EU-FUNDED PROJECTS AT KAUNO KLINIKOS

Nr.	PROJECT	PROJECT LOGO/ LEAD COORDINATOR/ FUNDING PROGRAM	CLINICAL DEPARTMENT/PRINCIPAL INVESTIGATOR	ELIGIBLE COSTS FOR THE PROJECT/ KAUNO KLINIKOS
1.	**EuCanImage –** A European Cancer Image Platform Linked to Biological and Health Data for Next-Generation Artificial Intelligence and Precision Medicine in Oncology. The goal of EuCanImage is to build a highly secure, federated and large-scale European cancer imaging platform, with capabilities that will greatly enhance the potential of artificial intelligence in oncology. The EuCanImage platform will be populated with a completely new data resource totaling over 25,000 single subjects, which will allow to investigate unmet clinical needs like never before, such as for the detection of small liver lesions and metastases of colorectal cancer, or for estimating molecular subtypes of breast tumours and pathological complete response. **Project lead coordinator** – the University of Barcelona. **Funding program** – Horizon 2020 (100% funding rate).	EUCAN IMAGE UNIVERSITAT DE BARCELONA Horizon 2020	Gastroenterology department Principal investigator – **Prof. Juozas Kupčinskas**	Project budget – **9 994 358.50 EUR** Kauno klinikos – **181 187.50 EUR**

2.	**PrIMAVeRa –** Predicting the Impact of Monoclonal Antibodies & Vaccines on Antimicrobial Resistance. Antibiotic resistance (AMR), a major threat to human health, is increasing in all bacteria through antibiotic-induced selection, cross-species transfer of genetic mobile elements harbouring resistance genes, global transport and environmental waste. The PrIMAVeRa consortium will develop a web-based platform that combines advanced mathematical models with a comprehensive epidemiological repository. Systematic reviews will generate data to inform the model structure and parametrisation and select the most appropriate models for determining the AMR burden by pathogen, infection and target population. The major deliverable will be an open access web-based user interface that will allow the wider scientific community to freely access and apply the models. This platform will also help healthcare authorities to make data-driven decisions on which vaccines and mAbs should be prioritised. **Project lead coordinator –** The European Vaccine Initiative. **Funding program –** Horizon 2020 (100% funding rate).	PrIMAVeRa European Vaccine Initiative Horizon 2020	Infection control department Principal investigator – **Dr. Asta Dambrauskienė**	Project budget – **6 500 000.00 EUR** Kauno klinikos – **139 275.00 EUR**
3.	**GDI –** Genomic Data Infrastructure. GDI project brings together national agencies, research organisations, and technology providers in 22 countries to provide a cross-border federated network of national genome collections, associated with other relevant data, for advancing data-driven biomedical research and personalised medicine solutions to benefit			

	citizens of Europe. The project is designed to support the European 1+ Million Genomes (1+MG) Initiative. Specifically, GDI will drive the development, deployment and operation of sustainable data-access infrastructures within each participating country including the legal frameworks, operational procedures and ethics principles required to foster and maintain citizens' trust in cross-border access to highly sensitive personal data. It will unlock a data network of over 1 million genome sequences for research and clinical reference creating unprecedented opportunities for routine transnational, multi-stakeholder actions in personalised medicine for common, rare and infectious diseases. Authorised data users, such as clinicians, researchers and innovators, will be able to advance our understanding of genomics for more precise and faster clinical decision-making, diagnostics, treatments and predictive medicine, and for improved public health measures that will benefit citizens, healthcare systems and the overall economy. **Project lead coordinator –** The European Molecular Biology Laboratory. **Funding program –** Digital Europe (50% funding rate).	European Genomic Data Infrastructure EMBL European Molecular Biology Laboratory Digital Europe Programme	Genetics and Molecular Medicine department Principal investigator – **Prof. Rasa Ugenskienė**	Project budget – **40 000 000.09 EUR** Kauno klinikos – **186 715.00 EUR**
4.	**AIDA –** An Artificially Intelligent Diagnostic Assistant for gastric inflammation. The aim of the project is to diagnose people at risk of developing gastric cancer at the pre-symptomatic stage, typically chronic gastric inflammation. Artificial intelligence can help clinicians make sense of their own data by automating much of the treatment and analysis, which require manual work and years of	AIDA An Artificially Intelligent Diagnostic Assistant for gastric inflammation INCLIVA Health Research Institute		

