EUROPEAN COMMISSION
JOINT RESEARCH CENTRE

Directorate F – Health and Food
Unit F1 Disease Prevention

CALL FOR EXPRESSION OF INTEREST FOR THE EUROPEAN COMMISSION INITIATIVE ON PROSTATE CANCER (EC-PrC) WORKING GROUP

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1. BACKGROUND

1.1. The European Commission Initiative on Prostate Cancer

In 2008, the European Parliament Resolution ([1]) on combatting cancer called on the European Commission (EC) for the development of European accreditation/certification programmes in cancer screening, diagnosis and treatment based on European guidelines. In order to achieve these goals, the European Commission Initiatives on breast (ECIBC), colorectal (ECICC), and cervical cancer (EC-CvC) have been established.

In reply to the updated Council recommendation from 2022 ([2]) that indicates extending screening to lung, prostate and gastric cancer, the EC is now launching the Initiative on Prostate Cancer (EC-PrC) intended to cover the entire prostate cancer care pathway, including primary prevention, screening, diagnosis, treatment and supportive care. The EC-PrC is covered by an administrative arrangement (nr. 36790) between the Directorate-Generals Joint Research Centre (JRC) and Health and Food Safety (SANTE).

The key pillars of this initiative are the *European prostate cancer guidelines* and the *European quality assurance (QA) scheme for prostate cancer services*. The resulting guidelines and QA scheme will support Member States to further design, plan, and implement organised, population-based and targeted prostate cancer screening and diagnosis. The methodology relies on a multi-disciplinary team of experts who will evaluate evidence, share knowledge, and build consensus through a collaborative process.

1.2. Rationale for this call

In collaboration with DG SANTE, the JRC is calling for expressions of interest from potential candidates to be appointed as **members of the EC-PrC working group (WG)**. A chair and a vice-chair will be appointed as an outcome of this call.

The WG will:

1. Critically evaluate and summarise the existing evidence to develop patient-centred evidence-based *European prostate cancer guidelines* on prevention, screening and diagnosis;
2. Develop requirements, quality and safety indicators and performance measures for prostate cancer care services, covering screening, diagnosis, treatment and supportive care;

([1]) Combating cancer in the enlarged European Union – Thursday, 10 April 2008.
https://www.europarl.europa.eu/doceo/document/TA-6-2008-0121_EN.html?redirect
([2]) Council Recommendation on strengthening prevention through early detection: A new EU approach on cancer screening replacing Council Recommendation 2003/878/EC.
https://data.consilium.europa.eu/doc/document/ST-14770-2022-INIT/en/pdf

3. Assist the JRC in obtaining and/or processing feedback on the *European prostate cancer guidelines* and *QA scheme* collected from key stakeholders (*e.g.* individuals, professional organisations, hospitals, *etc.*) through public consultations/surveys or other means;
4. Promote the use of the *European prostate cancer guidelines* and *QA scheme* supporting the JRC in the dissemination of outputs (*via*, for instance, scientific papers, at conference presentations, and interactions with related working groups at national and international level);
5. Support the JRC in the implementation aspects of the *European prostate cancer guidelines* and *QA scheme* as referred to in points 1-4*;*
6. Support the JRC in feasibility testing of the *European QA scheme for prostate cancer care services* with services that will volunteer to do so, and then modify it accordingly if/as needed;
7. Participate in the activities of the topic-specific groups (TSG). The WG will principally rely on the work performed by the members of the TSG, established to work on specific healthcare questions and/or processes of care.
8. Provide methodological, scientific and technical support to the JRC in conducting studies or surveys underpinning the EC-PrC's main tasks, as defined in points 1-7;
9. Provide input to scientific publications or present the initiative's progress in international *fora* in agreement with the JRC (posters, presentations to conferences, scientific articles).

The members of the WG shall cover the areas of expertise listed in Annex I.

To ensure continuity and smooth functioning of the WG, the JRC will establish and maintain an EC-PrC *expert pool* during the entire period of the initiative; from this pool, experts could be appointed to the TSG, replace WG members or be added as new members to the WG.

The WG will be supported by TSG composed from selected experts from the expert pool and working group members, who will provide input on specific topics and tasks depending on their expertise.

