

Communication and Dissemination Plan



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Table of abbreviations

CDP	Communication and Dissemination Plan
CSA	Coordination and Support Action
EUnetCCC	The European Network of Comprehensive Cancer Centres
JA	Joint Action
JA PCM	Joint Action Personalised Cancer Medicine
JA Prevent NCD	The Joint Action on Preventing Non-Communicable Diseases
JANE2	The Second Joint Action Network of Expertise on Cancer
PCM	Personalised Cancer Medicine
PROPHET	The PeRsOnalised Prevention roadmap for the future HEalThcare
SPARC	Support of Personalised Medicine Approaches in Cancer
WP	Work Package

01 Introduction & objectives

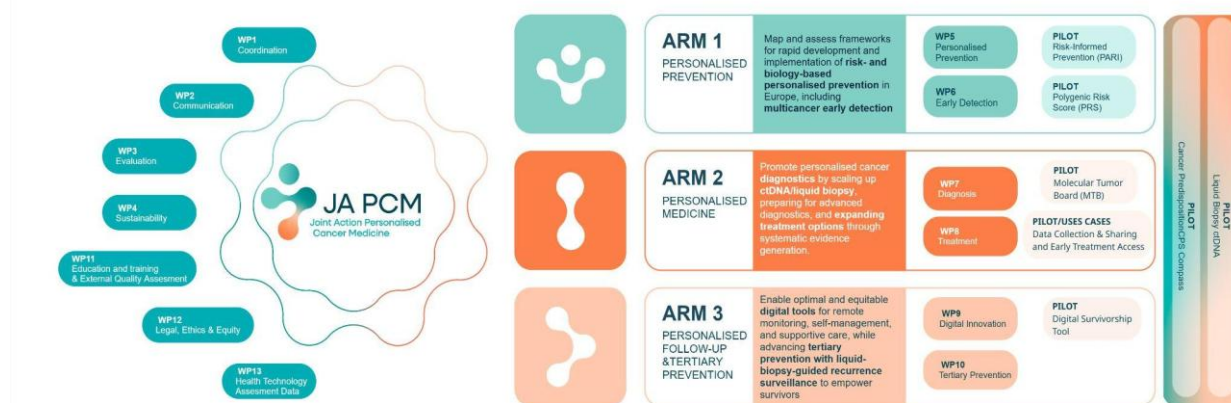
This document outlines the Communication and Dissemination Plan (CDP) for the Joint Action Personalised Cancer Medicine (JA PCM), one of the largest EU Joint Actions ever launched in the field of cancer. With **151 organisations from 29 European countries** the JA PCM aims to foster a more equitable and effective implementation of personalised cancer care across Europe.

The CDP presents the strategy to support the visibility, uptake and impact of the project's activities and outcomes. The document is structured around the main areas of the JA PCM's communication and dissemination activities. It presents the **key messages, visual identity and branding, communication channels, target audiences, synergies with key relevant European initiatives, a stakeholder engagement strategy, and a monitoring framework.**

The CDP focuses on both communication and dissemination strategies. **Communication** refers to raising awareness, informing, and engaging stakeholders and the public about the project, while **dissemination** involves systematically sharing results, outputs, and knowledge with targeted audiences to ensure uptake and impact. The boundaries between the two are often blurred, and activities frequently overlap; in this plan, both are addressed in the same way, depending on the audience and content.

The CDP is a living document, and will be updated when necessary.

JA PCM action plan



The JA PCM brings together expertise from 151 organisations across 29 countries to carry out coordinated activities under three thematic "Arms" that represent the patient pathway. The arms form the main thematic areas: **personalised prevention, personalised medicine, and personalised follow-up and tertiary prevention.** Each arm consists of two technical work packages (WP) and is supported by one or more dedicated pilot applications. In addition, two transversal pilots cover all arms, and seven transversal WPs provide overarching support.

Objectives and responsibilities

The communication and dissemination activities of the JA PCM are mainly carried out by the Work Package 2 (WP2) “Communication”, led by Sciensano (Belgium) and co-led by the National Hellenic Research Foundation (Greece). The activities cover both internal (inside the consortium) and external communication. Additionally, together with WP1 (coordination) WP2 has developed a stakeholder engagement strategy aiming to establish an extensive PCM network. This stakeholder engagement strategy will be implemented in coordination with the Coordination and Support Action (CSA) SPARC (Support of Personalised Medicine Approaches in Cancer).

