



14-15.01.2026

# Kick-off event

# 01 Editorial

At the start of 2026, I would first of all like to wish all of you a joyful, exciting and healthy New Year. We are living peculiar, some say interesting, times and it is my firm belief that initiatives such as the one we launch today will substantially contribute to helping all of us to cope in a more efficient way with the current storm of changes. I am very proud and truly happy that we at Sciensano may lead and support this Joint Action of Personalised Cancer Medicine (JA PCM) for the coming four years.

Personalised Medicine has been for us one of the key topics during the last decade both at the national level and in different Joint Actions on cancer, CanCon, JARC and iPAAC. The European Beating Cancer Plan and the Mission on Cancer have added another layer of policy support actions in this particular field wherein the CANHeal, PCM4EU, PRIMEROSE, unCAN, HealthyCloud, oncNGS and inSTANDNGS4P are some of the projects that considered PCM and are now being integrated in this Joint action.

The key aims of this Joint Action is to extend access to and knowledge of PCM across Europe. And we want to be ambitious and courageous and support the development of healthcare interventions along the individuals' life course taking a multi-perspective point of view from the healthy person, cancer patient and survivor. We fully recognize that prevention, diagnosis, treatment, and follow-up should be approached in a concerted way for optimal patient benefit.

Today we will show you how we have articulated our vision by building the JA around three areas:

- 1. Personalised prevention and early detection,**
- 2. Personalised medicine,**
- 3. Personalised follow-up and tertiary prevention.**

Pilot projects in each of the arms will be the drivers of the activities and will 'force' us to build bridges and continuity between the three areas. In these pilots, we will address seven major themes:

1. pathway, access and implementation of risk-informed cancer prevention,
2. polygenic risk score application,
3. cancer genetic predisposition across the patient journey,
4. molecular tumour boards,
5. innovative shared risk treatment models with evidence generation,
6. liquid biopsy testing,
7. digital innovation for remote monitoring.

The pilots will be supported by transversal activities, such as EQA (External Quality Assessments) for liquid biopsy, education and training, ELSI (Ethical, Legal and Social Implications), HTA (Health Technology Assessment), data and access. And we will monitor progress and evaluate outcomes using the 'Intervention Readiness Assessment tool' build in the CAN.HEAL project but enriched with new inputs from the other initiatives

All these efforts will be integrated and amount into the Roadmap for 'Personalised Cancer Medicine in Europe'.

It is clear that this JA does not stand on its own. Personalised Medicine is all about better treatments for patients and from the start we will take aboard the patient's view and inputs through our partner

project SPARC (Support of Personalised Medicine Approaches in Cancer) and internal JA initiatives. Moreover we will align, cooperate and integrate the actions, outcomes, proposals with several parallel ongoing initiatives such as, and not limited to, the Joint Actions EUnetCCC, JANE-2, Prevent NCDs, eCAN+, THEDAS, Xt-HER, the EP PerMed initiative, the different unCAN initiatives, the 1+Million Genomes and EUCAIM initiative.... Finally, we also need the support of the private sector and we will from the start seek partnerships, collaborations with all relevant industry partners. The Innovative Health Initiatives (IHI) and European Institute of Innovation and Technology (EIT) will be core partners in these endeavour.

As you can see, there is an enormous activity on Personalised Cancer Medicines ongoing in Europe. This Joint Action on Personalised Cancer Medicine wherein the European Commission, the Member States, the healthcare and public health sector, the patient organisations, the universities and private sector can work together is an unique opportunity to lay down the basis for a common framework on Personalised Cancer Medicine for all in Europe. I am really looking forward to realize such dream together with all of you.

Thanks a lot and enjoy the meeting!

Brussels, 7 January 2026



**Marc Van den Bulcke**  
Belgian Cancer Centre, Sciensano, Belgium

“Winter Landscape with a Bird Trap” by Pieter Bruegel the Elder – One of the masterpiece of Royal Museums of Fine Arts of Belgium where this event is taking place.



