Cancer Society of Finland

ECL
Association of European Cancer Leagues

Annual General Assembly.

29 October 2026, Helsinki

Agenda

09:00 - 09:15 Opening and welcome by the ECL President

09:15 - 09:20 Approval of Minutes from ECL GA 2025

09:20 - 10:00 ECL finances
- 2025 Auditors report
- 2026 finance update
- 2027 draft budget (for approval)

10:00 - 10:10 Coffee break

10:10 - 11:10 ECL activities 2026 / 2027
- Board activities
- Secretariat activities

11:10 - 11:30 ECL elections
- Election Board members (Cristiana Fonseca, Dorine Manson, other candidates)
- Election of new member: Norwegian Cancer Society

11:30 - 12:00 Lunch

12:00 - 12:15 ECL funding strategy (for decision)

12:15 - 12:30 ECL ethical guidelines (for decision)

12:30 - 12:55 Updates & miscellaneous
- Update on EU Multiannual Financial Framework
- Update on ECToH 2026 (recap Milan) and 2029 (Brussels)
- Update on new ECL branding & logo

12:55 - 13:00 Closing remarks by ECL President

+ 14:00 optional visit of HUS Comprehensive Cancer Center

Welcome.

Present in Helsinki

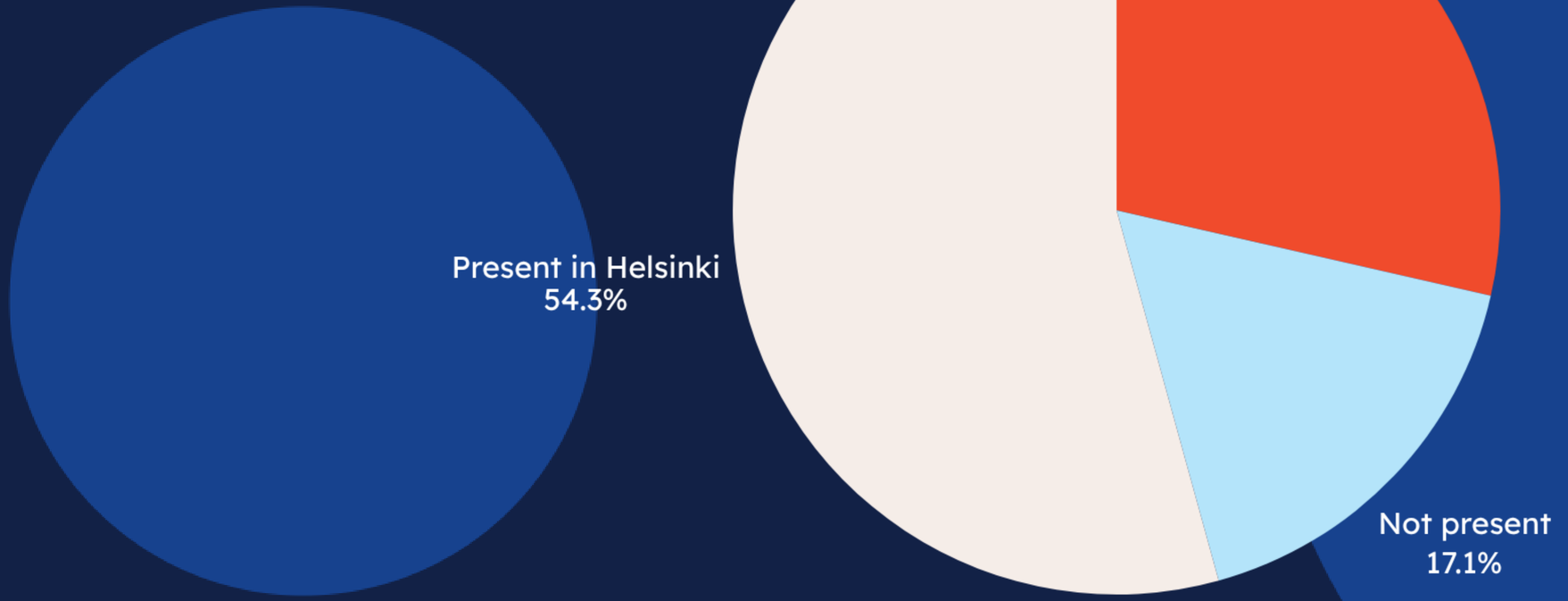
Foundation Against Cancer Belgium
Kom Op Tegen Kanker, Belgian Cancer Society
Croatian League Against Cancer
Cyprus Association of Cancer Patients and Friends (PASYKAF)
Danish Cancer Society
Estonian Cancer Society
Faroese Cancer Society
Cancer Society of Finland
German Cancer Society (DKG)
Hellenic Cancer Society (HCS)
Icelandic Cancer Society
Israel Cancer Association
Italian League Against Tumours (LILT)
Cancer Foundation Luxembourg
Dutch Cancer Society
Portuguese League Against Cancer
Spanish Association Against Cancer (AECC)
Swedish Cancer Society
Cancer Research UK

Present by proxy

League Against Cancer Prague → Faroese Cancer Society
French League Against Cancer → AECC
Hellenic Cancer Federation (ELLOK) → PASYKAF
Hungarian League Against Cancer → Portuguese League
Irish Cancer Society → Kom op Tegen Kanker, BE
Polish Cancer League → DKG
League Against Cancer Slovakia → PASYKAF
Association of Slovenian Cancer Societies → Portuguese League
Catalan Federation Against Cancer (FECEC) → Portuguese League
Swiss Cancer League → DKG

Welcome.

Total members present:
80%



Minutes of the Annual General Assembly 2025

13 November 2025, Porto, Portugal

Hosted by the Portuguese League Against Cancer



ECL Finances.

Annual General Assembly – 29 October 2026

Audit 2025

AUDITOR'S REPORT FOR THE FINANCIAL YEAR STARTED ON THE 1ST OF JANUARY 2025 AND ENDED ON THE 31ST OF DECEMBER 2025 OF THE ASSOCIATION OF EUROPEAN CANCER LEAGUES (ECL) – RPR 0867.170.595

We have audited the financial statements of the ASSOCIATION OF EUROPEAN CANCER LEAGUES ASBL (ECL) for the year that ended on the 31st of December 2025, prepared in accordance with the accounting legislation applicable in Belgium, which show a balance sheet total of € 906.440,65 and a loss for the year of - € 156.459,86.

Cut-off and follow-up projects

During the current financial year, the organisation further strengthened its project monitoring procedure. This has improved the tracking and allocation of project-related costs and revenues.

Based on our review, we noted a clear improvement in the accuracy and timeliness of the financial information provided for ongoing projects at year-end. The follow-up process has contributed to a more consistent application of the accrual principle and a more accurate allocation of costs and revenues to the appropriate financial year.

Account 2025 – Assets & Liabilities

BALANCE SHEET AS AT DECEMBER 31, 2025

ASSETS

FIXED ASSET		
Website	8.396,70	
Depreciation	-8.396,70	
Furniture	15.584,97	
Depreciation	-14.304,90	
		1.280,07
AMOUNTS RECEIVABLE WITHIN ONE YEAR		
Clients	199.671,55	
Other receivables	0,00	
		199.671,55
CASH AT BANK AND IN HAND		
BNP Paribas Fortis Bank	702.072,24	
Business depo	0,00	
Petty cash	30,98	
		702.103,22
DEFERRED CHARGES AND ACCRUED INCOME		
Defered expenses	2.908,82	
Accrued revenues	476,99	
		3.385,81
TOTAL ASSETS		**906.440,65**

BALANCE SHEET AS AT DECEMBER 31, 2025

LIABILITIES

SOCIAL FUND OF THE ASSOCIATION		
Social fund	37.110,00	
		37.110,00
RESERVES		
Social liability	212.000,00	
		212.000,00
ACCUMULATED RESULT		
Revenues in excess of expenses	-43.217,96	
		-43.217,96
AMOUNTS PAYABLE WITHIN ONE YEAR		
Suppliers and invoices to be received	35.977,47	
Taxes to be paid	25.752,82	
Salaries and social security to be paid	45.939,33	
		107.669,62
ACCRUED CHARGES AND DEFERRED INCOME		
Deferred income	592.878,99	
		592.878,99
TOTAL LIABILITIES		**906.440,65**

Audit 2025 – approval to reduce reserves for social liabilities

Social liability

In the accounts of ECL, a reserve for social liabilities is booked for an amount of k€ 212 at the end of 2025. The estimation of the actual social fund on 31 of December 2025 amounts k€ 66. The social liabilities significantly decreased following the retirement of the previous Director.

Therefore we propose to adapt the outstanding amount and to transfer the difference to the other reserves.

This has no impact on the equity but it gives a better view on the reserve regarding the social liabilities.

The decision to transfer a part of the reserve should be approved by the General Meeting.

Formal approval at GA in June 2027 when exact amount of required social liabilities is determined

Account 2025 – Profits & Losses

P&L ACCOUNT AS OF DECEMBER 31,2025

OPERATING INCOME AND CHARGES	
Turnover : Membership fees	457.405,00
Unrestricted Grant / Donation	0,00
Grant EC	755.789,65
Other income	339,50
Total income	**1.213.534,15**
Services and other goods	-758.410,75
Remuneration and social security costs	-608.193,85
Depreciation and write-off on receivables	-3.553,08
Operating profit	**-156.623,53**
FINANCIAL INCOME AND CHARGES	
Financial income	1.419,65
Financial charges	-1.255,98
Current profit of the year	**-156.459,86**
OTHER INCOMES AND CHARGES	
Other incomes	0,00
Other charges	0,00
Withholding tax on financial income	0,00
REVENUES IN EXCESS OF EXPENSES	**-156.459,86**

Income 2025

2025 - Approved Income	Approved income 2025	Actual income 2025
Membership Income	€ 422.263	- 457.405,00
EU Project: BUMPER	€ 108.640	- 78.944,38
EU Project: CBIG-Screen	€ 8.000	- 12.089,11
EU Project: EUCanScreen JA	€ 43.000	- 52.453,48
EU Project : CANSCREEN		- 3.418,18
EU Project: MyPEBS	€ 7.000	-
EU Project: PAINLESS	€ 12.500	- 13.078,00
EU Project: PIECES	€ 48.500	- 87.884,87
EU Project: TRANSCEND-XR	€ 0	- 18.036,41
EU Project: BCLEAR	€ 0	- 2.335,09
EU Project: SPARC	€ 0	- 5.908,23
Reimbursement	€ 0	- 4.126,99
Fundraising	€ 60.000	-
Total Income	**€ 709.903**	**€ 735.680**

- Higher income than expected, due to increased EU project activities, although fundraising target was not met.

Expenses 2025

2025 Proposed Expenditures	Approved expenditures 2025	Actual expenditures 2025
Personnel Costs	€ 743.345	760.517,66
Operational Costs	€ 84.142	66.084,69
Events	€ 4.875	16.858,10
Travel costs (staff, externals)	€ 2.500	3.568,39
Information and communications	€ 4.750	370,08
Other services, subscriptions, memberships etc	€ 20.155	14.016,59
Strategy implementation	€ 56.953	0
Expenditures linked to EU-funded projects	€ 27.160	30.724,09
Total expenditures	**€ 943.880**	**€ 892.140**
	Proposed Budget 2025	**Actual Situation 2025**
Total Income	**€ 709.903**	**€ 735.680**
Total Expenditure	**€ 943.880**	**€ 892.140**
Difference between income and expenses	**-€ 233.977**	**-€ 156.460**
Bank social fund and reserves	**€ 250.000**	**€ 250.000**

- Slightly higher personnel expenses but savings on operational costs and in-person meetings (‚strategy implementation‘).
- Financial deficit in 2025 lower than enticipated.

Status 2026 – Income

2025 - Approved Income	Proposal Budget 2026	Actual 2026 (Until sept)	Expectation for 2026
Membership Income	420.000,00	510.018,00	540.018,00
EU Project: BUMPER	€ 0	63.249,55	63.249,55
EU Project: CBIG-Screen	5.000,00	77.195,53	39.000,00
EU Project: MyPEBS	8.500,00	-	3.507,36
EU Project: PAINLESS	26.437,50	28.503,28	28.503,28
EU Project: PIECES	115.625,00	389.519,80	124.633,00
EU Project : JA EUCANSCREEN	96.050,00	14.130,45	46.014,00
EU Project: TRANSCEND-XR	35.312,50	34.113,59	23.732,89
EU Project: BCLEAR	17.451,70	27.017,15	19.181,87
EU Project: SPARC	26.696,50	38.582,37	29.315,02
Tides foundation	-	34.337,71	17.168,86
Reimbursement	6.000,00	5.519,28	5.519,28
Fundraising	0		
Total Income	**€ 757.073**	**€ 1.222.187**	**€ 939.843**

- Higher income than expected, due to voluntary member contributions of €90K, and higher project income.

Status 2026 – Expenses & expected outcome

2025 Proposed Expenditures	Proposal Budget 2026	Actual 2026 (Until sept)	Expectation for 2026
Direct Personnel Costs	€ 685.776	€ 508.729	€ 677.729
Operational Running Costs	€ 31.577	€ 64.163	€ 66.163
Events	€ 48.260	€ 11.537	€ 13.000
Travel costs	€ 10.350	€ 3.009	€ 4.500
Marketing, Info, Comms	€ 3.700	€ 3.032	€ 5.986
Subscriptions, memberships, etc	€ 5.923	€ 4.046	€ 7.500
Strategy implementation	€ 0	€ 0	€ 0
Expenditures from EU-funded projects	€ 14.350	€ 9.229	€ 9.229
Total expenditures	**€ 799.936**	**€ 603.745**	**€ 784.107**
Total Income	**€ 757.073**	**€ 1.222.187**	**€ 939.843**
Total Expenditure	**€ 799.936**	**€ 603.745**	**€ 784.107**
Difference between income and expenses	**-€ 42.862**	**€ 618.442**	**€ 150.736**

- Higher operational costs due to website expenses.
- Voluntary member contributions and project income will allow positive result

Budget 2027 – Income

Income	Approved budget 2026	Expectation for 2026	Proposal Budget 2027
Membership Income	€ 420.000	€ 510.018	€ 425.000
EU Project: BUMPER	€ 0	€ 58.066	€ 0
EU Project: CBIG-Screen	€ 5.000	€ 5.000	€ 0
EU Project: MyPEBS	€ 8.500	€ 8.500	€ 8.000
EU Project: PAINLESS	€ 26.438	€ 21.367	€ 47.311
EU Project: PIECES	€ 115.625	€ 115.625	€ 182.600
EU Project : JA EUCANSCREEN	€ 96.050	€ 96.050	€ 165.000
EU Project: TRANSCEND-XR	€ 35.313	€ 35.313	€ 21.500
EU Project: BCLEAR	€ 17.452	€ 17.452	€ 28.000
EU Project: SPARC	€ 26.697	€ 26.697	€ 31.000
Tides / Broachreach Foundation (BR F)	€ 0	€ 17.169	€ 17.169
Indirect costs of the projects	€ 6.000	€ 6.023	€ 68.183
EUCANSCREEN Toolkit	€ 0	€ 0	€ 7.970
Reimbursement	€ 0	€ 0	€ 6.000
Fundraising	€ 0	€ 0	€ 50.000
Total Income	**€ 757.073**	**€ 917.278**	**€ 1.057.732**

- Higher income expected from two EU projects, plus external fundraising. Possibility of EU operational grant funding not included.

Approval of Budget 2027 – Expenses & expected outcome

Expenditures	Approved budget 2026	Expectation for 2026	Proposal Budget 2027
Personnel Costs	€ 685.776	€ 690.000	€ 712.825
Operational costs	€ 31.577	€ 57.101	€ 63.354
Events	€ 48.260	€ 10.984	€ 46.340
Travel costs (staff, externals)	€ 10.350	€ 4.500	€ 8.350
Information, Communications	€ 3.700	€ 3.700	€ 5.700
Other services, subscriptions, memberships, etc	€ 5.923	€ 7.500	€ 12.151
Strategy implementation	€ 0	€ 0	€ 0
Expenditures linked to EU-funded projects	€ 14.350	€ 8.500	€ 201.466
Total expenditures	**€ 799.936**	**€ 782.285**	**€ 1.050.185**
Total Income	**€ 757.073**	**€ 917.278**	**€ 1.057.732**
Total Expenditure	**€ 799.936**	**€ 782.285**	**€ 1.050.185**
Difference between income and expenses	**-€ 42.862**	**€ 134.993**	**€ 7.547**

- Slightly higher expenses (overlap of resources in communications team, rent for temporary office and in-person meetings)

Coffee break.

