European Parliament
2019-2024

TEXTS ADOPTED

P9_TA(2022)0038

Strengthening Europe in the fight against cancer

European Parliament resolution of 16 February 2022 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[1],

– 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'[2],

– having regard to the Commission communication of 3 February 2021 on Europe's Beating Cancer Plan (COM(2021)0044),

– having regard to the EU's Framework Programme for Research and Innovation 2021-2027 (Horizon Europe)[3] and the dedicated Horizon Europe Mission on Cancer[4],

– having regard to the Commission communication of 11 December 2019 on the European Green Deal (COM(2019)0640),

– having regard to the Council conclusions of 15 June 2021 on access to medicines and medical devices for a stronger and resilient EU[5],

– having regard to the guides developed by the Joint Actions on cancer (EPAAC, CANCON, iPAAC) and the Rare Cancer Agenda 2030 established under the Joint Action on Rare Cancers (JARC),

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1 OJ C 362, 8.9.2021, p. 182.
2 Working document of 27 October 2020.
3 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).
4 Interim report of the Mission Board for Cancer entitled 'Conquering cancer: Mission possible'.
5 OJ C 269 I, 7.7.2021, p. 3.

– having regard to the Commission communication of 30 September 2020 on a new ERA for Research and Innovation (COM(2020)0628),

– having regard to Council Recommendation 2003/878/EC of 2 December 2003 on cancer screening[1],

– having regard to the report of the International Agency for Research on Cancer (IARC) of May 2017 on the implementation of the Council Recommendation on cancer screening[2],

– having regard to the European guidelines for quality assurance in breast, cervical and colorectal cancer screening and diagnosis,

– 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 28 June 2021 on the EU strategic framework on health and safety at work 2021-2027 (COM(2021)0323),

– 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 the Commission communication of 12 May 2021 entitled 'Pathway to a Healthy Planet for All – EU Action Plan: 'Towards Zero Pollution for Air, Water and Soil' (COM(2021)0400),

– having regard to Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work (the Carcinogens and Mutagens Directive – CMD)[3], including its three amending directives and the proposal by the Commission for the fourth amending directive (COM(2020)0571),

– having regard to Council Directive 98/24/EC of 7 April 1998 on the protection of the health and safety of workers from the risks related to chemical agents at work[4],

– 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',

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1 OJ L 327, 16.12.2003, p. 34.

2 https://ec.europa.eu/health/sites/default/files/major_chronic_diseases/docs/2017_cancerscreening_2ndreportimplementation_en.pdf

3 OJ L 158, 30.4.2004, p. 50.

4 OJ L 131, 5.5.1998, p. 11.

– 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, and the provisional agreements on, 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[1],

– having regard to the Commission proposal for, and the agreement on, a regulation of the European Parliament and of the Council on health technology assessment and amending Directive 2011/24/EU (COM(2018)0051),

– having regard to Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC[2] (the Clinical Trials Regulation) and to the Clinical Trials Information System set up in accordance with that regulation,

– having regard to Regulation (EU) 2021/694 of the European Parliament and of the Council of 29 April 2021 establishing the Digital Europe Programme[3],

– having regard to Report No 21/2019 of the European Environment Agency (EEA) entitled ‘Healthy environment, healthy lives: how the environment influences health and well-being in Europe’[4],

– having regard to the opinion of the European Economic and Social Committee of 9 June 2021 on Europe’s Beating Cancer Plan[5],

– having regard to the conclusions and recommendations of the study prepared for its Panel for the Future of Science and Technology (STOA) in July 2021 on ‘The health impact of 5G’[6],

– 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[7],

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1 OJ L 107, 26.3.2021, p. 1.
2 OJ L 158, 27.5.2014, p. 1.
3 OJ L 166, 11.5.2021, p. 1.
4 https://www.eea.europa.eu/publications/healthy-environment-healthy-lives
5 OJ C 341, 24.8.2021, p. 76.
6 https://www.europarl.europa.eu/RegData/etudes/STUD/2021/690012/EPRS_STU(2021)690012_EN.pdf
7 https://cancer-code-europe.iarc.fr/index.php/en/

– having regard to the European Code of Cancer Practice[1],

– having regard to the Commission communication of 24 March 2021 entitled 'EU strategy on the rights of the child' (COM(2021)0142),

– having regard to the Commission staff working document of 19 July 2018 on combatting HIV/AIDS, viral hepatitis and tuberculosis in the European Union and neighbouring countries – State of play, policy instruments and good practices (SWD(2018)0387),

– having regard to the report of the World Health Organization (WHO) of 2020, entitled 'Alcohol and cancer in the WHO European Region: An appeal for better prevention'[2],

– having regard to the activity and conclusions of the all-party interest group MEPs Against Cancer (MAC),

– having regard to its resolution of 15 January 2020 on the European Green Deal[3],

– having regard to its resolution of 2 March 2017 on EU options for improving access to medicines[4],

– having regard to its resolution of 10 July 2020 on the Chemicals Strategy for Sustainability[5],

– having regard to its resolution of 12 February 2019 on the implementation of the Cross-Border Healthcare Directive[6],

– having regard to its resolution of 16 January 2019 on the Union's authorisation procedure for pesticides[7],

– having regard to its resolution of 10 July 2020 on the EU's public health strategy post-COVID-19[8],

– having regard to its resolution of 17 September 2020 on the shortage of medicines – how to address an emerging problem[9],

– having regard to its resolution of 15 December 2016 on the regulation on paediatric medicines[10] and the Commission's inception impact assessment concerning the revision of the EU legislation on medicines for children and rare diseases,

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1 https://www.europeancancer.org/2-standard/66-european-code-of-cancer-practice
2 https://apps.who.int/iris/bitstream/handle/10665/336595/WHO-EURO-2020-1435-41185-56004-eng.pdf?sequence=1&isAllowed=y
3 OJ C 270, 7.7.2021, p. 2.
4 OJ C 263, 25.7.2018, p. 4.
5 OJ C 371, 15.9.2021, p. 75.
6 OJ C 449, 23.12.2020, p. 71.
7 OJ C 411, 27.11.2020, p. 48.
8 OJ C 371, 15.9.2021, p. 102.
9 OJ C 385, 22.9.2021, p. 83.
10 OJ C 238, 6.7.2018, p. 128.

– having regard to Rule 54 of its Rules of Procedure,

– having regard to the report of its Special Committee on Beating Cancer (A9-0001/2022),

A. whereas Europe's Beating Cancer Plan ('the Plan') should effectively respond to the call for progress by the families and health professionals of the 1,3 million people who die from cancer each year in Europe, including 6 000 children and young people, the crucial needs of patients who are currently in need of timely diagnosis and effective, innovative, accessible and affordable treatments and care for cancer and cancer-related complications and comorbidities, the rightful expectations of more than 12 million cancer survivors and their families facing the difficult return back to a 'normal life', the clear will of future generations to be protected against health threats and risk factors, and the concern of governments facing a growing economic and social burden from cancer and its related treatments; whereas Union actions in the fight against cancer should aim to increase the five-year survival rate of cancer patients;

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 and the first cause of death by disease in children older than one year; whereas the specific needs of children and adolescents with cancer require continued attention and support globally, and paediatric oncology should be differentiated from adult cancer management; whereas although there has been a slight decrease in mortality rates thanks to screening campaigns, improved diagnostics and therapeutic innovation, the number of cases diagnosed is nevertheless increasing, notably due to longer life expectancies, which result 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 and inequity in healthcare, as differences in cancer survival rates across the EU Member States exceed 25 %; whereas EU citizens are facing inequities in terms of prevention, and are 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 affordable and quality treatment and care from Member State to Member State and from region to region in any given country; whereas access to fully multidisciplinary and multiprofessional medical teams varies widely across Europe; 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; whereas class and gender are important measures and drivers of inequalities and inequities at all stages of the disease;

D. whereas specific national or regional cancer policies have been set up in most Member States, whose missions, capacities and budgets are heterogeneous; whereas some regions have become hubs in the fight against cancer, with an expertise that should be shared all over the Union;

E. whereas the goal of the 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 the Plan, including its 'Helping Children with Cancer Initiative';

F. whereas the COVID-19 pandemic has caused, and is still causing, severe disruptions to cancer screening programmes, treatment, research, and survivorship and follow-up services, with the resulting impact on cancer patients, families and healthcare professionals; whereas the pandemic has created an urgent need to build back cancer services in all European countries and to address highly concerning backlogs in prevention actions, as well as in early detection and diagnosis; whereas an estimated 100 million screening tests were not performed in Europe during the pandemic and 1 million cancer cases are undiagnosed; whereas 1 in 5 cancer patients did not receive the surgical or chemotherapy treatment they needed on time[1]; whereas healthcare professionals have taken on the burden of a pandemic and have had to cope in a very stressful working environment;

G. 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 through state-of-the-art communication tools, and also by seeking the expertise of, and collaborating with, patient organisations and other NGOs which have been working on disseminating and spreading health literacy for years; whereas patient empowerment requires assisting patients in understanding their rights; whereas all efforts to increase health literacy, including digital literacy, should take into account people who are experiencing exclusion and the needs of people with learning disabilities; whereas inequalities in knowledge of, access to and use of IT technologies, as well as regional, national, social and economic differences, should be taken into account; whereas the necessary information should be available in common non-EU languages in order to reach migrants, new arrivals and other vulnerable groups and minority communities; whereas in efforts to improve health literacy, the onus should also be on assisting citizens in identifying misinformation, noting the harmful impacts this can have across all areas of cancer care, including prevention, vaccination and treatment;

H. whereas about 40 % of cancer cases in the EU are preventable; whereas prevention is more effective than any cure, as well as the most cost-effective long-term cancer control strategy; whereas the Plan should address all key risk factors and social determinants of cancer; whereas the EU level is crucial in cancer prevention as it has significant competences that have an impact on most risk factors for cancer;

I. whereas according to Report No 21/2019 of the EEA, cancer is the top non-communicable disease attributable to the environment, with more than 250 000 cancer deaths attributed to the environment in 2016 in 32 high-income European countries; whereas the EEA identified ambient air pollution, chemicals, indoor fuel combustion and radiation as environmental risk factors for cancer;

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[1] https://www.europeancancer.org/resources/201:time-to-act.html https://www.europeancancer.org/timetoact/impact/data-intelligence

J. whereas air pollution is a main driver of mortality, with pollutants from a wide range of sources, including energy, transport, agriculture and industry, contributing to 400 000 premature deaths per year, including from lung cancer, heart disease and strokes;

K. whereas the Commission communication on strengthened cooperation against vaccine-preventable diseases (COM(2018)0245) recommends developing EU guidance to establish comprehensive electronic immunisation information systems at national level for effective monitoring of immunisation programmes; whereas this should be done in full compliance with data protection rules; whereas human papillomavirus (HPV) is a sexually transmitted infection associated with almost 5 % of all cancers in women and men worldwide, namely cervical and oropharyngeal, but also anal, penile, vaginal and vulval cancers; whereas both reaching HPV vaccination coverage targets for girls and setting up high-quality organised cervical cancer screening is necessary in order to reach the 2030 WHO goals regarding the elimination of cervical cancer as a public health problem; whereas HPV vaccination rates are worryingly low across the Member States; whereas, regretfully, there are 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 %); whereas Helicobacter pylori is the principal infectious cause of cancer worldwide, mainly for non-cardia gastric adenocarcinoma;

L. whereas certain endocrine cancers (such as thyroid, breast and testicular cancer) are on the rise; whereas endocrine treatments for hormone-dependent cancers can have endocrine side effects; whereas cancer treatments can have long-term effects such as endocrine comorbidities in cancer survivors; whereas obesity is a known risk factor for many cancers, including endocrine cancers; whereas exposure to endocrine-disrupting chemicals (EDCs) is known to have an effect on the development of obesity and cancer; whereas EDCs cost the Member States between EUR 157 and 270 billion annually (up to 2 % of EU GDP)[1] in healthcare expenses and lost earning potential, largely due to neurodevelopmental and metabolic disorders and cancer;

M. whereas exposure to dangerous substances at work is responsible for about 120 000 work-related cancer cases each year, leading to approximately 80 000 fatalities annually, which represents 8 % of all cancer deaths (12 % of cancer deaths among men, and 7 % of cancer deaths among women); whereas it can be difficult to establish causal relationships, however, due to long latency periods; whereas the WHO's IARC has identified 50 priority carcinogens and shown that workers are widely exposed to them in Europe; whereas the vast majority of cancers induced by occupational carcinogens at work appear to be preventable if the carcinogens are regulated accordingly but, under Directive 2004/37/EC, binding occupational exposure limit (OEL) values exist to date for only 27 of them; whereas further action is necessary to prevent, detect and better recognise occupational cancers related to night-shift work as well as UV radiation (for outdoor workers);

N. whereas a changing labour market with demographic developments, new technologies and new types of jobs has potential impacts on occupational health and safety; whereas more workers are moving into platform work, non-traditional work or atypical employment; whereas factors such as radiation, stress, work organisation and working

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1 https://www.endocrine.org/news-and-advocacy/news-room/2015/estimated-costs-of-endocrine-disrupting-chemical-exposure-exceed-150-billion-annually-in-eu

conditions have all been linked to work-related cancer[1]; whereas there is currently a lack of reliable and comparable EU-level data on workplace exposure to cancer risk factors[2];

O. whereas contrary to workplace accidents, where injuries can be more easily assessed and compensation awarded, it can take years or decades before work-related cancers are diagnosed and the cause is properly identified; whereas the Commission Recommendation on occupational diseases[3] recommends that Member States introduce, as soon as possible, into their national laws, regulations or administrative provisions concerning occupational diseases liable for compensation the European schedule set out in Annex I to the aforementioned recommendation; whereas the existing disparities between Member States with regard to the recognition rate of occupational diseases mean that many workers never have their occupational disease recognised;

P. whereas radon is a radioactive gas that has no colour or odour, and as radon decays in the air, it releases radiation that can damage the DNA of cells inside the body; whereas radon levels vary widely in different regions or even residential areas and can be present in both outdoor and indoor air;

Q. whereas in 2011 the IARC classified radiofrequency electromagnetic fields as possibly carcinogenic to humans, based on an increased risk of glioma associated with mobile phone use; whereas there are studies, published in 2015 and 2018, showing a significant increase (more than doubling) in glioblastoma tumours over 20 years (1995-2015) in all age groups, and others showing the increased risk of glioblastoma associated with mobile and cordless phone use in people aged 18-80; whereas more studies are needed to establish these associated risks;

R. whereas 24 % of all new cancer diagnoses, including all paediatric cancers, across Europe each year are rare forms of cancer and represent a public health challenge in themselves; whereas patients with rare cancers face challenges linked to late or incorrect diagnosis, lack of access to appropriate therapies and expertise, lack of understanding of underlying science, lack of commercial feasibility in developing new therapies, few available tissue banks, difficulties in conducting well-powered clinical studies, and also feelings of isolation;

S. whereas the Plan should be implemented in close association with the recommendations and actions of the IARC, the UN SDGs for global health, including the objective of achieving universal health coverage, the recommendations and guidelines of the WHO, international health agreements including the WHO Framework Convention on Tobacco Control and the WHO Global Initiative for Childhood Cancer, the EU Joint Actions on Cancer, and recommendations and guidelines by experts and patients' associations; whereas the Plan should acknowledge as a priority the EU's solidarity and partnership with low- and middle-income countries, including those in the wider WHO Europe region;

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1 EU-OSHA: https://osha.europa.eu/en/themes/work-related-diseases/work-related-cancer

2 EU-OSHA: https://osha.europa.eu/en/publications/worker-survey-exposure-cancer-risk-factors/view

3 Commission Recommendation of 19 September 2003 concerning the European schedule of occupational diseases (OJ L 238, 25.9.2003, p. 28).

