



SUMMIT 2021

## European Cancer Summit 2021 Declaration

A brighter future for healthcare and cancer care across Europe can be built out of the Covid-19 pandemic. Europe's Beating Cancer Plan, the EU Mission on Cancer, the European Health Data Space, and the new EU Pharmaceutical Strategy, among other initiatives, are all arriving on time to achieve this.

With implementation activity across these major policy drives already underway, the following Declaration from the European Cancer Summit 2021 encapsulates the headlines of overall advice from the cancer community at this time.

### ***Screening and Early Detection – Action Across Tumour Types and Challenges***

The forthcoming update of the EU Council Conclusions on Cancer Screening presents an ideal moment to invigorate a brand-new agenda for the earlier detection of cancers across all of Europe. Screening programmes present a tried and tested means to improve detection and outcomes, as ably demonstrated in the cases of breast, cervical and colorectal cancer. Though much more remains to be achieved, the inclusion of recommendations for screening programmes for these cancers within the 2003 Council Conclusions gave an undoubted impetus for EU countries to go further and faster than may otherwise have been the case. The 2022 recommendations must build on the lessons learned and the platforms for action and collaboration established.

In the intervening 18 years practice and technology advances have shone a bright light on further opportunities to advance cancer screening, including risk stratified approaches, highly applicable to the cases of breast and lung cancer screening and early detection of prostate cancer, among other examples.

Meanwhile, there remain evident policy needs to support earlier detection for *all* cancers. These include, but are not limited to:

- Increasing population awareness of potential warning signs of cancer
- Enhancing the role of primary care in the improvement of early detection
- The need for better monitoring and information at European, national and regional level on early detection performance
- The advancement of new technologies that can drive improvement in early detection across tumour types, including liquid biopsies

The cancer community therefore calls upon the European Commission to develop, in 2022, wide-ranging Council Recommendations on Cancer Screening **and Early Detection**. This should encompass fresh advice to member states on screening for breast, cervical and colorectal cancer, as well as recommendations on how to drive forward step change improvements in screening and early detection for other cancers. Case study examples in this sense include lung, prostate, gastric, liver, ovarian and skin cancer.



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The proposed Council Conclusions on Cancer Screening and Early Detection should be fully informed by expert organisations in the relevant fields. In recognition of the fast pace of science and practice in these fields, the Recommendations should also be reviewed and updated at least every 5 years. A mechanism should be in place for earlier review should scientific evidence point to such a need.

### **Action on Early Detection**

Wide-ranging EU Council Recommendations on Cancer Screening and Early Detection are required to ensure all countries can enhance their performance in catching cancer early, and for all tumour types. The new Council recommendations should include attention to how to better implement existing programmes for breast, cervical and colorectal cancer, as well as how to achieve more effective strategies for screening and early detection of lung, prostate and other cancers, including via the use of risk stratified approaches. This should be supported by the establishment of a range of mid and long term targets to support implementation of the new EU Council Recommendations on Cancer Screening and Early Detection.

Wider policy needs related to early detection should also be covered within the forthcoming update of Council recommendations, including, for example: heightening population awareness of potential warning signs of cancer, improving the role of primary care in early detection and leveraging the possibilities of new technologies in increasing early detection rates

Access further positioning by the European Cancer Organisation's Prevention, Early Detection and Screening Network here: <https://www.europeancancer.org/topic-networks/5:prevention.html>

### **HPV Cancer Elimination – A Once-in-a-Generation Public Health Goal Within Our Grasp**

Through enhanced vaccination, screening, treatment and education/awareness policies we have a real opportunity to eliminate all human papillomavirus (HPV) associated cancers as a public health problem in Europe, and indeed the world. This is a goal now supported by Europe's Beating Cancer Plan and the World Health Organization's (WHO)'s Cervical Cancer Elimination Strategy.

But the goal of elimination will not be achieved without overcoming many known challenges, including the spectre of vaccine hesitancy, the backlog in screening and vaccination created by the Covid-19 pandemic, and inequalities across Europe in accessing many of the services and treatments essential to combatting HPV cancers, such as hard-to-access vaccination and screening clinics

Over the course of 2021 the HPV Action Network of the European Cancer Organisation has been working to assist the European Commission and Member States to navigate the path to elimination. This has included promoting the concept of an HPV vaccine tracker, hosted by the European Centre for Disease Control and Prevention (ECDC), building on the highly successful model created for Covid-19 vaccine tracking. The Network has also highlighted the vital role that self-sampling can play in ensuring cervical cancer screening rates achieve the necessary uptake levels in all countries.