## 02 Agenda

DAY 1 • 14.01.2026

08:45 – 09:45	Registration and welcome coffee
10:00 - 11:00	<p><b>Welcome Session</b></p> <p>Welcome by the Coordination Marc Van den Bulcke, Head of the Belgian Cancer Centre, Sciensano (BE)</p> <p>Video message from the Minister Frank Vandenbroucke, Deputy Prime Minister and Minister of Social Affairs and Public Health of Belgium</p>
	<p>Introduction by HaDEA representative Nadia Elhaggagi, Acting Head of Unit, EU4Health HaDEA.A.1, HaDEA</p> <p>Introduction by DG RTD representative Carmen Laplaza, Head of Unit, RTD.D.2, DG RTD</p>
	<p>WP1: Project Vision &amp; Objectives &amp; Introduction Round Els Van Valckenborgh &amp; Nancy Frédérickx, Cancer Centre, Sciensano (BE)</p>
11:00 - 11:40	Coffee break
11:45 - 13:30	<p><b>Session I - Transversal WPs</b></p> <p>WP2: Communication Barthélémy Moreau de Lizoreux &amp; Lieve Dassing, Cancer Centre, Sciensano (BE)</p> <p>WP11: Education Roberta De Angelis, Instituto Superiore Di Sanita (IT)</p> <p>WP11: External Quality Assessment Simon Joosse &amp; Klaus Pantel, University Medical Center Hamburg-Eppendorf (DE)</p> <p>WP12: Ethical, legal and equity considerations Katarina Risbecker, Region Stockholm / Karolinska Universitetssjukhuset (SE)</p> <p>WP13: Data, Health Technology Assessment (HTA) and access Floor De Jong, Leiden University Medical Center (NL) Valesca Retel, Stichting Het Nederlands Kanker Instituut Antoni van Leeuwenhoek Ziekenhuis (NL)</p>
13:30 – 14:45	Lunch
14:50 – 15:30	<p><b>Session II - Transversal WPs</b></p> <p>WP4: Sustainability Nikolai Goncharenko, Institut National du Cancer (LU)</p> <p>WP3: Evaluation Rossana Alessandrello, Agencia de qualitat i evaluacio sanitaries de catalunya (ES)</p>

15:30 – 16:15	<p><b>Session ARM1: Personalised Prevention</b></p> <p>Introduction ARM1 lead Maud Kamal, Institut Gustave Roussy (FR)</p> <p>WP5: Roads to developing and implementing personalised prevention of cancers Stefania Boccia, Fondazione Policlinico Gemelli (IT)</p> <p>WP6: Early detection Gerrit Meijer, Stichting Het Nederlands Kanker Instituut - Antoni van Leeuwenhoek Ziekenhuis (NL)</p>
16:10 – 16:45	<p><b>Coffee break</b></p>
16:50 – 17:35	<p><b>Session ARM2: Personalised medicine</b></p> <p>Introduction ARM2 lead Ruggero De Maria, Alleanza Contro il Cancro (IT)</p> <p>WP7: Diagnosis Gerrit Meijer, Stichting Het Nederlands Kanker Instituut - Antoni van Leeuwenhoek Ziekenhuis (NL) Päivi Östling, Karolinska Institutet (SE)</p> <p>WP8: Expanding the treatment space by access under systematic evidence-generation Kjetil Tasken, Oslo University Hospital (NO)</p>
17:35 – 17:45	<p><b>Conclusion of the day</b></p>
17:45 – 19:00	<p><b>Networking event</b></p>

08:00 – 09:00	Registration and welcome coffee
9:00 – 9:30	<b>Introduction session</b>  <b>Innovative Health Initiative (IHI)</b> Niklas Blomberg, Executive Director, Innovative Health Initiative
	<b>SPARC Introduction and Synergy update</b> Manuel Ottaviano, Universidad Politecnica de Madrid (ES) Denis Horgan, European Alliance of Personalised Medicine
9:30 - 10:15	<b>Session ARM3: Personalised follow-up and tertiary prevention</b> Introduction ARM3 lead Claus Lindbjerg Andersen, Aarhus University (DK)  <b>WP9: Digital innovation for improving survivorship care delivery</b> Maria Alice Borinelli-Franzoi, Institut Gustave Roussy (FR)  <b>WP10: Tertiary Prevention</b> Torben Hansen, The Region of Southern Denmark (DK)
10:15 - 11:15	<b>Session Pilots ARM1 &amp; ARM3</b>  <b>WP9: Digital tools for remote monitoring need assessment, self-management and supportive care</b> Maria Alice Borinelli-Franzoi, Institut Gustave Roussy (FR)  <b>WP5: Risk-Informed Prevention (PARI)</b> Maud Kamal, Institut Gustave Roussy (FR)  <b>WP6: Polygenic Risk Score (PRS)</b> Jeroen van Rooij, Erasmus Medical Centre (NL)
11:15 - 11:45	<b>Coffee break</b>
11:50 – 12:30	<b>Session Transversal Pilots</b>  <b>T1 CPS Compass: Personalised management of cancer predisposition across the patient journey</b> Anke Bergmann & Matt McCrary, University Hospital Würzburg / University Würzburg (DE)  <b>T2 LB-ctDNA: Implementation of LB in different settings: early detection, tumour profiling, resistance, minimal residual disease and recurrence surveillance</b> Remond Fijneman, Stichting Het Nederlands Kanker Instituut - Antoni van Leeuwenhoek Ziekenhuis (NL) Claus Lindbjerg Andersen, Aarhus University Hospital (DK)
12:30 – 14:00	<b>Lunch</b>

