

**Opinion of the European Committee of the Regions — Europe's Beating Cancer Plan**

(2022/C 97/04)

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<b>Reference document:</b>	Communication from the Commission to the European Parliament and the Council — Europe's Beating Cancer Plan COM(2021) 44 final

**POLICY RECOMMENDATIONS**

## THE EUROPEAN COMMITTEE OF THE REGIONS

1. refers to its declared goal of 'prioritising health at European level and to supporting regional and local authorities in the fight against cancer and epidemics of diseases in cross-border health cooperation and in the modernisation of health systems' <sup>(1)</sup>;
2. notes that, while Member States are primarily responsible for health policy, the EU can complement and support national policies and legislate in certain areas whilst remaining compatible with the principle of subsidiarity and proportionality and also taking into account the different existing health structures and national preferences in each Member State;
3. stresses that health policy remains predominantly a Member State responsibility. Even so, discussions at EU level in the ambit of the Conference on the Future of Europe should consider remits relating to health;
4. calls on the EU institutions to make sure that the legal framework for the envisaged European Health Union factors in local and regional authorities' responsibility for public health, given that 19 of the 27 Member States have opted to give LRAs primary responsibility for healthcare; at the same time, Member States' health strategies must reflect the specific needs of the regions and give maximum support to the efforts of local and regional authorities to improve healthcare;
5. notes that cancer is clearly an enormous threat to citizens and healthcare systems in the EU, with 2,7 million people diagnosed and 1,3 million deaths from it in 2020 (Joint Research Centre estimates, 2020). It is important to note, in particular, the expected ageing of the EU population and, consequently, the increase in the number of patients who will be diagnosed with cancer, given that it is more prevalent among the elderly;
6. points to the risk of the COVID-19 crisis being followed by a cancer crisis, since it significantly reduced cancer screening, diagnoses and treatments in 2020, worsening the condition of many people and creating a diagnosis backlog that has caused a build-up in cancer cases for a long time to come. According to the survey conducted by the European Cancer Organisation, 1,5 million cancer patients have received less treatment and 100 million cancer screenings have not been carried out due to the pandemic. Around a million cancer patients were unable to get a diagnosis and one in two cancer patients in Europe did not receive the necessary surgery or chemotherapy. One in five of them is still waiting for such treatment;
7. calls for a debate on how to improve people's health awareness so that patients can eliminate or reduce their exposure to risk factors, make the best choices in terms of prevention, diagnosis and treatment options, contribute to their own healthcare and become more empowered to lead independent lives; considers it important for local and regional authorities to be involved in this debate in order to improve EU citizens' health literacy;

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<sup>(1)</sup> OJ C 440, 18.12.2020, p. 131.

**Europe's Beating Cancer Plan**

8. strongly supports the approach adopted by the European Commission in Europe's Beating Cancer Plan, which seeks to address the entire disease pathway from prevention, early detection, diagnosis and treatment, with particular emphasis on vulnerable people, such as the elderly, to the quality of life of cancer patients and survivors;

9. underscores the significance of the Beating Cancer Plan as an important strategy to address the challenge of the increased number of cancers and to implement and offer prevention, aiming at eliminating or mitigating harm, early detection, diagnosis and treatment, as well as to improve the quality of life of those affected and their dependants;

10. welcomes the aim of Europe's Beating Cancer Plan to make the most of the opportunities for sharing medical and scientific data and digitalisation; also welcomes the fact that the envisaged European Health Data Space will enable both cancer patients and healthcare providers to safely retrieve and share electronic health data for prevention and treatment across borders in the EU. Member States must also guarantee the availability of this data at local and regional level;

11. stresses, too, the importance of promoting the development of a Palliative Care Strategy that provides for multidisciplinary care, including support and care not just for those affected but also for the carers or family members who live with them. For children who are diagnosed with cancer and whose illness has progressed to the stage of compromising their quality of life and life expectancy, care must be provided by professionals with specific training;

