Europe's Beating Cancer plan

Pre-legislative synthesis of national, regional and local positions on the European Commission proposal

This briefing forms part of an EPRS series offering syntheses of the pre-legislative state of play and consultation on key European Commission priorities during the current five-year term. It summarises the state of affairs in the relevant policy field, examines how the existing policy is working on the ground, and, where possible, identifies best practice and ideas for the future on the part of governmental organisations at all levels of European system of multilevel governance.

Summary of findings

EPRS analysis of the positions of partner organisations at European, national, regional and local levels suggests that they would like the following main considerations to be reflected in discussion of the forthcoming Europe’s Beating Cancer plan:

- Submissions from all four levels of governance highlight the EU’s key role in prevention, including as regards cancer-causing environmental factors and tobacco consumption. Input obtained refers to the active role Europe’s local and regional actors can play in putting prevention into practice.
- European and national levels point to predictive diagnostic tools and novel approaches in cancer medicine. Regional actors advocate for closer cooperation between primary care and hospital care in early diagnosis. Both the regional and local levels would like the EU to help improve screening.
- Equitable access to cancer care is featured across all levels. National input raises the issue of availability and affordability of medicines. The local level underscores the merits of ambulatory care, and sees a role for the EU in the creation of local coordination platforms for doctors and patients.
- The European level addresses cancer after-care in the local community and cancer survivorship and rehabilitation. Both the regional and local levels recommend fostering personalised care and follow-up for cancer patients.
- European and national input stresses the importance of EU-wide cancer research cooperation, information sharing and better deployment of (big) data. Attention is drawn to improving information, communication, education and awareness-raising for both the wider public and healthcare professionals, with regional input encouraging the development of new technologies to ease doctor-patient communication.
- All levels would like Europe's Beating Cancer plan to address health inequalities in cancer. EU-level action is considered key to help reduce socioeconomic and geographical disparities, and tackle differences in cancer prevalence and survival rates. A 'health in all policies' approach is supported.
1. Current state of play

Background

The European Commission’s commitment to putting forward a plan to fight cancer

In her political guidelines, European Commission President Ursula von der Leyen committed to ‘a European plan to fight cancer, to support Member States in improving cancer control and care’. In her mission letter, she tasked the Commissioner for Health and Food Safety, Stella Kyriakides, with shaping a plan for Beating Cancer. The plan was to ‘propose actions to strengthen our approach at every key stage of the disease: prevention, diagnosis, treatment, life as a cancer survivor and palliative care. There should be a close link with the research mission on cancer in the future Horizon Europe programme’. The October 2019 Council conclusions on the economy of wellbeing also invited the Commission to propose a European action plan to fight cancer, to support Member States in their efforts, inter alia, to prevent cancer, address early diagnosis and treatment, and improve the lives of patients and survivors.

Source: Political guidelines for the next Commission, July 2019; Mission letter to Stella Kyriakides, Commissioner for Health and Food Safety, December 2019; Economy of Wellbeing: the Council conclusions.

Cancer is a major public health concern. It is the second leading cause of death in the EU, with 1.3 million deaths and 3.5 million new cases per year, according to the European Commission’s Questions and Answers on Europe’s Beating Cancer plan.¹ The number of people with cancer is rising as the population ages. Recent projections reportedly suggest that, without further action to reverse current trends, cancer rates in Europe could double by 2035. Cancer is a complex and multi-faceted disease. Certain risk factors can increase a person’s chances of developing cancer. In addition to causing suffering, cancer places a large financial burden on the Member States’ health and social systems, putting pressure on national budgets. According to the Commission, the overall economic impact of cancer in Europe could exceed €100 billion per year (see Figure 1). However, an estimated 40% of all cancers on average are preventable, and survival rates are on the up.