	experience. AIDA aims to help researchers understand the mechanisms that trigger gastric oncogenesis, help clinicians diagnose precancerous inflammation at the earliest possible stage, suggest personalised therapeutic strategies for treatment and follow-up, and make personalised recommendations for monitoring patient health status, thus contributing to gastric cancer prevention. This places AIDA squarely on Europe's agenda of 'Staying healthy in a rapidly changing society'. **Project lead coordinator –** Health Research Institute (INCLIVA) (Spain). **Funding program –** Horizon Europe (100% funding rate).		Gastroenterology department Principal investigator – **Prof. Juozas Kupčinskas**	Project budget – **6 334 803.75 EUR** Kauno klinikos – **500 000.00 EUR**
5.	**ECHoS –** Establishing of Cancer Mission Hubs: Networks and Synergies. Cancer- healthcare, research and innovation face core common challenges, such as fragmentation of initiatives and distancing from important stakeholders, requiring coordinated solutions. ECHoS represents a unique opportunity to coordinate R&I and Healthcare actions on cancer with policy-making processes creating transnational communication & collaboration networks aligned with Cancer Mission objectives. By fostering the creation of National Cancer Mission Hubs (NCMHs) in member states and associated countries ECHoS will create the conditions for organized stakeholders and individual citizens to collaborate and engage in policy dialogues. The implementation of the Cancer Mission objectives will promote more resilient and people-centric healthcare and research systems.	  	Oncology and Hematology department Principal investigator – **Prof. Rasa Jančiauskienė**	Project budget – **6 096 147.50 EUR** Kauno klinikos – **25 781.25 EUR**

	Project lead coordinator – Agency for Clinical Research and Biomedical Innovation (AICIB) (Portugal). **Funding program –** Horizon Europe (100% funding rate).			
6.	**IMPACT-AML –** Master Framework and Pragmatic Clinical Trial for Relapse or Refractory Acute Myeloid Leukemia. In IMPACT-AML, a multidisciplinar R/R AML represents a model of high-impact disease, in which no standard of care exists, and where we have an urgent need for new evidence on possible therapies; AML offers the setting in which methodological innovation will combine powerful instruments of clinical trials with personalized medicine through academic efforts. Hereby, the aim is to create an inclusive master framework for relapsed or refractory acute myeloid leukemia (STREAM) to include patients with R/R AML across Europe proficiently acquire an unselected population for clinical trials and monitor outcomes including neglected cohorts. Thereafter a prospective randomized pragmatic clinical trial (RPCT) will be conducted that will compare the classical "high intensity" rescue chemotherapy with biology-driven, "low intensity" rescue to obtain "real world" data on the benefit of one of the two different strategies in term of survival also considering patients and caregivers preferences, patient-reported outcomes (PRO), accessibility, affordability, and social cost. **Project lead coordinator –** The Romagna Institute for the Study of Tumors "Dino Amadori" (IRST) (Italy).	SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Istituto Romagnolo per lo Studio dei Tumori "Dino Amadori" Istituto di Ricovero e Cura a Carattere Scientifico ISTITUTO ROMAGNOLO PER LO STUDIO DEI TUMORI DINO AMADORI European Commission Horizon Europe 2021-2027	Oncology and Hematology department Principal investigator – **Prof. Rolandas Gerbutavičius**	Project budget – **5 988 402.50 EUR** Kauno klinikos – **129 000.00 EUR**

