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# **DRAFT REPORT**

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

Special Committee on Beating Cancer

Rapporteur: Véronique Trillet-Lenoir

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## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

### **on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy (2020/2267(INI))**

*The European Parliament,*

- having regard to its decision of 18 June 2020 on setting up a special committee on beating cancer, and defining its responsibilities, numerical strength and term of office<sup>1</sup>,
- having regard to the working document of its Special Committee on Beating Cancer of 27 October 2020 entitled ‘Inputs of the Special Committee on Beating Cancer (BECA) to influence the future Europe’s Beating Cancer Plan’<sup>2</sup>,
- having regard to the Commission communication of 3 February 2021 on Europe’s Beating Cancer Plan (COM(2021)0044),
- having regard to the Commission communication of 11 December 2019 on the European Green Deal (COM(2019)0640),
- having regard to its resolution of 15 January 2020 on the European Green Deal<sup>3</sup>,
- having regard to the EU’s Framework Programme for Research and Innovation 2021-2027 (Horizon Europe)<sup>4</sup> and the dedicated Horizon Europe Mission on Cancer<sup>5</sup>,
- having regard to the Commission communication of 20 May 2020 entitled ‘A Farm to Fork Strategy for a fair, healthy and environmentally friendly food system’ (COM(2020)0381),
- having regard to the Commission communication of 25 November 2020 on the Pharmaceutical Strategy for Europe (COM(2020)0761),
- having regard to the Commission communication of 14 October 2020 entitled ‘Chemicals Strategy for Sustainability – Towards a Toxic-Free Environment’ (COM(2020)0667),
- having regard to its resolution of 10 July 2020 on the Chemicals Strategy for Sustainability<sup>6</sup>,
- having regard to its resolution of 10 July 2020 on the EU’s public health strategy post-

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<sup>1</sup> Texts adopted, P9\_TA(2020)0160.

<sup>2</sup> Working document of 27 October 2020.

<sup>3</sup> Texts adopted, P9\_TA(2020)0005.

<sup>4</sup> Regulation (EU) 2021/695 of 28 April 2021 establishing Horizon Europe – the Framework Programme for Research and Innovation, laying down its rules for participation and dissemination, OJ L 170, 12.5.2021, p. 1.

<sup>5</sup> Interim report of the Mission Board for Cancer entitled ‘Conquering cancer: Mission possible’.

<sup>6</sup> Texts adopted, P9\_TA(2020)0201.

COVID-19<sup>7</sup>,

- having regard to the public consultation synopsis report of its Special Committee on Beating Cancer of 19 April 2021 entitled ‘The impact of the COVID-19 pandemic on cancer prevention, health services, cancer patients and research: lessons from a public health crisis’,
  - having regard to the Commission communication of 11 November 2020 entitled ‘Building a European Health Union – preparedness and resilience’ (COM(2020)0724), and to the related Commission proposals for regulations of the European Parliament and of the Council of 11 November 2020 on serious cross-border threats to health (COM(2020)0727), on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices (COM(2020)0725), and amending Regulation (EC) No 851/2004 establishing a European Centre for disease prevention and control (COM(2020)0726),
  - having regard to Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union’s action in the field of health (‘EU4Health Programme’) for the period 2021-2027<sup>8</sup>,
  - having regard to Regulation (EU) 2021/694 of the European Parliament and of the Council of 29 April 2021 establishing the Digital Europe Programme<sup>9</sup>,
  - having regard to the UN Sustainable Development Goals (SDGs), in particular SDG 3 on good health and well-being,
  - having regard to the fourth edition of the European Code Against Cancer,
  - having regard to the activity and conclusions of the all-party interest group MEPs Against Cancer (MAC),
  - having regard to Rule 54 of its Rules of Procedure,
  - having regard to the report of Special the Committee on Beating Cancer (A9-0000/2021),
- A. whereas Europe’s Beating Cancer Plan should effectively respond to the call for progress by the families and doctors of the 1.3 million people who die from cancer each year in Europe, including 6 000 children, the crucial needs of patients who are currently in need of efficient and innovative treatments, the rightful expectations of more than 12 million cancer survivors facing the difficult return back to a ‘normal life’, the clear will of future generations to be protected against health threats, and the concern of governments facing a growing economic burden from cancer and its related treatments;
- B. whereas Europe represents less than 10 % of the world’s population, but accounts for a quarter of all cancer cases, and whereas cancer is the second leading cause of death in Europe after cardiovascular diseases; whereas although there has been a slight decrease

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<sup>7</sup> Texts adopted, P9\_TA(2020)0205.

<sup>8</sup> OJ L 107, 26.3.2021, p. 1.

<sup>9</sup> OJ L 166, 11.5.2021, p. 1.

in mortality rates thanks to screening campaigns and therapeutic innovation, the number of cases diagnosed is nevertheless increasing, notably due to longer life expectancies, which results in ageing populations; whereas almost three quarters of all cancer diagnoses in the EU occur in people aged 60 or above;

