JA PCM
Joint Action Personalised Cancer Medicine

Memorandum: Private Sector Engagement in the Joint Action Personalised Cancer Medicine

Opportunities, Scope and Engagement Process for Private Sector Partners

July 2026

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Strategic Context & Challenges

The Cancer Burden and European Policy Response

Cancer remains one of the most pressing health challenges in Europe, currently the second leading cause of death and projected to become the first by 2035 (1). Overall, the EU is on course to record 3.2 million new diagnoses and 1.6 million annual deaths by 2040 (2).

This trajectory has prompted decisive political action. The Europe's Beating Cancer Plan (EBCP, 2021) set out a shared ambition across risk factor reduction, expanded screening, and mission-driven research and innovation. The ambitions set out in EBCP have been backed by substantial investment from the European Commission, with an overall budget of €4 billion. In June 2024, the Council Conclusions on the Future of the European Health Union reinforced this momentum, inviting the Commission to advance both legislative and non-legislative initiatives under the Cancer Plan with particular attention to the socio-economic and commercial determinants of health (3). Most recently, on 12 February 2026, the European Parliament adopted a resolution with 427 votes in favour, reaffirming this commitment across three key priorities: securing dedicated health funding in the EU's 2028–2034 long-term budget, improving access to medicines and cross-border cancer care, and strengthening the right to be forgotten for cancer survivors (4).

The Joint Action on Personalised Cancer Medicine

One of the actions of EBCP is the launch of the Joint Action on Personalised Cancer Medicine (JA PCM), one of its most ambitious co-funded initiatives to date under the EU4Health Programme.

Joint Actions are a core instrument of EU health policy. They bring together Member States, public bodies, and the European Commission to tackle priority health challenges that no single country can effectively address alone. By design, they promote cross-border collaboration to share knowledge, tools, and best practices to achieve systemic impact across policy development, capacity building, and healthcare innovation.

Personalised Cancer Medicine (PCM) is the scientific and clinical foundation of this Joint Action. Rather than applying a one-size-fits-all approach, PCM tailors prevention, diagnosis, treatment, and follow-up to the molecular and genomic profile of individual patients and their tumours. This approach holds the promise of more effective treatments, fewer side effects, and smarter use of healthcare resources. Several PCM innovations are already demonstrating clinical and system-level benefit, yet their implementation remains fragmented across Member States and regions.

The JA PCM addresses this fragmentation. Led by the Cancer Centre of Sciensano (Belgium), it brings together 151 partners across 29 countries from November 2025 to October 2029. The project builds on previous EU projects such as CAN.HEAL and PCM4EU and is co-funded under EU4Health with a total budget of €31.6 million. Its mission is to leverage the full potential of PCM within the EU by increasing access to and knowledge of PCM. This is pursued through a lifespan, person-centred vision spanning the continuum from the healthy individual to the cancer patient, to the survivor. To realise this, the JA PCM will strengthen the EU-wide network for cross-border PCM collaboration and develop the methodologies and tools that support all Member States and Associated Countries in delivering personalised prevention, diagnosis, treatment, and follow-up with the overarching ambition of driving the equitable and sustainable implementation of PCM across Europe. With a strong focus on implementation, Figure 1 illustrates the action plan of the JA PCM, in which the patient journey is addressed through three "arms", each consisting of two technical work

packages (WP) and supported by one or more dedicated pilot actions that address technical implementation efforts and scalability. In addition, two transversal pilots cover several arms, and seven transversal WPs, including dedicated streams on training, ethics, policy, health technology assessment, and reimbursement models, provide overarching support for the technical WPs and pilots.

Advancing PCM requires the combined strengths of both the public and private sectors. Industry develops and produces the medicinal products, diagnostic technologies, and digital tools that enable PCM at scale. Public health systems, in turn, provide the clinical infrastructure, patient populations, and real-world testing environments needed to validate, implement, and integrate these innovations into routine care. Neither can drive the systemic transformation that PCM requires alone. It is precisely this interdependence that underpins the JA PCM private sector engagement strategy, inviting the private sector to collaborate through defined opportunities across pilot activities where this complementarity can generate the greatest shared value.

The JA PCM's pilots follow a structured phase approach. In phase 1, consortium members expressed their interest in participating in one or several pilots through an Expression of Interest (EOI) exercise running from May 2025 to February 2026. Phase 2 focuses on pilot definition and planning, where each pilot lead disseminated a dedicated survey to understand participants' expectations and technology readiness, distinguishing between active contributing sites and observer roles. The pilots are now reaching phase 3, practical implementation and execution (progressive launch from early 2027).

