



Joint Action on Networks of Expertise

Deliverable 8.1

Personalised Primary Prevention NoE

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Abstract: JANE PROJECT is a Joint Action aiming at shaping seven new Networks of Expertise in the cancer field in the following domains: personalized primary prevention; survivorship; palliative care; omic technologies; hi-tech medical resources; one or more complex & poor-prognosis cancer(s); adolescents and young adults (15-39 years at cancer diagnosis) with cancer. The Joint Action will have two 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 bring about the creation of 7 Networks of Expertise, with the final deliverable for each being a call for expressions of interest. One Work Package will be assigned to each Network of Expertise. It is envisaged to have 5 Transversal Task Forces and one additional Work Package that will operate transversally to all the Work Packages. The subject of the Transversal Task Forces and the additional Work Package will be: sustainability; integration between EU networking and MSs; integration between information- technology infrastructures, including the use of artificial-intelligence tools; integration between health care and research; the ERN model; patient involvement. The ambition of this Joint Action is to bring about new Networks of Expertise able to function effectively, building on previous and ongoing EU networking experiences, and finding solutions rooted in the European oncology community. In this regard, the outputs of the discussions and the consensus made within the Task Forces about current problems of EU health networks will be shared with the European oncology community and Member States, through a green paper and a European conference. Health care networking can be a privileged hallmark of the EU, having the potential to target the health of half a million citizens in a highly coordinated fashion.

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Abbreviations

AP	Affiliated Partner
CDST	Clinical Decision Support Tool
CPG	Clinical Practice Guideline
EC	European Commission
ePAG	European Patient Advocacy Group
GA	General Assembly
HCP	Healthcare Provider
MS	Member State(s)
NC	Network Coordinator
NCB	National Coordinators Board
OG	Operational Groups
NoE	Network of Expertise
SAB	Scientific Advisory Board
SC	Steering Committee
SP	Supporting Partners
TD	Thematic Domains

Executive summary

Work Package 8 aims to implement personalized primary prevention at the community level. This plan outlines the network's organizational structure, the responsibilities of each structure, and how network activities are carried out to facilitate stakeholder collaboration. This network is part of a much larger framework and contributes to the overall objectives set out by the European Commission in Europe's Beating Cancer Plan¹.

Mission, vision, and objectives

The Personalized Prevention Network will deliver high-quality healthcare to all European citizens, focusing on innovative methods for maintaining a healthy lifestyle and combating chronic diseases, including cancer. The network objectives are to facilitate the exchange of information, skills, and practices to identify patients at high risk for developing cancer and recommend effective risk-reduction measures.

The NoE will also train healthcare professionals to increase their knowledge and competence. A priority will be to transfer knowledge and training to Member States (MS) with less expertise, improving the quality of life across the EU.

¹ More details about the Europe's beating cancer plan can be found here:
https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf

Members & Affiliated Partners & Supporting Partner

Members are healthcare providers, organizations, or institutes that meet the network's eligibility criteria. Members must demonstrate expertise in personalised prevention.

Affiliate partners are institutions in countries where there are no network members but who want to implement personalized prevention. This measure is important to extend the network to countries with limited resources and which may not have extensive expertise in personalized prevention.

Both members and affiliated partners are represented by a Representative and a Sub-Representative. Members and affiliated partners have one vote in the General Assembly. They also have the right to participate in the activities of the OG and TD. They must submit an annual report on their network-related activities and contributions.

Medical and scientific societies, individual clinical experts, and other relevant organizations can join the NoE as **Supporting Partners** based on their specific expertise and ability to contribute to the network. They can participate in training and dissemination activities, but they have no voting rights in the General Assembly.

Administrative Bodies

The Administrative Bodies of the Personalized Prevention Network are:

- General Assembly (GA)
- Steering Committee (SC)

- Thematic Domains (TD)
- Operational Groups (OG)
- National Coordinators Board (NCB)
- Scientific Advisory Board (SAB)

These bodies serve to create both vertical and horizontal organizational structures. The chart below illustrates this structure.

