



EUCAIM
CANCER IMAGE EUROPE

Project title: European Federation for Cancer Images

Project acronym: EUCAIM

Grant Agreement: 101100633

Call identifier: DIGITAL-2022-CLOUD-AI-02

D7.2: Open Call for Data incorporation into use cases

Partners: FPG, UMU, EATRIS, EIBIR, RegVB, KI/KS, LIU, HULAFE, QUIBIM, TUM, FCRB, SAS, GOC, MUW, GUMED, DKFZ, RadboudUMC, UKA, Sapienza, ScienSano, FORTH, IFOM, MAG, CHUP, UNIPI, EUBI(UDC), EUBI(Neuromed), BBMRI(PORT)

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Date of delivery:

Version: 1

Document revision history

Version	Revision date	Change description	Section	Author

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List of abbreviations and acronyms

AC: Access Committee

AI: Artificial Intelligence

CT: Computed Tomography

DBT: Digital Breast Tomosynthesis

DH: Data Holder

EC: European Commission

GA: Grant Agreement

MIBG: iodine meta-iodobenzylguanidine

MRI: Magnetic Resonance Imaging

PET: Positron Emission Tomography

RX: x-Ray imaging

SPECT: Single-Photon Emission Computed Tomography

US: UltraSounds

WP: Work Package

Executive summary

In April 2024, EUCAIM launched an Open Call for new beneficiaries to join the consortium, aiming to include new cancer image databases in the federation and to incorporate real-world AI use cases to guide the design of the EUCAIM platform, addressing specific scientific and clinical questions.

A total of 66 applications were received and evaluated by the EUCAIM Access Committee against the criteria initially defined in D7.1, and 19 applications were shortlisted and submitted to the European Commission for final approval.

This deliverable provides an overview of the received and shortlisted applications.

Introduction

With the aim to demonstrate the usability of the EUCAIM platform for new data incorporation an Open Call was launched in April 2024 to include new beneficiaries into the consortium.¹ The call aimed to include new cancer image databases into the federation and targeted researchers and healthcare providers interested in using the EUCAIM platform to address real-life clinical questions, for which large datasets and possibly technical/ethical/legal support were required.

Thus, the Open Call pursued the onboarding of:

- i) new data holders to expand the geographic dimensions, data modalities, or cancer targets.
- ii) the uptake of new reliable AI algorithms trained on the data within the repository.

The main objectives for this Open Call included:

- Establishing long-term collaboration with cancer image data holders, including resolving legal issues, drafting data processing agreements, joint controllers' agreements, etc.
- Supporting the training and validation of reliable AI algorithms and prediction models for improved patient outcomes using the cancer imaging data available in the infrastructure.

Applicants could belong to one or both of the following groups:

- **Data holders:** A Data Holder (DH) refers to any natural or legal person, including entities, bodies, and research organizations in the health or care sectors, as well as European Union institutions, bodies, offices, and agencies, who have the right, obligation, or capability to make certain data available for research purposes (i.e., data repositories, regional biobanks, clinical centers, cancer screening programs, public entities, pharmaceutical companies, data altruism initiatives, publication repositories, hospitals, or healthcare providers). Data Holders will contribute data to the EUCAIM infrastructure either by: (a) becoming a federated node; or (b) transferring anonymized data directly to the Reference Node.
- **Data users:** A Data User refers to any natural or legal person who intends to make use of the data accessible through the EUCAIM infrastructure for research, development, and innovation purposes. This includes those wishing to develop/train/benchmark/validate AI algorithms using the

¹ Open call text: <https://cancerimage.eu/open-call/>

curated data in EUCAIM.

The call was widely advertised through multiple channels, including the EUCAIM website, conferences attended by consortium partners, social media platforms, the Health National Contact Points network website² and a dedicated webinar held on April 26th, 2024. The webinar featured the presentation of EUCAIM and the scope of the Open call including a Q&A session to address questions about the application procedure and criteria for potential applicants. It attracted significant interest, as evidenced by the registration of 156 participants. A recording of the webinar is available on the project website³. The scheme in figure 1 was used to illustrate the process for inclusion of new partners in EUCAIM, depending on their eligibility for the Open Call.



Figure 1 - The process for inclusion of new partners in EUCAIM.

The applications received were first checked for eligibility and then subjected to a rigorous evaluation process conducted by the EUCAIM Access Committee (AC, established in June 2023 and based on nominations of representatives from all WPs leaders and project coordination members). The evaluation assessed the alignment with the call objectives, the scientific and technical quality of the proposals, the maturity of the proposed use cases, and compliance with ethical and legal requirements. The Access Committee utilized a dedicated evaluation form to score these points, and specific comments were provided where necessary (see [Annex 1](#)).

The evaluation form was composed of 4 sections:

- 1) scientific quality (including scientific relevance, maturity of the use case and impact),
- 2) alignment with the call objectives (including types of cancers covered and AI algorithms - evaluated based on complementarity with data already available in EUCAIM -, geographical coverage, image modalities, number of datasets or algorithms that the application would bring to the infrastructure),
- 3) compliance with technical requirements, and
- 4) compliance with ethical/legal requirements.

Details on the evaluation criteria are provided in Deliverable D7.1.

² The call was included in the Health NCP Network database: <https://www.healthncp.net/find-open-calls>

³ Recording of the Open call webinar: <https://cancerimage.eu/%f0%9f%8e%a5recording-eucaim-open-call-webinar-for-applicants/>

Each of the points in sections 1) and 2) were scored individually, summing up into section scores from 0 to 15.

Scoring was not applied to Section 3) since it is one of the aims of EUCAIM to support partners in the technical implementation of the use cases. The AC commented on the technical maturity of the use cases, and the comments were considered for the prioritization of applications that received the same scoring from the evaluation in sections 1) and 2).

Being compliance with ethical and legal requirements a critical point and eligibility requirement, this part was not scored but the applications were selected only if applicants declared to be compliant with the requirements. In addition, the legal experts in the AC evaluated the required documentation for each specific application and pointed out which documentation was still to be produced by the applicants. Applicants were then informed and started preparing the documentation while the evaluation was still taking place, to speed up the process and have everything in place at the time of approval.

Each application was independently reviewed by three Access Committee members, and a comprehensive score table was compiled based on their evaluations. To ensure a holistic understanding of the proposals, all committee members were encouraged to review every application. The committee convened twice to discuss the applications collectively, ensuring consistent evaluation metrics across all reviewers and addressing any issues encountered during the review.

