



MyHealthAvatar

A Demonstration of 4D Digital Avatar Infrastructure for Access of Complete Patient Information

Project acronym: MyHealthAvatar

**Deliverable No. 10.2
Dissemination Plan**

Grant agreement no: 600929





Dissemination Level		
PU	Public	X
PP	Restricted to other programme participants (including the Commission Services)	
RE	Restricted to a group specified by the consortium (including the Commission Services)	
CO	Confidential, only for members of the consortium (including the Commission Services)	

COVER AND CONTROL PAGE OF DOCUMENT	
Project Acronym:	MyHealthAvatar
Project Full Name:	A Demonstration of 4D Digital Avatar Infrastructure for Access of Complete Patient Information
Deliverable No.:	D10.2
Document name:	Dissemination Plan
Nature (R, P, D, O) ¹	R
Dissemination Level (PU, PP, RE, CO) ²	PU
Version:	1
Actual Submission Date:	2/04/2014
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ABSTRACT:

Dissemination activities constitute a key area of effort within MyHealthAvatar. The purpose of this deliverable is to provide the description of the MyHealthAvatar dissemination plan. It presents an overview of the dissemination strategy and identifies methods of communication that will be used by the project consortium in order to reach the goal of effectively informing all relevant target groups about the project's vision, its results and implications. Additionally, the document highlights disseminating actions the consortium has already carried out.

KEYWORD LIST:

Dissemination, communication, dissemination channels, audiences, dissemination toolkit, flyer, logo, project reference identity, web-presence, website, newsletter, publication, conference, workshop, social media, interfacing activities, clustering events, news releases.

¹ R=Report, P=Prototype, D=Demonstrator, O=Other

² PU=Public, PP=Restricted to other programme participants (including the Commission Services), RE=Restricted to a group specified by the consortium (including the Commission Services), CO=Confidential, only for members of the consortium (including the Commission Services)



This project has received funding from the European Union's Seventh Programme for research, technological development and demonstration under grant agreement No 600929.

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MODIFICATION CONTROL			
Version	Date	Status	Author
0.1	17/2/2014	Draft	Nikos Christodoulou, ICCS
0.2	3/3/2014	Revision	Fay Misichroni, ICCS
0.3	5/3/2014	Revision	Dimitra Dionysiou, ICCS
0.4	7/3/2014	Draft	Nikos Christodoulou, ICCS
0.5	11/3/2014	Revision	Georgios Stamatakos, ICCS
0.6	18/3/2014	Draft	Dimitra Dionysiou, ICCS
0.7	21/3/2014	Revision	Georgios Stamatakos, ICCS
1.0	2/4/2014	Final	Dimitra Dionysiou, ICCS

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1 Executive Summary

European healthcare systems have been subject to a long and complex history of independent evolution among many different countries. As a result, the picture is highly fragmented with differences between member states, regions, and even between hospitals within the same country. So, from the perspective of the individual patient, maintaining a clinical record in a consistent manner is difficult, and the problem is being exacerbated by the increased population movement within Europe.

The rapid progress of computing power and ICT technology offers great potential for addressing challenges in information access, collection, sharing and analysis for new knowledge discovery, and has led to a huge amount of valuable data becoming available on the web. These newly available technologies grant us unprecedented opportunities to support next-generation healthcare in tackling, among other things, the ageing population and the impact of its growth on the numbers of patients suffering from chronic diseases. The Virtual Physiological Human (VPH) initiative has led to the collection and integration of predictive models and heterogeneous data to interpret and predict the progress of diseases and the effectiveness of treatments, which have laid down the foundation for new knowledge discovery. However, access to these resources for clinically meaningful use remains a largely unresolved problem.

MyHealthAvatar (MHA) project was launched on March 2013 in order to study and demonstrated the feasibility of an innovative representation of the health status of citizens for future healthcare, termed the 4D MyHealthAvatar. It is designed as a lifetime companion for individual citizens that facilitates the collection of, access to, and sharing of consistent long-term health-status information. This is extremely valuable for clinical decisions and offers a promising approach to acquire population data to support clinical research, leading to strengthened multidisciplinary research excellence in supporting innovative medical care.

The latest ICT technologies will be combined to produce a system that will collect and access medical and personal data from various sources, ranging from electronic health records to information uploaded to social media. In addition to data access, it is also an interface to access integrative models and analysis tools, utilizing resources already created by the VPH community. The project builds around the creation of a personalized 4D avatar for each citizen, the latter being able to fully control its functionality and data contents. This patient-centric approach aims at increasing the involvement of the public by triggering a closer collaboration between citizens and medical professionals in order to provide high-quality and cost-effective personalized healthcare including prediction and prevention of diseases.

Dissemination activities constitute a key area of effort within MyHealthAvatar. This document presents the dissemination plan of MyHealthAvatar project, which was designed to provide guidance for knowledge and information dissemination throughout the project. It presents an overview of the dissemination strategy and identifies channels of communication that will be used by the project consortium in order to accomplish the goal of informing all relevant target groups about the project's vision, its results and implications. Additionally, the document highlights disseminating actions already carried out by the consortium.



2 Introduction

2.1 Purpose of this document

Dissemination activities have a central role in MyHealthAvatar. The objectives of WP10 “Dissemination & exploitation” of MyHealthAvatar as described in the Description Of Work (DoW) are:

- to inform all internal and external stakeholders about the project results and the implications that these results might have for research, clinical and industrial users
- to communicate the availability of the technology to potential users and to import the technology into suitable application domains.

The purpose of this deliverable is to provide the description of the MyHealthAvatar dissemination plan that will guide knowledge and information dissemination throughout the project. It presents an overview of the dissemination strategy and identifies channels of communication that will be used by the project consortium in order to achieve the goal of informing all relevant target groups about the project’s vision, its results and implications. The major focus is to ensure that appropriate methods are being used to effectively deliver key messages in an audience-specific way. Additionally, the document describes the output of the disseminating actions carried out so far by members of the consortium.

2.2 Structure of the Deliverable

The deliverable is organized as follows:

Section 3 provides an overview of the dissemination approach, including the role of the Dissemination Committee and the division of the responsibilities among the consortium members, identification of key messages and target groups being at the focus of the dissemination efforts, and a list of dissemination channels and tools that can serve to effectively reach the specified audiences.

In section 4 each previously identified dissemination channel is described in detail. Separate subsections deal with the dissemination toolkit, the online presence of the project, MHA newsletters, interfacing activities with other projects and initiatives, public project deliverables, journal and conference publications, workshops and other events, and project-specific workshop organization.

Overall conclusions are presented in section 5 and abbreviations in section 6.

3 Overview of the dissemination approach

The project’s dissemination plan seeks to:



- Establish communication with scientific, technological, industrial and clinical stakeholders for the dissemination of information about MyHealthAvatar, including its motivation, objectives, approaches, results and expected impact
- Develop materials and approaches for disseminating the project's vision and results to the general public
- Exchange information with other initiatives and relevant projects
- Actively promote the use of MyHealthAvatar within relevant professional groups such as the VPH community, and the general public, as they will be the owners of their own avatars

The Dissemination & Exploitation workpackage is led by ICCS and supported by the entire consortium, especially by the two SMEs (ASTRID and ANS) who are deeply involved in the exploitation activities.

