

## ECL Overview - Europe's Beating Cancer Plan

Pillars	Flagship Initiatives	Activities	ECL Position Paper 'ask'	Comments
<b>RESEARCH, INNOVATION AND NEW TECHNOLOGIES</b>	<b>Knowledge Centre on Cancer</b> Based at the <a href="#">Joint Research Centre (JRC)</a> , part of the European Commission, the centre will coordinate scientific and technical cancer-related initiatives at EU level – <b>begin in 2021.</b>	<ul style="list-style-type: none"> <li>Support for researchers working on personalised cancer treatments through creation of digital platforms to facilitate cross-border and interdisciplinary collaboration.</li> <li>Enable cancer patients to securely access and share electronic health records for prevention and treatment across borders through the <b>European Health Data Space – to be set up by 2025.</b></li> </ul>	  	<b>Knowledge Centre on Cancer</b> – JRC will play a crucial coordinating role within the European Commission (EC), particularly research and implementation monitoring. This is welcome but the JRC unit needs more resources and to continue efficient coordination with WHO/IARC on common topics.
	<b>European Cancer Imaging Initiative</b>  To be set up in 2022 to develop an EU 'atlas' of cancer-related imaging, making anonymised images accessible.  In addition, a reference facility for testing and experimentation to support the development of new computer-aided tools to improve personalised medicine and innovative solutions will be developed.	<ul style="list-style-type: none"> <li><b>Expand the European Cancer Information System (ECIS)</b> to include new cancer indicators (including on cancer staging, <del>patient outcomes</del>, and childhood cancers) and geo-position cancer data linking with cancer determinants data – <b>beginning in 2021.</b></li> <li>Launch the '<b>Genomic for Public Health</b>' project to support Member States in establishing a system and infrastructure to oversee the rapid evolution of genomics – <b>to be launched in 2021.</b></li> </ul>		<p><b>Electronic Health Records</b> – intention is to enhance and make better use of health records data to capture the experiences of patients in order to provide further insights into treatment efficacy. Intention to activate the <a href="#">European Health Data Space</a> by 2025 is ambitious and quite questionable how much can be achieved in that timeframe. Real benefit for most cancer patients questionable.</p> <p><b>ECIS</b> – aspiration to expand the scope of the ECIS and enrich the data collected is welcomed and consistent with <a href="#">ECL position paper</a>, however, patient outcomes was removed as an example in the final draft.</p> <p><b>Genomic for Public Health project</b> – Based on proposals from the <a href="#">CanCon Joint Action</a>, it will include guidelines for member states to determine who and what to test, plus training provision for health workforce. Important to address potential problems caused by wide commercial availability of genetic testing.</p> <p><i>→Overall, little mention of addressing the reported problems of GDPR facing cancer &amp;</i></p>



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		<ul style="list-style-type: none"> <li>• Address joint effects of unhealthy diets, obesity, and physical inactivity by <b>reducing carcinogenic contaminants in food.</b></li> <li>• Addressing childhood obesity and improving intake of fruit, vegetable and milk in schools, proposing <b>harmonised, mandatory front-of-pack nutrition labelling.</b></li> <li>• Reduce environmental pollution by <b>aligning the EU's air quality standards with the World Health Organization's guidelines – in 2022.</b></li> <li>• Reduce exposure to carcinogenic substances and radiation through continuous updates of the Carcinogens and Mutagens Directive, and revision of the Occupational Health and Safety Strategic Framework,</li> <li>• <del>Review the framework on</del> <b>Explore measures on exposure to ultraviolet radiation (including sunbeds).</b></li> <li>• Support Member States in the implementation of the requirements of Council Directive on protection from ionising radiation, particularly <del>from</del> <a href="#">radon</a>.</li> <li>• Addressing cancer risks associated with Hepatitis B infections, a <b>Council Recommendation on vaccine preventable cancers.</b></li> </ul>	          	<p><b>Alcohol</b> – phrasing of ‘harmful use’ of alcohol could be unhelpful considering no safe level established in association with cancer. Potentially strong measures on labelling and warning but calorie count removed from earlier draft. Measures to encourage self and co-regulatory initiatives are concerning as these are less likely to be effective than regulatory action for the EU. Reference to support in agricultural policy has been dropped.