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### **A plan for HPV cancer elimination**

In 2022, a full implementation strategy for achieving the EU goal of eliminating HPV associated cancers as a public health problem in Europe should be developed and articulated to guide Member States. Included within its provisions should be a commitment to 90% vaccine uptake by all genders, the means of tracking vaccine uptake across countries, innovative measures to tackle vaccine hesitancy, and promoting new methods of screening, such as self-sampling.

Access further positioning by the European Cancer Organisation's HPV Action Network here:

<https://www.europeancancer.org/topic-networks/1:hpv-action.html>

### ***Health System and Treatment Optimisation – independent and focused cancer research in the context of the present cancer policy agenda***

Europe's Beating Cancer Plan and the EU Mission on Cancer have combined to deliver fresh energy and focus to what we are doing together at the European level to accelerate the fight against cancer. Within this, and in the context of building back smarter from the Covid-19 pandemic too, the European cancer community urges new attention to how resources in cancer care and research can be more effectively and efficiently deployed. We urge the pursuance of a health system and treatment optimisation agenda. This includes a refocusing of attention upon the fundamental goals that we want to achieve, both for the patient and for society.

The Health Systems and Treatment Optimisation Network of the European Cancer Organisation calls for a 'reset' in the paradigm of cancer research in Europe. Within the present paradigm, treatments and interventions are often developed without clear reference to where need is greatest. This, in turn, can frustrate the attainment of the highest benefit for the patient from the investments made in cancer care.

In addition, there is a lack of knowledge on how to optimally translate available clinical evidence into the health system, in keeping with the health systems' sustainability and resilience. Research in cancer care should therefore primarily be driven to address questions **most** relevant and meaningful for patients and for public health. This should include consideration of individual co-morbidities, late effects, toxicity, patient safety and quality of life preferences. Such research should follow an independent process to support optimal access for patients to evidence-based multidisciplinary cancer treatment.

### **Defining patient-centric public health needs**

To support Europe's fight against cancer, an EU-led process should be established to define and address the important patient-centric public health needs. Such a process requires robust and independent scientific evidence in order to guarantee access to optimized multidisciplinary treatments in sustainable health care systems. This can provide a foundation for employing a reverse engineering approach to address gaps in clinical and health services research applied to cancer.



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Access further positioning by the European Cancer Organisation's Health Systems and Treatment Optimisation Network here: <https://www.europeancancer.org/topic-networks/2:health-systems-and-treatment-optimisation.html>

### ***Into the Digital Future of Cancer Care – No Stopping Us Now!***

Advances in the use and power of data are taking place before our eyes:

- Digitisation is improving record keeping, continuity of care and offering new opportunities to improve patient safety and the efficient use of professional time
- Telemedicine is making forms of care and treatment more accessible across all of Europe.
- Artificial Intelligence is beginning to enhance many aspects of treatment and research with further promise heralded.
- Blockchain, virtual reality and robotics are all gaining new applications in cancer care, including in the improvement of supply chain management, training and education opportunity, and protection of patient safety.

A wave of digital innovation is changing the way we do cancer care.

But change, as always, brings challenges and some obstacles can become persistent. The Digital Health Network of the European Cancer Organisation has been exploring these themes and policy needs throughout 2021, and will present its positional paper at the European Cancer Summit 2021.

Key calls include:

- Addressing known regulatory barriers to the advance of digital healthcare such as cited problems in the application of the General Data Protection Regulation (GDPR)
- Advancing the agenda of digitisation and data interoperability in cancer care, including setting strong targets for further alignment and commonality in approach between cancer registries in Europe
- Supporting the advancement of digital health in cancer care with tailored support to develop the digital literacy of both patients and healthcare professionals

#### **Advancing digital cancer care**

Advancing the promise of digital for cancer care sooner will require:

- (a) review of the application of the General Data Protection Regulation (GDPR) in respect to key aspects of cancer care;
- (b) acceleration of interoperability between cancer registries (including via published interoperability targets); and
- (c) active support for increasing the digital literacy of citizens and healthcare professionals.