The applications were then ranked based on this evaluation, and 19 were shortlisted and sent to the EC for final approval. The successful applicants will become new beneficiaries of the EUCAIM project through an amendment to the GA by the end of 2024, and the implementation of the use cases is expected to begin in early 2025, immediately after all the required legal documents and agreements are in place.

Overview of received applications

A total of 66 applications (see [Annex 2](#)) were submitted and underwent an initial eligibility check by the EUCAIM Coordination Team to ensure that applicants met the funding criteria under the Digital Europe programme and had provided all the required information. Four applications were deemed ineligible because the applicants were from countries not eligible for funding. Of the remaining 62 applications, 30 were submitted by data holders, 17 by data users (seeking to use EUCAIM data for AI algorithm development, training, or validation), and 15 by organizations applying as both data holders and data users (i.e., proposing AI use cases that utilized their own datasets while leveraging the EUCAIM infrastructure to host these data and perform AI development, training, and validation within a secure environment) (figure 2).

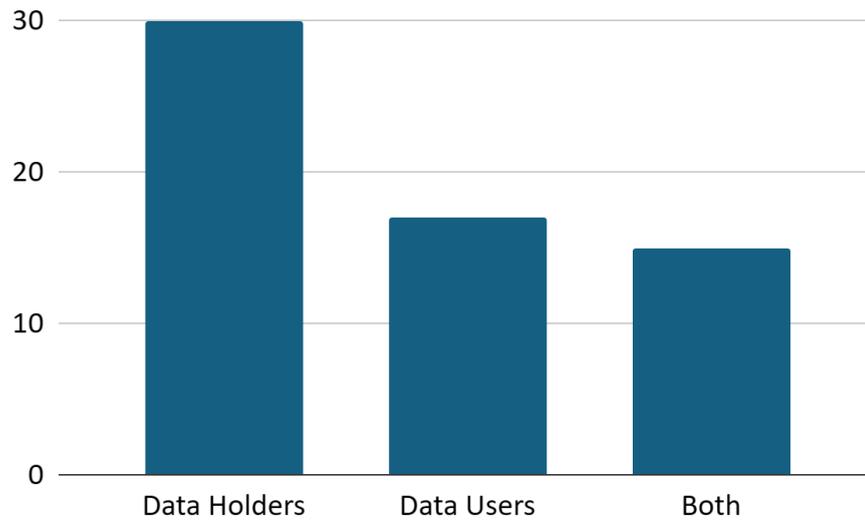


Figure 2: Applicant profile types from the 62 eligible applications received

The majority of applicants were universities, university hospitals, and other research organizations, while 14% of applications were submitted by companies or SMEs. A smaller number of applications were received from cancer centers, non-profit societies, public foundations, public bodies/health authorities, and non-profit non-governmental organizations (see Figure 3).

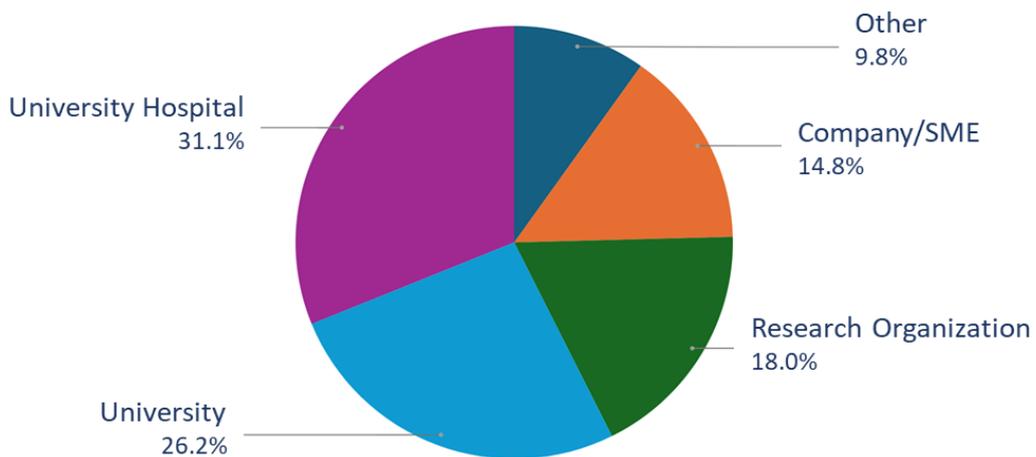


Figure 3 - Types of organizations applying to the call

The applications reflect a good geographical distribution across Europe, including submissions from Eastern Europe and widening countries (see Figure 4). This demonstrates the broad interest in EUCAIM and highlights its potential to expand the infrastructure, ensuring improved geographical coverage across Europe.



Figure 4 - Geographical distribution of received eligible applications

Figure 5a illustrates the cancer types represented in the applications submitted by data holders. The most common cancer type within the proposed datasets is breast cancer (20.3%) followed by prostate (16.2%), brain (16.2%), and lung cancers (13.2%). Other cancer types, such as bladder (2.7%), Liver (2.7%), pancreatic and urothelial (2.7%), gynaecological (4.1%), colorectal cancers and lymphoma are less represented (2.7%-6.8%). A small percentage (2.7%) of applications includes a variety of datasets of different types of cancer. Other types of cancers (e.g. head & neck cancers, gastric cancer, renal cell carcinoma, neuroendocrine cancers) are represented to a minor extent, overall accounting for 5.4% of the applications.

Regarding the imaging modalities represented in the datasets (Figure 5b), the majority includes CT (34.9%) and MRI (30.3%). The remaining represented modalities are: mammography (8.3%), PET and SPECT (7.3%), Ultrasound (4.6%), digital slides (6.4%), RX (1.8%), MIBG scintigraphy (1.8%), and others (overall 4.6% including colonoscopy videos, DBT, dermoscopies, and PET/MRI images).