</p> <p><b>Diet, nutrition, physical activity</b> – several measures (e.g. labelling) already outlined in <a href="#">Farm to Fork Strategy</a>, will be supported by the Cancer Plan. Includes commitment to address potential carcinogens in food through reviewing exposure levels – details are scarce. Other areas commit to review agricultural policy subsidies to foods associated with higher cancer risk, no mention of alcohol. Will also review directive regarding advertising of sugary drinks and foods to children. It will map fiscal policies on unhealthy foods but not clear what comes next.</p> <p><b>Environment and pollution</b> – this section is brief and focuses mostly on air pollution. Mention also of sustainable transport in content of reducing emission and pollution. Plan instead refers to Green Deal and Zero Pollution plan for further actions.</p> <p><b>Hazardous exposure and radiation</b> – other strategies will address most aspects – namely the carcinogen and mutagen directive, chemicals strategy (addressing endocrine disruptors) and the new occupational health and safety framework. Plans for an occupational cancer register from previous draft have been dropped. Asbestos limits to be revised in 2022, and survey on workers exposure to cancer risk factors started in 2021.</p>
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				<p><b>Sunbeds</b> – the Plan will look at measures to address harm from UV exposure, especially sunbeds, but mention of regulatory action in draft has been revised. This could mean only softer measures are considered, or due to legal frameworks related to sunbeds falling outside DG SANTE since it is currently with another Directorate (DG GROW (industry)).</p>
<p><b>EARLY DETECTION</b></p>	<p><b>EU Cancer Screening Scheme</b></p> <p>Develop a new EU Cancer Screening Scheme to ensure effective and equal access of target groups to high-quality population based screening programmes for breast, cervical and colorectal cancer.</p> <p>Scheme to <b>ensure that 90% of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025.</b></p> 	<ul style="list-style-type: none"> <li>Review, update and explore expansion of the <b>Council Recommendation on cancer screening – in 2022.</b></li> <li>Developing <b>new Guidelines and Quality Assurance Schemes on cancer screening</b>, diagnosis and treatment for colorectal and cervical cancer.</li> <li>Develop <b>3<sup>rd</sup> implementation report on cancer screening</b> in Europe, <b>beginning in 2021.</b></li> <li>Develop <b>accreditation and certification programmes</b> for cervical and colorectal cancers, while continuously updating the existing guidelines on breast cancer.</li> </ul>	    	<p><b>Cancer Screening Scheme</b> – Proposal links with the <a href="#">Cancer Mission</a>, which will support implementation of organised screening programmes. Target of 90% offered screening in the recommended programmes by 2025 requires further explanation. Likely it means coverage by full rollout of the screenings nationwide by that time. No specific mention of the reactivation of the networks of coordinators of screening programmes but this may be entailed by the scheme itself. Timing not defined regarding the updates of the cervical and colorectal screening guidelines. This will be done by JRC / Knowledge Centre, which have very limited resources to take on these tasks alongside extension of quality assurance accreditation schemes as being piloted with breast cancer currently.</p> <p><b>Update of screening report</b> is positive and ECL is participating in a proposal for how this can be improved based on one experience of the second edition. The report will provide comparable data to monitor quality across countries.</p> <p><b>Update of Council Recommendation on Cancer Screening</b> is very welcome – ECL joined an article with suggestions on this matter. Important that the recognised experts lead this review and analysis of the latest data.</p> <p><i>→There is little clear mention of early diagnosis (i.e. strategies for cancers not suitable for screening programmes) in this section, aside from the imaging initiative.</i></p>



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<p><b>ACCESS TO CARE &amp; TREATMENT</b></p>	<p><b>Launch of an EU Network of Comprehensive Cancer Centres</b></p> <p>EU Network will link recognised National Comprehensive Cancer Centres in every Member State to improve access to high quality diagnosis and care - <b>aims to ensure that 90% of eligible patients have access to such Centres by 2030.</b></p>	<ul style="list-style-type: none"> <li>Establish a group of <b>new European Reference Networks (ERNs) on specific cancer conditions</b> and integrate into the EU Network of Comprehensive Cancer Centres – <b>by 2025.</b></li> <li>Launch an <b>‘Inter-specialty training programme’</b>, focusing on oncology, surgery, and radiology to optimise diagnosis and treatment of cancer patients – <b>in 2021.