The high interest from organisations across Europe to participate in the JA PCM pilots are exceeding what EU4Health funding can support alone. This strong engagement has highlighted the need to facilitate opportunities for collaboration with the private sector. **For the implementation of the pilots, the JA PCM seeks additional collaboration with the private sector to scale up and align with the JA PCM's ambitions. The scope of opportunities includes topics such as Next Generation Sequencing (NGS) tests, medicinal products, including drugs, digital health tools, as well as private sector perspectives into workshop or survey activities.** Access to NGS and molecular technologies is essential to enable comprehensive biomarker testing and support the integration of personalised diagnostic pathways, while the availability of innovative medicinal products facilitates the effective translation of these diagnostics into targeted treatment options. Digital health tools play an equally important role across the continuum of cancer care. Spanning remote monitoring, supportive care delivery, patient education, and care coordination, they enable the sustainable implementation of personalised diagnostic and care pathways across diverse clinical settings.

Together, this collaborative approach will test and support a more robust rollout of pilot activities and enable the pilots to achieve their full pan-European potential. It is in that respect that the JA PCM has developed this document to reach out to the private sector for opportunities to engage in pilot activities and to initiate discussions on the development of a suitable collaborative framework that will go beyond the JA PCM project.

This document serves a dual purpose:

1. Outline the scope of collaboration, including the overall strategy around this collaboration, the value proposition, the modalities of collaboration and the foundation for a sustainable and evolving public-private collaboration beyond the lifetime of the Joint Action.

2. Present the JA PCM pilot activities, emphasising the immediate private sector opportunities.

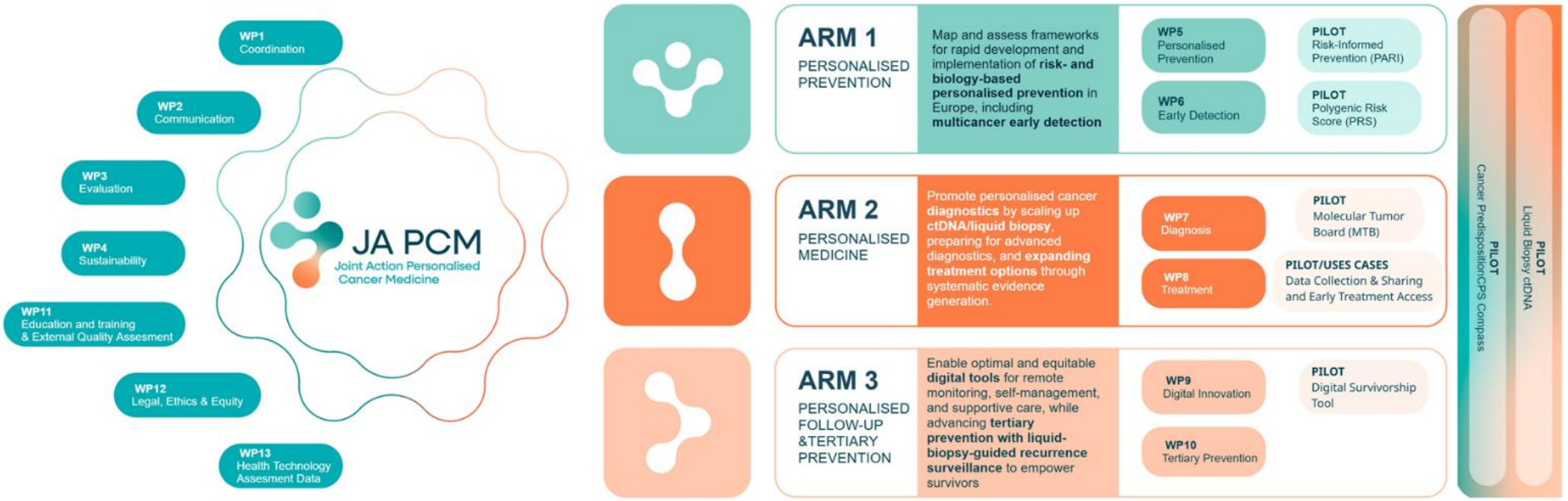

Figure 1: JA PCM action plan: The patient journey is addressed through three "arms", each consisting of two technical work packages (WP) and supported by one or more dedicated pilot applications. In addition, two transversal pilots cover all arms, and seven transversal WPs provide overarching support for the technical WPs and pilots.

Scope of Collaboration

The JA PCM invites private sector actors to contribute to and collaborate with one of Europe's most ambitious and coordinated efforts in personalised cancer medicine. This section outlines the overall aims and initial framework for supporting engagement and collaboration between the private sector and JA PCM.

