



# Joint Action on Networks of Expertise

## Deliverable number. 3.1.

### Evaluation strategy



## DOCUMENT INFORMATION

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## Abbreviations

AB - Advisory Board

CANCON - European Guide on Quality Improvement in Comprehensive Cancer Control

CCC - Comprehensive Care Centre

CraNE - Network of Comprehensive Cancer Centres: Preparatory activities on creation of National Comprehensive Cancer Centres and EU Networking

EPAAC - European Partnership for Action Against Cancer

iPAAC - Innovative Partnership for Action Against Cancer

JA - Joint Action

NoE - Network of Expertise

SC – Steering Committee

WP – Work Package



## JANE HIGHLIGHTS AND OBJECTIVES

The Joint Action on Network of Expertise (acronym JANE) is a joint action co-funded by the Health Programme of the European Union and the participating national organizations, institutes and universities. JANE JA builds on previous Joint Actions on cancer control (iPAAC, CANCON and EPAAC; [www.ipaac.eu](http://www.ipaac.eu), [www.cancercontrol.eu](http://www.cancercontrol.eu) and [www.epaac.eu](http://www.epaac.eu)) and its deliverables and recommendations. Cancer control is still a major public health challenge in the European Union and the objective of the JANE JA is to conduct the work to shape the future establishment of seven new Networks of Expertise in the cancer field. This action will run in parallel with the CraNE Joint Action.

JANE JA has two main goals: 1) to prepare everything necessary to launch the new Networks of Expertise; 2) to critically evaluate existing models of current and future EU networking with a view to optimizing the functioning of the new Networks of Expertise. The project's management goal is to prepare the groundwork for the creation of seven Networks of Expertise, with the final deliverable for each being a call for expressions of interest. Seven new Networks of Expertise that should be established in the future should cover the following domains: personalized primary prevention, survivorship, palliative care, "omic" technologies, hi-tech medical resources, one or more complex and poor-prognosis cancer(s) and adolescents and young adults with cancer.



## EVALUATION TEAM

Work package 3 will be led by the Croatian Institute for Public Health (CIPH).

CIPH is the central public health institute in Croatia, and its main tasks are to plan, promote and implement measures for the enhancement of population health. It prepares and implements prevention programmes such as HPV vaccination campaigns, cancer screening programmes and other health care measures aimed at promoting healthy lifestyle.

CIPH was involved as a Task leader in WP9 (Screening) in the CanCon JA, and was the leader of the WP3 (Evaluation) in the iPAAC JA. The main department responsible for this JA within the CIPH is the Division for Epidemiology and Prevention of Chronic Noncommunicable Diseases, which also hosts the Croatian National Cancer Registry (CNCR). The CIPH personnel will be included in other work packages in JANE, but the main task will be to coordinate the work on the evaluation of the Action.

The head of the Croatian National Cancer Registry, Mario Šekerija, MD, PhD, is designated as the leader of the WP3. Dr Šekerija's medical education and significant experience in the field of cancer epidemiology, together with participation as the task or work package leader in the previous Joint Actions on Cancer Control (CANCON, iPAAC), provide him with necessary qualifications to lead this work package. He is also an assistant professor of epidemiology at the Andrija Štampar School of Public Health within the School of Medicine, University of Zagreb. Other members of the team bring a lot of experience in working on EU projects, along with enthusiasm for improving overall cancer care in Croatia and EU.



## EVALUATION MODEL AND TOOLS

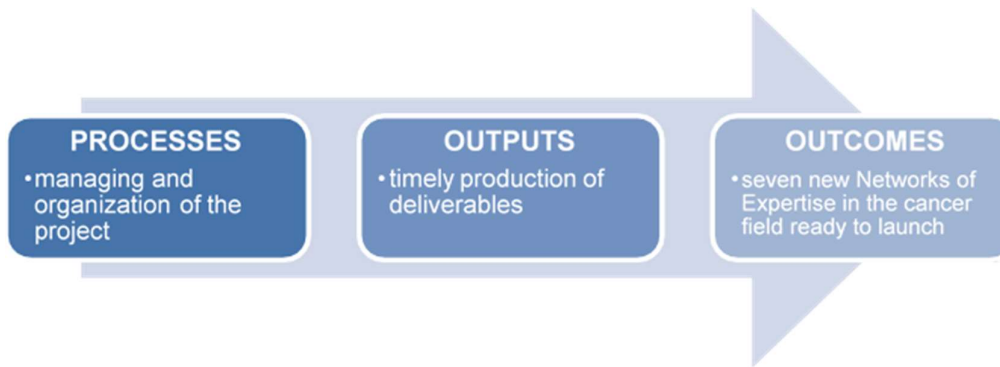
We are planning to evaluate JANE JA using the framework of processes, outputs and outcomes, or as the Grant Agreement puts it: process, product and NoE awareness and impact evaluation.

Process evaluation measures the day to day strengths and weaknesses of operational part of the project. For example, the questions of whether the due dates can be complied with, if resources are enough for planned activities and if external situations require changes in the project are all a part of the process evaluation. It focuses on the inputs and activities of the project and, by analysing WP progress information, ensures that the action is delivered according to the plan. It will allow the stakeholders to understand if the project objectives are met and decisions regarding re-negotiating project objectives or project plans within their deadlines can be made based on process evaluation results.

Output evaluation will be focused on product evaluation. Outputs, results, documents and products will be evaluated by the Advisory Board, with the assistance of the WP3 evaluation team.

Outcome evaluation will be directed at assessing the vision major stakeholders have regarding the foreseen impact of the proposed Networks of Expertise. The outcome aspect needs to be evaluated at the end of the project, and we need to collect the opinions on the anticipated impact of the proposed NoE from government representatives, key professional organizations and patient groups through the context of Policy Board and Stakeholder Forum.

