International Agency for Research on Cancer

World Health Organization

CALL FOR EXPRESSION OF INTEREST FOR EXPERTS TO SUPPORT THE EUROPEAN COMMISSION INITIATIVE ON GASTRIC CANCER (EC-GaC)

(Date: 03/09/2025)

1. BACKGROUND

THE EUROPEAN COMMISSION INITIATIVE ON GASTRIC CANCER (EC-GaC)

In 2008, the European Parliament Resolution (1) on combatting cancer called on the European Commission (EC) for the development of European accreditation/certification programmes in cancer screening, diagnosis and treatment based on European guidelines. In order to achieve these goals, the European Commission initiatives on breast (ECIBC), colorectal (ECICC), and cervical cancer (EC-CvC) have been established. In response to the updated Council recommendation from 2022 (2) that indicates extending screening to lung, prostate and gastric cancer, **the EC is now launching the European Commission Initiative on Gastric Cancer (EC-GaC)** and assigned the International Agency for Research on Cancer (IARC)/World Health Organization (WHO) to execute this work, in collaboration with the European Commission's Joint Research Centre (JRC).

The key elements of the EC Initiative on Gastric Cancer are the development of the **European guidelines** and the **European quality assurance (QA) scheme**. The first set of guidelines to be developed for EC-GaC will address primary prevention focusing on *H. pylori* screen-and-treat strategies for gastric cancer, homing in on identifying target populations within the diverse European landscape to screen and treat for *H. pylori* while advocating for its successful eradication and ensuring antimicrobial stewardship. The guidelines will provide evidence-based recommendations derived from systematic reviews following the GRADE approach. The programmes require guidance on implementing a quality assurance (QA) scheme covering the full continuum of prevention and care; however, in this set of guidelines for gastric cancer, we will focus on *H. pylori* screen-and-treat strategies and conduct preparatory work needed for the future QA manual. The EC Initiative on Gastric Cancer will follow a precise methodological framework for the integrated development of clinical practice guidelines with the QA scheme developed by the JRC and collaborators (3,4). Central to this methodology is the involvement of a wide range of experts to evaluate evidence, share a range of viewpoints, build consensus, and provide input on the content of guidelines. **This open call will enable the selection of an expert pool.** A sub-set of these experts will comprise a working group who will drive the clinical practice guidelines and preparatory work for the QA scheme development. The working group will be supported by topic-specific groups, composed from selected experts from the expert pool and working group members, who will provide input on specific tasks depending on their expertise.

2. EXPERT POOL

All eligible applicants will be considered for the expert pool to support the activities of the EC Initiative on Gastric Cancer. Selected experts may be called upon to provide specific ad hoc advice, guidance, and consultation on issues or tasks of the initiative including topic-specific group activities. It is the responsibility of the topic-specific groups to work with systematic review teams to evaluate the available evidence using the GRADE methodology or to help develop quality indicators for a specific healthcare question. The number of experts who will participate in each topic-specific group will be determined by the specific healthcare question being discussed. The experts involved will be chosen based on their expertise in the relevant field for the time required to complete the task. Finally, selected experts from the expert pool may be requested to replace members of the working group who can no longer participate in the EC Initiative on Gastric Cancer. Applicants who have been included in the list of suitable candidates but have not been appointed to the group will be placed on a reserve list of available experts. IARC will seek the applicants' consent before adding their names to the reserve list. If additional scientific or technical expertise is needed for specific topics; the topic-specific group will also rely on outsourced expertise (invited experts) or other affiliation for a limited time period.

2.1 THE WORKING GROUP

Fifteen to twenty applicants will be appointed for the working group (WG), who form the decision-making body of the initiative for the duration of the project. The working group members play a crucial role in the development of guidelines and preparatory work to be conducted for the QA scheme. They will finalise recommendations and provide the final evaluation of the evidence prepared by the systematic review team and topic-specific groups. They will ensure that guidelines are evidence-based, relevant, and of high quality. Members will be appointed in their relevant professional capacities (Annex 1) and expected to act independently and in the public interest, not representing any private, commercial, or national interests. The application process will adhere to pre-defined inclusion criteria to ensure transparency.