The JA PCM Private Sector Platform

The JA PCM Private Sector Platform embedded in the JA PCM website aims to connect public health institutions with private sector partners to leverage personalised cancer medicine (PCM) across Europe. More specifically, it provides a structured interface between the JA PCM consortium and the private sector actors.

The immediate priority of the JA PCM Private Sector Platform aims to support collaboration of the private sector within the JA PCM pilots. **This support is to be delivered within the project timeline and in alignment with the absorption capacities of each pilot**. Figure 2 illustrates the timeline for this first objective.

The second objective has a broader and lasting purpose: breaking down silos between public and private PCM stakeholders and incorporating input from all stakeholders to serve the common goal of expanding PCM uptake, reducing disparities in its deployment across the EU, and leveraging new collaborations identified during the definition and planning phase (readiness and maturity assessments) and implementation and execution phase of the pilots.

The JA PCM Private Sector Platform is built to match those needs with the right partners, whether for a single institution or a group with a (large) pharmaceutical company, a biotech, or charitable organisations.

Overall coordination is maintained by the Cancer Centre of Sciensano, Belgium, ensuring coherence across workstreams and alignment with the European Commission.

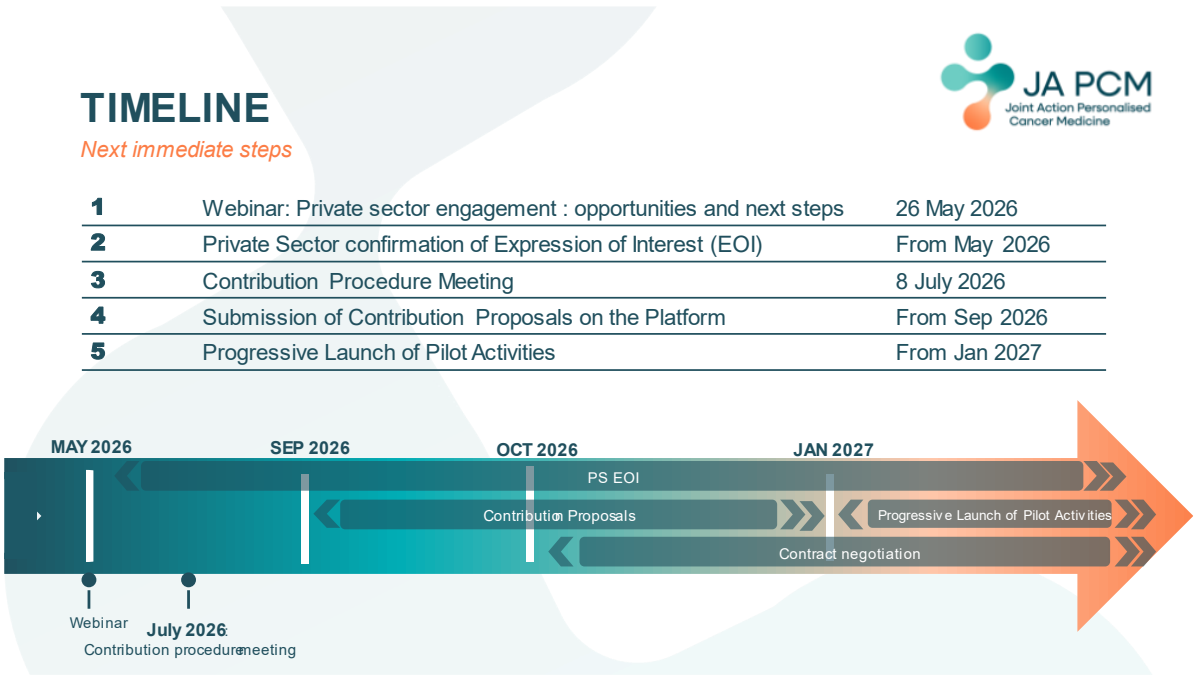

Figure 2: Timeline for the immediate next steps supporting JA PCM pilot activities

What JA PCM Offers

Engagement through the JA PCM Private Sector Platform provides private sector partners with the following opportunities.

Access to the PCM European network of 151 institutions across 29 countries (Figure 33), including 71 medical care organisations, 41 research organisations, 32 public and governmental bodies, 5 professional networks, and 2 patient organisations, as well as connections to parallel EU initiatives, including EUnetCCC, JANE-2, eCan+, and SPARC.