Internal communication

The aim of **internal communication** is to disseminate planned activities and outcomes, ensuring alignment within the JA PCM consortium. One aim of the internal communications is therefore communicating and disseminating milestones, deliverables, and developments on tasks within the consortium. The other aim of internal communications is to keep the consortium members engaged in the mission, vision, ambition and goals of the JA PCM, stimulating their motivation and encouraging them to get involved in communication and dissemination activities.

To ensure effective communication with the consortium, and given the size and complexity of the project, WP2 will establish a ‘communication contact group’. This group includes a designated contact person from each WP and pilot who will be responsible for communication efforts within their WP/pilot and will be the main contact person for WP2.

Responsibilities of internal communications are:

- Accurately and timely communicate the results of deliverables and milestones to the project partners via email updates.
- Keep the consortium partners informed on any other relevant developments, activities and events relating to the project activities of the JA PCM. Channels such as the JA PCM website, SharePoint and a ‘JA PCM digest’ will be used to inform the consortium of developments.
- Establish a framework and templates for WPs and pilots which they can use for project information dissemination (see chapter 04).

External communication

External communications will focus on maximising the impact of the JA PCM. The communication activities will ensure broad dissemination and visibility of the project’s activities and results across Europe.

Responsibilities of external communications are:

- Establish and develop communication and dissemination strategies and tools. Create and implement effective dissemination frameworks to promote awareness and engagement within and beyond the JA.
- Foster stakeholder engagement. Encourage the network of stakeholders involved in PCM to facilitate collaboration, knowledge exchange, and synergies with other EU initiatives inside and outside the JA. This will be carried out together with WP1 (coordination) and in synergy with other European projects like SPARC (See Chapter 07).

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- Establish the JA PCM as a visible and trustworthy actor in EU cancer policy.
- Ensure the adoption of project outputs, including guidelines, recommendations across EU MS to reduce disparities in PCM.
- Ensure the visibility of EU funding, link up to EU priorities in the communication activities, using the EU logo correctly and prominently, using accurate information and involving the EU when communicating.

Project diversity

The communication approach should reflect the diversity of the project's three arms, as their objectives, stakeholders, and operational contexts may differ. WP2 will then support, where relevant, the adaptation of the communication activities to the specific audiences and priorities of each arm.

Synergies

The European Commission has launched multiple initiatives in the field of cancer care, it is therefore important to build on these initiatives, to create synergies and avoid duplication. The JA PCM Communication and Dissemination plan therefore includes several strategies to implement synergies with other EU initiatives in the field of cancer. Detailed synergy with the parallel European project SPARC (Support of Personalised Medicine Approaches in Cancer) is a Coordination and Support Action (CSA) have been developed on stakeholder engagement and communication. WP2 aims to implement similar synergies with other EU initiatives. This will be further highlighted in chapters 06 and 07.

National context

The diversity of national contexts across the 29 participating countries should also be taken into account. While this strategy document provides a common European framework, partners are encouraged to relay and adapt JA PCM communications within their national environments in order to reach relevant stakeholders more effectively. WP2 will provide guidance and support to partners to facilitate these adaptations.

02 Key messages

Key messages are used in communication and dissemination material to raise awareness on the JA PCM and spread our mission, vision, and ambition. The JA PCM strives to include these key messages in all communication and dissemination material, ensuring alignment and strong messaging across the JA PCM. The following narratives will be used. They are evolving and will be adapted where and when necessary.

Objectives

- 01 Ensure equitable access to PCM across the cancer pathway.
- 02 Share data and best practices (e.g., digital tools, molecular diagnostics, liquid biopsy, molecular tumour board).
- 03 Build knowledge and capacity among healthcare professionals, patients, and the public.

Key messages

- 01 *PCM is key in cancer care*
Personalised cancer medicine is becoming key in cancer care across the entire patient pathway, from prevention to end-of-life care, but its implementation and equal access remain major challenges.
- 02 *JA PCM ambition*
The JA PCM ambition is to strengthen the PCM network across Europe and to establish a comprehensive, person-centred approach, addressing multiple perspectives: from the healthy individual, to the cancer patient, to the survivors.
- 03 *Key actions*
To strengthen cross-border collaboration in PCM through an EU-wide network and develop methodologies and tools that support Member States in delivering personalised prevention, diagnosis, treatment, and follow-up.
- 04 *EU ambition*
The project will support the ambitions of the Europe's Beating Cancer Plan.

