

Synopsis Report - Special Committee on Beating Cancer public consultation

**THE IMPACT OF THE  
COVID-19 PANDEMIC  
ON CANCER PREVENTION,  
HEALTH SERVICES,  
CANCER PATIENTS AND RESEARCH:**

*Lessons from a public health crisis*



**BECA**

## INTRODUCTION

This paper presents the outcome of the stakeholder's public consultation conducted by the European Parliament's Special Committee on Beating Cancer (BECA).

The consultation sought to gain insight into the different ways the COVID-19 pandemic affected:

- cancer patients,
- healthcare professionals (HCPs),
- all other aspects of cancer care and research,

in the European Union (EU).

It also provided a framework for proposals

- for short-term and sustainable solutions,
- for future health crises (e.g. disease preparedness),

to ensure continuity of cancer services, also taking into account Europe's Beating Cancer Plan (EBCP).



**OCTOBER**  
BREAST  
CANCER  
AWARENESS  
MONTH



## SUMMARY OF FINDINGS

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.

### 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.

### 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.

### Cancer diagnosis, treatment and follow-up

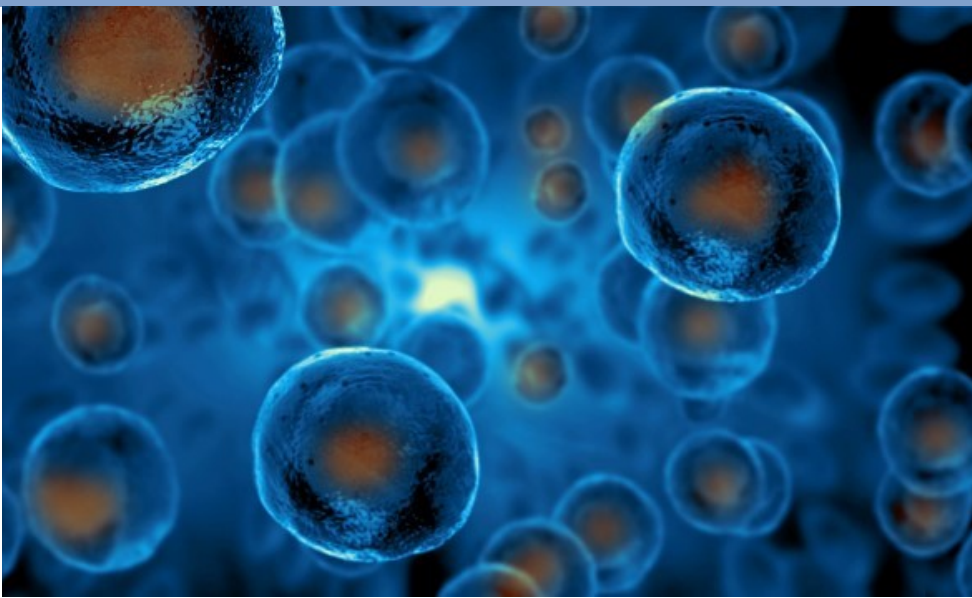
All aspects in cancer detection were affected by the imposed COVID-19 restrictions. In line with the decrease in cancer prevention and screening services, respondents highlighted that the number of newly diagnosed malignancies in 2020 were significantly lower compared to 2019. Patients and HCPs experienced 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).

*"I very much welcome the pertinent recommendations from the BECA survey that will feed into our final report.*

*The COVID-19 pandemic creates huge challenges for cancer patients to access care. But cancer care can't wait - for these patients, every day counts!*

*It is the mission of our Committee, together with other politicians, experts and doctors, to do all we can to ensure that cancer patients receive the treatment they need."*

*Bartosz Arłukowicz, Chair of the BECA Committee*



## 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.

## 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.

## 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.

*"The COVID-19 pandemic constitutes a stress test for our healthcare systems with disproportionate negative effects on cancer care and patients. The BECA survey teaches us important lessons about how to make our health systems more resilient to ensure continued cancer care at all times.*

*We need robust digital solutions and tele-medicine to be able to monitor cancer patients remotely and clear communication between patients, healthcare professionals and public authorities on emergency public health measures. A much stronger focus on global prevention measures for cancer and other NCDs, alongside a global strategy to address medicines shortages is crucial, just as ensuring priority access to COVID-19 vaccines for cancer patients."*

*Véronique Trillet-Lenoir, BECA Rapporteur*

## THE PUBLIC CONSULTATION

- An on-line survey ([BECA website](#)) conducted from 04.02.2021 until 11.03.2021
- Nine open questions in English
- Different topics related to the COVID-19 pandemic and cancer care, research and other services.

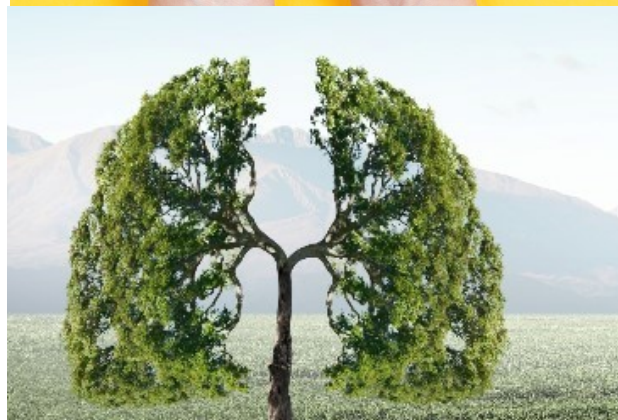
## FOCUS OF THE CONSULTATION

Stakeholders from different cancer-related backgrounds were invited to voice their opinions and give their recommendations on questions focussing on:

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

## ANSWERS RECEIVED

- 33 contributions received
- Only organisations registered in the EU [transparency register](#) were invited to send in their contributions



## 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.



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