

precision medicine implementation in cancer

# snapshot 2026

version 2.4



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PRIME-ROSE

EU Cancer Mission  
GA101104269

## Impressum PRIME-ROSE



PRIME-ROSE is a project funded by the European Union under the EU Cancer Mission under grant agreement 101104269. The Snapshot 2026 of precision medicine implementation in cancer is an up-date of the Snapshot 2025 that was developed by PCM4EU, a project that ran till June 2025 and that was co-funded by the European Union and Europe's Beating Cancer Plan under grant agreement 101079984.



# foreword

Dear Readers,

Precision cancer medicine (PCM) is about treating patients individually based on the tumour's molecular profile and all other information available, and after considering treatment options in a molecular tumour board (MTB).

The PRIME-ROSE project (Cancer Mission GA 101104269, June 2023 – June 2028) has 28 partners in 19 countries and is focussed on access to affordable precision cancer medicine that prolongs life at the best quality possible for all cancer patients. PRIME-ROSE builds on a bottom-up, clinician-initiated family of pragmatic precision cancer medicine clinical trials termed 'DRUP-Like Clinical Trials' (DLCTs) as they follow the original DRUP protocol from the Netherlands. DLCTs have been particularly successful in increasing inclusion rates to offer additional lines of treatment and in providing patient benefit, aggregates data between these trials and organizes new joint cohorts as well as Real-world data control cohorts.

As part of the PRIME-ROSE stakeholder involvement activities and outreach, PRIME-ROSE is now providing the **2026 Snapshot** on precision medicine implementation in cancer for different European countries as of March 2026, going as broadly as possible with respect to countries where we have been able to collect information. The 2026 snapshot is an update of the original 2025 Snapshot with the same name produced by the PCM4EU consortium.

As the network expands with the Joint Action for PCM that started in November 2025 with 145 partners in 29 European countries, we hope that this Snapshot for precision medicine implementation in cancer with a timely overview of the rapidly evolving pcm landscape of in Europe becomes a helpful tool for pcm practitioners, decision-makers and policy makers,

For the PRIME-ROSE Consortium,

Kjetil Taskén  
Oslo University Hospital Comprehensive Cancer Centre

PRIME-ROSE Coordinator



# Precision Cancer Medicine implementation in

- Belgium
- Croatia
- Czechia
- Denmark
- Estonia
- Finland
- France
- Germany
- Hungary
- Ireland
- Italy
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Spain
- Sweden
- United Kingdom

*Your country or  
information missing  
here?*

*Please reach out to us!*



# introduction to the current version

The **Snapshot 2026 Precision Medicine Implementation in Cancer report** provides a snapshot of the implementation efforts in precision cancer medicine, pcm, in different EU member states **as of March 2026**. The April 2026 version 2.3 includes further updates to the profiles of Ireland and Sweden and adds two new countries, Luxembourg and Malta. Version 2.4 includes an updated profile for Spain.

With this first edition for 2026, the Snapshot 2026 updates the Snapshot 2025 that was produced by the PCM4EU consortium in 2025 to follow the development of precision cancer medicine implementation across Europe. Completed by physicians who are directly involved in national pcm initiatives, such as DRUP-Like Clinical Trials, the snapshot provides true insights of actual accessibility, not only theoretical availability of pcm diagnostics and therapies.

The Snapshot represents a **crowd-sourced resource** thanks to the efforts of many and the authors named on the slides remain responsible for the accuracy of the information provided. Originally created by the precision cancer community as an internal community resource, it captures information deemed relevant by community members at the time of the design of the first Snapshot in 2025. After considerable interest from other stakeholders, in particular, policy-makers, the Snapshot was made public. We do however realise that the snapshot is very dense with technical terms and abbreviations, in particular, with regards to national decision makers and initiatives. In the future, we therefore aim to develop a more accessible version for non-specialists. By necessity, a snapshot captures a moment in time and can neither be extensive nor provide in-depth information. It rather signposts relevant information on precision medicine implementation that at times might be in the planning stage or only be available in national language. We therefore invite you to reach out to the respective **section authors listed** on each country profile for more information.

Countries are listed in alphabetical order and predominantly cover the countries represented in the PCM4EU and PRIME-ROSE consortia. However, we would be delighted to add additional country profiles, so if you are interested to be included, please reach out to [bettina.ryll@hhs.se](mailto:bettina.ryll@hhs.se).

The country profiles are part of the PRIME-ROSE Work package 6 Deliverable 6.3 'The DLCT ecosystem'. PRIME-ROSE is a project funded by the European Union under the EU Cancer Mission under grant agreement 101104269.

Bettina Ryll

PRIME-ROSE WP6 lead

May 2026

impressum PRIME-ROSE 2026

# country profiles

in alphabetical order



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## Country Information

### Population

~ 11 M

### Comprehensive Cancer Centres

2 (OECl certified)

### New cancer cases per year

~ 70 000

# Belgium

## Precision Cancer Medicine

**Does the country have a national PCM initiative? ComPerMed** commission and **Precision Initiative** launched by BSMO

**Feasibility studies / multi-stakeholder/ extra funding? GENE0** and **BALLETT** studies for CGP testing

### National guidelines on PCM?

ComPerMed: tumor-specific clinical practice guidelines as workflows, updated twice a year.

**Does the country have regional PCM initiatives? NO**

## PCM diagnostics

**How is genomic testing organised in your country?** Through national framework. Indications outlined in NGS convention. Funded by national health system.

