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INTERIM EVALUATION REPORT

eCAN
Strengthening eHealth for Cancer Prevention & Care

DELIVERABLE 3.1

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Executive summary

The interim evaluation confirms successful implementation of the eCAN Joint Action (JA) mid-project. Almost all milestones and deliverables planned for the first year have been achieved. Delayed milestones and deliverables have no impact on project implementation.

The key challenges for the second half of the project lie in successful pilot deployment and engagement of stakeholders. Pilots were more complex to implement than expected given the need to change the initial approach foreseeing additions on existing telehealth infrastructures to having to develop tools starting from zero. This entailed both technical and legal challenges. The interest of the patients and their adherence to eCAN interventions is difficult to predict and an appropriate enrollment rate of patients/users is key to complete the pilots. We note that the high number of the pilot sites and their experience lowers the risk of difficulty to recruit the required number of patients in the time available.

Engaging with stakeholders, especially outside of the EU Member States participating in the project, proves challenging. However, an outreach approach has identified six main group categories and built the stakeholder network of the project in order to enhance the impact of the JA, encourage the exchange of knowledge and establish potential synergies and collaborations with other EU initiatives. Moreover, in the second year the eCAN JA will have specific outputs and recommendations to stimulate the interest of a wider audience.

eCAN participants in an evaluation survey confirmed that they are mostly satisfied with the JA and would like to contribute more in the future to this type of projects. Internal communication and project governance is considered good, although participants state that the project is very ambitious requiring more work than expected, which nonetheless they are willing to undertake. Half of participants see added value of eCAN in their other activities and two thirds believe that they will be able to use eCAN outputs in the future. The networking and dedication of the team as well as innovation of the project and coordination were what participants appreciate the most in eCAN. The extent of the project both in terms of tasks and partners/countries involved is a key challenge, as is the ambition of the project, especially the clinical study.

1. Objective

The Interim evaluation report is deliverable D3.1 of the eCAN Joint Action and part of task T3.1. Monitoring and evaluation.

The main objective of this interim evaluation is to identify lessons learnt so far and opportunities to improve. In particular, three components are evaluated:

- Project progress towards objectives assessment based on the logical framework approach
- Risks and risk mitigation strategies based on Leadership council discussion and WP leads assessment
- Participant satisfaction based on survey data

2. Monitoring and evaluation methodology

The process of eCAN JA is monitored through output indicators, qualitative risk assessment by the Work Package (WP) leads and participant satisfaction measures.

For each of the five specific objectives we have developed a set of tailor-made indicators that are in line with the RACER-criteria of the better regulation toolbox[1]. The output indicators of the JA are defined primarily by the deliverables and intermediary outputs (in form of milestones), linking them directly to the project logic and objectives as well as assigning responsibilities to respective WPs and teams. Timeliness of achieving the milestones and deliverables is assessed. The indicators measure progress towards each deliverable and milestone. They are collected through standardized online questionnaires answered by WP leads in collaboration with WP1 every 3 months for output indicators and once a year for the for participant evaluation. The quarterly data collection of output indicators is supplemented by a commentary on opportunities and risks from WP leads collected at the Leadership Council and in short meetings with WP1 and WP3.

The eCAN JA participants' satisfaction was evaluated in terms of quality of communication, internal procedures, partner website and shared space, and the satisfaction with the project events. This is implemented annually among the JA partners to adjust the eCAN JA procedures if necessary and document recommendations.

The effect of the eCAN JA is defined by producing guidelines, recommendations and the roadmap, which will be relevant and feasible to implement by the Member States promoting a wider rollout of eHealth in the field of oncology, including prevention and care. Based on these inputs the quarterly progress reports are prepared, focusing on the process indicators (output) and risk identification. The interim report summarizing progress of year 1 of the project is written based on already performed progress reports and a the first annual participant satisfaction survey.

[1] RACER (Relevant, Accepted, Credible, Easy, Robust). European Commission. "Better regulation" Toolbox, November 2021 edition. Available at https://ec.europa.eu/info/sites/default/files/br_toolbox-nov_2021_en_0.pdf

3. Project progress

During the first year (September 2022 - September 2023) of the eCAN Joint Action, out of planned 24 milestones and 9 deliverables. 22 milestones and 8 deliverables were achieved. Two milestones and one deliverable planned for first year are delayed without affecting other activities. The full list of milestones and deliverables for the first year of the project can be found in Annex A.

Overall, all but one milestone were reached according to the expected timelines. Some milestone deadlines were adjusted according to project priorities.

Table 1 Timetable of milestones and deliverables planned for the first year

Work Package	Months											
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
WP1		MS1.1	MS1.2									MS1.3 D1.1
WP2			MS2.1 D2.1			MS2.2	D2.2					MS2.3 D2.3
WP3			MS3.1 MS3.2	MS3.3			MS.3.4			MS3.5 MS3.6 MS3.7		
WP4												
WP5					MS5.1	MS5.2	D5.1		MS5.3			
WP6						MS6.1	D6.1		MS6.2 MS6.4			
WP7				MS7.1								MS7.2 D7.1
WP8				MS8.1			MS8.5					MS8.2 D8.1 D8.3

MS – milestones; D – deliverable; status: green/blue – achieved; yellow – delay

3.1. Key performance indicator analysis

The project progress is evaluated along the KPI matrix as outlined in the proposal. The KPI matrix was further developed to obtain the detailed monitoring framework presented in Annex B. The monitoring framework was used to collect information from the WP leads to document quarterly progress of the project.

Below we summarize the progress towards achievement of the project objectives. For clarity of presentation the indicators relating to health professionals' training activities are reported in Specific Objective 3 (Number of training events; Number of professionals participating in training events) while in Specific Objective 4, focused on stakeholder involvement, we report

activities enhancing skills in stakeholder engagement (Number of thematic workshops; Number of participants of thematic workshops).

Specific Objective 1: Allow for a better response in case of an epidemic and in crisis situations, where isolation of patients will be an urgent requirement to respond to events

Key Process Indicator(s)	Target Measure of success
Enable remote monitoring and teleconsultation of patients	- Apply the system through pilot studies and prove its usefulness. - Qualitative and quantitative evaluation. - Patient Public Involvement (PPI) in evaluation.

Description of progress:

The process is implemented through development of the remote monitoring and teleconsultation system, which includes technical development (WP7), legal analysis (WP6), clinical guidelines (WP5 and WP8) as well as piloting (WP5) and evaluation of the pilots (WP3).

In the framework of technical development there was an initial assessment of the technical and legal solutions in the participating countries, revealing little expertise in the field in the potential pilot sites (only 5 sites had experience with telehealth) (MS6.1). This led to important changes in the design of the system also impacting the data security (MS6.2) and assessment of the cyber risk and data protection issues (MS6.2). This latest resulted in the guidelines to the sites on how to approach the data protection issues, which will be reviewed after the pilot implementation. The central teleconsultation platform was selected and activated (EDUMEETS), as part of the eCAN ecosystem (see also Specific Objective 2).

The clinical guidelines and information for patients (booklets) were created (MS8.2) to complement the protocol for the pilot procedures (see also Specific Objective 3). The protocol for the pilots was developed by WP5 team in close collaboration with other WPs in the form of generic protocol (D5.1) and then site-specific protocols in the national languages (M5.1). It reflects the use of digital tools as well as randomised clinical trial design procedures and analysis plans. Randomisation platform was developed and the tools to measure the effect of intervention selected (standardised quality of life and pain/distress questionnaires). The protocol was registered at the clinicaltrials.gov (ID NCT06007001).

By the end of Year 1 all sites have submitted the protocol to the ethical boards and 15 already obtained ethical board approval. One site already launched the pilot, but not yet

recruited any patients.

In the framework of evaluation we will collect the experience with the telehealth system of patients (questionnaires) and of health care workers (SWOT focus groups) and perform cost-effectiveness analysis. Framework for these activities was developed (MS3.2, M3.5, MS3.6).

Patients were involved in participatory design focus group and 'think-aloud sessions' conducted by WP8 (MS8.5), that informed the functionalities of the eCAN ecosystem. In addition we will collect the patient experience with piloted solutions as part of pilot evaluation (WP3).

Key Output Indicator(s)	Target Measure of success
Remote monitoring and teleconsultation system	Meet consultation and monitoring targets: Total of >120 patients monitored for 8 weeks in 10 different countries

Description of progress:

The immediate output for this objective is pilot release of the system. After the year 1 the eCAN ecosystem is available in each of the 17 centres in 10 countries (Italy, Greece, Cyprus, Spain, Lithuania, Hungary, Ireland, Portugal, Belgium, Slovenia) and the staff is trained how to use it, through 'train-the-trainers' workshops and digital training tools (see also Specific Objective 3).

The recruitment is planned to start in the second half of September, gradually in the sites that already have ethics approval.

Outcome/ Impact Indicator(s)	Target Measure of success
Policy recommendations to promote eHealth and telemedicine for cancer prevention in care in the event of health emergencies and crisis situations considering the lens of equity taken up by national authorities	Final sustainability report endorsed by Governmental board of participating JA countries.

Description of progress:

The final outcome for this objective is development of policy recommendations and the roadmap for the future in the form of report endorsed by the consortium members (D4.1).

This document will base on the results of the pilot analysis (WP5) and pilot evaluation (WP3),

but also extensive mapping of the existing situation in EU Member States, literature reviews and the foresight exercise (WP4).

WP4 has already developed country factsheets based on the desktop review and these fact sheets were distributed to relevant stakeholders for validation. The validation process is ongoing. The findings will also be published on the eCAN project website in the form of interactive dashboard (see also Specific Objective 4).

In addition, the work is ongoing (literature reviews) to explore 1) state of art in equalities in telehealth (WP1, MS1.2); 2) the relevance of the telehealth solutions in cancer care including using the COVID-19 pandemic as case study (WP4, MS4.2); 3) legal and ethical issues of telehealth in cancer care (WP6, MS6.4).

Work has also started to prepare the Foresight exercise and the roadmap. To this end the methodology was developed and discussed during internal methodology workshop. Next, the literature reviews were concluded and questionnaires were developed to reach out to relevant stakeholder groups (health care workers, patients, decision makers).

Specific Objective 2: Increase capability and capacity to communicate between cancer services during an emergency situation and health crises

Key Process Indicator(s)	Target Measure of success
Enable Telemonitoring services	Availability of monitoring information to appropriate experts

Description of progress:

This process is closely connected with the implementation of the Specific Objective 1, focussing more on the remote monitoring aspect and the use of digital tools to review the patients' information coming from the remote monitoring.

To date the telemonitoring landscape review (systematic literature review) was conducted by WP7, to inform the design of eCAN ecosystem (MS7.1), which is planned for peer reviewed publication (submission pending).

Priority was given to design the eCAN ecosystem, including the central teleconsultation platform, eCAN app (connected with the selected wearable devices and adapted for Android and MOS systems) and the dashboard for clinicians enabling them to review the data entered by the patients as well as collected through the wearable devices. The deployment on the

servers is currently finalized (MS7.2, D7.1) (WP7) accompanied by the data management plan prepared jointly by WP6 and WP7 (D6.1). The tools are available in all the pilot sites. Further work on data quality control is planned. The data will be used for the interim and final analysis of the pilots and development of experimental AI algorithms

Key Output Indicator(s)	Target Measure of success
Remote telemonitoring system	- Availability of information, time analysis of information. - - Apply AI techniques in order to proof the concept. -Total of >120 patients monitored for 8 weeks in 10 different countries
Description: The ecosystem has been deployed, but is not yet populated with any data as the recruitment has not started yet. The clinician's dashboard is presenting the list of patients and summarised results of quality of life and pain/distress questionnaires. Also it enables immediate connection to teleconsultation platform.	
Outcome/ Impact Indicator(s)	**Target**
Patients continuous monitoring	-Patient continuous monitoring. -Enable feedback and better response when continuous parameters are recorded
Description: These indicators will be available after the pilot implementations. They will follow from the data quality control and use of patient reported data by clinicians.	

Specific Objective 3: Improve knowledge of the cancer care workforce in the virtual consultation of patients and survivors resident in areas that are difficult-to-reach, as well as improving preparedness to respond to emergency and crisis situations

Key Process Indicator(s)	Target Measure of success
Number of training events	Up to 10
Number of professionals participating in different knowledge enhancing actions	Up to 200
Satisfaction of participants regarding the setting and delivery of knowledge	80%

enhancing actions	

Description:

This objective targets the health care professionals. As the first step the training activities were directed towards the staff of the piloting centres. Firstly, 9 'think-aloud' sessions were organised to familiarize the health care workers and patient representatives with the eCAN ecosystem functionalities, which also served to collect feedback on the usability of the system. Moreover, the WP8 developed digital platform and training materials (MS8.2) to be distributed to the health care workers, including video recordings of the telehealth solutions used, which will be uploaded to training platform (MS8.3), currently 3 activities are available. In addition, 3 'train-the-trainer' workshops were organized to review the use of the eCAN ecosystem functionalities with representatives of the pilot site staff.

Key Output Indicator(s)	Target Measure of success
Training guidelines for HCPs aiming to enhance their digital competencies applied to telehealth for cancer care	Final evaluation report regarding training methodology and activities

Description:

The initial version of training guidelines and materials was prepared targeting the health care professional working in the eCAN pilot sited. Further development of the training approached and materials is planned to release publicly accessible resources at the end of the project. WP8 prepared the educational and training activities analytical report (D8.3), which describes the training methodology used for identification of the training needs and the structure of the training and courses to be implemented.

