



# 4PCAN

## D1.1 – Management, Good Governance and Practices

February 2025



**Project number:** 101104432

**Project name:** Personalized CANCER Primary Prevention research through Citizen Participation and digitally enabled social innovation

**Project acronym:** 4P-CAN

**Call:** HORIZON-MISS-2022-CANCER-01-01

<b>Version number</b>	
<b>Status</b>	Final version
<b>Dissemination level</b>	Public – PU
<b>Due date of deliverable</b>	20/02/2025
<b>Actual submission date</b>	20/02/2025
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<b>Work package</b>	WP 1 – Project Management
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**Statement of originality** This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation, or both.

## Version Tracker

Date	Version	Author	Description
31/07/2023	0.1	Andreea Dinu	Table of Contents
13/08/2023	0.2	Adriana Boata	First Draft
16/08/2023	0.3	Andreea Dinu	Update of Chapters 5 and 6
16/08/2023	0.4	Adriana Boata	Updates on Chapter 7
17/08/2023	0.5	Andreea Dinu	Review and formatting
18/08/2023	0.5	Marius Geanta	Review
21/08/2023	0.5	Rodica Zaharia	Review of WP3 workflow
22/08/2023	0.5	Carolina Espina	Review of WP4 workflow
23/08/2023	0.5	Federica Porcu	Formatting and review of WP7
28/08/2023	0.6	Adriana Boata	Reviews merging and final revision
11/02/2025	0.7	Andreea Dinu	Implementing the reviewers' observations
18/02/2025	0.7	Marius Geanta	Review
20/02/2025	0.7	Andreea Dinu	Formatting

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## List of Abbreviations

Acronym	Description
CEE	Central Eastern Europe
CPP	Cancer Primary Prevention
EBCP	European Beating Cancer Plan
ECAC	European Code Against Cancer
HE	Horizon Europe
MS(s)	Milestone(s)
Del(s)	Deliverable(s)
WP	Work Package
EB	Executive Board
EAB	External Advisory Board
GAs	General Assembly
GA	Grant Agreement
PM	Project Management
Pm	Person-month
PMP	Project Management Plan
SC	Steering Committee

## Executive Summary

Efficient project management stands as a paramount determinant in facilitating the attainment of envisioned outcomes and surpassing them within the scope of the 4P-CAN Project. Administered by the Coordination team at INOMED, project management assumes the role of an intermediary bridging the Project Partners and the European Commission. Simultaneously, it instills a cohesive framework across the consortium, ensuring robust governance, and meticulous coordination.

The role undertaken by INOMED in the domain of project management gains heightened significance, particularly due to the inclusion of four non-EU participants in the project, namely the Republic of Moldova, North Macedonia, Montenegro, and Ukraine. For three of these collaborators, their involvement in the 4P-CAN initiative marks a distinctive and inaugural encounter with European funding mechanisms.

The efficacy of all endeavors within the 4P-CAN Project pivots upon several pivotal aspects. Operationally, this is manifest in judiciously steering the progression of project activities, meticulously aligned with timely accomplishment of milestones and deliverables, all within the confines of planned resources. Strategically, this entails the capacity to make requisite adaptations to technological, scientific, economic, or legal dimensions, as circumstances necessitate, thereby securing fidelity to the trajectory delineated in the project's work description. Institutionally, adherence is paid to the submission of all mandated documentation in accordance with pertinent regulations and procedures. Ethical and legal facets are upheld through unwavering commitment to the rigorous application of Horizon Europe's ethical standards and guidelines, a commitment upheld irrespective of the geographical locale in which project activities unfold.

At the consortium level, the Project Management Plan (PMP) will ensure an uninterrupted and contemporaneous exchange of pertinent information across all partners. This encompasses the continuous evaluation of outcomes, gauging impact, and performance through the vigilant monitoring of project results.

It is important to note that the entire PMP will be continually improved to remain fully aligned with the evolving nature of the 4P-CAN project throughout its duration.



# 1. Introduction

This deliverable summarizes the output of the 4P-CAN Task 1.1 Management & Good Governance Protocols, Practices and part of Task 1.4 Quality Assurance carried out within the project Work Package 1 – Project Management.

With a strong belief in shared responsibility among citizens, professionals, and decision-makers for primary cancer prevention, the 4P-CAN initiative spans four years. It seeks to decode how the complex interplay of individuals and their environment influences cancer risk across three levels: national, community, and individual. Guided by European Code Against Cancer (ECAC) recommendations that cover 12 modifiable factors by lifestyle, the project blends implementation research, including economic, social, behavioral sciences, and innovative technology. The end goal is creating personalized tools for cancer primary prevention in Central and Eastern European countries.

Collaboratively generated knowledge shapes personalized interventions through Living-labs and targeted communication campaigns. The project tackles key modifiable risk factors like smoking, alcohol, inactivity, excess weight, HPV/HBV infections, and environmental pollutants. It aims to understand barriers in policy implementation and healthy behavior adherence, focusing on Eastern European nations like Romania, Bulgaria, Moldova, North Macedonia, Montenegro, and Ukraine. The initiative aims to bolster primary prevention and reduce disparities.

A collective alliance of 18 organizations from 11 diverse countries is collaborating to realize these objectives, encompassing Balkan countries both within and outside the European Union, mentioned above, as well as Western EU nations such as Portugal, Italy, France, Ireland, and Belgium.

Moreover, this initiative forms a constituent of the Cancer Mission cluster, focusing on 'Prevention and early detection', being involved in the Citizens Engagement part.

Achieving such ambitious aspirations mandates a meticulously designed and lucidly delineated Project Management Plan (PMP). Moreover, this PMP encompasses protocols for Quality Management Control and Risk Management, ensuring the attainment of elevated work standards and the proactive mitigation of potential project risks through preemptive measures.

The first step towards the design of this PMP was taken months before the official start of the 4P-CAN Project, when INOMED managed to put together a comprehensive and relevant consortium to tackle the cancer primary prevention and East-West European cancer inequalities.

In this document, a detailed overview of 4P-CAN's main structure that will ensure good governance is presented. Furthermore, evidence is given of the project's standard operational capacity by highlighting the action plan for each WP.

## 2. Project Description

### 2.1. Project Scope and objectives

The 4P-CAN project vision is to understand, on the one hand, the barriers of ECAC adoption by the citizens in some of the Eastern EU countries, and on the other hand to investigate how the ECAC could be adapted to the reality of the Eastern non-EU countries, and to propose new ways of influencing healthy behaviors based on a personalized communication model and deep understanding of the reality surrounding the citizens. The overall 4P-CAN project constitutes a new citizen engagement model for CPP measures adoption, complementary to the Code and tailored to the studied countries.

The main objectives of the 4P-CAN Project are:

1. To understand the barriers in cancer primary prevention that cannot be influenced at the individual level (macro level) in CEE Consortium countries.
2. To understand the barriers in cancer primary prevention that can be influenced at the individual level (meso and micro) in CEE Consortium countries.
3. To implement targeted public health communication campaigns on CPP measures in EU and non-EU 4P-CAN countries.
4. To capture the citizen-centered social innovation & efficient implementation research for ECAC adoption.
5. To inform in real-time based on real-world data, the development, and then to test in real life the 5th edition of the European Code Against Cancer
6. To integrate the data obtained and:
  - Develop a personalized engagement model for ECAC adoption.
  - Conceptualize the 4P-CANcer Risk assessment algorithm.
7. To co-create policy recommendations for CPP implementation sustainability.
8. To disseminate knowledge and educate society (from citizens to stakeholders) and to value and celebrate health.

## 2.2. Project Overview

The 4P–CAN consortium consists of 18 organizations and 11 countries (Table 1).

**Table 1** 4P–CAN Consortium

Participant No.	Participant organisation name	Country
1 (Coordinator)	ASOCIATIA CENTRUL PENTRU INOVATIE IN MEDICINA (INOMED)	Romania
2	STATE ESTABLISHMENT "DNIPROPETROVSK MEDICAL ACADEMY OF HEALTH MINISTRY OF UKRAINE" (DNIPRO)	Ukraine
3	EUROPEAN NETWORK FOR SMOKING PREVENTION (ENSP)	Belgium
4	ASSOCIATION FOR HELP AND SUPPORT OF PATIENTS WITH GYNECOLOGICAL DISEASES (FEMINA M)	North Macedonia
5	ACADEMIA DE STUDII ECONOMICE DIN BUCURESTI (ASE)	Romania
6	BULGARIAN JOINT CANCER NETWORK (BJCN)	Bulgaria
7	PLOVDIVSKI UNIVERSITET PAISIY HILENDARSKI (PU)	Bulgaria
8	ASOCIATIA EUROCOMUNICARE (EUROC)	Romania
9	FUNDATIA RENASTEREA PENTRU EDUCATIA, SANATATE SI CULTURA (FR)	Romania
10	DIRECTORATE FOR HEALTH AND SOCIAL ASSISTANCE (DGAMS)	Moldova
11	INSTITUTO NACIONAL DE SAUDE DR. RICARDO JORGE (INSA)	Portugal
12	MONTENEGRIAN SOCIETY OF MEDICAL ONCOLOGY (CUMO)	Montenegro
13	FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS (FPG)	Italy
14	ECHALLIANCE COMPANY LIMITED BY GUARANTEE (ECHA)	Ireland
15	ALL CAN INTERNATIONAL (ALL.CAN)	Belgium
16	RZ INTERROBANG GRAPHICS (INTERROBANG)	Romania
17	INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC)	France
18	UNIVERSIDADE DE AVEIRO	Portugal

Altogether, 4P–CAN brings 18 organizations from 11 countries (EU Member States and Associated Countries) and one key international organization – IARC – The International Agency for Research on Cancer, the specialized cancer agency of the World Health Organization. The other organizations are civil societies, NGOs and patient organizations, public bodies, and professional organizations, as well as Academia/Universities, public health, communication specialists, and social sciences and humanities experts.

