With the advent of the Commission’s long-awaited cancer plan rapidly approaching, now more than ever, the impetus is there for EU lawmakers to drive change in Europe’s cancer care.

Europe has a well-known problem with cancer. Despite making up less than 10% of the world’s population, the Old continent accounts for almost a quarter of global cancer cases.

Although cancer care and treatment are still making great strides, the number of European citizens diagnosed with cancer has almost doubled over the past two decades.

With Europe’s Beating Cancer Plan, the European Commission aims to turn the tide on this by making ensuring the EU is ready to make the most of the ground-breaking innovations that cancer care research has brought forth over the past few decades.

In this special report, EURACTIV explores the ways in which the EU can drive progress in this area, including the latest technological improvements offered in the fight against cancer, just ahead of the unveiling of the cancer plan in December.
COVID-19 will not spell the end of EU’s cancer fight

Cancer committee chair: EU should not scrimp on healthcare

COVID-19 further complicated ‘biggest cancer killer’ diagnosis

Expert: Europeans ‘effectively denied access’ to decisive cancer biomarkers

Keeping up the pace in the race against cancer
COVID-19 will not spell the end of EU’s cancer fight

By Gerardo Fortuna | EURACTIV.com

The fight against cancer remains a cross-cutting priority for the EU although the COVID-19 crisis has understandably diverted attention over the past few months.

The much-awaited ‘Europe’s Beating Cancer Plan’ is among the flagship policies the European Commission President Ursula von der Leyen wants to put forward in her mandate.

On 4 February, the World Cancer Day, the EU executive launched a wide consultation with health stakeholders and civil society groups to help shape this plan. But barely a month later, European citizens’ lives were turned upside down by the greatest health crisis in recent history.

However, the fight against cancer remains a top priority for the whole Commission, an EU source made clear to EURACTIV.

The Commission received almost 2,500 contributions to the roadmap in the public consultations, as well as significant input from targeted stakeholder workshops around topics that required further discussions, such as the impact of COVID-19 on cancer patients and care.

By putting pressure on the health systems and exposing their fragility, the pandemic has highlighted even more the many difficulties that groups of cancer patients and their families have had in accessing the care they need at every stage of the disease.

“There is a concern that due to this current situation, we could see changes in the mortality trends of cancer over the coming years,” the EU Health Commissioner Stella Kyriakides has recently told MEPs.

She added that in the early stages of the pandemic patients were frightened to access hospitals for fear of infection...
but then other problems arose, such as delays of surgeries and treatment.

HIGH HOPES

The plan the Commission wants to propose is based on four key pillars – prevention, early diagnosis, treatment, and follow-up care – and is set to be published in early December, as part of the European Health Union that von der Leyen introduced in her State of the Union address.

“We are waiting for an ambitious plan from the Commission to pursue a double objective: to conquer the fatality of cancer in Europe and to reduce health inequalities,” liberal MEP Véronique Trillet-Lenoir told this website.

The French lawmaker, who is also an oncologist by profession, is the rapporteur for the Beating Cancer (BECA) special committee set up in the European Parliament last June.

BECA’s main goal is to identify legislation and measures that can help prevent and control cancer and also assess how research can be effectively supported.

Trillet-Lenoir has already drafted a working paper, endorsed by other political groups, which aims to influence the Cancer Plan and give the BECA committee a clear state of play for its work in the coming months.

“We want to work on every aspect of the disease, from prevention to treatment and life after cancer, but also to think beyond cancer: this plan could be seen as a first step towards a real European Health Union, notably to tackle other chronic diseases,” the MEP concluded.

The rotating EU presidency, currently held by Germany, is planning to discuss a Council response to the Commission’s Beating Cancer Plan in the near future although the timing depends on when it will be unveiled, EURACTIV has learnt.

A diplomatic source also confirmed that the forthcoming Portuguese presidency will undoubtedly pay attention to this action plan, which they consider essential.

