

# Europe's Beating Cancer plan

## Quick overview and initial reactions

### SUMMARY

On 3 February 2021, the European Commission presented Europe's Beating Cancer plan, slightly delayed on account of the pandemic. The plan is a key European Union (EU) public health initiative and a cornerstone of the European health union process launched in November 2020.

Responsibility for health lies primarily with the governments of the individual EU Member States. Europe's Beating Cancer plan sets out actions to support, coordinate or supplement Member States' efforts at every stage of the disease: from prevention, early detection, diagnosis and treatment, to an improved quality of life for cancer patients and survivors. Cross-cutting themes include research and innovation, digital and personalised medicine, and action to reduce cancer inequalities across the EU. A particular focus will be on childhood cancers.

The plan consists of 10 flagship initiatives and 32 supporting actions, to be rolled out over the coming years. Implementation will be monitored by means of a roadmap and progress indicators, and the Commission will establish an EU cancer plan implementation group. With a €4 billion budget, the plan will make use of all available funding instruments, including the new EU4Health programme, Horizon Europe, and the Digital Europe programme.

EU institutional actors and public and private stakeholders have widely commented on Europe's Beating Cancer plan. While non-governmental organisations and industry associations broadly welcome the plan and its ambition, some have criticised specific elements.

The European Parliament's Special Committee on Cancer is working on an own-initiative report that will be Parliament's contribution to Europe's Beating Cancer plan. Health and Food Safety Commissioner Stella Kyriakides has stressed that Parliament and its special committee has played an important role in shaping the plan, and will also be instrumental during its implementation.



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## Great expectations

On 3 February 2021, on the eve of World Cancer Day, the European Commission [presented](#) its long-awaited [Europe's Beating Cancer plan](#). It is a major initiative under the [European health union](#), a process launched by the Commission on 11 November 2020 with a first [set of proposals](#) to reinforce the EU's preparedness and response during health crises.<sup>1</sup> The plan [builds on](#) the EU's long-standing fight against cancer, which started in 1985 with its first cancer policy. The last European [action plan](#) against cancer dates from the early 1990s. Given the importance of tackling cancer for the EU's future, Commission President Ursula von der Leyen had pledged in her July 2019 [political guidelines](#) to 'put forward a European plan to fight cancer, to support Member States in improving cancer control and care'. The plan is considered to reflect what is both a political and a personal commitment of the Commission President. In her [mission letter](#), she made Stella Kyriakides, Commissioner for Health and Food Safety, responsible for Europe's Beating Cancer plan. In its January 2020 [work programme](#), the Commission announced that the plan was to be rolled out towards the end of the year. On 4 February 2020, the Commission [initiated](#) a broad stakeholder debate at a [launch event](#) in the European Parliament in Brussels, supported by the [MEPs Against Cancer Interest Group](#). The plan's adoption was delayed on account of the coronavirus pandemic.

## The plan in a nutshell

### Context

Health policy is primarily an EU Member State competence. Europe's Beating Cancer plan sets out actions to support, coordinate or supplement the Member States' efforts at every stage of the disease. The plan is based on a wide consultation with stakeholder groups, the European Parliament and the Member States. It follows a 'health in all policies' approach and will be linked to several other EU priorities, including the proposed Horizon Europe [mission on cancer](#), the [pharmaceutical strategy](#), the [farm to fork strategy](#) and the forthcoming [European health data space](#). It also incorporates lessons learned from the coronavirus pandemic and its impact on cancer patients and treatment. As the Commission points out, the plan's actions should also benefit other non-communicable diseases through a focus on similar [health determinants](#), as well as EU health systems as a whole. In addition, Europe's Beating Cancer plan will support the EU Member States in reaching the United Nations sustainable development goals ([SDGs](#)) and the World Health Organization (WHO) [targets](#) on non-communicable diseases.

### Structure and examples of actions

Europe's Beating Cancer plan is structured around four key action areas ('pillars') where EU action has the most value added:

- 1 prevention;
- 2 early detection;
- 3 diagnosis and treatment; and
- 4 improved quality of life of cancer patients and survivors.

Cross-cutting themes include research and innovation, digital and personalised medicine; and reducing cancer inequalities across the EU. A particular focus will be on childhood cancers. Under its seven thematic headings, the plan comprises [10 flagship initiatives](#) and [32 supporting actions](#) to be rolled out over the coming years (see Table 1 below). The cross-cutting actions will address key risk factors such as tobacco use, harmful alcohol consumption, environmental pollution, and hazardous substances. The plan also aims to promote healthy diets and physical activity. Moreover, its objective is to eliminate cervical and other cancers caused by human papillomavirus ([HPV](#)) through vaccination.

