

ROADMAP	
TITLE OF THE INITIATIVE	Europe's Beating Cancer Plan
LEAD DG – RESPONSIBLE UNIT	DG SANTE C4: Health determinants and international relations
LIKELY TYPE OF INITIATIVE	Communication and accompanying Staff Working Document(s)
INDICATIVE PLANNING	Q4 2020
ADDITIONAL INFORMATION	DG SANTE Public Health

A. Context, Problem definition and Subsidiarity Check
Context [max 10 lines]
<p>Cancer – a leading cause of death in the EU</p> <p>Every year, 3.5 million people in the EU get the devastating news that they have cancer. And 1.3 million people – including children, young men and women, parents and people from all walks of life – die from cancer each year. In fact, 40% of us are likely to face this disease at some stage of our life, and nearly all of us already know someone suffering from it. Cancer – a term covering over 200 diseases - can affect anyone. Without further action to reverse current trends, it could become the leading cause of death in the European Union. However, as dire as predictions are, the very good news is that we now know that 40% of cancer cases are preventable. Although it is caused by a combination of multiple factors including genetic predisposition, environmental influences, lifestyle and infectious agents, avoiding known risks and adopting healthy lifestyles can greatly lower people's risk of getting cancer. Prevention, therefore, is the easiest and most effective way of reducing cancer in the EU, while scientists continue to improve diagnosis and cures for cancer, offering hope to those who are already affected.</p> <p>EU action can make a difference</p> <p>The EU has been actively working to reduce the incidence of cancer for decades, and its work has paid off. The first 'Europe against Cancer Plan', dating back to the late 1980s, resulted in important EU legislation on tobacco and occupational health. Since then, EU Member States have taken a number of actions and have committed, in line with the United Nations Sustainable Development Goals, to reduce premature mortality from chronic diseases, including cancer, by one third by 2030. They have also committed to meeting the WHO targets on non-communicable diseases by reducing mortality from cancer by 25%.</p> <p>Against this backdrop, President von der Leyen committed in the Political Guidelines to 'a European plan to fight cancer, to support Member States¹ and stakeholders in improving cancer control and care [...] to reduce the suffering caused by this disease' and for Europe to take the lead in the fight against cancer. The new Europe's Beating Cancer Plan will focus on all key stages of the disease: prevention; early diagnosis; treatment and care, and the quality of life of patients, former patients as well as their loved ones.</p> <p>With the support of Member States, stakeholders and the European Parliament, including Members of the 'MEPs Against Cancer' group who have worked together with the Commission to improve cancer prevention and care in Europe, the European plan will complement Member States' existing national cancer plans. The development of the EU Cancer Plan will be closely linked to the Mission on Cancer, a novel initiative of the Horizon Europe Framework Programme for Research and Innovation that maximises the impact of EU support to research and innovation and demonstrates its relevance to society.</p>

¹ In its [Conclusions on the Economy of Wellbeing](#) adopted on 24 October 2019 the Council invites the Commission to propose a European Action Plan to fight cancer in order to support the Member States in their efforts to, inter alia, prevent cancer, address early diagnosis and treatment, and improve the lives of patients and survivors.

Problem the initiative aims to tackle [max 25 lines]

The problems caused by cancer spread like the disease itself. First, it wreaks havoc on the lives of everyone diagnosed with the disease, as well as on their families. As well as causing enormous physical and emotional pain and distress, it also places a burden on our health systems and on society at large².

Compounding these problems, is the serious issue of inequality that is evident both within and between countries. These inequalities can be observed in areas such as cancer incidence, cancer screening and survival rates, access to diagnosis and treatment, and the stigma and discrimination experienced by patients and survivors. Someone's chances of getting cancer and surviving it should not depend on where they live within the European Union: EU citizens should all be protected and helped equally.

The impact of cancer and the inequalities concerning cancer from prevention to post-treatment can be traced back to a range of issues, including:

Health policy's emphasis on treatment

Up until now, the response to cancer has primarily focused on treatment. Although up to 40% of cancers might be preventable, only [an average of 3% of health budgets](#) is spent on prevention across the EU. And this is true, despite the fact that tried and tested prevention measures are well known. These measures include medical interventions (such as vaccination), lifestyle choices (such as a healthy diet, physical activity, avoidance of tobacco or alcohol consumption), and reducing environmental risk factors (such as air and water pollution or exposure to carcinogenic chemicals, be it at the workplace, via the environment or in products).