	Funding program – Horizon Europe (100% funding rate).			
7.	**EUCANSREEN -** The Europe's Beating Cancer Plan has called for a new EU-Supported Cancer Screening Scheme to assure high performance of cancer screening programs across all the Member States (MS). The general objective of EUCanScreen is to assure sustainable implementation of high-quality screening for breast, cervical and colorectal cancer as well as implementation of the recently recommended screening programs – for lung, prostate and gastric cancers. EUCanScreen will facilitate the reduction of cancer burden and achieving equity across the EU. Seven specific objectives have been set for EUCanScreen: 1) Ensuring full implementation of evidence-based, cost-effective and quality-assured screening programmes for breast, cervical and colorectal cancers; 2) Preparing for implementation of evidence-based, cost-effective and quality-assured screening programmes for lung, prostate and gastric cancers; 3) Ensuring proper program governance and sustainability; 4) Ensuring better-quality, timelier and comparable data collection and monitoring of screening programmes; 5) Ensuring equal access of eligible EU citizens to screening programmes and reducing cancer inequalities; 6) Ensuring capacity building in cancer screening, and 7) Ensuring collaboration and coherence with related projects funded under EU Programmes. The work-plan of EUCanScreen has been built on the results of previous and ongoing major EU activities in screening; it is designed within	EU CanScreen European Joint Action on Cancer Screening UNIVERSITY OF LATVIA EU4health	Preventive Programs Coordination Service Principal investigator – **Dr.Rugilė Ivanauskienė**	Project budget – **38 749 935.32EUR** Kauno klinikos – **449 382.88EUR**

	eleven closely interlinked work-packages. The consortium is bringing together well-performing screening programs to those that require substantial improvements. Altogether 29 partnering countries are represented in the consortium.EUCanScreen will be 48 months. **Project lead coordinator –** Latvijos universitetas, (Latvija, Riga). **Funding program –** EU4Health (80% funding rate).			
8.	**3D-LEUKO-TAD -** Topologically Associating Domains (TADs) boundary disruption and 3D genome alterations as targets in acute leukemia therapies**.** The "3D-Leuko-TAD" project aims to improve treatments for acute leukemias (acute lymphoblastic and myeloid leukemia) by focusing on how changes in tridimensional structures impact the development of the disease. Acute leukemias are serious diseases and often difficult to cure, especially in cases of relapse. Recent research has shown that leukemia can be influenced from disruptions in the way DNA loop organized structures, called "Topologically Associating Domains (TADs)" work. These disruptions can increase or alter the activity of genes like FLT3, which could drive cancer growth. The project team will collect samples from adult and pediatric patients and use advanced lab techniques, such as Micro-C, to analyze the 3D organization of DNA in leukemia cells. By focusing on the role of FLT3 and its surrounding regions, through in *vitro* and in *vivo* studies, researchers hope to understand why some patients respond to specific treatments, while others do not. Additionally,	3D-Leuko-TAD Advancing Acute Leukemia Treatment EP PerMed European Partnership for Personalised Medicine LMT Lietuvos mokslo taryba ISTITUTO ROMAGNOLO PER LO STUDIO DEI TUMORI DINO AMADORI	Oncology and Hematology department Principal investigator – **Assoc. Prof. Domas Vaitiekus**	Project budget – **2 043 958.00 EUR** Kauno klinikos – **150 000.00 EUR**

	the project will use machine learning to analyze this complex data, to integrate multi-omic, epigenetic and 3D genome data, aiming to identify patterns that could predict disease progression and treatment outcomes. One key goal is to develop personalized treatments based on each patient's genomic profile. The project will thus also identify new biomarkers, biological indicators that help track the disease's progress, which can lead to targeted, more effective therapies for acute leukemias, especially for those patients who have not benefited from current treatments. **Project lead coordinator –** The Romagna Institute for the Study of Tumors "Dino Amadori" (IRST) (Italy). **Funding program –** EP PerMed (100% funding rate).			
9.	**PerPrevCID –** Background: Chronic inflammatory diseases (CID) are a group of non-communicable disorders of the immune system with a lifetime prevalence of over 10% in the EU. Rheumatoid arthritis (RA) and inflammatory bowel diseases (IBD) are two archetypal CIDs with a particularly high unmet medical need and impact on European health care systems. Objectives: The PerPrev-CID consortium aims to set up new standards for decision support tool development for preventive and early therapeutic interventions in RA and IBD. Selected main aims are: (i) To define actionable predictors from longitudinal multi-level Omics and clinical data integration In RA and IBD. We will identify markers indicating progression from pre-symptomatic to	PER PREV CID European Commission Horizon Europe 2021-2027	Gastroenterology department Principal investigator – **Prof. Juozas Kupčinskas**	Project budget – **11 000 246.75EUR** Kauno klinikos – **95 295.00 EUR**