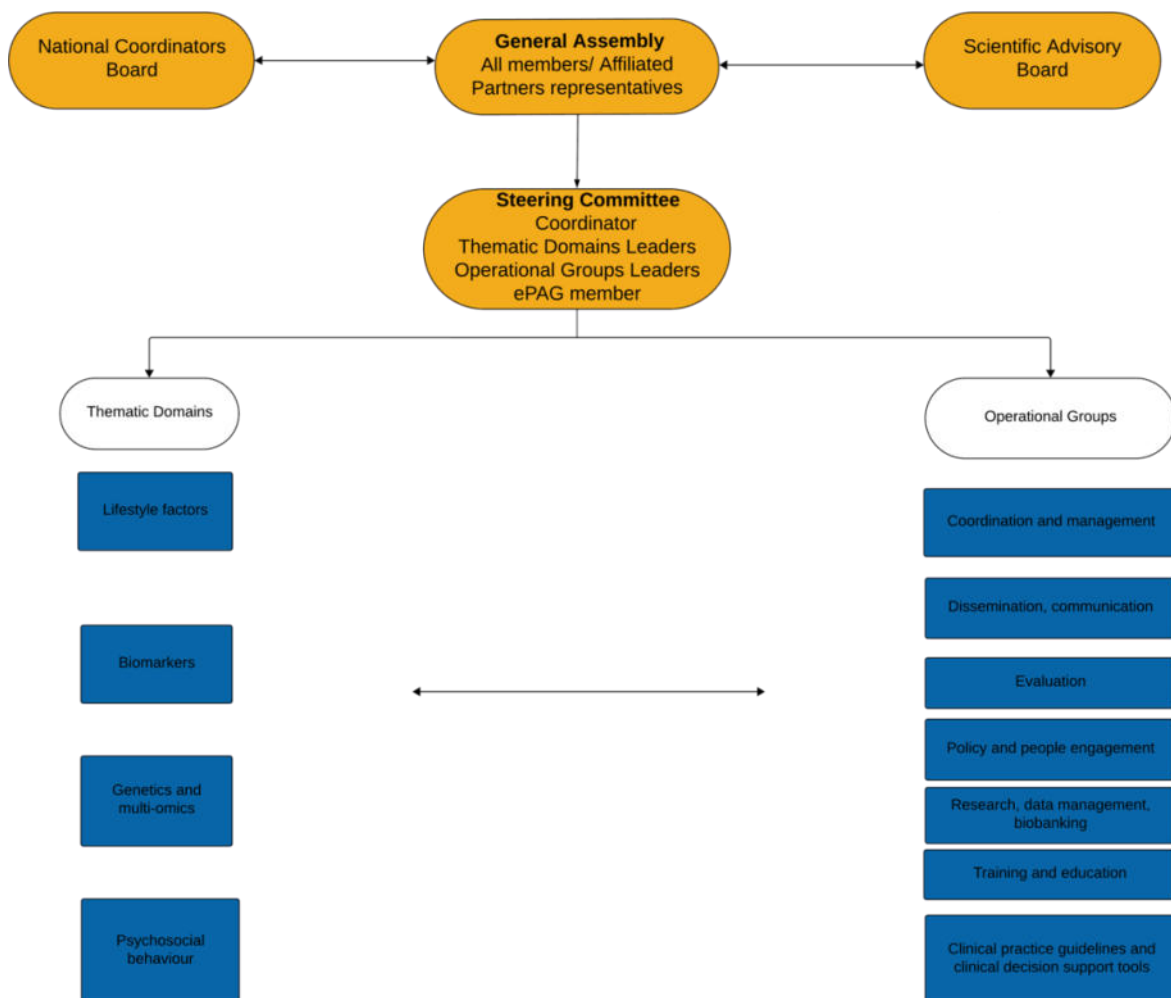


Figure 1. Structure of the Administrative Bodies of the Personalized Prevention Network

General Assembly (GA)

The General Assembly is the main governing body of the network and is composed of all representatives of the members of the prevention network, including representatives of patient advocacy groups.

The Assembly is responsible for key decisions within the network, such as creating new Operational Groups or Thematic Domains, changing the Operational Groups or Thematic Domains, accepting, and excluding network members/affiliated partners. In addition, the General Assembly is in charge of approving changes to the governance documents, empowering patient organizations and approving the submission of EC grant proposals. It also sets annual and multi-year strategic objectives.

The General Assembly is responsible for the election of the network coordinator and the election of leaders for the Thematic Domains, Operational Groups, and an ePAG Member. Elected candidates will have a 4-year mandate.

The General Assembly holds at least one full meeting every year, with the possibility of additional ad hoc partial meetings. A formal report on the outcomes of the yearly assembly meeting will be issued and distributed by email to the whole network.

Voting & Decision-Making

General assembly members can designate proxies for GA meetings. Each member and AP have one vote, cast by their representative, sub-representative, or proxy. In the case of any tie, the Network Coordinator must cast the deciding vote.

Minor decisions require a majority of members present or represented at the Assembly meeting, but resolutions can only be passed if at least one-third of the members are present or represented. Major decisions require a qualified two-thirds vote. To ensure that all members can respond, voting for major decisions

and actions requiring urgent decisions (such as grant submissions) will be organized via email with a two-week response deadline.

Steering Committee (SC)

The Steering Committee is responsible for tracking progress in the 7 Operational Groups and 4 Thematic Domains towards the overall project objectives. The Steering Committee is composed of: The Coordinator, who is also the leader of Operational Group 1, the leaders of Operational Groups 2-7, the leaders of the 4 Thematic Domains, and ePAG Member. There will be frequent meetings (at least twice a year) to discuss the progress of activities.

Network Coordinator (NC)

The Network Coordinator is elected for a four-year mandate, renewable for a second term upon approval of the General Assembly. The Network Coordinator chairs the meetings of the General Assembly and the Steering Committee and represents the network at EC and external meetings. The Network Coordinator oversees Operational Groups, and Thematic Domains, identifies and resolves issues, communicates information to stakeholders proactively, and manages work plans to ensure deliverables are completed on time and within budget.

Thematic Domains

The Thematic Domain will be managed by a leader elected by the General Assembly to a four-year term. The domain leader will nominate three to five domain experts. It is advised that members be chosen based on their expertise. Because these areas are broad, it is desirable that the members' expertise do

not overlap while ensuring a diversity of knowledge. For example, for the TD1 group, one expert should be a nutritionist, another an epidemiologist, and another a general practitioner so that the team composition is as diverse as possible. We chose the Thematic Domains based on the most representative topics of personalized medicine found in the literature²⁻³.

There are the following 4 main themes:

- TD1 Lifestyle factors;
- TD2 Biomarkers;
- TD3 Genetics and omics;
- TD4 Psychosocial behaviour.