- C. whereas cancer illustrates social injustice in healthcare, as differences in cancer survival rates across the EU Member States exceed 25 %; whereas EU citizens are unequal in terms of prevention, unequally protected against risk factors, unequally educated in terms of healthy behaviours and unequally equipped against misinformation; whereas EU citizens are unequal in terms of timely access to quality care from Member State to Member State and from region to region in any given country; whereas after recovery or when in remission, EU citizens are unequal in their ability to return to work, to be financially independent and to return to a harmonious familial, social and emotional life;
- D. whereas specific national or regional cancer policies have been set up in most Member States, whose missions and budgets are heterogeneous;
- E. whereas the goal of Europe's Beating Cancer Plan should not only be to fight against a crucial public health issue and to help patients live longer and better lives, but should also be to initiate a reduction in health inequalities and inequities and lower the social and economic burden of the disease; whereas the Commission should promote a patient-centred and citizens' rights-based approach by integrating considerations of justice, sustainability, equity, solidarity, innovation and collaboration at the very core of Europe's Beating Cancer Plan;
- F. whereas health literacy includes the acquisition of knowledge and skills, awareness of rights and the confidence to take action to improve personal and community health; whereas actions to promote health literacy under the Plan should focus on empowering patients and citizens; whereas all efforts to increase health literacy should take into account people with learning disabilities, as well as ensure that the necessary information is available in common non-EU languages in order to reach migrants and new arrivals;
- G. whereas the Plan should be implemented in close association with the recommendations and actions of the International Agency for Research on Cancer (IARC), the UN SDGs for global health, and the recommendations and guidelines of the World Health Organization (WHO), and should acknowledge as a priority the EU's solidarity and partnership with low- and middle-income countries;
- H. whereas addressing cancer could be used as a model for other non-communicable diseases, and whereas patients with other chronic diseases should therefore also benefit from the achievements of Europe's Beating Cancer Plan;
- I. whereas a common policy driven at European level is absolutely essential for progress in the area of cancer; whereas the primary responsibility for health protection and healthcare systems lies with the Member States;
- J. whereas a comprehensive, multidisciplinary and coordinated approach to addressing social, individual, environmental and commercial health determinants is needed at

regional, national and European level in order to support actions targeting all aspects of cancer (prevention, detection, treatment, palliative care and reintegration) through the effective mobilisation of key tools such as research and knowledge sharing; whereas new technologies and artificial intelligence have high potential for improvements in the field of cancer research;

- K. whereas the ‘Health in All Policies’ and ‘One Health’ approaches should be promoted further, and efforts to fight cancer should be integrated into all EU policies;
- L. whereas the EU and its Member States should mobilise their forces and provide adequate incentives and sustainable budgets so as to achieve the ambitious objective of conquering the cancer burden and the fatality of cancer in Europe;
- M. whereas Europe’s Beating Cancer Plan could therefore represent the first step towards a real European Health Union;

#### ***A. Areas of action***

##### *I. Cancer prevention in all European policies*

1. Strongly believes that preventive actions against cancer should be implemented in all European policies and funding programmes;
2. Calls on the Commission and Member States to design and implement effective prevention measures at national and EU level, based on best practices, independent expertise and guidance;
3. Acknowledges that more than 40 % of all cancers are preventable through coordinated actions on social, individual, environmental and commercial health determinants;
4. Supports the aim of the Horizon Europe Cancer Mission to avert more than 3 million additional premature deaths over the 2021-2030 period , by accelerating progress in cancer prevention and control programmes and creating more equal access to these programmes;
5. Deplores the significant health inequalities in the EU as regards cancer prevention; insists on the need to pay special attention to vulnerable and marginalised populations in order to ensure their access to cancer prevention services;
6. Acknowledges that tobacco use, in particular cigarette smoking, is by far the largest preventable cause of cancer in the EU, as the cause of 15-20 % of European cancer cases and the main risk factor for cancer death in Europe (27 % of cancer fatalities equalling 700 000 cancer deaths annually in the EU); recalls that major differences exist across the EU since the proportion of smokers varies more than fivefold from one country to another;
7. Strongly supports the goal of a ‘tobacco-free generation’, as set out in Europe’s Beating Cancer Plan, where less than 5 % of the population uses tobacco by 2040, compared to around 25 % today;

8. Welcomes the Commission's intention to review the Tobacco Products Directive<sup>10</sup>, the Tobacco Products Tax Directive<sup>11</sup> and the legal framework on cross-border purchases of tobacco by private individuals in order to introduce the following:
  - a) an increase in minimum excise duties for all tobacco products, which could result in a reduction in tobacco use, notably among young people;
  - b) a requirement for plain packaging and the obligation to include health warnings on 80 % of the front and back of cigarette packaging;
  - c) a ban on flavourings in all tobacco products to reduce the appeal of these products to non-smokers and young people;
  - d) an authorisation for Member States to introduce a ban on plastic cigarette filters on health and environmental grounds;
  - e) the continuation of evaluations of the health risks related to electronic cigarettes and the establishment of a list of substances contained and emitted by these products at European level, based on the model published by the French Agency for Health Security;
9. Calls for the rapid implementation of the WHO Framework Convention on Tobacco Control, paying specific attention to the protection of public health policies from the vested interests of the tobacco industry.
10. Supports the Commission's proposal to update the Council recommendation of 30 November 2009 on smoke-free environments<sup>12</sup> to extend its coverage to emerging products, such as e-cigarettes and heated tobacco products, and to extend smoke-free environments, including outdoor spaces;
11. Recalls that ethanol and acetaldehyde in alcoholic beverages are classified as carcinogenic to humans by the IARC, and that in Europe an estimated 10 % of all cancer cases in men and 3 % of all cancer cases in women are attributable to alcohol consumption;
12. Welcomes the Commission's target of achieving a reduction of at least 10 % in the harmful use of alcohol by 2025; encourages the Commission and the Member States to promote actions to reduce and prevent alcohol-related harm within the framework of a revised EU alcohol strategy<sup>13</sup>; supports the provision of better information to consumers by improving the labelling of alcohol beverages to include prominent warning labels and introducing the mandatory indication of the list of ingredients and nutritional information; calls for the prohibition of alcohol advertising at sport events and for the

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<sup>10</sup> Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products, OJ L 127, 29.4.2014, p. 1.

