



First Dissemination Report

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ABSTRACT:

This deliverable reports the dissemination activities done during the first period following the initial dissemination plan submitted in march 2007.

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INDEX

INDEX.....	4
1 EXECUTIVE SUMMARY.....	5
2 INTRODUCTION.....	6
2.1 DISSEMINATION STRATEGY.....	9
2.2 THE DIFFERENT DIMENSIONS OF DISSEMINATION.....	10
2.2.1 <i>Scientific purposes</i>	10
2.2.2 <i>General dissemination</i>	11
3 DISSEMINATING AND FIRST RESULTS.....	12
3.1 INTERNAL DISSEMINATION TOOLS AND SERVICES.....	12
3.2 EXTERNAL DISSEMINATION VECTORS AND STRATEGY.....	15
3.2.1 <i>First results</i>	21
3.3 CRITICAL SUCCESS FACTORS.....	23
3.3.1 <i>The annual European Review</i>	23
3.3.2 <i>Participation</i>	24
3.4 STATUS OF THE DISSEMINATION.....	24
3.4.1 <i>Scientific dissemination (publications)</i>	24
3.4.2 <i>Workshops</i>	30
4 NEXT STEPS AND LIAISON WITH WP14 AND WP16.....	34
4.1 OBJECTIVES.....	34
4.2 THE NEXT ACGT WORKSHOP.....	35
4.3 LIAISON WITH WP14 AND WP16.....	36
5 CONCLUSIONS.....	37
5.1 MEASUREMENTS AND EVALUATION.....	37
5.2 IN CONCLUSION.....	37

1 Executive summary

According to the Description of Work, main objectives of WP15 are:

- to raise awareness of the benefits of ACGT to new user communities ensuring an appropriate message is delivered to each of them;
- to ensure new user communities know where and how to get involved in the project so that they can be converted to real users;
- to ensure the information tools needed for each target audience are available and support the growth of many, varied, individual user communities;
- to identify and target new user community audiences and applications.

The purpose of the initial dissemination plan was to introduce the objectives necessary to be achieved during the whole period of the project.

This first dissemination report will show the advances and document the work done since the plan elaborated in the beginning of the project and will introduce the next steps of the project planned for the next period.

During the project second period, dissemination strategy has been adapted to ACGT activities. Consequently, the WP15 has been attentive to these modifications, to note the improvements and to adapt actions in the future according to the dissemination strategy.

The WP15 has also taken part to the development of the “project messages”, and different ways of communication, already existing, could allow the designation of target groups. These communication methods include:

The External Website;

A wide range of publicity material that is available on the BSCW server (including business cards, bookmarks, flyers, stand-up poster...);

The ACGT branding style;

Developed templates allowing WP15 partners to create their own Word documents and slide templates in the ACGT style.

Since the end of this last period, the dissemination activities have been expanded and let know better the end user aware about the ACGT project.

2 Introduction

The WP15 is in charge of the dissemination activities within the ACGT framework in order to promote the ACGT commitment in medical research and to provide information about the advances in clinico-genomic research.

Purposes

Cancer diseases, and notably Breast Cancer and Nephroblastoma in ACGT case, are today still infecting thousands of people worldwide. To put an end to this suffering, or at least to lighten it, the European Commission is supporting this project involving people from different backgrounds and from different European Countries pooling their resources, their knowledge and their know-how together in new technologies use. Medical means are constantly evolving and it becomes essential today to use the new and latest technologies together to go further in biomedical research.

Cancer is one of the most common diseases and affects millions of people of every age worldwide. To improve the outcome and treatment of patients the European commission is supporting projects where specialists in their respected fields combine their knowledge, technology and research efforts to find new approaches in the fight against cancer. Following this vision ACGT brings together internationally recognised leaders with the aim to deliver to the cancer research community an integrated Clinico-Genomic ICT environment.

Dissemination in this project's framework participates to inform all the target groups about the objectives and the advances. It is a key activity for the well development and adoption of the project. Scientists, Researchers and other healthcare professionals provide many efforts to reach the project's goal, which is to find a new weapon in the fight against cancer.

By definition, disseminating information means liberally to spread information or to simply promulgate messages, raise awareness of messages from research and aims to provide new tools and new ways in biomedical research and to promote the use of new technologies within the medical sector for better and fast effective treatments. Indeed, the aim of this activity is to spread among all the research and medical sectors the discovery of new technologies.

There are two ways to disseminate: internally and externally. The external point of view will be more detailed later on in this report.

From an internal point of view

From an internal point of view, dissemination and communication are done thanks to:

Deliverables:

deliverables are internal communication tools that allow all the partners to know what has and has not been done yet.

Internal Communication tools:

the liaison between all the partners is made mainly via e-mails (mailing lists) and telecommunications like phone conferences. Meetings are regularly organised between technicians and management board to obtain regular exchanges of information, of points of view and to be aware of the latest advances of the project.

Moreover, the participation from partners and workpackages by publishing scientific reports and by contributing to other events related to the biomedical and clinico-genomic research is supporting the well development of the dissemination.

From a more external point of view:

Many means (information sheets, bookmarks, posters, website and the newsletter) have been made up during the first period of the project. However some of them seem to be more effective than other, like conferences and other planned major events because they give better possibilities to disseminate directly with the end users. The website will be a reference to still be in touch with targeted users. A reporting book should be elaborated by the entire ACGT consortium by integrating proceedings and other articles regarding the project purposes.

Besides these ways, ACGT dissemination strategy can be also based on the wide experience of the core group from other projects. All of these dissemination tools and activities will be more than adequate to ensure optimal use of project results, outcomes and experiences.

Throughout the last period, some activities appeared more important than others according to the time. The modifications of the activities led to some dissemination plan changes. The elaboration of information sheets or other dissemination tools like the posters have been postponed due to lack of available and accurate information. Indeed, it appeared during the last months that the development of the ACGT website services and the newsletter content elaboration were more important to improve than other communication tools.

Whatever the tool, it is of great importance for the ACGT dissemination to provide complete and efficient communication instruments by being strongly persuasive: it is essential to show and demonstrate development and success of the ACGT project.

Yet, after having specified in the D15.2 the target groups during the first period, which were mainly

- Medical professionals and researchers involved in translational research,
- Patients and patient associations,
- Bioinformaticians and other IT system developers,
- Pharmaceutical companies and other industry,
- Relevant national or international initiatives and
- General public,

the idea is now to act and to follow the strategy that would attract them (new communities and more industrial and commercial groups) and to ensure that these groups are aware of the services available so that they know how to become an active ACGT user.

Messages

The project key messages are important to be well disseminated and also well received by the targets.

The vision, the aim, the R&D, the partners, the major releases and the key milestones in the project are the entire elements taken into account to compose the project main message.

The initial dissemination plan (D15.2) already described the main messages as such that there were a need of creating an existing infrastructure and cultures that would be prepared to support and exploit all the wealth of information. Indeed, “the integration and transformation of data into information, and information into knowledge, is the key if the full promise of in-silico discovery is to be realized.”