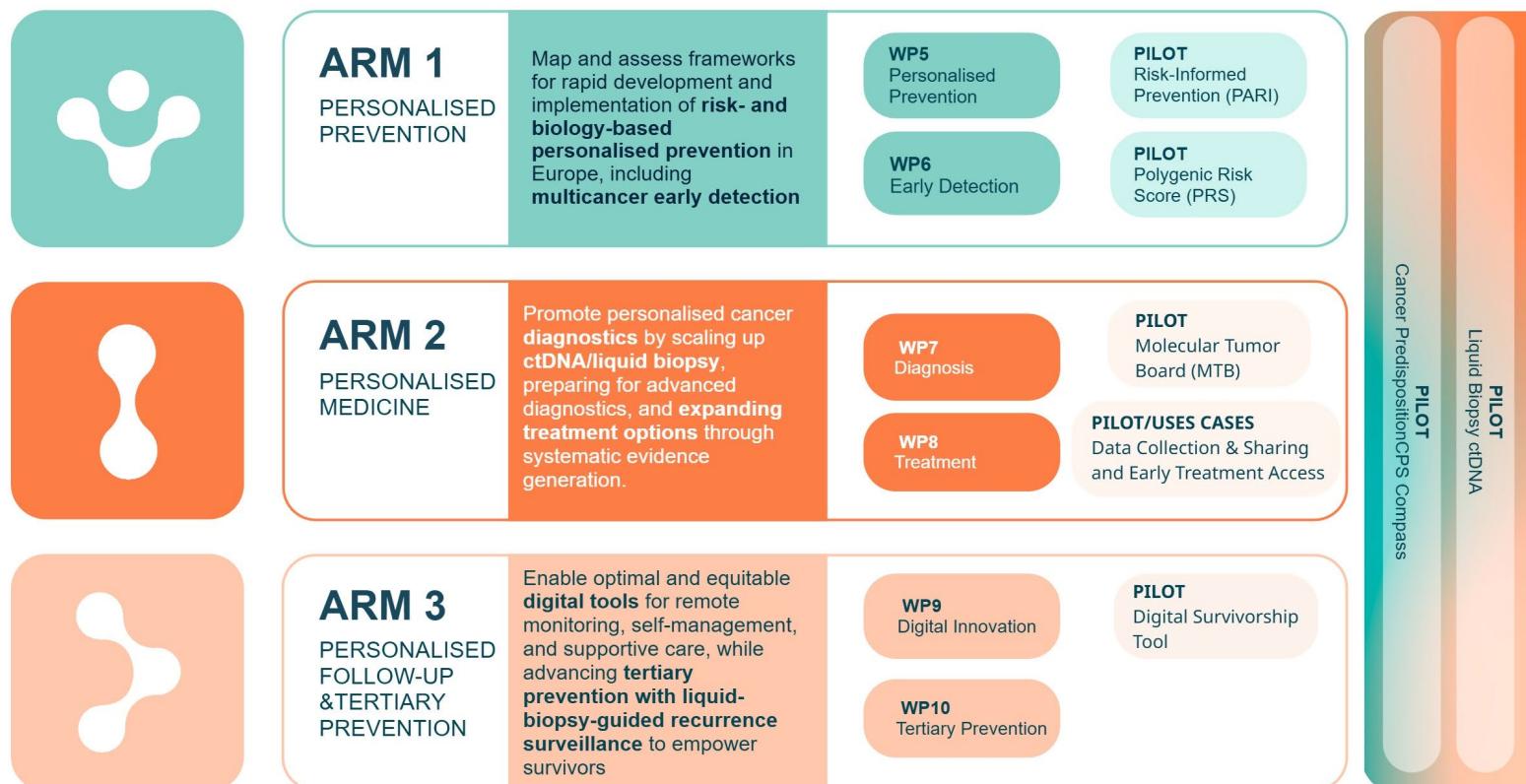
14:00 – 15:20	<b>Session Pilots &amp; use cases <b>ARM2</b></b> <p>WP7-8: Supranational MTB for complex cases/countries with no MTB  <b>Alejandro Piris &amp; Alberto Hernando, Vall d'Hebron Institute of Oncology (ES)</b></p> <p>WP8: Continuous data collection in a federated data sharing platform  <b>Live Fagereng, Oslo University Hospital (NO)</b></p> <p>Use case 8.1: Expanding treatment space  <b>Nikolas von Bubnoff, Medical Centre, University of Schleswig-Holstein (DE)</b></p> <p>Use case 8.2: Managed Entry Agreements  <b>Christophe Le Tourneau, Unicancer (FR)</b></p> <p><b>Closing remarks</b>  <b>Philippe Roux, Head of Unit, SANTE.B.1, DG SANTE</b></p> <p><b>Goodbye coffee</b></p>
15:20 – 15:30	
15:30 – 16:30	



