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## NOTICE TO MEMBERS

**Subject: Public consultation Synopsis Report - The impact of the COVID-19 pandemic on cancer prevention, health services, cancer patients and research: lessons from a public health crisis.**

### INTRODUCTION

This report presents the outcome of the stakeholder's public consultation conducted by the European Parliament's Special Committee on Beating Cancer (BECA) from 04.02.2021 until 11.03.2021. The aim of the public consultation was to gain insight into the different ways the COVID-19 pandemic has affected patients, healthcare professionals (HCPs) and all other aspects of cancer care and research in the European Union (EU). Furthermore, the public consultation provided a framework for proposals for short-term and sustainable solutions, but also for future health crises (e.g. disease preparedness) to ensure continuity of cancer services, also taking into account Europe's Beating Cancer Plan (EBCP).

As the consultation was set out to draw lessons from the current COVID-19 pandemic stakeholders from different cancer-related backgrounds were invited to voice their opinions and give their recommendations on questions focussing on:

- a) Addressing immediate and current impacts of the pandemic on cancer care in the EU.
- b) The rebuilding of cancer services in Europe after the present period of health crisis has passed.
- c) The long-term role and means of EU cooperation in health and cancer care after COVID-19.

The public consultation consisted of nine open questions in English about different topics related to the COVID-19 pandemic and cancer care, research and other services (See Annex A).

Only organisations registered in the EU [transparency register](#)<sup>1</sup> were invited to send in their contributions. In total, 33 contributions were received through the online survey form on the [BECA website](#) (See Annex B). All contributors had to confirm having read the legal notice and privacy statement. Furthermore, they needed to give consent for the processing of personal data.

The BECA Committee wishes to thank the EP services that contributed to the realisation of this consultation and in particular the author of the report, Ms Zineb Ez-Zaitouni.

## **1. EXECUTIVE SUMMARY**

The persistent COVID-19 pandemic has pushed health systems across the world to their limits. To this day, healthcare services face multiple challenges in providing essential care to their patients in the midst of (varying) COVID-19 restrictions across the EU. Cancer care services have endured significant delays or cancellations leading to backlogs of patients furthering the already existing strains on healthcare systems and HCPs. In addition, the COVID-19 health crisis affected cancer research considerably, leaving facilities with financial and logistical challenges. Nonetheless, the COVID-19 pandemic sparked the use of innovative health technologies (e.g. telemedicine) in the mitigation of the detrimental effects on all cancer-related services and research, and fuelled the drive to restructure existing health systems and make them more resilient for future health crises.

### **1.1. Lifestyle behaviours and mental health**

Respondents identified several behavioural changes in European citizens during the COVID-19 pandemic. Overall, they saw an increase in risk behaviour linked to a higher risk for developing cancer, such as smoking and alcohol consumption. In addition, adherence to healthy diets and physical exercise, partly due to imposed restrictions, decreased during the pandemic. Mental health posed a significant challenge as well. For patients, caregivers and HCPs increased stress, anxiety, and other psychological traumas because of the pandemic became part of their daily professional and personal lives.

### **1.2. Cancer prevention and screening**

Both primary prevention and screening programmes for cancer were seriously affected across the EU. Cancer prevention and awareness campaigns (e.g. smoking cessation) were either suspended or cancelled. Cancer-screening services and vaccination programmes (e.g. against Human Papilloma Virus (HPV)) saw significant declines in the number of patients responding to invitations. Respondents expressed their concerns about the created backlog in screening programmes and decline in newly diagnosed cancer patients. As prevention and screening services are expected to resume fully when the COVID-19 health crisis is over, a surplus of cancer patients is expected to increase the burden on our health systems.

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<sup>1</sup> The National Cancer Control Programme of Ireland (NCCP) was exempted from this requirement by virtue of being a national programme. The NCCP contribution falls under the exemption for interest representation activities in the [IIA on the Transparency Register](#):15.

### **1.3. Cancer diagnosis, treatment and follow-up**

All aspects in cancer detection were affected by the imposed COVID-19 restrictions. In line with the decrease in cancer prevention and screening services, respondents highlighted that the number of newly diagnosed malignancies in 2020 were significantly lower compared to 2019. Patients and HCPs experienced disruptions at some point in all cancer treatment modalities. The backlog resulting from these disruptions may potentially lead to advanced disease in patients with severe consequences (e.g. increased cancer morbidity and mortality).

### **1.4. Workforce and health systems**

Many respondents underlined the fact that the COVID-19 pandemic exacerbated pre-existing shortages in specialized medical workforce. This worsened the pressure on health systems and, according to some respondents, exposed the inequalities between EU Member States.

Respondents saw significant impacts on the mental health of HCPs and related workers due to, for example, altered working conditions (i.e. working in already overwhelmed health systems) and re-allocation to critical COVID-19 care. In addition, HCPs experienced higher than usual levels of stress, depression and anxiety, which led in certain cases to burnouts and increased work absenteeism.

### **1.5. Medicines, products and equipment**

Next to the workforce shortages, several respondents pointed out that the COVID-19 health crisis either exacerbated or led to shortages in medicines, products (e.g. personal protective equipment (PPE)) and equipment in the Member States. Some stressed that the imposed travel restrictions and limitations led to additional diagnostic and treatment delays in patients. However, several respondents indicated that the COVID-19 pandemic did not pose any serious problems to their supply chain.

