

# Involvement of Dutch partners in EU projects on cancer

Experiences and perceived value for cancer control in the  
Netherlands

English language short report of the report

**Betrokkenheid van Nederlandse partners bij EU-projecten over kanker:  
Ervaringen en betekenis voor de kankerbestrijding in Nederland'**

*(Rijken M, van der Heide I., Hansen J; Nivel, December 2025)*

Mieke Rijken  
Iris van der Heide  
Johan Hansen

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December 2025

+31 30 272 97 00

[nivel@nivel.nl](mailto:nivel@nivel.nl)

[www.nivel.nl](http://www.nivel.nl)

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## Preface

This report describes a study conducted in 2025 at the request of the team *Verbindend in de Aanpak van Kanker* (*Connection in the Approach to Cancer*), hereafter team VAK, of the Netherlands Ministry of Health, Welfare and Sport (VWS). The aim of the study was to gain a better understanding of how individuals and organisations in the Netherlands are involved in projects funded by European Union programmes ('EU projects'<sup>1</sup>) in the field of cancer, what these partners' experiences are with participating in these projects, and what they perceive as added value for cancer control in the Netherlands.

We consulted regularly with team VAK about the preparation and implementation of this study, but VWS had no say in how we described the study's results in this report or in the conclusions we drew. The conclusions are the sole responsibility of the authors. VWS staff also had no access to the microdata from the survey conducted or the interviews that underpinned this report.

We thank all persons who contributed to this study. Special thanks go to the staff of the Netherlands Enterprise Agency (RVO) for obtaining contact information and inviting contacts to participate in the survey. We also sincerely thank everyone who completed the survey or agreed to be interviewed for their willingness to contribute to the study and their valuable information.

Utrecht, December 2025

The authors

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<sup>1</sup> For readability, we use the term 'projects' for all EU funded or financed actions, regardless of the type of action.

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## Summary

At the request of the Ministry of Health, Welfare and Sport, Nivel conducted an exploratory study to answer the following question:

*How do Dutch research and field organisations experience participation in EU cancer projects, and what do they consider the added value for the Dutch cancer control system?*

Information was gathered through a survey among Dutch participants in EU projects. Respondents (N=43; response rate 46%) primarily worked in academic medical centres and specialised oncology centres, universities, and centres of expertise for oncology. In addition to the survey, interviews were conducted with six individuals involved in EU programmes other than as consortium partners from which the projects received funding: Horizon Europe (including specific calls from the EU Cancer Mission), Horizon 2020, EU4Health, and the third EU Health Programme.

### Participant experiences

Half of the survey respondents fulfilled the role of coordinator of the overall project for which they answered the questions. Experiences with participating in EU projects are generally positive: respondents see advantages primarily in terms of content, scale, and collaboration. However, participating in an EU project often entails a significant amount of administrative and reporting obligations. Consortium partners—and coordinators in particular—find themselves spending a significant amount of time on reporting and being accountable to the EU project officer.

### Added value for the Netherlands

Most survey respondents and all interviewees believe that the participation of Dutch partners in EU projects offers significant added value for cancer control (in the broadest sense) in the Netherlands. They provided examples of EU project results, such as diagnostic tests, personalised treatments, prediction tools, and clinical guidelines, which have since been implemented in the Netherlands. They also emphasised the economies of scale of European collaboration: it enables research into rare cancers and accelerates research among patients with more common cancers, making the results more readily available for healthcare in the Netherlands. Furthermore, EU programmes increase the amount of funding available for research and development substantially.

### Strengthening participation in EU research and implementation

The survey and interviews yielded several suggestions for strengthening participation in EU projects and the implementation of their results in the Netherlands. There is a need to deepen and broaden technology-driven cancer research and control (genomics, AI, precision medicine), to further implement and scale up project results in policy and practice, and to improve national and international coordination and collaboration. It is important that the Netherlands exerts influence on the content of the EU programmes. This enables EU funded projects to contribute to the realisation of the Netherlands Cancer Agenda (NKA). Structural consultation between the Ministry of Health, Welfare and Sport, researchers, and stakeholders can strengthen the Netherlands' influence on EU programming and alignment with the NKA. Structural consultation can also support the implementation of EU project results in the Netherlands.