Outcome/ Impact Indicator(s)	Target
% of HCPs that improved their knowledge and skills	80% approximately
Perceived improvement of knowledge and preparedness by patients	80%

Description:

This will be evaluated at the end of the project

Specific Objective 4: Increase communication to support knowledge-sharing among healthcare professionals

Key Process Indicator(s)	Target Measure of success
Identification of stakeholders and communication channels	Mapping of the local stakeholder groups Creating targeted communication channels
Number of thematic workshops held	At least 1

Description:

The increase of communication and knowledge-sharing is to be fostered by engagement of stakeholders at national and international levels with tailored communication to these groups. The initial stakeholder mapping was performed jointly by WP2 and WP8 and analysed to understand eCAN stakeholder groups (MS8.1) and to identify the main channels and tools to reach out and engage with them for communication, dissemination and visibility purposes (MS2.2). Further, WP2 developed the dissemination plan, (D2.2) the visual identity and defined the main communication mechanisms (website, written and audio-visual social networks, newsletters, etc) (MS2.1). The report on the dissemination activities during the first year of the project is available on the eCAN website (D2.3).

Based on the mapping of the stakeholder groups, 4 thematic workshops on stakeholder engagement strategies were conducted by WP8 and stakeholder engagement activities report produced (D8.1). In addition, all work packages actively engage to prepare workshops and presentations at the scientific and policy events.

Key Output Indicator(s)	Target
Number of meetings with stakeholders	>20 approximately
Number of presentations at scientific and policy events	>40 approximately
Number of stakeholders engaged	up to 15 per pilot site

Description:

The website and social networks channels are operational with continuous interest in the content provided. The stakeholder meetings included the 4 workshops on stakeholder strategies with 72 participants(see above) and regular meetings. During the first year of this JA, eCAN has organised or participated in 15 dissemination activities, including congresses, webinars and meetings and has been involved in 3 social media campaigns.

Outcome/ Impact Indicator(s)	Target
Key performance indicators (KPIs) for evaluating dissemination tools. All of them are detailed in the Dissemination and Communication Plan (D.2.2). Number of communication activities undertaken during the project and targeting identified stakeholders.	Active participation in professional events including scientific meetings, developing scientifc publications and policy briefs, website and social media channels.
Description: During the first year the eCAN JA was involved in 7 oral presentations at conferences and events presenting the concept of the projects and protocols for specific activities. Four additional outputs (posters, workshops, oral presentations) are already accepted and will take place in the fall 2023. No scientific publications are yet published, but 3 review papers are to be submitted by the end of 2023.	

Specific Objective 5: Enable cross-border cooperation and uptake of results

Key Process Indicator(s)	Target Measure of success
Number of meetings with eCAN governmental board (includes MS representatives) Number of events with EU-level expet groups on cancer (including professional societies, e.g. ERN EURACAN and PaedCan)	4 meetings (2/year) 4 meetings (2/year)
Description: The representatives of all member states involved and international organizations are invited to the steering committee meetings (DG SANTE, HaDEA, European Observatory on Health Systems and Policies, OECD). Four Steering Committee meetings (WP1) were held including one during the kick-off event (MS1.1) with participation of EU level expert groups, other Joint Action representatives and European Commission representatives.	
Key Output Indicator(s)	**Target**
Policy brief based on discussions from	2 policy briefs

eCAN governmental board and expert groups	
Description: As by the timeline the policy briefs will be elaborated in the year 2 of the project.	
Outcome/ Impact Indicator(s)	**Target**
% coverage of EU MS in eCAN governmental board events (even beyond the partners of consortium)	27 EU MS
Description: The EU MS other than the ones engaged directly in the eCAN Joint Action are engaged during events at EU Parliament and European Commission (WP1). Greater involvement is planned in year 2 with development of the roadmap for future roll-out (WP4).	

3.2. Key risk and mitigation measures

The following risks were identified either during the preparation phase or during the project implementation. These risks were identified on the basis of either delaying the project outputs or impacting the quality of the project outputs.

1 Delays in obtaining the ethical board approval for pilots

This risk was identified early on. WP1 and WP5 engaged with the piloting centers at the start of the project and identified the specific requirements of each center. Nonetheless, the process of ethical approvals was indeed lengthy and the mitigation measures applied were useful. On the other hand the preparation of the final pilot procedures and telemedicine tools also proved challenging so ethical approvals were not the only constraining factor.

2 Restrictive data protection procedures at pilot sites/ countries

This risk was identified early on and an overview of procedures and practices at each pilot site was planned and carried out in view to develop a strategy for data analysis allowing for data privacy restrictions, such as federated analysis. Due to the lack of possibilities to implement a federated data collection method (see below), a centralized data collection approach was adopted and checklist guidelines for compliance with EU regulations developed to assist the sites in evaluating local procedures. In addition teleconsultation platforms were evaluated also with respect to compliance with data security and data protection regulations.

3 Lack of experience with telehealth and lack of infrastructure at the pilot sites

This risk was identified only during engaging with the sites to collect their procedures and practices. The WP5 identified that the majority of the piloting centres have not had any

experience in telemedicine. For this reason, the on-boarding process took longer thee expected. In addition, a central data collection and teleconsultation platform needed to be set up by WP7, and endorsed by WP6. A specific training for this platform was developed by WP8 in an agile way.

4 User-Requirements Related Risks resulting in low acceptance

This risk was identified early on. A participatory design approach was planned to ensure the timely involvement of relevant stakeholders and to elicit the user needs. WP8 organized workshops (think-aloud sessions) with the target group, composed of patients and healthcare providers, to understand their concerns and user requirements. Frequent communication between the WP Leaders involved was established to discuss the findings and implement them in the technical solutions. As a result we designed the eCAN App and the dashboard according to the users' needs.

Nonetheless, the pilots have not started yet and we will be able to fully understand the users acceptance once the pilots are finalized and evaluated.

5 Lack of interest from the patients/ staff of pilot sites

This risk was identified early on and mitigation measures were developed and applied. These included involvement of multiple sites in each pilot, which will allow to compensate for difficulties in recruitment of one site, by the other sites. In addition, pilot sites volunteered to take part in the pilot based on interest and/or experience in teleconsultations and telemonitoring. Moreover, common cancers were selected to ensure an appropriate number of potential participants.

The pilots have not started yet and the low enrolment rate remains a risk. On the other hand there is great interest from pilot sites. In order to keep the interest of pilot sites high, WP8 organized stakeholder engagement workshops. These were attended by the piloting centres.

6 Lack of pilot outcomes data standardization

This risk was identified early on. The efforts was made to ensure collection of proper comparable data, including development of common data collection framework based on standardized PROMs, PREMs scales and structured clinical data collection. In addition, we documented the standards of care in each of the sites. The standards of care differ largely and this real world variability creates a challenge to demonstrate the effects of teleconsultation and telemonitoring and to design cost-consequence analysis in this multinational trial. We aim at accounting for the variability by appropriate analytical techniques.

7 Missing Data

The risk of incomplete data, especially in the patient-reported outcome and experience measures (PROMs, PREMs) was identified early on. We took measures to mitigate this risk including standard procedures on administration of the questionnaires and structured instructions for the patients. A standard procedure was discussed during 1-1 calls to guide the piloting centers better and explain the data collection procedures. The data collection tools were carefully developed with participation of the target group and applying quality assurance measures such as standardized questionnaires, close-ended questions with validation rules, required fields and warning messages. However, the pilots have not started, and the extent to which we will need to address the issue of incomplete observations will be evaluated as the data are collected.

8 Stakeholder fatigue with surveys

The risk that the stakeholder fatigue with surveys will affect the rate and quality of responses was identified early on. The input from stakeholders is crucial for the success of the project and we sought to reduce the burden to the stakeholders through finding synergies and eliminating overlapping surveys within eCAN. In order not to overburden the eCAN consortium, we get in touch with other country representatives outside of the eCAN consortium for their voluntary contribution to the project. Thus far the participation was satisfactory.

9 Difficulties in recruitment and engagement of stakeholders

This risk was identified early on. Country specific and EU-wide stakeholder engagement activates are embedded within WP8 with dedicated person months for local dissemination at the pilot sites. Dissemination activities but also robust ecosystem building efforts have been planned to reach a wide range of stakeholders early on, including tailored communication products i.e. translated material in pilot sites (WP5, WP7). Not all partners were able to respond to the stakeholder mapping exercise. WP8 organized a series of workshops on stakeholder engagement to foster engagement. Although not all stakeholders were available for the allocated slots, we disseminated the outcomes of the workshops via email. For patient involvement, WP8 created patient leaflets. For macro-level stakeholder engagement, WP4 helped out by getting in touch with country representatives in the network that eCAN has created.

10 Delays in meeting JA reporting and output deadlines

This risk is a result of difficulties in achieving outputs in time that affect also other teams within the project. To mitigate this risk WP1 together with WP3 organized monthly 1-1 meetings with other WP leads to follow up on the deadlines of milestones and deliverables. Nonetheless, given the ambition of the Joint Action and the short time frame, a few delays

were inevitable, especially concerning the preparation of pilots in different countries with different requirements. WP1 took all the effort to help prioritize activities, the delays in which would also affect the other work streams.

11 COVID-19 pandemic and lockdown policies:

When drafting the proposal it was reasonable to expect that the COVID-19 pandemic would continue during the project timeline. The pandemic and lockdown policies could have an impact on the feasibility of pilots and also affect the project face-to-face meetings. Fortunately, the epidemic situation in Europe improved so that the project activities are not disturbed.

4. The eCAN JA participants' satisfaction survey results

A participant satisfaction survey was developed to measure how satisfied the participants in the project are with its governance, communication and meetings as well as project outputs. The aim of the survey was to identify potential adjustments for the second year, if necessary.

In addition, the survey adds on to the ongoing monitoring tools (regular meetings and monitoring survey) to better understand the key challenges in the Joint Action implementation so far and collecting suggestions for improvement.

Finally, how the elements of eCAN can be useful for professional development and implemented for wider use are surveyed. The survey questionnaire was developed by the WP3 team and consulted with WP1, finally prepared in an online format.

The survey was distributed to the most up-to-date eCAN contact list, including all participants even if involved only in a limited number of eCAN activities. The survey was available online for a total of 3 weeks in August and September 2023. Three reminders were sent in order to improve the participation rate.

4.1 Who responded to the survey?

45 of 140 invited eCAN participants representing 14 countries involved in eCAN responded to the survey, with variable number of responses per country (Figure 1).

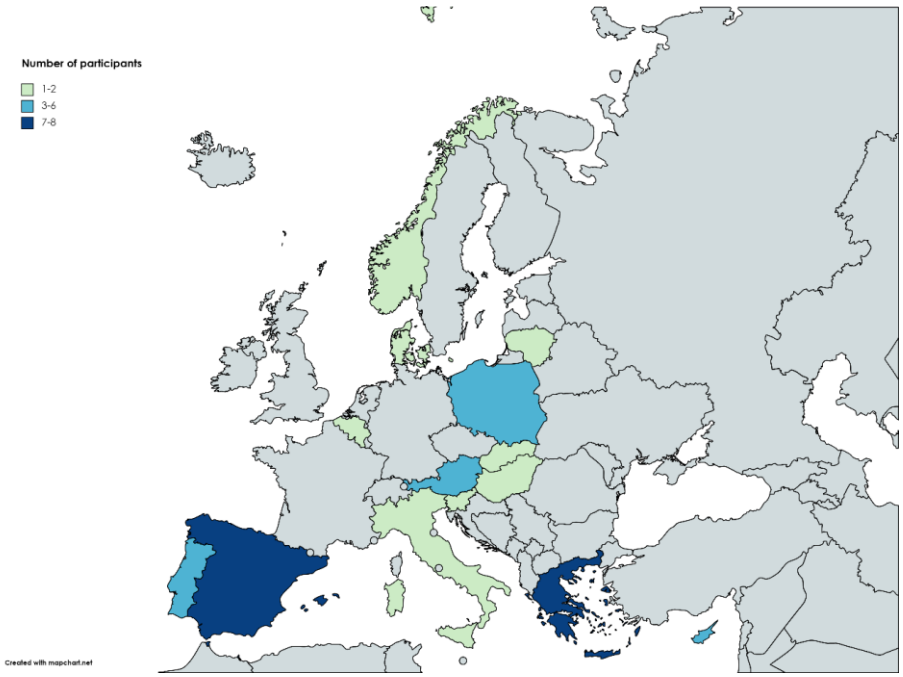

Figure 1. Countries represented in the participant satisfaction survey

Participants of the survey are represented in all work packages (WP) and often contribute to more than one WP (Figure 2).

Figure 2. Work Packages (WP) represented in the survey. The respondents often work in more than one WP

The respondents work across different areas, which is typical for the eCAN community bringing together expertise in different fields of clinical practice, public health, health policy and economics and digital technologies, as well the patients' perspective (Figure 3). Other represented areas of work included communication and science communication, health law/ethics and e-learning. Many individuals and respondents have experience in managing projects and many work at the junction of the disciplines listed in the figure below.

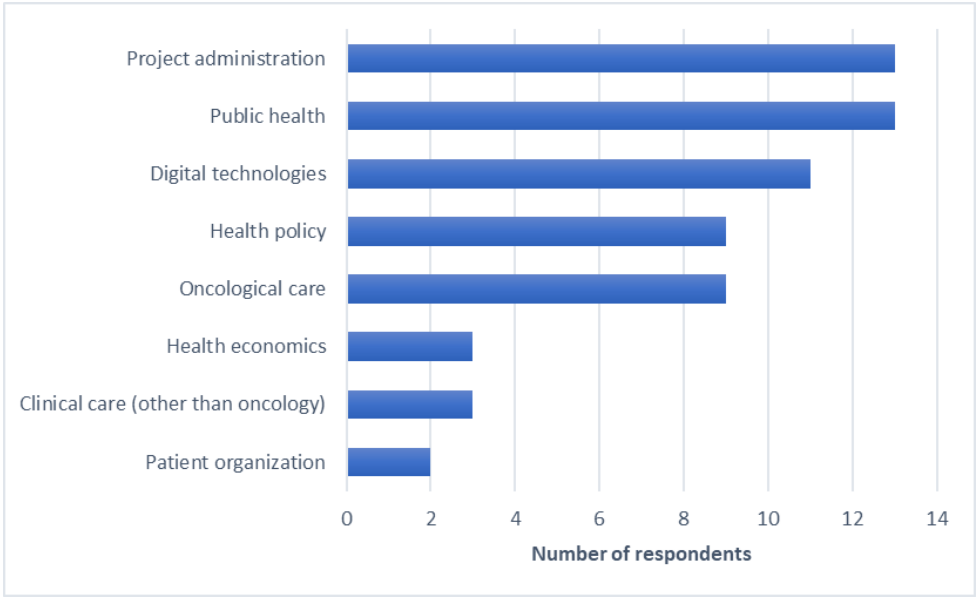

Figure 3. Respondents' characteristics: main areas of work

Finally, more than half of the eCAN participants that contributed to the survey are professionals with more than 10 years of working experience (Figure 4).