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# 03 General Presentation

## WORKPLAN



## ARM 1 Team

### Gustave Roussy, France



**Suzette Delaloge**

Director, Cancer Interception Programme



**Maud Kamal**

Executive Director, Institut Hospitalo  
Universitaire PRISM National PReclSion  
Medicine Center in Oncology  
Head of Cellule Europe

### Netherlands Cancer Institute, The Netherlands



**Gerrit Meijer**

Head of Research & Innovation, Dept. of Pathology



**Beatriz Carvalho**  
PhD associate staff  
scientist / principal  
investigator



**Marjanka Schmidt**  
Group leader,  
genetic epidemiology  
of breast cancer

## WP5 Personalised prevention

### Our ambition

- Supports the development and implementation of personalised cancer prevention at the public health level
- Mapping past and ongoing initiatives to assess preparedness, define minimum requirements, and identify the expert network needed to support this new approach in oncology and care

### Our wishes for 2026

- A big step forward for personalised cancer prevention in Europe

### THE TEAM



**Suzette Delaloge**  
Gustave Roussy,  
France



**Stefania Boccia**  
FPG-IRCCS,  
Italy



**Erika Giacobini**  
FPG-IRCCS,  
Italy



**Davide Perrone**  
FPG-IRCCS,  
Italy



**Maud Kamal**  
Gustave Roussy,  
France



**Lucie Veron**  
Gustave Roussy,  
France



**Alessandra Sabatelli**  
FPG-IRCCS,  
Italy



**Alessandra Verduchi**  
FPG-IRCCS,  
Italy

## Pilot 5: PARI - Pathway, Access and Implementation of Risk-Informed cancer prevention across Europe

### Our ambition

- For the first time, this pilot will evaluate the feasibility of large-scale cancer risk assessment and risk-informed prevention in the general population through an international prospective cohort study

### Our wishes for 2026

- Initiate the pilot by the end of the year

### THE TEAM



**Suzette Delaloge**  
Gustave Roussy,  
France



**Maud Kamal**  
Gustave Roussy,  
France



**Lucie Veron**  
Gustave Roussy,  
France



**Marjanka Schmidt**  
NKI,  
The Netherlands

## WP6 Early Detection

### THE TEAM



**Gerrit Meijer**  
NKI, The Netherlands



**Juan Gonzalez Garcia**  
IACS, Spain

# Pilot 6: Implementation readiness for polygenic risk scores (PRS) in screening

## Our ambition

- Jointly create a protocol for PRS integration into CanRisk
- Validate this protocol in pilot studies (3-4 sites)
- Enhance readiness of PRS implementation in breast cancer and beyond

## Our wishes for 2026

- PRS for everyone
- Interesting collaborations, with nice people
- Friendly reviewers