Conflict of interest declarations will be required, and conflicts will be assessed following IARC's standard operating procedures.

The working group will:

1. Develop people-centred, evidence-based guidelines on the population-based *H. pylori* screen-and-treat programmes;
2. Identify quality indicators and performance measures as preparatory work for the European QA scheme for primary prevention of gastric cancer;
3. Promote the use of the European gastric cancer guidelines in the group's members' home countries;
4. Support IARC and the JRC in the dissemination of outputs (via, for instance, scientific papers, at conference presentations, and interactions with related working groups) and support the implementation of the European gastric cancer guidelines;
5. Participate in topic-specific groups matching their expertise, as workload permits. (The work of the working group will principally rely on the work performed by the subgroups established to work on specific topics. These groups will include one or two working group members and several experts from the expert pool and will be dissolved when their specific mandate has been fulfilled.);
6. Support IARC and the JRC in conducting studies or surveys (e.g. scientific, methodological, or technical support) underpinning the EC-GaC's main tasks;
7. Provide input to scientific publications.

The members of the group (hereinafter, 'the members') will cover the competence areas listed in Annex I.

2.2 THE WORKING GROUP CHAIRPERSONS

IARC will select two chairpersons from among applicants who have specific methodological expertise needed to support the application of the new methodological framework for integrated development of guidelines and quality assurance scheme. The **chairpersons** of the working group should have a minimum of 10 years of relevant professional experience in the field of healthcare guidelines/policy development and any experience in quality assurance will constitute an advantage.

The chairpersons will:

1. Provide overall leadership and guidance to the working group in developing evidence-based guidelines for population-based *H. pylori* screen-and-treat programmes,
2. Facilitate meetings, ensuring active participation and collaboration among working group members,
3. Coordinate the work of the working group and advise on subgroup activities, ensuring adherence to established methodology, timelines, and objectives,

4. Oversee the quality and rigor of the guideline development process and QA preparatory work,
5. Serve as the primary point of contact between the working group and IARC investigators

2.3 CONFIDENTIALITY

All experts are subject to the obligation of professional confidentiality. The experts may not divulge information, including commercially sensitive or personal data, acquired as a result of the EC-GaC work, even after they have ceased to be members. They will sign a declaration of confidentiality to this effect. Should the experts fail to respect these obligations, appropriate measures will be taken.

2.4 TRANSPARENCY

The working group and the topic-specific groups will carry out activities by observing principles of transparency. All relevant documents will be published by IARC on the dedicated EC-GaC webpage in the JRC web-hub for European cancer guidelines and quality assurance schemes, which will be set up to match that of the previous initiatives on cervical cancer (EC-CvC), breast cancer (ECIBC) and colorectal cancer (ECICC). In particular, the following data will promptly be made available to the public:

1. Name of individuals appointed as working group and topic-specific group members and their brief CVs
2. Rules of procedure
3. The members' disclosure statements for interests, confidentiality, and commitment

Exceptions to publication will be considered where it is deemed that disclosure of a document would undermine the protection of a public or private interest.

2.5 TRAINING REQUIREMENTS

As specified in the Rules of Procedure, all experts are required to follow the online training programs on guideline and quality assurance development. Access to the training will be provided by IARC. The experts should complete the training before starting the relevant working group activities. Participation during decision-making meetings may be limited/restricted for the working group members who have not completed the training.