The interim and final evaluation reports will be based on the results collected from surveys and documents collected within the work of other work packages. The timetable for evaluation activities and the lists of deliverables and milestones are presented in Annex 1, while the lists of deliverables and milestones by work packages and months of the project are presented in Annexes 2-5.



**Figure 1.** Types of project evaluation in JANE Joint Action

We are planning to conduct evaluation by using several evaluation tools. Different types of surveys will provide information about the satisfaction and opinions of all participants involved in the project.

JANE JA evaluation can be divided into three main parts, and for each part specific evaluation tools will be provided:

1. Internal evaluation
2. External evaluation
3. Evaluation of meetings





## Internal evaluation

Internal evaluation is aimed at work package leaders and the members of their respective teams. Evaluation tools planned for use in internal evaluation are surveys and check-lists for activities, tasks and documents.

Process outcomes are dependent on the involvement and satisfaction of personnel included in the project. We will use on-line surveys as an easy, practical and economical tool to collect opinions regarding the project and the specific meetings held within the duration of the project. The surveys will be constructed based on the underlying topics of interest and the roles of partners in the respective work packages.

Surveys aimed at competent authorities and/or affiliated entities will involve questions about cooperation within WPs, satisfaction with the project, use of dissemination tools etc., while the surveys for work package leaders and their teams (members of the Steering Committee) will include the questions on cooperation within WPs from the perspective of leading the work and the specific issues related to those responsibilities.

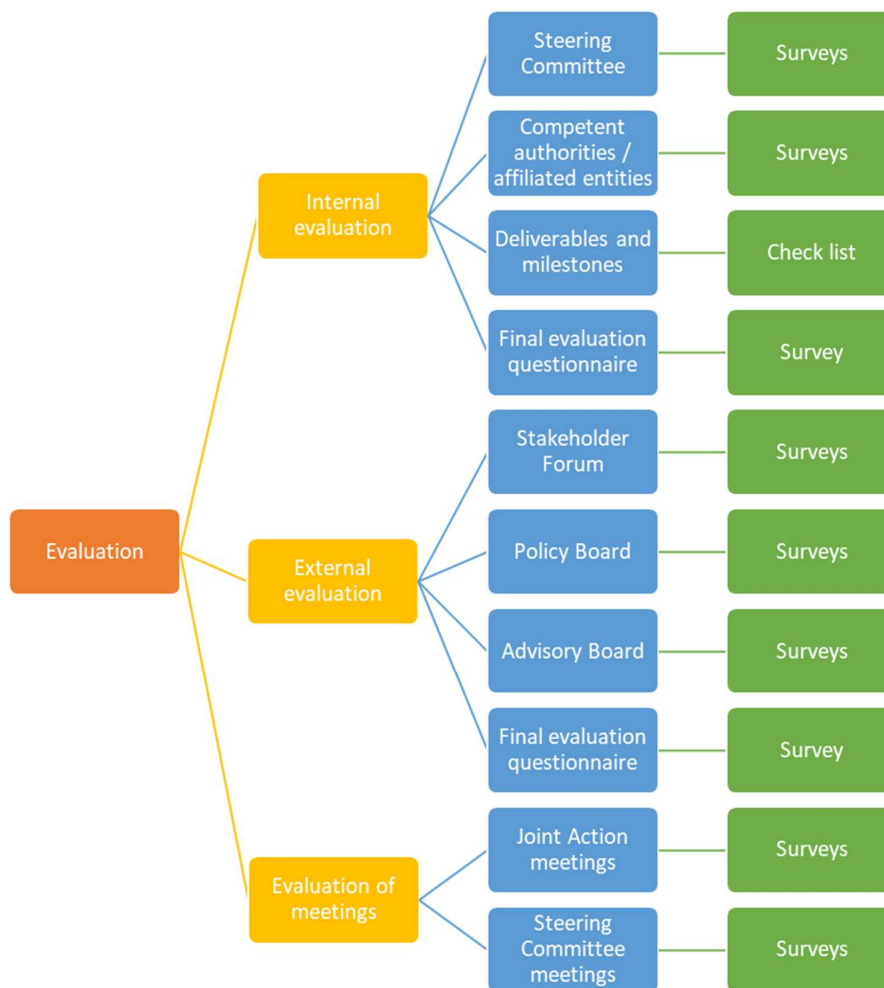
Every survey will have two types of questions:

- Closed-ended questions (Likert scale, from 1 to 5)
- Open-ended questions (comments)

We wish to point out the importance of open type of questions because they will provide us with a better insight in a specific problem if present. The quality of evaluation will, of course, depend on the response rate; it is therefore important to take necessary precautions to increase the number of replies. Obtaining the full list of participants in due time from the meeting organizers and sending the survey within a short time after the meeting will allow the aforementioned objective to be attained. Evaluation team will use LimeSurvey ([www.limesurvey.org](http://www.limesurvey.org)) as a tool for the creation of surveys. A personalized link to the survey will be sent to each individual participant by e-mail. After every conducted survey in internal evaluation results will be sent to and further disseminated in agreement with the Joint Action coordinator. Results of the

surveys will be presented on the following Steering Committee meetings with focus on the findings with the potential to improve further progress of project.

Final evaluation questionnaire will be developed by the end of the project duration (M20) with the aim of assessing the project's results, especially regarding the NoE structure. The final evaluation questionnaire will be a form of both internal and external evaluation since it will assess satisfaction with project's outputs and views on the NoE structure of WP leaders and members of their teams, as well as of members of Stakeholder Forum, Advisory Board and Policy Board. Its goal will be to provide a comprehensive evaluation of the project's performance and foreseen impact. Final evaluation questionnaire will be made available for publishing on the JA's website.