One critical step towards the development of an effective dissemination strategy for MyHealthAvatar has been the formation of a **Dissemination Committee (DC)**, to be in charge of the strategic dimension of dissemination. The Committee consists of all workpackage leaders plus the teamleaders of partners not leading any particular workpackage (ASTRID, ANS, LIN). The participation of all workpackage leaders ensures that detailed information for all aspects of the work is provided and exploited for dissemination purposes. At the same time, specializations and complementarities of different partners in reaching different audiences are fully utilized, as described in the following paragraphs. The DC liaises closely with the Project Coordinator and the Project Management Office at BED to ensure that appropriate dissemination materials with validated content are produced as necessary throughout the project. The dissemination activity will be closely monitored and adapted as necessary by the Dissemination Committee throughout the project's lifetime.

An effective communication model should i) identify the messages to be conveyed, ii) identify target audiences, and iii) use appropriate channels/methods to effectively deliver the messages in an audience-customized way.

The dissemination activities of the project will be based both on key high-level messages related to the ultimate project objectives and expected impact and more focused messages related to intermediary objectives and outputs. In the early stages of the project the messages will be of a more generic nature with a focus on raising awareness; as the project proceeds the generic messages will be updated and accompanied by more specific ones highlighting achievements and results. Key messages for dissemination will mainly be provided by the Dissemination Committee, which will guide the production of pertinent material oriented towards the needs of the audience, using appropriate language and information levels.

Dissemination activities about the project results and the implications these results might have embrace all **relevant target** groups, each of which commonly requires information of different nature:

- public at large ("citizens", both patients or healthy individuals)



- clinicians
- healthcare providers, healthcare policy makers, healthcare industry
- research and technology community (and the VPH and ICT communities in particular)
- regulatory authorities
- relevant initiatives
- the media.

Initially, the primary goal is to proactively raise awareness of the project and attract interest from all stakeholders by formulating adequate messages and communication approaches in a “**stakeholder-specific**” manner. All project partners will be actively involved in the formulation of pertinent dissemination messages and **assigned corresponding responsibilities**, under the guidance of the Dissemination Committee, so as to profit from their special expertise. **Key messages (and associated audiences)** included in the project’s **dissemination agenda** are the following:

- The maintenance of a consistent health record along a timeline representing the citizen’s life, starting from birth, facilitates the collection of, and access to, long-term health-status information through the exploitation of latest **ICT technology**. This is extremely valuable for more informed **clinical decisions** and offers a promising approach to acquire population data to support **clinical research**, leading to strengthened multidisciplinary research excellence in supporting innovative medical care.
- In addition to data access, the 4D Avatar is also an interface to access integrative models and analysis tools, utilizing resources already created by the **VPH community**, thereby helping **doctors** unlock important knowledge buried within huge volumes of information and constituting an environment facilitating multidisciplinary **VPH research**.
- Being a personal individual companion, the data in the 4D Avatar will be accessible despite travels, changes of hospital or migration to a different European country. This will greatly facilitate access to healthcare and promote collaborations between **healthcare providers** from different EU member countries.
- MyHealthAvatar places a special emphasis on engaging the **public**. The project emphasizes the creation of a personalized 4D avatar for each **citizen**, the latter being able to fully control its functionality and data contents. This patient-centric approach aims at increasing the involvement of the public by triggering a closer collaboration between citizens and **medical professionals** in order to provide high-quality and cost-effective personalized healthcare including prediction and prevention of diseases. It offers a pathway to enhance the self-awareness of **patients** and to empower them to play more significant roles in taking care of their own health. This new level of collaborative teamwork between patients and **caregivers** is regarded as an effective way of dealing with the increased challenges anticipated in future healthcare.
- Successful implementation of MHA platform will help to build an advanced and unique network model of communication among **patients**, their **healthcare providers** and other stakeholders.



- Overall, MyHealthAvatar will contribute to individualized disease prediction and prevention and support healthy lifestyles and independent living. It is expected to exert a major influence on the reshaping of future healthcare in the handling of increased life expectancy and the ageing population in Europe. This complies with the priority and strategy of **FP7 ICT for healthcare**, and constitutes a preparatory action aiming at the grand challenge on a “Digital Patient”, which is currently the subject of a roadmap in the **VPH community**.
- MyHealthAvatar has significant social and economic implications. A personal avatar can potentially change the way we think, communicate and search for information. Meanwhile, the acceptance of the avatars by the **public** opens opportunities for many **industrial sectors**, leading to the **reinforced leadership of European industry**.
- The seamless integration of all data and tools in the 4D Avatar will be under a legal and ethical framework. The development of the legal and ethical framework of the project (using as a starting point work done in previous EU projects, like p-medicine) will reveal the current situation and the necessary steps in order to foster the development of digital avatars in the best interest of the individual patient. The outcome will help **European legislators** to understand where data protection regulation supports and where it hinders the development of patient-centred health information in electronic format. Issues of intellectual property (on data, software, algorithms and concepts) are of equal importance as data protection. The outcome of the related analyses will consist of policy-related recommendations for the **European research community** how to share data more efficiently in the best interest of the patient.

The favouring **composition of the consortium** (Technical partners: BED, FORTH, ICCS, TEI-C, LIN; Clinical partner: USAAR, plus clinical experts in FORTH; Legal partner: LUH; Industrial partners: ASTRID, ANS) and the representation of all of them in the Dissemination Committee ensure that all target audiences can be contacted effectively and associated messages be adequately formulated during the project’s evolution. All partners can play a bridging role to link the avatar to a vital aspect of the project, namely the clinical (clinical partner), ICT (technical partners), legal (legal partner) and marketing (industrial partners) aspects, and critically contribute to the corresponding dissemination efforts. The sub-specialties of the technical and industrial partners permit an even finer **specialization of their disseminating responsibilities** to cover all relevant to MHA areas of technical and scientific interest. The challenging goal of raising public awareness of the project activities requires a collective effort of all members of the consortium.

The dissemination plan of the project will continue to be revisited and updated under the leadership of the Dissemination Committee for the remainder of the project. MHA DC will continually monitor and evaluate the effectiveness of the dissemination strategy (e.g. by number and ranking of publications, extent of participation in events, website usage logs etc.) and introduce suitable adaptations as necessary. All partners will help to select and update events and channels through which the project will be disseminated. Specific actions that should be targeted jointly by several partners will be promoted within the consortium.

It should be noted that **intellectual property (IPR) issues** related to dissemination activities are dealt with into the Consortium Agreement of the project. Any action to disseminate know-how must be



compatible with IPR, confidentiality requirements and the legitimate interests of the partners as established in consortium agreement.