2.6. OPERATION OF THE WORKING GROUP AND ATTENDANCE REQUIREMENTS

The working group members will actively contribute to the group's work. The members will meet on a regular basis and upon need. A total of five to six in-person working group meetings will be held at IARC between 2026 and 2027 each lasting not longer than 3 working days. The current schedule is as follows:

- 19-25 January 2026
- 20-30 April 2026
- 1-15 October 2026
- 18-29 January 2027
- 5-16 April 2027

- 4-15 October 2027

The working group members are required to participate in all sessions, preferably all or at least 80% of the meetings in-person. Depending on demand, the working group members are expected to be available to complete tasks remotely and to attend two-hour meetings by video/teleconferencing, with an average frequency estimated to not exceed 3 meetings per month.

In addition, some members may participate in topic-specific group meetings online, estimated to be 3 online meetings per month, with each meeting lasting between 1 to 2 hours. The commitment of the topic-specific group members can vary from 6 to 12 months. Topic-specific groups prepare the draft recommendations and/or requirements and indicators for the initiative together with the evidence review team. These draft versions are presented to the WG for final approval. The WG opinions will be adopted by consensus. If consensus cannot be reached, the position will be adopted by a simple majority of WG members. The members who have voted against or have abstained from voting will have the right to document their minority opinion and the underlying reasoning. In agreement with the IARC/WHO and JRC, the WG may, by a simple majority of its members, decide that deliberations be made publicly available.

The members are expected to actively contribute to discussions and deliberations on subjects within their areas of expertise during meetings and, when requested, with written comments.

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

2.7 REMUNERATION

In case an on-site meeting is required by IARC, travel and subsistence expenses of the working group members and experts participating in activities will be reimbursed. Reimbursements will be made in accordance with the provisions in force within IARC and within the limits of the available funding regulations.

In principle, experts will not be remunerated for the intellectual services they offer. However, IARC may decide to pay experts for extraordinary activities, in terms of the amount of the work and compliance to tight deadlines, to achieve specific goals of the activities. These will be discussed with experts on an individual basis.

3. APPLICATION PROCEDURE

Interested persons are invited to submit their application using the appropriate online application form available on the JRC website. Candidates who are willing to be considered for the first round of applications are advised to apply by **October 31, 2025.** However, the application will remain open for candidates who may like to be considered for future rounds of evaluation. Applications must be completed in English.

Please complete the following documents:

1. On-line application form,
2. Curriculum vitae in electronic Europass format (to be attached in the on-line application),
3. Publication list – the 10 best scientific publications in a relevant field published during the last ten years (the applicant may also additionally provide a list of 10 publications of other types, e.g., book chapters),
4. Filled in and signed IARC/WHO Declaration of Interest (DOI) form (to be attached in the on-line application).

Applicants must disclose any circumstances that could give rise to a conflict of interest by submitting a DOI. Submission of a duly completed DOI form is necessary to be eligible for appointments. All DOIs will be reviewed by the project secretariat and IARCs ethics and compliance officer. Applicants must also agree to the Code of Conduct for IARC/WHO experts. This document is available for consultation and download in the on-line application. Documents submitted by applicants must be duly completed, legible, signed (bearing a wet signature when relevant) and numbered sequentially. Additional supporting documents may be requested by the IARC secretariat at a later stage.

4. SELECTION PROCEDURE

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

1. checking of the applications against the eligibility requirements;
2. evaluation of eligible applications against the selection criteria in order to shortlist suitable candidates;
3. appointment of the working group members from among the shortlisted candidates;
4. establishing a reserve list (Expert Pool) of suitable candidates for participation in topic-specific groups and related activities, upon their agreement.

Eligibility requirements

Applying as professionals

To be considered as eligible, the applicants must satisfy the following criteria:

1. Must have a university degree at postgraduate level (bachelor's + 2 years), in an area relevant to the subject of this call;

2. Must have a minimum of 10 years of relevant professional experience in at least one of the relevant competence fields listed in the call (see Annex I);

NOTE: If the number of years of relevant professional experience is more than 5 but less than 10, we will consider the candidate's application for the expert pool

3. Must have active employment or involvement in at least one of the competence fields applied for;

4. Must have good knowledge of the English language, allowing professional functioning in English (including active participation in deliberations and writing reports in English).

