



**SOC/677**  
**Europe's Beating Cancer Plan**

## **OPINION**

European Economic and Social Committee

**Communication from the Commission to the European Parliament and the Council**  
**Europe's Beating Cancer Plan**  
[COM(2021) 44 final]

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## 1. **Conclusions and recommendations**

- 1.1 The European Economic and Social Committee (EESC) welcomes Europe's Beating Cancer Plan (Plan) as a milestone in the fight against cancer and its social, financial and psychological consequences among EU citizens and calls for a concrete roadmap on the implementation of the Plan, accompanied by performance indicators and realistic timeframes.
- 1.2 While the prevention of cancer is of the utmost significance, it is equally important for the European Union (EU) and Member States (MS) to ensure the availability of high-quality, accessible healthcare infrastructure, including screening, diagnostics and treatment facilities, health services with an adequate, needs-based level of health care personnel, and effective support systems for patients' physical and mental well-being during and after treatments.
- 1.3 As an urgent measure, it is necessary to tackle the problems caused by the COVID-19 pandemic with respect to access to health services. Restrictions and delays may reduce the chances of recovery and must be effectively addressed, and an urgent response is needed to address people's fears. The social partners (SP) and civil society organisations (CSO) have an indispensable role to play by disseminating best practices and providing relevant information – about what can cause cancer, about helping people recognise early symptoms, promoting prevention and inspiring healthy lifestyles. Their efforts shall be supported, including by devoting relevant funds under ESF+ for joint actions in combating cancer and for dissemination of best practices on health prevention.
- 1.4 To enhance the early detection of cancer, the EESC endorses the initiatives of screening and cancer prevention projects and encourages the use of new technologies and efforts to raise people's awareness of the need for preventive screening. The screening and educational initiatives should target all of the frequent types of cancer and be available to the largest possible number of people.
- 1.5 The Plan needs to respond to the demographic situation in the EU and ensure conditions conducive to the preservation of good health until old age. Simultaneously, the EESC calls for special attention to be paid to beating child cancers, which require measures of their own with respect to detection, access to standard and innovative medicines and dedicated care for children and adolescents.
- 1.6 To reduce national, regional and social inequalities in beating cancer and provide high-standard solutions for all, it is crucial for the EU to involve all MS in implementing the Plan and encourage cooperation between the MS, including with the support of EU funding. The Plan's implementation needs to respond to the specific and particular needs of patients and survivors and adapt to the different national circumstances – including people's different socio-economic environment, age, gender, disability, etc.
- 1.7 The EESC also calls for improved possibilities for cancer patients to benefit from high-quality treatment, care and expertise provided by other MS, as well as from the availability of medicines, medical equipment and other medical products provided by a well-functioning single market.

- 1.8 The EESC considers research and innovation a cornerstone for better understanding cancer risk factors and improving diagnoses, therapies and treatments. Innovation ecosystems, involving different sized enterprises, researchers, patients, health professionals and authorities, need to be encouraged, advanced and supported by EU and national funding, particularly through partnerships under Horizon Europe.
- 1.9 The EESC emphasises the need for major efforts to be focused on the generation, availability and accessibility of data to help develop more advanced prevention, diagnosis and treatment methods. Linking digital health data with the genomic data of biobanks must be facilitated to enable personalised prevention and care. The development and use of data analytics methods, including AI, also need to be enhanced through strengthened EU cooperation.
- 1.10 The EESC stresses the importance of reducing tobacco smoking and notes the report from the Commission on the application of Directive 2014/40/EU concerning the manufacture, presentation and sale of tobacco and related products<sup>1</sup> and its conclusions, aimed at reducing smokers' exposure to hazardous and/or addictive substances. In this context, noting the Commission opinion on emissions and measurement methods [section 3.1 of the report], the EESC also advocates further research on the testing method for the content of smoke emissions, including via the WHO-Intense method, and advocates implementation of WHO recommendations based on research outcomes.
- 1.11 To contribute to the effective prevention of occupational cancer, the EESC calls for more research into occupational exposure to carcinogens, mutagens and endocrine disruptors and the causes of occupational cancers, particularly in women. The EESC acknowledges the cancer-related legislative initiatives in the Plan to reduce occupational exposure to cancer, and stresses the need for any possible updating to be science- and evidence-based and underpinned by consultations with the SP. The EESC underlines the need to promote and support research and development on finding replacements for dangerous substances and products. With respect to asbestos, the EESC refers to its previous opinions, including the proposals on the recognition and compensation aspects<sup>2</sup>. It also calls for consideration of multiple exposures in risk assessment and management at work, and for data on occupational exposures to be integrated into early detection programmes.
- 1.12 The successful beating of cancer requires international cooperation and high-quality education in cancer-related disciplines, including cooperation between the MS in education and skills promotion programmes supported by the EU and implemented also by joint actions of the SP. Cooperation is also particularly important in the field of research and innovation and in facilitating knowledge-sharing. Moreover, open and structured collaboration is needed to ensure the availability of medicines, equipment and other goods for cancer treatments.