Figure 1 – Cancer: A major health concern


EU-level action on cancer that could inform Europe’s Beating Cancer plan

Although healthcare is primarily the EU Member States’ responsibility, the EU has a dedicated policy and long-standing programme on cancer. Since the mid-1980s, the EU has been helping to tackle the disease, for instance with awareness-raising, guidance, investment in research, and information and coordination. The main outputs from the European Commission over the last 10 years or so include the 2009 communication on Action Against Cancer: European Partnership and the 2009-2013 European Partnership for Action Against Cancer (EPAAC) joint action.² At the end of the partnership,
the objective was for all Member States to have national cancer plans, i.e. public health programmes to reduce the number of cancer cases and deaths and to improve cancer patients’ quality of life. Building on the EPAAC, the 2014-2017 Comprehensive Cancer Control (CanCon) joint action aimed to help reduce the cancer burden in the EU. It delivered a European guide on quality improvement in cancer control (CanCon guide). The 2018-2021 Innovative Partnership for Action Against Cancer (iPAAC) joint action aims to build on the outcomes of EPAAC and CanCon. Best practices and recommendations also resulted from the 2016-2019 joint action on rare cancers (JARC), the European guidelines for quality assurance in breast, cervical and colorectal cancers, and the Commission initiative on breast cancer (ECIBC), which led to the development of specific guidelines on breast cancer screening and diagnosis. Furthermore, the European Cancer Information System (ECIS), a major tool for measuring the cancer burden in Europe, supports research and public health decision-making and serves as a point of reference for citizens. The European Code against Cancer – 12 recommendations to help people reduce their cancer risk – resulted from a project run by the WHO’s International Agency for Research on Cancer (IARC), co-financed by the Commission.

In previous parliamentary terms, Members of the European Parliament (MEPs) have introduced motions for resolutions on prostate cancer (2015), lung cancer (2017) and women’s cancers and related comorbidities (2019). In resolutions adopted by the whole house, Parliament noted, among other things, that childhood cancer remains the first cause of death by disease in children aged one year and over (2016). It also urged the Council and the Commission to strengthen Member States’ capacity to negotiate affordable prices of medicines, including for cancer (2017). Individual Members have addressed questions to the Commission, for instance, on better coverage of paediatric cancer in European research, work-related cancer, measures to combat cancer among men, 5G and cancer, the link between low alcohol consumption and cancer, and the European cancer plan. On 18 June 2020, Parliament’s plenary voted overwhelmingly in favour of setting up a special committee on cancer (BECA). BECA held its constitutive meeting on 23 September 2020. Bartosz Arłukowicz (EPP, Poland) was elected chair.³ BECA is made up of 33 full members and its tasks include evaluating opportunities for concrete EU action, identifying legislation and other measures that can help prevent and fight cancer, and looking into the best ways to support research. Two informal cross-party gatherings of MEPs also work together to address cancer. The MEPs Against Cancer (MAC) interest group is chaired by Dr Véronique Trillet-Lenoir (Renew, France) and Loucas Fourlas (EPP, Cyprus) and receives secretarial support from the Association of European Cancer Leagues. The Challenge Cancer intergroup is chaired by Cristian Bușoi (EPP, Romania) and co-chaired by Alessandra Moretti (S&D, Italy), Aldo Patriciello (EPP, Italy) and Frédérique Ries (Renew, Belgium), with the European Cancer Patient Coalition providing the secretariat.

What the upcoming Beating Cancer plan might look like

As the European Commission explains, Europe’s Beating Cancer plan will comprise legislative and non-legislative measures. It will set out actions to support, coordinate or supplement Member States’ efforts in all key stages of the disease. The cancer plan’s development will be informed by evidence drawn from previous EU-level action. According to Commissioner Kyriakides, this will involve identifying the most appropriate and effective actions across the entire disease pathway; for prevention, early diagnosis and treatment, survivorship and palliative care, through to knowledge, data gathering and research. Europe’s Beating Cancer plan will be closely linked with the mission on cancer in the EU’s next (2021-2027) programme for research and innovation, Horizon Europe, and will tie in with other EU priorities, including the pharmaceutical and chemicals strategies, zero pollution ambition, and European health data space. It will also work hand in hand with the new Farm to Fork strategy, as part of a reinforced ‘health in all policies’ approach.³ Moreover, the plan will include aspects to account for gender-specific needs, and is expected to address inequalities in access to prevention, treatment and care across Europe. The Commission notes that, as many non-communicable diseases share the same common risk factors, an increased focus on cancer prevention would benefit other non-communicable diseases, as well. Commissioner Kyriakides underlined that she would like the discussion on Europe’s Beating Cancer plan to be ‘as inclusive as possible’, and that
its success depended on ‘the broadest participation possible’. The Commission carried out two consultations: one on the roadmap (4 February to 3 May 2020), and one to gather the views of citizens and organisations on the future plan’s scope and actions (4 February to 21 May 2020). The roadmap sums up the plan’s possible objectives as follows:

- Prevention: ‘prevent the preventable’
- Early detection and diagnosis: ‘intervene early’
- Treatment and care: ‘access to the best treatment for all’
- Quality of life for cancer patients, survivors and carers: ‘living well after cancer’
- Knowledge, data and scientific evidence: ‘understanding cancer better’.