TD1 Lifestyle factors.

This group of professionals may include nutritionists, psychologists, environmental scientists, general practitioners, epidemiologists, and public health experts. This Thematic Domain will document the following topics: nutrition, physical activity, weight management, alcohol and tobacco consumption, and exposure to hazardous substances. It will emphasize the interaction between these factors, promoting a multidisciplinary approach.

TD2 Biomarkers.

This group could include general practitioners, preventive medicine physicians, biologists, oncologists, laboratory physicians, and medical technology experts. Members of this group will perform research on markers that can identify

² This article describes the components of personalised prevention. Jaskulski, S., Nuszbaum, C., C Michels, K. B. (2023). Components, prospects and challenges of personalized prevention. *Frontiers in public health*, 11, 1075076. <https://doi.org/10.3389/fpubh.2023.1075076>

³ About the definition of personalized medicine. K Bíró, V Dombrádi, A Jani, K Boruzs, M Gray, Creating a common language: defining individualized, personalized and precision prevention in public health, *Journal of Public Health*, Volume 40, Issue 4, December 2018, Pages e552-e559, <https://doi.org/10.1093/pubmed/fdy066>

patients who are at greater risk of developing cancer. In the biomarkers category, we primarily include general markers (e.g. hsCRP, HbA1C, Blood Glucose, etc.) but we can also include tumour specific markers (e.g. PSA, AFP, CA-125, etc.). A special category of markers or parameters is medical data collected by wearable devices (e.g. Heart Rate, Heart Rate Variability, Temperature, etc). The vast amount of data that can be collected and integrated is a challenging aspect that will need to be addressed by the members of the network. Integrating all this data on a common platform at European level would be a real help for the network.

TD3 Multi-omics and genetics.

This area is distinctive to personalized medicine and is still in its early stages. This group may include geneticists, biologists, and bioinformaticians. Experts will analyze data from genetics, genomics, epigenetics, proteomics, metabolomics, and microbiome to identify individuals' genetic predisposition to cancer, leading to personalized risk assessment and prevention strategies. Polygenic risk scores will be utilized to evaluate individual cancer susceptibility, enabling healthcare providers to develop targeted prevention plans and lifestyle recommendations tailored to each person's genetic profile.

TD4 Psychosocial behaviour.

This Thematic Domain includes psychologists and sociologists. They will conduct research into how psychosocial behaviour influences the probability of developing cancer. In addition to researching behaviour. With this approach we ensure that besides the screening aspect, we can also offer evidence-based methods to help increase patient compliance with preventive recommendations.

Operational Groups

The Operational Group will be managed by a leader elected by the General Assembly to a four-year term. The group leader will nominate three to five members to help him with the activities. Operational Group leaders are responsible for overseeing the execution of tasks using management tools. They will provide the Steering Committee progress reports, which include recommendations for remedial action in the event of delays and/or issues. Some operational groups with common areas of interest could organize joint working sessions (for example, the research group and the clinical guidance group).

There are the following 7 Operational Groups:

- OG 1 Coordination and management.
- OG 2 Dissemination and communication.
- OG 3 Evaluation.
- OG 4 Policy and people engagement.
- OG 5 Research, data management, and biobanking.
- OG 6 Training and education.
- OG 7 Clinical practice guidelines and decision-support tools.

OG 1 Coordination and management.

It will be led by the main coordinator. It focuses on the network's daily activities. These activities include operational management, coordinating efforts to reach milestones on schedule, and ensuring that deliverables fulfil requirements. Furthermore, this operational group is in charge of the network's financial, administrative, and sustainability activities. They also coordinate the reporting mechanisms for the other structures in the network. In addition, they oversee future network expansion that will cover the entire EU MS geographical region, increasing existing member cohesiveness, fully integrating new members, and providing support to members and other partners.

OG 2 Dissemination and communication.

This operational group is in charge of disseminating knowledge throughout the network and beyond, including updates on public and network information, as well as knowledge via the network website and social media channels. This group is also in charge of organizing or identifying events on the topics of primary prevention, personalized prevention, cancer control and other similar topics. The development of newsletters to be distributed to the target group presents the work of the network, the intellectual products developed, and the latest findings in the field of personalized prevention. The network's core objective is to reach out to citizens and local communities.

OG 3 Evaluation.

This group oversees continually monitoring the network to enhance quality improvement. This group's task will be to manage admission criteria for network members. It will also establish standards for tracking each member's and affiliated partner's performance within the network. The objective of this group is to continually improve the network's performance.

OG 4 Policy and people engagement.

This operational group is responsible for shaping European legislation regarding personalized prevention measures. Legal advisors will collaborate within the group to ensure all deliverables comply with the European legislation. The group will advocate for funding for personalized prevention research, legislative changes, and increased access to innovative methods at the European level. To meet this goal, the operational group will work closely with patient organizations. By incorporating patient experience into public health policy development, we ensure that these services are patient-centered and suit the community's needs.

OG 5 Research, data management, and biobanking.

This operational group is responsible for collecting and processing medical data from patients and other sources, such as European Cancer Information System⁴. Given the complexities of medical data, this operational group is in charge of integrating them, for example, to examine the interplay of genetic variables and the environment. Artificial Intelligence and High-Performance Computing can provide useful tools in clinical practice. Regulation (EU) 2016/679 (GDPR) will be rigorously followed when processing medical data.

