

## CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

“The Fight Against Cancer: A Challenge for the European Health Union ”

**Wednesday, 16 June, 14h30-16h30**

**Online meeting**

**Minutes**

### **14.30 Welcome and introduction by the Chair, Birgitta Sacrédeus**

The chair of the Interregional Group, **Birgitta Sacrédeus**, welcomed all the participants and explained that the meeting was organized to discuss the Europe’s Beating Cancer Plan and the European strategy in the fight against cancer. The event presented four key-note speeches to set the context for the panel discussion and the Q&A session.

### **14.35 Strengthening Europe in the Fight Against Cancer by Sara Cerdas**

**Sara Cerdas**, MEP (S&D), Vice-Chair of the BECA Committee, gave an overview of the current situation in the EU, where cancer represents a significant burden for EU health as, in the last year, 2.7 million new diagnosed cases and 1.3 million people died due to cancer were recorded. Then, Ms Cerdas introduced the EU4Health programme , which will have a key role in facing this challenge in the next seven years. In particular, she specified that we need to use energies and resources very smartly, with a proper plan and prospect to short-, medium- and long-term interventions. To achieve so, we need to define the fight in different paths. The starting point must be reducing the number of new cases in relation to the number of inhabitants. In this perspective, investing in health promotion and healthier environments represent a crucial aspect. Moreover, there is a need to create further knowledge about risk factors for cancer: we currently are aware of about 50% of the risk factors that cause cancer. Ms Cerdas insisted in the need for more research to understanding the missing half.

After briefly presenting the four pillars of the Beating Cancer Plan, Ms Cerdas continued by underlining some of her and the European Parliament’s proposals on how to improve the Beating Cancer Plan by the Commission. Concerning prevention, it is paramount to target health literacy to instruct citizens to make the best health choices. Furthermore, investing in research to unfold the 50% of unknown risk factors and paying particular attention to antimicrobial resistance would have important

consequences for cancer patients in more vulnerable conditions. In addition, specific attention should be paid to the implementation of the European Health Data Space to provide further oncological data which will ease research and findings, leading to more evidence. Finally, Sara Cerdas suggested investing in cancer prevention vaccines such as Papillomavirus or Hepatitis B.

Together with the prevention, we must reduce the impact of cancer in cancer patients by approving early diagnosis, care, and treatment. This issue was discussed at the European Parliament with WHO. In case cancer occurs, the main goal must be providing access to early diagnosis and care, as a prompt intervention can significantly increase the chances of survival. In terms of early diagnosis, we must improve screening, create better European standards, and share good practices. Investment targeting the socio-economic determinants of health is necessary for this to become a reality.

Regarding treatment, she expressed that the EU needs more resources and accessibility. More investments in terms of new therapeutics must be accompanied by ensuring their availability and affordability. Some of the new therapies are very expensive, and the European Union must work to bring its price down. Sara Cerdas believes that the European Pharmaceutical Strategy will help in this part.

Then, she invited policymakers and stakeholders to embrace this momentum to discuss cancer and increase the accessibility to medicines. The European Health Union will provide more accessibility to medical devices and equipment. Lastly, Ms Cerdas stressed the need for increasing and improving health services resilience and prepare those services to continue care even during health emergencies.

Ms Cerdas expressed the importance of the fourth pillar, which refers to the quality of life for cancer patients, and other delicate issues such as the right to be forgotten, the reintroduction in the labour market, the support for families and children. The aim must be giving the same opportunities to cancer survivors as other people that have not had cancer.

Finally, Ms Cerdas concluded her contribution by specifying that this Plan aims to satisfy the real need of European citizens.

#### **14.45 The Europe's Beating Cancer Plan by Hana Horka**

**Hana Horka**, Policy Officer, Europe's Beating Cancer Plan Taskforce at DG SANTE, focused her contribution on the implementation aspects of the Plan.

Cross-sectoral cooperation among policymakers is crucial as the Plan focuses not only on areas such as prevention and literacy but also deals with areas such as taxation, economic interest, vaccination, data collection, and ethical issues. Ms Horka believes that this broad approach must be fully coherent

with other policies promoted by the Commission such as the Pharmaceutical Strategy or research programmes (in strict collaboration with DG RESEARCH and DG ENERGY). This approach will be beneficial for cancer patients and other non-communicable diseases and will help member states reach their sustainability goals. She mentioned that, on 30 June, there will be the launch of the Knowledge Centre of Cancer, led by DG SANTE, DG RESEARCH and the Joint Research Centre which will facilitate the coordination of cancer regulations at the EU level.

In terms of the implementation at regional and local level, Ms Horka gave some examples of potential areas in which regions can play a central role. They can be pivotal in developing effective cancer prevention strategies and policies, novel approaches for screening and early detection programmes, personalised medicine approaches, and setting up a network of Comprehensive Cancer Infrastructures within and across all EU Member States.

