ERRIN's Health and ICT Working Groups

AI in Healthcare

4th of November 2026 | 10:00 – 12:00

ERRIN European Regions Research and Innovation Network



Agenda

10:00	**Welcome** ERRIN Health and ICT WG Leaders
10:10	**Digital Health: EHDS & AI** **Andreia Oliveria** DG SANTE
10:25	**From Fragmented Health Data to Trustworthy health AI for Improved Patients Care** **Professor Elena Casiraghi** University of Milan, AnacletoLab
10:40	**Innovative Healthcare Initiative (IHI) and its work on AI in Healthcare** **Paloma Mallorquin** Innovative Healthcare Initiative
11:00	**Regional Best Practises:** **NaIA-DMAE: Artificial Intelligence to Improve the Treatment of Age-Related Macular Degeneration** **Dr. José Andonegui Navarro** NAVARRABIOMED **The Utrecht AI for Health Ecosystem** **Dr. Ilse Kant** University Medical Center Utrecht
11:30	**Updates from the ERRIN Secretariat** **Kyle Galea** ERRIN Secretariat
11:45	**Conclusion of the meeting**



Digital Health: EHDS & AI

ERRIN Health

04.11.2026

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European Commission

No trustworthy AI without trustworthy data

Fragmented health data

- Silos across providers and regions
- Different formats and coding
- Incomplete or biased datasets

European Health Data Space

Diverse and representative health data

- Authorised and traceable access
- Protection, security and clear safeguards
- Interoperability across borders and systems

Trustworthy AI in health

- Clinically useful
- Fair and representative
- Monitored over time



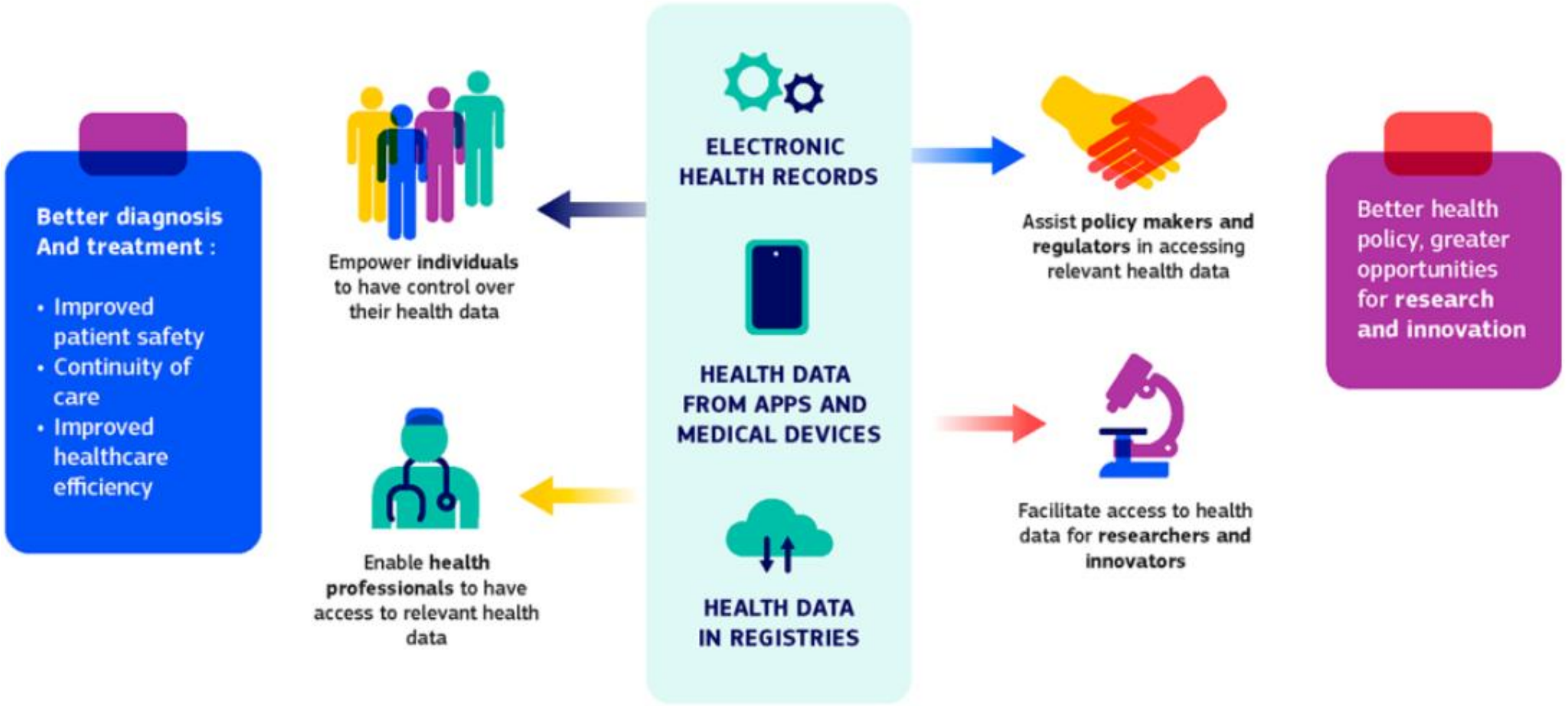
For patients and professionals:
safer care, less duplication and stronger research **under safeguards.**

A healthier tomorrow, together.

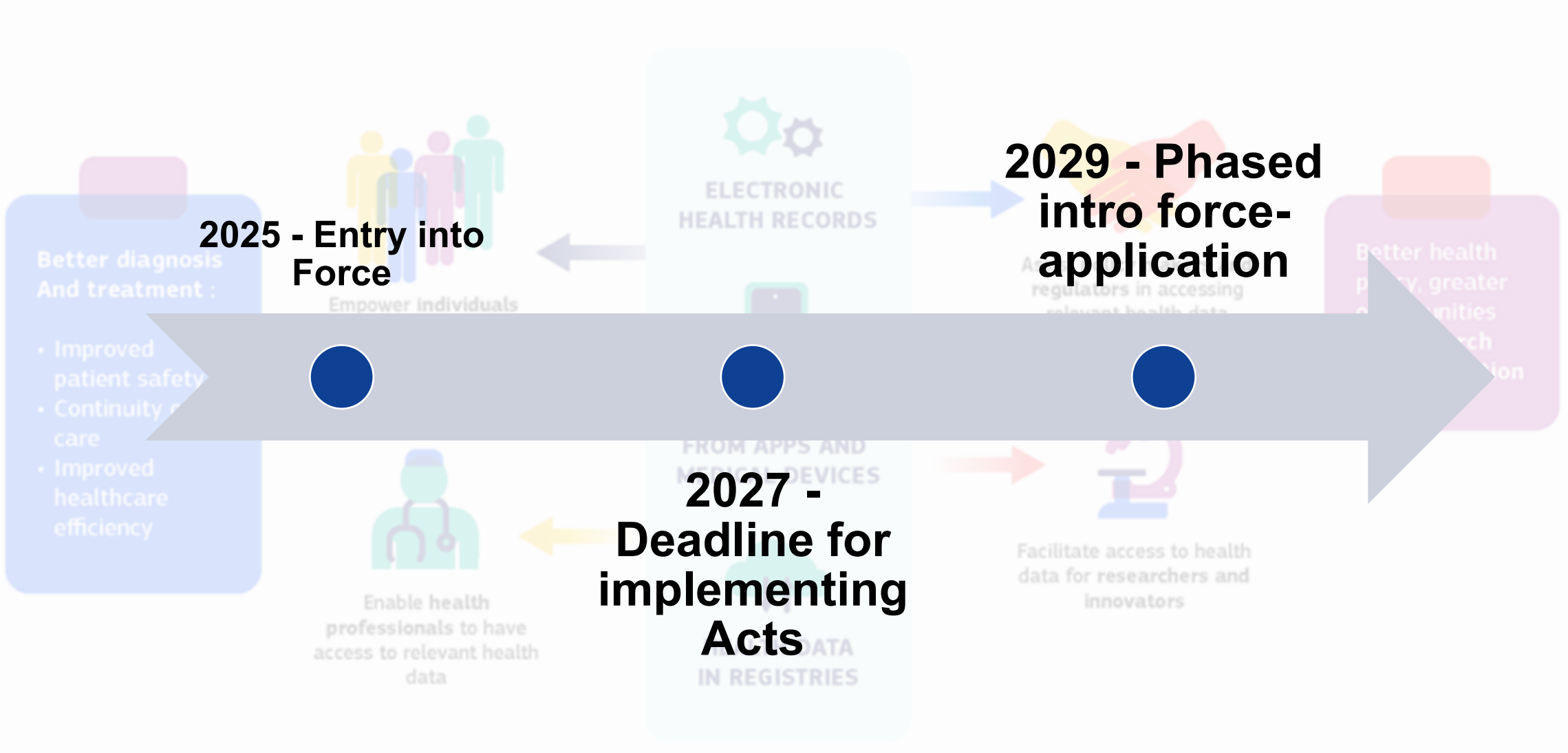
European Health Data Space: What is it about?

Primary use *of health data*

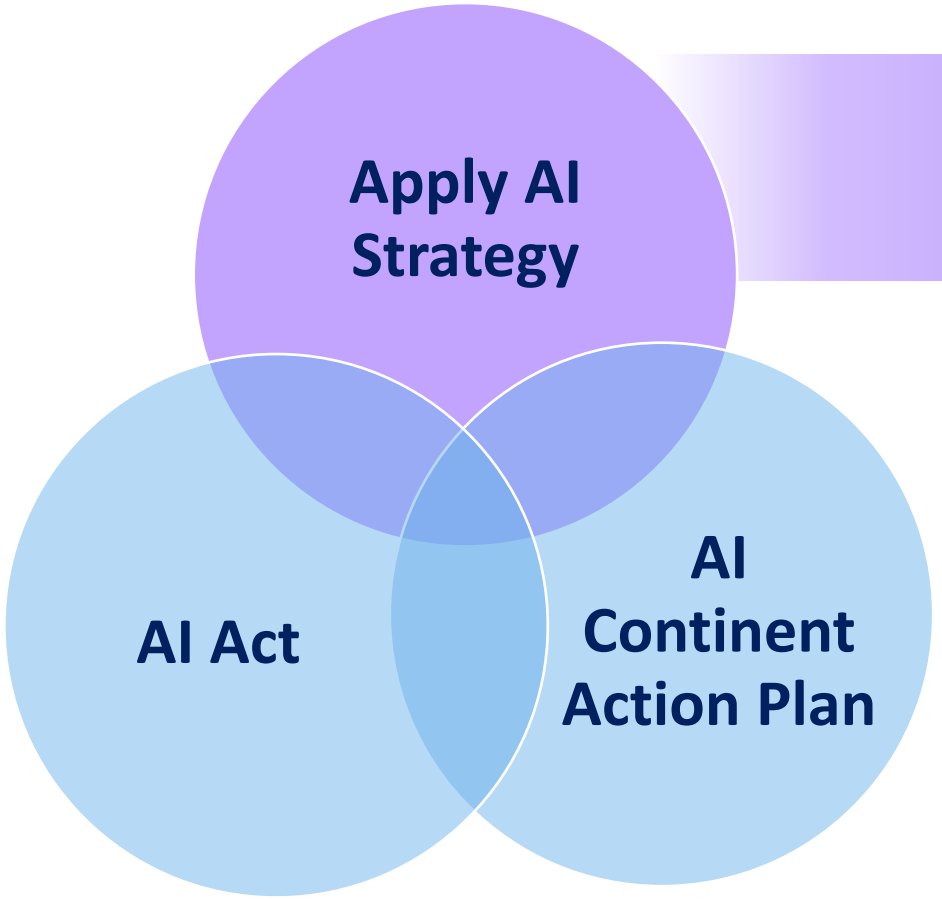
Secondary use *of health data*



European Health Data Space: When will this be available?



EU approach to AI: promoting excellence and trust



Sectorial approach

AI first policy

Stakeholder-driven

4 main objectives covering **competitiveness** and **sovereignty**

→ increase AI adoption, especially among SMEs

→ facilitate AI integration in strategic sectors

→ unlock AI's wider societal benefits

→ develop EU's own AI excellence

https://digital-strategy.ec.europa.eu/en/policies/apply-ai

European Commission

Apply AI Strategy

Driving **adoption of AI** across strategic sectors, including **healthcare**



- support for SMEs
- enabling an AI-ready workforce
- leveraging advanced AI capabilities
- ensuring trust in the market

Sectoral actions based on:

- structured dialogues (17)
- 2 high-level political dialogues and a public consultation

- **Apply AI Alliance**: a Forum for policymakers, industry, academia and civil society
- **AI Observatory**: Tracking progress and insights

European Commission

11 strategic sectors (example of actions)



Healthcare and pharma

Establish AI-powered screening centres to improve detection and diagnosis.



Mobility, transport and automotive

Launch an Autonomous Drive Ambition Cities initiative to accelerate the deployment of self-driving vehicles.



Robotics

Establish a Catalyst for the Uptake of European Robotics to boost innovation.



Manufacturing, engineering and construction

Develop advanced models and AI agents for manufacturing.



Climate and environment

Deploy an AI-Earth frontier model to foster better weather forecasts, Earth monitoring, and prediction.



Energy

Support a generative AI-enabled digital backbone to better balance energy generation, load and demand.



Agrifood

Create an Agri-food AI platform to facilitate specialised farming apps to reach the market.



Defence, security and space

Deploy a EU highly secured computing power infrastructure for the development and training of defence AI models.



Electronic communications

Create an AI platform for telecoms operators to build AI elements.



Cultural and creative sectors, and media

Foster the development of micro-studios across the EU, specialising in AI-enhanced virtual production.



Public sector

Build an AI toolbox for public administrations, with a repository of practical, open-source and reusable tools and solutions.

European Commission

Apply AI Strategy: Health Sector

4 Flagship initiatives in healthcare, including pharmaceuticals

Flagship 1: European AI-powered advanced screening centres

Flagship 2: European Network of Expertise on AI Deployment in Healthcare

Flagship 3: AI drug discovery challenge for potential new drugs that could be used to address unmet medical needs and treat diseases that have proven difficult to cure, such as Alzheimer's disease or certain cancers

Flagship 4: Propose appropriate actions to streamline and enable quicker market entry of medical devices without compromising safety

European Network of Expertise on AI Deployment in Healthcare

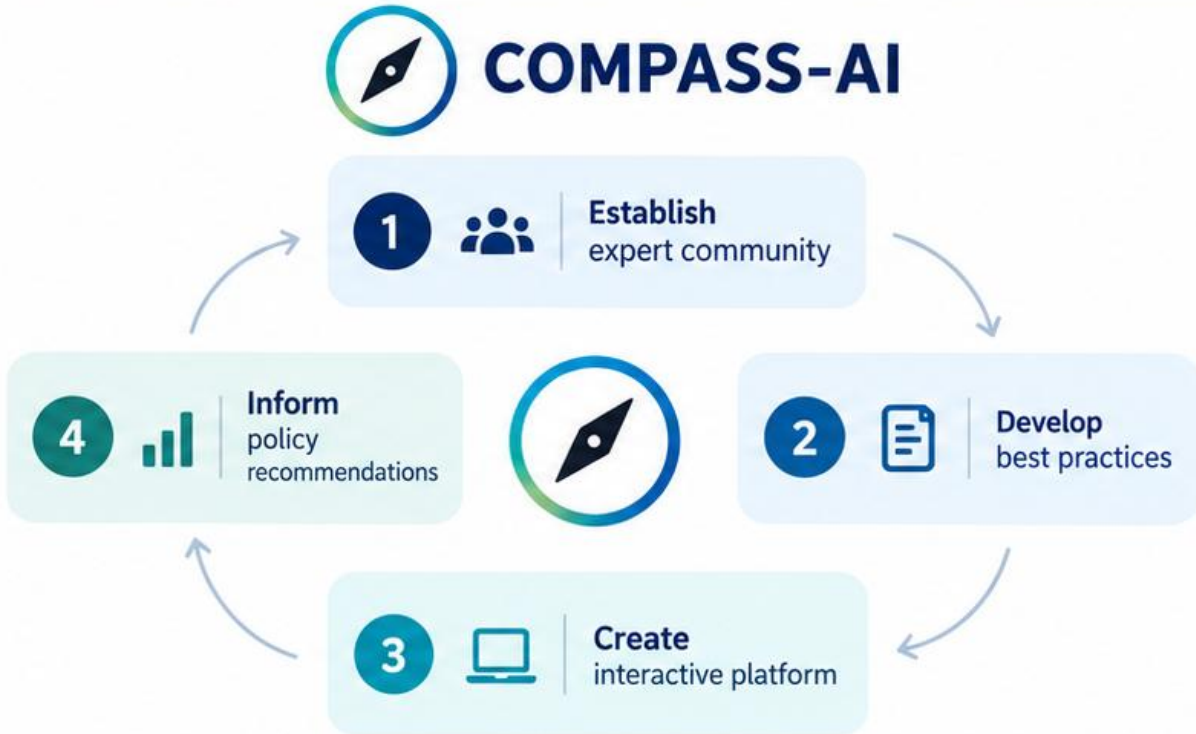
piloted by COMPASS-AI (EU4HEALTH)

Building on the Study on Deployment of AI in Healthcare, COMPASS-AI helps bridge AI development and deployment in clinical practice.

Goal: support the effective and safe scale-up of AI in clinical practice, with a focus on cancer and remote areas.

What COMPASS-AI will do

- **Build** a European AI expert community
- **Develop** best-practice guidance for deployment
- **Map and showcase** AI deployments through a digital platform
- **Support** policy recommendations and a sustainable community



From evidence to safe deployment

Apply AI Strategy: Health Sector

Flagship 1



AI-powered advanced screening centres

Healthcare facilities running studies and pilots to deploy AI solutions.

Evidence



Deployment playbooks

Flagship 2



Network of experts in AI deployment

Healthcare professionals, hospital managers, patient representatives, AI developers, ethicists, economists.

European Commission

EHDS enabling AI



Legal foundations for trustworthy AI

The Commission has laid the foundations through the AI Act and the European Health Data Space.



Focus on real impact

From legislation to the patient's bedside, through deployment projects and best practices that keep patients at the centre.



Data is the key enabler

A major barrier to usable AI is access to data. EHDS provides secure, governed access to health data for AI development and validation.



SHAIPED

Supporting Health Data Access Bodies to establish pathways that enable the development and deployment of AI as medical devices.

European Commission

Personalised Prevention and Management of Cardiovascular Disease

The Safe Hearts Plan

HEALTHIER PEOPLE STRONGER EUROPE

Adopted in **December 2025**

Developed with Member States, stakeholders and citizens

10 ambitious flagships

Three pillars

PREVENT · DETECT · TREAT · TOGETHER FOR HEALTHIER LIVES

Prevention

Early detection & screening

Treatment & care

FOCUS ON

Pillar 1: Prevention

A life-course and personalised approach



HEALTHY HEARTS THROUGH EVERY STAGE OF LIFE

‘EU cares for your heart’ programme

A flagship initiative supporting lifelong, personalised and digitally enabled prevention.

Supports Member States through:

- capacity-building and stronger national cardiovascular health plans
- prevention using personalised approaches and digital tools

AI FOR BIOTECH INNOVATION

Project summary

01

Connect the ecosystem

Multistakeholder platform

- Mobilise biotech and AI industries, researchers, clinicians, patients and Member States
- Share results, build capabilities and foster EU-wide uptake

02

Unlock health data

EHDS-enabled infrastructure

- Federate health, genomics and related data infrastructures
- Pilot secure, decentralised AI model training and validation

03

Scale AI innovation

From use cases to point of care

- Identify promising applications and European success cases
- Use AI Factories to prototype, test and validate solutions; tackle deployment barriers

STRATEGIC OUTPUT

EU roadmap, policy recommendations and deployment blueprint for responsible AI in biotech

European Commission

Biotech Act: Promoting biotech innovation in Europe

A simpler, stronger and more innovative ecosystem for a healthier Europe.



Simpler and faster regulation

Streamlined authorisation and tailored rules for biotech innovation.



More investment and innovation

Mobilise finance, build capacity and support strategic projects across Europe.



Enable AI and secure innovation

Better use of data and AI, with strong safeguards for health, security and biosecurity.



A healthier Europe,
through biotech innovation.



A stronger Europe for health.

Thank you

andreia.oliveira@ec.europa.eu

European Commission

Questions and Answers session



From Fragmented Health Data to Trustworthy Health AI for Improved patient care

ERRIN Health/ICT Working Group Meeting

Elena Casiraghi

University of Milan, AnacletoLab



A definition, and what an AI system actually does

"AI is a discipline within computer science that studies the theoretical foundations, methodologies and techniques for designing software systems capable of enabling computers to perform tasks that, to an ordinary observer, would appear to require human intelligence." Dartmouth, 1956



Examples and information → Finds useful patterns → Forecasts and suggestions

AI learns to recognise patterns, make predictions and support decisions.
It emulates the result of human reasoning, not the reasoning itself.

CLINICAL OPPORTUNITY

AI already supports multiple parts of healthcare

1

Earlier detection

Signals in images and clinical data

2

Diagnosis support

Pattern recognition for clinical review

3

Service planning

Demand, capacity and monitoring

4

Risk prediction

Patient trajectories and outcomes

5

Personalisation

Multimodal patient stratification and prediction

Maturity level

Currently mature and used under strict control

If any Pilot

Research

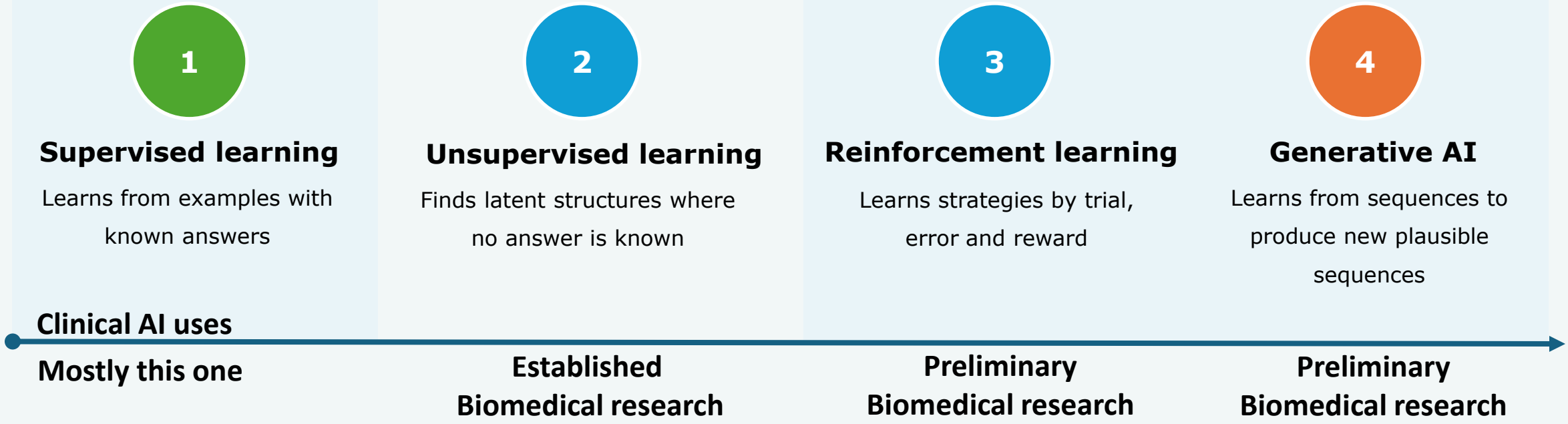
The opportunity is clear.

Clinical adoption depends on data quality, evidence, and accountable use.

FDA, Artificial Intelligence-Enabled Medical Devices, https://www.fda.gov/medical-devices/software-medical-device-samd/artificial-intelligence-enabled-medical-devices

https://www.imdrf.org/sites/default/files/2025-02/IMDRF_AIML%20WG_GMLP_N88%20Final.pdf

Which AI paradigms produce these results?

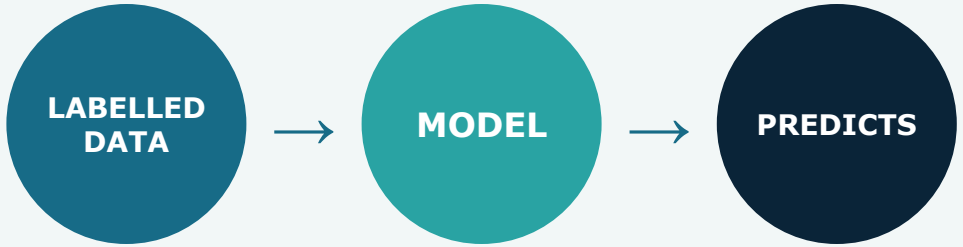


Almost all clinical AI in use today is supervised.

The guarantees I describe next are hardest to give for the fourth.

Supervised learning

Supervised learning uses examples made of a case and its known answer.



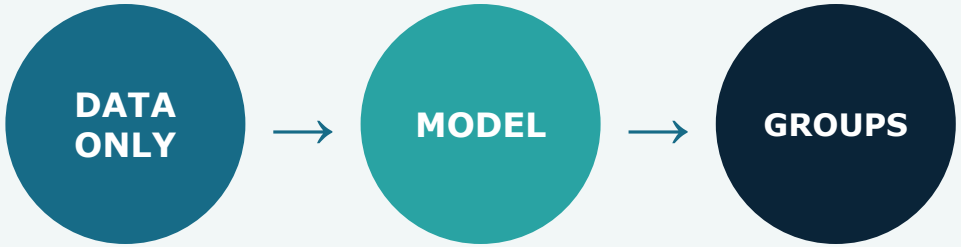
Input — data together with the correct answer
The model learns — how to associate a case with its answer
Use — classify or predict new cases

Example: learning from patients already recorded as healthy or sick to diagnose new patients

Take-home: a supervised model learns to predict the answer that best fit the data.

Unsupervised learning

Unsupervised learning uses examples for which no answer is known.



Input — data with no answers attached
The model learns — similarities and hidden patterns
Use — discover groups, subtypes or unusual cases

Example: patients grouped together based on hidden facts not necessarily related to them being healthy or sick.

Take-home: an unsupervised model discovers "latent" structures
(latent = already inherent in the data yet invisible to human eyes)

Reinforcement learning

Reinforcement learning trains models that choose actions to maximise a reward.



Input — states, actions and rewards from interaction
The model learns — which actions lead to better «cumulative» outcomes
Use — optimise sequential decisions or control

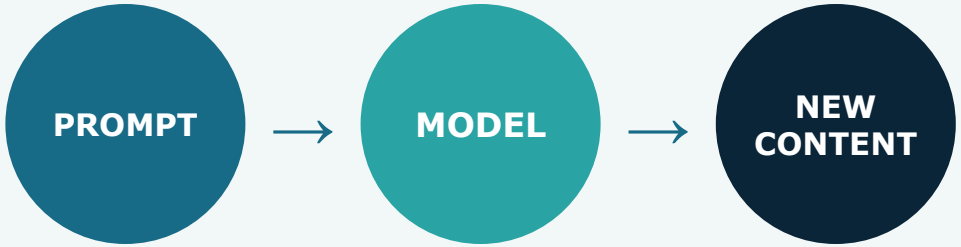
Example: an agent learns the strategy to choose the moves that increase its score.

