



## Briefing | EP BECA - Turning the tide on cancer: the national parliaments' view on Europe's Cancer Plan

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**Source:** European Parliament Special Committee on Beating Cancer (BECA)

**Subject:** Turning the tide on cancer: the national parliaments' view on Europe's Cancer Plan

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*On September 27, the European Parliament BECA Committee held a public hearing entitled 'Turning the tide on cancer: the national parliaments' view on Europe's Cancer Plan'. During the hearing, numerous MEPs and national parliamentarians from various Member States underlined the need for increased cross-border cooperation. Moreover, calls were heard for The European Beating Cancer Plan to lead to a reduction in existing inequalities in the area of cancer in Europe, particularly in terms of access to screening and treatment and survival rates. Echoing numerous parliamentarians' statements that Member States needed to engage in deeper collaboration, BECA Chair Bartosz Arłukowicz stated that there should be a debate as to the role Europe should play in healthcare and whether this domain should remain the exclusive remit of Member States or if it would be better to coordinate healthcare policy at the level of the EU. Please see below for a full summary of the public hearing.*

### ***Welcome and opening remarks***

**BECA Chair Bartosz Arłukowicz (EPP, PL)** opened the meeting and welcomed guests. Today's meeting would focus on the question of how to tackle cancer given the global challenge of the pandemic. Fighting cancer required coordination and cooperation across regions and Member States. On the BECA draft report, the document would be available in English by the beginning of October and the Committee would work on amendments until November 6.

The sharp increase in cancer incidence in Europe called for more measures to be taken; 1.3 million people died of cancer last year in Europe and the COVID pandemic created a huge backlog in terms of cancer screenings. Such challenges could only be overcome through close cooperation and a clear and unified European approach. All EU citizens, no matter where they live, should have access to quality cancer care. Over the last year, almost 90 high-level experts had shared their work with the Committee and this had fed into reflections. A public survey on the impact of the pandemic on cancer care was also conducted and this also provided invaluable feedback and was turned into a reference guide. The Commission's European Beating Cancer Plan was a pillar of the Committee's work and the EU could supplement national efforts to beat cancer.

**BECA standing Rapporteur Véronique Trillet-Lenoir (RE, FR)** said that 4 areas had been identified where actions should be taken: prevention screening, access to high quality healthcare and support for survivors and helpers. On prevention, social determinants for cancer, for example, should be detected to

tackle the 40 percent of cancers which were avoidable. By 2040, society should be free of tobacco, for example. Regarding screening, the idea was to provide for a platform for cooperation across national authorities, among other measures. 90 percent of the target population should be reached. Concerning fair access to healthcare, there should be more cooperation on cross-border healthcare. There should be better mutual recognition of digital healthcare and recognition of cancer specialists cross-border. Comprehensive cancer centres should also be set up and there should be national plans on fighting against cancer that would ensure greater cross-border cooperation.

On cancer drugs, the Cancer Plan gave ample opportunity to roll out a virtuous circle on cancer treatments and fighting against shortages. Joint negotiation of drugs would be key to this and she supported stockpiling to avoid shortages. Regarding lessons learnt from COVID, the report also discussed patient support and support to helpers. It was vital that associations provided support to ensure good quality of life for all survivors and she supported a post-recovery passport. On child cancers, focus was being put on legislation for pediatric and orphan medicines and promoting clinical research with a view to increasing innovative therapies by 20 percent.

Concerning actions needed to be taken, close cooperation with Horizon Europe, making use of AI, mobilising work on immunology were points of departure. Research must be multi-disciplinary and research funding should be increased by 20 percent. Multi-disciplinary treatment centres should also be bolstered. Knowledge sharing and sharing of expertise was also vital. Rare and complex cancers required greater input and thought at European level and European reference networks should be beefed up. There should be at least one data register in each European region and all Member States should take action in areas identified by the Commission. Moreover, the best way to fight healthcare inequalities was to improve training of health professionals. The rapporteur supported the creation of European cancer institutions which would coordinate various national programmes to fight against cancer, improve training and accreditation, and to communicate to the public at large, among other areas. Horizon Europe and cohesion Europe would have to draw on, in addition to the resilience fund, to support the Beating Cancer Plan.