### **1.6. Cancer research, digital innovation and data**

Respondents were asked about the effects of the COVID-19 pandemic on cancer research, the availability and deployment of data and the impact on innovation in cancer care services. As regards clinical research, respondents pointed to the suspensions or initiation delays of clinical trials. Patient inclusion was restricted and data processing was deprioritized as research staff were allocated to critical COVID-19 care. HCPs had to reassess their cancer care pathways and as a result increasingly used health technologies (e.g. telemedicine) to ensure continuity of cancer-related services.

### **1.7. Future perspectives and recommendations for EU public health policies**

Overall, the responses show broad consensus on the EU's role in addressing an array of topics in the aftermath of the COVID-19 pandemic. Respondents felt that the EU should take on a coordinating role in assisting its Member States in building a future robust European healthcare system. Many respondents underlined that the expected additional cancer burden on European health systems needs to be addressed in the short-term. All agreed that the current pandemic has shown several faults and weaknesses in our health systems and that the EU and its Member States need to focus on rebuilding these for future health crises. Moreover, respondents call for

the elimination of health inequalities on national levels and between Member States. More resilient and equal health systems are pivotal for disease and crisis preparedness across the EU. In line with this, several respondents called for more cross-border collaboration in cancer prevention programmes and other cancer-related services. Furthermore, they emphasised the need to extend the mandates of several European institutions, including the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA). The EU and its Member States need to tackle the shortages in medicines, equipment and medical staff by investing in European production and pan-European educational programmes, respectively.

As the COVID-19 pandemic is still ongoing, the mental health effects of the imposed restrictions and lockdowns are another challenge for cancer patients, caregivers and HCPs. Respondents call for a coherent approach by the EU and its Member States to address these mental health challenges and make it an integral part of cancer care.

The COVID-19 pandemic also led to an increase in innovative health technologies. Another recommendation was to promote the use of technological solutions in medicine and, more specifically, in cancer care. Furthermore, the EU and its Member States need to invest in digital health literacy to better equip both patients and HCPs for daily clinical practice.

Respondents broadly welcomed the EBCP, along with its 10 [flagship initiatives](#) and [32 supporting actions](#). According to them, the EBCP, as part of the European Health Union, will be instrumental in improving the overall quality of European cancer care, research and related services.

## 2. RESULTS: SUMMARY OF RESPONSES RECEIVED

Contributors expressed a high degree of overlap in issues and concerns regarding the COVID-19 pandemic and its effects on cancer care, research and other related services. Some contributions were very detailed and technical; others were more general or country-specific. However, there was an overall strong support for the EBCP and its [flagship initiatives](#). Moreover, stakeholders agreed that the EU and its Member States should take a more ‘holistic’ approach to fight cancer, involving all relevant stakeholders.

### QUESTIONS AND SUMMARY OF RESPONSES RECEIVED

#### 2.1. IMPACT ON LIFESTYLE-RELATED BEHAVIOURS

- *What is the impact of the COVID-19-induced lockdowns and quarantines on dietary habits, physical activity, alcohol consumption, smoking and stress and anxiety levels among the European population?*
- *What measures could the EU take to prevent and to mitigate the negative consequences of lifestyle-related behavioural changes due to the COVID19-pandemic?*

Almost all respondents reported that the COVID-19 induced lockdowns and quarantines have profoundly affected lifestyle behaviours in multiple ways, which mainly resulted in increased risk behaviour for cancer. For example, the European Association of Urology (EAU), the European Society for Medical Oncology (ESMO), and the European Public Health Association (EUPHA) inter alia identified a higher alcohol consumption amongst European citizens.

Furthermore, most respondents emphasised the escalated use of combustible tobacco products and posed their concerns regarding the health effects. In light of the imposed lockdowns and quarantines, some organisations highlighted the limited access to non-combustible tobacco products and/or other nicotine products in multiple European countries.

In contrast, the National Cancer Control Programme of Ireland (NCCP) concluded there were both positive and negative effects of the COVID-19 imposed restrictions. For example, both an increase as well as a decrease in alcohol and tobacco consumption were reported in the Irish population.

Numerous respondents, such as the Albanian Center for Population and Development (ACPD) and Digestive Cancer Europe (DiCE), were concerned about the negative effects on the level of physical activity due to the imposed restrictions leading to lifestyles that are more sedentary. Examples given for this decreased physical activity were the (extended) closure of community-based physical activity initiatives, outdoor activities, and physical fitness facilities. In addition, several respondents recognised the overall neglect of healthy diets by, for example, a higher consumption of fast foods.

According to several respondents, the imposed restrictions have also negatively affected the mental health of Europeans. Psychological distress, depression, anxiety, domestic violence and loneliness have significantly increased during the COVID-19 health crisis.

The NCCP, however, found that in a small proportion of the Irish population the COVID-19 pandemic had positively influenced their mental health.

### ***RECOMMENDATIONS***

Several recommendations were given by the respondents to mitigate the effects of the COVID-19 health crisis on lifestyle behaviours and mental health:

- **Smoking and alcohol consumption:**

Respondents emphasised the importance of combating the consumption of tobacco products and alcohol. In order to achieve a tobacco-free generation, several initiatives, such as local, regional and European awareness campaigns on smoking and alcohol consumption as well as targeted prevention programmes should either be established or progressively promoted. Several respondents pointed out that Europe's Beating Cancer Plan (EBCP) can be a catalyser in achieving these goals. Few mentioned that, in case of failed cessation, alternative nicotine products should be considered.