## 2.3. Project Milestones

4P-CAN project has twelve milestones (MS), which are summarized in table 2.

**Table 2** 4P-CAN Milestones

No	MS Title	WP	Deadline
1	GA signing	1	1
2	Performance indicators	2	6
3	Reporting template for CPP policy analysis	2	10
4	Direct costs calculated	3	12
5	Focus Groups organized	3	24
6	Knowledge transfer between IARC and 4P-CAN project	4	20
7	Communication campaigns preliminary results	4	42
8	Impact model partially defined	5	12
9	First report on Radon levels ready	5	36
10	Advancements in policy recommendations for Ukraine	6	36
11	Inequalities scientific paper prepared	6	46
12	First European workshop held	7	24

## 2.4. Project Deliverables

The 4P-CAN project has fifty-three deliverables, of which 12, marked with *cl\_* are common for the Prevention and Early Detection Cluster. Table 3 presents project deliverables with their lead beneficiary and their delivery date.

**Table 3** 4P-CAN list of deliverables

WP	Del. No	Deliverable name	Lead	Del. Month
1	D1.1	Management & Good Governance and Practice	INOMED	4
1	D1.2	Data Management Plan	INOMED	6
1	D1.3	Updated Data management plan	INOMED	12
1	D1.4	Quality Assurance – EAB	INOMED	18
1	D1.5	DEC Plan	INOMED	22
2	D2.1	Set of performance indicators	INSA	11
2	D2.2	Paper on countries' stakeholder profiles for CPP	INSA	18
2	D2.3	Tobacco regulation and legislation analysis	ENSP	18
2	D2.4	Alcohol, food, sugar regulations analysis	FPG	18
2	D2.5	Excess body weight and PA policies	BJCN	18
2	D2.6	Vaccination policies and best practices in 4P-CAN countries	INOMED	18

2	D2.7	Radon impact in lung cancer	PU	16
2	D2.8	Military-generated pollution and cancer	DNIPRO	12
3	D3.1	Direct cost analysis	ASE	12
3	D3.2	Indirect cost analysis	ASE	24
3	D3.3	Informational space analysis	EUROC	22
3	D3.4	Summary of Focus Groups	INSA	24
4	D4.1	ECAC study transfer in Romania and Bulgaria Report	IARC	11
4	D4.2	Research paper on national surveys	EUROC	20
4	D4.3	ECAC 5th edition implementation	IARC	30
4	D4.4	ECAC 5th edition implementation updated	IARC	46
4	D4.5	Communication campaigns main results	INOMED	42
4	D4.6	Country-specific dashboards	INTERROBANG	26
5	D5.1	PNA methodology	INOMED	12
5	D5.2	Research report on applying PNAs to study social habits in Romania/Bulgaria	INOMED	46
5	D5.3	Intermediary Report on radon levels	PU	36
5	D5.4	Final Radon Report	PU	48
5	D5.5	4P-CANcer Methodology	INOMED	40
6	D6.1	Tackling the long-term impact of the war in Ukraine	DNIPRO	36
6	D6.2	Policy recommendations for the use of innovations	FPG	40
6	D6.3	Policy recommendations for reducing E-W inequalities	INOMED	46
6	D6.4	Country-specific policies for ECAC 5th Ed.	ALL.CAN	48
7	D7.1	Visual identity and website	ECHA	3
7	D7.10	cl_Common video and/or cluster brochure	INOMED	12
7	D7.11	cl_Conclusions of the 2nd common annual meeting of the 'Prevention and early detection cluster (2)	INOMED	24
7	D7.12	cl_Conclusions of the 3rd common annual meeting of the 'Prevention and early detection cluster (3)	INOMED	36
7	D7.13	cl_Conclusions of the last common annual meeting of the 'Prevention and early detection cluster (4)	INOMED	48
7	D7.14	cl_Policy brief formulating recommendations based on the research and innovation strand of the 'Prevention and early detection' 2nd annual cluster meeting (2)	INOMED	24
7	D7.15	cl_Policy brief formulating recommendations based on the research and innovation strand of the 'Prevention and early detection' 3rd annual cluster meeting (3)	INOMED	36
7	D7.16	cl_Policy brief formulating recommendations based on the research and innovation strand of the 'Prevention and early detection' final annual cluster meeting (4)	INOMED	48
7	D7.2	DEC activities updated	INOMED	36
7	D7.3	Report on 4P-CAN Academy	INOMED	46

7	D7.4	Dissemination report on EU stakeholders' engagement	ENSP	48
7	D7.5	cl_Initial common work plan for scientific collaboration under the 'Prevention and early detection' cluster	INOMED	6
7	D7.6	cl_Conclusions of common annual meeting of the 'Prevention and early detection' cluster (1)	INOMED	12
7	D7.7	cl_Citizen engagement summary report	INOMED	48
7	D7.8	cl_Policy brief formulating recommendations based on the research	INOMED	12
7	D7.9	cl_Addressing inequalities recommendations	INOMED	48
8	D8.1	OEI – Requirement No. 1	INOMED	1
8	D8.2	OEI – Requirement No. 2	INOMED	6
8	D8.3	OEI – Requirement No. 3	INOMED	18
8	D8.4	OEI – Requirement No. 4	INOMED	36
8	D8.5	OEI – Requirement No. 5	INOMED	48

## 2.5. Project Workplan and Breakdown

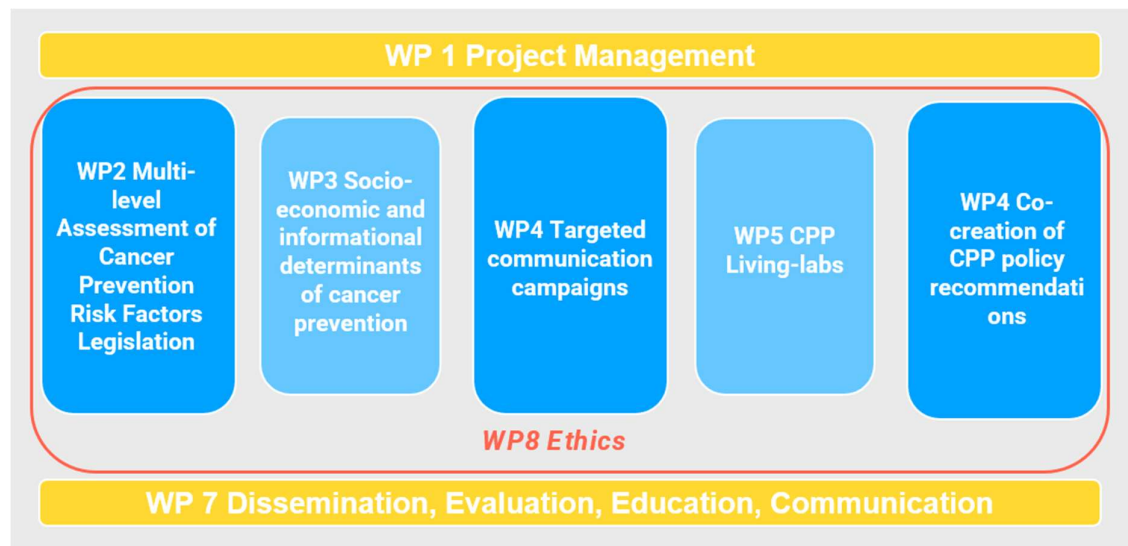
4P-CAN work plan is structured in eight Work Packages (WP) presented in table 4, alongside the lead beneficiary of each work package and the assigned effort in person months.

**Table 4** 4P-CAN Work Packages

WP	WP Title	Lead Beneficiary	Person Months	Start Month	End Month
WP1	Project Management	INOMED	129	1	48
WP2	Multi-level Assessment of Cancer Risk Factors Preventive Legislation	ENSP	166	2	18
WP3	Socio-economic and informational determinants of cancer prevention	ASE	49	6	24
WP4	Targeted public health	IARC	158	6	48
WP5	Living-Labs for primary prevention	INOMED	129	6	48
WP6	Multi-stakeholders' co-creation of CPP policy recommendations	ALL.CAN	180	1	48
WP7	Dissemination, Evaluation, Education, Communication	ECHA	111	1	48
WP8	Ethics Requirements	INOMED	0	1	48

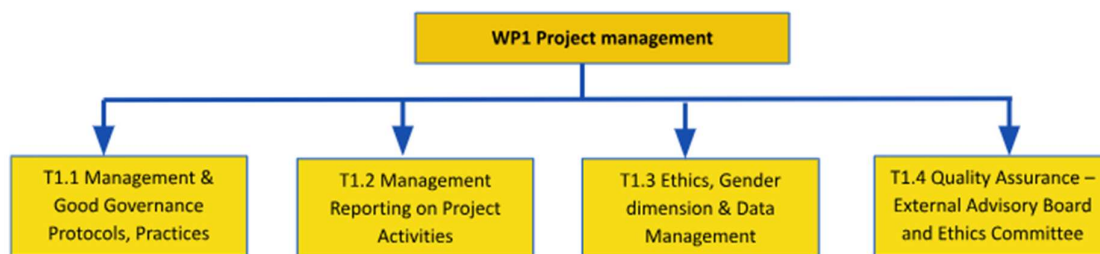
The 4P-CAN consortium is coordinated by INOMED, a civil society representative founded nine years ago in Romania, the 7th EU State by population and an important connection node in CEE. More precisely, the Centre for Innovation in Medicine is a leading research and innovation European organization, not-for

profit, that is dedicated to pushing the boundaries of research and innovation in life sciences at the European, regional – Central and Eastern Europe, and national level, with a special focus on human-centric personalized medicine. The organization's fervor is centered around the revolutionary transformation of health policies and health systems through the empowerment of civil society, deeply attuned to the needs of citizens.



