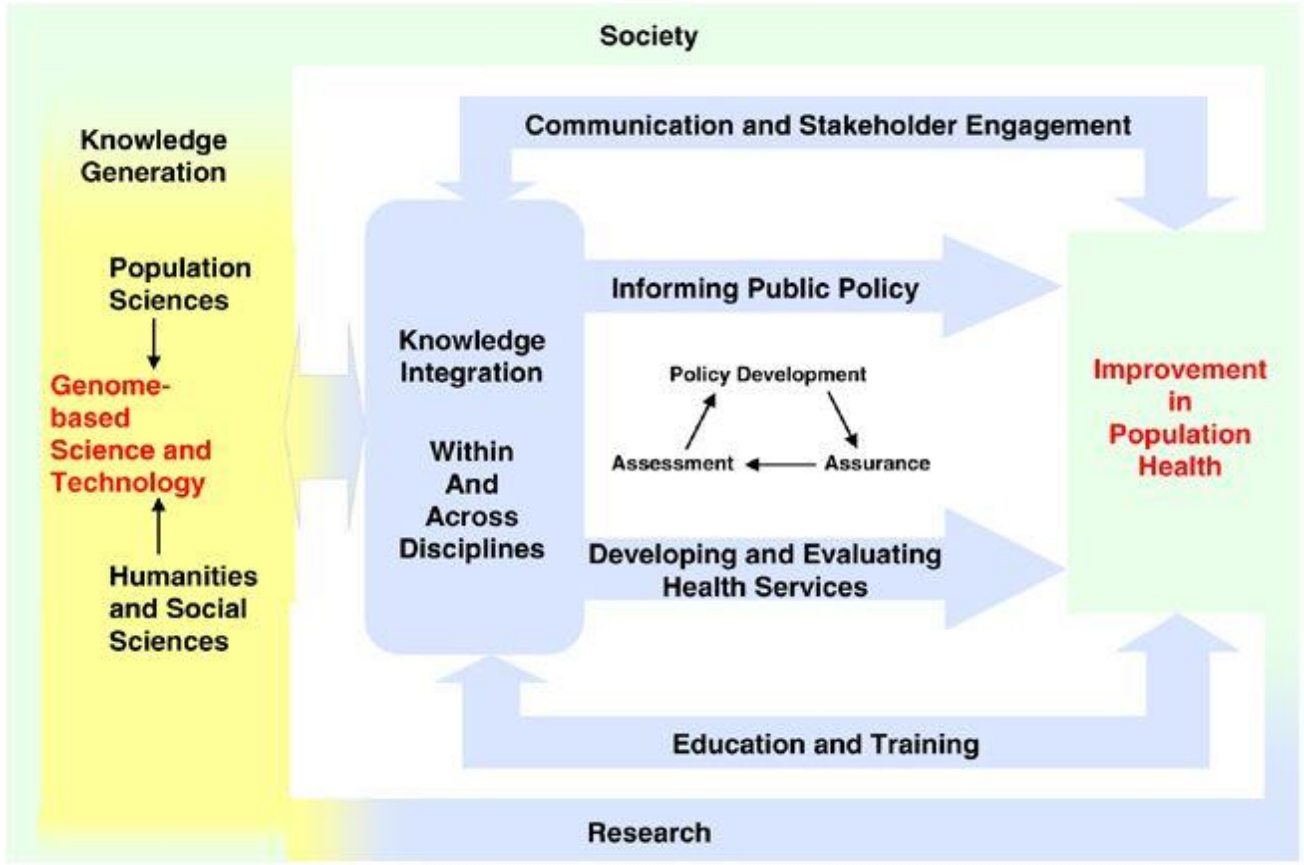
The activities carried out in this joint action should include at least:

a) extending the PCM access to already existing infrastructures, including in associated countries;
b) improving the access to PCM to Member States that have limited resources e.g., Eastern European countries;
c) linking the PCM to the European Reference Networks– strengthening the structure needed for the implementation of PCM as a part of the healthcare system;
d) facilitating cross-border access to genomic testing and PCM, as there is a clear need for cross-border access to promising PCM treatments for patients who would be in the condition to travel;
e) developing and promoting guidance for metastatic cancer patients using best practices in healthcare; (this should include the development of national guidance, protocols and tools for optimisation of personalised cancer medicine, including for metastatic cancer, that will be consistent with Union legislation, recommendations and guidelines. These will be developed after reviewing the results of other similar projects under the EU4Health and/or Horizon Europe programmes);
f) upscaling of the EU Cancer and Public Health Genomics Platform in alignment with the European Genomic Data Infrastructure[57];
g) providing specific education and training for health professionals to advance the implementation of genetic testing and personalised medicine in oncology by using the models for training and educational interventions on oncogenomic and personalised cancer medicine, including for metastatic cancer;
h) establishing strategies for the implementation of telegenetics and remote genetic counselling in Europe to personalise public healthcare;
i) improving the collaboration between different institutions/organisations from national, European and international level that are offering personalised cancer medicine e.g., the European Medicine Agency, Horizon Europe co-funded projects on personalised cancer medicine;
j) setting up information and dissemination campaigns of recommendations, guidance, protocols and tools for personalised cancer medicine among the concerned hospitals and medical centres in all Member States;
k) setting up information campaigns for citizens about the benefits and challenges of targeted cancer prevention genetic testing and potential data re-use.

INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

Call topic/sub-topic	**Indicative call publication**	**Indicative Budget**
Direct grants – CR-g-24-41	Q4/2024	EUR 27 900 000
Procedure type	**Implemented by**	**Type of applicants targeted**
Direct grant to Member States (joint action) in accordance with Article 195, paragraph 1, point (c), of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

Public Health Genomics



" the responsible and effective translation of genome-based knowledge and technologies for the benefit of population health"

(Bellagio, Italy, 2005)

The story of the Joint Actions where Public Health Genomics is present

CanCon
Cancer Control Joint Action

Co-funded by
the Health Programme
of the European Union

The iPAAC JA

Joint Action Europea iPAAC - Innovative Partnership for Action Against Cancer

La Joint Action Europea iPAAC riunisce 44 partner, tra autorità competenti ed enti affiliati, provenienti da 24 paesi Europei ed è coordinata dall'Istituto Nazionale di Sanità Pubblica Sloveno (NIJZ).

Obiettivi

L'obiettivo generale della JA iPAAC è sviluppare approcci innovativi per progredire nel controllo del cancro. Gli approcci innovativi oggetto della JA comprendono gli avanzamenti nell'ambito della **prevenzione**, gli approcci globali per l'uso della **genomica** nel controllo del cancro, la valorizzazione dei **sistemi informativi** e dei **registri di tumore**, il **miglioramento delle cure** con un focus sulle maggiori sfide, l'anticipazione delle prossime sfide in tema di **terapie innovative** e di **governo del controllo integrato** del cancro, compresa una nuova analisi dei piani oncologici nazionali.