Take-home: reinforcement learning is learning an action-strategy by trial and error.

Crucial in, e.g. personalized treatment strategies, yet too critical and premature in the clinical setting

Generative AI

Generative AI learns patterns from data and produces new content on request.



Input — a prompt, its context, and the training data
The model learns — patterns, language and relations between contents
Use — generate text, images, code or candidate molecules

Example: a generator of new candidate protein sequences.

Take-home: generative AI creates new, plausible content driven by a prompt.

Used daily, yet cryptic reasoning: sample predictions and model criteria are obscure

Examples from diagnosis and precision medicine

Image-based diagnosis

AI can identify patterns associated with disease in medical images.

Evidence: **RADIOMICS** and **PATHOMICS** approaches to detect tumours at their early stage.

Established work: breast and lung tumours

Under construction: early detection of OSCC through screening programs over (label-free) histological images

Ma et al. (2024), Pattern Recognition, 155
https://doi.org/10.1016/j.patcog.2024.110657

Casiraghi et al. (2018), BMC Bioinformatics,
https://doi.org/10.1186/s12859-018-2302-3

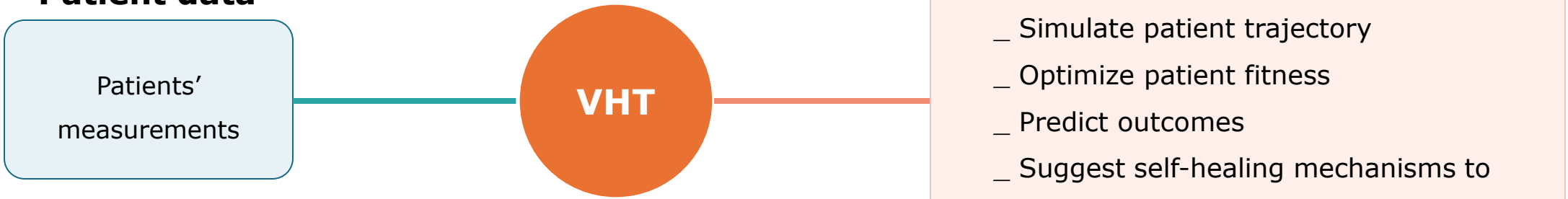
Heterogeneity is everywhere: multimodal precision medicine

A unique descriptor limits visibility:

AI-based integrative analysis «fuses» knowledge from complementary information sources (clinical, demographic, micro- and macro-imaging, laboratory, molecular data, ...) to support patient stratification, phenotype discovery and outcome prediction in, e.g., oncology, cardiovascular, gynaecology research.

Gliozzo et al. (2025), Bioinformatics 41:btaf150,
https://doi.org/10.1093/bioinformatics/btaf150

Virtual human twins: prediction → intelligent prescriptive simulation



Better prediction may improve planning, but clinical value still requires validation, interoperability and governance.

Barricelli et al. (2019), IEEE Access, 7, https://doi.org/10.1109/ACCESS.2019.2953499
Barricelli et al. (2020), IEEE Access, 8, https://doi.org/10.1109/ACCESS.2020.2971576

The clinical adoption gap

Technical performance becomes trustworthy care only when these conditions work together

01 **Interoperable data**

Meaning travels across hospitals

02 **Patient participation**

Real needs and harms shape the use case

03 **Clinical oversight**

Clinicians can inspect and intervene

Human in the loop design

04 **Privacy governance**

Access and responsibility stay controlled

The clinical adoption gap

Technical performance becomes trustworthy care only when these conditions work together

05 **Explicit uncertainty**

The system communicates insufficient evidence

06 **Explainability**

Users can interrogate the basis of an output

07 **Adaptivity: continuous training to fit temporal shifts**

Adaptive AI adapts knowledge to temporal changes

What AI must guarantee

Safe and trustworthy AI

08 **Unbiased evaluation**

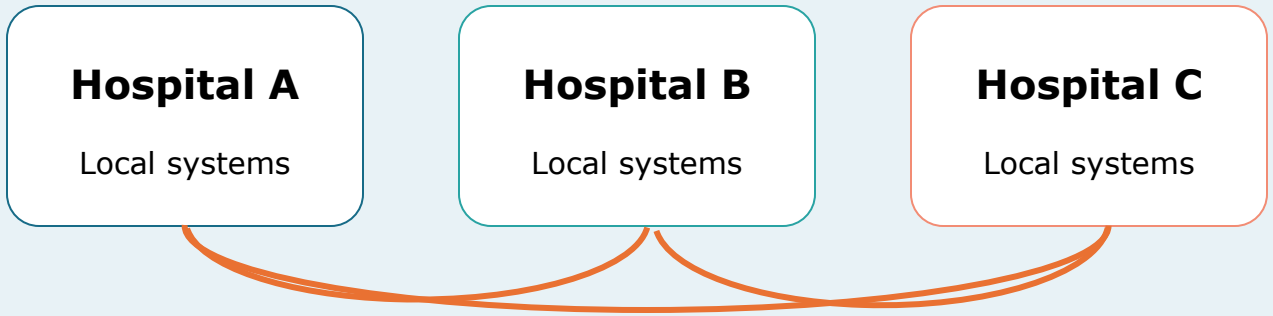
Performance is assessed across relevant groups

09 **Lifecycle monitoring and automated update**

Safety and performance continue after deployment

How to check

1. Interoperable data retain meaning across hospitals



Common standards

Clinical semantics

Documented provenance

Interoperability is more than moving data.

Variables must preserve their definition, context and provenance.

Interoperability means guaranteeing that shared data carry the same semantics.

European Commission, European Health Data Space Regulation, https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space-regulation-ehds_en

1. Interoperable data retain meaning across hospitals

More real data → better performance ONLY IF:

1

Interoperability is guaranteed

Common data formats, ontologies for shared semantics, and well-documented descriptions of how each variable was produced.

2

Real-world data limits are handled

Missing values and missing modalities are treated as a methodological problem, not removed by dropping incomplete patients.

Interoperability is about meaning, not transfer.

European Commission, European Health Data Space Regulation, https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space-regulation-ehds_en

METHODOLOGICAL EXAMPLE

Missingness is one practical example of real-world data limits

Missing values

Some values/entries are absent inside an available source.

Compare handling strategies, study the missingness mechanism and test sensitivity.

Missing data sources

Imaging, omics or other modalities may be unavailable for some patients.

Patient similarity networks can integrate available views without requiring complete cases.

Sources
- Casiraghi et al. (2023), Journal of Biomedical Informatics 139:104295, https://doi.org/10.1016/j.jbi.2023.104295
- Gliozzo et al. (2025), Bioinformatics, btaf150, https://doi.org/10.1093/bioinformatics/btaf150

Patient participation connects AI to real needs

PATIENTS

Patients contribute evidence that datasets cannot contain

1. **Priorities and true needs**

   Which problems truly deserve an AI intervention

2. **Burden and harm**

   What failure or exclusion would mean in daily life

3. **Acceptability**

   Which forms of data use, explanation and oversight support trust

4. **Inclusivity and Equality**

   Which models are unbiased for minorities, and which widen the gap between them and the rest of the population

WHO, Ethics and governance of artificial intelligence for health, https://www.who.int/publications/i/item/9789240037403

HUMAN IN THE LOOP

Clinical oversight keeps responsibility in the care pathway

1

Before development

Define intended use and clinical consequences

2

During validation

Compare outputs with clinical reasoning and workflow

3

During use

Inspect evidence, challenge outputs and override when needed

4

After deployment

Report failures and participate in revision

Human oversight requires access, authority and time to supervise and act on what the system reveals.

Privacy governance defines responsible access and use

Access controls

Specify who can access which data, for which purpose and for how long. Record decisions and responsibilities.

Collaboration without unrestricted pooling

Federated or distributed approaches may support joint analysis when data cannot move.

Technical protection still requires legal and organisational governance.

Li A, Casiraghi E, Rousu J. Fedmed: Federated learning-based personalized and safe medication recommendation. InProceedings of the 32nd ACM SIGKDD Conference on Knowledge Discovery and Data Mining V. 2 2026 Aug 9 (pp. 11319-11327).

European Commission, European Health Data Space Regulation, https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space-regulation-ehds_en

Regulation (EU) 2016/679, General Data Protection Regulation.

The clinical adoption gap

Technical performance becomes trustworthy care only when these conditions work together

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Adaptive AI adapts knowledge to temporal changes

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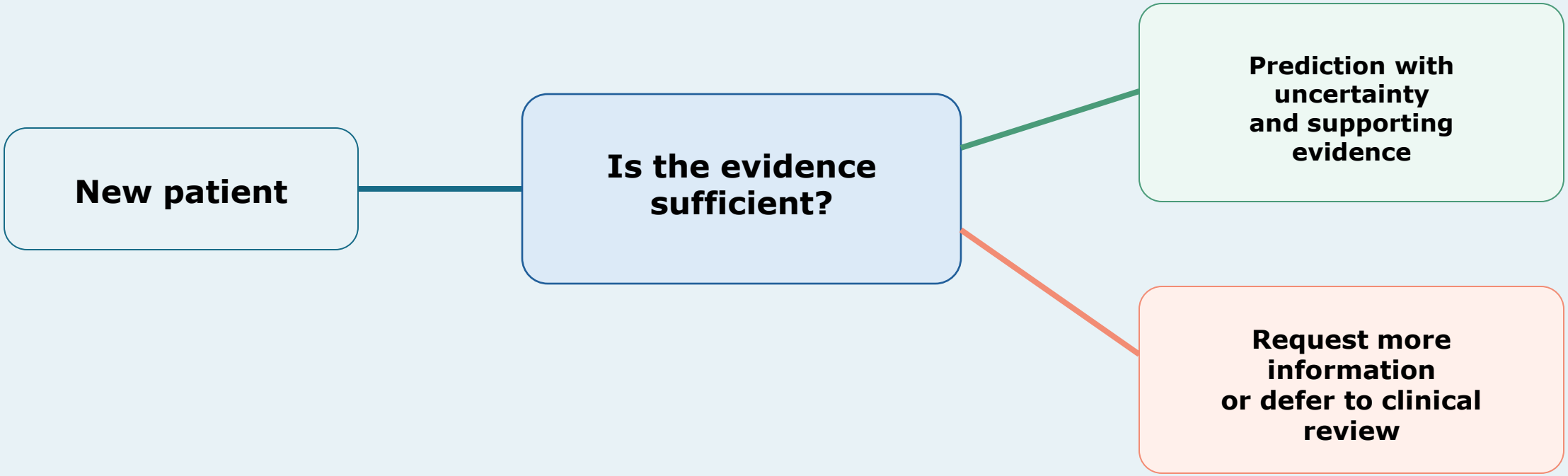
Performance is assessed across relevant groups

09 **Lifecycle monitoring and automated update**

Safety and performance continue after deployment

How to check

Explicit uncertainty supports appropriate doubt



A safe system should abstain when evidence is insufficient

Explainability should enable clinical interrogation

A useful explanation helps a clinician ask:

1. **Evidence**
   Which data and patients' relationships influenced the output?
2. **Plausibility**
   Does the reasoning agree with clinical knowledge?
3. **Limits**
   What information is missing or outside the model experience?
4. **Action**
   Would another test or review change the decision?

Explanation in terms of:

- Global criteria the model has learnt
- Individual predictions

Explanations support scrutiny

It does not prove that a prediction is correct

Adaptive AI for time-shift robustness

What changes over time

Disease

Patient trajectories, disease phenotypes and population patterns evolve.

Data

Patient populations, measurements and acquisition methods change.

Knowledge

New evidence, biomarkers and treatments reshape clinical understanding.

How models can keep pace

1. **Detect change**
   Monitor temporal shifts and review new clinical evidence.
2. **Update selectively**
   Refresh knowledge, recalibrate or retrain when needed.
3. **Validate each version**
   Test on recent data and patient subgroups before release.
4. **Retain clinical control**
   Document changes, supervise releases and enable rollback.

Adaptation should be planned, validated and clinically supervised.

Unbiased evaluation asks who benefits and who may be missed

01	**Discrimination**	Can the model separate relevant clinical outcomes?
02	**Calibration**	Do estimated risks match observed risks?
03	**Subgroup shift**	Does performance change across patient groups?
04	**Geographical shift**	Does the model transfer across hospitals and acquisition systems?
05	**Clinical value**	Does it improve decisions compared with current practice?

LIFECYCLE ASSURANCE

Trust requires validation and monitoring after deployment

1

External validation (geographical shift)

New institutions and populations

2

Prospective validation

Performance in the intended workflow

3

Deployment monitoring

Errors, drift and subgroup performance

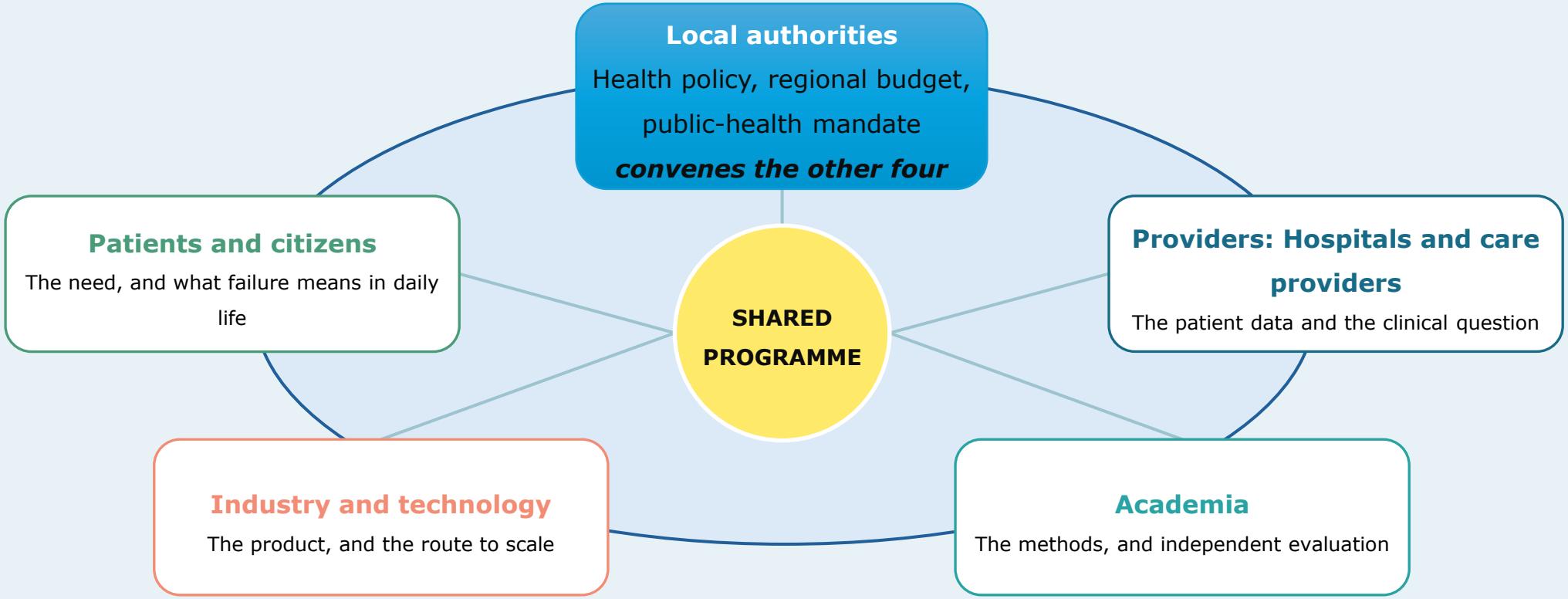
4

Revision or withdrawal

Clear action when safety or value changes

Clinical environments change, so assurance must continue during use

Only a region can build an effective pentahelix ecosystem



A pentahelix does not form by itself.

Only the region has the mandate, the budget and the view of the whole pathway.

Funding must cover the complete implementation pathway

Interoperable data

Governance and participation

Method development/ adaptation

Clinical validation

Monitoring and skills

Relevant experience

Horizon 2020 PRECIOUS	Multimodal precision cancer immunotherapy
PNRR FAIR	Adaptive AI for digital health
ANTHEM-PRECOCO	AI and imaging for early diagnosis
JRC, ERRIN	European collaboration and capacity building

Sustainable adoption requires investment beyond the algorithm

EU policy is helping by linking innovation with safeguards

European Health Data Space

Supports access and exchange of health data for care, research and innovation. Regions still need local interoperability, governance and data-quality capacity.

EU Artificial Intelligence Act

Uses a risk-based framework. Requirements for high-risk systems include risk management, data governance, documentation, transparency, human oversight and post-market monitoring.

European Commission, European Health Data Space Regulation, https://health.ec.europa.eu/ehealth-digital-health-and-care/european-health-data-space-regulation-ehds_en

Regulation (EU) 2024/1689, Artificial Intelligence Act, https://eur-lex.europa.eu/legal-content/EN/LSU/?uri=CELEX:32024R1689

Three messages for regions

01 **AI capability is only the starting point**

Clinical adoption depends on interoperable evidence and a clearly defined use case.

02 **Trust must be engineered**

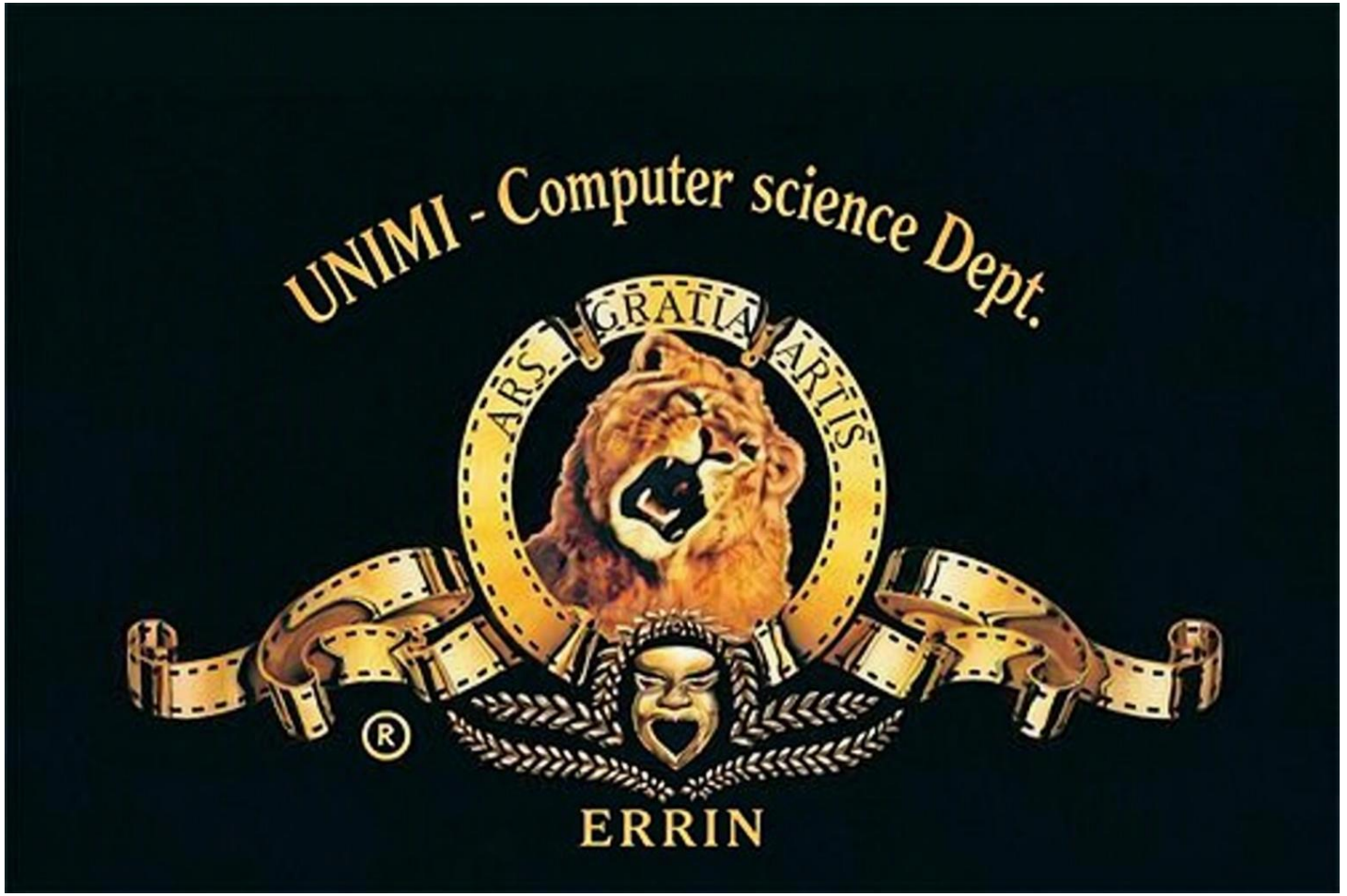
Participation, oversight, privacy, uncertainty, explainability and unbiased evaluation belong in the design.

03 **Assurance continues after deployment**

The EU can support regions in connecting institutions and sustaining validation, monitoring and accountability.

Thanks ERRIN
and THANK YOU ALL
for listening

The End



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Elena Casiraghi, University of Milan

The Innovative Health Initiative

Bold collaborations, transforming health

Paloma Mallorquin

IHI Scientific Officer

04/11/2026

ERRIN Health and ICT Working Group Meeting

innovative health initiative

Bold collaborations, transforming health

Who?

IHI is a cross-sector EU public-private partnership



What?

We create bold collaborations – excellent health research and innovation projects that bring together the best minds



Why?

Our ultimate goal is to transform health across the entire spectrum of care, especially in areas of unmet need



innovative health initiative

We are a public-private partnership…

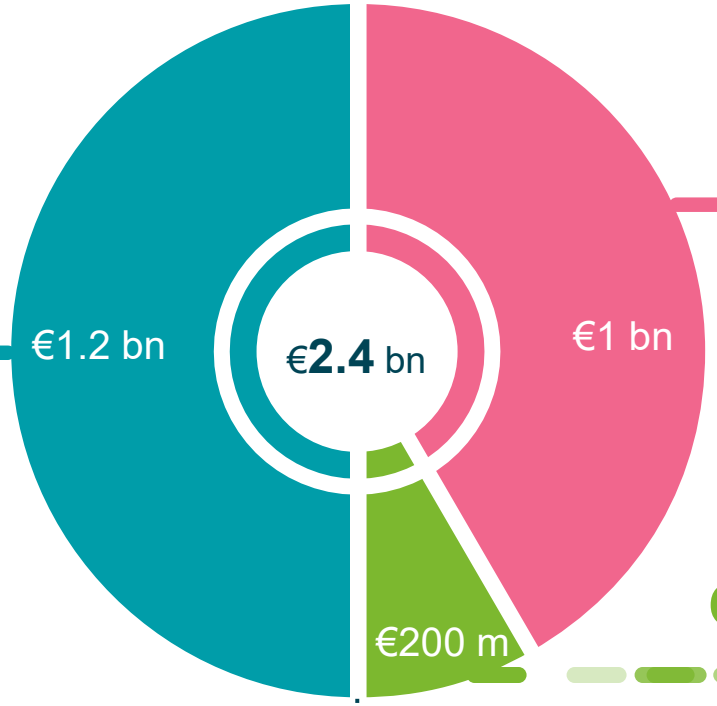
The partners contribute equally to our €2.4 billion budget

Public

EU
(Horizon Europe)

Funds go to: research orgs, SMEs, patients, healthcare, regulators…

Co-funded by the European Union



Industry members

In-kind or financial contribution

COCIR · efpia · EuropaBio · MedTech Europe from diagnosis to cure · Vaccines Europe