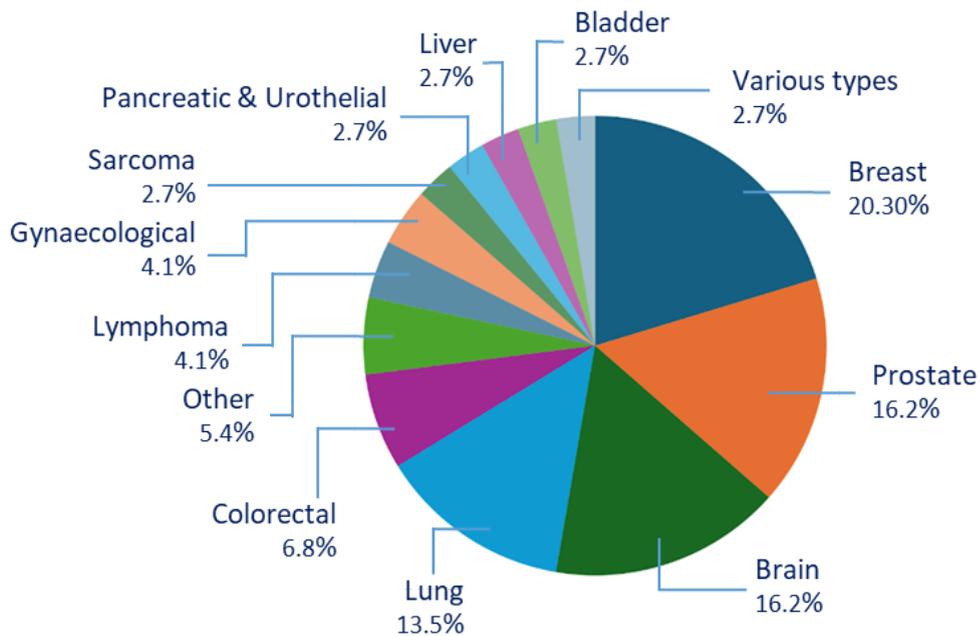


Figure 5a - Datasets in the applications from data holders: cancer types

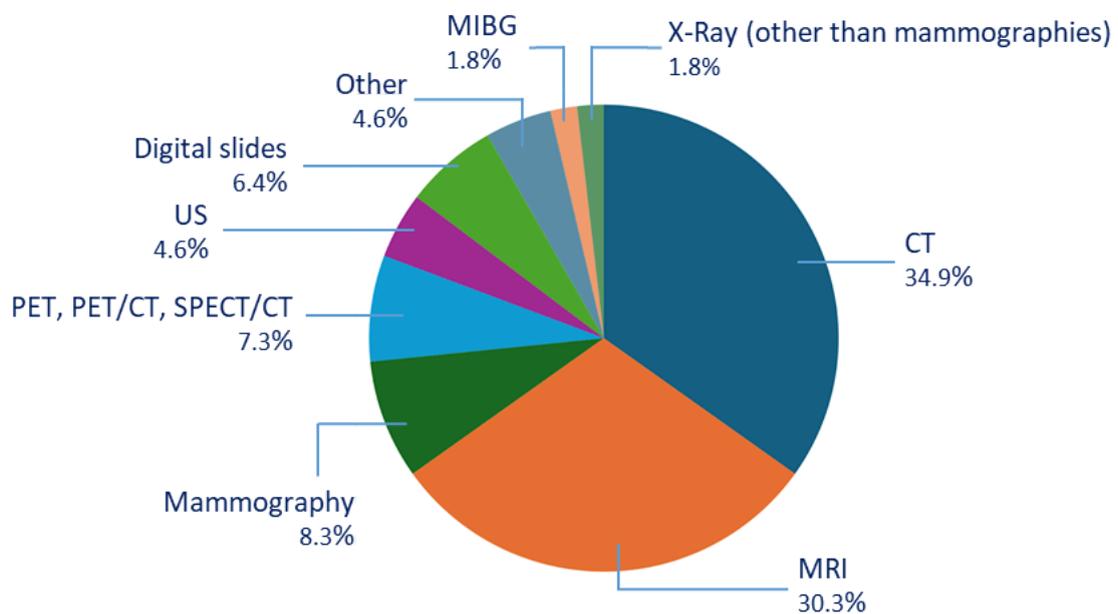


Figure 5b - Datasets in the applications from data holders: imaging modalities

Interestingly, the proposed datasets align well with the requests from data users, which primarily focus on CT and MRI images (and to a lesser extent, mammographies) of breast and lung cancer. Brain cancer also appears frequently in the applications submitted by data users (see Figure 6).

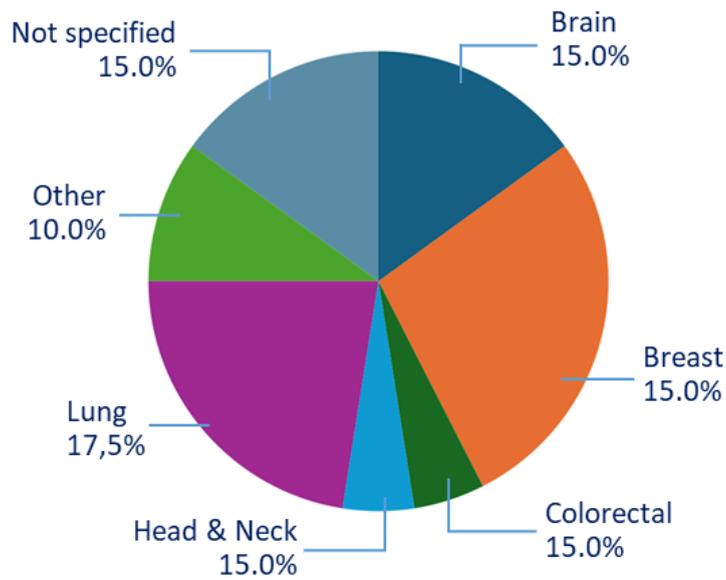


Figure 6a - Requested cancer types in applications from data users

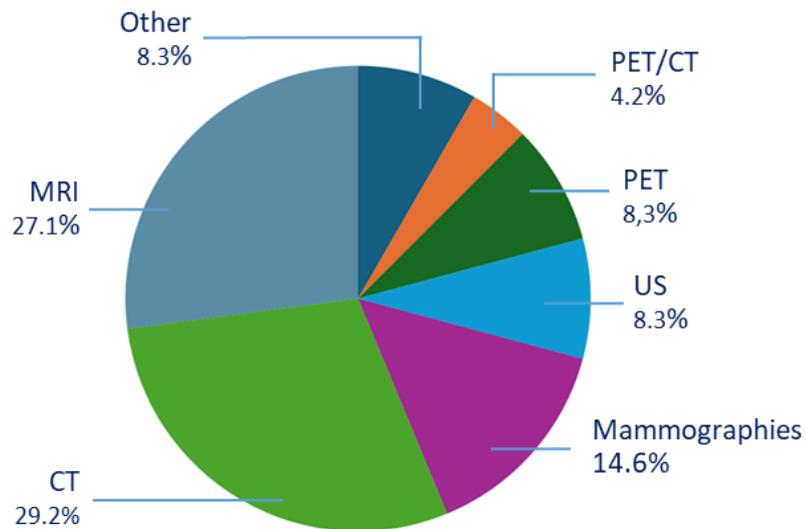


Figure 6b - Requested imaging modalities in applications from data users

Figure 7 illustrates the main topics of the AI use cases in all the applications received. Most applications focus on developing or validating accurate and automated methods for tumor detection and characterization, and for image segmentation. Predicting clinical outcomes and improving patients stratification through the application of advanced AI tools on medical images are also areas of high interest.

