ECL Position on the Right to be Forgotten

Ensuring fair access to financial services for people affected by cancer across Europe

Executive summary

The right to be forgotten (RTBF) is an important protection mechanism to prevent financial discrimination against people affected by cancer who have completed active treatment. The Association of European Cancer Leagues (ECL) calls for a harmonised European approach based on a maximum five-year waiting period, with earlier protection through national reference grids, (supported by evidence, for those cancer types with an excellent prognosis), and binding legal safeguards ensuring that a previous cancer diagnosis is no longer used in financial-service decisions once the applicable period has elapsed. ECL also calls on the European Commission to address the remaining gap in mortgage-related protection by reopening the revision of the Mortgage Credit Directive or, where this is not feasible, introducing an alternative EU-level instrument to ensure effective RTBF protection for people seeking mortgages and mortgage-linked insurance.

Background

Advances in early detection and treatment of cancer have significantly improved survival outcomes across Europe. Today, more than 20 million people previously diagnosed with cancer are living cancer-free across Europe [1]. However, when trying to return to normal life, many people affected by cancer continue to face financial discrimination. For example, recent research found that 40% of adolescents and young adults who survived cancer experience difficulties accessing financial services, including mortgages, loans or insurance [2].

The **right to be forgotten (RTBF)** is a legal protection ensuring that after a defined period following the completion of active cancer treatment, a person's previous cancer diagnosis does no longer need to be disclosed or used when assessing their eligibility to access financial services. The length of this period can have significant consequences for people affected by cancer's ability to rebuild their lives. For example, a young adult diagnosed with cancer at the age of 20 could, under a 15-year period before RTBF protection applies, still be requested to disclose their cancer history when applying for certain financial products until the age of 35. Following the significant physical, psychological and socioeconomic consequences of cancer and its treatment, people affected by cancer should not face additional barriers to social and economic reintegration. **Financial discrimination based on a**

past cancer diagnosis is not an inevitable consequence of cancer, but a societal barrier that can be addressed through appropriate policy and legislation. This approach is supported by evidence: research analysing national RTBF legislation across EU member states found that enforced RTBF provisions can widen access to credit and insurance without destabilising financial markets [3].