- **Physical activity and healthy diets:**

Some respondents underlined the need for promoting healthy lifestyles through European Union (EU) supported and subsidized programmes. The EU should support Member States in sustaining relevant initiatives and supporting communication efforts regarding healthy lifestyles. Moreover, respondents indicated that the EU and its Member States should promote physical activity in specific situations (e.g. health crises) and encourage their citizens to partake in physical activity courses at home. In addition, subsidies on fresh fruits and vegetables need to be promoted to ensure greater access to healthier options for European citizens.

- **Mental health:**

The EU and its Member States should give more attention to mental health and support further studies into the effects of, for example, physical activity on psychological well-being.

Furthermore, respondents emphasised that, as the COVID-19 pandemic is still ongoing, the control and management of the spread of the coronavirus and its variants, including vaccination of citizens, play a pivotal role in positively influencing lifestyle behaviours.

## 2.2. IMPACT ON CANCER PREVENTION MEASURES

- *What is the impact in the short -, middle - and long-term on patients, and health systems of:*
- *the suspension or cancellation of campaigns promoting a healthy lifestyle*
- *the disruption in (routine) cancer screening services and vaccination programmes*
- *the non-referral of persons with suspected cancer symptoms*
- *the suspension of diagnostic services for cancer*
- *What measures could the EU take, and how should EU policies and legislation contribute to addressing these challenges?*

A number of respondents, such as the European Respiratory Society and the European Breast Cancer Coalition (EUROPA DONNA), pointed out that the suspension or cancellation of campaigns promoting a healthy lifestyle and the disruption of smoking cessation services could negatively affect the risk of cancer. According to EUPHA, increased risk behaviour, such as increased tobacco consumption and worsening diets, can have long-term consequences for cancer incidence.

Primary prevention programmes, such as the vaccination against Human Papilloma Virus (HPV), were severely disrupted by the COVID-19 pandemic. In addition, respondents have seen an increased hesitance towards vaccinations as misinformation about the COVID-19 vaccines have been spreading.

Numerous respondents expressed concerns about the disruption and/or (temporary) cessation of several cancer-screening services, such as that for cervical and colorectal cancer. The European Cancer Organisation (ECO) indicated that their member organisations saw a significant decline of cancer screening in their respective countries. According to the respondents, this decline was multifactorial of nature. The imposed COVID-19 restrictions, the limitation in available screening staff, personal protective equipment (PPE), testing facilities, as well as citizens' hesitance and existing fear of contracting the coronavirus have contributed to this decline. These conclusions were echoed by, among others, the NCCP, EUPHA and the European Society of Surgical Oncology (ESSO).

Respondents indicated that due to the disruption of cancer screening there would be an expected delay in cancer diagnosis possibly leading to higher mortality and worse clinical outcomes in patients. In addition, others stated that at the start of the pandemic only emergency cases were referred to specialised doctors or clinics, which may contribute to this delay in diagnosis. Moreover, as diagnostic and staging procedures were delayed, cancer cases may be more severe at time of discovery possibly resulting in less treatment options for these patients.

The consensus amongst the respondents was that the COVID-19 pandemic has had detrimental effects on both the primary and secondary prevention of cancer as well as the early diagnosis of cancer. Some respondents pointed out that the number of people diagnosed with cancer in 2020 significantly dropped in comparison to 2019. Therefore, they not only expect a significant backlog in screening and vaccination programmes, but also of newly diagnosed cancer patients. This created backlog will have a spill over effect on cancer burden once cancer services operate fully and will further the increased burden on healthcare.

## **RECOMMENDATIONS**

Respondents made the following suggestions to the EU and the Member States:

- sustain financial support to existing cancer screening and vaccination programmes and increase funding for renewed EU cancer awareness campaigns
- re-establish cancer prevention, including vaccination programmes, and screening programmes as soon as possible with (financial) assistance
- invest in mitigating the effects of the COVID-19 pandemic on prevention, screening and early diagnosis of cancer
- promote clear communication to European citizens on the necessity and importance of cancer screening and vaccination programmes
- prioritise cancer patients for COVID-19 vaccination in order to resume cancer services promptly
- address the backlogs in cancer patients by ensuring sustainable and customized support to local hospitals and cancer care facilities in the Member States
- improve the resilience of health systems and by extension their cancer pathways in order to maintain cancer services during future health crises
- incentivise Member States to modernise healthcare infrastructures and their disease preparedness by investing in innovative health solutions inter alia
- focus on improving equal and universal access to cancer screening by providing support and investing in research in post-COVID-19 cancer pathways

### **2.3. IMPACT ON WELLBEING OF PATIENTS WITH CANCER AND THEIR CAREGIVERS**

- *What are the experiences of cancer patients related to the COVID19-pandemic? In challenged health care systems, are patients with cancer informed about additional sanitary measures and changes in cancer-specific care? Does the current COVID-19 pandemic discourage patients from undertaking preventive, diagnostic or therapeutic actions?*
- *What recommendations are needed to address long-term care challenges and help improve quality of life for patients, their family members and friends or carers? What measures could the EU take, and how should EU policies and legislation contribute to addressing these challenges?*

Overall, respondents agreed that the COVID-19 pandemic and the resulting restrictions have discouraged patients to participate in preventive, diagnostic and therapeutic actions with respects to cancer. This impaired continuity of cancer care and other services has affected patients and their caregivers in several ways.

