



Enhancing digital capabilities  
of cancer centres in Europe

# Evaluation Plan

---

**Version 1.3, June 2026**

Milestone 14 (Task 3.1)

Joint Action 'Enhancing the Digital Capabilities of Cancer Centres in Europe to Improve Prevention and Care' - **eCAN Plus JA**

Work Package 3 – Evaluation

03/06/2026



Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them.

## Outline

List of Tables .....	4
List of Figures .....	4
Glossary of Acronyms .....	5
Executive summary.....	6
1. Introduction .....	7
1.1 The context of evaluation .....	7
1.1.1 Policy context.....	7
1.1.2 Work package structure of the project .....	10
1.1.3 Intervention logic.....	10
1.1.4 Stakeholders involved.....	12
1.2 Evaluation criteria .....	15
2. Evaluation objectives .....	18
2.1 General objectives.....	18
2.2 Specific evaluation questions.....	19
2.3 Required evaluation outputs .....	20
2.4 Key users of the Evaluation.....	24
3. Methodology for Joint Action evaluation .....	26
3.1 Overview of the evaluation process.....	26
3.2 Process and achievement indicators.....	28
3.2.1 Aim.....	28
3.2.2 Stakeholders .....	29
3.2.3 Methods.....	29
3.3 Risk monitoring process .....	29
3.3.1 Aim.....	29
3.3.2 Stakeholders .....	30
3.3.3 Methods.....	30
3.4 Participants feedback survey .....	32
3.4.1 Aim.....	32
3.4.2 Stakeholders .....	32
3.4.3 Methods.....	32

3.5 Stakeholder qualitative assessment .....	33
3.5.1 Aim .....	33
3.5.2 Stakeholders .....	33
3.5.3 Methods.....	33
3.6 Deliverable quality assessment.....	34
3.6.1 Aim.....	34
3.6.2 Stakeholders .....	34
3.6.3 Methods.....	34
4. Pilot evaluation framework .....	36
5. Work plan and planned outputs .....	38
6. Annexes.....	39
6.1 Annex 1 Evaluation matrix .....	39
6.1.1 Evaluation matrix for interim evaluation .....	39
6.1.2 Evaluation matrix for final evaluation .....	43
6.2 Annex 2 Risk typology .....	50
6.3 Annex 3 Participant feedback questionnaire.....	58
6.4 Annex 4 Quality assessment checklist .....	65
6.5 Annex 5 Evaluation schedule .....	74

# Authorship Acknowledgements

## Elaboration

Name	Surname	Organisation
Magdalena	Rosińska	MSCI, PI
Anna	Sikora-Koperska	MSCI, PI
Joshua	Bernal Salcedo	FISABIO, ES
Daniel	Arias Garzón	FISABIO, ES
Christina	Plomariti	AUTH, EL
Natasa	Barboudi	3RHA, EL

## Revision & contributions

Name	Surname	Organisation / Institution	#Version	Data
Jamie	Meléndez Cardiel	IACS, ES	1.0	02.02.2026
Jelena	Kujovic	Ministry of Health of Montenegro	1.0	06.02.2026
Robbe	Saesen	Sciensano, BE	1.0	13.02.2026
Daniel	Hadjittofi	NeHA, CY	1.0	17.02.2026
Katharina	Habimana	GoEG, AT	1.1	07.04.2026
Tarsila	Ferro Garcia	ICO, ES	1.1	08.04.2026
Elisa	Piñón Hermida	ICO, ES	1.1	08.04.2026
Sara	Ela Aguilar	ICO, ES	1.1	08.04.2026
Edgar	Hans Cano	ICO, ES	1.1	08.04.2026

## List of Tables

Table 1: Stakeholder mapping and evaluation roles.....	14
Table 2 The needs and policy priorities identified by the eCAN Plus Joint Action Source: Grant Agreement .....	17
Table 3 Evaluation questions for the interim and final evaluation. N/R – not relevant.....	20
Table 4 List of eCAN Plus JA achievements indicators. Source: elaborated based on Grant Agreement. ....	24
Table 5 Process indicators and their target value. Source: Grant Agreement.....	29
Table 6 Mapping of Process Indicators to Risk Categories and Early Warning Signals .....	31
Table 7 Evaluation Matrix for Interim Evaluation. ....	43
Table 8 Evaluation matrix for final evaluation .....	50

## List of Figures

Figure 1: eCAN Plus JA work package structure. Source: Grant Agreement .....	10
Figure 2: eCAN Plus JA intervention logic.....	11
Figure 3: Overview of eCAN Plus JA evaluation approach.....	26
Figure 4: Example structure of the Evaluation matrix. EB – Executive Board .....	27
Figure 5: Overview of the sources of data for each of the evaluation criteria .....	28
Figure 6. Risk grading scheme.....	30
Figure 7: Pilots' evaluation concept.....	36

## Glossary of Acronyms

CC	Cancer Centre
CoP	Community of Practice
DHT	Digital Health Tool
DMD	Digital Medical Devices
DMP	Data Management Plan
EB	Executive Board
EBCP	Europe's Beating Cancer Plan
EC	European Commission
eCAN Plus	Enhancing the Digital Capabilities of Cancer Centres in Europe to Improve Prevention and Care
EHDS	European Health Data Space
EU	European Union
GA	General Assembly
GB	Governmental Board
GDPR	General Data Protection Regulation
HCP	Health Care Provider
HTA	Health Technology Assessment
HTAR	Health Technology Assessment Regulation
IVDR	<i>In vitro</i> Diagnostic Regulation
JA	Joint Action
MDR	Medical Device Regulation
MoC	Mission on Cancer
OECD	Organisation for Economic Co-operation and Development
PFS	Participant Feedback Survey
MS	Member States
WP	Work Package

## Executive summary

This evaluation plan outlines the approach for assessing the implementation and results of the eCAN Plus Joint Action at the project level. The evaluation focuses on a set of interlinked interventions contributing to the overall objectives of the Joint Action and is designed to support both continuous improvement and accountability.

The evaluation will be conducted through three interim evaluations and one final evaluation, each serving distinct but complementary purposes. Interim evaluations will focus on monitoring progress, identifying challenges, and supporting improvements in implementation, particularly in terms of efficiency and effectiveness. The final evaluation will assess the extent to which the Joint Action has achieved its objectives, as well as the relevance, coherence, impact, sustainability, and EU added value of its outcomes.

The evaluation is structured around established evaluation criteria, including relevance, coherence, effectiveness, efficiency, impact, sustainability, and EU added value. These are operationalized through a set of specific evaluation questions, tailored separately for interim and final evaluation phases, allowing for a comprehensive and context-sensitive assessment.

A mixed-methods approach will be applied, combining quantitative and qualitative data from multiple sources. These include project monitoring data, risk management processes, participant feedback surveys, deliverable quality assessments, document analysis, and qualitative insights from meetings and pilot activities. In addition, targeted evaluation efforts will assess the value of pilot interventions, including user experience, satisfaction, ethical and legal compliance, and data quality and interoperability.

The evaluation is grounded in an intervention logic framework, enabling systematic assessment of progress towards objectives and facilitating analysis of outcomes and potential impacts. Evaluation findings will be continuously fed into project governance structures, ensuring that identified risks, challenges, or deviations are addressed through timely corrective actions. This feedback loop supports adaptive management and continuous improvement throughout the Joint Action lifecycle.

The results of the evaluation will inform interim and final evaluation reports, providing evidence-based insights and practical recommendations to enhance implementation, support decision-making, and contribute to future initiatives in the field of digital health and cancer care at the European level.

# 1. Introduction

## 1.1 The context of evaluation

### 1.1.1 Policy context

The Joint Action “Enhancing the Digital Capabilities of Cancer Centres in Europe to Improve Prevention and Care”, JA eCAN Plus, has been launched in May 2025, as part of the 2024 EU4Health Work Programme<sup>1</sup>, bringing together 81 partners from 23 countries. The project relates to the European efforts of improving the prevention and care of cancer along with supporting the digital transition in health.

The key initiative of the European Commission with respect to cancer is the **Europe's Beating Cancer Plan** (EBCP)<sup>2</sup> setting out the priorities of cancer related interventions. Fully integrated with the EBCP, the **EU Mission on Cancer** (MoC)<sup>3</sup> implements the research and innovation objectives for cancer, together aiming to save 3 million cancer lives by 2030. The EBCP, launched in 2021, is a policy-driven initiative aimed at supporting Member States in addressing every stage of the disease: prevention, early detection, diagnosis, and treatment. The MoC implementation plan, also adopted in 2021, focuses on investing in research across its 4 overriding objectives: understanding cancer, prevention and early detection, diagnosis and treatment, and improving quality of life; and horizontal themes: citizen and stakeholder engagement, equitable access, childhood cancer, innovation, and personalized medicine.

The eCAN Plus Joint Action (JA) aims to support the implementation of EBCP's objective to ensure high standards in cancer care across the Union, including fostering equal access to cancer diagnosis and treatment and improving the quality of life for cancer patients and survivors through the benefits of digital technologies.

Alongside the EBCP, the European Commission is also working on the digital transformation of health and care, to improve access to and quality of care. This is in line with overarching, interdisciplinary strategic documents proposing the key principles of the digital transformation, i.e. **European 2030 Digital Compass**<sup>4</sup> and **Digital Decade Policy Programme**<sup>5</sup>. The Digital Decade targets include 1) A digitally skilled population and highly skilled digital professionals; 2) Secure and sustainable digital infrastructures; 3) Digital transformation of businesses; 4) Digitalisation of public services. Health is considered one of the key public services and ensuring access to

---

<sup>1</sup> European Commission. 2023, last updated 15.11.2024. The 2024 EU4Health Work Programme. Available at [https://health.ec.europa.eu/publications/2024-eu4health-work-programme\\_en](https://health.ec.europa.eu/publications/2024-eu4health-work-programme_en)

<sup>2</sup> European Commission. 2021. A Cancer Plan for Europe. Europe's Beating Cancer Plan. Available at [https://commission.europa.eu/topics/public-health/european-health-union/cancer-plan-europe\\_en](https://commission.europa.eu/topics/public-health/european-health-union/cancer-plan-europe_en)

<sup>3</sup> European Commission. EU Mission: Cancer. Available at [https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/eu-missions-horizon-europe/eu-mission-cancer\\_en](https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/eu-missions-horizon-europe/eu-mission-cancer_en)

<sup>4</sup> <https://eufordigital.eu/library/2030-digital-compass-the-european-way-for-the-digital-decade/>

<sup>5</sup> <https://eur-lex.europa.eu/eli/dec/2022/2481/oj>

health data online – one of the key indicators of the success of the policy. In November 2025 the European Commission launched a set of proposals called **EU Digital Package**<sup>6</sup> that aim at streamlining the EU's digital rules, making it easier for businesses to innovate by reducing compliance burdens, alongside strategies to boost data access and digital identity. It includes a **Digital Omnibus** (simplifying artificial intelligence (AI), cybersecurity, data rules), a **Data Union Strategy** (unlocking quality data), and **European Business Wallets** (digital identities for easier cross-border business). Specifically, the Data Union Strategy underlines expanding access to quality data for AI and innovation, among others through roll-out of Common European Data Spaces, such as the **European Health Data Space**. A series of Commission Communications and Council Conclusions underline the need for the digital transformation of the healthcare system in Europe. The Communication on enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society<sup>7</sup> identifies 3 priorities: 1) citizens' secure access to their health data, including across borders in the EU; 2) personalised medicine through shared European data infrastructure pooling resources (data, expertise, computing processing and storage capacities) across the EU; 3) citizen empowerment with digital tools for user feedback and person-centred care using digital tools to empower people to look after their health, stimulate prevention and enable feedback and interaction between users and healthcare providers. These priorities lay the ground for the eCAN Plus project, which specifically addresses the implementation of digital tools for patient-centred cancer prevention and care.

Several EU legal provisions are relevant to teleconsultations and telemonitoring in the eCAN Plus JA. These include The **European Health Data Space (EHDS)**, The **General Data Protection Regulation (GDPR)**, **Cross-border healthcare Directive** and **Medical Devices Regulation (MDR)**.

The European Health Data Space (EHDS) was established under Regulation (EU) 2025/327, published in the Official Journal of the EU on 5 March 2025. It introduces a sector-specific data space for health, and creates an EU-wide legal, technical, and governance architecture for electronic health data. It enables access, sharing, and reuse of electronic health data in a patient-centric model, both for both primary (clinical care, including telemedicine and multidisciplinary consultations) and secondary (public health surveillance, cancer outcomes research and health system planning) purposes<sup>8</sup>. The eCAN Plus JA activities relate to EHDS readiness and include use-cases for various aspects of secure data exchange in cancer care, which are crucial from the perspective of telemedicine implementation.

Exchange of sensitive clinical data, as well as self-reported or sensor-derived data inherent to remote services falls under the scope of General Data Protection Regulation (GDPR), that came

---

<sup>6</sup> European Commission. Shaping Europe's digital future. The Digital Package – Streamlining EU digital rules to make compliance easier for EU businesses and boost innovation. Available at <https://digital-strategy.ec.europa.eu/en>

<sup>7</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52018SC0126>

<sup>8</sup> European Commission. European Health Data Space Regulation (EHDS). Available at [https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space-regulation-ehds\\_en](https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space-regulation-ehds_en)

into force in May 2016<sup>9</sup>. It establishes safeguards for the lawful, secure and trustworthy use of health data. These protections are essential for patient trust and for the routine integration of digital oncology services into health systems. The eCAN Plus JA works toward solutions that are fully GDPR-compliant, while exploring also the variability of GDPR interpretation between the participating countries. In addition, the solutions should take into account the provisions of **NIS2 Directive**<sup>10</sup>, when addressing cybersecurity issues and systems' resilience.

Patient telemonitoring using wearable devices and mobile applications as planned in the eCAN Plus JA introduces additional regulatory considerations. Where software or connected devices are used for clinical monitoring or decision-making, they may qualify as a medical device under the **Medical Devices Regulations** (Medical Devices, MDR / In Vitro Diagnostic, IVDR), adopted in 2017<sup>11</sup>.

Directive 2011/24/EU on patients' rights in cross-border healthcare<sup>12</sup> recognises telemedicine, including tele-oncology, as a form of healthcare and allows its cross-border provision, subject to compliance with professional and legal requirements in the Member State where care is provided. From a public-health perspective, this framework supports access to highly specialised oncology expertise, particularly for patients in regions with limited availability of cancer specialists, for example in the form of Virtual Tumour Boards or Discharge Conferences as examined in the eCAN Plus JA.