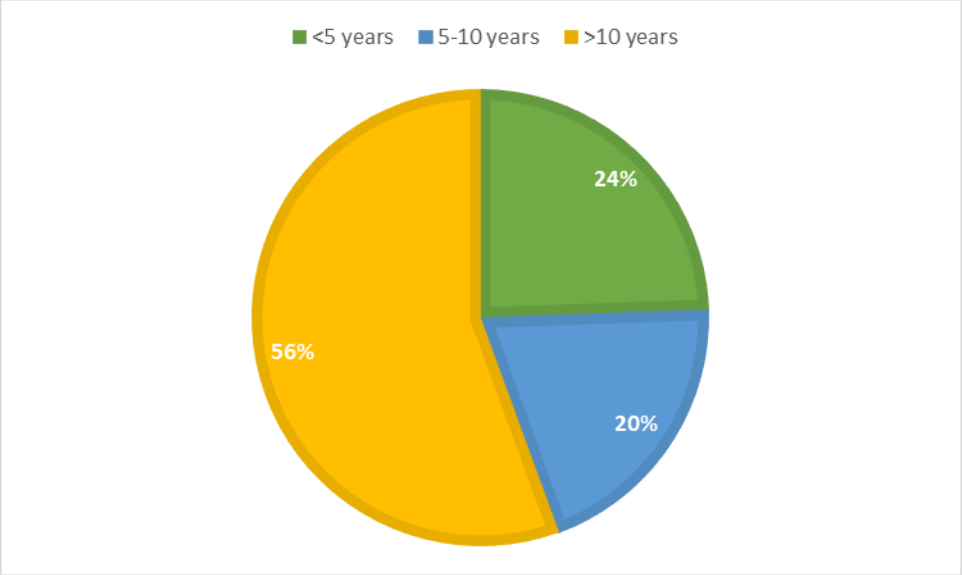

Figure 4. Respondents' characteristics: years of professional experience

4.2 Are participants satisfied with how the eCAN project is running?

Most of respondents of the survey are very satisfied or satisfied with eCAN (75.6%) and none was not satisfied at all (Figure 5).

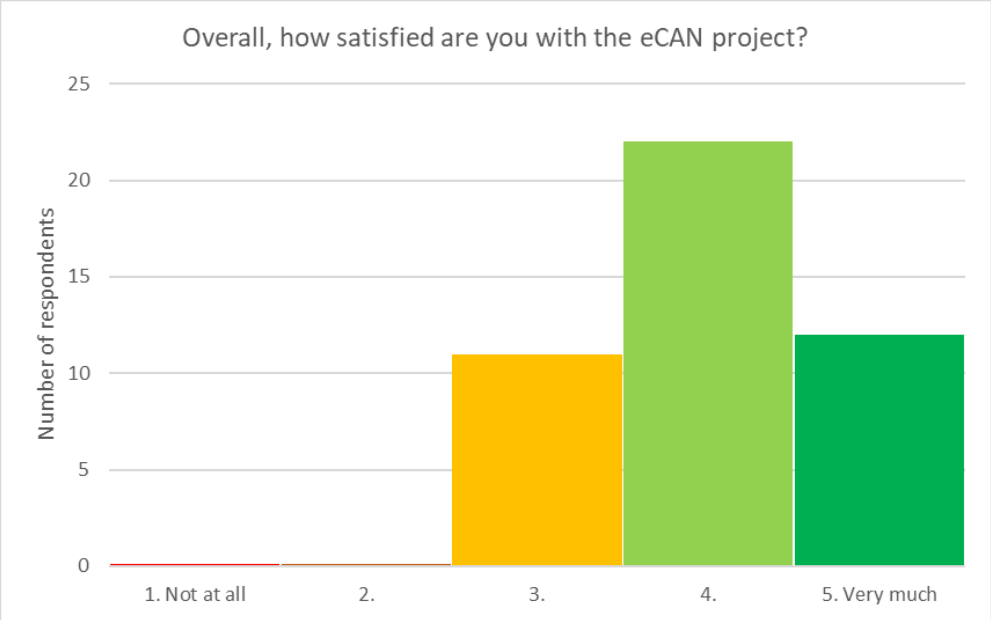

Figure 5. Overall satisfaction of survey participants with eCAN project

Accordingly, a vast majority of the participants would be willing to continue their involvement in the eCAN project (91.1%), 22.2% even to a larger extent than currently (Figure 6).

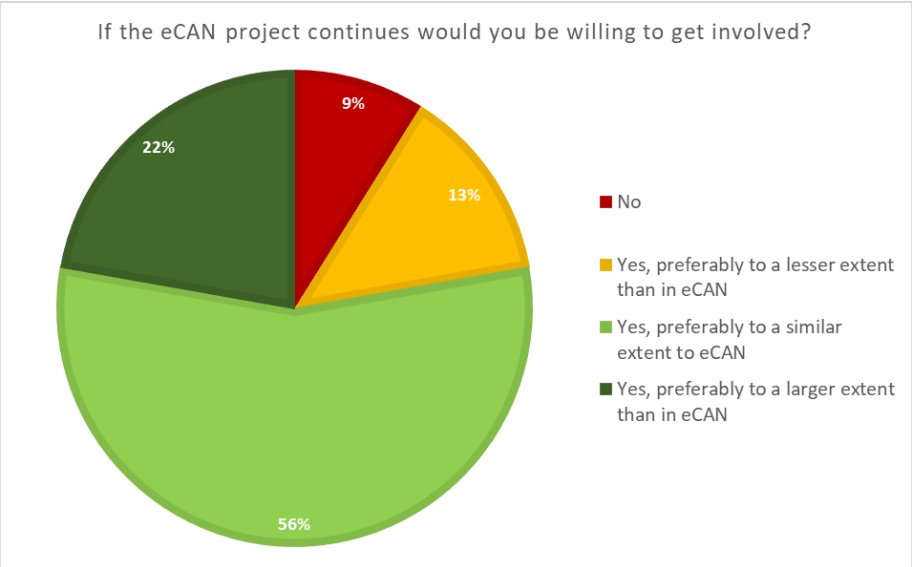

Figure 6. Desired level of involvement in potential continuation of eCAN

Summary of the respondents' comments to the question "What would you like to do in a new eCAN, if eCAN project is continued?":

1. **Wider deployment and sustainability**
- Wider pilots or implementation of telemedicine in standards-of-care
- European Reference Network in cancer telehealth services (supporting various HCPs and stakeholders during their digital transformation of cancer services)
- Engaging with stakeholders
- eLearning
- Further exploring communication tools
- Coordination and enhanced networking, expanded network

2. **Methodological, implementation and HTA research**
- Improving end-user experience
- Legal and ethical issues
- Long-term health economic evaluation
- Further clinical studies, improvement of decentralized trials methods

3. **Technological developments**
- Integration of Artificial Intelligence components and their evaluation
- Improvement of the digital solutions and the framework after more extensive testing

4. **Accepting a more pro-active role such as national coordinator or work package lead**

4.3 What do participants think of eCAN governance?

The assessment of governance was positive by survey participants. Most respondents were clear as to what their responsibilities in the project were, 88.9% scored this item 4 or 5 on the 1 to 5 scale (Figure 7). Most of the respondents also thought that the resource allocation and the tasks are rather balanced (53%), although 40% considered that there were more tasks then resources (7% had no opinion) (Figure 8).

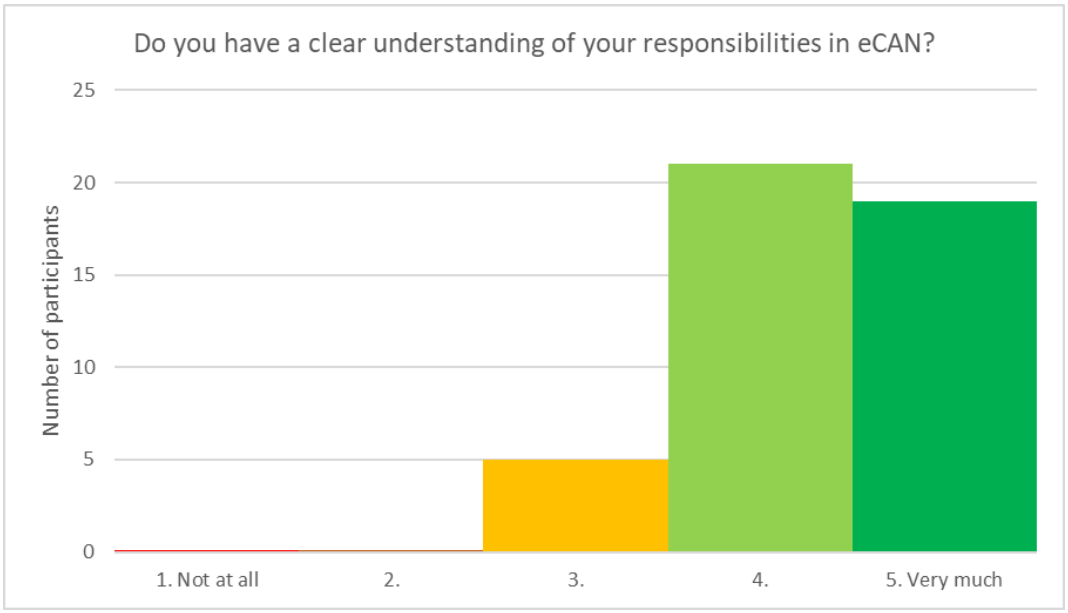

Figure 7. Governance: clear responsibilities in the project

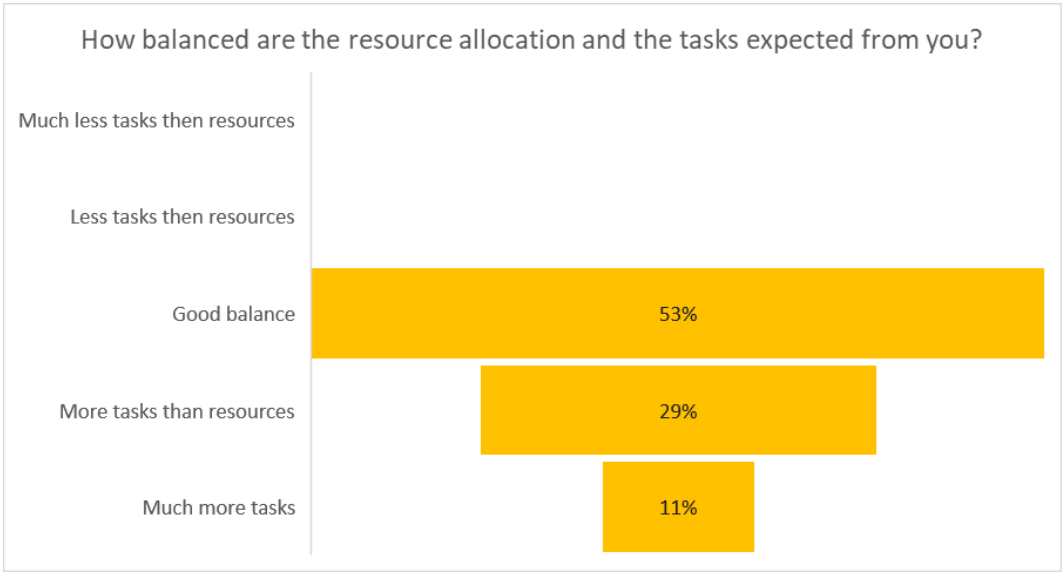

Figure 8. Governance: balanced resource allocation

Summary of the Respondents' Comments:

In terms of balancing the tasks participants commented that the range of tasks that was required from them evolved over time and that tasks turned out to be more ambitious and required more time than initially expected. On the other hand, participants saw added value to invest more time in new interesting developments and to maximise the short and long term impact of the project.

The participants were rather satisfied with how the challenges were tackled in the project (Figure 9).

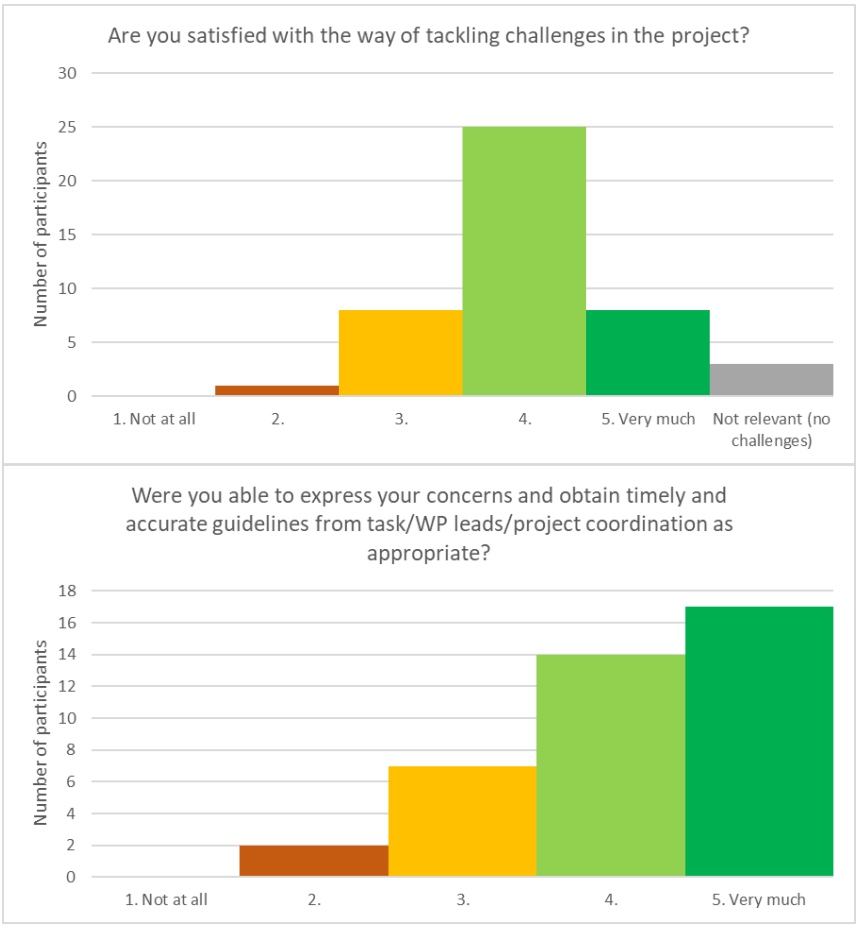

Figure 9. Governance: tackling challenges

Summary of the Respondents' Comments:

There were "bottleneck" situations, some unpredicted problems and also overlaps in WP activities that would require more dynamic interactions to tackle.