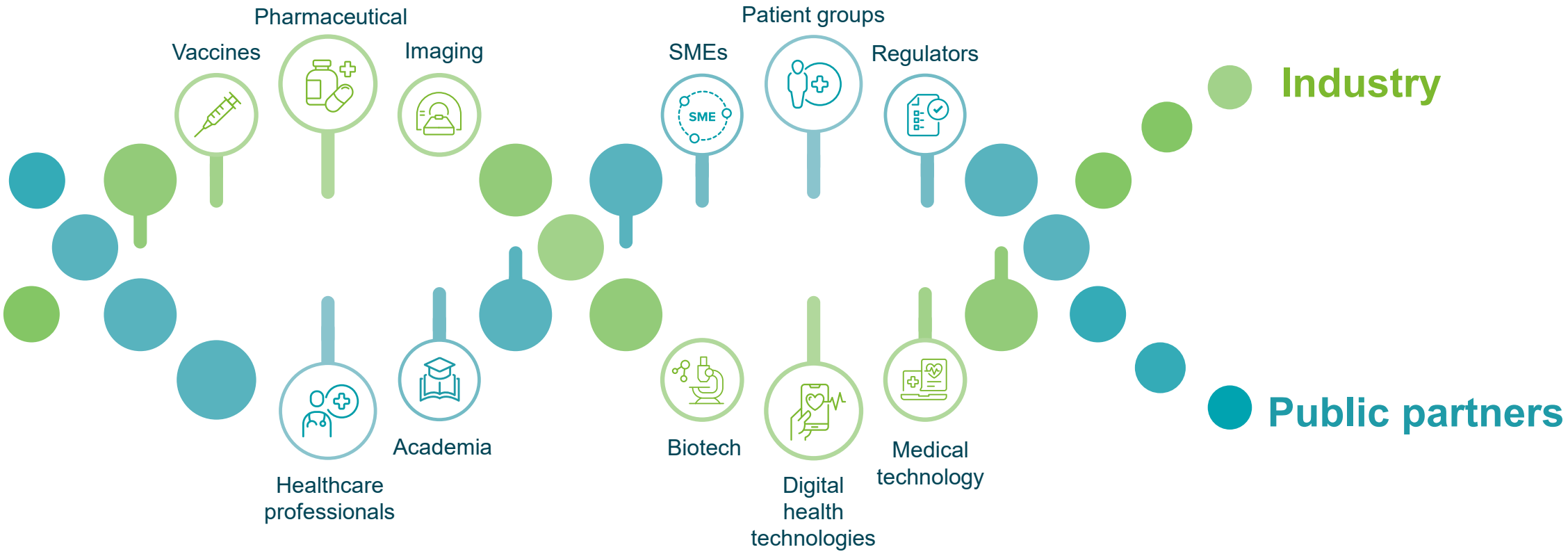
Contributing partners

In-kind or financial contribution

Private

innovative health initiative

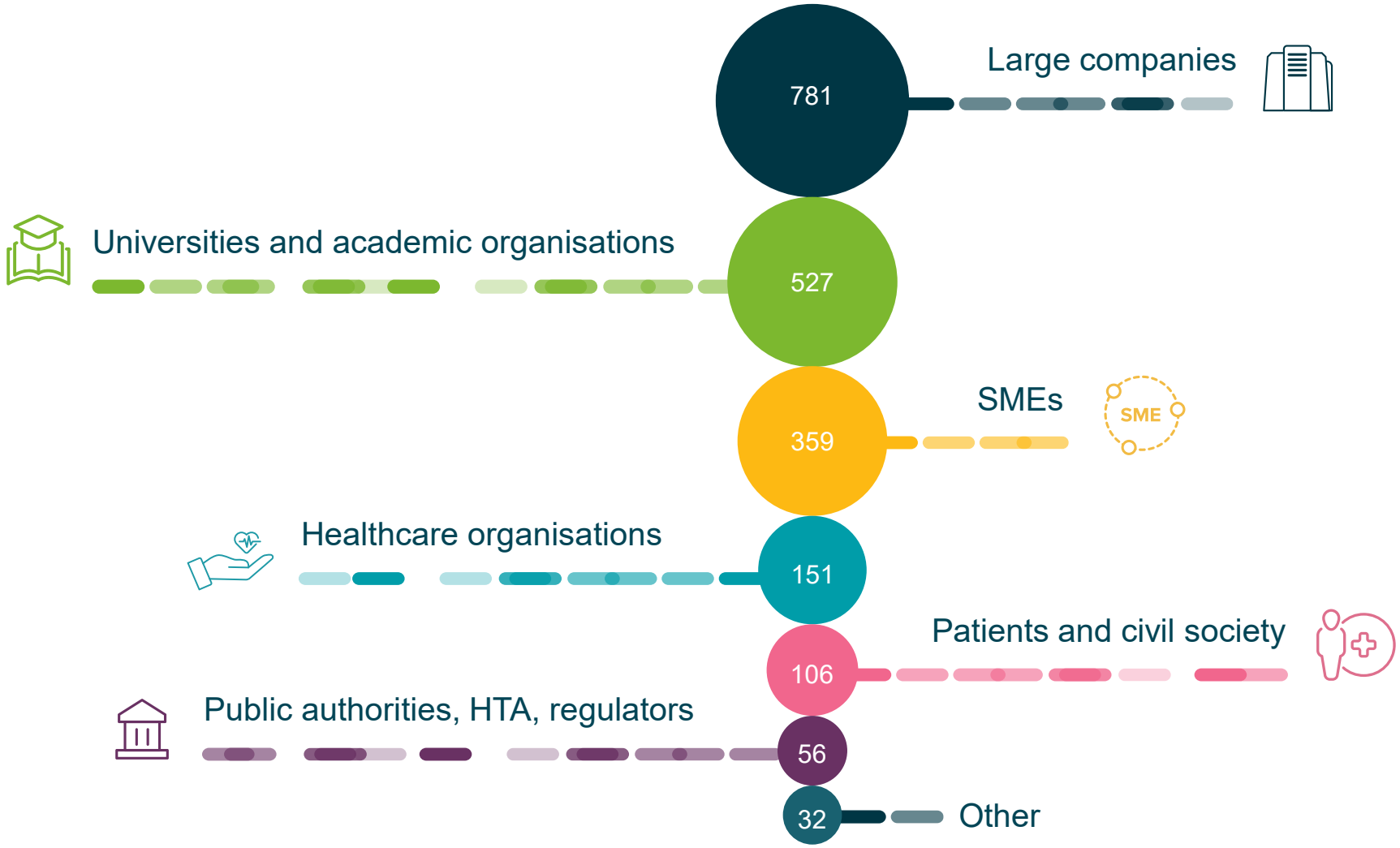
… and so are our projects



Collaboration is part of our DNA

innovative health initiative

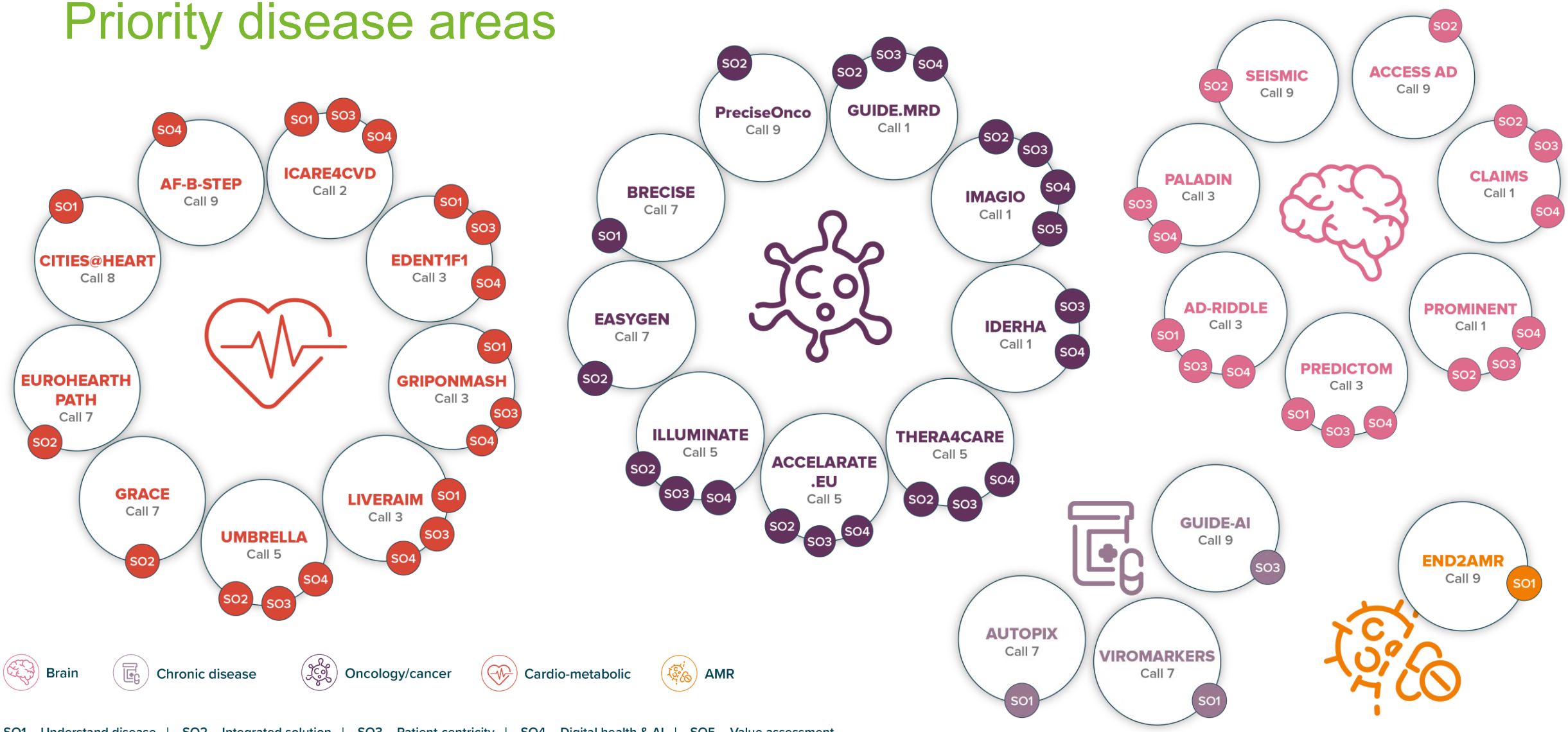
Bold collaborations – the IHI community



innovative health initiative

Transforming health – funding challenging areas

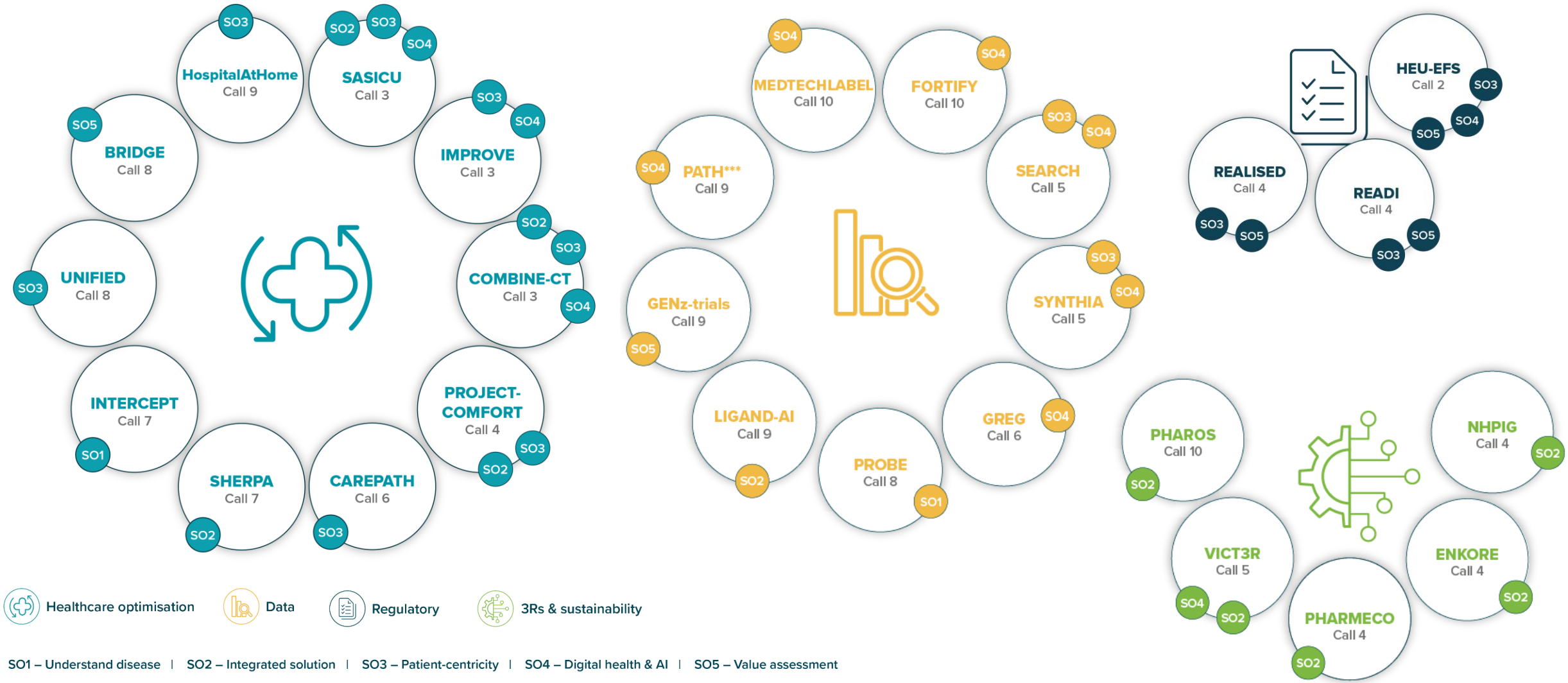
Priority disease areas



SO1 – Understand disease | SO2 – Integrated solution | SO3 – Patient-centricity | SO4 – Digital health & AI | SO5 – Value assessment

Transforming health – funding challenging areas

Cross-cutting issues in health research



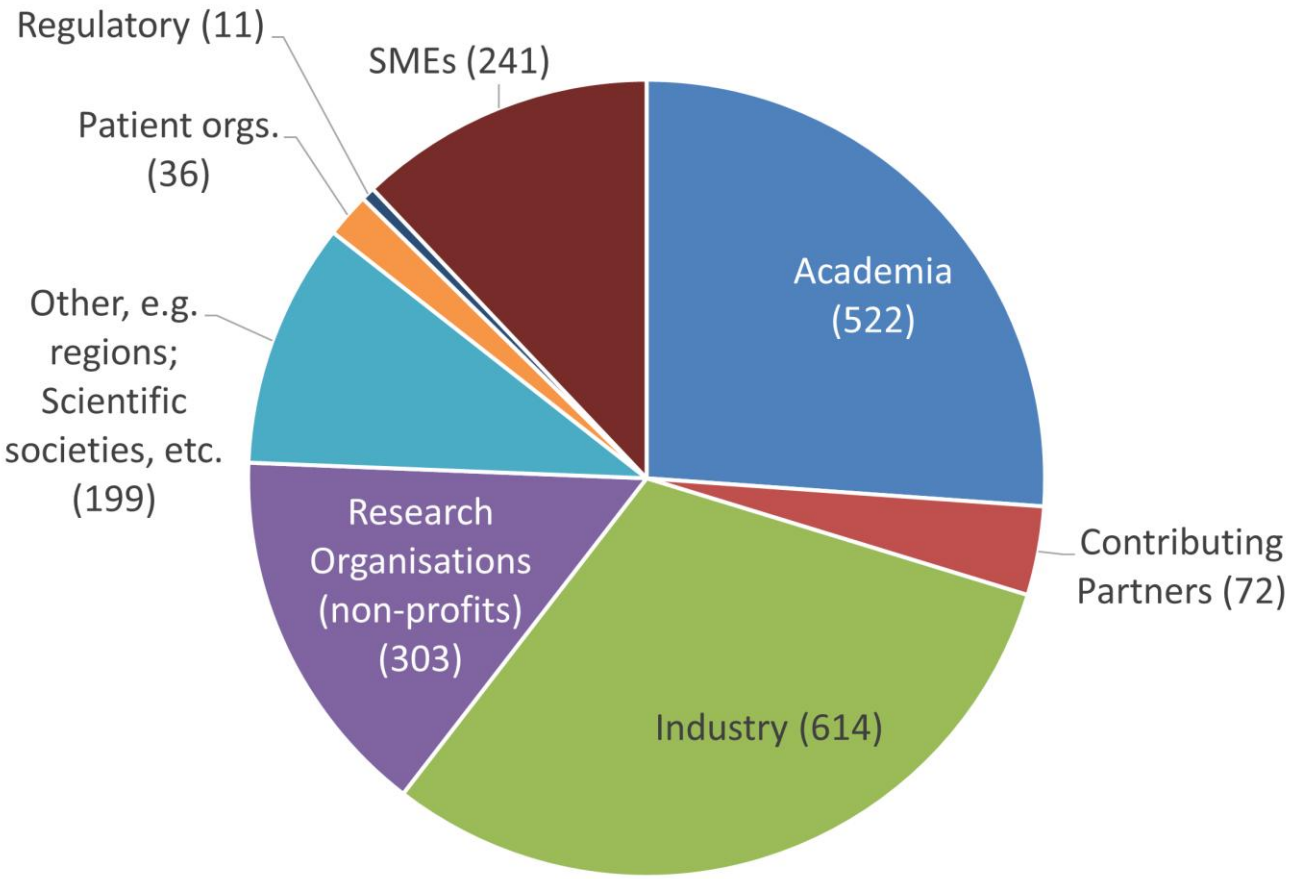
SO1 – Understand disease | SO2 – Integrated solution | SO3 – Patient-centricity | SO4 – Digital health & AI | SO5 – Value assessment

IHI portfolio in Digital Health



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Big data/AI/digital health: types of participants





Examples of IMI/IHI Portfolio - Artificial Intelligence

BIGDATA@HEART **IMI2** Big Data at Heart	A project that developed a big data-driven platform for cardiovascular research, focusing on improving outcomes in heart diseases. Developed CODE-EHR, a standard framework to ensure transparency and rigor in studies using electronic health records.
BIGPICTURE **IMI2** Central repository for digital pathology	Is creating European repository of 3 million digital pathology slides from both humans and laboratory animals, providing a comprehensive dataset for AI tool development across a broad spectrum of diseases and medical conditions where pathology is critical for diagnosis and research.
Screen4Care **IMI2** Shortening the path to rare disease diagnosis by using newborn genetic screening and digital technologies	A project aiming at accelerating rare disease diagnosis through genetic newborn screening and AI-based tools. It develops a digital infrastructure for patient engagement, AI algorithms for early detection, and a meta-symptom checker to support faster diagnosis.
OPTIMA **IMI2** Optimal treatment for patients with solid tumours in Europe through artificial intelligence	A project using AI to improve care for prostate, breast, and lung cancer patients. It aims to develop a GDPR-compliant, real-world oncology data platform and AI-based decision support tools.
VICT3R **IHI** Developing and implementing virtual control groups to reduce animal use in toxicology research	A project aiming at reducing animal use in toxicology research by developing Virtual Control Groups (VCGs) to replace concurrent control groups in nonclinical drug and chemical safety evaluations.
SYNTHIA **IHI** Synthetic Data Generation framework for integrated validation of use cases and AI healthcare applications	The project is developing a federated platform synthetic data generation with workflows tailored to specific needs, along with robust frameworks to assess data privacy, quality, and applicability. The project will provide evidence of the suitability of the tools generated for specific applications across a variety of diseases (solid tumor, haematological malignancies, AD and T2DM).
SEARCH **IHI** Synthetic Healthcare Data Governance Hub	Innovative biomedical data generation and sharing solution and methodologies for generating and validating synthetic data. The project will enable faster prototyping of personalised health interventions by reducing bias in AI models and offering new tools to improve diagnosis and treatment efficacy , by focusing on gastrointestinal disease, cardiovascular disease and gynaecological diseases
Call 11 topic 3	AI-powered Signal Detection in Pharmacovigilance

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Examples of IMI/IHI Portfolio - Artificial Intelligence

GRIPonMASH IHI Aims to transform the way we detect and diagnose a common, but little-known, liver condition dubbed MASLD (Nonalcoholic Fatty Liver Disease)	The project will develop novel **AI models** that facilitate standardized clinical decisions along the proposed MASH/MASLD screening pathway
AutoPiX IHI Maximize the utility of imaging biomarkers to the benefit of patients with arthritis.	**Validation of AI models** for imaging biomarkers. The project will clinically validate and improve existing and new imaging-based machine learning models using rheumatological images. They will also foster explainability, safety, availability and patient access of such models by advancing readouts and measurement using highly innovative AI and end-user accessible technologies (e.g. heatmaps or through combination of imaging techniques and clinical data)
UMBRELLA Unleashing a comprehensive, holistic and patient centric stroke management for a better, rapid, advanced and personalised stroke diagnosis, treatment and outcome prediction.	Develops a federated data platform (U-platform) to locally create and validate **AI algorithms** using retrospective hospital data for personalised diagnosis, stroke risk prediction, and treatment decisions.
SHERPA Smart human-centred effortless support for professional clinical applications.	**AI-powered** assistive technologies will be delivered as a seamless, trusted companion (a 'sherpa') across the workflow for two clinical domains (Neurology and Oncology), validated with Interventional Radiologists
PROBE Patient Relevant Osteoarthritis endpoints using Big data Evaluation	PROBE will build a federated database and a federated learning platform to improve osteoarthritis (OA) treatment. The overarching aim of PROBE is to deliver **data-driven opportunities** for the treatment of OA, through enhancements in patient stratification, predictive modelling, patient/caregiver interface decision tools and clinical trial design. PROBE will also provide novel multimodal and relevant endpoints to test emerging treatments, models to enable stratified medicine and support shared prognostic and treatment decision-making and Health Technology Assessment.

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Addressing bottlenecks in Health Innovation Journey AI in Call 9

Drug discovery

Clinical trials design

AI guided Diagnosis

Personalised treatment

Healthcare delivery

LIGAND-AI Discover and optimize small-molecule ligands by using innovative physics-based, **machine learning (ML) and artificial intelligence (AI) approaches.**

GENz-trials Next-generation clinical trial framework that integrates data science, automation, and simulation technologies to transform how trials are designed, conducted, and evaluated, **building on AI tools**

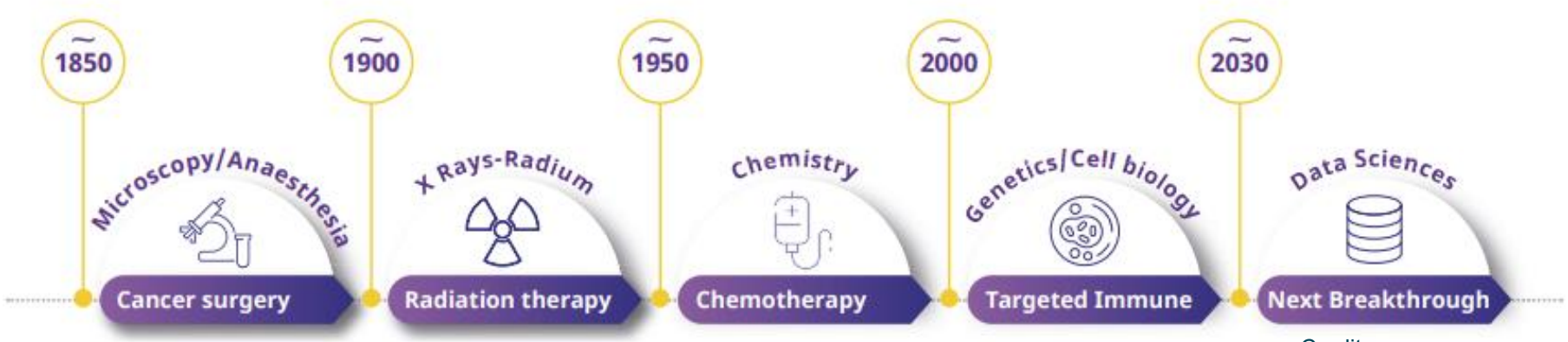
AF-B-STEP
Quantifying Atrial Fibrillation Burden to inform Screening, Treatment, and hEalth Policy.
Existing **AI-powered Electrocardiograph** models will be used for AF burden estimation.

ACCESS AD The use of **AI driven tools** will support personalized treatment decisions to ensure that every individual with AD can access timely, personalized, and cost-effective care, regardless of geography or socioeconomic status.

Hospital@Home
Provide hospital-level care to patients in their own homes, by integrating of wearable monitoring, **AI-driven predictive analytics**, patient-reported outcomes and digital decision support into real-world care pathways.

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Transforming health, transforming lives



Credits: uncan.eu

IHI / IMI data-driven projects in cancer research

HARMONY
HARMONY PLUS
Big data in blood cancer

PIONEER
Big data in prostate cancer

OPTIMA
Optimising treatment of 3 cancers through AI

IDERHA
Data platform & AI analysis to improve patient care in lung cancer

H2O
Setting up health outcomes observatories for cancer patients

SYNTHIA
SEARCH
Generating and validating synthetic data – 5 cancers as use cases

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What are our projects delivering?

Better understanding of the causes of disease – so that we can improve prevention, diagnosis and treatment



Markers to help spot when a treatment is working – and when it isn't



Resources and networks to make clinical trials work better for patients and researchers



Guidance on how to make maximum use of health data – while respecting patient privacy



Techniques to make healthcare more patient-friendly



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HOSPITAL AT HOME

H@H

Targeted disease areas

Cardiovascular | Pulmonary | Minor stroke & TIA | Migraine | Cluster headache

5 years | 22 partners | 5 hospitals

Moving care beyond hospital walls to address system pressure, empower patients, and use data and technology to deliver high-value, outcome-driven care at home

Goals

1. Move hospital care to the home

Safe, scalable, digitally enabled care delivery

2. Make outcomes truly patient-centered

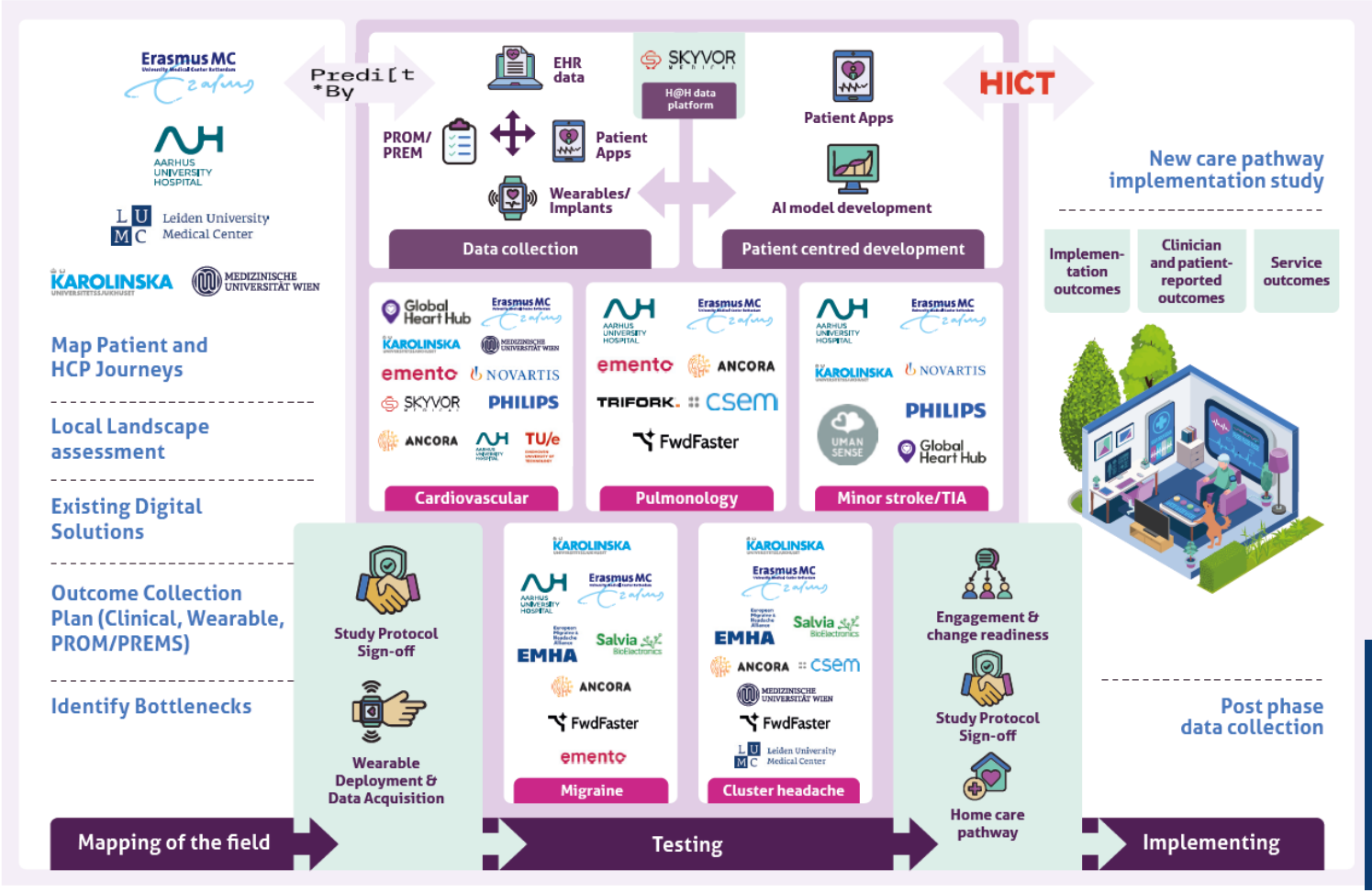
Use PROs and data to improve quality of life and efficiency

Opportunities & Challenges

Breaking silos to enable home-based, patient-centered care

Outputs & Impact

Scalable models and tools delivering better outcomes, lower burden, and sustainable systems



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HOSPITAL AT HOME

H@H

COCIR

- Ancora Health BV — Groningen, Netherlands (SME)
- Philips Electronics Nederland BV — Eindhoven, Netherlands

EFPIA including Vaccines Europe

- Novartis Healthcare As — Copenhagen, Denmark (Third-party)
- Novartis Pharma B.V. — Amsterdam, Netherlands
- Novartis Sverige Aktiebolag — Kista, Sweden (Third-party)

Small and medium-sized enterprises (SMEs) and mid-sized companies (< €500 m turnover)

- Fwdfaster Ai Research BV — Utrecht, Netherlands
- Predictby Research And Consulting S.L. — Barcelona, Spain

Patient organisations

- European Migraine And Headache Alliance — Bruxelles / Brussel, Belgium
- Global Heart Hub Company Limited By Guarantee — Galway, Ireland

Universities, research organisations, public bodies, non-profit groups

- Aarhus Universitetshospital — Aarhus, Denmark
- Academisch Ziekenhuis Leiden — Leiden, Netherlands
- Erasmus MC — Rotterdam, Netherlands
- Medizinische Universitaet Wien — Wien, Austria
- Region Stockholm — Stockholm, Sweden
- Technische Universiteit Eindhoven — Eindhoven, Netherlands

EuropaBio

- Skyvor Medical AG — Riehen, Switzerland

MedTech Europe

- Csem Centre Suisse D'Electronique Et De Microtechnique SA - Recherche Et Developpement — Neuchatel, Switzerland
- Hict — Gent, Belgium (SME)
- Salvia Bioelectronics BV — Eindhoven, Netherlands (SME)

Contributing partners

- Ementa — Aarhus N, Denmark
- Trifork Digital Health As — Aarhus C, Denmark
- Uman Sense AB — Lund, Sweden (SME)

Facts & figures

Start Date	01/01/2026
End Date	31/12/2030
Call	IHI - Call 9
Grant agreement number	101252709

Type of Action:
RIA (Research and Innovation Action)

Contributions	€
EU funding	14 179 766
Industry contribution	13 675 587
Contributing partners	726 180

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Empowering healthcare professionals and improving patient experience



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Draft topic texts online

IHI calls 14 and 15!



