



2020/2267(INI)

20.9.2021

AMENDMENTS

539 - 853

Draft report
Véronique Trillet-Lenoir
(PE693.752v01-00)

on Strengthening Europe in the fight against cancer - towards a comprehensive and coordinated strategy
(2020/2267(INI))

Amendment 539
Bronis Ropé

Motion for a resolution
Paragraph 27

Motion for a resolution

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health education policy;

Amendment

27. Encourages the Commission and the Member States to ***better*** promote health literacy ***among both the general public and cancer patients*** as regards cancer risks and determinants, ***disease management and patients' rights, in particular with regard to opportunities for patients to participate in biomedical research, both in their own Member State and in another Member State***, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health education policy; ***calls on the Member States to provide national funding for national programmes that increase oncology literacy among the general public;***

Or. It

Amendment 540
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 27

Motion for a resolution

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health

Amendment

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; ***notes that specific awareness-raising campaigns for groups with particular health literacy needs are essential;***

education policy;

considers cancer prevention to be a first step towards a European public health education policy; ***and highlights that particular attention should be paid to the training and empowerment of paediatric patients, as it is crucial to ensure their right to participate in decisions regarding their health and to facilitate the involvement of paediatric patients in ethically sound research;***

Or. en

Amendment 541

Kateřina Konečn, Alexis Georgoulis, Joo Pimenta Lopes, Giorgos Georgiou

Motion for a resolution

Paragraph 27

Motion for a resolution

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health education policy;

Amendment

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health education policy ***and highlights that particular attention should be paid to disadvantaged, vulnerable, socially excluded, and marginalized people; calls for the use of all available prevention tools including alternative reduced risk tools, alcohol-prevention strategies, and nutritional campaigns;***

Or. en

Amendment 542

Nicols Gonzlez Casares, Alessandra Moretti, Maria Arena, Romana Jerkovi, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Johan Danielsson, Estrella Dur Ferrandis

Motion for a resolution
Paragraph 27

Motion for a resolution

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health education policy;

Amendment

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health education policy; ***notes the importance of increasing health literacy as regards carcinogenic substances at work and calls on the Commission and Member States to ensure employers provide the appropriate training;***

Or. en

Amendment 543
Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution
Paragraph 27

Motion for a resolution

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention ***to be a first step towards a European public health education policy;***

Amendment

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention ***as an opportunity to improve health literacy among citizens; also encourages the Member States to develop caregiver training strategies and the promotion of self-care led by community nurses ;***

Or. en

Amendment 544
Michèle Rivasi

Motion for a resolution
Paragraph 27

Motion for a resolution

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health education policy;

Amendment

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants ***and necessary digital literacy***, to develop educational tools for prevention and to support the creation of e-learning platforms and applications; considers cancer prevention to be a first step towards a European public health education policy;

Or. en

Amendment 545
Tudor Ciuhodaru

Motion for a resolution
Paragraph 27 a (new)

Motion for a resolution

Amendment

27a. Encourages the Commission and Member States to develop personalised programmes for cancer survivors, programmes for children aged over 16 who abandon school to receive treatment, and programmes for employees on the reorganisation of working time and professional information;

Or. ro

Amendment 546
Joëlle Mélin

Motion for a resolution
Paragraph 28

PE697.580v01-00

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Motion for a resolution

Amendment

28. *Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion in educational programmes (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;*

deleted

Or. fr

Amendment 547

Pietro Fiocchi

Motion for a resolution

Paragraph 28

Motion for a resolution

Amendment

28. *Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns **on health promotion in educational** programmes (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;*

28. *Calls for a rolling update of the Knowledge Centre on Cancer, launched recently under Europe's Beating Cancer Plan, to include the coordination of large-scale prevention campaigns and effective communication campaigns **with national** programmes (**positive health** behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;*

Or. en

Amendment 548

Michèle Rivasi

Motion for a resolution

Paragraph 28

Motion for a resolution

28. Calls for the **creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate** large-scale prevention campaigns and effective communication campaigns **on health promotion in educational** programmes (**harmless behaviours**, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;

Amendment

28. Calls for the **continuous update of the Knowledge Centre on Cancer, to include the coordination of** large-scale prevention campaigns and effective communication campaigns **and synergies with national** programmes (**on** healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;

Or. en

Amendment 549

Nicolás González Casares, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Johan Danielsson, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 28

Motion for a resolution

28. Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion in educational programmes (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;

Amendment

28. Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion in educational programmes (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups; **notes the importance of cooperating with national and local civil society organisations when developing the messaging of such campaigns;**

Or. en

Amendment 550

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution
Paragraph 28

Motion for a resolution

28. Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion ***in educational programmes*** (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;

Amendment

28. Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups; ***considers that primary healthcare providers have an important role in health promotion for various population groups since they can adapt their health promotion actions to the needs of patients with a varying degree of, or without, digital skills;***

Or. en

Amendment 551
Aldo Patriciello

Motion for a resolution
Paragraph 28

Motion for a resolution

28. Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion in educational programmes (***harmless*** behaviours, healthy nutrition, physical activity ***etc.***) with a special focus on young people and disadvantaged groups;

Amendment

28. Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion in educational programmes (behaviours, healthy nutrition, physical activity, ***transmission routes of carcinogenic viruses and vaccination and treatment opportunities for such infections, information about the need to get tested when exposed to risk***) with a special focus on young people and

disadvantaged groups;

Or. en

Amendment 552

Antoni Comín i Oliveres

Motion for a resolution

Paragraph 28

Motion for a resolution

28. Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion in educational programmes (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;

Amendment

28. Calls for the creation of a virtual European Cancer Institute, which would be in charge of establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion in educational programmes (harmless behaviours, healthy nutrition, physical activity, ***as well as integrative medicine interventions aimed at health restoration***, etc.) with a special focus on young people and disadvantaged groups;

Or. en

Amendment 553

Giorgos Georgiou, Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution

Paragraph 28 a (new)

Motion for a resolution

Amendment

28a. Calls for the continuous update of the Knowledge Centre on Cancer, to include the coordination of large-scale prevention campaigns, research and effective communication campaigns and synergies with national programmes;

Or. en

Amendment 554
Aldo Patriciello

Motion for a resolution
Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index, and a sedentary lifestyle are risk factors common to other ***chronic diseases, and illicit drug use and unsafe sex contributes to the spread of carcinogenic viruses and development of*** chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases; ***deplores that cancer prevention is largely seen in the context of non-communicable diseases; thus encourages the Commission to extend the mandate of the EU Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases to help Member States reach the UN SDGs targeting communicable diseases, in order to better tackle carcinogenic viruses;***

Or. en

Amendment 555

Nicolás González Casares, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body

Amendment

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body

mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

mass index and a sedentary lifestyle are risk factors common to other chronic diseases; ***in addition, unsafe sex contributes to the spread of carcinogenic viruses***; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases; ***calls for a stocktaking prevention summit focussing on commercial determinants of cancer and other chronic diseases, gathering the EU institutions, Member States, patient associations and civil society organisations active in the field of health***;

Or. en

Amendment 556
Pietro Fiocchi

Motion for a resolution
Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol ***consumption***, poor nutrition, ***a*** high body mass index and ***a*** sedentary lifestyle are risk factors ***common to*** other chronic diseases; ***believes***, therefore, that cancer prevention ***has to*** be implemented ***in the context*** of an integrated chronic disease prevention ***programme***, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco ***use*** and alcohol ***abuse***, poor nutrition, high body mass index, and sedentary lifestyle are ***common*** risk factors ***for*** other chronic diseases; therefore, ***believes*** that cancer prevention ***should*** be implemented ***as part*** of an integrated chronic disease prevention ***program***, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of ***Non-Communicable*** Diseases;

Or. en

Amendment 557

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco *and* alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco, *harmful* alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases; *furthermore, believes that strategies addressing chronicity should include health promotion and self-care in order to develop an active role of the patient;*

Or. en

Amendment 558

Adam Jarubas, Ewa Kopacz

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable

Amendment

29. Underlines that tobacco and *harmful* alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, *by establishing knowledge-based and risk-proportionate regulatory standards*, in close cooperation with the Steering Group on Health Promotion, Disease Prevention

Diseases;

and Management of Non-Communicable Diseases;

Or. en

Amendment 559

Veronika Vrecionová, Pietro Fiocchi, Alexandr Vondra

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol **consumption**, poor nutrition, a high body mass index **and** a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco and **excessive overconsumption of** alcohol, poor nutrition, a high body mass index, a sedentary lifestyle **and a limited access to nature**, are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 560

Alessandra Moretti

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol **consumption**, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close

Amendment

29. Underlines that tobacco and **harmful use of** alcohol, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close

cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 561

Andrey Slabakov, Angel Dzhambazki, Pietro Fiocchi

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention *has* to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention *and risk reduction measures have* to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 562

Michèle Rivasi

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index *and* a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease

Amendment

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index, a sedentary lifestyle *and environmental pollution* are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an

prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 563

Søren Gade

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco *and* alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco *consumption and excessive* alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 564

Joëlle Mélin, Angelo Ciocca, Stefania Zambelli

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer

Amendment

29. Underlines that *excessive* tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that

prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. fr

Amendment 565

Ondřej Knotek, Irena Joveva, Alin Mituța

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco and ***harmful*** alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 566

Tudor Ciuhodaru

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic

Amendment

29. Underlines that tobacco and ***harmful*** alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common

diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 567

Jens Gieseke, Christine Schneider

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco and ***harmful*** alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 568

Kateřina Konečná, Alexis Georgoulis, Joāo Pimenta Lopes, Giorgos Georgiou

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco ***and*** alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle

Amendment

29. Underlines that tobacco, ***harmful*** alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle

are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 569

Stefania Zambelli, Angelo Ciocca, Joëlle Mélin

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco *and* alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco, *harmful* alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 570

Dolors Montserrat, Aldo Patriciello, Juan Ignacio Zoido Álvarez, Herbert Dorfmann, Rosa Estaràs Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfil, Gabriel Mato, Esteban González Pons, Lídia Pereira, Pilar del Castillo Vera, Antonio López-Istúriz White, Adrián Vázquez Lázara, Pablo Arias Echeverría, Javier Zarzalejos, Ewa Kopacz, Isabel Benjumea Benjumea

Motion for a resolution

Paragraph 29

Motion for a resolution

29. Underlines that tobacco **and** alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Amendment

29. Underlines that tobacco, ***harmful*** alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases; believes, therefore, that cancer prevention has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

Or. en

Amendment 571

Nicolae Ștefănuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution

Paragraph 29 a (new)

Motion for a resolution

29a. Underlines that illicit drug use and unsafe sex contributes to the spread of carcinogenic viruses and development of chronic diseases; calls on the Commission to help Member States to reach the UN SDGs targeting communicable diseases, in order to better tackle carcinogenic viruses;

Or. en

Amendment 572

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 30

Motion for a resolution

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations, especially through the Conference on the Future of Europe;

Amendment

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations, ***at all steps of decision-making process, ensuring substantial funding and support to these organisations;*** especially through the Conference on the Future of Europe;

Or. en

Amendment 573

Nicolás González Casares, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Marc Angel, Johan Danielsson, Estrella Durá Ferrandis

**Motion for a resolution
Paragraph 30**

Motion for a resolution

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations, especially through the Conference on the Future of Europe;

Amendment

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens ***(including children and young people), social partners,*** civil society and patient associations, especially through the Conference on the Future of Europe;

Or. en

Amendment 574

Hilde Vautmans, Irena Joveva

**Motion for a resolution
Paragraph 30**

Motion for a resolution

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations, especially through the

Amendment

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens ***(including children and young people),*** civil society and patient

Conference on the Future of Europe;

associations, especially through the
Conference on the Future of Europe;

Or. en

Amendment 575

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Maria Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution

Paragraph 30

Motion for a resolution

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations, especially through the Conference on the Future of Europe;

Amendment

30. Calls for the implementation of prevention programmes to be inclusive, by involving ***municipalities and regions***, citizens, civil society and patient associations, especially through the Conference on the Future of Europe;

Or. en

Amendment 576

Andrey Slabakov, Angel Dzhambazki, Pietro Fiocchi

Motion for a resolution

Paragraph 30

Motion for a resolution

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations, ***especially through the Conference on the Future of Europe***;

Amendment

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations ***in all programme stages***;

Or. en

Amendment 577
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 30

Motion for a resolution

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations, ***especially through the Conference on the Future of Europe***;

Amendment

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations;

Or. en

Amendment 578
Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 31

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to ***a lack of information or adherence to cancer screening and detection processes***; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Amendment

31. Deplores the frequent delays to cancer diagnosis related to ***shortcomings of the healthcare system in delivering rapid diagnosis of symptomatic cancers, and to a lesser extent to quality issues in screening programs***; recognises the need to pay particular attention to the continuity of screening programmes and early detection ***and cancer care services*** in the context of a health crisis (such as the COVID-19 crisis) ***or in situations where the capacity of the healthcare systems decreases (such as summer holidays period)***; ***encourages the European Commission and Member States to organise, in partnership with cancer stakeholders, public health campaigns to address any delays in screening, early detection and care that a health crisis might cause***;

Or. en

Amendment 579

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 31

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes **and** early detection in the context of a health crisis (such as the COVID-19 crisis);

Amendment

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes, early detection **and cancer care service** in the context of a health crisis (such as the COVID-19 crisis); **stresses the importance of quick and up-to-date data on cancer screening programmes to enable swift reaction and follow-up in case of disruptions in regular screening capabilities with a goal of reducing the number of postponed screenings to an absolute minimum;**

Or. en

Amendment 580

Aldo Patriciello

Motion for a resolution

Paragraph 31

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes **and** early detection in the context of a health crisis (such as the COVID-19 crisis);

Amendment

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes, early detection **and cancer care services** in the context of a health crisis (such as the COVID-19 crisis); **encourages the Commission and Member**

States to organise, in partnership with cancer stakeholders, public health campaigns to address any delays in screening, early detection and care that a health crisis might cause;