T. whereas the Act concerning the conditions of accession of Austria, Finland and Sweden grants an exemption to Sweden from the EU-wide prohibition of the sale of certain types of tobacco for oral use;

U. whereas the Mediterranean diet is known as a healthy, balanced diet that plays a protective role in the primary and secondary prevention of the main chronic degenerative diseases;

V. whereas while the 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; whereas targeted action is therefore necessary to foster better awareness of cancer warning signs among citizens and healthcare professionals;

W. whereas the increase in the prices of cancer medicines has exceeded the increase of total cancer spending, and new cancer medicines coming onto the market at a high price were identified as an important driver of the increase in cancer care expenditure; whereas the WHO Technical Report of 2018 on the pricing of cancer medicines and its impacts[1] recognised that prices of cancer medicines were higher than for other indications and their costs were growing at a faster rate, resulting in lack of access to treatment for many patients worldwide and hampering the capacity of governments to provide affordable access for all;

X. whereas addressing cancer in a comprehensive strategy such as the Beating Cancer Plan presented by the Commission 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 and principles of the Plan, and similar plans should be developed for other pathologies with high mortality rates;

Y. whereas coordination between European countries, a common policy driven at European level and cross-border knowledge-sharing are absolutely essential for progress in the area of cancer; whereas the primary responsibility for health protection and healthcare systems lies with the Member States;

Z. whereas a comprehensive, multidisciplinary and coordinated approach to addressing behaviour-related, biological, environmental, work-related, socio-economic 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, follow-up care for survivors and reintegration) through the effective mobilisation of key tools such as adequate resources and funding, legislation, research and knowledge-sharing; whereas patient-centred approaches to treatment have been shown to improve the quality of life and overall survivorship of patients; whereas new technologies and artificial intelligence have high potential for improvements in the field of cancer research, treatment processes and care;

AA. whereas research and innovation are our only hope of definitely beating cancer one day; whereas sustained and effective funding is needed to support ambitious projects and good and stable working conditions for researchers working in the cancer field; whereas

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1 https://www.who.int/publications/m/item/technical-report-on-pricing-of-cancer-medicines-and-its-impacts

pharmaceutical companies, including SMEs, are key stakeholders for innovation in the cancer field;

AB. 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;

AC. 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;

AD. whereas the Plan could therefore represent an important step towards a real European Health Union and a public demonstration to citizens of the success that EU health cooperation can achieve;

1. Welcomes the Plan and calls on the Commission to seek new synergies between the Plan and the EU4Health Programme, the Pharmaceutical Strategy for Europe, the Chemicals Strategy and the updated European Industrial Strategy; considers that such a comprehensive cancer framework would contribute to the prevention, early detection and curing cancer; calls on the Commission to work towards developing a common cancer policy which includes, where necessary, proposals for draft legislation;

A. Areas of action

I. Cancer prevention in all European policies

2. Strongly believes that comprehensive preventive actions against cancer, through measures supporting the elimination or reduction of harm caused by modifiable risk factors, should be implemented across all European policies and funding programmes; calls on the Commission and the Member States to integrate public awareness-raising campaigns about cancer prevention into all relevant policies; calls on the Commission to streamline the objectives of the Plan into all relevant sectoral policies; strongly believes that preventive actions should be evidence-based; therefore, calls on the Commission and Member States to increase the funding for scientific research into the causes of cancer and the efficiency and implementation of preventive measures;

3. Calls on the Commission and Member States to design and implement effective prevention measures at national and EU level which are based on independent scientific expertise, best practices and lessons learned, and clinical guidance; in this regard calls, in particular, for the implementation of the European Code Against Cancer (ECAC) to reduce cancer risks on the basis of the latest scientific evidence, and for regular updates to the ECAC through a cycle that is based on continuous monitoring and evaluation;

4. Acknowledges that more than 40 % of all cancers are preventable through coordinated actions targeting behaviour-related, biological, environmental, work-related, socio-economic and commercial health determinants; calls for more attention to be dedicated to maintaining a healthy lifestyle in order to prevent cancer and reduce recurrence of certain cancers;

5. Supports Horizon Europe Mission on Cancer's aim of averting more than 3 million additional premature deaths over the 2021-2030 period, by accelerating progress in cancer prevention and control programmes, which strive for equal opportunities in access to these programmes; calls on the Commission to allocate adequate funding to

the Horizon Europe Mission on Cancer and other relevant programmes (such as 'Science and Policy for a Healthy Future' - HBM4EU) in order to achieve this objective;

6. Deplores the significant health inequalities and inequities in the EU in cancer prevention; insists on the need to identify, as well as to pay special attention to, vulnerable, marginalised, socially excluded populations and people living in remote areas (such as in rural, isolated or outermost regions far from medical centres), in order to ensure their access to cancer prevention services; considers in this regard that cancer prevention also needs to be framed in the context of social justice, entailing the need for systemic changes through population-wide public policies beyond changes in individual behaviour;

7. Acknowledges that tobacco use 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;

8. Strongly supports the goal of a 'tobacco-free generation', as set out in the Plan, whose aim is for less than 5 % of the population to use tobacco by 2040, compared to around 25 % today; urges the Commission to establish interim goals that are constantly monitored and promoted, including at national level, and are reported within the Cancer Inequalities Registry in order to best direct efforts to achieve the overall target; calls on the Commission to fund programmes that promote smoking cessation; calls on the Commission to back cooperation between Member States in exchanging the best and most effective practices for reducing smoking;

9. Welcomes the Commission's intention to review the Tobacco Products Directive[1], the Tobacco Products Tax Directive[2] and the legal framework on cross-border purchases of tobacco by private individuals, and urges the Commission to take appropriate measures and to bring forward legislative proposals, in order to introduce the following:

   (a) an increase and an upward convergence in minimum excise duties for all tobacco products and their final market price, which would improve prevention by reducing tobacco uptake and use, notably among current smokers, and prevent young people from starting smoking;

   (b) a requirement for standardised plain packaging and the obligation to include health warnings on 80 % of the front and back of tobacco product packaging, including pictorial warnings; and

   (c) the strict enforcement of the ban on characterising flavours in tobacco products to reduce the appeal of these products to smokers, non-smokers, and young people;

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1 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).

2 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).

10. Calls for the evaluation and review of currently used measurement methods for tar, nicotine and carbon monoxide in tobacco and related products, based on independent and recent scientific research;

11. Calls for the full implementation by Member States of the obligations under the Single Use Plastics Directive (EU) 2019/904[1] as regards filters in tobacco products containing plastics to address environmental and health concerns related to these filters;

12. Calls on the Commission to follow up on the scientific evaluations of the health risks related to electronic cigarettes, heated tobacco products and novel tobacco products, including the assessment of the risks of using these products compared to consuming other tobacco products, and the establishment at European level of a list of substances contained in, and emitted by, these products; considers that electronic cigarettes could allow some smokers to progressively quit smoking; considers at the same time that e-cigarettes should not be attractive to minors and non-smokers; calls on the Commission, therefore, to evaluate, in the framework of the Tobacco Products Directive, which flavours in e-cigarettes are in particular attractive to minors and non-smokers, and to propose a ban on these, and furthermore, to propose a ban on all characteristic flavours in heated tobacco products and novel tobacco products;

13. Calls for the rapid and complete implementation of the WHO Framework Convention on Tobacco Control (FCTC)[2] and the WHO Protocol to Eliminate Illicit Trade in Tobacco Products[3], paying specific attention to the FCTC Article 5.3 and its guidelines on protection of public health policies from the vested interests of the tobacco industry; urges the Commission to implement specific rules of conduct for all of its officials and other servants when interacting with the tobacco industry, in line with the European Ombudsman's decision in case 852/2014/LP[4];

14. Supports the Commission's proposal to update the Council recommendation of 30 November 2009 on smoke-free environments[5] to extend its coverage to emerging products, such as e-cigarettes and heated tobacco products, and to extend smoke-free environments to include outdoor spaces;

15. Recalls that ethanol and acetaldehyde from the metabolism of ethanol 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[6]; underlines that the lower the amount of alcohol consumed, the lower the risk of developing cancer is; underlines that harmful alcohol consumption is a risk factor for many different cancers, such as oral cavity, pharynx, larynx, oesophagus, liver, colorectal and female breast cancer; recalls the study referred

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1 Directive (EU) 2019/904 of the European Parliament and of the Council of 5 June 2019 on the reduction of the impact of certain plastic products on the environment (OJ L 155, 12.6.2019, p. 1).

2 https://fctc.who.int/who-fctc/overview

3 https://fctc.who.int/protocol/overview

4 https://www.ombudsman.europa.eu/en/decision/en/73774

5 OJ C 296, 5.12.2009, p. 4.

6 Scoccianti C., Cecchini M., Anderson A.S. et al., 'European Code against Cancer 4th Edition: Alcohol drinking and cancer', Cancer Epidemiol. 2016 Dec; 45: pp. 181-188. https://pubmed.ncbi.nlm.nih.gov/27816465/

to by WHO[1] which recognises that the safest level of alcohol consumption is none when it comes to cancer prevention, and stresses the need to take this into account when devising and implementing cancer prevention policy[2];

16. 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[3], including a European zero alcohol consumption strategy for minors, accompanied, where appropriate, by legislative proposals, while respecting the principle of subsidiarity and current national legislation on age limits on alcohol consumption; supports the provision of better information to consumers by improving the labelling of alcohol beverages to include moderate and responsible drinking information and introducing the mandatory indication of the list of ingredients and nutritional information, and in addition, by introducing digital labelling; asks the Commission to take specific actions targeting heavy and risky drinking[4]; considers it important to protect minors from commercial communication on alcohol consumption, as well as product placement and sponsorship of alcohol brands, including in the digital environment, as advertising must not be aimed specifically at minors and not encourage alcohol consumption; calls for the prohibition of alcohol advertising and sponsorship at sport events when those events are mainly attended by minors; calls for the close monitoring of the implementation of the revised Audiovisual Media Service Directive[5]; calls for the proposed Digital Services Act to strengthen the ability of Member States to uphold and enforce legislation seeking to protect minors and other vulnerable populations from commercial communication for alcoholic beverages; 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 considering an increase of taxes on alcoholic beverages;

17. Underlines that food has a significant influence on the health of individuals, and that scientific evidence shows that the consumption of inappropriately-sized food portions has negative impacts on health and may increase the risk of developing cancer; calls for the development of comprehensive nutrition campaigns, aligned with the European Union's Farm to Fork Strategy;

18. Encourages Member States to consider making nutrition counselling available in primary healthcare;

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1 https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/news/news/2018/09/there-is-no-safe-level-of-alcohol,-new-study-confirms

2 https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2931310-2

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

4 https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(21)00279-5/fulltext

5 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).

19. Emphasises the role of a healthy diet in preventing and limiting the incidence and the recurrence of cancer, and stresses that individual cancer risks can be reduced by an increased consumption of sustainably-produced plants and plant-based foods, such as fresh fruits and vegetables, whole grains and legumes; emphasises, furthermore, the need to address the overconsumption of meat and ultra-processed products, and products high in sugars, salt and fats; welcomes, therefore, the upcoming revision of the EU school fruit, vegetables and milk scheme and of the EU's policy on the promotion of agricultural products; asks the Commission and the Member States to encourage and help consumers to make informed, healthy and sustainable choices about food products by means of the adoption of a mandatory and harmonised EU front-of-pack nutritional label that is developed based on robust and independent scientific evidence; welcomes the focus on healthy nutrition in the EU Child Guarantee[1] and calls for a new EU Action Plan on Childhood Obesity; supports fiscal measures to make fresh foods (such as fruits and vegetables, pulses, legumes and wholegrains) more affordable and accessible at national level, especially for people on 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 revising the relevant provisions to restrict the advertising of sweetened beverages and processed food products high in fats, salt and sugar, including advertising on social media, and calls on the Commission to come forward with a proposal for a comprehensive EU-wide regulation to prohibit such advertising to minors;

20. Acknowledges that obesity is considered as a risk factor for many types of cancer, such as colorectal, kidney or breast cancers, among others; calls on the Member States to actively fight against obesity by making available healthy dietary choices and the practice of sports, not only by educating and encouraging citizens to make the right choices, but also by including integral programmes in primary healthcare that help patients suffering from obesity to lose weight in a healthy way; calls on the Commission and Member States to support research and innovation related to obesity aiming to describe the influence of genetic factors, the human microbiota or psychological status, among others, on body weight, and to explore the most effective interventions;

21. Welcomes the Commission's intention to tackle the presence of carcinogenic contaminants in food; recalls to the Commission Parliament's resolution of 8 October 2020[2] calling for setting strict legal limits for the presence of acrylamide in food to adequately protect consumers, especially the most vulnerable such as infants and children; urges the Commission to swiftly come forward with regulatory proposals;

22. Calls on the Commission to heed Parliament's various calls in its resolution of 16 January 2019 to improve the Union's authorisation procedure for pesticides;

23. Calls on Member States, regional and local governments, civil society representatives and employers to promote and facilitate the practice of physical activities and sports throughout life, as they are known to limit both the incidence and the recurrence of cancer, as well as to reduce mental health problems and to favour social inclusion; highlights the importance of making the practice of physical activity and sports

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1 Commission proposal of 24 March 2021 for a Council recommendation establishing a European Child Guarantee (COM(2021)0137).