A TSG will be formed for each healthcare question/cluster of healthcare questions and/or processes of care under discussion and dissolved once the respective work will be completed. Each TSG will comprise approximately five to eight members (possibly not exceeding ten, acceptable only in exceptional cases). The number of members involved will depend on the expertise needed to discuss specific topics. The groups will consist of one or two WG members, two to four members from the EC-PrC *expert pool*, one or two JRC staff members, and the expert(s) in charge of the systematic reviews to provide the underpinning evidence on each subject matter. External experts can also become members of the TSG and can be hired on demand from the EC's expert pools or other means (*e.g.* procurement). Each group will have two co-leads, one member from the WG and one expert coming from the expert pool of the initiative. They will be responsible for leading the TSG work and the meetings' activities.

The WG, subject to this call, will not be constituted of organisations' representatives, but individuals acting in their personal capacity.

2. FEATURES OF THE WORKING GROUP

2.1. Composition

The WG will consist of 15-20 members, depending on the distribution of the necessary expertise.

Members of the WG will be individuals appointed in their personal capacities (Type A members([3])) who will act independently and in the public interest, not representing any private, commercial, or national interests.

The selection procedure will take into account the criteria outlined in section 4.2 of this call for which evidence shall be provided by the applicant *via* the application form.

The members must not have interests (in particular, relevant professional and financial interests) in relation to the EC-PrC that could affect their impartiality. Applicants must therefore submit a duly completed declaration of interests (DoI) form (via the application procedure, indicating any interest that may compromise or reasonably be perceived to compromise their independence, including any relevant circumstances relating to their close family members). Please note that a declared interest does not necessarily lead to a conflict of interests (CoI).

If appointed to the WG, the members will be asked to sign a declaration of confidentiality and commitment, as well as to fill in a DoI annually and before meetings during which a vote is necessary. The annual declarations will be made public on the EC's web hub on cancer screening and care ([4]), upon agreement.

2.2. Appointment

The members will be appointed by the appointment board (composed of Commission's representatives) from the pool of applicants complying with the requirements referred to in section 4.1 (eligibility requirements) and 4.2 (selection criteria) of this call.

The members will be appointed for four years. Their term of office may be renewed, provided they continue to satisfy the eligibility requirements and the selection criteria, and the needed commitment to the work of the group. They will remain in office until their appointments are terminated or they are replaced.

([3]) Type A group members.
https://ec.europa.eu/transparency/regexpert/index.cfm?do=faq.faq&aide=2
([4]) Cancer screening, diagnosis and care | European Commission Initiative on cancer (europa.eu).
https://cancer-screening-and-care.jrc.ec.europa.eu/en

The members who are no longer capable of contributing effectively to the group's deliberations or who, in the opinion of the JRC, do not comply with the confidentiality condition set out in Article 339 of the Treaty ([5]) on the Functioning of the European Union, will no longer be invited to participate in any meetings of the group and may be replaced for the remainder of their term of office.

The candidates who will not be appointed to the WG, depending on their agreement, will become members of the EC-PrC *expert pool and/or the expert pool of other EC initiatives on cancer*.

2.3.Operation of the working group

Independence will be ensured by means of regular DoI and a CoI management policy. The members will actively contribute to the group's work. They will sign a declaration of commitment to this effect.

The WG will meet physically on a regular basis and upon need. In-person meetings are foreseen to be organised not more than twice a year, each lasting a maximum of 3 days.

Depending on demand and subject to fluctuations, the WG members are expected to be available to complete tasks remotely and to attend two-hour meetings by video-/teleconferencing, with an average frequency estimated to not exceed 3 meetings per month.

Meetings of the TSG will be held virtually, estimated to be 3 meetings per month, with each meeting lasting between 1 to 2 hours. The commitment of the TSG members can vary from 6 to approximately 12 months. TSGs prepare the draft recommendations and/or requirements and indicators together with the evidence review team. These draft versions are presented to the WG for final approval.

The WG opinions will be adopted by consensus. If consensus cannot be reached, the position will be adopted by a simple majority of WG members. The members who have voted against or have abstained from voting will have the right to document their minority opinion and the underlying reasoning.