03 Visual identity & templates

Visual identity

The visual identity developed for the JA PCM is intended to reflect its core values and positioning. It aims to communicate:

- **Unity:** bringing Member States together around a shared European objective
- **Precision:** data-informed, personalised, and genomics-guided approaches to cancer care
- **Human-centred care:** placing the person at the centre of their care pathway
- **Innovation:** advancing pioneering technologies and modern cancer management
- **Trust:** promoting evidence-based, ethically grounded, and transparent practices



Figure 1: The JA PCM logo

The visual identity was designed to ensure coherence with key previous and parallel initiatives. It links the [PCM4EU](#) and [CAN.HEAL](#) projects, which laid the foundations for the JA PCM, and was intentionally designed in alignment with the SPARC Coordination and Support Action, with which synergy are being developed. This connection is reflected in the colour scheme, which reuses orange (PCM4EU), light blue (CAN.HEAL), and teal (SPARC), signalling both continuity and alignment with these closely connected initiatives.



Figure 2: The visual identity connection with relevant previous and current associated projects

Colours and arms are connected

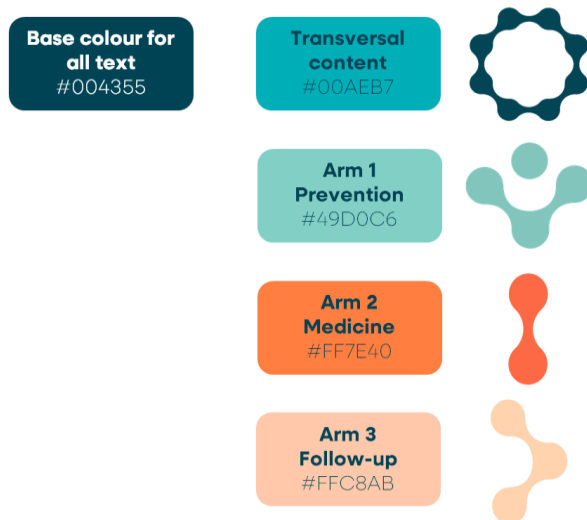


Figure 3: The JA PCM visual identity is expressed through a set of colour variations and symbols assigned to the project's different components.

Templates

Templates for presentations, documents, and social media have been developed and are available to support partners in their communications efforts. In addition, WP2 has created a [Communications handbook](#) that provides guidelines on how/why/when to engage in communication and stakeholder activities. The handbook supports the partners, but it is also meant to encourage the partners to work on communication activities.

The documents are living documents, and can be adapted when necessary. All relevant documents can be found by the partners on the JA PCM [SharePoint](#):

- Communications handbook
- Visual identity - logo, icons, fonts
- General project slides
- Templates: Word, PowerPoint, deliverables & milestones, agenda & minutes
- JA PCM infographic
- EU co-funded logo's

04 Communication channels

A multi-channel approach will be used for internal and external communication. The various channels are outlined below and illustrated in Figure 4. Communication activities across these channels will be continuously monitored throughout the project, as represented by the 'communications report' channel in Figure 4. This channel is described in more detail in Chapter 08 – Monitoring and Impact.

01 *Project website*

The project website is available at www.iapcm.eu. Given the scale and complexity of the JA PCM - involving 151 partner organisations, 13 WPs and 7 pilot interventions across 29 countries - a central web platform is a necessary tool to support core project activities, including communication, dissemination, coordination, and stakeholder engagement. The website provides a centralised, structured, and publicly accessible space to present and connect information about the project's architecture, objectives, work packages, deliverables, and partners, supporting both external stakeholders and the internal consortium. It serves as a living public repository for all project outputs, including public deliverables, reports, publications, guidelines, and training materials, ensuring open access and transparent dissemination. The website shares the project's latest developments, news, and events, and integrates with other communication channels such as newsletters, social media, and webinars. It aims to reach policymakers, healthcare professionals, researchers, other EU projects, patients, and the general public.

02 *Partners' websites*

The partners' websites will include a dedicated project page on the JA PCM. This page is aligned throughout the consortium and aims to raise awareness on the project within the partners institutions.

03 *External newsletter*

The external newsletter is open to registration for all stakeholders. It will report on relevant activities, developments, and events. The Newsletter aims to keep interested stakeholders informed on the JA PCM such as policymakers, healthcare professionals, and researchers. The newsletter will be sent two to four times a year.