Exchange of information for a complex project with multiple tasks is always a challenge. Within eCAN, the majority of participants (in the survey) were satisfied with the ongoing

information exchange although some felt not informed to the satisfactory extent of the overall progress of the project (Figure 10).

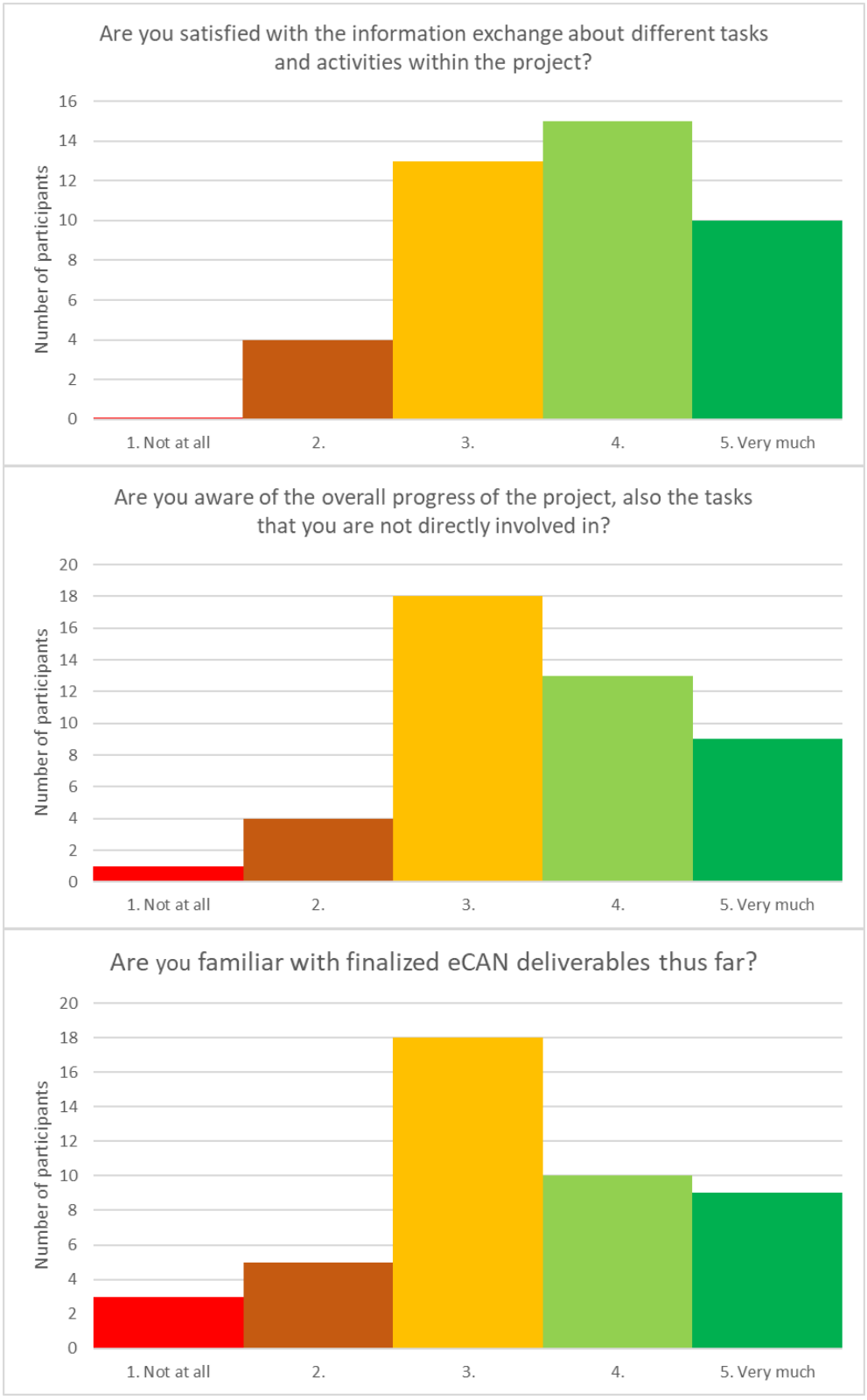

Figure 10. Governance: exchange of information

Summary of the Respondents' Comments:

As far as the **task definition and distribution** the participants noted that there were 1) uncertainties and delays in defining certain tasks; 2) overlaps between tasks that are progressing in parallel. There is a need to avoid duplication of work and even incompatibilities among tasks; 3) delays in some tasks have large impact on others.

In the **exchange of information** strategies the participants suggest more dynamic communication to guaranteed everyone is on the same page through 1) opening the meetings to wider audience and organizing meetings when new updates are available; 2) regular summaries of the main achievement would be useful, making sure to include all activities as it seems that some activities get greater coverage than others; 3) less rigid approach to coordination meetings.

The **deliverables** should be clearly announced with a link to the location of the file where it could be accessed (e.g. eCAN SharePoint).

The documentation in eCAN is shared mainly though the emails and the SharePoint. The restricted area on the website was not yet fully open to the eCAN participants at this point. Both the SharePoint and the email exchange were acceptable to share documentation although the access was found the least easy (Table 2). The access requires 2-step verification procedure, which may be a bit cumbersome, although allows complying with privacy rules. In addition, availability of up-to-date documents on the SharePoint could be improved. Specifically, final documentation for the pilots' implementation should be clearly labelled.

Table 2. Governance: sharing documentation. Percent of respondents using particular communication outlet who found the functionality easy or satisfactory.

	Access	Navigation	Uploading/ sharing documents	Availability of up to date documents	Comment
SharePoint	78,95%	81,08%	96,97%	85,29%	15.6% - 26.7% did not use particular SharePoint functionalities

Website (restricted area)	97,22%	100,00%	100,00%	95,83%	60% did not use - restricted areas not yet open to broader use
Sharing through email	100,00%	90,48%	97,62%	97,44%	4.4% - 13.3% didn't not use for these purposes

Other communication sharing platforms were rarely used and included internal cloud solutions dedicated to particular task teams. Multiple commercial or open source solutions are available as were suggested by some participants, but the approach of the partner institutions to which platforms are acceptable is variable and it is unlikely that we would be able to find one acceptable for all.

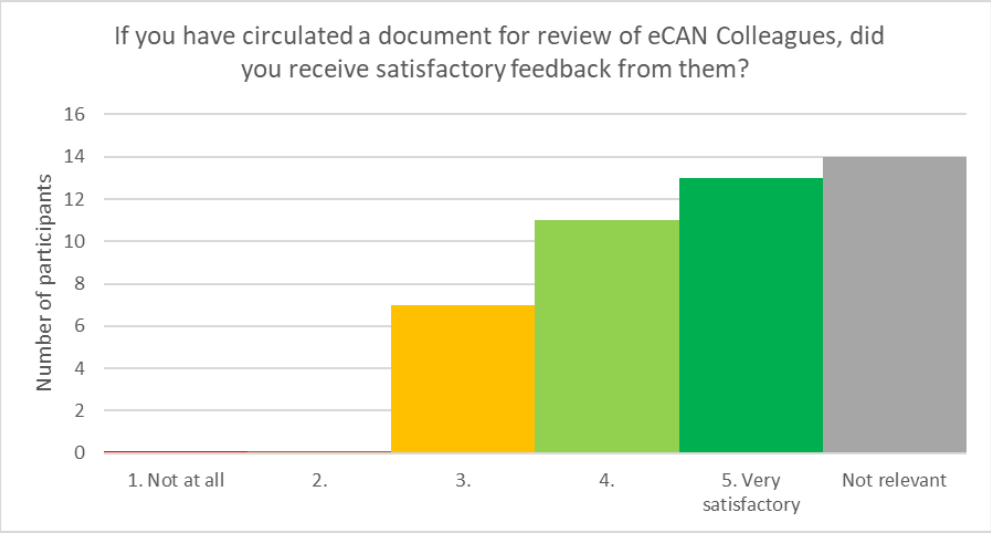

Figure 11. Governance: feedback on own outputs

Most of the people who have sent out documents for comments, received satisfactory feedback from eCAN colleagues (Figure 11).

Comments

Mostly the partners are well involved and provide insights to the documents produced. Some improvements were suggested including the time frame for commenting (7-10 days), possibly a common process with the reviewers and deadlines defined ahead of time (e.g. a list of

planned outputs to be compiled for Steering Committee meetings). Late feedback is problematic and should be avoided.

4.4 Reflections on external communication and stakeholder engagement

Dissemination and stakeholder engagement are important tasks in eCAN Joint Action. Both of these activities are summarised in specific documents relating to the two topics. In this report we present the reflections of our project team regarding some regular communication outlets.

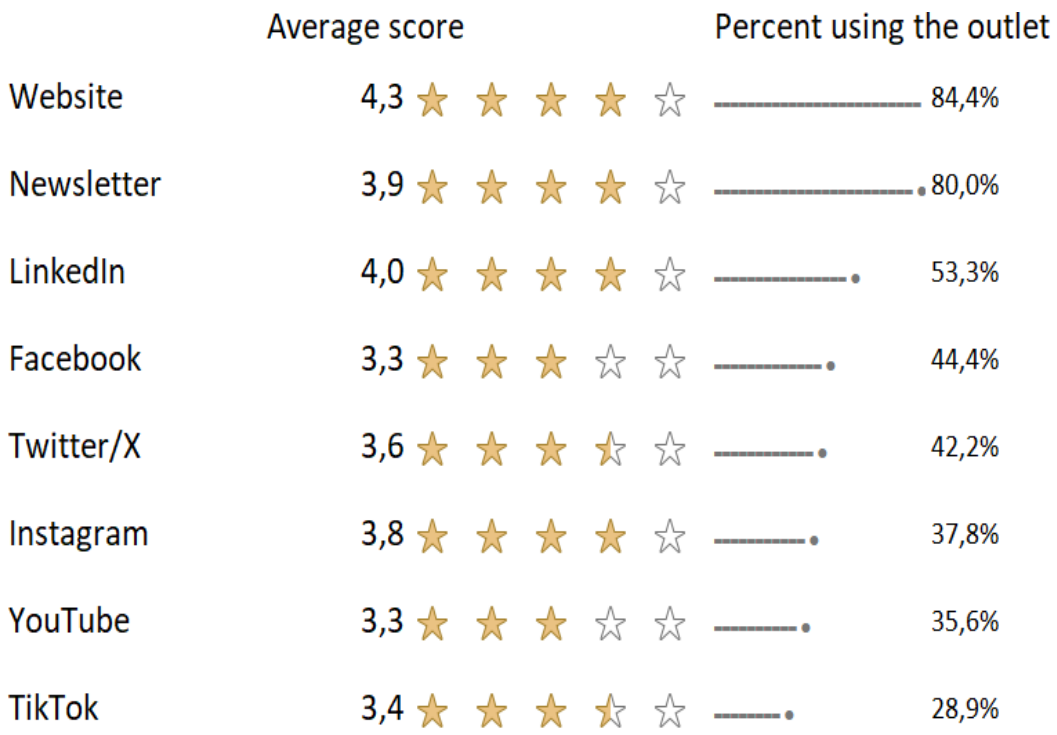

Figure 12. Participants rating of the communication outlets (How attractive did you find the dissemination techniques of eCAN?)

As Figure 12 shows, respondents' ratings of communication outlets generally correlate with the percentage of time these platforms are used by them. For example, the website, the newsletter and LinkedIn are the most used by the survey participants, also receiving the highest ranking scores. The rest of social networks received slightly lower scores, with the

lowest being YouTube, Facebook and TikTok. At the same time, the results of this survey show that two out of these three platforms are the less used by the majority of participants.

These platforms fall into two categories, written (Facebook, LinkedIn and Twitter/X) and audio-visual (Instagram, TikTok and YouTube), depending on the content they host. In addition, each of these social networks operates differently in terms of publication rates and target audiences, so different levels of engagement can be expected. Our partner institutions represent a large proportion of EU countries and have good understanding of the local stakeholder networks. Only 40% of the participants are convinced that stakeholders in their respective countries are rather aware or very much aware of the eCAN contributions (Figure 13).

Moreover, most of the partner institutions are involved in multiple other joint actions and European projects, but often the other teams are not fully aware of the eCAN contributions (Figure 14).