Means have been lately developed and overall regarding the biomedical sector. Development of genomics, proteomics, instrumentation and other related technologies have provided results never obtained before and give now the great opportunity to observe, to collect, to generate and to treat data. The research has found a new way to acquire fine results and thereby better treatments. These advances are transforming the life science from small-scale, hypothesis-driven experimental sciences into large-scale, data and discovery driven knowledge factories.

The data access and integration is today the biggest challenge in life science informatics and drug discovery. Then, major sectors, notably biotechnological and pharmaceutical are focusing their R&D toward this direction. The messages from the initial dissemination plan have not changed since then and the ACGT vision and plan of work aims always at enabling companies to fully exploit this valuable asset by providing a tough data integration and thereby facilitate all discovery-driven post-genomic research as well as drug research and development initiatives.

Then, here are following the already existing challenges:

-Opportunities of the research community to reduce mortality from cancer and improve therapies.

Information arising from post-genomics research, and combined genetic and clinical trials on one hand, and advances from high-performance computing and informatics on the other is rapidly providing the medical and scientific community with new insights, answers and capabilities.

-A critical set of challenges, however, currently inhibit our capacity to harvest these opportunities.

A lack of common infrastructure made difficult the way to share technologies and data developed by different cancer research institutions.

-Impact on post-genomic clinical trials

By creating effective multi-level data integration, the project endeavours quality improvements of European clinical trials leverage on latest advances in information technology and computer science.

2.1 Dissemination strategy

The main responsibilities of the WP15 are to provide tools and materials for the dissemination activities, like poster, bookmarks, flyers, information sheets or the website. Moreover the content of tools containing information should be done in collaboration with mainly the Editorial Board and with other partners when specific content is necessary. The WP15 and its partners work closely, exchange their data and contribute to the management of the project to get to its success.

The workpackage must provide detailed information and must provide all the necessary resources useful for any other workpackage.

The WP15 is responsible for transformation of data into information and information into knowledge, using several tools like websites, mailing lists, newsletters, ACGT conferences, events, publicity material, media relations or even documentation, finding out the best resources for obtaining the best way to disseminate the project objectives. All content produced is validated by the Editorial Board to ensure the validity of the content.

Then, the main objectives fixed are to disseminate the results of the project widely in Europe and elsewhere in the world in order to attract new users and communities and to provide tools and materials for the dissemination activities, which will include posters, bookmarks, flyers, information sheets and the website.

2.2 The different dimensions of dissemination

2.2.1 Scientific purposes

From a scientific point of view, the project will help to go further in research within the medical sector. Finding out new concepts of curing and preventing will always enhance the development of new medicine and drugs, notably in regards with cancer diseases and more precisely with breast cancer and nephroblastoma (or Wilm's tumour).

From a scientific point of view, the project aims to deliver a platform for researchers in bio-molecular research and medicine. Using knowledge discovery tools and newly developed tools in ACGT, covering ethical and legal requirements, the project tries to make the research results usable for daily medical practice with the objective to optimize existing therapies or find new ways of treatment. In ACGT, there are two pilot trials to test and improve the functionalities of the tools and platform. These are namely the ACGT TOP trial and the SIOP 2001/ GPOH Nephroblastoma trial.

Other partners' action is to participate and to increase the dissemination impact in a better way, like the scientific publications, which help to make understand the purposes of each workpackage among the project. These papers demonstrate the development of the steps of research to establish the use of new technologies such as healthgrids. It becomes then more obvious to realise all this outline steps of the project.

2.2.2 General dissemination

Already two main objectives have been achieved so far

- identify the messages that need to be conveyed;

- identify the target audiences to which the messages needs to be conveyed;

The main dissemination milestone that is important to reach now is to deliver the messages through appropriate and effective channels, taking into consideration the resources allocated to such activity. This is today the main dissemination focus.

Also, workshops activities as well as conference organisation are important ways to interact with other people. Thanks to these actions, the information can thereby be more diffused to the wider scientific communities, students and researchers beyond the dissemination.

The general dissemination is aimed to the general public, which includes all the potential public, like patients, regulatory bodies, industries or other organisations, who would be interested to know more about scientific and technical advances within the medical sector. In other words, it means that these people should be informed about the general guidelines and general purposes of the project with an adapted message. However, as said above, general dissemination involves all the people related to or interested in the project, but would aim more healthcare professionals than patients.

3 Disseminating and first results

3.1 Internal dissemination tools and services

The use of wiki interface

The wiki is a tool used to work upstream overall on internal dissemination.

It has become more and more acknowledged among the whole ACGT consortium. It is an easy and efficient tool that enables easy exchanges of data and texts and creates a real gain of time and money.

The screenshot shows the ACGT:Index wiki page. The page title is "ACGT:Index" and it is described as "This is the internal ACGT wiki, for collaboration within the ACGT project." The page contains a "Contents" table of contents with four items: 1 Contributing content (help and rules), 2 ACGT collaboration, 3 ACGT dissemination, and 4 ACGT wiki suggestions. Below the contents, there are sections for "Contributing content (help and rules)" and "ACGT collaboration". The "Contributing content" section includes links for "Editing help", "Wiki conventions", "Use of copyrighted work", and "Namespace implications". The "ACGT collaboration" section includes links for "Meetings", "Contact information", "Deadlines for deliverables", "Information on the Technical Management Committee (TMC)", "Demonstrators", and "Glossaries" (Bio-medical glossary, Bio-medical technologies, Technical glossary). The page also features a navigation sidebar on the left with links for "Main Page", "Recent changes", "Help", "Scratch area", "ACGT", "EGEE II", "Share", "Wisdom", "Security and privacy", "HealthGrid Portal", "Events Support", and a search box.

The use of the BSCW server

The BSCW server belongs to ERCIM, one of the ACGT partners. It is a very used tool among the project ACGT as it allows the share of templates, deliverables and other official documents. It is then possible to put documents and to get a team work as it allows a better feedback from all the workpackages getting access to that server.

Although the wiki interface participates already in the share of texts and documents, this server may also share official documents and presentations and allows the login people to have a better overlook of other workpackages work.

Name	Size	Share Creator	Last Modified	Events	Action
Annual and Progress Reports	4	tsiknaki	2007-09-07 09:19	🔔 🔔	🔗
This folder contains the annual progress report (PAR and PMR) and the periodic management reports					
Contract and annexes	9	fpesce	2007-07-31 13:02	🔔 🔔	🔗
Contract signed by EC, DoW, Annex II, Consortium Agreement, CPF files...					
Deliverables	17	remi	2007-11-20 16:07	🔔 🔔	🔗
Final versions only					
Dissemination Material	6	remi	2007-07-10 06:52	🔔 🔔	🔗
Meetings	14	remi	2007-10-24 07:17	🔔 🔔	🔗
Presentations	5	tsiknaki	2007-10-06 12:42	🔔 🔔	🔗
This folder contains Project presentations made by Partners					
Reviews	7	tsiknaki	2007-08-31 13:06	🔔 🔔	🔗
Templates & working documents	3	remi	2007-03-26 12:20	🔔 🔔	🔗
Templates for PPT presentations Templates for deliverables And all other working documents (incl. How To)					
Workpackages	16	remi	2007-03-26 12:42	🔔 🔔	🔗
Working documents and draft versions of deliverables					

BSCW 4.4.1 © 1995-2007 FIIT and ObbiTeam

Phone conferences

Phone conferences are regularly done among Editorial Boards to check the advances on a regular basis of dissemination tools, notably regarding the website or the newsletter.