04 *Internal email updates*

Internal email updates are sent by WP1 and WP2 to report on activities and developments relevant to the entire consortium. A regular "JA PCM Digest" has been set up for this purpose, with an indicative bi-weekly frequency, adapted as needed to project developments. It also includes relevant updates from other related projects. Both internal and external email updates are sent out via Spottler Mailpro tool.

05 *Work package and pilot updates*

Some work packages and pilots will send regular updates about developments in their WP or pilot to their stakeholder network, both internal and external to the consortium. These updates should follow the JA PCM visual identity, using the dedicated guidelines provided. Given the size and diversity of the project, these updates also allow work packages and pilots to tailor their communication to their specific context and stakeholders.

06 *Social media*

The JA PCM will report on social media via its [LinkedIn](#) channel and [BlueSky](#) account. The social media channels will be used for communication and dissemination posts to raise awareness on the JA PCM, promote events, and report on important developments. It is also used to connect with other relevant stakeholders, and create synergies with other EU initiatives, such as joined campaign efforts with other EU projects and the promotion of relevant events to the consortium.

07 *Zenodo*

Zenodo is an open-access research data repository developed under the European OpenAIRE program and operated by CERN. It allows researchers, institutions, and projects to share, store, and preserve research outputs, such as reports, datasets, publications, and software. Publishing outputs on the platform ensures that project results are preserved and shared in open access. Each upload receives a persistent DOI, ensuring that the JA PCM outputs remain accessible and citable over time. The platform also supports versioning, allowing updated versions of a document to be uploaded while maintaining a stable reference to the record. For the JA PCM, we have established a dedicated [Zenodo community](#) to streamline the dissemination of deliverables and project documents and highlight contributions from project partners. WP2 has provided the consortium with a guide that outlines how to upload deliverables to the platform while ensuring accuracy and consistency.

08 *Scientific publications and policy briefs*

Scientific publications will be released to target researchers, healthcare professionals and the industry to inform them on technological advancement within personalised cancer care. Publications will follow the guidelines and rules as stated in the grant agreement. Policy briefs will be published to reach policy makers in Europe to advance PCM.

09 *Conferences and events*

The JA PCM will ensure accurate and timely participation and engagement with events and conferences. The participation in conferences and events will be in line with our stakeholder engagement strategy, having a clear target audience in mind.

10 *EU Health Policy Platform*

The project will also make use of the EU Health Policy Platform as a targeted channel to engage EU-level stakeholders and contribute to policy dialogue. In particular, the JA PCM will leverage the restricted network “EU Health Networks – Synergies and Challenges”, established by JANE-2, to connect with peer initiatives, exchange on common challenges and synergies and gather information. This network constitutes an important element of the JA PCM stakeholder engagement strategy (see chapter 07).

All materials will be developed in British English, tailoring the use of language to the target audience, ensuring accessibility and engagement. Material might have to be translated by the consortium if used to target national and regional stakeholders. Visual consistency will be ensured across outputs.