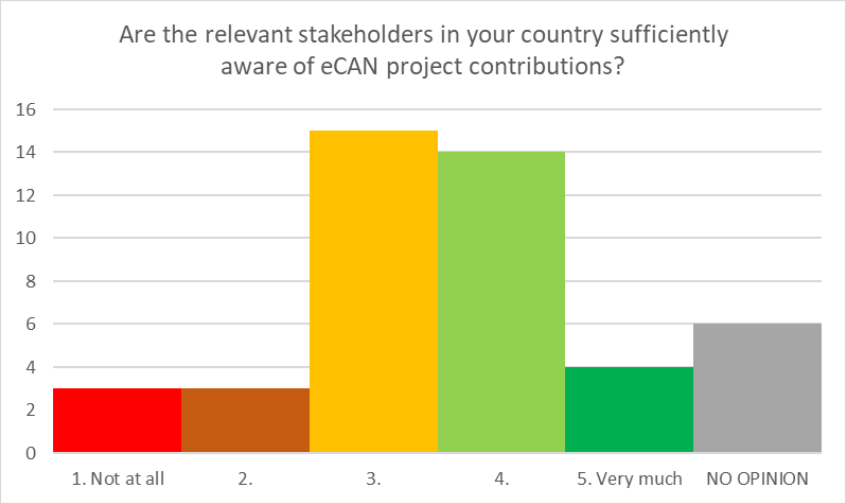

Figure 13. Awareness of stakeholder in the countries of the participants

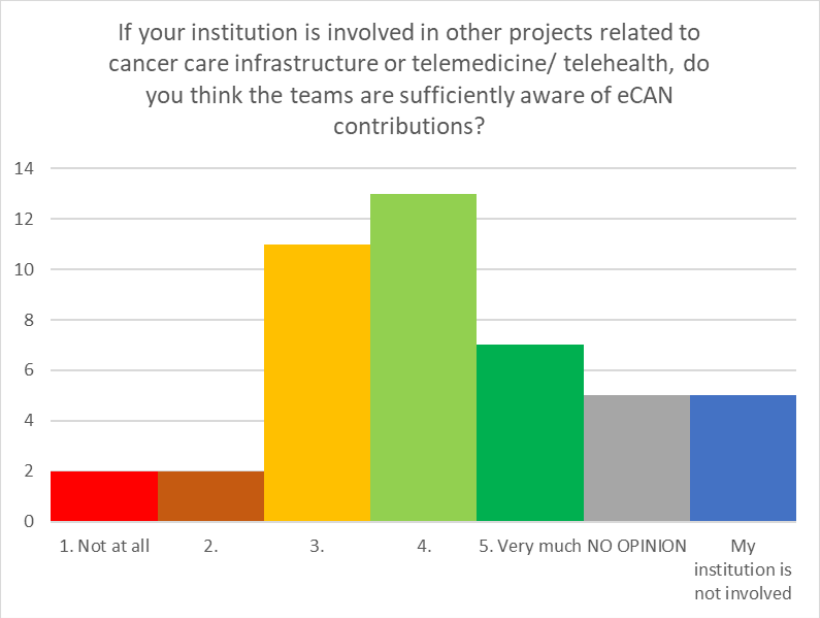

Figure 14. Awareness of the other teams working in projects relevant to eCAN

Projects listed:

Joint actions JANE, CRANE, ECHOS,

EBCP

LifeChamps, COMFORT, ONCODIR, EU Mobile App for Cancer Prevention (HaDEA)

DigiCanTrain, Transition, Interact-2, InAdvance H2020, STRONG-AYA,

3D PICTURE, PERCH, CAN.HEAL, IDEA4RC, EUonQol, CCI4EU,

Gatekeeper, Incisive, Bumper, Protect to Europe

Transition project, PeCan by Pfizer

Summary of the Respondents' Comments

The dissemination through social networks could be improved.

The dissemination to wider audience could benefit from targeted newsletter dissemination and more purposeful content on the website.

In addition, targeted communication to exchange knowledge with other EU project partners (e.g. joint meetings between EU4Health and Cancer mission projects) and direct contact with

key players (e.g. international conference workshops, targeted policy activities) could be considered.

eCAN could also encourage workshops to national audiences.

4.5 What did we think of regular eCAN meetings?

Hybrid kick-off meeting

The kick-off meetings was a 2-day hybrid event in Brussels to start the eCAN joint action. eCAN JA beneficiaries, affiliated entities and external stakeholders were invited to participate. The meeting was highly appreciated and the evaluation data are included in Annex C (Kick-off survey report).

Overall, participants were satisfied with the kick-off meeting. After the meeting the eCAN objectives were clear to most of participants. Among the answers to the question what the participants appreciated the most during the eCAN meeting, the most common answer was networking and in-person discussions. Participants also pointed to better understanding of the eCAN objectives and being able to clarify the unclear issues in the work plan. As relates to preferences for the form of future eCAN meetings, the hybrid meeting was the most popular option.

Comments

The participants proposed that more time for discussion, teamwork and networking was needed. This could be achieved through implementation of parallel working sessions (e.g. pilot implementation vs mapping different issues vs stakeholder engagement/ communication) or identification of key discussion points ahead of time and allocating more time to discuss these.

Online Steering Committee meetings

eCAN Steering Committee meetings are quarterly meetings open to all Joint Action participants to attend. External stakeholders are also invited. The meetings give chance to discuss the progress attained thus far, risks and opportunities as well as the immediate next steps in each of the WPs.

Expectedly the Steering Committee meetings were attended by the majority of our respondents (approximately 2/3), but only 44% attended all or nearly all (Figure 15).

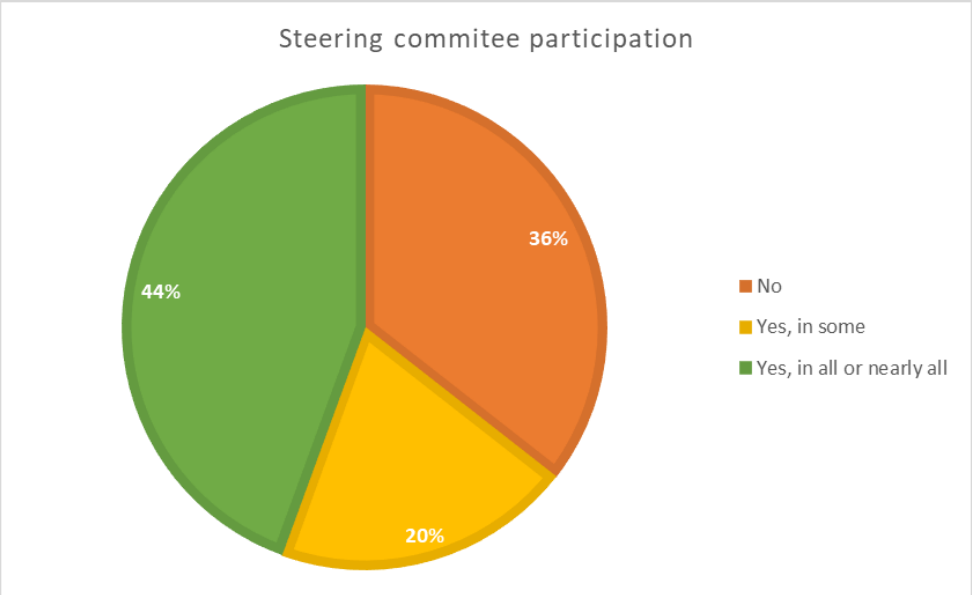

Figure 15. Participation in Steering Committee meetings

The participants were asked to rate the usefulness of the Steering Committed contents (presentations and discussions) (Figure 16), which they found rather useful. Of note, in this context discussions were found less useful then the presentations. Approximately 72% and 62% of participants who participated in Steering Committee meetings thought that, respectively, the frequency and length of the meetings was appropriate. The others felt that the meetings were too frequent and, especially, too long (Figure 17). Time allocation between the activities is generally acceptable, but there is room for improvement (Figure 18).

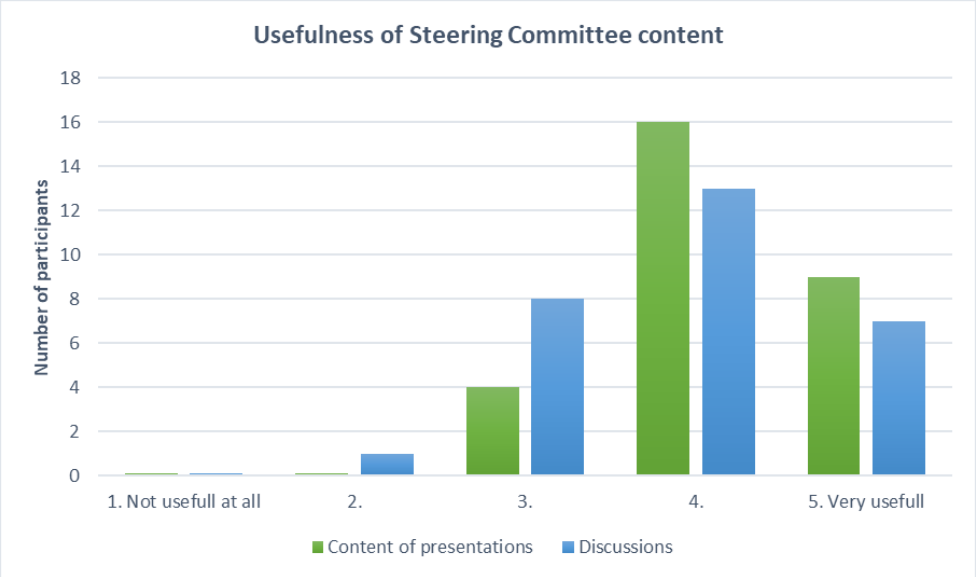

Figure 16. Usefulness of the Steering Committee content

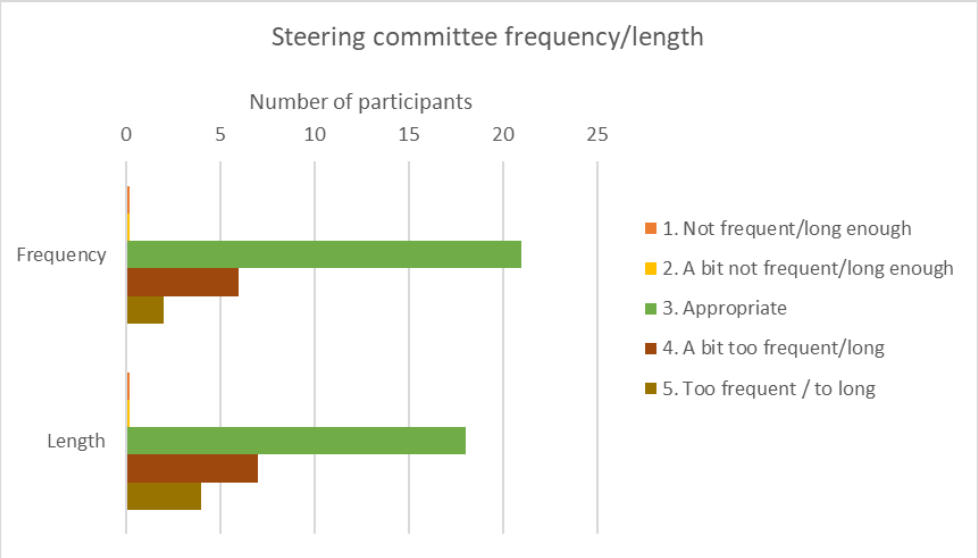

Figure 17. Time investment in attending Steering Committee meetings

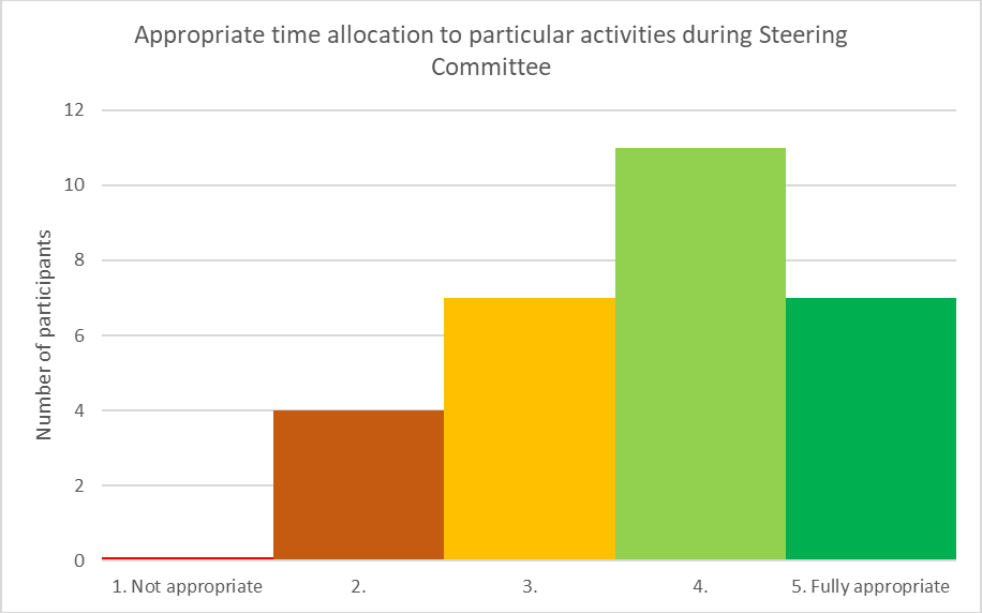

Figure 18. Time allocation to particular activities during Steering Committee meetings

Summary of the Respondents' Comments

Time keeping for the WP updates could be stricter, or even parts of the updates that do not necessitate discussion could be shared as a written document to allow more room for discussion and greater involvement of partners. The latest could also be achieved through some voting systems.

Online Leadership council

eCAN Leadership council brings together the work package leads and key task leads for monthly updates on the progress of each of the WPs. Most of the respondents, who are part of the Leadership council try to participate in all of them and find them useful (Figure 19, Figure 20). Lower percentage of the participants then in the case of the Steering committees felt that the Leadership council meetings were too frequent or too long, but still there is some room to improve the time allocation (Figure 21, Figure 22).