**Figure 2.** Illustration of evaluation process

## External evaluation

External evaluation includes evaluation of Stakeholder Forum, evaluation by the independent Advisory Board, as well as evaluation of Policy Board where health authorities of the Member States and other stakeholders in the public policy area that are considered relevant are present. External evaluation will consist of surveys.

Our goal will be to send the survey to participants as soon as possible after the meeting in order to achieve a high response rate. For Stakeholder Forums, besides questions about meeting organization and satisfaction, we will ask partners about their collaboration with a particular WP, their satisfaction with feedback and use of dissemination tools available.

Stakeholder Forums and Policy Boards are especially valuable in reviewing the progress and recognizing opportunities for implementation in member states. The Stakeholder Forum will include multiple diverse stakeholders who are not necessarily a part of the core partner structure of JANE, but are nevertheless very important participants and decision makers in healthcare systems, especially in cancer care, in their country. It is envisioned that Stakeholder Forum will be organized twice during the JA, once per year. Evaluation team will attempt to attend the Stakeholder Forums. The Policy Board will be represented by health authorities of the Member States and other stakeholders in the public policy area that will be considered relevant. The objectives of the Policy Board will be: (1) to align the NoE ecosystem to regional, national and EU policies, programs and plans and (2) to identify and build up the potential EU added value of NoEs. We are planning to conduct surveys for the representatives of Member States (Policy Board) with questions regarding the overall satisfaction with the project and their vision on implementability and sustainability of NoEs. For external evaluation surveys we will also use the LimeSurvey tool. Results of the surveys will be sent to the coordinator of the Joint Action and disseminated further as agreed, including the presentation at the Steering Committee meetings.

An independent Advisory Board (AB) will be requested to make an external



evaluation. The AB will assess whether actions taken by the project are consistent with its objectives and are undertaken as planned. In addition, the AB will provide advice about the project's strategic vision and future impact. The AB will aim to provide a unique perspective taking into consideration patients and their experience regarding proposed NoEs. Two meetings are envisioned at M12 and at M22, with more thorough discussions on the proposed actions and directions of the project. As Advisory Board setup was the first milestone in WP3 (due in M3) and by the time this strategy was finalized, two Advisory Board members were identified and both have accepted their roles.

### Evaluation of meetings

Since the kick-off meeting was carried out in M2, before finalizing this strategy, we have already created and conducted an on-line survey for the kick-off meeting.

The survey had nine closed-ended and one open-ended question. Partners were given approximately a week to complete the survey. Based on the results from the kick-off and other JA meetings (WP and TTF meetings, Plenary meetings, Steering Committee meetings, Stakeholder forum, Policy Board meetings, Advisory Board meetings), a more comprehensive analysis of the perceived quality of the meetings will be conducted, and conclusions and recommendations for subsequent meetings will be elaborated by the Evaluation team with the cooperation of the Advisory Board for the Interim and Final Evaluation report.

Results of these surveys will be sent to WP leaders organizing the meeting, coordinator of the JA and published in Interim and Final evaluation report.

## WP3 DELIVERABLES AND MILESTONES

The work of the evaluation team will result in the following deliverables:

- Evaluation strategy, May 2023
- Final Evaluation Report, September 2024

Milestones to be reached by WP3 are:

- Advisory Board setup, December 2022
- 1<sup>st</sup> Independent Advisory Board meeting, September 2023
- 2<sup>nd</sup> Independent Advisory Board meeting, July 2024
- Interim report, November 2023
- Final evaluation questionnaire developed, May 2024

After the final submission of the Evaluation strategy, the document will also be evaluated by the Advisory Board in the process of external evaluation.

### Interim evaluation report

This report will summarize our findings of evaluation for the first half of the JANE project. We will include quantitative analysis of the surveys (including response rates, results for each of the close-ended questions), and a qualitative summary of the answers to open-ended questions. Also, we will evaluate whether the activities envisaged in Grant Agreement to be completed in the first year of the project are actually completed.

Summary of the results will be written in a form of a SWOT analysis; we will list observed and expected strengths, weaknesses, opportunities and threats for the project.

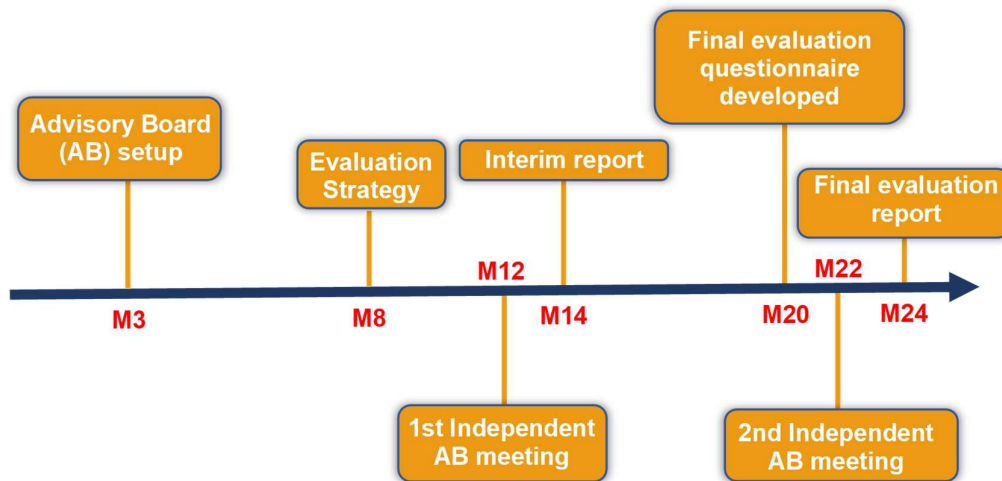


## Final evaluation report

Evaluation team will produce Final Evaluation Report by the end of the Joint Action. In the Final Report we will present results of surveys conducted during the project. Final Evaluation Report will be constructed in a similar manner to Interim Evaluation Report. It will include quantitative and qualitative analysis of surveys, and the completion status of tasks and activities as defined by the Grant Agreement.