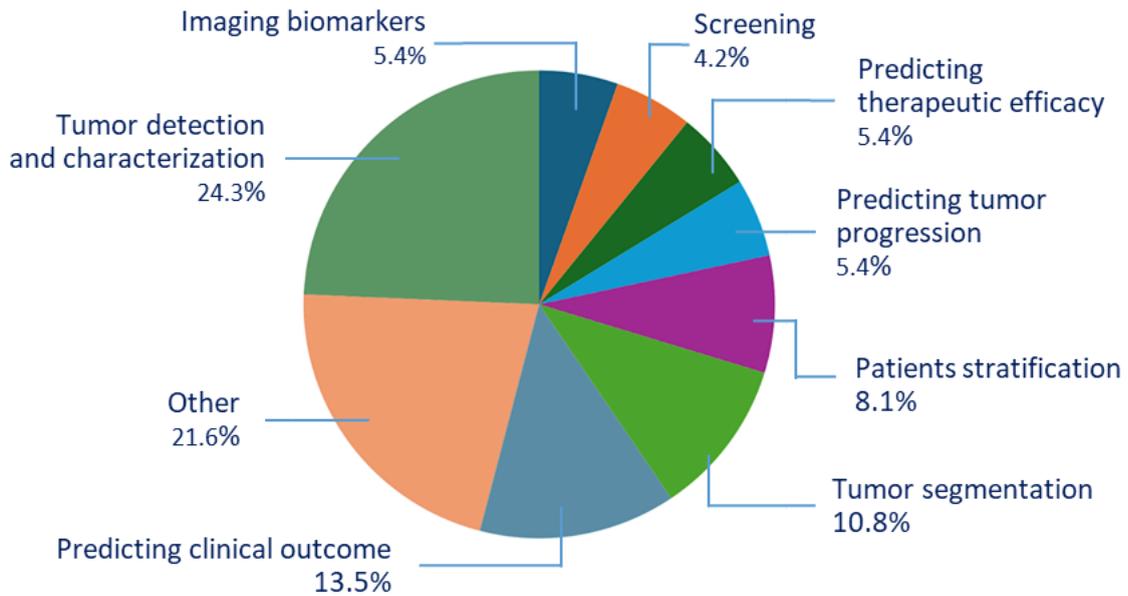


Figure 7 - Topics of the AI use cases. “Other” includes: identification and classification of pre-cancer lesions, auto-contouring, breast density assessment, enhancing interpretability of ML, generating synthetic 3D images, tumor masses localization, predicting tumor risk, predicting tumor genetic profile.

Overview of shortlisted applications

The shortlisted applications are labeled as “shortlisted” in [Annex 2](#).

In total, 17 applications were initially shortlisted based on the evaluation by the Access Committee. Two additional applications were added to the shortlist due to their strategic or geographical importance as determined by the Coordination Team.

The 19 shortlisted applications represent a total budget of 3.825.921,94 € (out of the 3.852.000 € available). The maximum budget of each applicant, if approved, will be 214.000 €, including 7% indirect costs and 50% co-funding. The shortlisted applications have been submitted to the EC for financial and legal checks, as well as final approval.

Of the 19 applications, 8 are from data holders, 7 from data users, and 4 involve AI algorithms to be trained or validated using data provided by the applicants themselves (applying as both data holders and users) (figure 8).

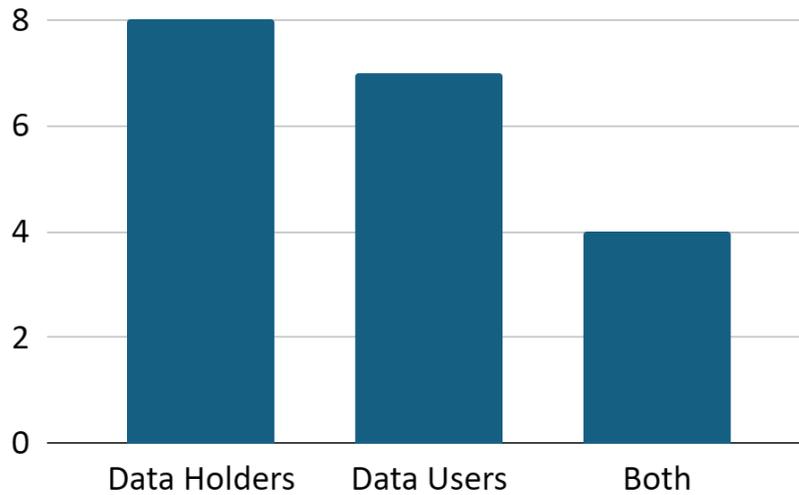


Figure 8: Types of applications shortlisted

Figure 9 illustrates the types of organizations that were shortlisted as data holders: the majority are university hospitals, while universities represent a smaller proportion. Three industrial applicants were shortlisted (15.8%), one of which will contribute a significant number of new datasets covering various cancer types, while the other two submitted use cases for the development and validation of automated AI models capable of detecting, classifying, and measuring lesions.