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<sup>1</sup> [Report on the application of Directive 2014/40/EU](#).

<sup>2</sup> A very important aspect is to maintain efforts to abandon the use of dangerous asbestos – See EESC opinions [OJ C 251, 31.7.2015, p. 13](#) and [OJ C 288, 31.8.2017, p. 56](#).

- 1.13 Enterprises play a central role in developing solutions for cancer prevention, screening, diagnostics and treatment. They also strive to beat cancer by reducing their environmental impacts, developing and producing safe products or modified, less-harmful products, improving health and safety in workplaces, and supporting patients in combining work and cancer treatment and returning smoothly to work. To encourage this, the EU needs to provide favourable conditions for innovation, investment and running businesses.
- 1.14 The EESC calls for close involvement of the SP and CSO in the further development and follow-up of the Plan, together with targeted promotion and funding for joint actions of the SP and CSOs, including a broad representation of different sectors.
- 1.15 The EESC calls for EU-wide campaigns to increase awareness and knowledge of measures to prevent and manage cancer in workplaces, and of the role of high-quality food products, clean water and air, and healthy individual lifestyles, including diet, exercise and the choice of better alternatives, in cancer prevention. Communication, with the aim of making the Plan and its measures understandable and credible to European citizens, will play a crucial role in the success of the Plan and the achievement of its goals.

## **2. General comments**

- 2.1 The EESC welcomes the Plan as a milestone in the fight against the growing problem of the burden of cancer among EU citizens. As the EESC finds the proposal too general, it invites the EC to describe how it will be translated into concrete action and impact prevention and patients' situation. The EESC also calls for a roadmap to be established that would detail the implementation of the Plan and incorporate performance indicators and realistic timeframes for this strategy.
- 2.2 The EESC applauds the proposals for a multi-faceted and innovative approach to tackling cancer, based on prevention, early detection, diagnosis and treatment and improving the quality of life of patients and survivors – also in particular by keeping them in employment. Notably, while cancer prevention is of the utmost significance, it is equally important for the EU and MS to ensure the availability of high-quality healthcare infrastructure, including screening, diagnostics and treatment facilities and health services.
- 2.3 The EESC notes that the Plan needs to be further adapted to facilitate the equal involvement of each and every MS and their regions to help bridge any possible inequalities. Quite often, morbidity and mortality are correlated not only with the type of cancer, but also with location and social gradients. Thus, the recommendations need to be adapted to the involvement of individual MS in the fight against cancer, including the organisational advancement of national screening and vaccination programmes and support schemes, and by addressing the issue of social inequalities in health. It is also necessary to support the person and their carers in dealing with the consequences of cancer in terms of loss of autonomy and citizenship: access to funds, support for everyday life, etc. The same attention must be paid to combating the economic fallout of cancer and the consequences of this for certain already insecure sections of society.