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

Applying as patients and/or caregivers

To be considered as eligible, the applicants must satisfy the following criteria:

1. Must have an understanding of issues and needs of individuals attending cancer services and their caregivers;

2. Must have an understanding of the views of a wide network of individuals attending cancer services and their caregivers;

3. Must have good knowledge of the English language, allowing professional functioning in English (including active participation in deliberations and writing reports in English).

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

Selection criteria

Applications that meet all eligibility requirements will be evaluated on the basis of the following aspects in order to

shortlist the suitable candidates:

For chairpersons:
1. Relevant professional, scientific, and technical expertise, with particular emphasis on evidence-based guideline development methods in healthcare;
2. Experience in chairing internationally-composed working groups;
3. Work experience;
4. Postgraduate education;
5. Knowledge of European context and policies in the given topic area;
6. Prior experience/knowledge in guideline development and/or quality assurance activities would constitute an advantage.

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

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

Evaluation will be based on the evidence provided by the applicant. The successful applicants will be placed on the list of suitable candidates.

Appointment of members

The members will be appointed by the appointment board (composed of IARC and Commission representatives) from the list of eligible candidates, with a minimum of 10 years of professional experience. The appointment board will ensure that the composition of the working group includes all the necessary specialities with a high level of expertise, with a balanced geographical and gender distribution, and that manageable conflict of interest (CoI) are sufficiently balanced, in particular the intellectual aspects. The evaluation of any possible CoI of the candidate will be based on the information provided by the candidate by duly filling in the DOI form.

5. REFERENCES

1. European Parliament resolution of 10 April 2008 on combating cancer in the enlarged European Union. Brussels, Belgium:European Parliament; 2008 [Available from: https://www.europarl.europa.eu/doceo/document/TA-6-2008-0121_EN.html?redirect]. Date accessed: 31 July 2023.
2. Council Recommendation of 9 December 2022 on strengthening prevention through early detection: A new EU approach on cancer screening replacing Council Recommendation 2003/878/EC 2022/C 473/01. Brussels, Belgium: EUR-Lex - Access to European Union Law; [Available from: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32022H1213%2801%29]. Date accessed: 31 July 2023.
3. Piggott T, Langendam M, Parmelli E, Adolfsson J, Akl EA, Armstrong D, et al. Bringing two worlds closer together: a critical analysis of an integrated approach to guideline development and quality assurance schemes. BMC Health Serv Res. 2021;21(1):172.
4. Parmelli E, Langendam M, Piggott T, Adolfsson J, Akl EA, Armstrong D, et al. Guideline-based quality assurance: a conceptual framework for the definition of key elements. BMC Health Serv Res. 2021;21(1):173

ANNEX I

EXPERTISE REQUIRED* - EUROPEAN COMMISSION INITIATIVE ON GASTRIC CANCER (*H. pylori* screen-and-treat)

- Patients and/or caregivers and/or their representatives
- Clinical laboratory (clinical chemistry, biochemistry, laboratory medicine) specialist with competence in quality assurance
- Communication in cancer care expert
- Data manager with experience in cancer
- Decision aids expert
- Epidemiologist with expertise in modelling
- Epidemiologist/public health/preventive medicine specialist with expertise in prevention and screening for gastric cancer
- Gastroenterology specialist (primary prevention)
- Genetics specialist
- Guideline methods expert
- Health economist
- Health equity expert
- Infectious disease specialist
- Microbiologist
- Pathologist with expertise in molecular pathology
- Patient safety specialist
- Primary care physician/general practitioner
- Quality assurance in healthcare expert
- Quality indicators development expert
- Screening program manager
- Specialist nurse practitioners with competence in screening programs or in gastric cancer prevention
- Systematic review expert including of diagnostic tests, public health interventions, and qualitative evidence
- Other professions relevant to gastric cancer prevention

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