Final Evaluation Report will also reflect on the possibility of implementation of deliverables in participating countries, satisfaction with the main set of deliverables per work packages and the evaluation of the entire project outputs and outcomes. SWOT analysis will also be used in Final Report in order to better represent strengths and weaknesses of entire project.

We will also conduct final evaluation questionnaire. It will evaluate the project’s results and the NoE structure in particular and will be made available for the project’s website.



**Figure 3.** Timeline of the evaluation process.



## RISK MANAGEMENT

There is one main critical risk stated in the Grant Agreement for WP3 activities implementation – allocated resources are not sufficient. The likelihood of this risk is estimated as low. The risk of insufficient resources also applies to other work packages. Effective resource allocation is at the heart of every successful project. There are four important steps when allocating available resources as part of project management. Those are:

1. Carefully planning of the budget and deadlines, but also dividing the project into separate tasks and identifying skills necessary for their implementation
2. Establishing open communication between project's teams to optimize the use of shared resources
3. Prioritizing project's tasks
4. Tracking team members' performance and how effectively they complete their duties

In order to mitigate the identified risk of insufficient resources, the Consortium has carefully estimated costs and there is an option of partners seeking alternative resources (staff and infrastructure), as well as of using internal funding in case of need. It is believed that the proposed mitigation measures will be adequate in reducing the identified risk.

The critical risks of other WPs are also defined by the Grant Agreement (Annex 9). There are no risks whose likelihood is identified as high. Those whose likelihood is identified as medium are Risk no. 4, referring to the risk of centres not responding to the expression of interest and Risk no. 5, referring to the risk of lack of agreement with the integration of NoE with MS. Both risks apply to all core work packages (WP5-WP11).

## Annex 1.

### Timetable of planned WP3 activities based on current schedule\* of JANE events

EVENT	MONTH	WP3 ACTIVITIES
WP 1 Kick-off of the JANE Joint Action on the 14th – 15th November in Milan	M2	Survey
WP 3 Advisory Board setup	M3	Milestone
WP 3 Evaluation Strategy	M8	Deliverable
WP 3 1st Independent Advisory Board meeting	M12	Milestone
WP 3 Interim report	M14	Milestone
WP 3 Final evaluation questionnaire developed	M20	Milestone
WP 3 2nd Independent Advisory Board meeting	M24	Milestone
WP 3 Final evaluation Report	M24	Deliverable
WP 1 1st WP and TTF leader meeting	TBD	Survey
WP 1 2nd WP and TTF leader meeting	TBD	Survey
WP 1 1st SC meeting	TBD	Survey
WP 1 2nd SC meeting	TBD	Survey
WP 1 3rd SC meeting	TBD	Survey
WP 1 4th SC meeting	TBD	Survey
WP 4 Policy Board meeting	TBD	Survey
WP 4 1st Stakeholder Forum	TBD	Survey
WP 4 2nd Stakeholder Forum	TBD	Survey

\* There is a number of meetings included in the Grant Agreement, but not yet formally scheduled since only their frequency (e.g. once per year) is stated in the GA with dates yet to be determined. Those meetings are labelled as 'TBD' since the evaluation strategy is due in M8 when the majority of those dates are unknown.





## Annex 2

### Deliverables and milestones

From: Grant Agreement number: 101075328—JANE—EU4H-2021-JA-IBA, pg. 26/38 - 37/38

### Deliverables

Deliverable Number	Dissemination	WP#	Leading applicant acronym	Content specification	Dissemination level	Delivery month
D 1. 1.	Mid-term report	1	INT	Technical and financial internal report on the progress of the Joint Action; Paper, English	SEN - Sensitive	M14
D 2. 1.	Project website	2	NHRF	Website creation, and official launch	PU - Public	M3
D 2. 2.	Dissemination strategy plan	2	NHRF	Report including the strategy to disseminate the relevance of the NoE; Paper, English	PU — Public	M6
D 2. 3.	Final conference report	2	NHRF	Report including results of the Final JANE conference, Paper, English	PU — Public	M24
D 3. 1.	Evaluation strategy	3	CIPH	Definition of the evaluation strategy i.e. specific indicators per each of the Joint action objective. Paper version in English	SEN - Sensitive	M8



<b>D 3. 2.</b>	Final evaluation report	3	CIPH	Report of the JANE evaluation including survey results. Paper version in English.	SEN - Sensitive	M24
<b>D 4. 1.</b>	Policy recommendations on sustainability	4	KRONIKGUNE	Report including political recommendations. Paper version in English.	PU — Public	M24
<b>D 5. 1.</b>	NoE on complex and poor prognosis cancers	5	MSCI	Report clarifying: - scope of the NoE - expected activities of the NoE - partners governance - sustainability - indicators of efficacy and cost/efficacy evaluation criteria - interplay with MSs, other EU networks, CCCs, patients Paper version in English	PU — Public	M24
<b>D 6. 1.</b>	Palliative care NoE	6	OUS	Report clarifying: - scope of the NoE - expected activities partners governance - sustainability - capacity of participating centers to perform as required - indicators of efficacy and cost/efficacy	PU — Public	M24