In agreement with the JRC, the WG may, by a simple majority of its members, decide that deliberations be made publicly available.

In each calendarstic year, members of the WG and/or TSG are expected to attend at least 75% of the meetings. The members are expected to actively contribute to discussions and deliberations on subjects within their areas of expertise during meetings and, when requested, with written comments.

([5]) Article 339 of the Treaty.
https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12016E339

The members must have a sufficient level of information technology (IT) literacy to be able to work remotely, including electronic methods for the management and exchange of documents, as well as to join virtual meetings by means of web-based tools. Working documents will be made available and drafted in English. Meetings will also be held in English.

JRC will have a coordination role and provide the scientific secretariat, as well as logistics services.

2.4. Remuneration

In case of on-site meetings, travel and subsistence expenses of the members participating in the activities will be reimbursed by the Commission. Reimbursement will be made in accordance with the provisions in force within the Commission.

Experts will in principle not be remunerated for the services they offer. However, the Commission may decide to pay for extraordinary activities, in terms of the amount of work and compliance to tight deadlines, to achieve specific goals of the activities. This would amount to a maximum of 12 days per year, per expert (€450 per day, as of May 2020). If the Commission decides to pay for such extraordinary activities, the JRC will sign a contract with the experts. Details/conditions for payments will be provided upon appointment. However, to be able to receive remuneration, the members must have attended at least 75% of the meetings. The amount of the possible remuneration will be determined individually for each member, taking into consideration also the active involvement in the work of the WG and/or TSG.

2.5. Transparency

The WG will carry out activities by observing principles of transparency. All relevant documents will be published on the EC's web hub on cancer screening and care under EC-PrC ([6]). In particular, the following data will be made available to the public, without undue delay:

(a) name of individuals appointed as WG members and their brief CVs;
(b) rules of procedure;
(c) the members' declarations of interests;
(d) in the TSG.

Exceptions to publication will be considered where it is deemed that disclosure of a document would undermine the protection of a public or private interest as defined in Article 4 of Regulation (EC) No 1049/2001 ([7]).

([6]) For reference, please visit:
https://cancer-screening-and-care.jrc.ec.europa.eu/en/ec-prc
([7]) Article 4 of Regulation (EC) No 1049/2001. OJ L 145, 31.5.2001, p. 43–48.
https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32001R1049

2.6. Confidentiality

The WG members and *experts* are subject to the obligation of professional secrecy, which by virtue of the Treaties and the rules implementing them applies to all members of the institutions and their staff.

In line with the EC Implementing Decision (EU) 2019/1396 ([8]), the members will not divulge information, including commercially sensitive or personal data, acquired as a result of the group's work, even after they have ceased to be members. They will sign a declaration of confidentiality to this effect. In line with the Commission Implementing Decision (EU) 2019/1396, the members will comply with the Commission's security rules on the protection of EU classified and sensitive non-classified information, as set out in the Commission Decisions (EU, Euratom) 2015/443 ([9]) and 2015/444 ([10]).

Should the members fail to respect these obligations, the Commission may take appropriate measures.

3. APPLICATION PROCEDURE

Interested individuals are invited to submit their application using the online application form available on the Commission's web hub on cancer screening and care under EC-PrC, calls for expression of interest ([11]). The application form must be completed in English.

Individuals applying in their professional capacity are required to fill in the online application form for *professionals*.

Individuals applying as patients and/or caregivers are required to fill in the online application form for *patients and/or caregivers*.

Supporting documents:

An application will be deemed valid only if it is sent by the deadline and includes all the documents listed below:

- Completed online application form;
    - application form for *professionals*; or

([8]) Commission Implementing Decision (EU) 2019/1396. OJ L 234, 11.9.2019, p. 23–30
https://eur-lex.europa.eu/legal-content/PL/TXT/?uri=uriserv:OJ.L_.2019.234.01.0023.01.ENG
([9]) Commission Decisions (EU, Euratom) 2015/443. OJ L 72, 17.3.2015, p. 41–52
https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32015D0443
([10]) Commission Decisions (EU, Euratom) 2015/444. OJ L 72, 17.3.2015, p. 53–88
https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=CELEX:32015D0444
([11]) For reference, please visit
https://cancer-screening-and-care.jrc.ec.europa.eu/en/ec-prc

- application form for *patients and/or caregivers*;

- *Curriculum vitae* in electronic Europass format ([12]), not exceeding 4 pages in length;
- *List of publications*: ten indexed peer-reviewed scientific publications in a field relevant to the open call, published in the last five years, where the applicant preferably holds a relevant position (first, corresponding or last author). If available, the applicant should provide, in addition, a list of ten publications of other types, *e.g.* book chapters.