Meetings

The ACGT consortium meets regularly in different locations in Europe to discuss about the advances and to manage the tasks among all the workpackages.

This part of direct exchanges between ACGT partners is important as it allows a gain of time on some tasks and a better overview on all the task time schedule.



3.2 External dissemination vectors and strategy

Dissemination tools

The initial dissemination plan reported already that ACGT had a good scientific output and showed a significant progress during the six months before.

Adapting, maintaining and improving the external website to the specific targets, adding new tools to the intranet to improve the dissemination effort, reach new contacts, and producing material for specific efforts were the main resolutions to keep a good track of the suggested plan.

The main application areas in summary

During the first period, the results expected were the realisation of:

website content

information sheets for the patients and the physicians as well as posters

elaboration of the newsletter

<i>T</i>		<i>To be done</i>	<i>In progresss</i>	<i>Improved</i>	<i>Done</i>
15.1	Website			x	
15.2	Newsletter design and content			x	
15.3	Flyers			x	x
15.4	Bookmarks			x	
15.5	Info sheets		x		
15.6	Stand-up poster			x	
15.7	Posters (information)				x
15.8	Generic presentations			x	
15.9	Scientific papers			x	
15.10	Reporting book	x			
15.11	Communication design			x	
15.12	Mailing lists			x	

As above, the contributors are mainly: WP2, WP10, WP11, WP14 and WP16

(15.1) The website content:

The website is used to attract as many people and public as possible

****External Website design:**

The website has been redesigned and completed by all the partners. Their contributions were in accordance with their speciality that means to say jurists for example contributed to articles regarding all the legal and ethical aspects, Scientifics regarding the research and development area, and clinicians regarding a medical point of view as they had been addressing potentially to a public composed of patients.

ACGT
Advancing Clinico Genomic Trials on Cancer

Member area

Print this page

Search

Welcome to ACGT!

GENERAL PUBLIC INDUSTRY REGULATORY BODIES RESEARCHERS MEDICAL PROFESSIONALS PATIENTS

Advances in post genomic research have created significant opportunities for offering personalized treatment and better health care services to the population at large. At the same time clinical trials have become a bottleneck in terms of complexity, effectiveness and, in their present form, fitness for purpose. In the realm of information technologies on the other hand advances in semantic technologies and grid computing have reached a stage where multi-dimensional applications requiring the combination of heterogeneous data and software resources can be realistically tackled.

ACGT is an EU co-funded project that develops open-source, semantic and grid-based technologies in support of post genomic clinical trials in cancer research. It addresses clinicians, bio-researchers as well as software developers providing an open platform where novel and powerful services can be offered and put to use by practitioners in the field. [\[more...\]](#)

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****Internal Website**

The internal website exists through the use of the “wiki” and the “bscw” server, which are very efficient interfaces for the partners to communicate, to exchange and to share information before spreading this scientific information to scientific and general public.

(15.2) Newsletter

The newsletter is related to the website. It is necessary because it has a role of information tool of the latest news, events and advances related to the project. Two versions will be available: a printable and an online one.

The newsletter has been thought to attract the interest of the public and to get aware the people involved in the project. Then, efforts on the design and the content should more be furnished.

ACGT is a European Commission co-funded project supported by grant FP6-2005-IST-026996.

NEWLETTER

ACGT

Advancing Clinical Genomic Trials on Cancer

EDITORIAL

Welcome to this first edition of the ACGT Newsletter!

ACGT is an EC co-funded project of the 6th Framework Program focusing on the development of open-source computer grid-based infrastructure and services that will support clinico-genomic trials in the area of cancer research.

We are just about completing our 2nd year of existence and slowly but steadily arriving at a point where many of the ideas of the project are taking shape and being implemented in actual systems. So we felt that now that we have things to say to the wider community, both in the medical and biology research fields and in the IT space, a newsletter would be a good way to communicate with you.

We have designed this newsletter with the broader community in mind, not just the members of the ACGT consortium, and so we cover not only work that takes place within the project but also developments that are broadly relevant to computer grid research, clinical trials, IT services for life science research and eHealth in general. The newsletter will always host a feature article and for this first edition we have chosen to introduce ACGT itself in a bit more detail. We will also be hosting the views of prominent members of the community on interesting and important issues and for this edition Prof. Gordon McVee discusses

Our Clinical Trials and Grid News sections will be covering developments in both of these fields while the Products and Services section will be updating you on software or other tools that are available to the community for use.

We hope that you will find this newsletter interesting and look forward to you joining the growing ACGT community!

Newsletter Edition
Volume 1 - December 2007

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Newsletter Design
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Editorial	1
Clinical Trials News	2
Grid News	2
Products and Services	3
Events	3
Feature Article	3
Community View	4
Life in ACGT	4

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The printable version

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In this Issue

- ▶ Lorem ipsum dolor
- ▶ Sit amet consectetur etiam sed

In Other News

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ACGT Project
www.eu-acgt.org

The online version

(15.3) Flyer

**General flyers were redone in May 2007 with the study of a new template.

**The flyer describing the oncosimulator system is currently being in process and being worked by the ACGT partners.

The general ACGT flyer

ACGT IS AN INTEGRATED PROJECT FUNDED BY THE EUROPEAN COMMISSION

ACGT
Advanced Clinical Genomic Tools on Cancer

Advanced Technologies
Against Cancer

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Timetable: from 02/06 – to 01/10
Total cost: 16 747 206 €
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Instrument: Integrated Project
Project Identifier: FP6-2005-IST-026996

Participating Institutions:

- BELGIUM:** Hospitaller Universitaire Bordet, Association Hospitalière de Bruxelles, Custodie, Faculté Universitaires Notre-Dame de la Paix
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- ROMANIA:** S.C. Sireco Romania SA
- SPAIN:** Universidad de Malaga, Universidad Politecnica de Madrid
- SWEDEN:** Lunds Universitet
- SWITZERLAND:** SB
- UNITED KINGDOM:** University of Oxford
- JAPAN:** The Chancellor, Masters and Scholars of the Hokkaido University

Design and publishing: HealthGrid

WWW.EU-ACGT.ORG

ACGT project: description

The ACGT work plan relies on three core activities:

- Integration**
Development of services to enable integrated access to heterogeneous, multi-level data (from the level of genes, proteins, organs, to the individual and population), taking into account standard clinical and genomic ontologies.
- Knowledge Grid**
Development of Knowledge Grid infrastructures for the distributed discovery of knowledge from data repositories, offering data analysis services in the domain of biomedical informatics and creating a high-performant computing environment in order to:
 - cope with the huge amount of both clinical and genomic data
 - meet the computationally costly data processing needs
 - easily distribute the extracted knowledge among researchers and clinicians

Case Studies ACGT aims to present the 'next-step' in cancer research and fill in the technological gaps of clinical trials running in Europe and world-wide. ACGT targets two major cancer diseases namely, breast cancer (BRCA) and paediatric nephroblastoma (PN) presented by three (running) clinical trials. In addition, in-silico oncology trials scenarios will be run to assess the utility of tumour-growth simulation on both BRCA and PN.