**Stella Kyriakides, European Commissioner for Health and Food Safety**, noted that European Beating Cancer Plan was launched 8 months ago. COVID's impact on cancer had highlighted the need for coordination and contingency planning for continuity of care in case of future crises. The Commissioner echoed the importance of leaving no one behind. To guarantee smooth implementation of the plan, many stakeholders were being worked with, including national bodies. The EU4Health programme and other financing programmes had allowed for this plan to move ahead. A total of 4 billion euro had been earmarked for cancer actions in Europe. The plan would work in tandem with the HorizonEurope plan on cancer and a further 2 billion euro had been earmarked for funding in cancer research under HorizonEurope.

The Commissioner said she was glad members of national parliaments would speak today, as would regional representatives, as this would bolster cooperation. Health promotion and disease prevention mattered to all and she drew attention to the European code against cancer and the healthy lifestyle for all initiative programmes in this regard, in addition to the Commission rolling out increased screening for colorectal and breast cancer, for example. With the goal of improving access to cancer screening, the recently launched cancer inequalities register would help. The pharmaceutical strategy would also help in this regard and the interaction of all would ensure the right of all citizens to high standard diagnosis and treatment. COVID had severely impacted on cancer and the WHO had recently noted that, in over 50 countries, access to cancer screening and treatment had been severely impacted and thus ambition must be shown in the fight against cancer.

**Iva Dimic, Chair of the Sub-committee on Monitoring Cancer in the Republic of Slovenia, Slovenian National Assembly**, welcomed the European code against cancer and the healthy lifestyle for all programmes. Global indicators showed that cancer was the epidemic of the modern age. Slovenia adopted a national cancer plan in 2010 and a revised programmes leading up to 2026 was now being drafted. Slovenia recently marked the 70th anniversary of the introduction of its cancer register. The national programme in place was designed to offer all citizens equal access to healthcare at all levels,

including therapies, palliative treatment and information. In Slovenia, over 6,000 people died each year per annum and there were more than 110,000 people who had been diagnosed with a cancer in their life. There were free screening programmes in Slovenia that sought to ensure early detection, including a breast cancer and colorectal cancer programme.

The aim for 2026 was to slow down cancer incidence levels, as well as improve patients' quality of life. Specific objectives also included primary prevention as the main objective and key risk factors, such as smoking and obesity had to be taken into account in this regard. A special emphasis would be put on the negative impacts of smoking. Slovenia was among the top countries in terms of alcohol consumption and programmes tackling this would be put into force, as would initiatives promoting healthy diets and the importance of regular physical activity. She hoped that cooperation would increase between Member States regarding the fight against cancer.

***Panel Discussion: Strengthening EU cooperation to tackle national, regional and social inequalities in cancer prevention care.***

**BECA Chair Bartosz Arłukowicz (EPP, PL)** noted that the EU only had limited legislative competence in the area of health. COVID had shown that, alone, each Member State was helpless. Treaties and regulations currently said health was the responsibility of Member States and he stated that this should be reflected on. The whole EU could not currently fight against cancer and individual States could not tackle this problem alone. Was there the courage to change the regulations that restricted opportunities for common action?

**Birgitta Sacredeus, Rapporteur, opinion of the Committee of the Regions on Europe's Beating Cancer Plan**, underlined the importance of implementing the EU cancer plan. 19 of 27 Member States had devolved responsibility to the regional level and thus regions were key. Medical and scientific data must be able to be shared via digital methods and this was the best way to communicate. In this regard, there must be a knowledge centre at both the European and Member State level and she stressed the importance of these centres cooperating with one another.

**Małgorzata Bogusz, Rapporteur, opinion of the European Economic and Social Committee on Europe's Beating Cancer Plan**, echoed that the number of cancer cases was steadily increasing. She highlighted the need for a concrete action plan that included clear indicators and timelines. The current plan was still too general and the EU must set even more ambitious and specific goals. One of the toughest challenges concerned differences in access to treatment across Member States. Survival rates were dramatic for some types of cancers across countries. Support was also needed for research and innovative methods in the fight against cancer. There must also be assistance provided to international collaboration and cross-border exchanges of knowledge, including with countries such as America.