Selected activities of the eCAN Plus JA may also fall into the scope of **EU Health Technology Assessment Regulation (HTAR)**<sup>13</sup>, a new EU framework standardizing evaluation of innovative health technologies, including Medical Device Software's like standalone diagnostic apps.

The Joint Action eCAN Plus, builds on the outcomes of the eCAN JA (Strengthening eHealth for Cancer Prevention & Care)<sup>14</sup>. While the eCAN JA explored the use of telemedicine in cancer care in the context of crises such as Covid-19 pandemic, the experience gained allowed to identify the increasing potential for including new technologies also in day-to-day cancer care, as outlined in the Roadmap For Scaling Up eHealth Including Telemedicine And Telemonitoring For Health Care Systems For Cancer Prevention And Care<sup>15</sup>.

---

<sup>9</sup> European Commission. Data protection in the EU. Available at [https://commission.europa.eu/law/law-topic/data-protection\\_en](https://commission.europa.eu/law/law-topic/data-protection_en)

<sup>10</sup> European Commission. NIS2 Directive: securing network and information systems. Available at <https://digital-strategy.ec.europa.eu/en/policies/nis2-directive>

<sup>11</sup> [https://health.ec.europa.eu/medical-devices-sector/new-regulations\\_en](https://health.ec.europa.eu/medical-devices-sector/new-regulations_en)

<sup>12</sup> European Commission. Cross-border healthcare. Available at [https://health.ec.europa.eu/cross-border-healthcare\\_en](https://health.ec.europa.eu/cross-border-healthcare_en)

<sup>13</sup> European Commission. Regulation on health technology assessment. Available at [https://health.ec.europa.eu/health-technology-assessment/overview\\_en#regulation-on-health-technology-assessment](https://health.ec.europa.eu/health-technology-assessment/overview_en#regulation-on-health-technology-assessment)

<sup>14</sup> eCAN Ja Project website. Available at <https://ecanja.eu/>.

<sup>15</sup> eCAN JA Deliverable 4.1. Roadmap development for scaling-up eHealth. Available from <https://ecanja.eu/wp4/>, accessed 2.03.2026

### 1.1.2 Work package structure of the project

The eCAN Plus JA is organized into 9 work packages (WP), including 4 horizontal WPs (WP1-4) and 5 technical WPs (Figure 1). WP5 – WP7 address eHealth use across the cancer care continuum from prevention through to survivorship, while WP9 feeds into implementation of digital tools at the healthcare system level.

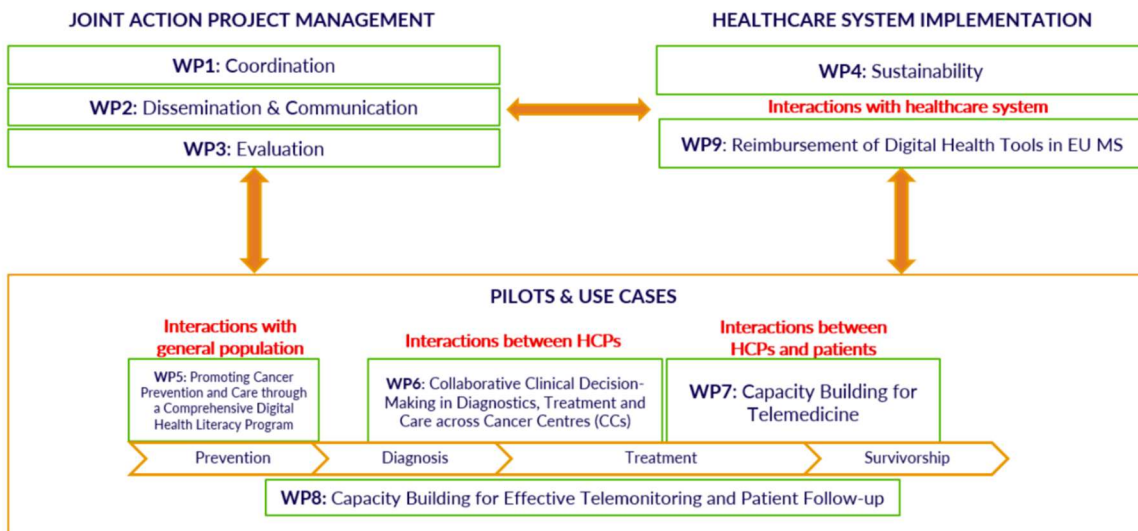


Figure 1: eCAN Plus JA work package structure. Source: Grant Agreement

### 1.1.3 Intervention logic

The eCAN Plus JA involves a structured combination of multiple activities that acting through their specific objectives, contribute to the main aims of the project and ensure the JA’s wider impact. It builds on the experience and outputs of the eCAN JA<sup>16</sup>, addressing specific gaps that were identified during this project such as in the areas of interoperability, legal and ethical standards, governance, cybersecurity, technical requirements, and compliance with personal data protection regulations.

The general objectives eCAN Plus JA are:

- To implement a comprehensive training programme for digital skills development.
- To enhance digital collaboration among cancer centres.
- To explore clinical applications of telemedicine in different cancer care settings.
- To bolster preparedness for the European Health Data Space’s implementation.

To support these objectives, the 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. This will include

<sup>16</sup> eCAN JA. About us. eCAN Project. Available at <https://ecanja.eu/home/about-us/>. Accessed 2.03.2026

the integration of teleconsultation and telemonitoring in routine cancer care and practice, as well as the exchange of health data exchanges in support of clinical decision-making throughand the implementation of Virtual Tumour Board (VTB) meetings for cancer diagnosis and care. In addition, the JA will implement a comprehensive training programme for the development of digital skills relevant to telemedicine, telemonitoring and also e-health digital tools in the prevention context among HCPs, patients, and the general public.

Based on the resources generated within the project, including assessment of needs, opportunities and barrier in different stakeholder groups and framework for reimbursement of digital solutions, as well harmonizing with other EU initiatives, eCAN Plus JA will create a roadmap for digital transition of the health care systems.

The ambition of the JA is to achieve wider impact on improving the equity of care across the EU Member States, to improve access of patients, health care providers and the general public to digital tools and through this, to improve patients’ access to cancer care. In addition, the JA should promote increased participation in EHDS structures, improve collaboration between the cancer centres and contribute to optimization of the health care systems. Ultimately, these actions should translate into improvement of the outcomes for the patients (Figure 2).

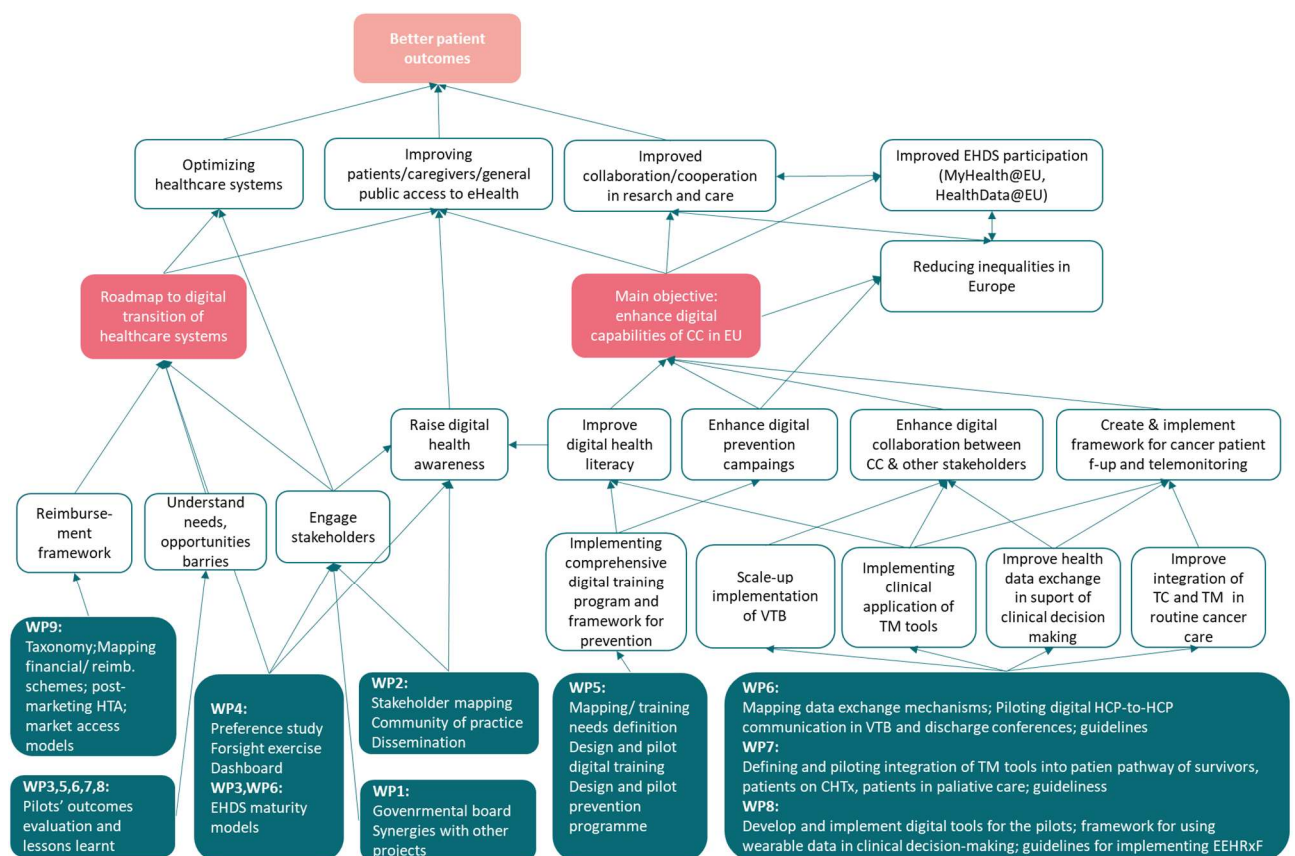


Figure 2: eCAN Plus JA intervention logic

The intervention logic of the eCAN Plus JA is based on several key assumptions. It is assumed that participating countries and institutions possess a minimum level of digital infrastructure

and readiness that enables the implementation and scaling of telemedicine and data-sharing solutions. It is also assumed that healthcare professionals, patients, and organisations will engage with and adopt the proposed digital tools and training activities. This may imply necessary level of trust in new technologies and careful implementation plans. Furthermore, the intervention presumes continued alignment with EU regulatory frameworks (including data protection and EHDS-related developments) and regulations at national level. Sudden legal changes may undermine the Joint Action effort, especially aimed at long term change.

The achievement of expected outcomes is dependent on several external factors beyond the direct control of the Joint Action. These include variability in national digital maturity, differences in legal and organisational frameworks across Member States, and the pace of implementation of the European Health Data Space. Additional external dependencies include national reimbursement policies for digital health solutions, cybersecurity environments, and broader health system priorities, which may influence uptake and sustainability.

Success of the intervention will depend on effective stakeholder engagement, timely implementation of planned activities, and the usability and interoperability of developed digital solutions. Critical success conditions include the relevance and quality of training programmes, the feasibility of integrating digital tools into routine clinical practice, and the establishment of trust in data sharing and digital systems. Ultimately, the intervention will be considered successful if it leads to measurable improvements in collaboration between cancer centres, increased use of digital health solutions, and enhanced access, quality, and equity of cancer care across participating countries.

### 1.1.4 Stakeholders involved

This Joint Action targets several key stakeholder groups, including:

- Cancer patients who will benefit from the pilot programmes and share their views on their needs and preferences regarding the digital tools in oncology and approaches on digital literacy educational materials
- General public who will benefit from cancer prevention campaigns and training materials for digital literacy enhancement
- Health care providers who pilot the digital tools, receive training and will share their opinions on approaches and priorities for implementation of digital tools
- Researchers and scientific communities with whom the project will engaged via conferences, congresses, webinars or joint knowledge platform seems suitable for spreading the world about the work developed in eCAN Plus
- Cancer centres management who will benefit from the pilots to understand the possible approaches to digital tools implementation and to improve their readiness to fully

benefit from EHDS

- IT/ Data officers play a strategic role in integrating digital solutions with healthcare where interoperability, cybersecurity, and equitable access to information are central priorities
- Regulatory bodies and decision makers who will be engaged in shaping the JA outputs through their feedback, will receive relevant inputs for advancing integration of digital tools in health care systems and well as for planning actions needed to improve cancer centre readiness for EHDS.
- Other projects and programmes in the field who will be able to share their outputs and insights and to benefit from the eCAN Plus JA insights and outputs
- Industry partners will benefit from the classification of apps and reimbursement framework
- Media and multipliers – both traditional and digital media are essential channels for reaching society at large and targeted audiences.

Stakeholders are differentiated by their level of influence and interest in the eCAN Plus JA – Table 1. Their roles in implementation and evaluation are clearly defined, with appropriate safeguards in place to avoid conflicts of interest and ensure transparency. Data from stakeholders will be collected via surveys, interviews, focus groups, and workshops, with anonymization or aggregation applied where necessary.

Stakeholder group	Role in JA Implementation	Influence / Interest	Role in Evaluation / Input type	Conflict of interest safeguards
Cancer patients	Pilot programmes participants; provide feedback on digital tools	High interest, medium influence	Surveys, interviews, focus groups	Anonymized feedback; voluntary participation
General public	Recipients of prevention campaigns and digital literacy materials	Medium interest, low influence	Surveys, feedback on educational materials	Aggregated responses; no personal data shared
Health care providers	Pilot digital tools, receive training	High interest, high influence	Surveys, interviews, focus groups	Anonymized responses; no influence on pilot evaluation reporting

Researchers and scientific communities	Provide evidence base, methodological support, dissemination of results	High interest, medium influence	Expert consultations, peer review, workshop	Declaration of interests; independent scientific review
Cancer centres management	Support pilots; improve readiness for EHDS	Medium interest, High influence	Internal feedback to the project team`s	Separate reporting; no conflicts in assessment of other centres
IT/ Data officers	Support technical implementation, interoperability, cybersecurity and data governance	High interest, high influence	Technical assessments, internal feedback	Compliance with GDPR/ security rules; separated technical and evaluative roles
Regulatory bodies and decision makers	Shape JA outputs through Expert boards; policy guidance	Medium interest, High influence	Expert feedback in Governmental Board meetings	Transparent disclosure of interests; no participation in conflicting evaluations
Other projects and programmes	Share outputs; benefit from JA insights	Medium interest, Medium influence	Exchange via Synergy Board meetings	External reporting; anonymized references
Industry partners	Benefit from app classification & reimbursement framework	High interest, medium influence	Expert board meetings	No involvement in pilot evaluation decisions; confidentiality agreements
Media and multipliers	Disseminate project results, raise awareness, support outreach activities	Medium interest, low influence	Feedback on communication materials, dissemination metrics	Public information only; no access to confidential data

*Table 1: Stakeholder mapping and evaluation roles*

## 1.2 Evaluation criteria

In order to comprehensively evaluate eCAN Plus JA, taking into account its breadth and complexity, we adopted the evaluation criteria referenced in the European Commission documents for evaluating interventions<sup>17</sup>, also outlined in the guidelines of the Organization for Economic Co-operation and Development (OECD)<sup>18</sup>.