4 Dissemination channels

A variety of dissemination channels and tools will be used to accomplish effective communication with diverse target groups and achieve high visibility of the project:

- Dissemination Toolkit: logo, flyer and other print/visual material
- Web presence
 - MHA public website: main public source of information for the project
 - Online articles and news releases
 - Web presence in relevant external websites
 - Social Media networks
- MHA Newsletters
- Interfacing activities with other projects and initiatives
- Public project deliverables
- Publications in peer-reviewed journals and conferences proceedings
- Workshops, clustering and other events, project presentations/addresses
- Project-specific workshop organization/demonstrations

By using all these dissemination channels in a target group-specific way, MHA information will be made available and understandable to diverse audiences.

4.1 Dissemination Toolkit

In accordance with the description of Task 10.1 of WP10, the DC coordinates the production of a Dissemination Toolkit, which includes generic project materials that can foster widespread awareness about the project, practically covering all target audiences. It comprises the project logo (Figure 1), a project flyer (Figures 2,3), illustrative images and movies free of copyright, popular science descriptions of the project's results, PowerPoint presentations, posters, and any other useful related material. Templates for deliverables, presentations and posters, having a characteristic, easily discernible design (Figure 4), have been produced to be used by the consortium members on various communication and dissemination occasions.

The Dissemination Toolkit will be regularly updated throughout the project and is made available to all partners via the management website ("Member area", accessible via the official project website). Parts of the material of the toolkit will be available through the public website as well.



Generic dissemination material is of particular importance for the project, more so since MyHealthAvatar places special emphasis on increasing public awareness.

The logo and all conformably designed templates and layouts make up the project's **reference identity**, which establishes a readily recognizable presence for MHA.

4.1.1 Project Logo

The project's logo, included in all dissemination materials produced for the project, is presented in the following figure. The project's logo constitutes the basic element of its corporate image; all visual materials included in the Dissemination Toolkit are designed in line with the project logo, resulting in an easily noticeable style.



Figure 1. MyHealthAvatar logo

4.1.2 Project flyer

A foldable project flyer was created by ICCS, containing basic information about the project: a brief project summary, the contact details of the project coordinator, the project partners including partner logos and main points of contact, and some key project facts (full title, duration, start date, total cost and project funding).

The flyer will be used by the consortium members for distribution at conferences, workshops, meetings, and other events of interest within and outside of the scientific community. It is available freely at <http://www.myhealthavatar.eu/wp-content/uploads/2014/03/MyHealthAvatarFlyer.pdf>.

The flyer has already been distributed on several occasions, including:



-The 35th Annual Conference of the IEEE Engineering in Medicine and Biology Society, held in Osaka, Japan, July 3-7, 2013.

-The 2nd Summer School in Computational Oncology, held in Schloss Dagstuhl, Wadern/Germany, June 24-28, 2013

-The workshop “The Role of Multiscale Modelling in Systems Medicine”, organized by CASYM (Coordinating Action Systems Medicine, Implementation of Systems Medicine across Europe), Heidelberg, June 11, 2013.

-The AVICENNA event 1 “Trajectory, Staging and Goals”, Rome, Italy, 21st March 2014 (http://www.avicenna-isct.org/event_1.html).

The front and back page of the flyer are depicted in Figures 2 and 3.

Apart from this generic project flyer the need for production of additional flyers focusing on particular subjects of interest will be also explored as the project proceeds.

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personalized predictive integrative affordable

MyHealthAvatar is a proof of concept for the digital representation of patient health status

MyHealthAvatar

Project data

Duration: 36 months
Start date: March 2013
Total Cost: 3,364,588.00 €
Project Funding (EU): 2,447,000.00 €

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MyHealthAvatar

A Demonstration of 4D Digital Avatar Infrastructure for Access of Complete Patient Information

www.myhealthavatar.eu

The MyHealthAvatar project (project identifier: 600926) is funded by the European Commission under the 7th Framework Programme.

Figure 2. MyHealthAvatar project flyer (part 1)



MyHealthAvatar
MyHealthAvatar is the citizen's lifelong companion that allows access, collection, sharing and analysis of health status information

An innovative approach

The main contribution of MyHealthAvatar can be summarized as follows:

- A citizen centred avatar that promotes self-engagement of citizens
- Innovative ICT to support data collection, search and reasoning
- Useful toolbox to support clinical analysis
- ICT infrastructure to support data access, management, sharing and security
- Close work involving patients

Project Summary

Owing to the highly fragmented health systems in European countries, gaining access to a consistent record of individual citizens that involves cross-border activities is very difficult. **MyHealthAvatar** is a proof of concept for the digital representation of patient health status. It is designed as a lifetime companion for individual citizens that facilitates the collection of, and access to, long-term health-status information. This is extremely valuable for clinical decisions and offers a promising approach to acquire population data to support clinical research, leading to strengthened multidisciplinary research excellence in supporting

innovative medical care.

MyHealthAvatar is built on the latest ICT technology with an aim of engaging public interest to achieve its targeted outcomes. In addition to data access, it is also an interface to access integrative models and analysis tools, utilizing resources already created by the VPH community. Overall, it contributes to individualized disease prediction and prevention and supports healthy lifestyles and independent living. It exerts a major influence on the reshaping of future healthcare in the handling of increased life expectancy and the ageing population in Europe. This complies with the priority and strategy of FP7

ICT for healthcare, and constitutes a preparatory action aiming at the grand challenge on a "Digital Patient", which is currently the subject of a roadmap in the VPH community.

MyHealthAvatar places a special emphasis on engaging the public. It has huge implications to the society both socially and economically. A personal avatar can potentially change the way we think, communicate and search for information. Meanwhile, the acceptance of the avatars by the public opens opportunities for many industrial sectors, leading to the reinforced leadership of European industry.

Figure 3: MyHealthAvatar project flyer (part 2)

MyHealthAvatar: Your Lifetime Companion for Healthcare

A Demonstration of 4D Digital Avatar Infrastructure for Access of Complete Patient Information

FP7-ICT-9-5.2 – VPH - 600929

This project has received funding from the European Union's Seventh Programme for research, technological development and demonstration under grant agreement No 600929

Figure 4. The MyHealthAvatar Power Point template.



4.2 Web Presence

4.2.1 Project Website

The project's public website was designed and launched by ICCS from the very beginning of the project and can be reached via the URL <http://www.myhealthavatar.eu>. The website serves as the main public source of continuous and up-to-date information about the vision, objectives, approaches, progress and results of MyHealthAvatar. The information available on the website is addressed to practically all target audiences. The structure, layout, implementation and hosting of the website were described in detail in Deliverable 10.1. "External project website."

The website's navigation menu and submenus provide visitors with information about the following:

- Project (in brief, concept, benefits, innovation)
- Partner Institutions (description, address, contact person, European map showing the location of each institution)
- Public project deliverables (available for download)
- Dissemination material (freely distributable material included in the dissemination toolkit of the project, such as the project flyer and newsletters).
- News (highlights and event calendar)
- Publications (journal publications, conference proceedings, other)
- Useful links (e.g. related projects and initiatives)
- Coordinator contact information

The sidebar of the website contains important links (e.g. internal website, social media accounts), a list of upcoming events, an image slider with partner logos and a short form for email subscription to MHA newsletters.


For a more detailed description see deliverable D10.1 "External project website."