**Figure 1** 4P-CAN Project Structure

## WP 1 Project Management



**Figure 2** 4P-CAN WP1 Structure

Leading Work Package 1 (WP1), INOMED assumes a transversal role intricately interwoven with all other project components. WP1 encompasses the operational management procedures fundamental to the project's daily functioning. This encompasses activity coordination, support to various work packages, preparation for project meetings, and the submission of regular reports to the

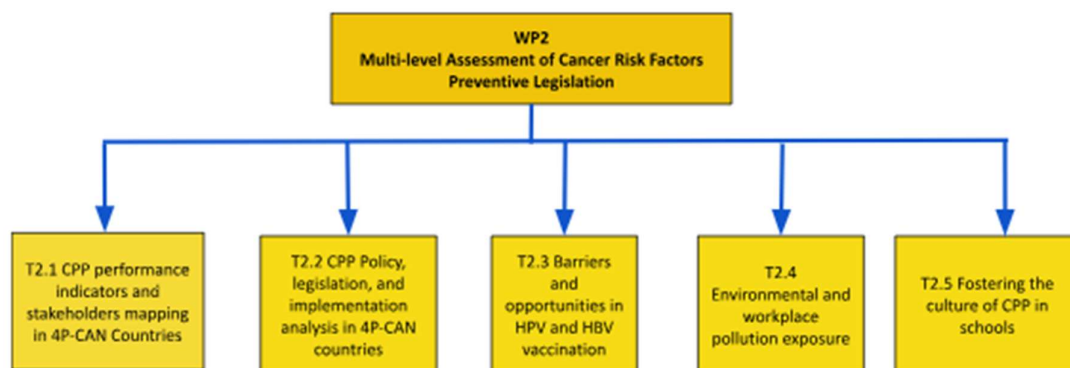


European Commission. Additionally, WP1 undertakes the crucial responsibility of monitoring and evaluating the project's progress.

The objective of WP1 is to ensure the smooth operation of the project, efficient and timely implementation of the project tasks, as well as interfacing with the European Commission, by:

- Ensuring project tasks, milestones/Dels are achieved on time and in line with the budget
- Supporting partners in following EU regulatory legislations and ethics standards, regardless of the country in which the activities take place
- Submitting periodic/final technical and financial reports
- Securing efficient communication/ project activities with the European Commission; External Advisory Board and Ethics Committee
- Observing and identifying project risks by performing effective risk management and mitigating them immediately and accordingly

## WP2 Multi-level Assessment of Cancer Risk Factors Preventive Legislation



**Figure 3** 4P-CAN WP2 Structure

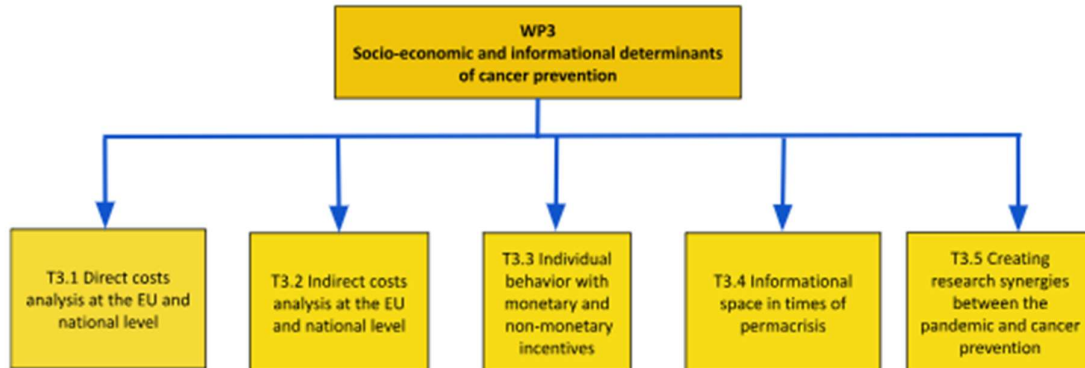
Work package 2 (WP2), an assessment and diagnostics work package, is coordinated by European Network for Smoking and Tobacco Prevention (ENSP), together with Instituto Nacional de Saúde Doutor Ricardo Jorge (INSA from Portugal), Fondazione Policlinico Universitario Agostino Gemelli (FPG), Bulgarian Joint Cancer Network (BJCN), Renasterea Foundation Romania (FR), Plovdiv University in Bulgaria (PU) and Dnipro State University in Ukraine (DNIPRO) and INOMED, as task and sub-task leaders. Also involved in the project are: CUMO

(Montenegrin Society for Medical Oncology), the Directorate for Health and Social Assistance Moldova (DGAMS), and Association for help and support of patients with gynecological diseases (FEMINA M).

This work package represents a multi-level assessment of the policies, legislation, and regulatory framework for cancer primary prevention (CPP) main risk factors – smoking, alcohol, sugar and food, excess body weight and PA, HPV and HBV infections, air pollution – implemented in the countries of 4P-CAN and aims:

- To establish a set of performance indicators on CPP
- To map the traditional and non-traditional CPP stakeholders, their interactions, and their impact on society
- To map the policies, legislation, regulations, and implementation status at the national, regional, and community levels for main risk factors
- To assess the environmental factors' impact on cancer cases

### WP3 Socio-economic and informational determinants of cancer prevention



**Figure 4** 4P-CAN WP3 Structure

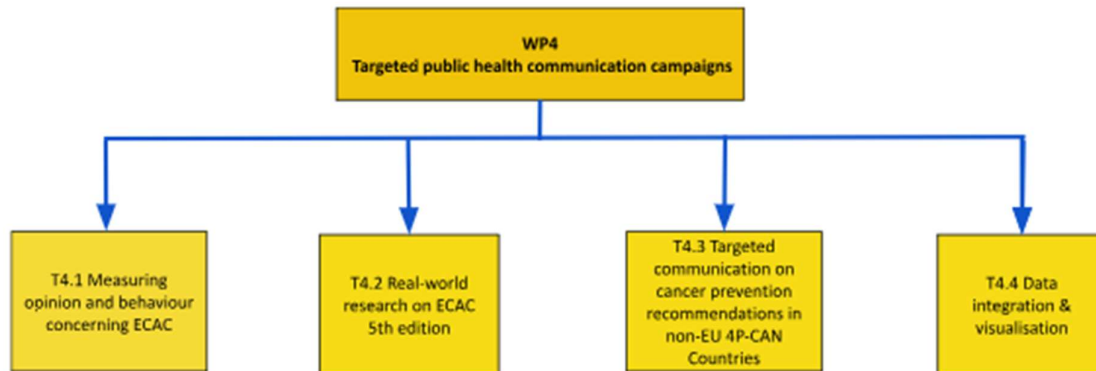
Work package 3 is coordinated by the Academy of Economic Studies in Bucharest (ASE), together with INOMED, INSA, Eurocomunicare Association (EUROC) Romania as task leaders. They bring together the expertise needed for studying the socio-economic dimension of CPP and the role of the informational space in the current permacrisis that Europe is going through.

The main objectives of WP3 are:

- Economic modelling of direct and indirect costs of cancer

- Understanding the infodemic that surrounds humanity in the contemporary era
- Creating research synergies between the pandemic and cancer prevention

## WP4 Targeted public health communication campaigns



**Figure 5** 4P-CAN WP4 Structure

Work package 4 is coordinated by IARC, together with INOMED, INSA, UA, EUROCC and INTERROBANG as task leaders. All the other partners are involved to a smaller extent, as the WP is dedicated to communication campaigns in 4P-CAN Consortium countries.

It aims to link people to their social contexts so that the resulting information will be used to personalize interventions. Feeding results and knowledge from 4P-CAN into the 5th edition of ECAC represents a transversal priority and will take place during the entire duration until the publication of the new version, through communication and reporting efforts within the consortium.

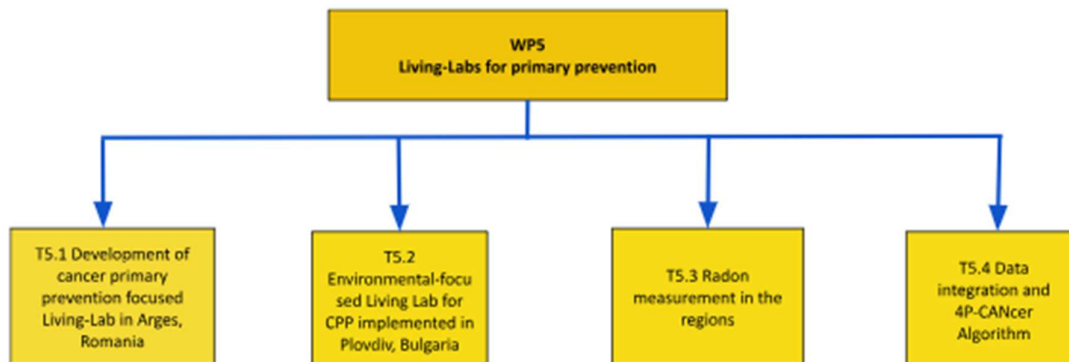
WP4 will provide real-time information to the ECAC 5th from the EU countries of the consortium, specifically, on the draft recommendations targeted to the individual. Relevant data produced in WP2 and WP3 will inform the draft recommendations targeted to the policymakers of the ECAC 5th edition, and the multinational real-world testing of the ECAC 5th edition.