Various respondents pointed out the challenges in mental health during the COVID-19 pandemic. Increased stress, anxiety, depression and other psychological and emotional trauma were amongst the examples of mental health challenges. Patients felt disregarded and not made a priority because of shifting priorities to critical COVID-19 care leading to the disruption of cancer care. The increased strict restrictions in the number of visitors and accompanying caregivers in clinical care centres (e.g. in-house care and follow-up visits) furthermore exacerbated this psychological distress in cancer patients and their caregivers. In addition, decreased availability of external support services placed more burden on

caregivers. According to the European Society for Paediatric Oncology (SIOPE) the measures pertaining to COVID-19 and the fear generated, amongst other things, affected (already vulnerable) children and parents significantly leading to increased isolation and loneliness. Although breast cancer surgeries were not postponed, elective breast reconstructive surgeries were not performed, which Transforming Breast Cancer Together (TBCT) indicates plays an important role in the quality of life of breast cancer patients.

Others emphasised the lack of clear communication or ineffective communication, insufficient reliable resources and guidance regarding the ramifications of the COVID-19 restrictions on cancer care and other services. This resulted in uncertainty in both patients and caregivers and furthered the already existing reluctance to seek medical help or continue follow-up visits with their treating specialists, potentially leading to advanced disease with limited treatment options. The respondents viewed the flawed communication as a contributing factor to the already deteriorating mental health of patients and caregivers. Additionally, some experienced loss in confidence in the national health systems because of the experienced suboptimal communication.

The Asociación Española Contra el Cáncer (Spanish Association against Cancer, *ed.*) and Transforming Breast Cancer Together (TBCT) identified economic consequences for cancer patients and their families as a result of the COVID-19 pandemic. A recent report of the Asociación Española Contra el Cáncer showed that a significant proportion of Spanish cancer patients, with female cancer patients the most affected, were severely impacted economically. In addition, according to TBCT, patients expressed several concerns regarding different aspects of returning to work during the pandemic.

For some respondents another effect of the COVID-19 pandemic has been the exacerbation of pre-existing inequalities between health care systems, in particular cancer care, in Member States. As a result, countries lacking robust primary care services will endure the greatest number of consequences of the COVID-19 pandemic, according to EUPHA.

### ***RECOMMENDATIONS***

In order to address the challenges on the wellbeing of patients with cancer and their caregivers, respondents made several recommendations on possible measures the EU and its Member States could take:

- address the psychosocial impact of the pandemic on cancer patients, caregivers, families and friends
- fund mental health programmes, supporting a central role of psycho-oncology within quality cancer care, and make them widely accessible to their target audience
- ensure continuous allocation of resources towards accessible programmes addressing the psychosocial consequences of the COVID-19 pandemic on children and their development
- support the need for more information on coping strategies during health crises
- implement crisis protocols to ensure safe cancer pathways and timely communication on national and cross-border health crisis policies
- improve (crisis) communication with local, regional and national health services, and by extension patients, in order to restore patients' confidence in their health systems

- invest more in patient organisations and reach out to scientific societies to ensure that reliable information reaches their patients for optimal guidance
- support Member States in the employment of innovative health solutions and technologies, such as telemedicine (e.g. remote patient monitoring) and at-home care, to strengthen cancer systems and to ensure safe access to continued cancer care
- support initiatives for continuation of cancer pathways (during the COVID-19 pandemic) and a holistic approach to optimal care for cancer patients
- promote better primary care in the Member States
- implement programmes to aid cancer patients in all matters related to employment, worker rights and insurance policies pre- and post-treatment

#### 2.4. IMPACT ON CANCER TREATMENT

- *How does the COVID19-pandemic effect the availability and timeliness of cancer treatments?*
- *Can you provide data on surgery postponements or cancellations, changes or cancellations in radiation therapy and systemic anticancer treatments and the consequences of a (partial) transition to telemedicine?*
- *What concrete EU-initiatives could significantly help to address the cancer-related backlog created by the COVID19- pandemic and ensure continued access of citizens to healthcare services for all their cancer-related needs during the current (or future) health crisis?*

Numerous respondents highlighted the significant impact of the COVID-19 health crisis and the imposed restrictions on cancer-related surgeries, radiotherapies and systemic treatments (e.g. chemotherapy). For example, ESMO, ESSO and ECO indicated that hospitals in many European countries experienced serious cuts in available hospital beds and a reduction in surgical procedures. According to the European Society of Oncology Pharmacy (ESOP) there was a severe drop in the administration of chemotherapy globally. Furthermore, the European Trade Association representing the medical imaging, radiotherapy, health information and communications technology (ICT) and electromedical industries (COCIR) addressed the severe effects provoked by the COVID-19 pandemic leading to disruptions, delays and suspensions of radiotherapy.

Several respondents emphasised that the availability and timeliness of cancer treatments were affected by multiple factors. Intrinsic patient factors, such as fear of contracting COVID-19 and reluctance to start therapy, as well as limited resources (e.g. closure of clinical departments/facilities, re-allocation of specialised health staff, PPE shortages, and deprioritization of reimbursement of non-COVID-19 therapies) were mentioned as contributing factors to the discontinuity of cancer care. Few respondents indicated that a large proportion of health systems were able to provide COVID-19-free cancer pathways, however with significant delays or suspension of interventions. Nonetheless, the Motol University Hospital in the Czech Republic indicated they did not experience any limitations in their cancer-related services.

Several expressed their concerns about the potential harm of this interruption of cancer care. As mentioned before, there are significant backlogs in all cancer treatment modalities putting

more pressure on already overheated health systems. Respondents underline the possible deleterious effects of these backlogs such as progression to advanced stages of cancer with less treatment options. This in turn can eventually lead to increased cancer morbidity and mortality.