## THE TEAM



**Jeroen van Rooij**  
Erasmus MC, The Netherlands



**Marjanka Schmidt**  
NKI, The Netherlands

## ARM 2 Team

### Alleanza contro il cancro, Italy



**Ruggero De Maria**  
President  
Scientific Director,  
Istituto Nazionale  
Tumori Regina Elena



**Lorenza Meronetti**  
Project manager



**Valentina Trapani**  
Project manager  
Associate professor of  
pathology, UniCamillus-  
International University  
of Health and Medical  
Sciences



**Patrizio Giacomini**  
ACC & Fondazione  
Policlinico Universitario  
Agostino  
Gemelli IRCCS



ALLEANZA  
CONTRO  
IL CANCRO

### Unicancer, France



**Christophe Le  
Tourneau**  
Chair, Personalised  
medicine group



**Venice Hancock**  
European Projects  
Manager



**Maud Kamal**  
Member, Personalised  
medicine group



**Romain Mignerat**  
Head of European  
and International  
Affairs



## WP7 Diagnosis

### Our ambition

- Availability of molecular and other advanced diagnostics is conditional for personalised cancer medicine
- Momentum around ctDNA/liquid biopsies provides a unique use case to develop a roadmap towards EU-wide adoption, implementation and reimbursement of personalised cancer diagnostics
- Real-time evidence from combined real-world diagnostic, treatment & outcome data is a critical success factor for personalised cancer medicine

### THE TEAM



**Gerrit Meijer**  
NKI, The Netherlands



**Päivi Östling**  
Karolinska Institutet, Sweden

# WP8 Expanding the treatment space

## Our ambition

- Clinical trial network across Europe connecting every hospital that operates MTBs, exploiting the scale of the European population (>450 million citizens)
- Increased European competitiveness in attracting trials and with MEAs working across Europe.
- More data collected and evidence generated to support PCM implementation into Standard of Care.

## Our wishes for 2026

- All key hospitals and KoLs that operate PCM onboarded
- Industry onboarded to work with us in implementation-near trials, and new ways to collect data, making their existing and new drugs available
- Payers and EMA onboarded for our PCM evidence generation plan
- Well on the way with a joint platform protocol, the joint data repository and the data sharing agreement

## THE TEAM



**Kjetil Taskén**  
OUS, Norway



**Live Fagereng**  
OUS, Norway



**Hans Gelderblom**  
LUMC, The Netherlands

# Pilot WP7-8 Supranational Molecular Tumour Board

## Our ambition

- Operational framework & SOPs – transnational MTB setup, biomarker access
- Pilot cancer centre network – implementation roadmap, onboarding institutions & stakeholders
- Impact metrics & sustainability – measure improvements, focus on under-served regions

## Our wishes for 2026

- Successfully implement the MTB
- Scaling up to more centres and countries
- Sustainable over time

## THE TEAM



**Christina Stangl**  
VHIO, Spain



**Alba López**  
VHIO, Spain



**Ernest Nadal**  
ICO, Spain



**Alejandro Piris**  
VHIO, Spain



**Alberto Hernando**  
VHIO, Spain



**Nikolai Goncharenko**  
INC, Luxembourg



**Iwona Ługowska**  
MSCI, Poland

## Pilot 8 Data collection

### Our ambition

- Make federated MTB data collection that facilitates data analysis to inform decision makers, real and routine: turn a “minimal dataset” into a continuous, cross-country flow of high-quality real-world data — without moving sensitive patient data out of national/institutional control.
- Create an interoperability template that scales: align centres on common variables, semantics, and governance so that new sites can plug in quickly and the model can be extended beyond the pilot to other WP activities and future EU infrastructures.

### Our wishes for 2026

- Less friction, more impact: simpler data/ethics/contracting pathways so that clinicians and data teams can spend time on patients and evidence, not on paperwork.
- Trust and collaboration across centres: a culture where sharing standards, data and methods feels as natural as sharing publications, with genuine reciprocity and long-term partnerships

### THE TEAM



**Ruggero De Maria**  
ACC, Italy



**Giovanni Tonon**  
ACC, Italy



**Live Fagereng**  
OUS, Norway

## Use case 8.1 Expanding treatment space

### Our ambition

- Showcase the potential for shared cohorts to generate evidence for PCM
- Attract MAH to accelerate setup of clinical trials
- To accelerate drug approval and expand the treatment space for patients to PCM