The main objectives are:

- Measuring attitudes, motivations and behaviors concerning ECAC recommendations in the Consortium countries

- Development of research models on real-world implementation of ECAC 5th edition in the Consortium countries
- Implementing targeted communication campaigns on cancer prevention recommendations, including in non-EU Consortium countries

## WP5 Living-Labs for primary prevention of cancer

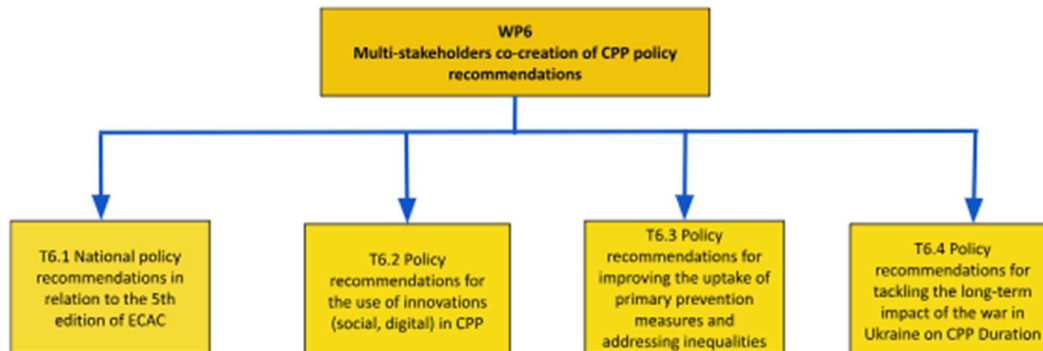


**Figure 6** 4P-CAN WP5 Structure

Work package 5 is coordinated by INOMED (that integrates the team of SSH experts from the University of Bucharest, Department of Sociology) and represents a key component to the project, as it involves the creation of two differently focused LLs on Romania and Bulgaria, a comparative study on Radon levels at the local level in the two countries, using new developed sensors, as well as Personal Network Analysis studies. Tasks leaders include PU, ASE, and INTERROBANG.

The main objective is to create real-world models for the cancer primary prevention recommendations included in the ECAC 5th edition. Relevant data produced in WP2, WP3 and WP4 inform the creation of Living-Labs (LLs) focused on cancer prevention, in Bulgaria and Romania. The activities are mostly based on methods from PNAs and social sciences. In addition, the Radon levels will be measured and a conceptual algorithm for the identification of citizens at high-risk for cancer developed.

## WP6 Multi-stakeholders' co-creation of CPP policy recommendations



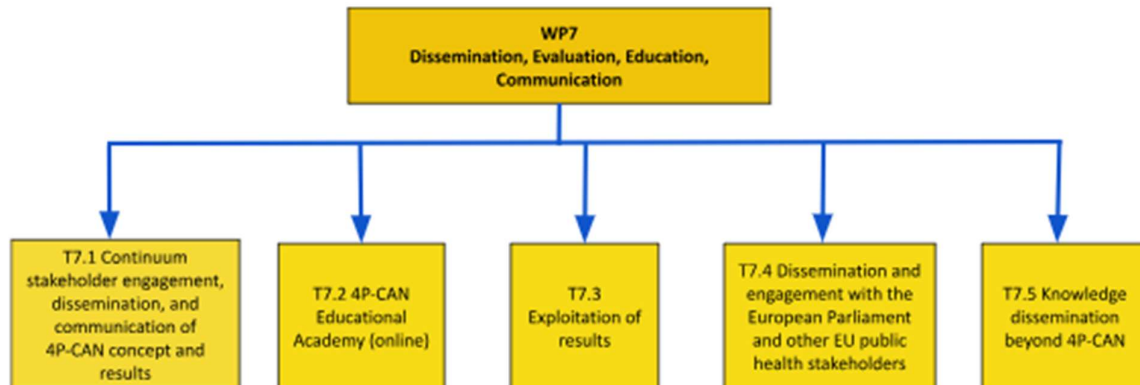
**Figure 7** 4P-CAN WP6 Structure

Work package 6 is coordinated by All.Can, together with INOMED, FPG and DNIPRO, as tasks leaders and all the country representatives of the Consortium as sub-task leaders involved in summarizing the policy recommendations at the national level – Romania, Bulgaria (PU and BJCN), Republic of Moldova (DGAMS – Directorate for Health and Social Assistance), North Macedonia (Association for help and support of patients with gynecological diseases – FEMINA M), Montenegro (CUMO – Montenegrin Society for Medical Oncology), as well as ECHalliance.

The objectives are:

- To make recommendations for improving the uptake of primary prevention measures
- To make recommendations for addressing CPP inequalities in Europe using innovations
- To assist the update of the European Code Against Cancer
- To contribute to Ukraine's recovery through policy recommendations on cancer

## WP7 Dissemination, Evaluation, Education, Communication



**Figure 8** 4P-CAN WP7 Structure

Work package 7 is coordinated by ECHalliance, together INOMED as task leader, with participation from all partners. The main objectives are:

- To develop and implement a strategy for dissemination, evaluation, education, and communication of 4P-CAN results
- To reach a variety of relevant stakeholders, maximize results' impact and ensure their uptake and their sustainability beyond the duration of the project
- To engage with other projects of interest funded under the Cancer Mission Calls
- To engage with projects funded under other EC Missions (100 Climate-Neutral and Smart Cities by 2030, Adaptation to Climate Change, A Soil Deal for Europe, Restore our Ocean, and Waters)

## WP8 Ethics

Work package 8 is coordinated by INOMED; the ethics dimension of 4P-CAN touches upon the following subjects: humans, personal data, non-EU countries and partly AI, as well as SSH research activities in Ukraine.

All the tasks in the Project Management Work package have an ethical and gender management dimension included. 4P-CAN coordinator takes full responsibility in ensuring that each partner complies with EU regulations regarding ethics, gender, and data management.

## 2.6. Project Duration

The 4P-CAN project has a duration period of 48 months, commencing in May 2023 and concluding in April 2027. Figure 9 provides a comprehensive visual representation of the project's timeline, presenting important milestones, deliverables, and activities from the project's initiation to its completion. This timeline acts as a guide, directing the project team and stakeholders throughout the different phases of the project, thereby ensuring effective implementation, and achieving successful project results.



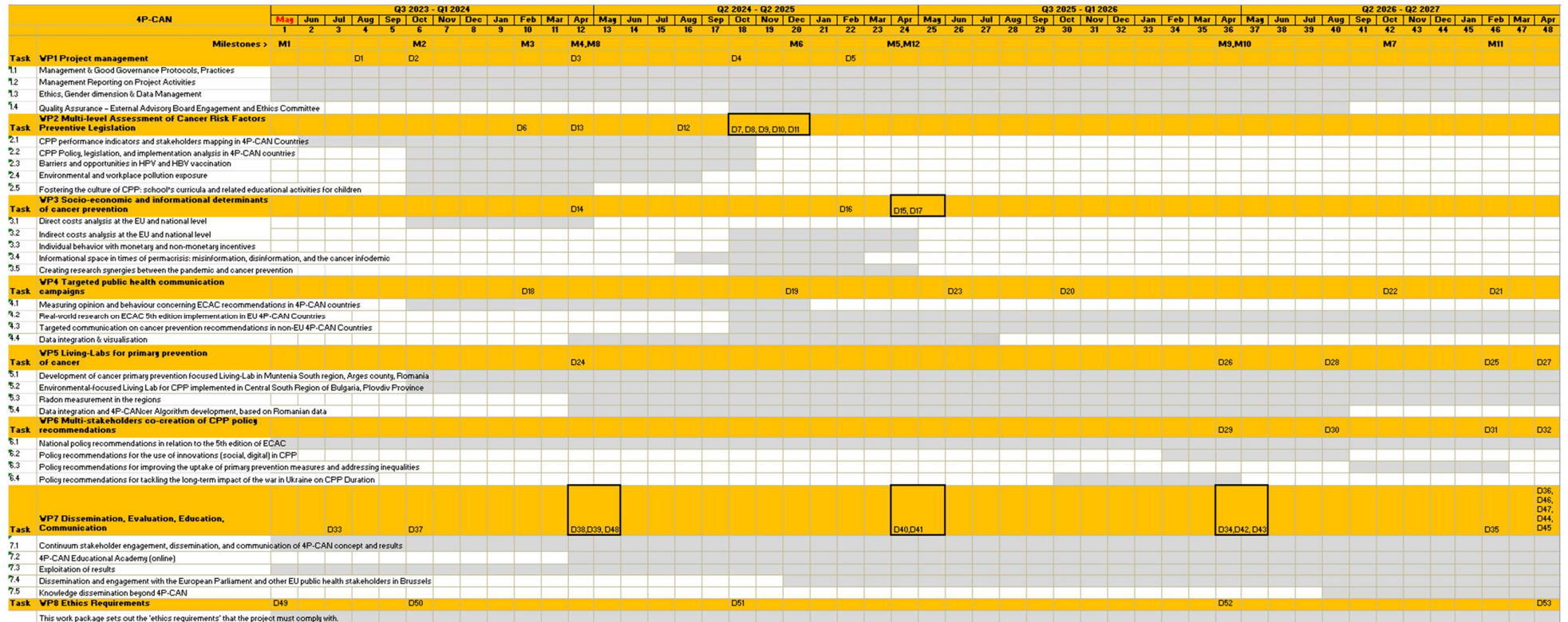


Figure 9 4P-CAN Gantt Chart



## 3. Project Management and Governance

Having a clear and effective way to manage and oversee a project is crucial for its success. This chapter serves as the definitive guideline for the governance and management framework of the 4P-CAN Project, ensuring structured oversight, regulatory compliance, and the strategic alignment of project objectives with Horizon Europe mandates. It establishes a robust governance model, outlining operational procedures, decision-making hierarchies, and reporting mechanisms essential for project success.