- Clinical trials**
Design and implementation of specific clinico-genomic trials based on:
 - clear-cut research objectives for cancer-related clinical and genomic inquiries at all level of the human organism
 - incorporation of the clinical-trials in an integrated GRID environment enriched with knowledge-discovery capabilities
 - interpretation of results into standardized clinical guidelines and protocols

Objectives of the project

The aim of ACGT is to provide medical researchers with optimal means and resources to fight cancer.

The project will focus on this achievement by:

- Defining common standards of data storage
- Developing new ontologies
- Implementing a bio-medical GRID infrastructure offering seamless mediation services for sharing data and data-processing tools

Imagine that for selected cancer patients, biopsies are taken before, during and after treatment, made anonymous and the analyses stored promptly in an accessible fashion.

Imagine also that the patient's data can be readily compared with those from other trials. And imagine that one can drill down into clinical and other databases in an intelligent search in hours rather than months.

This might lead to the rapid identification of cancer profiles, and of their corresponding optimal therapy.

Expected results and impacts

The ACGT project aims to develop a GRID-enabled european infrastructure supporting multidisciplinary clinical studies and translational research and to stimulate the sharing of both clinical and genetic data and analytical tools, with a particular focus on breast cancer and paediatric nephroblastoma.

In this perspective, the ACGT project will:

- Provide the advanced tools needed by biomedical scientific researchers in their daily lab or clinical work, so that they are properly equipped to conduct innovative research
- Facilitate exchanges and interactions among clinical and genetic researchers to pool their expertise towards identifying the best treatment tailored to every patient
- Allow for discoveries in the laboratory to be quickly transferred to the clinical management and treatment of patients and obtain societal benefits
- Contribute to the scientific development of new biomedical informatics approaches, where Europe is already leading the initiatives in the field, but strengthening the competitive efforts of industry to reach economic success

The oncosimulator flyer

ONCOSIMULATOR

Functioning of the «Oncosimulators» following its thorough clinical validation:

First step: obtain patient's specific data
 The following sets of data are collected for each patient:
 • Clinical (age, medical previous treatment, etc.)
 • Imaging (images of MRI, ultrasound, PET, CT, etc.)
 • Histopathological/Immunohistochemistry data (tumor, whenever biopsy is followed and feasible)
 • Molecular (genetic, particular marker status and/or DNA array data based on biopsy and/or blood samples)

Second step: preprocess patient's data
 The data collected are processed in order to take an adequate form allowing their introduction into the "Oncosimulator". For example the imaging data are segmented, registered, interpolated, 3-D reconstructed. Similarly the molecular data are compiled via molecular interaction networks in order to perturb the average pharmacodynamic or radiobiological cell survival parameters and so on.

Third step: describe candidate therapeutic schemes
 The clinician describes a number of candidate therapeutic schemes to be simulated *in silico* i.e. on the computer.

Fourth step: run the simulations
 The tumor growth and therapy response computer code is executed on distributed GRID computational resources so that several candidate treatment schemes incorporating many possible unknown tumor parameter values combinations are simulated concurrently. Predictions concerning the toxicological permissibility of each candidate treatment schemes are also produced.

Fifth step: visualize the predictions
 The expected reaction of the tumor as well as indications of the toxicological side effects for all scenarios simulated are visualized using several techniques ranging from graph plotting to virtual reality rendering.

Sixth step: evaluate the predictions and decide on the optimal scheme to be applied
 The Oncosimulator's predictions are carefully evaluated by the clinician by taking into account their logic, simulation and assay responses. If no serious conflicts are detected, the predictions can be used to support the clinician in taking their final (expectedly optimal) decision on the actual treatment of the patient.

Seventh step: apply the optimal therapeutic scheme and further optimize the Oncosimulator
 The expectedly optimal therapeutic scheme (schedule) is applied on the patient. In parallel the prediction vs. reality comparison data are collected and used as a continuous optimization feedback to the Oncosimulator.

The flowchart illustrates the 7-step process:

- STEP 1:** Patient
- STEP 2:** Clinical Data, Imaging Data, Blood Samples, Biopsy Material
- STEP 3:** Gene / Protein Network, Inclusion of General Toxicology Schemes
- STEP 4:** Radiobiological Pharmacodynamic Parameters
- STEP 5:** Tumor and Normal Tissue Response Simulation
- STEP 6:** Predictions, Predictions Evaluation
- STEP 7:** Selection of the Optimal Scheme, Application to the Patient

An **OPTIMIZATION FEEDBACK** loop connects the end of Step 6 back to Step 2.

The ONCOSIMULATOR is at the same time a concept of multilevel integrative cancer and (treatment affected) normal tissue biology, an algorithmic construct and a software system which aims at supporting the clinician in the process of optimizing cancer treatment by performing *in silico* experiments on the patient individualized basis.

Other envisaged application areas of the oncosimulator:

- Basic science (dynamic integration of multilevel biodata and biomarkers, *in silico* experimentation)
- Design of new clinicogenomic trials
- Medical education
- Education of interested patients and/or parents

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Design and publishing: [health2007.com](http://www.health2007.com)

Timetable: from 02/06 – to 01/10
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EC funding: 13 800 000 €

ACGT IS A INTEGRATED PROJECT FUNDED BY THE EUROPEAN COMMISSION

www.eu-acgt.org

**FASTER PROFILING
DEEPER UNDERSTANDING**

THE ONCOSIMULATOR

PERSONALIZED THERAPY

ACGT is in line with ethical guidelines and data protection rules
PROJECT # FP6-2005-01-026996

(15.4) Bookmarks

Bookmarks were previously printed during the last period.

(15.5) Information sheet for patients and physicians:

These tools were expected to be distributed during conferences or during major events where the ACGT project can be involved.

(15.6) Stand-up poster

The poster was successfully received from the first impression at the annual review, in Poznan (Poland).

(15.7) Posters

The elaboration of A0 format posters are made for an informative role. To that end, Thierry Stenstag started to focus on the “integrated analysis platform for post-genomic clinical trials”. Thus, thanks to precise schemes, the public will be able to understand the concept of post-genomic clinical trials, which are at the heart of the project.

(15.8) Generic presentation

Presentations are currently being improved.

(15.9) Scientific papers

Paper publications were made for enlightening the scientific public or other public interested in the project, like regulatory bodies regarding the legal and ethical aspects.

Talking about relevant publications involve texts and news written by all the partners for events and other happening related to the project purpose

(15.10) Reporting book

This book will gather all the reports, proceedings and of course the description of the ACGT project. The book is scheduled to be handed back during the third period.

(15.11) Communication design

The communication design involves posters, flyers and other useful means that may let aware all kinds of public.

(15.12) Mailing lists

The mailing list involves the ACGT consortium. It includes the subscribers and the people mainly involved in the project.