The features and content of the website will be regularly revised throughout the project's lifetime to adapt it to the consortium's requirements. ICCS will regularly collect input by all project partners and post news, announcements, events and all other information related to MyHealthAvatar.

A screenshot of the website is presented in Figure 5.

The **internal management website** is also up and running, facilitating inter-partner communication and sharing of information and documents, and is accessible at the official project website via the "Member area" link at the sidebar.





MyHealthAvatar

Home Project Partners Documents News Publications Links Contact

digital patient **cloud** ? diagnosis visualization

visualization

personalised healthcare

clinical

ethics data



predictive models










life style

health records

treatment

data access law decision making semantic & reasoning prognos visual analytics social media citizens data sharing








MyHealthAvatar Survey !

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My Health Avatar Newsletter Subscription

Enter your primary email address to get our free newsletter.

First Name

Last Name

Email

You can leave the list at any time. Removal instructions are included in each message.


Powered by WPNewsletter

Events


APR 2 Wed	12:30 pm Two weeks Skype Meeting
APR 16 Wed	12:30 pm Two weeks Skype Meeting
APR 30 Wed	12:30 pm Two weeks Skype Meeting
MAY 14 Wed	12:30 pm Two weeks Skype Meeting
MAY 28 Wed	12:30 pm Two weeks Skype Meeting
JUN 11 Wed	12:30 pm Two weeks Skype Meeting
JUN 25 Wed	12:30 pm Two weeks Skype Meeting
JUL 9 Wed	12:30 pm Two weeks Skype Meeting
JUL 23 Wed	12:30 pm Two weeks Skype Meeting
AUG 6 Wed	12:30 pm Two weeks Skype Meeting

[View Calendar](#)

Login



This research project receives funding from the European Commission's Seventh Framework Programme (activity ICT (FP7-ICT-2011-9)), Grant agreement no. 600929.



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Figure 5: MyHealthAvatar's website homepage



4.2.2 Online articles and news releases

The consortium will pursue the appearance of online articles and news releases in relevant external websites whenever meaningful opportunities occur. Depending on the chosen website such articles can reach various specialized target audiences, while at the same time inform a larger pool of readers, regardless of their background.

Information about important news, announcements and events related to MyHealthAvatar will be transmitted to the VPH-NoE for inclusion in their dissemination channels. **Press releases** will be organized at appropriate points throughout the project's lifetime (for online and/or print distribution).

Related dissemination actions up to now include the following:

- BED has published an article, entitled **“Health avatars - your lifetime companion”**, about MyHealthAvatar in *iSGTW* (International Science Grid This Week), an international weekly online publication that covers distributed computing and the research it enables. They have also drafted a **chapter in the Digital Patient Roadmap** of the Discipulus VPH Project and wrote in **p-medicine project newsletters**.

Web links:

<http://www.isgtw.org/feature/health-avatars-%E2%80%94-your-lifetime-companion>

<http://www.digital-patient.net/>

<http://p-medicine.eu/news/newsletter/>

- USAAR has elaborated and published in collaboration with Unit H1, European Commission, DG CONNECT, a news release entitled **“Survey Shows Interest in Health Avatar”**. This news article has been published in the Digital Agenda for Europe website and has been featured in the European Commission eHealth newsletter. Additionally, the survey has been published and disseminated in the frames of eHealthNews.eu, eHealthServer.com and PharmaNews.eu projects.

Web links:

http://ec.europa.eu/information_society/newsroom/cf/dae/itemdetail.cfm?item_id=13590

<http://www.ehealthnews.eu/research/3777-survey-shows-interest-in-health-avatar>

<http://www.ehealthserver.com/research-development/1464-survey-shows-interest-in-health-avatar>

Invitations to participate in the survey:

“MyHealthAvatar Survey: Your Opinion Counts” (3 June 2013)

Web links:

<http://www.ehealthnews.eu/research/3518-myhealthavatar-survey-your-opinion-counts>

<http://www.ehealthserver.com/research-development/1352-myhealthavatar-survey-your-opinion-counts>

<http://www.pharmanews.eu/research-and-development/1281-myhealthavatar-survey-your-opinion-counts>



Last Call for MyHealthAvatar Survey: Your Opinion Counts (3 July 2013)

Web links:

<http://www.ehealthnews.eu/research/3553-last-call-for-myhealthavatar-survey-your-opinion-counts>

<http://www.ehealthserver.com/research-development/1369-last-call-for-myhealthavatar-survey-your-opinion-counts>

<http://www.pharmanews.eu/research-and-development/1281-myhealthavatar-survey-your-opinion-counts>

The conduct details and results of the survey have been presented in Deliverable D2.2. The aim of this survey was to gain insight into patient and public views about MHA platform. Overall, a survey understandable to the general public, with the lowest possible number of questions but with a very wide coverage has been elaborated and widely distributed to available news channels and audiences. The final version of the survey (English version) has been translated in two additional languages (German and Hungarian). One of the top conclusions of the survey was the high interest of all respondents in MHA platform and their positive stance towards the project activities. All survey respondents have been informed about the availability of the results of the MHA survey.

- ASTRID has written an article about MHA project which appeared on Hungary's largest online health portal (www.webbeteg.hu) with over 80,000 daily visitors. The article is available on this link: <http://www.webbeteg.hu/cikkek/egeszseges/14693/egeszsegunkkel-kapcsolatos-informaciok>. It had over 400 readers according to web statistics. In addition, they translated the MyHealthAvatar survey into Hungarian. Over 20 people completed the survey.
- LIN has distributed a number of press releases for MyHealthAvatar project, including an article for the PharmaNews page, entitled “**MyHealthAvatar to Reshape the Future of Healthcare**”, available on the following link:

<http://www.pharmanews.eu/research-and-development/1263-myhealthavatar-to-reshape-the-future-of-healthcare>.

This article has been also distributed by USAAR in:

<http://www.ehealthnews.eu/research/3481-myhealthavatar-to-reshape-the-future-of-healthcare>

<http://www.ehealthserver.com/research-development/1333-myhealthavatar-to-reshape-the-future-of-healthcare>

- LUH plans to post information on the blog that is included in their homepage (located at <http://blog.iri.uni-hannover.de/index.php/category/english> with links to Twitter and Facebook) about MyHealthAvatar when the platform will be opened for public use.

4.2.3 Web references in partners' websites

Consortium members have included explicit reference to the project in their web pages:

- BED: <http://www.beds.ac.uk/news/2013/march/231014>



- FORTH: http://www.ics.forth.gr/index_main.php?prj=CML&l=e&projectStatus=&projectType=&mode=projectDetails&id=190
- USAAR: <http://www.uni-saarland.de/en/campus/faculties/professorial-staff/medizin-bereich-klinische-mezizin/paediatrie/professorial-staff-dept-215-paediatrics/prof-dr-norbert-graf/forschung-und-lehre/forschungsprojekte/myhealthavatar.html>
- ICCS: <http://in-silico-oncology.iccs.ntua.gr/english/research2.php>
- LUH: <http://www.iri.uni-hannover.de/myhealthavatar-2142.html>
- ASTRID: <http://www.astridbio.com/projects.html>
- ANS: <http://www.ansmart.co.uk/?q=node/89>
- LIN: <https://research.blogs.lincoln.ac.uk/2013/03/13/plugin-to-a-healthier-future/>

4.2.4 Social Media Networks

Maintaining an online social media presence constitutes an additional promising outreach channel for MHA. Social media display an ever increasing role in the diffusion of information over the Internet, which can be exploited for scientific and business purposes as well. Since effective social media web presence requires continuous information flow, this particular dissemination channel will be meaningful during later stages of the project. Therefore, MHA's social media presence will be gradually intensified, following the expected enrichment of the available dissemination material as the implementation of the projects proceeds. Up to now a Facebook and a Twitter account have been set up for MHA.