				<p>evaluation criteria</p> <ul style="list-style-type: none"> <li>- interplay with MSs, other EU networks, CCCs, patients</li> </ul> <p>Paper version in English</p>		
<b>D 7. 1.</b>	NoE dedicated to survivorship	7	MSCI	The key strategic document contains all the specificities of the NoE. Paper version in English	PU — Public	M24
<b>D 8. 1.</b>	Personalised Primary Prevention NoE	8	IOCN	Key strategic document describing the NoE for personalised primary prevention. Paper version in English.	PU — Public	M24
<b>D 9. 1.</b>	Omics NoE	9	SCIENSANO	<p>Report clarifying:</p> <ul style="list-style-type: none"> <li>- the scope of the NoE</li> <li>- the activities of the NoE</li> <li>- partners</li> <li>- governance</li> <li>- sustainability</li> <li>- indicators of efficacy and cost/efficacy</li> <li>- interplay with MSs, networks, CCCs, EU patients</li> </ul> <p>Paper version in English.</p>	PU — Public	M23
<b>D 10. 1.</b>	Hi-tech NoE	10	INCA	<p>Report clarifying:</p> <ul style="list-style-type: none"> <li>- the scope of the NoE on palliative care</li> <li>- the activities of the NoE</li> </ul>	PU - Public	M24



				<ul style="list-style-type: none"> <li>- partners</li> <li>- governance</li> <li>- sustainability</li> <li>- indicators of efficacy and cost/efficacy</li> <li>- interplay with MSs, networks, CCCs, EU patients</li> </ul> <p>Paper version, English.</p>		
<b>D 11. 1.</b>	Young adults with cancer NoE	11	INT	<p>Key strategic document describing the composition and the activities and next steps of the NoE regarding the expertise on young adults with cancer. It will clarify:</p> <ul style="list-style-type: none"> <li>- the scope of the NoE on palliative care</li> <li>- the activities of the NoE</li> <li>- partners</li> <li>- governance</li> <li>- sustainability</li> <li>- indicators of efficacy and cost/efficacy</li> <li>- interplay with MSs, networks, CCCs, EU patients</li> </ul> <p>Paper version, English.</p>	PU - Public	M24
<b>D 12. 1.</b>	Recommendations for effective and efficient	12	KRONIKGUNE	<p>A set of recommendations based on the NoEs experiences on how to better</p>	PU - Public	M24



	organization and management of research efforts			integrate research and healthcare, in both scientific and management approaches.		
<b>D 13. 1.</b>	Recommendation to support national healthcare systems interconnection with EU networking	13	IOCN	Recommendation on how to improve the interactions and the interconnections between national healthcare systems interconnection and EU networks	PU - Public	M24
<b>D 14. 1.</b>	Recommendations to integrate local IT infrastructures for European cancer networking	14	OUS	A set of recommendations on how to better integrate existing European IT infrastructures with each other, to better support joint research networks.	PU - Public	M24
<b>D 15. 1.</b>	Recommendations to improve EU cancer care networking in general and specifically for the new NoEs	15	INCA	Report (produced by 8.1 UNICANCER) on the ERN framework leading to recommendations aimed at improving EU cancer care networking, in particular to support the new NoEs	PU - Public	M24
<b>D 16. 1.</b>	Toolkit for patient empowerment and engagement in different contexts and for different subjects	16	SCIENSANO	Development and implementation of tools facilitating the participation of patients in research, their engagement and empowerment.	PU - Public	M24

## Milestones

Milestone no.	Milestone name	Lead Partner	Estimated Date of Delivery
<b>MS1</b>	Kick-off meeting	INT	M1
<b>MS2</b>	Establishment of collaboration between the JANE and CRANE Joint Actions	INT	M3
<b>MS3</b>	Network Mapping	NHRF	M4
<b>MS4</b>	Target-specific communication platform	NHRF	M9
<b>MS5</b>	Advisory Board setup	CIPH	M3
<b>MS6</b>	1st Independent Advisory Board meeting	CIPH	M12
<b>MS7</b>	2nd Independent Advisory Board meeting	CIPH	M22
<b>MS8</b>	Interim report	CIPH	M14
<b>MS9</b>	Final evaluation questionnaire developed	CIPH	M20
<b>MS10</b>	Sustainability strategy of NoEs	KRONIKGUNE	M18
<b>MS11</b>	Holding of a Stakeholder Forum	KRONIKGUNE	M24
<b>MS12</b>	WP5 Expert group definition	MSCI	M3
<b>MS13</b>	Complex Cancers NoE Scope	MSCI	M6
<b>MS14</b>	Complex Cancers NoE Governance	MSCI	M12
<b>MS15</b>	WP5 Endorsement criteria	MSCI	M14
<b>MS16</b>	WP5 Site selection	MSCI	M18
<b>MS17</b>	List of Complex Cancers NoE activities	MSCI	M22
<b>MS18</b>	Palliative care - Leading experts' selection	OUS	M3
<b>MS19</b>	Definition of the scope of the Palliative Care	OUS	M5
<b>MS20</b>	WP6 Endorsement criteria	OUS	M10
<b>MS21</b>	WP6 Expression of interest	OUS	M14
<b>MS22</b>	Palliative Care NoE Deliverables	OUS	M18
<b>MS23</b>	WP6 Pilot POCs	OUS	M21
<b>MS24</b>	Palliative Care NoE Governance	OUS	M22
<b>MS25</b>	WP7 Expert group definition	MSCI	M3
<b>MS26</b>	Survivorship NoE Scope	MSCI	M5