Access further positioning by the European Cancer Organisation's Digital Health Network here: <https://www.europeancancer.org/topic-networks/4:digital-health.html>



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### ***Without an Oncology Workforce, there is No Cancer Care***

Economic commentators have recently been warning us to prepare for a future in which we live within 'shortage economies'. When it comes to cancer care, persistence, or even worsening, of existing shortages of professions across many areas of cancer care is simply not an option to be tolerated. All the ambitions of Europe's Beating Cancer Plan threaten to be compromised without greater attention to resolving shortages of oncology professions. Standards and experience of care, outcomes and patient safety, and healthcare professional wellbeing in respect to overwork, can all be compromised in scenarios where workforce shortages grow persistent. DG Employment, the Cancer Inequalities Registry and the forthcoming EU Health Emergency Preparedness and Response Authority (HERA) should all be providing focus to these matters in the years ahead in order to avoid a known problem worsening to a crisis.

The announcement in Europe's Beating Cancer Plan of a new Inter-specialty cancer training programme was welcome news for all who believe in the fundamentals of multidisciplinary and multiprofessional care as the bedrock of quality cancer care. But what should such a curriculum be composed of and which professions should be within focus?

The Workforce Network of the European Cancer Organisation calls for a broad programme that supports greater recognition and mutual understanding by professions of all the many components and contributions that Europe's healthcare professionals bring to high quality cancer care. Any such EU programme needs to be widely accessible, utilising the full promise of digital technology to broaden participation.

#### **Combatting oncology workforce shortage**

Political attention to the problems of oncology workforce shortage requires elevation. DG Employment, the Cancer Inequalities Registry and the forthcoming EU Health Emergency Preparedness and Response Authority (HERA) should all be providing focus to these matters in the years ahead to avoid a known problem worsening to a crisis.

A further means by which the EU can support oncology workforce resilience and availability is by proactively aiding professional qualification recognition for the specialties and professions involved in cancer care.

#### **Inter-specialty cancer training across the professions**

The future EU Inter-specialty cancer training programme should have a broad focus, supporting improved mutual understanding of professional roles in cancer care across all disciplines and professions instrumental to high quality cancer care. Access to the programme should be broadened by utilisation of proven technologies including distance learning and simultaneous translation. The programme should be established with a firm long-term funding model to ensure its sustainability and growth.

Access further positioning by the European Cancer Organisation's Workforce Network here:  
<https://www.europeancancer.org/topic-networks/8:workforce.html>



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### ***Europe's Beating Cancer Plan: Re-connecting Citizens to the Promise of Cross-Border Cancer Collaboration***

The creation of Europe's Beating Cancer Plan in February 2021 was a landmark for European cooperation in fighting cancer together. The broad swathe of nearly 40 initiatives across all areas of the cancer care continuum provide a firm foundation for a fresh decade of countries, health systems, healthcare professionals and stakeholders collaborating to achieve more, faster.

Now the impetus moves to implementation. For this, key principles we advise are clear commitment to core delivery goals, underpinning all initiatives with a strong sense of their intended purpose, measuring and reporting progress, and building momentum and energy by connecting the public to all the improvements being achieved.

The huge will by all to see all elements of the plan carried to fruition is a resource to continually draw from.

#### **A public facing Beating Cancer Plan**

We urge that a high public presence for Europe's Beating Cancer Plan be maintained. This includes the setting of goals related to the Plan's initiatives, measuring and reporting on progress and underpinning all initiatives with the clearest understanding of intentions and purpose. Partner with the army of willing stakeholder organisations all committed to the Plan's success.

### ***Time To Act on Covid-19 and Cancer: 1 Million Reasons***

An estimated 1 million cancer patients in Europe could be undiagnosed with cancer due to the backlog of screening tests, reduction and delays in referrals and restricted healthcare resources caused by the Covid-19 pandemic. The same research intelligence generated by the European Cancer Organisation's Time to Act campaign also found that:

- Clinicians across Europe saw 1.5 million fewer cancer patients in the first year of the pandemic
- Urgent cancer referrals were cut by up to half due to the pandemic; and,
- An estimated 100 million cancer screening tests were not performed in Europe as a result of the pandemic

As we increasingly learn to live with Covid-19, there can be no delay in the effort to catchup on the backlog for cancer services created by the greatest disruption to health services in Europe in living memory.

#### **Missing no opportunity for Covid-19 build back**

All current and future EU and WHO initiatives related to cancer must take into account the enormous damage imposed upon cancer services in all countries as a result of the Covid-19 pandemic. Delivery of timely and effective solutions through the European Cancer Plan and the EU



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Mission on Cancer must be a priority in the urgent process of building back smarter, including in respect to vaccination, screening, early detection and treatment programmes.