### Reimbursement

NGS is reimbursed for certain clinical indications via NGS convention

## Molecular Tumour Boards

Multidisciplinary Oncology Consultation (**MOC**) is formal, regulated, and government-funded. National Molecular Tumor Boards (**nMTBs**) for various precision medicine clinical studies involving comprehensive genomic profiling (CGP) testing (not reimbursed)

## Access to PCM treatments

Specific reimbursement regulations within **INAM/RIZIV**. Molecular tests reimbursed according to reimbursement framework

## DRUP-Like Clinical Trial

**BeDRUP** (in preparation)

## Challenges

Implementation of CGP in clinical routine, Implement Liquid biopsy, access to innovative drugs

## Opportunities

Different EU projects (PRIME-ROSE, JA PCM) and national projects (GENEO 2.0)

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## Country Information

### Population

3.9 M

### Comprehensive Cancer Centres

7

### New cancer cases per year

28 809

# Croatia

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Croatian Health Insurance

**Feasibility studies / multi-stakeholder/ extra funding?** Since July 2019, memorandum of collaboration with Roche on precision medicine implementation

### National guidelines on PCM?

Croatian oncological society published guidelines; since 2023, all patients diagnosed with locally advanced or metastatic disease have right to be tested (comprehensive genomic profiling)

## PCM diagnostics

**How is genomic testing organised in your country?** PCM (CGP) is covered by Croatian Health Insurance, new Institute performs CGP, Roche is the vendor who performs the test-currently only for liquid biopsy testing and a limited number of tissue testings

### Reimbursement

PCM (CGP) is covered by Croatian Health Insurance, new Institute performs CGP, Roche is the vendor who performs the test currently for only liquid testing and limited number of tissue testings

## Molecular Tumour Boards

weekly MTBs, comprised of different disciplines, including clinical oncologists, medical oncologists, pathologists, molecular biologists, biostatisticians

## Access to PCM treatments

based on MTB recommendation, possible coverage via Croatian Health Insurance or from donations

## DRUP-Like Clinical Trial

no but registries for molecular alterations.

## Challenges

administrative burden, shortage of personnel, turnaround times, technical and organisational issues

## Opportunities

additional treatment options for patients

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11 March 2026



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## Country Information

### Population

10.9 M

### Comprehensive Cancer Centres

1 OECl Comprehensive Cancer Centre

### New cancer cases per year

95 551 (2023)

# Czechia

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Partially yes, the academic platform Genomic Alterations Platform for Next Clinical Studies (GENESIS)

**Feasibility study/multi-stakeholder/extra funding:** No.

**National guidelines on PCM:** Comprehensive NGS diagnostics panels are reimbursed according to official national rules for a defined group of patients with advanced/ metastatic cancer.

**Does the country have regional PCM initiatives?** Yes – through 11 Centers for Personalized Medicine operating at university hospitals and comprehensive oncology centres linked to the GENESIS network.

## PCM diagnostics

**How is genomic testing organised in your country?** Comprehensive genomic testing is reimbursed through public health insurance according to specific reimbursement rules and is performed by both non-profit and for-profit accredited institutions. In the oncological setting, comprehensive genomic panels (such as TSO500 or OncoDeep) are primarily utilized, whereas validated in-house kits are employed less frequently.

## Reimbursement

Comprehensive predictive genomic testing (DNA and RNA panel covering a mandatory minimum set of specified gene) is reimbursed for defined clinical indications, including tumour type and disease stage.

## Molecular Tumour Boards

Local Molecular Tumor Boards function at comprehensive oncology centers and are voluntarily integrated and coordinated within the GENESIS platform.

## Access to PCM treatments

**On-label** treatment is recommended based on national oncological guidelines available for nationally approved therapies and is reimbursed through public health insurance.

**Off-label** treatment must be recommended by a Molecular Tumor Board (MTB). Reimbursement rules have not yet been established and is determined individually by health insurance companies, based on a case-specific review of the clinical evidence.

## DRUP-Like Clinical Trial

GENESIS-PRO planned (Q3/2026).

## Challenges

Implementation of unified national guidelines for personalized cancer medicine. Harmonization of molecular tumor boards across the country with respect to processes and timelines. Establishment of GENESIS-PRO and DRUP-like trials to evaluate and recommend novel molecularly driven therapies to stakeholders and regulatory agencies for reimbursement decisions.

## Opportunities

Establishment of **GENESIS-PRO** as a **DRUP-like trial** to evaluate novel molecularly guided therapies and provide recommendations to stakeholders and regulatory agencies for reimbursement decisions.

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## Country Information

### Population

6 M

### Comprehensive Cancer Centres

0 (4 in accreditation)

### New cancer cases per year

46 000

# Denmark

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Yes, including a national PCM strategy.

**Feasibility studies / multi-stakeholder/ extra funding?** public and private funding; diverse feasibility studies

**National guidelines on PCM?**  
in progress

**Does the country have regional PCM initiatives?** Yes

## PCM diagnostics

**How is genomic testing organised in your country?** Public/ private vendors/ private initiatives- centralised vs distributed : Public and centralised

**Reimbursement**  
Everything is reimbursed

## Molecular Tumour Boards

A weekly, national MTB and a monthly Nordic MTB

## Access to PCM treatments

- Patients with advanced cancer are offered NGS test
- Results are discussed at weekly MTB
- Treatment proposal based on findings: DLCT, pharma-sponsored trials or in rare cases, off-label treatment
- Fully reimbursed

## DRUP-Like Clinical Trial

**ProTarget:** <https://protarget.dk/>  
<https://pubmed.ncbi.nlm.nih.gov/36814246/>

## Challenges

Running out of drugs for the trial

## Opportunities

Collaboration within PRIME-ROSE and JA-PCM

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03 March 2026



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## Country Information

### Population

1.4 M

### Comprehensive Cancer Centres

0 comprehensive, 1 OECl accredited,

2 associated OECl

### New cancer cases per year

9843 (2023)

# Estonia

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Estonian Cancer Control Plan includes PCM under medical oncology and diagnostics (MTB, NGS testing); long term personalised medicine plan, not specific to cancer, paragraph on PM network

**Feasibility studies / multi-stakeholder/ extra funding?** Funding difficult, feasibility study of implementing PRS into breast cancer screening

### National guidelines on PCM?

Guidelines on molecular diagnostics, national cheatsheet for oncologists in works, national ctDNA testing guideline developed in 2026.

