



**European Cooperation  
in the field of Scientific  
and Technical Research  
- COST -**

**Brussels, 21 November 2012**

**IS1211**

## **MEMORANDUM OF UNDERSTANDING**

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Subject : Memorandum of Understanding for the implementation of a European Concerted Research Action designated as COST Action IS1211: **Cancer and Work Network (CANWON)**

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Delegations will find attached the Memorandum of Understanding for COST Action as approved by the COST Committee of Senior Officials (CSO) at its 186th meeting on 20 - 21 November 2012.

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**MEMORANDUM OF UNDERSTANDING**  
**For the implementation of a European Concerted Research Action designated as**  
**COST Action IS1211**  
**CANCER AND WORK NETWORK (CANWON)**

The Parties to this Memorandum of Understanding, declaring their common intention to participate in the concerted Action referred to above and described in the technical Annex to the Memorandum, have reached the following understanding:

1. The Action will be carried out in accordance with the provisions of document COST 4154/11 “Rules and Procedures for Implementing COST Actions”, or in any new document amending or replacing it, the contents of which the Parties are fully aware of.
2. The main objective of the Action is to integrate emerging knowledge on cancer and work to achieve insight into the return-to-work process in cancer survivors, work-related costs of cancer survivorship and role of employers; and to develop and evaluate highly innovative interventions which effectively enhance work participation of cancer patients.
3. The economic dimension of the activities carried out under the Action has been estimated, on the basis of information available during the planning of the Action, at EUR 56 million in 2012 prices.
4. The Memorandum of Understanding will take effect on being accepted by at least five Parties.
5. The Memorandum of Understanding will remain in force for a period of 4 years, calculated from the date of the first meeting of the Management Committee, unless the duration of the Action is modified according to the provisions of Chapter V of the document referred to in Point 1 above.

## **A. ABSTRACT AND KEYWORDS**

Each year in Europe, 3.2 million new cancer patients are diagnosed including 1.6 million patients of working age. The number of cancer survivors in Europe is rapidly growing due to improved treatment and ageing population. Many cancer survivors are at risk for unemployment which greatly affects their quality of life and financial situation.

Research on cancer and work is therefore of great importance but scattered over Europe and lacking appropriate dissemination. Moreover, interventions supporting employment of cancer survivors are urgently required but scarcely developed. This Action aims to combine European knowledge on: 1) prognostic factors of unemployment in cancer survivors including gender- and country-specific differences; 2) work-related costs of survivorship for both patients and society; 3) the role of employers; and 4) development and evaluation of innovative, interdisciplinary interventions which effectively support employment. Furthermore, it aims at disseminating research knowledge and best practice over Europe. This CANWON Action unites 23 teams from 15 COST countries across different stakeholders and research areas. The expected benefits are rapid exchange of research knowledge, standardised methods and techniques, innovative interventions, future guidelines on cancer and work and the improvement of quality of life of cancer patients.

**A.2 Keywords:** cancer, work, employment, costs, intervention

## **B. BACKGROUND**

### **B.1 General background**

#### *Cancer and work research topic*

Cancer is a major health problem in developed countries. In Europe, 3.2 million new cases of cancer are diagnosed each year with every 1 in 4 people ever diagnosed with cancer. The prevalence of cancer survivors within working age is expected to grow in European countries because of an ageing population and continued improvements in treatment of many forms of cancer. Almost half of all cancer survivors are younger than 65 years and of working age. This has caused new problems with employment. Cancer survivors often have difficulties with employment after treatment for cancer as unemployment is 40% higher than in people who never had cancer. Employment is very important for an individual because it is associated with a higher quality of life,

self-esteem, social status, and personal identity. Furthermore, aging European societies benefit economically by supporting cancer survivors to return-to-work.

### *Relevance of the Action and why COST Action offers the best mechanism for support*

The goal of the CANWON Action is to form a network of a highly integrative Europe-wide team of experts and stakeholders involved in research and practice of cancer and work. Such a consortium is indispensable in this rapidly evolving field to progress the state-of-the-art by exchanging research knowledge, efficiently study complex processes participation and develop Europe-wide standard protocols to address this immediate problem of return to work after cancer. With an emerging group of international researchers highly skilled in (occupational) medicine, the social and behavioural sciences, rehabilitation and economics directing their attention to cancer and work problems, there is an opportunity for an unprecedented synergism to respond to this public health and economical challenge.