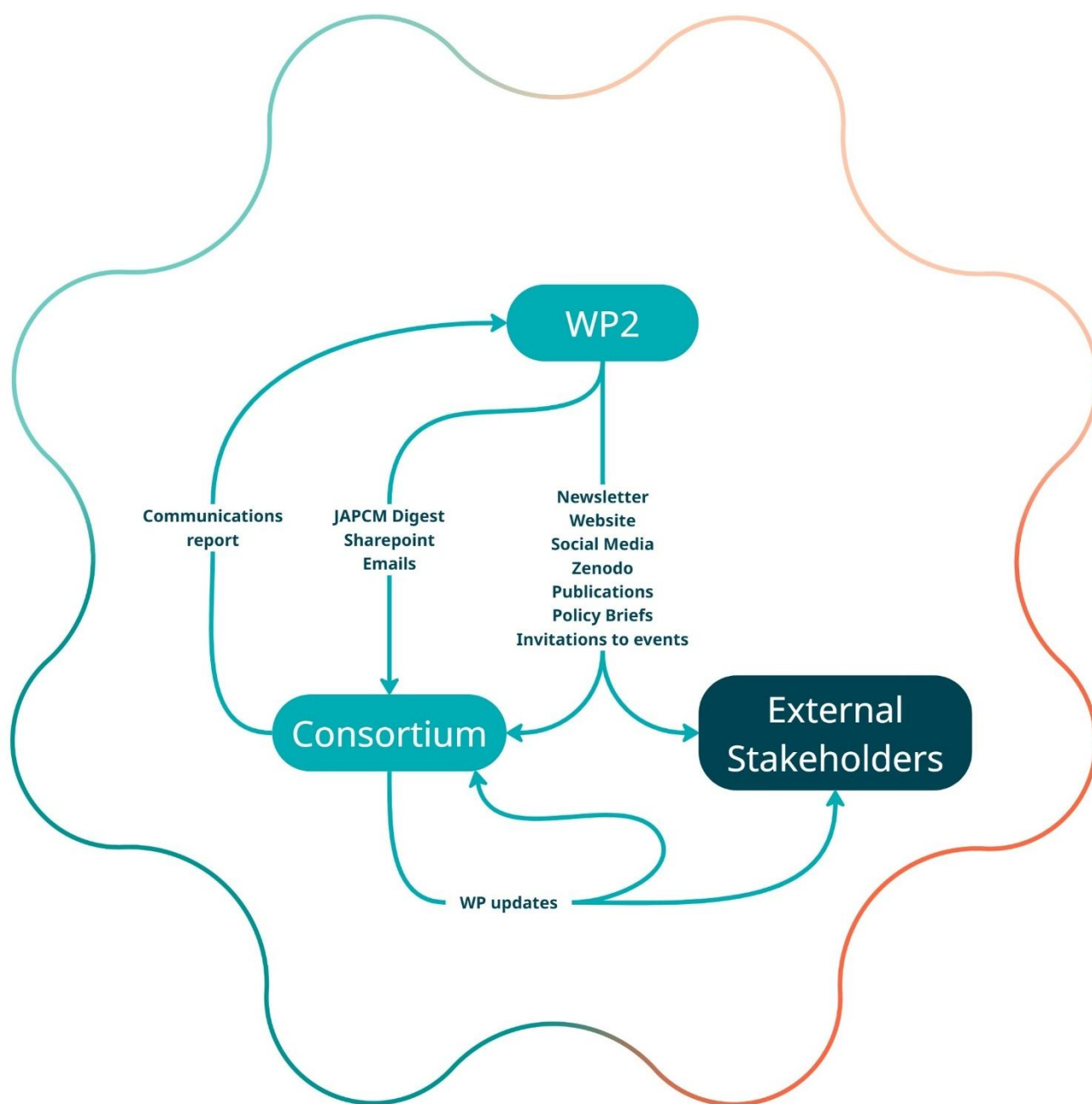


Figure 4: JA PCM communication workflow

05 Target audience

Internal

The internal target audience refers to the JA PCM consortium. The consortium consists of 151 partner organisations. The organisations span over the 29 European countries.

The partners of the JA PCM consortium are involved in the different arms, WPs, and pilots. Each of these require different communication efforts. The internal communication strategy therefore creates room for the diversity of the project. WP2 will support the adaptation of the communication activities to the specific audiences and priorities of each arm.

External

The 'target audience' refers to the group of relevant stakeholders outside of the JA PCM consortium. These stakeholders will be targeted for the coordinated development, validation, and uptake of PCM across Europe.

The JA PCM addresses multiple stakeholder groups. For each deliverable and activity, the intended audience will be clearly specified.

The key target audiences are:

- National authorities and policy makers
- EU level policy makers
- International organisations
- Scientists/researchers
- Healthcare professionals
- Industry
- Patients
- General Public

Furthermore, the JA PCM aims to target other EU initiatives in the field of personalised medicine to explore opportunities for synergies and collaboration in communications and stakeholder engagement.

06 Communication synergies

The European Commission has launched a range of initiatives in the field of personalised care, reflecting its growing importance. To maximise impact, it is essential for the JA PCM to actively build on these initiatives, creating synergies, leveraging existing knowledge, and avoiding duplication of efforts.

The Communication plan therefore implements a structured strategy for collaboration and alignment with other EU projects and initiatives in personalised care. This includes coordinated communication efforts and shared stakeholder engagement approaches.

In particular, detailed synergies with partner project SPARC have already been established, focusing on joint communication activities, and stakeholder engagement. WP2 aims to identify and implement similar synergies with additional EU initiatives, ensuring consistent messaging, complementarity of actions, and enhanced visibility of the JA PCM across the European cancer care landscape. **This chapter focuses on the communication synergies with SPARC and EU initiatives.**

SPARC synergy

SPARC is a Coordination and Support Action (CSA) to support the JA PCM in advancing personalised cancer medicine through patient engagement, stakeholder participation, and pilot-driven clinical evidence. Its activities focus on diagnosis and treatment, including liquid biopsy and molecular tumour boards, while also supporting education and training initiatives. The European Commission has encouraged a formal synergy between JA PCM and SPARC to accelerate the adoption and equitable implementation of personalised cancer medicine across Europe. This synergy has been structured in the joint deliverable [D1.1 “JA PCM–SPARC synergy”](#). One of the key pillars of this collaboration is communication, dissemination and stakeholder engagement. The communication and dissemination aspects of this synergy will be presented in this chapter, while the stakeholder engagement aspect of this strategy will be presented in the dedicated chapter (07) of this document.