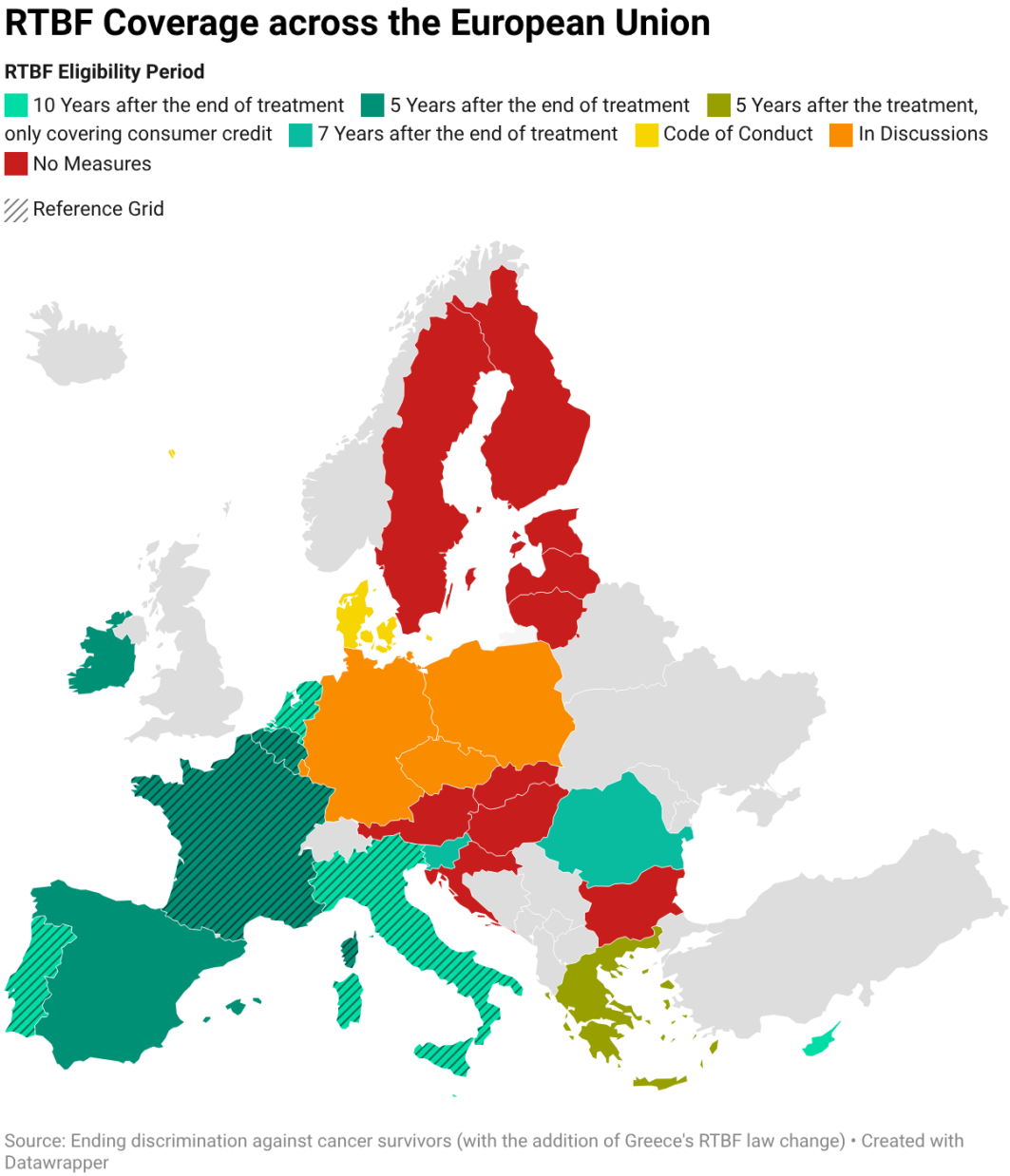
From a medical perspective, the **European Society for Medical Oncology (ESMO)** considers five years to be a justified benchmark for the right to be forgotten. Evidence shows that, for many cancer types, the excess risk of mortality decreases substantially during the years following treatment, with long-term survival outcomes becoming similar to those of the general population. This **five-year period** should be understood as a **medically justified benchmark and maximum standard**, while shorter periods may be appropriate for cancer types where the evidence shows that the risk has returned to levels that are similar to those of the general population at an earlier stage. ESMO's 2025 review also highlighted significant variations between national approaches and concluded that RTBF frameworks can help widen equitable access to credit and insurance without major disruption to insurance markets [4].

National and European landscape

Several EU member states have adopted legal measures addressing financial discrimination related to a previous cancer diagnosis, although the scope of these measures varies considerably across countries and financial products. As of September 2026, these include France, Belgium, the Netherlands, Portugal, Romania, Spain, Cyprus, Italy, Slovenia, Malta, and Ireland. Standard protection periods range from 5 to 10 years following the completion of treatment, with shorter periods applying to certain cancers where survival rates are comparable to those of the general population. Greece has also introduced a statutory five-year protection period through the transposition of the Consumer Credit Directive (EU) 2023/2225. However, this protection is limited to insurance linked to consumer credit agreements and does not extend to mortgage credit. These differences in eligibility criteria, protection periods and implementation mechanisms mean that people affected by cancer continue to receive unequal protection depending on where they live.

At European level, the RTBF has gained increasing recognition as an important measure to promote fair access to financial services. The **Consumer Credit Directive** is an important step towards protecting people affected by cancer from financial discrimination. Under Article 14(4), member states must set a period after which information about a person's cancer diagnosis can no longer be used for insurance linked to consumer credit agreements. This period cannot exceed 15 years after the end of medical treatment [5]. However, as member states can set different

periods within this limit, the Directive still leaves room for differences in protection across Europe.