**Does the country have regional PCM initiatives?** All national

## PCM diagnostics

**How is genomic testing organised in your country?** Tartu University Hospital provides centralised molecular testing, TSO500+HRD+PanCancer fusion panel; single gene testing decentralised; ctDNA testing validation ongoing.

### Reimbursement

Molecular profiling reimbursed for all cancers; all ovarian and endometrial cancers are tested, other cancers tested based on need

## Molecular Tumour Boards

MTB running since 2021, collaboration between different hospitals and University of Tartu. Professions included (but not limited to): oncologists, molecular diagnostics specialists, pathologists, associated professor in bioorganic chemistry, molecular immunologist. Meetings biweekly, hybrid format

## Access to PCM treatments

Specialist organisations or pharmaceutical companies filling form (drug, indication) → evaluation by Estonian Health Insurance Fund → decision takes up to 2 years

Open access, Gift of Life foundation

## DRUP-Like Clinical Trial

ESTOPRET – the Estonian Precision Oncology trial, will start in Q3 2026

## Challenges

- Lack of funding, uncertainties in funding
- Attractiveness to pharmaceutical companies
- Workforce issues: dedicated time, more specialists needed
- Need new funding schemes for PCM treatments

## Opportunities

- Creation of Estonian Cancer Network ESTCAN
- Taskforce to improve access to innovative cancer drugs
- ESTOPRET = opportunities
- Excellent molecular testing

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## Country Information

### Population

5.5 M

### Comprehensive Cancer Centres

1 + 3 (5 university hospitals)

### New cancer cases per year

All cancers: 37 712 (2022)

# Finland

## Precision Cancer Medicine

### Does the country have a national PCM:

Yes, FINPROVE study runs in all 5 University hospital.

### Feasibility study/ multi-stakeholder/ extra funding:

No.

### National guidelines on PCM:

In progress. First draft written.

### Does the country have regional PCM initiatives:

Not outside of FINPROVE.

## PCM diagnostics

### How is genomic testing organised in your country?

Each region has their own diagnostic tests – lack of national guidance and reimbursement. Costs covered by each hospital

### Reimbursement

Only standard of care is reimbursed – fully dependent on tumour type and mainly covers only EMA approved drugs.

## Molecular Tumour Boards

Regional MTBs run in 4 sites, National through Helsinki.

## Access to PCM treatments

Off-label use is not possible. Patient specific applications can be used but are not accepted unless strong rationale (at least phase 2 data). Funding through hospital budget. National mechanisms do not exist.

## DRUP-Like Clinical Trial

FINPROVE, [www.hus.fi/finprove](http://www.hus.fi/finprove)

## Challenges

Lack of sustainable funding, national guidance and national network for comprehensive genomic profiling.

## Opportunities

Structured network for collaboration within all hospital districts – applies to both university and regional hospitals. The importance of PCM is well understood. Cancer strategy finalized covering PCM.

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## Country Information

### Population

68 M

### Comprehensive Cancer Centres

18

### New cancer cases per year

433 136

# France

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Yes (PFMG2025)

**Feasibility studies / multi-stakeholder/ extra funding?** Yes, government

**National guidelines on PCM?**

Diagnostic PFMG2025, treatments HAS

**Does the country have regional PCM initiatives?** Yes (eg PROFILER at CLB, FRESH at GR)

## PCM diagnostics

**How is genomic testing organised in your country?** mostly public, some private, distributed. Only centralized are PFMG2025 and PRISM (foundation medicine)

### Reimbursement

not consistent; hospitals can partially get reimbursement for the test through the RIHN but under considerable administrative burden

## Molecular Tumour Boards

Local MTBs in several hospitals centralizing cases

Some Regional MTBs, e.g. CLB for Rhône Alpes Region

SupraNational MTBs, for e.g CGI-clinics

## Access to PCM treatments

Approvals + reimbursements or Early access or Clinical trials or Off-label

## DRUP-Like Clinical Trial

**MOST, MOST plus, MEGAMOST**

<https://pubmed.ncbi.nlm.nih.gov/38807312/>

SHIVA, SAFIR (completed)

## Challenges

number and variety of trials options

## Opportunities

Cross-border access, visibility for pharmas, networking, trial matching tools, funding, vision

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27 March 2026



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## Country Information

### Population

84 M

### Comprehensive Cancer Centres

15 excellence centres (7 involving several univ. hospital/city); 27 major centres

### New cancer cases per year

493 000

# Germany

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** YES- German Network for Personalized Medicine (DNPM), National Network Genomic Medicine (NNGM), One NCT, GenomDE-Model Project

**Feasibility studies / multi-stakeholder/ extra funding?** YES- within the DNPM network

**National guidelines on PCM?** YES – on a national level, usually cancer-type specific; and within DNPM

**Does the country have regional PCM initiatives?** YES-Based on local Centers for Personalized Medicine (ZPM) within the DNPM network

## PCM diagnostics

**How is genomic testing organised in your country?** Testing is reimbursed through public and private health insurance

Carried out by both non-for-profit and for-profit institutions

(WES and WGS only through non-for-profit institutions)

### Reimbursement

Single gene testing and panel sequencing; WES and WGS in a 5-year evaluation period within the model project

