



GERONTE

TRANSFORMING PATIENT CARE

NEWSLETTER

A STAKEHOLDER COMMUNICATION
FROM THE GERONTE CONSORTIUM
SEPTEMBER 2026

Streamlined **Geriatric** and **Oncological** evaluation based on
IC **Technology** for holistic patient-oriented healthcare
management for older multimorbid patients.

European Union's Horizon 2020
research and innovation program.



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SIOG
INTERNATIONAL SOCIETY
OF GERIATRIC ONCOLOGY



Università Commerciale
Luigi Bocconi



myPatientSpace



Message from the Scientific Coordinator

Accrual of the FRONE trial is completed and the last patients are being followed up!

Since October 15 2024, eight French investigation centers have been allowed to recruit patients in the FRONE stepped-wedge trial. Two further centers, Centre Léon Bérard in Lyon and Centre Eugène Marquis in Rennes, joined in December 2025 and completed the investigating team. This raises the investigating team to 10 centres including two University hospitals (CHU), four comprehensive cancer centres (CLCC), three community hospitals (CHG and CHD) and one private practice centre.

Overall, the number of patients accrued is lower than expected but may be sufficient to raise important results. Investigating teams accumulated a lot of experience about the GERONTE care pathway that we will use to improve this clinical pathway for older multimorbid patients with cancer. Yet, we will have to wait until the end of the trial, by April 2027, and especially until the end of statistical analyses, by the end of 2027, to have the full results of the FRONE study.

We should thank all the investigating teams of the trial and also members of the consortium that followed up on all trial meetings, allowing us to complete in time the important deliverables of GERONTE.



Message from the Scientific Coordinator

Besides the FRONE trial, we launched also the IMPLEMENT study, which aims to outline the current care pathway of multimorbid older patients across several countries but also to facilitate its implementation in routine practice. It runs smoothly, according to the planned tasks, and remains on schedule. It will offer a nice overview from patient, clinical, organisational and economic perspectives. Results will be available by the end of March 2027.

We will be in a position to complete the project and improve the management of older multimorbid patients with cancer.

We will keep you informed!

Prof. Pierre Soubeyran, MD, PhD

Professor of Medical Oncology

University of Bordeaux, France

Work Package 2

Developing the tools for GerOnTe

myPatientSpace

It has been a busy six months for the myPatientSpace team on GERONTE. The platform is now live at all 10 participating sites in France, and every clinical team has been trained by our own staff, with the majority of sessions delivered onsite. Now that the FRONE inclusion period is complete, our focus has shifted to supporting sites through the 12-month follow-up phase. We work closely with the WP4 coordinating team to keep the platform running reliably while sites concentrate on follow-up visits, questionnaire completion and data quality.

The GERONTE tool at a glance

The GERONTE digital intervention consists of two connected modules, both live and in clinical use at all sites. The **Patient App** is available on iOS and Android, and now also as a web/browser version (PWA) that requires no download. It lets patients complete a short daily symptom check and daily, weekly and monthly questionnaires, receive alerts and personalised recommendations, and access education content. When a patient reports severe symptoms, the app guides them to contact their care team so that issues are caught early.

The **clinical dashboard and portal** gives the Advanced Practice Nurse and the wider care team a single, holistic view of each patient. It brings together oncological information, geriatric assessments, patient preferences and personal goals, patient-reported symptoms and alerts, and guided questionnaires that support structured multidisciplinary team (MDT) discussion and decision-making, all organised around the GERONTE care pathway.

For the FRONE trial, the configuration is deliberately fixed to protect the integrity of the study. Beyond the trial, the platform is highly adaptable: care pathways, workflows, content, features and branding can all be tailored to each clinical site, and the platform can be integrated into existing hospital systems, so a new hospital can take on the GERONTE model and shape it around its own services.

"It is a digital tool that creates a discreet connection between the patient at home and the nurse, who can coordinate actions whenever needed. The goal is to anticipate potential issues, coordinate the different healthcare professionals involved, and strengthen the connection between community care and the hospital."

