European Parliament
2019-2024

Special Committee on Beating Cancer

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 Ropè

Motion for a resolution
Paragraph 27

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

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;
Motion for a resolution
Paragraph 27

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

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;

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; notes the importance of increasing 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

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 27a (new)

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;

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
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 547
Pietro Fiocchi
Motion for a resolution
Paragraph 28

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 548
Michèle Rivasi
Motion for a resolution
Paragraph 28

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;
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;

Amendment 552
Antoni Comín i Oliveres

Motion for a resolution
Paragraph 28

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;

Amendment 553
Giorgos Georgiou, Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution
Paragraph 28 a (new)

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;

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;
Amendment 554
Aldo Patriciello

Motion for a resolution
Paragraph 29

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;

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

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;

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;
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 556
Pietro Fiocchi

Motion for a resolution
Paragraph 29

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; therefore, believes 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 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
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;

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

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

Amendment 561
Andrey Slabakov, Angel Dzhambazki, Pietro Fiocchi

Motion for a resolution
Paragraph 29

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;

Amendment 562
Michèle Rivasi

Motion for a resolution
Paragraph 29

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;

**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;

**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 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;

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;

Amendment 565
Ondřej Knotek, Irena Joveva, Alin Mituța

Motion for a resolution
Paragraph 29

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;

Amendment 566
Tudor Ciuhodaru

Motion for a resolution
Paragraph 29

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;

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;

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;

Amendment 568
Kateřina Konečná, Alexis Georgoulis, João 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;

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;

Amendment 570
Dolors Montserrat, Aldo Patriciello, Juan Ignacio Zoido Álvarez, Herbert Dorfmann, Rosa Estarás Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfil, Gabriel Mato, Esteban González Pons, Lidia 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
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 571
Nicolae Ţăfănuţă, Alin Mituţa, 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;

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 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), civil society and patient associations, especially through the Conference on the Future of Europe;
Conference on the Future of Europe; associations, especially through the Conference on the Future of Europe;

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

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;

Amendment 576
Andrey Slabakov, Angel Dzhambazki, Pietro Fiocchi

Motion for a resolution
Paragraph 30

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;
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 Spyraki

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 Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 31
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

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

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

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 Mituţa, Nicolae Ștefănuţă, Hilde Vautmans, Vlad Gheorghe
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;
Motion for a resolution
Paragraph 32

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 Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 32

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 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

PE697.580v01-00 32/179 AM\1239351EN.docx
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 Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, 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 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

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 Ropė

Motion for a resolution
Paragraph 33 a (new)

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. lt

Amendment 603
Giorgos Georgiou, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution
Paragraph 34
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

Amendment 604
Loucas Fourlas

Motion for a resolution
Paragraph 34

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

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;

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; 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; urges the Commission to take measures for monitoring and regular reporting via
the Cancer Inequalities Registry towards the achievement of this goal;

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;
Amendment 610
Ivars Ijabs, Alin Mituţa, Irena Joveva, Hilde Vautmans, Nicolae Ştefănuţă

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;

Or. en

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;

Or. en
Amendment 612
Peter Liese
on behalf of the EPP Group
Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Maria Špyraki, 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 Spyrali

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

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;

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)
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;

Amendment 617
Marian-Jean Marinescu

Motion for a resolution
Paragraph 34 c (new)

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;

Amendment 618
Marian-Jean Marinescu

Motion for a resolution
Paragraph 34 d (new)

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;

---

**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;

---

**Amendment 620**
Kateřina Konečná, Alexis Georgoulis, João 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;

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;**

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
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 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, 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 626
Bronis Ropé

Motion for a resolution
Paragraph 35 a (new)
Amendment 627
Joëlle Mélin

Motion for a resolution
Paragraph 35 b (new)

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 Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 35 c (new)

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
Nicolaș 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; 

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

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

Amendment 637
Peter Liese
on behalf of the EPP Group
Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

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; 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; stresses the importance of screening for and collecting data on common cancer comorbidities in order to better anticipate them;
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

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

Amendment

Or. en

Amendment 641
Peter Liese
on behalf of the EPP Group
Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 37 d (new)

Motion for a resolution

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

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^\text{24}\) 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;

---

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 screening\(^24\) 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;

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 screening\(^24\) 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;


Amendment 644
Pietro Fiocchi

Motion for a resolution
Paragraph 38

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^{24}\) 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;

---


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 screening\(^{24}\) to take into 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;

---


Or. en
Motion for a resolution
Paragraph 38

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^\text{24}\) 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;