Figure 3: The JA PCM geographic involvement

Early and meaningful input into evidence generation. JA PCM is building the real-world evidence base that will shape HTA and reimbursement discussions across Member

States. Private sector partners will have the opportunity to provide perspectives on the evidence generation plan such as on endpoints, statistical analysis plans, cohort design, data aggregation strategies, and safety monitoring, in an advisory capacity, aligned with the scientific objectives and governance of the JA PCM, ensuring that the evidence produced is of direct relevance to all relevant stakeholder form policy maker to the private sector, including for tumour-agnostic approvals and the increased uptake of innovative therapies. Contributing partners will be informed of findings and the policy frameworks they help inform.

A growing and strategically relevant market. The markets for genomic testing, innovative oncology therapeutics, liquid biopsy, and digital health tools in cancer are expanding rapidly across Europe. JA PCM offers the private sector the opportunity to contribute to the generation of data and real-world implementation evidence that can inform the increased integration of these innovations into routine cancer diagnostics and care. This supports common strategies for health system implementation and provides insights into reach, adoption, and long-term maintenance across diverse clinical contexts, strengthening the evidence base for scalability and real-world effectiveness across the full PCM continuum.

Visibility and market exposure across Europe. By embedding your tools, products, or expertise within a rigorous, multi-country evaluation framework directly linked to routine care pathways, you will demonstrate implementation outcomes across diverse real-world contexts, generate insights on efficacy and adoption, and increase your visibility and market reach across Europe.

Flexible engagement designed for all. Whether you are a global pharmaceutical company, a biotech, a small charity, or a consulting firm, the JA PCM Private Sector Platform is built to match your capacity, from NGS tests or medicinal products to capacity-building support contributions, including expert consultation and knowledge transfer.

Lasting recognition in all relevant outputs, publications, and communications.

A direct and measurable contribution to patients. Your support will accelerate equitable access to personalised cancer medicine across Europe, expanding treatment options for patients, supporting a learning healthcare system that provides structured and iterative data analysis for clinicians, HTA bodies, and payers, and delivering real impact in countries where infrastructure and resources are most limited.

These represent the current baseline offer; additional benefits specific to individual pilot activities may be envisaged on a case-by-case basis and remain open for discussion.

What will be the impact of your collaboration?

Across the JA PCM pilots, your collaboration is anticipated to generate impact in several key areas, including but not limited to:

Advancing the evidence base for HTA and reimbursement

- Generating multi-country, harmonised real-world evidence on the clinical utility and cost-effectiveness of NGS screening, MTB-guided treatment, germline WGS, ctDNA testing, and both tumour-agnostic and diagnosis-specific personalised therapies, providing the critical evidence needed to support HTA submissions and inform reimbursement decisions across Member States.

- Maximises the value of a single evidence-generation exercise by producing data relevant to multiple national HTA processes simultaneously.
- Provides assay performance metrics, clinical validity and utility data, and solutions to logistical and regulatory barriers, directly strengthening the implementation case.

Shaping EU-wide policy and clinical guidelines

- Contributes to the regulatory and policy groundwork for EU-wide expansion of risk-stratified screening, liquid biopsy, and germline profiling into standard care.
- Produces harmonised, multi-country data that can inform EU-level clinical guidelines and regulatory alignment across Member States.
- Supports the development and validation of cross-country reimbursement frameworks for tumour-agnostic therapies, addressing one of the most persistent barriers to equitable patient access in European precision oncology.

Reducing disparities and building capacity across Europe

- Extends access to state-of-the-art molecular profiling, expert MTB recommendations, and hereditary cancer risk management to patients in countries currently lacking the necessary infrastructure.
- Facilitates knowledge and technology transfer to Member States with less advanced PCM capacity, directly contributing to greater equity across European health systems.
- Creates replicable, scalable models for supranational MTBs, ctDNA implementation, and digital survivorship tools that can be adopted beyond the pilot sites and beyond the lifetime of the JA PCM.

Delivering direct patient benefit

- Supports the shift from reactive to preventive cancer care through risk-stratified screening, aligned with the ambitions of Europe's Beating Cancer Plan.
- Enables better patient selection for therapy, earlier relapse detection, and more personalised intervention across the full care continuum.
- Contributes to improved survivorship care and quality of life at scale, with particular impact for patients with metastatic disease and those in lower-resourced health systems.

Building a Lasting Partnership

Lessons learned across all pilots will be consolidated in the PCM in Europe roadmap (WP1 deliverable), expected in October 2029, capturing the full breadth of implementation experience generated by the JA PCM pilots, including those from private-sector partnerships. To ensure long-term impact, the objective is to develop concrete pathways to embed PCM innovations in national health systems beyond the lifetime of the Joint Action (Sustainability WP).