IHI call 14 single stage

- Validation of human-relevant novel approaches
- Validated Predictive Approaches
- Transforming Healthcare Delivery
- Advanced therapy medicinal products

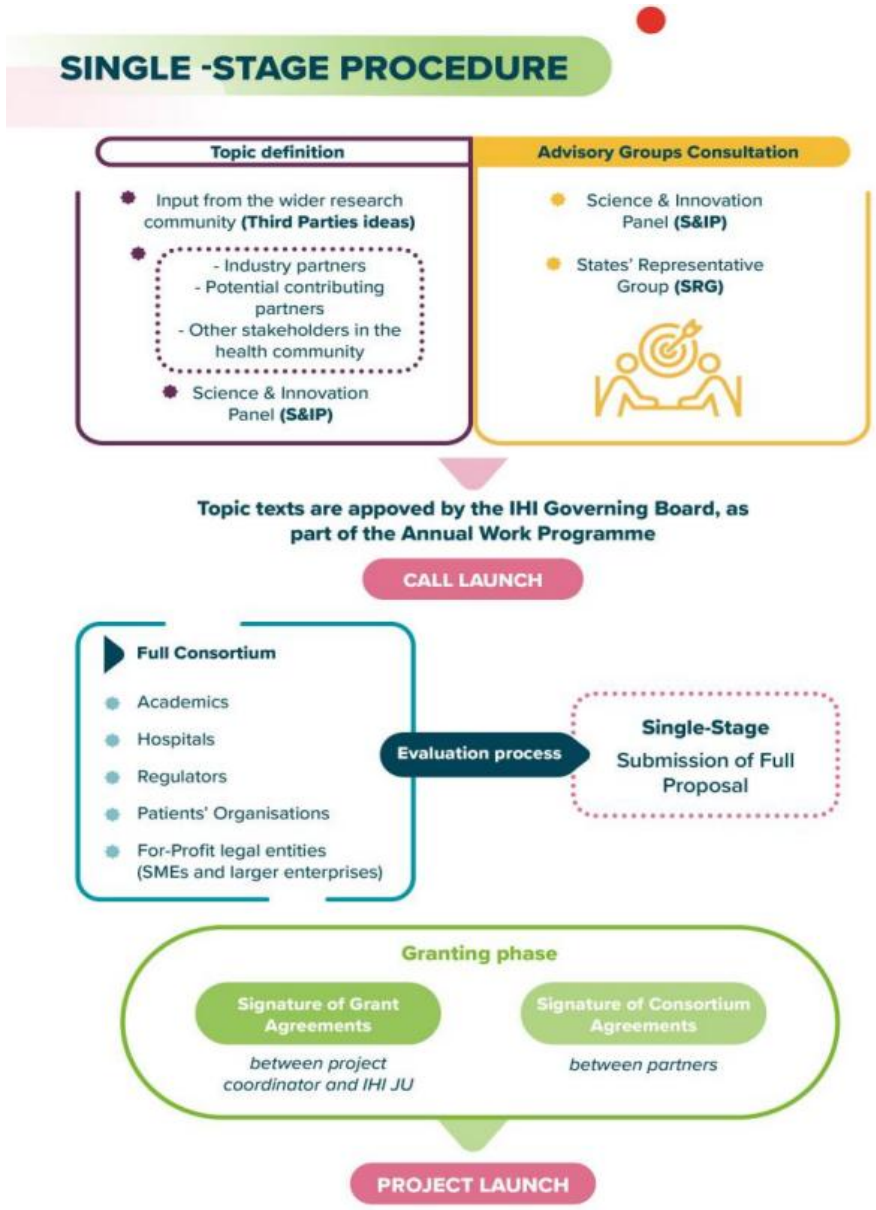
IHI call 15 two stage

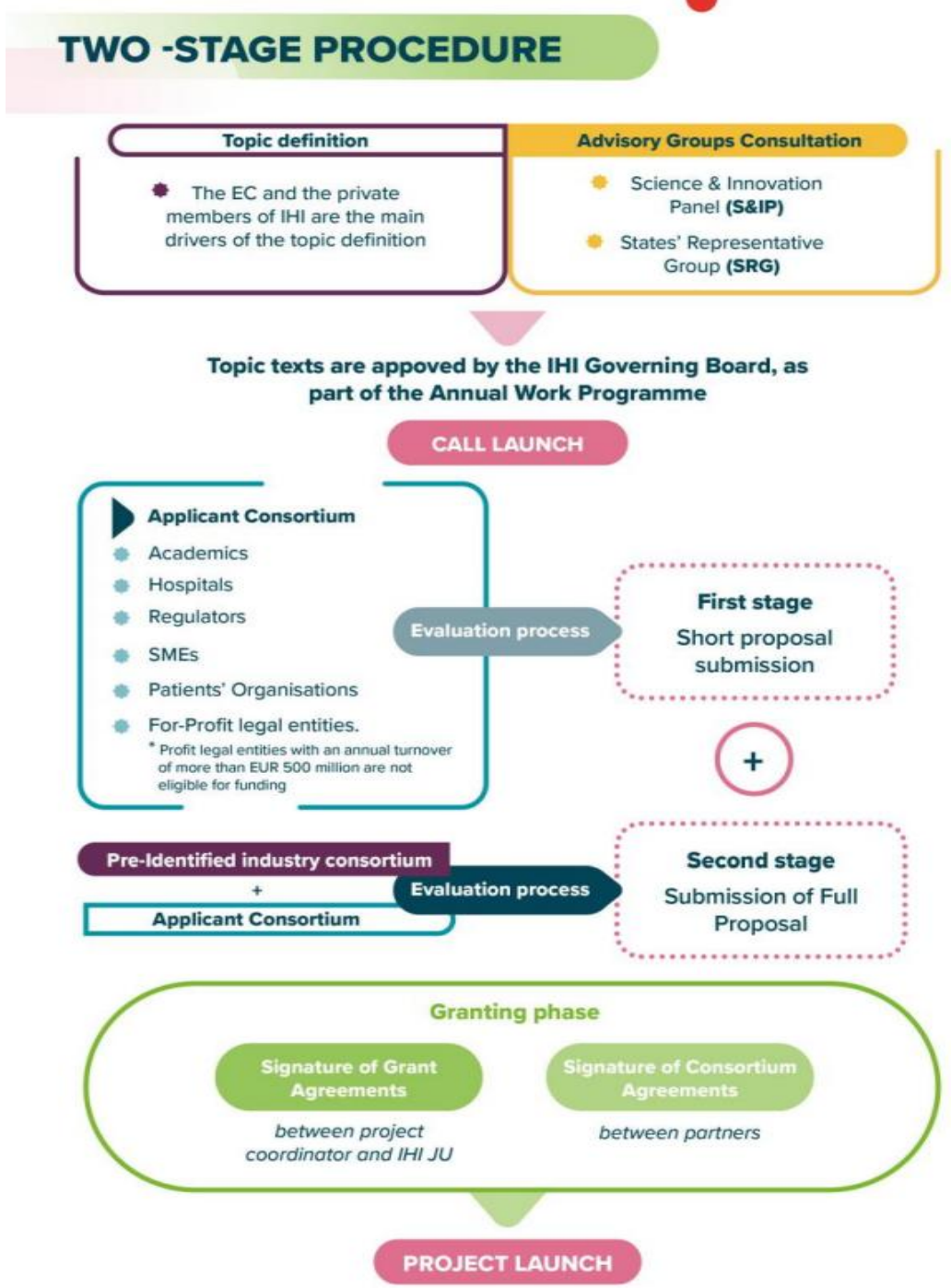
- Compassionate use
- From early endpoints to long-term outcomes

Find out more: ihi.europa.eu

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Two types of calls





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Stay in touch

Visit us

www.ihi.europa.eu

Write to us

infodesk@ihi.europa.eu

Sign up for our newsletter

Connect with us

LinkedIn
Innovative Health Initiative (IHI)

Bluesky
@ihieurope.bsky.social

Mastodon
@IHIEurope@mastodon.social

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Thank you for your attention

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COCIR Advancing Healthcare

efpia

EuropaBio The European Association for Bioindustries

MedTech Europe from diagnosis to cure

Vaccines Europe

Co-funded by the European Union

Regional Showcase



NaIA (Navarra Inteligencia Artificial) in Age Related Macular Degeneration

Jose Andonegui



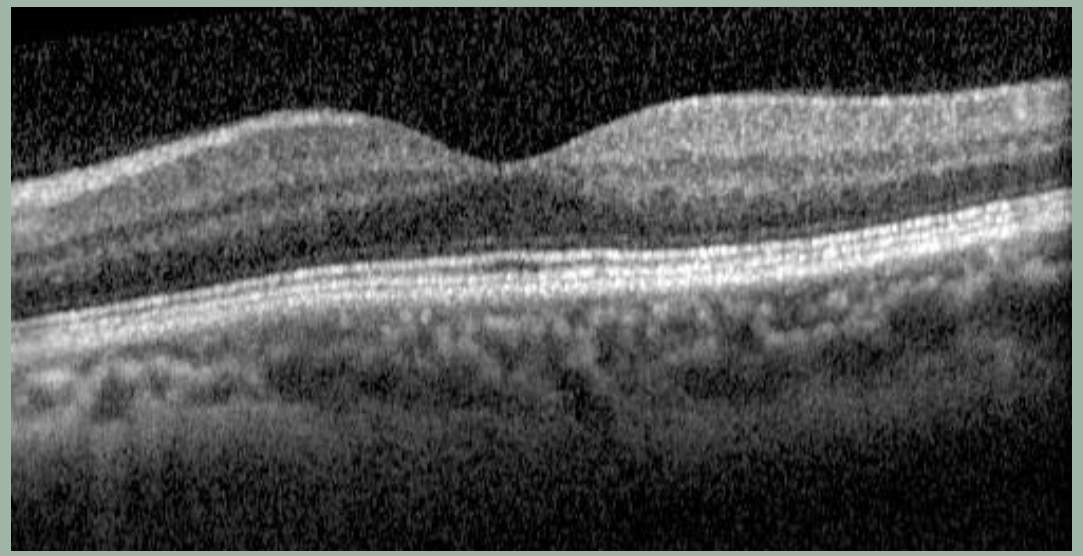




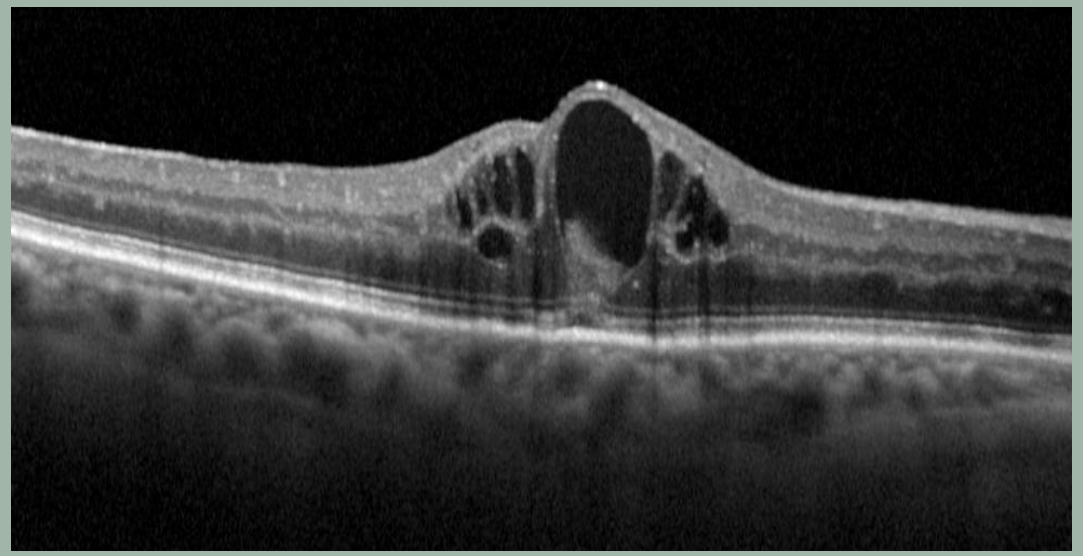
Age Related Macular Degeneration

- It is the main cause of severe vision loss in people aged 65 and older.
- The disease causes an accumulation of fluid in the inner layers of the retina.
- The fluid inside the retina leads to reduced and distorted visión.

Diagnosis of ARMD: Optical Coherence Tomography



Normal

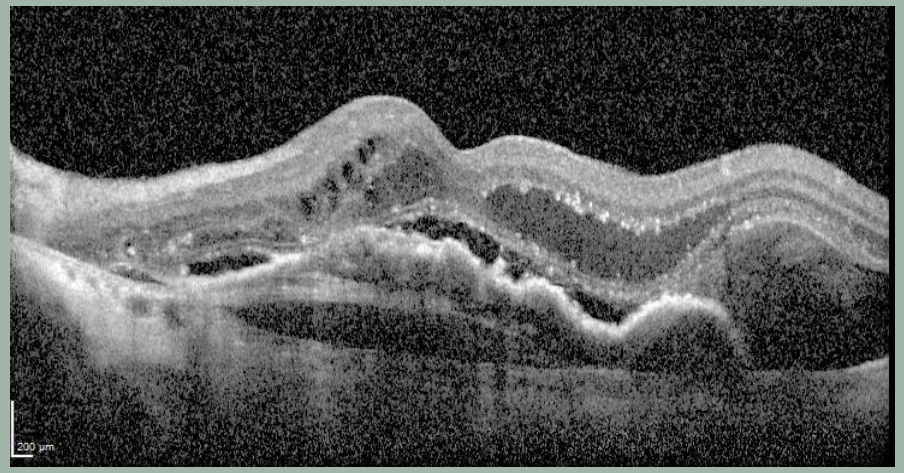


Age Related Macular Degeneration

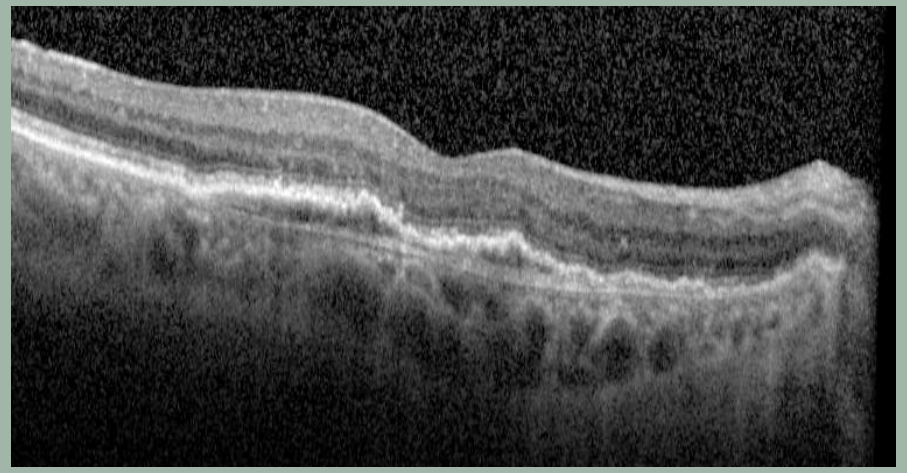
Treatment of ARMD



Intravitreal injection



Pre-treatment



Post-treatment

Treatment Guidelines in ARMD

Month	1	2	3	4	5	6	7	8	9	10	11	12
Follow-up visit												
Treatment												

Monthly (Clinical Trials)

Month	1	2	3	4	5	6	7	8	9	10	11	12
Follow-up visit												
Treatment												

Treat and extend (Real life)

NaIA: Fluid detection in OCT

Image quality 9 / 10

PED: 0 nl

SRF: 0 nl

IRF: 1478 nl

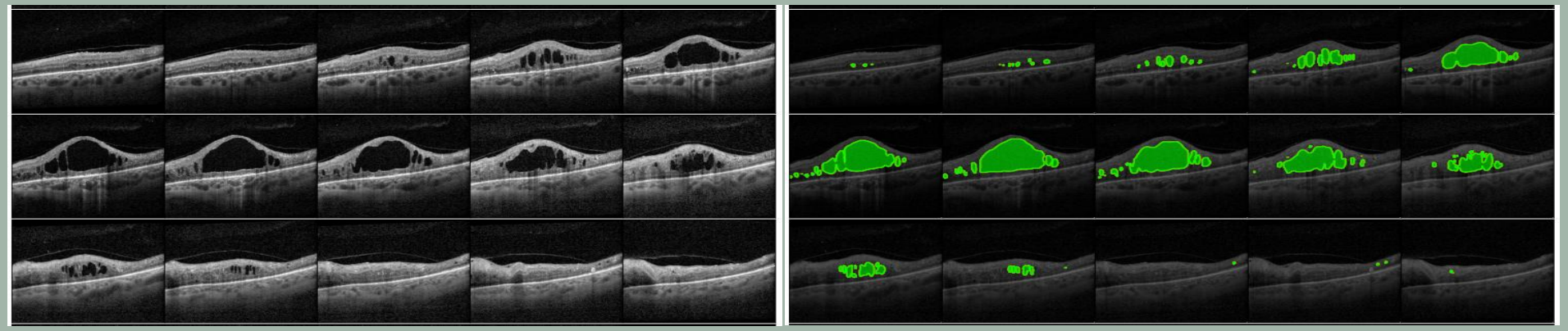
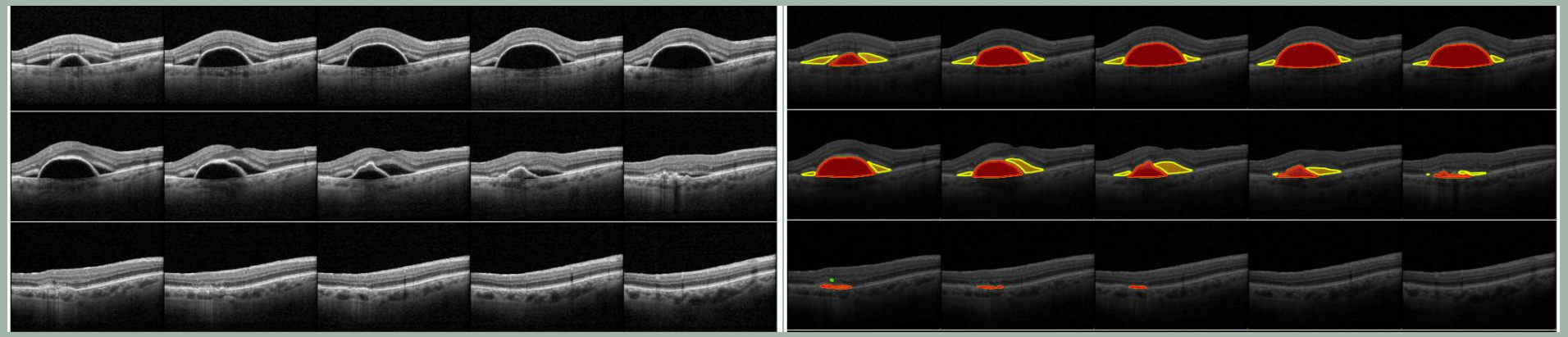


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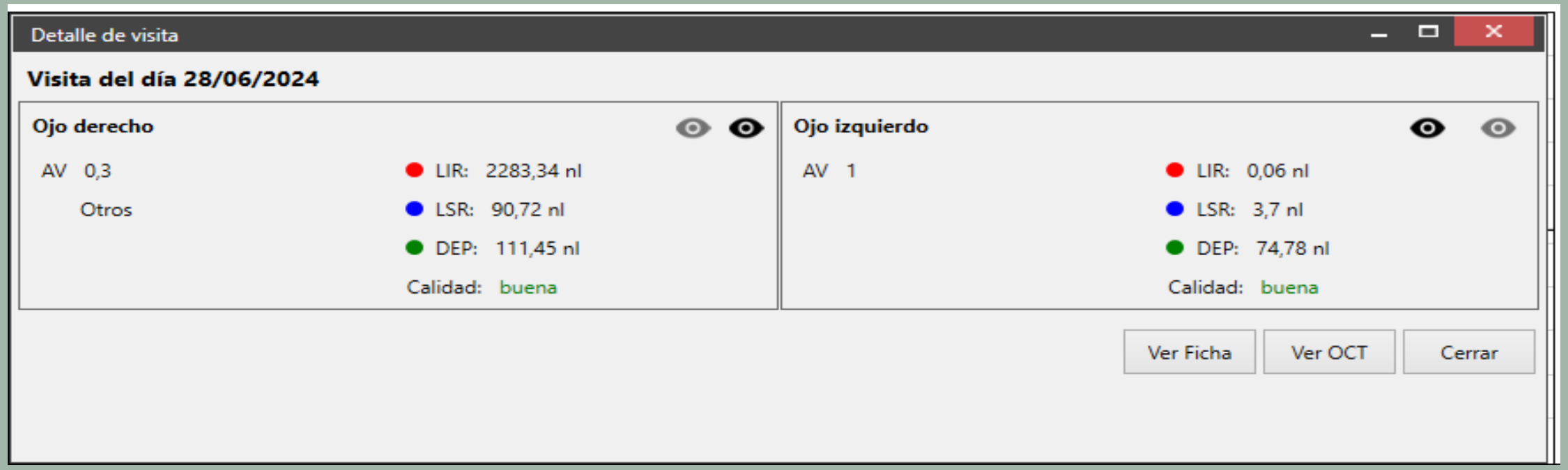
SRF: 399 nl

IRF: 1 nl



NaIA is integrated in Electronic Medical Record

- This allows us to compare retinal fluid with other clinical parameters.