— Feedback from a GERONTE nurse

Work Package 2

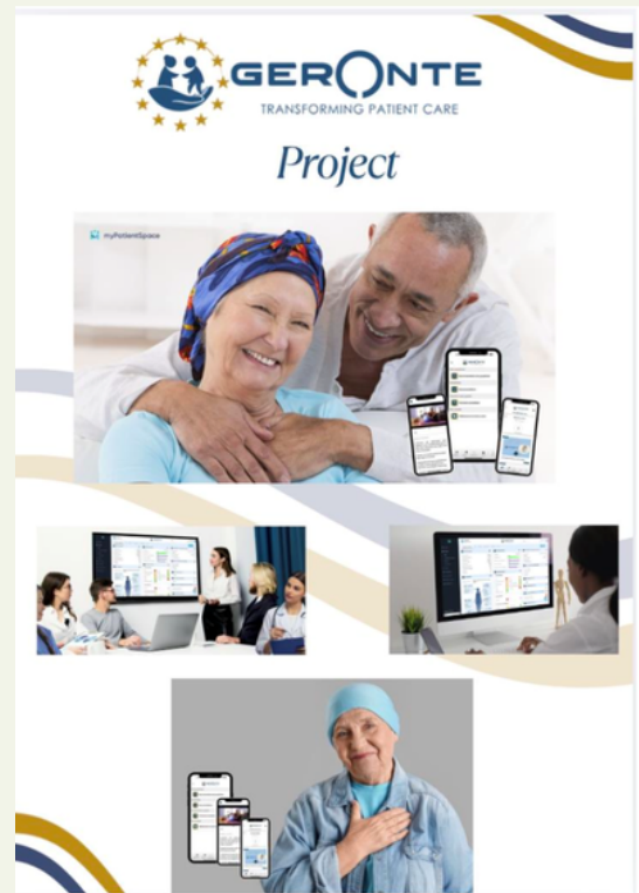
Developing the tools for GerOnTe

myPatientSpace

The GERONTE digital intervention on myPatientSpace: the Patient App for patients and carers, and the clinical dashboard used by care teams

Delivering rollout and training across France

Completing the rollout across all 10 sites was a genuine team effort, with myPatientSpace travelling to sites throughout the period to deliver onsite training and go-live support. In December, Kumar Chalasani and David Ryan visited CHD Vendée in La Roche-sur-Yon to train the clinical team, and in January Una Kearns and David Ryan travelled to Centre Hospitalier de la Côte Basque in Bayonne to support the team there.



This was followed in February by the go-live training at Centre Léon Bérard in Lyon, where Una Kearns, David Ryan and Kumar Chalasani worked alongside GERONTE partners to support the successful implementation of the platform, and by the final training session and official go-live at Centre Eugène Marquis in Rennes, delivered by Ximena Vega and Kumar Chalasani, bringing every site live on schedule. We have loved meeting all the teams at the sites; their welcome made every visit a pleasure.



Work Package 2

Developing the tools for GerOnTe

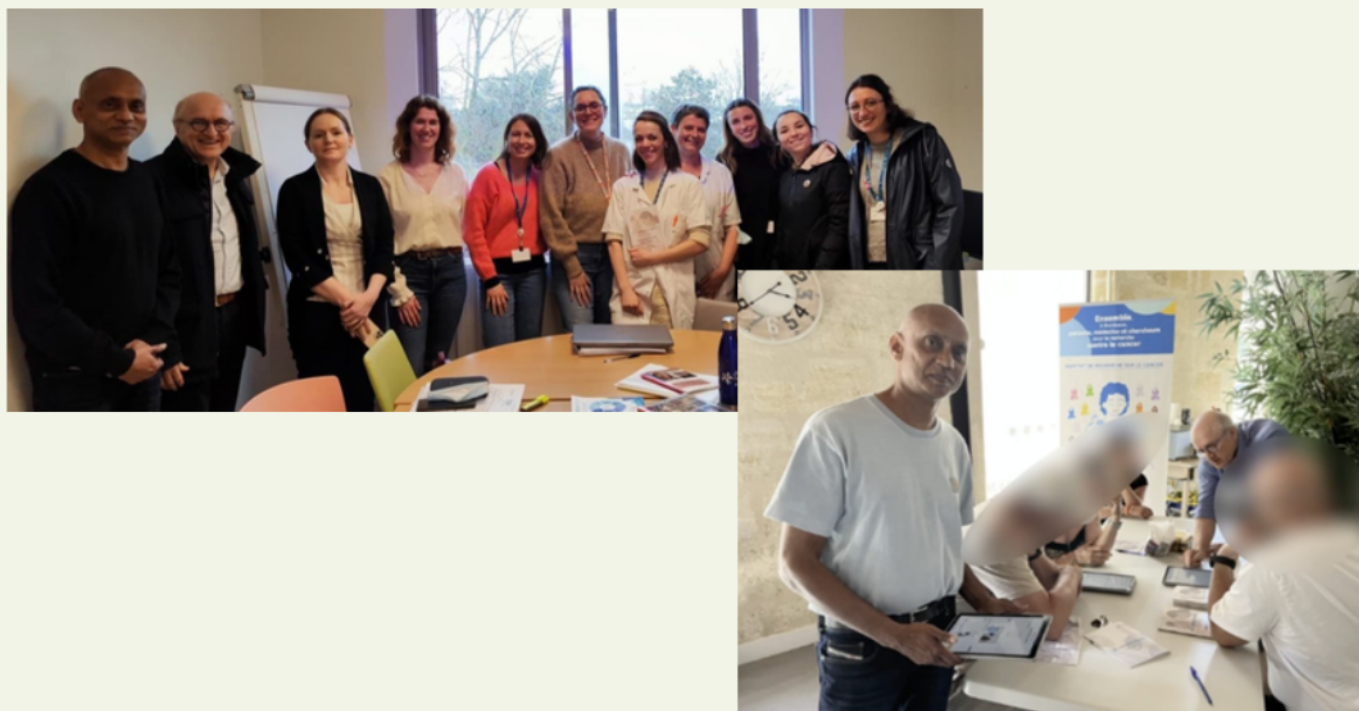
myPatientSpace

Patient engagement

myPatientSpace also supported GERONTE's patient engagement activities. During the patient workshop organised by the University of Bordeaux and held in Gironde on 15 June 2026, participants explored the GERONTE tool, discussed the care pathway and shared valuable feedback on how the platform could further support care coordination and the patient experience. Kumar Chalasani represented myPatientSpace, alongside project partners including Sophie North, Pierre Soubeyran and Elodie Ropert.

