Erasmus+

# ONCOLOGY GAMES

## SPORT ACTIVITIES MANAGEMENT PLAN

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## 1. Aims of the Sport Activities Management Plan

The Sports Activities Management Plan is an important operational document for the Partnership Consortium that was formed within the Erasmus + Sport ONCOLOGY GAMES project to ensure the full realization of preparatory, collateral and closely related sport activities regarding the project's core, the transnational manifestation ONCOLOGY GAMES.

The Sport Activities Management Plan forms the WP 3.1 of the project and, in accordance with the time-table provided in the Project Management Plan, represents a continuous work in progress realized with the contribution of all partners, each according to specific tasks, and it will end only with the beginning of the Oncology Games.

The successful organization of this Sport Demonstration is built on a careful, methodological planning and a logical, well managed structure. The process includes setting goals and the elaboration of objectives, resource requirements and schedules for achieving these goals.

Sport Activities Management Plan is oriented to both the organisational performance, and the ability to provide a quality service centering the goals the project wants to achieve with minimal waste of resources so as to combine the best possible efficiency and effectiveness. The main task of the Plan will be to provide details about the forecasted results. Therefore, the design of the sport demonstration will cover all the preliminary steps required for its subsequent implementation. It will consist of the definition of contents, suppliers, consultants, media, location/s, testimonial and speakers (side-activities), sponsors, measures to safeguard security, contingencies and risks, to be put in place for the organisation. The Plan will also define the involvement of stakeholders and supporting Institutions (public and private bodies at local, national and international level).

In particular, the Plan will define methodologies and tools related to:

- training activities for athletes suffering from cancer, to be organized in Italy, Spain, United Kingdom, Poland, Greece and Bulgaria;
- training activities for coaches to be organized in Italy, Spain, United Kingdom, Poland, Greece and Bulgaria;
- training activities for organizers, medical teams and volunteers to be realized in all participant countries;
- logistics, equipment, hospitality, security procedures related to the event;
- implementation of sport demonstration, Oncology Games in Rome;
- collateral activities for sports activities (conferences, seminars, workshops) that will be organized in Rome;
- stakeholders and supporting institutions;
- external communication and media engagement.

## 2. Introduction about the ONCOLOGY GAMES

On the basis of sound scientific evidence summarized in the shared document "The importance of Physical Activity In Cancer Treatment And Prevention" by Chiara Bennati, MD Ausl della Romagna, Ravenna (Italy) and in the following paragraphs, the ONCOLOGY GAMES project intends to carry out sport activities at European level that promote the importance of physical activity for the health, social inclusion and well-being of people with cancer. These activities can help to determine good practices that could in future be replicated in conjunction with the Olympics and/or Paralympics.

The Oncology Games are more than a sporting event. The main objective of the project is to demonstrate that with adequate physical activity and a sporting mentality, the cancer can be combated or, at least, it is possible for patients to live a life without feeling "sick", or feeling like " A sick who does not feel bad ": this leading a life much closer to normality, also with reference to daily activities, while struggling with inevitable functional and organic problems.
Consistent with this general objective, the project outlines which specific objectives:

- To encourage and support the promotion of sports ethics for all people with cancer, and to show them how specific sports could be more useful than a state of depression and mourning;
- to encourage and support initiatives on sport culture and sport education;
- to encourage and support the development of sport for all;
- to encourage and develop measures to protect athlete's health and its physical and psychological integrity.

The main expected result of this project is to infuse people with cancer the certainty that sport can lead to perceiving and living the disease differently and to achieve positive results. Secondly, these activities will certainly help to increase the attention and dissemination of sport and health issues at European level, to implement and encourage participation in sport and physical activity, also with reference to the rest of citizenship.

The ONCOLOGY GAMES workplan is organized as a set of 6 workpackages (WPs) implemented over the 18 months of the project duration, from 1 January 2017 to June 30, 2018.

This document mainly refers to Workpackage WP 3.1 - Planning of the Sport Demonstration - but it will concerns the entire WP 3 and also at least the activities of WP 2.2; WP 4.1; WP 5.1. 5.2; WP 6.1 with the following general structure and schedule:

| ACTIVITY | START DATE | END DATE | LEAD PARTNER | DESCRIPTION OF ACTIVITY |
|---|---|---|---|---|
| WP.2.2 Production of the physical activity guidelines | 01.05.2017 | 30.06.2018 | AVANTI TUTTA (Medical staff) | Definition of the guidelines for the physical activity. The document will be elaborated in English by the medical Staff of Avanti Tutti with a relevant support of the CONI - Italian partner. |
| WP 3.1 Issue of the sports activities Management Plan | 01.06.2017 | 31.05.2018 | CONI | The Sports Activities Management Plan will be the guidelines where all activities will be fully described and scheduled, according to the steps to be followed for the development of the sport activities. |
| WP 3.2 Training course for Coaches | 01.10.2017 | 31.01.2018 | CFE | Organisation of 12 days of training sessions for coaches in each partner country – 5 participants for each national team. |
| WP 3.3 Workshop for Medical Equip | 01.06.2017 | 31.05.2018 | AVANTI TUTTA (Medical staff) | Within the coaches training days in each partner country, one day will be devoted to the coordination and exchange of experiences between doctors and coaches. At the same time, an identification of all other national medical equips will be put in place. |
| WP 3.4 Training course for Organisers and volunteers | 01.03.2018 | 30.06.2018 | TEACHSPORT | 12 training days (2 days in each participating country) are foreseen in order to plan and assign roles and responsibilities to all Staff involved in the organisation and to detail all specific activities to be carried out by all areas concerned: Organization, Logistics, Sponsor, Marketing & Communication, Administration, volunteers. - 10 participants for each national team |
| WP 3.5 Planning and organisation of side-activities | 01.06.2017 | 31.05.2018 | TUCEP | Design of the side-activities during the sport demonstration and competition, in order to make people aware and to spread the message of the importance of these issues in preventing and/or managing diseases (four seminars, one exhibition). |
| WP 4.1 Training for sports people | 01.02.2018 | 30.06.2018 | EILD | Selection of the participants (at least n.3) to the training activities in each partner country on the basis of attitudes, skills and availabilities.<br>Development of one training course for sports people of 32 days in Italy, United Kingdom, Spain, Bulgaria, Greece and Poland.<br>The training will be organised and carried out in each partner country with the strict collaboration of the local medical equips. |