### Conclusion

Dutch research/knowledge institutes and healthcare organisations play an important role in EU cancer projects. European collaboration is crucial for the Netherlands, amongst others, because (i) EU programmes make more funding available for research and innovation, (ii) Dutch research

capacity and expertise are strengthened, (iii) it facilitates research into rare cancers, (iv) research can be conducted more quickly, making its results available to healthcare sooner, and (v) it provides access to more data, substantially expanding research opportunities.

### **Recommendations**

To strengthen the implementation of European project results within the Netherlands, a clear overview is needed of which results are important and promising for implementation and scaling up. In the Netherlands, stakeholders who could play a role in the implementation of potentially valuable results should be identified and brought together. Parties responsible for the implementation of certain results should be facilitated and supported in this regard.

To ensure that Joint Actions and other EU actions contribute to the realisation of the NKA, the Netherlands could exert more influence on EU programming. This requires strong involvement of the relevant policy departments of the Ministry of Health, Welfare and Sport, as well as other ministries. It is important that all stakeholders involved in the development and implementation of the NKA are consulted. To this end, structured consultation between the Ministry of Health, Welfare and Sport and these parties is desirable. This could also further strengthen the implementation of the results of EU projects in the Netherlands.

# 1 Background and research questions

In this chapter, we describe the background and research questions for the exploratory study, as well as some relevant initiatives within the EU and the Netherlands to outline the context of the study.

## 1.1 Background

The Netherlands has one of the highest cancer incidence rates in Europe.<sup>2</sup> The age-adjusted incidence of cancer (all types except non-melanoma skin cancer) in the Netherlands in 2022 was 12.3% higher than the incidence calculated for the EU as a whole; only Denmark and Ireland had higher incidence rates. In 2023, 127,133 people in the Netherlands were diagnosed with cancer, and 46,169 people died from cancer (provisional figures). Age-adjusted, 459 per 100,000 people in the Netherlands were diagnosed with cancer in 2023, a 14.6% increase compared to 2000.<sup>3</sup> According to the IKNL, approximately half of all people in the Netherlands will develop cancer in their lifetime, partly due to increased life expectancy.<sup>4</sup> Cancer mortality decreased over the same period (-27.6%) due to increased survival rates for many types of cancer thanks to earlier detection and improved treatment methods.<sup>3</sup> Despite this, the number of people living with or after cancer in the Netherlands is increasing.

Given these developments and the associated significant consequences for people with cancer, their loved ones, and society, it is important that the Netherlands focuses strongly on cancer control in the broadest sense: on health promotion and cancer prevention, on early detection, on improved diagnosis and treatment, and on care and support during and after cancer. Participation in projects funded or financed by the EU can contribute to this. In this context, at the request of the Ministry of Health, Welfare and Sport, a survey was conducted among Dutch partners in EU projects to explore their experiences and what they believe the added value of participating in EU projects is for Dutch policy and cancer control. Additionally, several interviews were conducted to gather the experiences and perspectives of individuals or organisations involved in EU wide cancer control initiatives in a way other than as partners in an EU project.

## 1.2 Research questions

This exploratory study aimed to answer the following questions:

1. What are the experiences of individuals and organisations in the Netherlands involved in EU cancer projects? What do they perceive as the added value, advantages, and disadvantages of participating in EU cancer projects?
2. How are the results of EU projects incorporated into Dutch policy and healthcare, and how do those involved perceive their impact on cancer control in the Netherlands?

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<sup>2</sup> ECIS - European Cancer Information System | ECIS - European Cancer Information System (data about 2022; consulted on 2 July 2025)

<sup>3</sup> NKR Cijfers

<sup>4</sup> [Kans op kanker toegenomen naar 1 op de 2 Nederlanders](#)

## 1.3 Context

To better understand the research question and interpret the results, we describe some important developments and initiatives in Europe and the Netherlands in this section.