Next steps

According to the Commission’s adjusted 2020 work programme, adopted on 27 May 2020, Europe’s Beating Cancer plan should still be adopted in the fourth quarter of 2020. The Commission has given 9 December 2020 as a possible date. Meanwhile, on 29 May 2020, it presented a proposal for a new, stand-alone health programme for the 2021-2027 period, EU4Health, with an initial budget of €10.4 billion (current prices). EU4Health would support disease prevention (including screening and early diagnosis) and health promotion programmes in Member States, to help them tackle non-communicable diseases such as cancer. EU4Health is expected to help deliver Europe’s Beating Cancer plan. If adopted, the Commission intends to start rolling out the plan on 1 January 2021.

Methodology

The data sources for this briefing were obtained through:

- **general requests** for input, including on Europe's Beating Cancer plan, aiming to reach out to governmental organisations at all levels of government;
- **targeted requests** for input specifically on Europe’s Beating Cancer plan, seeking to obtain specific input from partner organisations; and
- **pro-active desk research**, to obtain additional relevant input on this topic online.

First, general requests for input were sent to all the governmental organisations in the EPRS Linking the Levels Unit network. Each month from March to July 2020, calls for input were sent via the monthly newsletter The Link6 to an expanding network that reached 478 contacts by the end of that period.

Secondly, targeted emails were sent to experts within the partner organisations with specific expertise on cancer. At this stage, details were provided on the topics to be addressed, guided by the two rounds of consultations on the Commission's Europe's Beating Cancer plan and insights from the first roadmap proposals for the Europe's Beating Cancer plan actions (see previous section).

Moreover, proactive desk research was carried out to gather further information from other governmental organisations online as well as from the relevant literature, using European Parliament Library knowledge resources. This process took place from April to July 2020 with a view to closing the gaps identified, either in terms of geographical or policy coverage.

This outreach strategy garnered 49 documents, of which 25 were directly relevant for this paper and are analysed in this briefing. Figure 2 presents the input obtained according to the level of governance from which it originated.
2. Positions of governmental organisations to date

European level

The governmental organisations at European level all clearly identify cancer as one of the key health challenges facing European society today.

Long-standing, in-depth research in the area is evident from the documents received from the 2018-2021 **Innovative Partnership for Action Against Cancer (iPAAC)** joint action, building on the work of its predecessors the EPAAC and CANcon joint actions. iPAAC currently numbers 44 partners (competent authorities and affiliated entities) from 24 European countries. It is co-financed by the EU, coordinated by the **National Institute of Public Health Slovenia (NIJZ)** and brings together, among other stakeholders, national health organisations of Belgium, Finland, France, Ireland, Italy, Malta, the Netherlands, Norway, Poland, Portugal, Spain; and regional health authorities from Catalonia, Flanders, Tuscany and Valencia.

**EPAAC**’s **'European Guide for Quality National Cancer Control Programmes'**, from 2014 and very relevant today, outlines a broad range of goals: health promotion and cancer prevention, including screening, identification of best practice in cancer-related healthcare, the collection and analysis of comparable data and information, and a coordinated approach to cancer research. It aims to help all Member States develop integrated cancer plans and reduce the incidence of cancer, by suggesting concrete methodological guidelines. In addition to describing the existing range of cancer control services, it also proposes a list of indicators that countries could consider to improve their own plans, by using SMART (Specific, Measurable, Attainable, Realistic, and Time-Based) principles. Special emphasis is placed on the need to achieve convergence of national approaches so as to foster easier comparison and build common understanding among EU policymakers at all levels. The EPAAC network identifies the following three priorities: (1) cancer prevention – establishment of a focal contact point, audit of other health system activities targeting the same risk factors, inter-sectoral health promotion actions, evidence-based screening programmes; (2) integrated care – collection of incidence and survival data from a population-based cancer registry, focus on fast-track systems, multidisciplinary teams; and (3) supportive functions within the health system – governance, an integrated and comprehensive cancer control strategy, resource management, and quality data.