- 2.4 The cancer inequality register should be as inclusive as possible, identifying disparities between MS and between regions, and – when possible – social inequalities, especially regarding work and gender. It is also important to provide the appropriate infrastructure and competent personnel for the collection of high-quality associated data in effective cooperation between cancer registries of all MS and cooperation between countries.
- 2.4.1 Occupational exposures amplified by other factors such as the social determinants of health, including environmental exposures, access to care, education level, etc., play an important role in this dynamic. The EESC stresses the need to promote and support research on finding replacements for dangerous substances and products.
- 2.4.2 The EESC underlines the importance of environmental exposures – including the quality of food products, water and air and stresses the vital role of providing relevant training, education and information to motivate and support people to choose and follow a healthy lifestyle.
- 2.4.3 Beating cancer requires due attention to all phases of the process: cautious and informed prevention; early and relevant detection; access to swift treatment, high-quality and accessible care with an adequate, needs-based level of health care personnel, support for reintegration into society and at the workplace and after-care service.
- 2.5 The EESC welcomes the provision of EUR 4 billion in funding for the Plan, but requests that these resources be reviewed against the backdrop of the national health systems, considering their organisation of public/private health financing schemes. The EU cannot afford to remain slow to act in the fight against cancer, which would generate human suffering and worsen the economic conditions of Europeans. The EU needs a new Marshall Plan for oncology.
- 2.6 In the EESC's view, demographic and economic implications are of key importance for the Plan. Europe's ageing population equates to a low fertility rate, on the one hand, and an increase in people's lifespan, on the other, which in the long run will also challenge healthcare systems across the EU. This is also associated with an increased risk of developing cancer with age. Decisive measures are needed to ensure conditions conducive to preserving good health in Europeans until old age. The actions outlined in the Plan as a new approach to cancer prevention, treatment and care should be the pathway to achieving this goal. The Plan should be subject to an inventory/review clause every two years and include shared indicators for all EU MS.

### 3. **High quality and equal care**

- 3.1 As an urgent measure, it is necessary to tackle the problems caused by the pandemic. The EESC notes that restrictions in access to many medical services, especially in oncology and cardiology may only be avoided if the COVID-induced disruptions are effectively addressed. Massive delays in diagnosis and treatment reduce recovery chances, thereby increasing mortality rates.
- 3.2 It is also important to strengthen and develop the infrastructure and services to meet mid- and long-term needs. Practices need to be developed to be well prepared for responding to other potential exceptional situations effectively, including the development and EU-wide roll out of

telemedicine and remote measures that are applicable in any circumstances and also contribute to reducing cancer inequities between MS and within their regions.

- 3.2.1 Inequalities between MS can be found both between east and west – with a brain drain flowing west; and between small and big countries, with major differences in screening programmes and investment in health systems. Research-active hospitals are ranked as the frontrunners in beating cancer.
- 3.2.2 The need for cooperation between MS can be addressed by various measures and tools, including:
- Data sharing and use of AI;
  - Exchange of knowledge and expertise;
  - Collaboration to tackle drug shortages;
  - Inter-speciality training programmes;
  - European Reference Networks; and
  - An EU Network of National Comprehensive Cancer Centres.
- 3.3 The EESC welcomes the "helping children with cancer initiative", but is concerned about the lack of specific measures to tackle the situation and calls for more specific and truly swift and concrete actions with dedicated funding to cure more children and adolescents with cancer and to do so more effectively. Given the urgent need to give children access to innovation, reduce inequalities in treatments and understand the origin of child cancers – since, unlike with adults' cancers, we cannot prevent paediatric cancers – the EESC calls for the Plan to be used as an opportunity to end the unfair situation of forgotten children and to finally give them the consideration they deserve, as they represent Europe's future.
- 3.4 The EESC is concerned about the significant regional differences in cooperation models and information flows, including the digital divide, negatively affecting the elderly, people residing outside major cities, persons with disabilities and financially disadvantaged groups. This is why the roadmap must ensure standardisation in this area.
- 3.5 The EESC also calls for a more grassroots Plan that is flexible enough to respond to particular needs and adapt to different circumstances and the situation of cancer patients and survivors.
- 3.6 The EESC welcomes the aim of preventing cancers caused by viral infections by introducing population-based vaccination, but notes that vaccination rates and the level of progress of vaccination programmes vary between regions. All regions should replicate best practices to make sure that each citizen has access to these types of vaccines.
- 3.7 The EESC endorses the plans to improve the early detection of cancer by means of screening projects and educational activities, including those utilising new technologies, aimed at raising patients' awareness of the need for preventive screening, and integrating data on occupational exposures into early detection programmes. Better knowledge of hereditary cancers is also needed in targeting the screening.