OG 6 Training and education.

Training programs for medical professionals and other individuals in the field of personalized prevention will be provided by the network of expertise. We want to provide courses both in person, through seminars and workshops, and online, via a training platform. Furthermore, we will provide educational resources that will help patients and caregivers too. Before developing educational courses, an analysis will be conducted to determine the knowledge requirements of health professionals.

OG 7 Clinical practice guidelines and decision-support tools.

The purpose of this operational group is to create clinical practice guidelines. Medical guidelines are developed using the GRADE method. This ensures that recommendations are created with evidence-based information. This group is closely associated with the research group. In addition to developing personalized preventive recommendations, we intend to create a decision support tool to assist practitioners. The support tool will make personalized

⁴ <https://ecis.jrc.ec.europa.eu/>

recommendations to each patient based on their specific data. Health professionals will be trained on how to utilize these tools to guarantee proper adoption and implementation.

National Coordinators Board (NCB)

The National Coordinators Board (NCB) advises the General Assembly on national concerns and serves as a forum for reviewing national differences and developing international solutions to help the NoE translate centrally shared policy objectives into national outputs, and vice versa.

The national coordinator will establish a national network of personalized primary prevention and tailor it to the specifics of each country's health system. National coordinators will identify key stakeholders in their countries. They will facilitate the dissemination of knowledge about the network by giving general information about the NoE's, what they do, and how they might contribute. Collaborating on joint initiatives (or delegating tasks to appropriate individuals) and sharing information about activities and knowledge gained inside the network via a nationwide network. They will facilitate the implementation of prevention guidelines developed at the network level. Dissemination of network educational materials, including courses and webinars.

The Scientific Advisory Board (SAB)

The General Assembly will be supported by a Scientific Advisory Board composed of associated organizations or specialists prepared to advise on the network's strategy, collaborations, improvements, or other actions and elements, either on their initiative or at the request of the network. The Advisory Board may include specialists, researchers, medical associations/societies, and

international organizations active in personalized prevention. The Advisory Board is an independent body. Participants are invited to attend full or partial General Assembly meetings, depending on their areas of interest and the availability of funds and time slots. Otherwise, another meeting will be scheduled, with e-mail and printed information exchanged in advance about the program and discussion points.

Network Participation Criteria

To ensure the success of the Personalized Prevention Network and achieve its mission of delivering high-quality, patient-centered healthcare across Europe, a robust set of criteria has been established for the participation of centers, experts, and healthcare providers. These criteria are designed to foster an environment of excellence, innovation, and collaboration, ensuring that all participants contribute meaningfully to the network's objectives.

The Personalized Prevention Network sets specific criteria for participation to ensure a high standard of expertise and collaboration among its members. Key criteria include the relevant expertise and experience, where individuals or organizations must demonstrate knowledge, skills, qualifications, or certifications pertinent to healthcare, research, or specialized practice areas. Additionally, participants are required to have a solid reputation and track record of ethical practices and professionalism. The network emphasizes a collaborative approach, expecting members to exhibit strong communication skills and a commitment to knowledge sharing and teamwork.

Innovation and adaptability are also critical for network membership. Participants should be open to new ideas and technological advancements and show a willingness to innovate within the healthcare sector. The network may consider geographic diversity to ensure comprehensive coverage across different regions and populations, aligning with the network's specific objectives and goals. Compliance with regulatory requirements is mandatory, ensuring all

members meet the legal, licensing, and ethical standards necessary for safe and effective healthcare delivery.

Further criteria include having adequate resources and capacity to contribute meaningfully to network activities, such as access to necessary facilities, equipment, and funding. Participants should align with the network's overall goals and demonstrate a commitment to continuous professional development and ethical practices in patient care, data privacy, and research integrity. Financial stability and transparency are also crucial, with participants expected to understand the costs involved in network participation and adhere to ethical reimbursement processes. This comprehensive set of criteria ensures the network operates effectively and maintains high standards of quality and integrity.

In this chapter we outline the criteria that individuals or organizations must meet to participate in the future network for centers, experts, and healthcare providers, as exemplified in Figure 2 in the Appendices.

1. Expertise and Experience

Participants must demonstrate significant expertise and experience in their respective fields related to personalized prevention. This includes possessing relevant qualifications, certifications, or documented achievements in healthcare, research, or specialized areas of practice. Such expertise ensures that all network members have the foundational knowledge necessary to contribute to the development and implementation of evidence-based guidelines and best practices, as well as to engage in meaningful collaboration and knowledge exchange.

Moreover, members with extensive experience in personalized prevention can engage in meaningful knowledge exchange and collaborative efforts, enhancing the network's capacity to tackle complex public health challenges. Experience in implementing successful personalized prevention programs or conducting high-impact research will be particularly valuable for ensuring the network's efforts translate into tangible healthcare improvements. This criterion guarantees that

the network operates with a solid foundation of professional competency, fostering trust and reliability among its members and stakeholders.

2. Reputation and Track Record

A strong reputation and a proven track record are crucial for network membership. Participants are expected to have a history of professionalism, ethical behavior, and high-quality service delivery. This criterion helps maintain the network's integrity and ensures that all activities align with the highest standards of care and research. Verification processes, such as reviewing references and past achievements, will be employed to assess the suitability of potential members.