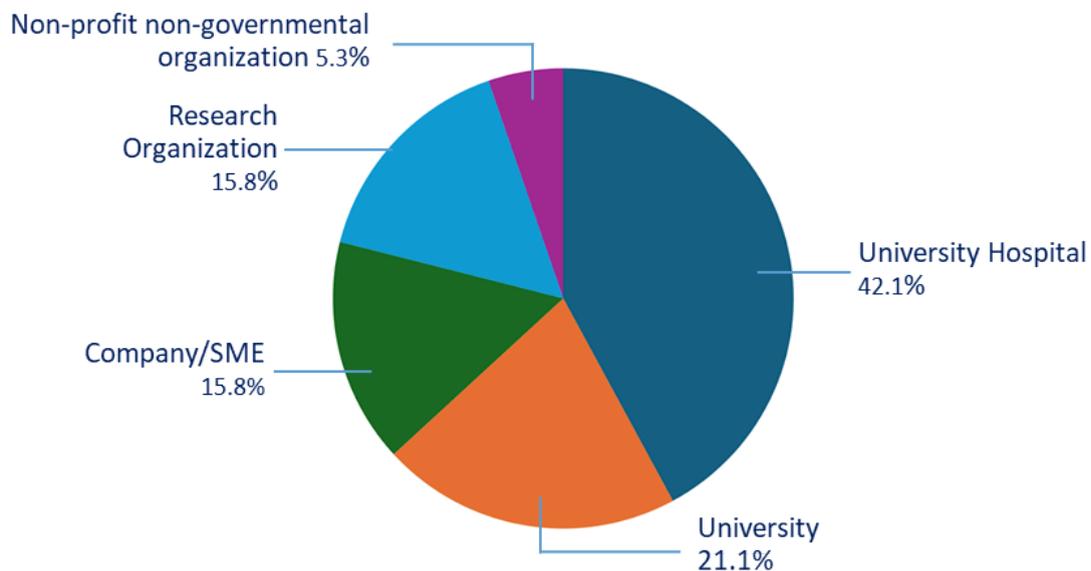


Figure 9 - Types of shortlisted organizations

While Spanish applicants remain predominant among the shortlisted applications, with 7 applications, possibly due to the scientific coordination being based in Spain which facilitated a robust national campaign and increased local awareness of the initiative, efforts to ensure broad geographical coverage

have been successful. The shortlist also includes applications from Eastern European countries and facilitates the expansion of the consortium to three new countries, namely Norway, Latvia and Estonia (see Figure 10).



Figure 10 - Geographical coverage of shortlisted applications

The new beneficiaries will contribute a substantial number of datasets covering various types of cancer with prostate (15.8%) and brain (15.8%) cancers being the most represented. Other cancer types that will be represented in EUCAIM thanks to the inclusion of the new beneficiaries include: lung (13.2%), breast (13.2%), colorectal (10.5%), gynaecological (7.9%), urothelial (5.3%), pancreas (5.3%) cancers and, to a smaller extent, others such as sarcoma, lymphoma, neuroendocrine, liver and gastric cancers (overall 13.2%), as shown in Figure 11. Notably, some of these cancers, such as sarcomas and primary cerebral lymphomas, are classified as rare.

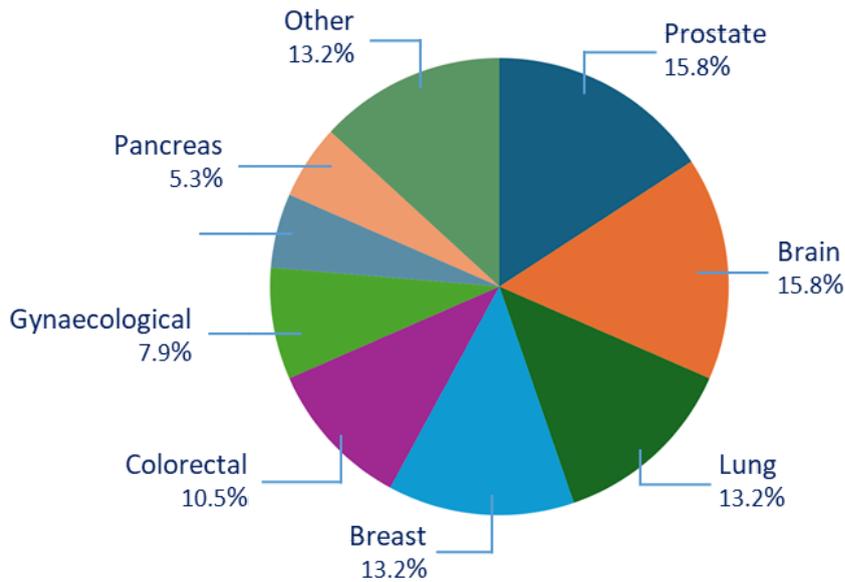


Figure 11 - Cancer types in the upcoming datasets from new beneficiaries. Other = sarcoma, neuroendocrine cancer, lymphoma, liver and gastric cancer.

Most of the shortlisted data users requested access to the EUCAIM platform to test and enhance the reliability and generalizability of their algorithms by validating them on external data from large patient cohorts or extending the validation to different tumor types. Fewer applications focus on using the platform to train algorithms or extract imaging biomarkers.

All applications from data users highlight the critical importance of accessing large, external, multi-center datasets for the training and validation of AI algorithms intended for clinical practice. These include applications in patient stratification, personalized clinical management, imaging biomarker extraction, screening, and prevention (figure 12). Validation of algorithms using the EUCAIM database ensures an entirely external validation process, fostering impartiality, fairness, and an unbiased assessment of the algorithms' performance.

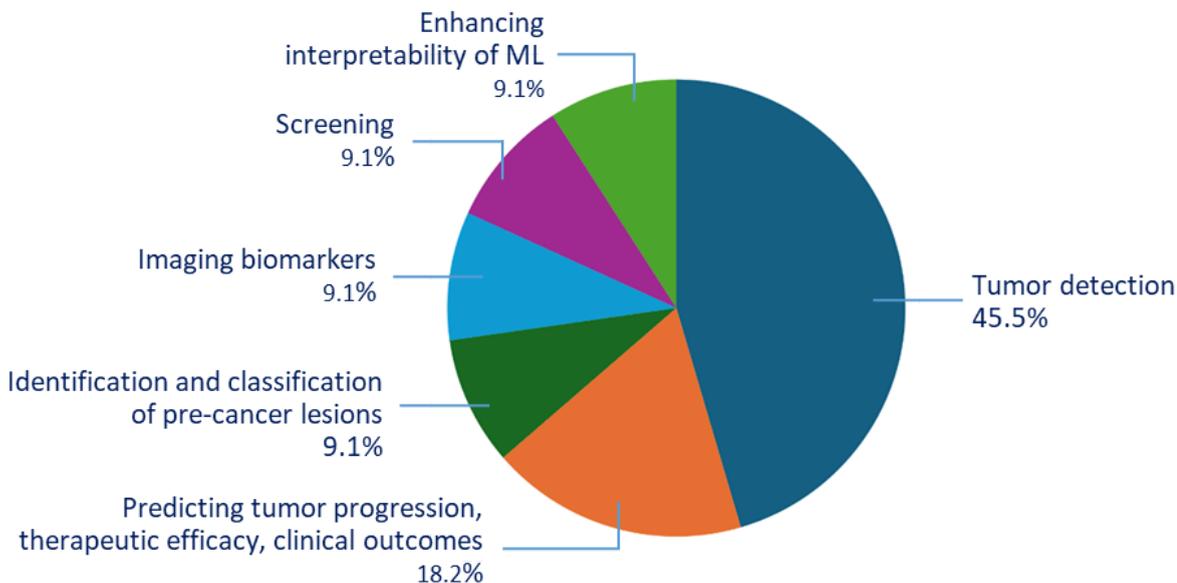


Figure 12 - Topics of the shortlisted AI use cases

Conclusion

The Open Call was a notable success, exceeding expectations with a large number of applicants expressing also their interest in contributing as new data holders with a substantial volume of datasets, and in building use cases to test and validate the EUCAIM operativity and further extend the platform resources.