	manifest disease and signatures predicting early disease relapse (ii) To develop new tools for home-based and continuous assessment of patient-related data dimensions using digital health apps/wearables, including more innovative, objective parameters, such as movement patterns, physical activity, and sleep. (iii) To assess the healthpromoting effects of interfering with the tryptophan pathway in a proof-of-concept nutritional study in early RA and IBD. (iv) To study ethical, legal and economic consequences of risk assessment and early low-threshold preventive interventions. Important aspects are the communication of the risk concept, economic implications of broad testing and interventions as well as patients´ perception of the concept of risk prediction. Expected impact: We will develop prototype solutions for privacy-preserving AI-based data analysis for research and clinical application and will test a first proof-of-concept low threshold intervention in RA and IBD. Our approaches will provide a clear health benefit to the citizens of the EU by improving health outcomes, empowering joint decision making and contributing to appropriate action plans to reduce the avoidable burden of the diseases. **Project lead coordinator** – UNIVERSITATSKLINIKUM SCHLESWIG-HOLSTEIN (UKSH), (Lübeck, Germany) **Funding program** – Horizon Europe (100% funding rate).	UKSH UNIVERSITÄTSKLINIKUM Schleswig-Holstein		
10.	**JA PreventNCD** - Cancer and other NCDs (C&NCD) make up more than 2/3 of the burden of disease in			

	Europe. At the population level, substantial variations exist according to socio-economic status, geographical area, age, disability, gender, and ethnic groups. A large part of this disease burden is preventable. The aim of the JA on Cancer and other NCDs prevention – Action on Health Determinants is to support strategies and policies designed to reduce the burden of C&NCDs, their common risk factors both at a personal and societal level, and to define methods to assess their effectiveness across Europe. Specific objectives are: improve joint capacities of MSs to plan and implement C&NCD prevention policies and activities at national, regional, and local levels improve the monitoring system for C&NCDs and their common risk factors contribute to reduced inequalities in C&NCDs engage with key actors in the field of C&NCD prevention, including decision makers, civilsociety organizations, professionals, the general population, and patients' groupsto facilitate cooperation and joint efforts We will analyse the opportunities for implementing evidence based intersectoral policies for preventing C&NCDs; pilot-test innovative practices and scale-up best practices, including both population-based and targeted prevention efforts to promote healthy living; monitor C&NCD mortality and morbidity, exposure to the common risk factors, cost of NCD and cancer care, and the impact of health promotion and disease prevention efforts both at a personal and societal level. This JA represents an ambitious effort to provide strategic guidance and consolidated efforts to the field of C&NCD prevention. Key outputs include an EU Consortium on Cancer Prevention, high-level annual events, and intervention tools and policy	JA PreventNCD Joint Action Prevent Non-Communicable Diseases **HELSEDIREKTORATET (HDIR), Norway** EU4health	Genetics and Molecular Medicine department Principal investigator – **Prof. Rasa Ugenskienė**	Project budget – **95 523 718.92 EUR** Kauno klinikos – **86 273.79 EUR**

	recommendations that will contribute to reduced C&NCD burden and inequality across Europe. **Project lead coordinator –** HELSEDIREKTORATET (HDIR). **Funding program –** EU4Health (80% funding rate).			
11.	**EUNetCCC JA** - Comprehensive Cancer Centers (CCCs) are at the forefront of cancer research, treatment, and education. Their multidisciplinary approach ensures that patients benefit from the latest scientific advancements, from early detection to innovative treatments and post-treatment care. The establishment of the European Comprehensive Cancer Centre (EUCCC) network represents a harmonized and integrated approach to cancer care across the continent. This initiative, rooted in the principles of excellence and collaboration. The primary objective of the EU CCC network is to create a cohesive and integrated consortium of CCCs across Europe to ensure that all patients, regardless of their location, have access to high-quality care. This network will also serve as a platform for collaboration, allowing centres to share best practices, resources, and knowledge. Such collaboration is essential in promoting research, integrating the latest findings into clinical care, and ensuring that patients benefit from the most effective treatments available. The network will facilitate the adoption of quality diagnostic and treatment methods, including training, research and clinical trials across the EU. It should contribute to: (a) reducing inequalities of diagnosis, treatment and care, and access to clinical trials; (b) strengthening the quality of outcomes research; (c) integrating clinical care and research and evaluating the quality of cancer care throughout. This European collaboration will	**INSTITUT NATIONAL DU CANCER GIP (INCA), France**	Oncology and Hematology department Principal investigator – **Assoc. Prof. Erika Korobeinikova**	Project budget – **112 012 503.62 EUR** Kauno klinikos – **267 748.24 EUR**