Table 1 – Overview of thematic headings with flagship initiatives and examples of actions

RESEARCH AND INNOVATION AT THE SERVICE OF THE PATIENT <i>A modern approach to cancer: new technologies, research and innovation at the service of patient-centred cancer prevention and care</i>	
<p><b>Flagship 1:</b> Knowledge centre on cancer for better coordination of scientific and technical cancer-related initiatives at EU level</p>	2021-2022
<p><b>Flagship 2:</b> European cancer imaging initiative to support innovative solutions for greater accuracy and reliability in diagnostic imaging</p>	2022
<p><b>Examples of actions include:</b></p> <ul style="list-style-type: none"> <li>➤ enabling secure access to and sharing of patient data in the <a href="#">European health data space</a>,</li> <li>➤ expanding the European cancer information system (<a href="#">ECIS</a>),</li> <li>➤ launching Horizon Europe <a href="#">partnerships</a>.</li> </ul>	
PREVENTION <i>Saving lives through sustainable cancer prevention</i>	
<p><b>Flagship 3:</b> HPV vaccination of at least 90 % of girls and a significantly increased number of boys by 2030</p>	2021-2030
<p><b>Examples of actions include:</b></p> <ul style="list-style-type: none"> <li>➤ updating the <a href="#">European code against cancer</a>,</li> <li>➤ create a 'tobacco-free generation',</li> <li>➤ reducing <a href="#">harmful alcohol consumption</a> (via taxation, labelling, marketing),</li> <li>➤ promoting healthy diets and physical activity through the 'HealthyLifestyles4All' initiative,</li> <li>➤ aligning EU air quality standards with <a href="#">WHO guidelines</a>,</li> <li>➤ taking measures towards zero-emission mobility under the '<a href="#">sustainable and smart mobility</a>' strategy,</li> <li>➤ taking measures to reduce workers' exposure to hazardous substances,<sup>2</sup></li> <li>➤ preventing <a href="#">cancers caused by infections</a>.</li> </ul>	
EARLY DETECTION <i>Improving early detection of cancer</i>	
<p><b>Flagship 4:</b> EU cancer screening scheme to help Member States ensure 90 % of the eligible population are offered screenings</p>	2022-2025
<p><b>Examples of actions include:</b></p> <ul style="list-style-type: none"> <li>➤ updating the 2003 <a href="#">Council recommendation</a> on cancer screening,</li> <li>➤ developing new quality assurance schemes for colorectal and cervical cancer and updating the existing guidelines on <a href="#">breast cancer</a>,</li> <li>➤ monitoring and assessing cancer screening programmes in ECIS.</li> </ul>	
DIAGNOSIS AND TREATMENT <i>Ensuring high standards in cancer care</i>	
<p><b>Flagship 5:</b> EU network linking national comprehensive cancer centres in all Member States by 2025</p>	2021-2025
<p><b>Flagship 6:</b> 'Cancer diagnostic and treatment for all' initiative to improve access to innovative cancer diagnosis and treatments</p>	2021-2025

**Flagship 7:** European initiative to understand cancer (UNCAN.eu), planned under the 'mission on cancer'

2021-2025

**Examples of actions include:**

- launching an inter-specialty training programme for the cancer workforce,
- setting up new European reference networks (ERNs) on specific cancer types,
- adopting the [proposed regulation](#) on health technology assessment (HTA),
- implementing the February 2021 [SAMIRA](#) (strategic agenda for medical ionising radiation applications) action plan,
- setting up a partnership on [personalised medicine](#),
- establishing a roadmap towards personalised prevention,
- launching the 'Genomic for public health' project,<sup>3</sup>
- running trials for the use of [high-performance computing](#) to rapidly test existing molecules and new medicine combinations,
- assisting research on personalised cancer treatments,
- supporting collaborative projects on cancer diagnostics and treatment using high-performance computing and [artificial intelligence](#).

**QUALITY OF LIFE FOR PATIENTS, SURVIVORS AND CARERS**  
*Improving the quality of life for cancer patients, survivors and carers*

**Flagship 8:** 'Better life for cancer patients' initiative, including cancer survivor smartcard and European cancer patient digital centre

2021-2023

**Examples of actions include:**

- addressing fair access for cancer survivors to financial services (including insurance),<sup>4</sup>
- ensuring full implementation of [Directive \(EU\) 2019/1158](#) on work-life balance for parents and carers.