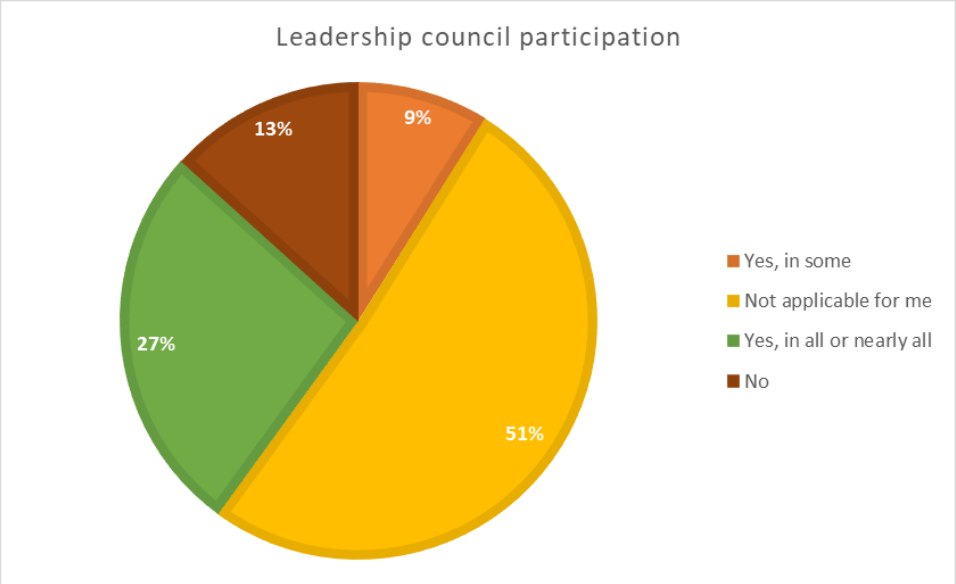

Figure 19. Participation in Leadership council

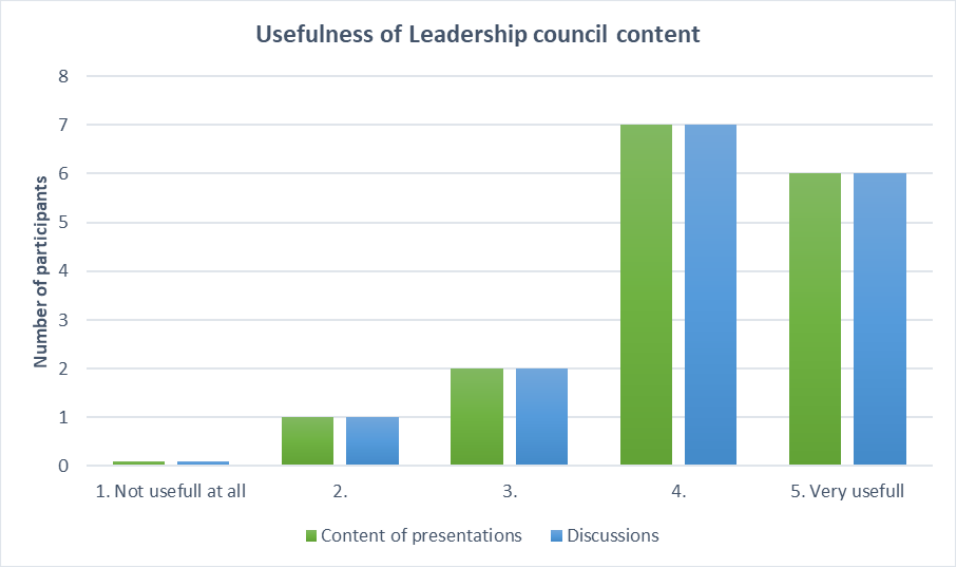

Figure 20. Usefulness of the Leadership Council content

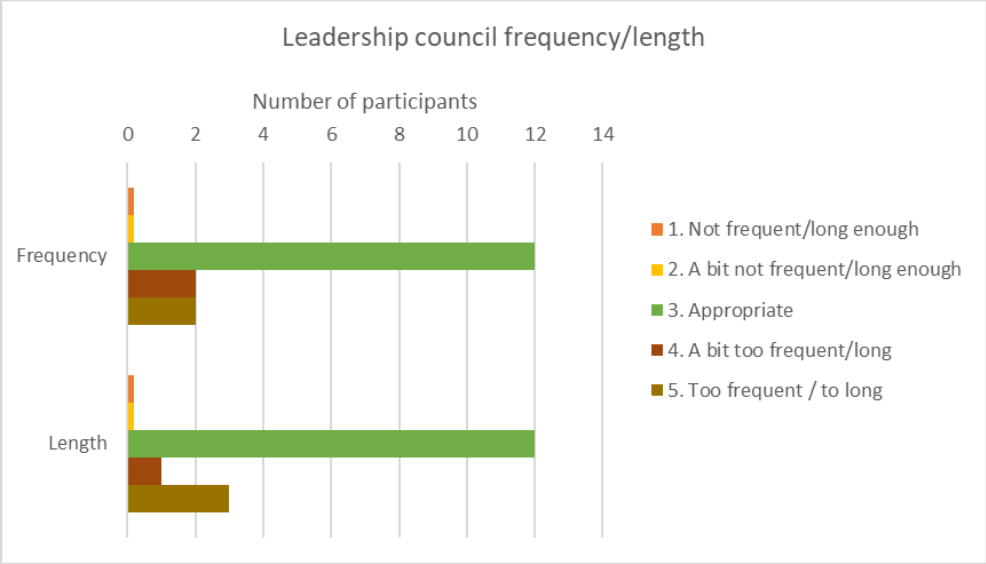

Figure 21. Time investment in attending the Leadership Council

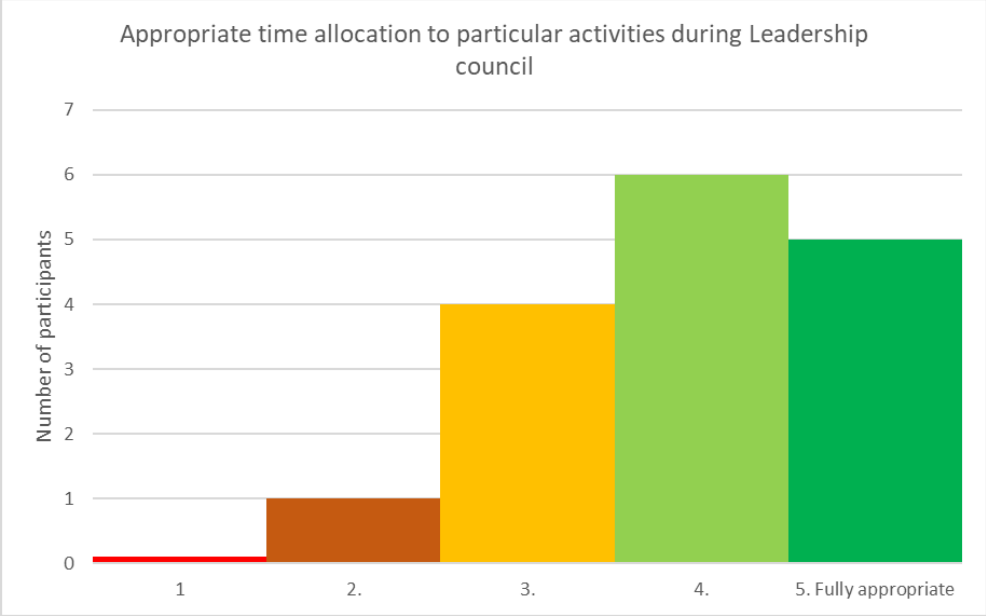

Figure 22. Time allocation to particular activities in Leadership Council

Summary of the Respondents' Comments

Two suggestions were mentioned firstly to be stricter with the time allocated to work packages and to focus more on the present and future actions instead of the past actions.

4.6 Does eCAN have the added value for us now and if it will have so in the future?

Wider roll-out of eCAN outputs starts with the relevance of the project to us, especially the sites that implement the pilot. Half of the respondents noted that there is added value to their everyday work of the eCAN and 66% believe that they will be able to use eCAN outputs in the future (Figure 23).

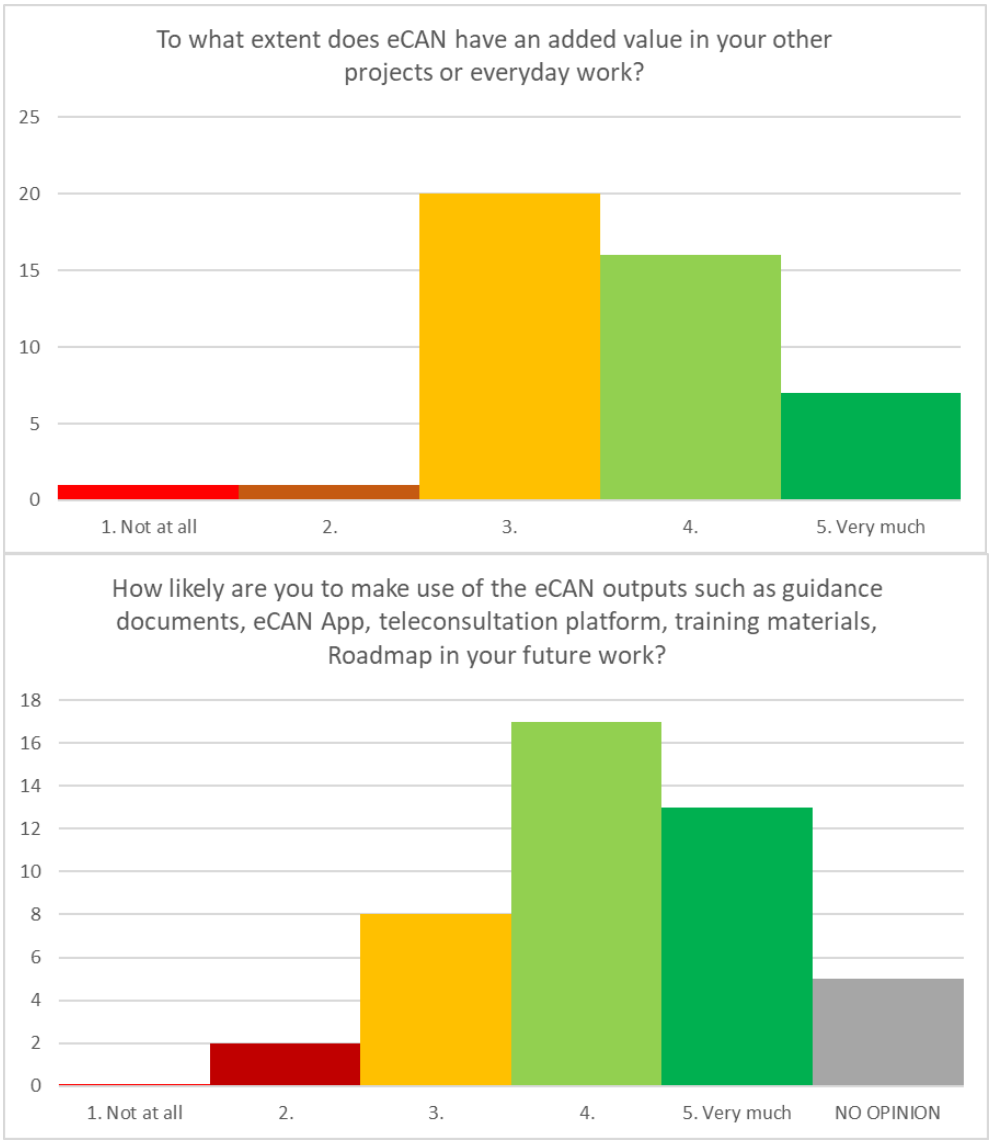

Figure 23. Relevance of eCAN for current and future work of the participants

4.7 What was appreciated the most, what were the key challenges and how to improve?

Finally, we asked the participants voluntary, free answer questions to understand what was appreciated the most and what were the challenges. We summarize the answers below providing also the number of participants responding.

Appreciated the most (15/45 commented)

The networking: working with people around Europe, group of very positive Colleagues, good teamwork spirit

Coordination: coordination by Sciensano, consortium responsiveness and feedback, coordination at institution and country level, responsive WP leads

Innovation: testing of new communication tools; combine digital tools, training, empowerment technics to cultivate a Pan-European culture around telemonitoring/teleconsultation, the vision of eCAN, setting up the clinical trial for telemedicine, innovative thinking and solutions

Dedication of the team: researchers committed to the project, effort to everybody puts to work against hard deadlines, enthusiasm of the team

Key challenges (15/45 responded)

Extent of the project: many partners, few money. Many partners in different countries – requirements/difficulties in e.g. with data protection regulations differ; keeping track of many parallel activities and tasks to coordinate/align, avoid overlap and maintain comprehensive view of the project; engaging Colleagues to complete tasks on time and transparency of the schedule

Ambitious clinical study in short timeline: the study requires also significant tech development difficult in such short time frame; possibly difficulties to recruit patients in such short time; collecting good quality, convincing data to ensure the success of the project in terms of the telemedicine roll-out in Europe

Effective dissemination and achieving sustainability: making results relevant and communicating to the right stakeholders; engaging with stakeholders, especially at national level;

Suggestions for improvement (8/45 responded)

Review the planning and organization among the WPs and the meeting schedule. Perhaps continue with smaller and more frequent thematic working groups, for pilot implementation, also in other topics.

Prioritize the pilots for the second half of the project, especially for the meetings. Consider extending the period of pilots.

Consider physical meeting to ensure good collaboration.

5. Conclusions

At the midterm the implementation of eCAN project is successful and appreciated by the participants. The participants also are willing to work in the field either to use the eCAN outputs in their daily practice or/and engage in further research and/or projects in the topic if this would be possible.

We identified some room for improvement regarding the project communication and coordination activities, which were found time consuming although their usefulness was in general appreciated. Key challenge remains the short timeframe of the joint action and limited resources, given the ambition of the project and the need for innovative approaches. The challenges around the pilot implementation often arose from the fact that the telemedicine was not widely adopted in all participating sites, neither in routine practice nor as part of research framework. Consequently, the preparation took more time and effort than initially expected. Nonetheless, at the mid-term evaluation all these issues were successfully resolved and all planned deliverables were submitted.