Verification of reputation and track record involves reviewing references, past achievements, and any available performance metrics. This process ensures that potential members have a proven ability to meet the network's standards and contribute positively to its objectives. By emphasizing this criterion, the network safeguards its commitment to excellence and ethical practice, reinforcing its role as a leader in personalized prevention and ensuring that all activities align with the highest standards of care and research integrity.

3. Collaborative Approach

The network emphasizes the importance of a collaborative approach among its members. Participants must demonstrate a willingness to engage in active collaboration, share knowledge, and contribute to joint initiatives. Strong interpersonal communication abilities and a collaborative mindset are essential, as the network's success depends on effectively combining diverse expertise to advance personalized prevention and tackle cancer and other chronic diseases through a comprehensive approach.

Members should demonstrate a proactive attitude toward collaboration, including engaging in regular meetings, contributing to joint research projects, and participating in knowledge exchange activities. The ability to work harmoniously with other experts, centers, and healthcare providers enhances the network's capacity to develop and implement innovative solutions. By fostering a collaborative environment, the network aims to leverage the

collective expertise of its members to drive progress in personalized prevention and improve patient outcomes across Europe.

4. Innovation and Adaptability

In line with the network's objective to facilitate research and innovation, participants in the Personalized Prevention Network are expected to show a capacity for innovation and adaptability. This includes being open to new ideas, embracing technological advancements, and implementing innovative approaches to healthcare. Such adaptability is vital for keeping pace with the evolving landscape of personalized medicine and ensuring that the network remains at the forefront of healthcare innovation.

Innovation involves not only adopting new technological solutions, such as digital health tools, AI-driven diagnostics, or precision medicine, but also rethinking existing prevention strategies to make them more personalized and effective. Members should show a willingness to experiment with and implement these advancements in their practices, while also remaining adaptable to changes in healthcare environments, patient needs, and emerging challenges. This adaptability will help the network respond to the ever-evolving landscape of public health, ensuring it continues to address the needs of diverse populations across Europe effectively.

5. Geographic Scope and Coverage

To ensure comprehensive representation and inclusivity, the network seeks participation from a diverse range of geographic locations across Europe. This criterion aims to achieve a balanced distribution of expertise and resources, promoting equitable access to personalized prevention services and fostering a pan-European approach to healthcare. Special consideration is given to centers and experts from regions with limited resources or less established expertise in personalized prevention, thereby supporting the network's objective of enhancing education and training across all Member States.

By fostering a geographically diverse network, the initiative seeks to ensure that personalized prevention strategies are accessible to all citizens, regardless of their location. This pan-European approach to healthcare not only addresses

regional disparities but also strengthens the network's capacity to develop universally applicable guidelines and best practices. Participants from less-represented or resource-limited regions will benefit from collaboration and knowledge transfer, which aligns with the network's objective to enhance education, training, and healthcare outcomes across Europe. Geographic diversity in the network will also support the identification of region-specific risk factors, leading to more targeted and effective prevention measures.

6. Compliance and Regulatory Requirements

Participants in the Personalized Prevention Network must demonstrate full compliance with relevant legal, regulatory, and ethical standards, ensuring that their practices align with the highest benchmarks for healthcare and research. This criterion is essential for maintaining patient safety, safeguarding data privacy, and ensuring the ethical conduct of all network activities. Compliance with regulations such as the General Data Protection Regulation (GDPR) is non-negotiable, as it protects sensitive health data and upholds the confidentiality of patient information, a cornerstone of personalized prevention initiatives. This ensures that the network operates within a framework of legal and ethical responsibility, safeguarding patient rights and promoting the highest standards of care.

Additionally, participants are expected to meet the licensing and certification requirements applicable in their jurisdictions. This includes adhering to national and European healthcare regulations, as well as following established guidelines for clinical trials, research protocols, and patient care standards. By enforcing strict compliance, the network ensures that all participating institutions and experts operate within a framework that promotes legal and ethical responsibility. This fosters trust, both within the network and among the broader public, and reinforces the credibility of the network's outputs, including guidelines, research findings, and policy recommendations.

7. Resources and Capacity

Participants must demonstrate that they have sufficient resources and capacity to contribute meaningfully to the activities of the Personalized Prevention

Network. This criterion encompasses access to essential infrastructure, including research facilities, medical equipment, and financial resources, as well as the human capital necessary to engage in network initiatives such as collaborative research, education, and policy development. Ensuring that participants are adequately resourced allows the network to maintain high standards in its operations and achieve its goals efficiently.

In addition to physical and financial capacity, institutions should possess the necessary administrative and organizational support to actively participate in and contribute to the network's initiatives. This includes the ability to allocate staff time, manage project responsibilities, and comply with the administrative requirements of network activities. Adequate capacity also supports innovation and scalability, allowing centers to adopt and integrate new prevention technologies and methodologies as they evolve, ensuring the network remains at the forefront of personalized prevention efforts across Europe.

8. Alignment with Network Objectives

Prospective participants should align with the network's mission, vision, and strategic objectives. This involves a shared commitment to advancing personalized prevention, promoting knowledge exchange, and developing best practices and guidelines. Alignment with the network's goals ensures a cohesive and focused effort towards reducing the burden of chronic diseases and improving public health across Europe.