Annual General Assembly – 29 October 2026

Executive Board activities.

Annual General Assembly – 29 October 2026

Composition of Executive Board



Juha Pekka Turunen
ECL President, Cancer Society of Finland



Daniela Giangreco
ECL Vice-President, Italian League Against Cancer



Marc Michils
ECL Treasurer, Kom op Tegen Kanker, the Belgian Cancer Society



Neda Ferenčić Vrban
Croatian League Against Cancer



Dorine Manson
Dutch Cancer Society



Cristiana Fonseca
Portuguese League Against Cancer



Lucia Aboud Oizerovich
Spanish Association Against Cancer

Executive Board activities

- Strategy update – setting goals and KPIs for the team
- Member engagement – initiated virtual information sessions on MFF, provided information from Board meetings
- Advocacy – ECL & NCU meeting with Health Commissioner on planned tobacco and nicotine directives
- Development of funding strategy and ethical guidelines
- Involvement of Board members at ECToH 2026 conference

Secretariat activities.

Annual General Assembly – 29 October 2026

Secretariat activities

About the ECL secretariat:

- Based in Brussels, Belgium

- Managed by ECL's Executive Director
- 7 full-time employees (plus 1 on maternity leave),
- 1 fellow, 3 consultants

- Hosted by the Belgian Foundation Against Cancer

- From 1st January 2027, temporary office near the EU Commission

- Aim to move into permanent offices at the Belgian Cancer Society by June 2027



Wolfgang Fecke
Executive Director
wolfgang [at] cancer.eu



Toma Mikalauskaitė
Head of Policy
toma [at] cancer.eu



Arianna Khatchadourian
Head of Projects
arianna [at] cancer.eu



Ivonne Leenen
Head of Communications
Currently on maternity leave



Eline Goethals
Senior Communications Officer (Consultant)
eline [at] cancer.eu



Alba Gil
Senior Policy Officer
alba [at] cancer.eu



Michal Kubo
Senior Project Manager
michal [at] cancer.eu



Helena Ros
Senior Project Manager and Policy Officer
helena [at] cancer.eu



Mathijs Rozemuller (School of Moral Ambition)



Naida Salković
Youth Ambassadors Programme Coordinator
naida [at] cancer.eu



Florence Boivin
HR Consultant
finance [at] cancer.eu



Melissa Amirkhizy
Finance Consultant
finance [at] cancer.eu

Association of European Cancer Leagues

Advocacy work.

Secretariat activities

Policy team: Toma, Alba & Helena

Preventing cancer before it starts

Over 40% of all cancer cases can be prevented.

ECL advocates for health-promoting policies that tackle key risk factors, including tobacco, alcohol, unhealthy diets, physical inactivity, UV radiation, air pollution, and harmful chemicals – while also promoting HPV vaccination as an important cancer prevention measure.



Achievements in 2026

Shaping EU level legislation

- **Tobacco and nicotine products**
  - ECL and the Nordic Cancer Union met with the European Commissioner for Health to tackle the revision of the Tobacco Framework
  - Response to public consultations
  - Participation in ECToH Reaction to political agreement reached Workshop at the WHO on Tobacco Products Directive
  - European Chronic Diseases Alliance (ECDA)
  - Extra support: Mathijs Rozemuller (SMA)





ECL
Association of European Cancer Leagues

Response from the Association of European Cancer Leagues (ECL) to the call for evidence of the Tobacco Products Directive and the Tobacco Advertising Directive

The Association of European Cancer Leagues (ECL), a non-profit umbrella organisation made up of 35 national and regional cancer leagues advocating for improved cancer control and care across Europe, welcomes the possibility to contribute to the call for evidence of the Tobacco Products Directive and the Tobacco Advertising Directive, as well as the European Commission's willingness to review the tobacco framework and ensuring a high level of human health protection in all policies.

EU tobacco control legislation has delivered significant public health benefits

The current EU tobacco control framework has delivered significant public health benefits and remains one of the Union's most successful disease prevention policies. The Tobacco Products Directive and Tobacco Advertising Directive have contributed to reducing tobacco use across Europe by establishing common rules on product regulation, health warnings, ingredients reporting and advertising restrictions. These measures have helped denormalise tobacco use, increase public awareness of health risks and support Member States in implementing effective tobacco control policies. As a result, tobacco consumption has declined substantially across the European Region over the past two decades[1]. This demonstrates that strong tobacco control legislation works.

The current framework is no longer fully fit for today's nicotine and tobacco market

Despite the progress achieved, tobacco remains the leading preventable cause of cancer and a major risk factor for other non-communicable diseases in the European Union. While the current legislative framework was designed primarily to regulate conventional tobacco products, the market has evolved rapidly with the emergence of a wide range of novel and emerging nicotine and tobacco products. These products are often introduced and adapted at a much faster pace than the legislative process can respond, creating regulatory gaps and opportunities to circumvent existing rules. In particular, some novel products, such as heated tobacco products, are not fully covered by the current framework or are subject to less stringent requirements regarding product regulation, packaging, flavours, health warnings and marketing. At the same time, the tobacco and nicotine industry continues to develop products, designs and

ECL
Association of European Cancer Leagues

Response from the Association of European Cancer Leagues (ECL) to the public consultation of the Tobacco Products Directive and the Tobacco Advertising Directive

The Association of European Cancer Leagues (ECL), a non-profit umbrella organisation made up of 35 national and regional cancer leagues advocating for improved cancer control and care across Europe, welcomes the possibility to contribute to the public consultation of the Tobacco Products Directive and the Tobacco Advertising Directive, as well as the European Commission's willingness to review the tobacco framework and ensuring a high level of human health protection in all policies.

Tobacco control saves lives and remains indispensable to reducing Europe's cancer burden

ECL strongly believes that measures protecting people from tobacco and nicotine consumption and from exposure to second-hand tobacco smoke and aerosols are essential to public health and highly beneficial to society.

Tobacco remains the leading preventable cause of ill health and premature death in Europe. It causes more than 20 types or subtypes of cancer and accounts for 25% of cancer deaths globally. In the WHO European Region, approximately 64% of deaths from cancers of the trachea, bronchus and lung were attributable to tobacco in 2021 [1]. In the European Union (EU), tobacco use, including exposure to second-hand smoke, caused an estimated 520,000 deaths and 13.6 million disability-adjusted life years in 2021 [2].

This burden also has major economic consequences. The European Commission's Joint Research Centre estimates that first-hand use of traditional tobacco products costs the EU €80.7 billion annually, comprising €40.4 billion in direct healthcare costs and €40.2 billion in productivity losses and informal care. This is a conservative estimate, as it excludes exposure to second-hand smoke and novel tobacco and nicotine products, for which long-term cost data remain insufficient [3].

Cancer remains a profound and growing challenge. In 2024, approximately 2.7 million new cancer cases and 1.3 million cancer deaths were estimated in the EU. Lung cancer remained the leading cause of cancer death, accounting for almost 20% of the total [4]. Although these estimates represent a modest decrease compared with 2022, population ageing alone is projected to

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Achievements in 2026

Shaping EU level legislation

- **Food, Alcohol and Obesity**
  - Public hearing on healthy lifestyle, prevention and equity at the SANT Committee
  - Response to the all for evidence on the Audiovisual Media Services Directive
  - Meeting with DG SANTE on ultra-processed foods
  - Speaker at Healthy Foods Healthy Diet conference



ECL
Association of European Cancer Leagues

Response from the Association of European Cancer Leagues (ECL) to the call for evidence of the Audiovisual Media Service Directive

The Association of European Cancer Leagues (ECL), a non-profit umbrella organisation made up of 35 national and regional cancer leagues advocating for improved cancer control and care across Europe, welcomes the possibility to contribute to the call for evidence of the Audiovisual Media Service Directive (AVMSD), as well as the European Commission's willingness to review the AVMSD and ensuring the protection of children from harmful marketing practices.

A timely and needed revision for the protection of children

ECL welcomes the European Commission's consultation on the possible revision of the Audiovisual Media Services Directive (AVMSD). This initiative comes at a particularly timely moment, as the Commission has highlighted harmful marketing practices - especially for unhealthy food, alcohol and novel tobacco products - as a growing concern in a rapidly evolving digital media environment. The publication of the EU Cardiovascular Health Plan (also dubbed as EU Safe Hearts Plan) further underscores the importance of addressing shared risk factors for noncommunicable diseases (NCDs), as also acknowledge in the Europe's Beating Cancer Plan (EBCP).

We therefore urge the European Commission to firmly reject Option 1 (no change) and to revise the AVMSD to ensure effective, evidence-aligned regulation of harmful marketing.

EU competence and the rationale for regulating harmful marketing

The European Union has extensive powers under the Treaties to regulate cross-border marketing practices in order to ensure the proper functioning of the internal market, while at the same time guaranteeing a high level of health and consumer protection. The Court of Justice of the European Union (CJEU)[1] has repeatedly confirmed that EU measures may legitimately pursue these dual objectives, including in relation to tobacco, food and alcohol marketing.

Beyond internal market considerations, the EU is bound by a health mainstreaming obligation, requiring a high level of human health protection in all EU policies (art. 168.1 TFEU). Harmful marketing contributes to unhealthy environments that promote the consumption of products

[1] See in particular Articles 9, 114(3) and 168(1) of the Treaty on the Functioning of the European Union, as well as Article 35 of the EU Charter on Fundamental Rights, as interpreted by the EU Court of Justice.

Association of European Cancer Leagues (ECL)
Chaussée de Louvain, 479, B-1030 Brussels, Belgium
Tel: +32 2 256 2000 | Email: ecl@cancer.eu
https://www.cancer.eu/

Forthcoming study on Ultra-Processed Foods (UPFs) and the need for comprehensive action on unhealthy diets

Brussels, 8 June 2026

Dear Commissioner Zaharieva,

Cc: Olivér Várhelyi, Commissioner for Health and Animal Welfare;
Stéphane Séjourné, Executive Vice-President for Prosperity and Industrial Strategy;
Christophe Hansen, Commissioner for Agriculture and Food.

We write as a group of 21 organisations representing civil society, health associations, and medical professionals in the context of the European Commission's forthcoming study on Ultra-Processed Foods (UPFs), to **call for urgent and comprehensive EU policy action to address unhealthy food environments**, and to request a meeting with you on this topic.

Today's food environments are stacked against healthy diets in multiple, reinforcing ways. UPFs and foods high in fat, salt and sugar (HFSS) are the most heavily promoted, most conveniently placed, and most aggressively marketed products in our shops, online platforms, schools and streets. Meanwhile, fresh vegetables, fruits, legumes, and wholegrains, which are the foods most closely linked to good health outcomes, remain comparatively expensive, less available, and barely promoted. Research consistently shows that price is one of the most important purchasing drivers,[1] particularly for households on tight budgets: **when healthy food costs more and unhealthy food is everywhere, the notion of "free choice" is illusory for a significant share of the population**.

The problem goes beyond price. UPFs are often engineered to stimulate the brain's reward system and encourage overconsumption.[2] Digital marketing, powered by vast personal data, enables ever more tailored and persuasive promotion of nutritionally poor food. Children and adolescents are especially vulnerable: early and repeated exposure to aggressive marketing shapes taste preferences and consumption habits that persist into adulthood.

According to the European Food Safety Authority (EFSA), saturated fats, sodium, and added sugar intakes exceed recommendations in most European populations, while intake of dietary fibre (found in fruits, vegetables, legumes, pulses, nuts, berries, and wholegrains) is inadequate. UPFs account for around a quarter of total energy intake across EU Member States.[3] Lower-income groups and younger generations consistently show the highest rates of both UPF and HFSS consumption, as well as the greatest shortfalls in fruit and vegetable intake.

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Achievements in 2026

Shaping EU level legislation

- **Environmental hazards**
  - EU Healthy Air Coalition on REACH regulation, MFF and housing.
  - Part of the Exposome Alliance
  - Support by the Broad Reach Foundation on PFAS

- **Vaccination and Screening**
  - Awareness Campaign on HPV prevention and screening on 4 March 2025



Making cancer treatment accessible for all

Between 2020 and 2023, cancer patients in Germany had access to 54 out of 56 EU-authorised medicines. In Malta? Only 2.

We work on ensuring availability and timely access to safe, effective, and affordable medicines for all patients in need.



Achievements in 2026

Shaping EU level legislation

- **Critical Medicines Act**
  - Reaction to the EP's negotiating position (**January**)
  - Recommendations for trilogue negotiations (**March**)
  - Reaction to political agreement reached (**May**)

- **European Biotech Act**
  - Joint position paper (**June**)
  - Position paper and outreach to legislators to influence the EP's and the Council's positions (**June**)
  - Working on Recommendations for finalisation of the EP's position (**November**)



The EU Parliament backs strong measures to secure affordable cancer medicines

20 January 2026

Today, an overwhelming majority of the European Parliament voted to adopt an ambitious negotiating position on the Critical Medicines Act, supporting patients' rights to timely and affordable access to life-saving cancer drugs across the EU.

The Association of European Cancer Leagues (ECL) welcomes the vote, which saw 503 politicians voting in favour, 57 voting against, and 108 abstaining. The adopted position closely mirrors the draft text prepared by the European Parliament's health committee in December 2025.

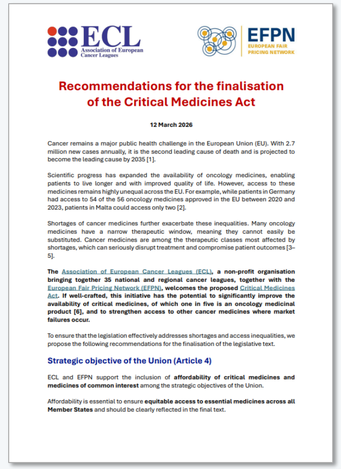
"Cancer patients across Europe still face unacceptable delays, high costs and clear inequalities across borders when trying to access life-saving treatments. By backing stronger rules on joint procurement, contingency stock, and national stockpiling requirements through the Critical Medicines Act, the European Parliament has taken an important step to prevent shortages and reduce costs for patients," says Tomás Mikolaskaitas, Policy Lead at the Association of European Cancer Leagues (ECL).

64 cancer drugs were classified as critical by the European Commission and European Medicines Agency in 2025. Disruptions or delays in the supply of these drugs can have serious and immediate consequences on patients' lives.

The European Parliament position improves the European Commission's proposal put forward in March 2025. While the Commission's proposal did not include a clear EU-wide stockpiling strategy, the Parliament added provisions to harmonise contingency stocks and national stockpiling requirements by obliging the Commission to issue guidelines recommending establishing common standards. The Parliament's position also calls for an EU-level mechanism to monitor the availability and distribution of critical medicines across the EU and enable their effective and equitable redistribution in the case of a shortage or supply disruption.

Importantly, the European Parliament position strengthens the Commission's plans for more systematic joint procurement of medicines, a long-standing demand from European cancer societies. By further institutionalising joint procurement at the EU level, the Critical Medicines Act can help prevent shortages and lower prices for all member states, ensuring fairer access for all patients.

Following today's vote, negotiations between the European Commission, Parliament and Council of the EU can begin. European cancer leagues call on all EU institutions to maintain a high level of ambition to protect patients' rights and move forward with the next steps of the legislative process without delay.



Recommendations for the finalisation of the Critical Medicines Act

12 March 2026

Cancer remains a major public health challenge in the European Union (EU). With 2.7 million new cases annually, it is the second leading cause of death and is projected to become the leading cause by 2035 [1].

Scientific progress has expanded the availability of oncology medicines, enabling patients to live longer and with improved quality of life. However, access to these medicines remains highly unequal across the EU. For example, while patients in Germany had access to 54 of the 56 oncology medicines approved in the EU between 2020 and 2023, patients in Malta could access only two [2].