**REDUCING INEQUALITIES**  
*Reducing cancer inequalities across the EU*

**Flagship 9:** Cancer inequalities registry

2021-2022

**Examples of actions:**

- strengthening [telemedicine](#), remote monitoring, and the ERN virtual consultation model,
- reinforcing European health systems for cancer care in future crises,
- mainstreaming equality actions in other areas addressed by the plan.

**CHILDHOOD CANCER**  
*Putting childhood cancer under the spotlight*

**Flagship 10:** Helping children with cancer initiative

2021-2023

**Examples of actions include:**

- establishing an EU network of youth cancer survivors,
- launching the 'childhood cancers and cancers in adolescents and young adults' initiative.

Data source: Commission [communication](#) and [factsheet](#) on Europe's Beating Cancer plan; presentation by Matthias Schuppe, Commission Directorate-General for Health and Food Safety (DG SANTE), at a 12 February 2021 EU health policy platform webinar.

## Implementation and governance

The Commission will establish an EU cancer plan implementation group that will work closely with the European Parliament, the Member States, the Horizon Europe cancer mission board, and a stakeholder contact group, to be set up under the [EU health policy platform](#).<sup>5</sup> The plan's implementation will be monitored by means of a roadmap and progress indicators. The Commission will also regularly collect and publish relevant cancer data through the ECIS, which will feed into the cancer inequalities registry. This will also help monitor progress.

## Funding

The EU budget has earmarked [€4 billion](#) to address cancer. Some €1.25 billion will come from the new [EU4Health programme](#). [Horizon Europe](#) could provide a total of €2 billion to support the proposed 'mission on cancer' and other cancer-related projects. [Erasmus+](#), the [European Institute for Technology](#) and [Marie Skłodowska-Curie actions](#) could make up to €500 million available for projects in education, training and research in the field of cancer. The [digital Europe programme](#) will give financial support of up to €250 million for cancer-related projects, and focus on digital investments, electronic data and digital skills. [Cohesion policy funds](#), such as the European Regional Development Fund, the Cohesion Fund and the European Social Fund Plus, can be used by Member States and their regions to improve their health systems' resilience, accessibility and effectiveness. Moreover, under the 'Next Generation EU' budget and recovery plan, a [Recovery and Resilience Facility](#) will make €672.5 billion in loans and grants available to finance reforms and investments, including in health infrastructure or manufacturing capacity for medicines and medical devices. Cancer-related investments by Member States and public and private entities could also be mobilised through EU budget guarantees, for instance through the [InvestEU programme](#). The Member States will be responsible for setting priorities and carrying out the projects. To facilitate the use of EU funding instruments, the Commission will set up a knowledge sharing mechanism.

## Reactions

EU institutional actors and public and private stakeholders have widely commented on Europe's Beating Cancer plan.

### European Parliament

In June 2020, the European Parliament [set up](#) a Special Committee on Beating Cancer ([BECA](#)). Its [responsibilities](#) include 'making any recommendations that it considers necessary with regard to the Union policy on combatting cancer in order to achieve a high level of protection of human health based on the patient oriented approach.' BECA invited the Health and Food Safety Commissioner, Stella Kyriakides, on 4 February 2021 to [discuss](#) Europe's Beating Cancer plan with Members. The Commissioner [said](#) that the European Parliament had played an important part in shaping the plan, as had its special committee, which would also be a vital partner during its implementation. BECA is currently working on an [own-initiative report](#) that will be Parliament's contribution to the plan. Rapporteur is Véronique Trillet-Lenoir (Renew Europe, France).<sup>6</sup>

Margaritis Schinas, Commission Vice-President, on Europe's Beating Cancer plan

'In a strong European health union, cancer needs to become a shared political, operational and scientific priority. Cancer care is no longer the responsibility of the health sector alone. The success of Europe's beating cancer plan requires engagement and buy-in from a wide range of sectors and stakeholders, a whole-of-society effort'.

Source: Remarks by Commission Vice-President Margaritis Schinas, 3 February 2021.

### European Economic and Social Committee

The European Economic and Social Committee (EESC) is [preparing an opinion](#) on the plan, scheduled for a vote during the EESC plenary in June 2021.