The Call contributed to reach some of the KPIs that are defined in the Grant Agreement as follows:

KPI1: Number of hospitals and imaging data repositories linked to the central hub. The project started with 21 clinical sites from 12 countries and aimed to have at least 30 distributed data providers from 15 countries.

Through the Open Call, 12 new data holders will join the consortium and the number of Countries will rise to 15 as intended. The KPI1 is thus reached.

KPI2: Both common and rare cancers will be included with anonymized images and annotations through this pan-European Cancer Images infrastructure. More than 100,000 cases are expected to be included.

The exact number of cases that will be included in the infrastructure from new beneficiaries is not known yet, nevertheless a considerable number of new use cases is expected following the inclusion of the new datasets. Indeed, as mentioned above the new data holders will bring an important set of data from a wide range of cancer types including some rare cancers that will enrich the current EUCAIM catalogue.

KPI3: Number of researchers and health care professionals and innovators using the platform in operational mode. At least 300 from 15 countries by the end of the project.

KPI4: Number of deployed AI algorithms, AI tools and clinical prediction models for researchers within the infrastructure. At least 50 by the end of the project.

The Open Call will bring 11 new data users to the project. These data users are aiming at exploiting EUCAIM services to further test and validate newly developed AI algorithms to be used in clinical practice. In addition to the internal users from consortium partners, it is expected to be able to fulfill KPI3 and KPI4 by the end of the project.

KPI5: Improvements in the results of the AI models after images and data harmonisation.

Data harmonization simplifies the integration of data from multiple sources, reducing the time and effort needed for data preparation. This efficiency speeds up the development and deployment of AI models. Within EUCAIM the support for data harmonization will be provided and data quality will be assessed for each new datasets. Through that process the new data holders will help in scaling-up the amount of harmonized data with high quality and thus enabling the development of reliable AI models.

The depth and richness of the data to be integrated by the new beneficiaries make it an invaluable resource for future users of the EUCAIM infrastructure. These users will benefit from extensive datasets that support research, clinical advancements, and improved patient care. The newly shared data will not only expand the sample size for training and validating artificial intelligence (AI) tools but also enhance the clinical context by incorporating images from multiple sites and diverse populations. This diverse data has immense potential to revolutionize cancer care by improving diagnostic accuracy, personalizing treatments, advancing research in radiomics and radiogenomics, enabling large-scale studies, refining prognostic models, informing health policy, serving as an educational resource, and driving innovation.

Early and accurate non-invasive diagnoses can significantly improve patient outcomes, increasing survival rates and enhancing quality of life for cancer patients. The comprehensive range of datasets,

bolstered by those provided by the new beneficiaries, will support the development of AI models capable of predicting individual responses to various treatments. These models will facilitate personalized treatment plans, minimizing adverse effects while maximizing therapeutic efficacy. Moreover, the advancement of standardized methods and fully automated procedures as alternatives to time-consuming and user-dependent approaches will deliver cost-effective solutions that benefit cancer patients and healthcare systems alike.

Although the Open call was launched only one year after the start of the EUCAIM, the overall results clearly demonstrated the interest from a large number of participants to contribute to the platform, as well as the potential benefits to get access to harmonized high quality data for building robust and reliable AI models. In light of the achieved results, it is clear that by investing in this kind of initiatives through dedicated EU programmes, we can foster an environment of innovation and collaboration. This will lead to innovation that benefits a wide range of stakeholders. With additional funding, we could expand the impact of EUCAIM, driving Europe's leadership in the global digital economy.

Annex 1- The evaluation form

Important notice

This Evaluation template is divided into 4 parts:

- 1) Scientific quality of the applications (15 points)
- 2) Alignment with EUCAIM Open Call (15 points)
 - New cancer types (2 point)
 - Increase geographic dimensions (2 point)
 - New image modalities (1 point)
 - Number of cases (5 points)
 - Number of AI algorithms (5 points)
- 3) Compliance with the Technical requirements (not scoring)
- 4) Ethics/legal compliance (not scoring)

Scoring system:

- 1) Scientific quality of the applications The **applications will be assessed** using the following scoring system from 0 to 5 to evaluate the proposal's performance with respect to the different evaluation criteria.

0: Failure. The application fails to address the criterion in question or cannot be evaluated due to missing or incomplete information.

1: Poor. The application shows serious weaknesses in relation to the criterion in question.

2: Fair. The application generally addresses the criterion, but there are significant weaknesses that need corrections.

3: Good. The application addresses the criterion in question well, but certain improvements are necessary.

4: Very good. The application addresses the criterion very well, but small improvements are possible.

5: Excellent. The application successfully addresses all aspects of the criterion in question.

- 2) Alignment with EUCAIM Open Call will be assessed taking into account the score system in each section
- 3) Full **compliance with technical requirements** is not mandatory (as EUCAIM can provide technical support where needed), but it will be considered as an added value of the application.
- 4) Ethics/legal compliance: it is an eligibility requirement, not scored.

You can find more information on the Evaluation procedure [here](#).

1) Scientific quality of the applications (maximum 15 points)

Relevance (maximum 5 points)

This section evaluates the scientific quality of the applications.

The following aspects will be taken into account:

- *Scientific and clinical relevance:*
 - *A scientific/clinical use case should address a relevant clinical question and have an impact on improving patient outcomes. The use case is considered scientifically relevant, if it can help expand the knowledge base, advance the understanding of a certain subject and/or provide interdisciplinary insight.*
 - *A use case on technical development of AI tools should have a clear definition of the end product, including the intended use of the AI technology and potential areas of application in the clinics.*
 - *For a data incorporation use case, the scientific and clinical relevance resides in the potential use of the datasets to address relevant scientific and/or clinical questions.*
- *Coverage of topics/areas of interest*
- *Soundness of the concept, and credibility of the proposed methodology*
- *Clarity and pertinence of the objectives*

Comments:	
	Score (0-5):

Implementation (maximum 5 points)

This section evaluates the maturity of the proposal/use case.