</b></li> <li>Create an <b>EU platform to support the repurposing of existing molecules</b> with a harmonised and sustainable EU dimension – <b>in 2021.</b></li> <li>Launch a <b>new project leveraging high performance computing to rapidly test existing molecules and new drug combinations</b> addressing in particular rare cancers and cancers with poor prognosis.</li> <li>A new Action Plan of the <b>Strategic Agenda for Medical Ionising Radiation Applications of nuclear and radiation technology</b> (SAMIRA). SAMIRA will provide guidance on EU research and innovation, and complement the ‘Inter-specialty training programme’ by supporting education of medical professionals in radiology, radiotherapy and nuclear medicine.</li> </ul>	  	<p><b>EU Network of Comprehensive Cancer Centres</b> – aim to establish these by 2025 and have access for vast majority of people by 2030. The EU Network will seek to link recognised National Comprehensive Cancer Centres in every Member State as recommended by the cancer Mission and CanCon Joint Action.</p> <p><b>ERNS</b> – expansion of the networks will include conditions include metastatic diseases, co-morbidities in cancer care, complex cancers with poor prognosis, paediatric cancers and specific conditions related to genomics in cancer care, palliative care and survivorship.</p> <p><b>Inter-specialty cancer training programme</b> – will focus on oncology, surgery and radiology. It will attempt to deliver a more skilled and mobile cancer workforce. Training will also include a focus on patients’ quality of life and well-being, including mental, psychosocial and nutritional support, along with patient empowerment</p> <p>→Key areas for ECL regarding Access to Medicines are signalled as being addressed by the recently adopted Pharmaceutical Strategy for Europe. The <a href="#">ECL A2M TF published a short statement</a> on 3 February 2021.</p> <p>→Plan foresees adoption of much-delayed and debated <a href="#">Health Technology Assessment (HTA) regulation</a> in 2021. Likewise, the Plan cites the <a href="#">new legal framework for clinical trials</a>, which will apply by the end of 2021, as a key method for bringing innovation to patients.</p>
	<p><b>‘Cancer Diagnostic and Treatment for All’ initiative</b></p> <p>Launch the initiative to improve access to innovative cancer diagnosis and treatment based on new advances in genomics and personalized care – <b>launched by end of 2021.</b></p>			
	<p>Launch the <b>Understand Cancer Initiative (UNCAN.eu)</b>, as already proposed and outlined by the so-called <i>Cancer Mission</i> – <b>beginning in 2021.</b></p>			

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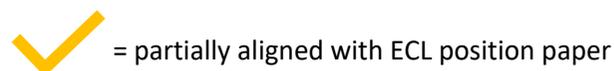
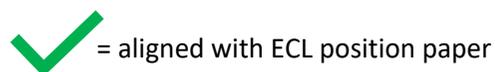
<p><b>QUALITY OF LIFE FOR CANCER PATIENTS, SURVIVORS, AND CARERS</b></p>	<ul style="list-style-type: none"> <li>• Launch the '<b>Better Life for Cancer Patients Initiative</b>', to provide a voluntary '<b>Cancer Survivor Smart-Card</b>' that improves communication with health professionals and coordination of the follow-up care – <b>by 2022</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• Create a virtual '<b>European Cancer Patient Digital Centre</b>' to complement the card and support the exchange of patients' data and monitoring of survivors' health conditions – <b>by 2023</b>.</li> <li>• Support to Member States and stakeholders in implementing the <a href="#">Council Recommendation on access to social protection</a> and development of a monitoring framework, and ensuring <b>full implementation of the Directive on work-life balance for parents and carers</b>.</li> <li>• Address <b>equal access of cancer survivors to financial and insurance services</b>, by working with stakeholders to develop a <b>Code of Conduct – by 2023</b>.</li> <li>• Launch a reflection process on finding appropriate long-term solutions (<b>on the access to financial services</b>) including considerations during the upcoming review of product-specific legislation in retail finance on specifying necessity and appropriateness of information to be used for assessing eligibility of applicants for financial products.</li> </ul>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p><b>Return to work</b> – Plan acknowledges this serious issue for patients and society and proposes to support Member States in promoting re-skilling and upskilling programmes to help cancer survivors re-join the labour market.</p> <p>In 2022, the Plan states that the Commission will launch a new study related to the return to work of cancer survivors, mapping national employment and social protection policies and identifying obstacles and remaining challenges.