Shortages of cancer medicines further exacerbate these inequalities. Many oncology medicines have a narrow therapeutic window, meaning they cannot easily be substituted. Cancer medicines are among the therapeutic classes most affected by shortages, which can seriously disrupt treatment and compromise patient outcomes [3–5].

The Association of European Cancer Leagues (ECL), a non-profit organisation bringing together 35 national and regional cancer leagues, together with the European Fair Pricing Network (EFPN), welcomes the proposed Critical Medicines Act. If well-crafted, this initiative has the potential to significantly improve the availability of critical medicines, of which one in five is an oncology medicinal product [6], and to strengthen access to other cancer medicines where market failures occur.

To ensure that the legislation effectively addresses shortages and access inequalities, we propose the following recommendations for the finalisation of the legislative text.

Strategic objective of the Union (Article 4)

ECL and EFPN support the inclusion of **affordability of critical medicines and medicines of common interest** among the strategic objectives of the Union.

Affordability is essential to ensure **equitable access to essential medicines across all Member States** and should be clearly reflected in the final text.



Critical Medicines Act opens doors to more equitable access to cancer medicines

This morning, negotiators from the European Parliament and the Council of the EU reached a political agreement on the Critical Medicines Act (CMA). European cancer leagues welcome the agreement, which has a potential to ensure that cancer patients across the EU have timely access to medicines they need.

Unequal access to treatment remains one of Europe's most striking inequalities in cancer care. For example, between 2020 and 2023, patients in Germany had access to 54 of the 56 oncology medicines approved in the EU, while patients in Malta could only access two. Shortages of cancer medicines further exacerbate these inequalities. Many oncology medicines have a narrow therapeutic window, meaning they cannot easily be substituted. Cancer medicines are among the therapeutic classes most affected by shortages, which can seriously disrupt treatment and compromise patient outcomes.

In March 2026, the Association of European Cancer Leagues and the European Fair Pricing Network published joint recommendations on the finalisation of the Critical Medicines Act – many of which are now reflected in today's agreement. The CMA aims to address shortages of critical medicines, of which one in five is an oncology medicinal product, and to strengthen access to other medicines where market failures occur. The final deal is a welcome recognition of the urgent need to ensure that medicines are available for patients across Europe, and includes several measures that could close inequality gaps:

- An obligation for strategic projects – companies that manufacture medicines in the EU and benefit from national or EU financial support – to prioritise supply of medicines to the EU market.
- Mandating the Commission to initiate a collaborative procurement procedure on behalf of EU member states, when five or more countries face the same shortage, to pool demand, reduce prices, attract bidders and invite member states to join the procedure. This will increase purchasing power and expand access to more patients.
- An obligation to ensure that any contingency stock requirements applied in one member state would not negatively affect supply of critical medicines in other EU countries. In addition, these requirements should be transparent and respect the principles of solidarity and proportionality. Member states will also have to share up to date information on contingency stocks available for reallocation when a call for solidarity is launched through the Voluntary Solidarity Mechanism.

"Treating cancer is impossible without timely access to medicines. The Critical Medicines Act introduces collaborative procurement at EU level helping to improve affordability, increase the attractiveness of smaller markets and facilitate equitable access to medicines across the EU. We call on policymakers to ensure these new rules are implemented quickly and with strong ambition," says Tomás Mikolaskaitas, Head of Policy at the Association of European Cancer Leagues (ECL).

For further information, please contact Eline Goethals, Senior Communications Officer at the Association of European Cancer Leagues (ECL): eline@cancer.eu



16 June 2026

European Biotech Act Must Deliver Public-Interest Innovation and Equitable Access

As the EU co-legislators shape their respective positions on the European Biotech Act,[1] we, the undersigned organisations advocating for improved access to medical tools and healthcare, urge members of the European Parliament and Representatives of the Council of the European Union to ensure that the legislation strengthens the Union's biotechnology and biomanufacturing sectors while also promoting innovation that is accessible and affordable in a timely manner, and responsive to public health needs.

We call on the co-legislators to reject any extension of the Supplementary Protection Certificates (SPCs), which would prolong market monopolies and delay access to more affordable medicines and other medical products. We also urge you to ensure that publicly supported strategic projects, research and innovation include binding and enforceable access commitments so that technologies developed with EU support are available and affordable to all who need them.

The justifications for these proposals are set out below, with specific draft amendments provided in the annex.

Rejecting the Extension of the Supplementary Protection Certificates

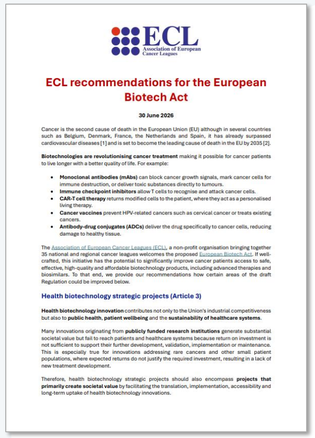
Across Europe, rising medicine prices are placing increasing pressure on public health budgets and limiting timely access to treatment. At the heart of this pressure are long periods of market exclusivity granted to pharmaceutical companies, which delay the entry of more affordable generic and biosimilar alternatives.

These exclusivities go beyond standard patent protection and are reinforced through additional mechanisms, including Supplementary Protection Certificates (SPCs).[2] As health systems face growing financial constraints, unequal access to medicines across Member States, and persistent unmet medical needs, extending SPC protection is the wrong policy response.

The market prices pharmaceutical companies charge for new medicines have increased steeply over the past decade, making many new treatments unaffordable even for high-income EU countries.[3] Further extending monopoly protections would run counter to efforts to ensure the sustainability of healthcare systems and improve access to medicines.

Evidence has highlighted the significant social costs of SPCs and questioned the assumptions used to justify the SPC regime, which includes the lack of fair opportunity to recover their R&D efforts and investments.[4] Moreover, stronger monopoly protection does not drive meaningful innovation.

[1] https://www.europarl.europa.eu/RegData/docs_autres_institutions/commission_europeenne/com/2025/1022/COM_COM(2025)1022_EN.pdf
[2] https://medicineslawandpolicy.org/wp-content/uploads/2019/06/European-Union-Review-of-Pharma-Incentives-Supplementary-Protection-Certificates.pdf
[3] **See e.g.,** https://www.bundesgesundheitsministerium.de/service/gesetze-und-verordnungen/detail/gkv-beitragsstabilisierungsgesetz
[4] https://link.springer.com/article/10.1186/s40545-019-0198-6



ECL recommendations for the European Biotech Act

30 June 2026

Cancer is the second cause of death in the European Union (EU) although in several countries such as Belgium, Denmark, France, the Netherlands and Spain, it has already surpassed cardiovascular diseases [1] and is set to become the leading cause of death in the EU by 2035 [2].

Biotechnologies are revolutionising cancer treatment making it possible for cancer patients to live longer with a better quality of life. For example:

- **Monoclonal antibodies (mAbs)** can block cancer growth signals, mark cancer cells for immune destruction, or deliver toxic substances directly to tumours.
- **Immune checkpoint inhibitors** allow T cells to recognise and attack cancer cells.
- **CAR-T cell therapy** returns modified cells to the patient, where they act as a personalised living therapy.
- **Cancer vaccines** prevent HPV-related cancers such as cervical cancer or treats existing cancers.
- **Antibody-drug conjugates (ADCs)** deliver the drug specifically to cancer cells, reducing damage to healthy tissue.

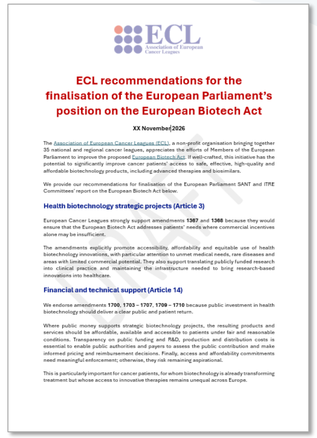
The Association of European Cancer Leagues (ECL), a non-profit organisation bringing together 35 national and regional cancer leagues welcomes the proposed European Biotech Act. If well-crafted, this initiative has the potential to significantly improve cancer patients access to safe, effective, high-quality and affordable biotechnology products, including advanced therapies and biosimilars. To that end, we provide our recommendations how certain areas of the draft Regulation could be improved below.

Health biotechnology strategic projects (Article 3)

Health biotechnology innovation contributes not only to the Union's industrial competitiveness but also to **public health**, **patient wellbeing** and the **sustainability of healthcare systems**.

Many innovations originating from **publicly funded research institutions** generate substantial societal value but fail to reach patients and healthcare systems because return on investment is not sufficient to support their further development, validation, implementation or maintenance. This is especially true for innovations addressing rare cancers and other small patient populations, where expected returns do not justify the required investment, resulting in a lack of new treatment development.

Therefore, health biotechnology strategic projects should also encompass **projects that primarily create societal value** by facilitating the translation, implementation, accessibility and long-term uptake of health biotechnology innovations.



ECL recommendations for the finalisation of the European Parliament's position on the European Biotech Act

XX November2026

The Association of European Cancer Leagues (ECL), a non-profit organisation bringing together 35 national and regional cancer leagues, appreciates the efforts of Members of the European Parliament to improve the proposed European Biotech Act. If well-crafted, this initiative has the potential to significantly improve cancer patients' access to safe, effective, high-quality and affordable biotechnology products, including advanced therapies and biosimilars.

We provide our recommendations for finalisation of the European Parliament SANT and ITRE Committees' report on the European Biotech Act below.

Health biotechnology strategic projects (Article 3)

European Cancer Leagues strongly support amendments **1367** and **1368** because they would ensure that the European Biotech Act addresses patients' needs where commercial incentives alone may be insufficient.

The amendments explicitly promote accessibility, affordability and equitable use of health biotechnology innovations, with particular attention to unmet medical needs, rare diseases and areas with limited commercial potential. They also support translating publicly funded research into clinical practice and maintaining the infrastructure needed to bring research-based innovations into healthcare.

Financial and technical support (Article 14)

We endorse amendments **1700**, **1703 – 1707**, **1709 – 1710** because public investment in health biotechnology should deliver a clear public and patient return.

Where public money supports strategic biotechnology projects, the resulting products and services should be affordable, available and accessible to patients under fair and reasonable conditions. Transparency on public funding and R&D, production and distribution costs is essential to enable public authorities and payers to assess the public contribution and make informed pricing and reimbursement decisions. Finally, access and affordability commitments need meaningful enforcement; otherwise, they risk remaining aspirational.

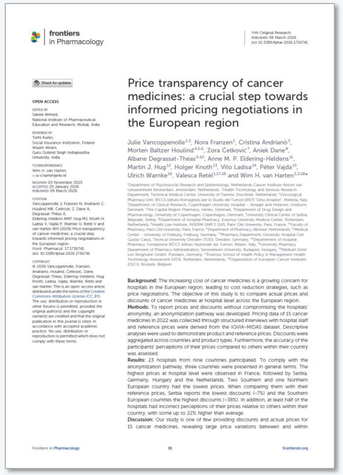
This is particularly important for cancer patients, for whom biotechnology is already transforming treatment but whose access to innovative therapies remains unequal across Europe.

Achievements in 2026

Shaping EU level policy

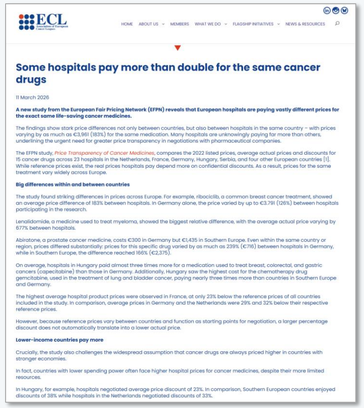
- **Price transparency of cancer medicines**
  - Promotion of the EFPN study on price transparency of cancer medicines (**March**)
  - Policy paper on transparency in the pharmaceutical system (**May**)

- **Trump's Most Favoured Nation medicines pricing policy**
  - Webinar (**June**)
  - Speaking points on MFN policy and its effects on access to cancer medicines (**October**)



frontiers in Pharmacology

Price transparency of cancer medicines: a crucial step towards informed pricing negotiations in the European region



ECL

Some hospitals pay more than double for the same cancer drugs

11 March 2026

A new study from the European Fair Pricing Network (EFPN) reveals that European hospitals are paying vastly different prices for the exact same life-saving cancer medicines.

The findings show stark price differences not only between countries, but also between hospitals in the same country – with prices varying by as much as €3,961 (383%) for the same medication. Many hospitals are unknowingly paying far more than others, underlining the urgent need for greater price transparency in negotiations with pharmaceutical companies.

The EFPN study, *Price Transparency of Cancer Medicines*, compares the 2022 listed prices, average actual prices and discounts for 15 cancer drugs across 23 hospitals in the Netherlands, France, Germany, Hungary, Serbia, and four other European countries [1]. While reference prices exist, the real prices hospitals pay depend more on confidential discounts. As a result, prices for the same treatment vary widely across Europe.

Big differences within and between countries

The study found striking differences in prices across Europe. For example, ribociclib, a common breast cancer treatment, showed on average price difference of 183% between hospitals. In Germany alone, the price varied by up to €3.7K (185%) between hospitals participating in the research.

Lenalidomide, a medicine used to treat myeloma, showed the biggest relative difference, with the average actual price varying by 677% between hospitals.

Abiraterone, a prostate cancer medicine, costs €300 in Germany but €1,435 in Southern Europe. Even within the same country or region, prices differed substantially: prices for this specific drug varied by as much as 239% (€716) between hospitals in Germany, while in Southern Europe, the difference reached 166% (€2,375).

On average, hospitals in Hungary paid almost three times more for a medication used to treat breast, colorectal, and gastric cancers (capecitabine) than those in Germany. Additionally, Hungary saw the highest cost for the chemotherapy drug gemcitabine, used in the treatment of lung and bladder cancer, paying nearly three times more than countries in Southern Europe and Germany.

The highest average hospital product prices were observed in France, at only 23% below the reference prices of all countries included in the study. In comparison, average prices in Germany and the Netherlands were 29% and 32% below their respective reference prices.

However, because reference prices vary between countries and function as starting points for negotiation, a larger percentage discount does not automatically translate into a lower actual price.

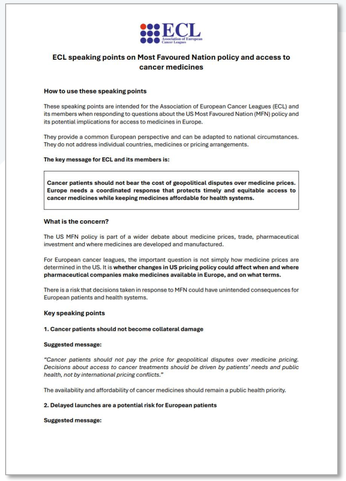
Lower-income countries pay more

Crucially, the study also challenges the widespread assumption that cancer drugs are always priced higher in countries with stronger economies.

In fact, countries with lower spending power often face higher hospital prices for cancer medicines, despite their more limited resources.

In Hungary, for example, hospitals negotiated average price discount of 23%. In comparison, Southern European countries enjoyed discounts of 38% while hospitals in the Netherlands negotiated discounts of 33%.





ECL

ECL speaking points on Most Favoured Nation policy and access to cancer medicines

How to use these speaking points

These speaking points are intended for the Association of European Cancer Leagues (ECL) and its members when responding to questions about the US Most Favoured Nation (MFN) policy and its potential implications for access to medicines in Europe.

They provide a common European perspective and can be adapted to national circumstances. They do not address individual countries, medicines or pricing arrangements.

The key message for ECL and its members is:

Cancer patients should not bear the cost of geopolitical disputes over medicine prices. Europe needs a coordinated response that protects timely and equitable access to cancer medicines while keeping medicines affordable for health systems.

What is the concern?

The US MFN policy is part of a wider debate about medicine prices, trade, pharmaceutical investment and where medicines are developed and manufactured.

For European cancer leagues, the important question is not simply how medicine prices are determined in the US. It is **whether changes in US pricing policy could affect when and where pharmaceutical companies make medicines available in Europe, and on what terms.**

There is a risk that decisions taken in response to MFN could have unintended consequences for European patients and health systems.