In addition, in its report **'Boosting Innovation and Cooperation in European Cancer Control'**, published jointly with the World Health Organization, EPAAC presents a long list of concrete examples of successful cooperation and collaboration between governmental health organisations in various fields. The experience and best practice presented range from health promotion and cancer prevention to cancer-related healthcare, from screening to research. It argues for a proactive approach, including the relaunch of the European Week Against Cancer, a focus on social media as a tool to improve cancer awareness and education, a common core curriculum for cancer screening, a European Cancer information system and various EU-wide cancer research cooperation initiatives.

The **'European Guide on Quality Improvement in Comprehensive Cancer Control'** was published in 2017 by the **CanCon joint action**, co-funded by the European Commission. It provides comprehensive policy guidelines with a specific focus on four policy areas: (1) governance/evaluation of cancer screening – legal framework for people-based screening with personal invitations, mandatory notification, significant resources for quality assurance, monitoring to detect social inequalities, randomised trials designed to produce the information necessary for policy-making, active European research collaboration; (2) comprehensive cancer care networks (CCCNs) – for improved coordination and integration of cancer control treatment centres within healthcare systems; and (3) cancer after-care at community level, also extending care and services for cancer control from oncology-specific settings to more general primary care settings – creation and updating of a cancer patient pathway, multidisciplinary teams, flow of information between oncology and community care; and (4) survivorship and rehabilitation – personalised follow-up, updated
information on medium and long-term treatments for patients and relatives, inclusion of physical activities, step-wise model for psychological care.

Under CanCon EU-wide coordination, Member States shared their experiences and challenges with respect to cancer control in the 'Cancer control joint action policy papers'. The document addresses the following topics: (1) Public health genomics in oncology, with recommendations on personalised risk assessment, the use of genomics in clinics and 'direct-to-consumer' genetic testing, including recommendations on establishing a framework on the ethical, legal and social requirements related to introducing the use of genomics data into the health system, and increasing the genetic and preventive literacy of healthcare professionals and citizens to promote responsible use of these novel options; (2) national cancer control programmes (NCCPS), noting that these were still not developed in all EU Member States and pointing to France’s effective communication in this area; (3) recommendations on enhancing the value of cancer care through a more appropriate use of healthcare Interventions – for example by involving patients in the process and assigning the appropriate value to quality care; (3) research on how to tackle social inequalities in cancer prevention, including the call for more equal policies across the EU and a more holistic approach to policy; and (4) an impact evaluation system to assess prevention outcomes, providing a list of determining factors and successful preventive actions.

The European Committee of the Regions (CoR) has worked on health policy more generally, addressing the issue of cancer indirectly in various opinions and studies. Among other things, the CoR refers to the influence of local environmental factors on cancer causation. It also points to economic and geographical disparities between EU regions in terms of access to preventive screening and specialised care. For example, 80 % of Danish, but only 20 % of Bulgarian women over 50 are screened for breast cancer. The CoR contribution also indicates that certain types of cancer, predominantly caused by lifestyle choices, could be reduced if local and regional authorities invested more in prevention, a clean environment and awareness raising. Examples of the latter are municipal smoking cessation programmes, opportunities for physical activity or fitness classes and school healthy eating programmes – all of which can have an impact on obesity and reduce liver and colorectal cancers.

In its 2009 opinion Action against cancer – European partnership the European Economic and Social Committee (EESC) highlights the importance of joint EU action based on information sharing and exchange of expertise and best practice. It points to the unacceptable differences between Member States in cancer incidence and mortality, underlining the importance of preventive measures and a healthy lifestyle. More recently, in its 2017 opinion on the Commission’s second proposal to amend the Carcinogens and Mutagens Directive (CMD) (‘Protection of workers from the risks related to exposure to carcinogens or mutagens at work’), the EESC strongly recommends that subsequent revisions of the CMD pay greater attention to workplace carcinogenic exposures affecting women, and urges the Commission to carry out an impact assessment on a possible extension to the scope of application of the CMD to substances that are toxic to reproduction.