ERCIM still maintains ACGT internal mailing lists except external dissemination mailing lists, which include all the partners and individuals responsible for dissemination.

3.2.1 First results

Interest for the project has been increasing since its very start in February 2006 until now, among the different audiences (from medical professionals and researchers involved in translational research; patients and patient associations; pharmaceutical companies and other industries; relevant national or international; regulatory bodies; general public).

The first impressions were overall feed back after the conclusion of the Reviewers who were attending the last annual Review in April 2007 in Poznan (Poland). Their conclusion was positive and gave to the partners more confidence to carry on. (see p.23 for more details).

The dissemination activities were managed so that the messages could impact well the targets. For instance, the interest of the scientists and the medical professionals within the medical sector seem to be increased regarding the use of the oncosimulator or other use of new technologies like healthgrids for the promotion of biomedical research as it presents for them not only a great advantage of easy use but offers also better medical data performances of diagnosis and in this way a better treatment and a better cure.

Nonetheless, other dissemination tools appeared very necessary to carry off the good interpretation of the messages. We can say that resources were developed and were used by the other partners. In this way, they participated well to the development of dissemination impacts and activities.

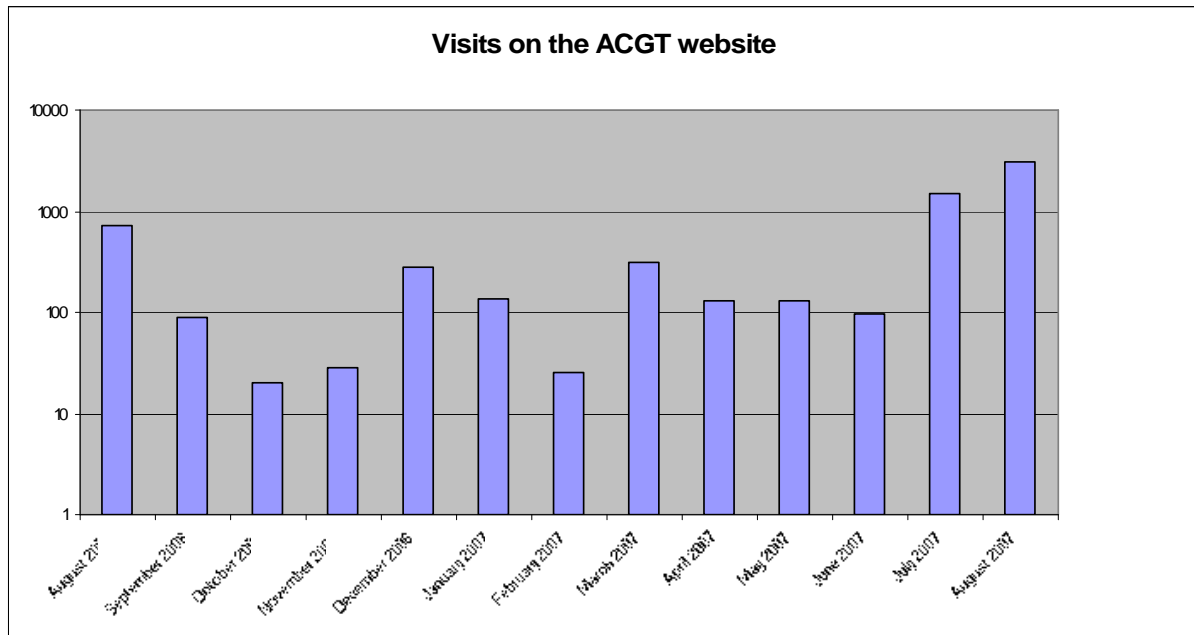
Therefore, scientific publications, marketing tools like bookmarks and major events contribute to the recognition of the project worldwide and overall in Europe. For example, the University of Saarland (Germany) is willing to develop contacts with Japanese researchers. In another context European projects are asking to ACGT to be more implicated to these projects.

More significant feedbacks will be provided later within the next months, as it is today still too soon to give a complete analysis.

The ACGT website

Figures

Several versions of the ACGT website were done during the last period.



The first version of the website done in August 2006 welcomed more than 730 visits in one month (August 06). The second version, which was renewed last April, gathered in August 07 more than 3032 visits. The website has been 4 times more visited in 12 months.

Here, the most frequent users of the website are France, Germany, Belgium, Romania, Greece and Japan. Most of these countries are major European partners of the project. The participation of Japan could be here explained by its high interest in such technologies development. As example, the University from Hokkaido, Japan, has been currently building a strong relationship with the University of Saarland, Germany. Both are today very active partners within the project.

Nevertheless, the increase of visit numbers shows well that the project is being acknowledged by more and more people from different sectors, and that is a very encouraging fact. It is important now to renew regularly the data and information on the website in order to become as attractive and credible as possible.

3.3 Critical success factors

3.3.1 The annual European Review

The project received a great success at the first annual European review. Indeed, the ACGT consortium was confronted for the first time to the European Commission and has passed its first review face to European Commission officers in Poznan (Poland) the 23rd and 24th April 2007.

About 20 members of the project consortium were brought together to present to the European Commission the improvements and the project's advances covered by the period from the 1st February 2006 to 31st January 2007. The different topics were then developed and explained thanks to demonstrations and illustrations of grid's use for ACGT purposes, like clinical trials, ontology or oncology.

The review received globally a very positive impression thanks to impressive logistic organisation and technical supports. Regarding the project, the latest technologies were used and technical management appeared confident and respected among the consortium. In spite of an overall encouraging reaction, some subtle points still needed more time to be solved, like legal and ethical aspects and scientific conflicts of interests. The recommendations always met one point: pay more attention on underestimated points, like clinical trials where legal and ethical requirements have become more complicated or innovations of higher scientific and technological impact which should be inline with the project vision. Targets were also redefined and the website redesigned for a more attractive and a better dissemination of knowledge.



3.3.2 Participation

There is a great interest for ACGT from other project's organisation. Indeed, the EU FP7 Virtual Physiological Human Network of Excellence (NoE), which is currently being prepared, is looking for membership participations, notably from other projects involved in EU HealthGrid infrastructure that would become potential for scientific and technical research, and healthcare development. It seems that ACGT has got the criteria to become an active participant. The procedure is still being in process.