	improve patients' access to high-quality diagnostics, care and innovative treatments. **Project lead coordinator –** INSTITUT NATIONAL DU CANCER GIP (INCA). **Funding program –** EU4Health (80% funding rate).			
12.	**JANE2** - The Joint Action on Networks of Expertise (JANE-2) is aimed at creating seven EU networks of a new kind, named "Networks of Expertise" (NoEs), in the cancer area, and allowing them to start fulfilling their mission. They will cover the following areas of interest: 1. complex and poor-prognosis cancers; 2. palliative care; 3. survivorship; 4. personalized primary/secondary prevention; 5. omic technologies; 6. hi-tech medical resources; 7. adolescents and young adults with cancer These NoEs should provide services to the European cancer community, each of them focusing on its subject. These services may include, but will not be limited to, the following: a) producing, or supporting, clinical practice guidelines and/or general recommendations for medical professionals, patients, the public; b) raising public awareness and carrying out advocacy/policy actions; c) developing healthcare organization models; d) developing educational initiatives/tools for medical professionals and patients e) undertaking efforts to promote research; f) developing quality criteria for accreditation/endorsement mechanisms; g) engaging patients and the public; h) others. Conceptually, therefore, NoEs will provide services to the cancer community, first to health care providers directly reaching out to patients. This is a difference in principle from other EU networks, such as European Reference Networks (ERNs) on rare cancers, which gather health care providers	EU JOINT ACTION JANE2 NETWORKS OF EXPERTISE ON CANCER **FONDAZIONE IRCCS ISTITUTO NAZIONALE DEI TUMORI (INT), Italy** EU4health	Oncology and Hematology department Principal investigator – **Assoc. Prof. Erika Domas Vaitiekus**	Project budget – **50 717 563.17 EUR** Kauno klinikos – **321 836.74 EUR**

	specializing in rare cancers, and the new Comprehensive Cancer Infrastructure Network (CCIN), which is made up of EU comprehensive cancer centres and their infrastructures. This also implies that NoEs should formally incorporate other entities in addition to health care providers, i.e. scientific and professional societies, patient advocacy groups, research institutes devoted to items such as molecular biology, public health, health economics, etc. Based on the discussion already held in JANE, NoEs will be created within JANE-2, i.e. they will be built, and their activities will be funded in the first four years, through work packages (WPs) of JANE-2. Undoubtedly, NoEs will have to find tools by which their members will be able to interact with their Member States (MSs), which also has implications for their sustainability. As long as they have to provide services, or coordinate service provision, at the EU level, NoEs should be made up of a relatively limited number of partners having a European scope, or a coordination mandate at the national level, in such a way that they may behave as European networks of national/regional networks. In principle, the "high-contribution" partners within NoEs will have national representatives of MSs' infrastructures and/or coordinators or domain/task leaders. On the other hand, "low-contributors" and "observers" will have the main task of conveying the whole European communities involved and/or the national communities. Of course, NoEs may be proactive in bringing about the creation of national/regional networks also building on JANE-2. This means that, in addition to competent authorities and their affiliated entities participating in JANE-2, NoEs will also encompass partners to be selected in the future, called "collaborating			

	stakeholders". When covering substantially different scopes within their mandate, NoEs will foresee different domains, each coordinated by a domain leader. The wide range of objectives that NoEs will fulfil may bring about some degree of overlap with other EU networks (i.e. CCIN and ERNs), but also scientific and professional societies at the European and national level, patient advocacy groups, etc. An effort has been made within JANE to assure that areas of overlaps may translate into synergies (by pursuing complementarity and avoiding different entities carrying out the same tasks). In brief, networking is a great added value of European health care. NoEs will be an attempt to implement a completely new kind of networks. The challenge of JANE has been to try to envisage them; JANE-2 will build them and let them fly. Its ultimate goal is to make sure that, by the end of JANE-2, NoEs will be largely independent and at the same time able to collaborate with each other and with the other EU networks (CCIN, ERNs) and the whole European oncology community (including scientific/professional societies, patient advocacy groups, etc.) **Project lead coordinator** – FONDAZIONE IRCCS ISTITUTO NAZIONALE DEI TUMORI (INT) **Funding program** – EU4Health (80% funding rate).			
13.	**eCAN Plus** - Cancer is one of the most pressing issues that poses a large burden on society, governments, and healthcare systems. It is the second leading cause of mortality in most EU Member States after cardiovascular disease. Without strong action, cancer incidence in Europe is expected to increase by a fifth by 2040, which			

