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## List of abbreviations

AI	Artificial Intelligence
AYA	Adolescent and Young Adult
CANDLE	National CAncer data Node DeveLopErs
CAN.HEAL	Building the EU genomics platform
CCI4EU	Comprehensive Cancer Infrastructures for the European Union
EBCP	European Beating Cancer Plan
eCAN	Enhancing digital capabilities of cancer centres in Europe
EMA	European Medicines Agency
EQA	External Quality Assessment
EU-CIP	European Cancer Information Portal
EUNetCCC	European Network of Comprehensive Cancer Centre
HPP	Health Policy Platform
HTA	Health Technology Assessment
JA PCM	Joint Action Personalised Cancer Medicine
ICPerMed	International Consortium for Personalised Medicine
IHI	Innovative Health Initiative
JANE	Joint Action on Networks of Expertise
LB	Liquid Biopsy
MS	Member States

MTB	Molecular Tumour Board
NGS	Next-Generation Sequencing
PCAG	Patient and Caregiver Advisory Group
PCM	Personalised Cancer Medicine
PCM4EU	Personalised Cancer Medicine for all EU citizens
SCG	Stakeholder Coordination Group
SPARC	Support of Personalised medicine Approaches in Cancer
TEHDAS	Joint Action Towards the European Health Data Space
WG	Working Group
WP	Work Package

# First report on the structured collaboration between the JA PCM and the SPARC project

## Executive summary

This report outlines the first milestone in the structured collaboration between the Joint Action on Personalised Cancer Medicine (JA PCM) and the SPARC project (Support of Personalised Medicine Approaches in Cancer). Both initiatives share the overarching goal of accelerating the adoption, integration, and equitable implementation of personalised cancer medicine (PCM) across Europe. While JA PCM addresses the entire patient pathway from prevention, diagnosis and treatment to follow-up, and provides broad European coverage, policy reach, and system-level coordination, SPARC complements this shared goal with strong patient engagement, stakeholder participation, pilot-driven clinical evidence, and targeted activities in the diagnosis and treatment area, including liquid biopsy, molecular tumour boards and training. The European Commission has mandated a formal synergy between the two initiatives, which has been structured around three deliverables and three milestones. This document represents the first tangible result.

To enable effective collaboration, a joint synergy strategy was developed through a series of alignment meetings between the coordination teams. This strategy is built on three pillars:

- Integration of patient perspectives,
- Three thematic Working Groups (Liquid Biopsy & NGS, Molecular Tumor Boards, Education & Training),
- A stakeholder engagement, communication and dissemination strategy.

This first deliverable establishes the governance, shared priorities, and operational framework for the JA PCM-SPARC synergy. The next phase will focus on implementing the agreed synergy actions throughout 2026-2027, launching the patient advisory and consultation mechanisms, running the Working Groups, deploying the stakeholder engagement model, and monitoring progress to ensure the effective, equitable, and sustainable integration of personalised cancer medicine across Europe.

By M18 (April 2027), the next synergy deliverable is expected to reflect the establishment of a concrete patient consultation framework and the implementation of a jointly developed multi-level stakeholder engagement strategy. Progress will further be captured through the minutes of the Synergy Assembly meeting (around M9), where Working Group leaders will be invited to present updates on their synergy activities and share progress with all participants.

Overall progress on this synergy exercise will be tracked and reported in each deliverable through the following indicators: (i) number of synergy meetings held, (ii) number of reports on synergy activities, (iii) number of joint guidelines, recommendations, protocols, webinars, and surveys produced, and (iv) number of joint or common communication activities undertaken. The current values of the indicators will be presented in the final section of this document.

## 1. Introduction

To advance the implementation and uptake of PCM across Europe, the European Commission launched a Joint Action under the EU4Health Programme. This co-funded initiative brings together Member States, public-level bodies, and the European Commission to address priority health challenges at the European level, with a focus on PCM for this specific situation. The JA PCM's main objective is to promote cross-border collaboration, sharing knowledge, tools, and best practices, to achieve greater impact than national efforts alone. This includes supporting policy development, capacity building, and innovation in areas such as rare diseases, health equity, and digital health.

More precisely, the JA PCM aims to enhance access, deployment, and alignment of PCM across Europe. It involves 29 countries, 145 partners (including 45 competent authorities and 100 affiliated entities), and 6 associated partners. Building on previous EU projects such as CAN.HEAL and PCM4EU, this initiative seeks to establish a robust cross-border network for personalised cancer medicine by uniting European countries and key stakeholders and supporting the long-term integration of PCM.

Through three coordinated arms and multiple concrete pilot actions, the JA PCM focuses on advancing personalised cancer care along the entire patient pathway from prevention and early detection to diagnosis, treatment, follow-up and tertiary prevention (*Figure 1*). While the extensive consortium ensures broad representation, not all stakeholders can participate directly. To address this, the Commission launched a parallel call to include the patient perspective and strengthen PCM activities, resulting in the SPARC initiative.



Figure 1: The JA PCM Workplan

The SPARC project aims to support the adoption and integration of personalised medicine in cancer care across European healthcare systems. The initiative leverages emerging technologies—such as Next-Generation Sequencing (NGS), liquid biopsy (LB), and AI-driven clinical decision support—to support the establishment and operation of Molecular Tumour Boards (MTBs) (Figure 2). Through seven pilot studies covering lung cancer, pancreatic cancer, neuroblastoma, multiple myeloma, adrenocortical carcinoma, melanoma and breast cancer, SPARC develops standardised clinical protocols, harmonises data practices, and promotes cross-border collaboration. Involving eight EU Member States, the project delivers tailored solutions designed to reduce disparities in healthcare access, capacity, and resources. SPARC adopts a multi-stakeholder approach by engaging healthcare professionals, patient organisations, policymakers, researchers, industry representatives, and private-sector partners. The project follows a patient-centred approach, actively involving patient representatives from diverse cancer communities with an interest in personalised medicine and digital health. To address health literacy challenges, SPARC develops multilingual patient resources and provides targeted training programs for healthcare professionals, fostering trust, competence, and expertise in personalised medicine.