Coding of clinical data

Datos de la ficha

INTRAVÍTREOS EVOLUCIÓN — Creada

Fecha Recog.: 03/10/2023 F. Modif.: 23/09/2024 Caso: EHNA202302224521

Responsable: José Andonegui Navarro Servicio: Oftalmología HUN- NOU

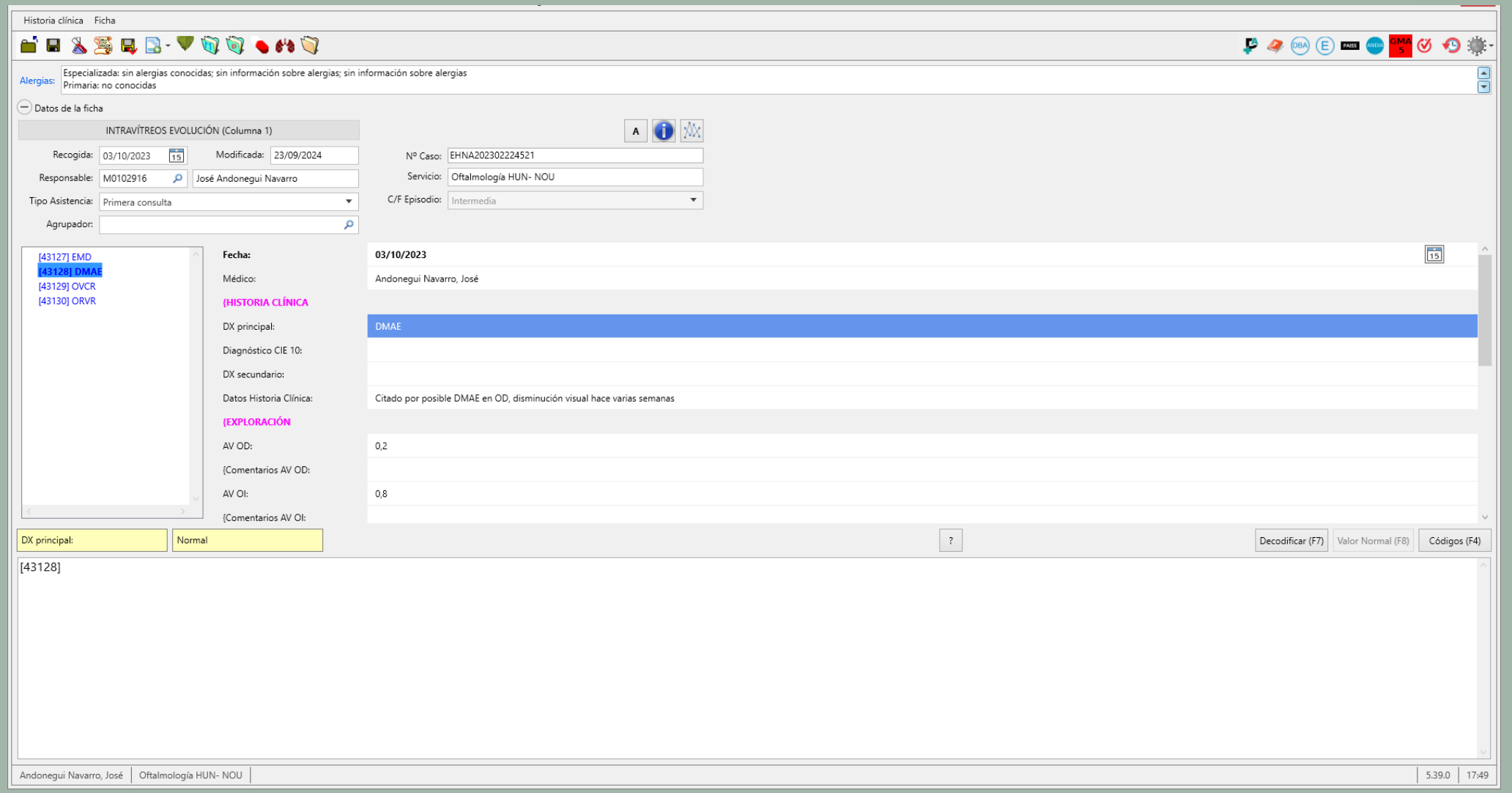
Tipo de Asist.: Primera Consulta C/F de Episodio:

Campo	1	2	3	4	5	6	7
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Médico:	Andonegui Navarro, José	Andonegui Navarro, José	Andonegui Navarro, José	Andonegui Navarro, José	Andonegui Navarro, José	Andonegui Navarro, José	Andonegui Navarro, José
HISTORIA CLÍNICA							
DX principal:	DMAE	DMAE	DMAE	DMAE	DMAE	DMAE	DMAE
Diagnóstico CIE 10:							
DX secundario:							
Datos Historia Clínica:	Citado por posible DMAE en	Citado por posible DMAE en	Citado por posible DMAE en	Citado por posible DMAE en	Citado por posible DMAE en	Citado por posible DMAE en	Citado por posible DMAE en
EXPLORACIÓN							
AV OD:	0,2	0,4	0,4	0,3	0,5	0,8	0,63
Comentarios AV OD:							
AV OI:	0,8	0,6	0,7	0,8	0,8	0,63	0,5
Comentarios AV OI:							
OCT macular OD:	LIR, FSR, DEP	FSR, DEP	DEP	DEP similar	DEP similar	DEP similar	DEP similar
OCT macular OI:	Sin alteraciones	Sin alteraciones	Sin alteraciones	Sin alteraciones	Sin alteraciones	Sin alteraciones	Sin alteraciones
BMC OD:	Normal	Normal	Normal	Normal	Normal	Normal	Normal
BMC OI:	Normal	Normal	Normal	Normal	Normal	Normal	Normal
FO OD:	Levantamiento macular	Levantamiento macular	Imagen de MNVSR parafove	Imagen de MNVSR parafove	Imagen de MNVSR parafove	Imagen de MNVSR parafove	Imagen de MNVSR parafove
FO OI	Normal	Normal	Normal	Normal	Normal	Normal	Normal
Otros comentarios:							
TRATAMIENTO INTRAVÍTREC							
Tratamiento intravítreo OD:	Eylea	Eylea	Eylea	Eylea	Eylea	Eylea	Eylea
Tratamiento intravítreo OI:	No	No	No	No	No	No	No
COMPLICACIONES INYECCI							
Complicaciones:							
REVISIÓN							
Revisión:	4 semanas	4 semanas	6 semanas	8 semanas	10 semanas	12 semanas	14 semanas
Otras recomendaciones:							

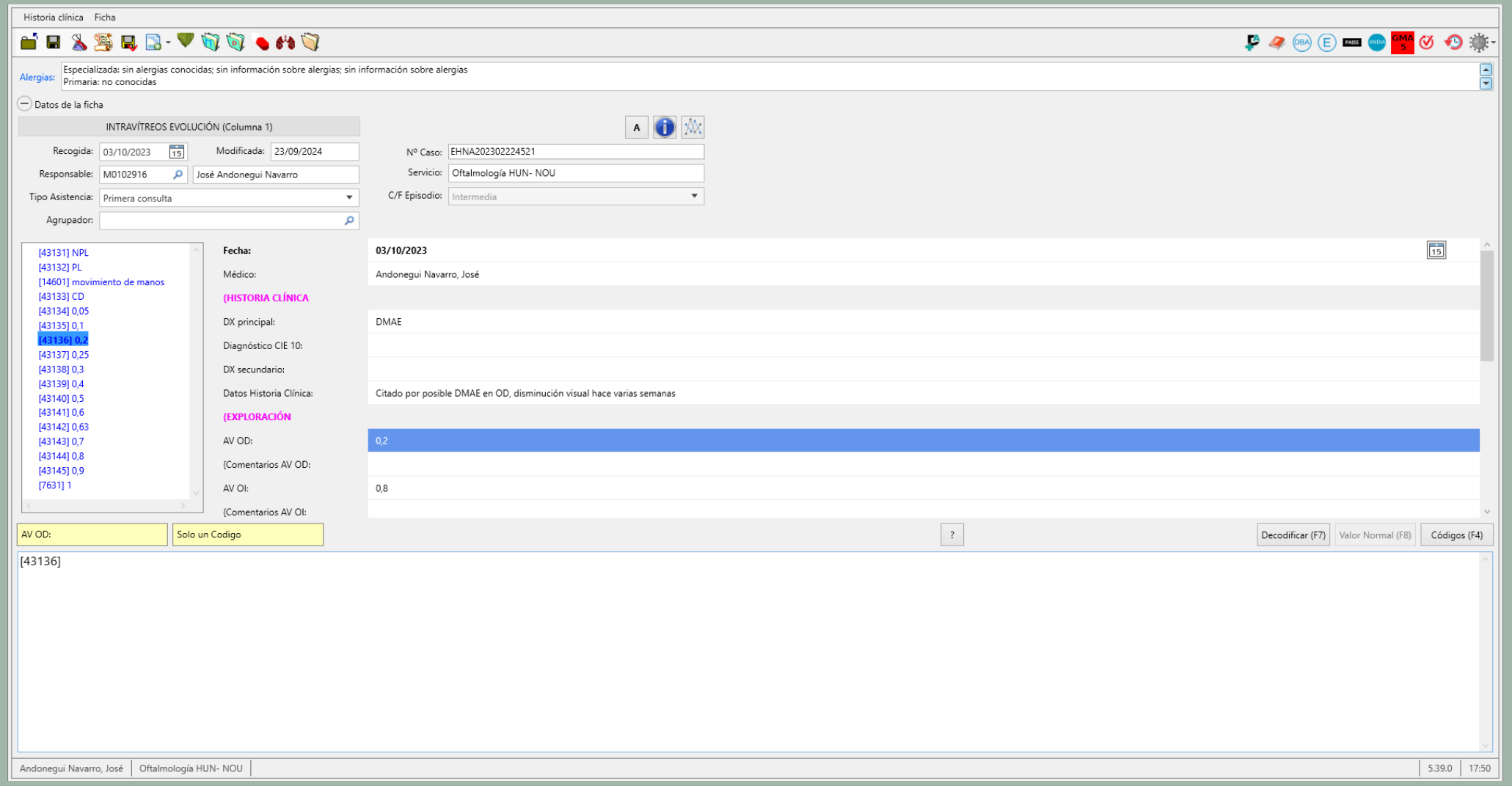
Otras recomendaciones:

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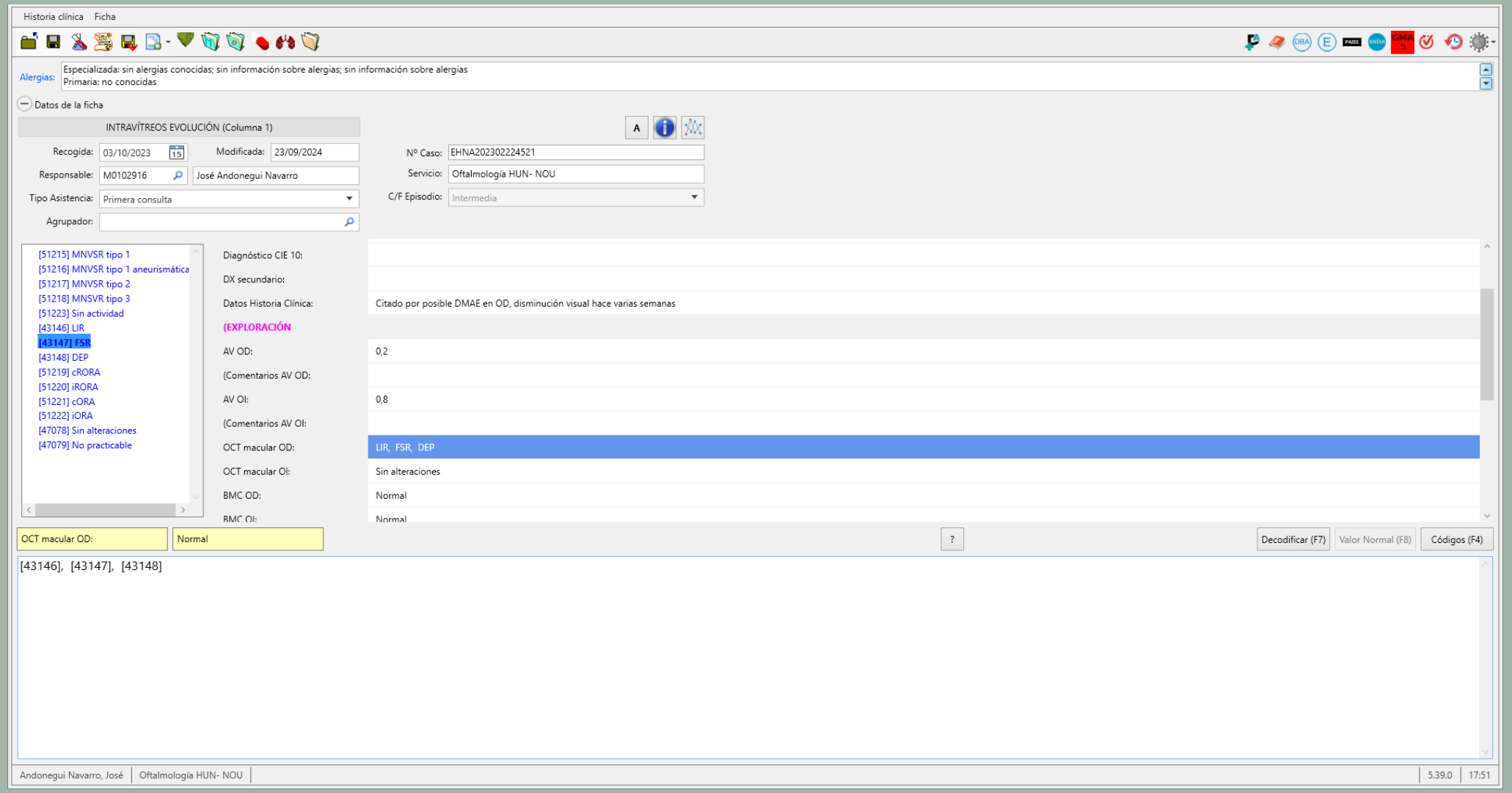
Coding of clinical data



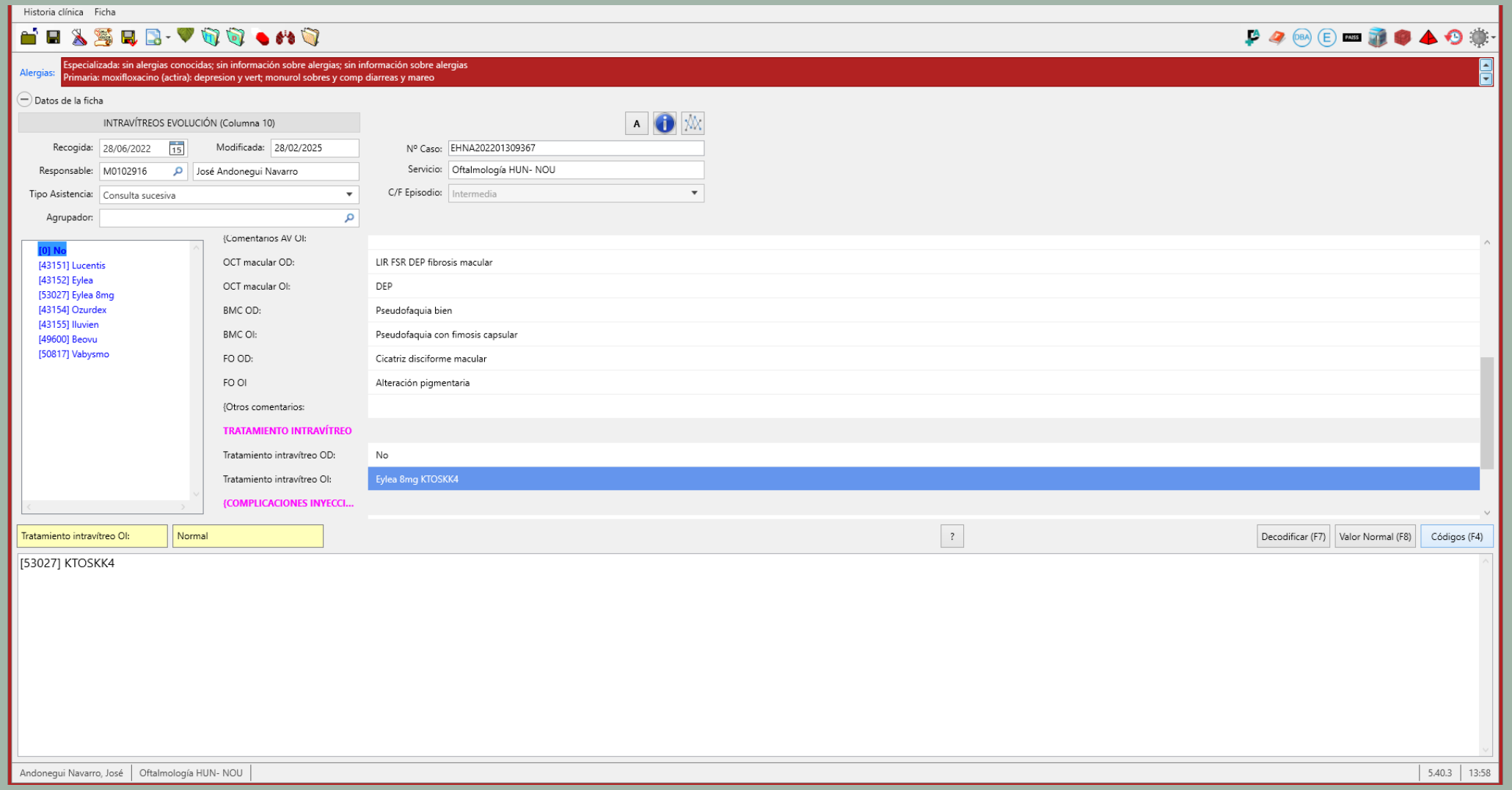
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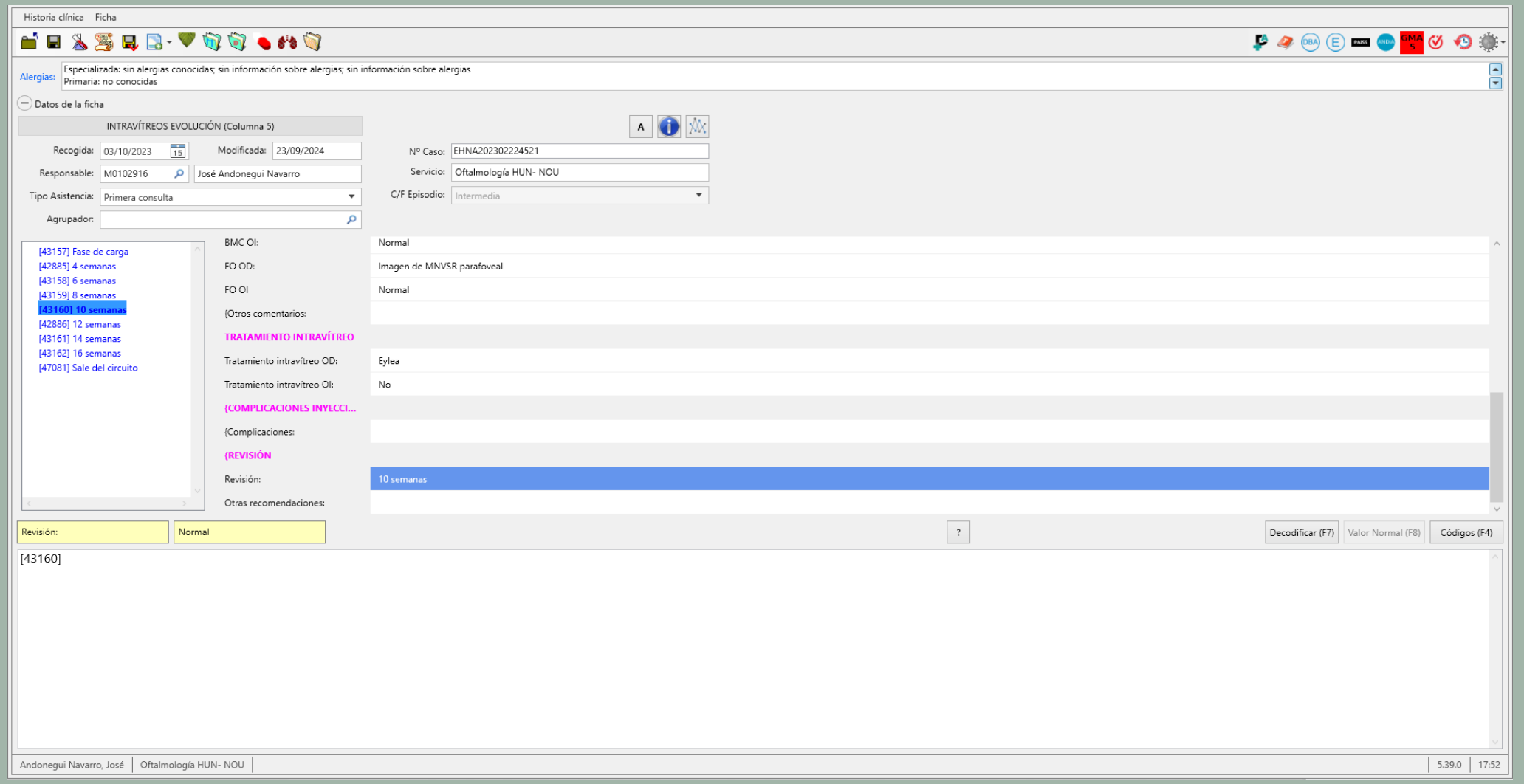
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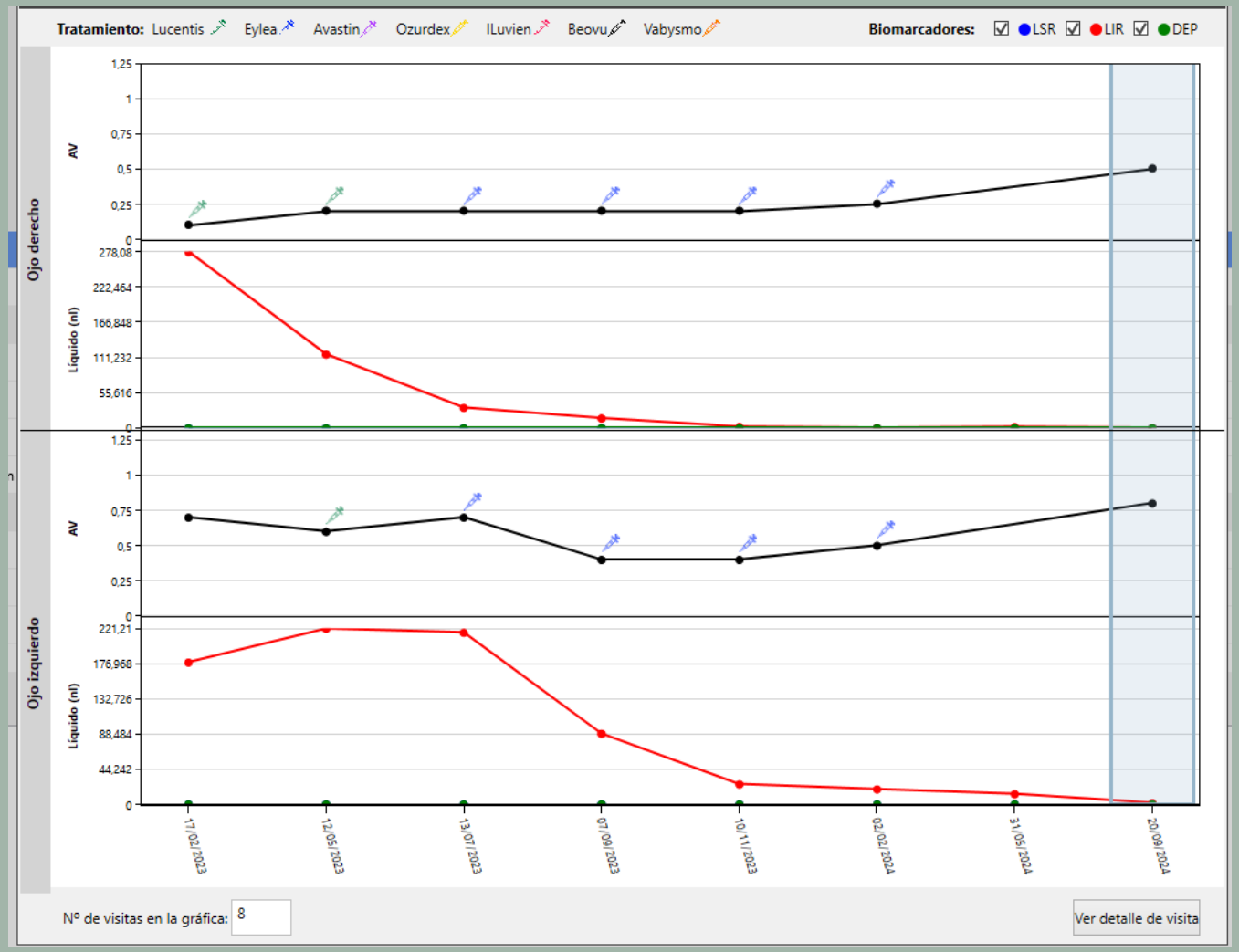