Access further positioning by the European Cancer Organisation's Special Network on the Impact of Covid-19 on Cancer here: <https://www.europeancancer.org/topic-networks/16:impact-of-covid-19-on-cancer>

### ***Moonshot or Groundshot? We Need Both***

The latest implementation plan for the EU Mission on Cancer sets out the goal of: *“Improving the lives of more than 3 million people by 2030 through prevention, cure and for those affected by cancer including their families, to live longer and better.”*

Breaking this down further into component parts, supporting objectives include: improving the understanding of cancer; preventing what is preventable; optimising diagnostics and treatment; and, supporting quality of life.

The case for joint working between countries on the research elements of combatting cancer have been well made and advanced, but can the new infrastructures and collaborations announced by the EU Mission on Cancer meet the need?

#### **Cancer research leadership in ALL EU countries**

The European cancer community applaud the ambitions and intents set out by the EU Mission on Cancer. The implementation of the Mission must be governed by the principle of ensuring equity and access to knowledge, research and care between and within countries, regions, and between people of different socio-economic backgrounds, genders, and age groups. The EU Mission on Cancer should further conceive of itself as having the role of stimulating a reality in which **all** countries in the EU are at the frontiers of new research and knowledge in cancer.

### ***Advancing the Vision of Comprehensive Cancer Care in Europe***

An admirable aspect of both Europe's Beating Cancer Plan and the EU Mission on Cancer has been its attention to the existing and needed infrastructures through which we deliver cancer care and research. Specifically, both the Plan and Mission are unambiguous in their support for the comprehensive cancer care model, seeking within this mode of care delivery the foundations for future excellence in all EU countries.

With an EU Network of Comprehensive Cancer Care Centres now being advanced, it is vital that further clarity in understanding is gained by all involved concerning the core purposes to which this new network will be devoted. In this, no part of Europe can be inadvertently left behind. We must plan early for comprehensive cancer care development in all regions.



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### **A goal focused EU Network of Comprehensive Cancer Centres**

The core purposes of the new EU Network of Comprehensive Cancer Care Centres should be understood as including:

- (a) the reduction of inequalities in diagnosis, treatment and care, including in access to clinical trials;
- (b) strengthening the quality of translational, clinical and outcomes research; and
- (c) integrating clinical care and research and evaluating the quality of cancer care throughout.

### **Drawing on the strength of the many for quality cancer care**

To achieve the Beating Cancer Plan's goal on Comprehensive Cancer Care access, regional hospitals and primary care providers should be encouraged and supported to develop collaborative regional and local networks, linked to the EU Network of Comprehensive Cancer Centres.

*Access further positioning by the European Cancer Organisation's Quality Cancer Care Network here: <https://www.europecancer.org/topic-networks/3:quality-cancer-care.html>*

## **I Am Not a Statistic. The Human Element of the Beating Cancer Plan**

EU initiatives such as the Beating Cancer Plan and the Mission on Cancer are laudable in their attention to all aspects of the cancer care continuum, including survivorship and quality of life. But are they elaborated far enough to assist the breadth, complexity and particularities of needs related to all that happens after and around treatment?

Technologies, practices and wider policy agendas can all offer hope for improvement in approach to the delivery of comprehensive supportive care to cancer patients. But without wider understanding within the political decision-making community of both the urgency of addressing the physical and psycho-social impacts of cancer more fully, opportunities threaten to be missed.

Guiding principles, in this respect, might include adherence to the key rights that every cancer patient should expect to be upheld after diagnosis, as expressed by the European Code of Cancer Practice. In respect to Survivorship & Quality of Life, this includes the rights of patients to:

- Discuss with their healthcare team their priorities and preferences to achieve the best possible quality of life (Right 7)
- Receive optimal supportive and palliative care, as relevant, during any part of the cancer journey (Right 8)
- Receive and discuss with their care team a clear, managed and achievable plan for their survivorship and rehabilitation (Right 9)
- Be fully reintegrated into society and protected from cancer-related stigma and discrimination, so that, in so far as possible, they can return to work and a normal life (Right 10).