A chi si rivolge

iPAAC si rivolge principalmente ai decisori politici Europei e nazionali, sia di livello regionale che locale. Tutte le azioni innovative portate avanti dalla JA saranno valutate sulla base della loro sostenibilità e integrazione nelle politiche nazionali. La JA si focalizzerà quindi prioritariamente **sull'implementazione**, come testimoniato dal suo prodotto principale, ovvero la *Roadmap per l'Implementazione e la Sostenibilità delle Azioni per il Controllo del Cancro*, che sosterrà i Paesi Membri nell'implementazione delle raccomandazioni di iPAAC e della precedente JA sul cancro, CANCON.

i di iPAAC

Paesi Membri nell'implementazione delle raccoman-C e di CANCON a livello regionale e locale. La Road-zata su alcune problematiche interconnesse presenti ne rappresentate nei Work Package di CANCON e di nap fornirà dunque uno *strumento strategico integrato* tanti aspetti del controllo oncologico, con un'attenzio-olarmente rilevanti per i legislatori.

nto della prevenzione oncologica attraverso l'ulteriore tuali *raccomandazioni* per lo screening oncologico e *tazione* delle nuove potenzialità esistenti tramite un'a- benefici dei programmi organizzati su base di popo- sarà sulle diseguaglianze, sull'ulteriore rafforzamento ne del Codice Europeo contro il Cancro, e sulla valu- ressivi avanzamenti nel controllo del cancro introdotti

fficacia nella gestione dei tumori negletti attraverso lo atori chiave per la v...alutazione dei percorsi di cura dei ativi costi sanitari, con un focus particolare sui tumori

'introduzione delle immunoterapie nella pratica clinica at-azione complessiva delle principali sfide implicate.

5. Valutazione delle cure in Europa attraverso l'analisi di indicatori di qualità.

6. Supporto ai legislatori coinvolti nella Governance, attraverso studi di fattibilità delle reti oncologiche integrate (CCCN) e un'analisi aggiornata dei piani oncologici nazionali nell'Unione Europea.

7. Potenziamento dei sistemi informativi su base di popolazione. Studi pilota sull'integrazione dei registri con dati elettronici da fonti amministrative e sanitarie per una migliore valutazione della qualità delle cure, dei costi e degli esiti oncologici. Promozione dell'uso di indicatori informativi sulla prevalenza oncologica a livello Europeo.

La Joint Action iPAAC ha ricevuto un finanziamento dall'Unione Europea attraverso il Terzo Programma Salute (2014 - 2020). LA JA ha ufficialmente avuto inizio il 1° Aprile 2018 ed ha una durata di 3 anni. Maggiori informazioni sono disponibili visitando il sito ufficiale (www.ipaac.eu) o contattando direttamente il gruppo di Coordinamento (ipaac@nijz.si).

iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

DISTANCE TRAINING ON ONCOGENOMICS FOR HEALTH PROFESSIONALS

8TH APRIL 2021 - 13TH DECEMBER 2021

ORGANISED BY **ISTITUTO SUPERIORE DI SANITÀ - ISS**

IN COLLABORATION WITH **UNIVERSITÀ CATTOLICA DEL SACRO CUORE**

Distance training on Oncogenomics addressed to *physicians* and *biologists* developed within the framework of the *Innovative Partnership for Action Against Cancer* (**iPAAC**) Joint Action, an initiative co-financed by the European Commission involving 24 European countries. The *core curriculum* of competencies was identified by an international panel of experts through a *Delphi* consensus process. Developing and piloting e-learning tools on Oncogenomics for health professionals is part of the iPAAC Work Package 6 activities.

GENERAL SCOPE AND LEARNING OBJECTIVES

The course aims at improving knowledge, attitude, and practice of physicians and biologists on the fundamental principles of genetics and on the main clinical applications of current genomic technologies in oncology. The learning method, inspired by the Problem-Based Learning (PBL) approach, encourages participants to identify their learning goals by analysing a problem linked to their professional setting. Teachers' tutorials (video lessons), reading and learning materials guide participants to solve the problem. The estimated course duration is 16 hours. The course is held in English and is delivered through the platform www.eduiss.it.

FACULTY

Paola GHIORZO, University of Genova and IRCCS Ospedale Policlinico San Martino, Genova, IT
Maurizio GENUARDI, Institute of Genomic Medicine, Catholic University of the Sacred Hearth, Roma, IT
Giuseppe NOVELLI, Department of Biomedicine and Prevention, University of Rome Tor Vergata, Roma, IT

TRAINING EVALUATION AND CME CREDITS

Learning credits provided by the course are compliant with the Italian accreditation system for Continuing Medical Education (*CME*). Foreign attendees will earn a *Certificate* reporting CME credits and training hours, which can be recognised by the accreditation system of their countries.
Participants are requested to complete a pre-training test to assess the initial knowledge and a post-training test to assess the skills improved after training. Those who claim CME credits are also requested to fill in a *CME Quality Assessment questionnaire*.

REGISTRATION (8 APR-7 DEC 2021)

Italian applicants should register at:
https://www.eduiss.it
Non Italian applicants will receive credentials to access the platform and instructions by email, after registration at: https://www.eduiss.it/local/mtsignup/signup.php.

Scientific Coordination
Roberta DE ANGELIS, Dept. Oncology and Molecular Medicine, Istituto Superiore di Sanità, Roma, IT
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ISTITUTO SUPERIORE DI SANITÀ
UNIVERSITÀ CATTOLICA del Sacro Cuore

Co-funded by the Health Programme of the European Union

iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

ABOUT CALENDAR NEWS PARTNERS WORK PACKAGES OUTCOMES MEDIA CONTACT INT

Work Package 6 – Genomics in Cancer Control and Care

WP leader: Scientific Institute of Public Health, Belgium (Marc Van den Bulcke)

Home › Journal of Cancer Education › Article

Core Competencies in Cancer Genomics for Healthcare Professionals: Results From a Systematic Literature Review and a Delphi Process

Published: 13 January 2021
Volume 37, pages 1332–1342, (2022) Cite this article

Article

A Web Screening on Training Initiatives in Cancer Genomics for Healthcare Professionals

Ilda Hoxhaj [1,†], Flavia Beccia [2,†], Giovanna Elisa Calabrò [2,*] and Stefania Boccia [1,2]

v Direct to Consumer Genetic Testing (DTC-GT)- in WP6

European Journal of Medical Genetics 63 (2020) 103841

Contents lists available at ScienceDirect

European Journal of Medical Genetics

journal homepage: www.elsevier.com/locate/ejmg

A review of the legislation of direct-to-consumer genetic testing in EU member states