- 3.8 Prevention is more effective if it is not based on simple individual behaviour only and if it reduces or eliminates harm and collective factors contributing to cancer. Social determinants are underestimated in section 3 of the Plan.
- 3.9 The Committee notes that early diagnosis initiatives should target all types of cancer, including blood cancers, and that screening tests should be available to the largest possible populations.
- 3.10 The EESC calls for improved possibilities for cancer patients to benefit from high-quality treatment, care and expertise provided by other MS, as well as from the availability of medicines, medical equipment and other medical products provided by a well-functioning single market.
- 3.11 The EESC also stresses the importance of support systems – including providing the necessary information and knowledge – for patients' physical and mental well-being during and after treatment. The same concerns are relevant for employees, employers and entrepreneurs. Furthermore, the EESC emphasises the welfare of carers for cancer patients. Their informal careers as carers can seriously impact work/life balance and affect their physical well-being. The EESC therefore joins the EC in urging the MS to fully transpose the Directive on work-life balance for parents and carers and support the forthcoming Strategy on the Rights of Persons with Disabilities 2021-2030.
- 3.12 The EESC draws attention to cultural diversity and the varying degrees of respect for the fundamental rights of EU citizens, including in relation to non-discrimination in employment, social protection or access to financial services such as credit. Thus, it is necessary to eliminate disparities between MS and follow the principle of the "right to be forgotten" with respect to an individual's cancer history as well as patients' carer representatives.

#### **4. Need for new solutions to beat cancer**

- 4.1 Given the enormous advances in technology and science, including medical science, the EESC welcomes the promise of a modern approach to combating cancer by means of new technologies, research and product innovation. It is also to be applauded that the EC focuses on insights from comorbidities, and social and behavioural sciences in its flagships and actions.
- 4.2 The Plan rightly emphasises the role of research and innovation as a cornerstone for better understanding of cancer risk factors and improving diagnoses, therapies, treatments, and prevention policies. International and EU-wide cooperation is crucial here to share best practices, including on regulatory approaches, combining professionals' expertise, data and technology, and financial resources as productively as possible.
- 4.3 Major efforts should be focused on the generation, availability, and accessibility of data to develop more advanced genomic tracing, prevention, diagnosis and treatment methods, including developing the European Health Data Space. The digitalisation of health data and safe and secure sharing thereof in the entire care path are vital for enabling patients to receive adequate care and treatment, including cross-border healthcare. Simultaneously, red tape in



healthcare needs to be reduced and health record practices made as efficient as possible. The possibility of linking digital health data with the genomic data of biobanks must also be facilitated as an important enabler of the development of cancer prevention, diagnosis and patient-centred care. The development and use of data analytics methods, including AI, also need to be enhanced through strengthened EU cooperation.

- 4.4 The question of multiple exposures is one of the most important challenges in developing prevention of both environmental and occupational cancers. The EU should strengthen support for existing research in this area. Equally important is the provision of relevant information – about what can cause cancer, about helping people to recognise early symptoms, managing cancer-related stress, promoting prevention and inspiring healthy lifestyles. The SP and CSO have an indispensable role to play and their efforts shall be supported, including by devoting relevant funds under ESF+ for joint actions in combating cancer and for dissemination of best practices on health prevention.
- 4.5 There is a need to coordinate a systematic collection of data on occupational exposure to carcinogens and mutagens at European level and to link existing data from cancer registries with data on the occupations of cancer patients. Such data would enable preventive action to be better targeted and stimulate the early detection of cancers among those exposed. New and innovative research projects in Europe should be extended to cover all MS.
- 4.6 Exposure to endocrine disruptors is associated with a number of hormone-dependent cancers. Basic research on these substances must serve as a basis for improving European policies in this field and for better prevention.
- 4.7 Successfully beating cancer also requires high-quality education in cancer-related disciplines, including solid cooperation between the MS and the social partners in education and skills promotion programmes supported by the EU, such as the Inter-specialty cancer training programme and the EC's Pact for Skills. The Plan should mention the need for continuous professional development, information and awareness-raising in the health workforce, also regarding the management and administration of hazardous medicinal products (HMPs). Moreover, highly educated and skilled professionals are needed to deliver the various services, be it in the initial diagnosis and setting up of a treatment plan, or in administering medications, surgery and radiology, while close collaboration between cancer researchers, healthcare professionals and patients is another foundation for successful care. Additionally, intensive cooperation with partners outside the EU is also crucial to facilitate knowledge-sharing.
- 4.8 Enterprises play a central role in developing solutions for the prevention, screening, diagnostics, and treatment of cancer. The advancement and facilitation of innovation ecosystems are of utmost importance for the success of the EU. The ecosystems need to involve enterprises of different sizes (from big international companies to start-ups) and researchers, patients, health professionals, and authorities. This work has to be supported by EU and national funding, particularly through partnerships under Horizon Europe. It is also essential to determine the role of the EMA in encouraging and supporting MS in the introduction of innovative, safe and effective cancer therapies.