COST is the appropriate framework for this Action rather than Eurostars-EUREKA or EU FP7, because it is not specifically dedicated to SMEs or seeking to fund research. Leading European scientists participating in this Action have their own research funds or governmental subsidies for executing their assignments and research. However, new initiatives to combine the collective knowledge, rapidly disseminate results to all member states and stakeholders, and to initiate new projects are tremendously needed.

The advantage of the COST framework is that it provides a means of co-ordinating research efforts in this innovative field of research thus leading to consorted scientific effort to prevent unemployment in cancer survivors.

## **B.2 Current state of knowledge**

### *Previous research and current state of the art*

Identifying and controlling risk factors is of great importance in the prevention of unemployment of cancer survivors and to improve their work ability. There is a growing body of research showing that fatigue, physical and / or mental limitations, treatment, gender issues, job discrimination, and difficulty combining treatment with work are important risk factors of unemployment. However, the influence of country-specific or regional differences within Europe such as different social systems, dissimilar diagnostics and treatments and cultural differences regarding work are currently largely unknown. Furthermore, research on predictors of work participation after cancer is hampered by the lack of clear-cut definitions of these predictors, and the absence of agreement on which valid and

reliable instruments should be employed to measure these predictors.

Many cancer survivors are facing the economic consequences of decreased work participation. The economic burden of cancer survivorship largely includes indirect costs in terms of unemployment, unpaid sick leave, reduced productivity and income losses. Most of this research has been executed in Canada and the US but our understanding of how cancer affects the economic status of survivors, their families and societies in Europe is remarkably limited.

Research evidence shows that the role of the employers, whether they are accommodating or discriminatory, is a significant factor in determining whether or not cancer patients return to work. On the other hand, there are concerns that in many European countries employers still discriminate against people who have had a cancer diagnosis, regardless of The European Employment Framework Directive of 2004 which obliged EU member states to introduce legislation to outlaw unreasonable discrimination against people with disabilities.

Most importantly, innovative interventions that could mitigate the economic impact of surviving cancer and improve the quality of life of survivors are urgently required. In the past two decades, several interventions have been developed with approaches that were either psychological (e.g. counselling), physical (e.g. physical exercise), vocational (e.g. encouragement to go back to work, job placement services, vocational rehabilitation), occupational (e.g. educating employers, implementation of work adjustments), legislative (e.g. anti-discrimination acts) or multidisciplinary in their emphasis. In the European region, US, Canada and Australia, a number of programmes to enhance labour participation of cancer survivors have been evaluated. At this point very few of these programmes have been evaluated in randomised controlled trials or before after studies but more and more are being developed and feasibility studies are on their way.

### *Innovative Action*

The CANWON Action is innovative because the emerging issue of cancer and employment has so far not been coordinated in a network of research experts and stakeholders such as patient organisation and employer's networks. Furthermore, the inter-European approach of CANWON, which can take patients', employers' and national or regional aspects into account, represents the optimal way to systematically develop successful work participation interventions.

## **B.3 Reasons for the Action**

### *Reasons for launching*

The European Parliament stated in a resolution on the EU employment guidelines that the

employment rate in the EU is to be increased to 75% by 2020, with a particular focus on vulnerable groups [European Parliament, September 2010], such as people with cancer. This underlines the importance for effective interventions to support return to work and work retention of people who have been treated for cancer.

Research on cancer and work participation is currently performed in an isolated fashion, however, and further progress in this research area can only be achieved by integrating knowledge emerging from different fields. To be able to provide for effective interventions it is imperative to collaborate on a European scale and to facilitate the exchange of information and knowledge.

The Action is timely because more and more people are surviving cancer and wanting to continue their careers with many of them facing problems upon their return. Moreover, the current austere economic environment across the EU 27 countries which is likely to persist for some considerable time, brings vulnerable groups of workers such as cancer survivors at risk.

#### *Both economic and societal needs and scientific advance*

The CANWON Action is aimed both at the European economic and societal needs and at its scientific and technological advance. It is focussed on the social and economic need in Europe to support as many people as possible to maintain working. It is also focussed on the scientific advance of standardised measurement of prognostic factors, work-related costs, role of employers, and development of effective work participation interventions.