| | | | | |
|---|---|---|---|---|
| WP 5.1 Sport Demonstration _ transnational competition | 24 June 2018 | 24 June 2018 | CONI | The event will run in Rome for 3 days (2 days competition + 1 day travel) and will involve from 3 to 5 sportspeople delegations coming from each of the partners countries.<br>The disciplines that will be performed have been identified by the Medical Equip and have been redefined after the sportspeople selection. They are as follows: 60m – 100m – 200m - 400m – 800m - 1500m – relay race (4 x 100) – Shot put – Nordic Walking |
| WP 5.2 Realisation of side activities | 23-24 June 2018 | 23-24 June 2018 | TUCEP/ AVANTI TUTTA | The following side activities will be carried out during the sport demonstration and competition in Rome:<br>– N. 4 seminars on *Nutrition and diseases, Prevention of cancer disease, Improving physical activities, Forthcoming medicaments and supplements*<br>– N. 1 exhibition on FIT-NUTRI-ONCOL-FUN. |
| WP6.1 Preparation of the Dissemination & Exploitation Plan | 01.01.2017 | 30.06.2018 | WSBINOZ | Preparation and update along the project life of the section of the Dissemination & Exploitation Plan, to be included in the Project Management Plan, defining strategy and tools for project results dissemination and exploitation. |

An organisational structure will be needed to be in place to manage the numerous and interrelated operations required to deliver the event. The simplest solution might be that the organizational structure is represented by the same Project Management Committee which could act as Sports Demonstration Committee, so to avoid duplicating management structures.

Alternatively, to regulate the cooperation among the different participant organisation in view of the numerous and complex activities related to the preparation and implementation of the OG, it is advisable – as foreseen in the project design - to evaluate the idea of setting up a specific Sports Demonstration Committee involving the Coordinator, a representative for each partner organisation and medical staff. This Committee would take decisions concerning all the relative issues to health and safety of participants, the organisation and the successful completiness of the demonstration. In this case, each partner will identify a responsible to coordinate its own national network and to take care of the relationships with the other national responsible persons.

In general, for preparing this event the points should be considered are the following:
• Co-ordination of the organisational structure with the event plans;

- Definition of roles and responsibilities;
- Delegation of authority and accountability;
- Management of human resources.

It is critical that there is a clear link between every single activity identified in the plans and the organisational structure.

### 3.1 Principles, contents and organisational issue for athletes (WP 2.2; WP 4.1)

According to the White paper on sport (EC 2007) which states that "*sport attracts European citizens, with a majority of people taking part in sporting activities on a regular basis. It generates important values such as team spirit, solidarity, tolerance and fair play, contributing to personal development and fulfilment. It promotes the active contribution of EU citizens to society and thereby helps to foster active citizenship*", the scope of these WPs is to enhancing the sport's role in promoting greater social inclusion. Sport can bring people together, expand and strengthen social ties and networks, link people to resources and provide them with a sense of belonging. Social relationships are often lacking for people who are marginalized like persons with cancer.
By engaging these individuals in sport activities with other community members, sport creates a shared space and experience that helps break down negative perceptions and enables people to focus on what they have in common. This is an important step both in enhancing these individuals' self-concept and emotional health and in promoting healthy attitudes and behaviours.
In a community where people are often defined in terms of their needs and deficits, sport provides a powerful counter-balance to these perceptions.
Participating in sport draws on people's strengths and assets — energy, enthusiasm, natural and acquired skills, the desire to excel — and the universal capacity for fun and enjoyment. With this way, well-designed sport programs that are inclusive, fair, fun and promote excellence at all skill levels help to empower participants and build self-esteem.
The acquisition of sport skills and life skills, the acceptance and friendship of others, the attention and guidance of coaches, and the examples set by them and other positive sport role models, encourage sport participants to believe in themselves, in others, and in their future.

As far as athletes are concerned, the activities described below - in terms of access criteria, sport disciplines and content - have been elaborated by CONI with contribution of its Istituto di Medicina e Scienza dello Sport on the basis of Physical Activity Guidelines (WP 2.2), which are an integral part of this document.

To achieve the goals outlined above, the first step is to select athletes / cancer patients who will participate in national training sessions where the objectives of the project will be explained and shared and the athletes will be prepared for the activities to be carried out.

### 3.1.1 Selection criteria

On the basis of document Preliminary medical eligibility criteria, the main selection criteria for athletes (cancer patients) are the following:

- At least 18 years of age at diagnosis;

- Diagnosis of metastatic solid cancer;

- Written informed consent from all participants;

- Medical certificate with all the information indicated in the Medical Guidelines which specify whether, on the basis of these examinations, the patient is eligible to participate in a sports competition.

All reports must be in English language.

For a more precise definition of the profile of Athletes participating in the OG, the Physical Activity Guidelines have been created in synergy between Dr. Bennati (Avanti Tutta / Oncologia Medica Ravenna) and the Institute of Medicine and Sport Science of CONI in the person of Director prof. Antonio Spataro.

In general, according to the pilot's character of the project and its main objective to promote the importance of physical activity for health, social inclusion and the well-being of people with cancer, it is not necessary to emphasize the competitive aspect of the Sport Demonstration and therefore not considered necessary in the selection of participants that they already possess experienced sports practice.