## Stakeholder views

Europe's Beating Cancer plan encompasses measures across a wide range of areas and, because of its holistic nature, has prompted many reactions from different sides and multiple angles. While non-governmental organisations (NGOs) – including medical, patient, consumer, environmental and public health groups – and industry associations – such as those representing the food and drink, health technology, pharmaceutical, and vaping industries' interests – generally welcome the plan and its ambition, some have criticised specific elements. This section aims to provide a flavour of the debate and is not intended to be an exhaustive account of all different views.<sup>7</sup>

### Advocacy organisations

The **Alliance for Regenerative Medicine (ARM)**, an advocacy organisation representing cell and gene therapy companies, research institutions, medical centres and patient groups, applauds the plan's links to the European health data space and its intention to address the current fragmentation of health data in the EU. According to ARM, this would have clear benefits for patient access to life-changing therapies.

The **Association of European Cancer Leagues (ECL)** strongly welcomes the plan's ambitions, but insists that several priorities be taken into account when implementing it. These include: affordability, fair prices and transparency for medicines; unmet needs (according to ECL, more should be done to steer public and private research and development towards areas with limited treatment options, low survival and/or low commercial interest); patient-centredness and participatory decision-making, which should be at the core of the medicines development process; the importance of involving academia and NGOs in clinical research and public access to research results and data sets; and optimal supply of essential medicines.

**BEUC – The European Consumer Organisation** welcomes the EU's aim to help prevent cancer by making healthy food choices easier for consumers. **BEUC** says it is 'a relief that the EU finally acted to improve alcohol labelling'. According to BEUC, industry pledges and other self-regulation tools have proven toothless in protecting younger consumers from adverts promoting foods laden with sugar, fat or salt, and the Commission should not shy away from taking binding measures. BEUC also considers it unbelievable that 'EU money is still being spent promoting red and processed meat, whereas experts tell us we should be eating less of it to minimise cancer risks', and finds it to be 'common sense' that the EU should stop funding adverts for meat.

The European Alcohol Policy Alliance **Eurocare** welcomes the launch of the plan. According to **Eurocare**, the contribution of alcohol to a range of cancers (in the oropharynx, larynx, oesophagus, liver, colon, rectum and breast) needs to be better recognised. Eurocare says there needs to be better public information, more awareness among health professionals, and effective public health measures to highlight the link between alcohol and cancer, and promote action to reduce avoidable illnesses and deaths. As Eurocare points out, awareness concerning this link is of crucial importance for effective prevention efforts. It states that Eurocare, the European Cancer Leagues (ECL) and the Nordic Alcohol and Drug Policy Network (NordAN) are relaunching their [website on alcohol and cancer](#) to help increase awareness of the link between the two.

**Europa Donna – The European Breast Cancer Coalition** welcomes the plan. **Europa Donna** notes that, together with its 47 member countries, it will strongly advocate for the plan's implementation, and calls on all stakeholders to help implement it over the coming years.

In a joint statement, the **European Academy of Allergy and Clinical Immunology (EAACI)** and the **European Federation of Allergy and Airways Diseases Patients' Associations (EFA)** – the organisations coordinating the secretariat of the [European Parliament Interest Group on Allergy and Asthma](#) – [support](#) the plan's 'health in all policies' approach with an emphasis on tackling the environmental determinants of cancer. The statement lays out the multiple correlations existing between cancer on the one hand, and allergy and asthma on the other; discusses the need for improved access to healthcare, including timely diagnosis, in a wide range of non-communicable diseases in addition to cancer; and highlights the benefits of patients' and healthcare professionals' participation in health decision-making processes.

The **European Cancer Organisation (ECO)**, in a statement by its president Matti Aapro, appreciates 'the positive sense of energy' in the plan, and finds the belief in being able to do more together inspiring: 'Whether it is in respect to HPV cancer elimination, creating a tobacco free Europe, or setting hard targets on access to screening or comprehensive cancer centres, it is wonderful to see such objectives stated and committed to. These targets will enable the success of the plan to be measured and improvement efforts to be directed towards tangible ends. Now the energy must shift from consultation to implementation'. ECO considers EU-level dashboard-style monitoring mechanisms could create a powerful impetus for achievement (see box).

The **European Cancer Patient Coalition (ECPC)** applauds in particular the plan's comprehensiveness and the fact that it addresses the debilitating cancer complications and co-morbidities 'still too often neglected in policy and research'. ECPC thinks that patient-centredness together with improved health literacy, reduction of tobacco use, and equal access to medicine and innovation, are promising actions to tackle the cancer burden effectively across Europe. For ECPC, national comprehensive cancer centres together with the European reference networks are essential tools in the battle against inequalities across the EU. Regarding cancer survivorship, ECPC stresses a lack of ambition in certain elements. It believes the best solution possible would be the recognition of a '[right to be forgotten](#)' for cancer survivors in all EU Member States, and regrets that, although appropriate solutions facilitating access to financial services are considered in the plan, it does not promote a legal framework 'coherent and consistent with the consumers' rights and the EU Treaties'.