### 1.3.1 Cancer in Europe

Combating cancer is a high priority in the EU. This is because cancer is among the most common diseases in Europe and carries a significant disease burden. In 2022, 2.7 million people living in the EU-27 were diagnosed with cancer, and almost 1.3 million people died from cancer.<sup>5</sup> These numbers are expected to rise further in the coming decades due to an aging population, unhealthy lifestyles, and unfavourable social and environmental factors. The increase in the number of people diagnosed with cancer (excluding non-melanoma skin cancer) in the EU-27 is estimated at +18.4% over the period 2022-2040; the increase in the number of people dying from cancer in the EU-27 is estimated at +26.3% over the same period.<sup>2</sup> Furthermore, Europe is disproportionately affected by cancer; Although only 9.6% of the global population lived in Europe in 2022, 22.4% of all new cancer cases and 20.4% of all cancer deaths were diagnosed in Europe.<sup>6</sup>

Cancer has a significant impact on the lives of people who have (had) cancer and their loved ones. Cancer treatments are physically demanding and psychologically disruptive and can negatively impact physical, psychological, and social functioning for many years to come. Moreover, the societal burden of cancer is high, due in part to high healthcare expenditures, absenteeism due to illness, reduced opportunities for unpaid or paid work, and expenditure on disability benefits. The high disease burden has been a key reason for the European Commission and the EU Member States to place cancer control high on the policy agenda in Europe for the period 2021-2027. While the Commission has supported cancer research and innovation for decades, recent years saw an additional boost to research and innovation by launching the EU Cancer Mission in 2021 (see section 1.3.2). Policy relevant projects and Joint Actions in this area have also been initiated for decades by the EU Health Programmes. To accelerate the fight against cancer in Europe and increase its impact, the Europe's Beating Cancer Plan was also developed in 2021 in consultation with the EU Member States, stakeholders and citizens (see section 1.3.3). To implement this plan and the mission, the Commission made substantial funding available for EU wide initiatives and activities in Member States.

### 1.3.2 EU Cancer Mission

Under the Horizon Europe programme, five missions were launched in September 2021 to accelerate and increase the impact of research and innovation in addressing some of the major challenges facing Europe. Cancer was—and continues to be—identified as one of these major challenges, resulting in the development of the EU Cancer Mission. Under the auspices of the Directorate-General for Research and Innovation (DG RTD), the Cancer Mission was developed by the first Cancer Mission Board, to which international experts from various disciplines were appointed by the European Commission. Throughout the development process, stakeholders and citizens in EU countries were regularly consulted about their needs and the proposed concrete goals and solutions for the mission. To this end, Mission Board members supported or organised events in EU countries, and the Commission organised several international events to gather input and feedback from citizens, patients, and family members.

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<sup>5</sup> ECIS - European Cancer Information System | ECIS - European Cancer Information System (data for 2022; consulted on 2 July 2025)

<sup>6</sup> Bray F, Laversanne M, Sung H, et al. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2024; 74(3): 229-263. doi:10.3322/caac.21834

The EU Cancer Mission has set the goal to “improve the lives of more than 3 million people by 2030, through prevention, cure and for those affected by cancer including their families, to live longer and better”. To achieve this goal, the Mission addresses four key objectives: 1. Achieving a better understanding of cancer and its risk factors 2. Preventing what is preventable 3. Optimising diagnostics and treatments 4. Improving cancer patients’ quality of life. (European Commission, 2023)<sup>7</sup>

Following the development of the mission, the second Cancer Mission Board was established to support its implementation across the EU and within Member States for the period 2021-2027, and to monitor progress. An implementation plan has been developed for the mission (European Commission, 2021)<sup>8</sup>, and various instruments are being deployed. These include Horizon Europe activities, such as the specific Cancer Mission calls within the Horizon Europe work programmes, and the development of a network of national Cancer Mission Hubs (supported by the ECHoS project). The development of physical and digital infrastructures within EU4Health and the DIGITAL Europe programme are also being used for the mission's implementation, as are other instruments such as the Cohesion Policy Funds and the Joint Research Centre (JRC)'s Knowledge Centre on Cancer (KCC).

### 1.3.3 Europe’s Beating Cancer Plan

Parallel to the Cancer Mission, Europe's Beating Cancer Plan (EBCP) was developed and launched in February 2021 (European Commission, 2021)<sup>9</sup>. The EBCP is an action plan developed by the European Commission, under the auspices of the Directorate-General for Health & Food Safety (DG SANTE), in consultation with the EU Member States. It is part of the Commission's proposals for a European Health Union, in which Member States work together to increase their effectiveness in addressing health crises and protecting public health.