12. supports the Commission's initiative of setting up a knowledge centre on cancer to facilitate coordination of scientific and technological initiatives against the disease at EU level, such as the collection of data through national cancer registries, the possibility for cancer patients to access and transfer their health data, and the use of artificial intelligence (AI) to improve the quality of cancer screening;

13. considers a knowledge centre a commendable initiative, though it should be extended to the coordination of less common therapies and the treatment of rare cancers, as well as the adaptation of treatment for older people with cancer in a personalised healthcare strategy that is tailored to the person concerned, not just to the characteristics of the tumour;

14. stresses that cancer screening and diagnosis must be at the heart of Europe's Beating Cancer Plan, given that, according to the WHO, 30 to 50 % of cancer cases and many deaths could be prevented by earlier diagnosis and better care for cancer patients;

15. stresses the importance of measures to highlight the benefits of healthy lifestyles and to address key risk factors such as smoking, harmful alcohol consumption, obesity and physical inactivity, pollution, and exposure to carcinogenic substances, radiation and various infections. It also supports measures to highlight the benefits of prevention and harm reduction;

16. believes that measures to promote knowledge about exposure to environmental pollution and cancerous substances should be attuned with the Pathway to a Healthy Planet for All — EU Action Plan: 'Towards Zero Pollution for Air, Water and Soil' (COM(2021) 400 final) and with the 'Chemicals Strategy for Sustainability. Towards a Toxic-Free Environment' (COM(2020) 667 final) to forge synergies in achieving the goals of the Beating Cancer Plan;

17. believes that the business sector has an important role to play, together with local and regional authorities, in promoting healthy lifestyles and reducing exposure to pollution and carcinogens;

18. welcomes the Commission's measures to nurture a 'tobacco-free generation' and in this connection calls for similar goals to cut alcohol consumption; supports the proposal for mandatory nutrition labelling on consumer products as well as warnings on alcoholic drink labels;

19. calls for greater collaboration between health and social services, especially at local and regional level, in order to raise people's awareness of healthy lifestyles and to provide them with information on how to reduce their cancer risk. Currently, only 3 % of health budgets goes to health promotion and disease prevention;

20. welcomes the HealthyLifestyle4All campaign launched in 2021. It promotes physical activity and healthy diets and will help to meet the goals of the cancer programme and the UN Decade of Healthy Ageing, which is currently under way;

21. welcomes the Commission's aim of stepping up vaccination campaigns against the human papillomavirus for girls and boys by means of greater awareness-raising efforts. It also proposes that it should be made mandatory to offer HPV vaccination to both girls and boys, since this can slash the incidence of cervical cancer and some types of mouth, throat and laryngeal cancer;
22. finds targeted screening for breast, intestinal and cervical cancer laudable. However, if the scientific evidence and cost-benefit analyses so warrant, thought should be given as soon as possible to extending this targeted screening to other cancers, such as prostate and lung cancer. It is important here not merely to diagnose cancer as early as possible, but also to build a well-functioning infrastructure and supply chain;
23. draws attention to the large differences in cancer incidence and mortality between and within Member States and stresses that everyone, no matter where they live, should have the same right to specialist care, diagnosis and treatment and equal access to medicines;
24. criticises the lack of regionally disaggregated data on cancer incidence and mortality needed to identify trends and/or address inequalities in cancer screening and treatment; calls on the Commission to launch the planned Cancer Inequalities Registry to improve cancer prevention and treatment as soon as possible;
25. calls on the Member States to review cancer treatment in their healthcare systems so as to reduce inequalities in access, coverage of costs, reimbursement, health insurance contributions and extra charges;
26. draws attention to the system of 'standardised treatment' that has been brought in as a best practice in some Member States (e.g. Sweden and Denmark) to expedite diagnosis and start of treatment;
27. welcomes the sharpened focus on cancer research and the link between the strategy and the research mission on cancer under Horizon Europe. This should capitalise on the potential of digitalisation and new tools such as the European Cancer Imaging Initiative and the expanded European Cancer Information System to save lives;
28. draws attention to the potential of personalised medicine, focusing not just on the tumour's molecular characteristics but also on the characteristics of the person with the tumour, through rapid advances in research and innovation that enable bespoke innovative diagnostics and treatments and cancer prevention strategies that are better tailored to individual patients and types of cancer;
29. welcomes the establishment of an EU network of centres of excellence that makes cross-border cooperation and patient mobility easier, improves access to quality-assured diagnostics and treatments and facilitates training, research and clinical trials;
30. calls on the Member States to promote the accreditation of at least one cancer centre per Member State in accordance with the OECD standard;
31. suggests that the Cross-Border Healthcare Directive should provide for recommendations on standards for cross-border screening, imaging and treatment of cancer in a Member State other than the person's country of residence;
32. emphasises that medicine shortages are a long-standing problem in healthcare that has worsened during the COVID-19 pandemic; points out, regarding the supply of essential medicines or innovations, that there is an urgent need for measures to promote the availability of generic and biosimilar medicines <sup>(2)</sup>;
33. welcomes the proposal to examine the possibility of drug repurposing, but stresses in this regard the need to ensure sufficient clinical evidence of the efficacy of medicines and patient safety, taking into account other particularly relevant outcomes in older patients over and above survival. This is important not only for patients, but also for the healthcare sector and finance providers so they can form an opinion on the use of new treatments; notes that affordable prices for medicines are a prerequisite for patients to get the medication they need and for the sustainability of healthcare systems;
34. suggests that the possibility be explored of extending the EU's common procurement system, conducting joint price negotiations and creating a strategic reserve for cancer medicines. In doing so, account should be taken of the different needs of the Member States, as well as regions, and of the different socio-economic circumstances;