- 4.9 The EMA has an important role to play in marketing, and making accessible in a safe way, advanced products and relevant equipment to help prevent and efficiently cure cancer. It also can enhance MS' access to such products and coordinate their effective roll-out across the EU. This will result in quicker access for all patients to high-quality modern treatment.
- 4.10 Besides developing and providing medicines, vaccines, technology and care services, enterprises strive to beat cancer by reducing their environmental impacts, developing and producing safe products, or modified, less-harmful products and improving health and safety in workplaces. Among other things, exposure to UV radiation from outdoor activities should be reduced as far as possible, especially in sectors such as agriculture and construction. Health is concerned as much as safety for the social partners, who are developing sectoral prevention policies which they finance by means of a social security contribution. To unleash their potential, a fluid coordinated approach is key to enable the development and provision of high-standard solutions. Moreover, employers – and also trade unions and CSOs – support patients in combining work and cancer treatments and returning smoothly back to work.
- 4.11 To encourage the work of those enterprises specialised in developing solutions for beating cancer, the EU needs to provide favourable conditions for innovation, investment and running businesses. It is essential for strengthening the EU's overall global position in cancer-related healthcare technologies, services and solutions.
- 4.12 It is also important to speed up introduction and access to new cancer diagnosis methods and treatments, without compromising the patients' and healthcare professionals' safety. In this regard, an enabling and supportive regulatory framework is an essential element of a favourable business environment. EU regulation must be science-based and ensure a level playing field for companies within the EU and vis-a-vis their global competitors.
- 4.13 Considering the central and versatile role of enterprises and employers in the practical work for beating cancer, it is important to engage, in an all-inclusive way, a wide representation of businesses and employers, from the healthcare sector to construction, to the consumer goods, agriculture and manufacturing industries, as well as patient and carer representatives in the further development and implementation of the measures. Equally important is the role of SP and CSO in providing best practices and information and in organising awareness-raising campaigns.

## 5. **Cancers requiring special emphasis**

- 5.1 The EESC welcomes the childhood cancer initiative of the Plan but points out that there is a major need to increase efforts to impact the lives of children and adolescents and reduce existing inequalities. This requires investment in innovation, and clear and urgent dedicated actions and funding intended to develop and introduce proper detection methods, medicines, treatment, and care services. This is the opportunity to end the unfair situation of forgotten children and to finally give them the consideration they deserve, as they represent Europe's future.

- 5.2 The EESC notes that haematological cancers represent a significant health and economic burden for European citizens. The Plan can alleviate these burdens for patients, their families and society through considerations and innovative approaches to blood cancer care. Appropriate commitment to and investment in high-quality cancer surveillance, health system reform and innovative approaches to care can ensure that meaningful advances in blood cancer treatment can be made available to all on a sustainable basis.
- 5.3 The EESC points out that the Plan could emphasise the need to focus specifically on malignant haematology and enable the deployment of dedicated initiatives to advance the status of care for this frailest patient population:
- Malignant blood cancers were responsible for 9% of all cancer deaths (124 000) in the EU, Norway, Switzerland and Iceland in 2016, and account for 12% of the total healthcare expenditure in the EU<sup>3</sup>;
  - Haematological cancers typically affect the very young (30% of childhood cancers) and the very old in society, the frailest among us, and it is unfair not to consider them because they are not the economic/working population.