<sup>11</sup> Council Directive 2011/64/EU of 21 June 2011 on the structure and rates of excise duty applied to manufactured tobacco, OJ L 176, 5.7.2011, p. 24.

<sup>12</sup> OJ C 296, 5.12.2009, p. 4.

<sup>13</sup> Commission communication of 24 October 2006 on a EU strategy to support Member States in reducing alcohol-related harm (COM(2006)0625).

prohibition of alcohol sponsorship of sport; considers it important to protect children from commercial communication on alcohol consumption, as well as product placement and sponsorship of alcohol brands, especially in the digital environment; calls for the strong monitoring of the implementation of the revised Audiovisual Media Service Directive<sup>14</sup>; encourages the allocation of public funds for national and European awareness campaigns; supports the planned review of EU legislation on the taxation of alcohol and on cross-border purchases of alcohol by private individuals and a review of alcohol pricing policies, including increasing taxes on alcoholic beverages;

13. Emphasises the role of a healthy diet in cancer prevention and that individual cancer risks can be reduced by an appropriate intake of fruits and vegetables, and therefore welcomes the upcoming revision of the ‘EU school fruit, vegetables and milk scheme’; asks the Commission and the Member States to help consumers to make informed, healthy and sustainable choices about food products via the adoption of harmonised, mandatory front-of-pack nutrition labelling, such as the Nutri-Score; welcomes the focus on healthy nutrition in the EU Child Guarantee<sup>15</sup> and calls for a new EU Action Plan on Childhood Obesity; supports fiscal measures to make fresh foods (such as pulses, grains and vegetables) more affordable and accessible at national level, especially for people with low incomes; encourages Member States to use pricing policies, such as value added tax differentiation, and marketing controls to influence demand for, access to and the affordability of food and drink low in saturated fats, trans-fats, salt and sugar; supports Member States in restricting the advertising of ultra-processed food products and sugary and sweetened beverages, including on social media;
14. Calls on Member States, regional and local governments, and civil society representatives to promote and facilitate the practice of sports activities, which is known to limit both the incidence and the recurrence of cancer, as well as mental health problems, and favour social inclusion;
15. Welcomes the launch of the EU’s ‘HealthLifestyle4all’ campaign involving the promotion of sports, physical activity and healthy diets, in addition to other key sectors;
16. Points out that radiation from the sun contains invisible ultraviolet (UV) radiation which can lead to skin cancer; supports the strengthening of protection against exposure to UV radiation at EU level, especially in the framework of occupational health and safety legislation for outdoor workers; calls on the Member States to fully implement the rules on artificial tanning devices (sunbeds)<sup>16</sup> and to work together towards the phasing out of sunbeds for cosmetic purposes;
17. Acknowledges that around 2 % of the European cancer burden can be attributed to

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<sup>14</sup> Directive (EU) 2018/1808 of the European Parliament and of the Council of 14 November 2018 amending Directive 2010/13/EU on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media services (Audiovisual Media Services Directive) in view of changing market realities, OJ L 303, 28.11.2018, p. 69.

<sup>15</sup> Commission proposal of 24 March 2021 for a Council recommendation establishing a European Child Guarantee (COM(2021)0137).

<sup>16</sup> Directive 2014/35/EU of the European Parliament and of the Council of 26 February 2014 on the harmonisation of the laws of the Member States relating to the making available on the market of electrical equipment designed for use within certain voltage limits, OJ L 96, 29.3.2014, p. 357.

ionizing radiation and that indoor exposure to radon and its decay products is the second leading cause of lung cancer in Europe; looks forward to the results of the Euratom Research and Training Programme<sup>17</sup>, which will improve knowledge on exposure to radon, and the proposed countermeasures to reduce its accumulation in dwellings; encourages Member States to regularly update their national plans to reduce exposure to radon, as requested in the Directive on Exposure to Radioactive Sources<sup>18</sup>; calls on the Commission to introduce measures to protect workers exposed to ionising radiation such as airline crews, nuclear power plant workers and health professionals working in the radiology, radiotherapy or nuclear medicine sectors;

18. Sees the European Green Deal as a contributing factor in cancer prevention in Europe, via the reduction of air, food, water and soil pollution and of chemical exposure; calls for an evaluation of the impact of policies on cancer incidence to be integrated into the Farm to Fork Strategy and the Chemical, Zero Pollution and Non-Toxic Environment Strategies; welcomes the upcoming revision of the EU's air quality standards to align them with WHO guidelines; calls on the Commission to ensure that the common agricultural policy reduces the intake of pesticide residues; encourages the use and development of medicines that are safer for the environment;
19. Looks forward to the implementation of the revised Drinking Water Directive<sup>19</sup> and the implementation and enforcement of the Water Framework Directive<sup>20</sup>, which will reduce the concentrations in surface and ground waters of certain pollutants that could contribute to cancer incidence;
20. Calls for the registration, evaluation, authorisation and restriction of chemicals under the REACH Regulation<sup>21</sup> to be conducted in association with the IARC assessments; calls on the Commission to adopt effective guidance and legislation to reduce citizens' exposure to carcinogenic substances;
21. Considers that the next review of the European Code Against Cancer (ECAC) will have to take into account the latest knowledge on environmental carcinogens; calls for the regulation on food contact materials<sup>22</sup> to be reviewed in order to reduce exposure to carcinogens and endocrine disruptors;
22. Recalls that exposure at work is responsible for at least 120 000 deaths from cancer each year in the EU; looks forward to the forthcoming new EU Strategic Framework on Health and Safety at Work for the 2021-2027 period, the regular update of Directive

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<sup>17</sup> Council Regulation (Euratom) 2021/765 of 10 May 2021 establishing the Research and Training Programme of the European Atomic Energy Community for the period 2021-2025 complementing Horizon Europe – the Framework Programme for Research and Innovation, OJ L 167I, 12.5.2021, p. 81.