3.4 Status of the dissemination

3.4.1 Scientific dissemination (publications)

Title	Author(s)	Details
Relation of a hypoxia metagene derived from head and neck cancer to prognosis of multiple cancers.	Winter SC, Buffa FM, Silva P, Miller C, Valentine HR, Turley H, Shah KA, Cox GJ, Corbridge RJ, Homer JJ, Musgrove B, Slevin N, Sloan P, Price P, West CM, Harris AL	Cancer Res. 2007 apr 1; 67 (7):33441-9 PMID: 17409455 [PubMed - indexed]
Clinical requirements of "In Silico Oncology" as part of the integrated project ACGT (Advancing Clinico-Genomic Trials on Cancer)	N. Graf, C. Desmedt, A. Hoppe, M. Tsiknakis, D. Dionysiou, G. Stamatakos,	European Journal of Cancer Supplements, Vol 5 No 4, p. 83 and ECCO Conference September 2007, Barcelona
The importance of an ontology based clinical data management system (OCDMS) for clinico-genomic trials in ACGT	Graf N, Weiler G, Brochhausen M, Scherer F, Hoppe A, Tsiknakis M, Kiefer S	ECCO, Barcelona 2007, [accepted as Poster]
The "Oncosimulator": a multilevel, clinically oriented simulation system of tumour growth and response to therapeutic schemes. Towards clinical evaluation of in silico oncology	Stamatakos GS, Dionysiou DD, Graf N, Sofra NA, Desmedt C, Hoppe A, Uzunoglu NK, Tsiknakis M	Proceedings of the 29th Annual International Conference of the IEEE EMBS Cit� Internationale, Lyon, France August 23-26, 2007, pp.6628-6631

Ontology Based Data Management Systems for post-genomic clinical Trials within an European Grid Infrastructure for Cancer Research	Weiler G, Brochhausen M, Graf N, Hoppe A, Schera F, Kiefer S	29th Annual International Conference or IEEE Engineering in Medicine and Biology Society in conjunction with the biennial Conference of the French Society of Biological and Medical Engineering (SFGBM), August 23-26, 2007 [accepted]
Interactive Simulation and Visualization for Cancer Treatment Planning with Grid-Based Technology	R.G Belleman et al.	ERCIM News 69 Special on The Digital Patient, pp.22-24, 2007
An interaction framework for VR an AR applications	M. Scarpa, R.G. Belleman	Proc. Of the 13th Advanced School for Computing and Imaging (ASCI) Conference, June 13-15, 2007, Heijen, the Netherlands.
Data protection issues with regard to research in genetic data	Marian Arning/ Nikolaus Forgó/ Tina Krügel	For the 2nd Workshop on Personalisation for E-Health, held on the 11th international conference on User Modelling 2007 conference on the 26th of June 2007 in Corfu. [accepted]
“Genetic data – new challenges for data protection”	Marian Arning, Nikolaus Forgó, Tina Krügel (LUH)	Article turned in for publication / foreseen for next year.
Data Access and Management in ACGT: Tools to solve syntactic and semantic heterogeneities between clinical and image databases.	Martin L, Bonsma E, Potamias G, Anguita A, Brochhausen M, Vrijnsen J, Garcia-Remesal M, Crespo J, Tsiknakis M	First International Workshop on Conceptual Modelling for Life Sciences Applications (CMLSA 2007) [Accepted] The paper describes how the problem of syntactic and semantic heterogeneity is tackled in ACGT using the Semantic Mediator (WP7) and the Data Access Wrappers (WP5) Submitted to [and accepted by]: CMLSA 2007, November 05-09 2007, Auckland, New Zealand, http://er2007.massey.ac.nz/cmlsa07/
Automatic Generation of Integration and Preprocessing Ontologies for Distributed KDD	Anguita A, Perez-Rey D, Maojo V	7th IEEE International Conference on Data Mining, Omaha, USA, October 28-31, 2001 [submitted, pending accept]
Solving semantic heterogeneities and integration between clinical and image databases in post-genomic clinical trials	Anguita A, Martin L, Cresp J, Tsiknakis M, Maojo V	4th pHealth Conference 2007. Porto Carras, Chalkidiki, Greece, June 20-22, 2007-07-20 [Accepted] Invited Speaker, HealthGrid, “A new approach to pHealth”, Y. Legré, HG
Rapidly acting antitumoral antiangiogenic therapies	A. d’Onofrio	In press on “Physical Review E” [PubMed and ISI indexed journal]

'Fuzzy Oncology': fuzzy noise induced bifurcations and their application to anti- tumour chemotherapy.	A. d'Onofrio	In press on "Applied Mathematics Letters" [ISI indexed journal]
'Noisy Oncology': some Caveats in using Gaussian Noise in Mathematical Models of Chemotherapy.	A. d'Onofrio	In press on the book "Aspects of Nonlinear Modelling" Birkauer Publishing (E. Venturino and R. Hodskings eds.)
A bi-parametric general model for the tumor angiogenesis and anti-angiogenesis therapy	P.Cerrai and A. d'Onofrio (corr. auth)	In review process on a ISI-indexed journal
A family of models of angiogenesis and antiangiogenesis anticancer therapy	A. d'Onofrio (corr. auth.) and A. Gandolfi	In review process on a ISI-indexed journal
"La protection des données médicales en droit européen"	J. Herveg, FUND	Dossier médical et données médicales de santé, Bordeaux, Ed. Hospitalières, 2007, pp.183-196
L'information génétiques et le traitement des données à caractère personnel	J-M Van Gyseghem, FUND	Dossier médial et données médicales de santé, Bordeaux, Ed. Hospitalières, 2007, pp.243-258
Does HealthGrid Present Specifics Risks with Regard to Data Protection?	J. Herveg, FUND	From Genes to Personalized HealthCare: Grid Solutions for the Life Sciences, IOS Press, 2007, vol. 126, pp 219-228
Panorama des responsabilités liées aux services et aux produits de la santé en ligne en droit européen.	J. Herveg, FUND	In Revista de Direito Medico e da Saude and Editions Hospitalières. Article turned in for publication / foreseen for next year.
Autonomie et Droit au respect de la vie privée.	J. Herveg, FUND	In Revista de Direito Medico e da Saude and Editions hospitalières.

Relation of a hypoxia metagene derived from head and neck cancer to prognosis of multiple cancers.	Winter SC, Buffa FM, Silva P, Miller C, Valentine HR, Turley H, Shah KA, Cox GJ, Corbridge RJ, Homer JJ, Musgrove B, Slevin N, Sloan P, Price P, West CM, Harris AL	Cancer Res. 2007 apr 1; 67 (7):33441-9 PMID: 17409455 [PubMed - indexed]
The importance of an ontology based clinical data management system (OCDMS) for clinico-genomic trials in ACGT	Graf N, Weiler G, Brochhausen M, Scherer F, Hoppe A, Tsiknakis M, Kiefer S	ECCO, Barcelona 2007, [accepted as Poster]
Interactive Simulation and Visualization for Cancer Treatment Planning with Grid-Based Technology	R.G Belleman et al.	ERCIM News Special on The Digital Patient, pp.22-24, 2007
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Data Access and Management in ACGT: Tools to solve syntactic and semantic heterogeneities between clinical and image databases.	Martin L, Bonsma E, Potamias G, Anguita A, Brochhausen M, Vrijnsen J, García-Remesal M, Crespo J, Tsiknakis M	First International Workshop on Conceptual Modelling for Life Sciences Applications (CMLSA 2007) [Accepted] The paper describes how the problem of syntactic and semantic heterogeneity is tackled in ACGT using the Semantic Mediator (WP7) and the Data Access Wrappers (WP5) Submitted to [and accepted by]: CMLSA 2007, November 05-09 2007, Auckland, New Zealand, http://er2007.massey.ac.nz/cmlsa07/
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Solving semantic heterogeneities and integration between clinical and image databases in post-genomic clinical trials	Anguita A, Martin L, Cresp J, Tsiknakis M, Maojo V	4th pHealth Conference 20007. Porto Carras, Chalkidiki, Greece, June 20-22, 2007-07-20 [Accepted]