### 3.1. Project Governance Structure

#### Hierarchical Decision-Making Framework

The governance structure of the project is designed to ensure effective decision-making, compliance with European Commission (EC) regulations, and efficient execution of project deliverables. The framework consists of multiple levels of responsibility, each with distinct roles and mandates.

The overall structure of the management and decision-making tree is formed of: Coordinator (INOMED), Steering Committee (WP's Leads), and General Assembly (All partners). (Figure 3).



Figure 10 Project Management structure

#### Project Coordinator (INOMED)

Role & Responsibilities:

- Serves as the central authority for the project, ensuring seamless execution and compliance with EC requirements.
- Acts as the primary liaison with the European Commission, managing reporting, communication, and regulatory adherence.

- Ensures the overall alignment of activities across different Work Packages (WPs) and maintains workflow synchronization.
- Responsible for risk management, identifying potential project bottlenecks and implementing corrective actions.
- Oversees financial management, ensuring that funds are allocated and utilized in accordance with the project's objectives.
- Coordinates project-wide meetings and facilitates decision-making processes within the General Assembly and Steering Committee.

### **General Assembly (GA)**

Composition:

Includes representatives from all project partner institutions.

Responsibilities:

- Functions as the primary decision-making body, responsible for defining the overall strategic direction of the project.
- Approves major amendments related to project execution, including scope adjustments, budget reallocations, and timeline extensions.
- Monitors consortium-wide performance, ensuring alignment with project objectives.
- Resolves disputes or conflicts that may arise between partners regarding the implementation of work packages.

### **Steering Committee (SC)**

Composition: consists of Work Package (WP) Leaders.

Responsibilities:

- Ensures the project progresses according to defined milestones and deliverables.
- Maintains scientific integrity and methodological consistency across all WPs.
- Provides technical and managerial oversight, ensuring that work packages are executed in a coordinated manner.
- Addresses operational challenges and facilitates cross-WP collaboration to enhance project efficiency.
- Recommends adjustments to project execution based on periodic reviews and risk assessments.

### Governance Committees

**External Advisory Board (EAB):** serves as an independent body providing expert advice, quality assurance, and oversight throughout the 4P-CAN project.

Responsibilities:

- Quality assurance
- Strategic guidance
- Ethics oversight (in collaboration with Ethics Committee)
- Highlight potential risks and suggest mitigation strategies for project milestones and deliverables.
- Stakeholder engagement

**Ethics Committee:** along with the Ethics Advisor, appointed at the beginning of the Project, has the role to ensure that the project and its outcomes adhere to EU regulations, ethical guidelines, and data protection laws.

Responsibilities:

- Ensures that activities involving human participants, personal data, or sensitive topics meet ethical standards
- Ensures compliance with legal and regulatory frameworks
- Identifies potential ethical risks and recommends mitigation strategies
- Advisory role in CPP policy recommendations

## 3.2. Project Management

The detailed work per tasks and responsible partner from 4P-CAN project are depicted in the table below, reflecting, alongside with **deliverables**, and **milestones, the resource and effort planning process** .

*Note: the completion dates for the Reports produced is shown one month earlier than the deadline for submission to the European Commission (shown at the beginning of every task, not sub-task)*

**Table 5** 4P-CAN Work Planning and Responsibilities (as of February 2025)

		Coordinator	Contributors	Completion Date	Link with other WP/Task
<b>Work Package 1 – Project Management</b>		INOMED	All partners	M48	All
<b>Task 1.1 Management &amp; Good Governance Protocols, Practices</b>		INOMED	All partners	M48	
	Establishment of project management processes (Deliverables, Milestones, Reporting to EC and Internally, conflict resolution)	INOMED	All partners	M4	
	Assistance to SC	INOMED	All partners	On-going	
	Assistance to GAs	INOMED	All partners	On-going	
	Assistance to EAB	INOMED	All partners	On-going	
	Continuous support to governance structure	INOMED	All partners	On-going	
<b>Task 1.2 Management Reporting on Project Activities</b>		INOMED	All partners	M48	
	Periodic Technical Reports	INOMED	All partners	M18 /M36 / M48	
	Periodic Financial Reports	INOMED	All partners	M18/ M36 / M48	
	Internal Periodic Reports	INOMED	All partners	M12 / M27	
<b>Task 1.3 Ethics, Gender dimension &amp; Data Management</b>		INOMED	All partners	M48	
	Continuous monitorization of Gender Equality Criteria	INOMED	All partners	M48	
	Develop data management plans	INOMED	All partners	M6 / M18	
<b>Task 1.4 Quality Assurance –</b>		INOMED	ENSP, ASE, IARC, ECHA, All.Can	M40	
	Establishment of KPIs and evaluation criteria	INOMED	SC members	On-going	

<b>External Advisory Board Engagement and Ethics Committee</b>	Continuous monitoring and evaluation	INOMED	All partners	On-going	
	Selecting EAB members and support periodic meetings	INOMED	All partners	M6 On-going	
	Establish Ethics Committee and support periodic meetings	INOMED	All partners	M6 On-going	
<b>Work Package 2 – Multi-level Assessment of Cancer Risk Factors Preventive Legislation</b>		ENSP	INSA, UA, INOMED, FPG, FR, PU, DNIPRO, BJCN, CUMO, DGAMS, FEMINA M	M18	WP3,4,5,6,7
<b>Task 2.1 CPP performance indicators and stakeholders mapping in 4P-CAN Countries</b>		ENSP – INSA		M18	
	Delivering general methodology for Scoping review (scientific and grey literature)	ENSP	INSA, UA, INOMED	M6	T2.2.
	Carrying out the first review-round for PI identification	ENSP	All task leaders	M7	T2.2
	Organize synergy workshop with ECHoS project on Penta helix model	INOMED	ENSP, INSA	M7	T2.2
	T2.1.1 Traditional Stakeholders Mapping	INSA, UA	All partners	M18	T5.1, T3.4
	T2.1.2 Non-traditional stakeholders mapping	INOMED, UA	All partners	M18	T5.1, T3.4
	Stakeholders' interviews carried out	INSA	ENSP, INOMED	M15	
	Prepare scientific paper on stakeholders' profiles	INSA	ENSP, INOMED	M16	
		ENSP	All Partners	M18	
<b>Task 2.2 CPP Policy, legislation, and implementation analysis in 4P-</b>		ENSP	All Partners	M18	
	T2.2.1 Review of tobacco control directives/legislation implementation	ENSP-ASE	All Partners	M15	WP3, WP5, WP6
	T2.2.2 Review of Alcohol control measures implementation, food, and sugar-sweetened beverages regulation	FPG	All Partners	M15	WP3, WP5, WP6
	T2.2.3 Review of Excess body weight and physical activity policies	PU-BJCN	DNIRPO, INSA	M15	WP3, WP5,

CAN countries					WP6
	T2.2.4 Review of Barriers and opportunities in HPV and HBV vaccination	INOMED-ENSP	PU, DNIPRO, INSA, FEMINA M, FPG	M15	WP3, WP5, WP6
	Reporting template design preparation	ENSP	INOMED, UA, INSA	M12	WP3, WP5, WP6
	Prepare the reports for evaluation	All task leaders	INOMED, INSA, ENSP	M17	
Task 2.3 Barriers and opportunities in HPV and HBV vaccination		INOMED-ENSP	PU, DNIPRO, UA, INSA, FEMINA M, FPG	M18	WP6, WP3
	Mapping of vaccination practices in EU and non-EU Consortium Countries	ENSP – BJCN	PU, All	M14	WP6, WP3
	Identify and highlight inequalities in Europe in vaccination rates	INOMED	All	M16	T3.4
	Contribute with recommendations at the Implementation Roadmap of Europe's Beating Cancer Plan	INOMED	BJCN, PU, FR	M17	WP6
Task 2.4 Environmental and workplace pollution exposure		PU-DNIPRO	All Partners	M16	WP4, WP5, WP6
	T2.4.1 Comparative study methodology on the impact of radon gas accumulation on lung cancer in Bulgaria and Romania	PU	INOMED	M16	WP5
	Preparation of the data collection / measurement methodology	PU	All Partners	M6	WP4, WP5
	Install sensors for additional data	PU-INOMED	DNIPRO	M10	WP5
	T2.4.2 The long-term effect of military conflicts generated pollution and incidence of cancer cases	DNIPRO-CUMO	FEMINA M, DGAMS	M12	WP6
	Common workshop organized with the partners indicated next	PU	CUMO, FEMINA M, DNIPRO, DGAMS	M5	WP6
	Identification of historic relevant data sources for environmental pollution impacting cancer development	PU	CUMO, FEMINA M, DNIPRO, DGAMS	M6	WP6

	Prepare the two corresponding reports	PU – DNIPRO	CUMO, FEMINA M, DNIPRO, DGAMS	M12	
<b>Task 2.5 Fostering the culture of CPP</b>		PU	INOMED	M12	WP5, WP6
	Create a mapping methodology and establish indicators	PU	INOMED, BJCN	M8	
	Map the practices of schools (primary and secondary education) in Romania and Bulgaria in terms of activities encouraging healthy habits	PU	INOMED, BJCN	M10	
	Prepare the Report	PU	INOMED, BJCN	M11	
<b>Work Package 3 – Socio-economic and informational determinants of cancer prevention</b>		ASE	INSA, INOMED, EUROCC	M24	WP4, WP5, WP6
<b>Task 3.1 Direct costs analysis at the EU and national level</b>		ASE		M12	T6.3
	Systematic literature review of past studies on the direct costs analysis for baseline parameters of the model	ASE		M6	
	Develop the model	ASE		M8	
	Estimate the net cost of public intervention compared to the status-quo scenario where the current situation is preserved in terms of health policies	ASE		M12	
<b>Task 3.2 Indirect costs analysis at the EU and national level</b>		ASE		M24	T6.3
	Adaptation of methodologies: methodology for macroeconomic modelling, combined with other methods	ASE		M20	
	Create impact model	ASE		M21	
	Calculate costs	ASE		M24	T3.3
<b>Task 3.3 Individual behavior with</b>		ASE		M24	T5.1
	Explore through experimental methods the effects of norm-based messaging, as well as that of pricing interventions	ASE		M18	