Or. en

Amendment 581

Maria Spyra

Motion for a resolution

Paragraph 31

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Amendment

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection **and cancer care services** in the context of a health crisis (such as the COVID-19 crisis); **urges the Commission and Member States to address and mitigate potential delays in cancer screening, early detection and care caused by a health crisis, through public health campaigns with the participation of all relevant stakeholders;**

Or. en

Amendment 582

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Maria Spyra, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution

Paragraph 31

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Amendment

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis); ***stresses the importance of quick and up-to-date data on cancer screening programmes to enable swift reaction and follow-up in case of disruptions in regular screening capabilities with a goal of reducing the number of postponed screenings to an absolute minimum;***

Or. en

Amendment 583

João Pimenta Lopes, Giorgos Georgiou, Alexis Georgoulis

Motion for a resolution

Paragraph 31

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Amendment

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis); ***considers that stepping up public health services (including financial aspects, infrastructure and aspects involving health professionals) is key to increasing and speeding up cancer prevention, screening and diagnosis;***

Or. pt

Amendment 584
Alessandra Moretti

Motion for a resolution
Paragraph 31

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening *and* detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Amendment

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening, detection processes *and cancer care services in general*; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Or. en

Amendment 585
Ondřej Knotek, Irena Joveva

Motion for a resolution
Paragraph 31

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Amendment

31. Deplores the frequent delays to cancer diagnosis related to a lack of information, *funding* or adherence to cancer screening and detection processes; recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Or. en

Amendment 586
Adam Jarubas, Ewa Kopacz

Motion for a resolution
Paragraph 31 a (new)

Motion for a resolution

Amendment

31a. *Calls to intensify support by the EU and Member States for research into, and the development of, effective, accurate and non-invasive early diagnosis methods; stresses the potential of such methods for detecting cancer much earlier than by any other currently available diagnostic approach, and before cancer develops into terminal stage or spreads to different tissues; calls for the rapid and widespread implementation of these methods within national healthcare systems and for ensuring equal access to it, both in the densely populated urban regions and smaller, rural or remote areas;*

Or. en

Amendment 587
Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution
Paragraph 31 b (new)

Motion for a resolution

Amendment

31b. *Emphasises that early detection increases the chances of achieving curative treatment of cancer; supports any type of initiative to promote the development of research in early detection of different types of cancer;*

Or. en

Amendment 588
Alin Mituța, Nicolae Ștefănuță, Hilde Vautmans, Vlad Gheorghe

Motion for a resolution
Paragraph 31 c (new)

Motion for a resolution

Amendment

31c. Encourages Member States to conduct a realistic mapping and inventory of their existing oncological infrastructure in order to set clear areas of action and prioritise the allocation of resources;

Or. en

Amendment 589
Alexis Georgoulis

Motion for a resolution
Paragraph 32

Motion for a resolution

Amendment

32. Notes that, for instance, only 18 Member States reported **that they had** national or regional population-based screening programmes **in place**; regrets the inequalities between Member States in access to **breast cancer** screening, which differs at least tenfold across the EU according to Eurostat;

32. Notes that, for instance, only 18 Member States **being** reported **to have** national or regional population-based screening programmes **for breast, cervical and colorectal cancers in the most recent report by IARC on progress towards achieving the 2003 Council Recommendations on Screening**; regrets the inequalities between Member States in access to screening, which, **in the case of breast cancer as an example**, differs at least tenfold across the EU according to Eurostat; **points out that the 'Health at a Glance: Europe 2018' publication noted a similar difference in coverage of target population ranges between Member States of 25% to 80% for cervical cancer screening**;

Or. en

Amendment 590
Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Cyrus

Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

**Motion for a resolution
Paragraph 32**

Motion for a resolution

32. Notes that, for instance, only 18 Member States reported that they had national or regional population-based screening programmes in place; regrets the inequalities between Member States in access to breast cancer screening, which differs at least tenfold across the EU according to Eurostat;

Amendment

32. Notes that, for instance, only 18 Member States reported that they had national or regional population-based screening programmes in place; regrets the inequalities between Member States in access to ***cancer screening, such as*** breast cancer screening, which differs at least tenfold across the EU according to Eurostat;

Or. en

Amendment 591

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

**Motion for a resolution
Paragraph 32**

Motion for a resolution

32. Notes that, for instance, only 18 Member States reported that they had national or regional population-based screening programmes in place; regrets the inequalities between Member States in access to breast cancer screening, which differs at least tenfold across the EU according to Eurostat;

Amendment

32. Notes that, for instance, only 18 Member States reported that they had national or regional population-based screening programmes in place; regrets the inequalities between Member States in access, ***notably*** to breast cancer screening, which differs at least tenfold across the EU according to Eurostat;

Or. en

Amendment 592

Alessandra Moretti

Motion for a resolution
Paragraph 32 a (new)

Motion for a resolution

Amendment

32a. Regrets that the differences in screening across the Member States result in lesser chances of survival, due to late diagnosis of cancer, which represents an unacceptable discrimination for EU citizens based on their country of residence; urges therefore the Commission to promptly react to those deficiencies and present draft legislative and regulatory measures including binding targets for Member States with regard to minimum standards for screening and prevention;

Or. en

Amendment 593

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 32 a (new)

Motion for a resolution

Amendment

32a. Regrets that the differences in screening across the Member States result in lesser chances of survival, due to late diagnosis of cancer, which represents an unacceptable discrimination for EU citizens based on their country of residence; urges therefore the Commission to promptly react to those deficiencies and present draft legislative and regulatory measures including binding targets for Member States with regard to minimum standards for screening and prevention;

Or. en

Amendment 594
Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution
Paragraph 33

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions;

Amendment

33. Invites Member States to work together to reduce **social and geographical** inequalities in cancer screening and early diagnosis services, especially in cross-border regions, **including by sharing best practices in a more coordinated way, such as through a European platform for national screening agencies;**

Or. en

Amendment 595
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 33

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions;

Amendment

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions, **including by sharing best practices in a more coordinated way, such as through a European platform for national screening agencies;**

Or. en

Amendment 596
Alexis Georgoulis

Motion for a resolution
Paragraph 33

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions;

Amendment

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions, ***including by sharing best practices in a more coordinated way, such as through a European platform for national screening agencies;***

Or. en

Amendment 597
Bartosz Arłukowicz

Motion for a resolution
Paragraph 33

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions;

Amendment

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions; ***encourages the Commission to support and fund activities to promote and raise awareness of screening;***

Or. pl

Amendment 598
Tudor Ciuhodaru

Motion for a resolution
Paragraph 33

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions;

Amendment

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions ***and isolated areas, including mountain areas***

and urban areas remote from screening centres;

Or. ro

Amendment 599

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution

Paragraph 33

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions;

Amendment

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions ***but also inside Member States;***

Or. en

Amendment 600

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arlukowicz

Motion for a resolution

Paragraph 33

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in cross-border regions;

Amendment

33. Invites Member States to work together to reduce ***social and geographical*** inequalities in cancer screening and early diagnosis services, especially in cross-border regions;

Or. en

Amendment 601

Joëlle Mélin

Motion for a resolution
Paragraph 33

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in *cross-border* regions;

Amendment

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, especially in *the outermost* regions;

Or. fr

Amendment 602
Bronis Ropé

Motion for a resolution
Paragraph 33 a (new)

Motion for a resolution

Amendment

33a. *Considers that, in order to address disparities in cancer screening, it is not only necessary to improve and expand the performance of screening programmes in EU countries, but also to adopt common, standardised screening protocols at EU level, algorithms for the organisation of screening programmes and indicators for assessing the quality of the screening programmes that go beyond good practice guidelines; is convinced that this would lead to the introduction of common standards for the prevention and treatment of cancer across Europe, gradually creating a genuine, unified European health system;*

Or. It

Amendment 603
Giorgos Georgiou, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution
Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***calls for the inclusion of lung cancer screening of the high-risk population in the upcoming Cancer Screening Scheme according to the latest scientific evidence; and calls for the establishment of a permanent platform to enable the networking of cancer screening programme coordinators, facilitate the training and capacity-building for improving quality in screening programmes, act as central hub for projects and initiatives on cancer supported by the EU, and maintain in the long term the network of data providers to the implementation report by the IARC on cancer screening in the European Union;***

Or. en

Amendment 604

Loucas Fourlas

Motion for a resolution

Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***and calls for the establishment of a permanent platform to enable the networking of cancer screening***

programme coordinators, facilitate the training and capacity-building for improving quality in screening programmes, act as central hub for projects and initiatives on cancer screening supported by the EU, and maintain in the long term the network of data providers to the implementation report by the IARC on cancer screening in the European Union;

Or. en

Amendment 605

Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution

Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025 *and calls for the establishment of a permanent platform to enable the networking of cancer screening programme coordinators, facilitate the training and capacity-building for improving quality in screening programmes, act as central hub for projects and initiatives on cancer screening supported by the EU, and maintain in the long term the network of data providers to the implementation report by the IARC on cancer screening in the European Union;*

Or. en

Amendment 606
Michèle Rivasi

Motion for a resolution
Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***calls for the establishment of a permanent platform to enable the networking of cancer screening programme coordinators, facilitate the training and capacity-building for improving quality in screening programmes, act as central hub for projects and initiatives on cancer screening supported by the EU, and maintain in the long term the network of data providers to the implementation report by the IARC on cancer screening in the European Union;***

Or. en

Amendment 607
Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution
Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure ***that 90 %*** of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***urges the Commission to take measures for monitoring and regular reporting via***

the Cancer Inequalities Registry towards the achievement of this goal;

Or. en

Amendment 608

Hilde Vautmans, Irena Joveva

Motion for a resolution

Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***requests regular reporting via the Cancer Inequalities Registry about the progress towards the achievement of this goal;***

Or. en

Amendment 609

Alessandra Moretti

Motion for a resolution

Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***urges regular reporting via the Cancer Inequalities Registry towards the achievement of this goal;***

Amendment 610

Ivars Ijabs, Alin Mituța, Irena Joveva, Hilde Vautmans, Nicolae Ștefănuță

Motion for a resolution

Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***urges regular reporting via the Cancer Inequalities Registry towards the achievement of this goal;***

Amendment 611

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***urges regular reporting via the Cancer Inequalities Registry towards the achievement of this goal;***

Amendment 612

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution

Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***supports research on other types of cancers, which may be effectively detected by screening;***

Or. en

Amendment 613

Bartosz Arłukowicz

Motion for a resolution

Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; ***supports research into other cancers that can be effectively detected by screening;***

Or. pl

Amendment 614
Maria Spyra

Motion for a resolution
Paragraph 34

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical, **lung**, and colorectal cancer screenings are offered screening by 2025;

Or. en

Amendment 615
Marian-Jean Marinescu

Motion for a resolution
Paragraph 34 a (new)

Motion for a resolution

Amendment

34a. Calls on the Commission that the new EU-supported Cancer Screening Scheme includes other preventable cancers such as lung, prostate, and gastric cancer and to establish clear targets for each type of cancer;

Or. en

Amendment 616
Marian-Jean Marinescu

Motion for a resolution
Paragraph 34 b (new)

Motion for a resolution

Amendment

34b. Calls on the Commission to evaluate every two years the results of the EU-supported cancer screening programmes in terms of equal access of the targeted population, to keep track of inequalities between Member States and regions and propose appropriate new measures and to correlate screening programs with the latest cancer screening research results;

Or. en

Amendment 617
Marian-Jean Marinescu

Motion for a resolution
Paragraph 34 c (new)

Motion for a resolution

Amendment

34c. Calls on the Commission for the new EU-supported Cancer Screening Scheme to focus on targeted screening for high-risk groups, such as population with cancer genetic predisposition;

Or. en

Amendment 618
Marian-Jean Marinescu

Motion for a resolution
Paragraph 34 d (new)

Motion for a resolution

Amendment

34d. Asks the Commission to evaluate the possibility of creating a Just Cancer Screening Fund in order to reduce effectively the inequalities in access to cancer screening between Member States

and regions; this Fund would be intended to finance mainly the Member States and the regions with the lowest rates in cancer screening;

Or. en

Amendment 619

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 35

Motion for a resolution

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States roll out programmes for early clinical detection of oral and skin cancers;

Amendment

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; ***encourages the Commission and the Member States to promote targeted screening for high-risk groups such as hereditary breast cancer, based on the available evidence;*** recommends that Member States roll out programmes for early clinical detection of oral and skin cancers;

Or. en

Amendment 620

Kateřina Konečn, Alexis Georgoulis, Joo Pimenta Lopes, Giorgos Georgiou

Motion for a resolution

Paragraph 35

Motion for a resolution

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the

Amendment

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the

remote and outermost regions, and provide adequate resources; recommends that Member States roll out programmes for early clinical detection of oral and skin cancers;

remote and outermost regions, and provide adequate resources; ***encourages the Commission and the Member States to promote targeted screening for high-risk groups such as hereditary breast cancer, based on the available evidence;*** recommends that Member States roll out programmes for early clinical detection of oral and skin cancers;

Or. en

Amendment 621

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution Paragraph 35

Motion for a resolution

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States roll out programmes for early clinical detection of oral and skin cancers;

Amendment

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers, ***with a special focus on high-risk groups based on the available evidence,*** as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States roll out programmes for ***awareness and*** early clinical detection of ***testicle,*** oral and skin cancers;

Or. en

Amendment 622

Giorgos Georgiou, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution Paragraph 35

Motion for a resolution

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States **roll out** programmes for early clinical detection of oral and skin cancers;

Amendment

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States **introduce research programs, investigate quality assured public health** programmes for early clinical detection of oral and skin cancers **and implement evidence-based treatment guidelines**;

Or. en

Amendment 623
Pietro Fiocchi

Motion for a resolution
Paragraph 35

Motion for a resolution

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States roll out programmes for early clinical detection of oral and skin cancers;

Amendment

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States roll out **quality assured** programmes for early clinical detection of oral, **liver, lung** and skin cancers;