	translates into more than 5 million new cancer cases. The rising use of telemedicine in healthcare offers a new window of opportunity for responding to population health crises, as seen during the COVID-19 pandemic. This Joint Action (JA) called 'enhancing digital capabilities of cancer centers in Europe to improve prevention and care' (eCAN Plus) aims to bring the benefits of digital health to all citizens, patients and health care professionals (HCPs) to improve cancer prevention and care across Europe. The project involves 23 EU countries and 83 key partners working in public health institutes, universities, hospitals, cancer centres and patient associations. The general aim of this JA is to build on the experiences from the JA eCAN to enhance the digital capabilities of cancer centres in the Union, with particular attention paid to opportunities in Eastern Europe, by: • Implementing a comprehensive training program for the development of digital skills (incl. telemedicine, telemonitoring, ehealth tools) in the prevention context among HCPs, patients, and the general public • Enhancing digital collaboration within and between cancer centres • Implementing telemedicine tools into different settings of cancer care to explore various clinical applications of these tools • Creating and implementing a solid, integrated framework for the remote follow-up and telemonitoring of cancer patients throughout Europe. This JA will develop a framework to test and pilot the integration of digital tools in a safe and secure manner complying with all applicable EU regulations in order to improve the use and re-use of health data for the benefit of cancer patients. **Project lead coordinator –** SCIENSANO, Belgium	eCAN sciensano EU4health	Innovation department Principal investigator – **Antanas Montvila**	Project budget – **24 993 336.10 EUR** Kauno klinikos – **122 397.30 EUR**

	Funding program – EU4Health (80% funding rate).			
14.	**JA PCM** - Personalised cancer medicine (PCM) using personal medical history, physiologicalstatus, genomic profiling combined with technologies like imaging are key in cancer management, from prevention to end-of-life care, and in some cases already a standard practice. The key aim of this Joint Action (JA) is to extend access to and knowledge of PCM across Europe with the vision to develop healthcare interventions along the individual's lifecourse taking a multi-perspective point of view from the healthy person, cancer patient and survivor. The JA partners recognize that prevention, diagnosis, treatment, and follow-up should be approached in a concerted way for optimal patient benefit. The JA will thus focus on three areas: 1) personalised prevention and early detection, 2) personalised 'medicine', and 3) personalised follow-up and tertiary prevention. Pilot projects will build on previous initiatives like CAN.HEAL and PCM4EU, addressing seven key themes: 1) pathway, access and implementation of risk-informed cancer prevention, 2) polygenic risk score application, 3) cancer genetic predisposition across the patient journey, 4) molecular tumour boards, 5) innovative shared risk treatment models with evidence generation, 6) liquid biopsy testing, 7) digital innovation for remote monitoring. Transversal activities, such as EQA (External Quality Assessments) for liquid biopsy, education and training, ELSI (Ethical, Legal and Social Implications), HTA (Health Technology Assessment), data and access, will support these efforts. The outcomes will be evaluated using the 'Intervention Readiness Assessment tool' from CAN.HEAL. The JA will conclude with the 'PCM in	JA PCM Joint Action Personalised Cancer Medicine sciensano EU4health	Oncology and Hematology department Principal investigator – **Prof. Rasa Jančiauskienė**	Project budget – **31 601 131.13 EUR** Kauno klinikos – **47 261.90 EUR**