4.3 MyHealthAvatar Newsletters

The Dissemination Committee of MHA has planned the biannual distribution of free project e-newsletters, which constitute an easy and cost-effective way to share information and communicate with many different target groups. All newsletter issues will be publicly available through the project website, but special mailing lists will be considered as well. A newsletter email subscription form is available on MHA website sidebar.

All partners will contribute to the content of the newsletters. WP10 leader, ICCS, will be responsible for compiling the material, and for editing and publishing the newsletters. According to the foreseen design, the project's newsletters will contain basic information about the project and its progress (i.e. publications, forthcoming events, WP updates, etc.), as well as editorial articles and in-depth articles containing more detailed information for specific topics of interest; examples include: articles on technical, clinical, biological, ethical and other issues of interest, important project-related interviews, highlights drawn from current progress, major challenges encountered and related knowledge gained, feature articles concerning related projects and initiatives, etc.



The first issue, planned for April 2014, will include a description of the project's objectives and its consortium, an interesting article on the important issue of patient empowerment, highlights drawn from the current progress, as well as latest news for publications and participation in events.

4.4 Interfacing activities with other projects and initiatives

MyHealthAvatar project will benefit by being focused throughout its duration on identifying the synergies and the frames for re-using, implementing, exploiting, and integrating knowledge gathered in the context of other running or concluded research projects and initiatives. This approach has been suggested as one of the major project requirements. Important interfacing actions include: linking MyHealthAvatar platform to model repositories from other projects, developing scenarios for the use of the platform by other projects, and developing links between legal frameworks among different projects.

Since these synergistic possibilities represent at the same time important channels for the dissemination of MyHealthAvatar's vision, work and results, a brief description of currently identified synergistic or generally relevant projects is presented below (for details on the user requirements and specifications for the collaboration with other projects see deliverable D2.3 "User requirements and specifications for the linkage to external sources such as social networks and for the collaboration with other existing projects):

- **P-Medicine** (From data sharing and integration via VPH models to personalized medicine) (<http://p-medicine.eu>) is a 4-year Integrated Project co-funded under the European Community's 7th Framework Programme aiming at developing new tools, IT infrastructure and VPH models to accelerate personalized medicine. Within p-medicine the formulation of a modular framework of validated tools and services permitting secure sharing and handling of large personalized data sets is emphasized. Particular focus is placed on the legal framework of the project, based on results of previous work done in European funded projects like ACGT, ContraCancrum and ECRIN (European Clinical Research Infrastructures Network), and on the development of advanced re-usable clinical trial driven multiscale cancer models. Patient empowerment through respective tools which will engage patients more actively in the health care decision process and in clinical research is a prominent feature of the project. The data protection and security framework, the ontology-based clinical trial management system ObTiMA (Ontology-based Trial Management Application) which will be enhanced to facilitate the needs of MHA, and the cancer models developed within p-medicine are of particular relevance for MHA.
- The **CHIC** project (Computational Horizons In Cancer: Developing Meta- and Hyper-MultiscaleModels and Repositories for In Silico Oncology) (<http://chic-vph.eu>) proposes the development of clinical trial driven tools, services and infrastructures that will support the creation of multiscale cancer hypermodels (integrative models).



MyHealthAvatar Newsletter

MyHealthAvatar

Issue XX - MM YY

Editorial

The editorial will be presented in a 3-column layout. If necessary, a part of the 3rd column can host an image of any sort.

Special points of interest: (OPTIONAL)

- Briefly highlight your point of interest here.
- Briefly highlight your point of interest here.
- Briefly highlight your point of interest here.
- Briefly highlight your point of interest here.



Caption describing picture or graphic.

Inside this issue:

Inside Story	1
Inside Story	2
Inside Story	3
Inside Story	4
Inside Story	5
Inside Story	6
Inside Story	7

Article 1

All articles will follow the same pattern as the editorial (3 text columns, possible images, etc.)

If a short "calling card" of the writer is required (e.g. a small ID-like photo, their name, institution and position), the lower part of the 3rd column can be used.

If an image is larger, it can be made to fit it inside 2 or even all the columns.

Figure 6. MyHealthAvatar newsletter template (first page)



CHIC aspires to make a breakthrough in multiscale cancer modeling through greatly facilitating multi-modeller cancer hypermodelling and its clinical adaptation and validation. Standardization of model description and model “fusion” will be two of the core means to achieve this goal. The creation of such elaborate and refined hypermodels is expected to sharply accelerate the clinical translation of multiscale cancer models and oncosimulators following their prospective clinical validation (*in silico* oncology). Relevant to MHA platform will be, among others, the integration of 3D visualized clinical trial driven multiscale cancer models.

- The concluded **TUMOR** (Transatlantic Tumour Model Repositories) project (<http://tumor-project.eu>) aimed at implementing a European clinically-oriented, semantic layered cancer multi-scale digital cancer model/data repository, and developing specific tools and methods for the collection, curation, validation and customization of existing EU and US models, by linking the most significant relevant EU VPH projects on cancer modelling (ContraCancrum, ACGT), and the US project CViT (Center for the development of a Virtual Tumor). The project developed interoperable interfaces (web services and mark-up language), needed to allow seamless model exchange between the EU and the US CViT model repository and an integrated, interoperable transatlantic ‘predictive oncology’ workflow environment prototype. Various tumour free growth and response to treatment models have been selected, optimized and adapted according to the design of the EU model repository in order to populate it. Accompanying datasets that have been collected within other EU projects (ACGT, ContraCancrum) and the CViT repository, were annotated and stored in the developed EU model repository. Currently, TUMOR main concepts and implementations are migrated into the two large IP EU-funded projects pMedicine and CHIC. Technical knowledge gained from TUMOR is expected to be a valuable asset for the development of MHA platform.
- The **DISCIPULUS** project (<http://www.digital-patient.net/>), funded by the European Commission under the 7th Framework Programme, has been tasked with providing the Roadmap for the concrete realisation of the “Digital Patient”, a key development emerging from the Physiological VPH initiative. The Digital Patient is defined as a technological framework that includes VPH models, decision support tools and patient data records; once fully developed, it will enable the creation of a descriptive, integrative, exploratory computer representation of the present health status of each citizen, as well as a predictive representation of potential future states. The Digital Patient provides clinicians (and patients) with highly visual and integrated views of relevant health and wellness information of the patient. A set of developments that will assist the long-term development of the Digital Patient from the conceptual ideal to the clinical reality have been identified within key areas. The usage and integration of the DISCIPULUS project’s Digital Patient Roadmap is highly relevant for MHA.
- The **MD Paedigree** (<http://www.md-paedigree.eu/>) project pursues improved interoperability of paediatric biomedical information, data and knowledge through the development of a set of reusable and adaptable multi-scale models for more predictive, individualised, effective and safer paediatric healthcare. MD-Paedigree validates and brings to maturity patient-specific computer-based predictive models of various paediatric diseases, thus increasing their



potential acceptance in the clinical and biomedical research environment by making them readily available not only in the form of sustainable models and simulations, but also as newly-defined workflows for personalised predictive medicine at the point of care. These tools can be accessed and used through an innovative model-driven infostructure powered by an established digital repository solution able to integrate multimodal health data, entirely focused on paediatrics and conceived of as a specific implementation of the VPH-Share project, planned to be fully interoperable with it and cooperating, through it, also with p-Medicine. The use and integration of the MD-Paedegree project's models in the context of MHA is under investigation by the consortium.