#### *Objectives and benefits*

An immediate benefit is that joint efforts of 23 research teams from 15 COST countries that propose this CANWON Action will increase our understanding of employment issues in cancer survivors and provide for innovative, effective interventions. Second, the Action will make earlier and quicker exchange of new information possible to target groups in different countries such as European patient organisations, researchers and policy makers involved in the Action. As a third benefit, the Action will raise European public awareness about this important medical and societal problem.

Better valid and reliable methods to assess prognostic factors of work participation, including country-specific or regional differences in cancer-related unemployment, will benefit the identification of the patients at risk who should be provided assistance. Insight in the role of employers will enhance programmes enabling employers to provide better support for cancer patients and increase their work participation. Collaboration between countries on the development of evidence-based, validated interventions for work participation of cancer survivors to prevent

unemployment will highly benefit the lives of millions of cancer patients in Europe, as well as other stakeholders, including employers, colleagues and the European society as a whole.

As a future benefit, new (European) guidelines and protocols can be developed and implemented and the quality of life and economic situation of cancer survivors can be improved. In this way, the best practice of targeted prevention of unemployment of cancer survivors over COST countries will be established.

#### **B.4 Complementarity with other research programmes**

Despite the significance of cancer and work, currently there is no EU funded project on cancer and work participation. CANWON will serve as a basis for developing a permanent Pan-European network of excellence in clinics and research and for acquiring additional funding. This COST Action will complement projects such as the Nordic Study Group of Cancer and Work, the UK/Ireland Network for Cancer and Employment, the 7<sup>th</sup> European Union Framework Programme Economic dimension of Occupational Safety and Health ‘ECOSH’ and the European Collaborative Group on Cancer Survivorship.

### **C. OBJECTIVES AND BENEFITS**

#### **C.1 Aim**

The aim of the Action is to integrate emerging knowledge on cancer and work to achieve insight into the return-to-work process in cancer survivors, work-related costs of cancer survivorship and role of employers; and to develop and evaluate highly innovative interventions which effectively enhance work participation of cancer patients.

#### **C.2 Objectives**

The formation of a permanent network of European expert scientists, clinicians, economists and patient support groups on cancer and work will have the *scientific* objectives:

1. To assess significant prognostic factors in the work participation of cancer survivors in large and well characterised cohorts of cancer patients across Europe in a standardised way including the impact of gender and country-specific differences which determine work participation in cancer survivors across Europe
2. To assess the work-related costs of cancer survivorship for both patients and society

3. To determine the impact of employers on work participation of cancer patients
4. To develop and evaluate innovative and multidisciplinary interventions which effectively enhance work participation of cancer patients.

Furthermore, *operational* objectives are:

1. To develop EU guidelines on cancer and work
2. To provide evidence for patient support groups, professionals, managers and policy makers
3. To provide a framework for establishing large and well characterized disease cohorts from different populations of Europe facilitating effective association studies ensuring a maximum of harmonization
4. To initiate new research projects and programmes at an EU level
5. To engage young scientists and clinicians involved in cancer and work participation research in a gender-balanced network thereby developing their clinical and scientific career.

### **C.3 How networking within the Action will yield the objectives?**

#### *Objectives*

The researchers participating in this COST Action are leading the field of cancer and work participation, oncology, occupational health, economics, epidemiology, psychology, and social sciences. They will work together to achieve the CANWON objectives (see C.2) and produce the expected deliverables: European initiatives for guidelines and protocols, joint academic publications on the return-to-work process in cancer survivors, work-related costs of cancer survivorship, and the role of employers, and innovative interventions, joint publications for e.g. patient organisations, papers presented at international academic conferences, on line data sources, joint proposals for new projects, cross-national doctoral projects, academic publications by younger researchers and short term scientific missions (STSMs).

#### *Means needed*

To achieve these objectives research time directly allocated to the projects, materials and administrative resources are needed which are supplied by the researchers' own institution. Furthermore, resources for travel, meetings, conferences, ICT, and exchange of young researchers are needed.



