

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 believe 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	Welcome Session Welcome by the Coordination Marc Van den Bulcke, Head of the Belgian Cancer Centre, Sciensano (BE) Video message from the Minister Frank Vandenbroucke, Deputy Prime Minister and Minister of Social Affairs and Public Health of Belgium Introduction by HaDEA representative Nadia Elhaggagi, Acting Head of Unit, EU4Health HaDEA.A.1, HaDEA Introduction by DG RTD representative Carmen Laplaza, Head of Unit, RTD.D.2, DG RTD WP1: Project Vision & Objectives & Introduction Round Els Van Valckenborgh & Nancy Frédérickx, Cancer Centre, Sciensano (BE)
11:00 – 11:40	Coffee break
11:45 – 13:30	Session I - Transversal WPs WP2: Communication Barthélémy Moreau de Lizoreux & Lieve Dessing, Cancer Centre, Sciensano (BE) WP11: Education Roberta De Angelis, Istituto Superiore Di Sanita (IT) WP11: External Quality Assessment Simon Joosse & Klaus Pantel, University Medical Center Hamburg-Eppendorf (DE) WP12: Ethical, legal and equity considerations Katarina Risbecker, Region Stockholm / Karolinska Universitetssjukhuset (SE) 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)
13:30 – 14:45	Lunch
14:50 – 15:30	Session II - Transversal WPs WP4: Sustainability Nikolai Goncharenko, Institut National du Cancer (LU) WP3: Evaluation Rossana Alessandrello, Agència de qualitat i avaluació sanitàries de catalunya (ES)

15:30 – 16:15	<p>Session ARM1: Personalised Prevention</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	Coffee break
16:50 – 17:35	<p>Session ARM2: Personalised medicine</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) Paivi 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>Conclusion of the day</p> <p>Marc Van den Bulcke, Head of the Belgian Cancer Centre, Sciensano (BE)</p>
17:45 – 19:00	Networking event

08:00 – 09:00 Registration and welcome coffee

9:00 – 9:30 **Introduction session**

Innovative Health Initiative (IHI)

Niklas Blomberg, Executive Director, Innovative Health Initiative

SPARC Introduction and Synergy update

Manuel Ottaviano, Universidad Politecnica de Madrid (ES)

Denis Horgan, European Alliance of Personalised Medicine

9:30 - 10:15 **Session ARM3: Personalised follow-up and tertiary prevention**

Introduction ARM3 lead

Claus Lindbjerg Andersen, Aarhus University (DK)

WP9: Digital innovation for improving survivorship care delivery

Maria Alice Borinelli-Franzoi, Institut Gustave Roussy (FR)

WP10: Tertiary Prevention

Torben Hansen, The Region of Southern Denmark (DK)

10:15 - 11:15 **Session Pilots ARM1 & ARM3**

WP9: Digital tools for remote monitoring need assessment, self-management and supportive care

Maria Alice Borinelli-Franzoi, Institut Gustave Roussy (FR)

WP5: Risk-Informed Prevention (PARI)

Maud Kamal, Institut Gustave Roussy (FR)

WP6: Polygenic Risk Score (PRS)

Jeroen van Rooij, Erasmus Medical Centre (NL)

11:15 - 11:45 **Coffee break**

11:50 – 12:30 **Session Transversal Pilots**

T1 CPS Compass: Personalised management of cancer predisposition across the patient journey

Anke Bergmann & Matt McCrary, University Hospital Würzburg / University Würzburg (DE)

T2 LB-ctDNA: Implementation of LB in different settings: early detection, tumour profiling, resistance, minimal residual disease and recurrence surveillance

Remond Fijneman, Stichting Het Nederlands Kanker Instituut - Antoni van Leeuwenhoek Ziekenhuis (NL)

Claus Lindbjerg Andersen, Aarhus University Hospital (DK)

12:30 – 14:00 **Lunch**

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



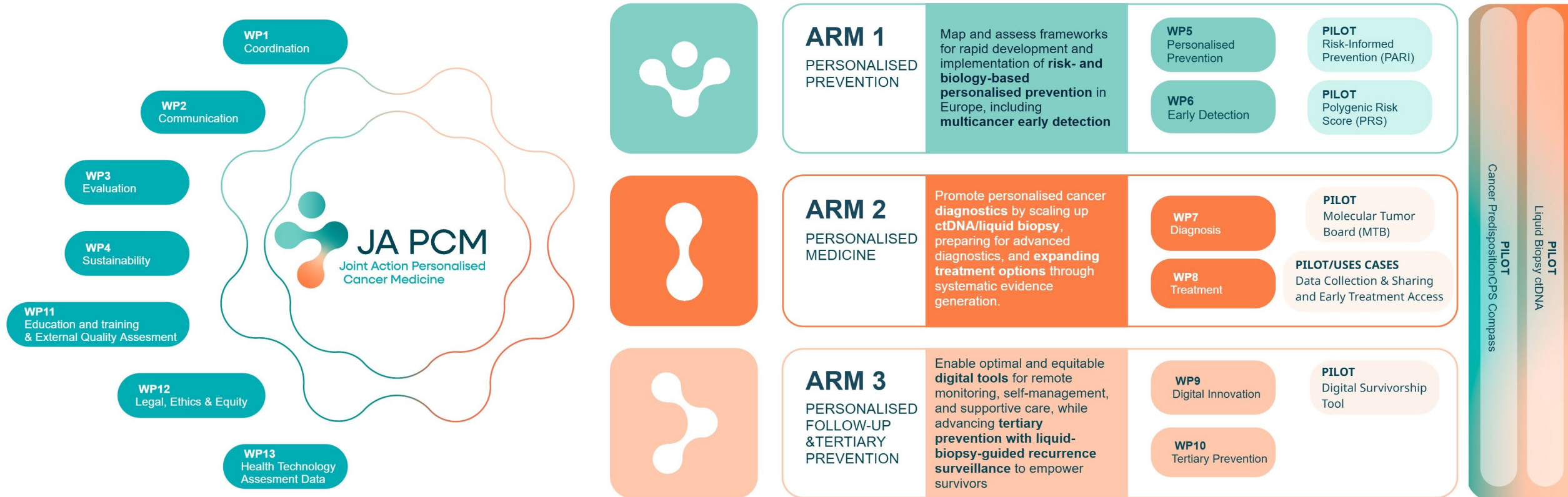
Co-funded by
the European Union

This work is funded by the European Union (JA PCM - grant number 101233450). Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them.



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 Delalogue
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



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, Denmark



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



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

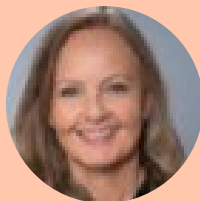
Our wishes for 2026

- 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



Anke Bergmann
UKE, Germany



Matt McCrary
UKE, Germany



Marie Schnürer
UKE, Germany



Nele Loecher
UKE, Germany



Annalisa Musola
UKE, Germany



Hélène Antoine-Poirel
Sciensano, Belgium



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, Denmark



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 Dessing
Sciensano, Belgium



Pauline de Wursterberger
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
NBHW, Sweden



Malin Berggrund
NBWH, Sweden



Nikolai Goncareenko
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



Wannes van Hof
Sciensano, Belgium



Marlies Saelaert
Sciensano, Belgium



Frantzeska Papadopoulou
Karolinska University Hospital,
Sweden



Katarina Risbecker
Karolinska University Hospital,
Sweden



Chloé Mayeur
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

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

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

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JA PCM

Joint Action Personalised
Cancer Medicine