The launch of the pilot is delayed by 3 months, which may impact on accumulation of the workload towards the end of the project, in the activities that draw on the pilot results. This will depend on the enrolment rate as the follow-up of the patients in the project is short (8 weeks). With multiple participating centres and the dedicated research teams the enrolment is likely to be successful and this will be evaluated as part of interim analysis. Achieving satisfactory quality of data collected during the pilot remains an additional challenge for the second period of the joint action and it was carefully considered at the development phase and in the monitoring plan.

In addition, during the second year of the joint action, the increased stakeholder engagement to ensure sustainability will be key to the overall success of the project. The preparatory work is ongoing and multiple project outputs at scientific and other policy and professional meetings are already planned for the fall of 2023, which should help to stimulate interest and facilitate engaging with stakeholders.

Annexes

A. Milestones and deliverables

Table A1 The first year's milestones

Milestone	Deadline	Status	Comment
MS1.1 eCan Kick-off meeting organisation	M2	achieved	
MS1.2 Scoping review	M3	work-in-progress	Delay due to the maternity leave of our colleague, not impacting other activities
MA1.3 Interim financial report	M12	work-in-progress	New Due Date M13
MS2.1 Corporate image, logo, templates, created. Webpages active in the institutional website, including audience targeted interactive	M3	achieved	
MS2.2 Stakeholder' analysis	M6	achieved	
MS2.3 Presentation of the dissemination activities at annual meetings	M12	achieved	
MS3.1 Monitoring tools ready	M3	achieved	
MS3.2 Protocol for pilot evaluation	M4	achieved	
MS3.3 Progress report 1	M4	achieved	
MS3.4 Progress report 2	M7	achieved	
MS3.5 Cost-effectiveness analysis framework ready	M10	achieved	
MS3.6 SWOT analysis framework ready	M10	achieved	
MS3.7 Progress report 3	M10	achieved	
MS5.1 Pilot projects protocol	M5	achieved	
MS5.2 Ethical committees submission	M6	achieved	
MS5.3 Enrolment start	M9	achieved	
MS6.1 Web survey on technical equipment	M7	achieved	
MS6.2 Data security (Firewall, Backup)	M9	achieved	
MS6.4 Legal and Ethical issues analysis	M9	achieved	
MS7.1 Telemonitoring landscape	M4	achieved	
MS7.2 Telemonitoring system development	M12	achieved	

MS8.1 Establishment of local stakeholders' groups	M4	achieved	
MS8.2 Development of educational materials and activities	M8	achieved	
MS8.5 First Focus Group for Participatory Design organised	M7	achieved	

Status: achieved, work-in-progress or postponed

Table A2 The first year's deliverables

Deliverable	Deadline	Status	Comment
D1.1 Interim Technical and Financial Report	M12	work-in-progress	New Due Date M13
D2.1 Dissemination plan including project leaflet	M3	achieved	
D2.2 Dissemination plan including project leaflet 2	M7	achieved	
D2.3 Dissemination report: Compilation and dissemination of all scientific activities	M12	achieved	
D5.1 Protocols Clinical Studies	M7	achieved	
D6.1 Survey	M7	achieved	
D7.1 Telemonitoring – system	M12	achieved	
D8.1 Stakeholder's engagement activities Report	M12	achieved	
D8.3 Educational and training activities analytical report	M12	achieved	

Status: achieved, work-in-progress or postponed

Grey color indicates that the indicator was not planned in the time perio

B. Process and performance indicators

Table B1 The first year's indicators

Measurement	Type of question	WP	First period	Second period	Third period	Fourth period
#1 Generic pilot trial protocol	progress bar: not started; preparatory work, 1st draft, draft consulted with sites, final generic protocol	WP5	preparatory work	final generic protocol	final generic protocol	
#2 Protocol for pilot evaluation ready (PREMs)	progress bar: not started, preparatory work, protocol submitted to WP5/WP6 for consultations, protocol approved by sites, protocol submitted to ethical boards	WP3	protocol submitted to WP5/WP6 for consultations	protocol submitted to ethical boards	protocol submitted to ethical boards	
#3 Clinical guidelines for 1. teleconsultation 2. telemonitoring	progress bar: not started; preparatory work; draft version; test version; final version (after pilots)	WP5	1. draft version 2. preparatory work	1. draft version 2. test version	1. test version 2. test version	1. preparatory work 2. preparatory work
#4 Number of sites recruited	integer	WP5	17			
#5 Number of sites fact-sheets	integer	WP5	17			
#6 Survey about technical and legal solutions in participating countries	progress bar: preparatory work; survey designed, feedback gathered, survey	WP6	data collected	change of design, in progress	data collected	

	launched, data collected					
#7 Assessment of technical requirements for teleconsultation and telemonitoring base on survey data	y/n	WP6			Yes	
#8 Legal and ethical issues - analysis of web survey	y/n	WP6			Yes	
#9 Legal and ethical issues-systematic review	progress bar: preparatory work; systematic review protocol ready; articles identified; data extraction completed; analysis finalized	WP6	preparatory work	preparatory work	preparatory work	systematic review protocol ready
#10 Legal and ethical issues and cyber security guideline for teleconsultation / telemonitoring	progress bar: not started; preparatory work; draft version; test version; final version (after pilots)	WP6	preparatory work	test version	draft version	final version (after pilots)
#11 Site specific protocol ready - number of sites	integer	WP5			15	18
#12 Ethical board approval at site - number of sites	integer	WP5		0	4	15
#13 Teleconsultation platform selected	y/n	WP5	Yes			
#14 Teleconsultation platform selected/approved by site and	integer	WP5		1		

operational - number of sites						
#15 Number of sites enrolment started	integer	WP5			0	1
#21 PREMs translation validation progres	progress bar: Procurement of translation office launched; Agreement signed, Forward translations finalized, Backward translations finalized, Cognitive reviews completed, Final versions approved	WP3		Procurement of translation office launched	Backward translations finalized	Backward translations finalized
#22 PREMs translation validated (# languages)	integer	WP3				9 (pending cognitive review)
#25 protocol for SWOT ready	y/n	WP3				yes
#27 Number of sites running pilot 1a & 1b	integer	WP5			0	14
#28 Number of sites running pilot 2	integer	WP6			1	
#29 Number of patients monitored for 8 weeks (pilot 1a & 1b)	integer	WP5			0	0
#30 Number of patients monitored for 8 weeks (pilot 2)	integer	WP6			10	0

#31 Satisfaction survey (PREMS) launched in the app	progress bar: questionnaire design; test version released; revisions ongoing; production version released	WP3			Test version released	Production version released
#33 Protocol for cost-effectiveness evaluation ready	progress bar: identification of potential frameworks; identification of available data; framework applicable within project; possible extensions; protocol finalized	WP3		framework applicable within project	possible extensions	protocol finalized
#34 pilot evaluation report	progress bar: data collected; analysis completed; cost effectiveness completed; report finalized	WP3				Not started
#35 Mapping of existing policies and legal background	progress bar: preparatory work; protocol ready; CFs pre-filled with literature ready, validated CFs ready	WP4	preparatory work	CFs pre-filled with literature ready	CFs pre-filled with literature ready	CFs pre-filled with literature ready
#36 Number of: 1.CFs pre-filled 2. CFs validated, 3. update	integers	WP4	1. 4 2. 0 3. 0	1. 25 2. 1 3. 0	1. 28 2. 4 3. 2	1. 28 2. 8 3. 8
#38 Relevant case study (COVID-19)	progress bar: preparatory work; protocol ready; data collected;	WP4	preparatory work	preparatory work	protocol ready	data collected

	analysis completed; results drafted					
#39 Workshop JA internal for methodology held	y/n	WP4		no	yes	
#40 Number of participants of JA workshop	integer	WP4		none	8	
#41 preparation of foresight exercise - finalised methodology available	y/n	WP4				yes
#45 Final stakeholder survey	progress bar: preparatory work; draft questionnaire and protocol; feedback from other WP; survey launched; data collection completed; data analysis completed	WP3			Not started	Not started
#47 Telemonitoring landscape review	progress bar: preparatory work; review protocol ready; articles search completed; data extraction completed; results documented	WP7	articles search completed	results documented	results documented	
#48 System design and development	progress bar: preparatory work; data to be collected identified; alfa prototype ready; feedback for alfa collected; beta version	WP7	data to be collected identified	alfa prototype ready	feedback for alfa collected	Production version ready

	ready; feedback for beta collected; production version ready					
#53 Number of interactive reports for clinicians	integer	WP7				
#61 Number of thematic workshops held	Integer	WP8				4
#62 professionals participating in thematic workshops (# workshops, # participants)	integer	WP8				1. workshops: 4 2. participants: 72
#63 Educational materials developed	y/n	WP8				yes
#64 Digital training platform ready	progress bar: mock-ups, lab prototype, draft version, final version	WP8			final version	
#65 Mobile app for virtual patient scenarios	progress bar: mock-ups, lab prototype, draft version, final version	WP8			mock-ups	mock-ups
#66 Number of activities available for participants	Integer (report each activity launched, number of participants, level of satisfaction)	WP8				3
#69 % participants satified with the activity	report each activity launched, number of participants, level of satisfaction, improvement of knowledge	WP8				n/a

#70 Final training guidelines completed	progress bar: preparatory work; training evaluation forms developed for each activity, data collected, analysis conducted, training guidelines finalized	WP8			preparatory work	training guidelines finalized
#73 Number of meetings with national/international stakeholders	report each meeting indicating stakeholder group (as per WP8 classification)	All	WP1: 5 WP2: 3 WP7: 3 WP8: 3 Total: 14	WP2: 3 WP7: 2 WP8: 1 Total: 6	WP1 9 WP2 1 WP3 1 WP5 1 WP6 0 WP7 2 WP8 5 Total: 19	WP2: 1 WP4: 3
#74 Number of countries establishing stakeholders' group	integer	WP8		11		
#76 Number of presentations	report each contribution and type (talk, poster, session), name of event and audience type	All	Talk: none Poster: none Session: none	Talk: WP3 1 WP7 1 Poster: none Session: none	Talk: WP1: 2 WP5 1 WP7 1 Poster: none Session: none	Talk: none Poster: none Session: none
#77 First focus group protocol for participatory design	progress bar: not started; preparatory work; draft version; test version; final version	WP8	preparatory work	test version	final version	
#78 Group for Participatory Design	integer	WP8			13	
#80 Dissemination plan	progress bar: has not started yet; is a work-in-progress; its first version is uploaded to the Commission	WP2	its first version is uploaded to the Commission website	its first version is uploaded to the Commission website	an updated version is uploaded to the Commission website	

	website; an updated version is uploaded to the Commission website					
#81 Final user requirements in place	progress bar: initial user needs elucidated, consultation process started, final user needs in place and communicated to piloting partners	WP8			consultation process started	final user needs in place and communicated to piloting partners
#84 Project website operational	progress bar: the preparatory work is done; a company is subcontracted; a beta-version is ready; the public (final) version is ready; the technical infrastructure for dashboards is ready	WP2	the public (final) version is ready	the public (final) version is ready	the public (final) version is ready	the public (final) version is ready
#85 Website elements implemented	progress bar: Public website; Members section on the website; Dashboards	WP2	Public website; Dashboards	Public website; Members section on the website; Dashboards	Public website; Members section on the website; Dashboards	
#86 Number of peer reviewed publications	report each publication and status (preprint / published)	All	WP7: 1	none	none	none
#87 Website statistics	integer	WP2	total number of visits: 1207 number of single page visits: 99 Average time spent:	total number of visits: 3285 number of sessions: 1002 Average time spent: 2.57 min	total number of visits: 2772 number of sessions: 1353 Average time spent:	total number of visits: 2135 number of sessions: 1087 Average time spent: 1.09

			5.08 min		1 min	min
#88 Website statistics by content (number of published so far, number of downloads /readers in the reporting period)	integer	WP2	Leaflet: 1/8 Press release: 4/37 Newsletter: 1/0	Leaflet: 1/25 Press release: 8/117 Newsletter: 1/14	Leaflet: 1/20 Press release: 7/143 Newsletter: 1/63	Leaflet: 2/59 Press release: 17/1092 Newsletter: 3/36
#89 Social networks activity (number of posts in the reporting period, followers or subscribers, interactions in the reporting period)	integer	WP2	Twitter 17/25/40 Facebook 9/10/10 LinkedIn 2/53/27 Instagram 18/17/7 YouTube 1/2/1 TikTok 1/6/15	Twitter 58/50/529 Facebook 11/23/89 LinkedIn 12/112/153 Instagram 40/30/86 YouTube 2/3/0 TikTok 9/10/180	Twitter 29/74/546 Facebook 16/27/62 LinkedIn 17/177/176 Instagram 25/35/63 YouTube 5/6/4 TikTok 10/26/92	Twitter 10/92/206 Facebook 4/30/13 LinkedIn 6/195/57 Instagram 8/49/20 YouTube 0/6/0 TikTok 6/32/66
#90 Number of coverages in 1.specialised media 2.general media	Integer	WP2	1. none 2. none	1. none 2. none	1. none 2. none	1. none 2. none
#91 Number of events	report each event separately, with number of participants by stakeholder type and member state, EU - level organization represented	WP1	1	0	0	0
#92 Number of events with EU level expert groups	report each event separately, with number of participants by stakeholder type and member state, EU - level organization	WP1	1	0	0	0

	represented					
#93 Number of international level organizations and initiatives related to cancer and digital transformation identified and engaged	integer	WP2		1. International Organizations: - Identified: 3 - Engaged: 2 2.International Initiatives: - Identified: 9 - Engaged: 1		
#95 Number of: 1. participants in event, 2. EU MS represented in meeting	report each event separately, with number of participants by stakeholder type and member state, EU - level organization represented	WP1	1. in person:44 on-line: 64 2. 15	1. 0 2. 0	1. 0 2. 0	1. 0 2. 0

C. Kick-off meeting report

This report presents the results of a survey conducted to find out opinions about the EU Joint Action On Strengthening eHealth Including Telemedicine And Remote Monitoring In Health And Care Systems For Cancer Prevention And Care (eCAN) Kick-off meeting on September 20th-21th 2022 at the Pullman Hotel, Pl. Victor Horta 1, 1060 Brussels, Belgium. This was a hybrid event hosted also via Webex.