Security and quality

Protecting patient data remains a priority. During this period the platform successfully completed an independent, CREST-accredited penetration test, and myPatientSpace passed its ISO 27001 (information security) and ISO 13485 (medical device quality) surveillance audits. All GERONTE data continues to be hosted within the EU on health-data (HDS) compliant infrastructure. The digital intervention was also presented and demonstrated at the project's fourth periodic review with the European Commission in June, where we were pleased to receive positive feedback on the maturity and usability of the tools.



Work Package 2

Developing the tools for GerOnTe

myPatientSpace

Inside Work Package 2: the technical programme

As presented at the periodic review, WP2 is organised around three tasks:

Task 2.1 — the GERONTE pathway on myPatientSpace. The end-to-end GERONTE care pathway is configured and live at every site, with both modules (the Patient App and the clinical dashboard) in daily clinical use. Alongside the rollout, we shipped a steady series of enhancements through the period, improving symptom reporting and patient-reported outcome questionnaires, with releases shaped directly by what we hear from the sites and from patients and carers.

Task 2.2 — interoperability. So that GERONTE can fit into existing hospital digital ecosystems, we have built and demonstrated a standards-based (HL7 FHIR) integration capability, including a working demonstration of the GERONTE pathway running embedded within a hospital electronic health record system. The work is aligned with the European Health Data Space, and detailed mapping of the clinical sites' systems continues in the final period.

Task 2.3 — AI and machine learning. We are building the foundations for machine-learning decision support and more accessible, conversational interfaces for older adults, and the platform architecture has been validated for future machine learning. Everything here is being developed in line with the EU AI Act, and is designed to augment, never replace, clinical judgement.

Supporting the wider project

Beyond WP2, myPatientSpace contributed across the consortium throughout the period: weekly coordination with the EUCLID clinical trials unit and support for the trial nurses; publication, with the WP6 partners, of the full set of training materials (user guides, videos, patient manuals and printable workbooks); support for updates to the project's Ethics and Data Management Plans; and contributions to the consortium amendment and extension work that allows GERONTE to continue until March 2027.

Work Package 2

Developing the tools for GerOnTe

myPatientSpace

Work with us

Following the "looking ahead" priorities we set out in the December newsletter, we submitted the preliminary myPatientSpace exploitation plan, setting out how the GERONTE digital intervention can be sustained and adopted beyond the project.

myPatientSpace already works with many cancer centres, and with services across a wide range of conditions. We would love to hear from hospitals and clinical teams interested in adopting digital care models in geriatric oncology, or more widely in oncology or geriatric care. Whether that means using or adapting GERONTE on myPatientSpace, exploring a pilot at your site, or contributing to exploitation planning, please contact Una Kearns at una@mypatientspace.com.

Work Package 3

Developing the methods for GerOnTe

Bocconi University

Within Work Package 3, Bocconi has made significant progress in two areas: the definition of a dashboard of quality indicators for multimorbidity and the data collection for the IMPLEMENT study.

Dashboard of quality indicators for the management of multimorbidity

The development of the dashboard follows a two-step approach combining a literature review with an expert panel.

The literature review maps the existing indicators used to assess the quality of care for people with multimorbidity. The findings will be examined by an expert panel, scheduled for September 2026, which will prioritize the indicators according to their relevance and feasibility for routine clinical practice. The final outcome will be a short list of instruments readily available to healthcare organizations to evaluate and improve multimorbidity care.

The work has been conducted as a scoping review following the methodological framework proposed by Arksey and O'Malley. Almost 5,000 records have been retrieved from Web of Science, PubMed and ClinicalTrials.gov.

The review focuses on adult patients living with at least two chronic conditions who require continuous interaction with healthcare professionals. During the screening process, only studies reporting measurable process indicators (either through formulas or questionnaires) were retained. The preliminary database includes 18 studies; this number might change if additional publications are identified through snowballing.

So far, more than 40 indicators have already been extracted and systematically classified according to several dimensions, such as the setting of care in which they are applied, the care pathway stage they refer to, and the data sources required for their calculation.