<b>monetary and non-monetary incentives</b>	Select the experimental students' cohort (n=100)	ASE		M20	
	Conduct the experiment	ASE		M22	
	Report the results	ASE		M23	
<b>Task 3.4</b>		EUROC-ASE	INSA, INOMED	M22	T4.1
<b>Informational space in times of permacrisis: misinformation, disinformation, and the cancer infodemic</b>	Develop task methodology	EUROC-ASE	INSA	M17	
	Conduct retrospective research for social media trends	EUROC	ASE, INSA	M20	
	T3.4.1 Major trends in CPP infodemic in 4P-CAN CEE countries identified	EUROC	INSA, ASE, INOMED	M21	
	T3.4.2 Combating disinformation and fake-news in relation to vaccination - recommendations	EUROC-INSA-UA	INOMED		
<b>Task 3.5</b>		INSA-UA	EUROC-INOMED	M24	WP6, WP7
<b>Creating research synergies between the pandemic and cancer prevention</b>	Analyse the results from T4.1 and compare data with Eurobarometers and European studies	INSA, UA	EUROC-INOMED	M19	
	Employ Focus Groups method to deep-understand the results	INSA, UA	EUROC-INOMED	M22	
	Summarize the results and identify trends	INSA, UA	INOMED	M23	
<b>Work Package 4 – Targeted public health communication campaigns</b>		IARC	All Partners	M48	WP5, WP6, WP7
<b>Task 4.1</b>		INSA & UA & EUROC & IARC	All Partners	M22	T4.2, WP5, WP6
	Expand the IARC ECAC 4 <sup>th</sup> edition qualitative study in Romania and Bulgaria	IARC	INOMED, PU	M11	



<b>behaviour concerning ECAC recommendations in 4P-CAN countries</b>	Conduct the interviews and report the results	INOMED-PU	IARC	M8	
	Develop COM-B model methodology for the national surveys	INSA-IARC-UA	EUROC	M8	
	Employ the survey in 4P-CAN countries	EUROC-IARC	All	M16	
	Analyze the results	EUROC-IARC	All	M18	
	Prepare scientific paper for publication	IARC-INSA-UA	INOMED, EUROC	M19	
<b>Task 4.2 Real-world research on ECAC 5th edition implementation in EU 4P-CAN Countries</b>		IARC	INOMED, PU, BJCN, INSA, FPG	M48	
	Based on T4.1 results and ECAC 5 <sup>th</sup> edition, develop communication campaigns strategies for Romania, Bulgaria, Portugal, Italy	IARC	INOMED, PU, BJCN, INSA, FPG	M22	
	Carry out 6 months communication campaigns (depending on 5 <sup>th</sup> ed. launch)	IARC	INOMED, PU, BJCN, INSA, FPG	M28 / M30	
	Analyze the reach and needs	All above		M29	
	Prepare interim report			M30	
	Employ 2 <sup>nd</sup> survey round			M34	
	Employ 2 <sup>nd</sup> round of communication campaigns			M40	
	Analyze the data			M41	
	Prepare final report			M42	
	Employ 3 <sup>rd</sup> survey round			M48	
	Employ 2 <sup>3d</sup> round of communication campaigns			After project	
<b>Task 4.3 Targeted communication on cancer prevention recommendations</b>		INOMED-IARC	All non-EU Part.	M48	
	Adapt T4.2 campaigns	INOMED	All non-EU Part.	M20	
	Employ the campaigns			M32	
	Identify possibilities to measure feedback			M40	
	Analyze results	INOMED	IARC		

ns in non-EU 4P-CAN Countries					
		INTERROBANG		M26	WP7
	Develop the structure/database and integrate data from WP2 & WP3, together with T4.1	INTERROBANG		M14	
	Generate the country-specific profiles (dashboards)	INTERROBANG		M24	
Work Package 5 – Living-Labs for primary prevention of cancer		INOMED	PU, ASE, FPG, BJCN, INTERROBANG, IARC, EUROCC	M48	
Task 5.1 Development of cancer primary prevention focused Living-Lab in Muntenia South region, Arges county, Romania		INOMED	All above	M48	
	T5.1.1 Living Lab Design and indicators	INOMED	ASE, PU	M8	T5.2
	T5.1.2 Stakeholders mapping, interactions	INOMED		M18	
	Impact model for CPP	INOMED		M20	
	T5.1.3 Personal network analysis. Employing network science to support implementing cancer primary prevention ECAC recommendations	INOMED	EUROCC	M48	
	Establish PNA Methodology	INOMED	PU	M6	T5.2
	Employ first PNA round	INOMED		M12	
	Analyse the results	INOMED		M14	
	Design hybrid communication campaign	INOMED	IARC, EUROCC	M16	
	T5.1.4 Personalised communication campaign of ECAC 5th edition	INOMED	EUROCC	M18	
Task 5.2 Environmental-focused Living		PU	INOMED, BJCN	M48	
	Adapt the methodology in T5.1	PU	INOMED	M10	
	Stakeholders mapping	PU	BJCN	M18	

<b>Lab for CPP implemented in Central South Region of Bulgaria, Plovdiv Province</b>	Personal network analysis	PU	INOMED		
	Design hybrid communication campaign	PU	BJCN	M20	
	Repeat PNA and Communication campaigns over the project course	PU		M48	
<b>Task 5.3 – Radon measurement in the regions</b>		PU	INOMED	M48	
	Based on the methodology developed in T2.4, install the sensors in Romania	PU	INOMED	M14	
	Analyze the data	PU	INOMED	M36	
	Create reports and share them with JRC	PU	INOMED	M48	
<b>Task 5.4 Data integration and 4P-CANcer Algorithm development, based on Romanian data</b>		INOMED	INTERROBANG	M40	
	Develop the methodology and concept for 4P-CANcer	INOMED	INTERROBANG	M16	
	Develop the database for integrating the data from T4.1 (Romania) and from the personal networks analysis done above in T5.2	INTERROBANG	INOMED	M20	
	Data integration and creation of the theoretical basis of the algorithm	INOMED	INTERROBANG	M36	
<b>Work Package 6 – Multi-stakeholders’ co-creation of CPP policy recommendations</b>		All.Can		M48	
<b>Task 6.1 – National policy recommendations in relation to</b>		All.Can	All	M48	
	Define National Standing Committee for each CEE country	All.Can	All	M6	
	Conduct country-level workshops organized by Consortium members and involve National Standing Committee composed of CPP experts	INOMED	All.Can, PU, DGAMS, FEMINA, CUMO, DNIPRO	M10	

the 5th edition of ECAC	Develop short-term country-specific recommendations	All.Can	All	M12	
	Focus on medium and long-term recommendations	All.Can	All	M40	
Task 6.2 Policy recommendations for the use of innovations (social, digital) in CPP		FPG	INOMED	M40	T7.1
	Extract best practices from countries engaged in ECAC 5th edition testing and focus on countries with implemented living-labs (Romania, Bulgaria)	FPG	INOMED	M34	
	Highlight social and digital innovations for enhanced adherence to ECAC 5th edition recommendations	INOMED	FPG, IARC	M34	
	Incorporate insights from non-traditional actors/stakeholders identified in WP3 and WP4	INOMED	FPG	M36	
	Collaborate with ongoing innovative projects like PROPHET for alignment and joint workshops (WP7, T7.1)	FPG	INOMED	M36	
	Contribute to the European Health Data Space development and implementation.	ECHA	INOMED	M40	
Task 6.3 – Policy Recommendations for Uptake of Prevention Measures and Inequalities		All.Can	INOMED, All	M46	
	Build upon findings from T6.1 and T6.2	All.Can	INOMED, All	M41	
	Leverage INOMED's studies in Romania showing cancer-related fatalism	INOMED		M42	
	Employ co-creation iterative model for recommendation development	All.Can	INOMED	M43	
	Highlight the role of civil society in countries with insufficient CPP programs and how to utilize SSH tools to combat fatalism, reduce East-West inequalities and encourage CPP and screening	All.Can	INOMED, All	M44	
	Notify JRC of progress and submit final report to Inequalities Registry	All.Can	INOMED	M45	
		DNIPRO	INOMED	M36	WP2