The following aspects will be taken into account:

- *Soundness of the implementation plan and efficient use of resources*
- *Capacity of the applicants to carry out the proposed work (use case implementation)*
- *For scientific/clinical use cases only: maturity level of the use case (development, training or validation of AI algorithms)*
- *For data holders only: Level of compliance with the EUCAIM Data Federation Framework (tier 1, tier 2, tier 3)*

Comments:	
	Score (0-5):

Impact (maximum 5 points)

This section evaluates any substantial impacts that would enhance innovation capacity, address issues related to cancer diagnosis, treatment and prevention, bring important benefits for patients or healthcare systems, create new market opportunities and/or strengthen competitiveness and growth of companies.

Comments:	
	Score (0-5):

2) Alignment with EUCAIM Open Call (maximum 15 points):

This section evaluates the extent to which the application aligns with the objectives of the call.

The objective of the EUCAIM call is to:

- *onboard new cancer image data holders, increasing the geographic dimensions, data modalities or cancer targets,*
- *include new reliable AI algorithms trained on the cancer image data of the repository,*

New types of cancer or New algorithms (maximum 2 points)

- Current types of cancer in the platform:

- Lung
- Breast
- Prostate
- Colon
- Rectum
- Liver
- DIPG: Diffuse intrinsic pontine glioma
- Neuroblastoma
- Glioblastoma Multiforme

- Current algorithms:

- Please see a list of pre-processing tools and AI algorithms [here](#).

Comments:	
	Score (0-2):

Increase geographic dimensions: (maximum 2 points)

If the application is from a new country, it will obtain a point.

Current countries in EUCAIM:

Country	Number of partners
AT Austria	4
BE Belgium	4
CY Republic of Cyprus	1
CZ Czech Republic	1
DE Germany	7
EL Greece	3
ES Spain	19
FI Finland	1
FR France	7
IT Italy	10
NL The Netherlands	7
PL Poland	2
PT Portugal	4
SE Sweden	6
Total general	76

Comments:	
Score (0-2):	

New image modalities (maximum 1 point)

If the images are obtained from a new data modality, the application will gain a point.

Current data modalities in EUCAIM:

- Computed Tomography
- Radiography
- Magnetic Resonance
- Mammography
- Positron emission tomography (PET)
- Ultrasound

Comments:	
Score (0-1):	

Number of cases (maximum 5 points)

- 1 - 1.000 1 point
- 1.001 – 5.000 2 points
- 5.001 – 10.000 3 points
- 10.001 – 20.000 4 points
- >20.000 5 points

Extra points:

- rare cancer
- other reasons argued

Comments:	
	Score (0-5):

Number of algorithms (maximum 5 points)

- 1 1 point
- 2 2 points
- 3 3 points
- 4 4 points
- 5 or more 5 points

Comments:	
	Score (0-5):

3) Compliance with technical requirements

Please note that this section is not up to scoring. The AC will comment on the following points. The comments will be considered for the prioritization of applications that received the same scoring from the scientific evaluation.

For Data Holders:

The following aspects should be taken into account:

- *Is the data compliant with tier 1, tier 2 or tier 3 of the DFF?*
- *Level of de-identification already applied on data:*
 1. *Is personal data still included in the metadata?*
 2. *Is personal data de-identified (direct identifiers have been removed)?*
 3. *Is personal data pseudonymised?*
 4. *Is personal data fully anonymised?*

- *Is a standard data model adopted? (example: if data follow the OMOP-CDM or any other standard (FHIR etc..))*
- *Ontology/vocabularies: are standard vocabularies and terminologies adopted?*
- *Other technical information available*

For Data User:

The following aspects should be taken into account:

- Are the AI algorithms to be tested compatible with one of the federated learning platforms within EUCAIM?
- Other technical information available

Comments:

4) Ethical/legal compliance

Please assess based on the application what documents are ready and what is needed to be requested still.

Documents provided by the applicant:

Documents missing:

Overall comments:

	Total scores

Annex 2 - Eligible applications overview

	Organisation type	Country	Data Holder/User	Topic of the AI use case (data users)	Available datasets (data holders)	Shortlisted
1	University Hospital	BE	Data Holder	-	PANNORAMIC SCAN 150 of breast and lung cancer	
2	Company/SME	ES	Data Holder	-	CT, PET, MRI, & Mammograms of Breast, prostate & uterine cancer; MRI, CT of Colon & rectal cancer, pancreatic & urothelial cancer; MRI and CT of brain cancer; CT of lung cancer	Shortlisted
3	Research Organisation	ES	Data Holder	-	CT scans of Different tumor entities treated with experimental approaches; CT scans and pelvic MRI of Localized Colorectal Cancer	
4	University Hospital	ES	Data Holder	-	MRI of prostate cancer; CT scans of upper tract urothelial cancer	
5	University Hospital	DE	Data Holder	-	Non-small cell lung cancer (NSCLC)	
6	Research Organisation	ES	Data Holder	-	MRI of Prostate cancer; CT of lung cancer	
7	Research Organisation	ES	Data Holder	-	CT of Lung Cancer, MRI and mammographies of breast cancer, MRI of pancreatic cancer	
8	Hospital	CY	Data Holder	-	CT of colorectal and lung cancer and Sarcoma	
9	University Hospital	IT	Data Holder	-	MRI of High Grade Gliomas	
10	University Hospital	ES	Data Holder	-	MRI, CT, PET-CT, PET and MRI, Mammography of Liver, pancreas, lung, breast and prostate cancer	Shortlisted
11	Hospital	FR	Data Holder	-	PET/CT and SPECT/CT of Metastatic castration-resistant prostate cancer (mCRPC)	
12	Research Organisation	ES	Data Holder	-	MRI of Glioma; CT of lung cancer	
13	Company/SME	DE	Data Holder	-	Mammographies and CT of Renal Cell Carcinoma (RCC)	
14	University	GR	Data Holder	-	MRI and CT of Sarcoma; MRI of Primary brain tumors and prostate cancer	Shortlisted
15	Non-Profit society	AT	Data Holder	-	CT and MRI of HCC	
16	Research Organisation	PL	Data Holder	-	US of Breast cancer	
17	University	IT	Data Holder	-	CT of Lung Cancer	
18	public body, health authority	ES	Data Holder	-	CT of Breast and rectal cancer	
19	University Hospital	SE	Data Holder	-	Mammographies and CT of Breast cancer	