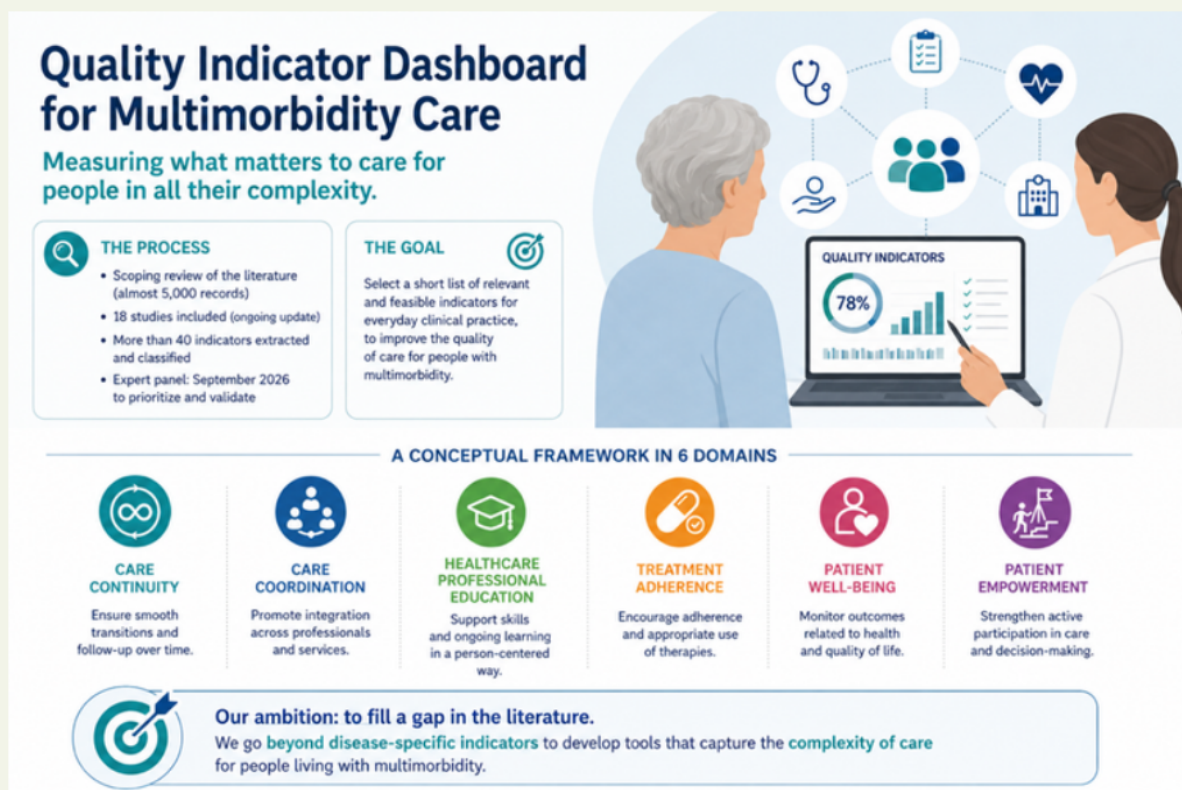
A preliminary conceptual framework has been developed to group indicators according to their main objective. Six domains have been identified, the first three evaluating healthcare delivery (care continuity, care coordination and education of healthcare professionals) whereas the latter focusing on patients' experiences and engagement in care (treatment adherence, patient well-being and patient empowerment.)

Work Package 3

Developing the methods for GerOnTe

Bocconi University

This initial classification will be further refined using established categories from the literature before being presented to the expert panel.



IMPLEMENT Study

Alongside the development of indicators, the data collection for the IMPLEMENT study has continued across all countries. In addition to the case vignettes interviews conducted in Belgium, Italy and the Netherlands, the Bocconi team has started the analysis of the French sites involved in the FRONE study.

To date, six centres have been interviewed: CHU Nice, CAL Nice, CAC Mougins, CH ST Malo and Centre Léon Bérard. (Note: this lists five centres, not six — worth checking with Bocconi whether the count or the list needs correcting.) The objective has been investigating how the participation to the GERONTE project has influenced daily organizational practices and which structural factors have acted as barriers or facilitators to implementation.

Work Package 3

Developing the methods for GerOnTe

Bocconi University

Early findings show that the existing organizational context changes innovation uptake. For instance, the adoption of myPatientSpace was met with more resistance in those centres which had already adopted technological tools, with healthcare professionals reporting difficulties in replacing familiar systems. On the contrary, in one oncology center, participation in GERONTE strengthened multidisciplinary practices which had already been established but had previously received limited organizational recognition.

Across all participating sites, healthcare professionals have highlighted several benefits of the intervention. Regular patient monitoring through questionnaires and follow-up visits enabled earlier detection of frailty, helped prevent avoidable hospitalisations and reduced patients' feelings of loneliness and isolation. At the same time, the intervention increased nurses' workload and required additional travel for patients living far from the hospital.

These findings provide more context for interpreting the case vignette interviews conducted in the other participating countries. Indeed, beyond documenting organizational differences, the IMPLEMENT study aims to identify which organizational characteristics may better support the implementation of the GERONTE model.

Regarding the organizational differences across countries, preliminary findings confirm substantial heterogeneity in the organization of cancer care. Differences emerge throughout the entire care pathway, from referral to follow-up.

Starting from the access, although general practitioners remain the most frequent referral pathway across countries, patients may also resort to additional channels such as the emergency room or the direct access.