Key speaking points

1. Cancer patients should not become collateral damage

Suggested message:

"Cancer patients should not pay the price for geopolitical disputes over medicine pricing. Decisions about access to cancer treatments should be driven by patients' needs and public health, not by international pricing conflicts."

The availability and affordability of cancer medicines should remain a public health priority.

2. Delayed launches are a potential risk for European patients

Suggested message:

ECL

Achievements in 2026

Representing European cancer leagues in stakeholder fora

- WHO/Europe's **Access to Novel Medicines Platform**
- EMA's **Patients and Consumers Working Party**
- EMA's **Cancer Medicines Forum**
- EC's **Health Technology Assessment Stakeholder Network**
- ESMO's **Rare Cancers Working Group**

Looking forward

Continuing to shape EU level legislation and ensure that the voice of cancer societies is heard

- The **European Biotech Act**
- Monitoring the implementation of the **EU pharmaceutical legislation**, the **Critical Medicines Act** and the **Health Technology Assessment Regulation** and engaging when needed
- Monitoring the **MFN policy** and other **EU-level initiatives** and engaging when needed
- **MAC policy dialogue** to present the **policy paper** on transparency in pharmaceutical system
- Engagement in EMA's **PCWP** & **Cancer Medicines Forum**, WHO/Europe's **Access to Novel Medicines Platform**, EC's **HTA Stakeholder Network**, ESMO's **Rare Cancers WG**

Supporting people touched by cancer

Too many cancer patients and survivors struggle to remain or return to work and, in some countries, face financial discrimination after diagnosis.

People living with and after cancer are at the heart of our work. With over 12 million cancer survivors in Europe, improving the quality of life for cancer patients, survivors and carers is a must.

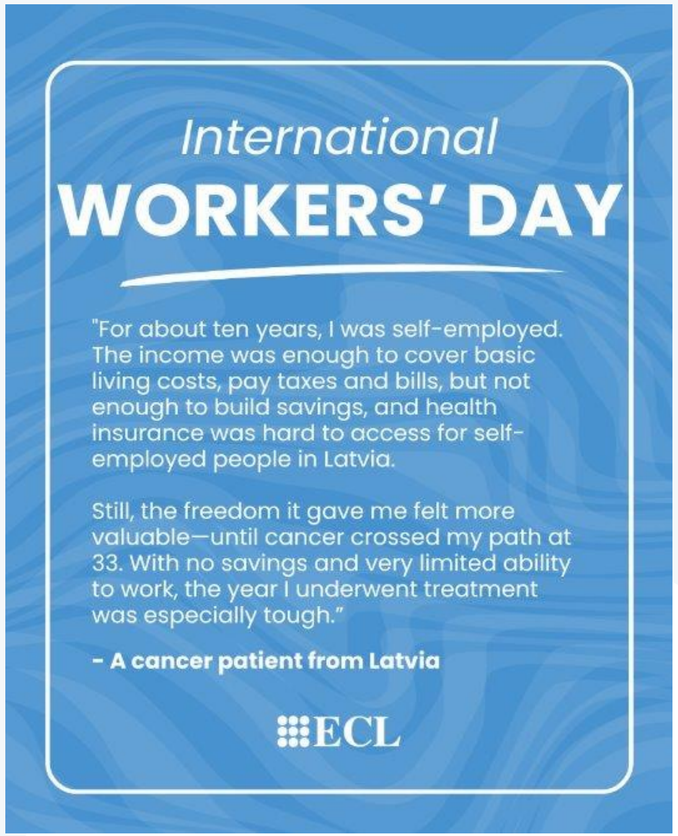


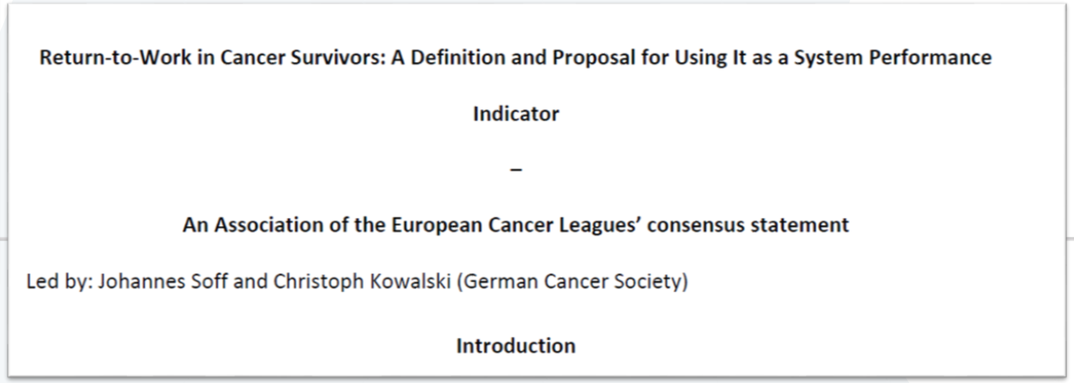
Achievements in 2026

Job retention and return to work

- Campaign for International Workers' Day on Return to Work
- Return to work conceptualisation paper: approved by members, pending publication in scientific paper
- ECTOH session + European Heart Network + ECL YAs







Return-to-Work in Cancer Survivors: A Definition and Proposal for Using It as a System Performance Indicator

–

An Association of the European Cancer Leagues' consensus statement

Led by: Johannes Soff and Christoph Kowalski (German Cancer Society)

Introduction

Achievements in 2026

Fair access to financial services

- MAC event at European Parliament on fair access to financial services for cancer patients and survivors
  - Participants: policymakers, European Commission, cancer societies, patient advocates and stakeholders (insurance)
- Social media campaign





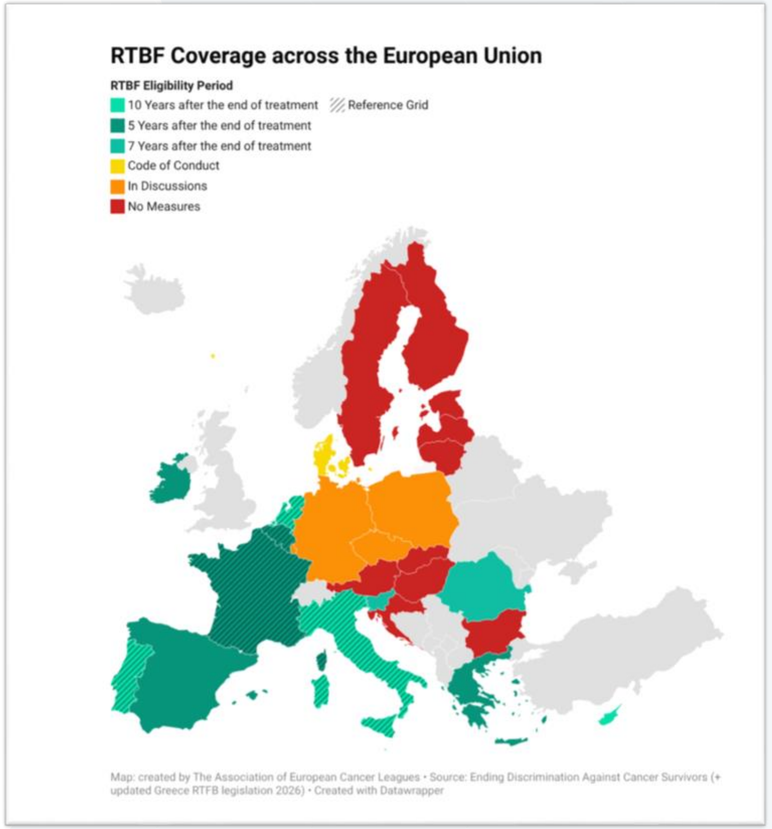


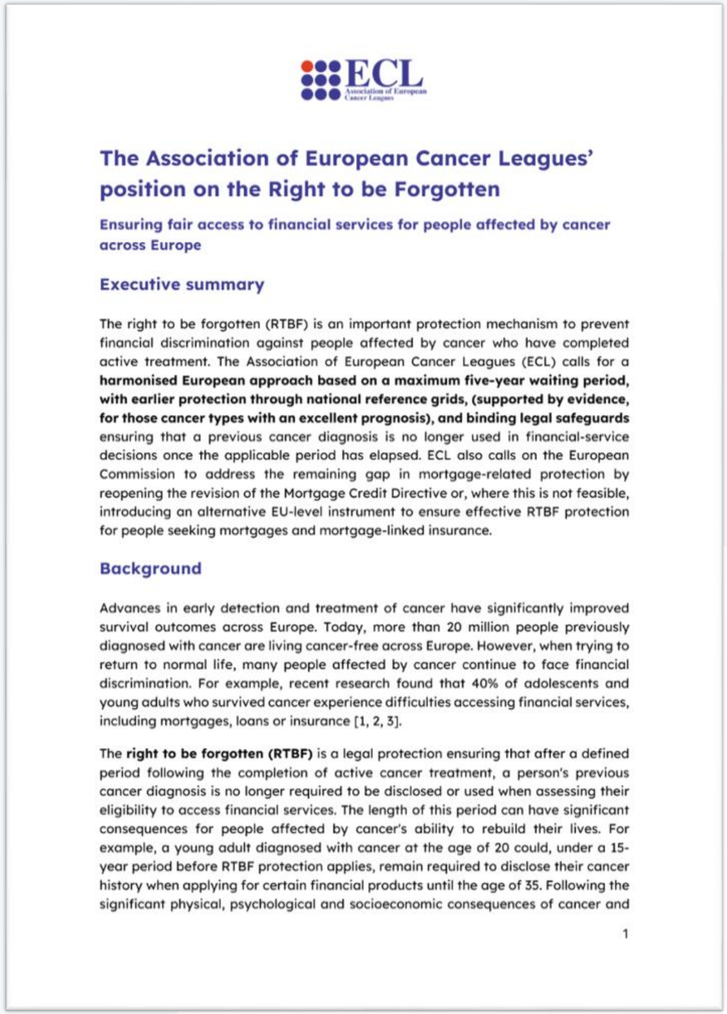
Achievements in 2026

Fair access to financial services

- ECL position paper on RTBF
  - Recommendations:

- 5-year period
- Non-disclosure
- Expert-led eligibility criteria + national reference grids
- Mortgage credit





ECL
Association of European Cancer Leagues

The Association of European Cancer Leagues' 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. 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 [1, 2, 3].

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 is no longer required 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, remain required 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

1

ECL

Achievements in 2026

Fair access to financial services

- Submission of ECL's joint response

29 Sept-27 Oct 2026



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR FINANCIAL STABILITY, FINANCIAL SERVICES AND CAPITAL MARKETS UNION

Banking, insurance and financial crime
Insurance and pensions

CONSULTATION DOCUMENT

TARGETED CONSULTATION ON FAIR ACCESS TO FINANCIAL SERVICES FOR CANCER SURVIVORS



Targeted consultation on fair access to financial services for cancer survivors

The Commission is seeking detailed input about how to address the main challenges that remain in terms of access to financial services for cancer survivors.

CONSULTATION
Open

Page contents

- Details
- Target audience
- Why we are consulting
- Respond to the consultation
- Reference documents
- Contacts
- Related links

Details

Status	OPEN
Opening date	29 September 2026
Deadline	27 October 2026, 23:59 (CET)
Departments	Directorate-General for Financial Stability, Financial Services and Capital Markets Union, Health Emergency Preparedness and Response Authority

Target audience

All EU and national stakeholders, including cancer survivors and representative organisations, the medical community, and the insurance and banking sectors, are invited to contribute.



MEP Romana Jerkovic, Chair of the MEPs Against Cancer group

Flagship initiative: MEPs Against Cancer

- **The longest-standing group of Members of European Parliament (MEPs) committed to tackling cancer across the entire continuum - from prevention to survivorship.**
- Unites policymakers from across the political spectrum and EU member states to promote ambitious EU action against cancer.
- Proudly supported by the Association of European Cancer Leagues.
- www.MEPsAgainstCancer.eu

MEPs AGAINST CANCER

The MEPs Against Cancer Interest Group was founded in 2005 and remains the oldest group dedicated to cancer prevention and care in the European Parliament.

Every 9 seconds, a new cancer case is diagnosed in the EU. In 2022 alone, 1.3 million lives were lost to the disease.

MEPs Against Cancer are committed to:

01 STOPPING CANCER BEFORE IT STARTS

- Regulating **tobacco, alcohol, unhealthy food**, and other harmful products.
- Reducing people's exposure to **environmental pollution and hazardous chemicals**.
- Championing equitable **access to cancer screening programmes**.

www.MEPsAgainstCancer.eu

02 IMPROVING ACCESS TO BETTER TREATMENTS

- Supporting the creation of **world-class cancer centres** in every EU country to ensure collaboration and address rare cancer cases.
- Ensuring treatments are affordable by promoting **joint EU procurement** of cutting-edge cancer treatments.
- Strengthening **care standards** through harmonised training for healthcare professionals and the development of EU-wide guidelines.

03 EMPOWERING LIFE BEYOND CANCER

- Fighting **barriers to employment and workplace discrimination** for cancer patients and advocating for EU protections of their social, labour and financial rights.
- Advocating for **personalised care plans** that include mental and sexual health, physical rehabilitation, and palliative care.
- Promoting the creation of **multilingual counselling services** to support patients and survivors with financial, social and emotional challenges.

Supported by ECL Association of European Cancer Leagues

www.MEPsAgainstCancer.eu

The Association of European Cancer Leagues (ECL) is a pan-European umbrella organisation of national and regional cancer societies. Transparency register no: 19265592757-25

ECL

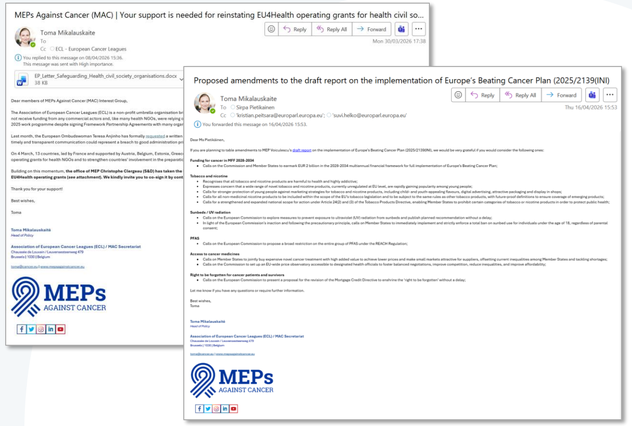
Achievements in 2026

- **2 policy events** on protecting youth from commercial determinants of health and the right to be forgotten
- **1 social media campaign** on World Cancer Day
- **2 outreach campaigns** to MAC members on reinstatement of EU4Health operating grants and the Parliament's report on the implementation of EBCP







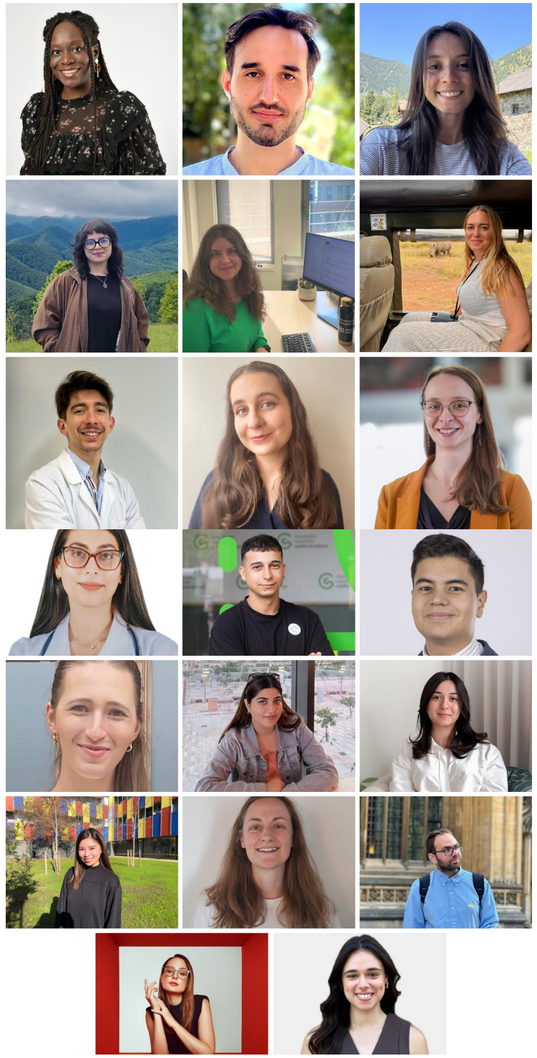


Association of European Cancer Leagues

Youth Ambassadors Programme.