HOLISTIC APPROACH

The Commission’s roadmap in February was accompanied by consultations with member states through virtual meetings of the Steering Group on Health Promotion and Disease Prevention, a panel that provides expertise to the Commission on developing and implementing activities in the field of non-communicable diseases (NCDs).

A Cancer Mission has recently been established in the framework of Horizon Europe, the EU’s research programme, aiming to make the best use of technology and innovation in the fight against the disease.

Digitalisation could also give a contribution to improve hospital systems, enabling patients to have access to better care, while a proposal for creating a European health data space is expected in 2021.

As EU’s health boss Kyriakides often says, the Cancer plan is not a standalone programme. Therefore, it was no surprise that the recently unveiled Chemicals Strategy intended to further strengthen the prevention of cancer by tackling more effectively and systematically exposure to carcinogenic substances.

“We have come a long way already in the EU regulating chemicals which cause cancer,” Environment Commissioner Virginijus Sinkevičius told EURACTIV.

Action that will be taken in the context of this strategy includes tackling carcinogens in all consumer products, beyond what is done today for cosmetics and toys, and notably in food contact materials, childcare articles, but also textiles or furniture.

“We’re taking a step further as we want to make sure that consumer products do not contain chemicals that cause cancers and that vulnerable populations – like children – are not exposed to those chemicals, such as in childcare articles”, Sinkevičius added.

Similarly, action will be taken on tackling persistent and bio-accumulative substances, as well as endocrine disruptors that have an equivalent level of concern as they interfere with the endocrine and immune systems and can favour carcinogenic effects.

This article was sponsored by AstraZeneca.
Each euro invested in cancer treatment is a step closer to patients’ health, so Europe should not cut corners and leave patients alone in their fight, centre-right MEP Bartosz Arłukowicz told EURACTIV in an interview.

In this regard, the reduction of the EU4Health programme could, for example, hamper the joint purchases of deficient oncological drugs. “EU4Health could help us fight with the shortages of medicines overall, so its worth cannot be overstated,” he said.

Bartosz Arłukowicz is a former health minister of Poland and the incumbent chair of the European Parliament’s special committee on Beating Cancer (BECA).

In your first speech at the BECA committee, you said that citizens have high expectations of the committee. What outcome would you be satisfied with at the end of these 12 months of work?

I will be pleased if we can work out a final document in which we will suggest, as a committee, common standards of cancer treatment for the entire European Union.

Let’s make an example: access to cancer prophylaxis. There is no reason why women in Eastern Europe should have worse access to mammography or cytology than women in the West.

We cannot have a situation where a patient needs to wait many weeks for a full diagnosis in one country while in another one it can be done in a shorter time.

Every country in the EU has something that has worked well in the past and it still works well. Our task is to collect all the good solutions and practices in cooperation with patients, doctors and health care managers and, in the end, create this conclusive document.

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So, do you think there is an East-West divide in cancer treatment in Europe?

There are certainly differences in access to treatment methods or modern drug technologies. On the other hand, when I was the Minister of Health in Poland, I introduced the so-called oncology package, the main assumption of which was a fast oncological path.

In a nutshell, this programme funds oncological treatments without limits, provided that the diagnosis and the beginning of treatments will take place within a strictly defined timeframe. This solution, despite the initial harsh criticism, has been successfully used in Poland to this day.

As you can see, it is also not the case that countries in this part of Europe do nothing about cancer treatment. We also have a lot to be proud of.

In her state of the union address, Commission President Ursula von der Leyen did not mention cancer at all. Is cancer still a top health priority for the EU, or do you feel that the COVID crisis has drawn all the attention away from it in the past few months?

I am convinced that cancer has been and continues to be a priority. The creation of the BECA committee is the best proof of this. Of course, COVID has changed a lot of plans, but the committee I am honoured to chair has just started its work and we are not going to slow down.

I am also sure that cancer, as a challenge facing all of Europe, has not disappeared from President von der Leyen’s sight. I can assure you that, with my activity, I will do everything to ensure that this topic remains high on the agenda.

President Von der Leyen also re-launched the idea of rethinking health competences, which are currently in the hands of member states. Do you think the EU should have greater responsibility for public health, perhaps starting with cancer?