  The publication list is not mandatory for applications made by patients and/or caregivers;
- Filled in and signed DoI form (the DoI form is embedded in the application form);
- Read, understood, and accepted the privacy statement (the statement is embedded in the application form).

NOTE: Applicants must disclose any circumstances that could give rise to a CoI by submitting a DoI. Submission of a duly completed DoI form is necessary to be eligible for appointment in a personal capacity. Additional supporting documents may be requested at a later stage. All documents submitted by applicants must be duly completed, legible, signed (bearing a wet signature when relevant), and numbered sequentially.

Deadline for application:

The deadline for WG members' applications is published on the Commission's web hub on cancer screening and care under EC-PrC, calls for expression of interest ([13]). Applications received after the mentioned deadline will only be evaluated for inclusion in the *expert pool* of the initiative.

4. SELECTION PROCEDURE

All valid applications will be subjected to a selection procedure consisting of four main steps:

1. Checking of the applications against *eligibility requirements*;
2. Evaluation of eligible applications against *selection criteria*;
3. *Appointment* of the WG members;
4. Inclusion in the EC-PrC *expert pool* of the expert pools of the other initiatives on cancer of those candidates who have not been appointed as WG members, upon their agreement.

([12]) CV Europass format
https://europass.cedefop.europa.eu/en/doccuments/curriculum-vitae/templates-instructions
([13]) For reference, please visit:
https://cancer-screening-and-care.jrc.ec.europa.eu/en/ec-prc

4.1. Eligibility requirements

4.1.1. Applying as professionals

To be considered eligible for the position of **chair of the WG**, the following eligibility criteria must be met:

1. Minimum of 10 years of relevant professional experience ([14]) in the field of healthcare guidelines development;
2. University degree at postgraduate level (bachelor's + 2 years), in a biomedical or technical field relevant for this call (see Annex I);
3. Active employment or involvement in at least one of the areas of expertise relevant for this call;
4. Good knowledge of the English language, allowing for professional interaction in English ([15]) (including active participation in deliberations and writing reports in English);

To be considered eligible for the position of **vice-chair of the WG**, the following eligibility criteria must be met:

1. Minimum 10 years of relevant professional experience ([14]) in the field of prostate cancer screening and/or diagnosis and/or care.
2. University degree at postgraduate level (bachelor's + 2 years), in a biomedical or technical field relevant for this call (see Annex I);
3. Active employment or involvement in at least one of the areas of expertise relevant for this call;
4. Good knowledge of the English language, allowing for professional interaction in English ([15]) (including active participation in deliberations and writing reports in English);

To be considered eligible for being appointed as a **WG member**, the following eligibility criteria must be met:

1. Minimum 10 years of relevant professional experience ([14]) in at least one of the relevant areas of expertise (see Annex I);
   NOTE: If the number of years of relevant professional experience is more than 3 but less than 10, we will consider the candidate's application for the EC-PrC *expert pool*.

([14]) To confirm the eligibility requirement of 10 years of professional experience (years are counted only if they are in a relevant field): years of study included in eligibility criterion 2 (post-graduate education) are NOT counted as professional experience; each additional post-graduate course of study can be counted as working experience up to a maximum of ONE year; doctoral studies can be counted as working experience up to a maximum of THREE years; a medical specialisation can be counted as working experience up to a maximum of FIVE years.
([15]) As a guide, 'Ability to work in English' corresponds to level B2 or above, as set out in the Council of Europe reference document for the European Language Portfolio ('Common European Framework of Reference: Learning, Teaching, and Assessment'). For more information, please refer to:
http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr

2. University degree at postgraduate level (bachelor's + 2 years), in an area of expertise relevant to the subject of this call (see Annex I);
3. Active employment or involvement in at least one of the areas of expertise relevant for this call;
4. Good knowledge of the English language, allowing for professional interaction in English ([16]) (including active participation in deliberations and writing reports in English);

Only the applicants who meet all these requirements will be included in the subsequent selection steps.