	Europe' roadmap and sustainability plan, aligning with other initiatives in the European Beating Cancer Plan (EBCP) that is entering the last phase. **Project lead coordinator –** SCIENSANO, Belgium **Funding program –** EU4Health (80% funding rate).			
15.	**HOPE4KIDS** - Each year, an estimated 14,000 children and adolescents in Europe are diagnosed with cancer. Cancer treatments have improved so that most childhood cancer patients in Europe will become long-term survivors. However, around 20% of them cannot be cured and will die, many in hospital. Paediatric palliative care (PPC) encompasses care regardless of diagnosis or stage of disease, and focuses on the prevention and relief of suffering of paediatric patients and their informal caregivers. The value of PPC for children with life-threatening or life-limiting conditions is well-established in general, and for cancer specifically. Currently, care for children with cancer focuses primarily on disease treatment and symptom management, and specialised PPC is often not received. As a result, many children with cancer and their informal caregivers experience gaps in care, such as poor management of psychosocial and even physical symptoms, failures in communication, inadequate support for informal caregivers, and inconsistent bereavement follow-up. In view of the known differences between European countries concerning the availability of PPC services, knowledge and experience in PPC and available resources, a Joint Action is the best way to facilitate the development of high quality PPC in all European countries, as countries with less knowledge or resources can take advantage of the experiences, knowledge and lessons learned in	Hope4Kids prinses máxima centrum kinderoncologie EU4health	Children`s Rehabilitation Hospital "Lopšelis" Principal investigator – **Assoc. Prof. Indrė Bakanienė**	Project budget – **14 999 931.58 EUR** Kauno klinikos – **208 275.59 EUR**

	countries with more advanced PPC programmes. The overall aim of HOPE4Kids is to bring together relevant actors from across Member States and countries associated to the EU4Health programme to advance PPC in paediatric oncology. Activities across the action cover a Landscape Analysis of PPC in Europe, guideline development, pilots and education and training, as well as sustainability, focusing on six cross-cutting themes: Symptoms Treatment, Advance Care Planning, Shared-Decision Making, Psychosocial care, Pre-Loss and Bereavement Care and Models **Project lead coordinator –** PRINSES MAXIMA CENTRUM VOOR KINDERONCOLOGIE BV (PMC), Netherlands **Funding program –** EU4Health (80% funding rate).			
16.	The **UNICA** project aims to extend the European Cancer Imaging Initiative (EUCAIM) by adding breast, lung, and prostate cancer screening imaging data to its federated infrastructure. By contributing data from different regions across Europe, including underrepresented areas, UNICA will ensure the availability of diverse and representative datasets for research and innovation. This project addresses the need for innovative approaches to cancer prevention, detection, and treatment, ensuring alignment with key EU initiatives. The objectives of the project include extending the geographical coverage of the initiative, while standardising the data through FAIR principles in line with EUCAIM requirements and interoperability specifications, also supporting the European Health Data Space and the EEHRxF. In addition, UNICA aims to demonstrate the adoption and integration of AI-based technologies	UNiCA UNIFIED NETWORK FOR INTERNATIONAL CANCER ADVANCEMENT **DATRIX SPA** EU4health	Radiology department Principal investigator – **Prof. Saulius Lukoševičius**	Project budget – **4 985 247.70 EUR** Kauno klinikos – **174 442.10 EUR**

	for cancer image analysis by piloting advanced AI models. At the same time, the project will actively promote patient data altruism through targeted communication strategies and dissemination efforts. These objectives will be achieved by facilitating the aggregation and secure sharing of de-identified cancer imaging and clinical data from screening programmes. The project will involve 12 medical centres and aims to achieve EUCAIM Tier 3 integration, drawing on the expertise of project partners gained in EU-funded federated networks. The project is highly relevant to the work programme as it directly supports Europe's Beating Cancer Plan and EUCAIM. By increasing the availability of high-quality cancer imaging data and fostering the development of AI-based solutions, the project aims to improve cancer screening, early detection, and overall patient outcomes across Europe. This is in line with the EU's objectives to improve cancer treatment and care through digital technologies, enabling faster and more accurate clinical decision-making, diagnostics, and predictive medicine. **Project lead coordinator –** DATRIX SPA, Italy **Funding program –** EU4Health (80% funding rate).			
17.	**GLORIA** - Integration of Liquid Biopsy and Radiomics for Developing a Personalized Glioblastoma Treatment Model.	LMT Lietuvos mokslo taryba LIETUVOS SVEIKATOS MOKSLŲ UNIVERSITETAS	Radiology department Principal investigator – **Prof. Saulius Lukoševičius**	Project budget – **199 947.00 EUR** Kauno klinikos – **33 600.00 EUR**