Or. en

Amendment 624
Michèle Rivasi

Motion for a resolution
Paragraph 35

Motion for a resolution

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States **roll out** programmes for early clinical detection of oral and skin cancers;

Amendment

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States **investigate quality assured public health** programmes for early clinical detection of oral and skin cancers;

Or. en

Amendment 625

Tiemo Wölken, Piernicola Pedicini

Motion for a resolution

Paragraph 35

Motion for a resolution

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States roll out programmes for early clinical detection of oral and skin cancers;

Amendment

35. Encourages Member States to promote cancer screening for breast, **prostate**, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide adequate resources; recommends that Member States roll out programmes for early clinical detection of oral and skin cancers;

Or. en

Amendment 626

Bronis Ropé

Motion for a resolution

Paragraph 35 a (new)

Motion for a resolution

Amendment

35a. *Calls on the Member States to improve the organisation of oncological care so that the diagnosis and specialised treatments for complex and rare cancers and conditions take place in specialised cancer facilities (with the monitoring of quantitative and qualitative indicators), while screening programmes are made readily available in local and regional treatment facilities;*

Or. It

Amendment 627

Joëlle Mélin

Motion for a resolution

Paragraph 35 b (new)

Motion for a resolution

Amendment

35b. *Points out that, unfortunately, not all cancers can be screened for and therefore encourages Member States to maintain an approach that is as holistic as possible for all types for cancers;*

Or. fr

Amendment 628

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arlukowicz

Motion for a resolution

Paragraph 35 c (new)

Motion for a resolution

Amendment

35c. *Strongly recommends to Member*

States to develop a comprehensive family-oriented screening policy which allows for rapid screening when cancers with hereditary characteristics are detected;

Or. en

Amendment 629
Tudor Ciuhodaru

Motion for a resolution
Paragraph 36

Motion for a resolution

36. Calls for the full implementation *by Member States* of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent;

Amendment

36. Calls *on the Commission and the Member States* for the full implementation of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers, and early detection services to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent; *recommends to include dental professionals into the screening programmes who screen for oral cancers during routine dental visits or provide opportunistic screening;*

Or. en

Amendment 630
Nicolae Ștefănuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution
Paragraph 36

Motion for a resolution

36. Calls for the full implementation by Member States of the European guidelines

Amendment

36. Calls for the full implementation by Member States of the European guidelines

for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent;

for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent; ***calls on the Commission to support the Member States to fully integrate the role of oral health and oral health professionals in building robust oral cancer prevention and health promotion policies;***

Or. en

Amendment 631
Alexis Georgoulis

Motion for a resolution
Paragraph 36

Motion for a resolution

36. Calls for the full implementation ***by Member States*** of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers ***and*** early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent;

Amendment

36. Calls ***on the European Commission and Member States*** for the full implementation of the European guidelines for quality assurance in cancer screening for breast, cervical, and colorectal cancers; early detection services to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent; ***recommends the inclusion of as many as possible different medical professions in the screening process, including dental professionals;***

Or. en

Amendment 632
Bartosz Arłukowicz

Motion for a resolution
Paragraph 36

Motion for a resolution

36. Calls for the full implementation by Member States of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent;

Amendment

36. Calls for the full implementation by Member States of the European guidelines for quality assurance in cancer screening for breast, **lung, stomach**, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent; **encourages proposing measures to involve employers in promotional activities to encourage the use of screening;**

Or. pl

Amendment 633
Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 36

Motion for a resolution

36. Calls for the full implementation by Member States of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria

Amendment

36. Calls for the full implementation by Member States of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria

for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent;

for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent *and science-based*;

Or. en

Amendment 634
Joëlle Mélin

Motion for a resolution
Paragraph 36

Motion for a resolution

36. Calls for the full implementation by Member States of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, *as well as the legal frameworks, governance and quality assurance structures*, more stringent;

Amendment

36. Calls for the full implementation by Member States of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening more stringent;

Or. fr

Amendment 635
Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arlukowicz

Motion for a resolution
Paragraph 37

Motion for a resolution

37. Encourages the improvement and harmonisation of cancer screening data collection to allow for an annual European

Amendment

37. Encourages the improvement and harmonisation of cancer screening data collection to allow for an annual European

report; encourages, too, the regular monitoring of current screening programmes at EU level; underlines that scientific advances in cancer risk prediction should allow for the development of risk-appropriate screening programmes;

report; encourages, too, the regular monitoring of current screening programmes at EU level; ***highlights the need to link data sets from screening programmes on cancer incidence with occupational categories, which can help to identify appropriate preventive measures***; underlines that scientific advances in cancer risk prediction should allow for the development of risk-appropriate screening programmes;

Or. en

Amendment 636
Joëlle Mélin, Angelo Ciocca

Motion for a resolution
Paragraph 37

Motion for a resolution

37. Encourages the improvement and harmonisation of cancer screening data collection to allow for an annual European report; encourages, too, the regular monitoring of current screening programmes at EU level; underlines that scientific advances in cancer risk prediction should allow for the development of risk-appropriate screening programmes;

Amendment

37. Encourages the improvement and harmonisation of cancer screening data collection to allow for an annual European report; encourages, too, the regular monitoring of current screening programmes at EU level; underlines that scientific advances in cancer risk prediction should allow for the development of risk-appropriate screening programmes; ***stresses the importance of screening for and collecting data on common cancer comorbidities in order to better anticipate them***;

Or. fr

Amendment 637

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arlukowicz

Motion for a resolution
Paragraph 37 a (new)

Motion for a resolution

Amendment

37a. Calls on the Member States to create maps of health needs in oncology, in order to better plan the access to existing medical infrastructure, and to plan the cross-border cooperation between the oncological reference centres;

Or. en

Amendment 638
Bartosz Arłukowicz

Motion for a resolution
Paragraph 37 b (new)

Motion for a resolution

Amendment

37b. Calls on the Commission to support research, development and implementation of innovative screening methods to improve the chances of rapid detection for different types of cancer;

Or. pl

Amendment 639
Nicolás González Casares, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 37 c (new)

Motion for a resolution

Amendment

37c. Stresses the need to closely monitor current and former hepatitis B and C patients to prevent cancer development;

Amendment 640
Aldo Patriciello

Motion for a resolution
Paragraph 37 c (new)

Motion for a resolution

Amendment

37c. Stresses the need to closely monitor current and former hepatitis B and C patients to prevent cancer development;

Amendment 641
Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arlukowicz

Motion for a resolution
Paragraph 37 d (new)

Motion for a resolution

Amendment

37d. Encourages Member States to promote that decisions concerning the treatment of cancer patients be made in the form of a multidisciplinary consultation (consilium); encourages the Commission to consider the possibility to facilitate a system of “second opinion” within the cross-border healthcare directive for difficult or atypical cancer cases, and recommends to Member States to introduce the right of the patients to request that specialists from one Member State could seek advice of specialists from another Member State within a single coherent system;

Amendment 642**Tomislav Sokol, Sunčana Glavak, Cindy Franssen****Motion for a resolution****Paragraph 38***Motion for a resolution*

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes ***the process initiated by the Commission's Group of Chief Scientific Advisors and the Scientific Advice Mechanism*** on the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests ***programmes including lung, prostate and gastric cancers on the basis of the*** and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); ***calls for lung cancer screening guidelines in line with the most recent scientific evidence*** emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for ***to recognize the extensive body of evidence that proves the positive effect of targeted lung cancer screening; encourages the Council to include lung and prostate cancer screening in the update of the Council recommendations in 2022; calls on the Council to mandate the Commission to develop EU guidelines*** research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes ***and the role of AI*** (including lung, prostate, stomach and ovarian cancers) in the recommendation.

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment 643

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution**Paragraph 38***Motion for a resolution*

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for **research efforts to be fostered in order to assess**, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes ***the process initiated by the Commission's Group of Chief Scientific Advisors and the Scientific Advice Mechanism*** on the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, ***low dose computer tomography, risk stratified approaches and risk calculators***); emphasises that those programmes should be regularly evaluated by the competent national authorities; ***highlights the growing body of evidence that proves the health benefits and cost-effectiveness of targeted prostate cancer screening and encourages the Council to include prostate cancer screening in the update of the Council recommendations in 2022***; calls for ***the development of EU guidelines***, in close cooperation with the IARC and the WHO, ***healthcare professionals and patients***, for the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach, ***skin*** and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment 644
Pietro Fiocchi

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take *into* account new screening *tests and* the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes *the process initiated by the Commission's Group of Chief Scientific Advisors and the Scientific Advice Mechanism on* the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take *in to* account new screening *programmes including lung, prostate, liver and gastric cancers on the basis of* the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, *HCV testing, low dose computer tomography, risk stratified approaches and risk calculators*); emphasises that those programmes should be regularly evaluated by the competent national authorities *and the JRC Cancer Knowledge Centre*; calls for research efforts *to be* fostered in order to assess, in close cooperation with the IARC and the WHO, *healthcare professionals and patient groups*, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, *liver*, stomach and ovarian cancers)in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 645
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening **tests and** the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, **the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;**

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes **the process initiated by the Commission's Group of Chief Scientific Advisors and the Scientific Advice Mechanism** on the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening **programmes including lung, prostate and gastric cancers on the basis of** the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, **low dose computer tomography, risk stratified approaches and risk calculators**); emphasises that **the adherence to** those programmes should be regularly evaluated by the competent national authorities **and the JRC Cancer Knowledge Centre (age of initiation and subsequent compliance, its impact on survival, cost-effectiveness)**; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, **healthcare professionals and patient groups;**

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 646
Tudor Ciuhodaru

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening **tests and** the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for **research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;**

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes **the process initiated by the Commission's Group of Chief Scientific Advisors and the Scientific Advice Mechanism on** the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening **programmes including lung, prostate and gastric cancers on the basis of** the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, **low dose computer tomography, risk stratified approaches and risk calculators**); emphasises that those programmes should be regularly evaluated by the competent national authorities **and the JRC Cancer Knowledge Centre**; calls for close cooperation with the IARC and the WHO, **healthcare professionals and patient groups**;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 647

Deirdre Clune, Adam Jarubas, Cindy Franssen

Motion for a resolution

Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening **tests and** the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing);

Amendment

38. Welcomes **the process initiated by the Commission's Group of Chief Scientific Advisors and the Scientific Advice Mechanism on** the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into

emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for **research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;**

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

account new screening **programmes including lung, prostate and gastric cancers on the basis of** the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, **low dose computer tomography, risk stratified approaches and risk calculators**); emphasises that those programmes should be regularly evaluated by the competent national authorities **and the JRC Cancer Knowledge Centre**; calls for close cooperation with the IARC, the WHO, **healthcare professionals and patient groups**;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 648 **Alessandra Moretti**

Motion for a resolution **Paragraph 38**

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening **tests and** the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research **efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the**

Amendment

38. Welcomes **the process initiated by the Commission's Group of Chief Scientific Advisors and the Scientific Advice Mechanism on** the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening **programmes including lung, prostate and gastric cancers on the basis of** the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, **low dose computer tomography, risk stratified approaches and risk calculators**); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls

recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

for research close cooperation with the IARC and the WHO, *healthcare professional and patient groups*;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 649

Kateřina Konečná, Alexis Georgoulis

Motion for a resolution

Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls *for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;*

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls *to recognise the extensive body of evidence that proves the positive effect of targeted lung cancer screening; encourages the Council to include lung and prostate cancer screening in the update of the Council recommendations in 2022; calls the Council to mandate the Commission to develop EU guidelines;*

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 650

Nicolae Ștefănuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution

Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the *possible* inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in *the recommendation*;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered, *taking account into the extensive body of evidence available already that proves the positive effect of targeted lung cancer screening* in order to assess, in close cooperation with the IARC and the WHO, the inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in *update of the Council recommendations in 2022; calls for the development of new guidelines on risk stratified screening of prostate and lung cancer*;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 651

Bronis Ropé

Motion for a resolution

Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (*including* lung, prostate, stomach *and* ovarian *cancers*) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12.. 34.

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes in the recommendation; ***considers it necessary to launch new screening programmes using innovative diagnostic methods in EU Member States with particularly high rates of lung, prostate, stomach, ovarian cancer morbidity and mortality, in the light of IARC and WHO data;***

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12.. 34.