To measure the plan's success, ECPC promotes the use of a multi-stakeholder dashboard (see text box above). ECPC is also collecting the cancer community's views on a [dedicated webpage](#). In a joint statement with ECPC, the **European Association of Urology (EAU)** and **Europa Uomo** welcome in particular the planned activities under the early detection pillar and the potential addition of new

Cancer experts, patients and industry all call for a 'European cancer dashboard'

In a common statement, the European Cancer Organisation (ECO), the European Cancer Patient Coalition (ECPC) and the European Federation of Pharmaceutical Industries and Associations (EFPIA) applaud Europe's Beating Cancer plan and components that emphasise the tracking of progress, such as an inequalities registry, a cancer plan implementation group, and an enhanced European cancer information system. In their statement, the organisations call for an emphasis on early implementation, consistent with the principles of the dashboard approach presented by the three organisations at the [European Health Forum Gastein](#) in October 2020. A European cancer dashboard should:

- be public-facing, easy for all to understand and use;
- develop indicators in cooperation with stakeholders;
- build on pre-existing work; be evidence-based and continually evolve; and
- cover the core areas of cancer care.

According to the statement, a key role for the European Parliament and its Special Committee on Beating Cancer is identified in agreeing core common indicators, alongside patients and the cancer community.

Source: Cancer experts, patients and industry applaud Europe's Beating Cancer plan and reemphasise the importance of measuring success, joint [ECO/ECPC/EFPIA](#) statement, 3 February 2021.

cancers, such as prostate cancer, to the Council recommendation on cancer screening. This would not only decrease mortality from prostate cancer, but also help EU Member States 'to sort out the current mess' of opportunistic testing<sup>8</sup> for prostate cancer, which – as the statement notes – has proven to be ineffective, with only a small mortality reduction and a considerable risk of over-diagnosis. In a joint statement with ECPC, the **European Society of Cardiology** (ESC) endorses the flagship initiatives' comprehensive approach. According to the statement, cardiovascular complications of cancer therapy are one of the most important and frequent side effects and the second leading cause of death in cancer patients. ECPC and ESC call on the Commission to make cancer-related complications and co-morbidities a central component of the plan. In particular, they ask for cardiovascular disease to be recognised as being among the most relevant side effects, and to include it with other cancer-related complications and co-morbidities in several flagship initiatives.

The **European Chronic Disease Alliance** (ECDA) welcomes the plan's prevention pillar, and supports the targets and measures set out. ECDA encourages the Commission and policy-makers to keep an 'inclusive mindset in the implementation and roll-out of the plan' so as to maximise its benefits and impact in other disease areas. ECDA argues that this will be particularly crucial for all proposed actions and initiatives linked to or having consequences for cancer co-morbidities.

The **European Patients' Forum** (EPF) notes that the plan will require a 'health in all policies' approach, recognising the role of non-health sectors as determinants of patients' health. In EPF's view, an effective cancer plan may lead to benefits for other chronic diseases, including a better understanding of the links between diseases, improved quality of care, a holistic patient-centred approach, survivorship issues, non-discrimination, and redressing health inequalities. EPF considers that, for the plan to succeed and live up to the high expectations that society and the patient community have placed on it, it should be co-implemented with its end-users to ensure their views and needs are considered and met.

The **European Public Health Alliance** (EPHA) considers the plan to be a major step in EU public health policy. EPHA is encouraged by the plan's comprehensive, multi-pillared approach to tackling cancer. EPHA notes that, in dealing with cancer, the plan also creates co-benefits in the fight against other non-communicable diseases (NCDs), in particular in terms of the initiatives it introduces on a range of common NCD risk factors and in paving the way for future health policy-making in this space. EPHA sees this as 'the first in a new series of comprehensive strategies to address Europe's main burdens of ill health and create the enabling conditions for human well-being'.

The **European Respiratory Society** (ERS) calls on the Commission, EU policy-makers and national governments to set a goal to increase early diagnosis of lung cancer in Europe by 20 % by 2030. As ERS points out, lung cancer causes more deaths than colon, breast and prostate cancers combined, and it has the highest mortality rate of all cancers. According to ERS, rolling out lung cancer screening in Europe has to be a vital element of the plan.