<b>MS27</b>	WP7 Endorsement criteria	MSCI	M10
<b>MS28</b>	WP7 Site and stakeholder selection	MSCI	M12
<b>MS29</b>	Survivorship NoE Deliverables	MSCI	M16
<b>MS30</b>	Survivorship Governance NoE Development	MSCI	M22
<b>MS31</b>	WP8 Expert Group definition	IOCN	M2
<b>MS32</b>	Prevention NoE objectives	IOCN	M4
<b>MS33</b>	WP8 Endorsement criteria	IOCN	M10
<b>MS34</b>	WP8 Expression of interest	IOCN	M12
<b>MS35</b>	Prevention NoE Deliverables	IOCN	M16
<b>MS36</b>	Prevention NoE Governance	IOCN	M22
<b>MS37</b>	Omics NoE Scope	Sciensano	M5
<b>MS38</b>	WP9 Endorsement criteria	Sciensano	M10
<b>MS39</b>	WP9 Expression of interest	Sciensano	M20
<b>MS40</b>	Omics NoE Deliverables	Sciensano	M22
<b>MS41</b>	Omics NoE Governance	Sciensano	M22
<b>MS42</b>	Hi-tech NoE scope	INCA	M5
<b>MS43</b>	WP10 Endorsement criteria	INCA	M10
<b>MS44</b>	WP10 Expression of interest	INCA	M14
<b>MS45</b>	Hi-tech NoE Deliverables	INCA	M18
<b>MS46</b>	Hi-tech NoE Governance	INCA	M24
<b>MS47</b>	Definition of the scope of the NoE	INT	M4
<b>MS48</b>	Endorsement Criteria	INT	M8
<b>MS49</b>	Expression of interest	INT	M12
<b>MS50</b>	NoE Deliverables	INT	M16
<b>MS51</b>	NoE Governance	IOCN	M22

### Annex 3

#### JANE timetable

From: Grant Agreement number: 101075328—JANE—EU4H-2021-JA-IBA, pg. 26/38- 37/38

	WP 1	WP 2	WP 3	WP 4	WP 5	WP 6	WP 7	WP 8	WP 9	WP 10	WP 11	WP 12	WP 13	WP 14	WP 15	WP 16
M 1	MS 1															
M 2								MS 31								
M 3	MS 2	D 2.1	MS 5		MS 12	MS 18	MS 25									
M 4		MS 3						MS 32			MS 47					
M 5						MS 19	MS 26		MS 37	MS 42						
M 6		D. 2.2			MS 13											
M 7																
M 8			D 3.1								MS 48					
M 9		MS 4														
M 10						MS 20	MS 27	MS 33	MS 38	MS 43						
M 11																
M 12			MS 6		MS 14		MS 28	MS 34			MS 49					



M 13																
M 14	D 1.1		MS 8		MS 15	MS 21				MS 44						
M 15																
M 16							MS 29	MS 35				MS 50				
M 17																
M 18				MS 10	MS 16	MS 22				MS 45						
M 19																
M 20			MS 9						MS 39							
M 21						MS 23										
M 22			MS 7		MS 17	MS 24	MS 30	MS 36	MS 40 MS 41		MS 51					
M 23									D 9.1							
M 24		D 2.3	D 3.2	D 4.1. MS 11	D 5.1	D 6.1	D7.1	D 8.1		MS 46 D 10.1	D 11.1	D 12.1	D 13.1	D 14.1	D 15.1	D 16.1

LEGEND (Lead Beneficiary)			
INT	MSCI	INCA	
NHRF	OUS	CIPH	
IOCN	KRONIKGUNE	SCIENSANO	

## Annex 4

From: Grant Agreement number: 101075328—JANE—EU4H-2021-JA-IBA pg. 26/38 - 37/38

### JANE Gantt chart (deliverables and milestones by WPs)

JANE GANTT CHART		
		MONTH
<b>Work package 1</b>		
Milestone	MS 1. Kick-off meeting	M 1
Milestone	MS 2. Establishment of collaboration between the JANE and CRANE Joint Actions	M 3
Deliverable	D 1.1. Mid-term report	M 14
<b>Work package 2</b>		
Milestone	MS 3. Network Mapping	M 4
Milestone	MS 4. Target-specific communication platform	M 9
Deliverable	D 2.1. Project website	M 3
Deliverable	D 2. 2. Dissemination strategy plan	M 6
Deliverable	D 2.3. Final conference report	M 24
<b>Work package 3</b>		
Milestone	MS 5. Advisory Board setup	M 3
Milestone	MS 6. 1st Independent Advisory Board meeting	M 12
Milestone	MS 7. 2nd Independent Advisory Board meeting	M 22
Milestone	MS 8. Interim report	M 14
Milestone	MS 9. Final evaluation questionnaire developed	M 20
Deliverable	D 3.1.Evaluation strategy	M 8
Deliverable	D 3.2. Final evaluation report	M 24
<b>Work package 4</b>		
Milestone	MS 10. Sustainability strategy of NoEs	M 18
Milestone	MS 11. Holding of a Stakeholder Forum	M 24
Deliverable	D 4.1. Policy recommendations on sustainability	M 24
<b>Work package 5</b>		
Milestone	MS 12. WP5 Expert group definition	M 3
Milestone	MS 13. Complex Cancers NoE Scope	M 6
Milestone	MS 14. Complex Cancers NoE Governance	M 12