In the medium term (2030–2040) and beyond, the JA PCM Private Sector Platform could support full integration of PCM into Member State healthcare systems, including in areas of digital health, AI applications, and outpatient follow-up, building on synergies with sustained networks such as the EU-funded Networks of Expertise (from JANE 2) and the EU Network of Comprehensive Cancer Centres (from EUnetCCC). The platform is intended to become part of a long-term collaboration framework between the PCM network and the private sector.

Private sector engagement is designed with long-term continuity in mind. Once the pilot phase concludes, the platform could evolve to support a second aim: facilitating partnerships between private sector actors and consortium institutions that extend beyond the JA PCM

itself, including bilateral arrangements driven by shared needs identified across the consortium. This longer-term engagement should be understood not only in terms of product or service contributions, but also in terms of the structural conditions required for scale-up and system uptake (including reimbursement). Specialised biomedical consulting firms and certain financial services actors and healthcare services are valuable partners in this phase, helping to structure deployment models, investment cases, and cross-border implementation arrangements, particularly where market size or institutional capacity are limiting factors. Where National Cancer Mission Hubs or similar national coordination structures are established, they could provide an appropriate interface for aligning such engagement with public policy priorities.

Expectations and Terms of Partnership

Engagement through the JA PCM Private Sector Platform is framed within pre-competitive areas, offering private sector partners a structured and transparent pathway to contribute meaningfully to the advancement of precision cancer medicine in Europe. Partnerships are established within the participating countries under the EU4Health programme based on clearly defined shared needs, goals, and timelines, agreed roles and expected contributions, in full alignment with JA PCM objectives and pilot activities, the EU4Health Grant Agreement, and applicable legal, ethical, and regulatory requirements. All partnership arrangements are designed to ensure transparency, formal institutional engagement, and appropriate recognition of partners' contributions, while fully preserving the independence and integrity of scientific, clinical, and policy activities led by the JA PCM consortium. Effective communication is maintained throughout the collaboration period, and relevant evidence and lessons learned are shared to support the PCM in Europe roadmap, EU policy processes, and the long-term sustainability of precision cancer medicine initiatives. Specific expectations, responsibilities, and terms of partnership will be further defined and agreed upon during the contractual negotiation process.

Data, Intellectual Property & Secondary Use Governance

Data and intellectual property arrangements are governed by the Grant Agreement under the EU4Health Programme and applicable EU regulatory frameworks. Within this overarching structure, the following principles apply to private sector engagement within the European Union and, in accordance with the existing agreement, with other countries participating in the EU4Health programme:

Data & Secondary Use

- Specific agreements for access to, sharing and use of data will be agreed on a case-by-case basis between the relevant JA PCM consortium members and the private sector partner, reflecting the nature and scope of each contribution.
- Secondary use of data generated through the collaboration is subject to case-by-case approval and must demonstrably serve one or more JA PCM or broader public health objectives. Commercial secondary use falling outside this scope is not permitted under the terms of the JA PCM Private Sector Platform.
- Where a partner wishes to pursue a use of data or outputs that falls outside the scope of the initial agreement, a formal request for secondary use may be submitted for review. The governance process for such requests will be defined by JA PCM.

Intellectual Property

IP arrangements within the JA PCM private sector engagement framework are governed by Article 16 of the Grant Agreement under the EU4Health Programme and applicable EU regulatory frameworks. Within this overarching structure, the following principles apply:

- *Background IP*: any data, know-how, information, or intellectual property rights held by a private sector partner before their engagement remains the property of that partner. Where background IP is subject to third-party rights, the partner concerned is responsible for ensuring compliance with all applicable obligations.
- *Foreground IP*: results generated through the collaboration, including any tangible or intangible effects of the action such as data, know-how, or information, whether or not protectable, will be subject to the terms of the individual agreement negotiated between the relevant JA PCM consortium members and the private sector partner, reflecting the nature and scope of each contribution. It is noted that the granting authority does not obtain ownership of results produced under the action.
- *Rights of use by the granting authority*: in accordance with Article 16.3 of the Grant Agreement, non-sensitive information, materials, and documents generated through the action may be used by the granting authority for policy, information, communication, dissemination, and publicity purposes, under a royalty-free, non-exclusive, and irrevocable licence.

All arrangements must remain consistent with the JA PCM data governance framework, including data sharing protocols, federated analysis procedures where applicable, and the ethical principles underpinning the JA PCM.