Beyond consumer credit, access to **mortgages and mortgage-linked insurance** remains a major concern for many people affected by cancer. The revision of the **Mortgage Credit Directive (2014/17/EU)** could have provided an opportunity to address financial discrimination in the mortgage sector, but the European Commission has since suspended the revision process. As a result, there remains a gap in European-level protection for people seeking mortgage-related financial products following cancer treatment.

In parallel, under Europe's Beating Cancer Plan, the European Commission has supported greater consistency across member states through stakeholder dialogue and the desire to develop a voluntary Code of Conduct. ECL welcomes these developments and the growing recognition of the RTBF at European level. However, significant differences in national approaches remain, and voluntary instruments and guidance alone are insufficient to guarantee equal protection across Europe. Binding national legislation is needed to ensure effective, enforceable and equitable RTBF protection for people affected by cancer.

ECL Position

ECL's objective is to end discrimination against people affected by cancer, improve quality of life and ensure that the social and economic consequences of cancer do not continue after treatment. People affected by cancer should be able to rebuild their lives and fully participate in society without facing additional barriers because of their past diagnosis. To advance a fair, evidence-based and harmonised approach, ECL calls on EU and national policymakers to ensure that RTBF frameworks are based on the following principles:

1. Ensure a maximum five-year post-treatment period

ECL advocates for a maximum five-year period following the completion of active cancer treatment, after which people affected by cancer should benefit from RTBF protections. Five years should be considered an upper limit rather than a default period, with shorter periods applying where supported by evidence, as outlined below.

This approach reflects growing evidence that excess mortality risks decline substantially in the years following treatment for many cancer types. It is also consistent with the European Society for Medical Oncology (ESMO), which identifies five years as a medically justified benchmark for RTBF protection, while recognising that shorter periods may be appropriate where the evidence shows that the risk has returned to similar levels to those of the general population at an earlier stage [4].

2. No disclosure requirement after the maximum protection period

People affected by cancer should not be required to disclose a previous cancer diagnosis when applying for financial products or services covered by RTBF provisions once five years have elapsed following the completion of active treatment.

Where national reference grids establish a shorter protection period for specific cancer types or clinical conditions, people affected by cancer should benefit from RTBF protection from the earlier applicable date. However, the five-year maximum

should provide a clear and absolute limit: after five years, no disclosure of a previous cancer diagnosis should be required, regardless of whether the individual falls within the scope of a shorter period established by a national reference grid.

Financial service and insurance providers should be responsible for applying the relevant reference-grid criteria and informing applicants where a shorter protection period applies within the first 5 years after the end of active treatment. Individuals should not be required to interpret complex medical or technical criteria in order to determine whether they are eligible for an earlier RTBF protection period.

3. Establish expert-led, evidence-based eligibility criteria and national reference grids within a common European framework

The criteria determining when people affected by cancer become eligible for RTBF protection should be developed and regularly reviewed through an independent, multidisciplinary expert process, including oncologists, epidemiologists, actuaries, patient representatives and relevant regulatory experts. This process should be based on transparent and up-to-date medical and epidemiological evidence, taking into account differences across cancer types, clinical conditions and patient populations, as well as advances in cancer treatment and prognosis.

Each member state should establish and maintain a national reference grid specifying shorter protection periods for cancers with an excellent prognosis, including certain non-invasive cancers, where a shorter period is justified by the available evidence. These grids should clearly identify the cancer types and clinical conditions to which shorter periods apply, enabling people affected by cancer to benefit from RTBF protection as soon as the evidence supports it.

National reference grids should be developed and regularly reviewed within common European principles and limits, including the maximum five-year post-treatment period. The European framework should ensure a consistent minimum level of protection across member states while allowing national grids to reflect national epidemiological data, healthcare contexts and the latest available evidence. Reference grids and the underlying eligibility criteria should be reviewed regularly, at least every one to two years, to reflect new evidence, changes in prognosis and advances in cancer treatment.

4. Address the RTBF gap in mortgage credit at European level

The European Commission should address the remaining gap in European-level RTBF protection for people affected by cancer seeking mortgages and mortgage-linked insurance. ECL calls on the Commission to reopen the revision of the Mortgage Credit Directive (2014/17/EU) and use this opportunity to embed RTBF protections within the European mortgage credit framework.