Regarding the budget, Ms Horka highlighted that there is a need for careful and intelligent investments. For example, EU4Health, the most extensive EU health programme in European history (5.1 billion euros), dedicates around 1.2 billion in the implementation of the Cancer Plan. Substantial funding will also come from other European funding mechanisms such as HORIZON, ERASMUS+, and Cohesion Policy. Technical implementations will be handled as previous programmes. The first-year budget should be adopted by the end of June and followed by two sets of courses in July and September.

Furthermore, Ms Horka explained that the EC established three different groups to ensure the smoothest cooperation, exchange of information, and implementation of the actions at the European level. First, an internal Commission group will work to ensure coherence and harmony between different policy areas since more than half of the actions taken in the cancer plan are outside DG SANTE. Second, the Member States representatives (health and research) will participate as a cancer-related subgroup under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases. Third, the Plan foresees a Stakeholder contact group on the EU Health Policy platform (officially launched on 28 May). This group will ensure a structured dialogue between the Commission and stakeholders involved in cancer and cancer-related issues.

Ms Horka concluded by informing the audience that the EC is working on the Implementation Roadmap, which will include a timeline of deliverables. The publication date is set by the end of summer.

#### **14.55 Discussing CoR opinion on the Europe's Beating Cancer Plan by Brigitta Sacrédeus**

**Birgitta Sacrédeus** closed Hana Horka's presentation by stressing that 19 out of the 27 member states have strong competencies in healthcare and, consequently, play a key role in the implementation of the Plan. She specified that the implementation phase is in its early stage, and the European institutions are working to propose the most suitable plan for the citizens. She emphasized that the publication of the Plan is a clear and concrete sign of the EU commitment to support and coordinate the Member States in preventing and reducing the suffering of cancer patients.

Then, Ms Sacrédeus reminded the audience that she is the rapporteur of the CoR Working Document on the Europe's Beating Cancer Plan. During the last discussion about the topic at the NAT Commission, some crucial points emerged. First, she stressed that, although data are considered essential, there is still a lack of data concerning the survival rate in the Member States. In terms of prevention, statistics on screening programmes and HPV vaccination programmes seem satisfying. However, for HPV vaccination, there is a discrepancy between girls and boys, who have a lower participation rate. Then, she highlighted the importance of Comprehensive Cancer Centers and the lack of patient-reported outcomes in the national cancer registries, calling for greater attention to patients' experience during treatment and as survivors.

#### **15.05 A regional perspective: an example from Apulia by Giovanni Gorgoni**

**Giovanni Gorgoni** shared the experience of the Apulia region (IT) to give concrete suggestions about the Cancer Plan implementation.

After showing some data and statistics about cancer incidence in his region, Mr Gorgoni presented the Apulian Cancer Network, namely ROP (Rete Oncologica Pugliese), approved in 2017 and fully operational since the summer of 2020. ROP is designed as a transversal and horizontal organization in which private and public organizations are synergically involved. The network, defined by Dr. Gorgoni primarily as a 'networks container', is structured on a Regional Oncology Council (for strategic direction), a Regional Oncology board (for executive governance), and four Integrated Oncology Departments (IOPs).

After depicting the multi-level governance model of the network, Mr Gorgoni focused his attention on the Oncology Guidance Center for Global Care (COro), which works as an access gate to the entire Cancer Network. It has the mission to inform and receive each new patient who needs to solve a clinical suspicion or to access the more appropriate disease reference center for his pathology. It ensures initial taking charge of the patient, the direction to the disease reference center, and the regular maintenance of the therapies and follow-up. One critical aspect is multidisciplinary (six mandatory roles: the oncologist, psych-oncologist, nurse care and management care roles, clerks,

social workers and volunteers) and its easy recognizability for all patients. Mr Gorgoni specified that COrO was an example of a resilience response to the pandemic, which continued to take care of patients with an average of 120 patients per month each during the lockdown.

Therefore, he stressed that the pandemic accelerated the digital transformation of care processes, even though the Apulian telemedicine network was already tested in advance. The flagship is #ACCASA (namely, “At home”), composed by a platform, an app, medical devices. The core concept was to visualise the integrated care team also in a digital manner.

Mr Gorgoni concluded his presentation by stating that it is undeniable that a regional pathway for cancer care is the best solution to help Europe fight cancer. Indeed, regions are the appropriate entity to integrate specialised centres, follow-up, and social service because they are the crossing point between political commitments, the EU or States, and healthcare providers. To build a strong EU response to cancer, he suggested considering cancer patients' needs and experience to overcome design mistakes and define transparent and shared requirements to ensure good quality of cancer care in all the Member States.

### 15.15 Panel Discussion

#### 1. *Exchange with David Ritchie, Cancer prevention manager, Association of European Cancer Leagues*

**David Ritchie** presented the Association of the European Cancer Leagues, a Brussels-based comprehensive NGO that works across the cancer control continuum, from investments in research to the provision of services to needed patients. Then, he focused his contribution on the importance of primary and secondary prevention.

He stressed that it is encouraging that the Plan sees prevention as a priority. Early detection represents a milestone in the fight against cancer, especially in terms of screening programmes. They are crucial to identify and map cancer for asymptomatic populations, and they are especially recommended for three cancer types: breast, cervical and colon. According to him, investments are crucial in this aspect.