The diagnostic pathway also varies, in terms of the professionals responsible for initial assessment and coordination of care, as well as the sequence and timing of diagnostic tests. As a result, the length of the diagnostic process reflects organizational choices rather than simply the waiting time for individual examinations.

Work Package 3

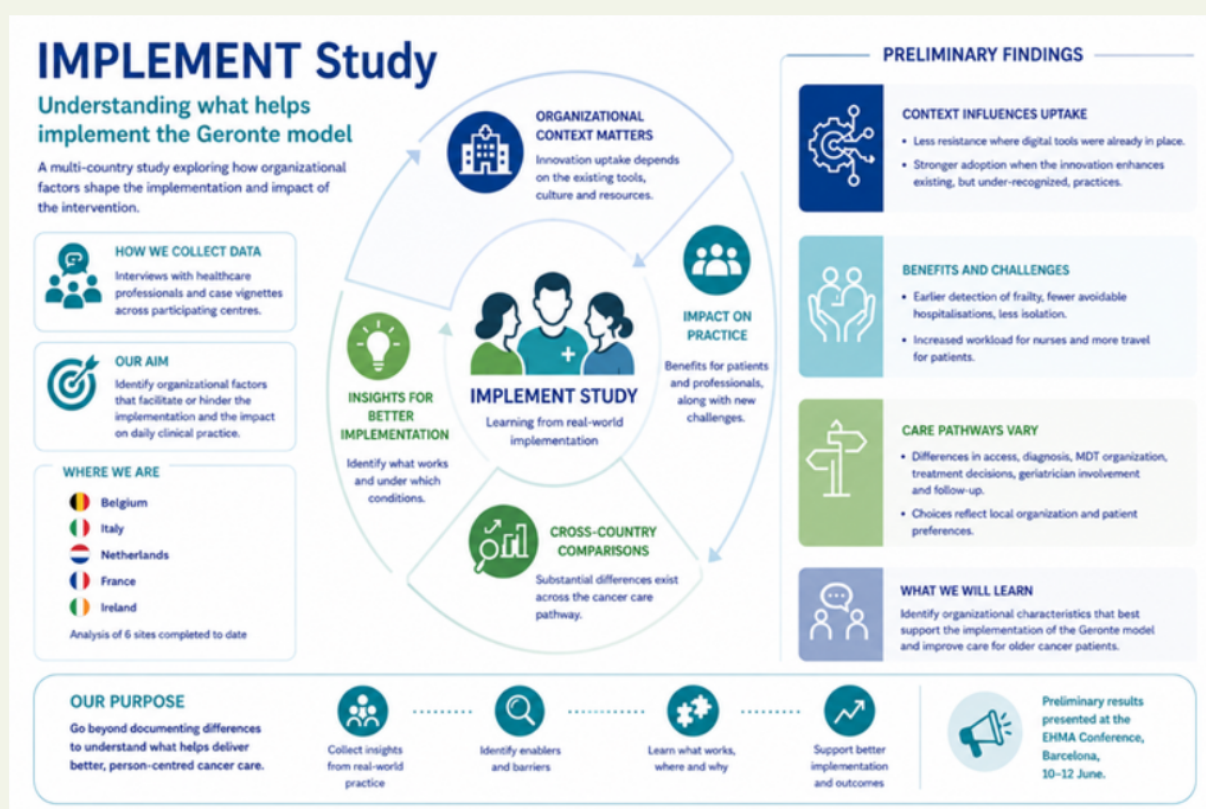
Developing the methods for GerOnTe

Bocconi University

Variation also exists in the organization of multidisciplinary teams, including their composition, the frequency and duration of meetings and the number of cases discussed. Moreover, not all patients are discussed in each phase of their care pathway. While some centres rely on multidisciplinary assessment to guide all treatment decisions, other hospitals prioritize rapid treatment initiation over multidisciplinary discussion and leave all the decisions to the professional in charge of the patient.

Treatment decisions underline the delicate balance between extending survival and preserving quality of life. While healthcare professionals generally agree on treatment strategies for early-stage cancer, they often adopt different approaches when managing patients with advanced disease.

The role of the geriatrician is not the same across centres, ranging from systematic participation to the multidisciplinary team to consultation only for selected complex cases. The most frequently reported reasons for the limited involvement of the geriatrician are staff shortages and patient unwillingness to perform additional tests.



Work Package 3

Developing the methods for GerOnTe

Bocconi University

Finally, the follow up phase differs across centres. Responsibility may be assigned to the GP, the oncologist or the organ specialist. Patients' preferences influence this organization, for example in some countries the oncologist remains the professional figure patients are most likely to contact when they need support.

These preliminary results were presented by Lucia Ferrara and Alessandra Maria Varricchio at the EHMA Conference, held in Barcelona from 10 to 12 June, "Managing integration in practice: Implementing the GERONTE model for older multimorbid cancer patients".

Work Package 4

Demonstration and validation

University Hospital Leuven

Since the last newsletter, the FRONE trial reached an important milestone with the end of the inclusion period on 14 April 2026. Overall, 372 participants have been enrolled in the study.