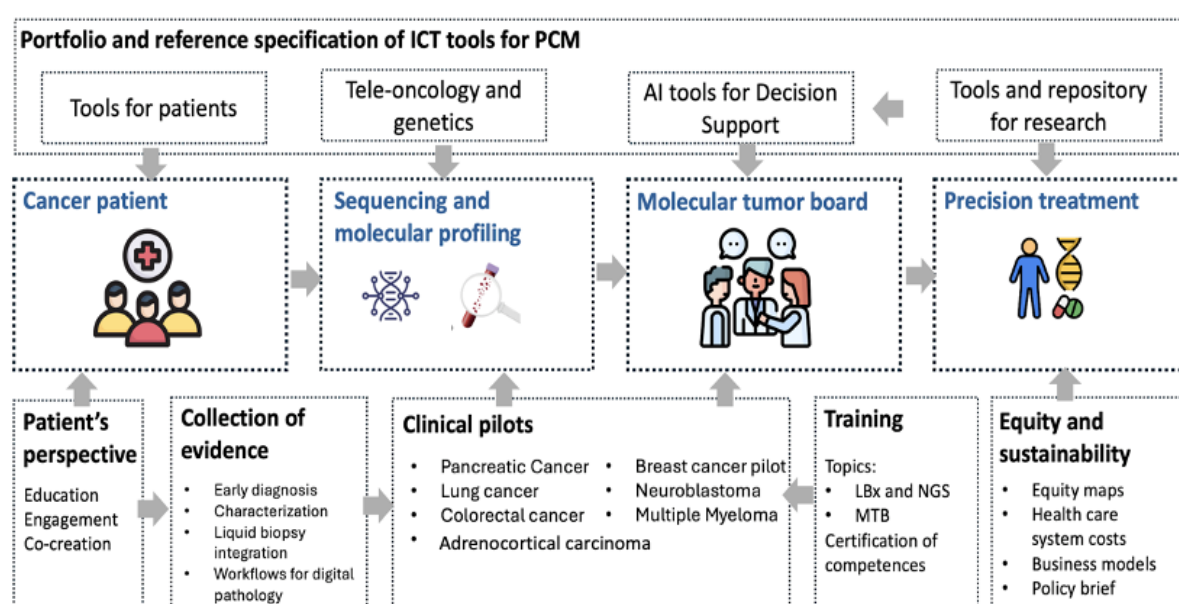


Figure 2: The SPARC concept

Both initiatives share the same goals and target audiences, and the European Commission has mandated the building of specific synergy activities between them. This requirement is structured around three deliverables and three milestones. The present report represents the first milestone and the first deliverable in this series, setting the stage for coordinated action around the synergies activities.

## 2. Methodology

The coordination teams of both the JA PCM and SPARC initiatives jointly coordinated the synergy strategy. To ensure effective collaboration and alignment, regular coordination meetings were held, summarised in *Table 1*, providing a forum to define the approach, share progress, and agree on key priorities. During these discussions, the coordination teams agreed that the synergy strategy should bridge the activities of JA PCM and SPARC, as outlined in the respective Descriptions of Action (DoAs), and a consensus was found on the following objectives and principles:

- Unify guidelines and policy recommendations for personalised cancer medicine.
- SPARC's contribution will focus on integrating patient perspectives and on the activities of the Personalised Medicine Arm (ARM2) of JA PCM.
- Avoid duplication of efforts across the initiatives.
- Increase impact by a common stakeholder engagement, communication and dissemination strategy
- Three main areas of synergy to be coordinated by Working Groups:

1. **LB & NGS:** Promote LB and NGS for diagnostics and recurrence monitoring.
2. **MTB:** Consolidate MTBs and implement federated approaches across initiatives.
3. **Education & Training:** Share resources and approaches for training, capacity building, and knowledge transfer.

Following alignment between the coordination teams, each initiative was introduced to the other consortium, presenting the agreed synergy strategy. This was followed by the organisation of a joint meeting on 18th November 2025, bringing together relevant Work Package and Pilot leads from both consortia (*Table 2*). During this meeting, three WG were established, corresponding to the defined areas of synergy. These WG were tasked with defining coordinated activities and aligning efforts across the two initiatives.

*Table 1: Key meetings to prepare the synergy activities*

Date	Modality	Who	Aim
8/7/2025	Online	UPM - Sciensano	First project contact, planning of an online workshop to present two projects and brainstorm potential synergies
18/7/2025	Online	EAPM - UPM - Sciensano	Initial discussion on joint communication activities
1/8/2025	Online	UPM - Sciensano	Discussion on the initial draft of synergies activities
02/09/2025	Face-to-face	UPM - Sciensano - EAPM	Consolidation of synergies, activities and strategy of collaboration
09/10/2025	Online	UPM - Sciensano - EAPM	Follow up of preparatory activities, discussion of the strategy of implementation and required resources for both consortia
23/10/2025	Online	UPM - Sciensano - EAPM	Preparatory activities to kick off the synergies in November
18/11/2025	Online	SPARC and JA PCM consortium	Kick off of synergy activities, presentation of working groups and discussion with both consortia.
20/11/2025	Face-to-face	SPARC Consortium - Sciensano	Presentation by JA PCM at the SPARC kick-off meeting of the initial synergy plan and next steps

10/12/2025	Online	SPARC and JA PCM consortium	Kick off of the working group on Education and Training (WG3)
12/12/2025	Online	SPARC and JA PCM consortium	Kick off of the working group on Molecular Tumour Board (WG2)
15/12/2025	Online	SPARC and JA PCM consortium	Kick off of the working group on Liquid Biopsy (WG1)
08/01/2026	Online	UPM - Sciensano	Alignment on the first synergy deliverable
15/01/2026	Face-to-face	JA PCM Consortium - UPM - EAPM	Presentation by SPARC at the JA PCM kick-off meeting of the synergy plan, alignment of project activities, discussion on the first deliverable status and preparation

*Table 2: Relevant Work Packages (WP) and Pilots of each initiative*

<b>JA PCM</b>	<b>SPARC</b>
WP2 (Communication)	WP2 (collection of evidence)
WP4 (Sustainability)	WP3 (Liquid Biopsy and NGS Pilots)
WP7 (Diagnosis)	WP4 (MTB and tools)
WP8 (Treatment)	WP5 (Digital Tools)
WP10 (Liquid Biopsy)	WP6 (Training)
WP11 (EQA - Education & training)	WP7 (Patient engagement)
WP12 (Legal, ethics and equity)	WP8 (Inequalities and sustainability)
WP13 (HTA, Data and Access)	WP9 (Diss & Comm, Policies)
Pilot LB-ctDNA	
Pilot MTB	
Pilot WP8 (treatment)	

### 3. Pillars of synergy

The established synergy will create a win-win interaction for both projects, maximising the achieved results and leveraging the strength of both projects.