Some respondents observed incompliance to cancer treatment out of fear for increased susceptibility to COVID-19 or, in case of an infection, a more severe disease course. The lack of communication and unclear protocols regarding cancer therapies increased stress and uncertainty about the prognosis of the underlying disease in cancer patients.

Furthermore, others pointed out that the COVID-19 pandemic led to the deterioration of research infrastructures affecting the recruitment and inclusion of cancer patients in clinical trials, halting experimental treatments and the processing of data.

Numerous respondents however saw a boost in the use of telemedicine and other innovative health solutions due to the aforementioned challenges in cancer-related services. The German Social Insurance European Representation concurred with this observation as they registered significant increases in telephone and video consultations by health care professionals (HCPs).

### ***RECOMMENDATIONS***

Respondents underlined that the lessons learned from this pandemic should play a pivotal role in redefining multimodal cancer services and proposed several ways to address the cancer-related backlog in the EU and its Member States:

- encourage continuation of cancer services by creating a healthy balance between COVID-19 care and chronic illness care
- develop best practices and guidelines in order to return to fully operating multimodal cancer services during the pandemic
- encourage different stakeholders to cooperate to establish proposals for the normalisation of cancer care and research
- increase funding to prepare health systems for the backlog in cancer services and a possible surge of cancer patients
- make cancer care an integral part of national and cross-border disease preparedness to ensure continuity during future health crises
- create continuity of cancer care by creating specific treatment pathways with hospital networks or redirecting cancer-related treatments to specialised centres
- promote the use of telemedicine and enhance collaboration between different health systems on national and cross-border levels to sustain continuity of cancer services
- implement health innovations and technologies to achieve higher quality of cancer care and research
- establish dedicated cancer registries to investigate the impact of COVID-19 by providing real world and accurate health data for policy-making on local, regional and national levels

## 2.5. IMPACT ON SHORTAGES OF MEDICINES, PRODUCT AND EQUIPMENT

- *Does the current COVID-19 pandemic have an effect on the shortages of medicines used in cancer care? If yes, which medicines are affected? What measures should be taken, including at EU-level, to prevent and tackle the causes of shortages of medicines and medical equipment and mitigate the impact on patients, clinicians, pharmacists and other stakeholders?*
- *What initiatives should the EU take to ensure an effective response and equal access to optimal cancer care for all cancer patients when this situation occurs again?*
- *Please support your answer with data, evidence and/or concrete examples.*

According to some respondents, shortages of medicines were pre-existent and already posed challenges for cancer care before the COVID-19 pandemic. Several, such as ESMO, ESOP, COCIR and DiCE, reported significant (temporary) shortages of oncological medicines leading to treatment interruptions. According to EUPHA, in some specific cases medicines were completely unavailable. Some mentioned that despite the specific shortages alternative medicines could be administered in order to continue the treatment of patients. Due to the imposed COVID-19 restrictions (i.e. cross-border movements), additional delays in deliveries of medicines, equipment and cancer-related diagnostic tests exacerbated the pre-existing conditions. In addition, the worsening PPE shortages posed serious problems for both patients and HCPs, as PPE is needed for the safe administration of chemotherapy *inter alia*. SIOPE mentioned that, despite identified pre-existing shortages, there were no reliable data on the supply of medicines used in childhood cancers. Furthermore, the EAU reported no shortages, however expressed their concerns about shortages in medical personnel.

The EFPIA highlighted the expected rise of long-term shortages of blood products, as elective non-COVID-19 care starts to resume and operate fully leading to more pressure on health systems.

### **RECOMMENDATIONS**

Respondents identified several examples to mitigate the effect of the COVID-19 pandemic but also to prepare for a possible future health crisis by the EU and its Member States:

- improve the robustness of different supply chains and increase their transparency in order to timely manage shortages of medicines, products and equipment
- aim for sufficient supplies of essential medicines and PPE by ensuring stockpiling through cross-border collaboration
- ensure equitable distribution of medicines between Member States
- investigate the root causes of the identified shortages and develop registries to monitor and manage supplies within the Member States in order to diagnose shortages early (e.g. through early warning and information systems) so Member States can take appropriate actions
- address availability, affordability and accessibility of medicines within the Member States
- encourage fair and affordable pricing of (innovative) therapies to fight the disparities between Member States
- invest in promoting the increase of existing manufacturing capacity of

pharmaceutical ingredients, products and equipment in Member States

- consider relocating production to the EU altogether and investing in modernising and innovating these manufacturing plants

## 2.6. IMPACT ON THE EU CANCER WORKFORCE

- *What examples of the negative impact of the COVID-19 pandemic on healthcare professionals working in oncology can you provide? What measures should be taken, including at EU-level, to better safeguard healthcare professionals' safety at work during the current (or future) health crisis?*
- *What durable solutions are needed to address cancer workforce shortages in and across the EU?*
- *Please support your answer with data, evidence and/or concrete examples.*

Respondents agreed that the protection of all healthcare providers is an absolute requirement for the delivery of quality cancer care to patients. Several highlighted the pre-existing shortages of specialised medical staff in cancer services, which worsened during the COVID-19 pandemic. Respondents underlined the issue of re-allocation of HCPs to critical COVID-19 care. In addition, COVID-19 infections amongst HCPs and the mandatory quarantine measures led to insufficient staff capacity throughout. Moreover, shortages of other workers, such as supportive personnel, exacerbated because of travel restrictions and restricted hospital access.