2 OJ C 395, 29.9.2021, p. 32.

accessible and inclusive from a young age, in particular for vulnerable groups, by financing public infrastructures, equipment and programmes; calls on the Member States to facilitate access to physical activity for hospitalised patients if clinically recommended;

24. 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; recommends that schools include health education in their curricula to ensure that minors and adolescents learn how to lead a healthy lifestyle and are made aware of the ECAC, and calls for health education to be an integral part of social assistance educational policies;

25. Points out that radiation from the sun contains invisible ultraviolet (UV) radiation which can lead to skin cancer; calls therefore on the Commission to revise Directive 2006/25/EC on the exposure of workers to risks from physical agents (artificial optical radiation)[1] and to include solar radiation in its scope; supports the strengthening of protection against exposure to UV radiation at EU level, especially through occupational health and safety legislation for outdoor workers; welcomes the Commission's commitment to explore measures on exposure to UV radiation, including from artificial tanning devices (sunbeds)[2]; points out the importance of information campaigns to make people aware of the risks associated to excessive sun exposure and to teach them how to recognise possible warning signs; calls for specific measures to reduce the exposure to UV radiation of minors and adolescents; calls for stricter legislation on the use of sunbeds for cosmetic purposes and a ban on the use of it by minors; calls on Member States to include the reporting of melanoma skin cancer in national cancer registries;

26. Acknowledges that around 2 % of the European cancer burden can be attributed to ionising 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[3], which will improve knowledge on exposure to radon, and the proposed countermeasures to reduce its accumulation in dwellings; recalls that ionising radiation could also be present in private households; encourages therefore the Commission and Member States to map current and potential critical areas in order to effectively react to this threat; calls on the Commission to allocate funds to the creation of such a forecast map and to promote information campaigns for the public in order to raise awareness on this matter; encourages Member States to regularly update their national plans to reduce exposure to radon, as requested in the Directive on

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1 OJ L 114, 27.4.2006, p. 38.

2 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).

3 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 and repealing Regulation (Euratom) 2018/1563 (OJ L 167 I, 12.5.2021, p. 81).

Exposure to Radioactive Sources[1] and to update guidelines on radon mitigation for new constructions; calls on the Commission to assess the implementation and effectiveness of current measures to protect workers exposed to ionising radiation such as airline crews, nuclear power plant workers, workers in relevant industrial settings and researchers, health professionals and veterinarians working in the radiology, radiotherapy or nuclear medicine sectors, and to review these measures where necessary and proportionate;

27. Calls on the Commission to promote multidisciplinary scientific research on the existence of links between electromagnetic fields (EMFs), including 5G, and cancer in order to gather scientific evidence on the long-term effects of EMFs, and to inform the public in a timely manner of the outcome of those studies; calls for the promotion of research into the development of technology that reduces radio frequency exposure;

28. Sees the European Green Deal as a significant contributing factor to cancer prevention in Europe, by means of reducing air, food, water and soil pollution and chemical exposure; calls for an evaluation of the impact of policies on cancer incidence to be integrated into the Farm to Fork Strategy, the Chemicals Strategy for Sustainability, the Zero Pollution and the Non-Toxic Environment Strategies; welcomes the upcoming revision of the EU's air quality standards and calls on the Commission to align them with WHO guidelines as referred to in Parliament's resolution of 25 March 2021 on the implementation of the Ambient Air Quality Directives[2]; calls on the Commission to ensure that the common agricultural policy helps farmers to reduce the use of pesticides; encourages the research into, the use and the development of medicines that are safer for the environment, and encourages the implementation of efficient waste removal mechanisms that avoid polluting the environment, in line with the objectives of the Pharmaceutical Strategy for Europe;

29. Stresses the need for full implementation of the revised Drinking Water Directive[3] and the implementation and enforcement of the Water Framework Directive[4], which will reduce the concentrations in surface and ground waters of certain pollutants that could contribute to cancer incidence;

30. Calls in particular for the strengthening of the information requirements on carcinogenicity under the Registration, Evaluation, Authorisation and Restriction of Chemicals Regulation (REACH)[5] in order to enable the identification of all

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1 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, and repealing Directives 89/618/Euratom, 90/641/Euratom, 96/29/Euratom, 97/43/Euratom and 2003/122/Euratom (OJ L 13, 17.1.2014, p. 1).

2 OJ C 494, 8.12.2021, p. 64.

3 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).

4 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).

5 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).

carcinogenic substances manufactured or imported, irrespective of their volume, in line with the Chemicals Strategy for Sustainability, and calls also for the registration, evaluation, authorisation and restriction of chemicals, including EDCs, under the REACH Regulation to be conducted in association with the IARC and the WHO assessments; welcomes the commitment of the Chemicals Strategy for Sustainability to extend the generic approach to risk management to ensure that consumer products do not contain chemicals that cause cancers, gene mutations, affect the reproductive or the endocrine system, or are persistent and bioaccumulative and toxic; calls on the Commission to swiftly implement the measures planned in the Chemicals Strategy for Sustainability to reduce citizens' exposure to carcinogenic and endocrine-disrupting substances through all exposure pathways; calls on the Commission to devote particular attention to segments of the population that are particularly vulnerable to hazardous chemicals and to better take into account these vulnerable populations in the risk assessments of chemicals; stresses that information to consumers on exposure pathways in their everyday life is key to strengthening prevention, and welcomes in this regard the establishment of the Substances of Concern in Products database; calls on the EEA to produce a report together with the European Chemicals Agency on chemicals in the environment in Europe; calls for the report to assess the systemic nature of carcinogenic and EDCs within Europe's production and consumption systems, their use in products, their occurrence in Europe's environment, and the harm caused to human health, especially concerning cancer;

31. Considers that the next edition of the ECAC will have to take into account the latest knowledge on environmental carcinogens; calls on the Commission to propose without delay a revision of Article 68(2) of REACH, the Regulation on Food Contact Materials[1], the Regulation on Cosmetic Products[2], the Directive on Toy Safety[3] and other relevant consumer product legislation to ensure that consumer products do not contain chemicals that cause cancer, in line with the Chemicals Strategy for Sustainability; calls, furthermore, for the regular revision of this legislation to take account of the development of new materials, trends and products; underlines that endocrine disruptors (EDs) are present in food, food contact materials, cosmetics, consumer goods, toys, as well as drinking water, and that exposure, even at low doses, can induce adverse effects in the short and long term, including cancer[4]; highlights that given the widespread exposure of the EU population to many suspected and known EDs and the fact that combined exposure to several EDs acting on similar or different pathways can have cumulative effects, there is a need to minimise exposure to EDs and to make EU regulation more consistent across sectors; encourages further research in order to determine the capacity of chemicals to act as endocrine disruptors;

32. Fully supports the Commission's commitment under the Chemicals Strategy for Sustainability to amend the Regulation on the classification, labelling and packaging of

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1 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).

2 Regulation (EC) No 1223/2009 of the European Parliament and of the Council of 30 November 2009 on cosmetic products (OJ L 342, 22.12.2009, p. 59).

3 Directive 2009/48/EC of the European Parliament and of the Council of 18 June 2009 on the safety of toys (OJ L 170, 30.6.2009, p. 1).

4 https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608866/IPOL_STU(2019)608866_EN.pdf

chemicals (Regulation (EC) No 1272/2008[1]) to introduce new hazard classes on, inter alia, EDs, including suspected EDs, and to update the information requirements in all relevant legislation to allow their identification;

33. Calls on the Commission to integrate the 'benign by design' approach into the regulatory requirements related to the production of chemicals and pharmaceuticals, in order to take a true precautionary approach to mitigating risks for our health, society and the environment;

34. Welcomes the publication of the new EU strategic framework on health and safety at work for the 2021-2027 period notably the 'Vision Zero' approach to work-related deaths, as well as the planned stock-taking occupational health and safety summit in 2023 to evaluate progress towards 'Vision Zero'; stresses the need for the close and regular involvement of social partners and stakeholders in this strategy; regrets, however, the limited number of substances addressed in the strategy; encourages the constant analyses and research on new substances suspected of being carcinogenic, mutagenic and/or reprotoxic, the establishment of OELs for chemical agents for which they do not yet exist, and periodic revisions whenever this becomes necessary in the light of further recent scientific data and technical developments; welcomes the workers survey prepared by the European Agency for Safety and Health at Work (EU-OSHA) on exposure to cancer risk factors; stresses that more systematic human biomonitoring programmes in full compliance with data protection measures, both in occupational settings and non-occupational settings, can be one of several relevant sources of information on general chemical exposure effects and health impacts; calls therefore on the Commission to increase its ambition as a matter of urgency through ambitious and regular updates of Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work; to do so, calls on the Commission, following consultation of the Advisory Committee on Health and Safety, to present an action plan to achieve OEL values for at least 25 additional substances, groups of substances or process-generated substances by 2024; stresses, in this regard, the need for the Commission to increase the capacity for reviewing OELs and adding new ones, including through increased staffing in relevant units and authorities; recalls, in this context, that ongoing negotiations on the fourth revision of Directive 2004/37/EC are an opportunity to also include in Annex 1 work involving exposure to hazardous medicinal products meeting the criteria for classification as carcinogenic, mutagenic and/or toxic for reproduction category 1A or 1B set out in Annex I to Regulation (EC) No 1272/2008, in order to ensure the best possible general and individual protection measures for workers handling these products; reiterates its calls for a new coherent, transparent and risk-based system to be established for setting exposure limits and to better take into account workers' exposure to a combination of substances; welcomes the commitment by the Commission to add EDs as a category of substances of very high concern under Regulation (EC) No 1907/2006 (REACH Regulation) and to classify them under Regulation (EC) No 1272/2008; stresses that workers should also be protected from exposure to EDs; welcomes the Commission's commitment to presenting in 2022 a legislative proposal to further reduce workers' exposure to asbestos, a proven carcinogen (group 1) according to the IARC, which remains responsible for around half of all occupational cancers in Europe; reiterates in this regard Parliament's requests in its resolution of 20 October 2021 on protecting workers

[1] OJ L 353, 31.12.2008, p. 1.

from asbestos[1], in particular its call for a European strategy for the removal of all asbestos and its proposals for a better evaluation of the risks linked to non-occupational exposure to asbestos; asks Member States to facilitate recognition of and compensation for proven work-related cancers and to reinforce the monitoring of work-related exposure by labour inspectorates;

35. Encourages the Commission and the Member States to achieve the UN SDGs that target communicable diseases in order to promote the prevention of cancers related to infectious diseases; welcomes vaccination programmes in the fight against HPV transmission; insists that a gender-neutral and publicly-financed HPV vaccination programme be implemented in the Member States in order to ensure the elimination of all HPV-related cancers, and calls for 90 % of girls to be fully vaccinated, and for a significant increase in the vaccination of boys, with the HPV vaccine by the age of 15 by 2030; urges that progress towards the goals of Europe's Beating Cancer Plan on HPV vaccination be reported in the Cancer Inequalities Registry; calls on Member States to implement the Council recommendation of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases[2] in order to reduce immunisation inequalities among vulnerable groups and to improve childhood immunisation; welcomes the Commission's intention to propose a Council recommendation on vaccine-preventable cancers; stresses, in this context, the need for coordinated actions targeting carcinogenic viruses, such as HPV and the hepatitis B virus (HBV), in order to prevent their transmission; calls for more harmonisation of HPV and HBV vaccination within Member States' national programmes, while ensuring the provision of information about vaccination and promoting equal access for vulnerable and at-risk adult groups; encourages the regular monitoring of current HPV and HBV vaccination at EU level using a tracking system similar to the COVID-19 vaccine tracker developed by the European Centre for Disease Prevention and Control (ECDC), that will also encourage Member States to adopt best practice and maintain momentum; calls on the Member States for data harmonisation, interoperability and enhanced development of national immunisation data systems; underlines that the ECDC should play a key role in tracking Member States' progress; supports further research on vaccine development against other viruses such as the hepatitis C virus and the human immunodeficiency virus (HIV); considers that in the meantime therapeutic solutions ought to be used massively to reach the WHO's goal of eradicating hepatitis C by 2030, and calls on the Commission to use financial resources under the Recovery and Resilience Fund to reach these targets by funding screening efforts; calls for cooperation with Member States and international organisations to combat the impact of misinformation on vaccination and to address vaccine hesitancy; calls for the EU4Health and other EU funding streams to be used for this purpose, including for supporting awareness-raising efforts for citizens, education providers and healthcare professionals, as well as for support to behavioural research under the Horizon Europe programme; recommends a strengthened application of the EU's Code of Practice on Disinformation particularly with regard to vaccine misinformation;

36. Points out that recent data confirms that people suffering from chronic inflammation, including from rheumatic and musculoskeletal diseases (RMDs), are at a higher risk of

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1 Texts adopted, P9_TA(2021)0427.
2 OJ C 466, 28.12.2018, p. 1.

developing cancer and other malignancies; calls on the Commission and Member States to boost research on the relationship between chronic inflammation, cancer and RMDs;

37. Calls on the Commission and Member States to further invest in research into the causes of adult and also paediatric and adolescent cancers;

38. Highlights the importance of allocating appropriate funding to science and social humanities research in order to evaluate inequalities in access to standards of care and innovation in childhood cancer across Europe, which account for differences in survival rates of paediatric cancer patients of up to 20 % among Member States, and of formulating mitigating measures in order to guarantee equal rights and access to treatment for all children and young people with cancer in Europe; regrets, in this regard, the disparities in terms of access to high-quality healthcare services among Member States, and also among different regions within Member States, and asks the Commission to address those disparities through the appropriate legislative measures in order to ensure equal rights in the EU;

39. Recommends that breastfeeding be encouraged so as to limit the risk of breast cancer in women by means of informing and educating mothers on the benefits of breastfeeding;