## Molecular Tumour Boards

Clinically: Mainly local/regional MTB

Research Programs: Partly within national networks (e.g. DKTK MASTER)

## Access to PCM treatments

On Label: Treatment is granted according to EMA and HTA-body decisions

Last line: Decision in MTB => i) off-label treatment or ii) inclusion in clinical trial

## Opportunities

- Improvement of clinical trial infrastructure in Germany
- Broader access to standardized testing
- Awareness for patients

## DRUP-Like Clinical Trial

DNPM nationwide trial structure (in progress)

DKTK-MASTER (young onset/rare cancers)

## Challenges

Access to reimbursement for testing is still suboptimal  
Access to testing has regional differences  
Suboptimal clinical trial landscape

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## Country Information

### Population

9.5 M

### Comprehensive Cancer Centres

1

### New cancer cases per year

70 000

# Hungary

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Yes. **Feasibility studies / multi-stakeholder/ extra funding?** Yes, **coordinated by the government.**

### National guidelines on PCM?

In 2021 the National Molecular Oncoteam was established by NEAK, the National Institute of Health Insurance Fund Management. All comprehensive genetic profiling and treatments are covered by this fund.

### Does the country have regional PCM initiatives?

All regional precision cancer medicine applications are evaluated by NEAK, all regional patient-centered application are evaluated by National MTB.

## PCM diagnostics

**How is genomic testing organised in your country?** In oncology, the majority of tests are performed within the public health system, and it is centralised. The main centre is the Molecular Pathology Department at NIO (performing approx. 60% of all tests), followed by 3 University centers.

### Reimbursement

Yes, under NEAK.

## Molecular Tumour Boards

All oncology care providers have MTBs. In addition, a national molecular tumor board was initiated in 2019. Its main role is to evaluate all applications for comprehensive genetic profiling and to issue therapeutic recommendations. In addition, organ-specific MTBs are regularly working at NIO and University Centers.

## Access to PCM treatments

All treatments are covered by The National Institute of Health Insurance Fund Management (NEAK)

## DRUP-Like Clinical Trial

n/a

## Challenges

The best diagnostic procedures are not uniformly accessible within Hungary; therefore, best practice guideline and quality assurance in pathology diagnostics have been initiated

## Opportunities

Mandatory, centralised, digital medical informatic system (eHealth) for all health care providers. All diagnostic and medical reports are available in this system, facilitating and accelerating the introduction of new technologies.

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17 April 2026



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## Country Information

**Population** ~5.38 M

### Comprehensive Cancer Centres

**8 adult cancer centres, 1 paediatric cancer centre of which 1 is OECl CCC, 4 are OECl CC and 3 in process)**

### New cancer cases per year

**41,654 (NCRI average 2020-2022)**

# Ireland

## Precision Cancer Medicine

**Does the country have a national PCM initiative? Feasibility studies / multi-stakeholder/ extra funding? Does the country have regional PCM initiatives**

The National Cancer Control Programme (NCCP) Molecular Diagnostics Advisory Group has developed a framework for the development of precision cancer molecular service which currently lacks dedicated funding. There are no general national guidelines on PCM but testing pathways to support prescribing of reimbursed SACT indications are agreed with pathologists and medical oncologists/haemato-oncologists in the public system. National SACT regimens are developed and available at

<https://healthservice.hse.ie/staff/information-healthcare-workers/nccp/national-sact-regimens/>

## PCM diagnostics

**How is genomic testing organised in your country?** In the public setting NGS testing is available in six cancer centres. CGP testing capacity being developed in three of these cancer centres.

### Reimbursement

Genomic testing linked to reimbursed SACT indications available in the public setting. NCCP seeks to provide funding for new companion diagnostic testing in first year of introduction. NGS panels in advanced lung, melanoma and colorectal cancer and HRD testing in ovarian cancer are centrally funded.

## Molecular Tumour Boards

### Current situation:

- Integration of routine molecular testing into clinical practice by clinicians
  - Education based MTB run by Cancer Trials Ireland for complex cases
  - Local MTB in some cancer centres
- Plan in place for establishment of a HSE National Molecular Tumour Board

## Access to PCM treatments

On-Label treatment: Standard assessment process for reimbursement of new medicines and new indications in place since 2013. Cancer drugs approved for reimbursement available [here](#). Patient specific applications can be used (both on-label and off -label) but are not accepted unless strong rationale. Access to PCM through Compassionate Access programmes in some instances.

## DRUP-Like Clinical Trial

PROGRESS Trial  
Pilot DRUP-like study, pending funding

## Challenges

~ 2 years to reimbursement decision from application

National funding strategy for PCM diagnostics

Access to “off label” use of drugs

## Opportunities

Creation of DRUP-like protocols

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06 April 2025



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## Country Information

### Population

59 M

### Comprehensive Cancer Centres

10- 15

### New cancer cases per year

395 000

# Italy

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Law 190/2023: establishment of MTBs and definition of the centers that can perform comprehensive genomic profiling. **Feasibility studies / multi-stakeholder/ extra funding?** n/a

### National guidelines on PCM?

AIOM guidelines define the biomarkers and the treatment of choice for solid tumors.

**Does the country have regional PCM initiatives?** The national law is binding for regions; these however have different models for implementing PCM.

## PCM diagnostics

**How is genomic testing organised in your country?** The Italian NHS provides universal healthcare coverage and reimburses testing for biomarkers that have approved TT.

### Reimbursement

Comprehensive genomic testing reimbursement is defined at a regional level. In Lombardy, it is reimbursed for certain cancer types (NSCLC, biliary, rare tumors) and for patients without standard options, after MTB discussion

## Molecular Tumour Boards

Different models in different regions:

Some regions implemented hub-and-spoke models, others opted for a unique centralized MTB.