These criteria include: relevance, coherence, effectiveness, efficiency, impact, sustainability and EU added value.

**Relevance** The extent to which the intervention objectives and design respond to beneficiaries', global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change. Differences and trade-offs between different priorities or needs could be considered in this criterion.

Certain needs were identified already at the project planning phase, and these are summarized in the **Błąd! Nie można odnaleźć źródła odwołania.**2. These needs were formulated based on input gathered during the eCAN joint action, either through the reviewing of prior literature, conducting a foresight exercise or analysing the experience of the project, including the pilot studies.<sup>19,20,21</sup>

In addition, we gathered the most relevant priorities as identified in the key European strategic documents.

Stakeholder group	Needs identified
Cancer centres	-Improving access to eHealth, telemedicine, telemonitoring -Improving health data access, health data exchange including interoperability -Improving understanding of and adherence to legal requirements on data privacy and sharing, cybersecurity, governance

<sup>17</sup> European Commission. (2021,2023). Better regulation: guidelines and toolbox. Toolbox Chapter 6 [https://commission.europa.eu/law/law-making-process/better-regulation/better-regulation-guidelines-and-toolbox\\_en](https://commission.europa.eu/law/law-making-process/better-regulation/better-regulation-guidelines-and-toolbox_en).

<sup>18</sup> OECD.(2019). Better Criteria for Better Evaluation  
Revised Evaluation Criteria Definitions and Principles for Use  
[https://www.oecd.org/en/publications/better-criteria-for-better-evaluation\\_15a9c26b-en.html](https://www.oecd.org/en/publications/better-criteria-for-better-evaluation_15a9c26b-en.html)

<sup>19</sup> Leclercq V, Saesen R, Schmitt T, Habimana K, Habl C, Gottlob A, Van den Bulcke M, Delnord M. How to scale up telemedicine for cancer prevention and care? Recommendations for sustainably implementing telemedicine services within EU health systems. J Cancer Policy. 2025 Jun;44:100593. doi: 10.1016/j.jcpo.2025.100593.

<sup>20</sup> Schmitt T, Habimana K, Gottlob A, Habl C, Rosińska M, Sønderskov Frydensberg M, Jensen C, Leclercq V, Delnord M, Van den Bulcke M. Implementing telemedicine for cancer care in European healthcare organizations: lessons from the eCAN Joint Action. J Health Organ Manag. 2025 Oct 14:1-15. doi: 10.1108/JHOM-01-2025-0048.

<sup>21</sup> eCAN JA. Roadmap development for scaling-up eHealth. Available at <https://ecanja.eu/wp4/>

	<ul style="list-style-type: none"> <li>-Improving digital capabilities, IT infrastructure</li> <li>-Integrating digital tools into hospital workflows</li> <li>-Clear reimbursement of eHealth services</li> </ul>
Regulatory bodies and decision makers	<ul style="list-style-type: none"> <li>-clear regulatory framework</li> <li>-clear framework for reimbursement</li> </ul>
Health care providers	raising awareness, acceptance, digital literacy
Cancer patients	raising awareness, acceptance, digital literacy
General public	raising awareness, acceptance, digital literacy
<b>Policy document</b>	<b>Priorities identified</b>
European Cancer Beating Plan	<ul style="list-style-type: none"> <li>-Improving early detection, diagnosis, and personalised treatment through high-quality data and digital tools.</li> <li>-Enabling telemedicine and telemonitoring to support cancer patients across the care continuum.</li> <li>-Strengthening cross-border data interoperability and secure data sharing to accelerate cancer research and clinical decision-making.</li> <li>-Reducing inequalities in access to digital cancer care across Member States.</li> </ul>
European Digital Strategy	<ul style="list-style-type: none"> <li>-Promoting trustworthy, human-centric, and secure AI systems in health.</li> <li>-Ensuring interoperability and standardisation across digital health infrastructures.</li> <li>-Enhancing digital skills for healthcare professionals and institutions.</li> <li>-Fostering innovation through secure data spaces and advanced analytics.</li> </ul>
European Strategy for Data	<ul style="list-style-type: none"> <li>-Establishing a common European Health Data Space (EHDS) enabling secondary use of cancer-related data.</li> <li>-Improving data quality, governance, and FAIR-compliant data</li> </ul>

	<p>management practices.</p> <ul style="list-style-type: none"> <li>-Facilitating cross-border data access for research, innovation, and public health.</li> <li>-Promoting sector-specific data spaces that support oncology care pathways.</li> </ul>
<p>Digital Decade Policy Programme 2030</p>	<ul style="list-style-type: none"> <li>-Strengthening digital infrastructure for health and care delivery across the EU.</li> <li>-Ensuring that 100% of key public services, including health data access, are online and interoperable by 2030.</li> <li>-Advancing digital skills among healthcare workers and citizens.</li> <li>-Promoting ethical, secure, and transparent use of digital technologies in health.</li> </ul>

*Table 2 The needs and policy priorities identified by the eCAN Plus Joint Action Source: Grant Agreement*

**Coherence** is defined as the compatibility of the intervention with other interventions in a country, sector or institution. Internal coherence comprises: synergies with other interventions in the same institution/government; consistency with the relevant international norms and standards. External coherence involves consistency with other actors' interventions within the same context. This includes complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.

In the context of eCAN Plus JA coherence criterion is especially important in terms of horizontal alignment of activities with other initiatives in the European context working in the field of increasing EHDS preparedness and digital health roll-out, including both development of specific digital tools and interventions using the digital tools as well as the training programmes. Activities are planned to map potential overlaps and synergy opportunities. In addition, internal coherence of the intervention particularly at the level of participating cancer centres is crucial. Mapping cancer centres and cancer centres staff needs, identifying country level legal and organizational solutions will help to find balance between harmonization and internal coherence at local level.

**Effectiveness** is the extent to which the intervention achieves, or is expected to achieve, its objectives, and its results, including any differential results across groups. Evaluation will analyse progress towards general project objectives, as specified above along the causal pathways, identified by the intervention logic, taking account of the relative importance of the objectives or results obtained during the project.

**Efficiency** is the extent to which the intervention delivers, or is likely to deliver, results in an

economic and timely way. “Economic” is the conversion of inputs (funds, expertise, natural resources, time, etc.) into outputs, outcomes and impacts, in the most cost-effective way possible, as compared to feasible alternatives in the context. “Timely” delivery is within the intended timeframe, or a timeframe reasonably adjusted to the demands of the evolving context. This may include assessing operational efficiency (how well the intervention was managed) and look at simplification and burden reduction potential.

**Impact** is the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. It means the ultimate significance and potentially transformative effects of the intervention. It seeks to identify social, environmental and economic effects of the intervention that are longer term or broader in scope than those already captured under the effectiveness criterion.

**Sustainability** is the extent to which the net benefits of the intervention continue or are likely to continued. Given that the evaluation is conducted during the project lifetime, the assessment of sustainability will primarily focus on the credibility and robustness of plans for post-project adoption and continuation. This includes examining the extent to which project outputs are embedded in institutional practices, aligned with national strategies, and supported by clear governance and financing models. Particular attention will be paid to defined responsibilities and financial models for maintenance of digital tools (including technical infrastructure and data hosting), as well as the existence of policy uptake pathways and commitments ensuring long-term use and scalability of the developed solutions.

**EU added value** is defined by the extent to which the intervention brings additional benefits compared to what would have resulted from Member States’ interventions only in the single partner countries, whether the Member States alone could have resolved the identified problems sufficiently and whether the EU had the competence to act (i.e. a legal basis), and was best placed to do so. EU action should be necessary and should deliver added value compared to the actions of the Member States at central, regional or local levels. The EU added value of the eCAN Plus Joint Action lies in its scale and coordinated, multi-country approach, which can generate critical momentum for the wider adoption of digital tools in cancer care across Europe. By promoting harmonised development aligned with common data standards and interoperability requirements, the project supports convergence in digital maturity and facilitates cross-border collaboration, contributing to the effective implementation of the European Health Data Space (EHDS). In addition, the Joint Action enables a shared interpretation of key legal frameworks (including GDPR and EHDS) and strengthens capacity, particularly in Central and Eastern Europe and smaller Member States.

## 2. Evaluation objectives

### 2.1 General objectives

The evaluation exercise in eCAN Plus JA is a project-level evaluation. It focuses on the interlinked multiple interventions contributing to the overarching Join Action objectives. We plan to

conduct yearly interim evaluations (3 in total) and a final evaluation of the joint action with the evaluation focus differing between the two evaluation types applied.

The following objectives were defined:

- **For Interim evaluation:** to document progress of the Joint Action, identify challenges and generate evidence for improvement of the JA implementation, specifically in terms of efficiency and effectiveness
- **For Final evaluation:** to assess to what extent the JA objectives were met through the project outcomes that are relevant and coherent within the European context and to what extent these outcomes are sustainable and likely to contribute to the intended impact; to draw lessons for future implementation projects in the field.

## 2.2 Specific evaluation questions

The general evaluation objectives will be operationalized through specific evaluation questions relating to the evaluation criteria. The evaluation questions are specified separately for Interim and Final Evaluation (Tab. 3).

Evaluation criterion	Interim evaluation	Final evaluation
Relevance	N/R	1. Does the eCAN Plus JA objectives and design respond to the needs of Decision makers, Cancer Centres, Health care providers, patients and how? 2. Do the eCAN Plus JA objectives and design align with the policies and priorities at national and EU level?
Coherence	1. Were there possible synergies with other initiatives identified and explored?	3. Were there synergies with other initiatives identified and exploited on different levels: within partner institutions, in country and between the projects/ initiatives? 4. Was the consistency of guidelines/ recommendations with relevant international norms and standards achieved?
Effectiveness	2. Is the project producing quality deliverables/outputs? 3. Are external stakeholders	5. Has the eCAN Plus JA achieved the objectives and how? 6. Were there unexpected / unintended

	<p>sufficiently engaged?</p> <p>4. Is the project reaching the intended audience?</p>	<p>effects of the project and what was the cause?</p> <p>7. Are there any inequalities in achievement especially with respect to Central-Eastern European countries and why?</p>
Efficiency	<p>5. Is the project on track? (progress vs plan, delays)</p> <p>6. Are there substantial risks being efficiently resolved?</p> <p>7. Are overlaps between WPs/activities being efficiently resolved?</p> <p>8. Are eCAN Plus JA participants sufficiently engaged?</p> <p>9. Are participants satisfied with the project governance, outputs, relevance?</p>	<p>8. What type of risks were encountered and what mitigation measures were implemented?</p> <p>9. Were there any alternatives to eCAN Plus JA delivery that could improve the overall success and/or efficiency and/or reduce burden?</p>
Impact	N/R	<p>10. Is impact likely on wider eHealth roll-out, including telemedicine, telemonitoring and data exchanges in line with EHDS primary and secondary data use?</p>
Sustainability	N/R	<p>11. To what extent did the stakeholders endorse the Blueprint?</p> <p>12. Did cancer centres identify resources to maintain and improve digital maturity / telemedicine use?</p>
EU added value	N/R	<p>13. What are the contributions to the harmonized implementation of EU legislation, including GDPR, EHDS?</p>

Table 3 Evaluation questions for the interim and final evaluation. N/R – not relevant

## 2.3 Required evaluation outputs

The evaluation of the eCAN Plus JA should contribute to measuring the outputs, outcomes and impact through a list of mandatory indicators formulated by the European Commission. The list

of these is provided below (Table 4).