<sup>18</sup> Council Directive 2013/59/Euratom of 5 December 2013 laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation, OJ L 13, 17.1.2014, p. 1.

<sup>19</sup> Directive (EU) 2020/2184 of the European Parliament and of the Council of 16 December 2020 on the quality of water intended for human consumption, OJ L 435, 23.12.2020, p. 1.

<sup>20</sup> Directive 2000/60/EC of the European Parliament and of the Council of 23 October 2000 establishing a framework for Community action in the field of water policy, OJ L 327, 22.12.2000, p. 1.

<sup>21</sup> Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, OJ L 396, 30.12.2006, p. 1.

<sup>22</sup> Regulation (EC) No 1935/2004 of the European Parliament and of the Council of 27 October 2004 on materials and articles intended to come into contact with food, OJ L 338, 13.11.2004, p. 4.

2004/37/EC of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work<sup>23</sup>, and the addition of further binding occupational exposure limits within that directive; welcomes the Commission's commitment to presenting a legislative proposal to further reduce workers' exposure to asbestos in 2022; asks Member States to facilitate recognition of and compensation for proven work-related cancers; stresses the need to ensure the best possible general and individual protection measures for healthcare workers handling anti-cancer drugs;

23. Encourages the Commission and the Member States to promote the prevention of cancers related to infectious diseases; recalls that human papillomavirus (HPV) is a sexually transmitted infection associated with uterine, cervical and oropharyngeal cancers; welcomes the vaccination programmes in the fight against HPV transmission; notes and regrets major discrepancies in vaccination coverage between Member States, ranging from less than 30 % to more than 70 % (with the required level of population immunity being at 70 %); insists that a gender-neutral HPV vaccination programme be implemented in the Member States to ensure the elimination of all HPV-related cancers; considers it important to draw up further recommendations to better implement these programmes; calls for more harmonisation of HPV and hepatitis B vaccination within Member States' national programmes, while ensuring the provision of information about and equal access to vaccination; supports further research into the most effective vaccination schedules against other carcinogenic viruses such as hepatitis C; calls for collaboration with Member States and international organisations to combat the impact of misinformation on vaccination and address vaccine hesitancy;
24. Recommends that breastfeeding be encouraged to limit the risk of breast cancer in women;
25. Points out that genetic predisposition to cancer linked to mutations of specific genes has been demonstrated; highlights that methods to detect these mutations are available, especially for breast and colorectal cancers, and may help to prevent or detect early-stage cancer; recommends investments in infrastructures and skills in genetic sequencing platforms and the training of specialised genetic counsellors;
26. Strongly supports the planned revision of the ECAC and the launch of an EU mobile app for cancer prevention and care, as announced in Europe's Beating Cancer Plan, in order to develop, share and implement best practices in cancer prevention and care programmes, with a focus on disadvantaged groups; stresses that the ECAC should be systematically evaluated and that the evaluation work should be coordinated by the IARC;
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;
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

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<sup>23</sup> OJ L 158, 30.4.2004, p. 50.

programmes (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;

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;
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;

## *II. Inclusive screening and detection of cancer*

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

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening<sup>24</sup> 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;
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);
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;
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;

#### *III.a. Equal access to cancer care: towards best quality care*

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<sup>25</sup> 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;
43. Calls for consideration of mutual recognition of medical qualifications in cancer care across the EU;

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

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

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;
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;
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;
47. Welcomes the upcoming new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)<sup>26</sup> 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;
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;
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;
50. Calls on the Member States to take preventive measures against the risk of burnout among cancer care professionals;
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;
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;

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

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;
54. Welcomes the planned establishment, as announced in Europe's Beating Cancer Plan, of an EU network linking recognised National Comprehensive Cancer Centres (reference centres) in every Member State to facilitate the uptake of quality-assured diagnosis and treatments, including training, research and promotion of clinical trials across the EU; calls on the Commission to identify such existing centres within the EU, to promote the establishment of at least one comprehensive cancer centre in each Member State and to support the coordination of the network of these centres via a European Cancer Institute;
55. Calls for the identification, reinforcement or creation in each Member State of a National Cancer Control Programme (NCCP), consisting of a unique structure, possibly a National Cancer Institute, in charge of the implementation and follow-up of the respective NCCPs, with adequate objectives and resources; recommends that the NCCPs are set up in coherence with the European Guide for Quality National Cancer Control Programmes initiated by the European Partnership for Action Against Cancer (EPAAC); welcomes the setting up of a network of these organisations coordinated by the European Cancer Institute;

### *III.b. Equal access to cancer care: towards a European Medicines Market*

56. Calls on the Commission to strengthen the European medicines market in order to guarantee equal access to treatment, reduce medicine shortages, overcome the problem of high prices for innovative treatments, and improve cancer treatments for adults and children;
57. Calls on the Commission to introduce in its Pharmaceutical Strategy a revision of Directive 2001/83/EC of 6 November 2001 establishing a Community code relating to medicinal products for human use<sup>27</sup>;
58. Notes that cancer patients are frequently affected by medicine shortages; calls on the Commission to present a specific strategy for managing shortages of all medicines and medical products in Europe and of cancer medicines in particular; supports the development of a common basket of the cancer drugs of which there may be shortages to ensure that patients have continuous access to appropriate treatment;
59. Calls for the reinforcement and diversification of the supply chain, in particular that of cancer drugs, within the EU, close monitoring of medicine tensions and shortages, and the creation of a strategic stockpile of such medicines;
60. Points out that generic and biosimilar medicines enable efficient and safe cancer care, increased competition and savings for healthcare systems, thus helping to improve