As regards the Commission's plans to review funding for promotional campaigns for red meat and processed meat due to links to cancer, **Greenpeace** [calls on](#) the Commission to end EU funding of advertising campaigns for increased consumption of animal products with a harmful impact on public health, the climate and nature.

The **Movendi International** advocacy group [welcomes](#) the plan as a good example of the public interest being prioritised before the alcohol industry's profits. It considers the EU's commitment to helping Member States reduce population-level consumption as an 'important sign that alcohol policy is finally becoming the priority it should be'.

**Smoke Free Partnership** (SFP) praises the plan as 'the most ambitious roadmap yet to end tobacco in Europe'. SFP welcomes the plan's two important targets (reducing tobacco use by 30 % by 2025 and achieving a 5 % tobacco prevalence level by 2040), as well as the clear political commitment to transparency in policy-making with respect to tobacco control. SFP argues that the policies will

greatly help to reduce the burden of cancers, cardiovascular diseases, respiratory diseases and a host of other chronic conditions caused by tobacco use.

Welcoming the plan, the **Standing Committee of European Doctors (CPME)** believes prevention is the most cost-effective long-term strategy for cancer control, and is therefore pleased to see that prevention is one of the key action areas in the new plan.

**United European Gastroenterology (UEG)** salutes the initiative of putting prevention at the core of the EU's cancer agenda. According to UEG, there is strong evidence that many chronic digestive diseases are preventable, and a shift of focus from treatment to prevention is therefore essential. UEG argues that the plan's prevention pillar should include measures aimed at reducing smoking prevalence and alcohol-related harm, as well as increasing physical activity. These are particularly important in the prevention of non-alcoholic fatty liver disease, a major risk factor for liver cancer. As regards tackling health inequalities, UEG draws attention to the vast inequalities in colorectal cancer screening across Europe, and calls for the implementation of standardised population-based screening programmes for colorectal cancer in all EU Member States, together with regular updates of the European colorectal cancer screening guidelines, and screening progress reports every two years. Moreover, UEG welcomes the consideration of broadening the scope of cancer screening, and recommends the implementation of screening for viral hepatitis. Lastly, UEG highlights the need to fill existing knowledge gaps in pancreatic cancer, the deadliest of all cancers.

**Youth Cancer Europe** [welcomes](#) the plan as a 'massive step forward', but argues that there are some key issues affecting youth with cancer that have yet to be adequately addressed. According to Youth Cancer Europe, the 'survivorship and quality of life' pillar is by far the least detailed section. It notes that mental health is only mentioned through a proposed solution to train a better-prepared workforce, and fertility preservation – one of the five key issues included in Youth Cancer Europe's [white paper](#) – is not part of the plan at all. Moreover, it argues that, when addressing the 'right to be forgotten', the Commission 'only puts in view the creation of a code of conduct to make sure that only necessary and proportionate information is used when accessing financial products' (instead of EU-wide legal rights).

## Sectoral associations

**Assica**, the Italian meat and cured meat industry association, [says](#) it is 'shocked' by Europe's Beating Cancer plan, which aims at removing agri-food products associated with cancer risks from promotion programmes, including red and processed meats. According to Assica, 'science is unanimous in saying that it is not the food itself that is dangerous, rather the consumed quantity, and that a disproportionate amount must be consumed for there to be a percentage of risk, which is minimal and in any case still to be verified'.

The **Comité Européen des Entreprises Vins (CEEV)** – the European association of wine companies – supports the plan. It nevertheless notes that cancer risk cannot be evaluated in isolation, but has to be assessed in the context of cultural, consumption, diet and lifestyle patterns. According to CEEV, 'while it is clear that excessive consumption of alcoholic beverages leads to increased cancer risk, according to scientific evidence, drinking wine moderately, particularly as part of a Mediterranean-style diet and in combination with the practice of other healthy lifestyle factors, does not appear to increase cancer risk'. Concerning the Commission's proposal to develop health warnings for alcoholic drinks, CEEV argues that any work in this field should embrace science and the compatibility of moderate wine consumption with a healthy lifestyle, and should take into account proportionately both the measure's efficiency and the need to preserve the single market.

The **European Confederation of Independent Winegrowers (CEVI)** congratulates the Commission on its proposals, but is 'not entirely convinced by the suggested means to tackle the harmful use of alcohol-related issues'. CEVI believes that prevention and information are the main drivers for tackling alcohol misuse. According to CEVI, wine is part of European heritage and should continue to be protected, while at the same time consumed responsibly.