40. 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, either at birth for early detection of certain paediatric cancers or over the course of a lifetime, especially for breast, ovarian and colorectal cancers, and that the detection of these mutations may help to prevent or detect early-stage cancer and guide treatment choices; recommends therefore that Member States support increased access for patients in all age groups to genetic testing coupled with medical counselling and advanced sequencing diagnostics by earmarking financing and creating clear pathways for fast and efficient reimbursement, and raise awareness about to what extent citizens can access such services in the Union; recommends boosting investment in infrastructure and skills related to genetic sequencing platforms and the training of specialised genetic counsellors in specific units, such as already exist in some centres; calls on the Commission to support research in genetics in order to find genotypes with higher likelihood of developing certain cancers, including childhood cancers, as diseases with short exposure to external agents;

41. Highlights that techniques such as molecular epidemiology can provide new insights into the gene-environment interactions in cancer compared to in regular epidemiology; points out that these insights, together with further studies in epigenetics, can be used to improve the understanding of risk factors contributing to cancer causes and increase early detection;

42. Strongly supports the planned revision of the ECAC in order to develop, share and implement best practices in cancer prevention programmes, with a dedicated focus on disadvantaged groups, and the launch of a user-friendly EU mobile application which supports people and covers from cancer prevention and education to care, as announced in the Plan; highlights that in addition to being available on mobile applications, all up-to-date information should also be made available in non-digital formats to ensure inclusiveness; stresses that the ECAC should be systematically evaluated by IARC and that the evaluation work should continue to be coordinated by the Commission;

43. Encourages the Commission and the Member States to further promote health literacy on cancer risks and determinants as well as digital literacy that is linked to it, to develop educational tools for prevention, and to support the creation of e-learning platforms and applications; calls for particular attention be paid to disadvantaged, vulnerable, socially excluded, and marginalised people, and underlines that specific awareness-raising campaigns for groups with particular health literacy needs are essential; notes the importance of increasing health literacy on carcinogenic substances at work, and calls on the Commission and Member States to ensure that employers provide appropriate training; underlines that primary healthcare providers have an important role in health promotion among several population groups, since they can adapt their health promotion actions to the needs of patients in the light of patients' digital skills, or even if they have no digital skills at all; considers cancer prevention to be a first step towards a European public health education policy;

44. Calls for the continuous strengthening of the Knowledge Centre on Cancer, which should be tasked with establishing a European roadmap for devising and coordinating large-scale prevention campaigns, in synergy with national programmes, and effective communication campaigns on health promotion in educational programmes (harmless behaviours, healthy nutrition, physical activity, transmission routes of carcinogenic viruses and vaccination and treatment opportunities for such infections, 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 for these campaigns;

45. Underlines that tobacco and harmful 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 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; calls for a stock-taking and prevention summit focusing on commercially-produced determinants of cancer and other chronic diseases, which would bring together the EU institutions, Member States, patient associations and civil society organisations active in the field of health;

46. Calls for the implementation of prevention programmes to be inclusive by involving regions and municipalities, citizens, the social partners, civil society and patient associations at all steps of the decision-making process, especially through the Conference on the Future of Europe;

II. Inclusive screening and detection of cancer

47. Deplores the frequent delays to and shortcomings in the timely diagnosis of symptomatic cancers 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 during a health crisis (such as the COVID-19 crisis) or in situations where the capacity of the healthcare systems decreases; 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; stresses the importance of quick and up-to-date data on cancer screening programmes in order to

enable swift reaction and follow-up in case of disruptions to regular screening capabilities with the goal of reducing the number of postponed screenings to an absolute minimum;

48. Regrets the inequalities between Member States in access to cancer screening, resulting in lower chances of survival due to late diagnosis of cancer, which represents an unacceptable discrimination of EU citizens based on their country of residence; underlines that in the case of breast cancer screening, differences in coverage are at least tenfold across the EU according to Eurostat; points out that the 'Health at a Glance: Europe 2018' publication noted that for cervical cancer screening, the difference between Member States in coverage of the target population ranges from 25 % to 80 %; notes that, for instance, only 18 Member States reported having national or regional population-based screening programmes for breast, cervical and colorectal cancers, according to the most recent report by the IARC on the implementation of the 2003 Council Recommendations on screening; calls on the Commission to support projects, for example via EU4Health, Horizon Europe Mission on Cancer or other relevant programmes, to explore the barriers limiting the early detection and early diagnosis of cancer in Europe;

49. Invites Member States to work together, especially in cross-border regions and isolated areas (including mountain areas and urban areas remote from screening centres), to reduce social and geographical inequalities in cancer screening and early diagnosis services;

50. Supports the launch of a new EU-supported cancer screening scheme, as announced in the 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 on the Commission to include other cancers in the scheme, based on the latest scientific evidence, with clear targets for each type of cancer; supports research on other types of cancers which may be effectively detected by screening; calls on the Commission to evaluate every two years the results of the cancer screening scheme in terms of equal access of the target population, to keep track of inequalities between Member States and regions, propose appropriate new measures and correlate screening programmes with the latest cancer screening research results, and if necessary, present measures for increasing the coverage of screening and prevention services in the Member States; urges the Member States and the Commission to report and monitor the achievement of screening targets in the Cancer Inequalities Registry;

51. 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 to provide adequate resources for this; reiterates that, at the same time, there should be increased focus under the Plan on screening, diagnosis and treatment initiatives for cancers that cannot be prevented; encourages the Commission and the Member States to promote targeted screening for high-risk groups; strongly recommends that Member States develop a comprehensive screening policy which allows for timely screening when cancers with hereditary characteristics are detected; recommends that Member States establish research programmes into, and the development of, effective, accurate, non-invasive and innovative early diagnosis methods, such as biomarkers, for different types of cancer;

52. Calls on the Commission and the Member States to fully implement the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services to minimise the diagnosis time for such cancers; recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, legal frameworks and governance and quality assurance structures more stringent and science-based; considers that in order to address disparities in cancer screening, common standardised screening protocols are needed at EU level, going beyond best practice guidelines, e.g. on algorithms for the organisation of screening programmes and indicators for assessing the quality of screening programmes;

53. Encourages the improvement and harmonisation of cancer screening data collection to allow for an annual European report; encourages, furthermore, the regular monitoring of current screening programmes at EU level; highlights the need to link data sets on cancer incidence from screening programmes with occupational categories, which can help to identify appropriate preventive measures; considers that stepping up public health services (including financing, infrastructure and aspects involving health professionals) is key to improving cancer prevention, screening and diagnosis; stresses the importance of screening for and collecting data on common cancer comorbidities in order to better anticipate them; underlines that scientific advances in cancer risk prediction should allow for the development of risk-appropriate screening programmes;

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

55. Encourages the Commission to consider the possibility of facilitating a ‘second opinion’ system within the Cross-Border Healthcare Directive[1] for difficult or atypical cancer cases, and recommends that the Member States introduce the right of patients to request that specialists from one Member State seek the advice of specialists from another Member State within a single coherent system;

56. 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, which will take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, risk-stratified approaches and risk calculators); emphasises that information on those screening programmes should be transmitted to the Joint Research Centre’s Knowledge Centre on Cancer (age of initiation and subsequent uptake, impact on survival, cost-effectiveness etc.) and that they should be regularly evaluated by the competent national authorities; calls on the Commission to develop EU guidelines for fostering research efforts in order to assess the inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) and the role of artificial intelligence as part of the update of the Council recommendation in 2022, in close cooperation with the IARC, the WHO, healthcare professionals and patient organisations; calls for the evidence that proves the positive effect of targeted lung cancer screening on mortality to be recognised; encourages the Council, based on the outcome of the above-mentioned

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[1] 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).

assessment, to consider including lung and prostate cancer screening in the update of the Council recommendation in 2022; calls, further to the opinion of the Commission's Group of Chief Scientific Advisors and the 2022 update of the Council recommendation on cancer screening, for clear and tangible targets to be set for any new cancers that need to be tackled;

57. Advocates the launch by the Commission and the Member States of an EU platform for national screening centres, drawing on the experience of similar platforms for exchange and cooperation such as the European Network for Health Technology Assessment and the Heads of Medicines Agencies; recommends that this platform be entrusted with sharing expertise and implementing best practices, discussing common challenges, encouraging collaboration, training and capacity-building for improving quality in screening programmes, acting as a central hub for projects and initiatives on cancer screening supported by the EU, and maintaining in the long term the network of providers of data to the implementation report by the IARC on cancer screening;

58. Stresses the importance of increasing awareness about and the uptake of cancer screening and early detection among people in the EU via a Union-wide awareness-raising campaign as part of the European awareness days, motivation surveys and better implementation of existing communication campaigns; calls on the Commission and the Member States to support, fund and implement further actions aimed at raising awareness of cancer screening and promoting participation in screening both among the general population and to eligible residents via direct notifications; encourages the Member States to actively work on educational strategies in primary healthcare centres; encourages research into behavioural adherence factors and obstacles impeding early detection and diagnosis of cancer to boost participation in screening programmes, supported by EU funding such as that provided under the Horizon Europe research programme;

59. Calls for reinforced cooperation with non-EU countries and especially with the broader European region to encourage the organisation of screening campaigns and early diagnosis programmes, in particular for women's cancers and especially in low- and middle-income countries and for minority communities, while also taking into account the specificities of women's cancers in those countries; stresses that this can mark an important contribution by the EU to the achievement of international goals in cancer, such as the WHO goal to eliminate cervical cancer as a public health problem;

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

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

IIIa. Equal access to cancer care: towards best quality care

62. 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 healthcare professionals, are aware of the right of patients to seek

cross-border healthcare under the two existing frameworks: the Cross-Border Healthcare Directive and the Social Security Regulation[1]; calls for a reform of the Cross-Border Healthcare Directive, notably to allow for mobility and access to highly specialised equipment and care through the reinforcement of the national contact points by providing them with more budgetary resources, and to allow for the development of Commission guidelines setting acceptable and harmonised review and approval timelines to expedite time-to-treatment in the EU under the Social Security Regulation; calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare, including those aimed at health professionals, as well as the development of a one-stop-shop for information on the EU's cross-border access pathways; emphasises the need to reduce logistic and linguistic barriers faced by patients when accessing healthcare in another EU Member State; stresses the need to provide patients with clear information on prior authorisation requirements that apply to certain Member States; underlines the need to provide particular financial support to low-income parents accompanying their child abroad for treatment; emphasises the need to facilitate the process through a holistic revision of the cross-border healthcare frameworks, giving equal weight to the Cross-Border Healthcare Directive and the Social Security Regulation, 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; emphasises the need for clarification regarding access to cross-border clinical trials, as this is not clear in the Cross-Border Healthcare Directive; underlines that all costs related to a treatment should be financed before it begins to avoid the exclusion of low-income patients; calls on the Commission to consider, in the context of the next revision of the existing frameworks, the setting up of a single set of authorisation and reimbursement rules for the access to cross-border healthcare, including a right to a second opinion; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth strategy from 2018 to ensure interconnected electronic health records, better interoperability, and improved data quality, privacy and security for cancer patients at regional, national and EU level, while ensuring strict adherence to patient health data privacy and security rules; notes the potential of the Cancer Inequalities Registry as a means of reporting and measuring improvement in these areas;

63. Notes the importance of rapidly administering treatment and providing the results of relevant medical exams to cancer patients in a timely fashion, since the more time this takes, the more the disease progresses, threatening the patient's 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 with lower chances of survival, thus leaving them with no other option but the private sector;

64. Calls for the mutual recognition of health-related qualifications in cancer care across the EU and a common recognition scheme for non-EU countries to be considered, as

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[1] Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (OJ L 166, 30.4.2004, p. 1).

requested in Directive 2005/36/EC[1], ensuring that it is facilitative for oncology-related specialties; calls for the development of upskilling programmes to enable those wishing to move into oncology to do so at any point in their career;

65. Calls for full recognition of medical oncology and paediatric oncology as specialist disciplines, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, both for adults and children, and the facilitation of patient access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs, health technologies and reference centres for complex treatments like cell and gene therapy; highlights the need to ensure that access to innovation in early clinical trials for relapsed or difficult-to-treat malignancies is covered by the relevant provisions;

66. 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; calls for the recognition of high-quality surgery and highlights its importance in curing cancers detected at an early stage; stresses the need to promote the development of a core curriculum in surgical oncology as well as individual specialist training in surgical oncology, and calls for programmes to harmonise surgical oncology education in the EU; supports the development of clinical trials in surgical oncology as part of local-regional treatment and promotes greater investment of EU and national research and innovation funds in surgical oncology research; stresses the importance of standardised surgical oncology treatments to improve long-term quality of life for cancer survivors;

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

68. Calls for the promotion of geriatric oncology as a branch that deserves special consideration and needs to be enriched by scientific research in order to ascertain best treatment and diagnostic methods for elderly patients; recalls that in the EU, over 60 % of new cancer cases and over 70 % of cancer deaths occur in people aged 65 and older; notes that this proportion is expected to increase as the population in the EU ages, thus representing a crucial challenge for healthcare systems; calls on the Commission and the Member States to urgently address this situation with concrete actions; specifically asks the Commission and the Member States to take action in order to facilitate clinical trials in the elderly, the implementation of multidisciplinary and comprehensive onco-geriatric care models in routine clinical pathways, and the creation of centres of excellence in geriatric oncology; calls on the Commission and the Member States to foster opportunities for the training and upskilling of the oncology workforce in the principles of geriatrics;

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

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

70. Welcomes the new action plan under the strategic agenda for medical ionising radiation applications[1], which will support the security of production capacities for and supply of radioisotopes through the replacement of the current ageing fleet and the implementation of existing technologies, notably reactors and particle accelerators, under existing financial instruments, avoid shortages of radioisotopes by facilitating the crossing of borders and exemptions for transportation, and enhance the quality and safety of radiation technology in medicine, which is currently not equally available in all EU Member States, through the evaluation of radioisotopes via health technology assessments, the harmonisation of market access, the affirmation of nuclear medicine as a fully independent medical specialty, the promotion of training standards, and investment in nuclear medicine research;

71. Calls on the Commission to promote, and on the Member States to strengthen, the role of general practitioners, paediatricians, nurses, primary care professionals and specialist physicians, given the important role they play in referring patients for diagnostic tests and to oncology specialists, as well as the role of specialised nutritionists or dieticians, psychologists and rehabilitation specialists 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 teams to manage cancer patients throughout their treatment journey, and multidisciplinary decision-making in the framework of dedicated cross-discipline concertation meetings (consilium) bringing together various cancer specialists and primary care professionals; underlines the importance of constant training for health professionals to keep them updated on new cancer treatment options; calls for the role of treatment coordinator to be made more widespread in order to ensure that patient treatment is appropriately coordinated, and to give patients easy access to updated information related to cancer diagnosis and advice on how to use the health system;