## 6. **International cooperation in the fight against cancer**

- 6.1 The EESC concurs that international cooperation and co-ordination are necessary to boost medical development and the prospects for long term health for millions of Europeans, but is concerned that the Plan adopts an overly general approach to international cooperation in its implementation. The importance of international cooperation is illustrated best by the sad fact that five-year survival rates are highest in the USA, Canada, Australia, and New Zealand, followed by the best EU countries.
- 6.2 The EESC emphasises that cooperation is particularly important in the field of research and innovation, with a view to setting science-based and risk-proportionate regulatory standards, and in facilitating knowledge-sharing to make sure that the most advanced knowledge is available for the benefit of Europeans.
- 6.3 The EESC stresses the importance of reducing tobacco smoking and notes the report from the Commission on the application of Directive 2014/40/EU concerning the manufacture, presentation and sale of tobacco and related products<sup>4</sup> and its conclusions, aimed at reducing smokers' exposure to hazardous and/or addictive substances. In this context, noting the Commission opinion on emissions and measurement methods [section 3.1 of the report], the EESC also advocates further research on the testing method for the content of smoke emissions, including via the WHO-Intense method, and advocates implementation of WHO recommendations based on research outcomes.

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<sup>3</sup> Institute for Health Metrics Evaluation GBD results 2016.

<sup>4</sup> [Report on the application of Directive 2014/40/EU.](#)

6.4 While the EU should avoid excessive dependence on foreign countries in strategic areas such as healthcare, international economic cooperation is necessary for the availability of safe medicines, equipment and other goods needed in cancer treatment. Trade must be open with respect to the international supply chains of the health sector, and the EU must combat any sort of protectionism between MS or globally. Solutions to cancer also provide European companies with significant export opportunities, which need to be promoted to respond to the global demand for health-related solutions.

## **7. Health promotion activities and communication**

7.1 The EESC appreciates the strong link between the quality of the environment and a healthy lifestyle and diet as factors reducing the incidence of cancer. The MS, together with the SP and CSO, shall explain and promote the role of high-quality food products, clean water and air in preventing cancer, as well as other diseases. They also shall join forces to educate and motivate people to follow a healthy lifestyle and avoid hazardous things, as this is the only way also to help children avoid exposure to carcinogens. In addition, more knowledge on cancer issues should be provided in schools and through campaigns using traditional and social media.

7.2 There is a need to raise public awareness of a healthy lifestyle, and accurately inform consumers about better alternatives, as well as prevention, treatment and care for cancer patients, survivors and people at risk of cancer.

7.3 The Committee, however, points out that the level of health awareness varies between regions and changes in this area must take account of local customs.

7.4 As cooperation between the SP plays a key role in the workplace, the EESC calls for EU-wide campaigns to increase employees' and employers' awareness and knowledge of measures to prevent and manage cancer in the workplace, including by sharing good practices and providing toolkits and training.

7.5 The EESC agrees that the Plan has great potential to secure Europeans' health needs. Communication – to make the Plan and its measures understandable and credible to European citizens – will thus play a crucial role in the success of the Plan and the achievement of its goals.

## **8. Follow-up of the strategy**

8.1 The EESC underlines that many elements need to come together to dispel any doubts about the prospect of effective implementation of the Plan. The general and non-binding nature of the Plan does not guarantee its effective implementation and a more effective and regionalised response to the increasing burden of cancer. Accordingly, the EESC calls for a variety of different instruments to be designed that will pave the way for the effective implementation of the Plan in line with national specificities and practices.

8.2 The EESC also calls for close involvement of the health technology and solutions providers, SP and CSO in the further development and follow-up of the Plan, with a wide all-inclusive

representation of different sectors. This is also crucial in the preparation of corresponding national action plans.

Brussels, 9 June 2021

Christa Schweng  
The president of the European Economic and Social Committee

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