<b>Task 6.4 – Policy Recommendations for Long-Term Impact of War on CPP in Ukraine</b>	Address the impact of Russian military aggression on Ukrainian healthcare due to the war	DNIPRO		M30	
	Impact on cancer prevention yet to be fully understood; potential rise in cancer cases	DNIPRO		M32	
	Insights from work in T2.4.2 guide recommendation development	DNIPRO		M34	
	Formulate final recommendations	DNIPRO	INOMED	M35	
<b>Work Package 7 – Multi-stakeholders’ co-creation of CPP policy recommendations</b>		ECHA	All	M48	
<b>Task 7.1 – Continuum stakeholder engagement, dissemination, and communication of 4P-CAN concept and results</b>		ECHA	All	M48	
	Create visual identity of the project	ECHA	INTERROBANG, INOMED	M3	All WPs
	Communication of 4P-CAN Consortium meetings	ECHA	All	M48	
	Organisation (Year 2, 3, 4) of joint meetings with ‘Cancer Mission’ funded projects representatives	INOMED	All	M48	
	Organization (Year 4) of the Final 4P-CAN Conference	INOMED	ECHA	M48	
	Organisation of targeted workshops with IARC before the 5th edition of ECAC	INOMED	ECHA, IARC	M48	
	Organization of workshops with other CPP relevant projects (e.g. PROPHET etc.)	INOMED	ECHA		
<b>Task 7.2 4P-CAN Online Educational Academy</b>		INOMED	All	M48	All WPs
	Plan the structure of the Academy and define indicators	INOMED		M10	
	Organize first round	INOMED	All	M14	
	2 <sup>nd</sup> round	INOMED	All	M26	
	3 <sup>rd</sup> round	INOMED	All	M40	
		INOMED	All	M48	All WPs

<b>Task 7.3 – Exploitation of results</b>	Design exploitation strategies	INOMED	All	M12	
	Identify IPR situations	INOMED	All	On-going	
<b>Task 7.4 – Dissemination and engagement with the European Parliament and other EU public health stakeholders in Brussels</b>		ENSP	All	M48	All WPs
	Conduct first engagement meeting to disseminate knowledge from WP2, WP3, and initial national surveys	ENSP	INOMED	M24	
	Host workshop to present progress and implementation outcomes	ENSP	INOMED	M36	
	Enhance understanding and utilization of project outcomes for effective public health interventions.	ENSP	All	M36	
	Organize one-day roundtable discussion at European Parliament	ENSP	INOMED	M48	
	Promote collaboration and awareness among EU public health stakeholders & Foster dialogue between researchers, policymakers, and MEPs	ENSP	INOMED	M48	
<b>Task 7.5 Knowledge dissemination beyond 4P-CAN</b>	Prepare Activity Report	ENSP		M48	
		INOMED	ECHA	M48	All WPs
	Summarise the experience from T 7.1, T 7.2, and T7.3	INOMED	ECHA	M44	
<b>Ethics Requirements</b>	Develop recommendations based on the findings in this project	INOMED	ECHA	M48	
	<b>Work Package 8 – Ethics</b>	INOMED		M48	All WPs
	Appointment of Ethics Advisor	INOMED		M1	
<b>Ethics Requirements</b>	First round of Ethics issues evaluation	INOMED		M4	
	Preparation of first Report and presenting it to Ethics Committee	INOMED	All	M6	
	Repeat ethics evaluation and report three more times	INOMED	All	M48	

## 4. Management Process and Tools

### 4.1. Process for Deliverable Preparation

#### Overview

The 4P-CAN project includes 53 deliverables, each assigned to a WP and led by a responsible partner(s) (see Table 5). The 4P-CAN Coordinator oversees the quality review process to ensure timely, high-quality submissions.

#### Deliverable Preparation Process (see Table 6)

- **Drafting:** Responsible partner(s) prepares the deliverable following 4P-CAN templates and formatting guidelines.
- **Internal Review:** Assigned reviewers check for technical accuracy, consistency, and clarity.
- **Quality Check:** The Coordination Team conducts a final review and requests revisions if needed.

#### Submission:

Upon approval, the Coordination Team uploads public deliverables to the EC Portal and makes them available on the 4P-CAN Sharepoint.

#### Timeline Adjustments

Any delays must be communicated promptly to the Coordination Team. Adjustments may be made with prior agreement between the author, reviewers, and Coordination Team.

#### Compliance & Conclusion

Following this guideline ensures consistency, quality, and compliance with European Commission (EC) regulations, supporting project success.

Table 6 Deliverables' Preparation Process

Action	Due Date
First Draft for internal review ready	45 days before deadline
Final draft with internal Review ready	30 days before deadline
Final Review and Submission to EC	15 days before deadline

## 4.2. Reporting to the European Commission Framework

A structured reporting framework ensures transparency, accountability, and compliance with EC requirements while facilitating efficient communication across the 4P-CAN consortium. The framework consists of **technical and financial reporting mechanisms**, a **consortium-wide communication strategy**, and **mandatory review meetings** to track progress and address project challenges.

### Periodic Technical and Financial Reports

#### Purpose:

- Ensure compliance with the Grant Agreement.
- Provide a comprehensive overview of project progress, deliverables, milestones, and financial expenditures.
- Support risk management by identifying deviations from the project plan.

#### Submission Requirements:

Reports must be submitted at predefined intervals, as outlined in the EC reporting schedule:

**Table 7** Periodic reports imposed by Granting authority

Reporting					Payments	
Reporting periods			Type	Deadline	Type	Deadline (time to pay)
RP No	Month from	Month to				
1	1	18	Periodic report	60 days after end of reporting period	Interim payment	90 days from receiving periodic report
2	19	36	Periodic report	60 days after end of reporting period	Interim payment	90 days from receiving periodic report
3	37	48	Periodic report	60 days after end of reporting period	Final payment	90 days from receiving periodic report

#### Each report includes:

- Technical Progress Report: covers completed tasks, challenges encountered, risk mitigation strategies, deviations from the work plan and the correlation between achieved results and progress toward meeting project objectives.
- Financial Report: details budget utilization, cost breakdown per WP, and justifications for any discrepancies.



The Coordinator is responsible for consolidating and validating reports before submission to the EC.

Additionally, to ensure that the coordination team has timely information about the effort, costs consumed and progression of tasks, each partner is required to comply with the internal reporting schedule established by the Coordination Team:

- Internal Reporting period 1 (IPR1) from M1-M12, on 30 June 2024
- Internal Reporting Period 2 (IPR2) from M19-M27, on 30 September 2025

## Consortium-Wide Communication Strategy

### **Purpose:**

- Ensure efficient documentation, knowledge sharing, and version control across all project partners.
- Maintain a centralized repository for project materials, deliverables, and meeting records.

### **Implementation:**

- Standardized Digital Platforms:

Microsoft Teams & SharePoint serve as primary tools for internal communication, document sharing, and collaborative editing.

Version control mechanisms ensure that all project documentation remains up to date and accessible to relevant stakeholders:

- Standard naming convention: Date\_4P-CAN\_[Document Name]\_V#\_Date.FileExtension
- Each WP has structured folders: Tasks, Deliverables & Milestones, Meetings & Events, Other
- Structured Communication Protocols:

Regular updates and key project decisions are communicated via official email channels and Teams announcements.

A repository of meeting minutes is maintained to ensure alignment across all consortium members.

## Mandatory Meetings

### **Purpose:**

- Provide a structured platform for monitoring progress, identifying bottlenecks, and recalibrating strategic priorities.
- Ensure alignment across Work Packages and facilitate cross-partner collaboration.

### **Meeting Types & Frequency:**

- Periodic Review Meetings: conducted at predefined intervals to assess project milestones and deliverables.
- Financial Supporting Meetings: dedicated sessions to assist partners in preparing the Periodic Financial Report.
- Work Package–Specific Meetings: Organized by WP leaders to address technical challenges.
- General Assembly (GA) & Steering Committee (SC) Meetings: High-level meetings for decision-making, policy updates, and strategic adjustments.

### **Meeting Documentation & Follow-Up:**

- Minutes of meetings are recorded and shared via SharePoint.
- Action items and responsibilities are assigned, with follow-ups tracked in subsequent meetings.

**Table 8** 4P–CAN Mandatory Meetings

Meeting	Time	Organizer	Participants	Location	Deliverables
SC + Gas*	M1, M2, M3, M5, M6	INOMED	All	F2f and online	Agenda Presentations Action Plan
SC	Every 2 months	INOMED	WP leaders	F2f and Virtual	Agenda Presentations Action Plan
Consortium Annual meetings	M1, M12, M24, M36, M48	INOMED	All	F2f (different Consortium Countries)	Agenda Presentations Action Plan
External Advisory Board	M12, M24, M36, M48	INOMED	EAB Members, WP leaders and key partners + Guests	Hybrid	Agenda Presentations Action Plan
Ethics Committee	M6, M18, M 30, M42	INOMED	Ethics members + SC members + Guests	Online	Agenda Presentations Action Plan
Financial and administrative meetings	M8, M26, M40	INOMED	All	Online	Agenda Presentations Action Plan

\*The first 6 months

## **Conclusion**

This reporting framework ensures that all 4P-CAN project activities remain well-documented, transparent, and aligned with EC expectations. The combination of structured reporting, centralized communication, and regular monitoring enhances project coordination and ensures successful execution.

## **4.3. Conflict Resolution**

The 4P-CAN project ensures the successful execution of its objectives through structured project management activities, including quality assurance, budget oversight, and risk management. A transparent communication policy is maintained to keep all partners informed of their responsibilities and to mitigate potential challenges.

### **Issue Resolution and Decision-Making Process**

#### **Initial Issue Identification and Communication**

- Partners encountering issues should first seek informal resolution through direct discussions or ad-hoc meetings.
- If needed, concerns are escalated through written notifications, such as emails or meeting minutes.

#### **Decision-Making Authority**

- Routine project task decisions are made by the responsible Partner(s) (Table 5).
- More complex matters are escalated to the Executive Board or General Assembly for deliberation.
- The Coordination Team mediates disputes, ensuring resolution at the most localized level.

#### **Conflict Escalation and Resolution**

- Task and Work Package Leaders must inform the Coordinator immediately if conflicts arise.
- If resolution is not achieved at the Project Coordination level, the issue is escalated to the General Assembly.