72. Considers that the scope of Directive 2005/36/EC should be revised to allow for the mutual recognition of cancer nursing education and education for other medical staff supporting the treatment process;

73. Calls on the Member States to develop, within their national cancer control programmes (NCCPs), strategies that encompass and implement preventive measures against the risk of burnout among cancer care professionals; urges the Commission and EU-OSHA to pay attention to this concern, and stresses that they should be considered important implementation partners of the Plan in this respect;

74. Encourages, where feasible and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients and their families; stresses, in particular, that ambulatory treatments for children should be promoted, 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; stresses the role of pharmacists, oncologists and nurses in the multidisciplinary follow-up of patients taking oral anticancer

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[1] Commission staff working document entitled 'Strategic agenda for medical ionising radiation applications (SAMIRA)' (SWD(2021)0014).

medicines; calls on the Member States to implement or improve e-health technologies, telemedicine and telecare services to ensure the continuity of inpatient and outpatient cancer care as well as community care; urges the Commission to deploy Horizon Europe research funding to support the use of telemedicine and to assist with 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 to support an increase in digital literacy for patients and healthcare professionals;

75. Calls on the Member States to provide integral and multidisciplinary palliative care services for cancer patients in order to ease their pain and discomfort, promoting comfort care and ensuring the presence of nurses or carers, while preserving their dignity and taking into account advance care planning and the autonomy of the patient; calls on the Commission to support and coordinate regular exchanges of information and the implementation of best practices on hospice and home palliative care at EU level; calls for the development of child-specific palliative care, especially in Member States where this type of care is not yet widely provided; encourages the Member States to address palliative care in their NCCPs, maximise the number of palliative units in each region in order to appropriately adjust their number to the needs of patients, minimise waiting times, and ensure sustainable funding and sufficient numbers of well-trained staff; considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the standardisation of palliative care education and best practices of health professionals; emphasises the need for reference networks for palliative care and their integration with cancer pathways at all levels, namely specialist hospitals, primary healthcare centres, hospice and home care, as well as the need for hospital-territory integration; stress that patient access to supportive and palliative care (including psycho-oncology services) across the EU should be measured and reported via the Cancer Inequalities Registry; calls for deeper cooperation between healthcare systems and social assistance systems in all Member States;

76. Encourages the Commission and the Member States to adopt specific quality assurance criteria and schemes (including common standards of care, adequate organisation, infrastructure and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in clinical research), and joint clinical guidelines to ensure accreditation standards are applied to public and private hospitals treating cancer patients, in order to guarantee efficient, safe and equal management of cancers all over the EU; insists that these criteria must adhere to the highest available standards of evidence-based science that have been published in peer-reviewed scientific journals; insists that both public and private institutions that meet the quality assurance criteria should be included in NCCPs as part of the Plan with the goal of providing the highest quality of cancer treatment to all patients across the EU; calls on the Member States to create maps of oncology health needs, coupling them with realistic mappings and inventories of their existing oncological infrastructure; takes the view that this mapping exercise will allow Member States to better plan access to existing medical infrastructure, determine clear areas of action and prioritise the allocation of resources, and plan cross-border cooperation between the oncological reference centres;

77. Welcomes the planned establishment, as announced in the 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 through training in, research on and the promotion of clinical trials across the EU; calls on the Member States and the Commission to support the establishment of such centres for rare cancers and cancers requiring complex treatments; calls on the Commission to identify existing centres of this type within the EU, to promote the establishment of at least one national comprehensive cancer centre in each Member State and to support the coordination of the network of these centres; stresses that the objectives of that network should include the reduction of inequalities and the strengthening of translational, clinical and outcome research; highlights that the promotion and development of translational research should be considered as an important core objective of the EU Network of Comprehensive Cancer Centres; notes that when developing this EU network, the Commission should consider the need to invest in state-of-the-art equipment and well-trained physicians and other healthcare specialists with various specialties, and recommends that a variety of well-developed cancer specialties and medical disciplines be involved from the start in the work of the envisioned EU Network of Comprehensive Cancer Centres to reinforce multidisciplinary cooperation, therefore improving outcomes for patients; calls on the Commission and the Member States to support the sustainability of pre-existing cross-border collaborations, such as the European Reference Networks and those relating to paediatric cancer; calls on the Commission to support the Member States by earmarking some of the budget in the cohesion and regional funds to support the establishment of these centres to ensure full coverage of the population;

78. Calls for the identification, reinforcement or creation in each Member State of an NCCP, in line with WHO guidance on NCCPs, 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; calls for the content of the NCCPs to be aligned as closely as possible with the Plan in order to facilitate the successful implementation of the latter; recommends that the NCCPs are set up in accordance with the European Guide for Quality National Cancer Control Programmes initiated by the European Partnership for Action Against Cancer (EPAAC) and calls for the inclusion of a dedicated paediatric cancer and rare cancers component in all NCCPs to ensure that appropriate resources are allocated and adequate implementation programmes are introduced to meet the specific needs of these patients; welcomes the setting up of a network of these organisations; stresses that NCCPs should include provisions on adequate staff capacities so as to guarantee a sufficient number of oncologyworkers in each Member State, commensurate with the overall population number;

IIIb. Equal access to cancer care and medicines in the EU

79. Calls on the Commission to strengthen the EU medicines market in order to improve equal access to treatment, including innovations and personalised medicine, reduce medicine shortages, overcome the problem of high prices for innovative technologies and treatments, encourage the use of generic and biosimilar medicines and improve cancer treatments for adults and children; calls on the Commission and the national competition authorities to assess the EU medicines market, focusing on acquisitions of SMEs by large pharmaceutical companies that undermine fair competition; encourages a multi-stakeholder dialogue on access to medicines and innovations based on models

such as ACCELERATE[1] in the paediatric cancer sector and involving all relevant actors including academics, industry, health professionals and patient representatives;

80. Calls on the Member States to step up national research and production capacity for medicines and other health products, including by establishing national pharmaceutical laboratories, with a view to providing equal access to treatment, reducing medicine shortages and dependence on the pharmaceutical industry, securing cost-free access to innovative treatments and improving cancer treatments for adults and children; calls on the Member States, furthermore, to provide cost-free access to treatments and medicines used by cancer patients by means of their public health services and to consider medicine policies that provide cost-free access to medicine for users over the age of 65, the chronically ill and families in economic need;

81. Calls on the Commission to revise Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 establishing a Community code relating to medicinal products for human use[2] and 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[3] (EMA) to strengthen the marketing authorisation framework, improve medicine availability and increase generic and biosimilar competition;

82. Notes that cancer patients are frequently affected by medicine shortages and that severe disruptions in the supply of cancer treatments are highly detrimental to them, their carers and their families; calls on the Commission and the Member States to work together to prevent and manage shortages of all medicines and medical products and of cancer medicines in particular, including shortages of inexpensive essential cancer medicines; supports the development of a common basket of cancer drugs of which there may be shortages to ensure that patients have continuous access to appropriate treatment, based on transparently and appropriately defined patient needs;

83. Calls for the reinforcement and diversification of the supply chain, in particular that of cancer drugs, within the EU, close monitoring of supply tensions and shortages, and the creation of a strategic stockpile of such critical medicines, active ingredients and raw materials, particularly where the number of suppliers is limited; calls for EU pharmaceutical legislation to introduce a legal obligation for pharmaceutical companies to report information to the EMA on adequate safety stocks of essential cancer medicines; stresses the importance of the role of sustainable procurement practices in preventing medicine shortages; urges the Commission, in the context of the EU Public Procurement Directive[4], to develop guidelines to support public procurement practices in the pharmaceutical field for cancer drugs, in particular with regard to the implementation of the criteria for the most economically advantageous tender, aimed at ensuring long-term sustainability, competition and security of supply and stimulating investment in manufacturing;

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1 https://www.accelerate-platform.org/
2 OJ L 311, 28.11.2001, p. 67.
3 OJ L 136, 30.4.2004, p. 1.
4 Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement (OJ L 94, 28.3.2014, p. 65).

84. Points out that generic and biosimilar medicines enable efficient and safe cancer care, increased competition, innovation and savings for healthcare systems, thus helping to improve access to medicines; calls for the introduction of a strategic objective in the Plan and the NCCPs to actively promote the use of off-patent medicines, where appropriate and beneficial for patients; stresses that their market entry should not be hampered or delayed and their development process should be promoted and funded; calls on the Commission to ensure healthy competition on the expiry of intellectual property rights as a matter of urgency by ensuring the accessibility of biosimilar medicines from day one and removing all barriers to access to competition, for example through patent linkage, by banning intellectual property evergreening practices that unduly delay access to medicines and by allowing single global development;

85. Considers that Member States should converge on the evaluation of medical technologies; welcomes, therefore, the agreement on the Health Technology Assessment Regulation reached by the European Parliament and the Council on 22 June 2021 to support harmonised assessment of, and faster access to, innovative cancer diagnosis and treatments and considers that a more efficient decision-making process could, among other measures, play a role in facilitating it; welcomes that cancer medicines is one of the first medicinal product groups to be jointly assessed under the Health Technology Aassessment Regulation; calls on the Commission and Member States to take further measures aimed at encouraging the uptake and use of Joint Clinical Assessments that are to be carried out under the regulation; highlights the existence of tools being used by the WHO to incorporate cancer medicines on the WHO Model List of Essential Medicines;

86. Recalls that all patients have the right to optimal treatment, regardless of their financial means, gender, age or nationality; notes with concern that there is a great disparity in the availability of and access to different cancer therapies, with unaffordability being one of the main reasons; insists, therefore, on the need to ensure equal access to safe, effective and affordable drugs, in particular cancer drugs, within the EU; calls on the Member States to consider joint price negotiation with pharmaceutical companies, as per the Beneluxa Initiative on Pharmaceutical Policy and the Valletta Declaration; calls on the Commission to make fair pricing and affordability of new treatments a core element of the Plan and the Pharmaceutical Strategy for Europe, notably by attaching conditionalities to EU public funding (e.g. under Horizon Europe and the Innovative Health Initiative), and to ensure that public investment in R&D is accounted for and that medicines resulting from publicly funded research are available at fair and affordable prices; underlines that this should also be the case for medicines benefiting from specific regulatory or market protection such as medicines developed to treat rare or paediatric cancers; calls for more transparency throughout the pharmaceutical system, especially regarding pricing components, reimbursement criteria and the actual (net) prices of medicines in different Member States to ensure fairer prices and bring public accountability to the pharmaceutical sector;

87. Strongly advocates the extension of joint procurement procedures, especially for (ultra) rare, paediatric and novel cancer medicines and treatments, diagnostic procedures, companion diagnostic tests, and cancer-preventing vaccines like the HPV and hepatitis B vaccines, to counter shortages and improve affordability and access to cancer treatments at EU level; notes that joint procurement procedures should improve response times and be transparent; highlights that joint public procurement should not hinder patient access and medical innovation;

88. Calls on the Commission to support a regulatory framework which strengthens incentives for rare cancer treatment in the EU to effectively address existing shortcomings; underlines that patent systems all over the world are drafted in a way that for a specific period of time – i.e. only for the duration of the patent – only the inventor is allowed to commercially exploit their patent, whereas thereafter the invention can be freely produced by anyone; calls on the Commission to develop new targeted incentives to ensure equitable access to cancer medicines also in areas where the development of products would otherwise not be sustainable;

89. Calls on the Commission to submit a proposal for the revision of Council Directive 89/105/EEC on the transparency of measures regulating the prices of medicinal products[1] in order to ensure effective controls and full transparency of the procedures used to determine the price of and reimbursement amount for medicines, in particular cancer medicines, in Member States; encourages the competent authorities to ask pharmaceutical companies to provide information on research and development costs, including the financing from public resources, prior to market authorisation, as well as on the tax benefits and subsidies they have received; requests that the calculation of drug costs take into account the use of public funds; calls on the EMA to increase the number of audits in order to assess pharmaceutical companies' compliance with the requirements on transparency;

90. 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 reflecting genotypes or phenotypes, is a promising way to improve cancer treatment; encourages the Member States, therefore, to develop personalised medicine across the EU through cooperation among them and to promote the implementation of regional molecular genetics platforms and facilitate equal and rapid access to advanced diagnostics and personalised treatment for patients, in full respect of data privacy and ensuring that patients are informed and consent to the use of their health data for research; notes that the fragmentation and classification of cancers based on specific genotypes should not lead to them being defined as 'artificial rare diseases' with the aim of increasing financial compensation;

91. Recalls that in the context of personalised medicine, gender-based medicine and therapies are considered to be effective treatment strategies for curing cancer, taking into consideration differences between men and women at the biological, genetic and musculoskeletal levels; calls on the Commission and the Member States to facilitate the development of gender-based treatment for cancer, in line with the indications coming from medical practitioners and physicians;

92. Welcomes the Genomic for Public Health project and the establishment of a roadmap to personalised prevention in the Plan to identify gaps in research and innovation and support an approach to map all known biological anomalies leading to cancer

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1 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).

susceptibility, including hereditary cancers, which amount to between 5 and 10 % of cancer cases;

93. 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[1]; considers that the application of the regulation would facilitate the launch of large clinical trials across Europe carried out in a harmonised, efficient and coordinated manner at European level in order to facilitate research into cancer drugs and improve the quality of life of cancer patients and their families; considers, furthermore, that the regulation should be applied in a consistent manner in all Member States with the aim of rationalising procedures for carrying out clinical research; highlights the importance of undertaking a fresh review of opportunities to reduce the administrative burden associated with clinical trials; calls for long-term learning from the COVID-19 pandemic on future forms of international trial cooperation and information sharing;

94. Points out that the PRIME scheme launched by the EMA can be a highly efficient instrument to enhance support for the development of innovative medicines in oncology, so that they can reach the patient sooner;

95. Calls for a more sustainable environment, including as regards financial support, for conducting research into and analysing existing research about the repurposing of medicines for cancer treatment, especially by third parties with no commercial intent, and for the creation of an additional project that uses high-performance computing to rapidly test existing molecules and new drug combinations, starting with high unmet needs, such as treatment for cancers with a poor prognosis, metastatic cancers and rare cancers;

96. Highlights the importance of addressing the issue of the off-label use of medicines, including inexpensive medicines and medicines used for rare cancers; calls on the Commission to analyse the existing situation concerning the off-label use of medicines;

97. Acknowledges that many upcoming technologies will require complex regulations (cell and gene therapies, for example); considers that the Union should fund, incentivise and ensure a regulatory process that actively encourages research and innovation, anticipates the needs of researchers in academia, industry and at clinics, actively informs and guides them on regulatory processes, prepares the ground for future technologies, evaluates those technologies step by step and fosters the entry of safe and effective new treatments into the market;

98. Reiterates the importance of generating and reporting strong evidence on the efficacy and safety profiles of medicines, both in clinical trials and in post-market entry follow-up studies; supports the development of clinical trials on the use of new and affordable cancer drugs in adults and children; supports the development of multi-centric clinical trials across Europe for the discovery of improved forms of treatment and care for patients, including children and older patients; underlines that authorities must ensure transparency, compliance with study conduct requirements and the early communication of relevant data to the EMA and the general public;

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1 OJ L 158, 27.5.2014, p. 1.