The EBCP identifies four areas for action: 1. Prevention, 2. Early detection, 3. Treatment, and 4. Quality of life, as well as cross-cutting priorities such as reducing inequalities in access, care, and outcomes of cancer prevention/care, and attention to cancer in children, adolescents, and young adults. The EBCP identifies 42 actions to be implemented over the period 2021-2030, including ten flagship initiatives. (European Commission, 2021)<sup>9</sup>

For all 42 actions in the EBCP, an implementation roadmap (European Commission, 2022)<sup>10</sup> indicates when they should start, what should be achieved by when, and the instruments to be deployed. These instruments include projects, Joint Actions (formal collaborations between EU Member States’

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<sup>7</sup> European Commission: European Research Executive Agency, EU missions, cancer – European Research Executive Agency contributing to the mission, Publications Office of the European Union, 2023, <https://data.europa.eu/doi/10.2848/07222>

<sup>8</sup> European Commission (2021): European Commission, Directorate-General for Research and Innovation. Cancer - Improving the lives of more than 3 million people by 2030 through prevention, cure and for those affected by cancer including their families, to live longer and better – Implementation Plan. [cancer\\_implementation\\_plan\\_for\\_publication\\_final\\_v2.pdf](#)

<sup>9</sup> European Commission (2021): European Commission, Directorate-General for Health and Food Safety. Europe’s Beating Cancer Plan - Communication from the commission to the European Parliament and the Council. [eu\\_cancer-plan\\_en\\_0.pdf](#)

<sup>10</sup> European Commission (2022): European Commission, Directorate-General for Health and Food Safety. Europe’s Beating Cancer Plan – Implementation Roadmap. [2021-2025\\_cancer-roadmap1\\_en\\_0.pdf](#)

public authorities under the supervision of the European Commission), tenders, and other actions funded by the EU4Health programme, as well as projects or other actions initiated through Horizon Europe or DIGITAL Europe, and in collaboration with, for example, the Organisation for Economic Co-operation and Development (OECD).

As shown above, significant synergy has been created between the Cancer Mission and the EBCP, which aims to strengthen the implementation of both initiatives. For example, several recommendations from the Cancer Mission have been incorporated into the EBCP, and policy officers from DG RTD (responsible for the Cancer Mission) and DG SANTE (responsible for the EBCP) are working closely together, including in consultation with the Public Health Expert Group sub-group on cancer. However, the Cancer Mission is more oriented towards research and innovation, while the EBCP is an action plan for policymakers and stakeholders at EU and national level.

### **1.3.4 Netherlands Cancer Collective and the Netherlands Cancer Agenda**

The Netherlands Cancer Collective (NKC) is an independent and open partnership of organisations in the Netherlands that are active both within and outside of healthcare.<sup>11</sup> The NKC was established in 2022 at the initiative of the Netherlands Comprehensive Cancer Organisation (IKNL), the Netherlands Cancer Society (KWF Kankerbestrijding), and the Netherlands Federation of Cancer patient organisations (NFK) to address the need for a national cancer plan, for which there was broad support in the Netherlands. The Netherlands was one of the few EU countries without a national cancer plan at the time. In 2023, the Netherlands Cancer Agenda (NKA) was developed bottom-up through co-creation and consultation with all stakeholders and experts in the Netherlands. The Ministry of Health, Welfare and Sport (VWS) was one of the parties involved.

The NKA builds on and connects various Dutch cancer initiatives and research (at national, regional, and local levels) and aligns with other national initiatives, including the National Prevention Agreement, the Integrated Care Agreement, and the National Palliative Care Programme, as well as initiatives within the Appropriate Care movement, such as the Appropriate Care Framework for people with cancer. Furthermore, the NKA aligns with EU initiatives.

The NKA has the status of a national cancer plan, with the Ministry of Health, Welfare and Sport embracing it. It contains 20 goals to combat cancer in the Netherlands and reduce its impact on society; these relate to: 1. Cancer prevention, 2. Early detection, 3. Diagnosis, treatment, follow-up, and palliative care, and 4. Quality of life. Five of the 20 NKA goals have initially been prioritised:

1. Smoking cessation: By 2032, the number of smokers will have decreased to 5% of adults and 0% of young people and pregnant women.
8. Early detection through population screening: By 2032, the disadvantages and barriers to participation in early cancer screening (through population screening) will have been reduced.
12. Rare cancers: By 2032, the survival of people with or after a rare form of cancer will have improved.
15. (Late) consequences: By 2032, people living with or after cancer will have access to good care and support to prevent and reduce the impact of the (late) consequences of cancer.