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 screening\(^\text{24}\) 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;


Or. en

Amendment 646
Tudor Ciuhodaru

Motion for a resolution
Paragraph 38
38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening 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;


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 screening 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;


Or. en
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;


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 screening\(^ {24} \) 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;

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 screening\(^ {24} \) 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;


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


Or. en

Amendment 649
Kateřina Konečná, Alexis Georgoulis

Motion for a resolution
Paragraph 38

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^{24}\) 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;


Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^{24}\) 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;


Or. en
Amendment 650
Nicolae Ştefănuţă, Alin Mituţa, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution
Paragraph 38

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\textsuperscript{24} 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;


Or. en

Amendment 651
Bronis Ropė

Motion for a resolution
Paragraph 38

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\textsuperscript{24} 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;

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening 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; 


Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening 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;


Or. It
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; 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;

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 screening 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 screening 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
Motion for a resolution
Paragraph 38

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening 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;


Amendment

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening 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;

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;

__________________

Or. en

Amendment 656
Pietro Fiocchi

Motion for a resolution
Paragraph 38

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;

__________________


Or. en
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;


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 screening\(^24\) 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;


Or. en

Amendment 658
Antoni Comín i Oliveres

Motion for a resolution
Paragraph 38

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^24\) 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;


Or. en

Amendment 659
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 Arlukowicz

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^24\) 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 \textit{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;


Or. en
38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^{24}\) 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;


Amendment 660
Andrey Slabakov, Angel Dzhambazki, Pietro Fiocchi

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^{24}\) to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, genomic 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;


Or. en
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;


Amendment 661
Jens Gieseke, Peter Liese

Motion for a resolution
Paragraph 38

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening\(^24\) 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;

Amendment 662
Deirdre Clune, Adam Jarubas, Cindy Franssen, Marian-Jean Marinescu

Motion for a resolution
Paragraph 38 a (new)

<table>
<thead>
<tr>
<th>Motion for a resolution</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>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;</td>
<td></td>
</tr>
<tr>
<td>For lung cancer:</td>
<td></td>
</tr>
<tr>
<td>- By 2024, the Commission should develop and publish new guidelines on lung cancer screening for high-risk groups;</td>
<td></td>
</tr>
<tr>
<td>- By 2026, at least five Member States should incorporate these guidelines into their national cancer plans;</td>
<td></td>
</tr>
<tr>
<td>- By 2027, all EU Member States should put in place a strategy for the early detection of lung cancer for high-risk population;</td>
<td></td>
</tr>
<tr>
<td>For prostate cancer:</td>
<td></td>
</tr>
<tr>
<td>- By 2024, the Commission should develop and publish new guidelines on risk-stratified screening of prostate cancer;</td>
<td></td>
</tr>
<tr>
<td>- 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;</td>
<td></td>
</tr>
<tr>
<td>- 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;</td>
<td></td>
</tr>
</tbody>
</table>
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.

Amendment 664
Pietro Fiocchi

Motion for a resolution Paragraph 38 a (new)

Motion for a resolution

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;

Amendment 665
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 38 b (new)

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, based on the model of the European Network for Health Technology Assessment (EUnetHTA); and the Heads of Medicines Agencies (HMA);
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

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

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;*

**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;*

**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;

Amendment 674
Tomislav Sokol, Sunčana Glavak, Cindy Franssen

Motion for a resolution
Paragraph 40

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;

Amendment 675
Deirdre Clune, Adam Jarubas, Cindy Franssen

Motion for a resolution
Paragraph 40

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;

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;

Amendment 677
Dolors Montserrat, Aldo Patriciello, Juan Ignacio Zoido Álvarez, Herbert Dorfmann, Rosa Estaràs Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfíl, 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; calls on Member States to implement awareness-raising actions in order to improve participation in screening;

Amendment 678
Nicolae Ştefănuta, Alin Mituţa, 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;

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;

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;

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;

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;

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

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

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 Estarás Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfil, Gabriel Mato, Esteban González Pons, Lidia 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

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

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

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;

Amendment 691
Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution
Paragraph 41

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.

