



## ECPC's Policy Recommendations for the European Cancer Plan

ECPC proposes that the future European Cancer Control Plan of the European Commission considers the harmonisation and coordination of national cancer plans following the recommendations of the EPAAC Joint Action. Member States should be encouraged and supported to use the policy recommendations of both the Joint Action on Cancer Control (CanCon) and of the Innovative Partnership for Action Against Cancer (iPAAC) for the update and implementation of their National Cancer Control Plans.

**ECPC recommends the following points to the European Commission:**

### 1. Comprehensive Cancer Care Networks (CCCNs)

The backbone of a well-functioning National Cancer Control Plan should be the Comprehensive Cancer Care Networks (CCCNs), which would be distributed across the EU to serve no more than one million citizens each. Since CCCNs are the backbone of national cancer plans, it stands that they can also serve as the backbone of the EU's Cancer Plan. CCCNs, organically connected to the cancer centres of the area they serve, will ensure that uniform optimal care can be provided by the connected cancer centres.

### 2. European Reference Networks-ERNs

The role of the European Reference Networks (ERNs) must be included within the European Cancer Plan, and, as such, that they should serve as a complementary backbone of the Plan, in parallel to that provided by the CCCNs. The ERNs can function adequately only if the cross-border healthcare Directive<sup>1</sup>, almost ten years after its entry into force, is fully implemented across all Member States and, secondly, if the recommendations produced by the Joint Action on Rare Cancers (JARC)<sup>2</sup> in 2019 are also endorsed and implemented by Member States. **The JARC recommendations** are crucially important for addressing effectively 20% of all cancer patients. The adoption of the JARC recommendations, such as the harmonisation of reimbursement policies and mutual recognition of medical prescriptions across the EU, will be accelerated if the Commissioner should raise this issue as soon as possible in the Council to discuss the Cross-Border Healthcare Directive (2018/2108(INI)), which was unanimously approved by the ENVI Committee.

### 3. Rehabilitation and Survivorship Care

Currently more than one third of cancer patients are considered "cured", meaning that rehabilitation and survivorship care are of critical importance for their ongoing quality of life. Four key areas have been identified<sup>3</sup> in the field of long-term follow-up care for cancer patients and survivors, namely:

1. medical follow-up, including management of late effects and tertiary prevention,
2. multidisciplinary approach and coordination of care providers,
3. psychological support,
4. social rehabilitation including employment issues, empowerment of cancer survivors and financial toxicity.

Currently, there is not a recognised model of survivorship care including rehabilitation in operation in EU Member States, which the Commission could use as a starting point; this task could be entrusted to the CCCs, which should be a multi-disciplinary research centre outside of the clinical setting (thereby avoiding delays for acute patients).

<sup>1</sup> Directive **2011/24/EU** on the application of patients' rights in cross-border healthcare

<sup>2</sup> *Rare Cancer Agenda 2030: Ten Recommendations from the EU Joint Action on Rare Cancers* (2019)

<sup>3</sup> *European Guide on Quality Improvement in Comprehensive Cancer Control*, T. Albrecht, R. Kiasuwa and M. Van den Bulcke (2017)



Following the recommendations of WP7 of CanCon joint action,<sup>4</sup> the inclusion of research into cancer survivorship issues should be adopted in the European Cancer Plan. Cancer survivors' follow-up, late effect management and tertiary prevention needs should be anticipated, personalised and implemented into care pathways. As we have previously mentioned,<sup>5</sup> the **Comprehensive Cancer Centre (CCC)** is today the optimal organisation for therapy development and delivery of high-quality cancer care, where cancer care is integrated with both research and education. Within the CCCs, multidisciplinary research activities should include the full spectrum of oncological rehabilitation (psychological, cognitive, nutritional) and other social issues faced by long-term cancer survivors such as return to work or potential discrimination in access to education or financial services.

#### 4. Societal impact of cancer

In addition, the European Cancer Plan should recognise the impact of cancer on society<sup>6</sup> and its members and address it in a number of areas, in order to improve the lives not only of cancer patients and survivors, but also of their carers<sup>7</sup> and those around them. One of the most important achievements of the European Plan must be to tackle social inequalities, namely ensuring the return to work of cancer survivors, providing the appropriate follow-up care and the reintegration of survivors into ordinary societal roles and activities without discrimination. Moreover, the European Cancer Plan should take steps to promote the transposition of the Right to Be Forgotten legislation (which currently is established in FR, BE, LU) into Union-level legislation to prevent unfair discrimination in cancer patients' access to financial services and employment. This will ensure that they are able to overcome the existing barriers they face in access to life insurance and mortgages.

#### 5. European Cancer Plan and Cancer Mission

The importance of having a European Cancer Plan is instrumental for the planning by the Mission Board to direct the work of the Cancer Mission to be able to provide input to Member States on aspects of legislation, economic and social problems as well as basic and translational research including health technology assessments to guarantee equal access for all EU citizens to optimal treatment. It is worth mentioning here that the recently approved Parliamentary Intergroup on Cancer (for which the Secretariat will be assured by ECPC) will contribute to the dissemination of information between the Commission and the Member States, interested stakeholders, civil society and European citizens. The purpose being that both policy areas are enriched with contributions by all interested stakeholders and Europeans and that they would get as wide as possible acceptance and adoption in Member States.

ECPC is, therefore, gratified to collaborate with the European Academy of Cancer Sciences (EACS) that has shared our position on cancer patients as shown in the special issue of *Molecular Oncology* regarding the Mission on cancer<sup>8</sup>. The EACS platform is working on its recommendations, some of which have already been sent to the Cancer Mission Board. The platform has also established a committee on survivorship in which ECPC will take part. ECPC believes that the collaboration of the newly established Intergroup on Cancer with both organs of the Cancer Mission and the European Commission will be beneficial for the successful implementation of both policies.

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<sup>4</sup> *Survivorship and rehabilitation: policy recommendations for quality improvement in cancer survivorship and rehabilitation in EU Member States* [https://cancercontrol.eu/archived/uploads/images/Guide/042017/CanCon\\_Guide\\_7\\_Survivorship\\_LR.pdf](https://cancercontrol.eu/archived/uploads/images/Guide/042017/CanCon_Guide_7_Survivorship_LR.pdf)

<sup>5</sup> P. Lagergren et al., *Molecular Oncology*, (2019), 13, 3, 624-635

<sup>6</sup> *Better work-life balance for parents and carers in the EU: Council adopts new rules* <https://ec.europa.eu/social/main.jsp?catId=1311&langId=en>

<sup>7</sup> *WHITE PAPER ON CANCER CARERS-Finding the right societal response to give people with cancer and their carers a proper quality of life* <http://www.ecpc.org/WhitePaperOnCancerCarers.pdf>

<sup>8</sup> *The European Cancer Patient Coalition and its central role in connecting stakeholders to advance patient-centric solutions in the mission on cancer* (<https://febs.onlinelibrary.wiley.com/doi/10.1002/1878-0261.12448>)