Secretariat activities

Team: Alba & Naida



Flagship initiative: ECL Youth Ambassadors Programme

- **The ECL Youth Ambassadors Programme empowers young health advocates to raise awareness about cancer prevention, using the European Code Against Cancer.**

- Since its launch in 2015, ECL has united Youth Ambassadors from over 30 countries across Europe.

- Throughout the year, our Youth Ambassadors organise impactful activities, events and online campaigns, supported by ECL. Examples include the annual Summer School and Winter School.

Achievements in 2026

- Youth Ambassador delegation in ECToH, speaking in 3 sessions
- YA in MAC event on protecting youth from the commercial determinants of health
- YA representing ECL at webinar on World No Tobacco Day
- New strategy under construction
- New coordinator: former YA, Naida Salkovic







Association of European Cancer Leagues

Communications & media outreach.

Secretariat activities

Team: Eline & Ivonne

Achievements in 2026

Between January and September 2026, ECL's communications efforts resulted in:

- 18 press releases (2025: 10)
- 15 internal ECL newsletters (2025: 11)
- 10 statements and position papers (2025: 13)
- 3 responses to public consultations
- 8 open or joint letters (2025: 13)
- 3 opinion pieces (2025: 2)
- 2 webinars (2025: 3)
- 99 media hits (2025: 143)
- 11 mentions in other publications and newsletters, including scientific journals (2025: 53)
- 161 social media posts, which generated over 99.204 impressions (2025: 187 posts, reaching over 86.460 individuals)

ECL stepped up its proactive press work in 2026, issuing **80% more press releases** than in the same period of 2025, and grew its member **newsletter from 11 to 15 editions.** Media coverage peaked around major launches, for example the European Fair Pricing Network study on hospital drug prices generated 35 media hits in March alone.

2026: new communications strategy

In March 2026, ECL presented a new communications strategy to the Executive Board, which was approved. This internal document outlines the strategy for external and internal communications and outreach for 2026 and 2027, focussing on **three core goals.** Based on these, key performance indicators for communications were developed to track efforts.

2026: new communications strategy

Goal 1: Brand & narrative – Strengthen ECL's reputation by developing a consistent, overarching narrative and brand that speak to all target audiences and that is recognisable across the board.

- **KPI 1:** New branding rolled out across all channels by October 2026 (Annual Meetings)
- Status: on track → ECL's website was fully revamped in March 2026, with a refreshed look, a clearer structure and a consistent narrative throughout. Working with an external design agency, ECL finalised a new logo and visual identity in June 2026, which will be rolled out across all channels right after the Annual Meetings in October 2026.

- **KPI 2:** 100% of Secretariat comms follow new style guide by end 2026
- Status: on track → A new ECL style guide will be introduced in October 2026 and shared with all Secretariat staff. Remaining templates (e.g. letters, reports, presentations) will be updated by the end of the year.

- **KPI 3:** 50% of members display the new ECL logo correctly by end 2026
- Status: on track → The new logo and usage guidelines will be shared with all 35 members at the beginning of November 2026. A check of member websites will take place at the end of the year.

2026: new communications strategy

Goal 2: Channel performance - Reinforce ECL's position as a trusted and go-to source on cancer prevention and care by increasing the performance of ECL's communication channels to tell a consistent, compelling story.

- **KPI 4:** website visitors: 39,277 (2025) -> target 45,169 by end 2026 (+15%)
- Status: achieved → Between Jan and Sep 2026, the ECL website = 46,652 users. Traffic peaked around EWAC (April: 6,511 users) and the Youth Ambassadors Coordinator vacancy (July: 6,123).

- **KPI 5**: 30% of members frequently use the website (2027 survey)
- Status: *to be measured in the 2027 Member Survey.*

- **KPI 6:** LinkedIn engagement rate maintained at 3-7% per post
- Status: achieved → Between Jan and Sep 2026, ECL's LinkedIn posts reached an average engagement rate of 3.4% (3,099 reactions, comments and reposts on 90,743 impressions). The rate peaked in at 3.9%, during the ECAC5 launch. ECL's LinkedIn community grew from 2,644 to 3,335 followers.

- **KPI 7:** 2 proactive media outreach opportunities acted on by end 2027
- Status: achieved yet not picked up → SOTEU 2026 response and the launch of ECL's position on RTBF (MAC event) were launched as proactive outreach opportunties. However, uptake was limited, proactive outreach might need longer lead times and stronger relationships with reporters.

2026: new communications strategy

Goal 3: Member engagement - Strengthen engagement with ECL members so that they feel a strong connection with ECL and have the tools and resources to amplify our messages.

- **KPI 8:** Policy Monitoring Newsletter open rate maintained above 25%

- Status: achieved → Between Jan and Sep, open rates ranged from 27% to 43%, with the 1–15 May edition performing best (42.8% opens, 8.7% clicks). Click rates were generally between 4% and 9%. The most recent edition (5 October) reached an open rate of 68.6%.

- **KPI 9:** 3 member toolkits developed by end 2026; 20% usage

- Status: achieved, however usage to be measured → ECL developed three member toolkits in 2026: for the launch of the fifth edition of the European Code Against Cancer (February), for the International Workers' Day campaign (April) and for the European Week Against Cancer (May). However, usage of members has proven to be hard to track (language difference, timing, no response to toolkit mailing,…) and should be optimised moving forward.

Highlight: ECAC5 launch

February 2026: World Cancer Day
Launch of the European Code Against Cancer.

EU-level press release and launch social media campaign featuring quotes from IARC, ECL Vice-President, and 5 ECL members.

Dissemination of tailored social media toolkit, template blog post & template press release for ECL members.

Dissemination of social media toolkits for MEPs Against Cancer & ECL Youth Ambassadors.

ECL President introduced the Code during the 10th Annual Conference of the Hellenic Cancer Federation.

ECL President participated in the official ECAC5 launch webinar, organised by the European Commission, to present the key role of cancer leagues in promoting the Code.

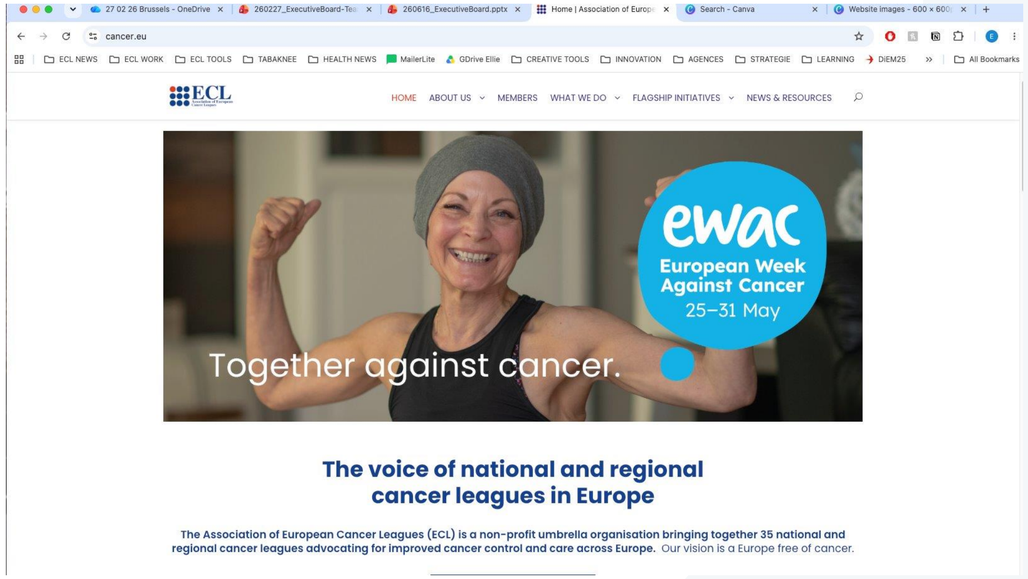




Highlight: European Week Against Cancer

European Week Against Cancer (25 – 31 May) themed on inequalities across the cancer continuum; daily social media, member toolkits, concluded on World No Tobacco Day;

ECL and Nordic Cancer Union met with EU Health Commissioner Várhelyi on tobacco control







3.100.000 people reached
9.600 interactions

ECL
Association of European Cancer Leagues

EU Projects.

Secretariat activities

Team: Arianna, Michal, and Helena

Proposals 2026 | Jan – Oct

Jan = x1 EU4Health Includes Leagues

Mar = x1 Erasmus+ Includes Leagues

Apr = x1 Horizon Europe (Health Cluster)
x1 Broad Reach Foundation (Grant)
x1 Fellowship

Oct = x1 Cost Action (pending)
x1 Service Contract for the EUCanScreen Toolkit

Q1	Q2	Q3	Q4
2 proposals	3 proposals	9 proposals	1 pending

Sept = x8 Horizon Europe - Cancer Mission

- 3 Earlier and more precise palliative care
- 2 Virtual Human Twins
- x1 Capacity building on cancer for Ukraine
- x1 AYA and mental health (in EDCP) Includes Leagues
- x1 QoL and older cancer Patients (Qualia65) ★
  - x1 JRC Tender (as subcontractor) Includes Leagues

Proposals Submitted: 14

Proposals ongoing: 1 (End Oct)

Improve the Quality of Life of Older Cancer Patients

(HORIZON-MISS-2026-02-CANCER-07)

Call Budget: € 25 million call budget | 5 projects expected to be funded

QUALIA 65

Project Concept

- To build an AI-based psycho-oncology tool, co-designed with patients, to improve the quality of life of cancer patients aged 65 and over - by lowering their stress levels and addressing a gap left by the shortage of psycho-oncology specialists across Europe.

ECL role and proposed budget

- **Leader** of Project Management *and* Dissemination, Exploitation, Communication, Policy & Sustainability
- **Participant** at Stakeholder Engagement & Patient Empowerment
- **Budget** - 860.625,00 € (Total - 5 999 725 €)

Main Partners – WP leaders:

- Technology Definition – SHINE 2Europe
- Idea - Helga Health – Technology Development Co-Lead (Key contact a result of WF's networking at a Horizon Europe side event)
- Scientific Lead - Regional Cancer Institute Iasi (IRO)

Partners: (3 leagues) Portuguese Cancer League, Italian League Against Cancer, German Cancer Society, Sciensano, Organisation of European Cancer Institutes, Inspire2Live, Kaunas University of Technology, University College Cork, University of Zagreb School of Medicine, Comenius University of Bratislava, Portuguese Institute of Oncology, Medical University of Vienna, Lithuanian University of Health Sciences, Hospital of Lithuanian Univ. of Health Sciences Kauno Klinikos, Karl Landsteiner University, Croatian Association for Cancer Research, University of Münster

ECL

EU4Health Programme 2026 – Published!

OA-g-26-91 **Call for proposals for operating grants in 2027** to non-governmental organisations: financial contribution to the functioning of health non-governmental organisations implementing one or more specific objectives of Regulation (EU) 2021/522 (DG SANTE)

Details still to be confirmed

- Official call publication date;
- Number of grants to be awarded;
- Maximum funding per grant;
- Detailed call requirements and eligibility criteria;
- Application deadline.

Indicative call publication	Indicative Budget
Q4/2026	EUR 1 800 000
Implemented by	**Type of applicants targeted**
HaDEA	Health NGOs

Alignment of projects with ECL's pillars

(updated 30.09.2026)

ECL Strategic Pillar	Projects List	02.2026 8 Projects	Current 7 Projects
Prevention	pieces — Evidence-based primary cancer prevention programmes	1 (13%)	1 (14%)
Early Detection & Diagnosis	MyPeBS — Risk-based personalised breast cancer screening EU BClear — Bladder Cancer Health Literacy EU CanScreen (European Joint Action on Cancer Screening) — Sustainable, high-quality screening programmes	4 (50%)	3 (43%) (-1 project ended)
Treatment & Cure	Sparc (United for cancer care.) — Personalised Medicine	1 (13%)	1 (14%)
Quality of Life	PAINLESS — Palliative Care & Quality of Life txr transcend-xr — Testicular Cancer & Survivorship for AYAs	2 (25%)	2 (29%)

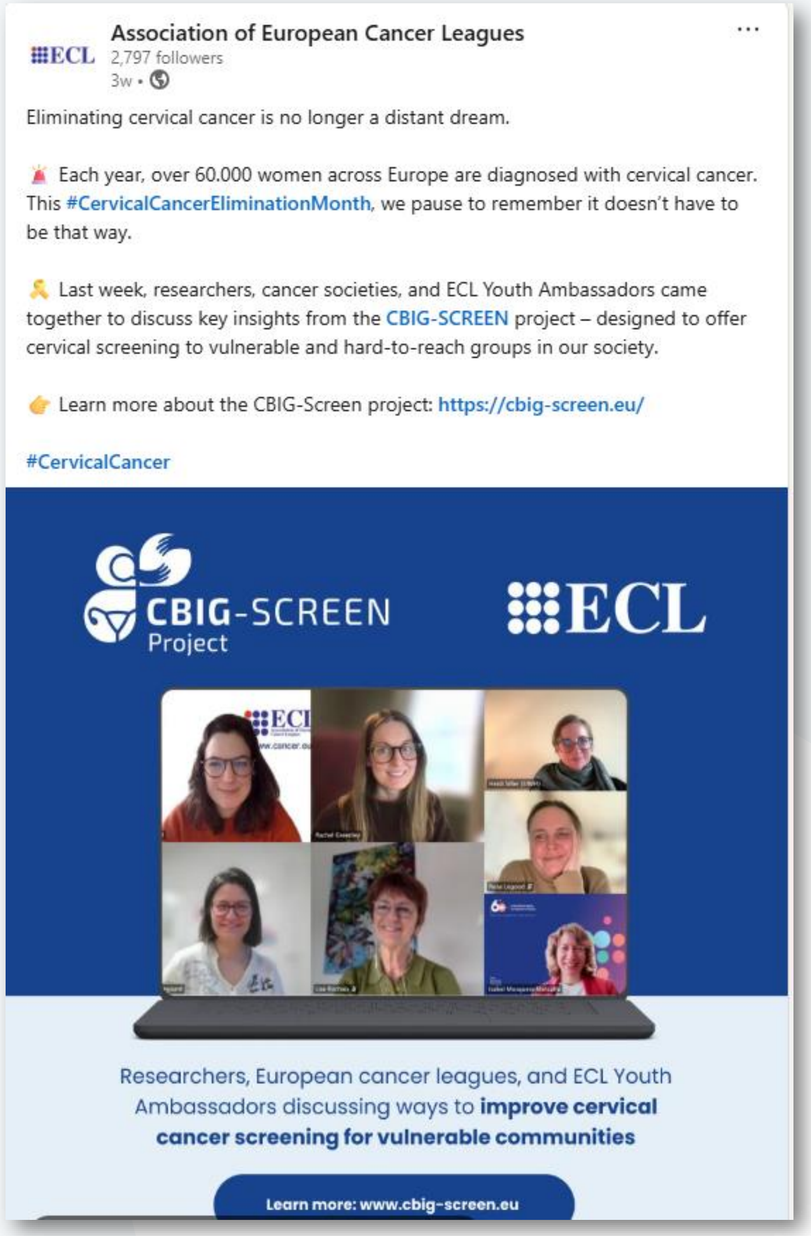
EU4Health — Horizon 2020 — Horizon Europe — (Subcontract to Joint Action)

ECL - CBIG-Screen webinar:

Inclusive Cervical Cancer Screening in Practice

- Held in Jan 2026 to mark ***Cervical Cancer Awareness Month.***
- Presented methods to reduce inequalities in cervical cancer screening across Europe.
- **45 attendees (member leagues and YAs):**
  - **18 leagues** represented from **15 Countries**.
  - Feedback received from members was very positive.
- Project successfully concluded in February 2026

CBIG-SCREEN Project



ECL

Bladder cancer is the 5th most common cancer in Europe...