Strong time dependence of the 76-gene prognostic signature for breast cancer patients in the TRANSBIG multicenter independent validation series	Desmedt C, Piette F, Loi S, Wang Y, Lallemand F, Haibe-Kains B, Viale G, Delorenzi M, Zhang Y, d'Assignies MS, Bergh J, Lidereau R, Ellis P, Harris AL, Klijn JG, Foekens JA, Cardoso F, Piccart MJ, Buyse M, Sotiriou C; TRANSBIG Consortium	Clin Cancer Resp. 2007 June 1;13 (11):3207-14
Definition of clinically distinct molecular subtypes in estrogen receptor-positive breast carcinomas through genomic grade	Loi S, Haibe-Kains B, Desmedt C, Lallemand F, Tutt AM, Gillet C, Ellis P, Harris A, Bergh J, Foekens JA, Klijn JG, Larsimont D, Buyse M, Bontempi G, Delorenzi M, Piccart MJ, Sotiriou C	J Clin Oncol. 2007 Apr 1;25(10):1239-46. Erratum in: J Clin Oncol. 2007 Aug 20;25(24):3790
Simulating cancer radiotherapy on a multi-level basis: biology, oncology and image processing”	D.D.Dionysiou, G.S.Stamatakos, K.Marias	Lecture Notes in Computer Science vol. 4561, pp. 569-575, 2007.
Multi-level analysis and information extraction considerations for validating 4D models of human function	K.Marias, D.Dionysiou, G.S. Stamatakos, F.Zacharopoulou, E.Georgiadi, T.G.Maris, I. Tollis	Lecture Notes in Computer Science vol. 4561, pp. 703-709, 2007
A Platform for Understanding Cancer Behavior and Optimizing Radiation Therapy Treatment	G.S.Stamatakos, D.D.Dionysiou, N.K.Uzunoglu	Book chapter in M.Akay (Ed) “Genomics and Proteomics Engineering in Medicine and Biology”, Wiley/IEEE Press, Hoboken, NJ, 2007.
Applying a 4D multiscale in vivo tumor growth model to the exploration of radiotherapy scheduling: the effects of weekend treatment gaps and p53 gene status on the response of fast growing solid tumors	D.D.Dionysiou and G.S.Stamatakos	Cancer Informatics, 2: pp.113-121, 2006

A patient-specific in vivo tumor and normal tissue model for prediction of the response to radiotherapy: a computer simulation approach	V.P.Antipas, G.S.Stamatakos, N.K.Uzunoglu	Methods Inf. Med., 46, pp.367-375, 2007.
Towards Virtual Oncology	G. Stamatakos	ERCIM NEWS No 69, April 2007, Special on the Digital Patient, pp.21-22.
The “Clinical Oncosimulator”: a multilevel, “top-down”, clinically oriented simulation system of tumor growth and organism response to therapeutic schemes.	G. Stamatakos	3rd International CViT (NCI-ICBP) Workshop, Massachusetts General Hospital, Boston, USA https://www.cvit.org/node/247 [password controlled site]

3.4.2 Workshops

Planned/actual Dates	Name	Participant profiles	Type	Number of Particip	ACGT Partner responsible /involved
1 – 3 February 2007	SIOP Nephroblastoma Committee meeting in London, UK	Paediatric Oncologists, molecular biologists	Meeting	50	USAAR Participants: Norbert Graf, Alexander Hoppe --> Introduction of ACGT to SIOP and promotion to run the next SIOP Wilms trial within ACGT --> Talk about ACGT and the TrialBuilder
12 February 2007	"Biobanking goes Europe" at the Telematikplattform für medizinische Forschungsnetze e.V. in Berlin	Members of the TMF	Workshop	25	LUH (participation)
22 - 25 April 2007	First formal ACGT review, Poznan, Poland. Demonstration of interactive visualization of "live" insilico simulation results executing over distributed systems.	ACGT MB, Reviewers	Review meeting	30	all WPL
24 – 27 April 2007	"Does HealthGRID Present Specific Risks With Regard To Data Protection?" - HealthGrid 2007 Conference in Geneva	General public	Conference	200	FUNDP (Presentation)
24 April 2007	"Data base at the crossway of two legislations" - Agoria ICT eHealth*: Legislation & eHealth, Brussels	Professionals	Conference	100	FUNDP (Presentation)
25 April 2007	Bio-Med Grid Workshop (organized by PSNC and ACGT)	Medical doctors, bioinformaticians	Workshop	50	PSNC, all partners presented their results
26 April 2007	Presentation of the paper: Stefan Ruping, Stelios Sfakianakis, Manolis Tsiknakis "Extending Workflow Management for Knowledge Discovery in	Software engineers, Grid developers	European level	70	FORTH

	Clinico-Genomic Data" - In HealthGrid 2007 at Geneva				
26 April 2007	Presentation of the paper: Stefan Ruping, Stelios Sfakianakis, Manolis Tsiknakis "Extending Workflow Management for Knowledge Discovery in Clinico-Genomic Data" - In HealthGrid 2007 at Geneva	Software engineers, Grid developers	European level	70	FORTH
3 May 2007	Workshop on security/privacy issues for bio-medical applications based on GRID middleware, Brussels	Member of EU-funded project in the ICT for health area	Workshop	20	LUH/Custodix (Participation)
15 May 2006	Meeting with the TRANSBIG (Translating molecular knowledge into early breast cancer management: building on the Breast International Group (BIG) network for improved treatment tailoring) ethical and legal group and WP10 of ACGT, Brussels	WP-10	Workshop	20	UH/Crid/Custodix/LUH (Participation and presentation)
15 – 16 May 2007	in Bruxelles, Belgium	Paediatric oncologists, molecular biologists, lawyers	Meeting	15	USAAR Participant: Alexander Hoppe
16 – 17 May 2007	CTO Meeting (Clinical Trial Ontology meeting) NIH Bethesda, USA	Clinicians, Ontologists	Meeting	100	USAAR Participants : Norbert Graf, Cristian Cocos
19 May 2007	Presentation: „Datenschutz und die Forschung am menschlichen Gen“, Hannover	General Public	Exhibition	100	LUH (presentation)
22 - 23 May 2007	The handheld "see-through display" was demonstrated at ICT Delta Congress, Jaarbeurs, Utrecht, The Netherlands. Congress				UVA
30 May 2007	Oral presentation and discussion at the meeting of the EU-funded EUROCAN project.	Clinical and laboratory researchers	EU	40	6 (IJB)
1 June 2007	Les bases de données à la croisée de la protection de la vie privée et de la	Professionals	Workshop	50	FUNDP (Presentation)