Amendment 692
Loucas Fourlas

Motion for a resolution
Paragraph 41

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;

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

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;

Amendment

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;

Amendment 697
Nicolás González Casares, Alessandra Moretti, Maria Arena, Romana Jerković, Sara Cerdas, Patrizia Toia, Tudor Ciuходaru, Marc Angel, Estrella Durá Ferrandis

Motion for a resolution
Paragraph 41 b (new)

Motion for a resolution

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;

Amendment 698
Alin Mituţa, Nicolae Ştefănuţă, Hilde Vautmans, Vlad Gheorghe

Motion for a resolution
Paragraph 41 c (new)
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)

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)

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
Amendment 703
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 41 e (new)

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)

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, Lidia 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;

Amendment 708
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 41 i (new)

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;

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)

Amendment

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

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)
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 41k (new)

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 41k (new)
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;

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;

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;
Amendment 719
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 41 n (new)

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;

Amendment 720
Adam Jarubas, Ewa Kopacz

Motion for a resolution
Paragraph 41 o (new)

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;

Amendment 721
Joëlle Mélin

Motion for a resolution
Paragraph 42

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 Directive** 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 722
Peter Liese
on behalf of the EPP Group
Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 42

<table>
<thead>
<tr>
<th>Motion for a resolution</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that</td>
<td>42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that</td>
</tr>
</tbody>
</table>
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 Directive\(^25\) 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; **calls for a radical reform of** the Cross-border Healthcare Directive\(^25\) 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 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 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 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 Directive 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 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;
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 724
Deirdre Clune, Adam Jarubas

**Motion for a resolution**

Paragraph 42

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 Directive 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;

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;


Amendment 725
Alexis Georgoulis, Giorgos Georgiou

Motion for a resolution
Paragraph 42

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 Directive\textsuperscript{25} 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 726
Ivars Ijabs, Alin Mituţa, Irena Joveva, Hilde Vautmans, Nicolae Ştefănuţă

Motion for a resolution
Paragraph 42

\textit{Motion for a resolution}

42. Deplores the fact that EU patients

\textit{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 Directive\textsuperscript{25} 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;


\textbf{Amendment 727}
Hilde Vautmans, Irena Joveva


Or. en
Motion for a resolution

Paragraph 42

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 Directive\(^{25}\) 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;

Amendment 728
Michèle Rivasi

Motion for a resolution
Paragraph 42

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 Directive\(^\text{25}\) 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;


---

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 Directive\(^\text{25}\) 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;

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

Amendment 729
Pietro Fiocchi

Motion for a resolution
Paragraph 42

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 Directive\textsuperscript{25} 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 Directive\textsuperscript{25} 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,\textit{better interoperability, as well as improved data quality and cybersecurity} for cancer patients at regional, national and European level;
Amendment 730
Margarita de la Pisa Carrión

Motion for a resolution
Paragraph 42

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 Directive\(^2\) 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 level;


Or. en
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;


Amendment 731
Ondřej Knotek, Irena Joveva

Motion for a resolution
Paragraph 42

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 Directive 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

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 Directive 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;


Amendment 732
Bartosz Arłukowicz

Motion for a resolution
Paragraph 42 a (new)

Motion for a resolution

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. lt

Amendment 735
Alexis Georgoulis
Motion for a resolution
Paragraph 42 d (new)

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)

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

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, while ensuring that it is facilitative and not obstructive to the mutual recognition of qualifications for oncology related specialties;

Or. en

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

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

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

Or. en
Amendment 740
Tudor Ciuhodaru

Motion for a resolution
Paragraph 43

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 Spyraki, Dolores Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 43

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.¹


Or. en
Amendment 742
Bronis Ropė

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. lt

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

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

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 Mituţa

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, 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

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

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 Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune,
Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 44

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

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

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

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)

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 Ropė

Motion for a resolution
Paragraph 44 b (new)

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. lt

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 Spyraki, 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;

Amendment 759
Peter Liese, Tomislav Sokol, Nathalie Colin-Oesterlé, Liudas Mažylis, Marian-Jean Marinescu, Maria Spyraiki, Dolores Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 45 a (new)

Motion for a resolution

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;

Amendment

Or. en

Amendment 760
Bartosz Arłukowicz

Motion for a resolution
Paragraph 45 b (new)

Motion for a resolution

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;

Amendment

Or. pl

Amendment 761
Tudor Ciuhodaru
Motion for a resolution
Paragraph 46

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 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 research

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
Motion for a resolution
Paragraph 46

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, 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;

Motion for a resolution
Paragraph 46

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, increased funding to expand radiation therapy infrastructure, and the greater investment of EU and national research and innovation funds in radiation therapy research;
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 Ropē

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 46c (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 46d (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
Motion for a resolution
Paragraph 47

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).
47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)\(^2\) 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;

---

\(^2\) Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

---

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)\(^2\) 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.

---

\(^2\) Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

---

Or. en
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).