The JA PCM has developed a coordinated and inclusive communication and dissemination approach with SPARC, ensuring coherent messaging, transparent information flow, and meaningful participation across clinical, policy, patient, and societal audiences. A common strategy in this regard will ensure consistency of messaging, visibility of synergies, and efficient use of resources, while maintaining each project’s identity.

This coordination will include:

01 *Shared editorial planning*

- Establishing a joint editorial calendar to align announcements, social media campaigns, newsletters, and events.
- Synchronising timing for major milestones to maximise impact and avoid overlap.

02 Common messaging framework

- Defining a set of shared umbrella messages (e.g. EU-wide mobilisation, accessibility of personalised cancer medicine, collaboration across all Member States).
- Adapting these messages to reflect each project's specific role (JA PCM: implementation and policy relevance; SPARC: innovation support and technical readiness).

03 Co-branded initiatives

- Developing joint press releases, co-authored articles, and co-hosted webinars or events when milestones are closely related.
- Developing a joint annual newsletter highlighting key synergy activities, stakeholder insights, pilot learnings, and policy-relevant messages. Distributed through both projects' communication channels to maximise reach without multiplying outputs.
- Exploring joint visibility at key conferences.

04 Visual alignment

- While each project will have its own identity, shared design elements (such as compatible colour palettes, font families, or layout structures) will be used to highlight the connection between JA PCM and SPARC.

05 Cross-promotion

- Each project's website, newsletter, and social media channels will systematically reference and promote the other project's key outputs, events, and news.
- Dedicated sections will highlight the partnership and provide direct links.

This coordinated approach will be reflected in both projects' Communication and Dissemination Plans, ensuring consistency and accountability.

Synergies with other initiatives

The JA PCM will engage in communication synergies with other relevant EU projects to strengthen personalised cancer medicine activities. Collaboration is already foreseen with:

- EUnetCCC, the European Network of Comprehensive Cancer Centres,
- JANE2, the Second Joint Action Network of Expertise on Cancer
- PROPHET, the PeRsOnalised Prevention roadmap for the future HEaLThcare
- JA Prevent NCD, Joint Action on Preventing Non-Communicable Diseases

The aim of such synergies is to combine the networks of EU initiatives which will magnify the impact of the JA PCM and its mission to make PCM readily available across Europe. Similarly to what is already foreseen with SPARC, communication synergies will focus on:

- Optimising communication efforts,
- Increasing the reach of social media campaigns,

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- Ensuring alignment between initiatives and avoiding overlaps,
- The organisation of joint events, recommendations, policy briefs.

Synergies and collaboration will also be explored with other relevant initiatives. These initiatives are mapped in figure 2. This figure is a non-exhaustive list and new synergies might develop over the course of the project.

These projects collectively form the 'PCM cluster', a structure that we aim to build through the coordinated stakeholder engagement strategy described in the following chapter. By combining networks and aligning activities, the cluster approach will optimise communication reach, prevent overlap, and support joint events, recommendations, and impact. Ultimately, the synergies will contribute to the PCM roadmap, a document that will map joint statements, guidelines, and best practices on personalised cancer medicine in Europe.



Figure 5: Stakeholder mapping of synergies with EU initiatives

07 Coordinated stakeholder engagement strategy

Although stakeholder engagement extends beyond communication and dissemination, it is closely linked to them and often relies on the same channels and interactions. Communication and dissemination activities provide key entry points for engaging stakeholders, gathering feedback, and supporting the uptake of project results. For this reason, the stakeholder engagement strategy is included in this plan.

As mentioned in the previous chapter, the stakeholder engagement strategy of the JA PCM has been developed jointly with the project SPARC. This collaboration has resulted in a coordinated, multi-level stakeholder engagement strategy, described in the joint deliverable [D1.1 “JA PCM–SPARC synergy”](#). The strategy is briefly presented below as a key component of the JA PCM communication and dissemination plan.