Ilda Hoxhaj[a,*,1], Jovana Stojanovic[a,b,c,1], Michele Sassano[a], Anna Acampora[a], Stefania Boccia[a,d]

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European Journal of Public Health, Vol. 33, No. 5, 947–953

doi:10.1093/eurpub/ckz246 Advance Access published on 3 May 2020

Systematic Review and Meta-Analyses

European citizens' perspectives on direct-to-consumer genetic testing: an updated systematic review

Ilda Hoxhaj [1], Jovana Stojanovic[1,2,3], Stefania Boccia[1,4]

European Journal of Public Health, Vol. 33, No. 1, 139–145

https://doi.org/10.1093/eurpub/ckac139 Advance Access published on 30 September 2022

Survey of Professionals of the European Public Health Association (EUPHA) towards Direct-to-Consumer Genetic Testing

Flavia Beccia [1,*], Ilda Hoxhaj[1,2,*], Michele Sassano[1,3], Jovana Stojanovic[1,4,5], Anna Acampora[1,6], Roberta Pastorino[1,7], Stefania Boccia[1,7]

iPAAC INNOVATIVE PARTNERSHIP FOR ACTION AGAINST CANCER

ABOUT CALENDAR NEWS PARTNERS WORK PACKAGES OUTCOMES MEDIA CONTACT INT

Work Package 6 – Genomics in Cancer Control and Care

WP leader: Scientific Institute of Public Health, Belgium (Marc Van den Bulcke)

Direct-to-Consumer Genetic Tests

STATUS | LAST UPDATE

PROBLEM & OBJECTIVE

Genetic determinants of multifactorial diseases could be exploited to predict risks in patients/citizens. The increasing availability of DTC-GT is mirrored to the increasing use of them. This could lead to erroneous interpretation of risk, unnecessary worries and clinical investigations based on the test. Eventually, DTC-GT could cause an excessive burden on healthcare systems, wasting scarce resources

OBJECTIVE

To provide the landscape of DTC-GT in EU, considering citizens' literacy, healthcare professionals' knowledge and legislative frameworks about DTC-GT, is fundamental to face the emerging challenge for national healthcare system

REFERENCES & DOCUMENTATION

A review of the legislation of direct-to-consumer genetic testing in EU member states - PubMed (nih.gov)
European citizens' perspectives on direct-to-consumer genetic testing: an updated systematic review - PubMed (nih.gov)
Internet-Based Direct-to-Consumer Genetic Testing: A Systematic Review - PubMed (nih.gov)
Statement of the ESHG on direct-to-consumer genetic testing for health-related purposes - PubMed (nih.gov)

CONTACT

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KEY COMPONENTS / STEPS

- Direct-to-consumer genetic tests (DTC-GTs) are genetic tests for a medical or non-medical trait that are sold directly to the public, usually ordered without the engagement of a healthcare professional.
- The introduction of DTC-GT could be dated back to 2003 in USA and in about a decade, DTC-GT spread across continents.
- Scientists, professional societies and others have expressed varying views about what and how to regulate with regard to DTC-GT.
- In 2008, they were named "retail product of the year", thanks to the progressive empowerment of citizens and the wide range of applications of personalized medicine, the collapsing costs of required technologies and the shortening of time for each test.
- In 2013 FDA sent a "cease and desist" letter preventing 23andMe, a major company of DTC-GT to sell test concerning medical aspects.
- In 2015, FDA authorized the first medical application of DTC-GT for Bloom Syndrome, and DTC-GTs for common conditions, like Parkinson and Alzheimer and breast cancer, were authorized in the following years.
- The European Society of Human Genetics (ESHG) set a statement identifying the needs for evidence about clinical and analytical validity, utilities, medical supervision.

KEY CONTEXTUAL FACTORS

The rise of DTC-GT exemplifies some of the wider changes affecting healthcare and public health:

- growth of a globalized industry;
- less public deference to traditional, physician-led, professional forms of authority;
- familiarity with the internet; an increasing desire by the individual to have information;
- Various pressures to exercise personal choice and responsibility.

A clear uniform regulation of the DTC-GT provision is still lacking. The actual legislative and ethical framework covered aspects about genetic testing in traditional healthcare, but were quite ineffective on global online market.

MAIN IMPACTS / ADDED VALUE

- Several doubts on clinical utility and validity of DTC-GT expressed, but the market is steadily growing
- EU directive 2005/29 on Unfair Commercial Practices and EU directive 98/79 on in vitro diagnostic medical devices regulated provision of medical devices in European countries.
- The Convention on Human Rights and Biomedicine and its additional protocol on genetic testing is the international instrument to set a basic framework to regulate DTC-GT
- Several European agencies/societies (EASAC, FEAM, ESHG) released position papers
- The implementation of genomics in clinical practice is planned in National Plans. Several Member States have more stringent legislation on DTC-GT services.

LESSONS LEARNED

- Legislative framework is fragmented, it is necessary to adopt international guidelines, standards and codes of practice based on greater transparency of information provision
- It is critically important to address common public misconceptions about what genetic tests can offer in terms of medically relevant information so as to inform and empower the consumer to decide for themselves when faced with offers of DTC-GT
- It is vital for Europe to do better in educating medical and other health professionals about genetics, for example to improve the confidence of primary care physicians to interpretand explain risk and benefit based on genetic information. Scientific studies have been performed on health professionals' knowledge. Still much unpreparedness to face citizens' needs emerged
- European citizens, overall, have a low level of knowledge on DTC-GTs and a high interest in their purchase. This understanding might contribute to the development of educational programs in order to