The athletes will be selected by each partner with organisational autonomy at national level, under the supervision and coordination of the Project Management Committee.
Each partner will select at least 3 athletes who will take part in the Games plus 2 reserve athletes on the basis of attitudes, skills and availabilities, within the list of sport disciplines referred in the following paragraph.

Selection of participant will start on August 2017 and end on January 2018

### 3.1.2 Methodological considerations and choice of sport disciplines

The ACS (2012) categorized the sports activities based on their intensity (moderate and vigorous), including both individual and team sports disciplines. In particular (ACS, 2012), **among moderate intensity sports, the following disciplines have been considered: Downhill skiing, golfing, volleyball, softball, baseball, badminton, doubles tennis. Conversely, Cross-country skiing, soccer, field or ice hockey, lacrosse, singles tennis, racquetball, basketball have been considered as vigorous sports. Furthermore, also exercise and leisure activities may be considered as of moderate (i.e., Walking, dancing, leisurely bicycling, ice and roller skating, horseback riding, canoeing, yoga) or vigorous (i.e., Jogging or running, fast bicycling, circuit weight training, swimming, jumping rope, aerobic dance, martial arts).**

Given that the recent guidelines accommodate chronic conditions and the health status

of the individual (Doyle et al., 2006; Nelson et al., 2007), there was consensus that the exercise objectives noted above are generally appropriate for cancer survivors. **However, it is recognized that exercise programmes may need to be adapted for the individual survivor based on their health status, treatments received, and anticipated disease trajectory.**

Among treatments, cancer patients may receive minor/major surgery, often associated with ionizing radiation treatments and/or chemotherapy. Furthermore, type and duration of the treatment is extremely individualized, depending on the type and severity of the cancer. This aspect has to be considered when planning exercise programmes in this particular population. To better evaluate a cancer survivor's exercise tolerance and prescribe a safe and effective exercise programme, it is necessary to understand the specifics of a cancer survivor's diagnosis and treatments received. Further, these effects will need to be understood in the context of existing health (premorbid conditions) and fitness levels before cancer diagnosis (ACSM, 2010). By understanding the treatments received, it may be possible to review the body systems adversely affected and that may have positive or negative implications for exercise tolerance and training. Furthermore, it should be considered that the adverse effects of cancer treatments may be immediate, resolving during a period of days or weeks, or may be persistent, lasting years after treatment is completed, including effects on multiple body systems relevant to exercise training, such as cardiovascular, musculoskeletal, nervous, endocrine, and immune (Aziz and Rowland, 2003; Hewitt et al., 2003).

Cancer diagnosis and treatment affect numerous body systems that are required for and affected by exercise training, including the neurologic, musculoskeletal, immune, endocrine, metabolic, cardiopulmonary, and gastrointestinal systems. Due to the fact that medical treatments are increasingly customized according to specific cancer characteristics, fitness professionals may benefit from contacting the medical treatment team for more precise information regarding the treatments received (ACSM, 2010).

In planning interventions in clinical cancer patients, the protocol should consider several exercise parameters (e.g., mode, frequency, intensity, duration) for a given cancer site at a particular phase of the cancer trajectory (e.g., during chemotherapy, survivorship, end of life) and for specific end points (e.g., fatigue, physical function, QOL, survival). Thus, exercise testing before exercise prescription is strongly recommended for the assessment of potential risks and threats associated with a physical activity programme and to adapt the intervention on an individual base. In this regard, a number of guidelines have been proposed (ACSM, 2010; Segal et al., 2017).

From the above mentioned assumptions, it is well stated that to include participants in the ON GAME Project several aspects should be considered. In particular, each individual participant should be screened in order to identify his/her specific needs (health status, type and severity of the cancer, treatments received), to assess his/her fitness level, and to avoid any contraindications (Stefani, Galanti and Klika, 2017) for participating in the project. Then, after having assessed each relevant aspect which could affect the participation in the sports disciplines, each participant should be guided to choose the most suitable sport activity.

Regarding all these statements, it is clear that there is in principle no objection that a well-trained athlete, even in the presence of oncological illness, can also practice high-intensity disciplines. The example of Leonardo Cenci is illuminating in this regard and leads to the conclusion of the need for targeted assessments on a case-by-case basis.

But in the choice of the disciplines to be included in the OGs, there are also some practical elements that lead to the exclusion of many disciplines due to the difficulty in finding a large number of athletes (eg team sports) and for reasons related to the availability of facilities (cycling, swimming, golf) or the season (winter sports).

In conclusion, taken into account the most symbolic than spectacular significance of this pilot event as well as budget limits, it is considered that the best organizational option is to address essentially - as in the initial programming - the various athletics specialties such as: 60m – 100m – 200m - 400m – 800m - 1500m – relay race - marathon


1. ACS (2012). American Cancer Society guidelines on nutrition and physical activity for cancer prevention. CA: A Cancer Journal for Clinicians. 62(1):30-67.
2. ACSM (2010). American College of Sports Medicine Roundtable on Exercise Guidelines for Cancer Survivors. Medicine & Science in Sports & Exercise 42(7):1409-26.
3. Aziz NM, Rowland JH. (2003). Trends and advances in cancer survivorship research: challenge and opportunity. Semin Radiat Oncol. 13:248–66.
4. Doyle C, Kushi LH, Byers T, et al. (2006). Nutrition and physical activity during and after cancer treatment: an American Cancer Society guide for informed choices. CA Cancer J Clin. 56:323–53.
5. Hewitt M, Weiner SL, Simone JV, editors. Childhood Cancer Survivorship: Improving Care and Quality of Life. Washington (DC): National Academies Press; 2003. p. 1–224.
6. Nelson ME, Rejeski WJ, Blair SN, et al. (2007). Physical activity and public health in older adults: recommendation from the American College of Sports Medicine and the American Heart Association. Medicine & Science in Sports & Exercise 39(8):1435–45.
7. Segal R, Zwaal C, Green E, Tomasone JR, Loblaw A, Petrella T, Exercise for People with Cancer Guideline Development Group (2017). Exercise for people with cancer: a clinical practice guideline. Current Oncology – A Canadian Cancer Research Journal. 24(1):40-46.
8. Stefani L, Galanti G, Klika R (2017). Clinical Implementation of Exercise Guidelines for Cancer Patients: Adaptation of ACSM's Guidelines to the Italian Model. J. Funct. Morphol. Kinesiol. 2, 4; doi:10.3390/jfmk2010004.