- **VPH-Share** (<http://www.vph-share.eu/>) is an ongoing project aiming at building a safe, online facility in which medical simulation developers can produce workflows - chains of processing tasks - to allow raw medical data to be refined into meaningful diagnostic and therapeutic information. Data sources are usually clinical data from individual patients - medical images and/or biomedical signals - sometimes with population information. The operations range from secure access and storage through annotation, data inference and assimilation, to complex image processing and physics-based mathematical modelling, to data reduction and representation. The project focuses on a key bottleneck: the interface with the wealth of data from medical research infrastructures and from clinical processes.
- **REWIRE** (<http://www.rewire-project.eu/>) (Rehabilitative Wayout in Responsive home Environments) is a European Project funded by the 7th Framework Program, that develops, integrates and field tests an innovative virtual reality based rehabilitation platform system based on a multi-level rehabilitation platform. REWIRE pursues to create a Personalized Health System that can be deployed massively at the patients' homes, enable home-based effective rehabilitation to improve disabilities and functions. REWIRE is aimed at patients, discharged from hospital, who need to continue rehabilitation. The idea would be to provide them the possibility of continuing the rehabilitation at home under remote monitoring by the hospital. The linkage and/or integration of the REWIRE project's virtual reality based rehabilitation platform in the context of MyHealthAvatar is under investigation by the MHA consortium.
- The goal of **EURECA** (Enabling information re-Use by linking clinical REsearch and Care) (<http://eurecaproject.eu/>) project is to enable seamless, secure, scalable and consistent linkage of healthcare information residing in Electronic Health Record (EHR) systems with information in clinical research information systems, such as clinical trials. Achieving semantic interoperability among EHR and clinical trial systems is at the core of the EURECA project, as it is the basis for enabling many of the software services and tools developed in the project.
- **MyLifeHub** (An interoperability hub for aggregating lifelogging data from heterogeneous sensors and its applications in ophthalmic care) – UK National research funding. MyLifeHub is an attempt to focus on the interoperability of the lifelogging sensors, aiming at a common, interoperable and internet-based environment for long-term lifestyle information for individuals. The system will keep users well informed about their daily activities, diet, sleep, mood, blood pressure, pulse, etc., enhancing self-awareness in health and encouraging



positive attitudes towards lifestyles. Data sharing among different users will also be enabled to allow utilizing MyLifeHub as a platform to assess the impact of visual impairment on the QoL of ophthalmic patients both in general health terms and in vision specific terms. The research will be conducted "in the wild" through direct exposure to potential beneficiaries.

- **Dr Inventor** (Promoting Scientific Creativity by Utilising Web-based Research Objects) (<http://drinventor.eu>). Dr Inventor is built upon the vision that technologies have a great potential into supplementing human ingenuity in science by overcoming the limitations that people suffer in their efforts for pursuing scientific discovery. It presents an original system that will provide inspirations for scientific creativity by utilising the rich presence of web-based research resources. Dr Inventor will act as a personal research assistant, that utilises machine-empowered search and computation to bring to researchers extended perspectives for scientific innovation by informing them of a broad spectrum of relevant research concepts and approaches, by allowing assessing the novelty of research ideas, and by offering suggestions of new concepts and workflows with unexpected features for new scientific discover. The outcome of Dr Inventor can be used to support the exploration of educational materials.
- **CARRE** (Personalized patient empowerment and shared decision support for cardiorenal disease and comorbidities) (<http://www.carre-project.eu/>). CARRE addresses comorbidity management via an approach that first fosters understanding of the complex interdependent nature of comorbidities in general and as specialized for the specific patient, then calculates informed estimations for disease progression and comorbidity trajectories, and finally compiles a variety of personalized alerting, planning and educational services so that patients (and professionals) are empowered and can make shared informed decisions.

In section 4.7 two formal **clustering** events organized by members of the MHA consortium are presented.

4.5 Public project deliverables

All project deliverables, apart from those corresponding to the project management workpackage, are public and will be freely available for download on the project website. The large number of public deliverables serves the project's dissemination plan in an important way by offering detailed information to all interested audiences.

Currently the following deliverables are available on the project website:

- D2.1: State of the art review related to the MyHealthAvatar environment
- D2.2: Scenario based user needs and requirements
- D2.3: Specification of the linkage to external sources and research projects
- D3.1: User requirements.
- D3.2: Architecture design



- D4.1: Requirements analysis for semantic core ontology
- D6.1: Data collection utilities
- D6.2: Data & RDF repository
- D6.5: Initial report on data collection methods and plans
- D10.1: External project website

4.6 Publications in peer-reviewed journals and conference proceedings

Technical and scientific results of the project will be presented in peer-reviewed journals and conference proceedings, which is one of basic dissemination channels for addressing the scientific and technical communities. Targeted journals will be identified in the following months, as the project work and results will begin to mature. The goal is to select high quality international journals specializing in specific sub-domains of the project's work plan.

A number of **conference papers have been already produced** by consortium members:

- Marios Spanakis, Efrosini Papadaki, Apostolos Karantanas, Thomas G. Maris, Dimitris Kafetzopoulos, Vaggelis Sakkalis, Konstantinos Marias. "Exploitation of patient avatars towards stratified medicine through the development of in silico clinical trials approaches", IEEE 13th International Conference on BioInformatics and BioEngineering (BIBE), Chania, Greece, November10-13, 2013.
- Franco Chiarugi, Eirini Christinaki, Sara Colantonio, Giuseppe Coppini, Paolo Marraccini, Matthew Pediaditis, Ovidio Salvetti, Manolis Tsiknakis. "A Virtual Individual's Model Based on Facial Expression Analysis: a Non-Intrusive Approach for Wellbeing Monitoring and Self-Management", IEEE 13th International Conference on BioInformatics and BioEngineering (BIBE), Chania, Greece, November10-13, 2013.
- Evaggelia Maniadi, Haridimos Kondylakis, Emmanouil G. Spanakis, Marios Spanakis, Manolis Tsiknakis, Kostas Marias, Feng Dong. Designing a digital patient avatar in the context of the MyHealthAvatar project initiative, IEEE 13th International Conference on BioInformatics and BioEngineering (BIBE), Chania, Greece, November10-13, 2014.
- Xia Zhao, Youbing Zhao, Nikolaos Ersotelos, Dina Fan, Enjie Liu, Gordon Clapworthy, Feng Dong. A Scalable Data Repository for Recording Self-Managed Longitudinal Health Data of Digital Patients, IEEE 13th International Conference on BioInformatics and BioEngineering (BIBE), Chania, Greece, November10-13, 2013.
- Hui Wei, Youbing Zhao, George Saleh, Feng Dong, Gordon Clapworthy, Xujiong Ye. "A Cross-platform Approach for Treatment of Amblyopia." IEEE 13th International Conference on BioInformatics and BioEngineering (BIBE), Chania, Greece, November10-13, 2013.