26 Paesi hanno firmato la 1+MG Declaration

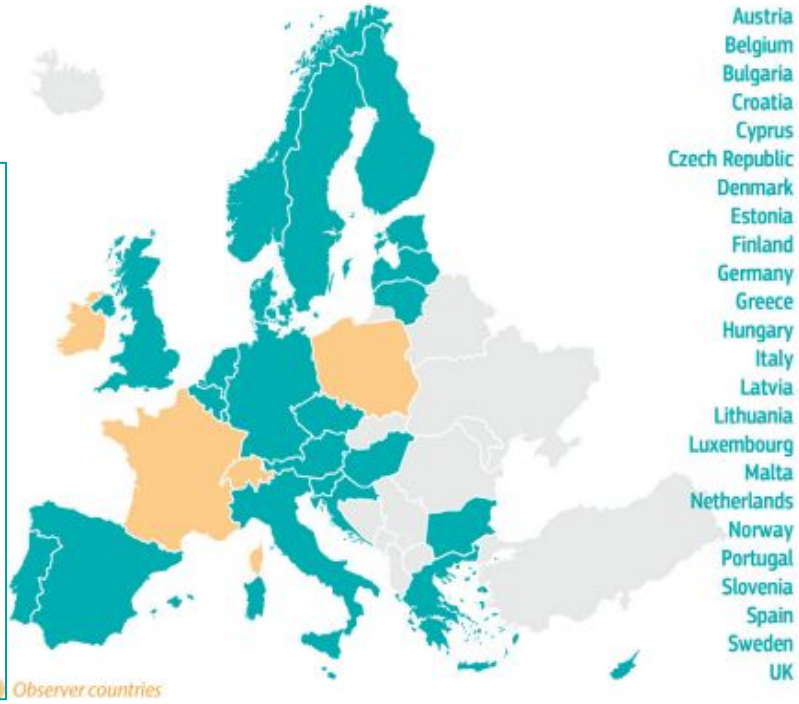
("Towards access to at least 1 million sequenced genomes in the EU by 2022")

dal 2018

Gli Stati Membri firmatari si impegnano a **collaborare sull'accesso sicuro ed autorizzato alle banche nazionali e regionali di dati genomici ed altri dati rilevanti per la salute.**

La dichiarazione prevede in particolare di:

- ✔ Unire infrastrutture ed expertise frammentate supportando un obiettivo condiviso e tangibile: u**n milione di genomi accessibili nella EU entro il 2022**;
- ✔ **Sfruttare e massimizzare gli interventi già effettuati dagli Stati Membri a livello nazionale e della EU**, in particolare nel sequenziamento, nelle biobanche e nelle infrastrutture di dati;
- ✔ **Raggiungere una coorte più ampia che fornirà una scala sufficiente per nuove ricerche clinicamente rilevanti.**



CAN.HEAL: Building the EU Cancer and Public Health Genomics platform

The CAN.HEAL consortium recognises that **prevention, diagnosis and treatment** should be approached in a concerted way for optimal benefit of patients and citizens.

It focuses on applying **PRS and NGS technologies** and identifying implementation paths to extend the application of genetic profiling to:
structure omics use in patient care;
share data among EU Cancer Centres which would improve equity in treatment, and allow better counselling regarding cancer risk using molecular tumour profiling biomarkers.

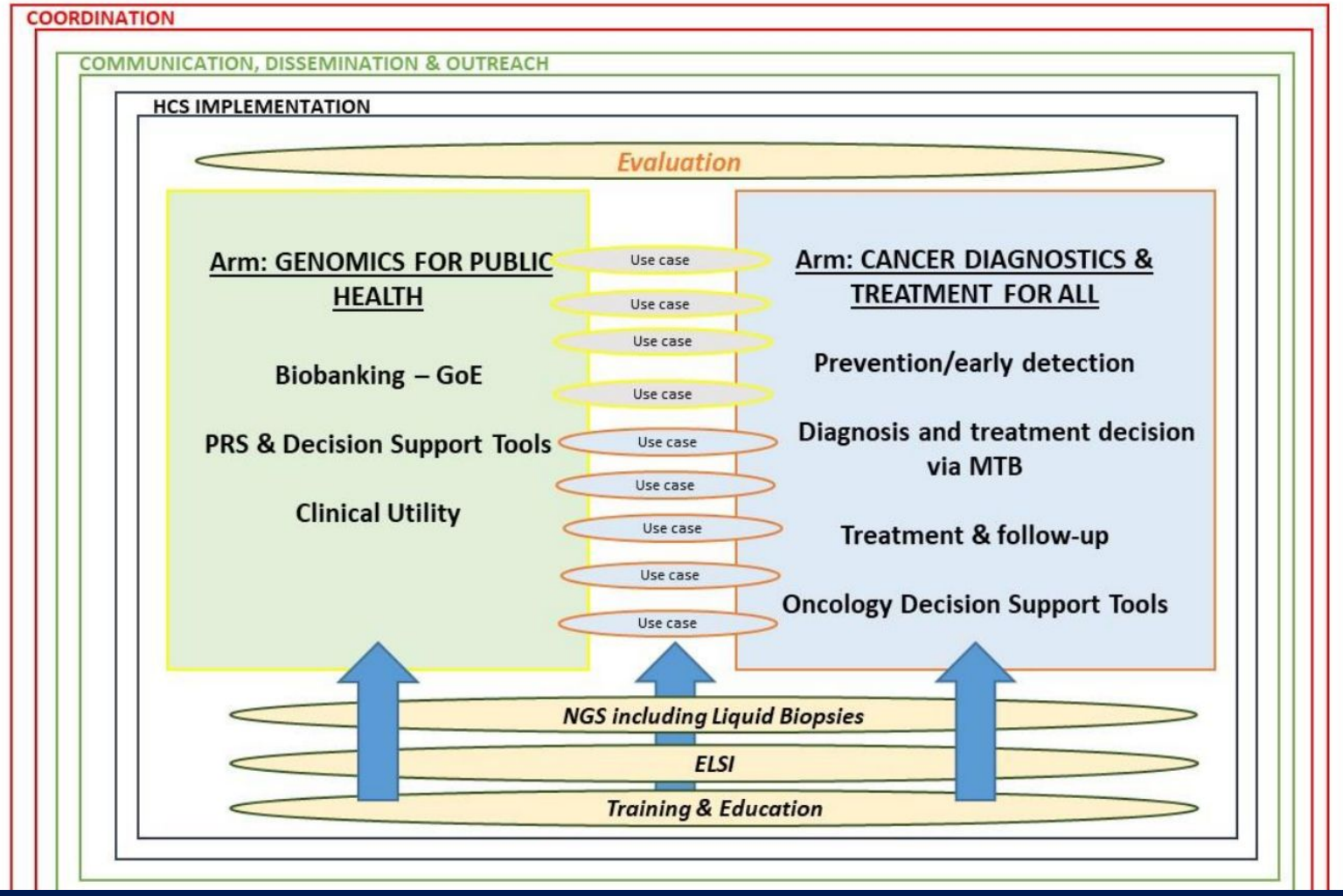
CAN.HEAL wishes to set the framework for integrating the Genome of Europe biobanking initiative into public health genomics for cancer.