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<sup>11</sup> [Home - Nederlands Kanker Collectief](#)

17. Work and cancer: By 2032, people living with or after cancer will be able to work according to their own wishes, needs, and capacity.

For these prioritised goals, specific subgoals and concrete action plans have been developed. (Dutch Cancer Collective, 2023)<sup>12</sup>

With the NKA the implementation of the EU Cancer Mission and the EBCP is being operationalised in the Netherlands. This also includes utilising the resources and support provided by EU programmes and seeking European collaboration. To strengthen collaboration at the European level and stimulate the exchange of knowledge and expertise, the European ECHO-S project was established in 2023. Its goal is to develop national Cancer Mission Hubs and establish a European network of these hubs. The Netherlands Cancer Mission Hub is embedded within the NKC.

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<sup>12</sup> Nederlands Kanker Collectief (NKC). De Nederlandse Kanker Agenda (NKA): 20 doelen om de impact van kanker op de samenleving te verminderen. Editie 1.6 (augustus 2025). NKC: november, 2023. [Agenda - Nederlands Kanker Collectief](#)

## 2 Discussion on the results

The aim of the study we conducted was to gain more insight into how individuals/organisations in the Netherlands are involved in EU cancer projects, what their experiences are with participating in these projects, and what they perceive as added value for cancer control in the Netherlands. We also explored how individuals surveyed or interviewed for the study believe the involvement of the Netherlands and/or Dutch organisations in EU cancer projects or their programming could be optimised.

### 2.1 Comments on the study

Before discussing the results of this exploratory study, we discuss the research methodology to put the results into perspective. The exploratory study had to be conducted in a short time, which meant the research could only be limited. Therefore, we conducted the survey among a sample of individuals who have been involved in EU cancer projects from Dutch organisations in recent years. Because tracing the correct individuals and their contact details was a labour-intensive process, we could not invite all contacts/Principal Investigators (PIs) from the eligible projects to participate in the survey. Instead, we drew a (non-probability) sample of 94 projects of which we invited one Dutch contact/PI to participate in the survey. We tried to include a variety of projects in the sample, for example from different EU programmes, smaller and larger projects, with different project types represented, and both projects that were still going on and projects that had been finalised/ This, to gather as broad a range of information as possible.

The response rate to the survey (46%) was not high, but not exceptionally low either. We did observe that the response rate from contacts from the selected Horizon 2020 projects, which had often been completed for several years, was lower (31%) than from contacts from the selected Horizon Europe projects (55%), which were mostly still ongoing. This may have skewed the results somewhat. However, we did not examine whether respondents' experiences and perspectives differed depending on the type of EU programme the project was financed/funded from or on any specific project characteristics, as the number of respondents (N=43) was too small, or the distribution of the characteristic in question hampered a proper comparison. Therefore, the survey results are not further detailed.

Furthermore, we wish to note that when interpreting the results, certain frequency differences should not be overemphasised. For example, when asked whether the Netherlands should submit more frequently on certain main themes, seven respondents indicated that submissions should be more frequent within the theme 'Understanding cancer' and thirteen respondents indicated that submissions should be more frequent within the cross-cutting theme of technology and data. This should not be interpreted as suggesting that the Netherlands should participate more frequently in technology and data projects than in projects focused on understanding cancer. The respondent pool is too small to draw such conclusions, and with regard to this specific example, slightly more respondents participated in the survey who were themselves involved in a 'technology/data' project than in a project with a focus on understanding cancer.

Regarding the interviews, the limited number of interviewees (six persons) should be taken into account. However, the experiences and perspectives of the interviewees add significant value to this exploration, as they reflected on the topic from a different perspective (than that of participants in an EU project). Moreover, we see that the experiences and views of the interviewees correspond

well with those of the survey respondents, which means that the results generally present a consistent picture.