SPARC is a smaller project than JA PCM, allowing practices to be tested earlier and involving patient representatives (five beneficiaries in total), as well as dedicated activities on citizen and patient engagement (WP7), while also promoting sustainability and equity (WP8). SPARC will run seven pilots on diagnostics, personalised treatment and follow-up that can support the JA PCM pilots.

On the other hand, JA PCM can provide SPARC with a unique opportunity to access a large stakeholder group with complete EU coverage, strong links to previous activities, and the opportunity to showcase some of the projects' key outcomes.

During the preparation of the grant agreements of both projects, the coordination groups defined a collaboration framework based on 3 key pillars (*Figure 3*):

1. **Integration of the patient perspectives in PCM:** both projects will work to improve how patients access, experience, understand, and are affected by healthcare services that extract and use molecular and genetic features of their cancer. The perspective will include aspects related to communication, understanding of PCM, shared decision-making, emotional and psychological impact, patient access and financial burden. In addition, trust and quality of life (QoL) will represent key components of the analysis.
2. Establishment of **Synergy Working Groups** to work on 3 key activities relevant to both projects:
  - 2.1. LB and NGS: Both projects will work to consolidate harmonised protocols for the usage of LB and NGS in clinical practice.
  - 2.2. MTB: the projects will cooperate to consolidate clinical workflows and technology to be used to enhance the clinical use of molecular profiles and target best therapeutic strategies to patients.
  - 2.3. Education and Training: these activities will focus on training key stakeholders in order to build the capacity of the health professionals and empowerment and awareness within patient's communities.
3. **Stakeholder engagement, communication and dissemination activities:** Both projects will establish a common strategy to establish a collaborative dialogue with key stakeholders (patients, health care professionals, policy makers, industry, regulators, civil society, etc.) to consolidate the best practices of PCM and draft next policies to support the implementation of equitable and fair access to precision medicine services in cancer across Europe. A joint communication strategy will also be developed, in order to deliver the same key messages to the target groups.

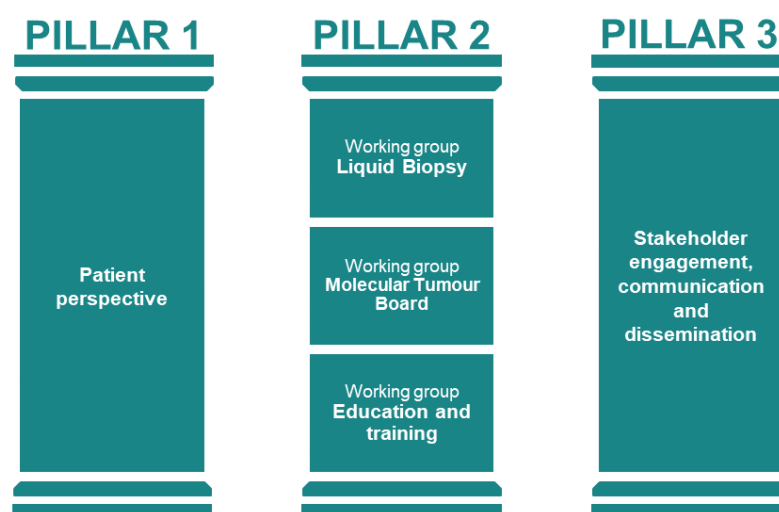


Figure 3: Synergy pillars

The next sections will further detail the three pillars and the envisioned synergy activities.

### 3.1 Patient Perspectives

Table 3: Contributors of the patient perspectives' activities

Organisation	Project	Person Name	Role in Activity
Lungs Europe	SPARC	Vlatka Matkovic	Patient perspective
Lungs Europe	SPARC	Polina Starchenko	Patient perspective
EAPM	SPARC	Sofia Pazzagli	Stakeholder engagement and communication
EAPM	SPARC	Denis Horgan	Stakeholder engagement and communication
Association of European Cancer Leagues	SPARC	Wolfgang Fecke	Patient perspective
Association of European Cancer Leagues	SPARC	Michal Kubo	Patient perspective

SIOPE	SPARC	Andrea Demadonna	Patient perspective
EAPM	SPARC	Chiara de Tomasso	Stakeholder engagement and communication
National Melanoma Society	SPARC	Janez Sirse	Patient perspective
ELLOK	SPARC	Jola Troumpouki	Patient perspective
UPM	SPARC	Manuel Ottaviano	Coordinator
Sciensano	JA PCM	Marlies Saelaert	Ethics
Sciensano	JA PCM	Barthélémy Moreau de Lizoreux	Communication officer
Sciensano	JA PCM	Lieve Dessing	Communication officer
Sciensano	JA PCM	Chloé Mayeur	Ethics
Sciensano	JA PCM	Wannes Van Hoof	Ethics
Sciensano	JA PCM	Nancy Frédérickx	Coordinator
Sciensano	JA PCM	Els Van Valckenborgh	Coordinator

Patient perspective and engagement are at the core of the synergy action plan between SPARC and JA PCM. A hybrid meeting was organised on 9 December 2025 between WP1 and WP12 of JA PCM and WP1, WP7, WP8, and WP9 of SPARC (see *Table 2* for WP names) to discuss an action plan for integrating the patient perspective into JA PCM and to identify the type of support JA PCM could provide to SPARC in this area. As agreed, the plan builds on the initial action plans outlined in both grant agreements, with requests and questions addressed to patient groups integrated in a structured manner within the activity plan. The meeting led to the identification of four key activities offering opportunities for synergy.

### 3.1.1 Activity 1: Creation of a dedicated patient group

**Objective:** Facilitate open consultations on precision medicine to gather diverse input and perspectives. The Patient and Caregiver Advisory Group (PCAG) will be set up in SPARC, consisting of 2-3 patients or patient representatives per cancer type - corresponding to SPARC pilots, and willing to extend to JA PCM cancer types in pilots.