- Haridimos Kondylakis, Dimitris Plexousakis “Exploring RDF/S Evolution using Provenance Queries.” 1st International Workshop on Exploratory Search in Databases and the Web (ExploreDB), Co-located with EDBT/ICDT 2014, Athens, Greece, March 28, 2014.
- Haridimos Kondylakis, Vassilis Papakonstantinou, Irimi Fundulaki, Giorgos Flouris, “e-Consent without Tears.” 8th International Conference on Pervasive Computing Technologies for Healthcare (PervasiveHealth), Oldenburg, Germany, May 20–23, 2014. *(submitted)*
- Haridimos Kondylakis, Lefteris Koumakis, Stefan Rüping, Eleni Kazantzaki, Kostas Marias, Manolis Tsiknakis “PMIR: A Personal Medical Information Recommender.” European Medical Informatics Conference (MIE), Istanbul, Turkey, 31 Aug- 3 Sep, 2014. *(submitted)*

Targeted conferences for future publications/ presentations include:

- Eurovis: EG/IEEE TCVG Symposium on Visualization
- ISPA: Intern. Symp. on Image and Signal Processing and Analysis
- Vis/Infovis/VAST: IEEE conference on Visualization/Visual Analytics
- CVPR: IEEE Computer Vision and Pattern Recognition
- ECCV: European Conference on Computer Vision
- MICCAI: International Conference on Medical Image Computing and Computer Assisted Intervention
- ICCV: International Conference on Computer Vision
- ISBI: IEEE International Symposium on Biomedical Imaging
- RSNA: Radiological Society of North America
- SPIE: Medical Imaging
- MIUA: Medical Image Understanding and Analysis
- IEEE International Conference on Image Processing
- SPIE Electronic Imaging
- International Semantic Web Conference (ISWC)
- International conference on next generation web services practices
- European Conference on Web Services
- IEEE International Conference on Data Mining (ICDM)
- IEEE Infocom
- VPH Conferences
- Investigation
- SIOP Meeting
- ASCO meeting 2014 in Chicago



All partners will be involved in the identification of the most suitable targeted journals and conferences.

LIN is currently putting a bid to organize the **Medical Image Understanding and Analysis (MIUA) conference** at Lincoln in 2015. Should this be successful, it will create the opportunity to introduce MyHealthAvatar to a wide range of scientific communities and hence to explore possible future collaborations.

4.7 Workshops, events and other presentations/addresses

Clustering events aiming at establishing relationships and seeking synergies with other projects and initiatives are of particular importance. Two such events have been already organized by members of the consortium:

- BED, FORTH and USAAR joined forces during the 13th IEEE International Conference on BioInformatics and BioEngineering (IEEE BIBE 2013, Chania, Greece, November 10-13, 2013) to organize a special session entitled **“The Digital Patient concept: Vision and Early Demonstrations”**, highly relevant to MyHealthAvatar objectives. The Special Session built on experiences as well as technological and scientific developments stemming from FP7 framework EU-funded projects and aimed at bringing together researchers working in the fields of infrastructures and technologies for integrative biomedical research, ICT for predictive and translational medicine and the VPH at large. More information is available on the following link:
http://medlab.cc.uoi.gr/bibe2013/paper_files/Special_Session_4.pdf
- FORTH also organized the clustering event **“Ambient Intelligence Advanced Technologies in Support of Healthcare and Assisted Living”**, held at the Foundation for Research & Technology-Hellas, in Heraklion, Crete, Greece, on 26-27th September, 2013. The aim of the clustering event was to bring together European projects for demonstrations, presentations of innovative solutions, and discussions of potential synergies and cooperation.

In the remaining of the project, MyHealthAvatar consortium will pursue participation to various relevant scientific events for dissemination to targeted audiences. The following workshops have been already in the project’s dissemination agenda:

- **International workshop on “Advances in Personalized Healthcare Services, Wearable Mobile Monitoring, and Social Media Pervasive Technologies”**. It will be held on November 3-5, 2014, in Athens, in conjunction with the “4th International ICST Conference on Wireless Mobile Communication and Healthcare - MobiHealth 2014” conference. Details can be found on the following link: <http://www.aphs.mobihealth.name/2014/show/cf-workshops>.

Scope of the Workshop: Personalized healthcare emphasizes on the use of information about an individual/patient to select or optimize patient's preventative, therapeutic care and wellbeing. Modern healthcare solutions emphasize on the need to empower citizens to manage their own health and disease and include smart medical sensors, remote eHealth



monitoring, smart-phone enabled data aggregation, medical awareness and analysis and context-aware assistive living technologies.

Modern mobile healthcare systems, supported by information and communication technologies, provide solutions for improving illness prevention, facilitating chronic disease management, empowering patients, enable personalization of care improving the productivity of healthcare provisioning and improve utilization of healthcare enabling the management of diseases outside institutions as well as encouraging citizens to remain healthy.

- ICCS, will organize the workshop “**Multiscale modelling of cancer**” at the **3rd Virtual Physiological Human Conference 2014**, which will be held on September 9-12, 2014 at Trondheim, Norway. The programme of the conference, in which the workshop is included, is available on the following link: <http://www.ntnu.edu/vph2014/programme>

Scope of the Workshop: Cancer is a highly complex disease and natural phenomenon. It is manifested at virtually all spatiotemporal scales pertinent to life, spanning from the atomic to the whole body spatial scale and from the nsec to the year temporal scale. The plethora of interdependent mechanisms jointly constituting the natural phenomenon of cancer and its response to treatment dictates the development of complex mathematical and computational multiscale models aiming at both the quantitative understanding of the phenomenon and the optimization of cancer treatment in the patient individualized context. Clinical adaptation and validation are two sine qua non processes in view of the clinical translation of such models (*in silico* oncology). Clinically validated cancer models are expected to serve as platforms for performing *in silico* experiments by exploiting the patient's own multiscale data such as imaging, histological and molecular data in order to select the most appropriate treatment scheme. The workshop aims at providing an excellent opportunity for the presentation and discussion of state of the art multiscale cancer modelling efforts along with clinical translation activities. Since the development of cancer hypermodels of which the component models may be developed by different modeling groups is becoming a more and more realistic scenario, aspects of the joint development of cancer hypermodels on a global scale will also be addressed.