### 3.1.3 Training

In 2009, the American Cancer Society (ACS) estimated that the number of new cases of diagnosed cancer and of deaths due this disease is increasingly growing worldwide (ACSM, 2010). In particular, improved prognosis based on earlier detection and newer treatments has created a welcomed new challenge of addressing the unique needs of cancer survivors (ACSM, 2010). In this framework, in the last two decades, it has become clear that exercise plays a vital role in cancer prevention and control before and after diagnosis, with objectives for exercise programmes in each phase (Courneya, 2003; Stevinson et al., 2004; ACSM, 2010).

Potential benefits of exercise include helping to preserve or restore cardiopulmonary function, muscle and bone strength, and mobility, all of which can be adversely affected by cancer therapy. Furthermore, exercise may help promoting psychological well-being following cancer diagnosis and treatment (Stevinson et al., 2004). Conversely, there may be risks associated with exercise for cancer patients, particularly possible exacerbation of fatigue – an important symptom that affects more than half of all patients to a significant degree (i.e., Curt, 2001).

Regarding the type of exercise intervention, a huge body literature reported positive effects in relation to the aerobic fitness, the muscular strength and the flexibility, also when considering different type of cancers (Galvao and Newton, 2005; ACMS, 2010; Granger et al., 2016; Runowicz et al., 2016; Vallerand et al., 2017). Many researches (Stevinson et al., 2004; Galvao and Newton, 2005; Hayes et al., 2009; Spence et al., 2010; ACS, 2012; Segal et al., 2017) highlighted a high variability in exercise interventions in different considered studies, providing a number of guidelines and recommendations for exercise prescription.

In general, the key US DHHS guideline for aerobic activity focused on an overall volume of weekly activity of 150 min of moderate-intensity exercise or 75 min of vigorous-intensity exercise or an equivalent combination. Guidance for strength training is to perform two to three weekly sessions that include exercises for major muscle groups (Haskell et al., 2007; Runowicz et al., 2016). Flexibility guidelines are to stretch major muscle groups and tendons on days that other exercises are performed (Haskell et al., 2007; Nelson et al., 2007; Runowicz et al., 2016).

Other researches (Hayes et al., 2009; ACS, 2012) focused on more detailed exercise prescriptions. In particular (Hayes et al., 2009; Galvao and Newton, 2005), aerobic-based exercise should be characterized by a frequency ranged from 1-6 days/week; a duration ranged from 10-60 minutes per session; and an intensity ranged from low to moderately-high (50-85% of maximal effort/heart rate). Regarding resistance-based exercise, the frequency should be ranged from 2-3 times/week; exercising both large muscle groups (e.g., leg press, chest press) and smaller muscle groups (e.g. bicep curls) by doing 1-4 sets of 6-20 repetitions at intensities of 50-80% of one-repetition maximum (1-RM) or to tolerance or failure).

Training activities for athletes (cancer patients), to which WP 4.1 refers, will be organised in national sport training centres. National training sessions are provided to explain and share project objectives and to prepare participants to the activities that will be realised.
The training sessions are needed to guarantee the participants safety and the effectiveness of the planned activities.
The training will be organised and carried out in each partner country with the strict collaboration of the local medical equips.
Deliverables:

- 1 training period of sportspeople (32 days for each participating country – 2 days per week per 4 months) in each partner country. Involvement in the training period of at least 3-5 sportspeople for each participating country.

Timeline: from January to June 2018

| ACTIVITY | START DATE | END DATE | LEAD PARTNER | DESCRIPTION OF ACTIVITY |
|---|---|---|---|---|
| WP 4.1 Training for sports people | 01.01.2018 | 30.06.2018 | EILD | Selection of the participants (at least n.3) to the training activities in each partner country on the basis of attitudes, skills and availabilities.<br>Development of one training course for sports people of 32 days in Italy, United Kingdom, Spain, Bulgaria, Greece and Poland.<br>The training will be organised and carried out in each partner country with the strict collaboration of the local medical equips. |


1. ACS (2017). American Cancer Society (ACS) Nutrition and Physical Activity Guidelines after colon cancer diagnosis and disease-free (DFS), recurrence-free (RFS), and overall survival (OS) in CALGB 89803 (Alliance). Journal of Clinical Oncology 35(15):10006-10006.
2. Courneya KS (2003). Exercise in cancer survivors: an overview of research. Medicine and Science in Sports and Exercise 35(11):1846-1852.
3. Curt G (2001). Fatigue in cancer. BMJ 322: 1560.
4. Galvao DA, Newton RU (2005). Review of Exercise Intervention Studies in Cancer Patients. JOURNAL OF CLINICAL ONCOLOGY. 23(4): 899-909.
5. Granger et al. (2016). Understanding factors influencing physical activity and exercise in lung cancer: a systematic review. Supportive Care in Cancer: Official Journal of the Multinational Association of Supportive Care in Cancer. 25(3):983-999.
6. Haskell WL, Lee IM, Pate RR, et al. (2007). Physical activity and public health: updated recommendation for adults from the American College of Sports Medicine and the American Heart Association. Medicine & Science in Sports & Exercise 39(8):1423–34.