It is important to note that various European-level non-governmental organisations (NGOs) with national-level membership have carried out research and gained substantial expertise in the fight against cancer, for example the Association of European Cancer Leagues and the European Cancer Patient Coalition. NGO and academic work is not analysed in this paper.

National level

Belgian federal health authorities (FPS Health, Environment and Food Chain Safety, Federal Agency for Medicine and Health Products, Sciensano) in their response to the Commission’s online consultation welcome the Europe’s Beating Cancer plan and call for a common EU approach to preventive alcohol and tobacco marketing, taxation and neutral packaging. They propose further research into the environmental factors causing cancer, and support for the European Chemicals Agency (ECHA), with a view to collecting data on the use of every type of chemical in order to map exposure in Europe. They also call for further development of predictive diagnostics tools, and call for
EU-level action to reduce dependency on non-EU sources for the production of (essential) medication, so as to secure availability and affordability of treatments. The Belgian authorities also see added value in setting common EU standards, fostering the exchange of data and good practice, and linking the fight against cancer with other policies, such as the Green Deal. Finally, to foster health literacy and address inequalities, they believe that more should be done in terms of information, communication and education with regard to both citizens and health professionals.

The Spanish Ministry of Health proposes to share its own experience with the fight against cancer with other Member States and is currently gathering experience and renewing its own national cancer plan. The ministry believes that a list of treatments proven to work should be established and purchases made centrally at EU level.

According to the Romanian Ministry of Health, EU-level action is crucial in helping to win against cancer also at national level, by reducing inequalities in Europe. In this respect, the ministry specifically recommends that the EU: (1) help improve access to screening and innovative treatments, (2) help further reduce tobacco consumption and return taxes from tobacco and alcohol back into the healthcare system, (3) coordinate and encourage cooperation between Member States on information campaigns and legislative initiatives, (4) build a centralised portal with information regarding cancer care to be available to healthcare professionals and patients.

The German Federal Institute of Occupational Safety and Health is a federal agency working under the Federal Ministry of Labour and Social Affairs, with responsibility for occupational safety and health throughout Germany. The institute points out that more than half of the annual 100 000 work-related deaths in the EU are caused by carcinogens. It believes that awareness of these risks and help to implement risk-reduction measures at work should be included in the Europe's Beating Cancer plan. The institute highlights the Roadmap on carcinogens initiative of several Member States and other stakeholders to fight occupational cancer by sharing knowledge between all partners. The roadmap provides concrete guidance and solutions for businesses and workers, so as to help SMEs in particular implement risk management measures more easily. Concrete examples from the workplace include changing personal protective equipment without dust formation, using appropriate ventilation measures and generally following the STOP principle: if substitution (S) of a process or substance is not (yet) available, risk reduction strategies (TOP – technological (T) and organisational (O) measures and personal protective equipment (P)) are required.

The Austrian Federal Ministry of Labour, Family and Youth agrees with the above. It points out that prevention is crucial, and sees the EU's role as helping to limit exposure to certain chemicals at work. The ministry specifically suggests that health professionals should ask cancer patients about exposure and risks during their working lives, so that effective legislation on both EU and national levels could be based on the data on dangerous exposure and set adequate preventive measures at work, which would in turn be implemented and adequately monitored.

From the Czech Ministry of Health's point of view, there are four main areas where Europe should move forward: early detection, screening programmes for less common types of cancer, health literacy, and improvement of poor treatment results for certain cancers. The ministry considers comparative studies in research and diagnostics based on genetics particularly meaningful for cooperation between Member States, which the EU should continue to support. Based on its own good experience of building a network of centres of specialised cancer care, the ministry believes the EU should establish centres of excellence for rare cancers and share guidelines for cancer treatment.

The Croatian Parliament highlights the need for the EU level to help reduce the gap in cancer health between north-west Europe and south-east Europe. It states that health should no longer be the sole preserve of Member States, citing the coronavirus pandemic as an example applicable to cancer, e.g. in Denmark the survival rate is double that in Croatia. It also argues for better inclusion and involvement of NGOs in the work of health systems, given their excellent patient support work.
European comparative data show that both prevention and treatment of cancer diverge widely between EU Member States. Figure 3, for example, shows that the number of mammography units per inhabitant varies by up to seven times between EU Member States. In addition, the overall cancer survival rate is very different between eastern and western EU countries, as shown in Figure 4.