	Indicator	Definition	Unit of measurement and target value
1	Number of use cases/pilot projects in Member States	Total number of pilots and use cases (with distinct protocols) implemented across the project	<b>8:</b> WP7 – 3, WP6 – 2 , WP5 - 3
2	Number of use cases/pilot projects in EU Eastern Europe and smaller Member States	Number of pilots and use cases with participation of at least one pilot/ use case sites located in an Eastern European EU Member State (PL, CZ, SK, HU, RO, BG, EE, LV, LT, SI, HR) or a small EU Member State (<2M population LU, MT, CY, EE, LV).	<b>7:</b> WP7 – 3, WP6 – 2 , WP5 – 2 EEE Countries (PL, HU, LV, LT), small Member States (CY, LV)
3	Number of EU4Health Programme associated countries involved.	Non-EU countries formally associated with the EU4Health Programme (Norway, Iceland, Ukraine, Moldova, Montenegro, Bosnia and Herzegovina, Serbia) participating in the JA`s activities	<b>4:</b> WP1, WP4 (Norway, Ukraine, Moldova, Montenegro)
4	Number of Member States and countries associated to the EU4Health Programme committed to sustain practices in e-health, telemedicine, telemonitoring systems, health data access and health data exchange services	a) Number of countries, disaggregated by EU Member States and EU4Health-associated countries, with at least one nominated representative on the eCAN+ Governmental Board. b) Number of reviewed country factsheets including country information on eHealth in Cancer Care, disaggregated by EU Member States and EU4Health-disaggregated countries.	a) <b>20:</b> WP1 b) <b>25:</b> WP4
5	Number of cancer centres and	The total number of healthcare	<b>28:</b> (23 WP7, 17 WP6, 4 WP5)

	other cancer settings involved	institutions treating cancer patients (cancer centres, hospitals, or other clinical settings) that participate in the use cases/ pilots	
6	Number of cancer patients involved in the pilot projects	The total number of patients enrolled (informed consent signed) in the pilots.	<b>639: WP7</b>
7	Number of cancer centres involved with the HDAB of their country	The number of cancer centres that have submitted data catalogues to their HDAB or followed a training session organised by their HDAB.	<b>28: WP1, WP3</b>
8	Number of digital applications with the aim to provide citizens access to their own data analysed	The number of digital tools or platforms or mobile applications analysed within the project that enable patients/citizens to access their personal health data (exploratory indicator)	Exploratory indicator (WP8, WP9 landscape analysis), no target value
9	Number of digital applications tested as part of the pilot projects	The number of dedicated digital health applications used within the pilot projects and use cases, including telemedicine platforms, dashboards, mobile applications, and software for vMTBs.	<b>3</b> (vMTB application, eCAN App, eCAN Dashboard)
10	Number of guidelines, recommendation, protocols and patient information packages created and agreed on	The number of formal documents (guidelines, protocols, recommendations, patient information materials) developed, agreed upon, and delivered by the project.	<b>16: WP4 - 1, WP5 - 4, WP6 - 3, WP7 - 6, WP8 - 1, WP9 - 1</b>
11	Number of synergies or meetings with relevant projects and joint actions	a) The total number of formal interactions (meetings, workshops, collaborations) established with other EU projects and Joint Actions. b) At least <b>10</b> projects: WP1, WP3	a) At least <b>12</b> formal meetings with external EU projects and Joint Actions: WP1 b) At least <b>10</b> projects: WP1, WP3

		b) Number of projects included in the synergy board with potential for synergy.	
12	Number of healthcare professionals trained	The number of healthcare professionals who participated in training activities in WP5 and WP7.	<b>80 – 120: WP5, WP7</b>
13	Number of patients trained	The number of patients who received training or educational support in WP5 and WP7.	<b>639: WP5, WP7</b>
14	Number of citizens trained	The number of individuals from the general population who participated in awareness, training, or educational activities in WP5.	
15	Number of languages the training materials would become available	The number of languages in which training materials have been made accessible for healthcare professionals, patients, and citizens	<b>12:</b> WP5, WP7 Italian (IT), Greek (GR, CY), Spanish (ES), Hungarian (HU), Lithuanian (LT), Polish (PL), Portuguese (PT), Slovenian (SI), Swedish (SE), Montenegrin (ME), Latvian (LV), Danish (DK)
16	Dissemination and communication material produced by type (e.g. no. of brochures, leaflets)	The number of communication materials developed by type (e.g., brochures, leaflets, videos, newsletters) to support project dissemination.	<ul style="list-style-type: none"> <li>• <b>≥1</b> leaflet to present the project and <b>≥ 1</b> leaflet to showcase its results: WP2</li> <li>• <b>≥1</b> brochure per pilot (WPs 5, 6, and 7): WP2</li> <li>• <b>≥12</b> interviews (video/print-type and podcasts episodes) throughout the project: WP2</li> <li>• <b>≥12</b> newsletters throughout the project: WP2</li> </ul>
17	Number of stakeholders reached by awareness activities	The total number of stakeholders engaged through communication campaigns,	<b>≥35%</b> total increase in the number of external stakeholders

		outreach activities, and dissemination efforts, tracked via project dashboards and campaigns.	resulting from the mapping 's annual update (T.2.4 MS 11): WP2.
18	Number of organizations participating in the training activities	The number of institutions or organizations participating in project training activities (at least one participant), including partner organizations.	At least <b>10</b> organizations participating in training activities: WP5
19	Number of events organised to share experiences and for networking:	The total number of events (plenary meetings, workshops, networking sessions) either with external stakeholders or across WP organized to facilitate knowledge exchange, collaboration, and experience sharing.	At least <b>3</b> plenary meetings and at least <b>5</b> additional consortium events (workshops/networking sessions) facilitating knowledge exchange: WP1, WP2, WP4

Table 4 List of eCAN Plus JA achievements indicators. Source: elaborated based on Grant Agreement.

In addition, the results of the Risk assessment exercise and the mitigation measures taken in this respect will be summarized in the reporting tool on the Funding &Tenders Portal.

Three Interim Evaluation Reports (Milestones 17, 23, 26) and one Final Evaluation report (Deliverable 3.2) are planned.

All evaluation indicators will be governed according to a clear and structured process. WP3 Team is responsible for validating all indicators, while each indicator will have a defined owner (typically the WP Leaders responsible for the related work packages) who ensures correct calculation and reporting. Indicators will be reported every two months to the Executive Board, ensuring timely monitoring and alignment across all work packages.

## 2.4 Key users of the Evaluation

The results of the interim evaluations primarily inform the eCAN Plus Joint Action Coordination Team by providing an overview of the project's progress highlighting potential problems and options for improvement. In addition, specific outputs should be used by the JA Executive Board and specifically the leadership of all the Work Packages as needed. The document will also be available to all other participants of the consortium to update them on the project implementation process and achievements.

Finally, the reports will be available on the project website and can be used by external audiences – including the Project and Policy and other teams conducting and planning similar activities to share experiences.

---

The results of the final evaluation primarily inform the external stakeholders at national and EU level to understand the project's contribution to the field, the outcomes achieved and their potential impact. The lessons learnt and the summary of risks and mitigation measures should be useful to other teams planning similar initiatives. Specifically, the outcome and impact indicators will inform the wider EU4Health programme's evaluation.

## 3. Methodology for Joint Action evaluation

### 3.1 Overview of the evaluation process

The evaluation process is grounded on diagrammatic representation of the intervention logic (Figure 2), which represents an expansion of the logical framework approach. The progress of the Joint Action to achieve specific objectives will allow to infer on its success for the effectiveness and impact evaluation criteria.

The evaluation will proceed through 3 interim reports collating information on the efficiency of the process, as well as the final evaluation report (Figure 3). In addition, a specific part of evaluation efforts will be dedicated to understanding the value of the piloted intervention evaluating the pilots in terms of users’ experience and satisfaction with the interventions, ethical and legal compliance, and data quality and interoperability assessment.

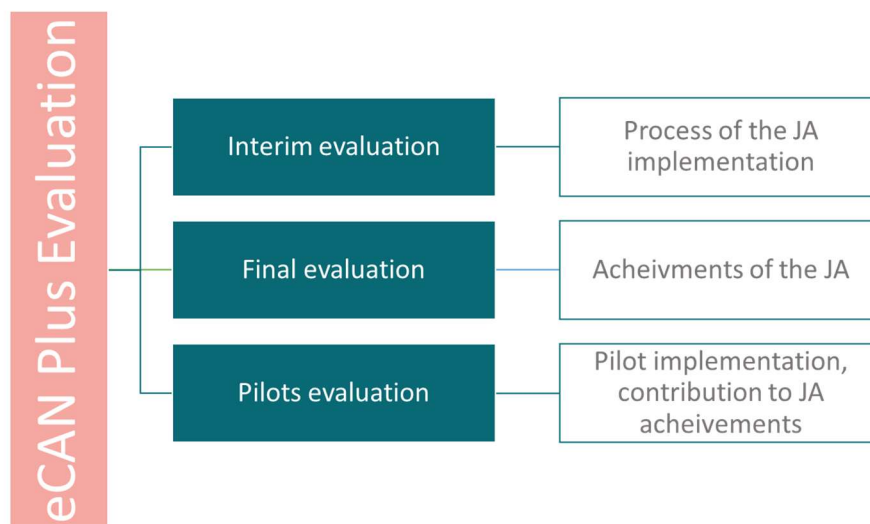


Figure 3: Overview of eCAN Plus JA evaluation approach

Each of the evaluation questions, organized across the evaluation criteria, will be addressed with specific indicators (qualitative and/or quantitative) as specified in the evaluation matrices, see Annex 1 Evaluation matrix. We will use two matrices, one addressing the interim evaluations and one addressing the final evaluation, as the objectives of the two differ.

The matrices are organized in sections referring to the evaluation criterion, e.g. Relevance, Effectiveness etc. For each section the table contains columns describing the judgement criterion, indicators and the sources of information (Figure 4).

For each of the evaluation questions we define what the measure of the success of the project will be. For example, for the effectiveness question “Has the project achieved its objectives and how?” we specify a judgement criterion “Alignment of the project implementation with the intervention logic”. This criterion should document how the project progresses along the objective pathways depicted by the intervention logic and we use a qualitative indicator providing a narrative documentation of the process. To populate the indicator, we will perform

desk research based on available project documentation, including the minutes of Executive Board meetings and the outputs of the project. Another judgement criterion for this evaluation question would be successful roll-out of the pilots and use-cases. Here one family of the proposed indicators is based on the JA achievements indicator “Number of use cases/pilot projects in Member States” (see Table 4). We use several auxiliary indicators to monitor the process and add depth to the final value of the indicator. In general, indicators specified in Table 4 and Table 5 formed the backbone of the quantitative indicators used in the evaluation matrix. Additional indicators we proposed if necessary.

Effectiveness			
Evaluation question	Judgement criterion	Indicators	Information sources
Has the project achieved the objectives and how?	Alignment of project implementation with the intervention logic	qualitative: narrative documentation of the project achievement	EB minutes, project documentation, project outputs
	Documents produced	# of guidelines, recommendations, protocols and patient information packages created and agreed on # digital applications with the aim to provide citizens access to their own data analysed	EB minutes, milestone/deliverable submission log, Milestone 62 (WP 8), 67 (WP 9)
	Use cases/pilots successfully rolled out	# of use cases/pilot projects in Member States with protocols agreed / completed ethic submission / started recruitment / finalized recruitment ....	EB minutes, Pilots' WG minutes, pilot monitoring data

*Figure 4: Example structure of the Evaluation matrix. EB – Executive Board*

As already transparent from the above example quantitative and qualitative data will be used, accessed and/or collected through several processes, described in detail below: 1) analysing project monitoring data for process indicators and outcome indicators; 2) risk monitoring process and risk registry; 3) participant feedback survey (PFS); 4) Deliverable quality review; 5) qualitative data from meetings minutes/recordings: Governmental Board; Country level meetings; Pilots’ exit meeting; 6) Pilots’ evaluation outputs.

All data will be collected and processed in full compliance with GDPR. Specific provisions on data handling, access, storage, and sharing will be described in the Data Management Plan. This ensures that data are managed securely, with attention to quality, traceability, and interoperability, supporting transparency and accountability throughout the evaluation process.

To ensure adaptive governance, evaluation outputs are explicitly linked to the project’s governance cycles. Interim evaluation findings will be reviewed by the Executive Board and WP Leaders, and where deviations from expected progress or risks are identified, corrective actions will be triggered. For example, if a process indicator falls below the planned threshold or participant feedback signals an issue, targeted mitigation measures will be implemented. This structured decision-making feedback loop ensures that evaluation results directly inform project adjustments, supporting effectiveness, practical applicability, and continuous improvement throughout the Joint Action.

These activities will usually feed into indicators’ of different evaluation criteria as detailed in the Evaluation matrix. Below we present an overview of the data sources per evaluation criterion.

	Relevance	Coherence	Effectiveness	Efficiency	Impact	Sustainability	EU added value
Project monitoring (MS,D,indicators)							
Risk Register							
Participant feedback survey							
Deliverable quality review							
Governmental Board minutes							
Country level meetings							
Pilots' exit meeting							
Pilots' evaluation outputs							

Figure 5: Overview of the sources of data for each of the evaluation criteria

## 3.2 Process and achievement indicators

### 3.2.1 Aim

The process and achievement indicators provide the overview of to what extent the project is on track of achieving its objectives, which corresponds to output and outcome indicators in the logical framework approach and are collectively described in the Table 4 List of eCAN Plus JA achievements indicators. Source: The performance of the project is assessed with process indicators, also specified in the Grant Agreement (Table 5).

	Indicators	Baseline value	Target value
1	Project milestone achievement rate: Percentage of milestones completed within the established deadline	None before project starts	80%
2	Quality of deliverables: Percentage of mandatory deliverables meeting quality criteria specified in Evaluation Plan	None before project starts	100%
3	Participation rate of authorities and cancer centres in mapping and stakeholder surveys with respect to number invited	Country experts of 73% of countries reviewed eCAN dashboard	85%
4	Participation rate in the evaluation of pilots and use cases with respect to be expected number	In eCAN 100% for site level activities, with variable participation rate of individuals	90%
5	Risk management effectiveness: Satisfactory identification and mitigation of risks within the JA	None before project starts	Qualitative description of identified risks and mitigation

			strategies
6	Participant Satisfaction Assessment: Level of satisfaction of participants with JA governance, communication and activities (% positive score)	75% of eCAN JA were satisfied of very satisfied	80%

Table 5 Process indicators and their target value. Source: Grant Agreement

### 3.2.2 Stakeholders

The quantitative indicator monitoring requires involvement of all the project participants, but the Task and Work Package Leads, who directly oversee the project activities and will report on the indicators relevant to their tasks. Importantly, we rely here on the WP1 activities (Executive Board, Governmental Board, Synergy Board and report on synergies with other initiatives, Milestone and Deliverable submission log), WP2 dissemination monitoring (Education, communication and dissemination tracker) and Community of Practice monitoring, as well as WP3 data collection.

### 3.2.3 Methods

The indicators specified in the Tables 4 and 5 will be monitored through the project documentation and monitoring activities. They are reviewed during the project *Executive Board meetings*, that occur regularly, every second month, bring together all WP Leads and Co-leads and are chaired by the coordination team of WP1. The slides reporting on the WP specific indicators will be reviewed and the information aggregated into project level indicators' progress values. In addition, we will use the *Milestone and Deliverable submission log* to assess the timeliness of submission as well as understand the need for adaptation of the project timelines. This log records the milestones and deliverables that have already been submitted to WP1. The indicators related to training and dissemination activities will be cross checked with the *Education, communication and dissemination tracker*, an online tool maintained by the WP2 as part of Dissemination plan monitoring, that allows to report detailed information on events that the consortium members engage in. Finally, the periodic reporting documentation will be consulted.

The process indicators no. 2, 4, 5, 6 are based on specific evaluation processes as described in the subsequent sections, including Risk monitoring process, Participant feedback survey and Deliverable Quality assessment. Monitoring of participation in evaluation activities will be embedded in the Pilots' monitoring framework.