99. Takes note of the Commission's legislative proposal to establish a Health Emergency Preparedness and Response Authority (HERA); notes that, by 2023 and every two years thereafter, the Commission should carry out an in-depth review of the implementation of the operations of HERA, including its structure, governance, funding and human resources; notes that these reviews must address, in particular, any need to modify HERA's structure, including but not limited to the possibility of upgrading it to a stand-alone agency, revising its mandate and understanding the financial implications of any such modification; notes that the Commission should report on the findings of the reviews to the European Parliament and the Council and that these findings should be made public; notes that these reviews should be accompanied, where appropriate, by a legislative proposal to address the outlined issues, fully respecting the European Parliament's role as co-legislator; considers that if HERA is upgraded to a stand-alone agency, it could, at that point, be able to anticipate, incentivise, co-develop and facilitate rapid, equal and sustainable access to cancer innovations for cancer patients, including diagnostic procedures as well as companion diagnostic tests; considers that HERA could, in the long term, closely collaborate with public and private entities to plan, coordinate and build an ecosystem of private and public capabilities that can provide suitable emergency frameworks for EU access to key raw materials in case of global supply shocks;

100. Stresses the need to promote the innovation of life-saving cancer treatments; calls therefore on the Commission to create a pharmaceutical legislation framework for oncological medicines and therapies that promotes real breakthrough innovations and not the so-called 'me too' pharmaceuticals, which are just another substance with the same use without major benefits or highly expensive pharmaceuticals that offer only minor improvements for patients; calls for a large consortium of public authorities, private companies and NGOs, including patient and survivors associations and academia, to work together to guarantee the accessibility and affordability of cancer treatment options requiring complex technologies, for instance, complex treatments like cell therapy (CAR T cells), gene therapy, adoptive immunotherapy through the use of tumour genome extracts (messenger RNA) and nanotechnologies; stresses that, to facilitate the wider utilisation of innovative therapies, the EU and the Member States must not only do their best to finance currently available therapies but also support the development of more cost-efficient methods; believes that lowering the costs of the most innovative and effective therapies will increase their wider availability to the benefit of patients in the EU and beyond; calls for securing equal access to innovative therapies, both in densely populated urban regions and smaller rural or remote areas;

IIIc. Equal access to multidisciplinary and quality cancer care: towards a better response to the impact of health crises on cancer patients

101. 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 prevention activities such as vaccination, postponements of prevention schemes, clinical trials, screenings, referrals, diagnoses, surgical procedures and treatments, shortages in the supply of medicine and other medical supplies, specialised workforce shortages, reduced communication with health professionals and patients' fear of infection; highlights that evidence suggests that clinicians across Europe saw 1,5 million fewer cancer patients in the first year of the pandemic and performed an estimated 100 million

fewer cancer screening tests, and therefore, one million citizens in the EU may presently be undiagnosed with cancer as a consequence of the COVID-19 pandemic;[1]

102. 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 invest in the public health sector and to build an emergency strategy to allow Member States to react in a coordinated manner against any future health crises; stresses that vulnerable groups, including cancer patients, are particularly exposed during a health crisis; stresses that specific measures under this emergency strategy should be aimed at the protection of vulnerable groups, including cancer patients, who cannot wait until the end of the crisis; stresses that these specific measures should support the development, production and stockpiling of products to protect these vulnerable groups;

103. Calls on the Commission and the Member States to diligently collect data via suitable registries to monitor the effects of vaccines against COVID-19 in vulnerable populations, including patients with cancer, and their subsequent immune responses;

104. 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 recruitment of health professionals, in both primary and specialised care, and their retraining, should they be specialists in other fields; suggests that the Cancer Inequalities Registry may serve as a tool in measuring and reporting on pre-existing workforce shortages; underlines that new approaches to human-centred healthcare are required in order to ensure access to diagnostics, therapeutics and quality public health services for all; stresses the need for work on a skill mix in order to optimise the response to staffing needs in the health sector; supports the exchange of good practices between Member States in this regard; calls on the Commission and the Member States to create online training platforms for healthcare professionals such as carers, and to create therapeutic care programmes granting qualifications and recognising their competences;

105. Deplores the fact that patients still face many difficulties in accessing quality, public healthcare services since many oncology departments at public hospitals are suffering from workforce shortages and a lack of capacity; calls, therefore, for the creation of high-quality radiotherapy departments and modern oncology centres at public hospitals, based on European guidelines and in line with the most recent scientific evidence;

106. Calls on the Member States and relevant authorities to recognise the pivotal role of informal carers, integrate them into health and care teams and empower them with the possibility of making informed choices regarding available supportive measures with the support of healthcare professionals; recognises that the pandemic has exacerbated the crucial role of informal carers, who provide most of the daily care for cancer patients and who face a clear lack of practical and policy support, including as regards social rights, training, psychological help, information and recognition; points to the high percentage of informal carers among the EU population and to the disparities regarding the way in which they are supported and how their rights are recognised

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[1] European Cancer Organisation, 'Cancer Will Not Wait for the Covid-19 Pandemic to End. It is Time to Act.', 11 May 2021, accessed 21 December 2021.

across Member States; calls on the Commission to consider the formalisation of informal care, which would ensure the recognition of a certain minimum standard of rights, especially for those who are providing long-term care;

107. Advocates the development of a digital health communication channel to monitor symptoms remotely and ensure continued cancer treatment in out-of-hospital care; calls for permanent access to medical consultations, psychosocial services and contact between the patient and health professionals and between the attending health professional and the patient's family, to be guaranteed through the use of telemedicine and telecare and their integration into healthcare systems, in health threat-free environments in hospitals, or, where possible and safe, in pharmacies; calls for the stimulation of the development of therapeutics that can support a transition to home care;

108. Asks for enhanced communication between health professionals, patients, survivors, caregivers, parents and public authorities regarding the effectiveness and safety of health interventions, in particular cancer screening, diagnosis and treatment, and for increased awareness campaigns for prevention in times of crises;

109. Calls on the Commission and the Member States to adopt European prevention and management plans as part of a coherent and holistic contingency strategy to prevent and address shortages of medicines, devices, products and staff in times of health crises; underlines the responsibilities of market authorisation holders and wholesale distributors with respect to relevant EU legislation;

IV. Strong support to cancer patients, survivors and caregivers

110. 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[1], without any discrimination against cancer patients and survivors;

111. Notes that there is a need to focus on the quality of life for a rising number of chronic cancer patients whose illnesses cannot be cured but may be stabilised for a number of years; emphasises the importance of specific EU recommendations to improve the quality of life of patients and survivors, including via comprehensive supportive care integrated into cancer care starting with the diagnosis and continuing throughout the course of the disease (including pain relief, psychological services, adapted physical activity, scientific evidence-based complementary therapies, access to education, nutritional support, social assistance encompassing all day-to-day tasks such as household help or childcare, access to reproductive health and the restoration of aesthetic integrity) and access to specialised supportive centres; asks the Member States to recognise sequelae (physical or mental disabilities), as well as social discrimination, including in the workplace; asks the Commission to propose guidelines for the Member States to address the importance of establishing comprehensive coverage systems that guarantee that these needs are met; recognises that cancer is a financially burdensome disease, even beyond cancer treatments; calls on the Commission to set up a platform

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1 OJ L 133, 22.5.2008, p. 66.

for the exchange of best practices in palliative care and to support research on palliative care;

112. Calls on the Commission to consider an EU strategy on care and caring to ensure appropriate, accessible and high-quality long-term care;

113. Highlights the fact that scientifically recognised integrative medicine approved by public health authorities can bring benefits to patients in relation to the parallel effects of several diseases, such as cancer, and their treatment; stresses the importance of developing a holistic, integrative and patient-centred approach and encouraging, where appropriate, the complementary use of these therapies under the supervision of healthcare professionals;

114. Underlines that the results of cancer treatment can be hampered by malnutrition, therefore optimal nutritional care is an essential part of cancer care; calls on the Member States to develop recommendations for incorporating clinical nutrition into all aspects of cancer care, including treatment, support and research; considers that, wherever indicated, cancer patients must be provided with clinical nutritional support by a dietitian specialist to be included in the multidisciplinary team; welcomes, therefore, the planned inter-speciality training on nutrition support and calls on the Commission and the Member States to develop minimum standards for continuous training on nutritional care for the multidisciplinary workforce; recommends that nutrition management be an integral and ethical part of all clinical research involving cancer patients; recommends, furthermore, that proper nutritional support be included in the cancer patients' Charter of Rights;

115. Strongly urges the Member States to ensure that all cancer patients are fully informed about the possibility of fertility preservation procedures prior to the start of active treatment; calls for the development of guidelines at EU level for health professionals, defining the age at which cancer patients should be informed about the availability of reproductive health procedures; encourages, furthermore, the Member States to make provision for all cancer patients covered by compulsory national health insurance to be reimbursed for such services by national health insurance schemes;

116. Encourages the Member States to take into account the frequent exhaustion of the families and relatives of cancer patients and to provide them with psychological and socioeconomic assistance, especially to the most vulnerable, and rest periods in the workplace, throughout the course of the disease, as well as with bereavement support; encourages, furthermore, the development of integrated, adequate and accessible support schemes for cancer patients and their families, that take health, community and social services into account;

117. Recalls that patient empowerment and health literacy is crucial for the European cancer strategy and that patient-centredness and participatory decision-making must be at the heart of treatment and care development processes; encourages the promotion of well-informed patients who are actively involved in their own treatment and calls for the therapeutic education of caregivers and patients and their empowerment in the care programmes; considers that a specifically tailored methodology should be used for the training and empowerment process of paediatric patients, given their specific characteristics and needs; calls for participatory decision-making, with personalised and understandable evidence-based information to be provided to patients, as an integral

part of the NCCPs, supported by the Plan; calls for the support of such initiatives and actions to empower cancer patients through EU funding, especially the EU4Health Programme;

118. Acknowledges the central role of independent patients' and carers' associations in relation to patient advocacy and accompaniment, services provided to cancer patients and caregivers, dissemination of health literacy, awareness raising and ongoing support both at EU and national level; calls on the Commission and the Member States to take into account the formal participation of these associations, as well as their requests and recommendations, when formulating cancer-related policies and legislation, and to provide them with public support in the form of both operating grants and project-related grants in order to guarantee their independence from private funding; calls on the Commission to set clear criteria according to which public financial support can be awarded; considers that paediatric patients should play a role, both individually and collectively, in improving healthcare and research procedures for all patients by contributing with their specific experiences; takes the view, therefore, that adequate learning and educational tools should be developed and properly financed to plan and ensure the involvement of children;

119. Stresses the importance of securing proper compensation claim options for workers in cases of occupational cancer; calls on the Member States to fully implement the Commission recommendation of 19 September 2003 on occupational diseases and ensure that proper compensation claim options exist for workers in cases of occupational cancer, which would secure every worker a chance to be properly compensated after being exposed to harmful substances or affected by work-related cancer; calls on the Commission to create a minimum list of occupational diseases with comparable recognition criteria across the EU;

120. Calls on the Member States to improve the reintegration of cancer survivors into social activities and the labour market, helping them transition into new professional roles in case sequelae prevents them from continuing in the same job and facilitate the return of paediatric cancer survivors to school or higher education; notes the general undervaluation of aftercare compared to equally important cancer prevention; recalls the recommendations and tools developed by the CHRODIS+ Joint Action to foster patients' retention at work, ability to return to work and their reintegration into the labour market and encourages the Commission to support the implementation of these recommendations and tools across the Member States; advocates specific EU recommendations for measures for cancer survivors to prevent the recurrence of primary cancer and the development of new cancers as well as measures for their rehabilitation, including specific provisions for long-term follow-up care for childhood cancer survivors as they transition into adulthood; stresses the need for medical and psychological aftercare for cancer survivors;

121. Considers that EU-OSHA 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 the 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;

122. Underlines the essential role of labour inspectorates in securing compliance with health and safety legislation and preventing work-related cancers; calls on the Member States to strengthen labour inspectorates and ensure that they are adequately funded; emphasises that monitoring and verification is of particular importance for mobile workers; calls for the fastest possible implementation of the European Labour Authority (ELA) and for it to be made operational as soon as possible, and calls for the ELA to provide real labour inspection power in cross-border cases and monitor compliance with health and safety legislation; calls on the Commission and the Member States to involve the ELA in cross-border situations to secure proper enforcement of health and safety legislation;

123. Urges the Commission to pay attention to shifts in the EU labour market, and secure sufficient funding for proper data collection; believes that extensive and thorough information and data collection is of the absolute importance and is a continued priority for the Commission in order to respond with necessary legislative and non-legislative initiatives concerning the prevention of work-related cancers; stresses the need to establish comprehensive national registers for all Member States, which would enable EU-wide data collection on carcinogen exposure and stresses that these registers should cover all relevant carcinogens; calls for close cooperation between EU institutions, Member States, EU-OSHA and relevant stakeholders, while also strongly involving social partners; calls for making use of the collected data to follow up with necessary legislative and non-legislative measures to combat work-related cancers;

124. Supports the upcoming roll-out of a Cancer Survivor Smart Card, as announced in the Plan, to all European cancer survivors, especially survivors of childhood and adolescent cancers, for whom the Survivorship Passport model exists as a basis, which will summarise their clinical history, including patients' own experience, and facilitate and monitor follow-up care; stresses the sensitive nature of individual health data and hence the need for the Smart Card to be fully protected under the EU's General Data Protection Regulation (GDPR)[1];

125. 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 10 years after the end of their treatment, and up to 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; calls for embedding the right to be forgotten for cancer survivors into relevant EU legislation to prevent discrimination and improve cancer survivors' access to financial services;

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[1] OJ L 119, 4.5.2016, p. 1.