All EU citizens, regardless of their place of residence, should have equal chance of surviving cancer and a real EU cancer Marshall plan was required, especially when it came to children who suffered from cancer. The social partners and civil society organisations (CSOs) had an essential role to play, such as in the area of promoting prevention. Their efforts should be supported under funding such as ESF+.

**Alessandra Moretti (S&D, IT)** underlined the importance of collaborating with members of national parliaments on this issue. Legislative and regulatory bodies would have to coordinate the plan and transposition at Member State level would play a major role. There were discrepancies across the EU, such as in the area of access to treatments. She echoed the importance of screening, though there were currently no minimum standards in this regard. Every European citizen should have equal rights when it came to healthcare.

**Mariolina Castellone, member of parliament of Italy**, underlined the need to have a common register. In Italy, a law was recently approved to set up a national tumour register. There must be a common plan for all regions when it came to screening. She agreed on the need for common guidelines for cancer at the European level. Furthermore, everyone must have the same access to treatments. For COVID vaccines, Europe was able to negotiate a common price and cancer treatments should be negotiated at the central level too. She then called for funding for cancer research to increase across Europe.

**Andres Santos, member of parliament of Greece**, said that the Beating Cancer plan was extremely comprehensive. The key had to be reducing inequality and improving access. Timely diagnosis had to be the watchword. Adequate care must be provided across all stage of cancer. Public services had to be restructured so as to ensure healthy environments for all. Moreover, negotiations with pharmaceutical companies should be centralised and fair prices should become the norm. All citizens should have access to modern therapies, no matter the expense. Gene therapy should also be at the heart of future therapies.

**József Kovács, member of parliament of Hungary**, underlined the importance of screening programmes in Hungary which had ensured good results. A Hungarian national cancer plan had been in place since 1993 and he welcomed the European initiative to this end. Coordination of key elements of national cancer plans in Europe was required. In 2019, Hungary established the central European academy of oncology to coordinate cancer control programmes in the region.

**Ivars Ijabs (RE, LV)** echoed that inequalities constituted a major issue which had to be tackled. This was understandable as healthcare was a national competence. He shared the point of view that funds should be devoted to tackling cancer under initiatives such as HorizonEurope. Screening reach was often discussed; however, there was a clear need to have common guidelines for screening quality. He also supported having national comprehensive cancer centres being established in all Member States. In addition, he underlined the role of data in diagnostics. There was a need to have a common approach to the GDPR across Member States, which was not currently the case; this could allow for more cooperation across borders.

**Patriciu Achimas-Cadariu, member of parliament of Romania**, noted that Romania was currently setting out the first national plan on cancer prevention. The European plan was a source of inspiration and know-how in this regard. The goal was to improve the life-expectancy of Romanians. Efforts were focused on areas such as early detection and diagnosis and the vaccination rate for HPV, for example, must be increased. Breast cancer, cervical cancer and colorectal cancer screening were also being focused on. Broncho-pulmonary cancer caused many deaths in Romania and focus was being put on prevention and early detection.

**Peter Liese (EPP, DE)** said there were many areas where Member States had competence and this was why good examples should be shared cross-border. Many people also believed the EU should play a greater role when it came to healthcare. Regarding challenges faced, national States could not go it alone. He underlined the need for a systematic approach for those who wanted to cooperate cross-border. He suggested a special envoy for cross-border cancer research. Patients' rights should also be strengthened regarding cross-border healthcare. Concerning, cancer survivors, the right to be forgotten should be upheld, especially with regards to insurance policies.

**BECA Chair Bartosz Arłukowicz (EPP, PL)** agreed with Mr Liese's comments and echoed that member States could not deal with such challenges alone. Discussing amplifying the role of the EU in this area could be an idea going forward.

**Annamaria Parente, member of parliament of Italy**, welcomed the Commission's Beating Cancer Plan. Last month, the Italian senate adopted a resolution that would give greater support and aid to families where a member suffered from cancer. She echoed the need to harmonise prevention plans across Europe. 40 percent of tumours were preventable and thus prevention was key. Only 3 percent of the budget was currently earmarked for prevention and this must be increased as it was an investment. COVID showed the need for cooperation to overcome such challenges. Personalised medicine was the future and the EU had to undertake every effort to ensure cross-border collaboration.