Or. It

Amendment 652

Hilde Vautmans, Irena Joveva, Alin Mituța

Motion for a resolution

Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening ***tests*** and the most recent data on the best screening protocols (magnetic

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new ***science-based cancer*** screening ***programmes*** and the most recent data on

resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

the best screening protocols (magnetic resonance imaging, HPV testing); ***urges that the update should include new screening programmes for skin cancer as well***; emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, ***health care professionals, patient groups and academia***, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach, ***skin*** and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 653

Giorgos Georgiou, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution

Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); ***calls for lung cancer screening guidelines in line with the most recent scientific evidence***; emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening

recommendation;

programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 654

Ivars Ijabs, Alin Mituța, Irena Joveva, Hilde Vautmans, Nicolae Ștefănuță

Motion for a resolution

Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, **individualised screening**, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 655
Michèle Rivasi

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, ***the possible inclusion of*** new science-based cancer screening ***programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;***

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, ***and review the evidence on*** new science-based cancer screening ***strategies;***

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 656
Pietro Fiocchi

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic

resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new **science-based** cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, **and review** the possible inclusion of new **evidence-based interventions to improve** cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 657
Tiemo Wölken, Piernicola Pedicini

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing; **PSA screening for prostate cancer**); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC

of 2 December 2003 on cancer screening,
OJ L 327, 16.12. 2003, p. 34.

of 2 December 2003 on cancer screening,
OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 658

Antoni Comín i Oliveres

Motion for a resolution

Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for *anticipatory and responsive* research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 659

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Maria Spyrali, Dolores Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes **and the role of AI** (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 660
Andrey Slabakov, Angel Dzhambazki, Pietro Fiocchi

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent

national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Or. en

Amendment 661
Jens Gieseke, Peter Liese

Motion for a resolution
Paragraph 38

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach **and** ovarian cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing); emphasises that those programmes should be regularly evaluated by the competent national authorities; calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the possible inclusion of new science-based cancer screening programmes (including lung, prostate, stomach, ovarian **and skin** cancers) in the recommendation;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Amendment 662

Deirdre Clune, Adam Jarubas, Cindy Franssen, Marian-Jean Marinescu

Motion for a resolution

Paragraph 38 a (new)

Motion for a resolution

Amendment

38a. Further to the opinion of the Commission's Chief Scientific Advisors and the 2022 update of the Council Recommendations on Cancer Screening, calls for clear and tangible targets to be set on any new cancers to be addressed by the Commission;

For lung cancer:

- By 2024, the Commission should develop and publish new guidelines on lung cancer screening for high-risk groups;

- By 2026, at least five Member States should incorporate these guidelines into their national cancer plans;

- By 2027, all EU Member States should put in place a strategy for the early detection of lung cancer for high-risk population;

For prostate cancer:

- By 2024, the Commission should develop and publish new guidelines on risk-stratified screening of prostate cancer;

- By 2026, at least five Member States should incorporate these guidelines into their national cancer plans; this should result in an immediate 50% reduction of over diagnosis and overtreatment for those Member States that are aligned to these guidelines;

- By 2027, all Member States should put in place a clear strategy for risk-stratified early detection of prostate cancer for all men turning 50 years old;

Amendment 663
Tudor Ciuhodaru

Motion for a resolution
Paragraph 38 a (new)

Motion for a resolution

Amendment

38a. Further to the opinion of the Commission's Chief Scientific Advisors and the 2022 update of the Council Recommendations on Cancer Screening, calls for clear and tangible targets to be set on any new cancers to be addressed by the Commission;

For lung cancer:

- By 2024, the Commission should develop and publish new guidelines on lung cancer screening for high-risk groups;

- By 2026, at least five Member States should incorporate these guidelines into their national cancer plans;

- By 2027, all Member States should put in place a strategy for the early detection of lung cancer for high-risk population;

- By 2030, early diagnosis of lung cancer should increase by 20%;

For prostate cancer:

- By 2024, the Commission should develop and publish new guidelines on risk-stratified screening of prostate cancer;

- By 2026, at least five Member States should incorporate these guidelines into their national cancer plans; that should result in an immediate 50% reduction of over-diagnosis and overtreatment for those Member States that are aligned to these guidelines;

- By 2027, all Member States should put in place a clear strategy for risk-stratified early detection of prostate cancer for all

men turning 50 years old.

Or. en

Amendment 664
Pietro Fiocchi

Motion for a resolution
Paragraph 38 a (new)

Motion for a resolution

Amendment

38a. Further to the opinion of the Commission's Chief Scientific Advisors and the 2022 update of the Council Recommendations on Cancer Screening, calls for clear and tangible targets to be set on any new cancers to be addressed by the Commission;

For lung cancer:

- By 2024, the Commission should develop and publish new guidelines on lung cancer screening for high-risk groups;

- By 2026, at least five Member States should incorporate these guidelines into their national cancer plans;

- By 2027, all Member States should put in place a strategy for the early detection of lung cancer for high-risk population;

- By 2030, early diagnosis of lung cancer should increase by 20%;

For prostate cancer:

- By 2024, the Commission should develop and publish new guidelines on risk-stratified screening of prostate cancer;

- By 2026, at least five Member States should incorporate these guidelines into their national cancer plans; it should result in an immediate 50% reduction of over-diagnosis and overtreatment in the Member States that are aligned to these guidelines;

- By 2027, all Member States should put in place a clear strategy for risk-stratified early detection of prostate cancer for all men turning 50 years old;

Or. en

Amendment 665
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 38 b (new)

Motion for a resolution

Amendment

38b. Urges the Member States to introduce a standardised and regular lung cancer screening and detection service into their national healthcare system, provide adequate financing, and raise the awareness of patients and primary healthcare providers about it; considers that lung cancer detection should be based on a low-radiation thorax CT scan once a year for patients meeting certain specific characteristics (age, sex, smoking habits, etc.); stresses that this model increases survival rates from 20% to 80% and is cost-effective, as it allows detection in early stages of the disease, when there is a greater probability of successful treatment; is of the view that the approach should involve different health care specialists in a multidisciplinary manner and with the shortest possible intervals of action; points out that in primary care, the family doctor is the professional who knows the clinical history of and has direct contact with the patients and therefore has the competence to request this test, however, suspicious results would require the assessment of a specialist, a pneumologist, who would make the diagnosis and treatment, involving other experts such as specialists in surgical oncology, medical oncology or radiotherapy; is concerned that the

absence of such practices would imply that lung cancer is diagnosed late, when the patient is already symptomatic or cancer is discovered by chance during hospital visits; emphasises that early lung surgery improves the prognosis and has a better chance of cure than other treatments such as radiotherapy or chemotherapy;

Or. en

Amendment 666
Alessandra Moretti

Motion for a resolution
Paragraph 38 c (new)

Motion for a resolution

Amendment

38c. Further to the opinion of the Commission's Chief Scientific Advisors and the 2022 update of the Council Recommendations on Cancer Screening, calls for clear and tangible targets to be set on any new cancers to be addressed by the Commission;

Or. en

Amendment 667
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 39

Motion for a resolution

Amendment

39. Advocates the launch of a platform for national screening centres to share expertise and implement best practices, discuss common challenges and encourage collaboration, **based** on the **model of** the European Network for Health Technology

39. Advocates the launch of a platform for national screening centres to share expertise and implement best practices, discuss common challenges and encourage collaboration, **drawing** on the **experience of similar platforms for exchange and cooperation such as** the European

Assessment (EUnetHTA);

Network for Health Technology
Assessment (EUnetHTA) *and the Heads
of Medicines Agencies (HMA)*;

Or. en

Amendment 668
Alexis Georgoulis

Motion for a resolution
Paragraph 39

Motion for a resolution

39. Advocates the launch of a platform for national screening centres to share expertise and implement best practices, discuss common challenges and encourage collaboration, *based on the model of* the European Network for Health Technology Assessment (EUnetHTA);

Amendment

39. Advocates the launch of a platform for national screening centres to share expertise and implement best practices, discuss common challenges and encourage collaboration, *drawing on the experience of similar platforms for exchange and cooperation such as* the European Network for Health Technology Assessment (EUnetHTA) *and the Heads of Medicines Agencies (HMA)*;

Or. en

Amendment 669
Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution
Paragraph 39

Motion for a resolution

39. Advocates the launch of a platform for national screening centres to share expertise and implement best practices, discuss common challenges and encourage collaboration, based on the model of the European Network for Health Technology Assessment (EUnetHTA);

Amendment

39. Advocates the launch of a platform for national screening centres to share expertise and implement best practices, discuss common challenges and encourage collaboration, based on the model of the European Network for Health Technology Assessment (EUnetHTA) *and the Heads of Medicines Agencies (HMA)*;

Or. en

Amendment 670

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

Amendment

40. Stresses the importance of increasing ***awareness about, and*** the uptake of, cancer screening and early detection among EU citizens, ***via a Union-wide awareness campaign*** through European Awareness Days, motivation surveys and better implementation of existing communication campaigns; ***notes that such campaigns are particularly important in the case of lung cancer, the leading cause of cancer deaths; calls on the Member States to implement actions to raise awareness in order to improve participation in screening, including direct notifications to eligible citizens; Stresses the importance of detecting cancer at an early stage, when cancer surgery has a greater chance of cure;***

Or. en

Amendment 671

Tudor Ciuhodaru

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens ***through*** European Awareness Days, motivation surveys and better implementation of existing communication

Amendment

40. ***Stresses the*** importance of increasing ***awareness about, and*** the uptake of, cancer screening, ***routine dental visits*** and early detection among EU citizens ***via a Union-wide awareness campaign,*** European Awareness Days,

campaigns;

motivation surveys and better implementation of existing communication campaigns; ***notes that such campaigns are particularly important for lung cancer, the leading cause of cancer death;***

Or. en

Amendment 672

Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens ***through*** European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

Amendment

40. Stresses the importance of increasing ***awareness about, and*** the uptake of, cancer screening and early detection among EU citizens ***via Union-wide awareness campaigns,*** European Awareness Days, motivation surveys and better implementation of existing communication campaigns; ***encourages research into behavioural adherence factors to boost participation in screening programmes, supported by European funding such as the Horizon Europe research programme;***

Or. en

Amendment 673

Hilde Vautmans, Irena Joveva, Alin Mituța

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens ***through*** European Awareness Days, motivation surveys and better

Amendment

40. Stresses the importance of increasing ***awareness about, and*** the uptake of, cancer screening and early detection among EU citizens ***via a Union-wide awareness campaign,*** European

implementation of existing communication campaigns;

Awareness Days, motivation surveys and better implementation of existing communication campaigns; ***encourages research into behavioural adherence factors to boost participation in screening programmes, supported by the Horizon Europe research programme;***

Or. en

Amendment 674

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

Amendment

40. Stresses the importance of increasing ***awareness about, and*** the uptake of, cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns; ***encourages research into behavioural adherence factors to boost participation in screening programmes, supported by the Horizon Europe research programme;***

Or. en

Amendment 675

Deirdre Clune, Adam Jarubas, Cindy Franssen

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better

Amendment

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through ***a Union-wide communication and awareness campaign,*** European

implementation of existing communication campaigns;

Awareness Days, motivation surveys and better implementation of existing communication campaigns; *notes that such campaigns are particularly important for lung cancer, the leading cause of cancer death;*

Or. en

Amendment 676

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

Amendment

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns; *calls on the Member States to implement awareness-raising actions with a view to improve participation in cancer screening; encourages to actively work on educational strategies in primary healthcare centres;*

Or. en

Amendment 677

Dolors Montserrat, Aldo Patriciello, Juan Ignacio Zoido Álvarez, Herbert Dorfmann, Rosa Estaràs Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfil, Gabriel Mato, Esteban González Pons, Lídia Pereira, Pilar del Castillo Vera, Cindy Franssen, Antonio López-Istúriz White, Adrián Vázquez Lázara, Pablo Arias Echeverría, Javier Zarzalejos, Ewa Kopacz, Isabel Benjumea Benjumea

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of

Amendment

40. Stresses the importance of

increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns; ***calls on Member States to implement awareness-raising actions in order to improve participation in screening;***

Or. en

Amendment 678

Nicolae Ștefănuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

Amendment

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns; ***highlights the importance of high-quality surgery in curing cancers detected in early stages;***

Or. en

Amendment 679

Kateřina Konečná, Alexis Georgoulis

Motion for a resolution

Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better

Amendment

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better

implementation of existing communication campaigns;

implementation of existing communication campaigns *with special attention to balanced information on advantages and disadvantages*;

Or. en

Amendment 680
Michèle Rivasi

Motion for a resolution
Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

Amendment

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns *with special attention to balanced information on advantages and disadvantages*;

Or. en

Amendment 681
Alessandra Moretti

Motion for a resolution
Paragraph 40

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

Amendment

40. Stresses the importance of increasing *awareness about, and* the uptake of, cancer screening and early detection among EU citizens through *a Union-wide awareness campaign*, European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

Or. en

Amendment 682

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Johan Danielsson, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 40 a (new)

Motion for a resolution

Amendment

40a. Calls for increased attention to health surveillance of workers who are exposed to occupational carcinogens; stresses the need for such surveillance to account for latency periods between exposure and the onset of symptoms;

Or. en

Amendment 683

Tudor Ciuhodaru

Motion for a resolution

Paragraph 40 a (new)

Motion for a resolution

Amendment

40a. Stresses the importance of detecting cancer at an early stage, when cancer surgery has a greater chance to cure the disease;

Or. en

Amendment 684

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries; ***notes that attention should also be focused on cancers not covered by screening programmes, in which early detection can be achieved by fostering better awareness of cancer warning signs among citizens and healthcare professionals, such as skin or testicle cancer; calls on the Commission to support projects to explore the barriers limiting the early detection and early diagnosis of cancer in Europe;***

Or. en

Amendment 685

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries; ***this can mark an important contribution by the EU towards the achievement of international goals in cancer, such as the WHO goal for the elimination of cervical cancer as a public health problem;***

Or. en

Amendment 686

Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries, *as it can mark an important contribution by the EU towards the achievement of international goals in cancer, such as the WHO goal for the elimination of cervical cancer as a public health problem;*

Or. en

Amendment 687
Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution
Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries; *this can mark an important contribution by the EU towards the achievement of international goals in cancer, such as the WHO goal for the elimination of cervical cancer as a public health problem;*

Or. en

Amendment 688
Dolors Montserrat, Aldo Patriciello, Juan Ignacio Zoido Álvarez, Herbert Dorfmann, Rosa Estaràs Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfil, Gabriel Mato, Esteban González Pons, Lídia Pereira, Pilar del Castillo Vera, Antonio López-Istúriz White, Adrián Vázquez Lázara, Pablo Arias Echeverría, Javier Zarzalejos, Ewa Kopacz, Isabel Benjumea Benjumea

Motion for a resolution
Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of **screening campaigns**, in particular for women's cancers and notably in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries **and in particular with the broader European region**, to encourage the organisation of **early diagnosis programmes**, in particular for women's cancers and notably in low- and middle-income countries;

Or. en

Amendment 689
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, **in particular for** women's cancers **and notably** in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, **taking into account the particularities of** women's **and men's** cancers in low- and middle-income countries;

Or. en

Amendment 690
Tiemo Wölken, Piernicola Pedicini

Motion for a resolution
Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, **in particular** for women's cancers and

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, for **both** women's **and men's** cancers and

notably in low- and middle-income countries;

notably in low- and middle-income countries;

Or. en

Amendment 691

Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution

Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries ***and with minority communities.***

Or. en

Amendment 692

Loucas Furlas

Motion for a resolution

Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries; ***and with minority communities;***

Or. en

Amendment 693

Michèle Rivasi

Motion for a resolution
Paragraph 41

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries;

Amendment

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries **and with minority communities**;

Or. en

Amendment 694
Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution
Paragraph 41 a (new)