### Our wishes for 2026

- To set up a network of PCM sites for retrospective & prospective cohorts
- To team up with MAH
- To have many discussions with the wonderful JA-PCM team, network of researchers and colleagues to advance PCM in Europe

### THE TEAM



**Nikolas von Bubnoff**  
UKSH, Germany



**Torben Frøstrup  
Hansen**  
RSYD, Sweden



**Iwona Ługowska**  
MISC, Poland

## Use case 8.2 Managed Entry Agreement (MEA)

### Our ambition

- Evaluate MEAs, RWE, or external control arms to enable tailored access for on- and off-label use
- Identify barriers to tumour-agnostic reimbursement in pilot countries
- Develop practical guidelines to support MEA-based reimbursement

### Our wishes for 2026

- To better serve patients and strengthen our collective fight against cancer through this project and every initiative we drive together

### THE TEAM



**Christophe Le  
Tourneau**  
Unicancer, France



**Maud Kamal**  
Unicancer, France



**Sahar van Waalwijk  
van Doorn-Khosrovani**  
LUMC, The Netherlands



**Floor de Jong**  
LUMC, The Netherlands



**Hans Gelderblom**  
LUMC, The  
Netherlands

## Arm 3 Team

### Aarhus University Hospital, Danemark



**Claus Lindbjerg Andersen**  
Professor, Group Leader and  
Director of the National Danish  
ctDNA Research Center

### Sciensano, Belgium



**Régine Kiasuwa Mbengi**  
Scientist, head of unit « Supportive care »,  
Cancer Centre



**Marie Lamberigts**  
Scientist, Cancer Centre



AARHUS UNIVERSITY



AARHUS  
UNIVERSITETS  
HOSPITAL



# WP9 Digital innovation for survivorship care delivery

## Pilot 9 Digital survivorship tool

### Our ambition

- To prepare an optimal and equitable implementation of digital tools across EU Member States to support sustainable survivorship care delivery and reduce disparities
- To enhance the quality and experience of survivorship care practices across Europe by using digital solutions for remote monitoring, self-management, and access to supportive care, strengthening patient empowerment and improving quality of life

### Our wishes for 2026

- Peace and greater empathy toward our patients, our colleagues, and one another.

### THE TEAM



**Maria Alice Franzoi**  
Gustave Roussy  
France



**Petya Zyumbileva**  
Gustave Roussy  
France



**Sarah Ball**  
Gustave Roussy  
France



**Ines Vaz Luis**  
Gustave Roussy  
France



**Marie Lamberigts**  
Sciensano  
Belgium



**Régine Kiasuwa Mbengi**  
Sciensano  
Belgium

## WP10 Tertiary Prevention

### Our ambition

- Focus on patient perspective through active involvement and patient-friendly communication
- Accelerate clinical adoption of liquid biopsy for smarter tertiary treatment decisions and earlier, more effective recurrence detection
- Assess gaps and barriers across current practices and propose one holistic surveillance system to replace fragmented approaches by the end of JA PCM

### Our wishes for 2026

- Health, curiosity, and a bit of luck both in work and in life.
- More time for meaningful thinking, collaboration, and learning

### THE TEAM



**Torben Frøstrup Hansen**  
Vejle Hospital,  
Denmark



**Brit Sandgren**  
Vejle Hospital,  
Denmark



**Giovanni Blandino**  
IFO-IRE,  
Italy



**Matteo Allegretti**  
IFO-IRE,  
Italy



**Kamilla Arp**  
Vejle Hospital,  
Denmark



**Anette Schulz**  
Vejle Hospital,  
Denmark



**Eriseld Krasniqi**  
IFO-IRE,  
Italy



**Roberta Melchionna**  
IFO-IRE,  
Italy



**Fabrizio Fierro**  
IFO-IRE,  
Italy

# Transversal Pilot T1 Cancer Predisposition – CPS COMPASS

## Our ambition

- Establish barriers and facilitators to a germline genotype-first approach to cancer predisposition syndrome diagnostics in pediatric/AYA populations in multiple European contexts to guide future clinical implementation
- Address common access barriers to genetic counselling through the trial implementation of 'priority European actions' identified in CAN.HEAL