**Michèle Rivasi (Greens/EFA, FR)** asked national parliamentarians what their needs were when it came to combatting cancer. How could the EU make a concrete contribution to tackling cancer? A number of proposals had been put forward, such as national cancer centres and better diagnosis and treatment for all. Cancer inequalities registers to highlight differences between regions were also required.

**Renata Sabljar- Dračevac, member of parliament of Croatia**, said that her country was among one of the 5 countries with the worst survival rates in Europe. Croatia was lagging behind when it came to implementing the Beating Cancer Plan. Obesity and tobacco accounted for much of the high incidence of cancer and there was also a weaker availability of good cancer screening and care. There were also insufficient investments into all aspects of oncology. She commended the new lung cancer screening programme that was introduced last year. EU support was needed and she supported having high quality access to screening, treatment and the latest technologies to all. In this regard she welcomed increased financing which would allow for health centres of excellence to be set up, for example. Electronic health data would become key tools in the fight against cancer and she had high hope for the European reference centre where best practices could be shared.

**Margarita de la Pisa Carrión (ECR, ES)** underlined the need for countries to work together to tackle this issue, without undermining the sovereignty of Member States. There was much to be done in the areas of research and early prevention. Health was an essential good and affected every aspect of a person's life. Healthy lifestyles must be promoted. A Mediterranean diet could be extremely beneficial in this regard.

**Mara Lapia, member of parliament of Italy**, stated that stock had to be taken of what Europe had achieved and what had to be done to tackle cancer. EU countries had to come together and she called for more cooperation. She welcomed Europe's Beating Cancer Plan which was a pillar in terms of moving towards a European health union. She called for the various initiatives at European level to be harmonised. Moreover, joint European guidelines should be drawn up to cover areas such as screening and palliative care. Treatment must be made more accessible to all citizens across Europe.

**Kateřina Konečná (The Left, CZ)** underlined the need to have adequate funding in place for areas such as screening. She asked national parliamentarians how they saw the best form of funding for such screening programmes. How could the quality of such programmes be ensured? A new screening programme for lung cancer in Czechia was currently being rolled out.

**Savia Orphanidou, member of parliament of Cyprus**, echoed that COVID had highlighted problems in Europe's healthcare systems, including when it came to the fight against cancer. There must be cooperation among Member States and digitalisation would be key to fostering progress cross-border. Progress also needed to be made within Member States. In Cyprus, a cancer research institute was in place, as well as other services that provided support to patients. Adequate care and support must be provided to all citizens and there should be no inequalities.

**Tomislav Sokol (EPP, HR)** noted that, while healthcare was a national competence, the EU should have the power to support national policies. There were issues that Member States could not tackle by themselves and the EU should step in in this regard. On possibility changing the treaties, this was not politically realistic and the EU should do what it can without seeking to change the treaties, such as removing obstacles to cross-border healthcare and financing the healthcare workforce in rural areas. Reducing inequalities across Member States should also be a priority for the EU. Cohesion policy would be key in this regard.

**Konstantinos Blouchos, member of parliament of Greece**, welcomed the European Beating Cancer Plan. As a doctor, he stressed the importance of scientific exchanges. This would allow for increased rates of cancer prevention. In clinical research, there was a lack of funding for the social dimension and he highlighted the need for a holistic approach. This entire question was also linked to the awareness of the population at large. Much focus was being given to surgical intervention and it was important the plan look into other areas of treating cancer too. There was also the question of quality criteria and the consequences of some public policies.

**Manuela Ripa (Greens/EFA, DE)** stated that the key question was what the EU could do to help Member States. Carcinogenic products should be banned and consumers should be warned about the effects of the foodstuffs they consume, including foods that contain pesticides. Obesity was also a worrying and growing problem and unhealthy food marketing should be banned. Consumer and child protection was required at the European level. She underlined the need for better cross-border cooperation.

**Pascale Gruny, member of parliament of France**, echoed that cancer had to be combatted as rates were projected to continue to increase across Europe. She supported specific attention being paid to childhood cancers. Moreover, she supported setting up joint cancer research centres. The Beating Cancer Plan must be supplemented by national plans against cancer. In France, a plan had been in place since 2003 and she stressed the importance of prevention. The EU must ensure good supply of medicines and setting up of stockpiles should be ensured.