## 2.2 Discussion of the main findings

### Involvement in EU projects

The interviews reveal that a wide range of organisations play a significant role in cancer research and innovation in Europe. Dutch organisations often initiate and coordinate EU projects and serve as role models for partners in other countries. The survey also confirms that respondents often play a relatively large role in EU projects, as coordinator of the overall project (49%) or work package leader (19%). Survey respondents primarily worked in academic medical centres and specialised oncology centres, universities, and centres of expertise for oncology. Notably, none of the respondents worked for a patient organisation. This may give a somewhat skewed picture of the involvement of patient organisations (for example, of member organisations of the NFK), as we often contacted the project's principal investigator (PI) for the survey, and for most projects, it is less likely that this role would be fulfilled by a patient organisation. Nevertheless, it is important to examine whether Dutch cancer patient organisations would like and could be more involved in EU projects. The interview with the NFK staff member reveals that this ambition does exist and is already being further developed through the NFK's position within the Dutch Cancer Mission Hub and the ECHoS project. Some NFK member organisations have also already joined European partnerships.

The survey also reveals that few respondents believe Dutch organisations are not sufficiently involved in EU projects, although a slightly larger number would like to see more Dutch submissions on certain topics.

### Added value / advantages and disadvantages of participating in EU projects

Experiences of participating in an EU project are generally positive: both survey respondents and interviewees primarily see benefits related to content, scale, and collaboration. These include learning from each other's expertise, exchanging knowledge and ideas, accelerating research and enabling deepening and enriching research through European collaboration (larger patient numbers, more data), and the greater impact and reach of project results. However, the survey also reveals that participating in EU projects comes with administrative burdens: consortium partners, and the coordinator in particular, spend a significant amount of time reporting and being accountable to the EU project officer. The administrative burden associated with participating in (a grant application for) an EU project is (or has been) a reason for approximately one in three respondents to refrain from participating. Coordinators may also face significant coordination challenges, especially in large consortia (e.g., large Joint Actions). It takes considerable time and energy to ensure that all partners collaborate productively, both in terms of content and process. More support for coordinators and recognition of the importance of all scientific domains are considered desirable.

Most survey respondents believe that participation in EU projects has significant or considerable added value for cancer control in the Netherlands. They point to examples showing that results from certain projects (e.g., diagnostic tests, personalised treatments, prediction tools, guidelines) are now being used in clinical practice in the Netherlands. Both survey respondents and interviewees indicate that EU programmes have increased the amount of funding for research and development. They also emphasise that international collaboration is essential for research into rare cancers, including cancers in children, adolescents, and young adults (CAYA). And for more prevalent cancers, collaboration with other countries means that studies can be conducted more quickly, making the

results available to healthcare providers more quickly. Moreover, participating in EU projects strengthens Dutch research capacity and expertise.

### **Implementation of the results and influence on EU programming**

Both the interviews and the survey reveal that coordination and support within the Netherlands are necessary to prevent fragmentation. Furthermore, there is a broad need for increased implementation and scaling up of EU project results in policy and practice, and for better national and international collaboration and coordination. It is crucial that the Netherlands exerts structural influence on the programming of EU research and innovation. This enables EU projects to contribute to the realisation of the Netherlands Cancer Agenda (NKA), and ensures the NKA's alignment with EU initiatives such as the Cancer Mission and the EBCP. Structural consultation between the Ministry of Health, Welfare and Sport, research organisations, and stakeholders in the Netherlands on European developments could strengthen the Dutch influence on EU programming and its alignment with the NKA. Continuous dialogue between the Netherlands Ministry of Health, Welfare and Sport and Dutch stakeholders can also support the implementation of EU project results in the Netherlands.

## **2.3 Conclusion and recommendations**

Dutch research organisations, knowledge institutes, and healthcare organisations play an important role in EU cancer projects. They are considered leading in many areas within adult and paediatric oncology. As a result, the Netherlands has much to offer Europe. At the same time, European collaboration is also crucial for the Netherlands, amongst others, because EU programmes increase the funding opportunities for research and innovation, strengthen Dutch research capacity and expertise, facilitate research into rare cancers, accelerate research and therefore make results available to healthcare sooner. It also provides access to much more data, which significantly expands the potential for cancer research.

Implementation of European research results in the Netherlands can be strengthened by getting a clear overview of which results are important and promising for implementation and scaling up, identifying and connecting parties that could play a role in implementing certain results in the Netherlands, and facilitating and supporting these parties. To ensure that Joint Actions and other EU actions contribute to the realisation of the NKA, the Netherlands could exert greater influence on EU programming. Structural consultation between the Ministry of Health, Welfare and Sport and Dutch stakeholders can contribute to this, and also support the implementation of the results of EU projects in the Netherlands.