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<sup>27</sup> OJ L 311, 28.11.2001, p. 67.

access to medicines for patients; stresses that their market entry should not be hampered or delayed;

61. Considers that Member States should converge on the evaluation of medical technologies; welcomes, therefore, the provisional agreement on the Health Technology Assessment (HTA) Regulation reached by the European Parliament and the Council on 22 June 2021<sup>28</sup> to support harmonised access to innovative cancer diagnosis and treatments;
62. Insists on the need to ensure equal access to affordable drugs, in particular cancer drugs, within the EU; calls for collective negotiation on the price of medicines with pharmaceutical industries, as per the Beneluxa Initiative on Pharmaceutical Policy and the Valetta Declaration; considers that pharmaceutical companies should respect conditionalities on charging an affordable price for medicines developed in the framework of publicly funded research;
63. Strongly advocates the extension of joint procurement procedures for cancer medicines to improve affordability and access to cancer treatments at EU level;
64. Calls for a review of data exclusivity in the authorisation process of medicines<sup>29</sup>, i.e. the period of time within which the marketing authorisation holder of a medicine enjoys exclusive access to the results of preclinical tests and clinical trials, so that compulsory licensing can allow for the market entry of cancer treatments in the event of a health crisis (such as the COVID-19 crisis) or to overcome the rising cost of specific treatments;
65. Calls on the Commission to submit a proposal for the revision of Directive 89/105/EEC on the transparency of measures regulating the prices of medicinal products<sup>30</sup> in order to ensure effective controls and full transparency of the procedures used to determine the price and reimbursement of the cost of medicines, in particular cancer medicines, in Member States; calls for pharmaceutical companies to provide information on financing with public resources, as well as on the tax benefits and subsidies they have received; requests that the calculation of drug costs should take into account the use of public funds; calls on the European Medicines Agency (EMA) to increase the number of audits in order to assess pharmaceutical companies' compliance with the requirements on transparency;
66. Notes that huge advances in biology have revealed that cancer is an umbrella term for more than 200 diseases, and that precision or personalised medicine can be made available through the drug targeting of various mutations; considers that precision or personalised medicine, consisting of a treatment choice based on individual tumour biomarkers, is a promising way to improve cancer treatment; encourages Member

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<sup>28</sup> Commission proposal of 31 January 2018 for a regulation on health technology assessment and amending Directive 2011/24/EU (COM(2018)0051).

<sup>29</sup> In particular Article 14 of Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency, OJ L 136, 30.4.2004, p. 1.

<sup>30</sup> Council Directive 89/105/EEC of 21 December 1988 relating to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of national health insurance systems, OJ L 40, 11.2.1989, p. 8.

States, therefore, to promote the implementation of regional molecular genetics platforms and facilitate equal and rapid access to personalised treatment for patients;

67. Calls for the full and rapid application of Regulation (EU) No 536/2014 of 16 April 2014 on clinical trials on medicinal products for human use<sup>31</sup>; considers that the application of the regulation would facilitate the launch of large clinical trials carried out in a harmonised, efficient and coordinated manner at European level in order to facilitate research into cancer drugs and improve cancer patients' and their families' quality of life;
68. Calls for a more sustainable environment for conducting research into the repurposing of medicines for cancer treatment and for the creation of an additional project that uses high-performance computing to rapidly test existing molecules and new drug combinations, starting with treatment for cancers with a poor prognosis and rare cancers;
69. Supports the development of clinical trials on the use of new cancer drugs in adults and children;
70. Welcomes the Commission's intention to adopt a legislative proposal to establish a Health Emergency Preparedness and Response Authority (HERA) in order to anticipate, incentivise, co-develop and facilitate rapid, equal and sustainable access to cancer innovations for cancer patients; calls for a large consortium of public authorities, private companies and NGOs, including patient associations, to work together to guarantee the accessibility and affordability of cancer treatment options requiring complex technologies, for instance, cellular therapy (CAR T cells), adoptive immunotherapy through the use of tumour genome extracts (messenger RNA) and nanotechnologies;

*III.c. Equal access to cancer care: towards a better response to the impact of health crises on cancer patients*

71. Underlines that the COVID-19 crisis has had, and is still having, a significant impact on cancer patients' survival and quality of life at all stages of the disease, due to delays in screening, referral and surgical procedures, treatment postponement, shortages in the supply of medicines and other medical supplies, specialised workforce shortages and reduced communication with health professionals;
72. Considers that the COVID-19 pandemic was a real stress test for the EU's health systems; underlines that the main lesson learned should be the need to build an emergency strategy to allow Member States to react accordingly in times of any future health crises; stresses that specific measures under this emergency strategy should be aimed at the protection of vulnerable groups, including cancer patients;
73. Notes with concern that the COVID-19 pandemic has exacerbated pre-existing health workforce shortages; acknowledges the urgency of ensuring a sufficient number of specialised health professionals in cancer care; reiterates that specific measures under the emergency strategy should be aimed at addressing workforce shortages through the

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<sup>31</sup> OJ L 158, 27.5.2014, p. 1.

recruitment of health professionals;