Motion for a resolution

Amendment

41a. Notes that whilst Europe's Beating Cancer Plan gives remarkable attention to a range of policy needs in respect of cancer screening, less initiative is offered for early detection of cancers not covered by screening programmes; urges targeted action to foster better awareness of cancer warning signs among citizens and healthcare professionals, such as through support for the development of a European Code of Cancer Symptoms, taking inspiration from the success of the European Code Against Cancer and the European Code of Cancer Practice, as well as through support for its effective provision to general practitioners and community doctors across Europe, under the 'Health Literacy for Prevention and Care' initiative;

Or. en

Amendment 695
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 41 a (new)

Motion for a resolution

Amendment

41a. Notes that whilst Europe's Beating Cancer Plan gives remarkable attention to a range of policy needs in respect of cancer screening, less initiative is offered for early detection of cancers not covered by screening programmes; urges targeted action to foster better awareness of cancer warning signs among citizens and healthcare professionals, such as through support for the development of a European Code of Cancer Symptoms, taking inspiration from the success of the European Code Against Cancer and the European Code of Cancer Practice, as well as through support for its effective provision to general practitioners and community doctors across Europe, under the 'Health Literacy for Prevention and Care' initiative;

Or. en

Amendment 696
Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution
Paragraph 41 a (new)

Motion for a resolution

Amendment

41a. Notes that whilst Europe's Beating Cancer Plan gives remarkable attention to a range of policy needs in respect of cancer screening, less initiative is offered for early detection of cancers not covered by screening programmes; urges targeted action to foster better awareness of cancer warning signs among citizens and healthcare professionals, such as through

support for the development of a European Code of Cancer Symptoms, taking inspiration from the success of the European Code Against Cancer and the European Code of Cancer Practice, as well as through support for its effective provision to general practitioners and community doctors across Europe, under the 'Health Literacy for Prevention and Care' initiative;

Or. en

Amendment 697

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 41 b (new)

Motion for a resolution

Amendment

41b. Encourages the use of big data, modelling and artificial intelligence to detect high-risk populations, genotypes and behaviours to more effectively target screening campaigns; highlights the importance of research and the inclusion of new detection methods, such as biomarkers, that have the potential to easily and non-invasively detect changes in the organism suggesting the presence of tumour cells;

Or. en

Amendment 698

Alin Mituța, Nicolae Ștefănuță, Hilde Vautmans, Vlad Gheorghe

Motion for a resolution

Paragraph 41 c (new)

Motion for a resolution

Amendment

41c. Recognises the importance of health mediators, patient navigators and non-governmental organisations and calls for their inclusion in decision-making processes and resources allocation strategies; acknowledges the vital role they play especially in prevention and vaccination campaigns by helping to break barriers between authorities and the society, including vulnerable groups;

Or. en

Amendment 699

Alin Mituța, Nicolae Ștefănuță, Hilde Vautmans, Vlad Gheorghe

Motion for a resolution

Paragraph 41 d (new)

Motion for a resolution

Amendment

41d. Calls on the Commission to develop and run programmes designed to identify the obstacles impeding early detection and diagnosis across the Member States;

Or. en

Amendment 700

Alessandra Moretti

Motion for a resolution

Paragraph 41 e (new)

Motion for a resolution

Amendment

41e. Urges to monitor the performance of the systems for early diagnosis of cancer across Europe as part of the Cancer Inequalities Registry, through key indicators such as cancer stage at

diagnosis, time to referral and time to diagnosis; encourages urgent efforts to further harmonise cancer registries in Europe to achieve this;

Or. en

Amendment 701
Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution
Paragraph 41 e (new)

Motion for a resolution

Amendment

41d. Urges to monitor the performance of the systems for early diagnosis of cancer across Europe as part of the Cancer Inequalities Registry, through key indicators such as cancer stage at diagnosis, time to referral and time to diagnosis; encourages urgent efforts to further harmonise cancer registries in Europe to achieve this;

Or. en

Amendment 702
Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 41 e (new)

Motion for a resolution

Amendment

41e. Urges to monitor the performance of the systems for early diagnosis of cancer across Europe as part of the Cancer Inequalities Registry, through key indicators such as cancer stage at diagnosis, time to referral and time to diagnosis; encourages urgent efforts to further harmonise cancer registries in

Europe to achieve this;

Or. en

Amendment 703

Hilde Vautmans, Irena Joveva

Motion for a resolution

Paragraph 41 e (new)

Motion for a resolution

Amendment

41e. Urges to monitor the performance of the systems for early diagnosis of cancer across Europe as part of the Cancer Inequalities Registry, through key indicators such as cancer stage at diagnosis, time to referral and time to diagnosis; encourages urgent efforts to further harmonise cancer registries in Europe to achieve this;

Or. en

Amendment 704

Bartosz Arłukowicz

Motion for a resolution

Paragraph 41 f (new)

Motion for a resolution

Amendment

41f. Calls for work to begin on the development of EU-wide guidelines for early cancer detection, and for a maximum time limit for diagnosis from the date of suspicion of cancer by a general practitioner;

Or. pl

Amendment 705

Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 41 g (new)

Motion for a resolution

Amendment

41g. Highlights that innovation is advancing much faster than legislation, calls therefore on the Commission to assess how to respond faster and more effectively to these developments so as not to lose these therapeutic opportunities;

Or. en

Amendment 706

Dolors Montserrat, Aldo Patriciello, Juan Ignacio Zoido Álvarez, Herbert Dorfmann, Rosa Estaràs Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfil, Gabriel Mato, Esteban González Pons, Lídia Pereira, Pilar del Castillo Vera, Cindy Franssen, Antonio López-Istúriz White, Adrián Vázquez Lázara, Pablo Arias Echeverría, Javier Zarzalejos, Ewa Kopacz, Isabel Benjumea Benjumea

Motion for a resolution
Paragraph 41 h (new)

Motion for a resolution

Amendment

41h. Calls on the EU and the Member States to reinforce cooperation with the WHO and to work toward the implementation of WHO policy recommendations and guidelines;

Or. en

Amendment 707

Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution
Paragraph 41 i (new)

Motion for a resolution

Amendment

41i. Calls for the recognition and urgent addressing of the pressing issue of

shortages in the European pathologist workforce, via monitoring of patient access to all cancer professions, including pathologists, as part of the Cancer Inequalities Registry;

Or. en

Amendment 708
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 41 i (new)

Motion for a resolution

Amendment

41i. *Calls for the recognition and urgent addressing of the pressing issue of shortages in the European pathologist workforce, via monitoring of patient access to all cancer professions, including pathologists, as part of the Cancer Inequalities Registry;*

Or. en

Amendment 709
Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 41 i (new)

Motion for a resolution

Amendment

41i. *Calls for the pressing shortage of pathologists and medical specialists in Europe to be recognised and urgently addressed;*

Or. en

Amendment 710
Alessandra Moretti

Motion for a resolution
Paragraph 41 i (new)

Motion for a resolution

Amendment

41i. Calls for the recognition and urgent addressing of the pressing issue of shortages in the European pathologist and medical specialists workforce;

Or. en

Amendment 711
Hilde Vautmans, Irena Joveva, Alin Mituța

Motion for a resolution
Paragraph 41 j (new)

Motion for a resolution

Amendment

41j. Calls for the recognition of the key role of primary healthcare providers for early detection of cancer and promotion of cancer educational opportunities for primary healthcare providers, both through support for strengthened cancer education to undergraduate medical students and a legal codification of the practice of Continuous Professional Development under Directive 2005/36/EC on the recognition of professional qualifications, including specific provisions on cancer education for all healthcare professionals;

Or. en

Amendment 712
Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution
Paragraph 41 j (new)

Motion for a resolution

Amendment

41j. Calls for the recognition of the key role of primary healthcare providers for early detection of cancer and promotion of cancer educational opportunities for primary healthcare providers, both through support for strengthened cancer education to undergraduate medical students and a legal codification of the practice of Continuous Professional Development under Directive 2005/36/EC on the recognition of professional qualifications, including specific provisions on cancer education for all healthcare professionals;

Or. en

Amendment 713
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 41 k (new)

Motion for a resolution

Amendment

41k. Calls on the Commission to support projects, for example via EU4Health, the Horizon Europe's Cancer Mission or other relevant programmes, to explore the barriers limiting the early detection and early diagnosis of cancer in Europe; notes that such projects are particularly relevant for lung cancer, the leading cause of cancer deaths;

Or. en

Amendment 714
Tudor Ciuhodaru

Motion for a resolution
Paragraph 41 k (new)

Motion for a resolution

Amendment

41k. *Calls on the Commission to support projects, for example via EU4Health, the Horizon Europe Cancer Mission or other relevant programmes, to explore the barriers limiting the early detection and early diagnosis of cancer in Europe; notes that such projects are particularly relevant for lung cancer, the leading cause of cancer deaths;*

Or. en

Amendment 715

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

**Motion for a resolution
Paragraph 41 k (new)**

Motion for a resolution

Amendment

41k. *Calls on the Commission to support projects, for example via EU4Health, the Horizon Europe's Cancer Mission or other relevant programmes, to explore the barriers limiting the early detection and early diagnosis of cancer in Europe;*

Or. en

Amendment 716

Deirdre Clune, Adam Jarubas, Cindy Franssen

**Motion for a resolution
Paragraph 41 k (new)**

Motion for a resolution

Amendment

41k. *Calls on the Commission to support projects, for example via*

EU4Health, the Horizon Europe Cancer Mission or other relevant programmes, to explore the barriers limiting the early detection and early diagnosis of cancer in Europe;

Or. en

Amendment 717
Alexis Georgoulis

Motion for a resolution
Paragraph 41 l (new)

Motion for a resolution

Amendment

41l. Encourages national health authorities and governments to adopt public health policies that aim to address large and persistent socioeconomic inequalities in cancer prevention and access to care, through both universal measures and measures targeted at population groups;

Or. en

Amendment 718
Hilde Vautmans, Irena Joveva, Alin Mituța

Motion for a resolution
Paragraph 41 m (new)

Motion for a resolution

Amendment

41m. Calls on the Commission and the Member States to involve patient organisations in screening and detection programmes and procedures at an early stage;

Or. en

Amendment 719
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 41 n (new)

Motion for a resolution

Amendment

41n. Calls on the Commission and the Member States to allow GDPR exemptions in relation to such data on non-treatable cancers that are necessary for research and clinical studies; such exemptions must be based on patients' consent and patient organisations' information;

Or. en

Amendment 720
Adam Jarubas, Ewa Kopacz

Motion for a resolution
Paragraph 41 o (new)

Motion for a resolution

Amendment

41o. Urges the Commission and the Member States to intensify efforts to secure equal access to prevention, diagnosis, treatment and cancer care not only between but also within Member States, between densely populated urban areas and less populated, remote or agricultural areas; calls for actions diminishing the gap in quality of life and life expectancy, namely by placing oncological health services close to patients or by securing adequate transport to them and appropriate accommodation if needed; in this regard, strongly supports the Commission's commitment in Europe's Beating Cancer Plan on the reduction of cancer inequalities across the EU, including by setting up a Cancer Inequalities Registry, strengthening and integrating telemedicine and remote

monitoring in healthcare systems, promoting the virtual consultation model of the ERNs, improving the overall resilience, accessibility and effectiveness of European healthcare systems to safeguard provision of cancer care in future health crises and mainstreaming equality action in other areas addressed by Europe's Beating Cancer Plan such as screening and high-quality cancer care; supports and joins the Commission in encouraging Member States to direct resources from the EU Cohesion Policy Funds to the reduction of cancer inequalities, for instance through the use of mobile healthcare units for cancer screening or laboratory diagnostics, staffed with multidisciplinary teams; joins the Commission's call to direct resources from the EU4Health and Digital Europe programmes to enable the use of advanced mobile technologies by healthcare providers and to support the delivery of affordable, accessible and fair mobility for all, in line with the EU's Smart and Sustainable Mobility Strategy;

Or. en

Amendment 721

Joëlle Mélin

Motion for a resolution

Paragraph 42

Motion for a resolution

Amendment

42. *Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised*

deleted

equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ *Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.*

Or. fr

Amendment 722

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution

Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that

only a minority of patients are aware of their right to seek cross-border healthcare; ***emphasises the need for better implementation of, and an improved financial model for,*** the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

only a minority of patients are aware of their right to seek cross-border healthcare; ***calls for a radical reform of*** the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare, ***including those aimed to health professionals;*** emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission ***to merge the authorisation and reimbursement rules of Regulation 883/2004 on the coordination of social security systems with the Cross-Border Healthcare Directive to provide clarity and transparency for patients and healthcare professionals, including a right for second opinion;*** calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 723

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services ***and participating in clinical trials*** in other Member States and that only a minority of patients ***and not all the healthcare professionals*** are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to ***reduce logistic and linguistic barriers faced by patients when accessing healthcare in another EU Member State; emphasises the need to provide patients with clear information on prior authorisation requirements that apply to certain Member States; emphasises the need to*** facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; ***underlines that all costs related to the treatment should be financed before the beginning of the treatment, to avoid the exclusion of low-income patients;*** calls on the Commission and the Member States to work together to conduct regular

evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 724
Deirdre Clune, Adam Jarubas

Motion for a resolution
Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through **the** revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare ***under the two existing frameworks: the Cross-border Healthcare Directive 2011/24/EU and the Social Security Regulation 883/2004***; emphasises the need for better implementation of, and an improved financial model for the Cross-border Healthcare Directive²⁵, ***notably*** to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, ***and the development of Commission guidelines setting acceptable and harmonized review and approval timelines to expedite time-to-treatment in the EU under the Social Security Regulation***, and calls for an increase in the number of information campaigns on patients' rights to cross-

national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

border healthcare *as well as the development of a one-stop-shop for information on the EU's cross-border access pathways*; emphasises the need to facilitate the process through *a holistic revision of the Cross-border Healthcare frameworks, giving equal consideration to the Cross-border Healthcare Directive and the Social Security Regulation*, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 725
Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution
Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved

financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through *the reinforcement* of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level; *notes the potential of the Cancer Inequalities Registry as a means of reporting and measuring improvement on these concerns;*