Any expression of interest submitted by a private organisation established in a country that is not participating in the EU4Health Programme will be examined on a case-by-case basis. Where appropriate, and subject to applicable legal and regulatory provisions, the specific terms and conditions for such participation will be determined and agreed upon following further discussion between the parties.

Modalities and Collaboration Process

The collaboration of private sector partners in the JA PCM will be conducted in a manner that is transparent, non-discriminatory, and consistent with EU competition law and public procurement principles. The following structured process has been established to ensure open and equitable access for all eligible partners, and to safeguard against market distortions, conflicts of interest, or unequal access to publicly funded research infrastructures.

How to engage:

- *Discover the platform.* Visit the JA PCM Private Sector Platform, available in the "About section" of the JA PCM website, to register your interest, explore the collaboration opportunities and access all support related to this activity.
- *Submit your expression of interest.* Private sector organisations wishing to collaborate, either in relation to immediate pilot opportunities or to contribute to the development of the longer-term public-private framework, are invited to submit an expression of interest through the JA PCM Private Sector Platform. Following submission, our team will be in touch to inform you of the next steps and upcoming opportunities.
- *Respond to open collaboration opportunities.* Consortium members will publish their specific collaboration needs on the JA PCM Private Sector Platform, allowing any

eligible private sector actor to consult them on equal terms. Each published opportunity is accompanied by a dedicated contribution proposal form. Interested partners are invited to complete and submit the form directly through the platform. Submissions are automatically routed to the JA PCM coordination team and to the institution that authored the request, ensuring a timely and traceable response.

- *Get in touch*. For general enquiries about the platform and engagement opportunities, contact the JA PCM coordination team at japcm.coordination@sciensano.be.

We invite all eligible private sector actors to explore the opportunities published on the JA PCM website and to engage through the platform. Together, we can accelerate the equitable implementation of PCM across Europe, delivering real and lasting benefits to patients, health systems, and societies.

Current Opportunities: Pilot Value Propositions

The JA PCM project has seven pilots that are described below:

Pathway, access, and implementation of **risk-informed cancer prevention** across Europe

Developing and testing care pathways that adapt cancer prevention strategies to individual risk profiles

Implementation readiness for **polygenic risk scores** in screening

Exploring how genetic information can help better estimate cancer risk and inform prevention.

Supranational **molecular tumour board** for complex cases/countries without MTB

Strengthening the use of molecular data to support clinical decision-making in multidisciplinary tumour board meetings

Continuous **data collection** via a federated sharing platform

Developing ways to securely collect and analyse real-world cancer data from multiple countries, in order to build larger patient cohorts and generate evidence that can inform decisions on cancer treatments and improve patient outcomes.

- The pilot contains two use cases: 1) Expanding Treatment Space; and 2) Managed Entry Agreements

Digital tools for remote monitoring, needs assessment, self-management, and supportive care

Developing and testing digital tools to support the remote monitoring of patients' health status.

Personalised management of **cancer predisposition** across the patient journey

Integrating information on genetic predisposition into different stages of the patient journey, from screening to follow-up.

LB-ctDNA: Implementation of ctDNA guided decision-making across the patient journey

Assessing the use of blood-based ctDNA tests to: i) guide therapy choices, ii) select patients adjuvant therapy, iii) surveillance for recurrence, and iv) monitor therapy response.

The following sections provide a brief overview of the JA PCM pilot activities, highlighting opportunities for private sector involvement through collaboration that include topics, such as 1) tests, 2) medicinal products, 3) digital tools, or 4) expert consultation, to maximise their impact across the EU.

Next Generation Sequencing: Germline, Liquid Biopsy and Tissue Biopsy Testing

The JA PCM pilots described below focus on integrating germline, liquid biopsy, and tissue biopsy testing at various points in the cancer journey. Implementation of these technologies requires substantial investments in hospital organisation, training of personnel, establishment of new procedures, etc. Access to Next Generation Sequencing (NGS) technology is critical across the full care continuum from prevention and diagnosis through to treatment and follow-up. Collaboration with industry partners that possess the technology and know-how could greatly enhance the impact. The access to NGS tests would directly enable these pilots to generate the real-world evidence needed to support broader implementation and foster reimbursement and funding schemes across consortium members.

Pilot: Polygenic Risk Score Implementation (PRS pilot)

Description: Polygenic Risk Scores (PRS) combine information across many genetic variants to estimate an individual's risk of developing cancer. This pilot will implement a shared breast cancer PRS protocol in real-life settings across Europe, with the aim of harmonising approaches and preparing for future expansion to other cancer types. Led by Erasmus MC, the pilot has attracted interest from 50 institutions across 18 countries, reflecting a strong cross-European interest in PRS-based prevention strategies.