The PCAG will produce an advisory report and recommendations on patient engagement link, for instance, on LB MTB covering as many indications that will be possible.

**Synergy activities:**

- JA PCM will be able to submit questions and requests to the patient group consultation. The outcome of these consultations will then be communicated to the JA PCM consortium via either presentation, newsletter, or recommendations. To secure efficient communication, timely preparation will be foreseen
- SPARC will support in framing the consultation theme and questions.
- JA PCM will provide expert support to review PCAG guidelines before publication.
- Feedback on recommendations: Based on patients' recommendations, JA PCM experts should provide feedback on how these suggestions are being considered and which interventions have been implemented as a result.

**Mechanism:** Between January and June 2026, a structured workflow will be developed and implemented to guide the first patient group consultation. This workflow will serve as a model for subsequent consultation cycles, allowing for continuous improvements based on lessons learned and potential optimisations. At this stage, two patient consultations per year are planned.

### 3.1.2 Activity 2: Define JA PCM expectations from patient groups

**Objectives:** To define clear expectations and requests from the JA PCM consortium towards the patient groups. This activity will support Activity 1.

**Synergy activities:**

- JA PCM will ensure that feedback and guidance are provided where needed.
- SPARC will support the implementation of the activity and the consultation group.

**Mechanism:**

A survey will be prepared jointly between SPARC and JA PCM. The outcome of this survey will then be shared with SPARC patient groups to support the framework of their activities.

### 3.1.3 Activity 3: Training and Literacy Initiatives for Patients and the Public

**Objectives:** Co-designing training and literacy initiatives tailored to patients and the general public, focusing on MTBs, LB, and digital health tools.

**Synergy activities:**

- When a patient is enrolled in a pilot activity, documentation provided by SPARC will be distributed to support patient literacy.
- JA PCM pilot will offer broader outreach to the patient community by allowing patients to join SPARC patient group activities if they wish.
- JA PCM coordination will provide coordinated support to ensure expert review and feedback on the documentation produced.

**Mechanism:** The two projects analyse the patient's educational needs and existing gaps from available educational materials and initiatives. SPARC project develops training activities with the support of JA PCM. During the pilots, both projects will contribute to the creation of a community of patients that would be able to access educational materials.

### 3.1.4 Activity 4: Inequity Mapping

**Objectives:** The development of inequity maps for PCM adoption and implementation across the EU will be based on a mixed-methods approach. A key component of this methodology is a structured survey distributed to relevant stakeholders to systematically identify, characterise, and map inequities in the research and implementation of PCM across EU Member States (MS). This joint activity will be implemented through collaboration between WP8 of SPARC and WP12 of JA PCM, ensuring comprehensive geographical coverage, including EU MS not directly represented within the SPARC consortium.

**Synergy activities:**

- JA PCM will facilitate the engagement of 1–2 key stakeholders per EU MS, drawn from within the JA PCM consortium, for those countries not directly represented within the SPARC consortium. These stakeholders will serve as national or regional informants and will be invited to contribute to the survey assessing inequities in the implementation of PCM.
- SPARC, through WP8, will lead the conceptualisation, design, and coordination of the survey, ensuring alignment with the overall inequity mapping framework. SPARC will be responsible for developing the survey instrument, defining the analytical approach, and integrating the survey findings with evidence generated through the scoping review. The consolidated results will inform the development of precision inequity maps and subsequent WP8 outputs.



**Mechanism:** A coordinated workflow will be developed in which SPARC develops the survey tool and analysis plan, while JA PCM disseminates the survey to 1–2 identified consortium stakeholders for the EU MS that will be decided and supports response collection. Regular coordination between SPARC WP8 and JA PCM WP12 will ensure alignment of timelines, consistency of interpretation, and effective integration of results into both initiatives.

## 3.2 PCM Working Groups

At the joint Assembly meeting on 18<sup>th</sup> November 2025, WG were established with the aim to:

- Foster collaboration and avoid duplication between the two projects,
- Promote the patient perspective within the WG
- Contribute to the preparation of deliverables through Synergy Activity Reports, which will show how the joint strategy is applied to each thematic area, ensuring coordinated actions and maximising impact.

After the meeting, each WG was asked to further develop synergy collaborations and strategies for integrating the patient perspective, as described in the next sections.

### 3.2.1 WG1: Liquid Biopsy and NGS

*Table 4: Contributors of WG1*

Organisation	Project	Person Name	Role in Activity
AUH	JA PCM	Claus Lindbjerg Andersen	LB pilot lead WP10 LB responsible WP11 LB EQA is responsible
ACC	JA PCM	Patrizio Giacomini	LB transversal pilot, Steering Committee
NKI	JA PCM	Remond Fijneman	LB pilot lead WP7 LB responsible
ISLB	SPARC	Eloísa Jantus	LB synergy team coordinator WP6
UNIFI	SPARC	Pamela Pinzani	Responsible for WP3 Breast Cancer Pilot
IHU RespirERA	SPARC	Paul Hofman	Responsible for WP6

Main goal of synergy activities:

- 1) Map the state of play for LB,
- 2) To distribute best practices for LB implementation, and

### 3) Develop policy recommendations in LB.

See *Table 5* for more details on synergy activities.

#### Patient perspective incorporation:

Patients and the patient perspective will be incorporated into the best practice and policy recommendations. The participants have many ongoing and past activities relevant to the JA PCM-SPARC synergy:

(1) Mapping: the European Liquid Biopsy Society (ELBS) has launched a survey to map the state of the art of ctDNA diagnostic testing in Europe. In parallel, the International Society of Liquid Biopsy (ISLB) has collected global data through a survey focused on the clinical implementation of liquid biopsy. Comparative analysis between the ISLB global dataset and responses from European participants will provide valuable regional insights and help contextualise Europe's position within the global framework.

(2) Best practice and policy recommendations: based on published reports<sup>1,2</sup> and unpublished observations, the CAN.HEAL Consortium and ELBS have proposed a set of expert consensus recommendations on the use of ctDNA in the MTB and diagnostic routine settings. The above survey and these recommendations have been circulated mainly among professionals (Physicians, Molecular biologists, Healthcare experts, pharmaceutical companies etc).