If the EU has been able to successfully conduct, for example, the Common Agricultural Policy (CAP) for years, I see no reason why the same should not apply to public health or, more broadly, health protection. The COVID-19 pandemic has clearly shown that member states will not be able to cope with such challenges alone. We must be brave and establish that health issues have to be a matter for the EU institutions to a greater extent than before.

But what are your expectations for the Commission’s Beating Cancer Plan?

I am counting primarily on working out good solutions that will serve patients. The European Commission has the tools to develop, for example, mechanisms of financial support for member states in the fight against cancer. We should not make savings on healthcare and leave patients alone in their fight against cancer. Each euro invested in cancer treatment is a step closer to patients’ health.

However, the Council has proposed heavy cuts for health, and the initially ambitious EU4Health programme embedded in the recovery fund has almost disappeared.

This would be very bad news for patients all over Europe. I am an ardent supporter of the creation of this fund as I hope it will lead to joint purchases of deficient oncological drugs and thus protect the entire EU population which requires this kind of medical treatments. EU4Health could help us fighting with the shortages of medicines overall, so its worth cannot be overstated.

The recently disclosed chemicals strategy also focuses on cancer. What do you think about the contribution that other strategies can make to the fight against cancer?

All hands on deck. Every person, every institution, every document that aims to improve the effectiveness of the fight against cancer is worth its weight in gold. As I mentioned before, the BECA committee was created to gather all the effective and good ideas in one place. That is why I am glad to see the mention of cancer risk also in other policies. Awareness of this topic is growing systematically, and thanks to this, we can approach the fight against cancer more comprehensively.

November is lung cancer awareness month. Is there a need to pay special attention to lung cancer as symptoms are now masked by potential COVID-19 symptoms?

Of course, there is such a need. I would even call it a necessity and our duty as politicians. The more we talk about these types of challenges, the more people who can potentially become victims of this type of cancer can be saved. Of course, COVID has made it difficult to diagnose and treat all sorts of diseases, but cancer won’t wait. Cancer is not looking at whether the coronavirus pandemic is ongoing or not. Cancer must be fought as quickly as possible. Only then is there a good chance of a complete recovery of the patient.
There is an urgent need for specific recommendations on lung-cancer screening at the highest political levels in order to detect early and tackle lung cancer, the “biggest killer cancer”, stakeholders have said.

Lung cancer causes almost 1.4 million deaths each year worldwide, representing almost one-fifth of all cancer deaths.

At the EU level, lung cancer is responsible for almost 270,000 annual deaths (some 21%), which in practice means that it kills nearly as many people as breast, colon and prostate cancer combined.

Data shows that one of the main causes is that approximately 40% of lung cancer cases are detected at an advanced stage where the cancer has spread to other organs, compared to 5-8% of breast cancer cases. Denis Horgan, executive director of the European Alliance for Personalised Medicine (EAPM), said most cases are already advanced by the time of diagnosis.

“Mortality is largely attributable to the delayed emergence of symptoms and resulting late stage at diagnosis,” he told EURACTIV.

The key to tackle lung cancer is to detect it in the early stages, something that can be achieved through advanced screening programmes.

However, the COVID-19 pandemic has further complicated an already
Because of lung cancer’s similar symptoms to coronavirus and patients’ reluctance to visit health services during the pandemic, there has been a significantly lower number of lung cancer patients identified across EU this year, data shows.

“Because of the similarity between COVID-19 and lung cancer symptoms, we need to equally prevent possible misdiagnosis,” MEP Cindy Franssen (European People’s Party) told EURACTIV.

“We need to use the November Lung Cancer Awareness month to stress the need to seek medical assistance if you have long-term complaints. Patients shouldn’t postpone this out of fear of COVID-19. We cannot risk lung cancer to remain underdiagnosed. Awareness-raising can save lives,” the centre-right Belgian MEP added.

Elissa Prichep from the World Economic Forum explained that the COVID-19 pandemic has disrupted the routine diagnosis and treatment of lung cancer patients.

