

**Question for written answer E-006236/2017
to the Commission**

Rule 130

Marlene Mizzi (S&D)

Subject: Multi-stakeholder cooperation on paediatric oncology

In Europe, cancer remains the primary cause of death by disease in children, killing 6 000 a year. Parliament's resolution of 15 December 2016 acknowledges the substantial impact of the Paediatric Medicines Regulation on paediatric medicine development.

The resolution affirms that the regulation has fostered multi-stakeholder cooperation on paediatric medicine development, and multi-stakeholder cooperation is indeed critical for advancing care for children. In France, VIK-e and U-Link are two examples of collaborative paediatric oncology projects. Through collaboration between IHOPE: a paediatric oncology institute, APPEL: a parents association, Awabot: a robotic solutions company, and Bristol-Myers Squibb: a pharmaceutical company, VIK-e has provided telepresence robots to those child cancer patients in intensive care or undergoing long periods of isolation to help them maintain social links. For its part, U-Link has facilitated children's access to clinical trials through collaboration between UNAPECLE: a union of parents' associations, the SFCE: a children's cancer society, and Bristol-Myers Squibb.

1. Given that collaboration on paediatric oncology projects such as VIK-e and U-Link is essential, in the Commission's view, what kind of projects and practices can yield the best outcomes for paediatric patients?
2. How can the Commission encourage the dissemination of best practices, so exemplified by VIK-e and U-Link, across the Member States?