#### **C.4 Potential impact of the Action**

Linked to the expected benefits in section B.3, the expected scientific impact is consensus on risk factors of unemployment in cancer survivors, methods to measure unemployment and work-related outcomes uniformly, estimates on the economic costs of cancer survivorship and the role of the employer. The ultimate scientific impact is the development of innovative interventions using validated prognostic factors.

Quality of life of cancer patients will significantly increase as it is strongly influenced by returning to work and as such the Action will have a substantial impact on cancer survivors' lives. For social impact, the Action will provide more targeted prevention and intervention strategies thereby reducing the personal, social and economic burden resulting from cancer and its treatment. The Action will furthermore raise much needed public awareness in Europe about this important medical and societal problem.

There will be recommendations and toolkits for how to design guidelines and interventions to prevent unemployment of cancer survivors. Furthermore, there will be benefits to early stage researchers to be engaged in a gender-balanced network offering exchange programmes.

From a global perspective, the Action will raise interest from a wide range of non-COST countries because cancer and employment is an important issue in many countries because of higher survival rates of cancer, the ageing society and difficult economic situation. Emerging knowledge and new interventions will therefore have a positive global impact.

#### **C.5 Target groups/end users**

Given the objectives of the CANWON Action, the main end users of the results are:

1. Cancer survivors who are of working age. They have been involved in the preparation of this Action through the European Cancer Patient Coalition (ECPC) and national cancer patient organisations via the European Cancer League (ECL).
2. The trans-European and further international academic community of researchers involved in cancer and work participation. They have been involved in the preparation of this Action.
3. Clinicians, occupational physicians and health care professionals concerned with care of cancer patients. They have been involved in the preparation of this Action.
4. Economists involved in the evaluation of work-related costs for cancer survivors. They have been involved in the preparation of this Action.
5. Young scientists and clinicians involved in cancer and work participation projects, developing

their clinical and scientific career. They have been involved in the preparation of this Action.

6. Employers concerned with the vocational guidance of their workers diagnosed with cancer and their colleagues.

7. Policy makers involved in cancer and work participation guidelines. They have been involved in the preparation of this Action.

## **D. SCIENTIFIC PROGRAMME**

### **D.1 Scientific focus**

#### *Most important research tasks*

The first research task of the CANWON Action is to assess significant prognostic factors in the work participation of cancer survivors including the impact of gender and country-specific differences. This should be done in a standardised way because research results can only be compared when they have been measured with similar instruments. Currently, work participation in cancer survivors and prognostic factors are assessed across Europe in large and well characterised cohorts of cancer using national cancer registries or population studies. The results of these studies can be combined and compared, and the outline of future projects can be developed. Other registry-, cohort or population studies focusing on other prognostic factors can later be added to this task.

The second task is to assess the costs of decreased work participation of cancer patients. Several economic analyses on the costs of decreased work participation, unemployment benefits, disability pensions, prolonged sick leave and reduced working hours of cancer patients are being undertaken in Europe. Results will be combined and research efforts joined to validly assess the detrimental effect of cancer on work-related costs.

To determine the impact of the role employers and supervisors on work participation of cancer patients is the third research task of the CANWON Action. The role of employers, supervisors or line managers is often crucial for a successful return to work and work retention but knowledge and programmes on optimal management and workplace support is lacking.

Ultimately, the fourth research task is to develop innovative and multidisciplinary interventions which effectively enhance work participation of cancer patients and evaluate their cost-effectiveness in intervention studies. Knowledge from prognostic factors affecting work participation, costs and the role of the employer can be used to develop effective interventions.

As described in Section C.3, the means needed to achieve these objectives are research time directly allocated to the individual projects, administrative resources, ICT infrastructure such as registries and personnel, questionnaires, professionals supporting employment of cancer patients, academic

networks and conferences, existing national patient organisation and policy networks and conferences, doctoral research projects (nationally funded), and time allocated to supervise young exchange researchers.

## **D.2 Scientific work plan methods and means**

To accomplish the research tasks, the scientific program will be implemented in four Working Groups (WGs). WG1 “Prognostic factors in the work participation” will coordinate activities in the identification of prognostic factors in the work participation of cancer patients; WG2 “Costs of decreased work participation” will focus on the assessment of work-related costs of cancer survivorship; including costs of sick leave and unemployment; WG3 “Role of employers” will coordinate the evaluation of the role of employers in the return-to-work process of cancer survivors and how they can promote or hinder work participation; and WG4 “Interventions to enhance work participation” will focus on the development of innovative and multidisciplinary interventions to enhance the return-to-work, to retain employment or to prevent unemployment of cancer patients.