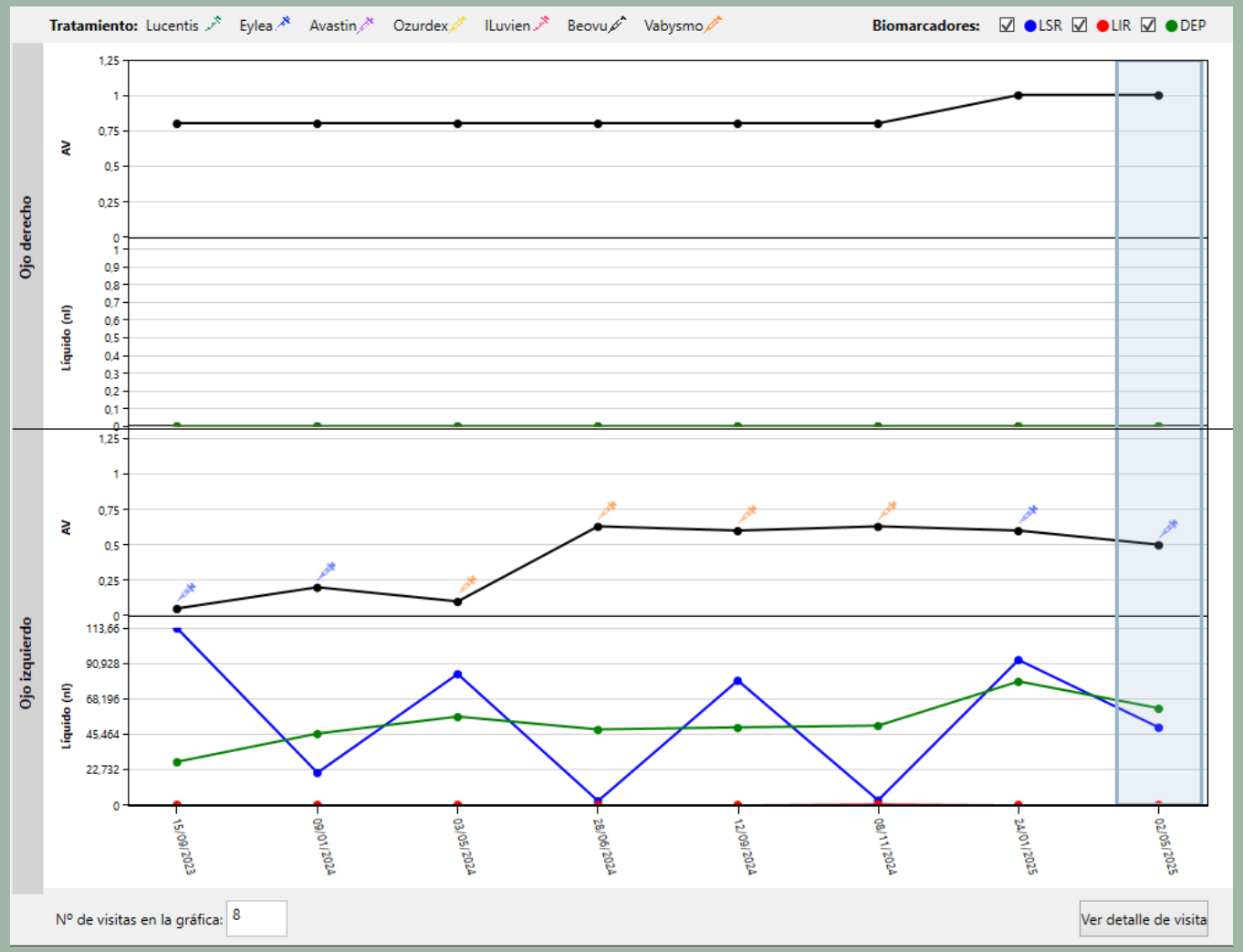
Coding of clinical data

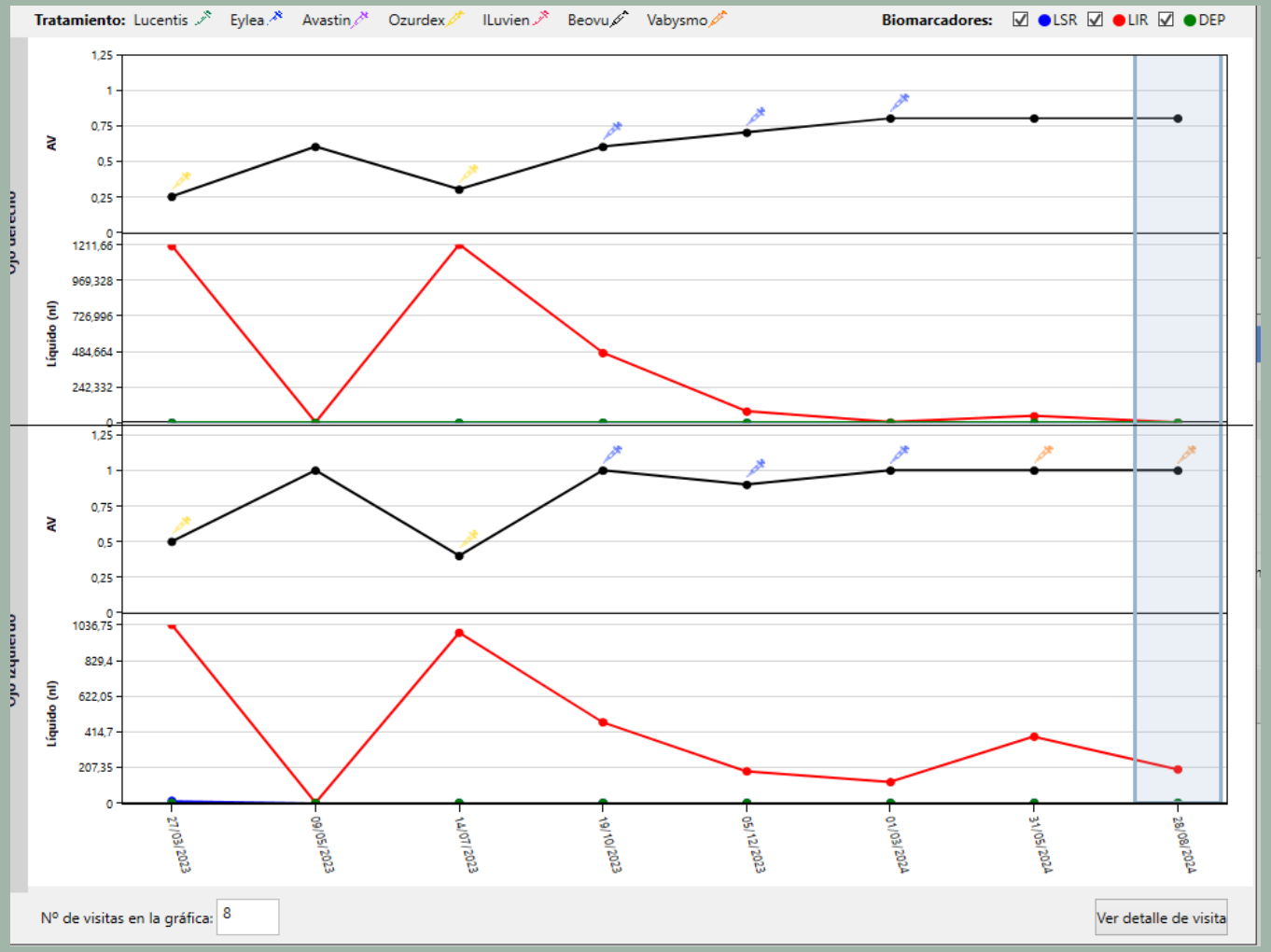


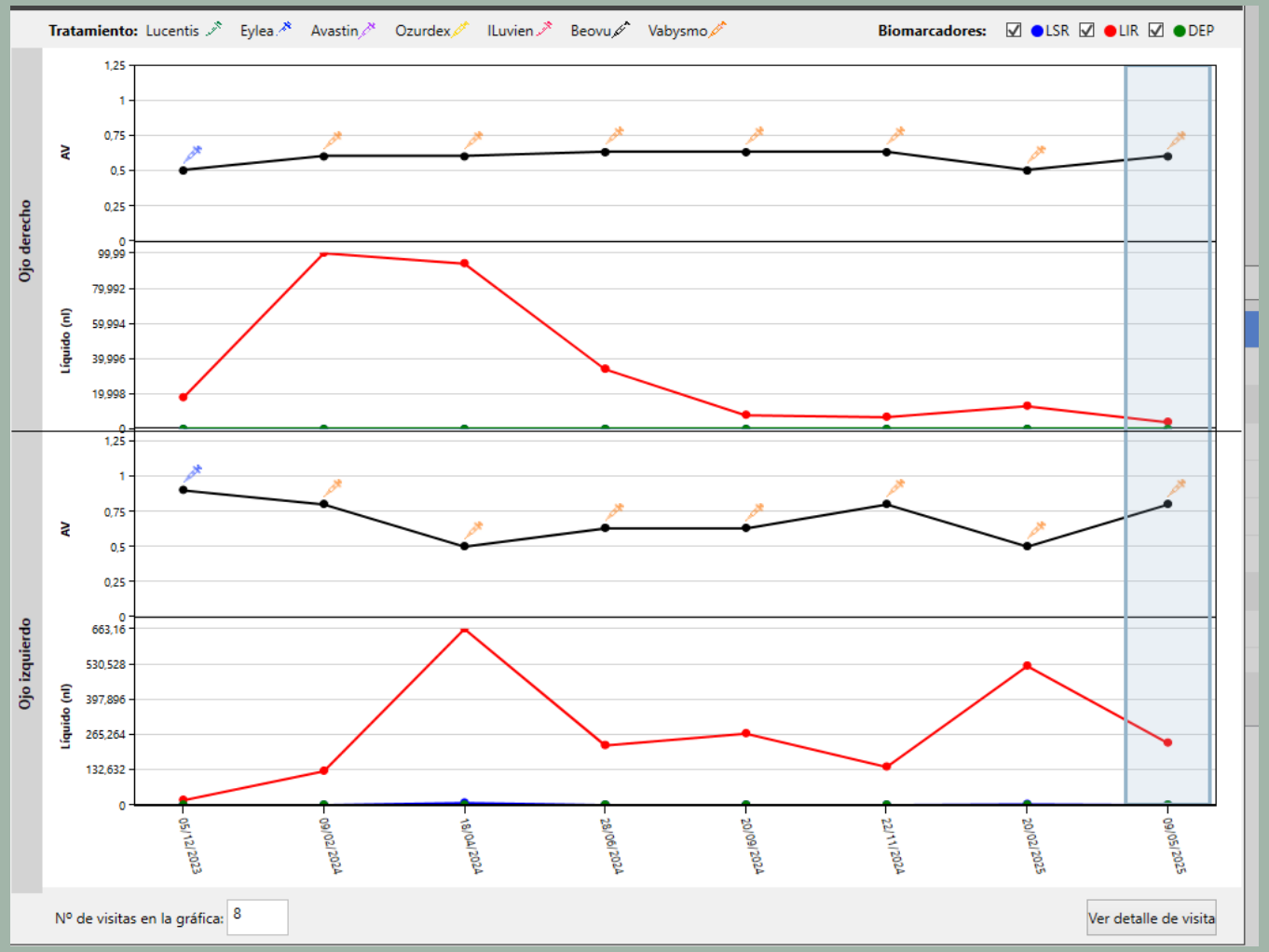
Coding of clinical data



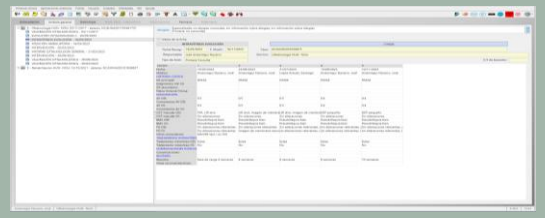

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Biomarcadores: LSR LIR DEP
Ojo derecho
AV
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Nº de visitas en la gráfica: 8
Ver detalle de visita


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Biomarcadores: LSR LIR DEP
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Nº de visitas en la gráfica: 8
Ver detalle de visita


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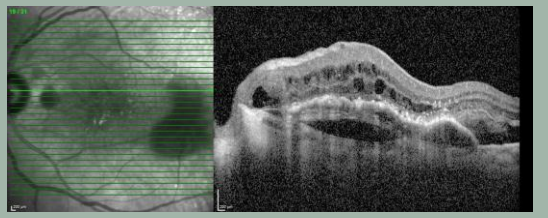

Tratamiento: Lucentis Eylea Avastin Ozurdex ILuvien Beovu Vabysmo
Biomarcadores: LSR LIR DEP
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Ver detalle de visita

How do we activate NaIA?

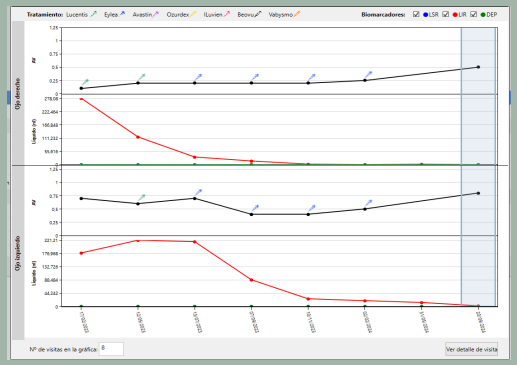


FILE IN ELECTRONIC MEDICAL RECORD





OCT



GRAPHIC REPRESENTATION OF RETINAL FLUIDS, VISUAL ACUITY AND TREATMENTS

Current advantages of using NaIA

- It is very reliable for detecting fluid in retinal tomographic sections of patients with age related macular degeneration.
- It allows us to accurately quantify the volume of retinal fluid.
- It allows to graphically represent the evolution of the fluid over time and therefore assess the response to treatment.
- It allows to correlate the volume of fluid in the retina with other clinical parameters such as visual acuity or treatment.
- It is activated automatically.

Future advantages of using NaIA

- It could predict the response to treatment on an individual basis in each patient.
- It could optimize the most appropiate regimen for each patient and achieve the highest possible visual acuity with the fewest treatments and follow-up visits.
- It could detect markers of disease activity previously unknown to us.

Thank you

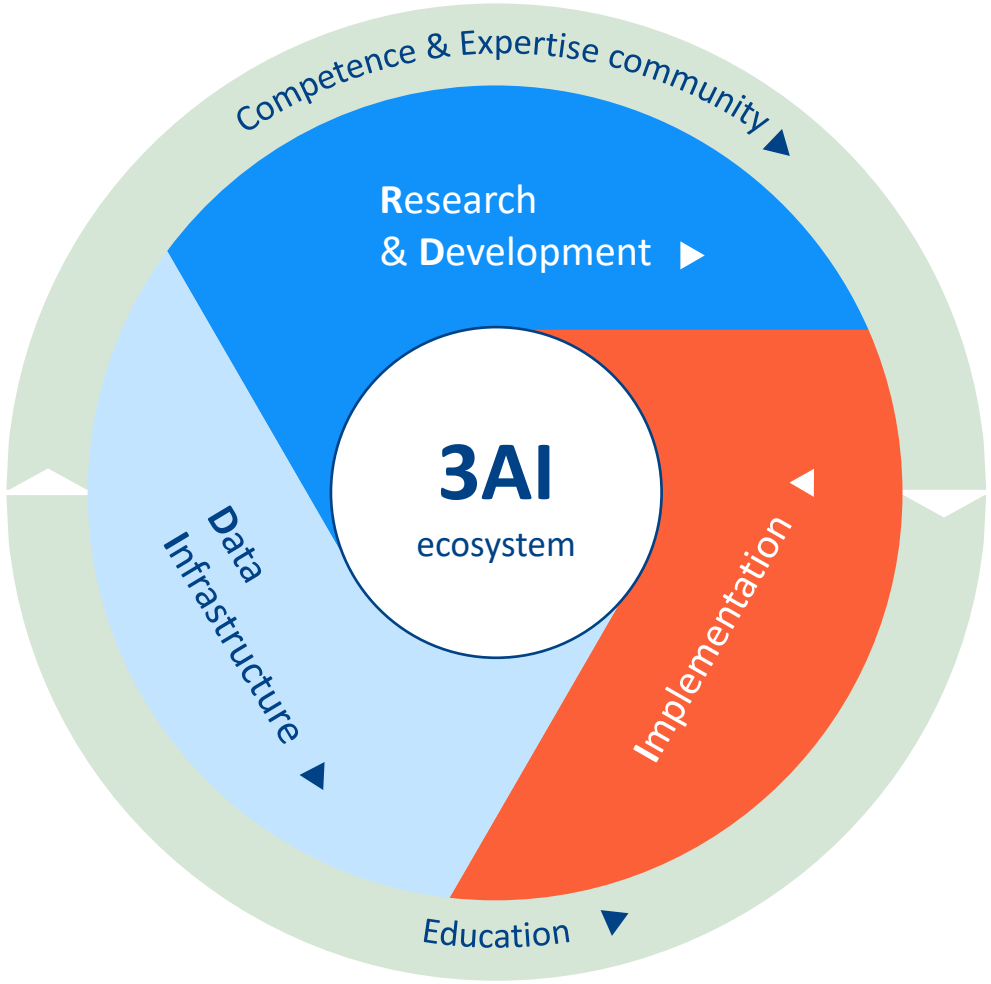


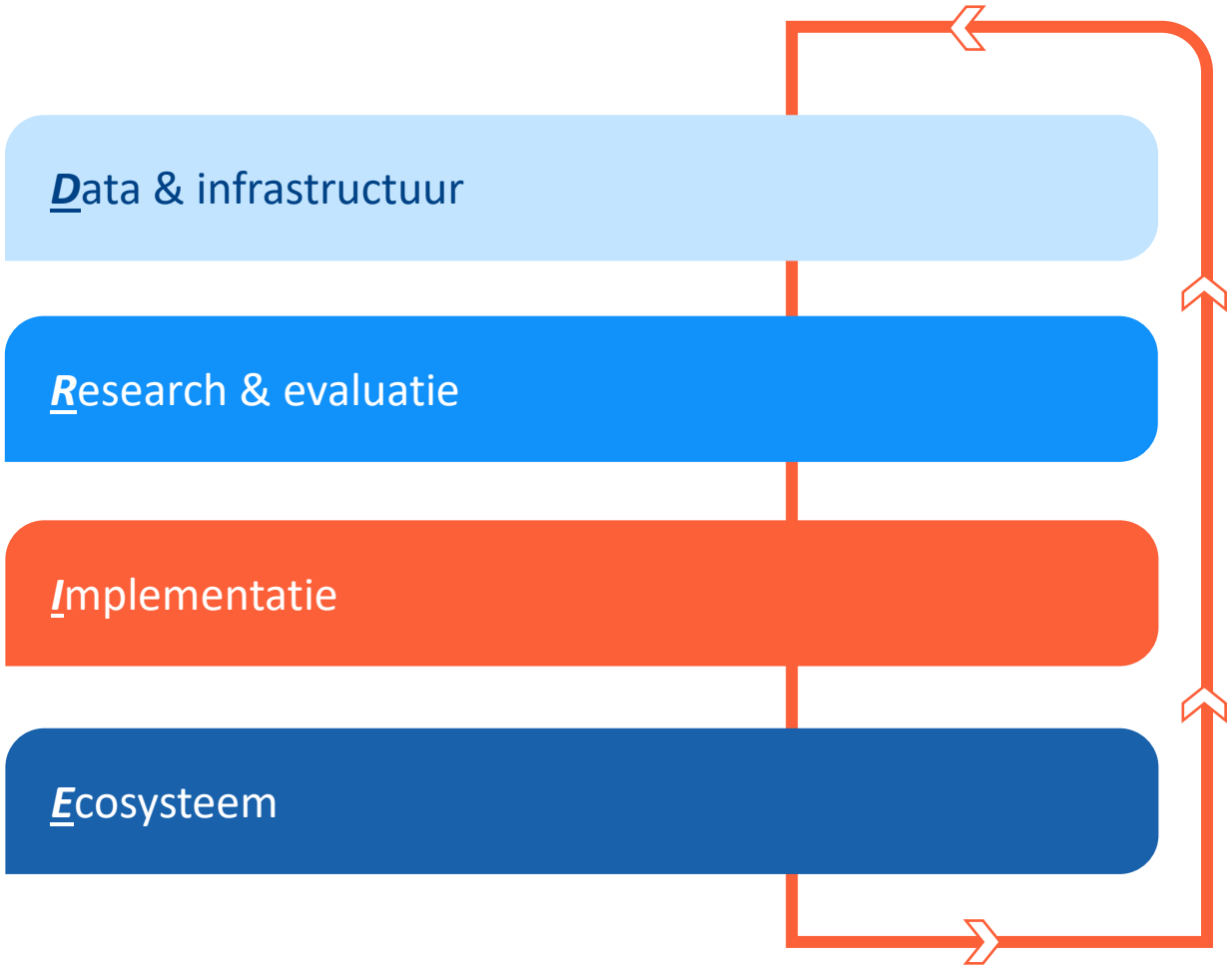
AI Ecosystem, UMC Utrecht

UMC Utrecht

dr. Ilse Kant
AI and Digital Innovation, UMC Utrecht

AI ecosystem UMC Utrecht



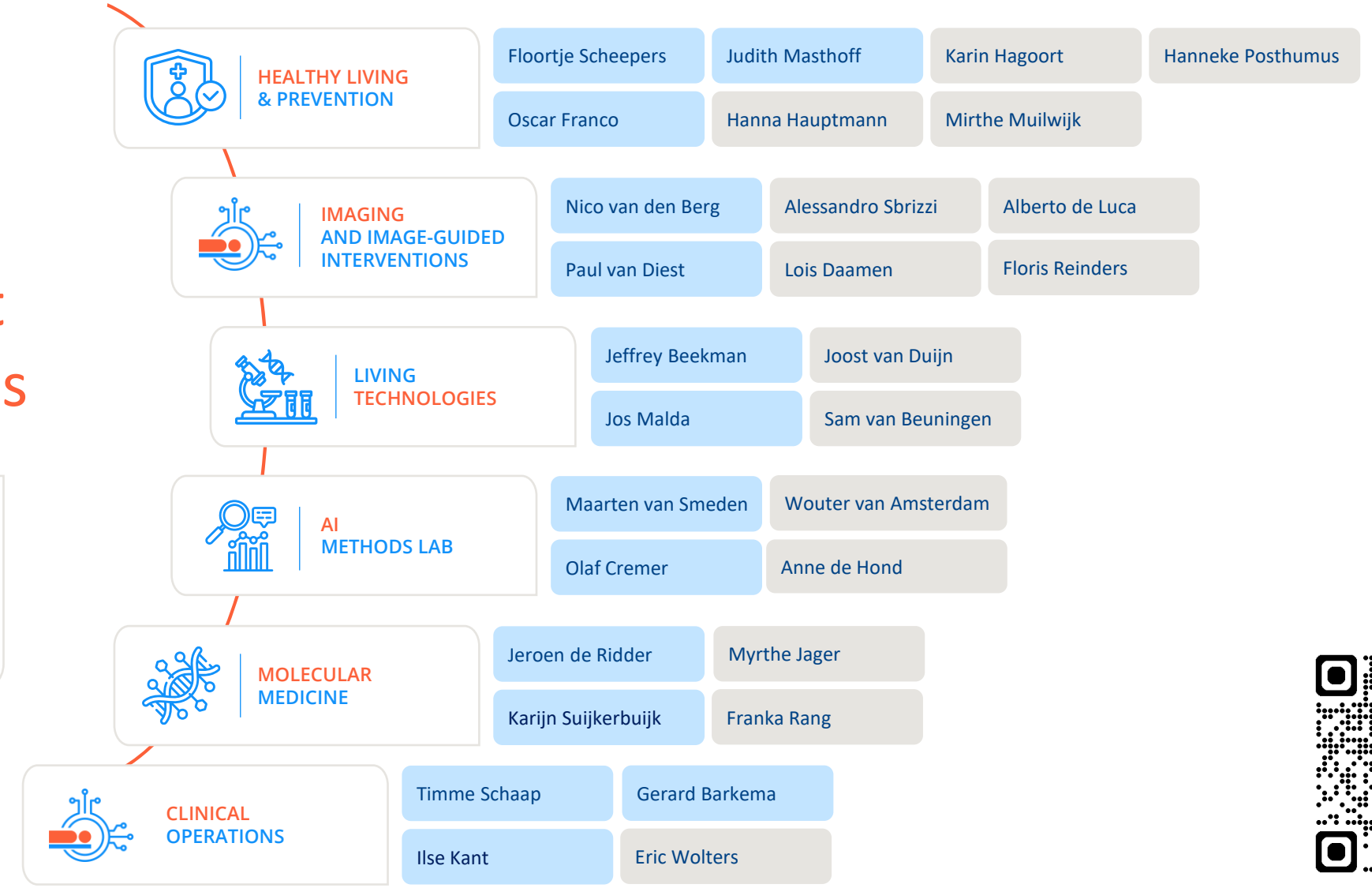


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Research & Development

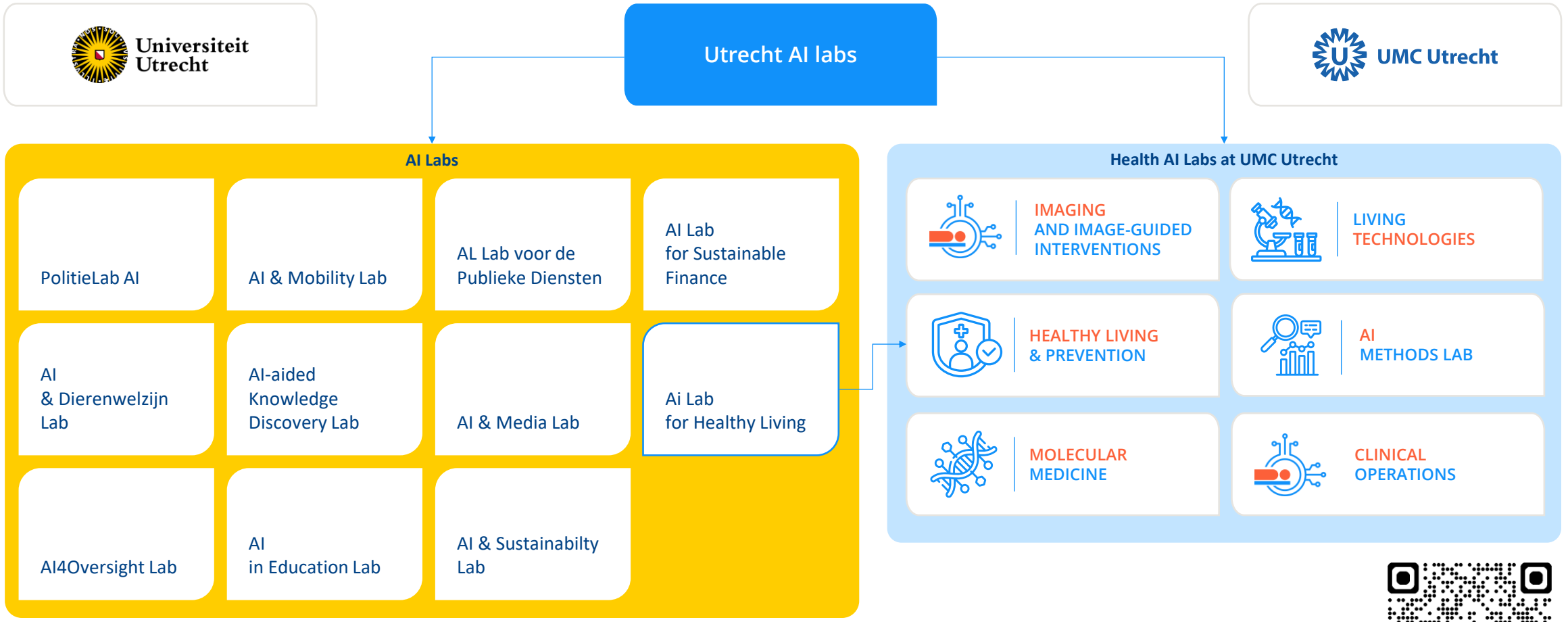
UMC Utrecht Health AI-labs

UMC Utrecht AI Taskforce
Carl Moons
Harry Pijl
Roëlle de Koning



UMC Utrecht

Health AI-labs & UU AI labs

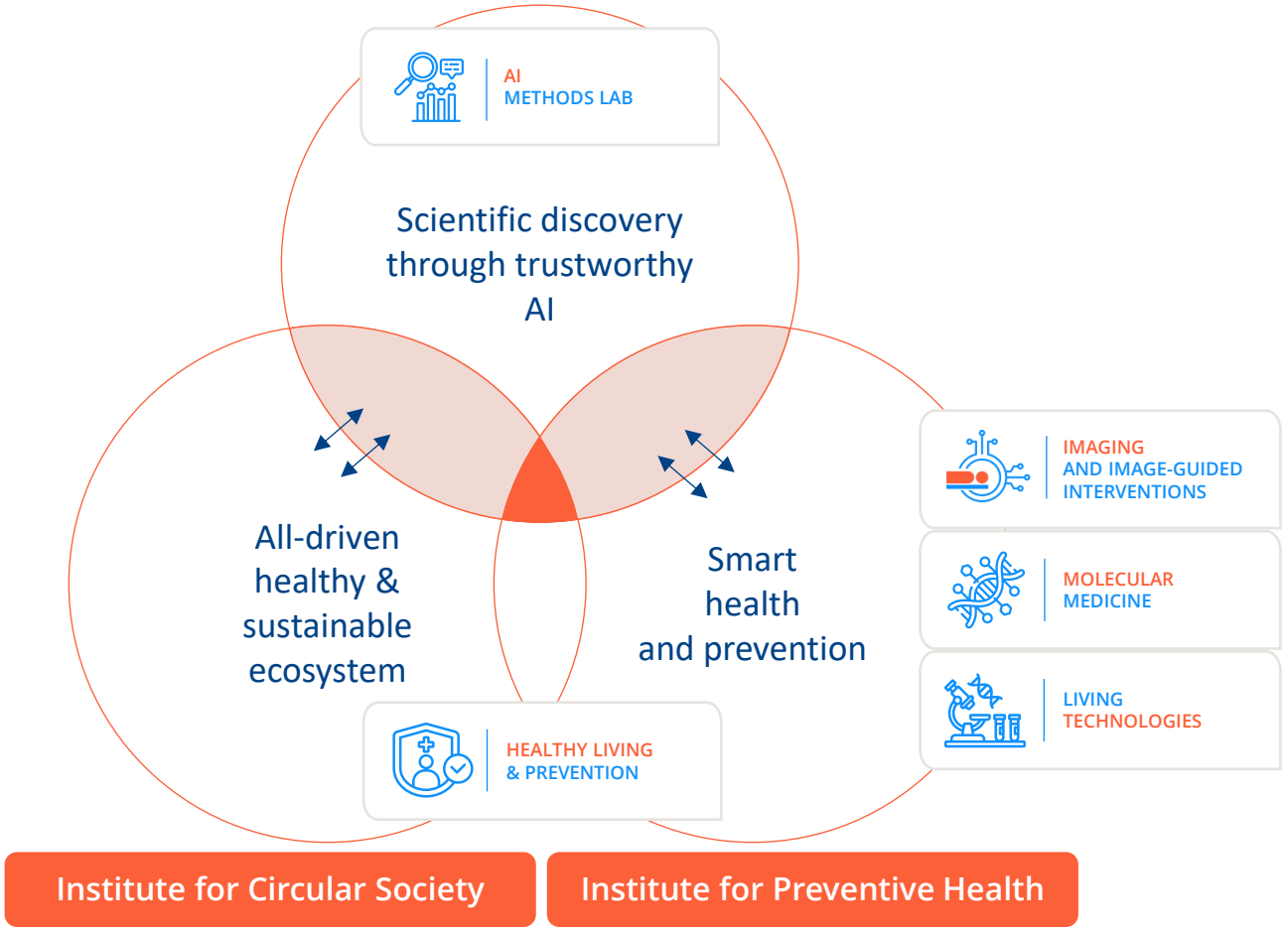


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Health AI-labs & EWUU AI Hub

CHALLENGING FUTURE GENERATIONS

- TU/e Technische Universiteit Eindhoven University of Technology
- WAGENINGEN UNIVERSITY & RESEARCH
- Universiteit Utrecht
- UMC Utrecht