JA-PCM-SPARC offer the opportunity to build on this complex technical background to gather structured (point-by-point) opinions from patients, advocacy organisations, and a wider audience of healthcare experts and stakeholders. Attention will be paid to highlight disparities across EU, and provide a value chain for ctDNA in different clinical settings and in different patient populations. Gender and potential minority issues will be addressed. Should new gaps or unaddressed priorities emerge through collegial discussions, the synergy group will explore complementary strategies such as targeted surveys, expert consultations, or the engagement of specific stakeholder representatives.

*Table 5: Proposed activities for synergies on LB and NGS*

No.	Activity title	Contact	Activity description & overlap prevention	Expected outcomes	Connection to other projects	Stakeholders involved/targeted	Risks foreseen
1	<b>Mapping the state of play for LB</b>	JA PCM: WP7, WP10  SPARC: WP1, W2, WP3, WP9	1) Map LB implementation status in the following clinical settings: (A) mutation profiling, (B) guiding adjuvant therapy, (C) monitoring therapy response, and (D) recurrence surveillance.  2) Map the gaps and barriers for integration into clinical routine  CREATING SYNERGY  Both JA PCM and SPARC are mapping the state of play. Synergy is obtained and overlap minimized by coordinating the mapping	Webinar (M24)	EUnetCCC	Caregivers, Clinicians, Researchers, Patient's advocacy groups, Public and governmental organisations, Industry partners	Mapping does not reach the intended (significant) number of stakeholders.
2	<b>Best practises for LB implementation</b>	JA PCM: WP7, WP10, LB pilot  SPARC: WP1, WP3, WP6, WP7, WP9	1) Determine best practice for LB analyses  2) Propose framework for evidence synthesis and policy recommendations  CREATING SYNERGY	Webinar (M36)  Consensus-based best practice framework for clinical use of LB	EUnetCCC	Patients, Caregivers, Clinicians, Researchers, Patient's advocacy groups, Public and governmental organisations, Policymakers, Industry partners	Heterogeneity in the maturity level across regions, tumor types and clinical settings may not be fully captured.

No.	Activity title	Contact	Activity description & overlap prevention	Expected outcomes	Connection to other projects	Stakeholders involved/targeted	Risks foreseen
			<p>Both JA PCM and SPARC will define best practices and develop policy recommendations for LB implementation (focused on ctNucleicAcids- ctNA).</p> <p>Synergy is obtained and overlap minimized by coordinating the activities.</p>	<p>(focused on ctNA)</p> <p>Policy recommendations</p>			

### 3.2.2 WG2: Molecular Tumour Board

*Table 6: Contributors of WG2*

Organisation	Project	Person Name	Role in Activity
VHIO	JA PCM/SPARC	Alejandro Piris, Christina Stangl, Alba López	Leading the MTB pilot in JA PCM
IIS La Fe	JA PCM/SPARC	Adela Cañete Vanessa Segura Teresa Tormo	JA PCM WP11.3.3 Lead SPARC WP4 Lead
Gustave Roussy	JA PCM	Maud Kamal (+others to be defined for MTB adult & pediatrics)	Participating in the MTB pilot in JA PCM
UPM	SPARC	Manuel Ottaviano	SPARC WP1 Lead
Sciensano	JA PCM	Nancy Frederickx	JA PCM Coordinator

#### Main goal of synergy activities:

The main purpose of this synergy is to ensure alignment between the MTB activities in both projects by enabling data and knowledge sharing, harmonising processes, and integrating results. This also includes coordination around paediatric MTBs.

See *Table 7* for more details on synergy activities.

#### Patient perspective incorporation:

The patient advocacy groups from the SPARC project will be involved in this WG to provide their perspective whenever needed in the JA PCM. Their involvement will offer valuable insights to ensure that the activities are aligned with patient needs and priorities.

*Table 7: Proposed activities for synergies on MTB*

No.	Activity title	Contact	Activity description & overlap prevention	Expected outcomes	Connection to other projects	Stakeholders involved/targeted	Risks foreseen
1	<b>Data sharing</b>	All WG participants	Use shared templates for data sharing, including data derived from the liquid biopsy tests conducted within the SPARC pilots	Harmonise and expand data aggregation.  Comparison of different LB tests	EUnetCCC, Can.Heal	Centres performing LB tests	Lack of available data.  Complex legal agreements
2	<b>Alignment in technology, methodology</b>	All WG participants	Assess the feasibility of using the same platforms and tools in both projects (e.g., cBioPortal)	Implementation of these tools across both projects	CANDLE, Basket of baskets (BoB) trial	All centres participating in the MTBs of both projects	Complex legal framework and agreements  Institutional restrictions
3	<b>Assessment of centres</b>	All WG participants	Harmonise the surveys used in both projects, or use the results from a survey in one project within the other, to assess the feasibility of centres to participate to act as pilot sites or partners in the MTB pilot of the JA	Centres participating in SPARC are involved in the MTB pilot of the JA, either as pilot sites or pilot partners	NA	All centres participating in the MTBs of both projects	Centres not eligible due to the nature of the JA  No centre meets the inclusion criteria  Budget restrictions

No.	Activity title	Contact	Activity description & overlap prevention	Expected outcomes	Connection to other projects	Stakeholders involved/targeted	Risks foreseen
4	<b>Patient involvement</b>	All WG participants	Patient advocacy involved in SPARC can provide the patient perspective whenever the MTB pilot of the JA PCM requires it	Patient involvement in the MTB pilot of the JA	EU-CIP	Patient advocacy groups involved in the SPARC project	Difficulty involving patients
5	<b>Regular meetings for alignment</b>	All WG participants	Organise regular meetings to ensure these alignments and identify new ones	Effective alignment	Not applicable	All WG participants	Miss any alignments