7. Hayes SC, Spence RR, Galvão DA, Newton RU (2009). Australian Association for Exercise and Sport Science position stand : optimising cancer outcomes through exercise. Journal of Science and Medicine in Sport , 12(4). pp. 428-434.
8. Runowicz et al. (2016). American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline. CA CANCER J CLIN 2016;66:43–73
9. Spence RR, Heesch Kr, Brown WJ (2010). Exercise and cancer rehabilitation : a systematic review. Cancer Treatment Reviews 36(2). pp. 185-194.
10. Stevinson C, Lawlor DA, Fox KR (2004). Exercise interventions for cancer patients: systematic review of controlled trials. Cancer Causes and Control 15: 1035–1056.
11. Vallerand JR, Rhodes RE, Walker GJ, Courneya KS (2017). Correlates of meeting the combined and independent aerobic and strength exercise guidelines in hematologic cancer survivors. International Journal of Behavioral Nutrition and Physical Activity. 14:44, DOI 10.1186/s12966-017-0498-7.

### 3.2 Principles, contents and organisational issue for coaches

With reference to the instructions and methodological contents of the training referred to in the previous paragraph, and in accordance with what will be stated in the Physical Activity Guidelines, the training of coaches will follow the general scheme:

- selection of n. 5 coaches for each partner country

- 12 training days for coaches to be held in each partner country in the space of four months. Training must be completed before the start of training activities for athletes.

As training contents of the course the following ones are suggested, but in fact each partner will be in charge of producing specific contents:
Day 1: Presentation of the Oncology Games project and Ice-breaking games
Day 2: Europe and Sports promotion
Day 3: Sports for health and Sports as a tool for social inclusion
Day 4: The oncological diseases and its prevalence in Europe
Day 5: Cancer treatments & the benefits of sports for cancer patients
Day 6: Psychological needs of cancer patients
Day 7: First Aids
Day 8: Testimony of cancer patients
Day 9: Nutrition and cancer disease
Day 10: Sport of athletics: history, events and competitions
Day 11/12: Each partner will organise these days regarding to their country, coaches, organization's needs.

- during the training days, a day dedicated to co-ordination with the medical team both for exchange of experience between doctors and coaches, and in order to arrange either the training for sportspeople and to plan specific activities that could be need during the event.

Timeline: selection from August to September 2017; training from September/October to December/January 2018

### 3.3 Principles, contents and organisational issue for medical equipes

Dr. Chiara Bennati (Avanti Tutta) with support of CONI have been elaborated the Physical Activity Guidelines and will be in charge of the relationships with the medical oncologists which already follow the cancer patients each partner is going to select. She will therefore coordinate the medical equips at transnational level, keeping strong relationships with the doctors who will be working in project countries.
Each partner will need to present the project to these medical oncologists, explaining the framework and send their contacts (obviously with their consent) for sharing medical issue with Dr. Bennati.
According to the application, they will be also invited to attend one day of the training with coaches for the coordination and exchange of experiences between doctors and coaches, in order to arrange either the training for sportspeople either to plan specific activities that could be needed during the event.

### 3.4 Principles, contents and organisational issue for volunteers

The recruitment of volunteers is necessary for most events and volunteer programmes have become an essential component. The recruitment involves selecting an appropriate number of people with the necessary skills to cover the organisation's current and imminent needs, and then assigning individuals to the sector that need them. Optimal recruitment is rarely achieved but generally internal recruitment is preferable for candidate's knowledge of the organization.

It's important to provide a training package, which will be organised and carried out in each partner country. This training will be realised in all participating countries for 2 days involving all staff members/other volunteers involved in the project and in the ONCOLOGY GAMES realisation who are not coaches or doctors.

Deliverable:

- n.12 days training course for sports demonstration organisers and volunteers (in all partner countries, 2 days) - 10 participants for each national team;

Once human resources have been recruited and prepared, it is important that they are motivated in an appropriate manner. It is necessary to know what people's expectations are: for example, each partner country could ascertain the volunteers motivation through a satisfaction questionnaire.

## 4. Implementation of the ONCOLOGY GAMES (WP 5.1)

The Oncology Games represent the heart of the project. They will be held in Rome as part of the international closing event of the project in June 23-24, 2018.

Duration: 2 days
Each partner country participate with 3 – 5 athletes.
Athletics disciplines performed (male and female):
60m – 100m – 200m - 400m – 800m - 1500m – relay race (4 x 100)- Shot put – Nordic walking

Side activities:
- n. 4 seminars on the following topics: Nutrition and diseases, Prevention of cancer disease, Improving physical activities, Forthcoming medicaments and supplements – participation of at least 20 people for each seminars.
- n. 1 exhibition on FIT-NUTRI-ONCOL-FUN – participation of about 300 people to the exhibition.

### 4.1 General agenda

| **22 June 2018<br>Park Hotel dei Massimi** | |
|---|---|
| **N.a.** | Arrival and accomodation at Park Hotel dei Massimi |
| **20:30** | Dinner at hotel restaurant |

| **23 June 2018<br>Park Hotel dei Massimi** | |
|---|---|
| **09:00** | Guided tour of Rome starting from the hotel lobby<br>A packed lunch will be prepared in the hotel restaurant. |
| **CONI, Largo Lauro de Bosis n.15** | |
| **09:30** | Partnership meeting and lunch at hotel restaurant (For project staff) |
| **Conference room FIN Foro Italico** | |
| **09:00 – 16:00** | ONCOLOGY GAMES workshops:<br>- The importance of nutrition in the prevention of diseases<br>- The prevention of cancer diseases<br>- Sport for enhancing physical activity<br>- Food supplements and new tools against cancer |
| **20:30** | Dinner at hotel restaurant |

| **24 June 2018<br>Stadio della Farnesina** | |
|---|---|
| **08:30 – 13:00** | ONCOLOGY GAMES - Meeting at Stadio della Farnesina and competions |
| **Pallotta Restaurant, Piazzale di Ponte Milvio, 23** | |
| **13:15** | Lunch |
| **Conference room FIN Foro Italico** | |
| **14:30** | International seminar, closure of the sport games and awarding |

| **25 June 2018<br>Park Hotel dei Massimi** | |
|---|---|
| **By 12:00** | Check out and departure |