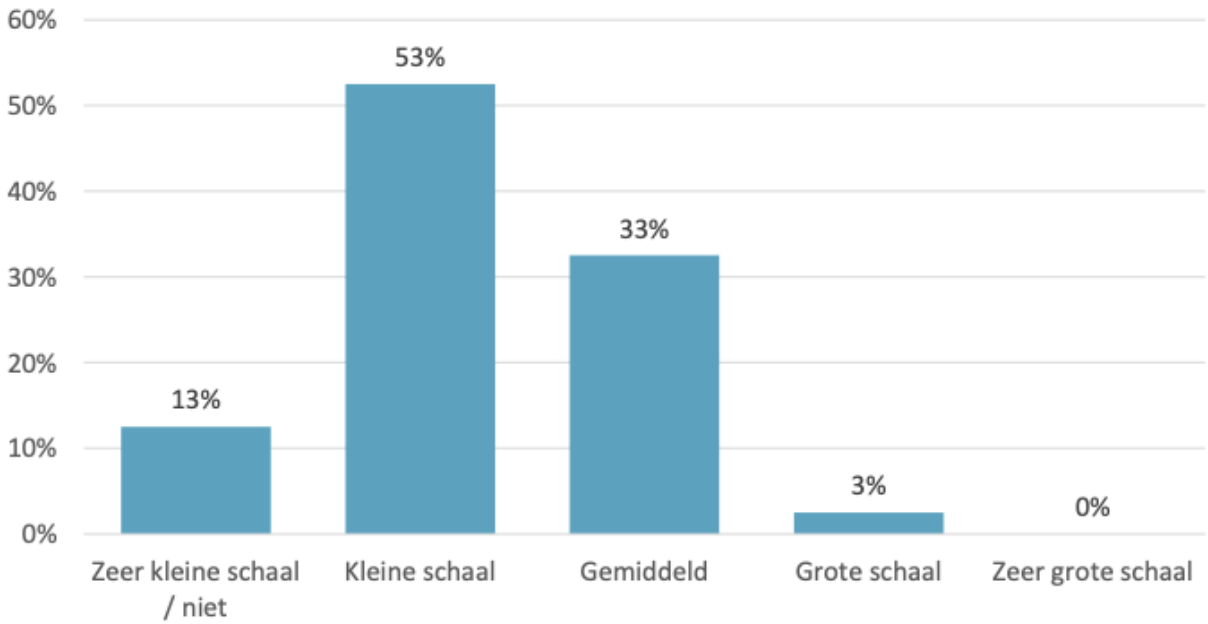


Institute for Circular Society | Institute for Preventive Health

Implementation and adoption: state NL ‘25

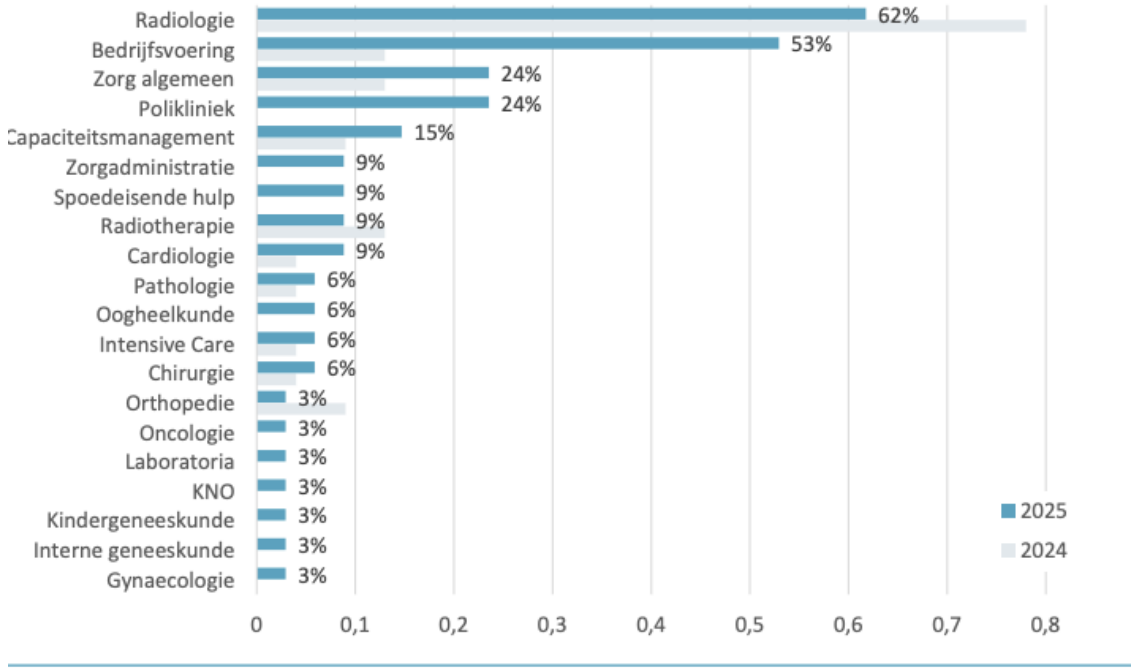
Op welke schaal wordt AI binnen uw ziekenhuis toegepast?

n=40 ziekenhuizen



Binnen welke afdelingen/specialismen vinden de belangrijkste implementaties plaats (fase ‘implementatie’, ‘productie’ en ‘waardevolle AI’ in de innovatiefunnel)? Kies maximaal 3.

n=34 ziekenhuizen

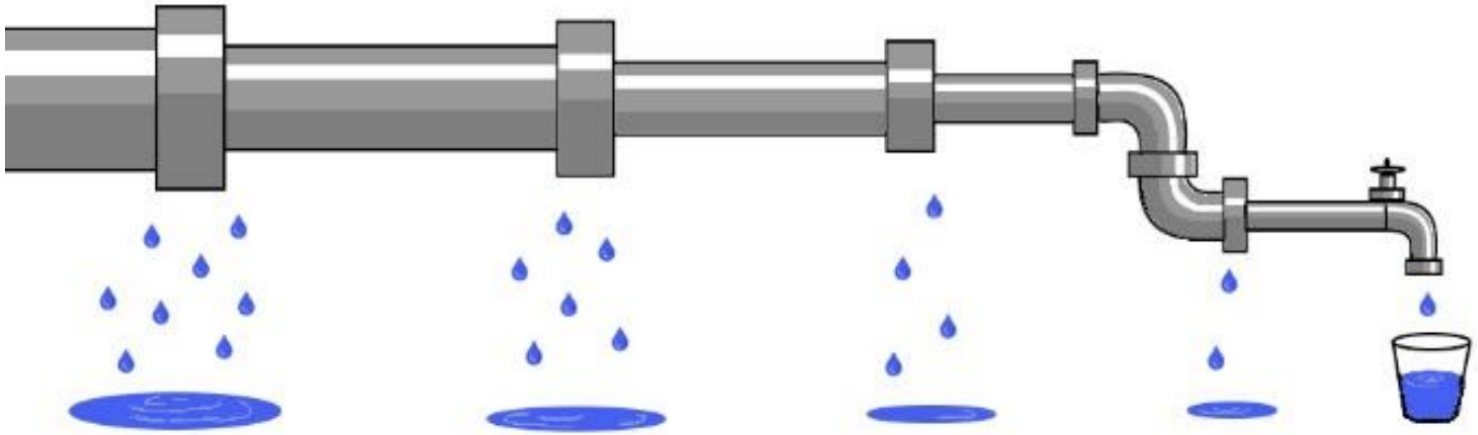


AI monitor ziekenhuizen 2025 door M&I Partners

UMC Utrecht

M&I/Partners/

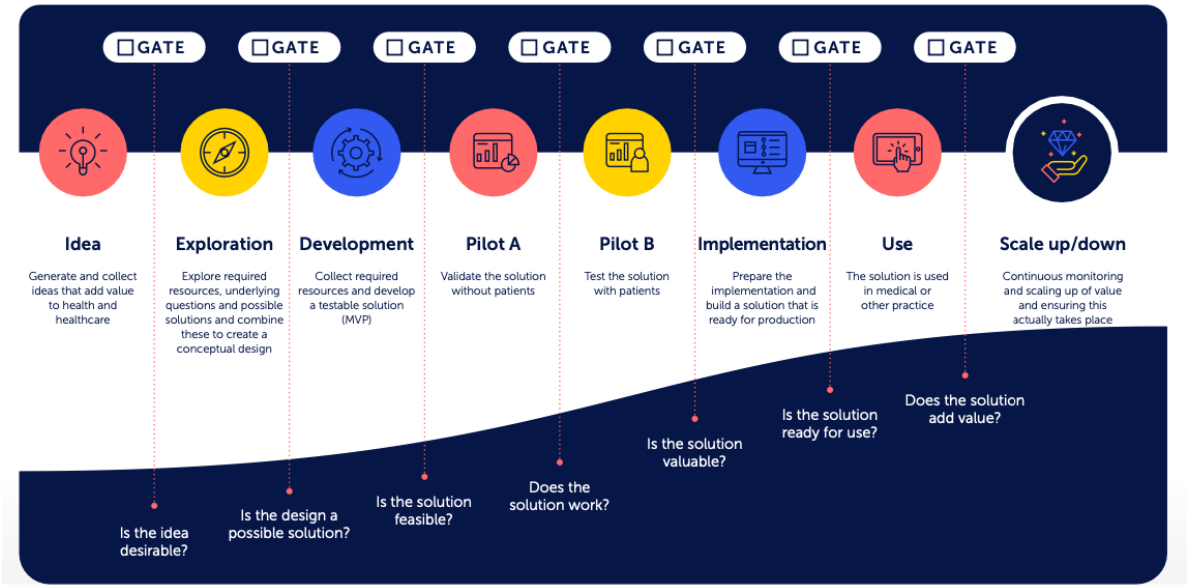
AI: the leaky pipeline



Not fit for purpose	No validation	No implementation	Not adopted
Developed on wrong patient population	Lack of data or incentive to pursue validation studies	No impact on decision making or patient (health) outcomes	Prediction (perceived as) not useful
Expensive or non-available predictors	Incompletely reported prediction model	No software developed to implement and use the model	Predictions not trusted
Time intensive to use model	Poorly developed or overfitted model	Requirements for adherence to (medical device) regulations	Model not transparent enough, or no tools available to enhance its use in practice

Van Royen et al., 2022.
DOI: https://doi.org/10.1183/13993003.00250-2022

Innovation funnel, AI guideline




npj | Digital Medicine
www.nature.com/npjdigitalmed
REVIEW ARTICLE OPEN
Check for updates
Guidelines and quality criteria for artificial intelligence-based prediction models in healthcare: a scoping review

Anne A. H. de Hond[1,2,3,8✉], Artuur M. Leeuwenberg[4,8✉], Lotty Hooft[4,5], Ilse M. J. Kant[1,2,3], Steven W. J. Nijman[4], Hendrikus J. A. van Os[2,6], Jiska J. Aardoom[6,7], Thomas P. A. Debray[4], Ewoud Schuit[4], Maarten van Smeden[4], Johannes B. Reitsma[4], Ewout W. Steyerberg[2,3], Niels H. Chavannes[6,7] and Karel G. M. Moons[4]


Guideline for high-quality diagnostic and prognostic applications of AI in healthcare

Version 1.0

21-12-2021

Authors

Maarten van Smeden, Carl Moons, Lotty Hooft (phase 1 through 3)

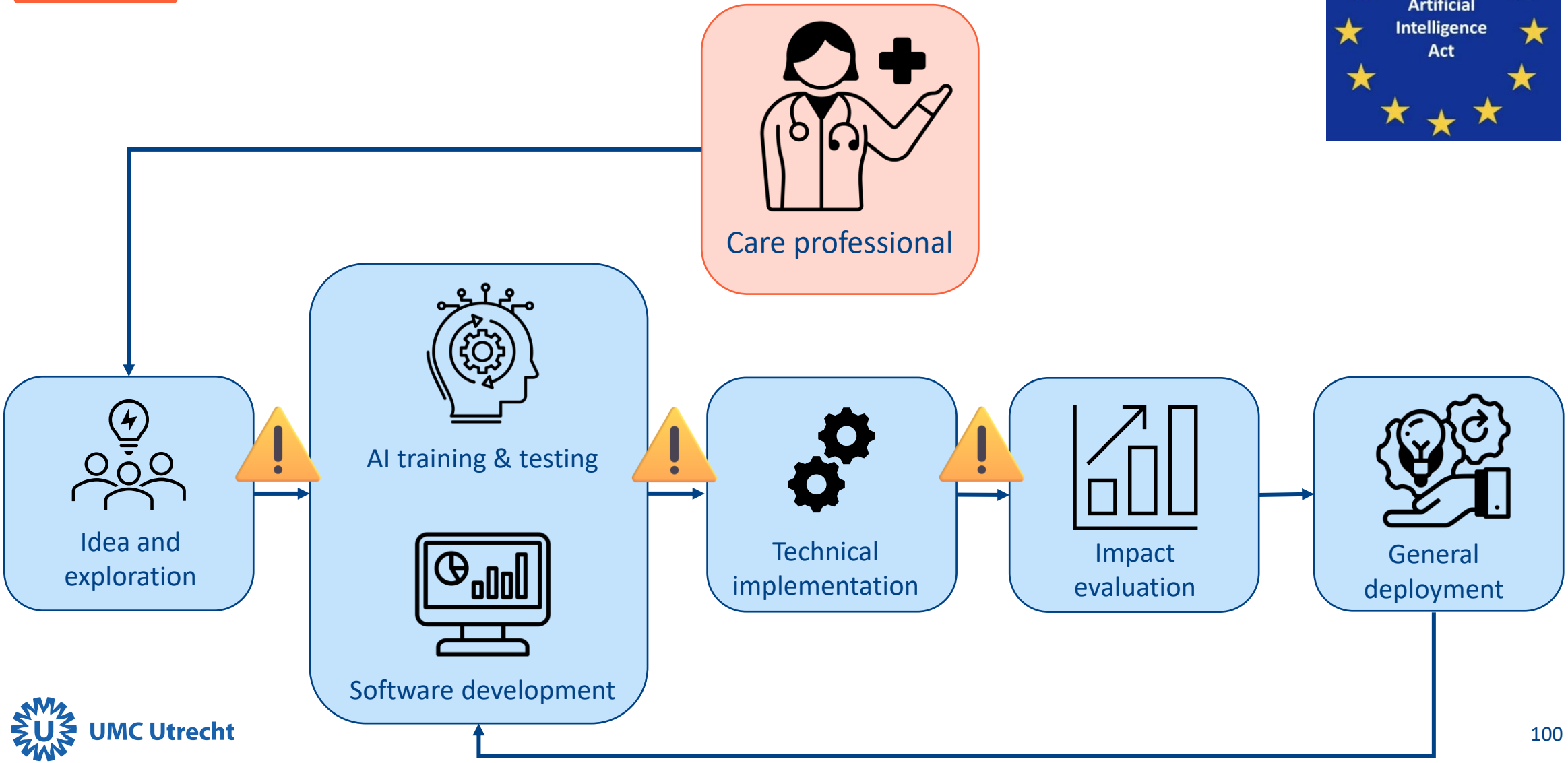
Ilse Kant, Hine van Os, Niels Chavannes (phase 4 through 6)

On behalf of the working party members on Medical AI

Commissioned by the Ministry of Health, Welfare and Sport

UMC Utrecht

Quality Management System – ISO13485



UMC Utrecht

QMS by: Richard Bartels & Jacqueline Pronk

AI impact areas

Reducing administrative workload	• Automated registration • Retrieving information for optimal workflow support
Managing people and resources wisely	• Predicting patient in and outflow • AI for capacity management
Improving patient care: prediction and diagnosis	• Trustworthy AI in medical decisions • AI improves quality of care in diagnostics and prognostics

No show prediction

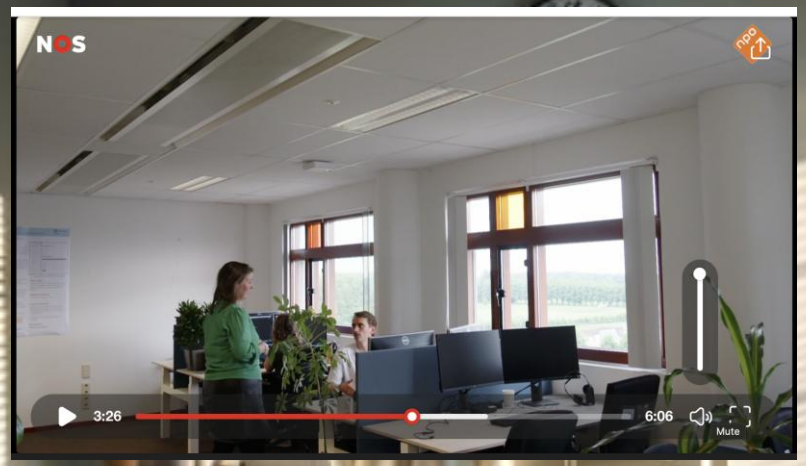
AI voorspelt no-show en vermindert administratie

WO 14 FEBRUARI 2024 - 16:35

Nieuwe werkwijze voorkomt no show in Erasmus MC

UMC Utrecht en Erasmus MC voorspellen ‘no-sho..’s’ op polikliniek met AI

Door **Mirjam Hommes** - 16 februari 2024



Tienduizenden patiënten blijven weg bij afspraak: AI-model helpt ziekenhuizen voorspellen wie dit zijn

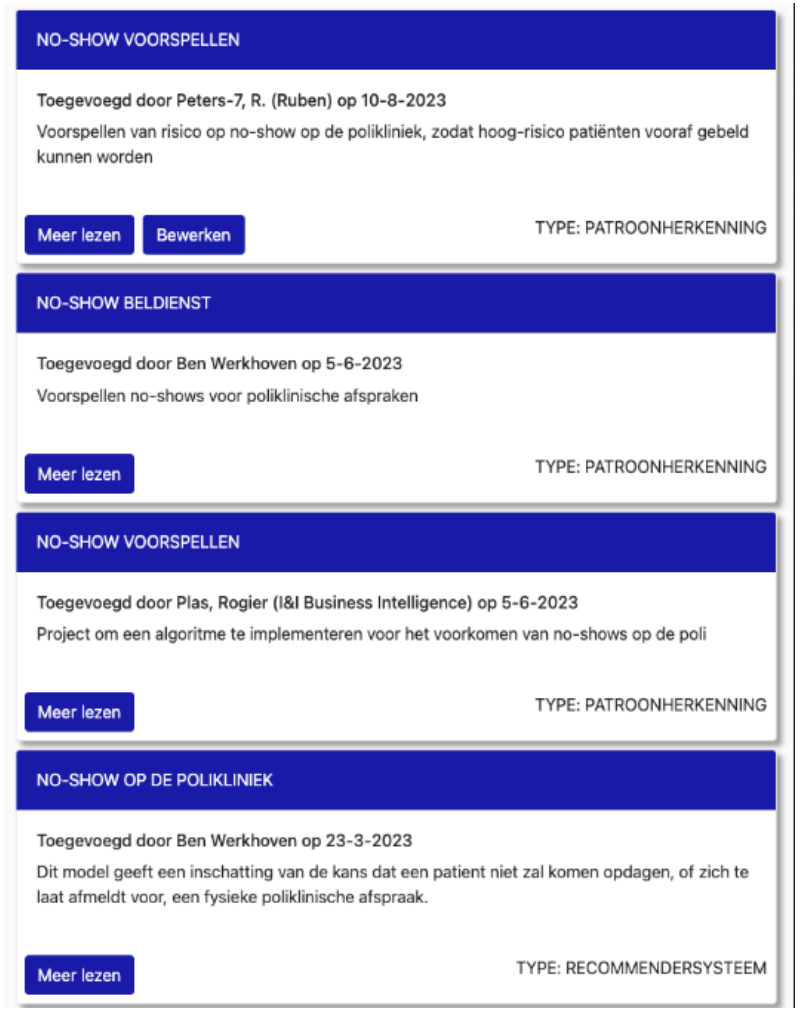
Er zijn grote wachtlijsten in de zorg en tóch komen er in ziekenhuizen jaarlijks tienduizenden mensen niet opdagen bij hun afspraak. Een model dat op basis van kunstmatige intelligentie voorspelt welke patiënten de afhakers zijn, blijkt voor ziekenhuizen een uitkomst. „Elk extra half uur dat we kunnen winnen om patiënten te helpen, is mooi meegenomen.”

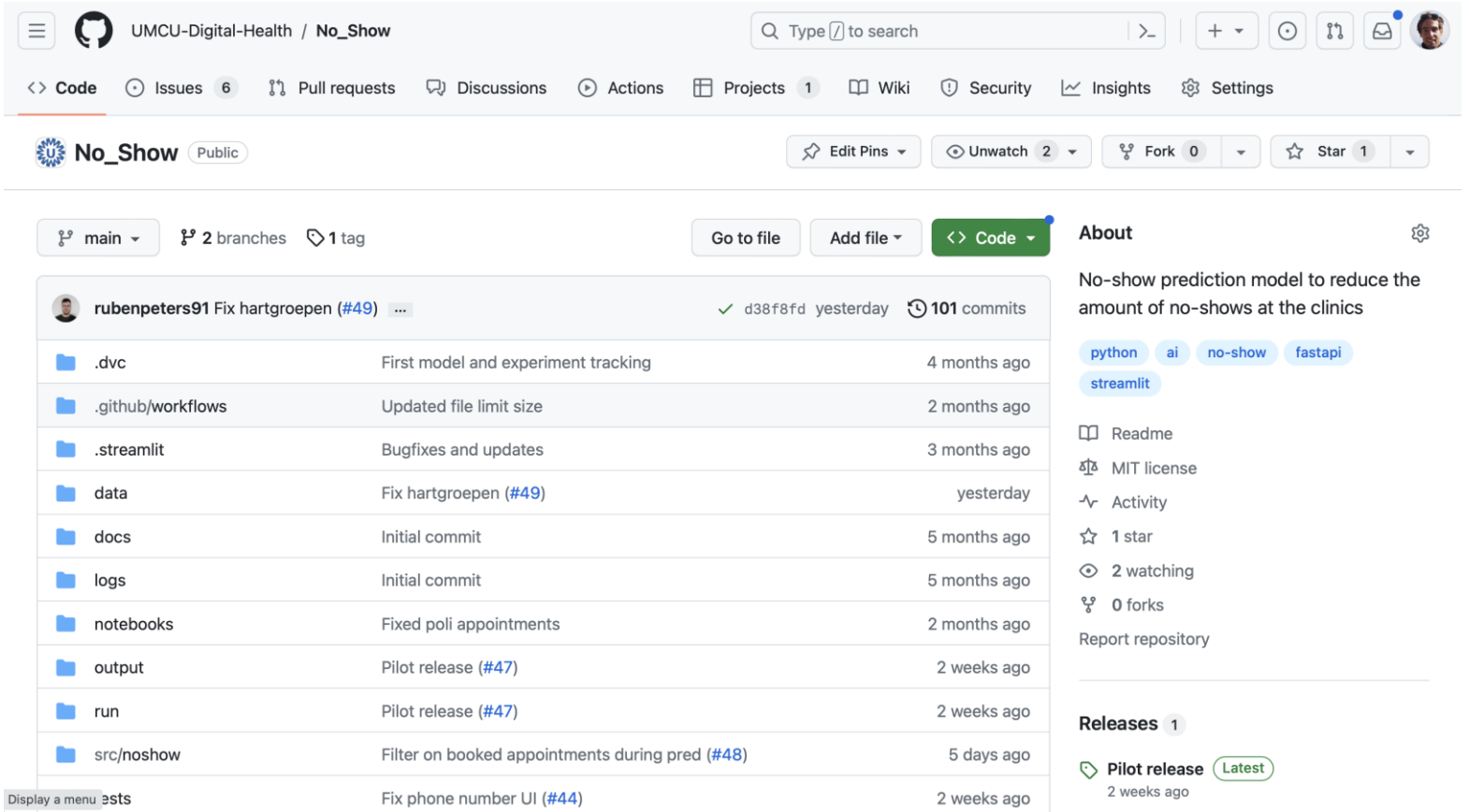
Elisabetta Santangelo 17-08-24, 05:00 Laatste update: 17-08-24, 10:58



UMC Utrecht

Example: no-show prediction (open-source)



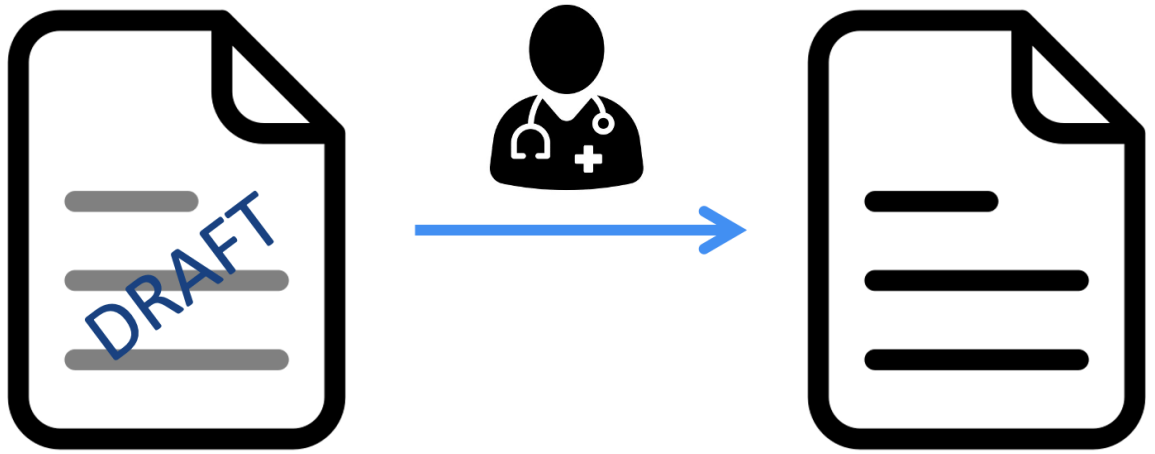


UMC Utrecht

Project by: Ruben Peters
https://github.com/UMCU-Digital-Health/No_Show

Example: automated discharge letters

- UMC Utrecht ~ 28.000 clinical admissions in 2023*
- ~ 1 hour per discharge letter
- NL: ~ 1.4 mln clinical admissions in 2022**



Beloop bewerken | Sluiten | Opslaan

Bespreking

...

Aandachtspunten voor de afdeling

...

Brief gegenereerd door AI:

Deze brief is door AI gegenereerd voor patient 0123456789 op: 2024-10-02 17:02
Respiratie
De patiënt had ernstige ademhalingsproblemen postoperatief en vereiste onmiddellijk beademing. Deze ondersteuning werd voortgezet gedurende de opname, met enige verbetering in de ademhaling waargenomen, maar de patiënt bleef afhankelijk van ondersteuning. Uiteindelijk begon de patiënt van de beademing af te komen, maar had nog steeds zuurstofondersteuning nodig en bleef zwak.
Circulatie
De vitale parameters van de patiënt waren initieel stabiel, maar er traden cardiovasculaire schommelingen op waarvoor medicatie werd aangepast. Uiteindelijk stabiliseerden de vitale parameters met behulp van medicatie en was de patiënt stabiel zonder medicatie.
Neurologie
De patiënt was initieel verward, vermoedelijk door de anesthesie. Er was een verdenking op delier, welke geleidelijk verbeterde en uiteindelijk verdween. De neurologische status van de patiënt was aan het einde van de opname stabiel en helder.
Infectie
Er was een verdenking op infectie vanwege een stijging in temperatuur, waarvoor een antibioticakuur van 10 dagen werd gestart. De infectie werd bevestigd en de antibioticakuur sloeg aan en werd voortgezet tot het einde van de opname.

