Dear,

As the negotiating mandate for future relationship talks with the United Kingdom is finalised, I am writing on behalf of the Association of European Cancer Leagues (ECL) regarding the importance of protecting the interests of cancer patients and medical research.

ECL represents 29 national cancer leagues across 24 countries with a joint vision of a Europe free of cancers. We cover the full patient pathway, from prevention, early diagnosis, treatment and patient support. We bring together some of Europe’s largest charitable research funders, with ECL members committing over €700 million to cancer research in 2018/19. With more than 3.7 million new cancer cases and 1.9 million deaths each year, Europe accounts for 23.4% of cancer cases and 20.3% of cancer deaths globally. This is a Europe-wide challenge which requires a coordinated response.

It is vital that this shared vision and ambition is not negatively impacted by the UK’s exit from the EU, nor by the terms of the future relationship. UK-EU collaboration benefits people affected by cancer across Europe and supports our world-leading research environment. As the Commission’s mandate for negotiations is decided, we ask that it recognises the value of continued cooperation with the UK on health and research.

In particular, we want to ensure that the future relationship protects:

- **International Clinical Trials**: Cross-border trials are vital for rare and paediatric cancers, where single countries may not have sufficient participants to run trials. The UK has been a significant contributor to such research and is currently involved in 28% of all EU trials, with 4,800 UK-EU trials between 2004 and 2016. With the Clinical Trial Regulation soon due to come into force, we would like the UK to continue to play an active role in European clinical research, including access to the Regulation’s infrastructure.

- **Access to medicines and medical devices**: The European Medicines Agency works to improve the health of citizens across Europe, and the UK’s national regulator, the MHRA, has been a productive partner. Between 2008 and 2016, the MHRA acted as Scientific Advice Coordinator in over 20% of centralised EMA medicine approval procedures, and Rapporteur or Co-Rapporteur in around 15% of centralised procedures. We believe negotiators should build on commitments in the Political Declaration and consider mechanisms to allow the MHRA to continue to participate in the EMA’s marketing authorisation processes. A close
working relationship will also help protect the supply of vital medical devices to the EU – a significant proportion of which originate in or come via the UK.

- **Research collaboration:** The UK and EU have deep links in medical research, built on shared programmes, proximity and culture. The UK has been a major contributor, involved in 23 of the 24 European Reference Networks (ERNs) which allow healthcare providers to share knowledge and have driven progress across several rare cancers. Collaboration, like that which comes through Research Framework Programmes, benefits both parties. Papers involving UK and EU26 collaboration, for instance, are cited significantly more than those with contributors in the UK or EU26 alone. Negotiators should understand the importance and benefits of such collaboration for cancer patients and seek to ensure that the future UK-EU relationship allows cooperation to flourish.

Clearly, there are a number of difficult questions to resolve around Brexit, but it is our sincere hope that UK-EU cooperation on medical research need not be one. As the EU gives an unprecedented focus to cancer research and control across the coming term, we believe these efforts will be strengthened through collaboration with our British partners in a mutually beneficial relationship that ultimately supports our joint vision of a Europe free of cancers.

Please do not hesitate to contact ECL for further information on the above, we would be pleased to meet with you to discuss these issues in more detail.

Kind Regards,

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Dr. Wendy Yared
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