The study has now entered the follow-up phase, during which each participant is followed for 12 months from their respective inclusion date. Throughout this period, the coordinating team remains in close contact with all sites to continue providing tailored support according to their individual needs.

Over the past weeks, particular attention has also been given to data quality activities. The coordinating team has been working closely with the sites to address pending queries, reduce missing data, and prepare the next round of data validation and monitoring visits.

Work Package 5

EU-wide implementation roadmap

Dublin City University

The clinical trial and IMPLEMENT sites

GERONTE's Work Package 5 has continued data collection and analysis from the clinical trial and IMPLEMENT study sites to develop the 'GERONTE Implementation Guide' and 'Business Plan' to support EU-wide uptake and/or adaption of the GERONTE care pathway and technology. Data has been collected from all types of end-users (clinicians, hospital managers, and patient and technology representatives) through both direct and indirect feedback.

The GERONTE care pathway and technology

The feedback on the intervention has identified that the care pathway and technology provide a practical and comprehensive way to support integrated care through three core mechanisms.

The locally-developed multidisciplinary consortium (containing core clinicians), with structured meeting and decision-making processes, provides a team which has knowledge of the local and broader processes and services. This enables holistic integrated care efficiently and effectively by utilising and developing existing knowledge, networks, processes and services.

The utilisation of an Advanced Nurse Practitioner provides the dedicated professional, patient, service, and communication knowledge and experienced needed to co-ordinate the complex and varying care and support needs of older adults with cancer and to communicate and escalate information within a multidisciplinary team.

The novel, comprehensive, and adaptable technology provides a user-friendly way to structure, present, filter, share, and report complex multidisciplinary healthcare information.

The March 2026 newsletter provided an overview on the process, challenges, and facilitators to implementing the GERONTE care pathway and technology.

Work Package 5

EU-wide implementation roadmap

Dublin City University

IMPLEMENT sites

Work Package 5 data collection and analysis is being conducted by Dublin City University and Bocconi University with the support of all GERONTE Partners. Ireland is one of the healthcare systems included in the IMPLEMENT study.

As part of the IMPLEMENT study, study participants are presented with core details relating to the GERONTE intervention. Data collection and analysis across the Irish sites have *identified critical and common contextual factors that impact the implementation process, the early and sustained adoption, and the effectiveness of integrated care and technology in healthcare.*

Contextual factors include broader policy and resource support, the support of local governance and management, the presence and support of local multidisciplinary teams, the baseline level of local services and processes, the range and complexity of patient needs, and the business approach, priority, and support for integrated care. This data collection is on-going and will be reported on completion.

Work Package 6

Stakeholders' engagement and ethical issues

E-seniors

Work carried out as part of WP6 up to June 2026

During the first half of 2026, the partner organisations in WP6 focused on finalising, publishing and promoting the latest results produced under WP6 to all stakeholders, with the support of MPS. Whilst 2025 was devoted to updating the tools and resources developed for training on the GERONTE care pathway and the correct use of the GERONTE tools (Dashboard and Patient App), through user manuals, videos and audio recordings for patients, training materials for healthcare professionals, and guides on specific features of the GERONTE tools, 2026 is indeed dedicated to promoting these resources.

Alongside the publication of these materials on Zenodo, the WP6 partners jointly reviewed the recent results produced by the co-creation sessions (training of medical teams at clinical sites for clinical trials, small-scale pilots, initial patient/medical teams feedback), and updated the recommendations formulated last year as part of the "Practical guidebook for the methodology of co-creation sessions", in order to ensure the replicability of the GERONTE Care Pathway across other healthcare organisations. These recommendations emphasise the role of the APN at every stage, as a crucial link between all stakeholders; the importance of high-quality onboarding for medical professionals, with the option of providing refresher training as clinical trials progress; and the reliable and efficient organisation of a system for continuously collecting medical and technical feedback in order to constantly improve the GERONTE tools.

Work Package 6

Stakeholders' engagement and ethical issues

E-seniors

Patient workshops

To further disseminate the results of WP6 and GERONTE, the University of Bordeaux organised a patient workshop on the 15th of June 2026. It brought together participants with diverse experiences of cancer, including individuals undergoing treatment and others in remission, to gather feedback on our digital care coordination platform. Following an introduction to the project and its goal of improving communication between hospital and community healthcare professionals, participants heard from a research nurse who shared how the platform supports patient follow-up and multidisciplinary care. They then took part in interactive sessions to either test the platform or identify features they would like to see. Participants highlighted the need for a directory of healthcare professionals and support services, an integrated appointment calendar, secure messaging with healthcare teams, access to Therapeutic Patient Education programmes, psychological symptom reporting, and simplified administrative support. They also provided valuable feedback on usability, recommending clearer icons, simpler terminology, and intuitive colour coding. While some requested features, such as nutritional advice and offline questionnaire completion, which are already available, others will help inform future developments. The workshop demonstrated the importance of involving patients in the co-design process and provided valuable insights to ensure the platform better meets users' needs while supporting more coordinated, patient-centred cancer care. Further patient workshops are currently being organised with the other members of WP6, to take place by the end of 2026.