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 726

Ivars Ijabs, Alin Mituța, Irena Joveva, Hilde Vautmans, Nicolae Ștefănuță

Motion for a resolution

Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients

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Amendment

42. Deplores the fact that EU patients

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still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level; ***suggests the potential of the Cancer Inequalities Registry as a means of reporting and measuring improvement on these concerns;***

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 727
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level; ***suggests the potential of the Cancer Inequalities Registry as a means of reporting and measuring improvement on these concerns;***

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 728
Michèle Rivasi

Motion for a resolution
Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who, ***in view of unmet needs and potential benefits***, travel abroad for clinical trials and ***may*** face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level, ***while ensuring strict adherence to patients' health data privacy and security rules***;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March

2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 729
Pietro Fiocchi

Motion for a resolution
Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records, ***better interoperability, as well as improved data quality and cybersecurity*** for cancer patients at regional, national and European

level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 730 **Margarita de la Pisa Carrión**

Motion for a resolution **Paragraph 42**

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with **more** budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with budgetary resources **which cover the real health needs of the Member State concerned**, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to

Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 731

Ondřej Knotek, Irena Joveva

Motion for a resolution

Paragraph 42

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs

Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of their right to seek cross-border healthcare; emphasises the need for better implementation of, and an improved financial model for, the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials *as well as healthcare* and face issues such as a lack of clarity on follow-up protocols after their return home and on

related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

coverage of costs related to their clinical trial participation *or to cross-border healthcare* by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

Or. en

Amendment 732
Bartosz Arłukowicz

Motion for a resolution
Paragraph 42 a (new)

Motion for a resolution

Amendment

42a. Calls for work to begin on establishing EU-wide guidelines on cancer treatment and on establishing a maximum time limit for initiating treatment from the date of confirmation of the presence of cancer;

Or. pl

Amendment 733
Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution
Paragraph 42 b (new)

Motion for a resolution

Amendment

42b. *Notes the importance of rapidly administered treatment and timely results of relevant medical exams for cancer patients, since the more time spent, the more the disease progresses, threatening patients' survival; regrets that, in certain Member States, public resources are inadequate to guarantee timely detection and treatment, which leaves patients who depend on publicly-provided social insurance exposed to lower chances of survival, thus leaving them with no other option but the private sector;*

Or. en

Amendment 734
Bronis Ropé

Motion for a resolution
Paragraph 42 c (new)

Motion for a resolution

Amendment

42c. *Stresses that initiatives to reduce inequalities in healthcare systems must focus on reducing inequalities at regional and national level, with a particular focus on the Central and Eastern European Member States, where cancer survival rates lag behind the EU average; calls for the establishment of a horizontal approach to reducing inequalities in the field of oncology in the planning and implementation of the Europe's Beating Cancer Plan;*

Or. It

Amendment 735
Alexis Georgoulis

Motion for a resolution
Paragraph 42 d (new)

Motion for a resolution

Amendment

42d. Understands arguments in favour of collaborations among the private and the public sector towards the promotion of research, development and innovation, yet highlights concerns regarding a further depreciation of the public sector putting at risk patients who depend on public health systems for their survival; strongly argues therefore for the need to support the public sector in terms of staff, infrastructure, medicines and all equipment, new technology and research funding;

Or. en

Amendment 736
Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution
Paragraph 42 e (new)

Motion for a resolution

Amendment

42e. Notes that side effects caused by certain cancer treatments are rather painful for cancer patients and/or may cause further severe health issues; calls on the Commission and the Member States to strengthen their efforts to support research towards the development of new medicines against the side effects of currently used treatments;

Or. en

Amendment 737
Joëlle Mélin

Motion for a resolution
Paragraph 43

Motion for a resolution

Amendment

43. *Calls for consideration of mutual recognition of medical qualifications in cancer care across the EU;*

deleted

Or. fr

Amendment 738

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 43

Motion for a resolution

Amendment

43. Calls for consideration of mutual recognition of *medical* qualifications in cancer care across the EU;

43. Calls for consideration of mutual recognition of *health-related* qualifications in cancer care across the EU *and a common recognition scheme for non-EU countries*;

Or. en

Amendment 739

Alexis Georgoulis

Motion for a resolution
Paragraph 43

Motion for a resolution

Amendment

43. Calls for consideration of mutual recognition of medical qualifications in cancer care across the EU;

43. Calls for consideration of mutual recognition of medical qualifications in cancer care across the EU, *while ensuring that it is facilitative and not obstructive to the mutual recognition of qualifications for oncology related specialties*;

Or. en

Amendment 740
Tudor Ciuhodaru

Motion for a resolution
Paragraph 43

Motion for a resolution

43. Calls for consideration of mutual recognition of medical qualifications in cancer care across the EU;

Amendment

43. Calls for consideration of mutual recognition of medical qualifications in cancer care across the EU, ***and of the development of upskilling programmes to enable those wishing to move into that field to do so at any point in their careers;***

Or. ro

Amendment 741
Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 43

Motion for a resolution

43. Calls for consideration of mutual recognition of medical qualifications in cancer care across the EU;

Amendment

43. Calls for consideration of mutual recognition of medical qualifications in cancer care across the EU, ***as requested in Directive 2005/36/EC on the recognition of professional qualifications.***^{1a}

^{1a} ***Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22).***

Or. en

Amendment 742
Bronis Ropé

Motion for a resolution
Paragraph 43 a (new)

Motion for a resolution

Amendment

43a. Believes that, in order to ensure the proper quality of oncology services and the continuous improvement of the qualifications of oncologists, in line with common EU standards, the national centres of excellence for cancer should be further integrated into a common EU network of centres of excellence, where doctors and other professionals would be able to share their experiences and knowledge and where patients would have access to the treatments and therapies they need;

Or. It

Amendment 743
Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution
Paragraph 43 b (new)

Motion for a resolution

Amendment

43b. Calls on the Commission to take palliative care into account in medical studies and to ensure the recognition of palliative care as a speciality;

Or. en

Amendment 744
Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution
Paragraph 43 c (new)

Motion for a resolution

Amendment

43c. Calls on the Commission to encourage Member States to provide an appropriate level of education and training in cancer-related pain to promote quality of care and treatment;

Or. en

Amendment 745

Margarita de la Pisa Carrión, Pietro Fiocchi

**Motion for a resolution
Paragraph 43 d (new)**

Motion for a resolution

Amendment

43d. Calls on the promotion of continuous training of professionals who treat cancer, in order to include oncological nutrition in their training areas;

Or. en

Amendment 746

Hilde Vautmans, Irena Joveva, Alin Mituța

**Motion for a resolution
Paragraph 44**

Motion for a resolution

Amendment

44. Calls for full recognition of medical oncology as **a** specialist **discipline**, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs;

44. Calls for full recognition of medical **and paediatric** oncology as specialist **disciplines**, the establishment of pan-European quality standards, **both for adults and children**, for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs;

Amendment 747

Nicolás González Casares, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 44

Motion for a resolution

44. Calls for full recognition of medical oncology as *a* specialist ***discipline***, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs;

Amendment

44. Calls for full recognition of medical ***and paediatric*** oncology as specialist ***disciplines***, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs;

Amendment 748

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution

Paragraph 44

Motion for a resolution

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs;

Amendment

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs, ***including paediatric drugs*** ;

Amendment 749

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution

Paragraph 44

Motion for a resolution

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs;

Amendment

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs, ***surgery and radiotherapy***;

Or. en

Amendment 750

Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution

Paragraph 44

Motion for a resolution

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising ***drugs***;

Amendment

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising ***health technologies***;

Or. en

Amendment 751
Pietro Fiocchi

Motion for a resolution
Paragraph 44

Motion for a resolution

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising **drugs**;

Amendment

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising **health technologies**;

Or. en

Amendment 752
Michèle Rivasi

Motion for a resolution
Paragraph 44

Motion for a resolution

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising **drugs**;

Amendment

44. Calls for full recognition of medical oncology as a specialist discipline, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising **health technologies**;

Or. en

Amendment 753
Antoni Comín i Oliveres

Motion for a resolution
Paragraph 44 a (new)

Motion for a resolution

Amendment

44a. Urges the Commission, the Member States, the regions and all European local administrations to guarantee total equality in health products and treatments; urges all European public administrations, from Union to local, to have the ambition to guarantee high-quality health-care systems;

Or. en

Amendment 754
Bronis Ropè

Motion for a resolution
Paragraph 44 b (new)

Motion for a resolution

Amendment

44b. Calls for increased investment in training for primary healthcare specialists in the diagnosis, treatment and specific monitoring needs of children, adolescents and young adults affected by cancer;

Or. It

Amendment 755
Nicolás González Casares, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 45

Motion for a resolution

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures;

Amendment

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures; ***considers it necessary to promote the development of a core curriculum in surgical oncology and of an individual specialist training in surgical oncology, and calls for programs to harmonize surgical oncology education in the EU;***

Or. en

Amendment 756
Tudor Ciuhodaru

Motion for a resolution
Paragraph 45

Motion for a resolution

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures;

Amendment

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures; ***promotes the development of a core curriculum in surgical oncology and of an individual specialist training in surgical oncology, and calls for programs to harmonize surgical oncology education in the EU;***

Or. en

Amendment 757

Nicolae Ștefănuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution

Paragraph 45

Motion for a resolution

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures;

Amendment

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures; ***promotes the development of a core curriculum in surgical oncology and of an individual specialist training in surgical oncology, and calls for programs to harmonize surgical oncology education in the EU;***

Or. en

Amendment 758

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution

Paragraph 45

Motion for a resolution

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures;

Amendment

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery ***or reference centres for complex treatments like cell and gene therapy*** and access to

innovative surgical procedures;

Or. en

Amendment 759

Peter Liese, Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution

Paragraph 45 a (new)

Motion for a resolution

Amendment

45a. Promotes the development of a core curriculum in surgical oncology and of an individual specialist training in surgical oncology, and calls for programs to harmonize surgical oncology education in the EU;

Or. en

Amendment 760

Bartosz Arłukowicz

Motion for a resolution

Paragraph 45 b (new)

Motion for a resolution

Amendment

45b. Calls on the Member States to draw up health needs maps for oncological diseases in order to better plan access to existing medical infrastructure, as well as to plan cooperation between oncology reference centres at European level;

Or. pl

Amendment 761

Tudor Ciuhodaru

Motion for a resolution
Paragraph 46

Motion for a resolution

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy research;

Amendment

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy research; ***supports the improvement of high-quality medical isotopes for diagnostic and treatment in the EU through the affirmation of nuclear medicine as a fully independent medical specialty, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in nuclear medicine research and equipment;***

Or. en

Amendment 762

Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution
Paragraph 46

Motion for a resolution

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy research;

Amendment

46. Supports the improvement of, ***and an increased access to,*** high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, ***increased funding for Member States to expand their radiation therapy infrastructure,*** and the greater investment of EU and national research and innovation funds in radiation therapy

research;

Or. en

Amendment 763

Marian-Jean Marinescu

Motion for a resolution

Paragraph 46

Motion for a resolution

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy research;

Amendment

46. Supports the improvement of ***and stresses the importance of an increased and equal access to*** high-quality radiation ***diagnosis and*** therapy in the EU through ***a greater EU and national authorities investment in the adequate infrastructure,*** the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy research;

Or. en

Amendment 764

Michèle Rivasi

Motion for a resolution

Paragraph 46

Motion for a resolution

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy

Amendment

46. Supports the improvement ***of, and increased access to,*** high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy research ***and***

research;

infrastructure;

Or. en

Amendment 765

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 46

Motion for a resolution

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy research;

Amendment

46. Supports the improvement of, ***and an increased access to***, high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, ***increased funding for Member States to expand their radiation therapy infrastructure***, and the greater investment of EU and national research and innovation funds in radiation therapy research;

Or. en

Amendment 766

Nicolás González Casares, Maria Arena, Romana Jerković, Sara Cerdas, Alessandra Moretti, Tudor Ciuhodaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 46

Motion for a resolution

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy

Amendment

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, ***increased funding to expand radiation therapy infrastructure***, and the greater investment of EU and national research and innovation funds in

research;

radiation therapy research;

Or. en

Amendment 767
Bartosz Arłukowicz

Motion for a resolution
Paragraph 46 a (new)

Motion for a resolution

Amendment

46a. Calls for Member States to disseminate and promote decision-making about the treatment of cancer patients in the form of multidisciplinary consultations; calls for consideration of European Union funding of a 'second opinion' system for difficult or atypical cancer progressions, under which specialists from one Member State could, at the request of the patient, seek knowledge and advice from specialists in another Member State within a single system;

Or. pl

Amendment 768
Bronis Ropé

Motion for a resolution
Paragraph 46 b (new)

Motion for a resolution

Amendment

46b. Calls for the adoption of a single target rate for radiological cancer diagnosis per 100 000 or 1 million inhabitants, in order to reduce inequalities in oncology services, and for the monitoring of variations in this rate between Member States, in order to ensure that patients in all EU countries have equal access to rapid and timely

*access to innovative radiological
diagnosis and treatment services;*

Or. lt

Amendment 769

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 46 c (new)

Motion for a resolution

Amendment

46c. Supports the improvement of high-quality medical isotopes for diagnostic and treatment in the EU through the affirmation of nuclear medicine as a fully independent medical specialty, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in nuclear medicine research and equipment;

Or. en

Amendment 770

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 46 d (new)

Motion for a resolution

Amendment

46d. Calls on the Commission and the Member States to envisage actions that promote, in the context of care and treatment, greater attention to the protection of patients' fertility and in particular in the case of paediatric and juvenile cancers;

Or. en

Amendment 771
Tudor Ciuhodaru

Motion for a resolution
Paragraph 47

Motion for a resolution

47. Welcomes ***the upcoming new action plan under*** the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ ***which will support the security of*** supply of radioisotopes ***for cancer diagnosis and care and enhance the quality and safety of radiation technology in*** medicine;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Amendment