## 3.3 Risk monitoring process

### 3.3.1 Aim

The primary aim of the dynamic risk monitoring process is to proactively identify, assess, and manage risks that may affect the delivery, quality, or timelines of project activities. By adopting an adaptive approach, the process ensures that attention and efforts are intensified when

significant risks emerge, allowing the project to respond swiftly and effectively. This approach promotes early detection of potential issues, supports transparency across work packages, and strengthens the overall resilience of project operations, ensuring alignment with project objectives and timely finalisation of deliverables.

### 3.3.2 Stakeholders

Effective risk monitoring in eCAN Plus depends on the active involvement of multiple stakeholders across the project. Task Leaders play a key role in spotting potential risks within their specific tasks and communicating them to the respective WP Leaders. WP Leaders oversee and validate risks within their work packages, ensuring that mitigation measures are appropriate and effectively implemented. The WP3 Team supports the overall monitoring process by maintaining the central risk register, consolidating information from different work packages, and assisting with mitigation planning. When risks are critical or affect multiple work packages, the Project Coordination team (WP1) coordinates the response and liaises with the Executive Board, which provides oversight and approves corrective actions. This collaborative structure ensures that risks are addressed proactively, consistently, and transparently across all project partners.

### 3.3.3 Methods

The dynamic risk monitoring process follows a continuous and adaptive approach. Risks are first identified at the task and work package level, using a structured typology to ensure clarity and consistency. The typology also captures different layers of risk, including operational risks related to specific tasks and activities, consortium-level risks affecting project coordination and management, and strategic risks linked to the external environment, stakeholder engagement, or long-term sustainability of project results. The typology is a living document that will evolve throughout the project, adapting to new phases and responding to emerging challenges (Annex 2) Each risk is then evaluated in terms of probability and potential impact according to the 5 x 5 matrix, which allows the project to prioritize and focus on the most critical issues (Figure 6).

		Impact				
		Insignificant (1)	Minor (2)	Significant (3)	Major (4)	Severe (5)
Probability	Almost certain (5)	Medium 5	High 10	Very high 15	Extreme 20	Extreme 25
	Likely (4)	Medium 4	Medium 8	High 12	Very high 16	Extreme 20
	Moderate (3)	Low 3	Medium 6	Medium 9	High 12	Very high 15
	Unlikely (2)	Very low 2	Low 4	Medium 6	Medium 8	High 10
	Rare (1)	Very low 1	Very low 2	Low 3	Medium 4	Medium 5

Figure 6. Risk grading scheme

Mitigation and contingency measures are planned accordingly, with clear assignment of responsibilities and timelines. Regular monitoring takes place through quarterly review meetings led by the WP3 Team with each WP Leader and other relevant team members. During the meetings, current risks are reviewed, mitigation actions are discussed, and any emerging issues are identified and addressed. Updates are then recorded in the central risk register and visualized in the risk dashboard. This ensures that changes are tracked, trends are visible, and decision-makers have an accurate picture of the project’s risk landscape. Risks are escalated for coordinated action when they reach critical thresholds, such as high probability or impact, have potential effects on multiple work packages, pose threats to key deliverables or deadlines, or when mitigation actions prove ineffective. This ensures the project can respond quickly and maintain continuity of activities. Partners are encouraged to actively engage in this process by reviewing risks, reporting updates, and raising critical issues promptly, fostering a culture of shared responsibility and proactive risk management.

In addition, selected process indicators are used as early warning indicators (EWIs) within the risk monitoring framework. Regular monitoring of these indicators allows the consortium to detect deviations from planned performance at an early stage and identify potential risks before they escalate. When significant deviations are observed, they are treated as early warning signals and may trigger additional review, discussion with WP leaders, and, if necessary, mitigation actions.

Table 6 presents the mapping between key process indicators and relevant risk categories defined in the project risk typology. This linkage supports proactive risk management by connecting routine project monitoring with the identification of emerging risks.

	Process indicator	Related risk categories	Early warning signal
1	Project milestone achievement rate	CONS-ORG CONS-TECH PILUS-OPS	Milestone delayed or decreasing rate of on-time completion
2	Quality of deliverables	CONS-ORG CONS-DIS	Deliverables require major revisions or fail quality criteria
3	Participation rate of authorities and cancer centres in mapping and stakeholder surveys	CONS-EXT CONS-DATA	Participation significantly below expected response rate
4	Participation rate in the evaluation of pilots and use cases	PILUS-OPS PILUS-USER PILUS-CLIN	Recruitment or participation below planned level
5	Risk management effectiveness	All risk categories	Repeated occurrence or escalation of unmanaged risks
6	Participant Satisfaction Assessment	CONS-ORG CONS-COMM	Declining satisfaction or increasing negative feedback

*Table 6 Mapping of Process Indicators to Risk Categories and Early Warning Signals*

## 3.4 Participants feedback survey

### 3.4.1 Aim

The aim of the Participant Feedback Survey is to assess participants' satisfaction and identify areas where additional support may be needed within the project. The survey focuses on key aspects of the project, including governance, efficiency and synergies, internal communication, and outputs. In addition, it seeks to capture the main challenges encountered during the implementation so far and to gather suggestions for improvement. The insights collected will contribute to enhancing project management, informing future activities, and improving overall project outcomes.

### 3.4.2 Stakeholders

The survey targets all consortium members involved in the project, including those who have participated in only a limited number of activities. This broad inclusion ensures that feedback reflects diverse perspectives from across the project, capturing the experiences of both highly active participants and those with more limited involvement. The WP3 Team is responsible for designing and managing the survey, consolidating responses, and analysing the results. The outputs will be shared internally within the consortium and incorporated into the Interim Evaluation Report (Milestone no 17), ensuring that the findings support informed decision-making and continuous improvement.

### 3.4.3 Methods

The survey will be conducted anonymously and is distributed through secure channels in the EU Survey application to all eligible consortium members. It consists of 24 questions in English, designed to be completed within approximately 10–15 minutes (see Annex 3). Respondents are encouraged to provide open-ended comments and suggestions wherever appropriate. The questionnaire allows participants to indicate when an item is not relevant to their experience, ensuring the accuracy and reliability of responses. Collected data are analysed in aggregated form by the WP3 Team to identify patterns, satisfaction levels, challenges, and opportunities for improvement. Categories may be combined where necessary to ensure the individual respondents cannot be identified in the report. In particular, the percent distribution of Likert scale questions will be presented, by participant background, subject to sufficient sample size. Open-ended questions will be aggregated with narrative summary. The results are presented at Executive Board and/or General Assembly Meeting and then synthesized in the Interim Evaluation Report. The findings will be translated into actions through a simple feedback-to-action loop (Executive Board review and a corrective action log with owners and deadlines).

The final Participant Feedback Survey will have a different focus, and the questionnaire will be updated.

## 3.5 Stakeholder qualitative assessment

### 3.5.1 Aim

The aim of qualitative data collection is to increase the understanding on several evaluation criteria, including especially relevance, impact and sustainability. These activities will allow to validate the needs, barriers and enablers identified when designing the Joint Action, considering the project developments. We will also collect the lessons learnt, and potential strategies for wider roll-out of the project outputs at the local and national levels.

### 3.5.2 Stakeholders

These activities will target to the consortium participants, especially the pilot and use cases participating sites, as well as participants of the Governmental Board and Communities of Practice. We will seek input from health care providers and cancer centres' IT and data staff, cancer centre management, patients' representatives, policy makers and regulatory bodies at national and regional level.

### 3.5.3 Methods

Three formats are envisioned, aligning with the activities already planned within other work packages, to minimize the evaluation burden. Narrative summaries of these meetings will be produced.

**Governmental Board (GB)** is a forum organized by WP1, which will bring together representatives of Member States and the European Commission, to align the activities of the JA with the needs and expectations of the policy makers. Inputs from the GB meetings will allow the eCAN Plus JA to develop useful and actionable recommendations through participatory design process, considering the local context. These recommendations will form the basis for Blueprint document, one of the key outputs of the project. Being composed of decision – makers, the Governmental Board is especially well suited to provide assessment of the relevance of eCAN Plus outputs in individual Member States and to discuss the strategies for wider implementation of the findings. WP3 will collaborate with WP1 to include these topics in the Governmental Boards discussions also for the project evaluation purposes.

**Country meetings** will be held toward the end of the Joint Action to facilitate exchange of experience at national level and gain understanding of local challenges and opportunities. Altogether 23 countries participate in the eCAN Plus Joint action with good representation of Central – Eastern European countries as well as smaller Member States. Country meetings could bring together participants of the consortium, but also other interested parties, invited by the local teams, through Governmental Board, Community of Practice or otherwise. The country meetings will have a form of open discussion facilitated by presentation from the project team, to cover the key topics.

**Pilot site exit meetings** will focus on pilot/use case sites. The focus of these meetings will be on

the challenges, opportunities and the lessons learned from the participation in the eCAN Plus JA pilots/ use cases. These inputs could inform further implementation studies and/or routine use of telemedicine and telemonitoring in cancer care. Semi-structured scenarios will be developed to facilitate discussion.

## **3.6 Deliverable quality assessment**

### **3.6.1 Aim**

The aim of the Deliverable Quality Assessment process is to ensure that all project deliverables and public milestones meet high standards of quality, consistency, and compliance before submission or dissemination. The process seeks to guarantee scientific and technical accuracy, alignment with project objectives, and uniformity in structure, formatting, and EU visibility requirements. By systematically reviewing deliverables, the project reduces the risk of delays or rejection, enhances transparency, and strengthens accountability, ultimately contributing to the overall success and credibility of the Joint Action.

### **3.6.2 Stakeholders**

The assessment process involves multiple actors across the consortium to ensure comprehensive review and validation. WP/Task Teams are responsible for drafting deliverables and milestones, ensuring initial content and structure. The WP3 Team oversees quality checks, consolidates reviewer feedback, and ensures adherence to project standards and EU requirements. Selected reviewers perform a detailed evaluation of the deliverable content, focusing on scope, clarity, stakeholder involvement, applicability, and alignment with EU objectives. Finally, the Project Coordination team (WP1) provides final approval prior to submission, ensuring deliverables meet all formal and strategic requirements. This structured involvement of multiple stakeholders ensures consistency, reliability, and high quality across all project outputs.

### **3.6.3 Methods**

The Deliverable Quality Assessment follows a structured internal revision process. First, the responsible WP /Task Team drafts the deliverable using the standardized project document template. Next, the WP3 Team performs a quality check to ensure correct formatting, clarity, consistency, and compliance with EU visibility rules. The deliverable then undergoes an internal review by selected reviewers, who evaluate its content based on predefined criteria: relevance, coherence, effectiveness, efficiency, and EU added value. Reviewers are volunteers from the consortium who expressed their interest in contributing to the internal review process based on their expertise and availability. For each deliverable, a minimum of two reviewers is selected by the WP3 Team, ensuring an appropriate balance of scientific and technical expertise. Reviewers must not be directly involved in drafting the respective deliverable and are required to declare any potential conflicts of interest (e.g. being from the same institution).

Reviewers also assess stakeholder involvement, clarity of objectives, methodological

transparency, practical applicability, and alignment with project goals. Feedback from reviewers is consolidated by WP3. Drafting team implements any necessary revisions or answers to the Reviewers' comments before submission for final approval by the coordination team (WP1). The process leverages key tools including the document template, the reviewer checklist (Annex 4), and a shared repository on SharePoint for version control, submission of reviewer's feedback, and tracking. Drafts are submitted at least four weeks before the official deadline, with an internal revision cycle of approximately two weeks, and final approval completed one week before submission through the Founding & Tenders portal. This methodical approach ensures that deliverables are not only technically accurate and coherent but also practically useful and aligned with both project and EU-level objectives.

## 4. Pilot evaluation framework

Pilot evaluation framework is expected to profit from integrating existing evaluation frameworks in two key areas: 1) technical and legal environment focusing on data quality and interoperability; 2) user-centred implementation outcomes (Figure 7). These frameworks will be identified by the literature review.

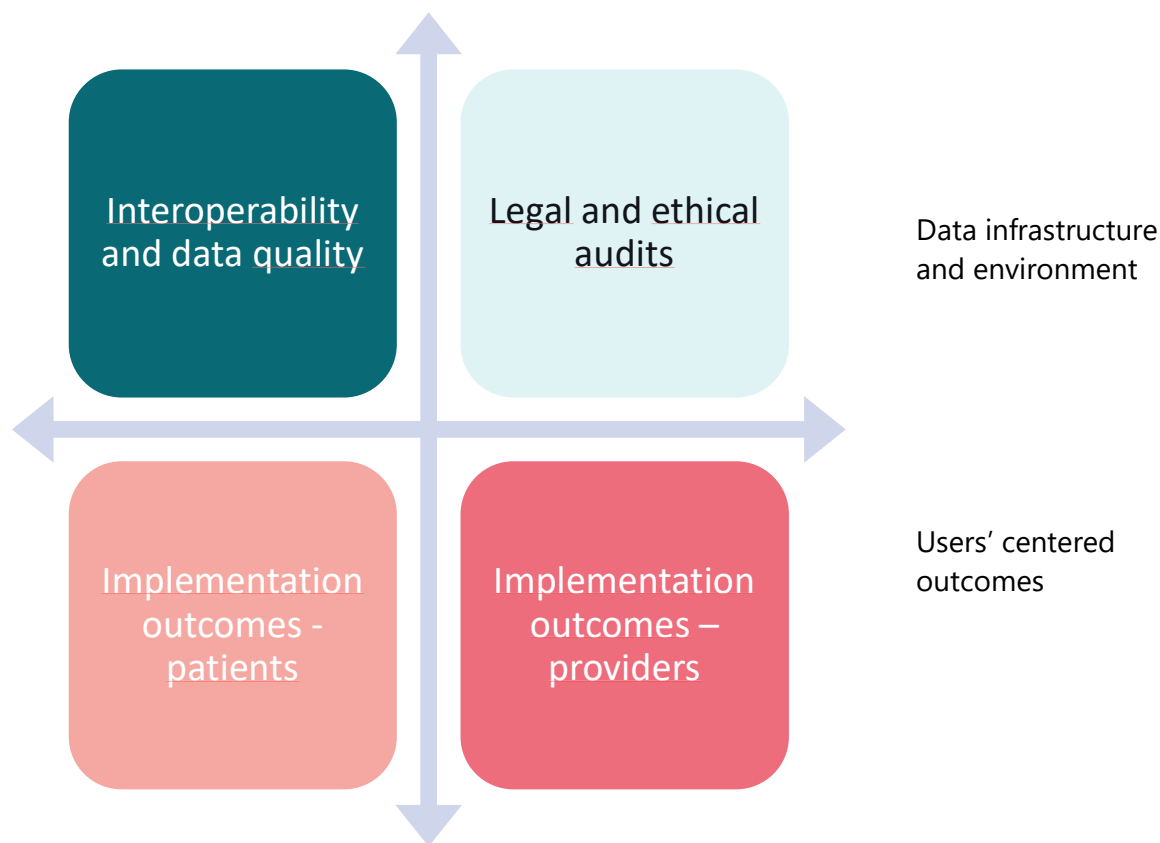


Figure 7: Pilots' evaluation concept

### Data quality and interoperability

This domain will be evaluated via a tool that operates on databases collected during the project. The relevant validation rules will be established in collaboration with the pilot and use case teams. The data quality and interoperability domains include:

1. Completeness - is the measure of whether all necessary data is present in the dataset. It does not simply ask if the file contains data but verifies that the specific information required for the intended business purpose is available and populated.
2. Consistency measures the degree to which data is uniform and free from internal contradictions. It ensures that the data makes logical sense when read as a whole and that it does not conflict with itself or other linked systems.
3. Accuracy is the measure of how correctly the data reflects the real world. Following the Quantum framework definition, it represents the degree to which observations correctly describe what the data was designed to measure. It ensures that the information is

factually correct and can be verified against physical reality or reliable calculations.