## Access to PCM treatments

Standard TT available: Oncologist -> genomic testing -> TT reimbursed by NHS

Standard TT not available in the setting of the patient: Oncologist -> MTB -> genomic testing -> MTB discussion -> expanded access/clinical trial/off label (off label possible only for ESCAT I-II alterations).

## DRUP-Like Clinical Trial

**ROME** trial

## Challenges

Genomic testing reimbursement for all the patients in early lines of treatment

Simplified access to off-label treatments

## Opportunities

Creation of DRUP-like protocols; Nationwide initiatives for PCM data sharing are ongoing; Large, randomized, multicentric studies to grant access to TTs generating high-level evidence (e.g. ROME trial).

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22 February 2026



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# Lithuania



## Country Information

### Population

2.9 M

### Comprehensive Cancer Centres

0 CCC, 1 OECI- accredited center

### New cancer cases per year

16 413 (2022)

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** No

**Feasibility studies / multi-stakeholder/ extra funding?** Feasibility study in 2024, PCM dedicated research funding programme started in 2026

**National guidelines on PCM?**  
No

**Does the country have regional PCM initiatives?** PCM academy, PANTUMOR-LT

## PCM diagnostics

**How is genomic testing organised in your country?** Single gene tests and small panels performed in 3 genetic labs in university hospitals, larger panels, comprehensive gene testing only in research (3 labs)

### Reimbursement

- Gene panel (Prosigna) covered by HIF since 2022
- 16 gene panel for solid tumors covered by HIF since 2025
- Large panel testing only in research projects

## Molecular Tumour Boards

At NCI since 2024, no National MTB

## Access to PCM treatments

- On label use reimbursed from HIF (does not cover all EU-registered indication)
- Ultra rare disease and conditions board at the State Health Fund considers individual applications for ultra rare diseases (1/200 000)
- Off-label treatments usually not reimbursed

## DRUP-Like Clinical Trial

PANTUMOR-LT (planned in 2026)

## Challenges

- No national PM strategy and coordinated action plan sustained through changing government
- Lack of consolidated PM ecosystem
- Low expenditure for healthcare
- Low availability of innovative drug

## Opportunities

A national plan, national MTB, discussion on outcome based shared PM reimbursement model, oncogenomic database, data sharing, clinical trials, EU projects, collaboration

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## date

20 April 2026



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# Luxembourg



## Country Information

### Population

0.682 M + 0.230 M cross-border workers

### Comprehensive Cancer Care Networks

Lung and gynecological networks  
under development

### Comprehensive Cancer Centre

Pilot CCC under development

### New cancer cases per year

~ 3,000 / year

## Precision Cancer Medicine

2<sup>nd</sup> National Cancer Plan (PNC2) and the National Cancer Institute (INC) structure oncology nationally, including guidelines, pathways and TB coordination

Precision medicine is delivered at the 4 general hospitals and the radiotherapy centre (CFB), in collaboration with the Luxembourg Research Clinic (LRC)

National CCC pilot with connected tumour-specific networks (JA EUnetCCC), and JA PCM participation support further development

There is no national stand-alone PCM guideline

## PCM diagnostics

Testing is anchored in the National Center of Genetics and Molecular Genetics, at the National Health Laboratory (LNS), with a joint molecular pathology platform with pathology

LuxGen (LNS-LIH) is Luxembourg's first sequencing hub and offers NGS assays for translational / clinical projects, personalised oncology and rare diseases

### Reimbursement

The costs of molecular testing are covered by the LNS from the National Health Fund (CNS) budget

## Molecular Tumour Boards

INC coordinates national tumour boards (RCP) for rare and poor-prognosis cancers and complex cases, incl. the MTB.

In 2025: 141 national TB sessions, incl. 9 MTB sessions (via cross-border collaboration). Total: 34 MTB patient cases.

## Access to PCM treatments

500 Gene panel available for advanced cancer patients. CFB provides cutting-edge radiotherapy techniques. LRC is designed to expand national trial access

## DRUP-Like Clinical Trial

No national DRUP-like trial

## Challenges

Limited access to targeted treatment trials. Need to implement Whole Genome Sequencing, transcriptomics and liquid biopsies in routine care

## Opportunities

Young and developing ecosystem. Luxembourg CCC, LRC, LuxGen, LNS and JA PCM create a practical platform to scale precision oncology in the next years

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## Country Information

# Malta

## Precision Cancer Medicine

### Does the country have a national PCM initiative?

Most of the PCM initiatives are undertaken at the national Mater Dei Hospital in collaboration between the Oncology Centre and Pathology Department, following international guidelines and EMA labels

### Feasibility studies / multi-stakeholder/ extra funding?

No

### National guidelines on PCM

To be included in the upcoming National Cancer Plan

### Does the country have regional PCM initiatives?

Not applicable

## PCM diagnostics

### How is genomic testing organised in your country?

The majority of testing is carried out at the Pathology Department with more comprehensive/rare tests being outsourced to reference laboratories in the EU. Reflex testing is available for the more common solid tumours (NSCLC, CRC, MM, HGSOC, etc.)

**Reimbursement:** not applicable; covered by the free healthcare system including testing

## Molecular Tumour Boards

A national MTB will be set up as part of a pilot study in Joint Action Personalized Cancer Medicine (JA PCM)

## Access to PCM treatments

Mainstream PCM treatments are available at no cost via the Government formulary; however, certain targeted therapies remain mostly inaccessible and may require support from charitable organisations.

## DRUP-Like Clinical Trial

Not available

## Challenges

Shortage of trained professionals; need for more standardisation and a review of the applicable regulations and legislation especially regarding secure data sharing; still developing infrastructure for clinical trials.