## Our wishes for 2026

- Additional industry funding for the pilot secured by the end of the year
- Another healthy and happy baby girl to be born in mid-May :)

## THE TEAM



**Matt McCrary**  
UKE, Germany



**Nele Loecher**  
UKE, Germany



**Hélène Antoine-Poirel**  
Sciensano, Belgium



**Anke Bergmann**  
UKE, Germany



**Marie Schnürer**  
UKE, Germany



**Annalisa Musola**  
UKE, Germany



**Maria Valeria Freire Chadrina**  
Sciensano, Belgium

# Transversal Pilot T2 LB-ctDNA: Implementation of ctDNA guided decision-making across the patient journey

## Our ambition

- Implement ctDNA-guided clinical decision making for:
  - Treatment selection (ctDNA mutation profiling)
  - Treatment (de)escalation and recurrence surveillance (ctDNA MRD testing)
  - Treatment response monitoring (ctDNA dynamic changes over time)

## Our wishes for 2026

- Initiation of the LB pilot
- Establishment of a strong synergistic network between the LB pilot participants
- Establishment close interaction between the transversal LB pilot and WP7, WP8, WP9, WP10, WP11, WP13, CANDLE and EUnetCCC

## THE TEAM



**Claus Lindbjerg Andersen**  
AUH, Danemark



**Remond Fijneman**  
NKI, The Netherlands



**Klaus Pantel**  
UKE, Germany



**Simon Joosse**  
UKE, Germany



**Patrizio Giacomini**  
ACC-FGP, Italy

# WP1 Project management and coordination

## Our ambition

- Extend access to and knowledge of PCM across Europe
- Unite all relevant stakeholders
- Establish a European PCM network

## Our wishes for 2026

- To connect more, share more, and learn from each other through trust and mutual respect
- That every partner feels heard, valued, and engaged
- Lots of inspiration and mutual growth

## THE TEAM



**Marc Van den Bulcke**  
Sciensano, Belgium



**Els Van Valckenborgh**  
Sciensano, Belgium



**Nancy Frédérickx**  
Sciensano, Belgium



**Anouk Waeytens**  
Sciensano, Belgium



**An Catherine Hoang**  
Sciensano, Belgium

## WP2 Communication

### Our ambition

- Create visibility and impact by producing high quality communication strategies and material
- Build a strong stakeholder network

### Our wishes for 2026

- From the communications team, our wish is a year of collaboration, trust, and tangible impact
- Also: more physical activity and quality time with family

### THE TEAM



**Barthélémy Moreau de Lizoreux**  
Sciensano, Belgium



**Lieve Dassing**  
Sciensano, Belgium



**Pauline de Wurstemberger**  
Sciensano, Belgium

# WP3 Evaluation

## Our ambition

- Accelerate the equitable adoption and large-scale impact of innovative precision cancer medicine and preventive health interventions across healthcare systems
- Develop and apply a robust, adaptable PCM Evaluation Framework to assess and strengthen prevention, care, education, training, and quality assurance initiatives
- Maximise impact to enable sustainable, scalable implementation through evidence-based planning, continuous monitoring, and alignment with PCM Joint Action priorities to improve access and outcomes.

## Our wishes for 2026

- Ensure a constructive, respectful, and efficient working environment that enables partners to collaborate smoothly and deliver results in a timely manner.
- Establish a strong, collaborative working group dedicated to the development and application of the PCM Evaluation Framework.
- Develop the PCM Evaluation Framework by building on the Can.Heal experience and integrating the perspectives and expertise of all contributing partners.
- Our Wish for 2026: Peace in the World and Progress in Healthcare and Precision Medicine.

## THE TEAM



**Rossana Alessandrello**  
AQUAS, Spain



**Claudia Prats**  
AQUAS, Spain



**Ramon Maspons**  
AQUAS, Spain

## WP4 Sustainability

### Our ambitions

- Ensure that the structures, results, and outputs of the JA PCM deliver long-term value and are embedded into healthcare systems in a way that promotes **equity, resilience**, and is **future-proof**.
- Contribute to a shared understanding of “**what exists and what's missing**” across Member States and Associated Countries (MS/AC), including the specific needs of small MS.
- Enable genuine cross-border value: deliver **actionable pathways** that work for small MS/AC and support cross-border co-development and care—not only for high-capacity systems—so that access to PCM becomes realistic everywhere.
- Contribute to a policy direction that translates JA outputs (pilots, tools, guidelines) into **actionable strategies for adoption, scale-up, and long-term maintenance**.