Scope of Collaboration: Four countries have been selected to implement the pilot, with a minimum of 100 germline whole genome sequencing tests per country. Expanding participation to additional countries remains a key ambition. A minimum of 100 tests is required to onboard each additional country.

Pilot on personalised management of cancer predisposition across the patient journey (CPS Compass Pilot)

Description: Germline cancer predisposition syndromes (CPS) are inherited genetic conditions that significantly increase a person's lifetime risk of developing one or more cancers. Identifying them early opens the door to personalised prevention, surveillance, treatment, and survivorship care. Prior work shows significant diagnostic advantages of a ‘genotype-first’ (i.e. broad genetic testing) approach vs. family history/phenotype-based screening. As an initial use case, this pilot aims to evaluate the feasibility and cost-effectiveness of implementing a genotype-first approach to CPS identification in paediatric and adolescent/young-adult cancer patients at generally higher CPS risk. Led by University Hospital Würzburg, the pilot has generated interest from 16 institutions across 11 countries.

Scope of collaboration: A prerequisite for participating in the pilot and scaling further is access to whole-genome sequencing (WGS) consumables to directly enable the expansion of an international paediatric cancer genomics pilot. Four country sites are already confirmed, each applying a genotype-first approach at initial cancer diagnosis in 50 paediatric and adolescent/young-adult patients.

Pilot Supranational Molecular Tumour Board (MTB) (MTB pilot)

Description: Molecular Tumour Boards (MTBs) are multidisciplinary teams that analyse the molecular and genetic profile of a patient's tumour and associated data to provide tailored treatment recommendations. This pilot will establish a supranational MTB one for adults and one for children, providing territorial equity in access to precision oncology in countries where such boards are currently limited or absent, and enabling collective European expertise to address rare and complex cases. Led by VHIO (Spain) and drawing interest from 47 institutions across 23 countries, the pilot will provide adult patients with rare and complex advanced solid tumours access to comprehensive biomarker testing, molecular interpretation, and locally or cross-border implementable MTB-guided treatment recommendations, including experimental treatments and precision trials where feasible. For the paediatric setting, efforts will focus on expanding access to MTBs for

centres/countries that currently lack this and on building on existing paediatric networks, enhancing their efforts to build a transnational MTB platform.

Scope of collaboration: Depending on access to WGS and Whole Transcriptome Sequencing (WTS), companion diagnostics, also for liquid biopsies, to ensure all participating sites can benefit regardless of local capacity. Beyond diagnostics, a limiting factor is access to therapies such as off-label use, compassionate use programmes, and clinical trial enrolment based on MTB recommendations, ensuring that molecular insights can be translated into concrete treatment options for patients across both adult and paediatric settings.

Pilot Implementing ctDNA-guided decision-making across the patient journey (LB-ctDNA)

Description: Circulating tumour DNA (ctDNA) refers to small fragments of tumour DNA that circulate in the blood of cancer patients. Detection of ctDNA indicates that the blood donor has cancer. The ctDNA level is associated with tumour burden, and the presence of mutations in the ctDNA can indicate response/resistance to therapies. This pilot focuses on improving the personalised management of cancer through implementation of ctDNA-guided decision-making in four clinical settings: i) in the metastatic setting, use ctDNA mutational profiling to guide choice of therapy, ii) after operation for colorectal cancer (CRC), use ctDNA analysis to guide the adjuvant therapy decision, iii) after end-of-primary CRC treatment, use serial ctDNA analysis for recurrence surveillance, and iv) in metastatic CRC use ctDNA to monitor therapy response (ctDNA-RECIST). The aim is more timely, personalised, and adaptive treatment decisions across the entire cancer care pathway. Led by the Netherlands Cancer Institute and Aarhus University Hospital (Denmark), the pilot has attracted strong pan-European interest from >50 institutions across 21 countries.

Scope of Collaboration: Access to circulating tumour DNA (ctDNA) assays are the limiting factor to directly enabling the expansion of a European pilot implementing ctDNA-guided decision making. Twenty-one cancer centres from 11 countries are already confirmed across four clinical settings. Private sector collaboration could unlock participation of additional centres and countries. Two broad categories of assays will be pursued, reflecting the diversity of clinical applications addressed by the pilot: **i)** assays for detecting targetable genomic features, supporting therapy decision-making, and ii**)** assays combining high sensitivity with precise quantitative performance, supporting patient selection for adjuvant therapy, recurrence surveillance, and therapy response monitoring.