All corrective actions must align with Grant Agreement and Consortium Agreement guidelines



**Figure 11** Conflict Resolution Scheme

## Maintaining Transparency and Communication

- Clear communication among stakeholders is essential for preventing and resolving disputes.
- Transparent documentation of decisions, corrective actions, and resolutions ensures accountability.
- The Coordination Team fosters collaborative problem-solving to maintain project cohesion.

# 5. Risk Management and Quality Assurance

## 5.1. Risk Identification and Mitigation Strategies

A dynamic risk assessment model is implemented to ensure early detection, evaluation, and mitigation of potential challenges, safeguarding project execution. The framework integrates a Risk Classification Matrix and structured Mitigation Plans to proactively address threats.

### Risk Identification

Risks are categorized based on likelihood and impact, ensuring a prioritized approach to risk management (Risk Classification Matrix).

Table 9 Risk Classification Matrix

IMPACT	5 High	Low	Medium	High	High	High
	4 Medium/High	Low	Medium	Medium	High	High
	3 Medium	Low	Medium	Medium	Medium	High
	2 Low/Medium	Low	Low	Medium	Medium	Medium
	1 Low	Low	Low	Low	Low	Low
		1 Low	2 Low/Medium	3 Medium	4 Medium/High	5 High
	LIKELIHOOD					

According to GA, there are 19 potential risks that can occur during the project implementation.

## Risk Mitigation Strategies

- **Mitigation Plan Development:** for critical risks, predefined contingency strategies are in place, ensuring swift resolution:

**Table 10** 4P-CAN Critical Identified Risks

Description of Risk (likelihood/ impact)	WP(s)	Proposed risk-mitigation measures
Ethic-related general risks identified in Ethics Assessment	WP8	Comply and consult with the Ethics Board at the beginning of every activity that imply ethical risks (as it will be decided during the first Ethics Assessment)
War in Ukraine continues and affects the study in Ukraine (i-medium, ii-low in terms of the project impact)	WP2, WP6	(1) Move data collection at the later months of the project. (2) Moving to the regions of the country not affected by the war
War in Ukraine continues and affects the priority of the study and proposed measures (i-medium, ii-low in terms of the project impact)	WP4, WP6	(1) Postponing of the implementation phase to the later months of the project; preparation of the recommendations that will be advised to be implemented after the end of the war
Insufficient information available online on CPP performance indicators (i – medium; ii – low)	WP1	Consider interviewing some key national figures to provide additional input
Bureaucratic delays regarding the installation of radon monitoring devices (i – low; ii – low)	WP5	Be aware of such delays and calculate a time margin for implementation
Participants selected for the personal network analysis dropped out of the study, of difficulty in the process of conducting repeated measurements (i – low; ii – low)	WP5	Calculate a significant sample of participants to mitigate the consequences in case some participants cannot follow the study
Proposed recommendations are found to be irrelevant by target populations or stakeholders (i – low; ii – low)	WP2, WP3, WP4, WP6	(1) Risk Analysis performed at the beginning (2) Careful documentation of the efforts made with the subsequent analysis of the reasons of the outcome
Final outcomes indicators of risk factors prevalence and cancer burden (incidence and mortality) are very unlikely to change significantly during the timeframe of the project, as they are long-term outcomes. (i – high; ii – low)	WP4, WP5	(1) Proposal of future studies that would allow measuring the outcome effect (2) Make projections of the most likely changes that may occur in the mid-term (3) Introduction a of a set of intermediate indicators that would allow measuring implementation outcomes of the project in the short-term (e.g., acceptability, feasibility, effectiveness, penetration)
Primary data access can be difficult for assessing direct and indirect costs at national levels	WP2, WP3	(1) Multiple sources for data will be considered (2) An enlarged list of eligible participants will be considered

(i – medium; ii – medium)		
Delays in organizing interviews, focus groups on partners country (low and medium risks)	WP2, WP3, WP6	When one method for gathering qualitative data will be difficult to follow in a reasonable time (ex. focus groups), additional methods will be considered (ex. in depth interviews)
War in Ukraine directly affects neighboring countries (i-low; ii-high)	WP4, WP5, WP6, WP7	Adapt in case of occurrence
We encounter resistance in LLs (i-low; ii-high)	WP5	(1)Study in-depth the short-term incentives (2)Design strategies for setting Public Agenda and wait for the best moment for engagement. (3)Align with policy framework of international organizations (e.g. WHO, IARC) and leverage (joint) opportunities to engage decision-makers and promote agreed recommendations
Difficulty in ensuring project dissemination and exploitation (i – low; ii – medium)	WP7	All partners will participate in the development of the Plan for the Exploitation and Dissemination of the Results for refining their intake in the project value chain at the beginning and for the duration of the project. Moreover, the consortium will ensure close interaction and synergies between the 4P-CAN activities and other ongoing projects related to the prevention field
Delay in the implementation of the IARC's qualitative study protocol in Romania and Bulgaria; and low survey participation of some or all participating countries make wide communication with targets more difficult. (i. low, ii. medium)	WP4	Close communication with IARC on the timeline of the EU-wide qualitative study to inform the 5th edition of the ECAC and the timely implementation in Romania and Bulgaria. Offer the survey in different formats and validate in each country the best procedure for data collection. Discuss with each country participant different possibilities with institutions for dissemination strategies and assess them.
Failure to gain sufficient input from public health representatives on project materials. (i. low, ii. medium)	WP1, WP6	Leverage existing contact networks and employ learning from past projects on successful means of engaging with the representatives. Offer multiple channels through which people can contribute
Delays due to bureaucratic issues related to the subcontracting agencies/organizations (low, low)	WP1	Enlarged list with other possible options for subcontracting in case there is any issue with any of the agreed agencies/organization
Unexpected extra costs (i – medium; ii – low)	WP1	In-depth risk analysis prior to the implementation phase of the project
Misalignment of expectation between the Project Team and the Commission (i – medium; ii – low)	All	The best way to establish and maintain an alignment of expectations is frequent and open communication. To this end, we propose augmenting the planned progress meetings with periodic calls between the Core team and the EU Commission.
Delays in the scientific advancement of the WPs	WP1, WP2,	4P-CAN develops a strict management plan to avoid the risk of delays in scientific work. The

(i – medium; ii – low)	WP3, WP4, WP5, WP6, WP7	coordinator and the WPs leaders will be in contact monthly for updates.
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- **Monitoring and Escalation Procedures**

**Periodic Risk Reviews:** Conducted in Steering Committee and financial meetings.

**Early Warning System:** Risk alerts triggered upon reaching predefined threshold levels.

**Escalation Protocols:** Critical risks are escalated to the Project Coordinator and Steering Committee for immediate resolution.

## 5.2. Quality Assurance

To ensure compliance with EC and GA standards, the project implements a structured quality control framework designed to maintain high standards in project execution, deliverables, and reporting. This framework includes **Key Performance Indicators (KPIs)** and **Quality Review Cycles** to systematically assess project performance, identify areas for improvement, and ensure adherence to objectives.

### Key Performance Indicators (KPIs)

#### Purpose & Role

KPIs serve as quantifiable metrics to assess the effectiveness and efficiency of project activities. They provide real-time insights into performance trends, allowing for timely interventions and course corrections.

Table 11 Key Performance Indicators

KPI Category	Measurement Criteria	Evaluation Frequency
Scientific Impact	Number of publications, citations, and research contributions	Annually
Project Milestones	Timely completion of deliverables and adherence to work plan.	Annually
Budget Efficiency	Actual vs. planned financial expenditure	Through Internal Periodic Reports

Stakeholder Engagement	Participation levels in meetings, workshops, and dissemination events.	Annually
Regulatory Compliance	Adherence to DMP, EC ethical guidelines and policies.	Continuous

KPIs are continuously tracked, reviewed, and updated during Steering Committee meetings and financial reviews.

Performance deviations trigger corrective actions, ensuring project alignment with planned objectives.

## Quality Review Cycles

### Multi-Tiered Review Process

A structured review framework ensures rigorous evaluation of project deliverables and milestones, incorporating internal peer assessments and external advisory evaluations.

All project deliverables will adhere to a uniform template established by ECHA (responsible for communication and dissemination activities).

A table for the **Quality of Dels** was put in place, where each partner subscribed to reviewing certain deliverables starting M6 of the project

The progression of quality assurance:

- Deliverable is prepared by the GA assigned partner (AP), in collaboration with other partners involved in the task;
- The first draft is sent to the Coordination team that takes a general overview of the material and forward it to two responsible review partners (as set in the table)
- The Draft with track changes is returned to the Coordination team – if the changes are considered to be major, a work meeting is established between the Coordination, Dels Review Team and AP; if the changes are minor, the Draft is forwarded to the AP and they are responsible to deliver the Final version to be reviewed by the Coordination in a given time (a deadline the AP should set based on the principles highlighted above in Table 6 – usually 1 week between each phase).
- For sensitive documents, the Ethics Advisor (Ethics Committee) evaluation is integrated into the quality assurance process.

*Note: Milestones that align with deliverables and are intended for public accessibility will undergo a similar procedure.*



### **Review Frequency & Continuous Improvement**

- Deliverables and milestones undergo scheduled quality checks before submission to the EC.
- Feedback from internal and external reviewers is integrated into future project cycles to enhance quality standards.
- The review framework evolves dynamically, incorporating lessons learned and best practices.

## **6. Conclusions**

This report contains all the important information about how the 4P-CAN Project is to be managed while having its quality ensured. It's based on the current guidelines in the field. This document will be like a guide that we can refer to whenever we need to know how to do things throughout the project's journey.

Inside this document, you'll find a lot of helpful details about how we're going to organize and handle the project, as well as how we'll make sure everything meets high standards, so that everyone involved can understand how things should be done, from the very beginning of the project until it's finished.