It combines SPARC’s patient perspective with the JA PCM’s policy perspective and aims to enable structured dialogue from practice to policy. This model supports the early identification of barriers, the validation of emerging approaches, and alignment with national and EU priorities.

SPARC and the JA PCM have developed a common strategy based on three levels of stakeholder engagement, as follows:

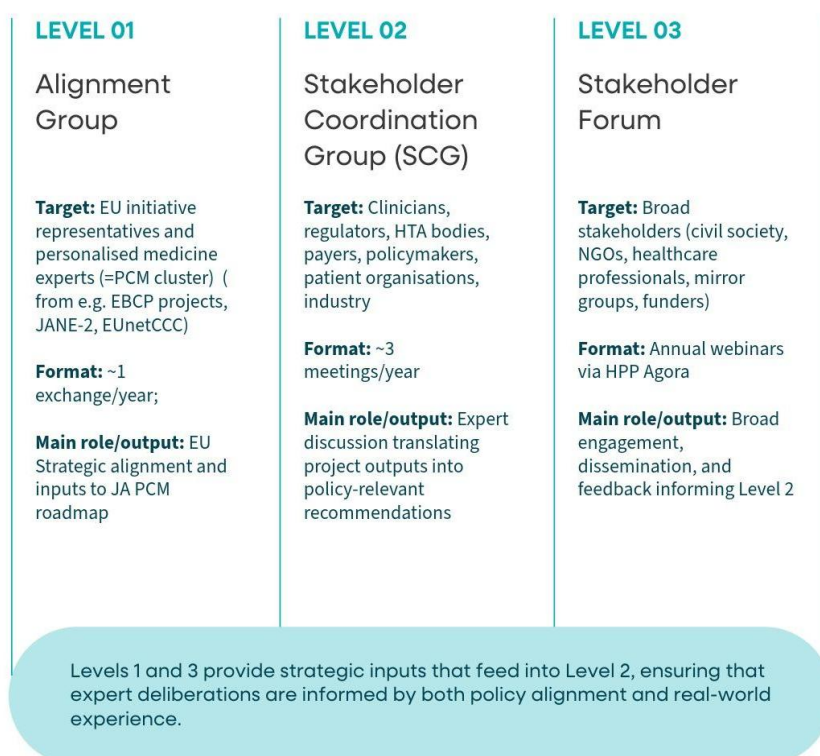


Figure 6: Stakeholder engagement groups (three levels)

Level 1 – Alignment Group (EU-level strategic alignment)

Level 1 is coordinated by the JA PCM (Sciensano) and focuses on strategic alignment in terms of notes and positions, feeding into the JA PCM roadmap deliverables and informing links with EU-level cancer and data policy initiatives. Within this level, the PCM cluster ensures coordination between SPARC, the JA PCM, and key European initiatives, fostering synergies through thematic exchanges expected to take place once per year.

This activity will be connected to the Health Policy Platform's Restricted Network initiated under the JANE-2 and hosted on the European Commission's Health Policy Platform (HPP), more specifically to its Personalised Medicine subgroup. The JA PCM has volunteered as co-lead for this subgroup (still to be confirmed), which will bring together leading personalised cancer medicine experts active across multiple EU initiatives and relevant European Beating Cancer Plan (EBCP) projects, particularly those producing outputs that support improved access to Personalised Medicine (e.g., JANE-2 NoEs, EUnetCCC). The objective is to avoid duplication, strengthen coherence across parallel efforts, and support the development of roadmap-related outputs under the JA PCM.

Level 2 – Stakeholder Coordination Group (SCG - expert translation and validation)

Level 2 is jointly coordinated by SPARC and JA PCM and acts as the central expert translation and validation layer. It brings together clinicians, policymakers, regulators, HTA bodies, payers, patient organisations, and industry representatives to translate insights from working group activities, patient perspectives, and engagement inputs into validated recommendations and policy-relevant guidance.

The SCG is expected to meet three times per year, with in-person meetings organised where feasible. The SCG events will centre around priorities of the JA PCM, SPARC synergy working groups and focus on translating technical progress into expert and policy-relevant discussion. In this way, the SCG supports the translation of activities, such as mapping exercises, best-practice development, pilot alignment and training roadmaps, into structured expert reports and policy-relevant recommendations.

The SCG operates in two complementary waves:

- Wave 1, including industry and patient organisations, to capture innovation, feasibility, and user perspectives;
- Wave 2, excluding industry and patient organisations, to enable focused regulatory and policy-oriented discussion.