74. Advocates the development of a digital health system to monitor symptoms and ensure cancer treatment and care at home; calls for permanent access to medical consultations and psychosocial services to be guaranteed through the use of telemedicine or in health threat-free environments in hospitals;
75. Asks for enhanced communication between health professionals, patients and public authorities regarding the effectiveness and safety of health interventions, in particular cancer screening, diagnosis and treatment, and for increased awareness campaigns in times of crises;
76. Calls on the Commission and the Member States to adopt European prevention and management plans to address cancer drug shortages in times of health crises;

#### *IV. Strong support to cancer patients, survivors and caregivers*

77. Stresses that cancer patients should not suffer a ‘double punishment’ in their daily lives; calls for the adoption of an anti-discrimination directive, as well as for the fair and equal implementation of directives on financial services, such as the Consumer Credit Directive<sup>32</sup>, without any discrimination against cancer patients and survivors;
78. Emphasises the importance of specific EU recommendations to improve the quality of life of patients, including via supportive care (pain relief, psychological services, adapted physical activity, nutritional support, social assistance, access to reproductive health and restoration of aesthetic integrity); asks Member States for recognition of sequelae (physical or mental disabilities), as well as social discrimination;
79. Encourages Member States to take into account the frequent exhaustion of the families and relatives of cancer patients and to provide them with psychological assistance and rest periods in the workplace;
80. Recalls that patient empowerment is crucial for the European cancer strategy and that patient-centeredness and participatory decision-making must be at the heart of treatment and care development processes; encourages the therapeutic education of caregivers and patients and their empowerment in the care programmes;
81. Acknowledges the positive role of patients’ associations in relation to patient advocacy and accompaniment; calls on the Commission and the Member States to take into account their requests and recommendations when formulating cancer-related policies and legislation and to provide them with public support in order to guarantee their independence from private funding;
82. Calls on the Member States to improve the reintegration of cancer survivors into the labour market and to facilitate the return to school of paediatric cancer survivors; advocates specific EU recommendations for measures for cancer survivors to prevent the recurrence of primary cancer and the development of new cancers and for their

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<sup>32</sup> Directive 2008/48/EC of the European Parliament and of the Council of 23 April 2008 on credit agreements for consumers, OJ L 133, 22.5.2008, p. 66.

rehabilitation;

83. Considers that the European Agency for Health and Safety at Work should be mandated to play a stronger role in promoting good practices in Member States with respect to the integration of cancer patients and survivors into the workplace and their protection from discrimination; looks forward to the new study, announced in Europe's Beating Cancer Plan, on the return to work of cancer survivors, which will map national employment and social protection policies and identify obstacles and the remaining challenges;
84. Supports the upcoming roll-out of a Cancer Survivor Smart Card, as announced in Europe's Beating Cancer Plan, to all European cancer survivors, especially survivors of childhood and adolescent cancers, which will summarise their clinical history, including patients' own experience, and facilitate and monitor follow-up care;
85. Considers that insurers and banks should not take into account the medical history of people who have been affected by cancer; calls for national legislation to ensure that cancer survivors are not discriminated against compared to other consumers; notes the Commission's intention to engage with businesses to develop a code of conduct to ensure that developments in cancer treatments and their improved effectiveness are reflected in the business practices of financial service providers; supports, in parallel, the promotion of advances made in France, Belgium, Luxembourg and the Netherlands, where cancer survivors enjoy the 'Right to be Forgotten'; requests that by 2025, at the latest, all Member States should guarantee the Right to be Forgotten to all European patients ten years after the end of their treatment, and five years after the end of treatment for patients whose diagnosis was made before the age of 18; calls for the introduction of common standards for the Right to be Forgotten under the relevant provisions on consumer protection policy of the Treaty on the Functioning of the European Union, in order to remedy the fragmented national practices in the area of creditworthiness assessment and ensure equal access to credit for cancer survivors;
86. Calls on the Commission to support the European Code of Cancer Care launched by the European Cancer Organisation (ECO), which is an empowering and informative tool to ensure that the best available care is provided to European citizens and patients;
87. Sees an urgent need for a European charter of the rights of cancer patients; calls for this charter to define the rights of cancer patients at every stage of their care pathway, i.e. access to prevention, initial diagnosis and throughout their treatment, and for it to apply equally to all EU citizens, regardless of the country or region in which they live;

#### *V. Challenges in cancer among children, adolescents and young adults*

88. Calls for clear policy requirements on paediatric cancer research needs; calls on Member States and the Commission to redress the unequal allocation of investment to paediatric cancers; considers that a clear and specific EU funding stream should be dedicated to paediatric cancer research and budget allocations earmarked across all relevant EU programmes;
89. Calls on the Commission and the Member States to focus on ensuring equal access to the best specialist diagnostics and multi-disciplinary treatment for children with cancer, and to improve cancer treatment outcomes in all Member States; considers that the

professional figure of the paediatric oncologist should be recognised in all Member States;