**COCIR**, the European trade association representing the medical imaging, radiotherapy, health information and communications technology and electromedical industries, [considers](#) the plan to be a milestone, although it believes that much remains to be done. COCIR welcomes the intention to involve stakeholders in the implementation phase, and is pleased to see its [recommendations](#) on enhancing value in cancer prevention and care taken on in the form of concrete actions.

**Consumer Choice Centre (CCC)**, a global consumer advocacy group, declares itself to be 'deeply concerned' by the Commission's decision to equate conventional smoking with vaping and introduce restrictions that 'don't stand up to scrutiny and disregard consumer choice'. The statement notes that, 'despite consistent calls from activist groups, including the CCC, and scientific evidence at hand, the Commission has chosen to pursue the path of paternalism as opposed to innovation and freedom'. Instead of driving down demand, the Commission's approach will result in a spike in illicit trade that, in turn, will endanger European consumers and increase the budget losses from uncollected taxation, the statement notes.

**EuropaBio**, the European association for the biotechnology sector, [sees](#) a 'significant opportunity for the healthcare sector arising from the development of personalised medicine, genomics, and artificial intelligence, which will have an increasing impact on cancer care and research'. According to EuropaBio, to maximise the potential gains from these growing areas, the EU must reduce obstacles to the collection, sharing and utilisation of real-world data. It believes that the plan should be well aligned to complementary initiatives in this area, such as the European health data space.

In a [Euractiv article](#), Nathalie Moll, director-general of the **European Federation of Pharmaceutical Industries (EFPIA)**, is quoted as saying that, with the plan, Europe is launching a 'new era for cancer care and cancer patients', and that EFPIA is committed to working with all stakeholders on the concept of a cancer dashboard (see box above). In its [blog](#), EFPIA says it understands that the plan is a joint responsibility between the Commission, Parliament, the Member States and the stakeholders, and declares itself 'ready to contribute to its success in a constructive, inclusive way'.

The **European Tobacco Harm Reduction Advocates (ETHRA)** have expressed their 'dismay' at some of the tobacco control measures proposed in the plan. According to ETHRA, the plan fails to make a distinction between harmful smoking products and smoke-free alternatives, and 'signals that the Commission intends to turn its back on innovation and science by cracking down on vaping, the popular and far less risky alternative to smoking'.

**FoodDrinkEurope**, the European food and drink manufacturing industry's lobby, [considers](#) the plan to be an essential step forward. As it notes in its statement, the European food and drink industry 'is acutely aware of the importance of healthy, balanced diets and lifestyles in preventing disease and is, among other actions, actively engaged in product formulation and innovation to offer more nutritional food choices'. FoodDrinkEurope looks forward to providing its expertise to help shape an effective and science-based path to beating cancer in Europe.

The **Independent European Vape Alliance (IEVA)** welcomes and supports the plan, but believes the new EU strategy neglects an important instrument for public health: harm reduction. According to IEVA, tobacco harm reduction is rated as a very good opportunity to significantly reduce the number of smokers and should therefore be included in the plan. Referencing a Public Health England [report](#), IEVA argues that, in embracing harm reduction, the UK is demonstrating a better and more effective strategy to decrease the number of smokers, with UK health policy having drastically reduced the smoking rate within a few years.

**Medicines for Europe**, which represents the generic, biosimilar and value-added medicines industries across Europe, [sees](#) Europe's Beating Cancer plan as a 'welcome milestone'. To achieve its mission, the plan should implement several key policies: comprehensive uptake policies for off-patent medicines; EU and national cancer strategies promoting the use of off-patent medicines; removing barriers after expiry of intellectual property; and adapting the EU framework to develop value-added medicines.

The spirit drinks lobby, **spiritsEUROPE**, [supports](#) the plan's overall ambition and is 'heartened to see the Commission plans to encourage self- and co-regulatory initiatives related to marketing, an area in which our sector has long delivered on ambitious standards and targets'. According to spiritsEUROPE, the best evidence shows that light to moderate consumption can be part of a balanced lifestyle, and it is therefore harmful patterns of drinking that should be further targeted.