Yet receives limited visibility and attention.

- BCLEAR featured at the **European Association of Urology Congress** in March 2026.
- 13 May 2026, launched the **1st Bladder Cancer Health Literacy Day.** The 2027 aim is bigger visibility.
- The **Healthcare Professional Educational Toolbox** includes:
    - ***A Shared Decision-Making (SDM) modules.***
    - ***Good practice guidelines*** *on prevention, treatment and care for cancer patients.*
- ***A booklet*** *on bladder cancer prevention and timely diagnosis* [part of Citizen Educational Toolbox]



- **Two member leagues** joined a focus group to review bladder cancer educational materials and their impact on health literacy.
- In May 2026, WF submitted a keynote video statement for the **EUrology Policy Forum in Croatia**, marking:
    - Bladder Cancer Awareness Month.
    - European Week Against Cancer (EWAC) 2026.
    - The Croatian League's 60th anniversary.

New Unique Opportunity

- ECL has been invited to develop a microsite to host the **WP6 Toolkit for the Barriers and Facilitators of cancer screening**
    - Will be subdomain of www.cancer.eu
- Oct 2026: **Signed contract** with the *Norwegian Institute for Public Health* (NIPH)

Impact

- All leaders and implementors of national screening programmes for all Europe will need to visit our site to build and improve their national programmes.
- Boost discovery and visibility of ECL and website
- Project Coordinator (University of Latvia) enthusiastic about partnership.
- Longer-term strategic potential for ECL: Could become key resource to support sustainability of other projects of interest

From Evidence to Action

Goal: ***Better screening participation and more equitable access across Europe***

A practical toolkit rather than a document repository



The toolkit aims to:



Help programmes identify system and individual barriers



Provide practical tools to address barriers



Support inclusive and equitable screening programmes



Make research usable in real-world practice

EUCanScreen
European Joint Action on Cancer Screening

EN

Co-funded by the European Union

Back to ECL

EUCanScreen WP6 Toolkit

Practical tools to support equitable cancer screening programmes across Europe.



[This mock-up for illustrative purposes only]

LEARN

Explore evidence and examples.

ASSESS

Identify barriers and gaps.

ADAPT

Create tailored materials.

LIBRARY

Search all toolkit resources.

Search reports, templates, guidelines, videos, training materials and more...

Search

Resource type

Target population

Cancer type

Language

ECL's Policy Recommendations

- Started preparations for policy recommendations
    - Develop supporting materials such as policy briefs and infographics

- Started preparations to host policy event at the European Parliament in Brussels (March-April 2027)

New Unique Opportunity

ECL to host the PIECES Toolkit as a subdomain

of www.cancer.eu



Impact

- Risk factors align with ECL's prevention priorities
- Support deployment of tailored primary cancer prevention programmes
- Boost discovery and visibility of ECL and website
- Longer-term strategic potential for ECL

Online stakeholder event, Dec 2026

The event will focus on cancer pain management and home-based neuro-modulation.

Preparations and planning are underway

Event objectives

- Showcase the **PAINLESS project**
- Promote discussion on **non-pharmacological approaches** to improving quality of life in palliative cancer care.
- Engage key **European stakeholders** and projects.
- **Collect feedback** to support implementation, advocacy and future dissemination activities.
- Build momentum towards the **PAINLESS final project event** in Brussels in May 2027.

ECL’s Projects Network (ECL PRONET)

PRONET Meeting II held 4 March 2026

- Total of 11 **participants** attended from **9 member leagues,** from **8 countries.**
  - Terms of Reference (**ToR**) finalised and endorsed by members.
  - Member **mapping exercise** completed, identifying expertise, priorities, and collaboration opportunities across leagues.
  - Shared repository of **Useful Tools and Resources** launched to support knowledge exchange and best practice sharing.

ECL PRONET – continued…

Facilitated networking with member leagues leading to submission of ERASMUS+ proposal focusing on caregivers.

- **ECL** and **4 leagues: LILT-Milan** (IT)**, ECO** (ES)**, LPCC** (PT) and **PASYKAF** (CY)**.**

Approached by LILT-Milan to present the **EU-NAVIGATE** Project.

- Short presentation was given at PSWG Plenary on 18 June 2026.
- **ECL–EU Navigate** exclusive webinar on **patient navigation for older people with cancer** will be held on 23 Nov 2026 from 14.00-15.30 CET (Brussels Time);

The webinar will introduce NavCare-EU, a navigation programme adapted to the European context to support older people with cancer and declining health throughout their care trajectory.

Specially trained navigators help patients and their families access relevant health, social care and community resources, while providing companionship and support.

ECL PRONET – Next meeting in Q4/2026

- Aim to explore interest in the Horizon Europe 2027 and EU4Health 2026 calls:

- **Kom op Tegen Kanker,** expressed interest in applying for:

HORIZON-MISS-2027-02-CANCER-06
Support a Young Cancer Survivor Quality of Life (QoL) research programme by cancer charities and funding agencies

(call launch 09 Feb 2027 | submission deadline 21 Sep 2027)

If you would be interested in potentially joining this call, email us: projects@cancer.eu

ECL PRONET – Next meeting in Q4/2026

WHO's IARC has approached us expressing interest in the call:

CR/CV&NCD-g-26-13 Call for proposals to support **dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer**

Indicative call publication	Indicative Budget
Q4/2026	EUR 3 000 000

- Based on indicative summary of call, a key specific objective is making **at least 80% of the population aware of the ECAC.**
- Looking for potential partners with **capacity to cover large part of the population** at national level, or have good collaboration with others at national level.
- As an EU4Health, the project would be **co-financed** (not fully EU funded).

If you are interested, email us *as soon as possible*: projects@cancer.eu

ECL Decision Making Criteria for New Projects

Aim

- Establishes a consistent and transparent process for assessing new project opportunities;
- Ensures participation in projects aligns with ECL's strategy, priorities, and mission;
- Supports effective use of organisational resources and staff capacity;
- Provides a structured basis for project approval and prioritisation.

Outcome

- ECL makes informed, strategic, and resource-conscious decisions regarding future project participation.



ECL
Association of European Cancer Leagues

The Association of European Cancer Leagues' (ECL) Decision Making Criteria for New Projects

INTERNAL DOCUMENT – DO NOT SHARE

Version June 2026

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Appendix 1. 6

ECL

Coffee break.

Annual General Assembly – 29 October 2026

Election of ECL board members.

Annual General Assembly – 29 October 2026

ECL Executive Board election

Up to seven ECL members can form the Executive Board.

Board members are elected initially for two years and can be re-elected twice.

Two Board member positions are open for election in 2026.

Candidates for 2027-28:

- Dorine Manson (Dutch Cancer Society)
- Cristiana Fonseca (Portuguese League Against Cancer)

A new ECL member.

Annual General Assembly – 29 October 2026

Welcoming a new ECL member

NORWEGIAN **CANCER** SOCIETY

Members leaving ECL.

Annual General Assembly – 29 October 2026

Four members will leave ECL in 2027

3 ECL members did not pay the minimum membership fee of €1.800 for 2024 and/or 2025

- Emanuele Cancer Research Foundation Malta
- Romanian Cancer Society
- ECO Foundation Spain

1 ECL member decided to leave ECL for budgetary reasons

- Irish Cancer Society

Lunch break.

Annual General Assembly – 29 October 2026

ECL funding strategy.

Annual General Assembly – 29 October 2026

Approval of Funding Strategy 2027 – 2031

This Funding Strategy document outlines a diversified and sustainable financial model designed to support ECL's mission of improving cancer prevention, care, survivorship, and advocacy across Europe. The strategy is built on three complementary pillars:

1. **Membership Fees** – establishing a stable, predictable revenue base and strengthening stakeholder engagement.
2. **Grants** – securing competitive funding for research, innovation, prevention programs, and policy initiatives.
3. **External Collaborations with Philanthropies and Commercial Companies** – expanding impact through strategic partnerships, multi-year commitments, and co-created initiatives.

Together, these pillars reduce financial risk, increase resilience, and position ECL as a trusted, high-impact actor in the cancer ecosystem.

Fees to cover **40-50%** of costs (€500.000)
Grants to cover **30-40%** of costs (€350.000)
3rd party funding to cover **10-20%** of costs (€150.000)

ECL ethical guidelines.

Annual General Assembly – 29 October 2026

Approval of ethical guidelines

Regulates collaborations with commercial companies

This policy establishes the ethical, operational, and governance standards that the Association of European Cancer Leagues (ECL) must apply when engaging with commercial partners. Its purpose is to ensure that all collaborations:

- Advance ECL's mission in cancer prevention, equitable treatments and patient care.
- Protect ECL's independence, scientific integrity, and reputation.
- Comply with EU regulations, public-health norms, and civil-society best practices.

This policy applies to all forms of collaboration, including financial support, in-kind contributions, joint projects, sponsorships, co-branding, and participation in advisory or consultative activities.

Change in ‘Types of collaboration’

Removed reference to paragraph in ethical guidelines from Danish Cancer Society

ECL may engage in the following forms of collaboration, provided they meet all ethical criteria:

- **Unconditional financial support** for ECL’s mission-aligned activities.
- **Restricted project funding** on a certain topic (not product) where objectives are defined by ECL.
- **In-kind contributions** (e.g., technical expertise, data access) that do not compromise independence.
- **Joint initiatives** focused on public-interest outcomes, with ECL retaining editorial control.
- **Participation in multi-stakeholder platforms** where governance safeguards are in place.

Update EU's Multiannual Financial Framework.

Annual General Assembly – 29 October 2026

Proposal from Irish Presidency (10th Oct)

- Commission's proposal to be cut by €141.0 billion **(- 8%)** to €1,622.0 billion.
- Health seems to be affected more than other key sectors
- Health, Biotech, Agriculture & Bioeconomy part of the Competitiveness Fund falls from €20 billion to €17.4 billion **(- 13%)**

€ billion, constant 2025 prices	Commission original proposal	Cyprus nego-box	Irish nego-box	Irish vs Commission	Change, %
Total commitments	**1,763.1**	**1,730.2**	**1,622.0**	**-141.0**	**-8.0%**
Heading 1: cohesion, agriculture, security	**946.4**	**942.1**	**914.2**	**-32.2**	**-3.4%**
Heading 2: competitiveness, prosperity, security	**522.2**	**501.7**	**455.6**	**-66.6**	**-12.8%**
European Competitiveness Fund, including Horizon Europe	**397.8**	**383.0**	**355.9**	**-41.8**	**-10.5%**
Horizon Europe	**154.9**	**148.6**	**140.0**	**-14.9**	**-9.6%**
Pillar II: Competitiveness and Society	67.2*	64.1	60.7	-6.5	-9.6%
Health, biotech, agriculture & bioeconomy research	**17.4***	**no figure**	**no figure**	**-**	**-**
Competitiveness Fund policy windows	**207.4**	**199.0**	**180.4**	**-27.0**	**-13.0%**
Health, Biotech, Agriculture & Bioeconomy	**20.0**	**19.2**	**17.4**	**-2.6**	**-13.0%**
Civil protection & health emergency preparedness (UCPM+)	**9.5**	**9.1**	**6.1**	**-3.3**	**-35.0%**
Heading 3: Global Europe	**190.0**	**182.5**	**156.9**	**-33.1**	**-17.4%**
Heading 4: administration	**104.4**	**103.8**	**95.3**	**-9.2**	**-8.8%**

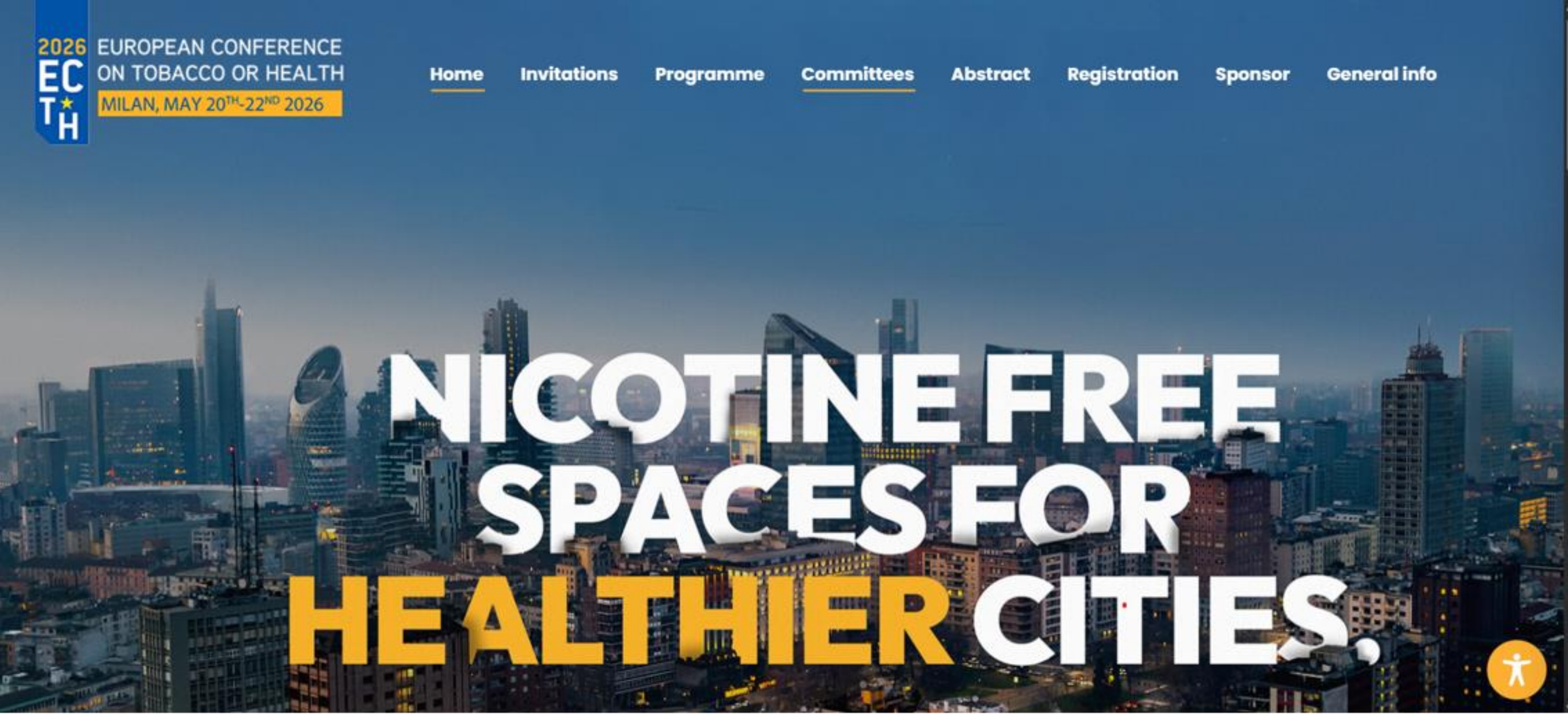
TTD & next steps

- Tobacco own resource kept at 15% but not yet agreed.
- Sweden is main blocker of Tobacco Tax Directive (nicotine pouches). Greece, Italy and Romania also resisted (vote in EP on 17th June). The ‘EU own resources’ proposal needs unanimity and ratification by all 27 member states.

- EP’s Committee on Industry, Research and Energy (ITRE) will vote on its position on the European Competitiveness Fund (ECF) and on Horizon Europe for 2028-34 on **10th November.**
- Finance ministers will discuss TTD in November.
- Final round of MFF negotiations planned for December.

Update ECToH 2026 & 2029.