C1. People participated in the survey

- 22 people from 10 countries
- 55% (12) were women, 36% (8) were men, 9% (2) prefer not answer
- 64% (14) were between the ages of 30 and 50, 36% (8) were over 50 years old
- 23% (5) of the participants were from the institutions of the pilot sites in WP5 and/or WP7, 68% (15) were non-pilot institutions, 9% (2) were not sure about their institutions.

C2. Way to attended in the meeting

- on Day 1 82% (18) attended in person and 18% (4) online

- on Day 2 94% (17) attended in person and 6% (1) online
- 4 persons participate only on Day 1 (for one person attended online it was not clear that a participation on Day 2 was possible via login as well)

C3. Evaluation of the meeting

Satisfaction

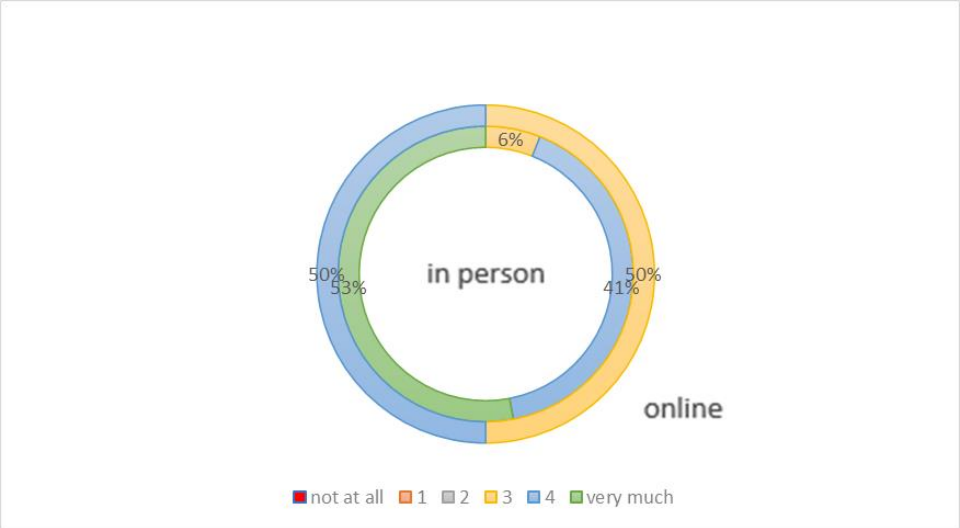

Figure C1 Overall satisfaction of eCAN Kick-off

Overall, participants were satisfied with the meeting. In the in-person group (18 people) 53% were very satisfied[2], 41% rated it 4 and 6% rated it 3. In the online group (4 people), half of the participants rated satisfaction as 4 and the other half as 3.

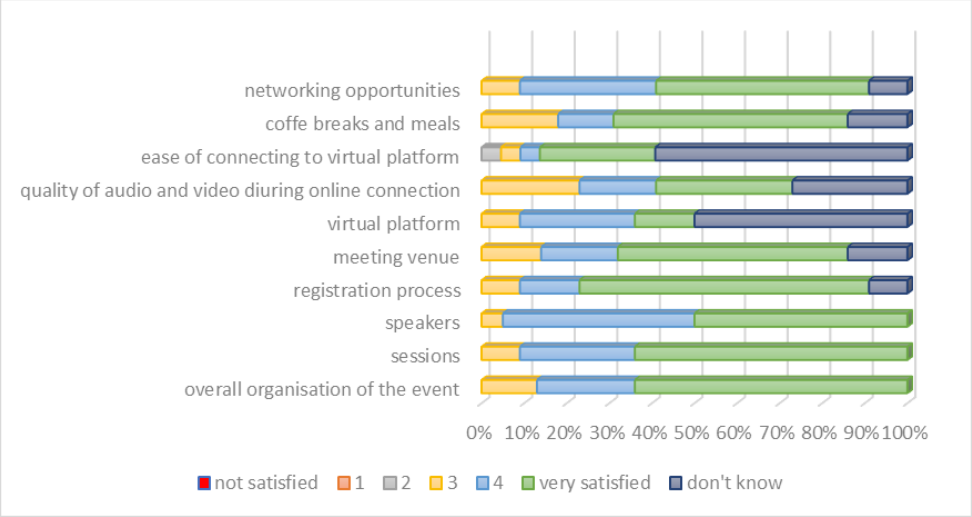

Figure C2 Satisfaction with each aspect of the meeting

[2] on a 6-point scale, where 0 means *not at all* and 5 means *very much*

In the assessment of individual parts of the meeting, the participants were most satisfied with the overall organization of the event and sessions (68% *very satisfied*[3] in each part). Participants were the least satisfied *with Quality of audio and video during online connection* (23% rated it 2 and 18% rated it 3. 32% were *very satisfied*) Most "*I don't know*" answers were marked next to parts *Ease of connecting to virtual platform* (59%) and *Virtual platform* (50%), representing the in-person participants.

Assessment of usefulness of each agenda item

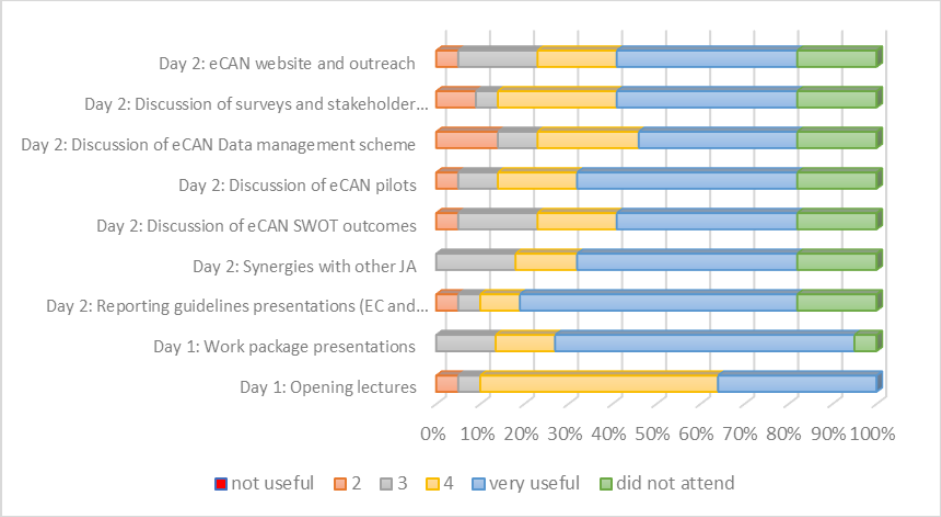

Figure C3 Usefulness of each agenda item

The most "*very useful*[4]" ratings were given to *Day 1: Work package presentations* (68% of participants) *and Day 2: Reporting guidelines presentations (EC and financial)* (64% of participants). The lowest rated were: *Day 2: Discussion of eCAN Data management scheme* (14% rate 2, 9% rate 3); *Day 2: Discussion of eCAN SWOT outcomes* (5% rate 2, 18% rate 3); and *Day 2: eCAN website and outreach* (5% rate 2, 18% rate 3)

[3] on a 6-point scale, where 0 means *not useful* and 5 means *very useful*. There was also an option to mark the answer *I don't know*.
[4] on a 6-point scale, where 1 means *not useful* and 5 means *very useful*. There was also an option to mark the answer *did not attend*.

Assessment of time allocation to particular agenda items

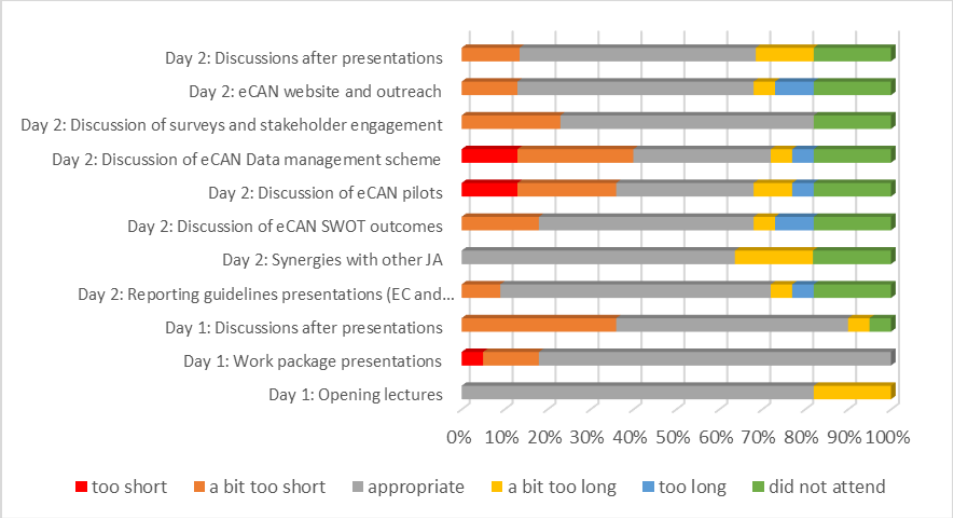

Figure C4 Time allocation for each agenda item

The most "*appropriate*[5]" ratings were given to *Day 1: Opening lectures* and *Day 1: Work package presentations* (82% each). Received the fewest "appropriate" were given *Day 2: Discussion of eCAN pilots* and Day 2: *Discussion of eCAN Data management scheme*, which were both judged as too short.

Understanding the main objectives and next steps after the eCAN kick-off event

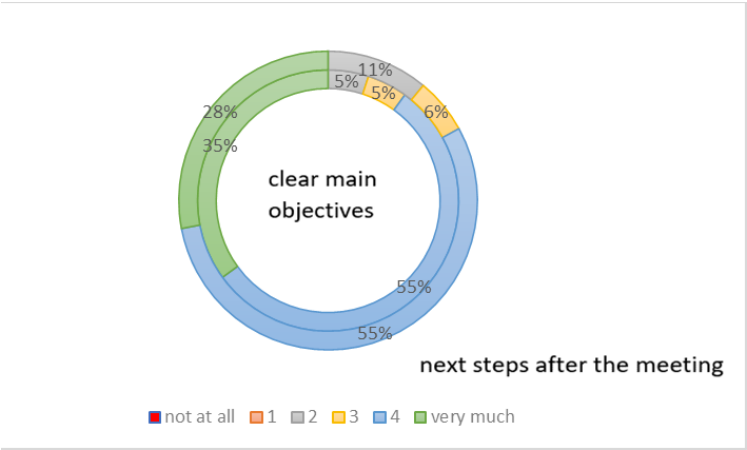

Figure C5 Understanding the main objectives and next steps of the Joint Action eCAN

After the meeting the eCAN objectives were clear to most of participants, although about 17% had remaining doubts as to what should be the next steps (score 1 or 2[6]).

[5]on 6-point scale with answers: *too short, a bit too short, appropriate, a bit too long, too long, did not attend*
[6] on a 6-point scale, where 0 means *not at all* and 5 means *very much*

Among the answers to the question what the participants appreciated the most during the eCAN meeting, the most common answer was networking and in-person discussions. Participants also pointed to better understanding of the eCAN objectives and being able to clarify the unclear issues in the work plan.

C4. Future eCAN events

Form of next meeting

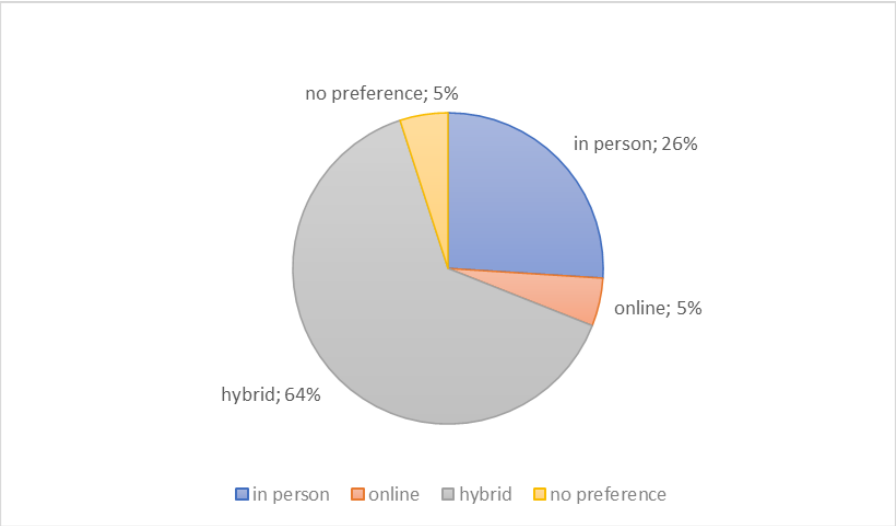

Figure C6 Preference for the form of future eCAN events

As relates to preferences for the form of future eCAN meetings, the hybrid meeting was the most popular option selected by 65% of participants.

Suggestions for improvement

There were several suggestions that more time for discussion, teamwork and networking was needed. The participants proposed that this could be achieved through implementation of parallel working sessions (e.g. pilot implementation vs mapping different issues vs stakeholder engagement/ communication) or identification of key discussion points ahead of time and allocating more time to discuss these.

Topics in the future events

At the next meeting, the participants suggested discussing topics related to Work Packages (horizontal topics, progress of WPs); data collection (which data must be collected, when, from whom, how); approaches to telemedicine in Member States (what is the patients' experience using telemedicine); legal basis for telemedicine and data sharing; synergies with other projects and initiatives including other Joint Actions.

eCAN Strengthening eHealth for Cancer Prevention & Care

ecanja.eu

info@ecanja.eu