Almost all respondents pointed out the altered working conditions (i.e. increased workload) of HCPs due to overwhelmed health systems, which were ill prepared for this crisis. HCPs endured increased physical stress (e.g. working in PPE for extended hours) and excessive workloads over prolonged periods whilst providing care for their patients. Furthermore, they emphasised the impact on mental health as HCPs experienced high levels of psychological distress leading to (extreme) fatigue, burnouts and increased work absenteeism. HCPs, to their frustration, were not able to provide the standard quality of care and had to make difficult clinical decisions. Moreover, the PPE shortages contributed to the worsening of pre-existing fears of contracting COVID-19 and possibly infecting others, such as (fragile) patients, colleagues and loved ones.

### **RECOMMENDATIONS**

Respondents agreed that the EU and its Member States need to invest in strengthening the current medical workforce whilst simultaneously addressing the pre-COVID-19 shortages by:

- promoting vaccination against the coronavirus for HCPs and supporting clinical staff ensuring access to sufficient PPE supplies and bringing more attention to the mental and physical wellbeing of HCPs by addressing the (sometimes dire) working conditions (e.g. through legislation)
- encouraging more cross-border collaboration by sharing and adopting best practices (e.g. decreasing administrative workload).
- promoting the use of telemedicine and deployment of other health solutions as measures to decrease the high work pressure of HCPs

- tackling the cancer workforce shortages through harmonisation and mutual recognition of HCP qualifications across Member States
- looking into cross-border redistribution of specialised workforce in specific situations, for instance health crises
- promoting digital literacy and additional training of HCPs (e.g. by EU-level programmes and cross-border exchange programmes)
- focussing on the recruitment of additional medical workers in cancer-related services and prioritising cancer care
- addressing the salary inequalities of HCPs between Member States

## 2.7. AVAILABILITY AND DEPLOYMENT OF DATA

- *What is the concrete impact of the COVID-19- pandemic on cancer data availability? What measures, including EU initiatives, could significantly help to improve the availability and deployment of data related to cancer care Please support your answer with data, evidence and/or concrete examples.*
- *Have you been informed/are you aware of guidelines issued by EU Member States, regional or local authorities for the systematic collection of data concerning the impact of the COVID19-pandemic on cancer care services? If so, please provide data, details and/or examples.*
- *What initiatives should the EU take to improve access to and sharing of data (including real-time data) on cancer? How should relevant stakeholders collaborate to create a robust and functional European Health Data Space (EHDS) for better healthcare, innovative research, as well as more data-informed policy-making and regulatory activities in health?*
- *Please support your answer with evidence and/or concrete examples*

Some respondents mentioned that the COVID-19- pandemic had negatively affected the research infrastructure resulting in reduced cancer data availability. Due to suspensions or restrictions of several aspects of clinical trials lost to follow-up patients influenced (real-time) data collection. Moreover, (manual) data entry was interrupted due to staff shortages, leaving policy-makers to rely on outdated data. A number of respondents highlighted the difficulties experienced related to the General Data Protection Regulation (GDPR). They mentioned barriers in the GDPR interpretation and fragmented implementation across institutions and Member States.

### **RECOMMENDATIONS**

Respondents called for the following actions to contribute to optimal data-informed policy-making and health regulatory activities:

- construct a European cancer dashboard to research the (in) direct effects of the COVID-19- pandemic on cancer outcomes and monitor vaccination effects
- encourage uniform health data management and aim for greater harmonisation and establish standardisation of health data (e.g. identify common parameters for policy) to create greater coherence between cancer registries

- support Member States with (near) real-time cancer data and timely access thereof to improve cancer service delivery and clinical research
- provide additional (financial) support to the Member States
- improve the access and sharing of cancer data by creating a European Cancer Measurement Tool
- create registries for highly prevalent cancers and electronically networked structures providing transparency on drug availability

Furthermore, most respondents believe that the future European Health Data Space (EHDS) can facilitate uniform data transfer and sharing between Member States. Some gave examples of issues that could be addressed within the framework of the EHDS, such as artificial intelligence, big data and uniformity of electronic health records.

## 2.8. IMPACT ON RESEARCH AND INNOVATION

- *Do you see any innovative solutions or technologies that arise from the COVID19-pandemic that could help in strengthening cancer care services?*
- *What innovative technologies and solutions should be deployed to strengthen cancer systems and provide optimal care to cancer patients?*
- *Please support your answer with evidence and/or concrete examples*

Several respondents, such as the EAU, AstraZeneca and SIOPE, pointed out that the COVID-19- pandemic led to either suspensions or initiation delays of clinical trials. Specifically, recruitment and inclusion of patients were troubled by the imposed restrictions slowing down development in, for example, personalized medicine. Moreover, some indicated that the travel restrictions exacerbated the already restricted access for cancer patients to innovative cancer therapies only available in certain European centres. There were varying messages on the funding of (clinical) cancer research; some indicated that they saw no apparent changes in funding; others saw their funding negatively impacted by the pandemic.

Most respondents mentioned the significant expansion of telemedicine to support and ensure the continuation of cancer care and, in some cases, research. In addition, respondents explained that the deployment of telehealth facilitated the use of real-world data for decision-making.