### 3.2.3 WG3: Education and training

*Table 8: Contributors of WG3*

Organisation	Project	Person Name	Role in Activity
ISS	JA PCM	Roberta De Angelis	WP11 Leader
INSA	JA PCM	Astrid Vicente	WP11.3 Task lead
VHIO	JA PCM/SPARC	Christina Stangl	SPARC WP8 Twinning Activities JA PCM WP11.1 Task Lead
IISLA FE	JA PCM/SPARC	Vanessa Segura, Adela Cañete	SPARC WP4 leader JA PCM WP11.3.3 Task lead
CHUN and IHU	SPARC	Paul Hofman	WP6 Leader
ELLOK	SPARC	Katerina Nikitara	WP8 Leader
ISLB	SPARC	Umberto Malapelle, Eloisa Jantus-Lewintre	WP6 co-leaders

#### Main goal of synergy activities:

JA PCM and SPARC projects both aim to develop and implement educational and training initiatives to enable capacity building and foster the implementation of PCM in the European context. The main purpose of this WG is to provide a forum for exchange and discussion on key aspects of planned educational interventions, thus ensuring minimum overlap and maximum complementarity of the actions carried out. Sharing strategies to define the target audience and structure of the proposed training pathways, mutual support in training activities, and enhancement of their dissemination across Europe are the intended outcomes of the selected synergy themes.

See *Table 9* for more details on synergy activities.

#### Patient perspective incorporation:

The involvement of patient associations who are partners in the SPARC project will facilitate integration of the patient perspective in the synergy themes identified, particularly for those regarding the communication campaign, dissemination and materials.

Involvement of patient associations who are partners in the SPARC project will facilitate integration of patient perspective in the synergy themes identified, particularly



for those regarding the communication campaign, dissemination and materials (n. 4 and 5). The synergy with WP8 in SPARC will also allow for the inclusion of an equity perspective in the educational/communication initiatives developed in WP11 of JA PCM.

Table 9: Proposed activities for synergies on education and training

No.	Activity title	Contact	Activity description & overlap prevention	Expected outcomes	Connection to other projects	Stakeholders involved/targeted	Risks foreseen
1	Roadmap on Target audience	JA PCM: WP11  SPARC: WP6, WP4 AND WP8	Mutual exchange of the plan of the targeted audience to identify commonalities and differences.	Joint plan of targeted professionals	EUNetCCC, CCI4EU, JANE-2	Multiple professionals involved in PCM	Heterogeneous timetable in the two projects
2	Roadmap on educational activities		Mutual exchange of the plan of training activities to identify the scope and content of joint initiatives	Joint plan of educational activities	EUNetCCC, CCI4EU, JANE-2	Multiple professionals involved in PCM	Heterogeneous timetable in the two projects
3	Roadmap on dissemination		Mutual exchange of the dissemination plan for educational activities	Joint dissemination plan	EUNetCCC, CCI4EU, JANE-2	Multiple professionals involved in PCM	Disconnect of end dates between projects
4	Communication campaign		Define target populations, scope of information and materials	Joint communication framework	ICPerMed, 1+ Million Genome, EUNetCCC, PCM4EU, DART	Patients, caregivers, and general citizens	May be difficult to reach all member states
5	Communication materials		Collect and develop informative materials on topics of relevance for patients, focusing on common areas of interest (eg LBx, NGS, MTB) and targeting various age groups and profiles of the population	Joint materials on communication to patients/citizens		Patients, caregivers, pediatric and AYA cancer survivors, and general citizens	Integration of existing materials to common framework/platform may be challenging with many parallel initiatives

### 3.3 Stakeholder engagement, communication and dissemination strategy

*Table 10: Contributors of the stakeholder engagement activities*

Organisation	Project	Person Name	Role in Activity
EAPM	SPARC WP9	Denis Horgan	Stakeholder engagement and communication
UPM	SPARC	Manuel Ottaviano	SPARC coordinator
EAPM	SPARC WP9	Chiara de Tomasso	Communication officer
EAPM	SPARC WP9	Sofia Pazzagli	Stakeholder engagement and communication
Sciensano	JA PCM WP2	Barthelemy Moreau de Lizoreux	Communication officer
Sciensano	JA PCM WP2	Lieve Dassing	Communication officer
Sciensano	JA PCM WP1	Marc Van Den Bulcke	JA PCM coordinator
Sciensano	JA PCM WP1	Nancy Frederickx	JA PCM coordinator
Sciensano	JA PCM WP1	Els Van Valckenborgh	JA PCM coordinator

The intended outcomes of Pillar 3 include the effective operationalisation of the three-level stakeholder engagement strategy, enabling structured dialogue and feedback loops across expert, policy, and public spheres. Through complementary engagement formats – including conferences, targeted interviews, SPARC Open Office sessions, Insight Extraction moments, and Focus Consultations – the synergy aims to translate evidence from JA PCM and SPARC pilots outcomes into shared communication outputs, policy-relevant messages, and recommendations via JA PCM structures, supporting the sustainable uptake of personalised cancer medicine across Europe.

#### 3.3.1 Stakeholder engagement strategy

##### **Purpose**

Stakeholder engagement within the JA PCM–SPARC Synergy is designed to support the coordinated development, validation, and uptake of personalised cancer medicine across Member States.

## Overall approach

The Synergy will apply a three-level stakeholder engagement model that enables structured dialogue from practice to policy. This model supports early identification of barriers, validation of emerging approaches, and alignment with national and EU priorities. Engagement activities will be aligned with working group needs and with JA PCM coordination mechanisms, supporting coherence across initiatives and avoiding duplication. Topics are directly driven by the thematic priorities of the three Working Groups described in this deliverable, ensuring consistency between technical activities, stakeholder dialogue, and resulting outputs.

Across all levels, patient perspectives and real-world experience inform engagement activities, particularly with regard to trust, communication, equity, and acceptability, with insights reintegrated into working group reflection and output development through continuous feedback loops.