126. Calls on the Commission to promote the European Code of Cancer Care Practice launched by the European Cancer Organisation, which is an empowering and informative tool to ensure that the best available care is provided to European patients;

127. Sees an urgent need for a European charter of the rights of cancer patients; calls for this charter to take the cancer care pathway (i.e. access to prevention, initial diagnosis and throughout their treatment) into account at every stage 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

128. Welcomes the childhood cancer spotlight initiatives announced by the Commission; calls for clear policy requirements on paediatric cancer research needs; calls on the 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 treatment and that budget allocations should be earmarked across all relevant EU programmes; highlights the importance of supporting international academic research platforms focusing on paediatric cancers, informed by research performed by other relevant actors;

129. Notes that the current bureaucratic workload of trial activation in Europe is too burdensome for many rare diseases including childhood cancers because investigator-led trials suffer from a lack of commercial sponsorship and many non-commercial organisations are still unwilling to undertake the role of sponsor at a pan-European level for multinational trials in children; calls on the Commission to review the existing legislation, in this regard, and to facilitate multinational trials for children;

130. Calls for the promotion of bone marrow donation in the Member States so that the lives of thousands of people diagnosed with leukaemia can be saved, a number that is constantly increasing and which includes many children, since it is the most common childhood cancer; highlights that bone marrow transplantation is the only hope for many people affected by leukaemia and other blood diseases, and that three out of four patients will not have a compatible family member, so they will need a donor;

131. Calls on the Commission and the Member States to focus on ensuring equal and geographically balanced access to the best specialist diagnostics and multidisciplinary treatments for children with cancer and to improve cancer treatment outcomes in all Member States; considers that the academic specialty and the professional figure of the paediatric oncologist should be recognised in all Member States; believes that every patient who has experienced cancer as a child or adolescent should receive ongoing medical care and monitoring even after reaching adulthood, and therefore calls for measures to make cooperation between paediatric and adult health professionals more flexible; encourages the exchange of knowledge on the course of cancers among children and adolescents;

132. Stresses the need for comprehensive population-based childhood cancer registries based on internationally agreed childhood cancer classification systems, to ensure high-quality comparable data across Europe; reiterates the need for publishing, on at least an annual basis, the number of cancer cases in children and adolescents in the Union and in each Member State;

133. 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, and for the creation of school programmes dedicated to them;

134. Underlines the need to effectively address mental health issues in children and AYA cancer patients and survivors; calls on the Commission and the Member States to ensure equal access to and availability of appropriate psychosocial support measures for this group of patients;

135. 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, and ensure that access to innovation via clinical trials for relapsed or difficult-to-treat malignancies is covered by the relevant legislation, by enhancing the sustainability of existing cross-border collaborations including the European Reference Networks (ERNs), in particular the ERN on paediatric cancer; emphasises the need for clarification regarding access to cross-border clinical trials, which is not clearly specified in the Cross-Border Healthcare Directive;

136. Notes that both regulations on paediatric[1] and orphan[2] medicinal products have fostered the development and availability of medicines for patients with rare diseases and for children, and have redirected private and public investments towards previously neglected areas; calls for an ambitious revision of the regulations on paediatric and orphan medicinal products in order to ensure the development of and affordable access to innovative cancer drugs, identify the most important drugs to meet the needs of children with poor prognostic cancers, support academic research and SME involvement, reduce delays so that children can have faster access to paediatric drugs and gene and cell therapies, stimulate competition by adapting the regulatory framework and encouraging investments in off-patent orphan and paediatric medicines, 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, as well as an increase in the accessibility of personalised medicine; considers, consequently, that a clear obligation to include paediatric research should be considered as a condition for an application for funding; calls on the Commission, where appropriate, in dialogue with the Member States, to work on a system that favours access to real breakthrough innovations for paediatric cancer patients; calls on the Commission to facilitate the repurposing of medicines that fail in adults when there is scientific and preclinical rationale, and to provide more effective and tailored incentives to foster the development of medicines for cancer in children and the First-in-Child development of new paediatric anticancer medicines; calls on the Commission to encourage timely paediatric medicine development and reduce delays, such as by means of early proportionate rewards allocated incrementally and not exclusively at the end of the supplementary protection certificate; calls on the Commission to remove Article 11(b) of the Paediatric Regulation in the upcoming review to allow paediatric cancer medicine development to be driven by science and the medicine’s mechanism of action;

137. Calls for the creation of an EU-level advisory group of stakeholders dedicated to childhood and AYA cancers, which would support the goal-driven and coherent

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1 OJ L 378, 27.12.2006, p. 1.
2 OJ L 18, 22.1.2000, p. 1.

implementation of relevant actions across the Plan, Horizon Europe, the Pharmaceutical Strategy for Europe and EU4Health Programme;

138. Stresses the importance of implementing and monitoring the European Pillar of Social Rights and calls on the Member States to fully transpose Directive (EU) 2019/1158 of 20 June 2019 on work-life balance for parents and carers[1], which introduces leave for carers and the possibility to request flexible working time arrangements so that workers have the right to carers' leave of five working days per year in order to provide personal care or support to a relative or to a person who lives in the same household as the worker and who is in need of significant care or support for a serious medical reason, as defined by each Member State;

139. Welcomes the creation of an EU Network of Youth Cancer Survivors announced by the Commission;

140. Supports the recommendation of the JARC for the roll-out of a European unique patient identifier, the Survivorship Passport, and guidelines on long-term surveillance and the transition from paediatric to adult care, in order to ensure the monitoring of long-term outcomes in childhood cancer survivors in a cross-border setting; stresses the need for the right to be forgotten' to be fit for purpose for this population;

VI. Challenges of rare adult cancers

141. Acknowledges that rare adult cancers are a public health challenge; recalls that patients affected by rare adult cancers share the challenges linked to the rarity and uncommon nature of their disease, including long delays to diagnosis, and sometimes misdiagnosis, and difficulty accessing timely and adequate care and treatments; notes that patients often feel alone and isolated and suffer from a greatly reduced quality of life, and that their carers are also significantly and negatively impacted; calls for the Cancer Inequalities Registry to integrate information on rare cancers, which amount to about 24 % of new cancer cases occurring in all age groups;

142. Supports the introduction of a dedicated flagship initiative on rare adult cancers within the Plan to tackle the specific challenges faced by this patient community and make the best use of the recommendations set out in the Rare Cancer Agenda 2030 to foster research and improve care in each step of the rare cancer patient journey; stresses the importance of ensuring that rare adult cancers are included in all initiatives across the four pillars of the Plan;

143. Calls for dedicated funding for rare adult cancer research projects under Horizon Europe, including under the Mission on Cancer (for instance, under UNCAN.eu – the European Initiative to Understand Cancer), to develop targeted therapies and support the development of databases, registries and biobanks relevant to rare adult cancers;

144. Stresses the difficulty of diagnosing rare adult cancers in a more timely way; recommends, therefore, easier and quicker access to molecular testing that can help patients receive an accurate diagnosis and targeted therapy, and even access to relevant

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[1] OJ L 188, 12.7.2019, p. 79.

clinical trials where appropriate; stresses, moreover, that research on biomarkers is critical in this area;

145. Calls for increasing awareness as regards rare adult cancers among primary and secondary healthcare professionals and implementing adequate referrals to specialised multidisciplinary expert centres at both national and European level;

146. Encourages the Member States to establish national networks for rare adult cancers to optimise the referral of patients to specialised centres in a timely fashion and facilitate interactions with ERNs to maximise the exchange of multidisciplinary knowledge and high-quality care, as well as to foster clinical research;

147. Calls for improving access to clinical trials and compassionate use programmes for rare adult cancer patients; regrets that it continues to be very difficult for rare adult cancer patients from many countries to access compassionate use programmes and trials abroad; calls for a better implementation of EU schemes for rare adult cancer patients to access healthcare abroad, and considers that national healthcare systems should facilitate access to trials and compassionate use programmes for patients with rare adult cancers who have few treatment options;

148. Encourages novel regulatory approaches to enable rare adult cancer patients to access new innovative therapies under safe monitoring, while facilitating the collection of real-world data in addition to data collected in clinical trials;

149. Emphasises the need to include rare adult cancers in the ‘inter-specialty cancer training programme’ that also includes specialised nursing training, in conjunction with ERNs for rare adult cancers; emphasises the need to support educational programmes targeting rare adult cancer patients, carers and patient representatives in conjunction with ERNs to increase the level of health literacy and ultimately help patients and their families to make informed choices about treatment options and follow-up care;

150. Acknowledges the specificities of rare adult cancers in programmes dedicated to improving the quality of life of cancer patients, survivors and carers; calls on the Commission and the Member States to implement specific training for professionals other than healthcare providers (e.g. social workers, case managers, etc.), who are taking care of rare adult cancer patients; stresses that rare adult cancer patients need to receive adequate psychological support, rehabilitation and monitoring of long-term side effects of treatments by professionals who understand their rare disease and its specificities; recommends that all patients with rare adult cancers also be provided with a survivorship care plan; considers that carers for rare adult cancer patients (often family members) also need access to specific psychosocial support to cope with the severity and complexity of the disease, and the significant burden of care that they take on;

151. Calls on the Member States to include a specific section on the management of rare adult cancers in their NCCPs (along with a dedicated section on cancers in children) as recommended in the Rare Cancer Agenda 2030; considers that these specificities should be acknowledged in dedicated sections in all NCCPs, including relevant synergies with rare disease national plans, to foster research and improve care management and care pathways for these patients, from primary care up to highly specialised multidisciplinary healthcare centres that are a part of or in close contact with the

relevant ERNs; notes that, to date, many of the Member States' NCCPs do not sufficiently include rare cancers in adults and paediatric cancers;

152. Urges relevant national authorities to involve rare adult cancer patient organisations as partners in NCCPs to voice the needs and expectations of rare adult cancer patients, and to actively participate in the implementation of dedicated measures for rare adult cancers;

B. Tools for action

I. Holistic research and its implications

153. Stresses that the Plan should be implemented in close cooperation with the Mission on Cancer under Horizon Europe and its objectives of promoting EU investment in cancer research, public production and innovation; welcomes the fact that Horizon Europe will fund research infrastructures, cloud computing and European Innovation Council actions; calls on the Commission to consider paediatric cancer as a topic for a European partnership under Horizon Europe's next strategic programme; recommends that appropriate funding be given to projects under Horizon Europe dedicated to new paediatric cancer medicines in order to fill the existing gap in paediatric medicines;

154. Recalls that multidisciplinary 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 Europe partnerships to translate scientific knowledge into innovations that reach patients; asks the Commission to closely follow the activity of the Horizon Europe partnerships and the translation of research into real added value for current medical practice;

155. Welcomes the Commission's communication on a new European Research Area for Research and Innovation, which sets out the strategic objectives and actions to be implemented in close cooperation with the Member States; supports the target of investing 3 % of EU GDP in research and development which will help to promote research excellence across the EU and enable research results to reach the scientific community, society and the real economy; deplores the significant inequalities in research funding across the EU; calls on the Member States to adopt a pact on research and innovation in Europe that includes the commitment to increase public spending on research and innovation to 1,25 % of the GDP by 2030 in a coordinated manner across the EU;

156. Calls on the Member States to promote and ensure attractive scientific careers for researchers in Europe, with a particular focus on women; calls on the Member States to establish a well-structured scientific workforce and infrastructure, and to ensure continuous funding for their research centres; welcomes that the proposed innovative health initiative will help create an EU-wide research and innovation ecosystem, promoting cooperation between the health industry, academia and other stakeholders to translate scientific knowledge into innovations that address prevention, diagnosis, treatment and management of diseases, including cancer;

157. Reiterates its call for sustainable and adequate funding for competitive European research on cancer; stresses that such research should aim to address areas of highly

unmet needs and should be conducted across all parts of the cancer care continuum, including for all treatment modalities; calls on the Member States to increase by at least 20 % the mobilisation of public research on therapeutic, diagnostic and screening cancer innovations, covering all patient populations concerned; calls, furthermore, for Horizon Europe and national research programmes to support research into paediatric and orphan medicines through innovation prize funds; considers that the conditions for access to public funding should be revised, ensuring transparency of the contracts stipulated between public and private entities as well as conditionalities as regards the accessibility and affordability of new innovations when projects are successful;

158. Supports the recommendation by the Conquering Cancer Mission Board to establish a research programme tasked with identifying effective cancer prevention strategies and methods with regard to commercial determinants of health and exposure to occupational carcinogens[1]; supports the recommendation for the creation of a Policy Support Facility to enhance knowledge-sharing and support the implementation of cancer-related prevention policies at EU, national and local level;

159. Calls on the Member States and the Commission to establish programmes to provide the necessary support for the recently consolidated European cell-based interceptive medicine community that will create and integrate breakthrough cellular and artificial intelligence technologies to understand early events in cancer and therapy response, and use this knowledge to improve patient outcomes; supports the creation of a platform for cell-based interceptive medicine to coordinate and establish synergies between research, innovation and multi-sectoral activities; stresses the need for investment in research and innovation approaches to create innovative cell-based early detection and personalised treatment strategies for cancer;

160. Stresses the need for independent and multidisciplinary research on cancer ‘from bench to bedside’, that is from the laboratory to applied studies in patients, and also for the regular re-evaluation of the effectiveness of medicines already on the market; stresses the need for the results of this research to be made public in a transparent and simple way; calls for the establishment of measures to limit the health risks posed by disinformation and misinformation, especially on social media, with special attention to measures protecting children and young people; calls for support for science dissemination initiatives;

161. Stresses the importance of investing in the development of non-animal new research methodologies, such as in silico and organoids, in order to shorten preclinical observation periods, increase efficiency in research, and reduce unnecessary and often less reliable experiments on animals; underlines that non-animal methods for testing the carcinogenicity of environmental chemicals, such as testing strategies focused on the underlying biological mechanisms that lead to cancer, should provide more relevant information than the animal-based methods currently in use for chemical safety assessment, thus enabling authorities to take swifter measures to limit exposure to harmful chemicals that could lead to cancer;

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1 Mission Board for Cancer, *Conquering Cancer – Mission Possible*, European Commission, 2020.