“Cancelled appointments, delays and backlogs can have life-altering effects on patients with lung cancer,” she said.

Prichep called on EU governments to address this critical situation by educating patients on safe cancer care during COVID-19 and developing guidelines for providers on distinguishing between COVID-19 and lung cancer.

Similarly, Horgan said the pandemic has led to a number of delays in screening, for example, in Croatia.

“Improvements in screening in Croatia have been delayed until October 2020 by the COVID-19 situation but will include comprehensive profiling reimbursed by national insurance and potentially available in all hospitals, although the creation of a lab for the Balkan region is still not complete. Currently, weeks of delay hamper access to test results. The same situation is being repeated across the EU member states,” he said.

**SCREENING COULD BE THE GAME-CHANGER**

Number one cause of lung cancer is smoking. But despite a number of government initiatives worldwide, smoking is still there.

“Initiatives to combat tobacco use, including clear action to fight uptake of smokeless tobacco, are absolutely critical to lung cancer prevention,” Prichep said.

Science in the area of lung cancer has advanced significantly with new screening programmes.

Figures show that since 2015, progress in lung cancer has outpaced all of the advances of the previous half-century.

However, according to Horgan, it is at the very least surprising that the biggest killer cancer of all does not have a solid set of screening guidelines, or globally introduced screening programmes.

“Doctors need to quickly identify high quality, trustworthy guidelines, in order to improve decision making for the benefit of their patients,” he said.

The Irish expert added that EU health ministers unanimously adopted a Recommendation on cancer screening in December 2003, but today, incidence and mortality rates of cancers still vary widely across the EU, reflecting a major health burden in various member states, often splitting large and smaller countries along with richer and poorer nations.

“EAPM has consistently called for concrete actions at the EU and member state level, as less-than-half of examinations performed as part of screening programmes actually meet with all the stipulations of the original Recommendation. This cannot be allowed to happen with lung cancer,” he said.

He added that in the EU Beating Cancer Plan, lung cancer screening guidelines should be put in place that will allow member states to set up quality early detection programmes for lung cancer.

“We need to raise awareness of the need for agreed recommendations over lung cancer screening at the highest political levels. The knowledge of policymakers and world health agencies so that effective lung-cancer screening guidelines and policies can be formulated on the international stage should also be improved”, he added.

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Along the same line, Prichep stressed that there is evidence that targeted screening of smokers using low-dose CT scans can increase the proportion of lung cancers detected at an early stage and decrease mortality.

"Building on that, data and advanced algorithms may soon allow a more nuanced way for doctors to identify people who can benefit from targeted screening. Data-driven assessment of individualised risk can support general practitioners in referring patients for lung cancer screenings," she said.

"Future applications of machine learning to automatically detect lung cancer in CT scans could support doctors in making diagnoses and could also be used to automatically screen CT scans taken for any reason – such as a COVID-19 diagnosis – for lung cancer," she added.

**FUNDING AND POST-PANDEMIC ERA**

Claudia Gamon, an MEP from the centrist Renew Europe Group, said lung cancer currently receives only 5.6% of the total cancer research funding in the EU.

"We need to increase this funding and invest more in screening programs. Evidence from trials suggests that new screening methods can reduce deaths significantly," she told EURACTIV.

She added that there are already successful European Commission initiatives, such as on breast cancer, which place a strong emphasis on screening and a similar example should be followed for lung cancer too.

Referring to the lessons learnt from the pandemic, Prichep said data applications, genetic research, and digital tools will have a role to play in the fight against lung cancer, pointing to the rapid adoption of digital tools for remote communication during the pandemic.

"The shift to telehealth and the increased collaboration across clinics enabled by digital tools are encouraging steps in making health services more accessible to those who can benefit from lung cancer screening and care," she concluded.
Biomarker testing holds the potential to revolutionise early diagnosis and prevention of cancer. But the EU has not yet managed to fully capitalise on these advances, according to health experts.