If reopening the revision is not feasible, the Commission should pursue an alternative EU-level legislative or regulatory instrument capable of providing equivalent protection and ensuring that a previous cancer diagnosis cannot create unjustified barriers to access to mortgages or mortgage-linked insurance after the applicable RTBF period has elapsed. Any such framework should be aligned with the principles and evidence underpinning RTBF protections for consumer credit and insurance, including a maximum five-year post-treatment period, earlier protection where supported by evidence, and clear rules preventing a previous cancer diagnosis from being taken into account once the applicable protection period has elapsed.

Conclusion

People affected by cancer should not face lifelong financial discrimination because of a past cancer diagnosis when there is no longer a justified basis for such differential treatment. Effective right to be forgotten frameworks can help reduce inequalities, provide greater legal certainty and support the social and economic reintegration of people affected by cancer across Europe.

ECL advocates for an evidence-based, patient-centred and equitable approach to the right to be forgotten, ensuring that people affected by cancer have fair and non-discriminatory access to financial services. ECL stands ready to contribute to the development and implementation of strong national and European frameworks that protect the rights of people affected by cancer and reflect advances in cancer treatment and survivorship.

Contact:

Helena Ros, Senior Projects Manager and Policy Officer at the Association of European Cancer Leagues (ECL): helena@cancer.eu

References:

1. Scocca G, Meunier F. Towards an EU legislation on the right to be forgotten to access to financial services for cancer survivors. European Journal of Cancer, DOI: 10.1016/j.ejca.2021.12.001
2. Vancoppenolle, J., Janssen, S. H. M., Franzen, N., et al. (2025). Financial toxicity and socioeconomic impact of cancer in Europe. ESMO Open, 10(6), 105293. https://doi.org/10.1016/j.esmoop.2025.105293
3. Vancoppenolle JM, Janssen SHM, Franzen N, et al. Socioeconomic impact among and socioeconomic support services for adolescents and young adults

with cancer: A European perspective. Int J Cancer. 2025; 1-13. doi:10.1002/ijc.35488
4. André F, Soldato D, Vaz-Luis I et al. Promoting equitable access to financial services to end financial discrimination against cancer survivors in Europe: scientific and ethical reasons. ESMO Open, 2025; 10. DOI: 10.1016/j.esmoop.2025.105767
5. Directive (EU) 2023/2225 of the European Parliament and of the Council of 18 October 2023 on credit agreements for consumers and repealing Directive 2008/48/EC, OJ L, 2023/2225, 30 October 2023. EUR-Lex
6. Vrancken Peeters N, van der Meer D, Wardenier B et al. 5-Year conditional relative survival of adolescents and young adults with solid malignancies in the Netherlands: a population-based cohort study. The Lancet Regional Health – Europe, 2025; 57, 10.1016/j.lanepe.2025.101429
7. van Erning FN, van Steenbergen LN, Lemmens V, Rutten HJT, Martijn H, van Spronsen DJ, et al. (2014). Conditional survival for long-term colorectal cancer survivors in the Netherlands: who do best? European Journal of Cancer, 50(10), 1731–1739, doi.org/10.1016/j.ejca.2014.04.009.
8. Maryska L.G. Janssen-Heijnen et al. Clinical Relevance of Conditional Survival of Cancer Patients in Europe: Age-Specific Analyses of 13 Cancers. J Clin Oncol 28, 2520-2528(2010). DOI:10.1200/JCO.2009.25.9697
9. Lawler M, Davies L, Oberst S, et al. The Porto European Cancer Research Summit 2021. *Molecular Oncology*. 2021;15(12):3267-3273. doi:10.1002/1878-0261.13057.

About ECL

The Association of European Cancer Leagues (ECL) is a non-profit umbrella organisation bringing together 35 national and regional cancer leagues working to reduce the burden of cancer and improve cancer control across Europe. ECL advocates for equitable access to prevention, treatment, survivorship support and quality of life for all people affected by cancer. As the collective voice of cancer leagues across Europe, ECL supports policies that enable people affected by cancer to fully reintegrate into society and enjoy equal opportunities following treatment.