Prospective members should show a proactive interest in contributing to the network's long-term objectives, including improving healthcare outcomes, promoting equity in access to prevention services, and supporting the transfer of knowledge to less resourced regions. Aligning with the network's vision ensures a unified effort toward reducing cancer risks and other chronic diseases through personalized prevention approaches. Members must also be willing to adopt and promote the network's evidence-based guidelines and contribute to the development of policy recommendations that support personalized prevention at both the national and EU levels.

9. Continuous Professional Development

A commitment to continuous professional development is essential for network participants to remain current with the latest advancements in personalized prevention and related healthcare fields. This criterion ensures that members engage in ongoing education, training, and skills enhancement, contributing to the overall competence and innovation within the network.

Members are expected to participate in professional development opportunities such as workshops, seminars, and conferences focused on personalized medicine, prevention strategies, and emerging technologies. This continuous learning process allows participants to integrate cutting-edge research and practices into their work, fostering an environment of lifelong learning. By maintaining an up-to-date understanding of the evolving landscape of personalized healthcare, members can contribute more effectively to the network's mission of reducing cancer risk and improving patient outcomes across Europe.

10. Ethical Considerations

Ethical integrity is paramount for participants in the Personalized Prevention Network. Members must adhere to high ethical standards in every aspect of their involvement, ensuring patient confidentiality, data privacy, research integrity, and fairness in all practices. Compliance with ethical guidelines, including those outlined in the General Data Protection Regulation (GDPR) and other relevant ethical codes, is non-negotiable for participation in the network.

In addition to regulatory compliance, participants are expected to uphold transparency in decision-making, patient care, and research activities. Ethical considerations also extend to the fair treatment of all individuals involved in network activities, including the equitable distribution of resources, ensuring non-discrimination, and fostering an inclusive environment. This ethical foundation guarantees that the network not only advances personalized prevention but does so with a firm commitment to patient-centered values, trust, and accountability. This emphasis on ethics reinforces the network's credibility and its dedication to improving health outcomes through responsible and compassionate care.

Additional elements that could further enhance the network participation criteria, ensuring it covers all aspects necessary for a robust and well-rounded participation framework include patient and community engagement, interdisciplinary collaboration, impact evaluation and accountability, commitment to equity and inclusivity, resource sharing and support.

Criteria categories

The criteria that individuals or organizations must meet to participate in the future network for centers, experts, and healthcare providers, is structured into the following categories:

Healthcare Centers (Comprehensive Cancer Centers)

Comprehensive Cancer Centers (CCCs) seeking to participate in the Personalized Primary Prevention (PPP) network must meet criteria across three key categories: infrastructure and capabilities, expertise, and commitment to collaboration. These requirements are designed to foster innovation while maintaining alignment with the network's core objectives.

In terms of infrastructure and capabilities, CCCs must maintain facilities to support PPP initiatives, including robust clinical and diagnostic resources. Centers must also showcase effective integration of advanced technologies in their personalized healthcare practices and foster interdisciplinary research approaches that drive innovation in the field.

Regarding expertise, participating centers must employ professionals with demonstrated skills in primary prevention and personalized medicine. They should provide evidence of their experience through research accomplishments and successful implementation of personalized healthcare strategies, documented through scientific publications and case studies. The centers should establish frameworks that support research career development and actively engage in both national and international collaborative networks.

The commitment to collaboration stands as a fundamental criterion. CCCs must demonstrate their willingness to work closely with other network members through active data sharing, participation in joint research initiatives, and cultivation of a collaborative environment. Essential requirements include well-defined plans for translating research findings into clinical practice, established mechanisms for knowledge dissemination, and strict adherence to ethical research standards.

Experts & Training

The PPP network establishes rigorous standards for expert membership through three core components: qualifications and experience, research and contributions, and ethical standards compliance. This framework ensures the selection of professionals who combine proven expertise with demonstrable achievements and strong ethical principles.

In terms of qualifications and experience, experts must possess advanced degrees and pertinent certifications in fields related to personalized primary prevention. They need to showcase an extensive background in research or clinical practice within the domain, evidenced through scholarly publications or other concrete contributions. Comprehensive Cancer Centers (CCCs) should establish supportive institutional frameworks that promote professional development, including mentoring programs and research funding opportunities, thus creating an environment conducive to talent growth.

Regarding research and contributions, experts must submit a comprehensive portfolio highlighting their research accomplishments and contributions to the field, demonstrating their capacity for innovation and meaningful impact in personalized healthcare. Their record should reflect active engagement in national and international collaborative initiatives, as well as productive partnerships with general practitioners to ensure seamless integration with healthcare delivery across all levels. These requirements underscore the importance of knowledge advancement and fostering collaborative relationships that drive field progress.

The adherence to ethical standards remains a cornerstone requirement. Experts must exemplify integrity in their research and healthcare practices, maintaining steadfast dedication to patient privacy and data security. They are required to fully comply with data protection regulations and demonstrate responsible management of sensitive information, ensuring their network contributions uphold the highest ethical principles.

Healthcare Providers

To join the PPP network, healthcare providers must demonstrate excellence in three critical domains: accreditation and licensing, technological integration, and patient-centric care delivery. These standards verify operational compliance, technological competence, and commitment to patient-focused care.

For accreditation and licensing, healthcare providers must possess and maintain current licenses and accreditations for healthcare service delivery, demonstrating full compliance with regulatory standards at local, national, and international levels. Furthermore, Comprehensive Cancer Centers (CCCs) must conduct comprehensive research activities across the healthcare spectrum, including prevention, early detection, survivorship, and palliative care, emphasizing seamless research integration throughout the care continuum.