	société de l'information - JurITIC, Namur (Belgium)				
25 - 27 June 2007	Visual Interactive Effective Worlds (VIEW) workshop, Lorentz Center, Leiden, the Netherlands		Workshop	50	UVA Participant : R.G Belleman
26 June 2007	Working group meeting of the Telematikplattform für medizinische Forschungsnetze e.V. on biomaterial banks	Members of the TMF	Workshop	25	LUH (participation)
26 June 2007	Presentation of the paper : "Data protection issues with regard to research in genetic data" at the 2nd Workshop on Personalisation for E-Health, held on the 11th international conference on User Modelling 2007, Corfu	Professionals	Conference	25	LUH (presentation)
28 June 2007	Presentation on legal aspects of Information Security in medical scenarios, Bratislava	Professionals	Conference	50	LUH (presentation)
4 – 13 July 2007	Université européenne d'été de la santé et éthique biomédicale.- Toulouse (France) and Madrid (Spain)	General public	Summer university	50	FUNDP (Presentation)
11 July 2007	Meeting with GPOH (Society of German Paediatric Oncology and Haematology) subgroup for clinical trials	Informaticians, Clinicians	Meeting	7	USAAR Participants : Norbert Graf, Alexander Hoppe --> Talk about ACGT and presentation of parts of the TrialBuilder
9 – 13 July 2007	Ontology of Biomedical Investigation (OBI) Workshop, NHI Bethesda	Ontologists	Meeting	100	USAAR [IFOMIS] Participant : Cristian Cocos
23 July 2007	Presentation of the paper: Manolis Tsiknakis, Stelios Sfakianakis, George Potamias, Giorgos Zacharioudakis, Dimitris Kafetzopoulos "A semantic grid infrastructure enabling integrated access and knowledge discovery from multilevel data in postgenomic clinical trials" - In the	Software engineers, bioinformaticians	International level	50	FORTH

	15th International Conference on Conceptual Structures (ICCS 2007) at Sheffield				
27 - 28 July 2007	Details concerning the simulation of nephroblastoma response to chemotherapy	USAAR, ICCS, FORTH	Meeting	10	ICCS, USAAR, FORTH
23 September 2007	Oral presentation and discussion at the Breast International Group meeting.	Breast cancer clinicians and researchers	From all over the world	300	6 (IJB),
4 October 07	ACGT Workshop	ACGT partners	Session (from 4 to 7pm)	Not defined info yet	HealthGrid

4 Next steps and liaison with WP14 and WP16

It is important to raise awareness about the ACGT project and attract new audiences and keep the communities informed.

4.1 Objectives

However we need to keep users already involved in the “ACGT community”, the main objectives of this workpackage are to disseminate about results of the project.

The objectives of this WP are:

- to disseminate the results of the project widely in Europe and elsewhere in the world in order to attract new users and communities (industries, legal practitioners, medical professionals, patients...)
- to train and increase skills and knowledge of these new users and communities
- to keep the users informed about the project advancement and achievement
- to give tools in order to keep a stronger community.

Dissemination activities planned

Complete content of the website:

The WP15 is currently continuing to perform the website, and is still in touch with other partners to have a good internal communication.

Provide a wider range of publicity material

The project is aiming the publication of information sheets and other clear and plain publicity material that can make all kind of public interested in the project.

Better industrial and governmental relations

The ACGT project is lucky to find among its consortium industrial partners. Nevertheless, the project wants to be more targeted to industries and other governmental organisations in order to spread the impact of the project.

The WP15 will provide tools and materials for the dissemination activities which will include poster, bookmarks, flyers, information sheets and the website. These tools will be developed in collaboration with the WP16.

The content of the different materials will be provided in collaboration with the Editorial Board and with other workpackages when specific content will be necessary.

Major events:

HealthGrid conference, in Chicago (2008)

ACGT 2008 conference sessions in 2008

ACGT workshop, planned in Budapest (from 1st to 5th October 2007), *see below*



4.2 The next ACGT workshop

The WP15 is in charge of the whole organisation of the ACGT workshop planned in October 2007.

This will be organised in collaboration with the EGEE Europe Congress planned in Budapest, next October. Indeed, EGEE is today one of the major projects in regards with the development of healthgrids' use. It brings together scientists and engineers from more than 240 institutions in 45 countries worldwide to provide a seamless Grid infrastructure for e-Science. The EGEE project, currently working on its second phase since the 1st April 2006, wants to make available the EGEE Grid infrastructure for specific scientific research, where resources are needed for running the applications

In other words, *“the EGEE Grid consists of over 36,000 CPU available to users 24 hours a day, 7 days a week, in addition to about 5 PB disk (5 million Gigabytes) + tape MSS of storage, and maintains 30,000 concurrent jobs on average. Having such resources available changes the way scientific research takes place. The end use depends on the users' needs: large storage capacity, the bandwidth that the infrastructure provides, or the sheer computing power available.”*¹

The conference in Budapest will attract over 600 people from the international Grid user communities, decision makers, resource providers, developers, governments and businesses.

Therefore is ACGT expected at this major event, because it might be a great opportunity for the project to be presented and to be promoted. Indeed the use of the grid is strongly linked with the purpose of the project: develop a Biomedical GRID infrastructure supporting seamless mediation services for sharing clinical and Genomic expertise and of course find new ways to fight cancer, namely, BRCA (breast cancer) and nephroblastoma.

Both projects supported by the European Commission present common points in the use of last technologies to develop a common base within the healthcare sector.

¹ www.eu-egee.org

4.3 Liaison with WP14 and WP16

With the WP14

The objective for the WP14 (training) is the WP15 to host the training website, which shall operate at the beginning of 2008.

With the WP16

The liaison with the WP16 (Market Investigation & Exploitation) is to develop the public website which will be soon ready to be used, and to make it as attractive as possible.

HealthGrid, the WP15 leader, accepted to be in charge of the entire website template but to not provide any content which is WP16 task.

Indeed, the WP16 and the Editorial Board, established to that purpose, accepted the engagement to furnish content and subject matters so that professionals can make more interesting and remarkable the project, giving better information and addressing their messages to any publics, like the industries, the researchers, or even the general public.

5 Conclusions

5.1 Measurements and evaluation

Communication is a delicate domain that allows reactions from different ways and measuring its success becomes really difficult. However, the number of events where ACGT is presented and promoted and all the meetings and demonstrations are proving the increasing interest among the society and overall from the scientific audience. Moreover, graphics (p.18 & p.19) representing the use of the wiki and the external websites show well the increasing impacts on scientific and public audiences. The researchers and other scientists feedback are well received and show their willingness to know more and to be aware of the last technologies use and the advances within the biomedical sector, notably regarding the ways to be cured against cancers.

Evaluations done during the last period were to notify the impact done thanks to the different dissemination tools such as the (stand-up) poster, the flyers and the website.

Nevertheless, the main evaluation was done during the first annual and official Review face to European Officers who were specialists regarding the scientific side. Demonstrations done during the review could answer the questions and could finally convince the Reviewers to always more support the project.

5.2 In Conclusion

Dissemination is considered important among the project and is always convincing more people, from scientists to patients.

Finally, we notice a real desire to go forward in the project and to continue the project promotion thanks to the wide range of dissemination tools. Of course, some of them still need to be more completed and improved but the project audience does not stop increasing.

This really supports the whole ACGT Consortium to go over steps and to clear the obstacles to succeed in the use of new technologies in biomedical sector and to go on in the fight against cancer.