Then, Mr Ritchie added one note of caution: we should not treat the European Union as one homogenous unit as its Member States have very complex and different healthcare systems, and thus responsibility for delivering and managing healthcare is often conferred at the regional level. The regions will have a key role in creating a system that can be applied across the Union, considering social differences. He emphasised the regions' role in engaging with citizens and raising awareness of

prevention measures. We must make sure that there are no European actions conflicting with already established concrete practical measures.

Finally, he stated that we must consider the global perspective of intervention regarding HPV vaccination, primarily through gender-neutral approaches. But, again, considering the multiple contexts within Europe is crucial, with a localised cost-effective evaluation and resource availability and suitability to apply for the programme.

2. *Exchange with Matthijs Van Meerveld, Director of the Oncology Policy EUCan at MSD and Co-chair of All Can's Public Affairs working group All Can International.*

**Matthijs Van Meerveld** participated in the event on behalf of All.Can International, an international multi-stakeholder, not-for-profit organisation that works to improve the efficiency of cancer care by focusing on what matters to patients.

According to the OECD, 20% of health expenditure is wasted on ineffective practices. The waste of resources in cancer care is about money, time, life quality and missed opportunities. These resources should be channeled for better use of patient outcomes. Particularly for cancer patients, inefficiency can lead to premature mortality, reduced quality of life, and societal inequality. These aspects can also demoralise and frustrate care providers while weakening health systems and causing financial loss and missed opportunities.

For All.Can, an efficient cancer plan delivers the best possible care outcomes, using the human, financial, infrastructural, and technological resources available, focusing on what really matters for patients and society. To achieve this objective, we need to put patients at the centre and promote an evidence-based and data-learning-driven system by investing in technology, breaking down silos, scaling good practices, and implementing appropriate policies and incentives.

He expressed the full support of All.Can to the Europe's Beating Cancer Plan as it includes many of the previously presented measures and strategies. However, the plan may overlook the opportunity to improve the efficiency of cancer care as a priority. In this respect, All.Can invites the European Commission to consider the concept of efficiency during the Plan's implementation, support multi-stakeholder efforts to improve the efficiency of cancer care, commit together in terms of patient insights, and foster a sharing of best practices across Europe.

3. *Exchange with **Antonella Cardone**, Director at the European Cancer Patient Coalition*

Antonella Cardone shared her opinion as member of All.Can International and Director of the European Cancer Patient Coalition. She underlined that ECPC's strength is to cover all sorts of cancer types by working on policy, research, communication, raising awareness, campaigns, and governance.

Ms Cardone presented the results of a survey recently conducted by All.Can in 10 countries, which highlights inefficiencies in cancer care. The responses from nearly 4,000 patients point to important opportunities to improve care from a patient perspective. According to the survey, diagnosis and early detection were the aspects of care where patients reported the most inefficient, despite a rapid and accurate diagnosis is of vital importance for cancer patients. 32% of patients reported their cancer was initially diagnosed as something else. 39% felt they had inadequate support to deal with ongoing symptoms and side-effects concerning treatment and care. Unavailability of psych-oncologist resulted in an issue from the survey as 69% of respondents expressed their need for psychological support, only 34% found such help available. In terms of quality of life for cancer patients' survivors and carers, the survey shows that urgent attention of specialised carers is needed. 86% of patients reported a loss of income due to their cancer, stressing the lifelong financial burden of cancer.

Finally, the European Commission and ECPC, together with EFPIA (European Federation of Pharmaceutical Industry Association) and ECO (European Cancer Organisation), are discussing the possibility of adopting a dashboard to monitor success. According to Ms Cardone, the only way to properly implement the Plan is by close monitoring.

## 16.00 Questions & Answers

**Jean-Luc Vanraes** spoke particularly about incentivising people to regularly participate in screening for prevention and promoting exchange between specialists about the newest methods of curing that are arising.

**Adriana Perez Fortis**, from the Cross-Border Institute of Healthcare Systems and Prevention, has found that the Northern region of the Netherlands is more prone to concern infection, perhaps because the region, compared to the rest of the country, has less access to preventive measures. People should be educated about risks and why it is essential to give attention to behavioural and cognitive factors. Incentivising people to participating in screening is the best prevention.

**Antonella Cardone** commented on the intervention made by **Mr Vanraes**. Regarding prevention, we cannot expect all cancer patients to work on prevention, but we should train health providers to work on preventive measures.

**Giovanni Gorgoni** specified that lifestyle changes are difficult to achieve because of cultural factors, social and market positions. In addition, Giovanni highlighted the importance of data.

**Hana Horka** stressed that the European Commission is very attentive to the aspects of prevention related to nutrition.

**Matthijs Van Meerveld** also referred to how data has been tremendously valuable for cancer patients and professionals for faster diagnosis and efficient care.

**Brigitta Sacrédeus** thanked all the participants and closed the meeting.

**16.30 End of the meeting**