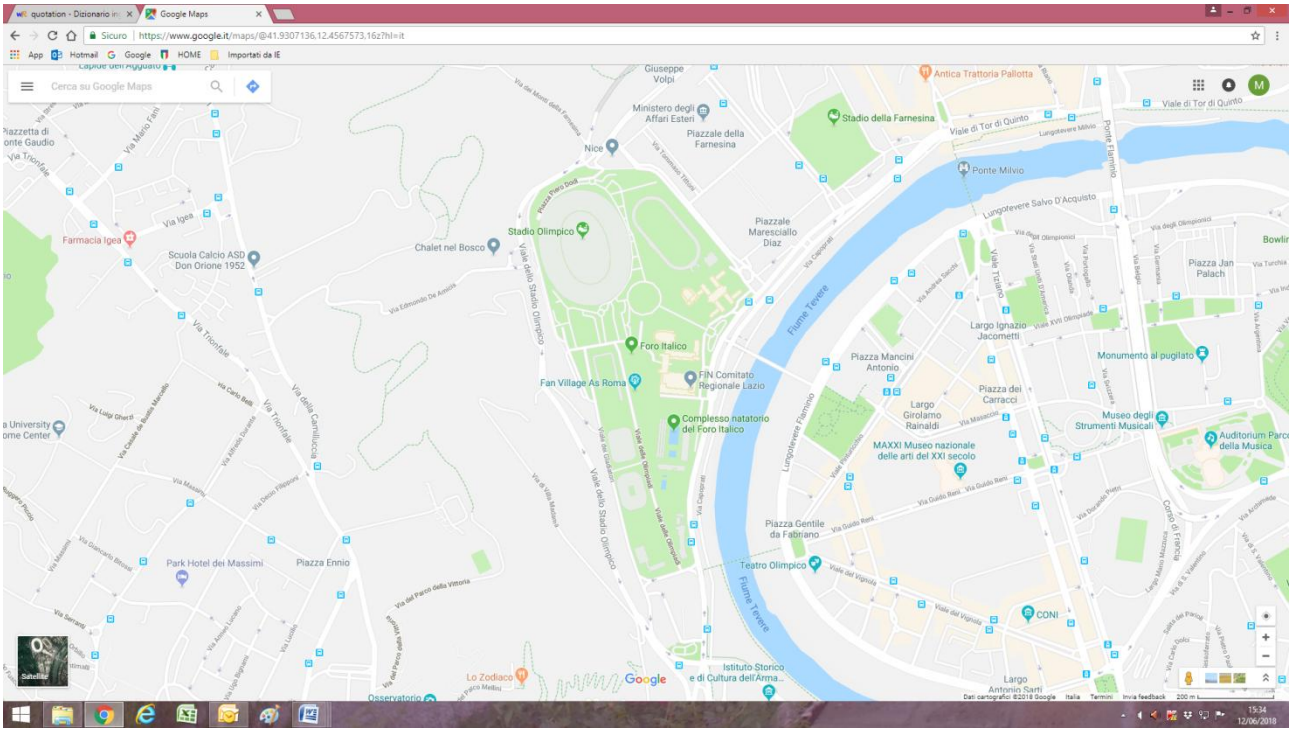
### 4.2 Logistic

Good logistics are essential for the smooth operation of an event and will greatly enhance the experience of those involved.
The event requires a large quantity of materials, facilities and amenities, some of which are sport related and others not.

#### 4.2.1 Organising amenities, sites and spaces specified to the event

**Sport Zone (Stadio della Farnesina)**
The Sport Zone is the heart of the event, prepared for the competition.
With the exception of the Nordic Walking race, all competitions will take place at the Stadio della Farnesina (https://www.facebook.com/pages/Stadio-della-Farnesina/112444755487055).
An accreditation site will be created for controlling access to identified areas at the competition venue. It will be important for all accredited personnel to be informed about the system and procedures. Also, the accreditation time is often an opportunity for delegation members to express particular requests.
The Sport Zone also will include areas for spectators. This area will be delimited to guarantee both the vision of the events and the rules of public order that guarantee the hygiene and security of public establishments.

The Nordic Walking race will be carried out in the adjacent Parco del Foro Italico, a green area of about 50 hectares where the most important sports facilities of the capital are located, such as the Olympic Stadium, the Stadio dei Marmi, the Tennis Stadium, the swimming pools.




**Service Facilities and Amenities**
A number of operations and activities must be carried out at competition venues. It is important therefore that these are understood and that written agreements are reached between Coordinator, stadium Management and third parts (for instance Italian Athletics

Federation for officials, Italian Timekeepers Federation) about respective roles, responsibilities and costs. Areas that organisers should consider in discussions include:
• Cleaning (including tribunes, toilets, offices and working areas, competition area)
• Directional signage (requirements, installation, removal)
• Access control and security
• Utility installation (supplies of power, water)
• Technology installation (phone lines, speaker)
• Installation of venue decorations
• Health and safety arrangements (including First Aid stations)
• Promotion of the event
• Media involvement
• Side activities: during the games, the exhibition FIT-Nutri-Oncol-FUN will take place. Associations and organisations which works in the field of sport, nutrition, health will present their activities showing printing materials and talking with ONCOLOGY GAMES audience.