### *WG 1: Prognostic factors of work participation of cancer patients*

This Working Group will coordinate studies on personal (including gender), social and country-specific prognostic factors of cancer patients and work participation using advanced epidemiological technologies. It will take advantage of the availability of several large and registry-based patient cohorts and the broad scientific expertise in handling large databases. A special focus shall be put on evaluating how gender, personal and disease-related factors interact with social influences to influence the sick leave duration and employment status of cancer survivors. This WG will not be limited to identification of disease-related and demographic outcomes but will proceed to the next level by assessing the significance of country-specific differences including cultural differences regarding work participation and social security systems.

The main approaches will be: 1) Establishment of validated and reliable methods and instruments to assess prognostic factors of work participation; 2) Harmonization and standardization of new data collection activities; and 3) Performance of quantitative and qualitative studies to study the influence of personal, environmental and country-specific prognostic factors of cancer patients on work participation.

The main expected outcomes are: 1) Establishment of large and well-defined disease cohorts with documented information on personal, environmental and disease-related factors across COST countries; 2) Identification of personal, environmental and country-specific prognostic factors of

cancer patients affecting work participation thereby conferring an increased risk for unemployment; 3) Translation of susceptibility for diminished work participation into a risk assessment for epidemiological and clinical research; and 4) Identification of novel targets for new work participation interventions and therapeutic approaches.

#### *WG 2: Economic burden*

This Working Group will focus on quantitative methods to assess indirect costs of cancer survivorship caused by the diagnosis of cancer: reduced productivity, wage losses, altered careers, (unpaid) sick leave, unemployment, unsolicited and premature retirement, and inactivity.

Identifying the work-related costs of cancer survivorship in various European countries could guide future research and (international) policy regarding guidelines and interventions. It will also provide tools to evaluate cost-effectiveness of interventions aimed at preventing unemployment in cancer survivors.

The main approaches of this WG will be: 1) Assessing individual transitions from employment, unemployment or inactivity to employment, unemployment, retirement or inactivity; and 2)

Calculating the cost of all the detrimental effects of cancer upon the occupational status.

The main expected outcomes are: 1) Quantification of a matrix of loss of chance in job tenure due to cancer, according to socioeconomic and occupational status; 2) Identification of the temporality of the return to work, also according socioeconomic and occupational status; and 3) Assessment of the cost of all the detrimental effects of cancer upon work participation.

#### *WG 3: The role of employers in work participation*

This working group will integrate quantitative and qualitative data on the role of employers and supervisors in the work participation of cancer patients and how they can promote or hinder the return-to-work. The role of the employer or supervisor will be studied regarding communication on work participation matters with the patient, the colleagues and the medical and occupational professionals. Common workplace factors by employers effecting work participation of cancer patients such as workplace accommodations, the content of work, change of work times and rest times, adaptations of the physical workplace and travel arrangements will be considered. The valid and reliable assessment of these factors will be harmonised in order to establish results that can be generalised over European countries.

Discrimination of cancer survivors in work participation by employers in European countries will likewise be assessed in a harmonised matter thus allowing the assessment of discrimination on a European level.

The main approaches of this WG will be: 1) Establishment of validated and reliable methods and instruments to assess the role of employers including their communication and provided workplace accommodations; 2) Harmonisation of methods and instruments to assess discrimination towards cancer survivors regarding work participation; and 3) Performance of quantitative and qualitative studies to study the role of employers in the work participation of cancer patients.

The main expected outcomes are 1) Identification of the effect of the role of employers and health care professionals in the work participation of cancer patients; 2) Validated instruments; and 3) Identification of discrimination against cancer survivors.