The **World Vapers' Alliance** [is concerned](#) about the bias the plan demonstrates against vaping, and that it 'is allowing ideology to get in the way of science' and 'ignores the wealth of evidence showing that vaping represents only less than half of one percent of the cancer risk that smoking does'. According to the alliance, in addition to ignoring the evidence supporting vaping as a less harmful alternative to smoking, the plan equates vaping to smoking in some of its parts. The alliance argues that, if vaping is subject to the same rules as cigarettes, then those who give up smoking thanks to vaping will see smoking become, relatively speaking, more appealing, which goes against what the EU is hoping to achieve.

## Academia

Professor Françoise Meunier, vice president of the **Federation of European Academies of Medicine** ([FEAM](#)) notes that, while cancer is no longer a death sentence, cancer survivors are confronted with new challenges, and in particular, discrimination in access to financial services. She argues that equal access to financial services should be expanded to all EU cancer survivors.

In an editorial in the *European Journal of Public Health* (EJPH), published prior to the launch of Europe's Beating Cancer plan, Julian Mamo et al. [point out](#) that a joint approach to more effective cancer control as requested by the Commission President in her mission letter has to include collaborating with partners from beyond the health sphere, given that cancer is all-encompassing and affected not only by gender, age and genetics but also by diet, lifestyle, environment, education, and social class. According to the editorial, the European Public Health Alliance (EUPHA), the EUPHA Chronic Diseases Section (EUPHA-CHR), the German Society of Medical Sociology and the Collaborative Association of Health Universities of Applied Sciences are ready to play an active supporting role in providing evidence and guidance where needed. The editorial references an [e-collection](#) of recent EJPH studies on risk factors for cancer, the use of cancer screening, and the role the EU should play in beating cancer.

## Outlook

As [Commissioner Kyriakides](#) put it, the adoption of Europe's Beating Cancer plan is only the beginning of a long journey ahead. The plan's success 'depends on the Member States' implementation of its actions. But they cannot address the increasing challenges associated with cancer on their own. This will require deep and genuine collaboration from the key stakeholders, Member States and the European Parliament'.

## MAIN REFERENCES

[A cancer plan for Europe](#), European Commission website.

[Europe's Beating Cancer Plan: A new EU approach to prevention, treatment and care](#), including [factsheet](#) and [Questions and answers memo](#), European Commission website.

Scholz N., [Europe's Beating Cancer plan: Launch of an EU-wide debate](#), EPRS, European Parliament, February 2020.

Scholz N. and Zumen K., [Europe's Beating Cancer plan – Pre-legislative synthesis of national, regional and local positions on the European Commission proposal](#), EPRS, European Parliament, November 2020.

[Selected Online Reading on Beating Cancer](#), EP Library, European Parliament, 2020.

[Special Committee on Beating Cancer \(BECA\)](#), European Parliament website.

## ENDNOTES

- <sup>1</sup> Namely, proposals to [upgrade](#) Decision 1082/2013/EU on serious cross-border health threats, [strengthen](#) the mandate of the European Centre for Disease Prevention and Control (ECDC), and [extend](#) the mandate of the European Medicines Agency (EMA).
- <sup>2</sup> This includes updating the [Carcinogens and Mutagens Directive](#) and proposing a new [occupational safety and health](#) strategic framework 2021-2027.
- <sup>3</sup> It will complement the '[1+ Million Genomes](#)' initiative, which has so far been signed by 22 EU Member States.
- <sup>4</sup> As the Commission states in a footnote to the plan, patient organisations refer to this issue as the '[right to be forgotten](#)'. This, however, should not be confused with the terminology used in the [General Data Protection Regulation](#) (GDPR) (see in particular, Article 17 GDPR — Right to erasure ('right to be forgotten')).
- <sup>5</sup> The EU health policy platform is a collaborative initiative to ease communication between European Commission services and health stakeholders.
- <sup>6</sup> See also the [recorded debate](#) and a [video statement](#) by the rapporteur. For a comment on Members' reactions to the plan, see the articles on '[Beating cancer: MEPs react to the EU plan for joint action](#)', European Parliament Press Room, 3 February 2021; and '[The European Commission's new European beating cancer plan has received a guarded welcome from MEPs](#)', The Parliament Magazine, 4 February 2021. Parliament has also released related audiovisual materials ('infoclips') on [prevention](#) and [diagnosis and treatment](#), and a [visit of ICANS, the Cancer Institute of Strasbourg Europe](#).
- <sup>7</sup> Contributions are listed in alphabetical order.
- <sup>8</sup> 'Opportunistic testing is initiated by individual members of the public or their health advisors. It may or may not be based on national guidelines on intervals, target population and screening tests' (as [defined](#) in the Cancer Control joint action CanCon).

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