In terms of technological integration, providers must show proficiency in implementing and utilizing advanced healthcare technologies that support personalized primary prevention efforts. This includes robust systems for patient data management and integration to enable individualized care approaches. CCCs must also maintain comprehensive clinical databases and biobanks that facilitate research activities, supporting the translation of laboratory findings into clinical applications and driving innovation in personalized prevention strategies.

The patient-centric approach requires healthcare providers to actively promote patient engagement, education, and collaborative decision-making processes. This includes empowering patients through access to their health information and involving them meaningfully in the development and implementation of

personalized care strategies. CCCs should actively incorporate patient representatives in their research initiatives to ensure their programs effectively address patient needs and preferences, thereby strengthening the patient-centered focus of their work.

Conclusion

In conclusion, the Personalized Prevention Network is poised to advance the frontiers of healthcare through a well-defined set of participation criteria designed to ensure excellence, collaboration, and innovation. The criteria outlined—ranging from expertise and experience to ethical considerations and resource sharing—establish a robust framework for selecting and engaging participants who are committed to advancing personalized prevention. By setting high standards for expertise, promoting a collaborative approach, and emphasizing innovation, the network aims to foster an environment that drives meaningful progress in personalized primary prevention across Europe.

These criteria are intended to ensure that all participants contribute effectively to the network's mission, facilitating the exchange of knowledge, the development of evidence-based practices, and the implementation of cutting-edge research. By including additional elements such as patient and community engagement, interdisciplinary collaboration, and a commitment to equity and inclusivity, the network strengthens its focus on comprehensive and impactful healthcare solutions. The emphasis on continuous professional development and ethical practices further reinforces the network's dedication to maintaining high standards and promoting transparency.

Ultimately, the Personalized Prevention Network aspires to create a dynamic and inclusive platform that not only enhances the quality of healthcare but also addresses the diverse needs of populations across Europe. Through strategic participation and collaborative efforts, the network is set to drive significant improvements in public health, offering a model for future endeavors in personalized medicine and chronic disease prevention.

Conclusion and Recommendations

The establishment of a Network for Personalized Primary Prevention is pivotal in advancing the field and improving healthcare outcomes. This deliverable provides a comprehensive framework for selecting healthcare centers, experts and healthcare providers who are dedicated to advancing the principles of Personalized Primary Prevention. It ensures that the network comprises qualified and committed participants who can collectively drive progress in personalized primary prevention.

The Personalized Prevention Network aims to implement personalized primary prevention at the community level, fostering collaboration among healthcare providers, experts, and organizations across Europe. By establishing a comprehensive framework that includes criteria for participation, the network ensures that all members possess the necessary expertise, resources, and commitment to deliver high-quality, innovative healthcare. The network's focus on knowledge exchange, interdisciplinary collaboration, patient and community engagement, and continuous professional development reflects its dedication to advancing personalized prevention strategies and reducing the burden of cancer and other chronic diseases. By promoting equity, inclusivity, and evidence-based practices, the network not only strives to improve healthcare outcomes but also to empower communities and healthcare professionals across Europe, aligning with the broader goals of Europe's Beating Cancer Plan. Through these collective efforts, the network is positioned to make significant strides in enhancing public health and fostering a healthier future for all European citizens.

To further advance the goals of the Personalized Prevention Network, several key recommendations are proposed. First, the network should continuously update and refine its criteria for participation to adapt to emerging healthcare challenges and technological advancements, ensuring that all members remain at the forefront of personalized prevention. Additionally, fostering a culture of innovation and adaptability is crucial, encouraging members to embrace new methodologies and technologies that can enhance preventive care. The

network should also prioritize ongoing education and training programs to keep healthcare professionals informed of the latest research, best practices, and evidence-based guidelines. Strengthening collaboration with policy-makers and stakeholders at both the national and European levels is essential to influence policy and advocate for supportive frameworks that facilitate personalized prevention. Finally, expanding the network's reach to include more diverse geographic regions and underserved communities will help ensure equitable access to high-quality preventive care across Europe. By implementing these recommendations, the network can enhance its impact and contribute more effectively to reducing the incidence of chronic diseases and improving public health outcomes.

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Appendix and Figures

Figure 1. Structure of the Administrative Bodies of the Personalized Prevention Network