162. Calls on the Member States to make a strong commitment to encouraging public-private cooperation, driven by public health needs, and breaking down the barriers to competitiveness across the EU;

163. Considers the significant potential impact of the use of artificial intelligence, 'big data' algorithmic analysis and other modern technologies in diagnosis and decision-making for cancers in the coming years; underlines that the combination of real-world data, mathematical modelling, artificial intelligence and digital tools will significantly help to develop innovative treatments in a more cost-efficient way, and potentially reduce the number of patients required for clinical trials and the use of animals in research; encourages the Commission and the Member States to promote the knowledge of cancer biology through the implementation of genomics and informatics infrastructures; urges all implementation partners to be ever mindful of the principles of data privacy and security, trust, transparency, patient centricity and patient involvement at all times;

164. Highlights the crucial importance of clinical research and calls on the Member States to facilitate the conciliation of patient care with research and innovation initiatives, especially in smaller centres, reducing the workload and the ratio of patients per health professional;

165. Calls for research into the potential positive impact of artificial intelligence and modern technologies in cancer diagnosis, monitoring, decision-making and care; 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 P4 medicine (preventive, predictive, personalised and participatory);

166. 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; stresses the need for equal and transparent access to the information included in these platforms;

167. Welcomes the launch of the 'Cancer Diagnostic and Treatment for All' flagship initiative under the Plan, which aims 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; stresses the need to consider personalised treatments based on well-designed clinical trials with proven added therapeutic value for patients;

168. Welcomes the planned Partnership for Personalised Medicine, announced in the 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; stresses the need to establish a well-defined, globally consistent terminology for personalised medicines that would streamline investment in research and benefit the health literacy of patients; 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 and environmental

factors and paediatric issues; calls these solutions to potentially be made accessible through public healthcare systems;

169. Calls for enhanced capacity-building, infrastructure, collaboration and funding of research on non-profit clinical trials to improve treatment strategies, with a focus on the elderly as well as on vulnerable and underrepresented patient populations, including women and children; calls for EU support for the health system and treatment optimisation agenda;

170. 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, as well as research on optimising the organisation of cancer treatment, the financing of healthcare services and providers, the organisation of the delivery of healthcare services, and the functioning of management institutions; calls for the studies to include inequalities in cancer care that are related to factors such as gender, age and socioeconomic status, with a particular focus on marginalised and vulnerable groups in society;

171. Calls on the Commission and the Member States to support the development of European multicentre clinical trials, in particular in the case of low-incidence cancers and/or cancers with reduced treatment options, and to strengthen multinational cooperation and the conduct of cross-border clinical trials, building on existing structures where appropriate, such as the European Clinical Research Council in the paediatric cancer sector, and to encourage the engagement of smaller countries; highlights, furthermore, the need for all EU cancer policy initiatives to be coordinated towards defined and shared aims;

172. 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;

173. Strongly believes that patients and independent patient associations, as well as parents and carers, should be involved in defining research priorities and endpoints for clinical trials, in order to ensure that the trials address the unmet needs of European patients, including quality of life as the primary endpoint; considers that the final results of the trials should be communicated to the participating patients and to the public; calls for paediatric patients to be involved in the definition of unmet needs to provide input into the design of the clinical trials protocol, improve communication with the target population and enhance methods for the dissemination of findings; stresses that the extent to which transparency provisions within the Clinical Trials Regulation are being met should be kept under surveillance and regularly reported on;

174. Advocates more robust scrutiny of clinical trials and 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; calls for transparency on the access to, and use of, data from clinical trials at EU level, including those that have been abandoned; underlines that this should also include information tailored to children and young patients;

175. Recommends that research be a parameter of the Cancer Inequalities Registry in order to measure and monitor inequalities with respect to access to clinical trials as well as to

better understand and respond to regional and national disparities in trial activity, and to track improvement from initiatives to be taken up via the Plan, such as the EU Network of Comprehensive Cancer Centres;

176. Highlights that gender-associated differences in cancer research should be taken into consideration, both at preclinical and clinical stages, to describe differences in the physiopathology of the disease and related comorbidities, and in drug pharmacokinetics/pharmacodynamics, among others;

177. Applauds the 2021 Porto Declaration on Cancer Research that highlights opportunities for a comprehensive translational cancer research approach with the potential to achieve a ten-year cancer-specific survival for 75 % of patients diagnosed in 2030 in Member States with well-developed healthcare systems; urges the Commission to be actively involved and play a leading role in achieving this goal;

178. Welcomes the fact that that the Marie Sklodowska-Curie Actions will continue educating and training researchers in cancer prevention, prediction, detection, diagnosis and treatments;

II. Shared knowledge

179. Considers that the sharing of expertise, data, training programmes and communication tools is needed to improve the knowledge of cancer among health professionals, researchers and patients; highlights that cross-sector and cross-border collaboration and knowledge-sharing is crucial for further enhancing the quality of cancer care in the EU; notes that data-sharing is key to applying artificial intelligence and machine learning tools to research provided that there is human oversight, as well as to enable the digital transformation of healthcare, to tackle disparities in cancer prevention, diagnosis, and treatment around Europe and to optimise the use of healthcare systems resources by increasing efficiency and thus allowing for wider availability of oncological care data, including in less urbanised and more remote areas; stresses the sensitive nature of health data; 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)[1] to avoid unnecessary restrictions on cross-border healthcare; stresses the need for a harmonised interpretation and implementation of the GDPR, especially by data protection authorities, including its Recitals 33 and 157, and its interaction with the Clinical Trials Regulation, once applicable, including Recital 29 and Article 28 (2) of that regulation, across the EU to facilitate scientific research; requests the European Data Protection Board to ensure that its guidelines concerning health research are updated with the aim of fostering research, and calls on the Commission to make concrete proposals by the end of 2022;

180. Asks the Commission to assess the functioning of the 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; emphasises the importance of the ERNs with regard to overcoming health inequalities and ensuring safer and high-quality treatment across EU borders;

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1 OJ L 119, 4.5.2016, p. 1.

181. Calls on the Commission and the Member States to secure appropriate and sustained long-term funding for the ERNs, and to integrate them into national health systems; calls for the funding to cover, inter alia, compensation of virtual consultations, support for twinning and education programmes, and effective reimbursement of patient travel in line with the Cross-Border Healthcare Directive when this is required, in order to foster improved standards of care and equal access to the best possible interventions to all patients who require them across Europe; calls also for support for the roll-out, upgrade and smooth functioning of digital infrastructure that simplifies and facilitates access to the ERNs, as well as for the creation of an EU health data strategy to improve current rare disease registries in a common and uniform data space; stresses the need to guarantee funding for the continued functioning of the ERNs through the EU4Health Programme, Horizon Europe, the European Semester programme, structural funds, and through Article 195 of the Financial Regulation; supports the expansion of the four existing ERNs (PaedCan on paediatric cancers, EURACAN on rare adult solid cancer, EuroBloodNet on rare haematological diseases including rare haematological malignancies and GENTURIS on genetic tumour risk syndromes) to include rare, complex, poorly curable cancers and paediatric cancers, as this could facilitate equal access for patients, including children and AYA, to the best available care across Europe and would improve the functionality of the ERNs and health outcomes in rare disease patient populations;

182. Believes that the further development and optimisation of the ERNs will require the participation of all Member States in existing ERNs, with each Member State having at least one ‘full’ or ‘affiliate’ member in each ERN and in each sub-clinical domain/thematic network of ERNs, 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 efficient telemedicine tools allowing for the sharing of case records and imaging results in a secured fashion to discuss complex rare cancer cases, and the allocation of adequate and long-term funding, both at Union (EU4Health) and national level;

183. Calls on the Member States to give due consideration to the importance of non-governmental local, regional and national organisations in uniting cancer patients, survivors and their relatives, in terms of their participation in the knowledge-sharing process, in the fight against cancer, in terms of legislative support, and in terms of the provision of separate funding for these organisations, especially those involved in programmes to combat cancer;

184. 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; calls for the creation of common and consistent protocols governing the collection of data, and for the creation of a single set of definitions explaining the data collected; calls for rare cancer patient organisations to be associated with the ERNs and the European reference centre;

185. Recalls that the Joint Research Centre has taken an active role in supporting the 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, particularly in terms of

the collection of patient outcomes and real-world evidence and the identification of cancer clusters, and their integration in existing cancer registries;

186. Welcomes the development of a European research infrastructure entirely dedicated to paediatric research, including oncology, that will facilitate basic, preclinical and transnational paediatric research that underpins the availability of clinical trials and medicines for children;

187. Welcomes the launch of the Knowledge Centre on Cancer in 2021 in order to contribute to the exchanges and coordination of scientific and technical initiatives related to cancer at EU level; considers that the knowledge centre should involve all stakeholders (representatives of each NCCP, patients' and caregivers' associations, learned societies, relevant EU bodies and agencies, representatives of economic operators, etc.); believes that this knowledge centre should be based on data screening, ERN reports and cancer registries; considers that its mission should be clearly defined and include:

(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) developing, on the basis of the latest scientific evidence, clinical practice guidelines and quality assurance schemes to improve the entire care pathway for all cancer types, and in particular for rare and paediatric cancers;

(e) drafting annual reports and establishing frameworks to improve data collection from screening programmes, cancer registries and ERNs at EU level;

(f) presenting studies on the impact of prevention and diagnosis, including estimates concerning the reduction of economic costs generated through increased investment in prevention and diagnosis;

(g) coordinating the exchange of best practices and results between the ERNs and the Comprehensive Cancer Centres;

(h) generating a comprehensive model based on the Plan and Horizon Europe, and with input from patients and carers, in order to identify research priorities and possibly enable the development of a coordinated and efficient cancer research force in Europe;

(i) facilitating the sharing of anonymised data, collected in a European Cancer Cloud, for clinicians and researchers, as well as for entities developing health services and modern technological solutions for cancer patients;

(j) supporting common training programmes for health professionals, patients and caregivers;

(k) delivering updated, certified and transparent information to citizens and professionals on cancer causes, treatments and EU legislation;

(l) monitoring the level of implementation of relevant recommendations in the Member States' NCCPs, and regularly making available the results of this monitoring;

(m) proposing measurable and reproducible indicators for the main outcomes outlined in the Plan;

188. Recalls that researchers have to work together to find the best possible treatment especially for patients suffering from rare cancer, but that they are facing serious obstacles; calls therefore for the Commission to systematically look, via its scientific advice mechanism or through the appointment of a Special Envoy on cross-border cancer research, at all the obstacles in cross-border cancer research and cooperation, including regulation, in order to promote cross-border cancer research;

189. Recommends the creation of at least one cancer registry in each EU region, including remote and outermost regions; considers it pivotal to ensure the smooth functioning of the cancer registries; supports the strengthening of the capacity of national cancer registries to collect standardised patient-reported outcomes, to better map the lifestyles of EU citizens, including socioeconomic conditions, occupational information, environmental factors, and other data, and to identify the causes of inequalities in cancer incidence, prevalence and survival; stresses the essential need to collect data collaboratively across all Member States; calls for the comparability of data sources and the interoperability of regional and national cancer registries via the harmonisation of the scope and quality of data collection, and for secure access to such data; calls for mandating national cancer registries to analyse disparities in morbidity and to make recommendations to national cancer councils and the Joint Research Centre on the need for interventions; calls for the use of modern epidemiological and molecular genetics methods to analyse the prevalence of cancer and to identify its causes; calls for the implementation of specific cancer registries for paediatric malignancies in line with the International Classification of Childhood Cancer; calls for improved access to clinical trials and compassionate use for rare adult cancer patients;

190. Strongly supports the creation of a Cancer Inequalities Registry at European level, as announced in the 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, and facilitate research into inequalities, at EU, national and regional level; calls for the Registry to be made accessible to the public; stresses the need for the Registry to also cover social inequalities such as those related to socioeconomic status, occupation and gender;

191. Calls on the Commission to promote the publication of scientific results in open access, to make them easily available to all health professionals and researchers;

192. 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, analysing and exchanging 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; underlines that a harmonised interpretation of the GDPR in all Member States is the foundation for new data-sharing

initiatives such as the European Health Data Space; encourages the use of health data for research 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 standardised and uniformly defined 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;

193. 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 at every stage of the treatment and care pathway, including diagnosis, treatment, complications and comorbidities, survivorship and end-of-life care;

III. Financing Europe's Beating Cancer Plan

194. Emphasises that the 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 physical and mental suffering caused by cancer; encourages the Commission to optimise the coherent implementation of the initiatives outlined in the Plan, with clear guidance for Member States regarding concrete actions against unequal access to cancer diagnosis and treatment, as well as adequate funding, especially in order to address unequal access; underlines, however, the differing capacity of Member States to absorb the funds dedicated to healthcare programmes thus far; calls on the Commission to provide Member States with guidance and a clear overview of the dedicated EU resources, the specifically defined pathways that link the actions outlined in the Plan with the EU funding mechanisms identified in it, and the possible synergies and complementarities between the EU4Health Programme and others – such as Digital Europe, Horizon Europe, NextGenerationEU/Recovery and Resilience Facility, structural and cohesion funds – in order to enhance equitable access to quality diagnosis and care, ensure adequate investment in cancer prevention and innovation, and improve the resilience of health systems; emphasises the importance of cohesion funds in achieving equality of access to healthcare, in particular in less developed parts of the EU, including rural regions, by investing in health infrastructure and workforce;

195. Calls on the Member States to ensure that sufficient funds are allocated for the appropriate implementation of the Plan and of their respective NCCPs; considers that no more than 30 % of the Plan should be allocated to the implementation of the NCCPs;

196. Welcomes the funding plan of EUR 4 billion and notes the complementarity of the sources of funding as set out in the Plan itself; notes that the proposed budget should be seen as a first step towards the realisation of all actions under the Plan; 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, innovation and prevention and the need to dedicate more funds to them; stresses the need for regular revision of the proposed

budget allocation for the Plan, with a view to potentially increasing it when possible; stresses the need for the mobilisation of these funds by the Member States so that they are in line with the needs identified by each country, and are geared towards benefiting public interest and public health services;

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197. 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.