Milestone	MS 15. WP5 Endorsement criteria	M 14
Milestone	MS 16. WP5 Site selection	M 18
Milestone	MS 17. List of Complex Cancers NoE activities	M 22
Deliverable	D 5.1 NoE on complex and poor prognosis cancers	M 24
<b>Work Package 6</b>		
Milestone	MS 18. Palliative care - Leading experts selection	M 3
Milestone	MS 19. Definition of the scope of the Palliative Care NoE	M 5
Milestone	MS 20. WP6 Endorsement criteria	M 10
Milestone	MS 21. WP6 Expression of interest	M 14
Milestone	MS 22. Palliative Care NoE Deliverables	M 18
Milestone	MS 23. WP6 Pilot POCs	M 21
Milestone	MS 24. Palliative Care NoE Governance	M 22
Deliverable	D 6. 1. Palliative care NoE	M 24
<b>Work package 7</b>		
Milestone	MS 25. WP7 Expert group definition	M 3
Milestone	MS 26. Survivorship NoE Scope	M 5
Milestone	MS 27. WP7 Endorsement criteria	M 10
Milestone	MS 28. WP7 Site and stakeholder selection	M 12
Milestone	MS 29. Survivorship NoE Deliverables	M 16
Milestone	MS 30. Survivorship Governance NoE Development	M 22
Deliverable	D 7.1. NoE dedicated to survivorship	M 24
<b>Work package 8</b>		
Milestone	MS 31. WP8 Expert Group definition	M 2
Milestone	MS 32. Prevention NoE objectives	M 4
Milestone	MS 33. WP8 Endorsement criteria	M 10
Milestone	MS 34. WP8 Expression of interest	M 12
Milestone	MS 35. Prevention NoE Deliverables	M 16
Milestone	MS 36. Prevention NoE Governance	M 22
Deliverable	D 8.1. Personalised Primary Prevention NoE	M 24
<b>Work package 9</b>		
Milestone	MS 37. Omics NoE Scope	M 5
Milestone	MS 38. WP9 Endorsement criteria	M 10
Milestone	MS 39. WP9 Expression of interest	M 20
Milestone	MS 40. Omics NoE Deliverables	M 22
Milestone	MS 41. Omics NoE Governance	M 22

Deliverable	D 9.1. Omics NoE	M 23
<b>Work package 10</b>		
Milestone	MS 42. Hi-tech NoE scope	M 5
Milestone	MS 43. WP10 Endorsement criteria	M 10
Milestone	MS 44. WP10 Expression of interest	M 14
Milestone	MS 45. Hi-tech NoE Deliverables	M 18
Milestone	MS 46. Hi-tech NoE Governance	M 24
Deliverable	D 10.1. Hi-tech NoE	M 24
<b>Work package 11</b>		
Milestone	MS 47. Definition of the scope of the NoE	M 4
Milestone	MS 48. Endorsement Criteria	M 8
Milestone	MS 49. Expression of interest	M 12
Milestone	MS 50. NoE Deliverables	M 16
Milestone	MS 51. NoE Governance	M 22
Deliverable	D 11.1. Young adults with cancer NoE	M 24
<b>Work package 12</b>		
Deliverable	D 12.1. Recommendations for effective and efficient organization and management of research efforts	M 24
<b>Work package 13</b>		
Deliverable	D 13.1. Recommendation to support national healthcare systems interconnection	M 24
<b>Work package 14</b>		
Deliverable	D 14.1. Recommendations to integrate local IT infrastructures for European	M 24
<b>Work package 15</b>		
Deliverable	D 15.1. Recommendations to improve EU cancer care networking in general and specifically for the new NoEs	M 24
<b>Work package 16</b>		
Deliverable	D 16.1. Toolkit for patient empowerment and engagement in different contexts and for different subjects	M 24



## Annex 5

### JANE milestones and deliverables by month

From: Grant Agreement number: 101075328—JANE—EU4H-2021-JA-IBA pg. 26/38- 37/38

MONTH	MILESTONES AND DELIVERABLES
1	MS 1. Kick-off meeting
2	MS 31. WP8 Expert Group definition
3	MS 2. Establishment of collaboration between the JANE and CRANE Joint Actions
	MS 5. Advisory Board setup
	MS 12. WP5 Expert group definition
	MS 18. Palliative care - Leading experts' selection
	MS 25. WP7 Expert group definition
	D 2.1. Project website
4	MS 3. Network Mapping
	MS 32. Prevention NoE objectives
	MS 47. Definition of the scope of the NoE
5	MS 19. Definition of the scope of the Palliative Care NoE
	MS 26. Survivorship NoE Scope
	MS 37. Omics NoE Scope

	MS 42. Hi-tech NoE scope
<b>6</b>	MS 13. Complex Cancers NoE Scope
	D. 2.2. Dissemination strategy plan
<b>8</b>	MS 48. Endorsement Criteria
	D 3.1. Evaluation strategy
<b>9</b>	MS 4. Target-specific communication platform
<b>10</b>	MS 20. WP6 Endorsement criteria
	MS 27. WP7 Endorsement criteria
	MS 33. WP8 Endorsement criteria
	MS 38. WP9 Endorsement criteria
	MS 43. WP10 Endorsement criteria
<b>12</b>	MS 6. 1st Independent Advisory Board meeting
	MS 14. Complex Cancers NoE Governance
	MS 28. WP7 Site and stakeholder selection
	MS 34. WP8 Expression of interest
	MS 49. Expression of interest
<b>14</b>	MS 8. Interim report
	MS 15. WP5 Endorsement criteria
	MS 21. WP6 Expression of interest

	MS 44. WP10 Expression of interest
	D 1.1. Mid-term report
<b>16</b>	MS 29. Survivorship NoE Deliverables
	MS 35. Prevention NoE Deliverables
	MS 50. NoE Deliverables
<b>18</b>	MS 10. Sustainability strategy of NoEs
	MS 16. WP5 Site selection
	MS 22. Palliative Care NoE Deliverables
	MS 45. Hi-tech NoE Deliverables
<b>20</b>	MS 9. Final evaluation questionnaire developed
	MS 39. WP9 Expression of interest
<b>21</b>	MS 23. WP6 Pilot POCs
<b>22</b>	MS 7. 2nd Independent Advisory Board meeting
	MS 17. List of Complex Cancers NoE activities
	MS 24. Palliative Care NoE Governance
	MS 30. Survivorship Governance NoE Development
	MS 36. Prevention NoE Governance
	MS 40. Omics NoE Deliverables
	MS 41. Omics NoE Governance