20	Research Organisation	ES	Data Holder	-	Pathology scanned images of Prostate cancer; Colonoscopy video recording of Colorectal cancer	Shortlisted*
21	University Hospital	FI	Data Holder	-	X-rays of Breast Cancer; x-rays (thorax), MRI, Ultra sound, CT, digitalised histological slides of Lung, prostate, gynecological cancers	Shortlisted
22	University Hospital	NL	Data Holder	-	CT, CBCT, MRI of Brain cancer; CT, CBCT of the Pelvic area	
23	University Hospital	ES	Data Holder	-	CT of Lung, breast, colorectals, bladder, prostate cancer; mammographies	Shortlisted
24	University Hospital	NO	Data Holder	-	MRI of Primary brain cancer, brain metastases from lung, pediatric brain tumors	Shortlisted
25	Public Foundation	ES	Data Holder	-	CT of Lymphoma and Brain Tumors	
26	University	LV	Data Holder	-	Slide Microscopy (SM) of Gastric cancer; JPEG images of Brain cancer and lymphoma obtained from Metasystems-ISIS software; PET/CT and SPECT/CT of Neuroendocrine tumours; CT, CBCT, PET/CT, MRI, Dose DICOM_RT of Lymphoma and Brain Tumors	Shortlisted
27	Research Organisation	ES	Data Holder	-	PET, MRI, CT, Rx, Sonography, Histology of many types of cancer	
28	University Hospital	IT	Data Holder	-	Digital Breast Tomosynthesis (DBT), mammographies, MRI of breast cancer	
29	University	SE	Data User	Explainable outcome prediction for lung and breast cancer from whole-body FDG-PET/CT	-	
30	University	IT	Data User	SAFARI - Survival Analysis using Federated AI with Radiomics Integration (lung cancer)	-	
31	Research Organisation	ES	Data User	BIOTECARE-GENERATION OF SYNTHETIC 3D IMAGES TO RECREATE TUMOR GROWING	-	
32	Company/SME	NL	Data User	High precision identification of patients for clinical trials through automated pre-screening	-	
33	University	IT	Data User	Identification of X-rays imaging biomarkers for differentiation between atypical cartilaginous tumor and high-grade chondrosarcoma of long bones	-	
34	Company/SME	FR	Data User	Development and Validation of Foundation Model-Based Radiology Biomarkers for Clinical Trials	-	
35	University Hospital	DE	Data User	Deep learning-based detection and assessment of NSCLC tumors on chest CTs	-	Shortlisted
36	University	GR	Data User	Semi-automatic lesion annotation of medical images through deep segmentation models.	-	

37	University	PL	Data User	CLEAR-AI: Enhancing High-Resolution Image Segmentation Precision through Collaborative Learning of Deep Neural Networks for Accurate Assessment of Axillary Lymph Node Metastasis based on Full-Field Digital Mammography Analysis	-	Shortlisted
38	Company/SME	EE	Data User	Developing multi cancer AI	-	Shortlisted**
39	Company/SME	EE	Data User	Integrating Multi-Modal AI for Enhanced Early Detection and Diagnosis of Breast Cancer	-	
40	University	IT	Data User	eXplainable Artificial Intelligence for Breast Cancer -XAI_Breast_Cancer	-	Shortlisted
41	University	IT	Data User	CURE: Comprehensive Unified Recognition Engine	-	
42	University	IT	Data User	DeepLook : an algorithm for radiomic-based characterization of the detected suspicious area in the breast	-	
43	Research Organisation	PTI	Data User	Semi-Autonomous Robotic System for Cancer Screening in Abdominal and Chest Areas	-	
44	Company/SME	ES	Data User	Validation of an AI algorithm to detect and classify pre-cancerous lesions in the pancreas.	-	Shortlisted
45	Research Organisation	ES	Data User	Lung cancer detection from longitudinal LDCT and CT data (CONTACT)	-	Shortlisted
46	Company/SME	DE	Data User	Pan-European Validation of Swarm Learning-Based AI for Breast Cancer Diagnosis in MRI	-	
47	University Hospital	IT	Data User	Enhancing Breast Cancer Diagnosis with AI: Deep Learning-Based Detection and Discrimination of Mammographic Findings	-	Shortlisted
48	University	AT	Data Holder + User	Breast cancer segmentation on MRI and prediction of response to NACT	MRI of Breast cancer	
49	Research Organisation	GR	Data Holder + User	Diagnostics in gynaecological lung and colorectal cancers	US of Ovarian and Endometrial cancers	Shortlisted
50	University	ES	Data Holder + User	SPATIO-TEMPORAL RADIOMICS, HARMONIZATION AND SEGMENTATION TO ESTIMATE PROGNOSIS OR RESPONSE TO TREATMENT IN CANCER SOLID TUMORS	CT of Lung cancer (NSCLC stage IV and stage III non resectable)	
51	University	FI	Data Holder + User	Breast Density Assessment	Mammograms	
52	University Hospital	NL	Data Holder + User	NACHOS Challenge: Organ-at-Risk (OAR) contouring in the head-and-neck region	CT of Head and neck cancer	
53	University Hospital	ES	Data Holder + User	Algorithms for predicting the genetic profile of different neoplasms from microscopic imaging	TIFF images of Colorectal, lung and brain tumors	Shortlisted
54	University Hospital	NL	Data Holder + User	Deep learning algorithms for the delineation of organs at risk and prediction modelling with radiomics	CT scans of lung, Head & neck, prostate and breast cancer	

55	University Hospital	NL	Data Holder + User	Semi-autonomous AI for prostate MRI	MRI of prostate cancer	
56	Cancer center	FR	Data Holder + User	Use of radiomics in rectal and advanced ovarian cancer	MRI of rectal cancer	
57	University Hospital	NL	Data Holder + User	TumorTrace: an AI tool that can predict imminent acceleration in glioma growth or stable disease	MRI of Adult-type diffuse glioma	Shortlisted
58	non-profit non-governmental organization	PT	Data Holder + User	Artificial Intelligence in Breast Cancer Screening	DICOM images of breast cancer	Shortlisted
59	Hospital	FR	Data Holder + User	PROCLAIM-Cryo: Predictive Radiomics and Clinical Outcomes Assessment in Lung Tumors after Cryoablation – A Multi-centre Study	CT of lung metastases	
60	University	IT	Data Holder + User	AI-driven processing and analysis of brain cancer imaging data	MRI of glioma	
61	Company/SME	PT	Data Holder + User	AI-Enhanced Breast Cancer Detection and Diagnosis	MammoGrams, Ultrasound, and MRI volumes of breast cancer	
62	University	IE	Data Holder + User	iPERCEPTION: combining multiple AI models to yield cancer predictive models that can be used to accurately stratify neuroblastoma patients	MRI and MIBG of Neuroblastoma	

* Application added to the shortlist because considered of high strategic value for EUCAIM: it brings over 10 million studies, spanning more than 12 years and able to achieve Tier3 compliance.

** Application added to the shortlist because it brings Estonia as a new country.