#### *WG 4: Development of innovative interventions to enhance work participation of cancer patients*

This WG is a central part of CANWON, since all the results of the other WGs run into this WG and results from this WG will be promptly integrated into the other WGs. Detailed knowledge about the prognostic factors of work participation of cancer patients (WG1), the role of employers in work participation (WG2) and the economic burden (WG3) will allow the development of a range of new multidisciplinary strategies, adapted to these identified factors. These strategies will improve the psychosocial situation of cancer survivors by vocational counselling, education, rehabilitation, communication, and supporting work participation. This approach will open new options for research on cancer and work participation and bundle the scattered initiatives over Europe. The inter-European approach of CANWON, which can take patients', employers' and national or regional aspects into account in the intervention, will represent the optimal way to systematically develop successful work participation interventions. The endpoints of these programmes (such as work participation, return to work rates and quality of work life) will be investigated by research groups with complementary expertise and facilities.

The main approaches of this WG will be: 1) Establishment of a theoretical model of factors affecting work participation in cancer survivors; 2) Provision and standardisation of questionnaire tools of work participation, return to work rates and quality of work life; and 3) Performance of clinical studies to develop and evaluate interventions for work participation of cancer patients.

The expected outcomes are: 1) Development and evaluation of new evidence-based work participation interventions; 2) Analysis of primary and secondary endpoints of these work participation interventions as well as their process mechanisms; and 3) Involvement of partners (clinics, companies, patient organisations) in the translational activity.

These four Working Groups will make it further possible to achieve logistical objectives of this Action: to exchange and integrate emerging knowledge gained from complementary research fields, to provide evidence for patient support groups, professionals, managers and policy makers; to

provide a framework for establishing large and well characterized disease cohorts; to initiate new research projects and programmes at an EU level, and to engage young scientists and clinicians involved in cancer and work participation research in a gender-balanced network.

## **E. ORGANISATION**

### **E.1 Coordination and organisation**

#### *Management and Organisation*

The CANWON COST Action will be coordinated by the Management Committee (MC), consisting of scientists from the participating countries as described in the “Rules and Procedures for Implementing COST Actions” (doc Cost 4159/10). The first meeting of the MC (The Kick-Off meeting) will involve representatives of the countries that prepared this CANWON Action that will be nominated by the respective national COST Coordinators (CNC). The MC will elect on the Kick-Off meeting its Chair and Vice Chair, as well as scientists who will chair each of the four Work Groups (WG coordinators). The CANWON Action web-coordinator and the members of the Short Term Scientific Missions (STSM) Panel will also be appointed from the MC members at the Kick-Off meeting. The MC will ultimately be in charge of the Action, choosing the research topics, drawing up detailed plans and coordinating the contributions of all participants, as described in the Rules and Procedures. The MC will meet one to two times annually to monitor progress on MC tasks and on the tasks of the WGs, to discuss important issues relating to the Action, to monitor progress against research milestones and evaluate the remaining work required for the achievement of milestones, to establish priorities for further effort on the Action and to draft Action reports. When possible, MC meetings will be linked to important international conferences.

#### *Milestones*

The most significant milestones are:

- Creation of the Action website and the protected online project activity organiser (portal)
- Selection and evaluation of suitable models for studying prognostic factors of work participation of cancer patients of working age, costs and the role of the employer
- Integration, harmonisation and standardisation of new data collection activities regarding prognostic factors, costs and the role of the employer
- Establishment of validated and reliable methods and instruments to assess prognostic factors, costs and the role of the employer
- Selection and evaluation of suitable models for developing work participation interventions

- Development and (cost-effective) evaluation of innovative work participation interventions
- Evaluation of work participation interventions
- Research and Training School for ESRs
- Joint international conferences such as with the Congress of the European Cancer Organisation (ECCO), the International Psycho Oncology Society (IPOS) and the Scientific Committee Work Disability Prevention and Integration (WDPI)
- Closing conference.

### *Implementation of National Research*

In addition to joint international conferences and workshops (see above) a closing conference will be organised at the end of the Action to disseminate all results in cooperation with the European Cancer League (ECL) for maximum impact. All institutes will use their infrastructure and ICT resources to enable early-stage researchers involved in Short Term Scientific Missions (STSM) to learn research methods and/or participate in short training courses for PhD students and early stage postdoctoral researchers. One or two experts or support staff from each institute will be responsible for training of visiting researchers. STSMs supporting PhD theses and joint publications will be favoured.