### **RECOMMENDATIONS**

All respondents agreed that the COVID-19- pandemic has exposed an unmet need and that the EU and its Member States should promote and expand the use of innovative health technologies in daily clinical practice. Some emphasised a multidisciplinary approach to create best strategies for telemedicine and remote monitoring in health systems. Frequently mentioned examples in strengthening cancer systems and providing optimal cancer care included:

- supporting independent research to generate robust evidence on telemedicine (equity and equal access across Member States)

- training of HCPs and improving digital literacy of patients
- sharing of best practices on deployment of telemedicine in cancer care between Member States
- setting up clear regulations for telemedicine in cancer care
- increasing funding for cancer research and innovative health solutions (e.g. mobile health applications)
- sustaining European innovation in (cancer-specific) medical technologies (e.g. automation and digitalisation of oncology medication management)
- integrating multipronged cancer intelligence for policy-making

## 2.9. LONG-TERM POLICIES

- *In the aftermath of the COVID-19 -pandemic, and its impact on cancer care particularly, what long-term policies should the EU roll out/implement to address identified problems and make health systems more resilient in case of any future health crises?*
- *Do you see it justified (and if so, how) to change the EU's roles and remits to better combat those problems?*
- *Do you foresee the need for an EU plan to prevent and to manage of any health crises on Cancer stages or more broadly on non-communicable diseases?*

### **RECOMMENDATIONS**

Respondents identified an array of topics to be addressed by the EU and its Member States in the aftermath of the COVID-19- pandemic. The main themes included the future of (European) healthcare, disease and crisis preparedness, health systems and cross-border collaboration, and digitalisation of healthcare. Several respondents mentioned the EU4Health programme, inter alia, as a means for funding the suggested policy changes.

#### **- Health systems**

Many respondents stressed the importance of strengthening Member States' health systems by improving their resilience for future health crises. The EU and Member States should invest in crisis preparedness by developing plans and protocols in protection of cancer services during a health crisis. In other words, cancer control should be part of a comprehensive strategy that anticipates the impact of public health emergencies. This entails, inter alia, ensuring sufficient staff capacity, medicines, products and equipment to cope with health crises in the EU. Several respondents suggested the EU to perform in-depth analyses on the COVID-19- pandemic impact on the full spectrum of cancer services. These data should lead to uniform healthcare strategies and crisis policies between Member States.

#### **- Uniformity**

According to several respondents, the COVID-19- crisis underlined the belief that the EU should regard public health not only as a European matter but also as a global priority for which a coherent health strategy is needed. The EU and its Member States need to focus more

on uniform cancer prevention strategies (i.e. primary prevention, screening and vaccination programmes). For example, respondents indicated the need for more cross-border collaboration on control of tobacco and alcohol consumption.

- **Mental health**

Another aspect highlighted by the COVID-19 pandemic is the mental health of European citizens. The current health crisis has exacerbated psychological distress in some, or developed newly due to the drastic consequences for the personal and professional lives of people and their families. Many respondents emphasised that mental healthcare is an integral part of cancer care and should therefore be available to both patients and their families.

- **Innovation**

As mentioned before, respondents stressed the importance and usefulness of innovative health solutions and digital technologies in cancer care. The EU and its Member States need to invest in (digital) health literacy programmes for citizens and promote the development of patient-friendly technological solutions (e.g. remote consultation, at-home monitoring and drug administration). Importantly, regulations regarding telemedicine need to be put in place to ensure the patient's data safety.

- **Equity**

Numerous respondents called for the elimination of inequalities between health systems of Member States. The EU should play a more coordinating role to ensure uniformity of healthcare policies (i.e. all aspects of cancer) whilst simultaneously supporting national and enhance cross-border cooperation. Furthermore, the COVID-19 crisis highlighted the cracks in communication and the need for a coherent approach.

- **Stakeholder participation**

Moreover, there were calls to empower the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA) to not only allow for a coordinated and prompt response during health crises but also tackle cancer medicines shortages and securing access to medicines (especially for some Member States). Some noted that the COVID-19 pandemic has shown the advantage of involving different stakeholders in combatting the health crisis. They suggest that in order to improve cancer care and research the EU and its Member States should instate an international multi-stakeholder advisory committee.

## ANNEX A - Outline of COVID-19 survey

### BECA Online Call for Contributions: Presentation of the online survey

#### 1. Title

Call for Contributions: Impact of the COVID19-pandemic on cancer prevention, health services, cancer patients and research

#### 2. Policy fields

Environment, Public Health and Food Safety, Research and Innovation, Internal market, employment and social affairs.

#### 3. Target group

Organisations registered in the [Transparency Register](#) are invited to send their contributions.

#### 4. Period

The call for contributions will be open from 04.02.2021 to 25.02.2021

#### 5. Objectives of the Call for Contributions

The impact of the COVID19-pandemic is visible throughout European healthcare systems. Regular care (other than COVID19) has been scaled back or postponed in many cases. Gradually it is becoming clear that the COVID19 health crisis has lasting consequences on cancer care services and patients.

It is crucial to draw lessons from the pandemic to improve cancer services and research and help prepare for future crises. As part of the preparation of its final report, the Committee therefore invites interested stakeholders to respond to a public call for evidence, focused on the emergent issue of COVID19 and its impact on cancer care.

The questions focus on:

- a) Addressing immediate and current impacts of the pandemic on cancer care in the EU
- b) The rebuilding of cancer services in Europe after the present period of health crisis has passed
- c) The long-term role and means of EU cooperation in health and cancer care after COVID19

A summary of evidence provided from this call will be provided to Members and, possibly, be published on the BECA website. Contributions will be used to inform the final report and advice by the Committee, as well as its further evidence gathering processes ahead of report publication.