Figure 3 – Mammography units per 100 000 inhabitants in EU Member States

![Figure 3](image1)


Figure 4 – Standardised number of deaths due to cancer per 100 000 inhabitants in EU countries

![Figure 4](image2)


Regional level

The regional level is likewise not exempt from differences in cancer patients’ fortunes. The 2018 [National Cancer Registry of Ireland report](https://ec.europa.eu/eurostat/web/cancer-specific), which looked closely at the development of cancers in Ireland between 1994 and 2016, showed that cancer incidence rates were about 10% higher in urban than in rural populations for both men and women, whereas the survival rates were not significantly different across the Irish regions. On the other hand, data from the [French National Agency of Public Health](https://ec.europa.eu/eurostat/web/cancer-specific) show that not only are different cancers prevalent in different French regions, but the survival rates also vary significantly between different regions, as shown in Figure 5.

![Figure 5](image3)

Baden-Württemberg, Germany, mentions the Land’s cancer registry. It was established on the basis of a 2006 law under which all doctors or dentists diagnosing or treating cancer patients have a reporting obligation. The registry consists of three parts: a trust centre, a clinical state registry office and an epidemiological cancer registry. Its tasks also include the organisation of specialised conferences, training courses and events to build up knowledge on cancer. A dedicated website on the registry’s web portal addresses any questions patients and the wider public may have, and explains to cancer patients why agreeing to make their data available can contribute to better treatments and fight cancer.

The Swedish Association of Local Municipalities and Regions has been very active in tackling cancer. In its goals for 2020-2022, the association outlines Swedish cancer care priorities and the Swedish regional cancer centres’ goals for 2022. These are to: (1) focus on prevention and early detection, including equal access to screening; (2) improve rehabilitation, follow-up and palliative care; (3) ensure accessible and equal care processes; (4) build competence, including the creation of opportunities for new skills development; (5) manage knowledge and (6) improve patient information, especially the integration of data from healthcare information systems for patient reviews; (7) encourage all university hospitals to introduce cancer care and research, so to become accredited ‘cancer centres’ meeting EU standards; (8) name a contact nurse for every cancer patient and close relative, to improve follow-up care; (9) create a national platform for innovation to include all cancer patients in clinical trials in a systematic manner; and (10) offer every person who has been treated for cancer as a child, regular assessment by a specialist at a later-stage.

In their contribution to the Commission’s online consultation, Sweden’s six regional cancer centres welcome Europe’s Beating Cancer plan and state that increased European cooperation in this field is needed. They point out that EU Member States do not all share the same view, for example, on the specialisation and training of nurses and doctors, and this makes mobility and recruitment between EU Member States more difficult. For the regional cancer centres, prevention must be a priority; while more research is needed to increase knowledge of risk factors, there are obvious preventive interventions, relating for example to tobacco and alcohol use. They also welcome the idea of a European cancer knowledge centre and offer their experience with building a comprehensive knowledge management centre as a model for a similar solution at EU level. Sweden has implemented 40 national care programmes, 30 standardised care processes, a national web-based database with about 500 drug regimens and a national database for ongoing clinical studies, which now show that treatment of cancer patients has begun to equalise across the country.

The Spanish autonomous region of Castilla y León has also been very active in this field. In their contribution, its Regional Health Authority states that Europe’s Beating Cancer plan should take into account both organisational aspects of healthcare and aspects relating to clinical and therapeutic care and early diagnosis. The autonomous region also calls for the establishment of early diagnosis protocols that would involve close cooperation between primary care and hospital care givers. It encourages the development of new technologies to ease the communication between healthcare professionals and patients and their families, to foster feedback, and also recommends the creation of a personalised communication plan for each patient according to their specific situation and disease. The authority further argues that an important priority should be the development of educational policies for cancer prevention, promoting healthy habits, and early cancer detection campaigns. It sees the EU’s role as helping research and coordinating data collection, reducing tobacco consumption, improving screening for breast, cervical, colorectal and prostate cancers and negotiating price policy and market access for novel cancer medicines.