	MS 51. NoE Governance
<b>23</b>	D 9. 1. Omics NoE
<b>24</b>	MS 11. Holding of a Stakeholder Forum
	MS 46. Hi-tech NoE Governance
	D 2. 3. Final conference report
	D 3. 2. Final evaluation report
	D 4. 1. Policy recommendations on sustainability
	D 5. 1. NoE on complex and poor prognosis cancers
	D 6. 1. Palliative care NoE
	D 7. 1. NoE dedicated to survivorship
	D 8. 1. Personalised Primary Prevention NoE
	D 10. 1. Hi-tech NoE
	D 11. 1. Young adults with cancer NoE
	D 12. 1. Recommendations for effective and efficient organization and management of research efforts
	D 13. 1. Recommendation to support national healthcare systems interconnection with EU networking
	D 14. 1. Recommendations to integrate local IT infrastructures for European cancer networking
D 15. 1. Recommendations to improve EU cancer care networking in general and specifically for the new NoEs	
D 16. 1. Toolkit for patient empowerment and engagement in different contexts and for different subjects	





## Annex 6

### Example of an online survey – JA JANE Kick-off meeting survey

## JANE Kick-off meeting survey

Dear Colleagues,

Here is a short survey (5 min) regarding the JANE Kick-off meeting (held in Milan, on November 14<sup>th</sup> and 15<sup>th</sup> 2022) and how we can improve our future meetings and processes.

The survey is anonymous and you can fill it out until December 1<sup>st</sup>.

Your inputs are very valuable and mean a lot for the improvement of our processes as well as for the quality of the JA in general.

Thank you!

There are 10 questions in this survey.

### Basic information

Did you attend the meeting on-site or online?

\*

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- On-site
- Online

What is your role in the JANE JA?

\*

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- Work Package leader (WPL), TTF leader or WPL/TTF team member
- Other Competent Authority or Affiliated Entity team member
- Other

### Feedback

*Please, give us your opinion on the following statements!*



The objectives of the meeting were clearly defined and consistent with the Agenda

\*

🗨️ Choose one of the following answers  
Please choose **only one** of the following:

- Not really, there were some points from the Agenda that were left out
- It was ok — it deviated a little from the Agenda, but for a reason
- The objectives were clearly defined and completely in line with the Agenda

The time allocated for each of the topics was appropriate

\*

🗨️ Choose one of the following answers  
Please choose **only one** of the following:

- Not really, there was no time for some important topics
- It was ok, but the time management could have been better
- Enough time was allocated for each topic

The opinions of all of the partners were taken into consideration \*

🗨️ Choose one of the following answers  
Please choose **only one** of the following:

- Not really, not all partners were heard out
- There is some place for improvement, but it was ok
- Everyone's opinion was taken into consideration

**The meeting was useful for networking and establishing working relationships among the partners \***

Only answer this question if the following conditions are met:

Answer was 'On-site' at question '1 [A1]' (Did you attend the meeting on-site or online? )

**!** Choose one of the following answers

Please choose **only one** of the following:

- Not really, there was no time for networking
- It was ok, but we could have more opportunities for networking
- There was plenty of time for networking

**The platform used for an online participation was user-friendly in terms of this meeting \***

Only answer this question if the following conditions are met:

Answer was 'Online' at question '1 [A1]' (Did you attend the meeting on-site or online? )

**!** Choose one of the following answers

Please choose **only one** of the following:

- Not really, I faced some technical difficulties
- It was ok, still could have been better
- It was great, everything went smoothly

**The meeting was useful for helping us to understand (and plan) project activities \***

**!** Choose one of the following answers

Please choose **only one** of the following:

- Not really, many points remained unclear
- It was ok but it is still not completely clear what should be done in the JA
- Everything that needs to be done is clear

**The meeting met my expectations \***

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- Not really
- Mostly
- Completely

Do you have any suggestions for future meetings or some other comments?

Please write your answer here:

Thank you for your contribution!

Submit your survey.

Thank you for completing this survey.

## Annex 7

### Critical risks and risk management strategy

From: Grant Agreement number: 101075328—JANE—EU4H-2021-JA-IBA pg. 37/38

Work Package Number	Description of risk	Likelihood	Proposed Mitigation Measures
WP 1	Project too complex to manage	Low	The coordinator can count on a strong management team, the support of the grant office of INT and will appoint a dedicated project manager. Most partners have already collaborated with each other, thus ensuring smooth interactions, full collaboration and problem solving. The management and quality procedures foresee strict monitoring at least monthly.
WP 1	Lack of interaction with CRANE	Low	WP1 has a dedicated task to ensure coordination with CRANE and agreement have been already achieved with CRANE PI.
WP8, WP4, WP9, WP16, WP12, WP7, WP11, WP15, WP14, WP5, WP13, WP6, WP10	Lack of consensus	Low	Consensus development interventions are planned and acknowledgement of dissent will be ensured (on items as specific as possible).
WP3, WP8, WP9, WP1, WP4, WP5, WP2, WP7, WP6, WP10, WP11	Allocated resources not sufficient.	Low	The Consortium has carefully estimated costs. Partners can seek alternative resources (staff, infrastructures) and internal funding in case of need.
WP8, WP9, WP5, WP7, WP6, WP10, WP11	Centres do not respond to the expression of interest	Medium	JANE partners will be proactive in recruitment.
WP8, WP9, WP5, WP7, WP6, WP10, WP11	Lack of agreement with the integration of NoE with MS.	Medium	The JANE coordinator will consult the Board of MSs, and a specific TTF has been foreseen