### *Website*

A CANWON Action website will be developed to present clearly the Action's objectives and most recent achievements, as well as announcing public workshops. All MC activities will be coordinated using the website and MC members will be able to access reports and information necessary for their activities through this secured document web portal. Furthermore, the website will ensure the dissemination of the results of the Action to stakeholders and the general public. The CANWON Action web-coordinator will keep the website up to date.

## **E.2 Working Groups**

As described in Section D.2, four Working Groups will be formed. In WG1 (prognostic factors) experts in epidemiology, occupational health, psycho-oncology, psycho-oncology care and clinicians make up the majority of researchers. The WG2 (costs) involves mostly experts in economics, occupational health and epidemiology. The WG3 (role of employers) involves mostly experts in occupational health, psycho-oncology, social and organisational psychology, epidemiology, psycho-oncology care and clinicians. WG4 (development of innovative

interventions) is mainly composed of experts in occupational health, psycho-oncology, social and organisational psychology, epidemiology, psycho-oncology care and clinicians.

A considerable amount of interaction between WGs will be required to achieve their goals. For example, the factors investigated in WG1, WG2 and WG3 will provide information to WG4 about which factors may be important in developing interventions. Therefore, cross-cutting meetings as joint WG meetings will take place between appropriate WG and will be organised mostly also as joint MC-specific WG meetings.

### **E.3 Liaison and interaction with other research programmes**

Collaboration will be established with the European CanCer Organisation (ECCO), the International Psycho Oncology Society (IPOS) and the Scientific Committee Work Disability Prevention and Integration (WPDI). Many of the participants (across all four WGs) in the Action are members of one or more of these organisations, and liaison and interaction with these organisations will occur during their respective meetings. Liaison and interaction with European Cancer Patient Coalition (ECPC) and European Cancer League (ECL) will be carried out to ensure efficient exchange of knowledge between stakeholders.

### **E.4 Gender balance and involvement of early-stage researchers**

This COST Action will respect an appropriate gender balance in all of its activities and the Management Committee will place this as a standard item on all its MC agendas. The Action will also be committed to considerably involve early-stage researchers. This item will also be placed as a standard item on all MC agendas.

More than half of the scientists who have expressed an interest in participating in the CANWON Action are women (including the proposer). Gender balance is now a priority for most academic institutions and the applicants are aware of the importance of including women in research activities. Early stage researchers (ESRs), such as Masters and PhD students will be educated through the Action in various fields of expertise. Of particular value will be the Research and Training School for ESRs in the third year of the Action, which will be primarily targeting ESRs from CANWON, but will be open to the other young researchers as well.



## F. TIMETABLE

The CANWON Action will last 4 years. The Action will start with the Kick-Off meeting, where the Chair, Vice-Chair, web-coordinator and the members of the Short Term Scientific Missions (STSM) Panel will be elected, while the MC members will be appointed to WGs. Activities in WG1 will commence immediately after the launch of CANWON and continue through the Action. Activities in WG2 and WG3 will commence immediately after the launch and continue until the end of year 3. Activities in WG4 will commence 1 year after launch and continue through the Action. Each of the WGs will have at least one meeting per year, while joint MC-WG meetings will be favoured. The Action's report will be produced annually in accordance with COST guidelines. Short Term Scientific Missions will start in the second part of the first year and will last until the end of the Action. The Action plan of CANWON includes:

Table 1: Timetable of the Action:

Year	Y1			Y2			Y3			Y4		
Months	1-4	5-8	9-12	1-4	5-8	9-12	1-4	5-8	9-12	1-4	5-8	9-12
Kick off meeting	X											
Website-launch/update	X	X	X	X	X	X	X	X	X	X	X	X
Meeting WGs and MC			X		X		X		X		X	
STSMs				X	X	X	X	X	X	X	X	X
RT School for ESRs							X	X	X			
WG progress report				X			X			X		
Dissemination				X	X	X	X	X	X	X	X	X
Closing conference												X
Final Report												X

## G. ECONOMIC DIMENSION

The following COST countries have actively participated in the preparation of the Action or otherwise indicated their interest: DE, DK, ES, FI, FR, HR, IE, IT, NL, NO, PL, RS, SI, UK. On the basis of national estimates, the economic dimension of the activities to be carried out under the Action has been estimated at 56 Million € for the total duration of the Action. This estimate is valid

under the assumption that all the countries mentioned above but no other countries will participate in the Action. Any departure from this will change the total cost accordingly.