This project is funded by the European Commission
EU4Health Programme 2021-2027
under Grant N° 101080009

CAN.HEAL: Building the EU Cancer and Public Health Genomics platform

(Work Plan)

WP1	Coordination
WP2	Communication, Dissemination and outreach
WP3	Evaluation
	ARM: GENOMICS FOR PUBLIC HEALTH
WP4	Biobanking - Genome of Europe
WP5	Polygenic Risk Scores and Decision support Tools
WP6	Building clinical utility
	ARM: CANCER DIAGNOSTICS AND TREATMENT FOR ALL
WP7	Prevention/early detection
WP8	Diagnosis and treatment decision via MTB
WP9	Treatment and follow-up
WP10	Oncology decision support tools
WP11	NGS including liquid biopsy
WP12	ELSI (Law, Ethics and Citizen Engagement)
WP13	Education & training
WP14	HCS Implementation



This project is funded by the European Commission
EU4Health Programme 2021-2027
under Grant N° 101080009

CAN.HEAL: Building the EU Cancer and Public Health Genomics platform

Within CAN.HEAL UCSC leads the "WP14 – **Healthcare system implementation**".

The objective of the WP is the **production of recommendations for the effective and sustainable implementation of personalized medicine in the oncology field**. In order to create practical recommendation set in a specific context, we decided to focus on three fundamental technologies, also considering the issues addressed by the other WPs:

- Use of the ***Polygenic Risk Score (PRS)*** in breast cancer screening **(GRADE EtD Recommendations)**
- Use of ***Liquid biopsy (LB)*** in the management of patients with advanced colorectal cancer **(GRADE EtD Recommendations)**
- Role of the ***Molecular Tumor Board (MTB)*** in the modern management of cancer patients **(Consensus Policy Brief)**

can.heal

European Commission

PERSONALISED MEDICINE
FOCUSING ON CITIZENS' HEALTH

PERSONALISED MEDICINE
tailor-made prevention, diagnosis and treatment for individuals or groups of individuals

Enabling
HEALTHIER, MORE PRODUCTIVE LIVES

Significant EU investments in research on personalised medicine to

TREAT PATIENTS WITH THE **THERAPIES THAT WORK BEST FOR THEM**
many common medicines are not effective for many patients

CUT HEALTHCARE COSTS
as Europe's population ages and chronic diseases become more prevalent

DRIVE HEALTHCARE INNOVATION
Establish Europe as a global leader in healthcare industry and innovation, and create jobs and economic growth

AVOID ADVERSE REACTIONS TO MEDICINES
6% of acute hospital admissions are due to serious adverse reactions to medicines

Research and innovation investment in better health

Personalised medicine integrates information **from multiple sources** to make HEALTHCARE SMARTER, BETTER AND MORE COST-EFFICIENT.

7th Framework Programme
2007–2013

209 projects on personalised medicine

€1334 million in EU funding.

Horizon 2020
First 3 years 2014-2017

167 projects on personalised medicine

€872 million in EU funding

What is our strategy?

EU funding stimulates collaborations between researchers, health research funders, regions, countries, policymakers and other stakeholders

PROMOTE PERSONALISED HEALTH AND CARE RESEARCH

develop a medical model using individuals' genotypes and phenotypes
for example molecular profiling, medical imaging, and lifestyle data

empower patients and involve healthcare providers

Strengthen Europe's healthcare industry

INNOVATIVE MEDICINES INITIATIVE
public-private partnership to develop better and safer medicines

Budget: €3.3bn
€1.6bn from Horizon 2020

SME SUPPORT
about **20 %** of Horizon 2020's budget to encourage highly innovative SMEs

BETTER ACCESS TO LOANS

between €7.5m - €75m through the InnovFin Infectious Diseases initiative

Develop EU countries' health research and innovation strategies

SUPPORT **EUROPEAN COORDINATION** IN HEALTH AND DISEASE RESEARCH
create synergies

Make the EU a stronger global player

COOPERATION SCHEMES
with Canada, China, Australia, US and others to implement objectives such as common guidelines and best practices

INTERNATIONAL ENGAGEMENTS
science diplomacy and global scientific collaboration

MORE INFORMATION:
https://ec.europa.eu/research/health/personalised
www.icpermed.eu
@EUScienceInnov

Research and Innovation

La medicina personalizzata in Europa

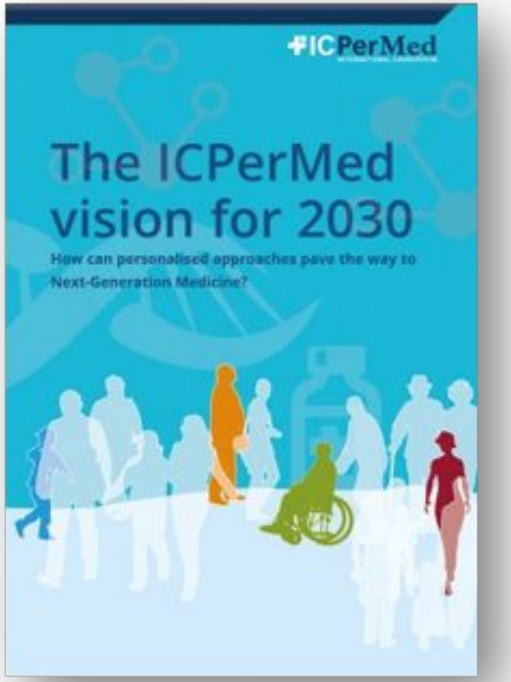
2008
«towards more personalized medicines»

2013
«use of '-omics' technologies in the development of PM»

2015
«Council conclusions on personalised medicine for patients»

2015
«Shaping Europe's vision for Personalised Medicine»

2016
ICPerMed was launched



IC2PerMed

An overview of Personalized Medicine landscape and policies in the European Union

F. Beccia[1,*], I. Hoxhaj [1,*], C. Castagna[1], T. Strohäker[2], C. Cadeddu [1], Walter Ricciardi[1] and S. Boccia[1,3]

1 Section of Hygiene, University Department of Life Sciences and Public Health, Università Cattolica del Sacro Cuore, Rome, Italy
2 Steinbeis Europa Zentrum (SEZ), Stuttgart, Germany
3 Department of Woman and Child Health and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy

