From EU-Funded Project to Sustainable Prevention Pathway

iBeCHANGE 105-minute stakeholder roundtable agenda
Monday, 14 September 2026 | online (Zoom) | 13:45 - 15:30 CEST

Core purpose

To define practical actions that will allow iBeCHANGE to continue beyond the EU grant. The session combines a short iBeCHANGE presentation, rapid-fire lessons from related projects and structured feedback from patient, clinical, technical, public-health, policy and implementation stakeholders.

Strategic framing

iBeCHANGE should be positioned not simply as a digital behavioural-change tool, but as a European prevention pathway that combines personalised behavioural support, emotional-management strategies, AI-enabled recommendation, responsible data governance and policy translation.

This is a working roundtable, not a sequence of formal presentations. iBeCHANGE partners will briefly explain what should be sustained and what they propose; related projects may use up to one slide each to support their sustainability lessons; and the wider group will challenge, refine and prioritise the proposals through moderated discussion and feedback from the floor.

Decision question: The central question for the roundtable is: **What must happen before the end of the EU grant so that iBeCHANGE can become a trusted, evidence-based and maintainable component of cancer prevention systems?**

Moderator: **Denis Horgan, EAPM (WP8)**

Proposed 105-minute agenda and contributors

Time	Agenda item	Purpose and discussion focus
13:45-13:50	Welcome, objective and decision question	Confirm that this is a working roundtable and introduce the central decision question. Set the expected output: a short list of priority actions, named owners and timelines for the iBeCHANGE Sustainability Action Matrix. **Lead contributors:** Denis Horgan (moderator and policy).
13:50-14:10	iBeCHANGE presentation: what should be sustained and what do we propose?	A concise project overview followed by short strategic, behavioural, clinical, technical and governance perspectives. Contributors should focus on the assets that must continue, the proposed sustainability route and the specific questions on which they need stakeholder feedback. Slides are optional; if used, use no more than one slide per perspective. **Lead contributors:** ● Marianna Masiero (behavioural science and psychology) *confirmed* ● David Suñol Moreno (technical sustainability) *confirmed* ● Nathan Lea (ethics, data protection and responsible AI) *confirmed*

Time	Agenda item	Purpose and discussion focus
14:10-14:35	Rapid-fire lessons from related EU projects	Each project has 2-3 minutes and may use up to one slide to answer three questions: What sustainability lesson have you learned? How are you planning continued use or implementation? What should iBeCHANGE adopt, avoid or develop jointly? Brief clarifications may be taken from the floor. **Lead contributors:** ● Live Fagereng (PRIME-ROSE) *confirmed* ● Imran Omar (PIONEER) *confirmed* ● Dipak Kalra (ASSESS-DHT) *confirmed* ● Els Van Valckenborgh (CAN.HEAL) *confirmed* ● Delia Nicoară (SUNRISE) *confirmed* ● Alexandra Olson (MELIORA; available 14:00-15:00 CEST) *confirmed*
14:35-15:00	Stakeholder perspectives: patients, citizens and advocacy	Moderated roundtable reactions to the iBeCHANGE proposal and the cross-project lessons. Discuss what would make the pathway trusted, understandable, relevant, equitable and useful over time, and what patient and advocacy organisations could contribute to validation and continued uptake. **Lead contributors:** ● Katerina Nikitara (ELLOK) *confirmed* ● Tanja Spanic (Europa Donna Slovenia) *confirmed* ● Ken Mastris (Tackle Prostate Cancer) *confirmed*
15:00-15:15	Clinical, technical, public-health and implementation perspectives	Focused responses on the evidence needed for adoption, integration into prevention or care pathways, interoperability and maintenance, governance, implementation readiness and public-health relevance. Contributors should react directly to the proposals already presented. **Lead contributors:** ● Jasmina Balabanova *confirmed* ● Dipak Kalra *confirmed* ● Nathan Lea *confirmed* ● David Suñol Moreno *confirmed*
15:15-15:25	Open floor: feedback, practical proposals and commitments	Invite comments and feedback from all stakeholders. Test the proposed sustainability routes and ask each stakeholder group for one concrete recommendation or contribution, such as a pilot site, evidence review, technical solution, patient-validation activity, policy route, funding pathway, implementation partner or joint cluster action. **Lead contributors:** Facilitated by Denis Horgan, with contributions from all speakers and participants.
15:25-15:30	Conclusions, priorities and next steps	Summarise the three to five priority actions agreed during the discussion. Confirm the proposed lead, immediate next step and timeline for each action, and explain how the results will feed into the Sustainability Policy Strategy and exploitation planning. **Lead contributors:** Denis Horgan.

Participation format: *The first 50 minutes contain only short, structured inputs. Slides are optional. iBeCHANGE contributors may use no more than one slide per perspective, and each related project has 2-3 minutes and may use up to one slide. The remainder is a moderated roundtable: interventions should be question-led, limited to approximately 1-2 minutes, and followed by comments and feedback from the floor. The speaking order may be adjusted to accommodate participants who need to join later or leave early.*

Roundtable prompts

To keep the discussion practical, each group should answer a precise sustainability question and propose one action for iBeCHANGE.

- **Related EU projects (Live Fagereng, Imran Omar, Dipak Kalra, Els Van Valckenborgh, Delia Nicoară and Alexandra Olson):** What is the most transferable sustainability lesson from your project, and what should iBeCHANGE do before project closure?
- **Patients, citizens and advocacy stakeholders (Katerina Nikitara, Tanja Spanic and Ken Mastris):** What would make people trust, understand, access and continue using iBeCHANGE, and how should patient organisations be involved?
- **Clinical and health-system perspectives (Marianna Masiero and Jasmina Balabanova):** How could iBeCHANGE fit into real prevention, screening or care pathways, and what clinical or implementation evidence is still required?
- **Public-health and implementation perspectives (Els Van Valckenborgh and Delia Nicoară):** Where could iBeCHANGE sit within European, national or regional prevention programmes, and what would make implementation sustainable?
- **Technical, digital, AI, data and ethics perspectives (David Suñol Moreno, Dipak Kalra and Nathan Lea):** What technical, interoperability, governance and maintenance arrangements are required for safe and durable continuation?
- **Policy, evidence and financing perspectives (Denis Horgan):** What evidence, economic case, policy route and funding mechanism would be needed for adoption, continued implementation or reimbursement?
- **All participants:** What is one concrete contribution you or your organisation could make after this roundtable, and by when?

Expected output

The session should end with an iBeCHANGE Sustainability Action Matrix, not only a narrative summary. The matrix should capture the main recommendation from the project presentations and stakeholder discussion, the decision required, the person or stakeholder group best placed to lead, the immediate contribution agreed during the roundtable and a practical timeline for action.

Sustainability question	Decision needed	Lead group	Timeline
What continues?	Platform, behavioural and emotional-management methodology, evidence, governance, policy network and/or training and implementation model	iBeCHANGE consortium	Before final project year
Who uses it?	Citizens, public-health systems, screening programmes, cancer centres, primary care and patient organisations	Clinical, patient and public-health partners	6-12 months
Who maintains it?	Consortium entity, technical partner, public-interest structure or SME-supported model	Coordinator, technical and governance partners	6-12 months
Who pays?	EU follow-on funding, national cancer plans, regional pilots, training, implementation contracts or reimbursement route	Coordinator, policy, HTA and implementation partners	6-18 months
What evidence is needed?	Effectiveness, acceptability, implementation readiness, cost-effectiveness, equity, governance and safety	Clinical, evaluation, technical and policy work packages	Ongoing

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