## Opportunities

As a primary, centralized healthcare facility, Mater Dei Hospital is well-positioned to serve all cancer patients in Malta, promoting more standardized procedures. There is significant enthusiasm for involvement in Europe-wide Joint Actions.

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## Country Information

### Population

18.1 M (Feb 2026)

### Comprehensive Cancer Centres

7,3 OECl- accredited

### New cancer cases per year

134.756 (2025)

# Netherlands

## Precision Cancer Medicine

**Does the country have a national PCM initiative? Feasibility studies / multi-stakeholder/ extra funding? National guidelines on PCM? Does the country have regional PCM initiatives?** PCM: no general national guidelines but there are national agreements and clinical guidelines for use + reimbursement of molecular diagnostics / targeted therapies with close collaboration between medical oncologists, pathologists, payers/HTA-bodies etc.

National research initiatives for PCM e.g. Drug Rediscovery Protocol (DRUP) and Drug Access Protocol (DAP)

## PCM diagnostics

**How is genomic testing organised in your country?** Extensive molecular diagnostics are mainly performed in the regional academic medical centers. Most of the smaller panel genomic testing is also performed in smaller hospitals. Reimbursed by public healthcare insurers.

## Reimbursement

- Small and large NGS panels for DNA analysis, and several targeted NGS panels for RNA analysis are reimbursed for specific indications (i.e. tumour type, disease stage), but no full RNA sequencing.
- WGS is reimbursed for diagnosis of cancer of unknown primary and for fit patients with a solid tumor with no more systemic treatment options left to identify an NTRK gene fusion.

## Molecular Tumour Boards

Regional MTBs in every academic medical center and the Netherlands Cancer Institute (Comprehensive Cancer Center) Medical oncologists, clinical molecular biologists, pathologists, clinical geneticist, researchers; separate reimbursement for MTBs as service.

## DRUP-Like Clinical Trial

Drug Rediscovery Protocol (**DRUP trial**):  
A Dutch National Study on behalf of the Center for Personalized Cancer Treatment (CPCT) to Facilitate Patient Access to Commercially Available, Targeted Anti-cancer Drugs to determine the Potential Efficacy in Treatment of Advanced Cancers with a Known Molecular Profile.

Publications: Van der Velden et al. The Drug Rediscovery protocol facilitates the expanded use of existing anticancer drugs. Nature. 2019 Oct;574(7776):127-131.

Website: [www.drupstudy.nl](http://www.drupstudy.nl)

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## Country Information

### Population

5.5 M

### Comprehensive Cancer Centres

1

### New cancer cases per year

38 000

# Norway

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Yes

**Feasibility studies / multi-stakeholder/ extra funding?** Yes

**National guidelines on PCM?**  
Yes (at high level)

**Does the country have regional PCM initiatives?** Yes

## PCM diagnostics

**How is molecular testing organised in your country?** Molecular testing is conducted through the public healthcare system. Comprehensive genomic testing, methylation assays, liquid biopsy are accessible as part of a national initiative, InPreD.

### Reimbursement

- i) TSO500 for all metastatic cancer patients with need
- ii) Whole genome sequencing for refractory pediatric patients
- iii) Methylation analysis for brain tumours

## Molecular Tumour Boards

The National MTB is organised by Oslo University Hospital as part of the national infrastructure of precision diagnostics, InPreD. The diagnostic work-up is done by the six university hospitals.

## Access to PCM treatments

**On-Label Treatment:** i) The company submits documentation to the HTA body. ii) The HTA body provides the HTA report iii) The Procurement Trust negotiates prices iv) The Heads of the four Regional Health Authorities (budget holders) determine if the drug should be reimbursed.  
**Off-Label Treatment:** Reimbursement is approved by the local hospital or department (local budget holder) or the Heads of the four Regional Health Authorities after request from clinicians

## DRUP-Like Clinical Trial

**IMPRESS-Norway** (impress-norway.no)

## Challenges

Long delays in reimbursement decisions (2–3 years); Lack of a structured framework including for outcome-based Managed Entry Agreements (MEA) to facilitate access to PCM treatments outside IMPRESS-Norway.

## Opportunities

Strong collaboration between Nordic countries (joint HTA processes and procurement). This collaboration might provide a foundation for broader European cooperation. Pathway for reimbursement of positive cohorts from IMPRESS-Norway

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# Poland



## Country Information

### Population

37.6 M (2023)

### Comprehensive Cancer Centres

2 OECI members + several  
regional centres

### New cancer cases per year

170 000

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** National Cancer Strategy 2020-2030 sets a direction for integrating precision oncology into the national healthcare framework (investment in science and innovation as one of its five priority areas); Center of Excellence for Precision **Oncology at MSCI, Warsaw**

**Feasibility studies / multi-stakeholder/ extra funding?** Non-governmental organisations supporting PCM development: **Polish Personalized Medicine Coalition, Polish Society of Oncology**

## PCM diagnostics

**How is genomic testing organised in your country?** Decentralized, available in major cancer centers and academic institutions.

### Reimbursement

Reimbursed: single-gene tests or small multi-gene panels

Not reimbursed: Comprehensive multi-gene NGS sequencing - only through commercial options (e.g., Foundation Medicine), and commercial clinical trials.

## Molecular Tumour Boards

At MSCI in Warsaw, Molecular Tumor Boards (MTBs) are organised on a regular basis, focusing on patients with rare cancers or metastatic disease who have progressed after at least one line of therapy. MSCI is a co-lead in the PMC Joint Action, responsible for the development of supranational MTBs.

Poland's participation in European PCM consortia provides access to best practices and expertise while aligning national policies and strategies with EU priorities. As part of the patient pathway agenda, PCM has been identified as a priority of the Polish Cancer Mission Hub.