4. Validity measures the extent to which data conforms to defined business rules and authorized value domains. It ensures that the data adheres to the specific code lists and structural constraints defined by eCAN Plus.
5. Coherence measures the stability of data meaning over time. It ensures that the definitions and interpretations of data points do not change across different versions of the dataset without proper documentation
6. Precision measures the level of detail provided by the data. It ensures that the granularity of the information is sufficient to support the specific scientific or clinical analysis required by the project.
7. Uniqueness measures the absence of duplication within the dataset. It ensures that each entity or event is represented exactly once to prevent the skewing of statistical results.
8. Timeliness measures the age of the data relative to its usage. It ensures that the information is available within a timeframe suitable for its intended purpose and relevant for decision-making or analysis. This dimension encompasses both the speed of data collection and the subsequent processing time.

#### Legal and ethical audits

Based on identified relevant legislation checklists will be developed to enable self-assessment at the pilot design, planning and implementation phases. Ethical review processes, data usage procedures and privacy policies at participating sites will be assessed for compliance with current regulations based on data gathered from each pilot/use case site, followed by periodic ethics audits if necessary. WP3 will support data protection impact and risk analysis for each use case and pilot.

#### Users' needs

Following a literature review we will perform assessments of users' needs and constraints through surveys, in-depth interviews, and focus groups to identify specific barriers/enablers to the adoption and effective use of telemedicine solutions. During the pilot implementation phase, we will approach both the patients and the health care providers to assess the users' acceptance of the solutions proposed in pilots / use cases through a combination of qualitative and quantitative methods. Analysis of feedback and usage data collected by the pilots / use cases during and after the implementation phase is also planned.

## 5. Work plan and planned outputs

The following documents will be produced in the context of the evaluation:

- The Evaluation Plan (current document, MS14, due M9)
- Review of existing evaluation framework (Milestone 15, due month 12)
- Interim Evaluation Report 1 (Milestone 17, due month 14)
- Updated Evaluation Plan containing Pilot Evaluation Framework (Milestone 18, due month 16)
- Interim Evaluation Report 2 (Milestone 23, due month 26)
- Interim Evaluation Report 3 (Milestone 26, due month 38)
- Final Evaluation Report (Deliverable 3.2, due month 42)
- List of mandatory indicators with planned and achieved values (Deliverable 3.3, due month 48)

Evaluation is planned as an ongoing process, with key tasks specified in the Gant chart presented in the 6.5 Annex 5 Evaluation schedule.

## 6. Annexes

### 6.1 Annex 1 Evaluation matrix

#### 6.1.1 Evaluation matrix for interim evaluation

Evaluation question	Judgement criteria	Indicator	Information sources
<b>Coherence</b>			
Were there possible synergies with other initiatives identified and explored?	Identification of synergies	qualitative: list of relevant initiatives qualitative: list of working areas for possible synergies	Synergy Board meeting minutes Participant Feedback Survey (PFS)
	Exploration of synergies	# of formal interactions (meetings, workshops, collaborations) established with other EU projects and Joint Actions # of projects included in the synergy board with potential for synergy	EB minutes, Synergy Board meeting minutes
<b>Effectiveness</b>			
Is the project producing high quality deliverables/outputs?	Timely approval by European Commission	% of deliverables approved at first submission	Continuous reporting table
	Successful peer review	% of mandatory deliverables meeting quality criteria specified in Evaluation Plan	Checklist for quality criteria; deliverable reviews
	Documents produced	# of formal documents (guidelines, protocols, recommendations, patient information materials) developed, agreed upon, and delivered by the project. # of digital tools or platforms or mobile applications analysed within the project that enable patients/citizens to access their	EB minutes, milestone/deliverable submission log, Milestone 62 (WP 8), 67 (WP 9)

Evaluation Plan

		personal health data	
	High quality databases produced	data quality indicators to be defined	DMP, Pilot evaluation data (Data quality)
	Use cases/pilots successfully rolled out	<p># of pilots and use cases(with distinct protocols with ethics approval / started recruitment / finalized recruitment</p> <p># of pilots and -use cases with participation of at least one pilot/ use case sites from the EU Eastern European countries (PL, CZ, SK, HU, RO, BG, EE, LV, LT, SI, HR) and small Member States (&lt;2M population LU, MT, CY, EE, LV).</p> <p># of healthcare institutions treating cancer patients (cancer centres, hospitals, or other clinical settings) participating in each pilot/use case / with ethics approval / started recruitment / finalized recruitment</p> <p># of patients invited/enrolled/completed intervention in pilots/use case projects</p> <p># of dedicated digital health applications used within the pilot projects and use cases, including telemedicine platforms, dashboards, mobile applications, and software for vMTBs</p>	EB minutes, Pilots' WP Leads meeting minutes, pilot monitoring data
	Successful delivery of training	<p># of institutions or organizations participating in project training activities</p> <p># of healthcare professionals who participated in training activities in WP5, WP6, and WP7.</p>	EB minutes, training reports/minutes, Consortium Activities Reporting Form

Evaluation Plan

		<p># of patients who received training or educational support in WP7</p> <p># of individuals from the general population who participated in awareness, training, or educational activities in WP5.</p> <p># of languages in which training materials have been made accessible for healthcare professionals, patients, and citizens</p>	
Are external stakeholders sufficiently engaged?	Participation in Governmental Board	<p># of countries with at least one nominated representative on the eCAN+ Governmental Board</p> <p>Participation rate in the GB meetings</p>	GB minutes
	Participation in dashboard mapping / validation	# of reviewed country factsheets including country information on eHealth in Cancer Care	eCAN dashboard (website), Milestone 29,30,31
	Participation in the HealthData@Eu survey	<p># of cancer centres identified</p> <p>Participation rate in the survey</p> <p>Participation rate among countries in CEE</p>	Milestone 16, Milestone 19
	Participation in other stakeholder engaging events (e.g. Community of Practice, Expert Boards)	<p># of stakeholder engagement events/ meetings</p> <p># of participants attending the events/ meetings</p>	EB minutes, Consortium Activities Reporting Form
	Active contribution of patients	<p># of patients' organizations involved in different project activities</p> <p>qualitative: list of activities with active patients' contribution</p>	EB minutes
Is the project reaching the intended audience?	Project visibility	<p>Website and social media visibility indicators (per Dissemination plan)</p> <p># of communication materials developed by</p>	Communication and dissemination plan and report, Participant Feedback Survey (PFS)

Evaluation Plan

		type (e.g., brochures, leaflets, videos, newsletters) to support project dissemination. # of scientific contributions (conference participation, scientific papers)	
	Engagement	Website and social media engagement indicators (dissemination plan) # events (plenary meetings, workshops, networking sessions) either with external stakeholders or across WP organized to facilitate knowledge exchange, collaboration, and experience sharing # of stakeholders engaged through communication campaigns, outreach activities, and dissemination efforts, tracked via project dashboards and campaigns.	Consortium Activities Reporting Form, Continuous reporting table
<b>Efficiency</b>			
Is the project on track? (progress vs plan, delays)	Timeliness of milestone achievement with respect to original plan	Project milestone achievement rate: Percentage of milestones completed within the established deadline	Continuous reporting table
Are there substantial risks being efficiently resolved?	Efficient management of risks	Qualitative: Risk management effectiveness: Satisfactory identification and mitigation of risks within the JA	Central risk registry, Executive board minutes
Are overlaps between WPs/activities being efficiently resolved?	Timely identification and resolution of overlaps	Qualitative: Satisfactory identification and resolving overlaps	EB minutes, PFS, Central risk registry
Are eCAN Plus JA participants sufficiently engaged?	Engagement in evaluation activities, including pilot evaluation activities	Participation rate in participant satisfaction survey Participation rate by pilot evaluation activity, including surveys and mapping	PFS

		exercises and pilot meetings; participation rate among countries in CEE	
	Engagement in project meetings	Participation in General Assembly meetings (% partners represented) % of participants providing positive feedback in GAM satisfaction survey # of events organized to share experiences and for networking	GAM minutes, GAM satisfaction survey
Are participants satisfied with the project's governance, outputs, and relevance?	Participant satisfaction	% of participants with positive score per area (satisfaction, relevance and objective alignment, communication, governance)	PFS

Table 7 Evaluation Matrix for Interim Evaluation.

### 6.1.2 Evaluation matrix for final evaluation

Evaluation question	Judgement criteria	Indicator	Information sources
<b>Relevance</b>			
Does the eCAN Plus JA objectives and design respond to the needs of patients, health care providers, cancer centres and decision makers and how?	Addressing the needs specified in the Grant Agreement	qualitative: project addresses needs specified in the Grant Agreement: Y/N	Desk research based on the JA outputs
	Identifying new needs and proposing approaches	qualitative: Documenting detailed specification of needs / conflicting needs / changes with respect to the needs specified in the Grant Agreement, gathered during the project implementation	Desk research based on the JA outputs (including WP4 preference study, needs assessment in WP3) Validation of needs and intervention logic during the Country Meetings, Pilot exit meetings

Do the eCAN Plus JA objectives and design align with the policies and priorities at national and EU level?	Correspondence to national/EU level policies and priorities	qualitative: assessment of the policy alignment of the project deliverables	Validation of proposed strategies/priorities by the Governmental board (GB minutes) Checklist for the deliverables' quality (section: policy alignment)
<b>Coherence</b>			
Were there synergies with other initiatives exploited on different levels: withing partner institutions, at country level, at the level of the initiatives	Identification of synergies	qualitative: list of relevant initiatives qualitative: list of working areas for possible synergies	WP1 report on synergies, WP2 stakeholder mapping Participant Feedback Survey (PFS)
	Activities aligned	# of formal interactions (meetings, workshops, collaborations) established with other EU projects and Joint Actions # of projects included in the synergy board with potential for synergy # of joint activities	Deliverable 1.1 WP2 stakeholder mapping / dissemination report PFS Synergy Board meeting minutes
	Outputs of other projects used in the JA	# of digital tools developed in other projects identified and re-used or assessed for re-use # of documents (guidelines, frameworks etc.) developed in other projects identified and consulted/re-used # of digital tools or platforms or mobile applications analysed within	EB minutes Checklist for the deliverables' quality (section: referencing other guidelines, frameworks)

Evaluation Plan

		the project that enable patients/citizens to access their personal health data	
Was the consistency of guidelines/ recommendations with relevant international norms and standards achieved?	Consistency of guidelines and recommendations	qualitative: documenting connection of JA deliverables with relevant standards and norms	Desk research, checklist for the deliverables' quality
<b>Effectiveness</b>			
Has eCAN JA achieved its objectives, and how?	Alignment of project implementation with the intervention logic	qualitative: narrative documentation of the project achievement	„Logical framework” analysis of the project progress against output/impact indicators (EB minutes, dissemination report, CoP report).
	Documents produced	# of formal documents (guidelines, protocols, recommendations, patient information materials) developed, agreed upon, and delivered by the project	EB minutes, Continuous reporting table, project documentation
	High quality databases produced	data quality indicators to be defined	DMP, Pilot evaluation data (Data quality)
	Use cases/pilots successfully rolled out	# of pilots and use cases(with distinct protocols with ethics approval / started recruitment / finalized recruitment # of pilots and -use cases with participation of at least one pilot/ use case sites from the EU Eastern European countries (PL, CZ, SK, HU,	EB minutes, Pilots' WG minutes, pilot monitoring documents

Evaluation Plan

		<p>RO, BG, EE, LV, LT, SI, HR) and small Member States (&lt;2M population LU, MT, CY, EE, LV).</p> <p># of healthcare institutions treating cancer patients (cancer centres, hospitals, or other clinical settings) participating in each pilot/use case / with ethics approval / started recruitment / finalized recruitment</p> <p># of patients invited/enrolled/completed intervention in pilots/use case projects</p> <p># of dedicated digital health applications used within the pilot projects and use cases, including telemedicine platforms, dashboards, mobile applications, and software for vMTBs</p>	
	<p>Successful delivery of training</p>	<p># of institutions or organizations participating in project training activities</p> <p># of healthcare professionals who participated in training activities in WP5, WP6, and WP7.</p> <p># of patients who received training or educational support in WP7</p> <p># of individuals from the general population who participated in</p>	<p>EB minutes, training reports/minutes, Consortium Activities Reporting Form</p>

Evaluation Plan

		<p>awareness, training, or educational activities in WP5. # of languages in which training materials have been made accessible for healthcare professionals, patients, and citizens</p>	
	<p>Successful dissemination of the project results</p>	<p>Website and social media visibility indicators (per Dissemination plan) # of communication materials developed by type (e.g., brochures, leaflets, videos, newsletters) to support project dissemination. Website and social media engagement indicators (dissemination plan) # events (plenary meetings, workshops, networking sessions) either with external stakeholders or across WP organized to facilitate knowledge exchange, collaboration, and experience sharing qualitative: list of conferences/workshops contributions, scientific papers # of stakeholders engaged through communication campaigns, outreach activities, and dissemination efforts, tracked via project dashboards and campaigns.</p>	<p>Communication and dissemination plan and report, Participant Feedback Survey (PFS), Consortium Activities Reporting Form, Continuous reporting table</p>