Annual General Assembly – 29 October 2026



Milan, 29th October 2026

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prevenire è vivere

General Overview



830 Participants

43 Contries

(31 EU, 12 extra-EU)

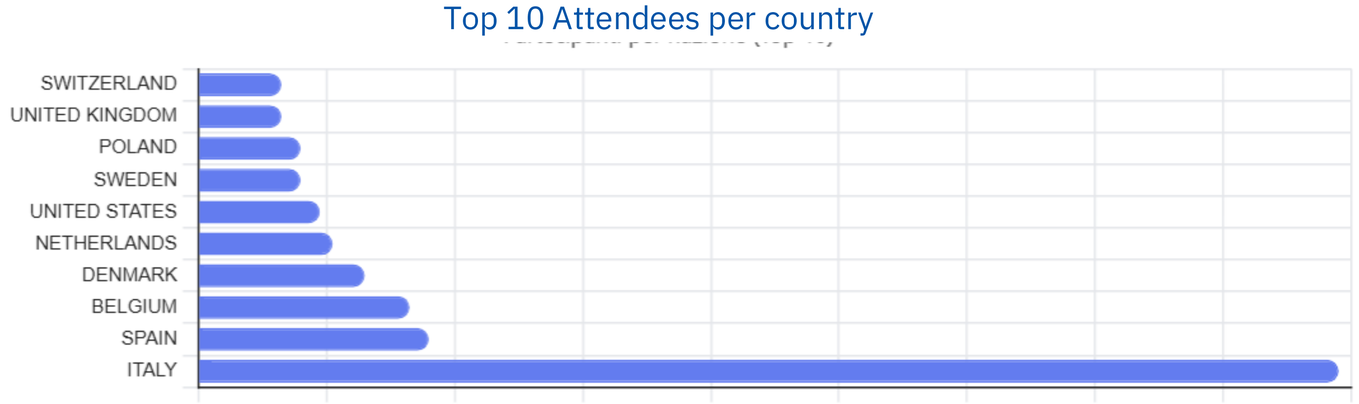
57 Sessions

Positioning and network

275 organizations involved*

30 health institutions**

14 patronages



con il Patrocinio di

*WHO | OECD | DG SANTE | EU COMMISSION

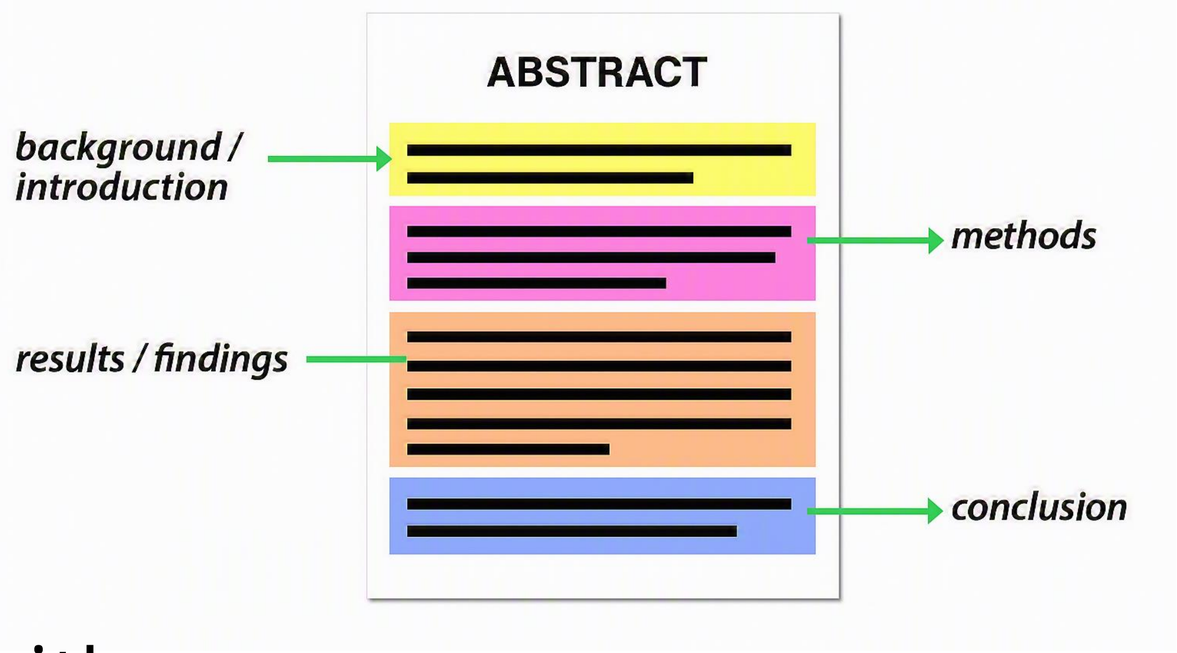
** Tobacco control: ENSP | Smoke Free Partnership | CTFK

Scientific production

258 projects (inc. Calls for School and for Corporate projects)

229 abstract

- ✓ **186** selected (81%)
- ✓ **82** Oral Presentations
- ✓ **104** Posters



1 PlayBook: a practical guide with lessons learned and recommendations to support future conference organizers.

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Programme overview

Welcome to the 10th European Conference on Tobacco or Health

We are excited to invite you to the 10th European Conference on Tobacco or Health (ECToH) in Milan, Italy, in 2026. This milestone edition marks 30 years of progress in the fight against tobacco and nicotine and will focus on how we can create healthier cities across Europe. ECToH Milan 2026 – "Nicotine-Free Spaces for Healthier Cities" – reflects a critical vision for the future. In the coming years, our cities must become more than just places to live — they must be environments that actively promote health, well-being, and sustainability. To achieve this, we must clear our urban spaces of tobacco, nicotine, and all emerging products — from schools and parks to streets and public transport hubs.

To build healthier cities, we must focus on creating smoke- and nicotine-free environments — areas with clean air, accessible green spaces, and urban spaces that prioritize health for all, especially vulnerable populations. By removing harmful products and centering health in urban planning, we can foster cities that improve both physical and mental well-being.

This goal aligns with the WHO Framework Convention on Tobacco Control (FCTC), which urges countries to implement effective measures to protect people from exposure to tobacco smoke in public places. It also supports the European Union's target, set in Europe's Beating Cancer Plan, of achieving a Tobacco-Free Generation by 2040.

Yet, this vision is threatened by the tobacco industry's growing narrative of a "smoke-free future." While this message may appear aligned with public health, it is in fact a strategic illusion. By promoting new nicotine products under the guise of harm reduction, Big Tobacco is rebranding itself as part of the solution, while continuing to fuel addiction and obstruct tobacco control efforts.

At ECToH Milan 2026, we will explore how we can work together to create cities that are not only free from tobacco and smoke, but also from nicotine and aerosols — and that fully embrace sustainable, health-promoting environments for everyone.

Join us in Milan for ECToH 2026, as we take a bold step towards healthier Cities in Europe.

Prof. Francesco Schittulli



Prof. Francesco Schittulli
President LILT

Prof. Marco Alloisio



Prof. Marco Alloisio
President LILT Milan

Dr. Juha Pekka Turunen



Dr. Juha Pekka Turunen
President of ECL, General Secretary of Cancer Society of Finland

Welcome from the ECToH 2026 Scientific Committee

Dear Colleagues,

Tobacco and nicotine use remain the leading causes of preventable disease and death in Europe and across the world. Despite overwhelming scientific evidence linking tobacco and nicotine consumption to cancer, cardiovascular disease, respiratory illness, and a long list of other diseases and disabilities, we are still far from ending the tobacco epidemic. Yet, progress in tobacco control remains too slow. Inaction — or insufficient action — in the face of such clear harm is no longer acceptable.

Adding to this danger is the growing influence of Big Tobacco's narrative of a "smoke-free future". By promoting alternative tobacco and nicotine products under the guise of harm reduction, the industry is rebranding itself as part of the solution, while continuing to drive addiction and undermine tobacco control efforts. This narrative risks deeply confusing the public, especially young people, who may begin to believe that the industry genuinely supports healthier cities and a healthier world.

That is why the 10th European Conference on Tobacco or Health (ECToH) comes at a crucial moment. Not only does this edition mark a significant milestone in the history of ECToH, but it also presents a unique opportunity to align tobacco control with a broader vision of health and sustainability: Nicotine-Free Spaces for Healthier Cities. Tobacco and nicotine have no place in the cities we want for future generations. Cleaner air, more green spaces, and public environments free from harmful substances are essential to achieving the WHO's One Health approach, protecting people from tobacco smoke and the influence of the tobacco industry.

As the European Union aims for a Tobacco Endgame by 2040, defined as less than 5% of the population using tobacco, this conference is more than a scientific event: it is a collective commitment to act. At ECToH Milan 2026, we will reflect, exchange, and innovate together. We will discuss how to improve communication in a digital world, how to counter the evolving tactics of the tobacco industry, and how to design urban policies that promote clean, equitable, and healthy spaces for all. We invite you to join us in Milan to share your knowledge, challenge old paradigms, and help shape a healthier Europe.

Dr. Silvano Gallus



Dr. Silvano Gallus
Chair of the ECToH Milan 2026 Scientific Committee

7 plenaries
10 state of the art
9 workshops
7 special events
16 Oral presentation sessions
4 hours Poster sessions
8 simposia

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ABSTRACT BOOK & DECLARATION

- Abstract Book & Declaration published in *Tobacco Prevention & Cessation* (special edition)
- Indexed on PubMed
- Declaration presentation at European Commission (Varhelyi 23/05)
- European Parliament (MAC group 02/06)
- Declaration as contribution to European Commission's public consultation for the revision of Tobacco Products Directive - 15/6



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Youth Engagement





300 kids (00S Agents)

Youth event

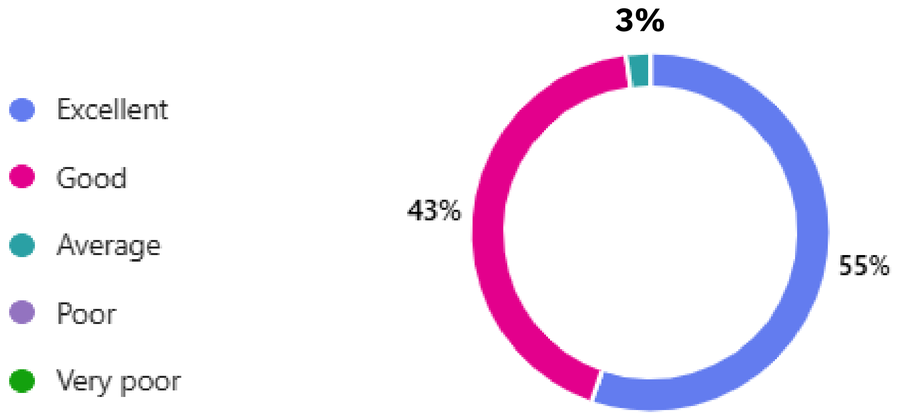
40 youth representatives
8 European Countries



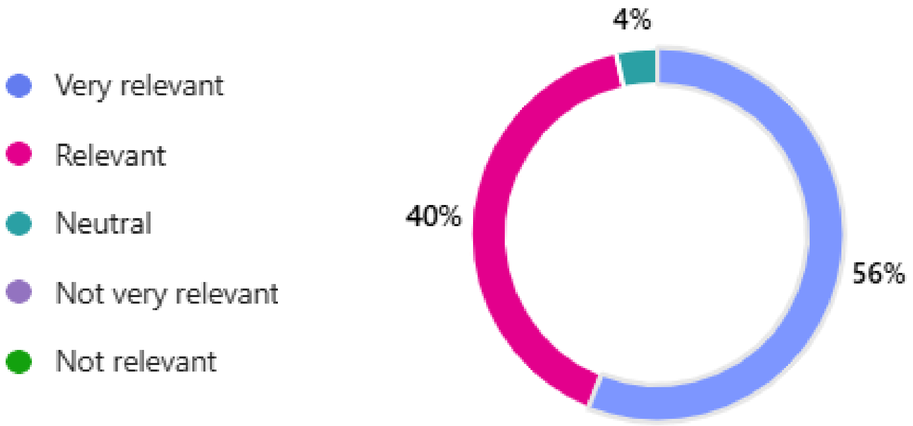
1 Territory Legacy action: Mural in Milan in a nicotine-free space

Evaluation Survey*

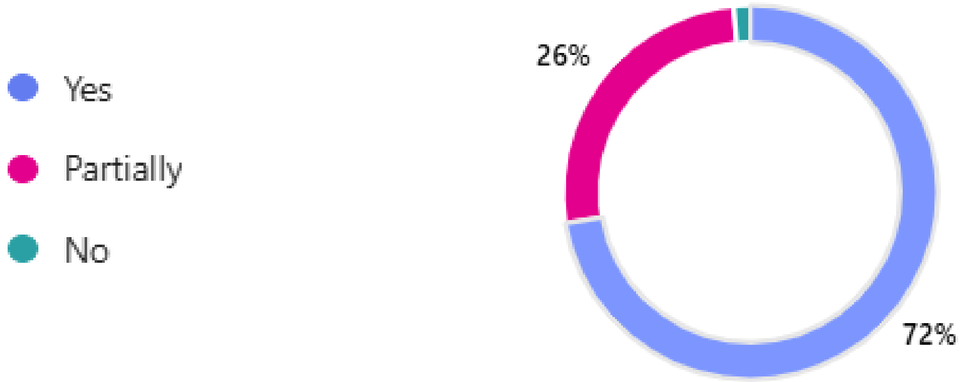
Overall - How would you rate your overall experience?



Content - How relevant and valuable was the content?



Engagement & Interaction - Did you feel engaged during the event?

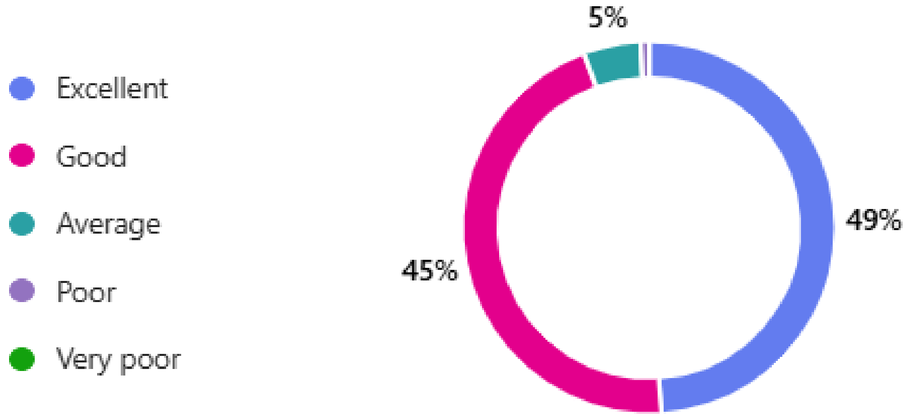


**Sent to all participants: received 150 answers by 3/6*

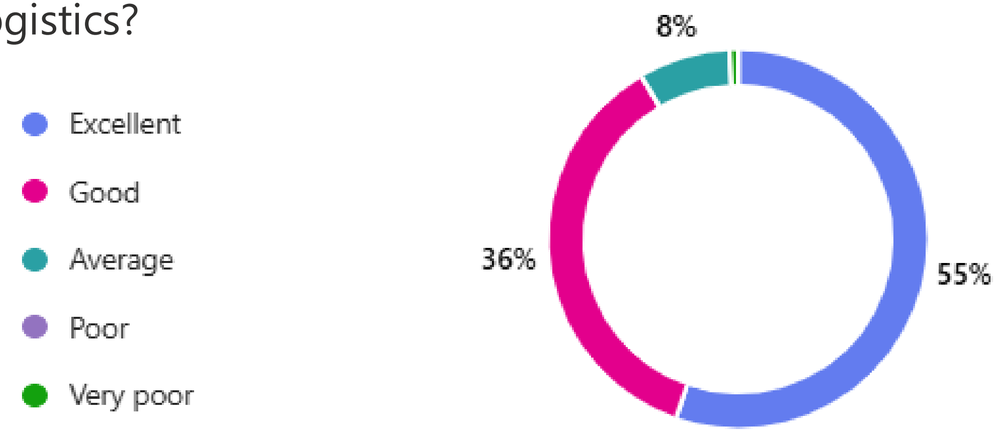
LILT
LEGA ITALIANA PER LA LOTTA CONTRO I TUMORI
prevenire è vivere

Evaluation Survey

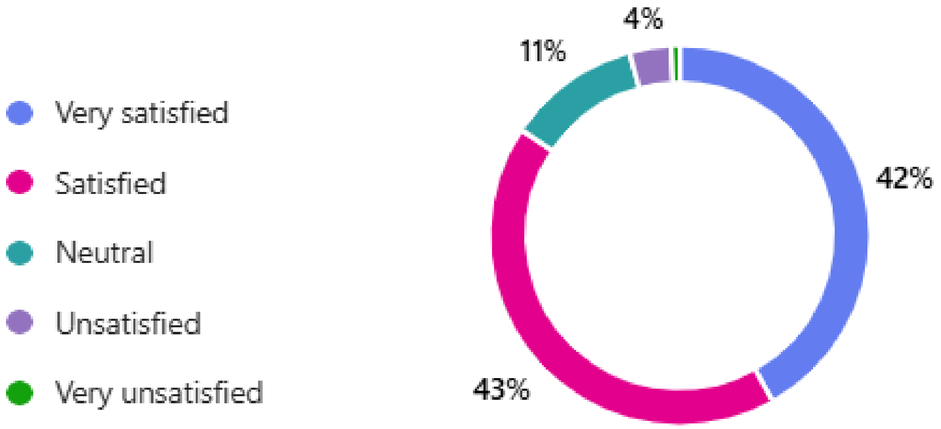
Speakers - How would you rate the quality of the speakers?