90. Calls for adolescents and young adults (AYAs) with cancer to be recognised at EU level as a particular group with specific medical and psychosocial needs;
91. Stresses the need to strengthen the right to cross-border care for children and AYA cancer patients when the best treatment is not available in their country of residence;
92. Calls for an ambitious revision of the regulations on paediatric<sup>33</sup> and orphan<sup>34</sup> medicinal products in order to ensure access to innovative cancer drugs, identify the most important drugs to meet the needs of children with poor prognostic cancers, reduce delays so that children can have faster access to paediatric drugs, and address limited access to certain essential medicines due to drug shortages and the high price of innovative medicines; recommends an increase of 20 % in the available new paediatric cancer drugs by 2027;
93. Calls for the creation of an EU-level advisory group of stakeholders dedicated to childhood and AYA cancers, which could support the goal-driven and coherent implementation of relevant actions across Europe's Beating Cancer Plan, Horizon Europe and the Pharmaceutical Strategy;
94. Calls on the Member States to fully transpose Directive (EU) 2019/1158 of 20 June 2019 on work-life balance for parents and carers<sup>35</sup>, which introduces leave for carers and the possibility to request flexible working time arrangements;
95. Welcomes the creation of an EU Network of Youth Cancer Survivors announced by the Commission;
96. Supports the recommendation of the Joint Action on Rare Cancers for the roll-out of a European unique patient identifier, in order to ensure the monitoring of long-term outcomes in childhood cancer survivors in a cross-border setting;

## ***B. Tools for action***

### *I. Holistic research*

97. Stresses that Europe's Beating Cancer Plan should be implemented in close cooperation with the Cancer Mission under Horizon Europe and its objectives of promoting EU investment in cancer research and innovation;
98. Recalls that cancer research, and its translation into everyday clinical practice, is fundamental to ensuring continuous improvements in cancer prevention, diagnosis, treatment and follow-up care for survivors; welcomes, therefore, the launch of Horizon

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<sup>33</sup> Regulation (EC) No 1901/2006 of the European Parliament and of the Council of 12 December 2006 on medicinal products for paediatric use, OJ L 378, 27.12.2006, p. 1.

<sup>34</sup> Regulation (EC) No 141/2000 of the European Parliament and of the Council of 16 December 1999 on orphan medicinal products, OJ L 18, 22.1.2000, p. 1.

<sup>35</sup> Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers, OJ L 188, 12.7.2019, p. 79.

Europe partnerships to translate scientific knowledge into innovations;

99. Reiterates its call for sustainable and adequate funding for competitive European research on cancer; calls for at least a 20 % increase in the mobilisation of public and private research on therapeutic and diagnostic cancer innovations;
100. Stresses the need for independent and multidisciplinary research on cancer ‘from bench to bedside’, that is from the laboratory to applied studies in patients; urges the establishment of measures to limit misinformation, especially on social media;
101. Calls on Member States to make a strong commitment to encouraging public-private cooperation and breaking down the barriers to competitiveness across the EU;
102. Considers the significant potential impact of the use of artificial intelligence and modern technologies in diagnosis and decision-making for cancers in the coming years; encourages the Commission and the Member States to promote the knowledge of cancer biology through the implementation of genomics and informatics infrastructures;
103. Welcomes the launch of the Genomics for Public Health project which will give secure access to large amounts of genomic data to be used in 4P medicine (preventive, predictive, personalised and participatory);
104. Supports the creation of new digital resources and platforms, such as the European Cancer Imaging Initiative, and the strengthening of the European Cancer Information System, which will enable competent authorities to make good use of artificial intelligence applied to big data in the years to come;
105. Welcomes the launch of the ‘Cancer Diagnostic and Treatment for All’ flagship initiative under Europe’s Beating Cancer Plan, whose aim is to improve access to innovative cancer diagnosis and treatment and promote the use of the ‘next generation sequencing’ technology for quick and efficient genetic profiles of tumour cells, allowing researchers and clinicians to share cancer profiles and apply the same or similar diagnostic and therapeutic approaches to patients with comparable cancer profiles;
106. Welcomes the planned Partnership for Personalised Medicine, announced in Europe’s Beating Cancer Plan and to be funded under Horizon Europe, which will identify priorities for research and education in personalised medicine, support research projects on cancer prevention, diagnosis and treatment, and make recommendations for the roll-out of personalised medicine approaches in daily medical practice; supports the establishment of a roadmap for personalised prevention allowing for the identification of gaps in research and innovation and for the mapping of all known biological anomalies leading to cancer susceptibility, including hereditary factors;
107. Encourages research on non-profit clinical trials to improve treatment strategies, with a focus on the elderly;
108. Calls on the Commission and the Member States to promote studies dedicated to human and social sciences, in particular those addressing health inequalities at the different stages of cancer diseases;

109. Considers that the Commission and the Member States should support the development of European multicentre clinical trials;
110. Supports clinical research to evaluate the feasibility, efficacy and cost-effectiveness of non-treatment-related interventions, such as studies on health determinants (including environmental factors) and quality of life;
111. Strongly believes that patient associations should be involved in defining research endpoints for clinical trials, in order to ensure that the trials address the unmet needs of European patients; considers that the final results of the trials should be communicated to the participating patients and to the public;
112. Advocates more transparency in the process of research into and the development of cancer treatments, including the establishment of a portal to allow patients access to information on the available clinical trials in Europe;

## *II. Shared knowledge*

113. Considers that the sharing of expertise, data, training programmes and communication tools is needed to improve the knowledge of cancer among both health professionals and patients; stresses the sensitive nature of health data and calls for full compliance with Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation)<sup>36</sup>;
114. Asks the Commission to assess the functioning of the European Reference Networks (ERNs), especially their role in gathering and sharing expertise and best practices, thus rationalising patient referral in the management of rare cancers, which affect an estimated 5.1 million patients across Europe and require cooperation on a large scale;
115. Emphasises the need to secure sustained long-term funding for the ERNs; supports the expansion of the ERNs to specific types of cancer (rare, complex, poorly curable) and paediatric cancers;
116. Believes that the revamping of ERNs will necessarily involve the participation of all Member States in existing ERNs, with each Member State having at least one 'full' or 'affiliate' member in each ERN, the facilitation of the individual patient journey through the effective collaboration of national contact points with ERNs, the evaluation of the functioning of the ERNs by sharing data on their performance and networking in the field of rare cancers, the deployment of telemedicine tools allowing for the sharing of case records and imaging results, and the allocation of adequate and long-term funding, both at Union (EU4Health) and national level;
117. Encourages Member States to support a dedicated and tailored approach to rare cancers in adults and paediatric cancers, taking stock of EU initiatives, and to fully integrate ERNs into their national healthcare systems;
118. Recalls that the Joint Research Centre has taken an active role in supporting the