**4.2.2 Travel, accommodation and subsistence**

Each partner will take care of their participants' journey from the country of origin and return and from the place of arrival (i.e. the airport or the main railway station) to the accommodation and return at the end of the event.
The organizers will take care of the local transport from the hotel to the places where the event will take place. It should be noted that due to the proximity of the stadium, the restaurant and the conference room, many trips will be made on foot.

The choice of accommodation for athletes and supporting people was made taking into account the following parameters:
• Suitability, quality and price for the particular group
• Proximity to the event venue and other official sites
• Ease of access for transport services and parking
• Availability, suitability and price of meals (especially extended meal service for athletes, competition officials and event management personnel)
• Availability of service areas (welcome/information desk, work and meeting/conference rooms, storage for event related equipment, space for event medical staff)

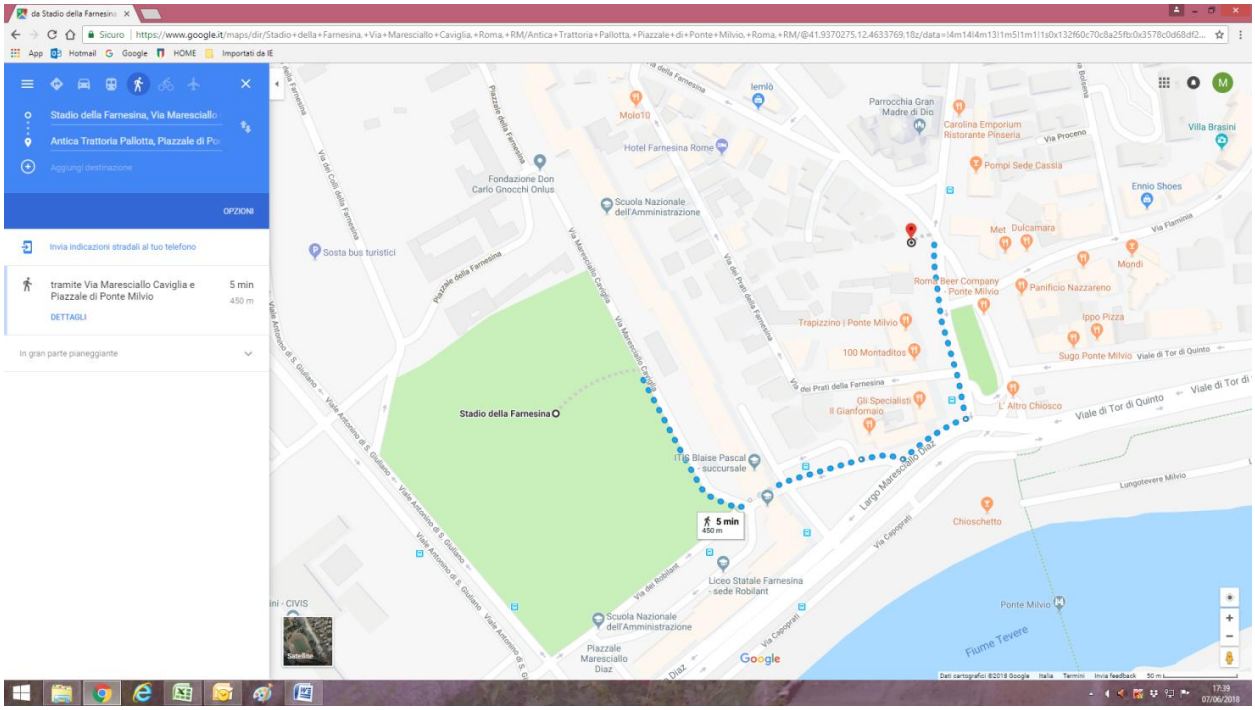
Based on these considerations, Park Hotel dei Massimi, quite near the Stadio della Farnesina where the activity will take place (http://www.massimiparkhotel.com), it was chosen. For all participants check in is foreseen on June 22nd and check out on June 25th.
The price quoted comprehends:

- dinner and overnight stay on June 22nd;
- breakfast, lunch, dinner and overnight stay on June 23rd[1];
- breakfast, dinner and overnight stay on June 24th;
- breakfast on June 25th

The lunch for 24th will be organized in a restaurant near the Stadio della Farnesina (http://www.ristorantepizzeriapallotta.com/), at the end of competitions. Each partner will pay for their staff and participants. Moreover the city tax (1 euro per person per day) and the transport from the airport to the hotel and back have to be considered as Hotel's additional costs.

[1] For athletes and their families/friends a guided tour of Rome is available, starting at 9,00 from the hotel lobby. A packed lunch will be prepared in the hotel restaurant.

2. Stadio della Farnesina and Ristorante Pallotta




## 4.3 Competion

The competition programme and timetable is as follows:

| ONCOLOGY GAMES - Rome, June 24th 2018<br>Stadio della Farnesina | |
|---|---|
| **08:15** | Meeting at hotel lobby |
| **08:30** | Meeting at Stadio della Farnesina |
| **09:00** | Women's 1500 metres<br>Men's 1500 metres |
| **9:45** | Women's 60 metres<br>Men's 60 metres |
| **10:00** | Women's 400 metres<br>Men's 400 metres<br>Women's shot put |
| **10:45** | Women's 100 metres<br>Men's 100 metres |
| **11:00** | Women's 800 metres<br>Men's 800 metres |
| **11:30** | Women's 200 metres<br>Men's 200 metres<br>Men's shot put |
| **12:00** | 4 x 100 metres relay |
| **12:30** | Nordic walking (Parco del Foro Italico) |

All the partners need to provide a sport uniform to participants.

All the partners need to provide an  insurance for athletes.

Each partner has to manage it at national level.

By CONI, however, an umbrella insurance will be available to cover the entire event.