This call for contributions is in line with the [mandate](#) of the Beating Cancer committee, and in particular paragraph 1, point b and c) thereof:

*1. Decides to set up a special committee on beating cancer, vested with the following responsibilities:*

*(...)*

- (b) listening to the current evidence and data available and react by identifying policies and priorities that meet patients' needs;*
- (c) evaluating the possibilities where, in accordance with the TFEU, the EU can take concrete steps to fight cancer and where only recommendations to the Member States and exchange of best practices are possible and focus on the concrete actions;*

#### 6. Language

The call for contributions is available in English. Please provide your replies in English.

#### 7. Background

The European Parliament's Special Committee on Beating Cancer (BECA) was set up to look at ways to elevate and accelerate Europe's shared fight against cancer. Its work includes identifying legislation and other measures that can help prevent and fight cancer, and looking into the best ways to support research.

It is becoming increasingly clear that the COVID19 - pandemic has far-reaching implications for

cancer care and services. This issue will therefore be an important part of the BECA report, particularly in formulating recommendations for the future regarding screening, diagnosis, and treatment of cancer patients in the event of a subsequent outbreak or similar major health crisis.

### **Background documents**

- Mandate of the Special Committee on Beating Cancer  
[https://www.europarl.europa.eu/doceo/document/TA-9-2020-0160\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-9-2020-0160_EN.html)
- Working document on Inputs of the Special Committee on Beating Cancer (BECA) to influence the future Europe's Beating Cancer Plan (27.10.2020)  
[https://www.europarl.europa.eu/meetdocs/2014\\_2019/plmrep/COMMITTEES/BECA/DV/2020/10-27/1216817EN.pdf](https://www.europarl.europa.eu/meetdocs/2014_2019/plmrep/COMMITTEES/BECA/DV/2020/10-27/1216817EN.pdf)
- European Parliament Study: Strengthening Europe in the fight against cancer. Going further, faster (July 2020)  
[https://www.europarl.europa.eu/RegData/etudes/STUD/2020/642388/IPOL\\_STU\(2020\)642388\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/642388/IPOL_STU(2020)642388_EN.pdf)
- European Parliament Study: EU Public Health Policies. State of play, current and future challenges (September 2020)  
[https://www.europarl.europa.eu/RegData/etudes/STUD/2019/638426/IPOL\\_STU\(2019\)638426\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2019/638426/IPOL_STU(2019)638426_EN.pdf)
- European Parliament Background research to support the work of the new Special Committee on Beating Cancer (BECA), prepared for BECA's constituent meeting (September 2020)  
[https://www.europarl.europa.eu/EPRS/TD\\_BECA\\_2020\\_final.pdf](https://www.europarl.europa.eu/EPRS/TD_BECA_2020_final.pdf)

## **8. Practical information**

### **How to submit your contribution**

Please take part in the public call for contributions by completing the [online survey form](#).

Please note that to ensure a fair and transparent process, only responses received through the online form will be made available to Members of the Beating Cancer Committee and, possibly, published on the BECA Committee webpage.

### **Contact details of responsible service**

The call for contributions is requested, prepared and administratively coordinated by the Special Committee on Beating Cancer of the European Parliament. For questions related to the Call for Contributions, please contact: European Parliament, Special Committee on Beating Cancer.

E-mail: [BECA-secretariat@europarl.europa.eu](mailto:BECA-secretariat@europarl.europa.eu)

### **Results of the call for contributions and next steps**

The results of the call for contributions will help the members of the Beating Cancer committee to map the experiences and recommendations of stakeholders and their expectations with regard to the impact of the COVID19-pandemic on cancer prevention, health services, cancer patients and research. It will also help to define potential next steps and future policies in this regard at EU level.

This call for consultation does not prejudice any future decision on whether or not to propose legislation in this field.

[Privacy Statement](#)

- I have read the privacy statement and I consent to the processing of my personal data.**

[Legal notice](#)

- I have read the legal notice**

## **ANNEX B - List of contributors**

- European Association of Urology (EAU)
- European Respiratory Society (ERS)
- ASSOCIAZIONE NAZIONALE CONSUMATORI VAPORIZZATORI PERSONALI
- Asociación Española Contra el Cáncer (Spanish Society Against Cancer)
- Think Pink Europe
- European Tobacco Harm Reduction Advocates
- BECTON DICKINSON (BD)
- European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries (COCIR)
- Digestive Cancers Europe (DiCE)
- Novartis International AG
- Center of Excellence for the acceleration of Harm Reduction
- Plataforma para la reducción del daño por tabaquismo
- RPP/SPARC-Europe Secretariat
- AstraZeneca
- American Chamber of Commerce to the European Union (AmCham EU)
- Transforming Breast Cancer Together
- European Society for Paediatric Oncology – SIOP Europe (SIOPE) in collaboration with Childhood Cancer International – Europe (CCI-E)
- EUROPA DONNA - The European Breast Cancer Coalition
- German Social Insurance European Representation
- European Federation of Pharmaceutical Industries and Associations (EFPIA)
- European Society for Medical Oncology (ESMO)
- European Hematology Association (EHA)
- Interessengemeinschaft E-Dampfen e.V. (IG-ED)
- Motol University Hospital (Prague, Czech Republic)
- European Society of Surgical Oncology (ESSO)
- European Society of Oncology Pharmacy (ESOP)
- European Parliamentary Forum for Sexual & Reproductive Rights (EPF)
- European Public Health Association (EUPHA)
- Ireland's National Cancer Control Programme (NCCP)
- Albanian Center for Population and Development (ACPD)

- Associazione Igienisti Dentali Italiani (AIDI)
- European Cancer Organisation (ECO)
- Associations collaborating on hepatitis to immunize and eliminate the viruses in Europe (ACHIEVE)