---

Amendment 774

Peter Liese
on behalf of the EPP Group

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

Motion for a resolution

Paragraph 47

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 on the Commission to stimulate the implementation of existing technologies, notably reactors and particles.
26 Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Amendment 775
Aldo Patriciello

Motion for a resolution
Paragraph 47

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)\textsuperscript{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;

\textit{Amendment}

47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)\textsuperscript{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; \textit{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 lifespan and therefore Calls on the Commission to stimulate the implementation of existing technologies, notably reactors and particles accelerators, through existing financial instruments;}

\textsuperscript{26} Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).
Amendment 776
Nicolae Ştefănuţă, Alin Mituţa, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution
Paragraph 47

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 777
Marian-Jean Marinescu

Motion for a resolution
Paragraph 47

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
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) 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 new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA) 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).

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

47a. Calls upon the Commission and

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;

Amendment 780
Aldo Patriciello

Motion for a resolution
Paragraph 47 b (new)

Motion for a resolution

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;

Amendment 781
Aldo Patriciello
Motion for a resolution  
Paragraph 47c (new)

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 47d (new)

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 47e (new)

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;
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 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 787
Tudor Ciuhodaru

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
Motion for a resolution

Paragraph 48

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; 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

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

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; 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

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

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;

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 treatment and follow-up care;
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;

Amendment 792
Bartosz Arłukowicz

Motion for a resolution
Paragraph 48

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; calls for 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;
Amendment 793
Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution
Paragraph 48

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;

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

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; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing

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;

Amendment 795
Margarita de la Pisa Carrión, Pietro Fiocchi

Motion for a resolution
Paragraph 48

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;

Amendment 796
Alexis Georgoulis

Motion for a resolution
Paragraph 48

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;

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;

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

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; 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;

Amendment 801
Nicolae Ştefănuță, 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

Amendment 802
João Pimenta Lopes, Giorgos Georgiou, Alexis Georgoulis
Motion for a resolution
Paragraph 48

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

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\(^1\) should be revised to allow for the mutual recognition of cancer nursing education;


Or. en

---

Amendment 806
Michèle Rivasi
Motion for a resolution
Paragraph 49

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

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

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
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 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
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 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;

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;

Amendment 816
João Pimenta Lopes, Giorgos Georgiou, Alexis Georgoulis

Motion for a resolution
Paragraph 50 a (new)

Motion for a resolution
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;

Amendment 817
Kateřina Konečná, Alexis Georgoulis, João Pimenta Lopes, Giorgos Georgiou

Motion for a resolution
Paragraph 50 b (new)

Motion for a resolution

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;

Amendment 818
Alin Mituța, Nicolae Ștefănuță, Hilde Vautmans, Vlad Gheorghe

Motion for a resolution
Paragraph 50 c (new)

Motion for a resolution

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;

Amendment 819
Hilde Vautmans, Irena Joveva

Motion for a resolution
Paragraph 51

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;

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;
Motion for a resolution
Paragraph 51

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**;
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;
cancer care;

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

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)

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;

Amendment

Or. en
Amendment 830
Ondřej Knotek, Irena Joveva

Motion for a resolution
Paragraph 51 b (new)

Motion for a resolution

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

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 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

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 Spyraki, Dolors Montserrat, Cindy Franssen, Adam Jarubas, Deirdre Clune, Sunčana Glavak, Bartosz Arłukowicz

Motion for a resolution
Paragraph 52

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 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;

Amendment 834
Bartosz Arłukowicz

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;
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; urges patients' access to pain management, supportive and palliative care (including psycho-oncology services) across Europe be measured and reported via the Cancer Inequalities Registry;
Motion for a resolution
Paragraph 52

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 Ștefanuță, Alin Mituța, Ivars Ijabs, Vlad Gheorghe

Motion for a resolution
Paragraph 52

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; stresses the importance of
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;

Amendment 841
Dolors Montserrat, Aldo Patriciello, Juan Ignacio Zoido Álvarez, Herbert Dorfmann, Rosa Estaràs Ferragut, Francisco José Millán Mon, José Manuel García-Margallo y Marfíl, 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, 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 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 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;

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 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;

Amendment 848
Tudor Ciuhodaru

Motion for a resolution
Paragraph 53

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 849
Søren Gade

Motion for a resolution
Paragraph 53

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;
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.
Amendment 851
Giorgos Georgiou, Alexis Georgoulis, João Pimenta Lopes

Motion for a resolution
Paragraph 53

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;

Amendment 852
Michèle Rivasi

Motion for a resolution
Paragraph 53

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 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 Arłukowicz

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