SPARC and JA PCM have developed a common strategy based on 3 levels of stakeholder engagement:

- Level 1: Alignment Group
- Level 2 Stakeholder Coordination Group
- Level 3: Stakeholder Forum

These levels are briefly summarised in Table 11 and further discussed below

*Table 11: Overview of the three-level stakeholder engagement format.*

Level	Target	Format	Main Role / Output
Level 1 : Alignment Group	EU initiative representatives and personalised medicine experts (=PCM cluster) (from e.g. EBCP projects, JANE-2, EUnetCCC)	~1 exchange/year;	EU Strategic alignment and inputs to JA PCM roadmap

Level 2 Stakeholder Coordination Group	Clinicians, regulators, HTA bodies, payers, policymakers, patient organisations, industry	~3 meetings/year	Expert discussion translating project outputs into policy-relevant recommendations
Level 3 Stakeholder Forum	Broad stakeholders (civil society, NGOs, healthcare professionals, mirror groups, funders)	Annual webinars via HPP Agora	Broad engagement, dissemination, and feedback informing Level 2

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

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

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

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

Level 2 is jointly coordinated by SPARC and JA PCM and acts as the central expert translation and validation layer. It brings together clinicians, policymakers, regulators, HTA bodies, payers, patient organisations, and industry representatives to translate

insights from working group activities, patient perspectives, and engagement inputs (building on engagement formats already in place within SPARC, such as targeted consultations, insight extraction moments, and focused expert exchanges) into validated recommendations and policy-relevant guidance. While structured patient perspectives are primarily gathered through the PCAG, this level involves senior representatives from patient organisations alongside other stakeholder groups to ensure that these perspectives are considered within a broader multi-stakeholder and policy-oriented discussion.

The Stakeholder Coordination Group (SCG) is expected to meet three times per year, with in-person meetings organised where feasible, including dedicated sessions embedded within existing scientific or policy events where joint participation is foreseen. Agendas are driven by working group priorities and focus on translating technical progress into expert and policy-relevant discussion. In this way, the SCG supports the translation of activities, such as mapping exercises, best-practice development, pilot alignment and training roadmaps, into structured expert reports and policy-relevant recommendations. For 2026, illustrative topics include sessions on LB, MTB and digital pathology organised in connection with major European conferences.

Meetings of the SCG are co-moderated by Sciensano for JA PCM and by EAPM on behalf of SPARC. Strategic oversight and alignment with JA PCM objectives are ensured through Sciensano, while EAPM provides operational coordination support, including meeting organisation, agenda preparation, background documentation, follow-up actions, and synthesis of outcomes. This ensures the SCG can function efficiently while remaining fully aligned with JA PCM and SPARC governance.

The SCG operates in two complementary waves:

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

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

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

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

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

The Stakeholder Forum is organised online once per year, with sessions covering different themes (e.g. LB, MTB, oncology decision-support tools). These sessions will be organised as webinars hosted through the EU Health Policy Platform (HPP), to ensure transparency and accessibility of discussions. Within the platform, the sessions will take place in the HPP Agora, the open collaborative space accessible to all registered members. This would allow the Stakeholder Forum to reach a broader community of European health stakeholders and facilitate outreach to policymakers, professional organisations, patient groups and civil society actors already active within EU health policy discussions. This approach has already been discussed with the HPP team to ensure alignment with existing platform activities and formats.

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

### **Cross-level connections and supporting mechanisms**

Levels 1 and 3 provide strategic inputs that feed into Level 2, ensuring that expert deliberations are informed by both policy alignment and real-world experience. Additional links with Commission-led stakeholder platforms (HPP, HTA, medical devices...) will be explored to maximise coherence.

To support transparency and continuity, the synergy will explore the development of a shared repository for personalised cancer medicine outputs (e.g. policy documents, recommendations), potentially through a dedicated community within an existing platform such as Zenodo. A review process will be defined to ensure alignment and quality.

### **Added value for the synergy**

This structured yet lean engagement strategy:

- strengthens coherence across Working Groups,

- aligns SPARC-generated evidence with JA PCM coordination and policy uptake,
- leverages existing expert communities through the PCM Cluster, and
- supports sustainable, transferable implementation of personalised cancer medicine across Member States.

### 3.3.2 Communication and dissemination

#### **Purpose**

The main purpose of this synergy theme is to establish a coordinated and inclusive communication and dissemination approach between SPARC and JA PCM, ensuring coherent messaging, transparent information flow, and meaningful participation across clinical, policy, patient, and societal audiences.

A common strategy in this regard will ensure consistency of messaging, visibility of synergies, and efficient use of resources, while maintaining each project's identity. Concretely, this coordination will include:

1. Shared editorial planning
  - Establishing a joint editorial calendar to align announcements, social media campaigns, newsletters, and events.
  - Synchronising timing for major milestones to maximise impact and avoid overlap.
2. Common messaging framework
  - Defining a set of shared umbrella messages (e.g. EU-wide mobilisation, accessibility of personalised cancer medicine, collaboration across all Member States).
  - Adapting these messages to reflect each project's specific role (JA PCM: implementation and policy relevance; SPARC: innovation support and technical readiness).
3. Co-branded initiatives
  - Developing joint press releases, co-authored articles, and co-hosted webinars or events when milestones are closely related.
  - Developing a joint annual newsletter highlighting key synergy activities, stakeholder insights, pilot learnings, and policy-relevant messages. Distributed through both projects' communication channels to maximise reach without multiplying outputs.
  - Exploring joint visibility at key conferences.
4. Visual alignment
  - While each project will have its own identity, shared design elements (such as compatible colour palettes, font families, or layout structures) will be used to highlight the connection between the two "twin projects."



## 5. Cross-promotion

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

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

### 3.3.3 Implementation of Pillar 3

Proposed activities for synergy on stakeholder engagement, communications and dissemination can be found in *Table 12* here below:

*Table 12: Proposed activities for synergies on communication and dissemination*

No.	Activity title	Contact	Activity description & overlap prevention	Expected outcomes	Connection to other projects	Stakeholders involved/targeted	Risks foreseen
1	<b>Coordination of SPARC–JA PCM stakeholder engagement architecture</b>	JA PCM WP1 & 2	Alignment of the three-level stakeholder engagement model (1- Alignment Group, 2- Stakeholder Coordination Group, 3- Stakeholder Forum) to avoid duplication with other EU initiatives and ensure coherent information flow between pilots, national nodes, and EU-level policy structures.	Harmonised stakeholder input, reduced fragmentation, and validated recommendations	EUnetCCC, JANE 2, EU Cancer Plan, (Mission on Cancer?) , other cancer Joint Actions and projects	clinicians, patient organisations, policymakers, HTA bodies, industry	Stakeholder fatigue, overlap with parallel EU consultations
2	<b>Expert dialogue and recommendation development through Stakeholder Coordination Group</b>	Joint JA PCM: WP2  SPARC: WP9	Regular multidisciplinary expert discussions translate outcomes insights into structured guidance, adoption pathways, and policy-relevant outputs. Two participation waves	Consensus-based recommendations supporting scaling and adoption across Member States.	Potentially EUnetCCC, JANE2, eCAN+, UNCAN Connect, CANDLE...	Clinicians, regulators, HTA bodies, patient organisations, industry	Diverging national priorities, regulatory complexity