Medicinal Products & Cancer Treatment

Access to innovative cancer therapies is equally central to realising the promise of PCM and is currently one of the main limiting factors for the expansion of PCM implementation in Europe. In the planned pilot and use case, the aim is to generate real-world evidence on clinical outcomes and the conditions needed for developing implementation pathways, including regulatory approvals and reimbursement.

Pilot on Continuous Data Collection in a Federated Data Sharing Platform (Data Platform Pilot)

Description*:* This pilot will foster the aggregation of real-world data from Molecular Tumour Boards across Europe, building robust patient cohorts to inform industry, regulators, payers, and clinicians, ultimately expanding access to precision therapies. Led by Alleanza Contro il Cancro (ACC) in Italy in collaboration with Oslo University Hospital, the pilot has drawn interest from 47 institutions across 20 countries. It focuses on developing a cross-border data governance framework, demonstrating federated data sharing feasibility, and validating proof-of-concept for joint patient cohorts.

The pilot is supported by two complementary use cases:

- The first, led by University Hospital Schleswig-Holstein (Germany), focuses on treatment space expansion and cohort design: by pooling recruitment and data analyses across Europe, it will systematically explore drug repurposing and expand treatment options through evidence-generating cohorts, with 34 institutions from 19 countries involved.
- The second, led by Unicancer (France), focuses on Managed Entry Agreement (MEA) arrangements between payers and pharmaceutical companies that enable patient access to therapies while collecting evidence on their clinical? effectiveness and cost-effectiveness. This use case aims to develop a cross-country evidence generation protocol that can support regulatory approvals and MEA frameworks, address reimbursement uncertainty, support cross-border collaboration, and guide on- and off-label tumour-agnostic drug access, with 7 institutions from 7 countries currently participating.

Outcome*:* The data collection in the pilot and use cases will depend on the medicinal product accessible to the partners in the data sharing platform. Realising the full ambition of this pilot and a broader shift toward PCM-guided treatment across Europe requires active collaboration between public and private stakeholders to ensure that the outcome data is relevant for partners' private sector engagement in the form of medicinal product contributions. This collaboration will serve two critical functions: supplying the MEA use case with the input needed to develop and validate cross-country access frameworks, and providing the data platform pilot with real-world treatment and outcomes data to populate the federated cohorts. Together, this would directly accelerate the shift from fragmented to scalable, systemic precision oncology across Europe.

Digital Tools & Solutions

Digital tools and solutions are integral to the sustainable implementation of PCM across diverse healthcare settings. Contributions of digital health tools, spanning clinical decision support, remote monitoring, patient engagement, and care coordination, would enable the activities to generate real-world evidence on implementation outcomes, adoption, and scalability, supporting the broader integration of digital innovation into routine cancer care.

Pilot on Digital tools for remote monitoring, needs assessment, self-management, and supportive care (Digital Survivorship Care delivery)

Description: Digital health tools, spanning remote monitoring (ePRO symptom tracking, wearables, clinical dashboards), digital supportive care programs (physical rehabilitation, psychosocial support, nutrition, fatigue, and return-to-work interventions), education and information tools (AI-enabled chatbots, educational portals, interactive patient resources), and care coordination solutions (survivorship care plans, navigation, messaging, and virtual follow-up) are rapidly expanding in oncology, yet real-world implementation lags significantly behind evidence generation, particularly across diverse clinical settings. Gaps in organisational readiness, digital infrastructure, and skills remain considerable. Led by Gustave Roussy (France), this pilot aims to evaluate the feasibility and impact of a personalised, multilevel implementation package designed to accelerate the integration of digital survivorship care across EU cancer centres. Nine centres from 8 EU Member States, from low to high readiness levels, will participate.

Need for digital support: Access to one or more of the digital tool such as remote monitoring, digital supportive care programs, education and information tools, or care coordination solutions, are sought to directly enable the assessment, monitoring, education, and self-management of cancer survivors across EU cancer centres and unlock broader deployment across diverse clinical settings. Two categories of collaboration are welcome, reflecting the dual challenge of tool access and sustainable integration: (1) access to an established digital survivorship care tool in the native language of the implementation site, to be deployed in a prospective cohort study of at least 100 patients across 2 centres with the explicit goal of transitioning the tool into routine care, and (2) implementation support to embed the tool into clinical workflows, including access to operations, user engagement, interoperability, and equity teams.

This memorandum has been prepared by the JA PCM consortium.

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Find out more about JA PCM

Website | LinkedIn | Bluesky | Zenodo

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