“Europe is missing out on major opportunities,” Denis Horgan, executive director of the European Alliance for Personalised Medicine (EAPM) told EURACTIV, adding that widespread adoption of biomarkers would support continued improvements in cancer outcomes, as well as a wide range of other conditions.

Each year, more than three million people are diagnosed with cancer in Europe.

Speaking during a recent meeting of the European Parliament’s ‘Beating Cancer Committee’, Ricciardi Walter, chair of the Horizon Europe mission board for cancer, pointed out that Europe is home to less than 10% of the world population but has a 25% share of the global cancer burden.

“If we don’t act promptly and effectively, the number of new cancer diagnoses is projected to increase by 25% in Europe by 2025. That is, of course, not acceptable,” he said, stressing the need for better early diagnosis and prevention of cancer.

One way to achieve this is through the use of cancer biomarkers, biomolecules produced by the tumour cells or by the body in response to the tumour, which can then be detected in bodily tissues or fluids.

A draft version of the EU pharmaceutical strategy, seen by EURACTIV ahead of its publication, highlights that it will “incentivise the development and validation of relevant biomarkers” which it says would “support the effectiveness in the intake of some new and expensive medicines, thus contributing to the sustainability of healthcare systems”.

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the intake of some new and expensive medicines, thus contributing to the sustainability of healthcare systems”.

Crucially, cancer biomarkers can be patient-specific, rather than tumour-specific, meaning treatment can be personally tailored.

“Biomarker tests that predict responses to therapeutic or preventive interventions support a personalised cancer-care plan, rather than one-size-fits-all, that can maximise health benefits while minimising debilitating toxicities,” Horgan said.

Antonella Cardone, director of the European Cancer Patient Coalition (ECPC), added that biomarker testing helps to “identify the ‘Achilles’ heel’ of different types of cancer,” ensuring that the right person receives the right treatment at the right time.

There has been an increased drive for personalised approaches to medicine, reflected in EU initiatives such as the Beating Cancer Plan.

However, this has not yet been effectively translated to the use of biomarkers for cancer care.

One of the main challenges is that awareness about cancer biomarker testing remains low, Cardone said, highlighting that they are still “largely unknown to cancer patients”.

“Some of the reasons for inadequate access to biomarker testing is the lack of awareness and education amongst patients and healthcare professionals”.

“Unfortunately, too many people diagnosed with cancer do not have access to the personalised treatment they need and deserve,” she said, adding that cancer patients should be informed about the available treatment options to make the best decisions for their health.

As a consequence, most European patients are “effectively denied access”, he said, stressing that this cannot be allowed to continue.

“Ultimately, successful development and deployment of biomarker testing depends on a policy framework in which countries would find it easier to reach consistent decisions and to provide clearer funding arrangements, thus boosting access and continued development,” Horgan added.

As such, he said, the current approach “does not reward value creation, nor does it incentivise evidence generation to support value demonstration”.

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Keeping up the pace in the race against cancer

By Françoise Bartoli | AstraZeneca

We’re all in the race of our lives to beat COVID-19. Scientists are setting an astonishing pace in a team effort with healthcare professionals, policymakers and entire populations. But at the same time it’s imperative we maintain the momentum we’ve gathered in the fight against cancer.

Françoise Bartoli is Vice President and Head of Europe and Canada Region, Oncology Business, AstraZeneca.

COVID-19 is threatening the major reductions in death rates achieved in some cancers over the last few years by delaying diagnosis and disrupting treatment pathways. Cancer diagnoses fell by approximately 40% by the third quarter of 2020. Many countries have experienced deferrals of cancer surgery and radiotherapy and reductions in the use of cancer drug therapies because healthcare resources have been reassigned, likely to result in substantial increases in avoidable cancer deaths.

I’m encouraged to hear from Bartosz Arłukowicz, chair of the European Parliament’s Special Committee on Beating Cancer, that COVID-19 is not going to slow the committee’s work. MEP reactions to Europe’s Beating Cancer Plan underline the need for ambitious efforts to develop legislation and measures that can help prevent and control cancer, in addition to supporting research.