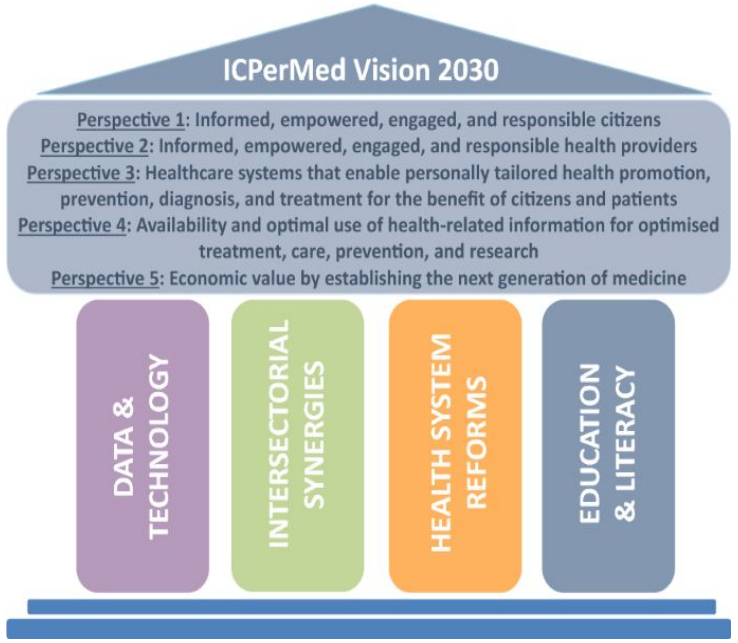
Il consorzio ICPerMed

Lanciato nel 2016 (fino al 2023) **più di 40 partner** europei e internazionali

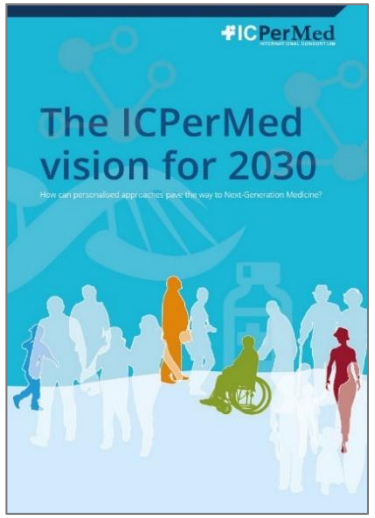
- organizzazioni pubbliche e private senza scopo di lucro che finanziano la ricerca sanitaria, in rappresentanza di **ministeri**, **agenzie di finanziamento** e della **Commissione europea**

Obiettivi:

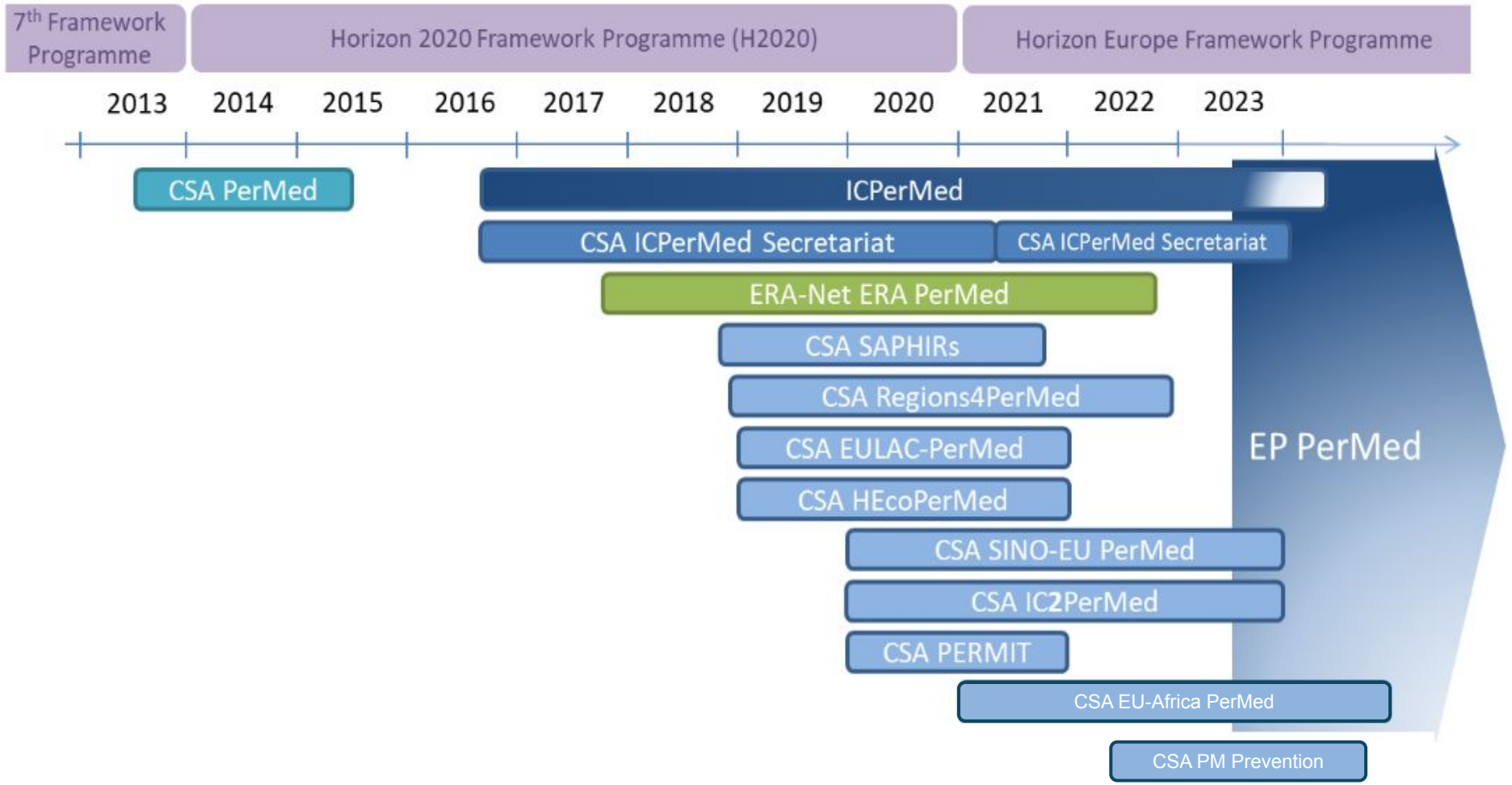
- Stabilire una **leadership globale nella ricerca** sulla medicina personalizzata;
- **Coordinare** l'approccio alla ricerca;
- Indagare sui **potenziali benefici** degli approcci alla medicina personalizzata **per i cittadini e i sistemi sanitari**



ICPerMed ha sviluppato una ***vision*** di come l'uso degli approcci di medicina personalizzata promuoverà la "**medicina di prossima generazione**" nel **2030**.