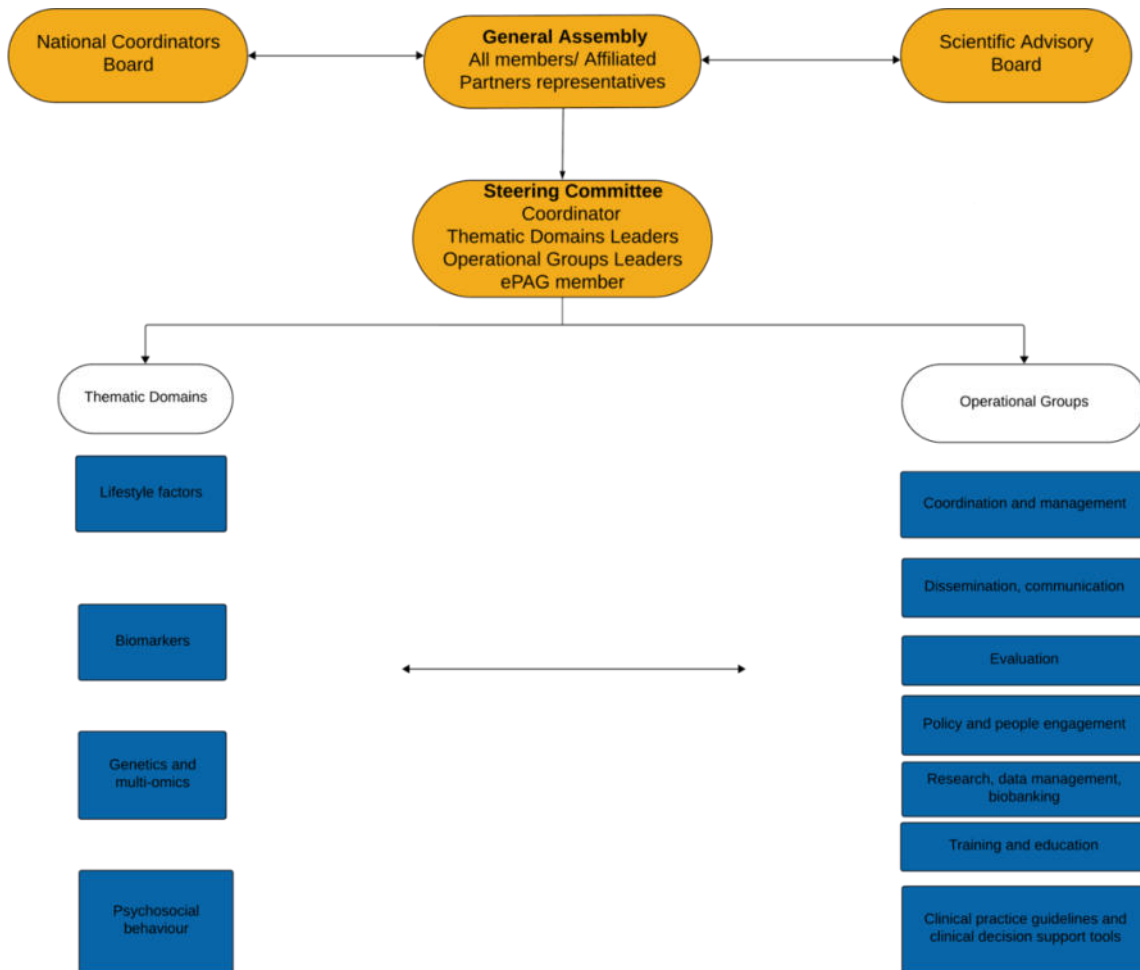


Figure 2. Criteria for participation in the future network for centers, experts and health care providers

<p>1. Expertise and Experience:</p> <ul style="list-style-type: none"> Individuals or organizations interested in participating in the network should possess relevant expertise and experience in their respective fields. This could include specific knowledge, skills, qualifications, or certifications related to healthcare, research, or specialized areas of practice. 	<p>2. Reputation and Track Record:</p> <ul style="list-style-type: none"> Participants should have a good reputation and a demonstrated track record of professionalism, quality, and ethical practices in their work. This may involve reviewing references, conducting background checks, or considering past performance and achievements. 	<p>3. Collaborative Approach:</p> <ul style="list-style-type: none"> Participants should have a willingness and ability to collaborate effectively with other network members. This includes demonstrating strong communication skills, a team-oriented mindset, and a commitment to sharing knowledge, expertise, and resources for the benefit of the network and its objectives. 	<p>4. Innovation and Adaptability:</p> <ul style="list-style-type: none"> The network may prioritize participants who demonstrate a capacity for innovation, creativity, and adaptability. This includes being open to new ideas, embracing technological advancements, and showing a willingness to explore and implement innovative approaches to healthcare and related fields. 	<p>5. Geographic Scope and Coverage:</p> <ul style="list-style-type: none"> Depending on the network's objectives, it may seek participation from individuals or organizations operating within specific geographic regions or providing services to particular populations. Consideration may be given to achieving a diverse representation across different regions, communities, or demographic groups.
<p>6. Compliance and Regulatory Requirements:</p> <ul style="list-style-type: none"> Participants should meet any relevant legal, regulatory, and licensing requirements specific to their respective jurisdictions or areas of practice. This ensures that all participants adhere to necessary standards and guidelines for safe and ethical healthcare delivery. 	<p>7. Resources and Capacity:</p> <ul style="list-style-type: none"> Participants should have the necessary resources, infrastructure, and capacity to actively engage and contribute to the network's activities. This may include access to facilities, equipment, funding, and other essential resources to support their involvement in collaborative initiatives. 	<p>8. Alignment with Network Objectives:</p> <ul style="list-style-type: none"> Individuals or organizations interested in joining the network should demonstrate alignment with the network's overall goals, objectives, and values. This includes a shared commitment to advancing healthcare, research, or other specific areas of focus determined by the network. 	<p>9. Continuous Professional Development:</p> <ul style="list-style-type: none"> Participants should demonstrate a commitment to ongoing professional development and staying up-to-date with the latest advancements and best practices in their respective fields. This may involve participating in continuing education, training programs, or professional associations. 	<p>10. Ethical Considerations:</p> <ul style="list-style-type: none"> Participants should adhere to ethical principles and guidelines related to patient care, confidentiality, data privacy, and research integrity. This ensures the highest standards of professional conduct and safeguards the interests and well-being of patients, participants, and other stakeholders.