## H. DISSEMINATION PLAN

### H.1 Who?

#### *Target Audiences*

1. Fellow researchers in occupational health, economics, oncology, epidemiology, psychology, and social sciences.
2. Cancer patients and cancer patient organisation groups.
3. Clinical practitioners in oncology.
4. Hospitals who are interested in providing the optimal psychosocial care for their cancer patients including work participation issues.
5. Policy makers, professionals and managers from across Europe and the world.
6. Companies wanting to support their employees with cancer for job retention.
7. The general public to focus attention for the important social issue of cancer and employment.
7. Young researchers (PhD students and early postdoctoral researchers). Of particular value will be the Research and Training School for ESRs in the third year of the Action.

### H.2 What?

Table 2: Dissemination Methods

Who	What
Researchers	<ul style="list-style-type: none"> <li>- Articles in (peer-reviewed) academic and professional publications</li> <li>- General and password protected information on the Action website</li> <li>- Workshops, Symposia and Papers presented at international academic conferences (MC jointly with eg ECCO, IPOS and WDPI)</li> <li>- Electronic communication network (e-publications, internet discussion forum, e-mail network)</li> <li>- Chapters in textbooks and handbooks</li> <li>- Guidelines on cancer and work, interim reports, final reports</li> <li>- Action closing conference</li> </ul>
Cancer patients and patient	<ul style="list-style-type: none"> <li>- Publications in patient magazines</li> </ul>

organisation groups	<ul style="list-style-type: none"> <li>- Information on the Action website</li> <li>- Presentations and workshops for patient organisations</li> <li>- Press releases to the media (newspapers, radio, TV)</li> </ul>
Clinical practitioners in oncology and hospitals	<ul style="list-style-type: none"> <li>- Articles in (peer-reviewed) oncological scientific and professional publications</li> <li>- Guidelines on cancer and work</li> <li>- Chapters in textbooks and handbooks</li> <li>- General publications on the Action website</li> <li>- Papers, Symposia and workshops presented at international oncological conferences</li> <li>- Presentations for clinicians</li> </ul>
Policy makers, professionals, managers and companies	<ul style="list-style-type: none"> <li>- Four policy briefs (one for each working group)</li> <li>- Publications in professional journals</li> <li>- Focused training materials (including toolkits and checklists)</li> <li>- General information on the Action website</li> <li>- Press releases to the media (newspapers, radio, TV)</li> </ul>
Engaging young scientists and clinicians involved in cancer and work participation	<ul style="list-style-type: none"> <li>- Academic publications by younger researchers</li> <li>- Papers presented by younger researchers at conferences</li> <li>- Research and Training School</li> <li>- Exchange programme</li> </ul>

### H.3 How?

An essential component of CANWON will be the maximum dissemination of objectives, results, recommendations for policy, development of novel interventions to empower cancer people for work participation and ultimately, of the conclusions of the project. Classic and social media such as printed press and internet will transmit these messages to scientific and health professionals, cancer patients, policy makers and the public. Because of the direct applicability of the Action's results, dissemination to the scientific community and to policy makers and occupational professionals as well as patient communities and the general public is equally important.

The dissemination of CANWON results will be fuelled by the inclusion of the Association of European Cancer Leagues (ECL) in the Action. Involvement of the ECL and its members ensures instant dissemination of the results and deliverables to 23 countries in Europe. With their unrivalled

contacts in the European Institutions, WHO, UICC and patient organisations, ECL will be able to ensure that the results reach policy makers, cancer patients, employers and workers through the dissemination committee activities.

The Action website will be developed to present clearly the Action's objectives and most recent achievements, as well as announcing public workshops. In addition, the COST contribution will be clearly mentioned. An electronic discussion forum to encourage interaction and dialogue will be implemented.

The integration of work participation needs of vulnerable people such as cancer patients into national plans, policies and strategies is high on the EU agenda as indicated by the EU Council and its endorsement recently by the WHO. Dissemination of the results of this project to policy makers, practitioners, patient communities as well as general public is therefore needed. Tailored information will be provided to the different stakeholder groups via different channels, in order to positively influence their knowledge and attitudes.