47. Welcomes the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶, ***highlighting the importance of nuclear medicine to tackle cancer; calls for actions included into the SAMIRA action plan to be implemented as quickly as possible, to facilitate innovation and supply of medical applications of radioisotopes and aiming at the good integration of radioisotopes in the medical practice; stresses that the plan should address regulatory gaps faced by the nuclear medicine sector and support: the inclusion of innovative nuclear medicine treatments into national cancer plans, the development of national level capacities for the effective delivery of nuclear medicine and the pan-European implementation of common curricula for nuclear*** medicine;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Or. en

Amendment 772
Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution
Paragraph 47

Motion for a resolution

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and *care and* enhance the quality and safety of radiation technology in medicine;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Amendment

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ ***highlighting the importance of nuclear medicine to tackle cancer. The actions included into the SAMIRA action plan should be implemented as quickly as possible, to facilitate innovation and supply of medical applications of radioisotopes and aiming at the good integration of radioisotopes in the medical practice. The plan should address regulatory gaps faced by the nuclear medicine sector and support: the inclusion of innovative nuclear medicine treatments into national cancer plans, the development of national level capacities for the effective delivery of nuclear medicine and the pan European implementation of common curricula for nuclear medicine*** which will support the security of supply of radioisotopes for cancer diagnosis and enhance the quality and safety of radiation technology in medicine ***in Europe; Calls on the Commission to stimulate the implementation of existing technologies, notably reactors and particles accelerators, through existing financial instruments.***

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Or. en

Amendment 773
Michèle Rivasi

Motion for a resolution
Paragraph 47

Motion for a resolution

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Amendment

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine; ***calls for an assessment of regulatory gaps faced by the nuclear medicine sector and inclusion of nuclear medicine treatments and related infrastructure into national cancer plans;***

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Or. en

Amendment 774

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arlukowicz

Motion for a resolution

Paragraph 47

Motion for a resolution

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine;

Amendment

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine ***in Europe; calls on the Commission to stimulate the implementation of existing technologies, notably reactors and particles***

accelerators, through existing financial instruments;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Or. en

Amendment 775
Aldo Patriciello

Motion for a resolution
Paragraph 47

Motion for a resolution

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine;

Amendment

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine; ***recalls that nuclear research reactors are needed for the production of medical isotopes and the EU needs to support the replacement of the current ageing fleet of reactors which have reached the end of their technical life-span and therefore Calls on the Commission to stimulate the implementation of existing technologies, notably reactors and particles accelerators, through existing financial instruments;***

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Or. en

Amendment 776

Nicolae Ștefănuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution

Paragraph 47

Motion for a resolution

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine;

²⁶ Commission staff working document entitled 'Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)' (SWD(2021)0014).

Amendment

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine; **highlights the importance of nuclear medicine to tackle cancer and the continued need to invest in state-of-the-art radio-therapeutic equipment and well-trained physicians and other healthcare specialists in various specialties, including nuclear medicine;**

²⁶ Commission staff working document entitled 'Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)' (SWD(2021)0014).

Or. en

Amendment 777

Marian-Jean Marinescu

Motion for a resolution

Paragraph 47

Motion for a resolution

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and **care** and enhance the

quality and safety of radiation technology in medicine;

enhance the quality and safety of radiation technology in medicine;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Or. en

Amendment 778

Cindy Franssen, Dolors Montserrat, Aldo Patriciello, Deirdre Clune, Liudas Mažylis

Motion for a resolution

Paragraph 47

Motion for a resolution

47. Welcomes the **upcoming** new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Amendment

47. Welcomes the new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in medicine;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Or. en

Amendment 779

Cindy Franssen, Dolors Montserrat, Aldo Patriciello, Deirdre Clune, Liudas Mažylis

Motion for a resolution

Paragraph 47 a (new)

Motion for a resolution

Amendment

47a. Calls upon the Commission and

the Member States to work together towards a more coordinated approach and sustainable funding of the European production capacity of medical isotopes, in order to be self-sufficient in the EU and to provide European patients with diagnosis and innovative treatments of cancer; stresses that this is particularly important in the light of the ageing European production infrastructure and given the fact that the market does not want to bear the costs and risks of major investments;

Or. en

Amendment 780
Aldo Patriciello

Motion for a resolution
Paragraph 47 b (new)

Motion for a resolution

Amendment

47b. Highlights that nuclear medicine is the only functional imaging procedure to diagnose cancer by visualizing specific tumour cell processes enabling to select the right cancer treatment and ensuring successful treatment with follow-up scans; notes that nuclear medicine therapies are available and complementary to other cancer treatments and that, contrary to many pharmaceutical or radiotherapy therapies, nuclear medicine targets tumour cells directly, thus limiting side effects to other tissues;

Or. en

Amendment 781
Aldo Patriciello

Motion for a resolution
Paragraph 47 c (new)

Motion for a resolution

Amendment

47c. Calls for the recognition of the currently undervalued importance of nuclear medicine for the diagnosis and treatment of cancer;

Or. en

Amendment 782
Marian-Jean Marinescu

Motion for a resolution
Paragraph 47 d (new)

Motion for a resolution

Amendment

47d. Asks the Commission to include in Health Technology Assessment the investigation of appropriate treatments based on the use of radionuclides for medical therapy;

Or. en

Amendment 783
Aldo Patriciello

Motion for a resolution
Paragraph 47 e (new)

Motion for a resolution

Amendment

47e. Highlights that the transportation of nuclear pharmaceuticals is extremely time-sensitive due to the short half-lives of the isotopes and, therefore, prone to disruptions as shown during the COVID-19 pandemic where airfreight almost came to a halt and borders were closed to road transport; stresses that support from the EU is needed to facilitate the crossing

of borders and exemptions for transportations on weekends and holidays which are in place in some countries; further notes that specific equipment, radiotracers, artificial intelligence and trained physicians are required to use nuclear medicine for diagnosis and treatment, which are currently not equally available in all EU Member States; stresses, therefore, that the EU should ensure that such equipment, trained personnel and radiopharmaceuticals are equally available across all European countries;

Or. en

Amendment 784
Marian-Jean Marinescu

Motion for a resolution
Paragraph 47 f (new)

Motion for a resolution

Amendment

47f. Stresses the importance for the new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA) to start from the evaluation of the Union's radionuclide production capacity and identifies solutions to avoid supply shortages caused by the closure of many of the nuclear research reactors in the near future;

Or. en

Amendment 785
Michèle Rivasi

Motion for a resolution
Paragraph 48

Motion for a resolution

48. Calls ***on the Commission to promote, and*** on Member States to ***strengthen***, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making ***in the framework of dedicated concertation meetings*** bringing together various cancer specialists;

Amendment

48. Calls on Member States to ***revise the necessary legal framework in relation to*** the role ***and responsibilities*** of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls ***on the Commission to develop guidance*** for the development of multidisciplinary decision-making ***throughout the treatment pathway***, bringing together various cancer specialists;

Or. en

Amendment 786
Pietro Fiocchi

Motion for a resolution
Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to ***strengthen***, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making ***in the framework of dedicated concertation meetings*** bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to ***review*** the role ***and responsibilities*** of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls ***on the Commission to prepare guidance*** for the development of multidisciplinary decision-making ***throughout the treatment process*** bringing together various cancer specialists;

Or. en

Amendment 787
Tudor Ciuhodaru

Motion for a resolution
Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians **and** primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role **of general** practitioners, paediatricians, primary care **and oral health** professionals **and specialist physicians**, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary **teams and** decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists; **notes that such multidisciplinary care is of particular relevance in the context of lung cancer care as the disease has a complicated nature and requires a unique level of care coordination within a limited time; considers that respiratory physicians should thus have a leading role in the lung cancer multidisciplinary teams;**

Or. en

Amendment 788

Nicolás González Casares, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians **and** primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians, primary care professionals **and specialist nurses**, given their importance in patient referral to diagnostic tests and oncology specialists, as well as

cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

during cancer treatment and follow-up care, **and to give them easy access to updated information related to cancer diagnosis**; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists **and primary care professionals; underlines the importance of constantly training health professionals, including primary care doctors, nurses and hospital pharmacists, to keep them updated on new cancer treatment options**;

Or. en

Amendment 789

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals **and specialist physicians**, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists; **notes that such multidisciplinary care is of particular relevance in the context of lung cancer care as the disease has a complicated nature and requires a unique level of care coordination within a limited time; considers that respiratory physicians should thus have a leading role in the lung cancer multidisciplinary teams**;

Amendment 790**Nathalie Colin-Oesterlé****Motion for a resolution****Paragraph 48***Motion for a resolution*

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in ***cancer prevention, early detection***, patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists; ***calls for the development of a personalized medicine approach guiding patients in tailor-made innovative and integrative oncology treatment strategies***;

Amendment 791**Pietro Fiocchi****Motion for a resolution****Paragraph 48***Motion for a resolution*

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care ***professionals***, given their importance in ***patient referral to*** diagnostic tests and ***oncology specialists***, as well as during

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care ***physicians***, given their importance in ***advising on*** diagnostic tests and ***specialist oncological examinations***, as well as during cancer

cancer **treatment** and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various **cancer** specialists;

treatments and follow-up care, **and stresses the importance of supporting patients after treatment, through multidisciplinary approaches that provide psychological support, rehabilitation and specify therapies to overcome sexual dysfunction, very common in all cancer patients**; calls for the development of a multidisciplinary decision-making **process** in the framework of dedicated concertation meetings bringing together various **oncological** specialists;

Or. en

Amendment 792
Bartosz Arłukowicz

Motion for a resolution
Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care, **and the role of psychologists and rehabilitation specialists**; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists; **calls for the role of treatment coordinator to be made more widespread in order to ensure that patients receive appropriate coordination of specialist care and advice on how to use the health system**;

Or. pl

Amendment 793

Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary ***decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;***

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary ***care teams (MDT) to manage cancer patients throughout their treatment journey; stresses that MDTs should include a specialised oncology nutritionist or dietician, given the high prevalence and impact of nutritional issues from diagnosis through to end-of-life;***

Or. en

Amendment 794

Tiemo Wölken, Piernicola Pedicini

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, ***specialist nurses***, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care, ***in order to ensure access to the right treatment and care at the right time via an optimal care pathway;*** calls for the development of multidisciplinary decision-

together various cancer specialists;

making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Or. en

Amendment 795

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians, **nurses** and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Or. en

Amendment 796

Alexis Georgoulis

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, **including oral health professionals**, given their importance in **cancer prevention, early detection**, patient **referral** to diagnostic tests and oncology

for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Or. en

Amendment 797

Ondřej Knotek, Irena Joveva

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, *as well as* during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, during cancer treatment and follow-up care, *as well as for the development of tele-medicine*; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Or. en

Amendment 798

Alessandra Moretti

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians, *specialist physicians* and

professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

primary care professionals, given their importance in **cancer prevention, early detection**, patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Or. en

Amendment 799

Deirdre Clune, Adam Jarubas, Cindy Franssen

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals **and specialist physicians**, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary **teams and** decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists

Or. en

Amendment 800

Hilde Vautmans, Irena Joveva

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in ***cancer prevention, early detection***, patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Or. en

Amendment 801

Nicolae Ștefănuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution

Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, ***dentists***, paediatricians and primary ***and specialist*** care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists

Or. en

Amendment 802

João Pimenta Lopes, Giorgos Georgiou, Alexis Georgoulis

Motion for a resolution
Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of **family doctors**, general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Or. pt

Amendment 803
Antoni Comín i Oliveres

Motion for a resolution
Paragraph 48

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians and primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated **cross-discipline conferences and** concertation meetings bringing together various cancer specialists;

Or. en

Amendment 804
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 48 a (new)

Motion for a resolution

Amendment

48a. Notes that multidisciplinary care is of particular relevance in the context of lung cancer care as the disease has a complicated nature and requires a unique level of care coordination within a limited time; considers that respiratory physicians should thus have a leading role in the lung cancer multidisciplinary teams;

Or. en

Amendment 805
Pietro Fiocchi

Motion for a resolution
Paragraph 49

Motion for a resolution

Amendment

49. Considers that the **EU regulatory framework for the recognition of professional qualifications** should be **broadened** to allow for the **standardisation** of cancer nursing education;

49. Considers that the **scope of Directive 2005/36/EC^{1a}** should be **revised** to allow for the **mutual recognition** of cancer nursing education;

^{1a} Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22)

Or. en

Amendment 806
Michèle Rivasi

Motion for a resolution
Paragraph 49

Motion for a resolution

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the **standardisation** of cancer nursing education;

Amendment

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the **mutual recognition** of cancer nursing education;

Or. en

Amendment 807
Maria Arena

Motion for a resolution
Paragraph 49

Motion for a resolution

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the **standardisation** of cancer nursing education;

Amendment

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the **mutual recognition** of cancer nursing education;

Or. en

Amendment 808
Joëlle Mélin

Motion for a resolution
Paragraph 49

Motion for a resolution

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be **broadened to allow for the standardisation of cancer nursing education**;

Amendment

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be **revised to ensure consistency among countries**;

Or. fr

Amendment 809
Bartosz Arłukowicz

Motion for a resolution
Paragraph 49

Motion for a resolution

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the standardisation of cancer nursing education;

Amendment

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the standardisation of cancer nursing education ***and education for other medical staff supporting the treatment process;***

Or. pl

Amendment 810
Tudor Ciuhodaru

Motion for a resolution
Paragraph 49

Motion for a resolution

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the standardisation of cancer nursing ***education;***

Amendment

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the standardisation of ***educational programmes on*** cancer nursing ***and of such nursing itself;***

Or. ro

Amendment 811
Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution
Paragraph 49

Motion for a resolution

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the standardisation of cancer nursing education;

Amendment

49. Considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the standardisation of cancer nursing education ***and palliative care education***;