Were there unexpected / unintended effects of the project and what was the cause?	Identification of unexpected effects	qualitative: documentation of unexpected effects	EB minutes, Country meetings, Pilot exit meetings
Are there any inequalities in achievement, especially with respect to Central-Eastern European countries and why?	Successful achievement of the project objectives in CEE countries	presenting indicators separately for CEE counties	EB minutes, Country meetings, Pilot exit meetings
<b>Efficiency</b>			
What type of risks were encountered, and what mitigation measures were implemented?	Risks and mitigation measures identified	qualitative: documentation of expected and unexpected risks and mitigation measures	Central Risk register
Were there any alternatives to eCAN JA delivery that could improve overall success and/or efficiency and/or reduce burden?	Improvements identified	qualitative: documentation of the lessons learnt	Pilot exit meetings, narrative input from WP Leads, EB minutes, project documentation
<b>Impact</b>			
Is impact likely on wider eHealth roll-out, including telemedicine, telemonitoring and data exchanges in line with EHDS primary and secondary data use?	Improved digital maturity of cancer centres	# of cancer centres self-assessing through digital maturity models (eCAN vs non-eCAN centres) # of cancer centres improving scores in digital maturity models (eCAN vs non-eCAN centres) # of cancer centres engaged with HDAB of their country (eCAN vs non-eCAN centres)	HealthData@EU survey conducted in WP3, WP6 survey
	Increased awareness and digital literacy	training outcome indicators (as per training plan) % of participants confirming higher awareness	Training reports PFS (in particular the participating cancer centres) „Lessons learnt” from

## Evaluation Plan

		qualitative: self-reflection pilots' sites	Country meetings and Pilots' exit meetings
	The project contributed to participants' professional development	% of participants convinced on improvement of their professional skills	PFS
	Project stimulated continued collaboration among participants beyond the project's lifetime	% of participants convinced of project impact qualitative: list of planned future collaborative activities and projects	PFS
	The project has impact beyond consortium	# of eCAN Plus JA outputs cited in scientific papers, white papers, guidelines # of eCAN Plus JA outputs referenced in regulatory documents	Desk research Consortium Activities Reporting Form
<b>Sustainability</b>			
To what extent did the stakeholders endorse the Blueprint?	Countries committed to sustain eHealth practices	# of Member States and countries associated to the EU4Health Programme committed to sustain practices in e-health, telemedicine, telemonitoring systems, health data access and health data exchange services	Described in the Blueprint, Governmental Board reports
	Strategy for implementation of recommended changes	# of Member States considering the roll-out of strategies (e.g. reimbursement of eHealth tools) relevant to their healthcare system	GB minutes, Country meetings
Did cancer centres identify resources to maintain and improve digital maturity / telemedicine use?	Cancer centres able to maintain and improve digital maturity	# of cancer centres in eCAN Plus able to maintain and improve the digital maturity	PFS (in particular the participating cancer centres) Country team and pilots' exit meetings

Is there a plan to maintain eCAN Plus outputs?	Clear plans exist for maintaining eCAN Plus outputs	qualitative: maintenance plan in place	EB minutes
<b>EU Added Value</b>			
What are the contributions to the harmonized implementation of EU legislation, including GDPR, EHDS?	Contributions identified	qualitative: list of relevant deliverables qualitative: relevant pilot evaluation outputs	Checklist for the deliverables' quality (recommendations for harmonized implementation) Pilots' evaluation to identify differential practices and good practices for resolving them

Table 8 Evaluation matrix for final evaluation

## 6.2 Annex 2 Risk typology

### 1. Introduction

Each risk category will be used in the risk monitoring process to classify risks consistently; for example, WP Leaders and Task Leaders will select the appropriate category from a dropdown menu in the Risk Register (Excel), ensuring comparable reporting across all work packages.

The typology reflects different layers of project risk, including strategic risks affecting the overall project objectives and external environment, consortium-level risks related to project coordination and management, and operational risks associated with pilot and use case implementation.

### 2 Risk typology

#### 2.1 Risk related to consortium coordination (CONS)

Risks that affect the project as a whole, including coordination, governance, partnerships, finance, and communication across all work

packages and partners. Managing these risks ensures the overall project objectives are met efficiently.

### **2.1. 1 International Organizational & Governance Risk s (ORG)**

Risks related to internal structures, decision-making processes, and collaboration within the consortium. These may impact task execution, resource allocation, and partner engagement.

- o CONS-ORG-001: Insufficient training of staff in system use, data protection, or coordination
- o CONS-ORG-002: Needs for technical or IT adjustments exceed available organizational resources, including personnel, budget, and infrastructure
- o CONS-ORG-003: Limited experience with eHealth projects within cancer centres affects technical, ethical, and clinical implementation.
- o CONS-ORG-004: Insufficient understanding of tasks due to the project complexity, leading to inadequate involvement.
- o CONS-ORG-005: High staff turnover leading to loss of project knowledge and delays in task execution.
- o CONS-ORG-006: Dependency on single key partner for critical tasks / key deliverables.
- o CONS-ORG-007: Difficulties in coordinating project teams across partner organizations.
- o CONS-ORG-008: Ineffective decision-making processes, including unclear responsibilities or delays in reaching consensus
- o CONS-ORG-009: Dependency on partner organizations, where delays or issues at one partner may impact others in task, milestone, or deliverable delivery
- o CONS-ORG-010: Tasks overlap
- o CONS-ORG-011: Conflicts of interest among partners
- o CONS-ORG-012: Inconsistent internal communication impacting WP/ Task progress
- o CONS-ORG-013: Organizational restructuring within partner institutions affecting commitments
- o CONS-ORG-014: Low engagement from certain teams

- o CONS-ORG-015: High workload or competing priorities within partner institution reduce availability of key staff for project tasks.

### **2.1.2 Technical Risks (TECH)**

Risks associated with system functionality, usability, scalability, and technical support across all consortium sites. Effective mitigation ensures smooth operation of project tools and infrastructure

- o CONS-TECH-001: System usability issues, including technical errors and user difficulties
- o CONS-TECH-002: Limited scalability of the system or digital tools
- o CONS-TECH-003: Inadequate testing prior to deployment
- o CONS-TECH-004: Application failure or service downtime
- o CONS-TECH-005: Insufficient technical support to complete or finalize tasks
- o CONS-TECH-006: Compatibility issues with external software or platforms
- o CONS-TECH-007: Data loss or corruption due to system errors
- o CONS-TECH-008: Cybersecurity threats such as hacking, phishing, denial-of service, ransomware, or malware attacks.
- o CONS-TECH-009: AI algorithmic bias and fairness issue.
- o CONS-TECH-010: AI hallucinations or false positive/negative

### **2.1.3 Legal & Regulatory Risks (LEG)**

Risks arising from compliance with national and EU regulations, contractual obligations, and intellectual property requirements. Proper management prevents legal delays or project disruptions.

- o CONS-LEG-001: Regulatory differences between countries that may hinder implementation of tasks.
- o CONS-LEG-002: Delays in obtaining project-level approvals or agreements (e.g data sharing, regulatory or contractual)

- 
- o CONS-LEG-003: Non-compliance with NIS2 cybersecurity requirements
  - o CONS-LEG-004: Non-compliance with national healthcare or medical regulations
  - o CONS-LEG-005: Errors or omissions in critical documents (e.g. legal, administrative, or regulatory documentation)
  - o CONS-LEG-006: Breaches of copyrights or licenses
  - o CONS-LEG-007: Non-compliance with GDPR or local data regulations (e.g Data Management Plan).
  - o CONS-LEG-008: AI regulatory non-compliance (AI Act)

#### **2.1.4 Security & Privacy Risks (SEC)**

Risks concerning the protection, confidentiality, and integrity of project data. These include potential cyber threats, unauthorized access, and non-compliance with GDPR or other relevant regulations.

- o CONS-SEC-001: Restrictive data protection procedures at cancer centres, in accordance with legal requirements, may affect project data access and processing.
- o CONS-SEC-002: Breach of medical data confidentiality through unauthorized disclosure or loss
- o CONS-SEC-003: Unauthorized system access
- o CONS-SEC-004: Insufficient encryption of transmitted information
- o CONS-SEC-005: Risks arising from third-party service providers
- o CONS-SEC-006: Insider threats

#### **2.1.5 Financial Risks (FIN)**

Risks related to budget adherence, funding disbursements, and cost eligibility. Timely monitoring ensures financial stability and proper resource utilization.

- 
- o CONS-FIN-001: Non-adherence to budget plans resulting in under- or overspending
  - o CONS-FIN-002: Costs deemed ineligible
  - o CONS-FIN-003: Delays in disbursement of funding tranches

#### **2.1.6 External Stakeholder & Partnership Risks (EXT)**

Risks involving partners and stakeholders outside the consortium, such as regulatory bodies, local clinics, or other organizations. These risks can influence project adoption, collaboration, and overall success.

- o CONS-EXT-001: Insufficient involvement, low engagement of stakeholders and external experts, particularly in CEE countries
- o CONS-EXT-002: Misalignment of expectations between the consortium and stakeholders
- o CONS-EXT-003: Changes in stakeholders priorities, policies, or leadership affecting collaboration

#### **2.1.7 Cultural & Communication Risks (COMM)**

Risks related to differences in language, work culture, and decision-making approaches across partner countries. Miscommunication may impact project efficiency and collaboration.

- o CONS-COMM-001: Language barriers affecting collaboration
- o CONS-COMM-002: Differences in work culture and decision-making approaches
- o CONS-COMM-003: Misinterpretation of agreements or instructions

#### **2.1.8 External macro-environmental Risks (ENV)**

Risks originating from external factors beyond consortium control, such as regulatory changes, political shifts, or economic crises. Monitoring these risks helps the consortium anticipate and adapt.

- o CONS-ENV-001: Regulatory changes affecting health data, digital health, or telemedicine

- o CONS-ENV-002: Political instability or governmental changes impacting project operations
- o CONS-ENV-003: Economic or financial crises
- o CONS-ENV-004: Emergence of new pandemics or major crises disrupting implementation

#### **2.1.9 Data Quality Risks (DATA)**

Risks concerning the completeness, accuracy, and interoperability of data collected during various activities. Addressing these risks ensures reliable and meaningful results.

- o CONS-DATA-001: Non-response bias due to low participation or missing responses, which may affect the quality and representativeness of the collected data
- o CONS-DATA-002: Missing data
- o CONS-DATA-003: Lack of interoperability between systems or digital tools
- o CONS-DATA-004: Data collection tools not adequately designed for needs
- o CONS-DATA-005: Other data quality risks (accuracy, uniqueness, coherence, precision and timeliness)

#### **2.1.10 Dissemination & Exploitation (DIS)**

Risks related to dissemination, communication, and exploitation activities that may affect project visibility, stakeholder engagement, uptake of results, and long-term sustainability.

- o CONS-DIS-001: Delays in dissemination activities affecting stakeholder engagement and project visibility.
- o CONS-DIS-002: Limited exploitation or sustainability pathways beyond project lifetime.
- o CONS-DIS-003: Intellectual property disagreements delaying exploitation planning.

#### **2.2 Risk related to pilot and use case implementation (PILUS)**

Risks that specifically affect implementation activities at pilot sites or clinical settings. Proper management ensures local objectives are

---

achieved and data collected is reliable.

### **2.2.1 Operational & Local Governance Risks (OPS)**

Risks related to administrative procedures, approvals, and local organizational capacity. These can delay pilot implementation or affect resource allocation.

- PILUS-OPS-001: Delays in launching pilots or use cases due to prolonged ethical, legal, or institutional approvals
- PILUS-OPS-002: Failure to recruit the minimum number of participants
- PILUS-OPS-003: Overly complex administrative procedures at pilot and use cases sites
- PILUS-OPS-004: Limited local resources (staff, time, infrastructure) at pilot sites affecting implementation capacity.
- PILUS-OPS-005: Competing clinical priorities reducing commitment to pilot or use case activities.

### **2.2.2 Clinical Risks (CLIN)**

Risks associated with clinical procedures, patient safety, and adherence to protocols. Managing these ensures safe and effective implementation of pilot interventions.

- PILUS-CLIN-001: Limited clinical experience with digital health tools or protocols
- PILUS-CLIN-002: Data accuracy and reliability issues
- PILUS-CLIN-003: Inconsistent adherence to protocols
- PILUS-CLIN-004: Patient safety risks due to incorrect use of digital health tools, non-adherence to protocols, or delayed/ inaccurate clinical data
- PILUS-CLIN-005: Limited capacity to respond to adverse events or complications in patients monitored via digital health tools
- PILUS-CLIN-006: Errors in patient identification during data collection or digital monitoring

- o PILUS-CLIN-007: Over-reliance on technology by clinicians or patients, potentially leading to errors in decision-making or delayed response to adverse events.

### **2.2.3 User & Adoption Risks (USER)**

Risks related to patient and staff acceptance, usability, and engagement with digital health tools. Mitigation increases adoption and proper use of the system.

- o PILUS-USER-001: Low acceptance of digital tools by end-users
- o PILUS-USER-002: Difficulties using the system among digitally inexperienced users
- o PILUS-USER-003: Digital fatigue or burnout among end-users
- o PILUS-USER-004: Mistrust in remote care
- o PILUS-USER-005: Resistance to workflow changes by clinicians or administrative staff.
- o PILUS-USER-006: Challenges in wearables data collection due to patient adherence or incorrect device use.
- o PILUS-USER-007: Drop-out of patients or users during pilot phases reducing data completeness.

### **2.3 Other (OTHER)**

Risks that do not clearly fall under any of the predefined categories but may still impact the overall project. This category serves as a placeholder for unforeseen, emerging, or atypical risks that could affect the consortium's objectives, timelines, or resource allocation.

## 6.3 Annex 3 Participant feedback questionnaire

### Introduction

WP3 Evaluation Team invites you to complete eCAN+ Joint Action annual Participant Feedback Survey.

This anonymous survey is addressed to all colleagues involved in eCAN+, including those who have participated in only a limited number of activities. If you have not been involved in a particular activity, please indicate this by selecting the appropriate response (e.g., “not relevant”, “no opinion”) for the relevant questionnaire item.