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<sup>(2)</sup> <https://webapi2016.COR.europa.eu/v1/documents/cor-2020-05525-00-00-ac-tra-en.docx/content>.

35. calls for the 'right to be forgotten' to be incorporated into European legislation. The medical history of cancer patients and survivors should not be registered by banks and insurance companies, so that they can both have fair access to financial services;
36. welcomes the proposal for an electronic Cancer Survivor Smart-Card, as well as efficient and sustainable care and monitoring networks for older survivors, aimed at improving communication and/or coordination between medical staff and patients, especially with a view to patients' own experiences;
37. points out that many people continue to suffer from physical and mental problems, especially the functional and cognitive decline that older people with cancer can experience as a result of their treatment, for a long time after their cancer diagnosis and initial treatment. It is therefore important to understand how individuals respond to treatment depending on their fragility, and it is thus essential to develop care models for older people with cancer that promote a comprehensive assessment of their situation and the use of tools to appraise their inherent abilities. It is also important to understand how therapy affects mental health, so that healthcare and rehabilitation can be more effective and can be tailored in all areas to this information;
38. stresses that the support and care of cancer patients by informal carers such as parents and family members is necessary but also burdensome. Provision should therefore be made for local social support measures to improve the work-life balance of such carers;
39. calls for all initiatives aimed at relatives, in particular family members, to also cover the concerns of children and to take on board the situation and special needs of siblings, in line with the UN Convention on the Rights of the Child;
40. welcomes the Commission's focus on childhood cancer, and stresses that it must also focus on cancer among the elderly, which has different characteristics, just as childhood cancer does. However, the Beating Cancer Plan needs to be bolstered by initiatives that promote the development of quality-assured follow-up registers in the EU Member States. It is also important to ensure that regulators such as the European Medicines Agency (EMA) can permanently retrieve data on the efficacy and side effects of medicines;
41. is of the opinion that the proposed study on adult cancer survivors should also identify the conditions and obstacles for young cancer survivors returning to schools and universities and joining the labour market. Initiatives concerning re-entry into the labour market should also accommodate young cancer survivors;
42. calls for strategies to address health literacy challenges, especially with regard to cancer and its risk factors, since demographic change will be one of the factors that increases its incidence. Strategies could entail different approaches, such as creating healthy environments or being an attractive employer and finding new ways of doing things, ways of working together, working methods and technologies, and sustainable working conditions.

Brussels, 1 December 2021.

*The President  
of the European Committee of the Regions*  
Apostolos TZITZIKOSTAS

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