## Appendix: Research methodology

For this exploratory study, Nivel conducted a survey among contacts (mostly Principal Investigators, PIs) within Dutch organisations that have participated in one or more EU projects in recent years. To highlight perspectives beyond those of participants/consortium partners, we also interviewed several individuals involved in EU initiatives in other ways.

### Survey

The survey was administered online using the EU Survey tool: <https://ec.europa.eu/eusurvey/>. The questionnaire contained both closed and open-ended questions. For most closed questions, respondents were asked to provide an explanation in an open-ended text field. The survey questions were developed by Nivel. The VAK team and some key persons within the Dutch cancer control system reviewed the questionnaire and made several suggestions for modification or expansion. The survey consisted of (i) questions about the respondent, (ii) questions related to experiences with and perceived added value of a specific EU project, and (iii) questions about the perceived added value of participation by the Netherlands/Dutch partners in EU projects in general, and how involvement in EU projects and their added value for policy and cancer control in the Netherlands could be optimised.

The sampling frame was determined in March 2025. It consisted of 295 projects that had received grants or funding from the Horizon Europe programme, the Horizon 2020 programme, or the Seventh Framework Programme. We used the CORDIS database for this. A sample of 75 projects was drawn from this sampling frame. In addition, 19 projects from the EU4Health programme and the Third Health Programme were included in the sample. The total sample therefore consisted of 94 projects. The reason for not including all projects in the sample was that tracing the correct contact persons within the Netherlands needed to be done manually, which would have been too time-consuming.

The PIs/contact persons of the 94 selected projects received an email from Nivel (if they were known to the Nivel researchers or were mentioned in publicly available information about the project in question) or from the Netherlands Enterprise Agency (RVO), if their name and email address were not known or publicly available. The email contained an invitation to participate in the survey, along with an explanation of the background and purpose of the study, and a link to the online questionnaire. Nivel and RVO sent a maximum of two reminders to the selected individuals. Data collection took place in April and May 2025.

A total of 43 contacts/Pis responded to the survey. From the following projects a response on the survey was received.

#### Horizon Europe programme

- 4D PICTURE (Design-based Data-Driven Decision-support Tools: Producing Improved Cancer Outcomes Through User-Centred Research)
- AMBER (APOBEC Mutagenesis: a novel Achilles heel of Breast cancer)
- CCI4EU (Comprehensive Cancer Infrastructures 4 Europe)
- CURE-PDAC (Acceleration of the world's first autotaxin inhibitor for the treatment of pancreatic cancer (PDAC))

- DEFINITIVE (Diagnostic HER2DX-guided treatment for patients with early-stage HER2-positive breast cancer)
- ECHos (Establishing of Cancer Mission Hubs: Networks and Synergies)
- HyperCollar4D (Radical Improvement of Cancer Treatment without Additional Negative Side Effects)
- IDEA4RC (Intelligent Ecosystem to improve the governance, the sharing and the re-use of health Data for Rare Cancers)
- IMAGIO (IMaging and Advanced Guidance for workflow optimization in Interventional Oncology)
- ONCODIR (Evidence-based Participatory Decision Making for Cancer Prevention through implementation research)
- ONCOVALUE (Implementing value-based oncology care at European cancer hospitals: An AI-based framework for assessing real-life effectiveness of novel cancer therapies in real-time)
- PACT4EYE (Innovative Photoactivated Ruthenium Chemotherapy to treat eye cancer)
- PAL-CYCLES (PALliative Care Yields Cancer wellbEing Support)
- PIECES (Towards large-scale adaption and tailored implementation of evidence-based primary cancer prevention programmes in europe and beyond)
- PREFERABLE-II (Personalised Exercise-Oncology for improvement of supportive care: a super umbrella trial to demonstrate the (cost)effectiveness of live-remote exercise in cancer survivors)
- SERENITY (Towards Cancer Patient Empowerment for Optimal Use of Antithrombotic Therapy at the End of Life)
- SPACETIME (SPatial Analysis of Cancer Evolution in the Tumour Immune MicroEnvironment)
- STRONG-AYA (The STRONG-AYA initiative: Improving the future of young adults with cancer)

