

Strengthening Europe in the fight against cancer - towards a comprehensive and coordinated strategy

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The European Parliament adopted by 652 votes to 15, with 27 abstentions, a resolution on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy.

Europe represents less than 10% of the world's population, but accounts for a quarter of all cancer cases. Cancer is the second leading cause of death in Europe, after cardiovascular disease, and the first cause of death by disease in children older than one year. Parliament welcomed the European's beating cancer plan and urged the Commission to work towards a common policy on cancer, including legislative proposals where appropriate.

According to Members, the EU's common policy should focus on the following areas of action:

Cancer prevention in all EU policies and funding programmes

Stressing that about 40 % of cancer cases in the EU are preventable, Members consider that **comprehensive preventive actions** against cancer, through measures supporting the elimination or reduction of harm caused by modifiable risk factors, should be implemented across all European policies and funding programmes. The Commission and the Member States are called on to integrate public awareness-raising campaigns about cancer prevention into all relevant policies and to design and implement effective prevention measures at national and EU level which are based on independent scientific expertise, best practices and lessons learned, and clinical guidance.

The resolution called on the Commission and Member States to integrate public awareness campaigns on cancer prevention into all relevant policy areas and to design effective prevention measures at national and EU level based on independent scientific expertise, best practice and clinical advice.

Recalling that **tobacco** use causes 15-20% of cancer cases in Europe, Parliament strongly supported the goal of a 'tobacco-free generation', whose aim is for less than 5% of the population to use tobacco by 2040, compared to around 25% today. It urged the Commission to set interim targets in this regard and to present legislative proposals in order to add an increase and an upward convergence in minimum excise duties for all tobacco products and their final market price as well as the strict enforcement of the ban on characterising flavours in tobacco products.

Members also welcomed the Commission's target of **reducing harmful alcohol consumption** by at least 10% by 2025. They called for the promotion of actions to reduce and prevent alcohol-related harm as part of a revised EU alcohol strategy, including an EU strategy on underage drinking, accompanied, where appropriate, with legislative proposals.

Stressing the role of a **healthy diet** in preventing and limiting the incidence of cancer, the resolution stressed the need to combat the over-consumption of meat and ultra-processed products, as well as products high in sugar, salt and fat. It called on the Commission and Member States to encourage the adoption of **harmonised and mandatory EU front-of-pack nutrition labelling**, based on reliable and independent scientific evidence, to help consumers make informed, healthy and sustainable food choices.

The resolution called, *inter alia*, to: (i) support research and innovation related to obesity; (ii) encourage lifelong physical activity and sport, by funding public infrastructure, facilities and programmes; (iii) expand research on ionising radiation and exposure to radon and its decay products inside buildings; (iv) reduce pollution of air, food, water and soil, as well as exposure to chemicals; (v) strengthen information requirements on carcinogenicity under the Registration, Evaluation and Authorisation of Chemicals (REACH) Regulation.

In accordance with the ‘Vision Zero’ approach to work-related deaths, Parliament called on the Commission to present an action plan aiming to achieve, by 2024, occupational exposure limit values for at least 25 additional substances, groups of substances or process-generated substances.

Inclusive screening and detection of cancer

Parliament regretted the significant health inequalities and inequities in the EU in cancer prevention, resulting in lower chances of survival due to late diagnosis of cancer, which represents an unacceptable discrimination of EU citizens based on their country of residence. Members supported the launch of a new EU-supported cancer screening scheme to help Member States to ensure that 90 % of the EU population who qualify for **breast, cervical and colorectal cancer screenings** are offered screening by 2025.

In addition, Member States should work together to reduce social and geographical inequalities in cancer screening and early diagnosis services, especially in cross-border regions and isolated areas including mountain areas and urban areas remote from screening centres.

Equal access to cancer care

Members deplored the fact that EU patients still face challenges in accessing healthcare services and participating in clinical trials in other Member States. They called for a reform of the Cross-Border Healthcare Directive to allow for mobility and access to highly specialised equipment.

The Commission should consider, in the context of the next revision of the existing frameworks, the setting up of a single set of authorisation and reimbursement rules for the access to cross-border healthcare, including a right to a second opinion. There is a need for clarification regarding access to cross-border clinical trials.

Parliament called for the reinforcement and diversification of the **supply chain**, in particular that of cancer drugs, within the EU, close monitoring of supply tensions and shortages, and the creation of a strategic stockpile of such critical medicines.

The Commission is urged to **consolidate the European market for medicines** to increase equal access to treatments, including innovative and personalised medicines, to reduce medicine shortages, to overcome the problem of high prices for innovative treatments and technologies, to encourage the use of generic and biosimilar medicines and to improve cancer treatments for adults and children.

Member States are called on to provide integral and multidisciplinary **palliative care services** for cancer patients.

The resolution also recommended guaranteeing the ‘right to be forgotten’ (whereby insurance companies and banks should not take into account the medical history of people who have been affected by cancer) for all patients in the EU ten years after the end of their treatment (and up to five years for patients who were diagnosed before the age of 18).

Research

Members considered that the plan should be implemented in close connection with the cancer research mission under the Horizon Europe programme. They recommended that sufficient funding should be provided under the Horizon Europe programme for projects focusing on new paediatric cancer drugs to fill the current gap.

Members reiterated their call for sustainable funding for competitive European cancer research. They called on Member States to **increase by at least 20%** the mobilisation of public research for innovation in cancer treatment, diagnosis and screening.