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<sup>36</sup>OJ L 119, 4.5.2016, p. 1.

activities and harnessing the data of cancer registries; considers that the mandate, funding and political support for the Joint Research Centre to continue and accelerate its coordinating work with cancer registries should be strengthened;

119. Welcomes the launch of a Knowledge Centre on Cancer in 2021, announced in Europe's Beating Cancer Plan, in order to contribute to the exchanges and coordination of scientific and technical initiatives related to cancer at EU level; believes that this knowledge centre should be based on data screening, ERN reports and cancer registries, and be part of a European Cancer Institute;
120. Recommends the creation of at least one cancer registry in each EU region, including remote and outermost regions; supports the strengthening of the capacity of national cancer registries to collect data (including lifestyle and socio-economic information) to better identify the causes of inequalities in cancer incidence, prevalence and survival; asks Member States to ensure the comparability of data sources and the interoperability of regional and national cancer registries;
121. Strongly supports the creation of a Cancer Inequalities Registry at European level, announced in Europe's Beating Cancer Plan, in order to identify trends, disparities, inequalities and inequities between and within Member States; believes that this registry will help to identify challenges and specific areas of action so as to guide investment and intervention at EU, national and regional level;
122. Supports the Commission's intention to enable cancer patients to securely access and share electronic health records across borders; considers that the Commission could lay the foundation for the European Health Data Space, in association with Digital Health Europe, by collecting and analysing anonymised medical data (from cancer registries, hospitals, academic clinical trials and cohorts) and biological data (from blood and tumour samples) in a European Cancer Cloud hosted by a European Cancer Institute; encourages the use of health data for non-commercial purposes ('data altruism'); welcomes the planned creation of a virtual European Cancer Patient Digital Centre under Horizon Europe's Mission on Cancer in order to support a standardised approach to the participation of willing patients in the deposit and exchange of their health data; recommends the inclusion of patients in any actions related to the storage and use of health data for policy-making and research purposes; welcomes the planned expansion of the European Cancer Information System before 2022;
123. Calls for improved standards in the education and training of health professionals; encourages common and multidisciplinary training programmes for health professionals in close collaboration with European learned societies; welcomes the launch of an inter-specialty cancer training programme, which will involve cooperation between Member States via a European Cancer Institute;

### *III. Creation of a European Cancer Institute*

124. Calls for the creation of a virtual European Cancer Institute, involving all stakeholders (representatives of each NCCP, patients' and caregivers' associations, learned societies etc.), in charge of the following missions:
  - a) coordinating the network of all NCCPs;

- b) producing a European roadmap to trigger large-scale prevention campaigns and educational programmes on health promotion;
- c) coordinating the establishment of common quality criteria to guide the national accreditation of screening programmes, cancer registries and cancer care centres;
- d) hosting the planned Knowledge Centre on Cancer; drafting annual reports and establishing frameworks to improve data collection from screening programmes, cancer registries and ERNs at EU level;
- e) coordinating the exchange of best practices and results between the ERNs and the Comprehensive Cancer Centres;
- f) generating a comprehensive model based on Europe's Beating Cancer Plan and Horizon Europe in order to identify research priorities and possibly enable the development of a coordinated and efficient cancer research force in Europe;
- g) facilitating the sharing of anonymised data, collected in a European Cancer Cloud, for clinicians and researchers;
- h) supporting common training programmes for health professionals, patients and caregivers;
- i) delivering updated, certified and transparent information to citizens and professionals on cancer causes, treatments and EU legislation;
- j) monitoring the level of implementation of relevant recommendations in the Member States' NCCPs;
- k) proposing measurable and reproducible indicators for the main outcomes outlined in Europe's Beating Cancer Plan;

#### *IV. Financing Europe's Beating Cancer Plan*

125. Emphasises that Europe's Beating Cancer Plan should not only be seen as a political commitment to driving change but as a set of concrete and ambitious initiatives that will support, coordinate and complement Member States' efforts to reduce the suffering caused by cancer; stresses that, in order for the initiatives outlined in the Plan to be translated into concrete actions, these initiatives have to be adequately funded; underlines, however, the differing capacity of Member States to absorb the funds dedicated to healthcare programmes thus far;
126. Calls on the Member States to ensure that enough funds are allocated for the appropriate implementation of the Plan and of their respective NCCPs; considers that no more than 30 % of Europe's Beating Cancer Plan should be allocated to the implementation of the NCCPs;
127. Welcomes the funding plan of EUR 4 billion and notes the complementarity of the sources of funding as set out in the Plan itself; recalls that the Plan will benefit from different sources of funding, such as the EU4Health, Horizon Europe and Digital

Europe programmes, cohesion policy funds, and the Recovery and Resilience Facility; highlights the need to include the fight against cancer across all funding sources in a coherent and transparent manner; stresses, in particular, the importance of enhancing cancer research and cancer prevention and the need to dedicate more funds to them;

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128. Instructs its President to forward this resolution to the Council, the Commission, the European Economic and Social Committee, the European Committee of the Regions, the governments and parliaments of the Member States, and the World Health Organization.