Da ICPerMed alla nuova strategia europea

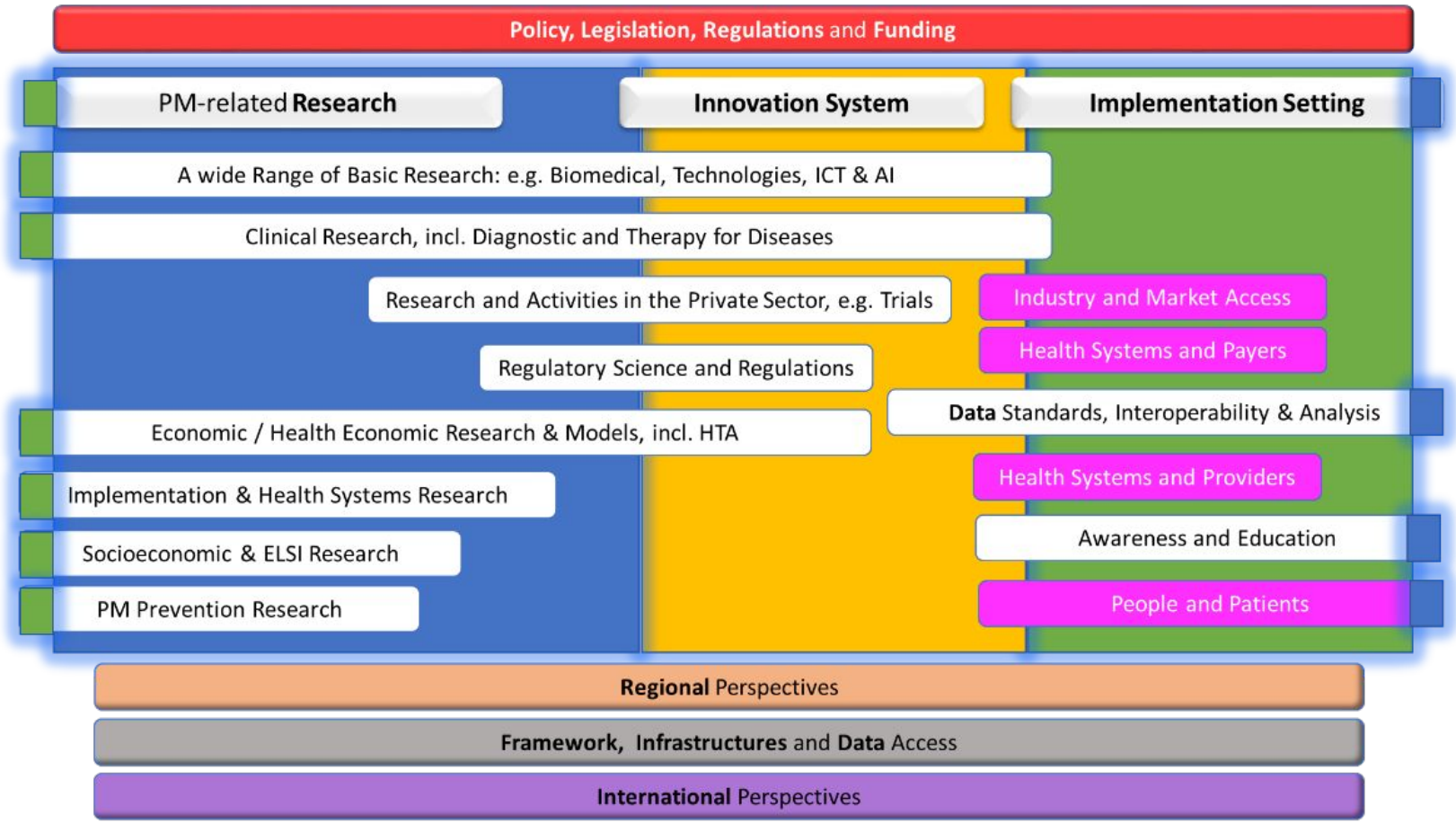


ICPerMed ha pubblicato la SRIA e lanciato la European Partnership for Personalised Medicine (EP PerMed)

The Strategic Research & Innovation Agenda (SRIA) for Personalised Medicine (PM)

April 2023

Investment in the future: EP PerMed 2023-33 Strategic Research & Innovation Agenda



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a) extending the PCM access to already existing infrastructures, including in associated countries;
b) improving the access to PCM to Member States that have limited resources e.g., Eastern European countries;
c) linking the PCM to the European Reference Networks– strengthening the structure needed for the implementation of PCM as a part of the healthcare system;
d) facilitating cross-border access to genomic testing and PCM, as there is a clear need for cross-border access to promising PCM treatments for patients who would be in the condition to travel;
e) developing and promoting guidance for metastatic cancer patients using best practices in healthcare; (this should include the development of national guidance, protocols and tools for optimisation of personalised cancer medicine, including for metastatic cancer, that will be consistent with Union legislation, recommendations and guidelines. These will be developed after reviewing the results of other similar projects under the EU4Health and/or Horizon Europe programmes);
f) upscaling of the EU Cancer and Public Health Genomics Platform in alignment with the European Genomic Data Infrastructure[57];
g) providing specific education and training for health professionals to advance the implementation of genetic testing and personalised medicine in oncology by using the models for training and educational interventions on oncogenomic and personalised cancer medicine, including for metastatic cancer;
h) establishing strategies for the implementation of telegenetics and remote genetic counselling in Europe to personalise public healthcare;
i) improving the collaboration between different institutions/organisations from national, European and international level that are offering personalised cancer medicine e.g., the European Medicine Agency, Horizon Europe co-funded projects on personalised cancer medicine;
j) setting up information and dissemination campaigns of recommendations, guidance, protocols and tools for personalised cancer medicine among the concerned hospitals and medical centres in all Member States;
k) setting up information campaigns for citizens about the benefits and challenges of targeted cancer prevention genetic testing and potential data re-use.

Focus on training and education for HP and information for citizens

INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

Call topic/sub-topic	Indicative call publication	Indicative Budget
Direct grants – CR-g-24-41	Q4/2024	EUR 27 900 000
Procedure type	**Implemented by**	**Type of applicants targeted**
Direct grant to Member States (joint action) in accordance with Article 195, paragraph 1, point (c), of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

ISTITUTO SUPERIORE DI SANITA'

WP 13 Education and Training

ROBERTA DE ANGELIS

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Building the EU Cancer and Public Health Genomics platform

WP 13 Education and Training

Task 13.1

Basic e-learning on oncogenomics for health professionals

Leader – ISS (IT) National Institute of Health (Istituto Superiore di Sanità)

Task 13.2

Advanced e-learning addressed to health professionals

Leader – CERTH (GR) Center for Research and Technology Hellas

Task 13.3

Training and literacy activities for patients and general public

Co-Leaders –

ELLOK (GR) Hellenic Cancer Federation

INSA (PT) National Institute of Health (Instituto Nacional de Saude Doutor Ricardo Jorge)