**Maria Deguara, member of parliament of Malta**, remarked that COVID showed that goals were achievable when countries working together towards one common goal. The next goal should be to beat cancer and global cooperation was essential if this objective was to be obtained. The polluted environment, sedentary lifestyles, substance abuse and stress were among the factors that led to cancers. On environmental factors, success would only be achieved if all worked together. All people who developed cancer had the right to the best treatment possible.

**Margarita de la Pisa Carrión (ECR, ES)** stressed the importance of early diagnosis regarding survival rates. The nutritional profile of patients should also be taken into account. Palliative care was also a fundamental part of treatment and emotional support must be provided to patients undergoing palliative care. There was also the spiritual dimension and people needed meaning to continue fighting for their life. The Union could also be very present when it came to research. Much could also be improved in terms of personalisation of medicine.

**Angela Ianaro, member of parliament of Italy**, underlined the important of taking a European approach; however, regional differences must also be taken into account. Action must be taken regarding prevention and joint research. In addition, data at the European level was key and communicating health and oncology data was essential to improving patient outcomes. A digital European strategy could allow for pooling all such data. There were obstacles, such as governance and interoperability hurdles; however, a European space must be created in this regard. Research could also be based on this data.

**Zuzana Šebová, member of parliament of Slovakia**, supported the Beating Cancer Plan. Prevention must be based on a proactive strategy as thus could save many lives, in addition to a large amount of financial resources which could be used to making treatments accessible to all. The Commission estimated that the cost of oncological diseases was more than 100 billion euro per year across Europe. She supported increasing digitalisation to share information cross-border and the establishment of a European register. Unfortunately, the trend of unhealthy eating was continuing and the amount of alcohol consumed had increased during the lockdown. She supported the UK's approach which had decided to put an end to conventional cigarettes by 2030.

**Wieke Paulusma, member of parliament of The Netherlands**, emphasised the importance of cancer action plans at both the European and national level. Cancer was disruptive on many levels. She supported the need for more prevention. The goal of the European plan must be reflected in the European pharmaceutical strategy and the industry must be more transparent when it came to pricing. Collective negotiations should be encouraged.

**Piernicola Pedicini (Greens/EFA, IT)** stated that there were first and second class citizens in Europe, with the latter receiving much poorer treatment. There was a large gap between the poor and rich in society. Public health for the poorest was deteriorating. However, the current plan was to spend more money in the richest regions and this would only increase inequalities. Rather, spending should be equally distributed between regions.

**John F Ryan, Director, DG Sante**, said that the Beating Cancer Plan covered all aspects of policy, and not only public health. The Commission had tried to mobilise taxation policy in respect of alcohol, the EURATOM treaty in respect of radio-nuclear medicine, pharmaceutical policy, and digital Europe, for example. The Commission was in the process of finalising an implementation plan and this would lay out all aspects of actions and timelines and would constitute a roadmap for following implementation of the plan. Three groups had also been set up to follow implementation. One group would bring together all of the Commission departments which had something to say in respect of the cancer plan. A cancer

committee of all 27 Member States had also been set up, as had a third group comprised of stakeholders. Invitations would be sent out this week for stakeholders to join this group. Stakeholders would include oncologists and patient groups, for example. He hoped this would lead to an inclusive plan.

Member States could also be supported by the Commission to hold awareness raising events at regional or national level. The EU4Health programme was now operational, with a workplan for 2021 in place. In July of this year, a number of calls for tender were launched regarding actions under the Cancer Plan. In October, a second wave of actions would be published. Regarding research, the cancer mission plan under HorizonEurope would be another way of implementing the European Beating Cancer Plan. All of this was intended to improve citizens' lives, including to improving early detection, care and ultimately improving survival rates.

**BECA Chair Bartosz Artukowicz (EPP, PL)** reiterated that healthcare being under the remit of Member State competence was a problem that cropped up time and time again and reflection must be undertaken on this to see if change was required. The goal must be to save as many citizens' lives as possible. Rates of survival must be the same across Europe.

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