Or. en

Amendment 812
Alexis Georgoulis

Motion for a resolution
Paragraph 50

Motion for a resolution

50. Calls on the Member States to take preventive measures against the risk of burnout among cancer care professionals;

Amendment

50. Calls on the Member States to take preventive measures against the risk of burnout among cancer care professionals; ***Urges that DG EMPL and EU-OSHA provide attention to this concern, and be considered important implementation partners of Europe's Beating Cancer Plan in this respect***;

Or. en

Amendment 813
Giorgos Georgiou, Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution
Paragraph 50

Motion for a resolution

50. Calls on the Member States to ***take*** preventive measures against the risk of burnout among cancer care professionals;

Amendment

50. Calls on the Member States to ***develop, within their national cancer control plans, strategies that encompass and implement*** preventive measures against the risk of burnout among cancer care professionals;

Amendment 814
Michèle Rivasi

Motion for a resolution
Paragraph 50

Motion for a resolution

50. Calls on the Member States to **take** preventive measures against the risk of burnout among cancer care professionals;

Amendment

50. Calls on the Member States to **develop, within their national cancer control plans, strategies that encompass** preventive measures against the risk of burnout among cancer care professionals;

Or. en

Amendment 815
Pietro Fiocchi

Motion for a resolution
Paragraph 50

Motion for a resolution

50. Calls on the Member States to **take** preventive measures against the risk of burnout among cancer care professionals;

Amendment

50. Calls on the Member States to **incorporate and promote** preventive measures against the risk of burnout among cancer care professionals **within their national cancer control plans**;

Or. en

Amendment 816
João Pimenta Lopes, Giorgos Georgiou, Alexis Georgoulis

Motion for a resolution
Paragraph 50 a (new)

Motion for a resolution

Amendment

50a. Takes the view that, to that end,

the Member States should consider both stepping up their capacity to train health professionals and, at the same time, promoting wage increases for health professionals in public health services, thus countering the haemorrhaging of highly qualified staff to the private sector and the emigration of health professionals to more developed countries with stronger economies;

Or. pt

Amendment 817

Kateřina Konečn, Alexis Georgoulis, Joo Pimenta Lopes, Giorgos Georgiou

Motion for a resolution

Paragraph 50 b (new)

Motion for a resolution

Amendment

50b. *Calls for including a rare adult cancer component, as well as a component on paediatric cancers, in all national cancer plans, including links with the European Reference Networks, to ensure that all rare adult cancer patients and paediatric cancer patients receive the same high-quality care as other patients;*

Or. en

Amendment 818

Alin Mituța, Nicolae Ștefanuța, Hilde Vautmans, Vlad Gheorghe

Motion for a resolution

Paragraph 50 c (new)

Motion for a resolution

Amendment

50c. *Encourages Member States to define and implement medical standards regarding rapid diagnosis for patients suspected to have cancer, starting with the*

top prevailing types such as breast, lung, colorectal, prostate and cervical, and to ensure swift access to secondary and tertiary care;

Or. en

Amendment 819

Hilde Vautmans, Irena Joveva

Motion for a resolution

Paragraph 51

Motion for a resolution

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; ***stresses, in particular, that ambulatory treatments for children in adequate, equipped and child-friendly spaces should be stimulated***; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care; ***urges the deployment of Horizon Europe research funding to support the use of telemedicine, and to assist the establishment of evidence-based guidelines; calls for actions to ensure equal access to telemedicine services across the Member States and for EU4Health and Digital Europe funding support to increase digital literacy for patients and healthcare professionals***;

Or. en

Amendment 820

Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution

Paragraph 51

Motion for a resolution

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care; ***urges the deployment of Horizon Europe research funding to support the use of telemedicine, and to assist the establishment of evidence-based guidelines; calls for actions to ensure equal access to telemedicine services across the Member States and for EU4Health and Digital Europe funding support to increase digital literacy for patients and healthcare professionals;***

Or. en

Amendment 821
Alexis Georgoulis

Motion for a resolution
Paragraph 51

Motion for a resolution

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care; ***urges the deployment of Horizon Europe research funding to support the use of telemedicine, and to assist the establishment of evidence-based guidelines; calls for actions to ensure equal access to telemedicine services across the Member States and for EU4Health and Digital Europe funding support to increase digital***

literacy for patients and healthcare professionals;

Or. en

Amendment 822

Nicolás González Casares, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 51

Motion for a resolution

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; ***stresses that the role of pharmacists, as professionals specialized in medicines, should be strengthened and that pharmacies could be used to dispense cancer treatments, where possible and safe, such as during the COVID-19 pandemic***; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care; ***considers the need to stimulate ambulatory treatments for children provided that the relevant spaces/environments and medical devices available are designed in such a way as to cater for the needs of paediatric patients***;

Or. en

Amendment 823

Kateřina Konečná, Alexis Georgoulis

Motion for a resolution

Paragraph 51

Motion for a resolution

51. Encourages, where possible and

Amendment

51. Encourages, where possible and

safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care *outside hospital*;

Or. en

Amendment 824
Giorgos Georgiou, Alexis Georgoulis

Motion for a resolution
Paragraph 51

Motion for a resolution

51. Encourages, where *possible* and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where *feasible* and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care *outside hospital and in the community*;

Or. en

Amendment 825
Pietro Fiocchi

Motion for a resolution
Paragraph 51

Motion for a resolution

51. Encourages, where *possible* and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where *it is practicable* and safe *to do so*, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of *out-of-hospital*

cancer care;

Or. en

Amendment 826

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution

Paragraph 51

Motion for a resolution

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies **and** telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients **and their families**; calls on Member States to implement or improve e-health technologies, telemedicine **and telecare** services to ensure the continuity of cancer care;

Or. en

Amendment 827

Michèle Rivasi

Motion for a resolution

Paragraph 51

Motion for a resolution

51. Encourages, where **possible** and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where **feasible** and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of **inpatient and outpatient** cancer care;

Or. en

Amendment 828
Bartosz Arłukowicz

Motion for a resolution
Paragraph 51

Motion for a resolution

51. Encourages, where possible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Amendment

51. Encourages, where possible and safe, the use of ambulatory **one-day** cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Or. pl

Amendment 829
Nicolás González Casares, Maria Arena, Romana Jerković, Cyrus Engerer, Sara Cerdas, Patrizia Toia, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 51 a (new)

Motion for a resolution

Amendment

51a. Points out that failure to monitor and assess the nutritional status of cancer patients leads to muscle and weight loss, reduced effectiveness of treatments and general worse health status of patients; calls on Member States to make early access to nutritional care a mandatory and fully integrated component of high-quality care throughout the implementation of the European Beating Cancer Action Plan, as well as to include an oncology dietitian as part of the multidisciplinary team treating the patient; deplores that nutritious food options are not always available for hospitalized patients;

Or. en

Amendment 830
Ondřej Knotek, Irena Joveva

Motion for a resolution
Paragraph 51 b (new)

Motion for a resolution

Amendment

51b. Stresses the importance of developing a holistic, integrative and patient-centric approach and encourages the complementary use of integrative medicines such as homeopathy, physiotherapy and acupuncture in order to help patients with the parallel effects of their treatments;

Or. en

Amendment 831
Giorgos Georgiou, Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution
Paragraph 52

Motion for a resolution

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients **at the end of their lives** in order to ease their pain and discomfort while preserving their dignity; **supports more intensive exchanges** and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

52. Calls on the Member States to provide, **within their national cancer control plans**, optimal relief for advanced-stage cancer patients in order to ease their pain and discomfort **at the end of their lives-** while preserving their dignity **and taking into account the autonomy of the patient and his or hers needs; calls on the Commission to support and coordinate regular exchange of information** and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Or. en

Amendment 832

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution

Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide ***optimal relief for advanced-stage*** cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to ***assess*** the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide ***integral and multidisciplinary palliative care for*** cancer patients at the end of their lives in order to ease their pain and discomfort, ***promoting comfort care and ensuring the nurse or carers presence*** while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative ***home*** care at EU level; encourages Member States to ***maximise*** the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Or. en

Amendment 833

Peter Liese

on behalf of the EPP Group

Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arlukowicz

Motion for a resolution

Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity ***and taking into account the advance care planning and the autonomy of the patient***; supports

hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; ***calls for the development of child-specific palliative care, especially in Member States where those cares are not yet widely provided***; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources; ***supports the deeper cooperation between the healthcare system and the social assistance system in all Member States***;

Or. en

Amendment 834
Bartosz Arlukowicz

Motion for a resolution
Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units, ***both inpatient and outpatient***, in each region ***in order to appropriately adjust their number to the needs of patients, as well as to minimise waiting times*** and to ensure sustainable funding and sufficient and well-trained human resources; ***supports and encourages deeper cooperation between the health and social welfare systems in all Member States***;

Or. pl

Amendment 835

Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution

Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide optimal, ***complete and multidisciplinary*** relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care (***also at home***) at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources; ***emphasizes the need for reference networks for palliative care and their integration with cancer pathways at all levels, specialist hospital, primary care, hospice and territory-hospital integration;***

Or. en

Amendment 836

Hilde Vautmans, Irena Joveva

Motion for a resolution

Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on

hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources; ***urges that patients' access to pain management, supportive and palliative care (including psycho-oncology services) across Europe be measured and reported via the Cancer Inequalities Registry;***

Or. en

Amendment 837
Alexis Georgoulis

Motion for a resolution
Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources; ***urges that patients' access to pain management, supportive and palliative care (including psycho-oncology services) across Europe be measured and reported via the Cancer Inequalities Registry;***

Or. en

Amendment 838
Michèle Rivasi

Motion for a resolution
Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide, ***within their national cancer control plans***, optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity ***and taking into account the autonomy of the patient***; ***calls on the Commission to coordinate regular exchanges of information and*** supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Or. en

Amendment 839
Nicolae Ștefănuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution
Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources; ***stresses the importance of***

resources;

standardized surgical oncology treatments to improve long term quality of life of cancer survivors;

Or. en

Amendment 840
Pietro Fiocchi

Motion for a resolution
Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients *at the end of their lives* in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide, *within their national cancer plans*, optimal relief for advanced-stage cancer patients in order to ease their pain and discomfort *during end-of-life care*, while preserving their dignity *and maximising their autonomy*; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Or. en

Amendment 841

Dolors Montserrat, Aldo Patriciello, Juan Ignacio Zoido Álvarez, Herbert Dorfmann, Rosa Estaràs Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfil, Gabriel Mato, Esteban González Pons, Lídia Pereira, Pilar del Castillo Vera, Cindy Franssen, Antonio López-Istúriz White, Adrián Vázquez Lázara, Pablo Arias Echeverría, Javier Zarzalejos, Ewa Kopacz, Isabel Benjumea Benjumea

Motion for a resolution
Paragraph 52

Motion for a resolution

52. Calls on the Member States to

Amendment

52. Calls on the Member States to

provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

provide optimal, ***integrated and multidisciplinary*** relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and ***home*** palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Or. en

Amendment 842

João Pimenta Lopes, Giorgos Georgiou, Alexis Georgoulis

Motion for a resolution

Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources, ***and to create a network of public facilities that provides this response;***

Or. pt

Amendment 843

Ondřej Knotek, Irena Joveva

Motion for a resolution
Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region **and** to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care at EU level; encourages Member States to assess the number of palliative units in each region to ensure **access for patients in need, its** sustainable funding and sufficient and well-trained human resources;

Or. en

Amendment 844
Joëlle Mélin

Motion for a resolution
Paragraph 52

Motion for a resolution

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care **at EU level**; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Amendment

52. Calls on the Member States to provide optimal relief for advanced-stage cancer patients at the end of their lives in order to ease their pain and discomfort while preserving their dignity; supports more intensive exchanges and the implementation of best practices on hospice and palliative care **among Member States**; encourages Member States to assess the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

Or. fr

Amendment 845
Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution
Paragraph 52 a (new)

Motion for a resolution

Amendment

52a. Encourages Member States to implement primary, secondary and tertiary level specialized palliative care teams in their national health systems as an essential service in order to achieve the best quality of cancer care for patients and improve supportive palliative care units;

Or. en

Amendment 846
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 52 b (new)

Motion for a resolution

Amendment

52b. Calls on the Member States to establish pain as an indicator in the assessment of healthcare systems' quality;

Or. en

Amendment 847
Joëlle Mélin

Motion for a resolution
Paragraph 53

Motion for a resolution

Amendment

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria ***(including adequate organisations, infrastructures and***

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria to be applied to public and private hospitals treating cancer

competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

Or. fr

Amendment 848
Tudor Ciuhodaru

Motion for a resolution
Paragraph 53

Motion for a resolution

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

Amendment

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU; ***stresses the importance of standardized surgical oncology treatments to improve long term quality of life of cancer survivors;***

Or. en

Amendment 849
Søren Gade

Motion for a resolution
Paragraph 53

Motion for a resolution

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure *the* efficient, safe and *equal* management of cancers all over the EU;

Amendment

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure efficient, safe and *top quality* management of cancers all over the EU; *insists that these criteria adhere to the highest available standards of evidence-based science that have been published in peer-reviewed scientific journals;*

Or. en

Amendment 850

Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution

Paragraph 53

Motion for a resolution

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education *and* participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

Amendment

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education, participation in clinical research, *pain management and palliative care services*) for accreditation standards to be applied to public and private hospitals treating cancer patients, *as well as in primary care centres that provide home follow-up to these patients and their families*, in order to ensure the efficient, safe and equal management of cancers all

over the EU;

Or. en

Amendment 851

Giorgos Georgiou, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution

Paragraph 53

Motion for a resolution

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

Amendment

53. Encourages the Commission and the Member States to adopt ***within the National Comprehensive Cancer Centers, national cancer strategies and policies*** specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

Or. en

Amendment 852

Michèle Rivasi

Motion for a resolution

Paragraph 53

Motion for a resolution

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in

Amendment

53. Encourages the Commission and the Member States to adopt, ***within the National Comprehensive Cancer Centres,*** specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing

clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

Or. en

Amendment 853
Bartosz Arlukowicz

Motion for a resolution
Paragraph 53

Motion for a resolution

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

Amendment

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research, **and joint clinical guidelines**) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

Or. pl