			ensure a balanced discussion.				
<b>3</b>	<b>Open Stakeholder Forum and citizen engagement</b>	SPARC WP9	Open platform for broad stakeholder and citizen engagement, health literacy, and collection of experiential evidence feeding into expert and policy levels.	Annual Stakeholder Forum Report informing expert and policy discussions.		Patients, caregivers, Non-Governmental Organizations, clinicians, civil society	Managing expectations; ensuring actionable synthesis of inputs
<b>4</b>	<b>Joint communication and dissemination</b>	Joint JA PCM: WP2 SPARC: WP9	Coordination of key messages, timing, and formats for joint communication outputs	Aligned communication strategy (deliverable), including stakeholder engagement aspects.  Coherent external messaging, improved visibility of synergy activities, and stronger uptake of joint outputs by stakeholders and policymakers.		Policymakers, clinicians, patient organisations, professional societies, EU institutions	Message dilution if coordination is insufficient; timing constraints across projects
<b>5</b>	<b>Continuous stakeholder</b>	Joint	Implementation of a set of low-barrier, structured	Continuous collection of qualitative		JA PCM and	Stakeholder fatigue or uneven participation; mitigated through

	<b>engagement and insight generation</b>	JA PCM: WP2  SPARC: WP9	engagement formats (e.g. Open Office sessions, Insight Extraction moments embedded in WP meetings, and short Focus Consultations), to enable timely identification of challenges, validation of emerging insights, and targeted problem-solving across SPARC and JA PCM, while avoiding duplication by building on existing governance and meeting structures.	insights, Early identification of barriers, Improved alignment of activities and policy development; Evidence base feeding into communication outputs, white papers, and policy recommendations		SPARC consortia	targeted invitations and integration into existing activities
<b>6</b>	<b>Annual joint SPARC–JA PCM synergy newsletter</b>	Joint JA PCM: WP2  SPARC: WP9	Development of a joint annual newsletter highlighting key synergy activities, stakeholder insights, pilot learnings, and policy-relevant messages. Distributed through both projects' communication channels to maximise reach without multiplying outputs.	Increased awareness of joint activities, transparent reporting to stakeholders, and strengthened community building across initiatives.	Disseminated via EU health and cancer networks	Patients, clinicians, researchers, policymakers, civil society, professional networks	Limited engagement if content is overly technical; mitigated by mixed editorial approach

<b>7</b>	<b>Joint participation in major European conferences</b>	Joint JA PCM + SPARC	Coordinated participation in major European scientific and policy conferences (e.g. ESMO, ESP), including joint sessions, panels, posters, and structured stakeholder interviews to capture emerging perspectives and priorities. This coordinated approach ensures visibility of shared messages, supports insight extraction, and avoids parallel, uncoordinated presence.	Stronger dissemination of results, active engagement with professional communities, and collection of structured feedback from clinical, scientific, and policy stakeholders through conference interactions and targeted interviews.	European professional societies and research networks	Clinicians, researchers, professional societies, industry, policymakers	Resource constraints; dependence on conference acceptance processes
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## 4. Conclusion and next steps

The establishment of synergies between JA PCM and SPARC represents an opportunity to accelerate the effective and equitable implementation of personalised cancer medicine across Europe. By aligning objectives and methodologies, the two initiatives create a complementary framework that maximises the added value of EU-level collaboration while avoiding duplication of efforts.

This first milestone and deliverable lays the foundation for sustained cooperation through a clearly defined synergy strategy based on 3 pillars: (1) integration of the patient perspective; (2) three dedicated Working Groups addressing key joint activities: LB and NGS, MTB, Education and Training; and (3) the stakeholder engagement, communication and dissemination strategy.

The synergy framework capitalises on the complementary strengths of both initiatives, combining SPARC's strong patient representation and stakeholder engagement activities with JA PCM's broad European coverage, policy reach, and long-term approach for system-level integration. As the synergy activities progress, the coordinated activities outlined in this document will support the development of harmonised clinical, organisational, and policy recommendations, strengthen stakeholder engagement, and contribute to building capacity across healthcare systems. The next phase of the JA PCM–SPARC synergy will focus on implementation, coordination, and monitoring of the agreed activities. The following general steps include:

- Further operationalisation of the governance and coordination of synergy activities by planning meetings, providing support to WGs, and monitoring activities.
- Launch of patient perspective activities such as the establishment of the SPARC PCAG, and the initiation of the first structured patient consultation and planned surveys.
- Launch of the WG and implementation of their planned synergy actions throughout 2026, covering LB and NGS, MTB, Education & Training. These activities will be coordinated to maximise complementarity, avoid duplication, and ensure integration of patient perspectives.
- Deployment of the three-level stakeholder engagement strategy, through establishing the Alignment Group, Stakeholder Coordination Group and Stakeholder Forum, planning joint events, running alignment consultations and workshops.
- Integrate into the Communication and Dissemination Plans of both projects, the proposed coordinated approach.

- Monitoring and continuous improvement through agreed indicators and regular coordination reviews, with continuous experience exchange to improve synergy activities, to explore further synergies with other initiatives (e.g. EUnetCCC, JANE 2, CANDLE, eCAN+, etc).

Finally, the document encloses a summary table of key performance indicators to track the progress of the synergy activities.

*Table 13: Summary of the indicators for the synergy activities*

Indicators	January 2026 (M3)	M18	M36
Number of synergy meetings held	13 (see table 1) + 11 internal meetings of synergy WGs		
Number of reports on synergy activities	5 (report of the 4 WGs) + this deliverable		
Number of joint guidelines, recommendations, protocols, webinars, and surveys produced	Not relevant at this stage		
Number of joint or common communication activities undertaken	1 (participant interviews at KoM of JA PCM)		