The Spanish autonomous region of the Balearic Islands’ public health service agrees that educational efforts are needed, and prioritises improvement of the overall low quality of nutrition as well as action to overcome taboos associated with the word cancer. In the public health service’s view, the EU can also contribute significantly to the extension of screening to more cancer types, including lung cancer, as well as the harmonisation of treatment standards and prices.
During the coronavirus pandemic, the **Belgian Brussels Capital Region** has devised good practice that ensures continuation of public health service provision, by initially designating certain hospitals to deal exclusively with Covid-19 patients and then reserving a quota of intensive care beds in all hospitals, depending on the number of Covid-19 patients. This has allowed cancer and other screenings and treatments to continue almost uninterrupted, after the initial closure in March and April 2020. This could serve as a good example for many other European regions that have been struggling to cope with regular public health service provision during this pandemic.

**Local level**

The contribution from the **Austrian City of Vienna**'s Strategic Healthcare Service to the Commission consultation points to a strong need for better guideline-compliant diagnostics and an increase in research funding for cancer therapies. They see the EU's role as helping with research and the collection of information, as well as helping to build locally-based screening facilities, which – they argue – would be used more often if they were available more locally. They identify breast, cervical, colorectal and ovarian cancers as those to screen for as a priority.

In its **input**, meanwhile, the **French municipality of Montreuil** raises the importance of ambulatory care, which it believes is too often hidden in the usual focus on hospital care. Montreuil municipality believes that ambulatory care provision should be increased, for example via local health centres, on the basis of local competencies and resources, through a high level of pluri-professional integration and cooperation. Montreuil calls on the EU to support the development of a coordination platform, for both professionals and patients, which would give more information about types of care provision, ensure cooperation between cities and hospitals, and foster personalised and sustainable follow-up for patients. The municipality insists this would vitally reduce social and territorial inequalities.

The **Friuli Centrale Health Authority** in the Italian autonomous region of Friuli Venezia Giulia, believes that investing in independent research and international cooperation is very much needed and that the EU can help to coordinate research and data collection. The healthcare authority also argues that tax benefits and other cost incentives would have the biggest impact in terms of encouraging citizens to choose healthier lifestyle habits and thus prevent cancers. It also argues that the approach needs to change, so as to increase awareness and acceptance of cancer as a disease.

### 3. Analysis of governmental organisations' positions

This section analyses the content and some remarkable features of the input obtained, including responses to the Commission consultation, without however claiming to be exhaustive. The Commission will analyse and present key findings from the consultation in due course. It held an initial **virtual town hall** meeting on 10 September 2020. This analysis roughly follows the roadmap’s topics.

**Prevention.** Submissions from all four levels – European, national, regional and local – highlight the important role of the EU in various aspects of prevention, which is considered crucial. According to national-level input, the EU should promote research into cancer-causing environmental factors. It should also help limit occupational exposure to certain cancer-causing chemicals and raise awareness on carcinogens at the workplace. The national and regional levels would like the EU to help reduce tobacco consumption. In this context, submissions from the national level argue that the EU should return taxes from tobacco and alcohol to the healthcare system. Some at local level also state that tax benefits and other price incentives would have the biggest impact on reducing lifestyle-related risk factors and thus on preventing cancer. Others argue that local and regional authorities can play an active role in prevention, for instance by providing healthy school meals or running municipal programmes to help people give up smoking.

**Early detection and diagnosis.** Both European-level and national submissions address the need to facilitate the development of predictive diagnostics tools – thereby touching on personalised
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medicines and the use of novel approaches, such as genomics and other ‘omics’ technologies, in cancer medicine. Regional input calls for close cooperation between primary care and hospital care in early diagnosis protocols. The regional and local levels, as well as the national level, believe that the EU should move forward on early detection and screening programmes for less common types of cancer. More specifically, according to regional and local input, the EU should help improve screening for breast, cervical, colorectal and prostate cancers, and extend screening to cancer types such as lung or ovarian cancer.