At AstraZeneca we stand ready to play our part in the team effort to improve outcomes for people with cancer. I would like to highlight three key areas where we see potential to achieve rapid and major improvement in cancer outcomes.

**INCREASING SCREENING FOR LUNG CANCER**

The European Mission Board for Cancer have set a target of saving more than 3 million lives by 2030. As one in every five cancer deaths in Europe are due to lung cancer, any reduction in deaths from lung cancer will have a significant impact on overall reduction.
of cancer mortality.

The past few years have seen considerable advances in treatment options for lung cancer, yet fewer than 20% of patients survive up to 5 years compared to over 90% of those with breast cancer. One of the main reasons for this poor prognosis is that a large proportion of people with lung cancer are detected at an advanced stage, when treatment options are limited.

Detecting and treating lung cancer earlier is our best opportunity to improve outcomes. The evidence supporting lung cancer screening reached a turning point recently with a key European trial showing targeted screening reduced mortality in smokers by 24%, leading experts to suggest that the case to invest in lung cancer screening programmes for high-risk populations is now indisputable. The challenge for governments is now to determine the optimal and most cost-effective way of implementing high-quality targeted screening programmes.

At AstraZeneca we are partnering in several initiatives to support improved lung cancer patient outcomes. The Lung Ambition Alliance, a stakeholder collaboration making screening and early diagnosis of lung cancer a priority, has the aim of doubling five-year survival in lung cancer by 2025. We also partnered with leading solution providers, scientific societies and clinical experts to create HAYA, an integrated oncology care management platform to support continuity of care and connectivity between healthcare professionals and patients with cancer, no matter what their tumour type or stage of their disease.

ENSURING ACCESS TO BIOMARKER TESTING

Increased understanding of the molecular biology driving many cancers has transformed treatment, with the development of precision medicines targeting specific abnormalities. Evidence shows that biomarker testing and treatment with matched targeted therapy improves patient outcomes compared to traditional chemotherapy.

But there is huge variation in testing for predictive biomarkers. Testing rates for important biomarkers in several common cancers are much lower in European countries than in the US. Reasons for variations in biomarker use include a lack of common standards for regulatory decisions, patient and physician awareness and differences in reimbursement pathways for testing compared to drug treatments.

As part of our commitment to find practical solutions to enable patients to benefit from innovations we supported a recent initiative led by the European Alliance for Personalised Medicine to develop a consensus on the policy needs for improving access to biomarker testing in Europe. The consensus group recommended that European health authorities develop a policy framework to support diagnostics in the EU with guidance on minimal testing standards.

ACCELERATING ACCESS TO NEW CANCER TREATMENTS

Nearly 60 new oncology medicines to treat 23 different cancers were approved between 2014 and 2018 and breakthroughs continue, but cancer patients must be able to access these new treatments to benefit. A recent survey revealed huge variation in the average time to patient availability for new cancer medicines across European countries, ranging from 86 days in Denmark to 981 days in Latvia.

Action is needed based on a holistic view of factors that delay cancer patients’ access to new medicines. We recommend measures supporting readiness for value-based payment models that can accelerate patient access to new oncology medicines, allowing payers to manage clinical uncertainty and budget impact.

Early intervention is important to improve cancer patient outcomes and this is where our science strategy is focussed. But to reach patients with early disease we need a dialogue about endpoints supporting approval of new treatments. For therapies trialled in earlier disease, mature overall survival data may not be available at the time of evaluation or feasible to obtain at all in some scenarios, therefore posing challenges to the disease management of patients waiting for new medicines to be made available, unless data using other endpoints can be considered.

KEEPING UP THE PACE

The scale of the challenge to reduce deaths due to cancer in Europe is huge and has been made even more daunting by COVID-19, but there is no time for setbacks. Urgent action from the community on screening for lung cancer, biomarker testing and access to new cancer treatments will go a long way towards meaningful progress and we look forward to seeing Europe’s Beating Cancer Plan. We stand ready to continue working in partnership with patients, clinicians and policymakers across Europe to transform scientific innovation into healthcare solutions for people with cancer.
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