- USAAR will participate in **The World Congress of Health IT Conference & Exhibition 2014**, from 2 - 4 April 2014 in Nice, France, the **Med-e-Tel 2014**, held on 9 - 11 April 2014, at Luxembourg and the **eHealth Forum 2014**, taking place on 12 - 14 May in Athens, Greece.
- The project will be included in the topics of the events organised by LUH, such as "**Forum IT law**" and "**Competence Network**", which aim at informing about the latest topics of IT/IP law and to discuss them.
- BED has addressed MyHealthAvatar to the Luton local health organisation (Luton CCG, <https://www.lutonccg.nhs.uk/home/>) and further discussions for collaboration are on the way. They have also made a number of presentations of MyHealthAvatar during research seminars at different universities (Sheffield, Middlesex, Brunel, Carre, IDOP).
- LIN has made a number of presentations of MyHealthAvatar at different universities (St George's, University of London, University of Sheffield, etc.) and has addressed



MyHealthAvatar to Lincoln local hospital (United Lincolnshire Hospital) and School of Medicine, University of Nottingham. Further discussions for collaborations are on the way. Effort is also put into building links with hospitals and also with relevant communities.

- ANS has contributed to the design of MyHealthAvatar project logo. It also plans to promote MyHealthAvatar in business related visits, activities and events.

4.8 Project-specific workshop organization

According to WP10 **task 10.3 “Workshop”** (Task Leader: BED), a workshop will be organized in later stages of the project, in order to make available early versions of the software to selected scientists with relevant specialisms, who may be interested in using it. Training and an opportunity for scientists to investigate MyHealthAvatar benefits will also be provided. Preferably the workshop will take place in association with the annual VPH conference organised by the VPH-NoE.

Closely relevant to the dissemination goals of the project is the development of demonstrators within WP9 “Demonstration and evaluation”. This workpackage aims at the development of demonstrators for the scenarios and use cases that will be identified for each stakeholder. According to **task T9.4 “Demonstration of MyHealthAvatar”** (Task Leader: USAAR), MyHealthAvatar will be demonstrated at the end of the project at a conference for the public. This task will closely cooperate with WP10. Stakeholders from patient groups, clinical societies, basic research, legal and ethical communities, industry and politics will be invited. The demos will prove the concept of MHA by demonstrating clear benefits through well-defined applications.

During the project’s lifetime the **6th IARWISOCI** (6th International Advanced Research Workshop on *In Silico* Oncology and Cancer Investigation), co-organized by ICCS, will take place (autumn/winter 2014). ICCS plans to include into the workshop programme a dedicated section for dissemination of MyHealthAvatar-related work achieved by that time. The IARWISOCI workshop series are held every other year. They were initiated by ICCS in Sparta, Greece in 2004. The second workshop took place in Chania, Crete, Greece in 2006. The 2008 event took place in Istanbul, Turkey, after having become an IEEE (Institute of Electrical and Electronics Engineers) technically cosponsored event. The 2010 event took place in Athens, and included dedicated sections for the EU projects ContraCancrum and Tumor. The 5th IARWISOCI-TheTUMOR project workshop has been a major focused open transatlantic conference within the TUMOR project framework and took place in Athens, Greece on 23-24 October 2012. The workshop was organized by ICCS-NTUA in collaboration with both TUMOR and non-TUMOR partner organizations from the EU and USA. Following a strict evaluation procedure, IEEE-EMBS decided to acquire the proceedings of the workshop and made them widely available through its Xplore system.

5 Conclusions

This document presents the dissemination plan of MyHealthAvatar, which was designed to provide guidance and support for the dissemination activities of the consortium, a key area of effort within



the project. The primary goal of the plan is to develop and effectively deliver concrete dissemination messages tailored to target audiences about the project's vision, approaches, results and expected impact. The plan was devised by taking into account identified target audiences and intended key messages and recruiting a rich set of suitable communication channels that can be exploited in a stakeholder-specific manner to achieve timely and effective communication. The plan presupposes active engagement of all project partners and capitalizes on their dissemination specializations and complementarities.

An overview of the dissemination approach has been presented, including the role of the Dissemination Committee, the division of the responsibilities among the consortium members, identification of key messages and target groups. The communication methods constituting the dissemination portfolio of MHA have been described in detail: dissemination toolkit (flyer etc.), online presence of the project (website, online articles, social media etc.), MHA newsletters, interfacing activities with other projects and initiatives, public project deliverables, journal and conference publications, workshops and other events, and project-specific workshop organization. In addition, a significant part of the document describes dissemination actions that have been already carried out.

The favouring composition of the consortium and the representation of all of them in the Dissemination Committee ensure that all target audiences can be contacted effectively and associated messages be adequately and timely formulated during the project's evolution. All partners can play a bridging role to link the avatar to a vital aspect of the project and critically contribute to the corresponding dissemination efforts. The challenging goal of raising public awareness of the project activities will be accomplished through the collective effort of all members of the consortium.

The plan will be continuously monitored and discussed on the basis of the project's evolution and of experience gained from already undertaken dissemination activities, and may be adapted as necessary to allow exploitation of new communication opportunities that may arise and deemed meaningful.

6 Abbreviations

<i>4D</i>	Four-Dimensional
<i>ACGT</i>	Advancing Clinico Genomic Trials on Cancer (FP6-IST-026996)
<i>ANS</i>	AnSmart Ltd



<i>Astrid</i>	Astrid Research Kft.
<i>BED</i>	University of Bedfordshire
<i>CHIC</i>	Computational Horizons in Cancer (FP7-ICT- 600841): Developing Meta- and Hyper-Multiscale Models and Repositories for In Silico Oncology
<i>DC</i>	Dissemination Committee
<i>EHR</i>	Electronic Health Record
<i>EU</i>	European Union
<i>EURECA</i>	Enabling information re-Use by linking clinical REsearch and Care project (FP7-ICT)
<i>FORTH</i>	Foundation for Research and Technology – Hellas
<i>IARWISOCI</i>	International Advanced Research Workshop on <i>In Silico</i> Oncology and Cancer Investigation
<i>ICCS</i>	Institute of Communication and Computer Systems
<i>ICT</i>	Information and Communications Technology
<i>IEEE</i>	Institute of Electrical and Electronics Engineers
<i>IP</i>	Intellectual Property
<i>IPR</i>	Intellectual Property Rights
<i>IT</i>	Information Technology
<i>LIN</i>	University of Lincoln
<i>LUH</i>	Leibniz Universität Hannover
<i>MHA</i>	MyHealthAvatar
<i>p-medicine</i>	Personalized-medicine project (FP7-ICT- 270089): From data sharing and integration via VPH models to personalized medicine.
<i>REWIRE</i>	Rehabilitative Wayout in Responsive home Environments project (FP7-ICT-2011 Call 7)
<i>TEI-C</i>	Technological Educational Institute of Crete



<i>TUMOR</i>	Transatlantic Tumour Model Repositories project (FP7-ICT- 247754)
<i>US</i>	United States
<i>USAAR</i>	Universität des Saarlandes
<i>VPH</i>	Virtual Physiological Human
<i>VPH-NoE</i>	Virtual Physiological Human – Network of Excellence