A strong landscape of cancer patient organisations in Poland offers opportunities to educate the general public and provides valuable insights into patient needs, which can inform the development of more patient-centred PCM strategies and policies.

## DRUP-Like Clinical Trial

**ONCOMAP** Multicenter, open-label phase II study evaluating the efficacy and safety of molecularly targeted therapy in patients with unresectable or metastatic malignant tumours, including rare cancers and the AYA population - financed *by the Medical Research Agency for funding*

## Opportunities

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## Country Information

### Population

10 M

### Comprehensive Cancer Centres

1

### New cancer cases per year

69 567

# Portugal

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** No comprehensive PCM strategy but several initiatives (*Estratégia Nacional para a Medicina Genómica - Portuguese Strategy for Genomic Medicine; PT\_ MedGen*)

**Does the country have regional PCM initiatives?** IPO Porto has developed a local molecular screening program (Precision Oncology Program of IPO Porto: POP-IPOP) that is now expanding at regional level, with agreements with already 3 other hospitals in the region currently regularly participating in multidisciplinary MTB discussions.

## PCM diagnostics

**How is genomic testing organised in your country?** Genomic testing is heterogeneous and reimbursement decisions are not made at national level.

In the public sector, the costs of genomic testing are covered by hospitals, and the decision on which panels and kit to use is made locally at hospital level. Frequently, comprehensive genome sequencing is done externally (assigned to third parties or to private vendors), few public hospitals perform comprehensive genome sequencing in-house.

Additionally, private vendors are available to provide NGS testing (in the private sector).

## Molecular Tumour Boards

IPO Porto implemented the first formal Molecular Tumor Board in Portugal, to support its molecular screening program (POP-IPOP), with in-house NGS testing and the multidisciplinary cases discussion has been made available to other centers for second opinion consultation at regional and national level. Other initiatives of MTB are being established in other institutions. IPO-Porto MTB is evolving fast to build a national MTB through agreements that are being set with other hospitals and research institutions.

## Access to PCM treatments

Currently, there is no HTA formal evaluation for other than market authorization indications. Off-label treatment is not assessed for reimbursement decision at national level: decision is made locally at hospital level.

## DRUP-Like Clinical Trial

**POP trial** – Precision Oncology Platform *in implementation, expected application Q1 2026, pending decisions from pharma companies*

## Challenges

Lack of harmonization and standardization in the access to diagnostic and treatment, with heterogeneity across the country

## Opportunities

Possible ease of implementation of structured national strategy in small/medium size country through a network of well-organized cancer centres.

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# Romania



## Country Information

### Population

18.9 M

### Comprehensive Cancer Centres

Oncology Institutes (3), private Cancer  
Centers with reimbursed services (2)

### New cancer cases per year

100 471

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** The law on personalized medicine

**Feasibility studies / multi-stakeholder/ extra funding?** None available

**National guidelines on PCM?**  
Not available

**Does the country have regional PCM initiatives?** Romania does not currently have regional PCM initiatives but participates in EU programs such as EPPerMed.

## PCM diagnostics

**How is genomic testing organised in your country?** Genetic and basic molecular tests to guide the use of reimbursed therapies are available, but reimbursement is not ensured for all cancer types. [Link Program](#) (ro)

## Reimbursement

Since 2023, tumour genetic testing for breast, ovarian, lung and colorectal cancer is reimbursed through the National Oncology Program. PDL1 test is reimbursed for gastric, esophageal, cervical, and urothelial cancers. Use of NGS is limited. Biomarkers number is smaller than ESMO recommended.

## Molecular Tumour Boards

Molecular tumor boards are not available. The number of geneticists is very limited, partly due to the lack of specialized training programs for medical professionals.

## Access to PCM treatments

Limited to reimbursed therapies; outside of four cancer types, patients lack access to molecular diagnostic s and matched therapies. Romania needs to transition from single-gene testing to larger NGS panels for solid tumours.

## DRUP-Like Clinical Trial

Not available

## Challenges

Romania lacks data infrastructure, including a national cancer registry, with limited coordination between centers and fragmented oncology care.

## Opportunities

Legal framework in place; strong private sector enhancing competition and diagnostic quality.

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**Population**

49,5 M

**Comprehensive Cancer Centres**

3 fully OECl accredited and others in the process  
of authorization

**New cancer cases per year**

296.103

Country  
Information

# Spain

## Precision Cancer Medicine

**Does the country have a national PCM initiative?** Unified National Genomic Catalog (CGEN) in place; Nationwide implementation for NGS biomarkers supported by IMPaCT infrastructure

**National guidelines on PCM?** National Catalogue developed with approved diagnostic techniques. Joint guidelines from the Spanish Society of Pathology (SEAP) and the Spanish Society of Medical Oncology (SEOM) with a minimum number of biomarkers to be covered by tumor type.

## PCM diagnostics

**How is genomic testing organised in your country?** Decentralized by regions. Implementation of the National Catalogue is driven by regions with different approaches (centralized or decentralized)

### Reimbursement

NGS reimbursement is largely organized at the regional level, with significant variability in access, panel scope, and implementation despite the recent introduction of a national genomic testing catalog. In one region is fully reimbursed in the rest is included in the hospital budget

## Molecular Tumour Boards

Present at institutional/regional level; no coordinated national network.