The SCG is connected to the JA PCM Governmental Board and, where relevant, to the Policy Board of EUnetCCC and the SPARC Governmental Board, ensuring consistency with national coordination and implementation pathways.

Outputs from Level 2 include structured expert reports and consolidated recommendation documents, translating cross-Working Group insights into policy-relevant guidance to support national coordination and implementation.

Level 3 – Stakeholder Forum (broad engagement, dissemination and literacy)

Level 3 is coordinated by SPARC and enables broad stakeholder engagement, dissemination, and awareness-raising. It involves civil society, patient organisations, NGOs, national mirror groups, healthcare professionals, funding agencies, and other relevant actors, and is connected to platforms such as ECHoS (European Network of National Cancer Mission Hubs).

The Stakeholder Forum is organised online once per year. Level 3 outputs include Stakeholder Forum summary reports, capturing experience-based feedback, key messages, and dissemination-oriented insights that feed into Level 2 expert deliberations while also supporting communication, health literacy, and community-building. These outputs will be disseminated through both JA PCM and SPARC communication channels and will remain accessible through the HPP to support continued dialogue and stakeholder engagement beyond the events themselves.

08 Monitoring and impact

Communications report

The communications report is a survey that has been created to collect data on the communications activities of partners, WPs, and pilots. Partners will report on their communication and dissemination activities, as well as events.

This survey collects:

- 01 The name and description of the activity
- 02 Type of activity
- 03 Date of activity
- 04 Target audience
- 05 Engagement level (likes/shares/number of participants)
- 06 Links / photos of the activity

Partners are asked to fill out the survey for every single communication activity executed.

WP2 reporting

WP2 has developed an additional monitoring framework which measures the below indicators. These KPIs will be monitored by the work package throughout the lifetime of the JA PCM:

- Website traffic and unique visitors
- Social media post tracking on the JA PCM channels
- Social media reach and engagement (likes/shares/followers) on the JA PCM channels
- Newsletter open and click-through rates and subscribers
- Event tracking and number of participants at events

Regular reviews will be conducted to adjust efforts and improve communication impact.

Deliverables and Milestones

Communication key performance indicators (KPIs) for deliverables are tracked via the template of deliverables and milestones:

- 01 Target audience

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02 Training activities

03 Network/knowledge sharing events

Furthermore, the output of the JA PCM milestones and deliverables provides the main content of the communication and dissemination activities. WP2 will therefore track the deliverables and milestones, in order to ensure timely and accurate communication activities.

In addition, WP2 is involved in several milestones and deliverables. These milestones and deliverables are an important part of the work that WP2 will be involved in:

DELIVERABLE (D)/MILESTONE (MS)	Description	Date
D1.1	JA PCM SPARC Synergy I	January 2026
MS10	PROJECT LEAFLET I	January 2026
D2.1	Project website	April 2026
D2.2	Communication and dissemination plan	April 2026
MS9	Communication handbook and templates	April 2026
MS11	Communication and dissemination periodic report	November 2026
D1.3	JA PCM Sparc Synergy II	April 2027
MS12	Communication and dissemination periodic report	November 2027
D11.3	EDU communication Campaign	April 2028
D1.5	JA PCM SPARC synergy III	November 2028
MS13	Communication and Dissemination periodic report	November 2028
D2.3	Communication and Dissemination report	November 2029
D2.4	Project leaflet II	November 2029
D1.7	'PCM in Europe' Roadmap	November 2029
D13.3	Access preparation	November 2029



09 Conclusion

The JA PCM Communication and Dissemination Plan provides a comprehensive framework to guide internal and external communication, stakeholder engagement, and dissemination of project results. By combining multi-channel communication, a coordinated approach to EU-level synergies, and a structured stakeholder engagement strategy, the plan ensures that the project's objectives, outputs, and impact are effectively shared with relevant audiences across Europe.

This plan is a living document: it will evolve alongside the project, adapting to emerging needs, opportunities, and feedback from partners and stakeholders. It serves as a practical tool for all consortium members, supporting the alignment of communication activities, maximising visibility, fostering collaboration, and facilitating the uptake of the JA PCM outputs across diverse national and EU contexts.

Ultimately, the plan underpins the JA PCM mission to advance personalised cancer medicine in Europe, strengthening networks, supporting evidence-based policy, and enabling meaningful engagement with patients, healthcare professionals, researchers, and policymakers.



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