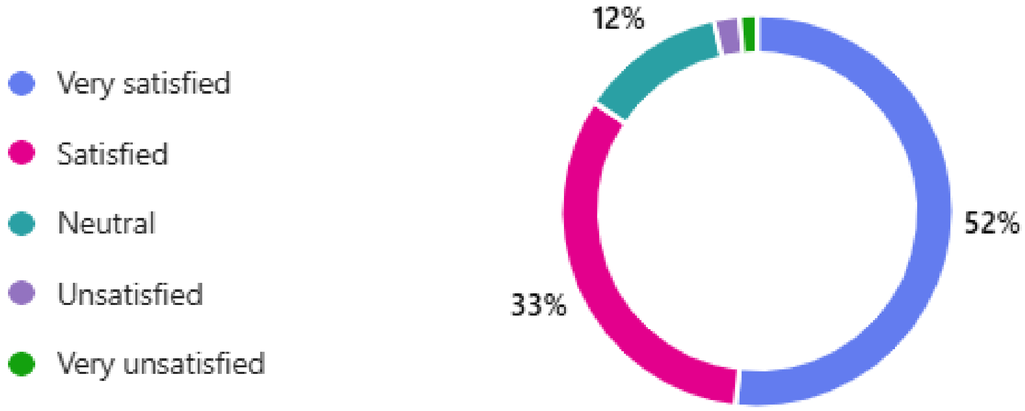
Organization - How would you rate the organization and logistics?



Venue - How satisfied were you with the venue?



Venue - How satisfied were you with the catering (lunch & coffee breaks)?



Pre event co e



LILT
LEGA ITALIANA PER LA LOTTA CONTRO I TUMORI
prevenire è vivere

A selection

ANSA.it

PAESE: ITA
TIPOLOGIA: Web
AVE: €15284.47
REACH: 1952040

CATEGORIA DEL SITO WEB: News and Media
VISITE MENSILI: 59342027.74
AUTORE: Agenzia ANSA
URL: www.ansa.it

> 20 maggio 2026 alle ore 13:54

> Versione Online

In Europa fumano 179 milioni di persone con 700mila morti l'anno



Sono quasi 700mila i decessi annuali riconducibili al fumo nell'Unione europe
179 milioni di consumatori tabagisti.

Di questi, ben 12,4 milioni sono in Italia, tra sigarette tradizionali e nuovi prod
ha perso ben 14 posizioni in soli 4 anni, scivolando al 32° del 2025 nella 'Tob

È davanti a questa emergenza sanitaria che si è aperta a Milano la European
Tobacco or Health (Ectoh), il principale vertice europeo sul controllo del taba
prima volta in Italia da Lilt (Lega italiana per la lotta ai tumori), in cui viene lan
si creino "spazi liberi da nicotina per città più sane".

PUBBLICAZIONE: FamigliaCristiana.it
PAESE: ITA
TIPOLOGIA: Web
AVE: €19.06
REACH: 16433

CATEGORIA DEL SITO WEB: Community and Society/Faith and Beliefs
VISITE MENSILI: 499577.51
AUTORE: Nicoletta Lucia Bagliano
URL: www.famigliacristiana.it

> 31 maggio 2026 alle ore 11:56

> Versione Online

World No Tobacco Day. Bionda o elettronica la sigaretta si fuma la vita. Oggi si può spegnere: ecco come



no in Europa e i ragazzi svapano a 1
bacco or Health, organizzata dalla Li
naturale. La motivazione è indispens

LA STAMPA.it

PAESE: ITA
TIPOLOGIA: Web
AVE: €21006.30
REACH: 1448710

CATEGORIA DEL SITO WEB: News and Media
VISITE MENSILI: 44040792.00
AUTORE: Redazione Salute
URL: www.lastampa.it

> 21 maggio 2026 alle ore 9:47

> Versione Online

Adolescenti sempre più dipendenti dalla nicotina: il primo 'svapo' sotto i 13 anni



Sigarette elettroniche, pouches e marketing digitale: gli esperti riuniti a Milano denunciano la nuova strategia che rende la dipendenza una moda tra i giovanissimi. E il mix tra fumo classico e svapo aumenta i rischi per la salute

In Europa circa 4 milioni di adolescenti tra i 13 e i 15 anni d'età utilizzano prodotti del tabacco e in numerosi Paesi, come nel Regno Unito, le sigarette elettroniche stanno ormai superando le sigarette tradizionali tra i più giovani. La prima sigaretta elettronica per un ragazzo su sette, tra i 15 e i 18 anni d'età, viene 'svapata' sotto i 13 anni.

Non solo sigarette

I dati, emersi durante la seconda giornata della European Conference on Tobacco or Health (ECToH) in corso a Milano, organizzata da Lilt (Lega Italiana per la lotta contro i tumori) fotografano una realtà ormai chiara: la vera emergenza di oggi non è più solo il fumo, ma la dipendenza da nicotina a 360 gradi. Il principale congresso europeo del settore ha infatti allargato il mirino, mettendo sotto accusa e-cig, prodotti a tabacco riscaldato e le nicotine pouches (le bustine di nicotina da assumere oralmente, che spopolano sul web).

sanitainformazione.it

PAESE: ITA
TIPOLOGIA: Web
AVE: €63.89
REACH: 6480

CATEGORIA DEL SITO WEB: Health/Medicine
VISITE MENSILI: 197006.37
AUTORE:
URL: www.sanitainformazione.it

> 20 maggio 2026 alle ore 16:19

> Versione Online

Europa, 700mila morti l'anno per il tabacco: LILT rilancia le città senza nicotina



La dipendenza da tabacco e nicotina coinvolge ancora 179 milioni di persone in Europa. Dalle sigarette tradizionali ai nuovi dispositivi, cresce il dibattito su regole più severe e spazi pubblici più sani per proteggere soprattutto giovani e fasce vulnerabili. di Viviana Franzellitti

quasi 700mila decessi associati al fumo , mentre le persone che utilizzano prodotti contenenti nicotina sono circa 179 milioni . Questi numeri sono stati riportati nel contesto della European Conference on Tobacco or Health (ECToH) 2026 , il principale appuntamento europeo dedicato alle politiche di contrasto al tabagismo, organizzato per la prima volta in Italia da LILT. Al centro del confronto emerge una proposta precisa: costruire città sempre più libere dalla nicotina , intervenendo non solo sul fumo tradizionale ma anche sui nuovi prodotti che negli ultimi anni hanno cambiato il panorama del consumo.

ADV Campaign

May 31 – World No Tobacco Day:

- Corriere della sera – Milan edition
- Repubblica – Milan pages (May 30 – June 1°)
- Il Giorno – Milan edition



Social Link page

+65% follower

(organic traffic)



ECToH 2026

European Conference on Tobacco or Health (ECToH) Italy Milan from Milano. Auspiced by ECL

Sanità e servizi sociali · Milan · 401 follower · 51-200 dipendenti

ECToH 2026, the European Conference on Tobacco or Health hosted by LILT, opened today in Milan: an important international opportunity to discuss the future of tobacco control policies and the protection of public health. ... altro

Mostra traduzione



Tu e 81 altre persone

2 commenti · 5 diffusioni post

ECToH 2026

401 follower

3s •

What an extraordinary edition!
This year, the community came together in Milan with remarkable strength and shared purpose. ... altro

Mostra traduzione



Tu e 75 altre persone

1 commento · 2 diffusioni post

Thank you and see you in....☺



kom op tegen kanker

Welcome in Brussels

2029

Update ECL branding & logo.

Annual General Assembly – 29 October 2026

Our Logo

This is our logo, it is the foundation of our brand identity.

It consists of three elements: Dots, ECL lettering and full name subtitle.



Logo Colours

Our logo can appear in a small number of approved variations to ensure it remains clear and recognisable across different backgrounds.

The primary colour logo should always be used wherever possible — ECL blue on light backgrounds and cream on dark backgrounds.

Monochrome versions are available in black and white only where colour reproduction is not possible.

1. An example of our cream logo used on the ECL blue background.
2. An example of our ECL blue logo used on lighter backgrounds.
3. An example of our compact ECL blue logo used on a photography background.
4. An example of our compact, full white logo used on a darker background.









Our Colours

Our primary colour palette helps create a recognisable and consistent visual identity. ECL Blue is our primary brand colour and should be used most prominently across all communications. The supporting colours work alongside it to provide contrast, hierarchy and flexibility across different applications.

The secondary palette complements the primary colours, offering a range of tones for use as background fills, subtle accents and supporting elements across both digital and print. These colours should be used sparingly and never compete with or overpower the primary palette.

The colour values shown here provide the correct specifications for both digital and print use.

Primary Colour Palette

ECL Blue
HEX: #17428e
RGB: 23, 66, 142
CMYK 100 / 80 / 10 / 0

Brick Red
HEX: #f04b2c
RGB: 240, 75, 44
CMYK 0 / 86 / 93 / 0

Cream
HEX: #f5ede8
RGB: 245, 237, 232
CMYK 0 / 5 / 8 / 4

Light Blue
HEX: #b4e4fa
RGB: 180, 228, 250
CMYK 33 / 0 / 0 / 0

Dark Blue
HEX: #122146
RGB: 18, 33, 70
CMYK 100 / 90 / 42 / 45

Secondary Colour Palette

Gradient made up of: Light Yellow, Light Red, Light Blue, ECL Blue and Dark Blue

Bright Yellow
HEX: #fbb330
RGB: 251, 179, 48
CMYK 0 / 34 / 85 / 0

Light Yellow
HEX: #fdd07e
RGB: 253, 208, 126
CMYK 0 / 21 / 58 / 0

Bright Red
HEX: #a31d35
RGB: 163, 29, 53
CMYK 24 / 100 / 78 / 18

Light Red
HEX: #f1676b
RGB: 241, 103, 107
CMYK 0 / 72 / 47 / 0

Dark Purple
HEX: #592f82
RGB: 89, 47, 130
CMYK 81 / 94 / 6 / 0

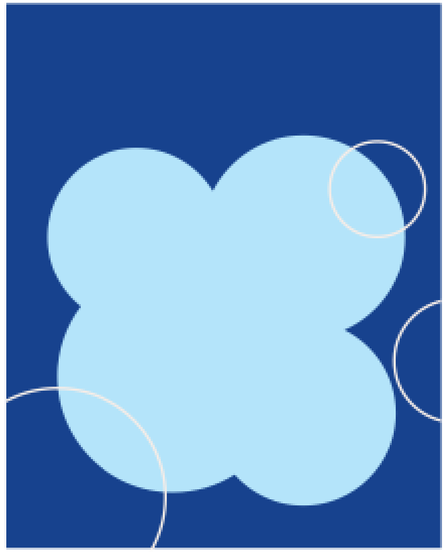
Light Purple
HEX: #ddc4f0
RGB: 221, 196, 240
CMYK 16 / 27 / 0 / 0

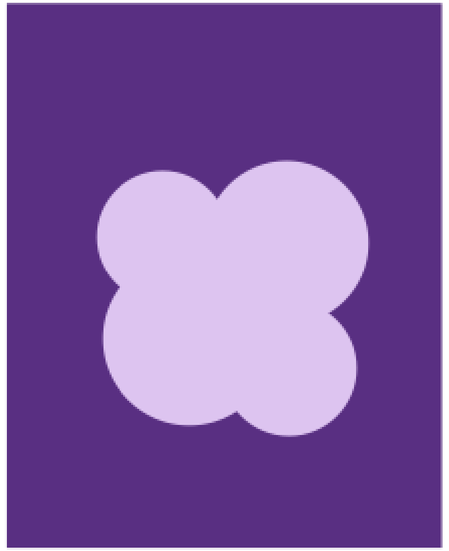
Graphic Devices

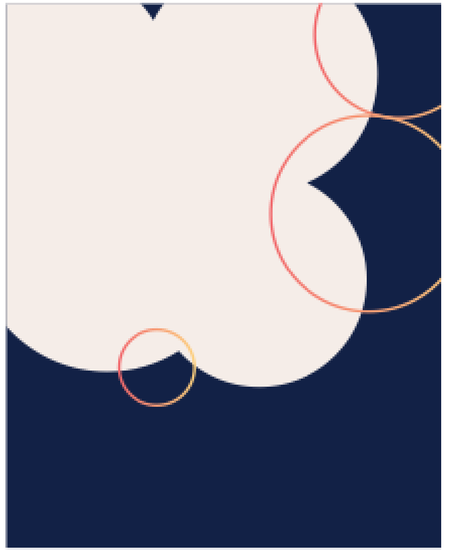
Our graphic devices are based on the forms within our dots logo.

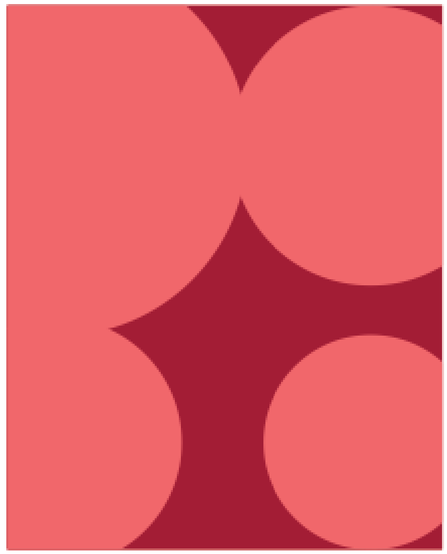
Circular shapes can be rearranged to create a flexible set of abstract elements. These elements extend the visual language of our logo and help create a consistent and recognisable identity across our communications.

















Main headline can go here

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam.

ECL



The main headline can go here

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat.

ECL

“

The new **European Code Against Cancer** gives countries a clear, science-based path forward. When woven into national programmes, it can **save lives and turn cancer prevention into a shared act of care.”**

Daniela Giangreco
ECL Vice-President,
Italian League Against Cancer



ECL

ECL



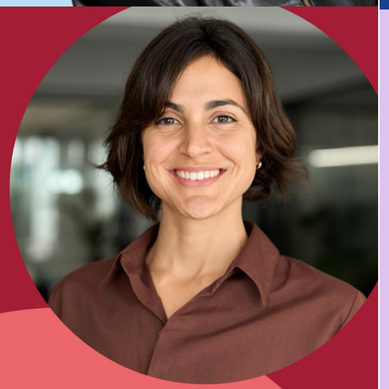
Medicine shortages put cancer patients at risk.

ECL

Example of how a header can look over three lines.
Dolor sit amet consectetur adipiscing elit quisque faucibus.

ECL

ECL



“

The new **European Code Against Cancer** gives countries a clear, science-based path forward. When woven into national programmes, it can **save lives and turn cancer prevention into a shared act of care.”**

Daniela Giangreco
ECL Vice-President,
Italian League Against Cancer

ECL

Join us!

14/07 14:00
Event Location

Event headline can go here

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam.

cancer.eu

Closing remarks.

Annual General Assembly – 29 October 2026

Last but not least, we thank Juha Pekka, Sarianne, Auli, Jaana and all colleagues at Syöpäjärjestöt, the Cancer Society of Finland.

Annual General Assembly – 29 October 2026

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Association of European Cancer Leagues

cancer.eu