</p> <p><b>Discrimination in access to financial services</b> – The Plan will closely examine practices in the area of financial services (e.g. insurance services) from towards ensuring fairness for cancer survivors in long term remission. In the short term, the Commission will work with relevant stakeholders to address access to financial products for cancer survivors. Subsequently a Code of Conduct developed with all stakeholders will be pursued.</p> <p><b>Role of carers</b> – the Plan acknowledges the essential role played by informal carers and the toll exerted on their own physical and mental wellbeing. The Plan proposes to ensure that Member States fully transpose the Directive on work-life balance for parents and carers, which introduces leave for carers and the possibility to request flexible working time arrangements in 2021-2022.</p>
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<p><b>REDUCING CANCER INEQUALITIES ACROSS THE EU</b></p>	<p><b>Cancer Inequalities Registry</b></p> <p>Launch the registry to map trends in key cancer data identifying inequalities between Member States and regions – <b>beginning in 2021.</b></p>	<ul style="list-style-type: none"> <li>• <b>Reinforce and integrate telemedicine and remote monitoring in health and care systems</b> throughout the EU to protect cancer patients from exposure to infectious diseases and promoting the virtual consultation model of the ERNs.</li> <li>• Measures to improving the overall resilience, accessibility and effectiveness of European health systems to safeguard the provision of cancer care in future health crises.</li> <li>• <b>Mainstreaming inequality action</b> in other areas addressed by Europe's Beating Cancer Plan such as on screening, and high-quality cancer care.</li> </ul>		<p><b>Cancer Inequalities Registry</b> – will identify trends, disparities and inequalities between Member States and regions. The Registry will identify challenges and specific areas of action to guide investment and interventions at EU, national and regional level under Europe's Beating Cancer Plan.</p> <p>The emphasis on new technology is motivated by the experience of the Covid-19 pandemic, aspiration to ensure access for people in rural areas and takes advantage of existing strategies and funding instruments (such as the Cohesion funds) which have the potential to support, for example, e-health, telemedicine and remote monitoring systems, promoting the virtual consultation model of the ERNs.</p>
<p><b>CHILDHOOD CANCER</b></p>	<ul style="list-style-type: none"> <li>• Launch the '<b>Helping Children with Cancer Initiative</b>' to ensure that children have access to rapid and optimal detection, diagnosis, treatment and care – <b>in 2021.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Establish an '<b>EU Network of Youth Cancer Survivors</b>' to complement the 'Helping Children with Cancer Initiative' and to connect young cancer survivors and their families as well as informal and formal carers.</li> <li>• Develop a new '<b>Cancer Survivor Smart-Card</b>' to address the specificities of childhood cancer survivors.</li> </ul>		<p><b>Helping Children with Cancer Initiative</b> – this initiative will be funded under the EU4Health programme to facilitate access to early diagnosis and quality treatment through the new Network of Comprehensive Cancer Centres.</p> <p>Additionally, the revision of the <a href="#">Orphan and Paediatric Regulations</a> will be reviewed to improve the conditions for studying and authorising new cancer medicines for use in children.</p>
<p><b>IMPLEMENTATION &amp; GOVERNANCE</b></p>	<p>N/A</p>	<ul style="list-style-type: none"> <li>• <b>EU Cancer Plan Implementation Group</b>, led by the Commission, will guarantee a participatory Governance. It will function as a scientific advisory group, and a <b>stakeholder contact group</b> established under the Commission's <a href="#">Health Policy Platform</a>.</li> </ul>		<p>Measures to monitor and evaluate the progress and impact of the actions outlined in the Plan are welcome. More details are required to elaborate the governance arrangements. Transparency and representativeness will be important.</p>



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		<ul style="list-style-type: none"><li>• The implementation of the plan will be <b>monitored on the basis of a roadmap and process indicators</b>, which will be based on the actions included in the plan and regularly reviewed by the Implementation Group.</li><li>• Building on the augmented European Cancer Information System, the Commission will also <b>regularly collect and publish data through the Cancer Inequalities Registry</b> to monitor trends.</li><li>• <b>Europe's Beating Cancer Plan will be reviewed by the end of 2024</b> to assess whether the action taken is sufficient to achieve the objectives or whether additional measures are necessary.</li></ul>		
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