Informatie ter ondersteuning bij het schrijven van de brief:

==== LIJST HUIDIGE PROBLEMEN ==========
RvO. 20-02-2024 - urosepsis
B/ antibiotica

1. 20-02-2024 - hypertensie
B/ ontwateren

==== BELOOP ==========
27-01-2023 - test2
29-01-2023 - Echo nieren
30-01-2023 - hlkl

==== BEHANDELDOELEN ==========
=Respiratie=
Saturatie (%): 94 - 98
PO2 (mmHg): < 150
pH: 7,35 - 7,45

=Circulatie=
HF (/min): 45 - 90
MAP (mmHg): 65 - 100

=Neurologie=
Temp (graden): 35 - 36

=Lab Hematologie=
Hb (mmol/L): > 4,5

=Lab Chemie=
Natrium (mmol/L): 140 - 145
Kalium (mmol/L): 4 - 5,5
Magnesium (mmol/L): 1 - 2,2
Fosfaat (mmol/L): > 1

√ Overleden in ICU ☐ Ja ☑ Neen

Deze AI brief heeft mij erg geholpen: ☑ Ja ☐ Neen

Feedback verzonden

UMC Utrecht

Quote from clinical practice

“The real value of AI only appears after implementation – when professionals use it, question and improve it.”

dr. Daniel Vijlbrief, neonatologist UMC Utrecht



AI: responsible implementation and transformation

- **Prioritize**: AI where it solves a real-world problem
- **Together with healthcare professionals and patients**, solutions that fit medical practice.
- **Collaboration in networks** regional, national and European networks
  - Examples: consortium RIGH:T a.o. UMCG, Erasmus MC, ETZ, LUMC, UMC Utrecht;
- Safe and effective use of **LLMs** (e.g. ChatGPT) and **decision support through adequate governance** en a **quality system**.
- **Attracting and maintaining expertise** in development, quality and governance of AI.
- **Board level and institutional support**: essential for strategic decisions and direction



[Rapport 'Toekomstbestendige zorg met AI' door ZonMW 2025]

Knowledge network AI implementation in healthcare

umcg

Leids Universitair Medisch Centrum

Amsterdam UMC
Universitair Medische Centra

UMC Utrecht

catharina
een santeon ziekenhuis

Maastricht UMC+

isala

hogeschool Windesheim

olvg

MST

Jeroen Bosch Ziekenhuis

gelre ziekenhuizen

santeon

HagaZiekenhuis

Erasmus MC
Universitair Medisch Centrum Rotterdam

MAASSTAD ZIEKENHUIS

ST ANTONIUS

ANTONI VAN LEEUWENHOEK
NEDERLANDS KANKER INSTITUUT



HOGESCHOOL UTRECHT

Radboudumc

Ziekenhuis St JANSDAL

Department AI & Digital Innovation

UMC Utrecht



Ilse Kant
Head of department AI & Digital Innovation



Ruben Peters
Tech Lead & Data Scientist



Sjoerd de Vries
Data Scientist



Eric Wolters
Data Scientist



Welmoed Tjepkema
Data Scientist



Morris Heijke
Data Scientist



Richard Bartels
Data Scientist



Laura Veerhoek
Product Owner & Data Scientist



Abel Koch
Data Scientist
Diakonessenhuis



Hina Vuijk
Data Scientist
ism Academische Werkplaats Huisartsenzorg MNL



Marieke van der Feen
Information analist



Vincent Menger
Platform Engineer



Koen Huigen
Scrum Master



Jip Sierksma
Senior developer RPA



Erik Koomen
Chief Medical Technical Officer



Floris Hofstede
Chief Medical Information Officer



Barbara Botma
Chief Nursing Information Officer



Hans Zekveld
Product Owner RPA



Rene Brinkman
Product Owner & Architect RPA



Astrid Stijlen
Developer RPA



Wessel Dekker
Developer RPA

ERRIN Updates

ERRIN Secretariat



FINAL MEETING OF THE YEAR

ICT WG Site Visit: FARI Institute and CAVE

9th December | 14:00 – 16:30 |

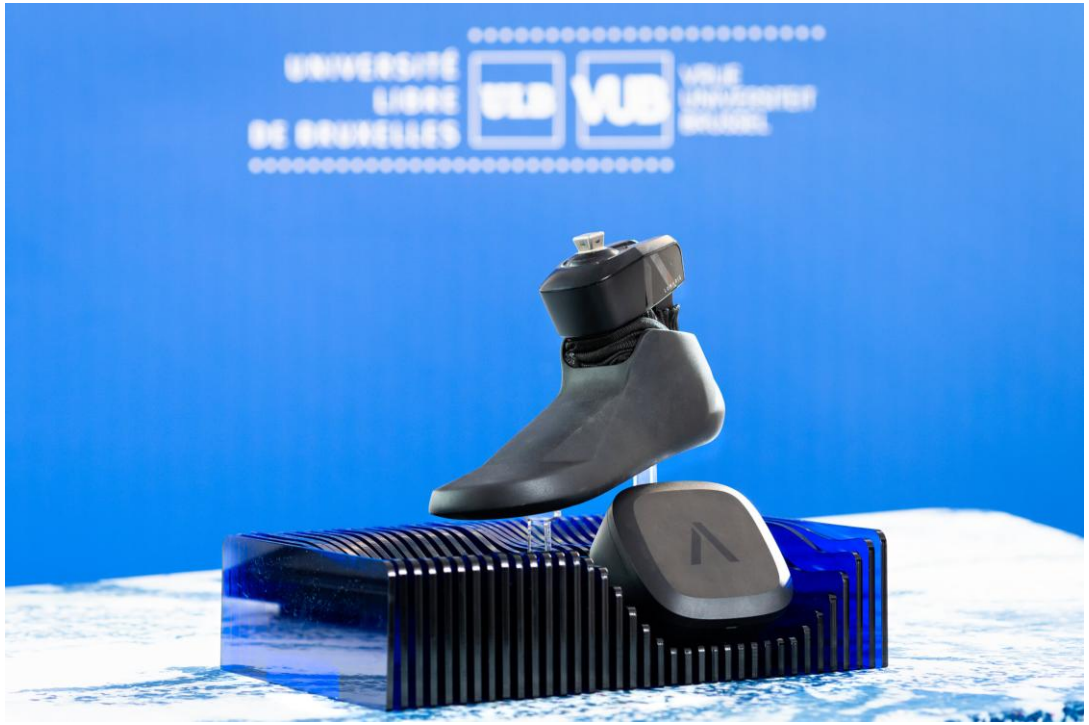
ERRIN & FARI (AI for the Common Good Institute Brussels)

Limit of 40 participants – First come, First Served. Register on the ERRIN event page

NEXT MEETINGS – SITE VISIT

The visit will cover:

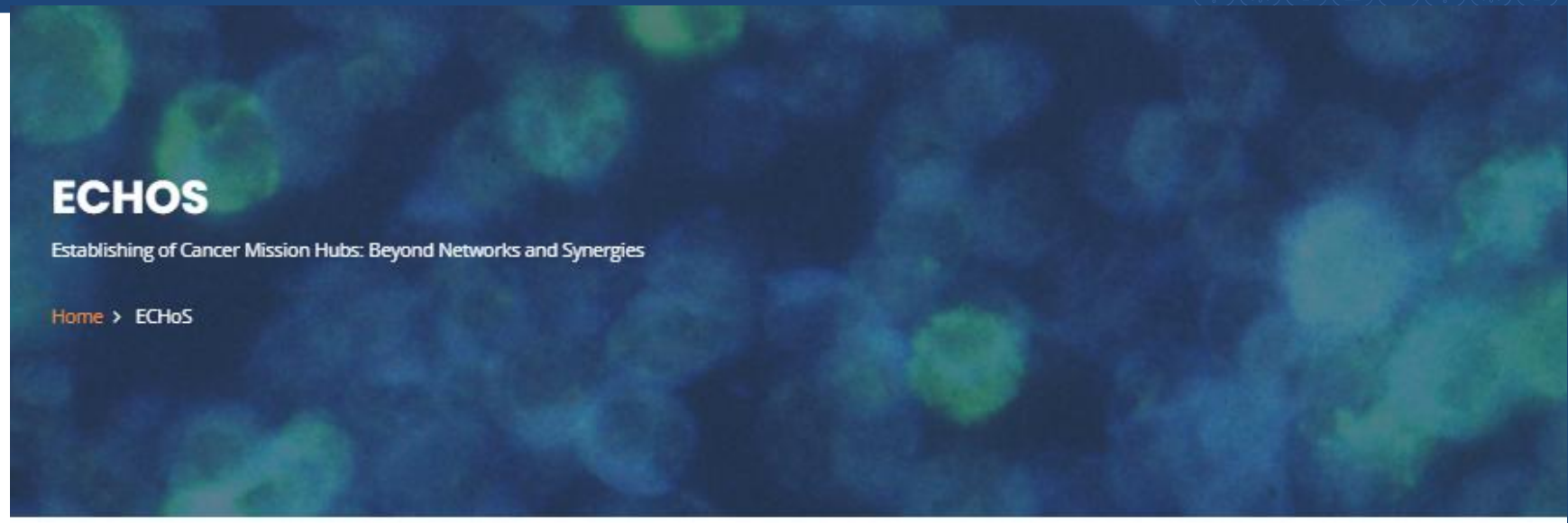
- **FARI** and its **Test & Experience Centre**, with **selected demonstrations**.
- The **CAVE**, the **Policy Twin** and the **FARI Dataspace**.
- Open discussion on:
  - **collaboration**,
  - **2027 calls**,
  - **EU digital policy** and
  - **Regional data governance**.




FPS 0
Halle de Saint-Géry
FARI
Warandepark

ECHOS PHASE II

- Is a core focus of ERRIN's Health Working Group and the EU Mission on Cancer as a whole.
- ERRIN and EUREGHA are leading on regional and municipal integration.
- More details can be found on the [ERRIN project page](#).



INTRODUCTION TO THE PROJECT

The second phase of ECHOS builds on the achievements of **ECHOS I**, a Horizon Europe-funded initiative that established a network of **National Cancer Mission Hubs (NCMHs)** in several Member States and Associated Countries. This phase aims to scale up, deepen and sustain the impact of the **EU Cancer Mission**, which seeks to improve the lives of over 3 million people by 2030 through transformative innovation in prevention, treatment and care.

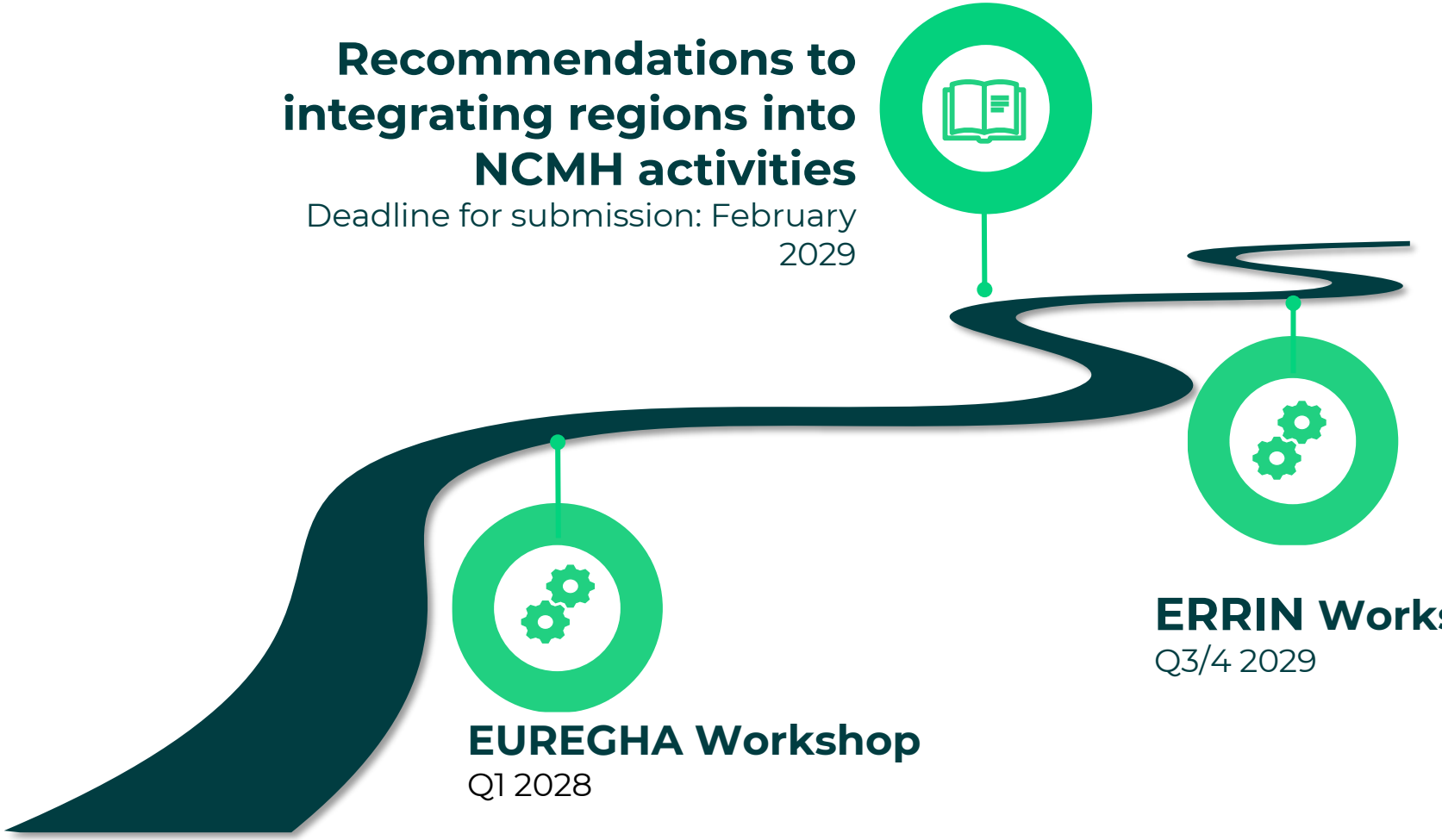
By expanding the network of NCMHs and strengthening their operational capacity, ECHOS will ensure that the Mission's objectives are inclusively implemented across Europe. The project will foster collaboration among stakeholders at national, regional, and local levels, promoting innovative approaches to cancer prevention, early detection, diagnosis, treatment and survivorship care while enhancing citizen and patient engagement in policy and research.

ECHoS Cancer Mission Hubs

Funded by the European Union

Tentative timeline

Recommendations to integrating regions into NCMH activities
Deadline for submission: February 2029



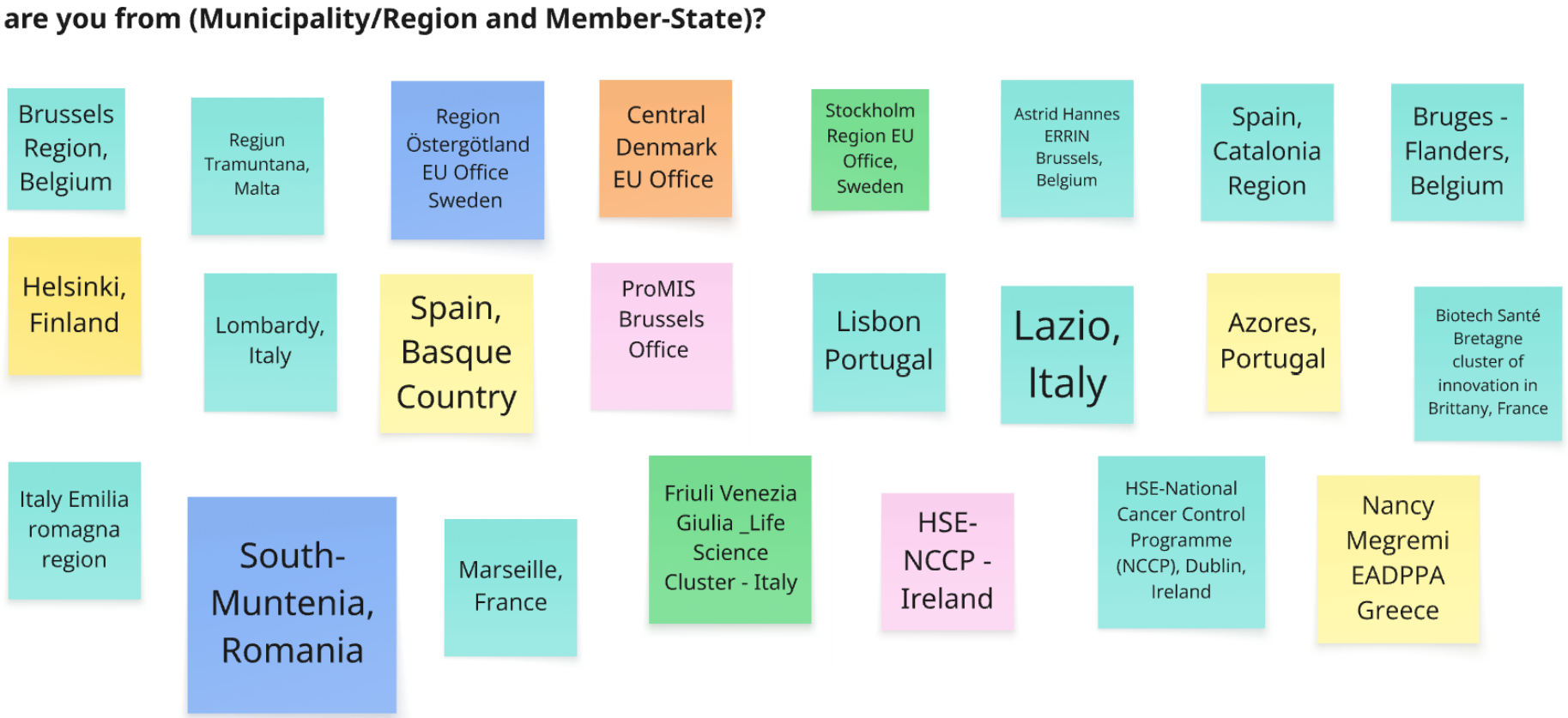
EUREGHA Workshop
Q1 2028

ERRIN Workshop
Q3/4 2029

Task 7.2: Outcomes of Online Kick-Off

Key Meeting representation:

- **50 attendees**
- Broad geographical representation
- Stakeholders of the pentahelix present



ECHoS
Cancer Mission Hubs

www.cancermissionhubs.eu

Task 7.2 - Learning from implementation of Cancer Mission at regional and local level

Mapping and integration

The NCMH establishing **a common framework** and context while **the regional nodes adapt implementation to local needs**

Need for structured regional mapping that goes beyond actors and **includes existing resources, existing initiatives, infrastructures, gaps, inequalities, innovation capacity, available data and links with national and European initiatives**.

Emphasized by the **Finnish and Spanish representatives**: Need for collaboration and involvement of SMEs and universities.

Impact and Sustainability

On pathways for effective and transformative impact: Early engagement with regional level, long-term and multi-level shared vision, avoiding dependence on a single EU-funded project, adaptation of hubs on regional needs.

On enhancing long-term sustainability: need to investigate regional funding and collaboration, need for a better and deeper connection between networks and "networks of networks" (including EUnetCC, ERNs etc), well-structured ecosystems and periodic meeting cycle, need for a sustainability-by-design approach.

National Nuance

Every hub **should perform the same essential functions** while **its governance and organizational form reflects the national and regional context**.

Local authorities s**hould manage the connection between solutions and all stakeholders**, both the creators of the interventions and their final implementations.

Task 7.2: KPIs, Monitoring and Impact Measurement

Key reflections from attendees:

- Need to connect with existing regional networks (such as PROMIS in Italy)
- Need to raise awareness of the national Cancer Mission Hubs among regional actors

Potential KPIs raised:

- Number of regional stakeholders/pentahelix organisations participating in the NCMH activities at the regional and national level.

ERRIN Health & ICT WG Noticeboard

- **Open Call:** Regions interested in co-developing **a joint-ERRIN position** on the Cloud and AI Development Act. Deadline: **20th November**

- **Mapping Exercise for potential future activity:** Which regions have an interest in deepening their work on **photonics** (including in specific areas such as photonics and quantum, photonics in health etc)



OPEN CALL: REGIONS INTERESTED IN THE CLOUD AND AI DEVELOPMENT ACT (CADA)

The ERRIN ICT Working Group is seeking regions interested in the Cloud and AI Development Act (CADA). Due to its strong regional and municipal impact combined with the ongoing work of other ERRIN network members, interested regions are invited to contribute to an ERRIN joint position on the CADA.

ERRIN'S PROJECT DEVELOPMENT TOOL

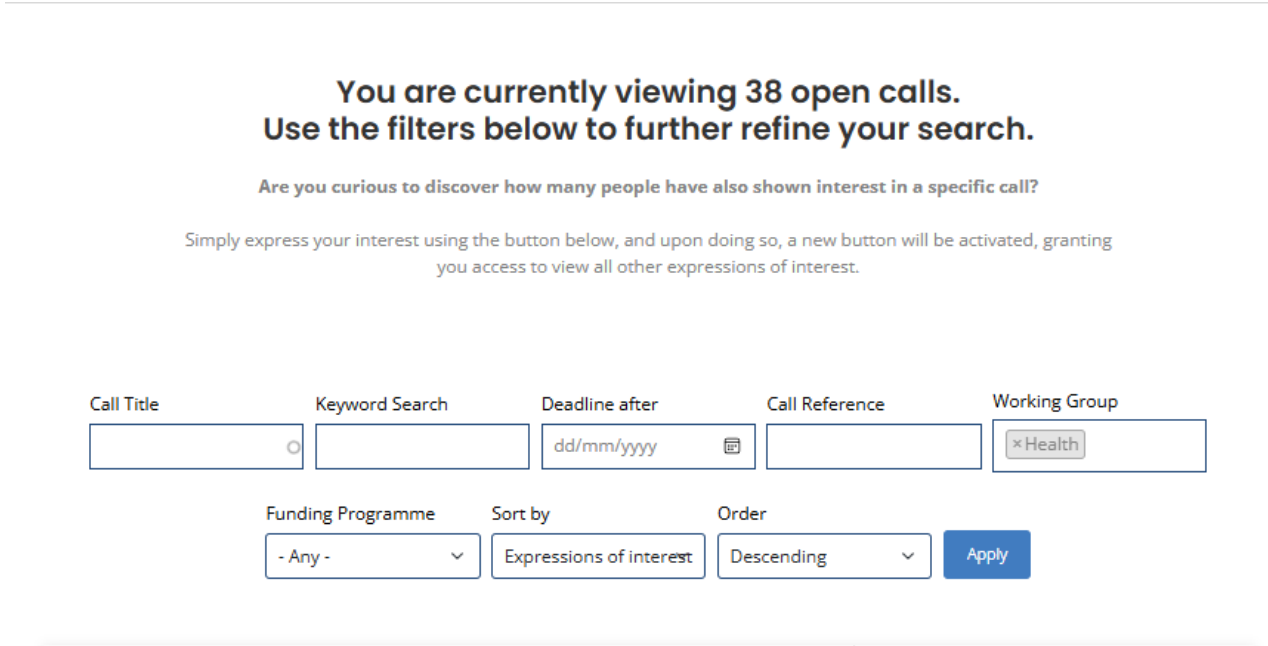
- A central hub for ERRIN members to explore, express interest and engage with a variety of funding opportunities
- ERRIN members who have expressed interest in the same calls can directly connect, initiate discussions and explore potential collaboration
- ERRIN Working Groups and Clusters will conduct follow-up activities through dedicated project development sessions where there is sufficient interest

Learn how to use the Project Development Tool here.

Start expressing interest via the Project Development Tool here!



ERRIN'S PROJECT DEVELOPMENT TOOL: HEALTH





CURRENT PARTNER SEARCHES



By Beata Skowronska 26/10/2026

Mzuri World seeks partners for HE Cluster 6 calls as an industrial technology provider and demonstration partner

Mzuri World, a company based in the Kuyavian-Pomeranian Voivodeship that develops and implements agricultural technologies, is looking for coordinators and consortia preparing Horizon Europe Cluster 6 2027 proposals that need an agricultural machinery partner with access to experimental fields and facilities for testing and demonstration.

By Nathalie Alvarez 20/10/2026

Erasmus+ approved project "Bridges of Opportunity: Inclusive European Mobility for VET Vega Media 2026" - Region of Murcia, Spain

The Cooperativa de Enseñanza Vega Media de Alguazas, a VET provider located in Alguazas (Region of Murcia, Spain) with Erasmus+ OID E10099230, is currently looking partners for an ERASMUS+ KA122-VET project.

By Anonymous 23/10/2026

Lodz University of Technology is looking for partners for the HORIZON-HLTH-2027-02-TOOL-01-two-stage call

The Lodz University of Technology is looking for partners for the Horizon Europe Call 'Development of predictive biomarkers of disease progression and treatment response by using AI methodologies for chronic non-communicable diseases'. The aim of the project is to further develop an IT-based methodology supporting the diagnostic assessment of pathological skin lesions using the concept of Human-Centered Artificial Intelligence (HCAI).



By Asja Masnoglav 20/10/2026

Municipal Pilot Site Slovenj Gradec is looking for partners for Horizon Europe CL 6 Zero Pollution Calls

The Municipality of Slovenj Gradec is looking for partners for the HORIZON-CL6-2027-01-ZEROPOLLUTION-02 or 03. The Municipality of Slovenj Gradec offers a geographically bounded "Living Lab" in a closed Alpine basin characterized by extreme temperature inversions and low wind speeds that trap agricultural aerosols.

By Angèle Liaigre 19/10/2026

Emmen looking for partners for DUT call (Circular Urban Economies)

The city of Emmen has worked on a methodology called "Plastic Bewust" to map plastic use and waste, develop circular solutions for these residual streams and raise awareness of plastic pollution. They would like to find partners to develop and scale-up this methodology further. Plastic Bewust provides a concrete basis for a follow-up project under the DUT Call 2026, shifting the focus towards developing urban production chains, and look at the development and testing of concrete local circular value chains.



By Josephine Tybjerg Sørensen 19/10/2026

Danish university of applied sciences seeks partners for Horizon Europe project on Artificial General Intelligence (AGI) for healthcare

A Danish university of applied sciences seeks consortium partners and a coordinator for the Horizon Europe call HORIZON-HLTH-2027-03-TOOL-08: Artificial General Intelligence (AGI) for Healthcare. The organisation offers expertise in digital health literacy, implementation science, co-creation and stakeholder engagement, and seeks partners developing frontier AI solutions for healthcare supported by strong clinical, ethical and societal perspectives.

Conclusion of the meeting



ERRIN Secretariat contact:
Kyle.galea@errin.eu