There is a need to explore improvements to the management of primary prevention at personal and organisational level, where further studies are needed to identify the most successful means. Furthermore, screening and early diagnosis can significantly increase the chance of a better health outcome as well as reduce unnecessary tests and treatments. Yet, all too often, cancers are only detected at an advanced stage.

Knowledge gaps and implementation of best practices

Research has shown that certain risk factors may increase a person's chances of developing cancer. Still, many risk factors are neither fully understood nor adequately addressed due to lack of scientific evidence of causal relationship with cancer. The disease is complex and multi-faceted, and there are gaps in knowledge about the precise causal role of many environmental and other factors such as pollution, radiation, climate change, and infectious agents. Further research to cover these gaps is needed in order to improve prevention against cancer.

There is a great potential in increased combination and sharing of available data collected from clinical experience and research. Personalised medicine, High Performance Computing, big data, genomics and artificial intelligence are fields of growing impact in cancer care and research. The rapid development of these new technologies may lead to new ways to prevent, diagnose and treat cancer. But these new tools also pose challenges in terms of uptake and appropriate transfer to practice within health systems and to daily medical and health care routines. In addition, the complexity of collecting, sharing and interpreting epidemiological and clinical data on cancer poses a further obstacle to reaping rapid benefits from big data collections. There are as well still privacy concerns and significant barriers to be addressed regarding cross-border data exchange for cancer research and personalised care.

Uneven access to preventive measures, treatment and care

In some EU countries, and within certain regions, patients have access to limited cancer services, including prevention, treatment and care. More patient-centred approaches need to be adopted within health systems, in order to ensure access to optimal cancer treatment for all patients as close to their homes as possible.

Across the EU, treatment costs for many therapies are high, with at times, a limited analysis of the overall social and economic impact of such treatments. While innovative advances do offer hope, the high price of innovative treatments place further demands on our healthcare and social systems. Innovation may increase inequalities in terms of access to best available treatments for all patients. As new, modern and more specialised therapies already exist and more are being developed, some people may simply be unable to pay for them or may not even have access to them. In addition, shortages of cancer medicines have increased significantly in recent times, with potentially disastrous consequences for patients.

Unfit healthcare models and skills

Our healthcare systems were originally designed to treat short-term, acute infectious diseases. Considering the overall aging of the population, the increasing burden of non-communicable diseases and the emerging and

² The overall economic impact of cancer in Europe is estimated to exceed €100 billion annually.

changing patterns of new health determinants, cancer will continue to drive increasing demands on health care and associated costs³. With this increased pressure on national health and social care systems, the focus on the patient and continuity of care is suffering.

To be efficient and patient oriented, increased collaboration and teamwork within the health sector, and with other sectors, is needed. The different health professionals, e.g. radiologists, surgeons, oncologists, nursing staff, medical physicists and researchers, still work too much in separate sectors with insufficient collaboration or communication between them.

It is also apparent that an increased focus on disease prevention is urgently needed and relevant skills of health professionals needs to be strengthened. In some countries, there is as well a need for a more holistic approach in the training of healthcare workers, involving also non-healthcare staff and informal carers to improve for instance palliative care and pain management. A more co-ordinated and holistic patient-centred approach needs to be developed, which overcomes the existing gaps between the health and non-health sectors and links the hospital setting with primary care and community social services helping patients to navigate the system and to provide seamless care. In addition, general shortages and training discrepancies in the healthcare workforce (including cancer specialists) are evident in many Member States and must be addressed.

Patients and survivors experiencing stigma and discrimination

Cancer patients may also face a “double sentence”. In addition to the suffering caused by the disease, they may experience stigma and certain levels of discrimination. An ever-growing number of cancer survivors face several hurdles throughout their rehabilitation – be it when applying for a job, a bank loan or an insurance policy. Our societies are simply not giving cancer patients and survivors the psychosocial support they need throughout their recovery process and beyond.

Basis for EU intervention (legal basis and subsidiarity check) [max 10 lines]

Article 168(1) of the [Treaty on the Functioning of the European Union](#) (TFEU) stresses a high level of human health protection to be ensured in the definition and implementation of all Union policies and activities. In this respect, Article 6(a) of TFEU gives the EU the competence to support, coordinate or supplement the actions of the Member States for the protection and improvement of human health. Such actions should cover the fight against major health scourges, such as cancer. This fight will mobilise many policy areas that are best discussed at EU level, such as tackling pollution, research and development, and data protection.