#### Horizon 2020 programme

- B-CAST (Breast Cancer STRatification: understanding the determinants of risk and prognosis of molecular subtypes)
- BRIDGES (Breast Cancer Risk after Diagnostic Gene Sequencing (BRIDGES))
- FURTHER (Focused Ultrasound and RadioTHERapy for Noninvasive Palliative Pain Treatment in Patients with Bone Metastasis)
- IMMUNOSABR (Clinical proof of concept through a randomised phase II study: a combination of immunotherapy and stereotactic ablative radiotherapy as a curative treatment for limited metastatic lung cancer)
- INGSIGHT (Selective Inhibition of NOTCH by novel  $\hat{I}^3$ -Secretase Inhibitors in Tumours)
- MammaPrint (Improved breast cancer care by innovative diagnostic test MammaPrint)
- MIC (Multi messenger Imaging of Cancer)
- PANCAIM (Pancreatic cancer AI for genomics and personalized Medicine)
- PanCareFollowUp (Novel, patient-centred survivorship care to improve care quality, effectiveness, cost-effectiveness and accessibility for survivors and caregivers)
- PRECIOUS (Scaling-up biodegradable nanomedicines for multimodal for multimodal precision cancer immunotherapy)
- SixthSense (Early diagnosis of cervical cancer through the validation of Human Papilloma Virus viral load and expression of oncogenic viral proteins E6/E7 as risk indicators)
- TENSION (Targeting replication stress recovery pathways in oncology)
- VALID-SCREEN (Validation of PreCursor-M for enhanced Cervical (Pre)Cancer detection)

#### EU4Health programme

- CAN.HEAL (Building the EU Cancer and Health Genomics Platform)
- EUCanScreen (EU Joint Action on Cancer Screening)

- EUnetCCC (European Network of Comprehensive Cancer Centers)
- JANE-2 (Joint Action on Networks of Expertise)
- OriON (Joint Action on Contribution to the Cancer Inequalities Registry to Monitor National Cancer Control Policies)
- PRAISE-U (PRostate cancer Awareness and Initiative for Screening in the European Union)
- Schools4Health
- smartCARE (smart Card Application improving canceR survivors quality of life)
- TOGAS (Towards Gastric Cancer Screening Implementation in the European Union)

### Third EU Health programme

- JA CanCon (Joint Action on Cancer Control)
- JA iPAAC (Joint Action The Innovative Partnership for Action Against Cancer)
- JARC (Joint Action on Rare Cancers)

## Interviews

In June and July 2025, several interviews were conducted with individuals involved in the relevant EU programmes and/or projects in a capacity other than as participants/consortium partners, either personally or through their organisations. This was a supplementary activity, which, given the limited time available for the study, had to be limited in scope. Therefore, it was decided to conduct no more than five interviews with individuals/organisations proposed by Nivel.

For these interviews, Nivel developed a checklist of themes and questions, which was reviewed in advance by the VAK team. The checklist was intended as a guide, but the content of the interviews varied depending on the interviewee and their involvement in the topic. The interviews were conducted by two researchers (MR, JH) and recorded with the interviewee's consent. Based on the notes and interview transcripts, a short report of each interview was prepared and submitted to the interviewees for review, additions, and approval.

We conducted four individual interviews and one interview with two interviewees. The following persons (who gave permission to include their names in the report) were interviewed:

- Jost de Bruin, Netherlands Enterprise Agency (RVO)
- Manon Crijns, Netherlands Federation of Cancer patient organisations (NFK)
- Carla van Laer, Netherlands Cancer Collective
- Rob Pieters, Prinses Máxima Center and member of the EU Cancer Mission Board
- Tonnie Rijkers, Netherlands Enterprise Agency (RVO)
- Nicoline Tamsma, National Institute for Public Health and the Environment (RIVM)
- Sten Zelle, National Institute for Public Health and the Environment (RIVM)

## Data analysis

The survey was analysed using quantitative descriptive statistics. The answers to the open-ended questions and in the open-ended text fields were anonymised and summarised using generative AI<sup>13</sup>.

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<sup>13</sup> AI was used on anonymised texts within a secure environment; texts were not used for system training.

These summaries were then reviewed, corrected, and supplemented by the researchers. The interview transcripts were manually synthesised and integrated into this report.