As the eCAN+ Joint Action has been active for approximately one year of its planned four-year duration, the aim of the survey is to assess participants’ level of satisfaction and identify any support needs in the following project-related areas:

- governance
- efficiency and synergies
- internal communication

In addition, the survey seeks to identify key challenges encountered in the implementation of the project to date and to collect suggestions for improvement.

The survey has been prepared by the WP3 Evaluation Team. Its results will be published as part of First eCAN+ Interim Evaluation Report (Milestone 17). The questionnaire consists of 24 questions and takes approximately 10 - 15 minutes to complete. We encourage you to provide comments and suggestions wherever appropriate.

If you have any questions or comments, please contact Magdalena Rosińska (Magdalena.Rosinska@nio.gov.pl) or Anna Sikora-Koperska

(anna.sikora-koperska@nio.gov.pl).

\* - mandatory questions

## I. Governance

1.\* To what extent do you agree/consider the project's current activities align with its original objectives?

*The general objectives of the eCAN Plus Joint Action are:*

- *To implement a comprehensive training programme for digital skills development*
- *To enhance digital collaboration among cancer centres*
- *To explore clinical applications of telemedicine in different cancer care settings*
- *To bolster preparedness for the European Health Data Space's implementation*

*Scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, No opinion*

2 \* To what extent do you agree with the following statement: I have a clear understanding of my responsibilities within the eCAN+ project?

*Scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, No opinion*

3. \* To what extent do you agree with the following statement: I have had sufficient opportunities to contribute to discussions and decisions?

*Scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, No opinion*

4. How satisfied are you with the feedback and guidance from the following roles?

*Scale: 1: Not at all satisfied - 5: Very satisfied, No opinion*

	1	2	3	4	5	No opinion
<i>Task Leads</i>						
<i>WP Leads</i>						
<i>Project Coordination</i>						

5. If you have any comments regarding governance, please share them here:

## **II. Efficiency and synergies**

6. To what extent do you agree with the following statement: I see/experience (have seen/have experienced) overlaps among eCAN+ project activities?

*Scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, No opinion*

6a /If Q6 = 4,5/ If yes, please elaborate. What actions would best resolve these overlaps?

7. To what extent do you agree with the following statement: The resource allocation and the workload expected of me in the project is balanced?

*Scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, No opinion*

8. To what extent do you agree with the following statement: I see potential synergies between eCAN+ project and other national/EU initiatives?

*Scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, No opinion*

8a. /if Q8 = 4,5/ Please specify which projects and indicate your involvement / interaction with them, if applicable

8b. /if Q98= 4,5/ In which areas would collaboration with other national/ EU initiatives, that you are aware of, add the most value? (select up to three)

- Data & interoperability
- Training & capacity building
- Governance & coordination
- Digital health / telemonitoring

- Cancer pathways / clinical practice
- Prevention & early detection
- Patient involvement
- Dissemination & communication

9. What actions would best amplify synergies with other national/ EU initiatives, and who should take these actions?

10. If you have any comments regarding efficiency and synergies, please share them here:

### III. Internal communication

11.\* To what extent do you agree with the following statement: I am aware of the overall progress of the project, including tasks that I am not directly involved in?

*Scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, No opinion*

12.\* How useful do you find the following communication tools and channels of the eCAN Plus project?

*(For social media, please refer to the official eCAN Plus accounts.)*

Scale: 1: Not at all useful- 5: Very much,

	1	2	3	4	5	Not familiar with	No opinion
eCAN Plus Newsletters							
eCAN Plus BlueSky profile							
eCAN Plus Facebook page							
eCAN Plus LinkedIn page							
eCAN Plus YouTube channel							
News & Interviews							
Public campaigns							
Promotional materials (leaflet, poster, general							

video, roll-up, etc.)							
Supporting materials (templates and communication guidelines)							
Communication Activities Forms							

13.\* Are you satisfied with the information exchange about different tasks and activities within the project?

Scale: 1: Not at all satisfied- 5: Very satisfied, no opinion

14. If you have any suggestions on how to improve dissemination, please share them here:

#### **IV. Overall satisfaction and suggestions for improvement**

15. Overall, how satisfied are you with the eCAN+ project after its first year?

Scale: 1: Not at all satisfied - 5: Very satisfied

16. What do you consider to be the key challenges for the eCAN+ project as a whole and/or for your institution`s or team`s participation in eCAN+? Do you have any suggestions for improvement?

#### V. Background information

The following questions help us better understand the background of respondents. Responses will be treated confidentially and analysed in aggregated form. Categories may be combined where necessary to ensure the individual respondents cannot be identified in the report.

1. \* Which EU member state do you represent? (select one)

- Austria
- Belgium
- Bulgaria
- Croatia

- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden

- Ukraine
- Prefer not to answer

2. \*Which work packages are you involved in (select all that apply)

WP1 - Coordination

WP2 - Communication

WP3 – Evaluation

WP4 – Sustainability

WP5 – Promoting cancer prevention and care through a comprehensive digital health literacy programme

WP6 – Collaborative clinical decision-making in diagnostics, treatment, and care across cancer centres (CCs)

WP7 – Capacity building for telemedicine

WP8 – Capacity building for effective telemonitoring and patient follow-up

WP9 – Reimbursement of digital health tools (DHTs) in the field of cancer in EU Member States

Administrative / supporting teams (not assigned to a specific WP)

Prefer not to answer

3. \*I work in: (select one that best describe your institution)

Ministry of health or other governmental body

National public health institute

Local or regional public health authority

Public statistic office

Public registries (e.g. national/ regional cancer registry)

University or other research institutions

Non-governmental organisation

Hospital, including research hospital

Other, please state here:

Prefer not to answer

---

4. \*How do you define your professional experience?

*(select one; for guidance, approximate years of experience are suggested)*

Early-career / junior level (0–5 years of professional experience)

Mid- level professional (6–15 years of professional experience)

Senior- level professional (16+ years of professional experience)

Prefer not to answer

5. \*What is your main area of work?

*(Select one)*

Clinical care

Public health

Clinical research

Health economics

Health policy

Digital technologies

Patient support or advocacy

Communication, dissemination & outreach

Project administration

Other

Prefer not to answer

## 6.4 Annex 4 Quality assessment checklist

### REVIEWER GUIDANCE

This guide provides a brief explanation of each section in the eCAN Plus Checklist to ensure consistent and high-quality evaluations of project deliverables and public milestones.

## 1. Section A: Basic Information & Formatting

This section is completed by the authoring/drafting team and subsequently subject to a light compliance check by WP3. It verifies that the document follows the required template and includes all mandatory elements (e.g., grant number, deliverable title, disclaimer, contributors list, version history, and EU acknowledgment).

## 2. Section B: Content

### A. Scope & Purpose

This subsection assesses whether the deliverable has a clearly defined objective and scope. Reviewers evaluate its alignment with the relevant Work Package objectives and its contribution to the Joint Action. They also consider whether the key issues addressed are clearly identified and appropriately framed.

### B. Document Development & Clarity

This subsection assesses the document's overall quality, structure, and internal coherence. Reviewers examine clarity, logical flow, methodological transparency, use of evidence, acknowledgment of limitations, and alignment between objectives, results, and conclusions.

### C. Applicability

This subsection examines the practical value of the deliverable. Reviewers assess whether it provides actionable guidance or tools and whether implementation aspects—such as potential barriers or enabling factors—are adequately considered.

## 3. Section C: EU Evaluation Criteria

This section applies the European Commission's evaluation framework, complementing the AGREE II-based assessment.

### A.Relevance

Assesses whether the document addresses current EU needs and challenges and considers future trends. It also evaluates whether the deliverable is positioned within the next steps of the Joint Action and related Work Packages.

### B.Coherence

Examines whether the document aligns with and complements relevant EU policies, programmes, or initiatives, demonstrating synergy.

### C. Effectiveness

Evaluates whether the document shows progress toward its stated objectives and explains the role of EU-level action in enabling the expected results.

### D. Efficiency

Assesses whether the proposed outputs or recommendations are proportionate, feasible, and achievable without unnecessary administrative or operational burden, and whether the approach appears cost-effective relative to expected impact.

### E. EU Added Value

Examines whether the document contributes to broader EU public health or policy objectives beyond individual Member State interests.

## 4. Section D: Overall Assessment

This section provides the reviewer's overall judgement of the deliverable's quality. It summarises key strengths, identifies priority areas for improvement, and offers constructive recommendations where needed. The overall rating should reflect the combined assessment across all previous sections.

### SECTION A. BASIC INFORMATION & FORMATTING

(COMPLETED BY AUTHORIZING TEAM & LIGHT CROSS CHECK BY WP3)

#### A) Does the document format correspond to the general recommendations?

Select Yes or To be completed for the following

Standard cover page	Select.
The writing style is consistent with project templates	Select.

(Segoe UI in bold for titles & subtitles and Calibri for body text)	
The writing style is consistent with project templates (20pt for titles, 16pt for subtitles, 12 for regular text)	Select.
<b>B) Does the cover page provide key basic information?</b>	
<b>Select Yes or To be completed for the following</b>	
Number of Grant Agreement: No. 101219434	Select.
Full title of the project: "Enhancing digital capabilities of cancer centres in Europe to improve prevention and care"	Select.
Acronym of the project: eCAN Plus	Select.
Name & number of deliverable or public milestone	Select.
Disclaimer clearly displayed	Select.
EU emblem and acknowledgement of the EU funding and programme name	Select.
eCAN Plus emblem	Select.
The date	Select.
<b>C) Does opening page provide key basic information?</b>	
<b>Select Yes or To be completed for the following</b>	
List of contributors	Select.
Task related to the deliverable or public milestone	Select.

Name and organization(s) of deliverable or public milestone author(s)	Select.
Version History	Select.
Table of contents	Select.
List of figures/tables	Select.
List of acronyms	Select.
Executive summary	Select.
<b>D) Does the document provide information regarding the stakeholders involved?</b>	
<b>Select Yes, No or Not Applicable for the following</b>	
Does the document involve patients in its development or content?	Select.
Does the document involve health care professionals in its development or content?	Select.
Does the document involve general public in its development or content?	Select.
Does the document involve relevant stakeholders in its development?	Select.
Does the document clearly explain the roles of the involved stakeholders?	Select.
SECTION B. CONTENT (COMPLETED BY REVIEWERS)	
<b>A) SCOPE &amp; PURPOSE</b>	

<b>Select from the following options (Yes, No, Partially)</b>	
The document clearly links the deliverable/milestone to the specific objectives of the Work Package and explains how it supports their achievement	Select.
The overall objective(s) of the document are clearly and specifically described.	Select.
The key questions or issues the document addresses are clearly described.	Select.
<b>Comments/Suggestion to improve :</b>	
<b>B) DOCUMENT DEVELOPMENT &amp; CLARITY</b>	
<b>Select from the following options (Yes, No, Partially)</b>	
The document is well-structured and easy to navigate.	Select.
The introduction clearly sets out the aims and specific objectives of the deliverable.	Select.
The introduction places the deliverable within the context of the overall objectives of the Joint Action.	Select.
The introduction clearly explains how the deliverable contributes to the objectives of the relevant Work Package.	Select.
The methodology is clear following a logical process.	Select.
The sources of information, data or evidence are clearly referenced.	Select.
The limitations or assumptions of the approach are described.	Select.

The results are described in a clear and detailed way.	Select.
The conclusions or recommendations logically follow from the data or analysis.	Select.
The conclusions are clearly linked to the document's objectives.	Select.
No contradictions, overlaps or misalignments are present within the document.	Select.
<b>Comments /Suggestion to improve:</b>	
<b>C) APPLICABILITY</b>	
<b>Select from the following options (Yes, No, Partially)</b>	
The document provides tools, guidance or advice on how to implement/use it in practice.	Select.
Potential barriers or facilitators to implementation are considered.	Select.
<b>Comments/Suggestion to improve:</b>	

**SECTION C. EU RELEVANCE CRITERIA  
(COMPLETED BY REVIEWERS)**

**Select from the following options (Yes, No, Partially)**

<b>A) Relevance</b>	
The document addresses needs and problems that are currently relevant for the EU context.	Select.
The document considers future needs, trends or challenges relevant to EU public health, or clearly positions itself within the next steps of the Joint Action and related Work Packages	Select.
<b>B) Coherence</b>	
The document demonstrates coherence with other relevant EU policies, programmes, or initiatives in the same domain (e.g., by showing complementarity and identifying synergies)	Select.
<b>C) Effectiveness</b>	
The document clearly demonstrates progress toward achieving its stated objectives.	Select.
The document explains the role of EU action in enabling these expected results.	Select.
<b>D) Efficiency</b>	
The outputs or recommendations are achievable without unnecessary administrative or operational burden. (TBD)	Select.
The approach taken appears cost-effective relative to expected results and impact. (TBD)	Select.
<b>E) EU ADDED VALUE</b>	

**The document contributes to broader EU public health or policy goals beyond individual Member State interests (If applicable)**

Select.

**Comments/ Suggestion to improve:**

**SECTION D. OVERALL ASSESSMENT  
(COMPLETED BY REVIEWERS)**

**OVERALL QUALITY**

Select from the following options on a 7-point scale (1 = very poor quality to 7 = excellent)

**Rate the overall quality of the deliverable or public milestone:**

1. Very poor quality – major issues throughout; not suitable for submission

2 Poor quality – significant gaps; requires substantial revision

3 Low quality – multiple weaknesses; not ready for submission

4 Acceptable – meets some criteria; moderate revisions needed

5 Good – meets most criteria; minor revisions needed

6 Very good – high quality; almost ready for submission

Select.





Milestones and Deliverables relevant to evaluation:

---

- 1 Evaluation Plan
  - 4 Interim evaluation report 1
  - 5 Framework for pilots and use cases evaluation ready
  - 7 Completed assessment of users' needs and constraints
  - 8 Completion of Initial Interoperability and Data Quality Analysis
  - 9 Initial internal ethical audit
  - 10 Interim evaluation report2
  - 12 Updated internal ethical audit
  - 13 Interim evaluation report3
  - 14 Completed assessment of user's experience, feedback and usage data
  - 15 Completion of final Interoperability and Data Quality Analysis
- Deliverable 3.2 Final Evaluation report
- Deliverable 3.3. Required indicator list