Given the complex challenge posed by cancer, a true *Health in All Policies* approach can only be achieved by combining action at national and EU level. The EU cancer plan will complement the policies of Member States and will mobilise available resources towards a common goal, in respect of subsidiarity and proportionality principles.

Since the fight against cancer will form a common thread throughout other priorities and policies (from e-health to pharmaceuticals, chemicals and medical devices, research and innovation, employment, energy, digital infrastructure and connectivity, artificial intelligence, climate and environment, occupational health, education, agriculture, transport, social policy, taxation), individual actions under the Action Plan will be also based on and framed by other relevant Treaty articles⁴.

B. What does the initiative aim to achieve and how [max 25 lines]

The overall objective of the EU beating cancer plan is to improve the prevention, detection, treatment and management of cancer in the EU while reducing health inequalities between and within Member States. It will set out actions that support, coordinate or supplement Member States’ efforts.

The EU cancer plan will include a combination of measures with tangible and citizen-centred actions designed to make a real difference to people across the EU. Its primary focus will be on initiatives within the EU. The [Mission on Cancer of Horizon Europe](#) will be an important crosscutting delivery mechanism for the Plan, providing evidence-based knowledge to target specific action from cancer prevention to social integration.

For each domain of action, ambitious and realistic objectives and sub-objectives will be agreed to *identify both the most appropriate means and level of action*. Its design will pay particular attention to the division of competences between the EU and the Member States. It will also tie into the other priorities of the Commission in areas such as the environment and climate change, social policy, digital transformation, food and nutrition, pharmaceuticals and safer chemicals.

³ [State of Health in the EU Cycle](#)

⁴ Examples of possible legal basis for action in different policy areas: TFEU Articles 19, 114, 191, or Euratom Treaty Articles, 2, 4, 30, and 52

Prevention

- Possible objectives – prevent the preventable: further reduction of smoking prevalence and alcohol consumption; improved access to healthy diet; tangible reduction in exposure to environmental risks; improved vaccination coverage against viruses linked to cancer (human papillomaviruses and hepatitis B virus causing respectively cervical and liver cancer); uptake of digital tools in health promotion and disease prevention; develop cost-effective technologies for cancer research to improve prevention and prediction;
- Potential instruments: the intervention could consider the pivotal role of taxation in reducing alcohol and tobacco consumption, in particular to deter youth from smoking and abusing alcohol. The **Farm to Fork strategy** could help ensure that EU citizens have access to affordable healthy food, while the **Zero Pollution Strategy** could address air, water and soil pollution. In addition to existing regulatory frameworks on chemicals and occupational health, interventions could also explore further **legislative and soft measures** to reduce exposure to carcinogenic substances in the workplace, in products and in the environment, and to UV and ionising radiations from natural and artificial sources. Possibilities to help optimise the use of radio-nuclear medical applications through the sharing of best practices could also be explored. It could include innovative approaches involving civil society and in particular the education sector to help raise young people's awareness about what causes cancer and how to avoid these risks. Appropriate digital tools could empower citizens to manage their own health better and the analysis of large sets of genomic tumour profiles could improve understanding of the disease and improve personalised cancer prediction.

Early detection and diagnosis.

- Possible objectives – intervene early: to reduce the time to diagnosis, to increase the coverage of the target population for breast, cervical and colorectal cancer screening; to provide evidence-based indications to broaden the scope of cancer screening to other cancers (e.g. lung, prostate and gastric).
- Possible instruments: measures in the “**digital**” area including training, artificial intelligence and remote access to high-quality care and increasing use of the European Rare Diseases Network could help meet objectives in terms of reduced time to detection and improved diagnosis, as well as inequality reduction. Technical support to Member States could help increase screening rates while guidelines and **structural support** can help ensure a similar high level of quality throughout Europe.

Treatment and care

- Possible objectives - access to the best treatment for all: to reduce cancer mortality and increase survival rates; to improve the quality, availability and access to cancer treatment.
- Possible instruments: working in line with the planned **pharmaceutical and chemical strategies** as well as Horizon Europe could facilitate access to high-quality treatment and uptake of new therapies, ensuring the availability and affordability of essential medicines. They could also help identify options for incentivising innovation, particularly for rare, paediatric, or otherwise ‘neglected’ cancers with poor prognosis and boost aligned public and private research investment, as well as collaborative clinical research to maximise impact and knowledge translation into new therapies and clinical practice.