Work Package 6

Stakeholders' engagement and ethical issues

E-seniors

Dissemination of WP6

During the first half of 2026, now armed with results accessible to all audiences and finalised technical tools, the members of WP6 continued to work towards their objective of disseminating the project's results to as wide an audience as possible. For example, the team focused on presenting the GERONTE Care Pathway to the general public through two dissemination events organised in Paris by the E-Seniors association. The participants, drawn from civil society, represented a diverse audience, all of whom were interested in and affected, either directly or indirectly, by the solutions developed by GERONTE: people aged 60 and over, carers, trainers and other members of NGOs and organisations dedicated to supporting older people and safeguarding their wellbeing, local representatives and elected officials, and workers in the care and health sectors... They all met on 27 January, and again on 18 June 2026, to discuss the findings of GERONTE and reflect on the role of new technologies in the daily lives of patients and their medical and informal carers.



27 January 2026



18 June 2026

Work Package 7

Communication, dissemination, exploitation

International Society of Geriatric Oncology (SIOG)

Executive Summary

SIOG continued to advance GERONTE's communication and dissemination as well as assistance in the exploitation objectives during the fourth reporting period. The work package remains structured around three core aims: generating awareness of GERONTE, disseminating guidelines, good practice and project conclusions, and developing an exploitation strategy for the project's innovative outputs.

The core communication infrastructure is substantially complete. D7.1, D7.2 and D7.3 are reported as fully achieved, covering the visual identity, website and social media presence, and brochure. D7.4, the Engagement Report, is ongoing at 50%. D7.5, the end-of-project one-day symposium, is reported at 0% with a deviation against the target delivery timing.

Dissemination reach increased materially. The consortium logged 54 dissemination initiatives, reported 77 publications tracked at Zenodo as of March 2026, and achieved 13,615 total views and 5,568 total downloads for scientific outputs. Compared with Reporting Period 3, publication views increased by nearly 60% and downloads by over 90%.

Forward activity is centered on SIOG Annual Meeting campaigns in 2026 and 2027, including a Valencia campaign with a dedicated booth, GERONTE tool demonstration, B2B meetings and publicized presentations, followed by a Luxembourg campaign focused on GERONTE results through abstracts and a dedicated session.

WP7 Objectives

Generate awareness of GERONTE among relevant clinical, research, patient, policy and professional audiences.

Disseminate guidelines, best practice and conclusions from GERONTE.

Create an exploitation strategy that supports an optimal commercialization route for the project's innovative outcomes.

Work Package 7

Communication, dissemination, exploitation

International Society of Geriatric Oncology (SIOG)

Task 7.1 Deliverable Status

Task 7.1 covers communication and dissemination activities led by SIOG with all partners across months 1 to 60. The fourth review presentation reports the following deliverable status.

Deliverable	Description	Reported status	Commentary
D7.1	Project personalized visual identity designed	100% achieved	Completed foundation for consistent project communications.
D7.2	Dedicated website, Twitter and LinkedIn accounts live	100% achieved	Core online channels were established; Twitter/X was later discontinued.
D7.3	Brochure	100% achieved	Completed dissemination collateral.
D7.4	Engagement Report	50% ongoing	Active deliverable requiring continued consolidation of engagement evidence.
D7.5	GERONTE end-of-project one-day symposium	0%; deviation on target delivery	Requires revised delivery plan and schedule alignment.

Work Package 7

Communication, dissemination, exploitation

International Society of Geriatric Oncology (SIOG)

Reporting on the recent updates in Communication and Dissemination Progress

Several changes have been initiated in response to recommendations from prior project reviews. These changes broadened the communication mix and placed more emphasis on accessible, audience-specific outreach.

Significant overhaul of the website, with further detail to be covered under the WP8 update.

Generation of additional video content.

Creation of a third LinkedIn page targeting a wider non-clinician and non-allied-health audience.

Discontinuation of the Twitter/X page.

Increased patient-engagement outreach.

SIOG Annual Meeting 2025 Campaign

The GERONTE marketing campaign at the SIOG Annual Meeting 2025 provided a concentrated dissemination moment. The campaign combined direct outreach, in-person visibility and video amplification.

Email campaign to key target contacts to encourage attendance at GERONTE events.

Dedicated exhibition booth.

Publicity around Nelleke Seghers' oral abstract presentation.

Live interviews with Pierre Soubeyran and Una Kerns at the SIOG x OncoDaily live interview stage.

Interview videos posted on the Annual Meeting site and the OncoDaily TV YouTube channel, cumulatively receiving approximately 5,000 views from just the OncoDaily TV YouTube channel.

Work Package 7

Communication, dissemination, exploitation

International Society of Geriatric Oncology (SIOG)

Dissemination Initiatives and Events

The consortium logged 54 dissemination initiatives, including publications, speaking engagements, abstracts and partner-led outreach. Examples reported in the review presentation include the following.