PROGRESS RESULTS

Task 1

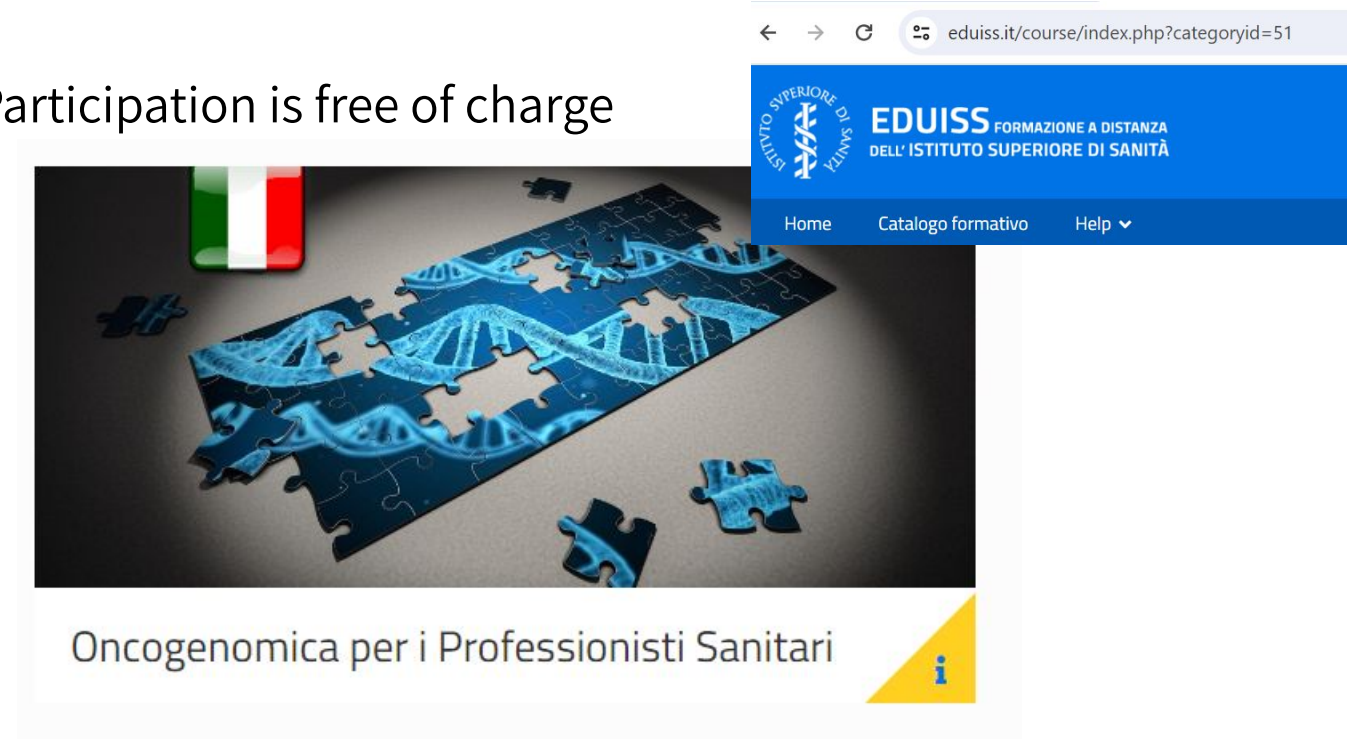
National Pilot

- **Basic e-learnings for HPs**

Can.Heal e-learning course on Oncogenomics **went online on 15th Feb 2024** and is available to italian health professionals on the EDUISS e-learning platform

The course was accredited for 16 hours credits by the Italian CME provider (Agenas)

Participation is free of charge



Basic e-learnings on Oncogenomics for Health Professionals – **international pilots**

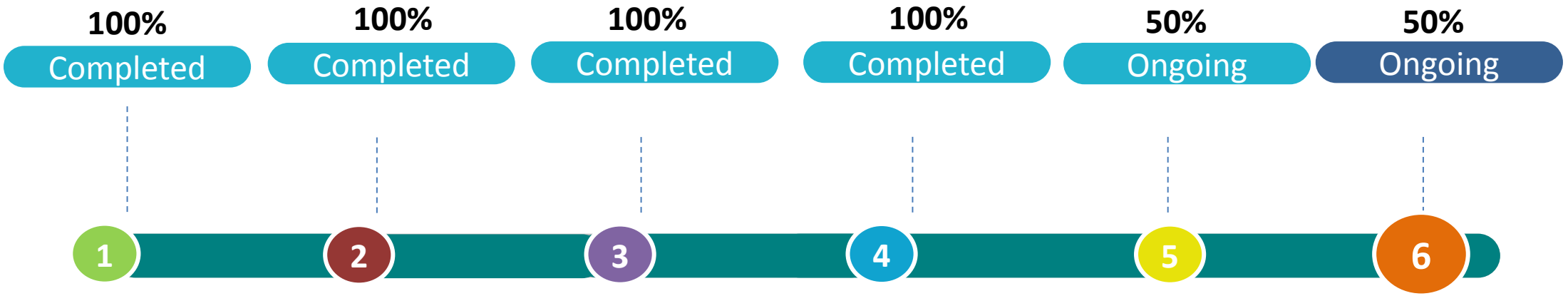



All pilots

English pilot	Spanish pilot	French and Portuguese pilots	Performance indicators and way forward
• Delivery on EDUISS platform after EACCME accreditation • Dissemination in CANHEAL countries where English training materials are the standard	• Accreditation with national CME providers • Delivery on the ICO e-learning platform	• Accreditation with national CME providers • Delivery on the UNESS (FR) and INSA (PT) e-learning platforms	• Measure impact and generate the evidence for implementation • Joint analysis and report in a paper
M19	**M23**	**M23**	**M24** + 3M

Task 2 Advanced training pathways for MTB professionals

CERTH



Rapid review

Literature search & thematic categorization including communication skills, oncogenomics education, genomics in clinical practice, clinical challenges.

Mapping

Advanced educational resources on oncogenomics.

Protocol defining key search terms and resources

Survey

Aimed at professionals in oncogenomics. Focuses on training preferences, existing tools evaluation, communication challenges, genomic testing implementation, controversies within MTBs.

Delphi

Based on rapid review results.
Focuses on similar themes as the survey, aims to prioritise needs and topics

- **International panel of 15 experts**
- **Report under review**

Thematic Workshops

Targeted workshops for the preparation of training materials leveraging expertise from the consortium experts.

- **Agendas under review**

Learning pathways

Development of learning pathways addressing the multidisciplinary educational needs of health professionals in Molecular Tumor Boards.

- **Based on Workshops results**

Due for	**M6**	**M12**	**M6**	**M12**	**M14**	**M24** +3M
Delivered	**M6**	**M11**	**M11**	**M17**	**M20**	

Task 3 Patients and citizens

Conduct focus groups with:

1. patients
2. general public
3. communication experts
4. oncogenomics experts and HP