Treatment and care. A recurring topic across submissions is equitable access to care – a multi-dimensional issue that is notably driven by financial barriers. Input from European level sheds light on supportive functions in the health system, such as an integrated and comprehensive cancer control strategy. National-level input highlights issues that are of long-standing concern for the European Parliament, namely securing availability and affordability of medicines and addressing bottlenecks in their supply (including by reducing dependency on non-EU sources for the production of medicines). The national level also wants the EU to help improve access to innovative treatments. The idea of centrally purchasing effective cancer treatments at EU-level is also proposed. Some at regional level would like the EU to negotiate price policy and market access for novel cancer medicines. The local level underlines the importance of ambulatory care (moving from a hospital environment to outpatient settings, closer to patients), and considers that the EU could play a role in the development of local coordination platforms for doctors and patients.

Quality of life for cancer patients, survivors and their families. European-level input addresses cancer after-care in the community, with a focus on more general primary care settings. It also raises the issue of cancer survivorship and rehabilitation, arguing that it is important to involve patients in advocacy activities. The regional level points to improving rehabilitation, follow-up and palliative care. Both the regional and local levels recommend fostering personalised care and follow-up for patients (for instance, naming a contact nurse for every cancer patient).

Knowledge and data, information-sharing, communication and education. European and national input points to the importance of EU-wide cancer research cooperation, and the value added of information sharing and the exchange of expertise and good practice. A better deployment of (big) data is also suggested, given the potential of robust and reliable data for cancer epidemiology, surveillance and research. Attention is also drawn to the need for cooperation between Member States on improving information, communication and education of both the wider public (health literacy) and healthcare professionals. Regional input encourages the development of new technologies to ease the communication between healthcare professionals and patients as well as their families. Regional and local input suggests that the EU can help increase awareness and thus acceptance for cancer and overcome taboos linked to the disease.

Cross-cutting aspects. Finally, input from all levels highlights the need to address health inequalities in cancer along the entire continuum of the disease, from prevention, detection and treatment, to survival and mortality, including cancer-related health conditions and behaviours. EU-level action is considered key to help reduce socioeconomic and geographical disparities, and tackle differences in cancer prevalence and survival rates. Some submissions call for the fight against cancer to be linked with other policies, e.g. the Green Deal, or for a more holistic, ‘health in all policies’ approach.

EXPERT READING ON THE TOPIC

Literature compilations

- List of EU publications by subject area ‘cancer’ 2017-2020, Publications Office of the EU.
- Topical Digest - Special Committee on Beating Cancer (BECA), EPRS, European Parliament, September 2020.
Indicators


In-depth reads


ENDNOTES

1 Estimates vary; see also, for instance, Cancer incidence and mortality patterns in Europe: Estimates for 40 countries and 25 major cancers in 2018, European Commission EU Science Hub.

2 A ‘joint action’ is a funding instrument under the EU health programme, designed to implement priority actions in the field of health through supporting cooperation. Joint actions are coordinated jointly by EU Member States or their appointed bodies and the European Commission.

3 First Vice-Chair: Joanna Kopcińska (ECR, Poland); Second Vice-Chair: Sara Cerdas (S&D, Portugal); Third Vice-Chair: Nathalie Colin-Oesterlé (EPP, France) Fourth Vice-Chair: Ivars Ijabs (Renew Europe, Latvia).

4 Health in all policies is ‘an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergy and avoids harmful health impacts. It aims to improve population health and health equity. It also improves the accountability of policy-makers for health impacts at all levels of policy-making, and emphasizes the consequences of public policies on health systems, and on determinants of health and well-being’. (World Health Organization, Health in All Policies: Framework for Country Action, 2015.)

5 During the ongoing negotiations on the EU’s next multiannual financial framework (MFF) for the 2021-2027 period and the Next Generation EU (NGEU) recovery instrument, the budget for EU4Health has been reviewed downwards compared with what was originally proposed. According to the 21 July 2020 European Council conclusions, the programme will be allocated €1.7 billion (see also the EPRS ‘Legislation in Progress’ briefing EU4Health programme, October 2020). If confirmed, this budget reduction would have a considerable impact on the programme’s original orientation.

6 Governmental organisations can subscribe to The Link newsletter by writing to EPRS-LinkingLevels@ep.europa.eu.

7 For more information on personalised (or precision) medicine, see two EPRS briefings: Personalised medicine: The right treatment for the right person at the right time, 2015, and Personalised Medicines – Current status, 2017.

8 'Cancer control aims to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care.' (World Health Organization, 2006.)

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