### Our wishes for 2026

- Early and continuous cross-WP collaboration
- Transparent implementation insights from partners
- Early alignment on deliverables, milestones, and WP boundaries
- Coordinated efforts to prepare active stakeholder engagement
- Collaboration, mutual respect and knowledge-based decision making

### THE TEAM



Malin Eklund  
NBWH, Sweden



Malin Berggrund  
NBWH, Sweden



Nikolai Goncarenko  
INC, Luxembourg



Amélie Gaignaux  
INC, Luxembourg

# WP11 Training and External Quality Assessment (EQA)

## Our ambition

- Develop tailored training for all professionals (MTB, LB, PCM innovations)
- Inform patients and citizens about PCM benefits in the care continuum
- Strengthen quality assurance of LB assays in the JA pilots and sustain EU-wide LB-EQA

## Our wishes for 2026

- Foster effective WP11 collaboration to identify training pathways that meet stakeholders' real needs for PCM implementation across Member States
- Strengthen the competitiveness of JA PCM through ELBS support and advance the clinical implementation of ctDNA analysis

## THE TEAM



**Roberta De Angelis**  
ISS, Italy  
Lead



**Klaus Pantel**  
UKE, Germany  
Co-Lead



**Simon Joosse**  
UKE, Germany  
Co-Lead

# WP12 Ethical, Legal and Equity Considerations

## Our ambition

- Advance ELSI readiness across WPs and Pilots for cross-border PCM implementation
- Support WPs and Pilots using ongoing initiatives, existing frameworks, and expertise to enable secure, harmonised PCM
- Actively promote patient perspectives in PCM implementation

## Our wishes for 2026

- A healthy, happy, and exciting 2026 to all our colleagues - may it be full of curiosity, creativity, and shared accomplishments!

## THE TEAM



**Eva Jolly**,  
Karolinska University Hospital,  
Sweden



**Frantzeska Papadopoulou**  
Karolinska University Hospital,  
Sweden



**Katarina Risbecker**  
Karolinska University Hospital,  
Sweden



**Wannes van Hof**  
Sciensano, Belgium



**Chloé Mayeur**  
Sciensano, Belgium



**Marlies Saelaert**  
Sciensano, Belgium

# WP13 Data, Health Technology Assessment (HTA) and access

## Our ambition

- Collecting the right data
- Conducting fit-for-purpose HTA
- And inform policy decision-making

## Our wishes for 2026

- May we strengthen the PCM-network in Europe to fasten and improve access to vital oncology medicine

## THE TEAM



**Floor de Jong**  
LUMC  
The Netherlands



**Wim van Harten**  
NKI  
The Netherlands



**Lifang Liu**  
NKI  
The Netherlands



**Sahar van Waalwijk van Doorn-Khosrovani**  
LUMC, The Netherlands



**Valesca Retel**  
NKI  
The Netherlands



**Gerrit Meijer**  
NKI  
The Netherlands

# Important notice

The content of the above pages can still be updated before the leaflet is published on Zenodo. If you see anything to add or change for your work package or pilot, please let us know before the 31 January:  
[japcm.coordination@sciensano.be](mailto:japcm.coordination@sciensano.be)

## 04 Practical Info



### Tools & Resources for partners

#### JA PCM Expert Platform (SharePoint)

This will be our central collaboration hub.

[Request an access](#)

Manuals and login credentials will be sent to your email in the coming weeks.



#### Templates & Visual Material

Access our official reporting templates, PowerPoint slides, and social media assets directly on the Expert Platform.

These will also be emailed to all partners following the kick-off event.

Communication inquiries: [japcm.coordination@sciensano.be](mailto:japcm.coordination@sciensano.be)

#### Zenodo Repository

We have established a dedicated community for the Joint Action Personalised Cancer Medicine to share scientific outputs.

Join the Community:



### Stay Connected

#### Newsletter

Official Partners: You are automatically subscribed.

Interested Stakeholders. A subscription link will be available soon. Stay tuned!

#### Social Media

Follow us for real-time updates and feel free to share our content!



[LinkedIn](#)



[Bluesky](#)



**JA PCM**

Joint Action Personalised  
Cancer Medicine