Partner or speaker	Examples of dissemination activity
Cindy Kenis	Presentations at UCLL and KdG postgraduate courses.
Marie-Claude Chantecaille	Regional Geriatric Society Annual Meeting.
Bridget O Sullivan	Duquesne University/DCU Nursing Research Study Summer School and DCU University Galway Research Meeting.
Una Kerns	National Clinician Conference in Ireland, All Ireland Cancer Summit and HLTH Europe.
Paul Davis	National Health Summit in Ireland.
Anthony Staines	EUPHA.
Pierre Soubeyran	International meetings between France-Canada and France-Morocco, French Society of Gerontology, Cancers de Seniors and EuNetCCC.

Work Package 7

Communication, dissemination, exploitation

International Society of Geriatric Oncology (SIOG)

Digital and Social Media Performance

Social and digital performance improved across several indicators during Reporting Period 4, particularly aggregate impacted users and GERONTE @SIOG website engagement. Twitter/X activity was discontinued, while LinkedIn, YouTube and website channels remained active.

Channel or metric	Goal or baseline	Reporting Period 4 result	Progress interpretation
Social media followers	5,000 estimated subscribers	723 followers	Increase from 567 followers in Reporting Period 3.
Social media impacted users	50,000 total impacted users	169,631 impacted users	Exceeded the impact goal and increased from 101,091 impacted users in Reporting Period 3.
Twitter/X	Previously tracked tweets, followers and impacted users	Discontinued	Channel retired following prior activity; continued tracking should reflect the channel change.
LinkedIn	N/A	82 public page followers; 137 private page followers; 36 posts	Public page followers increased from 52 to 82; post count increased from 35 to 36.
YouTube	N/A	17 subscribers; 18 video uploads	Upload count increased from 12 to 18 between Reporting Periods 3 and 4.

Work Package 7

Communication, dissemination, exploitation

International Society of Geriatric Oncology (SIOG)

Channel or metric	Goal or baseline	Reporting Period 4 result	Progress interpretation
External newsletter	5,000 readers; 10,000 total impacted users	No new RP4 figure shown on the source slide	Earlier periods reported 53 and 153 subscribers; RP4 should be updated if current data exist.
GERONTE website	At least 10,000 hits; 10,000 total impacted users	No new RP4 figure shown on the source slide	Prior reporting showed 9,916+ views in RP1 and 68,540+ views in RP2.
GERONTE @SIOG website	N/A	371 views; 175 users; 2.56 views per user	Continued improvement from 285 views, 131 users and 2.18 views per user in Reporting Period 3.

Work Package 7

Communication, dissemination, exploitation

International Society of Geriatric Oncology (SIOG)

Publications and Scientific Output Visibility

As of March 2026, the review presentation reports 77 publications tracked at Zenodo and highlights substantial growth in scientific output visibility since the previous reporting period.

Output type reported in the presentation	Count
Datasets	17
Journal articles	17
Project deliverables	27
Presentations	13
Abstracts/posters	2
External newsletters	1
Total views	13,615
Total downloads	5,568

Work Package 7

Communication, dissemination, exploitation

International Society of Geriatric Oncology (SIOG)

The presentation compares Reporting Period 3 and Reporting Period 4 results: total publication views increased from 8,524 to 13,615, a growth of nearly 60%; total downloads increased from 2,924 to 5,568, a growth of over 90%.

Future Plans

SIOG Annual Meeting 2026 - Valencia

The planned 2026 GERONTE marketing campaign at the SIOG Annual Meeting in Valencia is positioned as a major opportunity for visibility, tool demonstration and decision-maker engagement.

Dedicated exhibition booth.

Demonstration of the GERONTE tool during the nurses' dedicated session.

B2B meetings with decision-makers in attendance.

Publicising all GERONTE presentations during the meeting.

Bridget Sullivan will present the GERONTE Participatory Rapid Appraisal and Focus Groups Co-design Method as a practical approach for integrating evidence-based change into routine practice at the SIOG Methods Group Session.

SIOG Annual Meeting 2027 - Luxembourg

The 2027 GERONTE marketing campaign at the SIOG Annual Meeting in Luxembourg is planned to publicize GERONTE results through abstracts and a dedicated session.

Work Package 8

Coordination

Extending the GerOnTe project timeline

The year began with the approval of our No Cost Extension by the European Commission, allowing GERONTE to continue its activities until 31 March 2027. Following the signature of the project amendment on 23rd February 2026, we were able to revise the timeline for deliverables.

We also reached the end of the fourth reporting period on 31 March 2026 and successfully submitted our periodic report. This was followed by the submission of the technical report and financial statements from all partners. The project then underwent its periodic review on 23 June 2026 with the European Commission, which went well and resulted in positive feedback from both the experts and our Project Officer. We are now entering the fifth and final period of the project.

Our LinkedIn page continues to grow, with more than 98 followers and regular posts published at least twice a month. This communication campaign will continue until the end of the fifth period.

We have also updated the GERONTE website, including the integration of a new patient page to improve the accessibility of our project. In addition, new videos presenting each Work Package have been published. This series is still ongoing and will be completed soon.



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Geronte H2020 project



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Geronte H2020 project

Learn more at
geronteproject.eu

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