## Access to PCM treatments

Available but heterogeneous; dependent on clinical trials, and institutional capabilities

## Challenges

Regional health system reluctant to reimburse an off-label medication (even with a shared-risk strategies). NGS reimbursement and implementation are largely managed at the regional level, resulting in heterogeneous access to comprehensive genomic profiling despite recent national harmonization efforts

## DRUP-Like Clinical Trial

No nationwide platform

## Opportunities

Participation and support from PCM4EU and Joint Action PCM remain essential

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## Country Information

### Population

10.6 M

### Comprehensive Cancer Centres

5 CCC, 1 preparing for accreditation

### New cancer cases per year

69 000 (2021, incidence rising)

# Sweden

## Precision Cancer Medicine

### Does the country have a national PCM initiative?

Sweden's Life Science Strategy and the updated Cancer Strategy 2.0 define ambitious goals for PCM. These strategies call for a national coordinating infrastructure with focus on equity of access, innovation, strengthened diagnostic networks, accelerated implementation, MTBs and competence development.

State-funded infrastructures for life science research and PCM include SciLifeLab, Genomic Medicine Sweden, Testbed Sweden Precision Health Cancer, Proteome Medicine Sweden and Genomic Medicine Centres to stimulate and coordinate development.

## PCM diagnostics

Evaluation, recommendation and reimbursement of new drugs are handled at the national level. Each of the 21 Swedish Health Care Regions is responsible for funding of molecular diagnostics, but services are developed within the framework of six larger regions corresponding to regional and comprehensive cancer centres.

## Molecular Tumour Boards

A national MTB is in development linked to the national DRUP-like trial FOCU.se and locoregional MTBs are in establishment within specific diagnostic areas.

## Access to PCM treatments

Broad-scale implementation of whole-genome sequencing on clinical basis, has been implemented in pediatric malignancies and broad gene panels in hematology. Based on a governmental commission to the National Board of Health & Welfare, Sweden is now developing a model for coordinated introduction of implementation of precision medicine in other diagnostic areas and clinical settings.

## DRUP-Like Clinical Trial

MEGALIT, a trial at two sites, recently finalized. The national FOCU.SE trial, first inclusion in Q2 2026.

## Challenges

Safe and efficient data sharing across regions and institutions is a challenge with work ongoing to develop a national framework with participation from regions, universities and SweGene. Upscaling of testing based on equity of access, transparent prioritization of diagnoses and clinical settings, is a key development area. Several coordinating national initiatives are expected to further accelerate development.

## Opportunities

National infrastructures for cutting-edge PCM research and efficient clinical implementation.

High activity in PCM initiatives with interest and participation from the government, healthcare regions, academic institutions, patient advocacy groups and biotech industry.

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# UK



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## Country Information

### Population

67 M (Jan 2024)

### Comprehensive Cancer Centres

15- 20 major cancer centres

### New cancer cases per year

392 000 (McMillian 2024)

## Precision Cancer Medicine

### Does the country have a national PCM initiative?

NHS Genomic Medicine Service provides routine genomic testing for cancer patients and rare disease; WGS available for paediatric and CNS tumours. TARGET National study provides broad-panel ctDNA testing for matching patients to clinical trials. **Feasibility studies / multi-stakeholder/ extra funding?** 100,000 Genomes project (sequence 100,000 genomes) – completed 2015 **National guidelines on PCM?** NHS England, National Institute for Health and Care Excellence (NICE), Health Technology Assessment (HTA). Genomic Medicine Centres – focus integrating genomic testing into clinical practice, Cancer Alliances – embed and mainstream genomic/genetic testing across oncology pathways, NIHR BioResource – collecting diverse biological and health data from patients, Precision Medicine Catapult – translating scientific discoveries into real-world applications through partnership ecosystem across the UK.

## PCM diagnostics

### How is genomic testing organised in your country?

National Genomics Medicine Service is delivered through seven Genomic Laboratory Hubs within NHS in England – testing according to National test directory (WGS/gene panels etc. )

### Reimbursement

Genomic profiling funded by NHS-England as per National Test Directory (NTD), WGS for specific indications, tests for rare diseases. All reimbursed PM therapies have linked genomic testing available (as per NTD). TARGET National funded by Charity and Industry

## Molecular Tumour Boards

Regional Genomic Tumour Advisory Boards (GTAB) run by Genomic Laboratory Hubs in framework of the NHS Genomic Medicine service - (assistance to interpret NHS and WGS – multidisciplinary group in NHS interprets complex/ challenging genomic cases emerging from the National Test Directory)

TARGET National provides national weekly MTB for interpretation of broad-panel ctDNA results and identification of matched clinical trials across the UK

## DRUP-Like Clinical Trial

**DETERMINE** ([cruk.org/determine](http://cruk.org/determine))

Presented at ESMO  
(DOI: 10.1016/j.annonc.2023.09.1902)

## Challenges

National Test Directory for genomic testing is linked to reimbursed therapies and diagnostic tests. Gap exists to support identification of research targets for clinical trial enrolment (being addressed)

## Opportunities

Potential for novel route to reimbursement for repurposed Precision Medicine Therapies.

## Glossary of commonly-used terms

CGP	Comprehensive Genomic Profiling
DLCT	DRUP-Like Clinical Trial
EMA	European Medicines Agency
HTA	Health Technology Assessment (body)
JA pcm	Joint Action for Precision Medicine
MTB	Molecular Tumour Board
NGS	Next Generation Sequencing
pcm	Precision Cancer Medicine
PCM4EU	<a href="http://www.pcm4eu.eu">http://www.pcm4eu.eu</a>
PM	Precision Medicine (broader than cancer)
PRIME-ROSE	<a href="http://www.prime-rose.eu">http://www.prime-rose.eu</a>
WGS	Whole Genome Sequencing



Version history	Date	Description
v2.3	2026-04-30	Ireland, Sweden updated; Luxembourg, Malta added as new
v4.4	2026-05-25	Spain updated





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Precision Cancer Medicine Repurposing  
System Using Pragmatic Clinical Trials