Quality of life for cancer patients, survivors and carers

- Possible objectives – living well after cancer: to ensure the best possible quality of life for cancer patients, survivors and carers.
- Possible instruments: **Platforms, structures and resources** could support the dissemination of **best practices** on issues such as psychological support, pain management, professional re-integration, exploring measures such as “the right to be forgotten” or facilitating the portability of medical records data. Person-centred care underpinned by digital solutions such as wearables and mobile Health applications could support the growing number of cancer survivors. Measures could address the specific situation of informal carers and parents of children with cancer, in particular by providing practical support and social protection, and helping Member States in the provision of palliative care and supporting transfer of best practices.

Knowledge, data and scientific evidence

- Possible objective – understanding cancer better: Fill knowledge gaps on cancer to advance prevention, diagnosis, treatment and care.
- Possible instruments: the **Cancer Mission**, research and innovation actions, dedicated digital infrastructures and the **European Health Data Space**. Artificial Intelligence allowing the fast processing of large amounts of pooled genomic and health data available through the 1+ Million Genomes Initiative

and interoperable electronic health records could improve understanding of disease mechanisms leading to the development of new treatments. The establishment of a **European Cancer Knowledge Centre** could be explored, building on existing work and pooling expertise in the areas of research, cancer prevention, cancer data and registries, as well as on European Guidelines and Quality Assurance for cancer screening, diagnosis and care.

C. Better regulation

Consultation of citizens and stakeholders [max 10 lines]

Just as cancer affects everyone, we want everyone on board to design the EU cancer plan and to make sure that everything is transparent and accountable. Consultations will be held so that everyone has the opportunity to share his or her views. The plan will seek the engagement of Member States - primarily responsible for healthcare - the research community, healthcare professionals, policy-makers, NGOs and patients, as well as businesses and industry, including SMEs, and other stakeholders including key international organisations.

- The first consultation is an encouragement to provide feedback on the present roadmap. This consultation will take 4 weeks starting on 4 February 2020, World Cancer Day.
- At the same time, a public consultation, in the form of an online questionnaire available in all official languages, will be launched to gather views of citizens and organisations on the Plan. This consultation will take 12 weeks from the date of its launch.
- Citizens' Dialogues will be organised in Member States.
- Consultations with Member States will take place on several occasions and in various configurations, such as discussions with the Council (so called EPSCO) and the Steering Group on Health Promotion and Prevention, and at senior level.
- Targeted stakeholder consultations will be carried out through online surveys, webinars, focus groups, workshops and potentially interviews using mainly the EU Health Policy Platform.
- Existing cancer expert groups will be consulted on specific issues taking into account of their respective expertise.
- Key international organisations (e.g. WHO, UN agencies, IARC, OECD) will be consulted on their respective technical expertise.

The consultation activities will be promoted by the College of Commissioners, the Commission representations in Member States, the European Parliament, Commission expert groups, the EU Health Policy Platform, and through the European Week Against Cancer (including World No Tobacco Day).

A synopsis report, summarising the results of all consultation activities will be published on the consultation page once all consultation activities are closed.

Evidence base and data collection [max 10 lines]

No impact assessment will be carried out for the action plan itself. Actions developed under the action plan with expected significant impacts will become the object of an impact assessment, in line with the better regulation guidelines.

The development of the EU cancer plan will be informed by lessons and evidence drawn from EU level actions since the mid-80s to fight cancer as well as National Cancer Plans. Evaluations of EU policies relevant to the action plan (on [medicines for children and rare diseases](#)) will inform the plan. Other reports and their recommendations will inform the action plan such as the [Council Recommendation on Cancer Screening](#) and its [implementation reports](#), the recommendations of the [European Code against Cancer](#), the recommendations of the [European Guide on Comprehensive Cancer Control](#), the best practices and recommendations of the [Joint Action on Rare Cancers](#), the [European Cancer Information System](#), the [European guidelines for quality assurance in breast, cervical and colorectal cancers](#), and potentially input from the deliberations of the Mission Board of the [Horizon Europe Mission on Cancer](#).