4.1.2. Applying as patients and/or caregivers

To be considered eligible, the following criteria must be met:

1. An understanding of issues and needs of individuals attending prostate cancer care services and of their caregivers ([17]);
2. An understanding of the views of a wide network of individuals attending prostate cancer care services and of their caregivers;
3. Good knowledge of the English language, allowing professional functioning in English ([16]) (including active participation in deliberations and writing reports in English);

Only the applicants who meet all requirements will be included in the subsequent selection steps.

4.2 Selection criteria

Applications that meet all eligibility requirements will be evaluated on the basis of the following selection criteria.

For the **chair** position:
1. Relevant professional, scientific, and technical expertise, with particular emphasis on evidence-based guideline development methods in healthcare;
2. Experience in chairing internationally composed working groups;
3. Work experience;
4. Postgraduate education;
5. Knowledge of European context and policies in the given topic area.

For the **vice-chair** position:
1. Relevant professional, scientific, and technical expertise in the fields of Annex I;
2. Experience in chairing internationally composed working groups;

([16]) Please see note 15, page 8.
([17]) For example, those who have participated in prostate cancer screening programmes or those who have been diagnosed with prostate cancer.

3. Work experience;
4. Postgraduate education;
5. Knowledge of European context and policies in the given topic area;
6. Prior experience/knowledge in guideline development and/or quality assurance activities would constitute an advantage.

For **WG** and **expert pool members**:
1. Relevant professional, scientific, and technical expertise in the fields of Annex I;
2. Work experience;
3. Postgraduate education.

For **patients** and/or **caregivers**:
1. Experience in cancer and/or prostate cancer national and/or international working groups and patients' organisations;
2. Knowledge of evidence-based health care and related European context and policies.

European nationality will constitute an advantage.
Evaluation will be based on the evidence provided by the applicant.

4.3 Appointment of members

For the appointment of the members to the WG, the Commission will ensure that the composition of the WG includes all the necessary specialties, with a high level of expertise, with a balanced geographical and gender distribution, as well as manageable CoIs. The evaluation of any possible CoI of the candidate will be based on the information provided by the candidate by duly filling in the DoI form.

5. ANNEX I

Expertise areas ([18])

- Anaesthesiologist/intensive care/pain management specialist
- Artificial intelligence specialist with expertise in health applications
- Cancer care pathway or nurse navigator
- Cancer registry and databases expert
- Cancer rehabilitation specialist (*e.g.*, physiotherapist)
- Clinical laboratory (clinical chemistry, biochemistry, laboratory medicine) specialist
- Communication in cancer care expert
- Data manager with experience in cancer
- Decision aids expert
- Epidemiologist with expertise in modelling
- Epidemiologist/public health/preventive medicine specialist with expertise in prevention and screening for prostate cancer
- General practitioner
- Genetics specialist
- Geriatric oncologist
- Guidelines methods expert (development, implementation, integration of patient values, conflict of interest prevention and management)
- Health economist
- Health equity expert
- Immunologist
- Internal medicine specialist
- Interventional radiologist
- Medical oncologist
- Neuro-oncologist
- Neurosurgeon
- Nuclear medicine specialist
- Nurse specialised in oncology
- Nutrition specialist
- Oncology pharmacist
- Ortho-oncologist
- Palliative care specialist
- Pathologist with expertise in molecular pathology
- Patient safety specialist
- Psycho-oncologist and/or psychosocial care specialist

[18] All experts will be appointed in their personal capacities acting independently and in the public interest, not representing any private, commercial or national interests.

- Quality assurance in healthcare expert
- Quality indicators development expert
- Radiation oncologist
- Radiologist specialised in prostate imaging
- Screening program manager
- Social services expert
- Systematic review expert including of diagnostic tests, public health interventions, and qualitative evidence
- Urologist
- Other professions relevant to prostate care