To follow the competion:

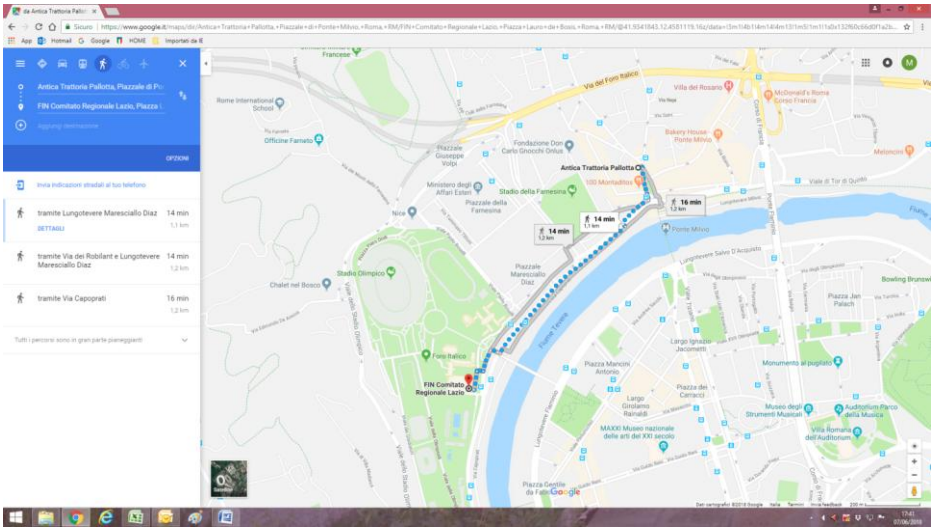
| **Pallotta Restaurant, Piazzale di Ponte Milvio, 23** | |
|---|---|
| 13:30 | Lunch |
| **Conference room  FIN Foro Italico** | |
| 14:30 | International seminar, closure of the sport games and awarding |

## 5. Side activities for sports people (WP 3.5)

*Before the competition*

| **23 June 2018**<br>**Conference room  FIN Foro Italico** | |
|---|---|
| **09:00** | ONCOLOGY GAMES workshop<br>The importance of nutrition in the prevention of diseases |
| **11:00** | ONCOLOGY GAMES workshop<br>The prevention of cancer diseases |
| **15:00** | ONCOLOGY GAMES workshop<br>Management of health emergencies during sports events |
| **17:00** | ONCOLOGY GAMES workshop<br>Food supplements and new tools against cancer |

Stadio della Farnesina and Conference room (Regional committee FIN- Italian Swimming Federation)



*During the game*

Exhibition FIT-Nutri-Oncol-FUN will take place at Farnesina stadium: associations and organisations which works in the field of sport, nutrition, health will present their activities showing printing materials and talking with ONCOLOGY GAMES audience.

## 6. Stakeholders and supporting institutions

| **Stakeholder** | **Main field** | **Contact person** | **Contribution to the project** | **Strategy to involve the stakeholder** | **Reference partner** |
|---|---|---|---|---|---|
| *Organisation or business name* | *Field of action/interest* | *First and last name, role* | | *i.e. direct contact, dissemination events, mailing, meetings...* | |
| FIDAL - Italian National Athletics Federation | National sport federation | | Supporting institution: referees, officials, speaker for competion | direct contact | CONI |
| FICr - Italian National Timekeepers Federation | National sport federation | | Supporting institution: timekeepers for competition | direct contact | CONI |
| FIN – Italian National Swimming Federation | National sport federation | | Supporting institution: Conference room for Oncology games workshops | direct contact | CONI |

## 7. External communication and media involvement

Two **press releases** will be issued, the first one a week before the event, the second one immediately after the event, so to communicate its main results. Press releases will be sent to all national mass media not only in Italy but also in project countries (TV, newspapers, online newspapers).
Specific **interviews** with athletes and organizers will be planned, by contacting the main TV networks and newspapers, so to communicate not only the project idea but also to make known the impact of the project path on the athletes at emotional, physical and health level.
**Posters**, **roll up** and **brochures** including the program of ONCOLOGY GAMES event

and side activities will be produced and spread in Rome and in the specific venue where games and side activities will take place. This, in order to keep the attention of citizens and favor the participation of the Italian audience in the event. All the materials will be issued both in Italian and in English.
All **published documentation** will be collected by the reference partners so to have a complete press review of the whole event.

# WORKPLAN & TIMELINE

**Oncology Games**

| WP | Activities | Responsibility | 2017 | | | | | | | 2018 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| WP 2.2 | Production of the Physical Activity Guidelines | AVANTI TUTTA | | | | | | | | | | | | | |
| WP 3.1 | Sport Activities Management Plan | CONI | | | | | | | | | | | | | |
| WP 3.2 | Selection of coaches | ALL PARTNERS | | | | | | | | | | | | | |
| | Training course for Coaches | CENTRE FOR EDUCATION | | | | | | | | | | | | | |
| WP 3.3 | Workshosp for Medical Equipes | ALL PARTNERS | | | | | | | | | | | | | |
| WP 3.4 | Training course for Organisers and volunteers | TEACHSPORT | | | | | | | | | | | | | |
| WP 3.5 | Planning and organisation of side-activities | TUCEP/CONI | | | | | | | | | | | | | |
| WP 4.1 | Selection of athletes | ALL PARTNERS | | | | | | | | | | | | | |
| | Training for athletes | EILD | | | | | | | | | | | | | |
| WP 5.1 | Sport Demonstration ONCOLOGY GAMES | TUCEP/CONI | | | | | | | | | | | | | |
| WP 5.2 | Realisation of side activities | TUCEP/CONI | | | | | | | | | | | | | |
| WP 6.1 | Preparation of the Dissemination & Exploitation Plan | WSBINOZ | | | | | | | | | | | | | |