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Achieving these rights for cancer patients in Europe will require focus on components of Europe's Beating Cancer Plan and the EU's Mission on Cancer that connect to aspects of cancer policy such as workforce development and the organisation of cancer care. It will further require a fully expressed strategy for addressing shortage of provision in areas such as psycho-oncology, supportive and palliative care, and the creation of systems in which the impacts of treatment on quality of life, including both physical and psychological impact, are more fully understood and responded to.

### **Supporting Survivorship & Quality of Life on many fronts**

An area of Europe's Beating Cancer Plan and the EU Mission on Cancer requiring further elaboration relates to Survivorship and Quality of Life. As flagships and other initiatives are taken forward, from the new Knowledge Centre on Cancer to the EU Network of Comprehensive Cancer Centres, from the Cancer Inequalities Registry to the Pharmaceutical Strategy and the European Health Data Space, all opportunities to maximise their contribution to the improvement of survivorship and quality of life should be identified and taken.

Access further positioning by the European Cancer Organisation's Survivorship & Quality of Life Network here: <https://www.europeancancer.org/topic-networks/6:survivorship-and-quality-of-life-network.html>

### **Leave No One Behind: Advancing Health Equity in Cancer Care**

Europe's Beating Cancer Plan recognises the unacceptable inequalities in cancer care evident across all areas of the cancer care continuum, between countries and regions and between groups in society, including, but not limited to, categories such as age, gender, ethnicity and social status.

In recognition of this, the European Commission, working closely with the Organisation for Economic Co-operation and Development (OECD), has already initiated the process of establishing a new Cancer Inequalities Registry. This will identify trends, disparities and inequalities between Member States and regions. Alongside regular qualitative assessments of the country-specific situation, the Registry will identify challenges and specific areas of action to guide investment and interventions at EU, national and regional level under Europe's Beating Cancer Plan.

Since the publication of Europe's Beating Cancer Plan in February, the Inequalities Network of the European Cancer Organisation has been in close dialogue with many organisations to consider key principles and proposals that can help to ensure the Cancer Inequalities Registry achieves its fullest potential as an instigator and prompter for policy action.

### **A Cancer Inequalities Registry for public use**

Essential components of success for the Cancer Inequalities Registry include being public facing, intuitive and interactive, permitting EU citizens to easily and quickly view progress towards reducing inequalities across all core areas of the cancer care continuum. This will foster the generation of political will for Cancer Plan success in all countries, and accountability at all political levels.



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**All cancer inequalities deserve our focus**

As well shining new light on inequalities in cancer care between countries and regions in Europe, attention should also be paid to the inequalities in cancer to be found in respect to social determinants such as age, gender, race & ethnicity, sexual orientation & identity, and in respect to those who may experience social marginalisation such as undocumented migrants, the homeless, those resident within institutions, those affected by mental health problems or substance abuse difficulties. The EU's cancer inequalities agenda should focus on these central aspects as well, pursuing inclusion of potentially more vulnerable categories of individuals within the Cancer Inequalities Registry exercise and facilitating improved data availability and research to advance the understanding of these challenges and ensure equity for all individuals living with and beyond cancer

Inequalities are often able to persist because of the lack of data. The new Cancer Inequalities Registry can take among its tasks the combatting of these data gaps.

*Access further positioning by the European Cancer Organisation's Inequalities Network here: <https://www.europeancancer.org/topic-networks/7:inequalities.html>*

**Cancer Issues Worldwide – We Go Further When We Go Together**

The oncology community is a global community. Cancer crosses all borders and leaves no country, community or family untouched. The case for international cooperation against cancer is inherent, and the means to cooperate ever-growing. The EU, as in other policy fields, has a global and regional leadership role to play in cancer, which we urge be realised. This includes sharing learning on how to achieve global cancer goals, such as HPV cancer elimination, and maintaining close and open relations with third countries seeking to participate within cancer policy, cancer research and health data initiatives.

**Building a new century of international cancer & health cooperation out of the pandemic**

The Covid-19 pandemic has shown, with political will and a sense of urgency, we can overcome obstacles and achieve deeper cross border cooperation on health. As part of our build back from the pandemic, we call for enhanced cross-border cooperation across health fields, including cancer. In this respect, we urge the EU and third countries to be in close ongoing collaboration on shared goals and initiatives.

We state our support for resourced and permanent structures that can reliably underpin international collaboration in combatting shared disease challenges, such as cancer. The mandate of the World Health Organisation, and associated entities, in this context, should be renewed, refreshed and reaffirmed. The ability of key stakeholders to meaningfully follow and contribute to major international goals on cancer and health should be ensured.