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Cancer in a Changing Global Landscape: Challenges & Commitments

European Cancer Summit Report

19–20 November 2025
Brussels & Online

Contents

Foreword: From Commitment to Delivery

European Cancer Summit Co-Chairs Nicolò Battisti and Kathy Oliver, with European Cancer Organisation President 2024–2025 Csaba Dégi

The European Cancer Summit 2025 was convened at a pivotal moment for cancer policy and care in Europe. Five years after the launch of Europe's Beating Cancer Plan, the European cancer community stands at a point of both consolidation and consequence. Important progress has been achieved, political attention remains strong, and collaboration across Europe continues to deepen. At the same time, pressures on health systems, workforces, and societies are becoming more acute. This Summit reflected that dual reality: confidence in what has been built, and realism about the challenges that now define the path ahead.

Across the discussions, one message emerged with particular clarity. Europe does not lack strategies, commitments, or evidence. What will determine success in the coming years is delivery. Implementation, resilience, and equity have become the central tests of Europe's cancer response. Turning ambition into impact requires health systems that are robust, inclusive, and capable of sustaining progress across political cycles and diverse national contexts.

Cancer continues to act as a lens through which broader societal and system challenges are brought into focus. Inequalities in access to prevention, diagnosis, treatment, and survivorship care persist both between and within countries. Workforce pressures are no longer abstract risks but daily realities that affect the quality, continuity, and humanity of care. At the same time, innovation – scientific, digital, and organisational – is advancing rapidly, requiring governance frameworks that enable progress while maintaining trust, fairness, and patient-centred values.

The Summit reaffirmed the central importance of prevention and early detection as the most effective means of reducing Europe's cancer burden, while recognising that their benefits will only be realised if they reach all populations equitably. It also highlighted the growing prominence of survivorship and quality of life, reflecting a shared understanding that success in cancer care must be measured not only in years of survival, but in the experience of living with and beyond cancer.

Equally clear was the need for collective responsibility. Governments, policymakers, healthcare professionals, researchers, patient organisations, and industry all have essential roles to play in sustaining momentum and ensuring that innovation translates into real-world benefit. No single actor can deliver change alone; progress depends on cooperation, continuity, and shared accountability.

This report brings together the reflections, priorities, and concerns expressed during the European Cancer Summit 2025. It is intended not only as a record of discussion, but as a

Csaba Dégi, President 2024–2025, European Cancer Organisation (ECO) & Full Professor, Babeș-Bolyai University, Faculty of Sociology and Social Work, Romania

signal of direction. Europe's cancer agenda now depends on maintaining focus, strengthening implementation, and working together to ensure that commitment is matched by delivery. The task ahead is demanding, but the engagement and resolve evident at the Summit provide strong grounds for confidence.

Csaba Dégi

President 2024–2025, European Cancer Organisation (ECO) & Full Professor, Babeș-Bolyai University, Faculty of Sociology and Social Work, Romania

European Cancer Summit 2025 Audience

Kathy Oliver

Co-Chair, European Cancer Summit & Past Co-Chair, Patient Advisory Committee, European Cancer Organisation (ECO) & Chair and Co-Director, International Brain Tumour Alliance (IBTA)

Nicolò Battisti

Co-Chair, European Cancer Summit & Co-Chair, Inequalities Network, European Cancer Organisation (ECO) & Consultant Medical Oncologist, The Royal Marsden NHS Foundation Trust, United Kingdom

The session recording is available here.

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Keynote Session with Olivér Várhelyi, European Commissioner for Health and Animal Welfare

The 2025 European Cancer Summit opened with a keynote address by Olivér Várhelyi, European Commissioner for Health and Animal Welfare, setting out the strategic context for the discussions that followed. His remarks framed cancer policy as both a long-term public health challenge and an immediate political responsibility, emphasising the need for sustained cooperation across Member States, institutions, and the wider cancer community.

The Commissioner began by restating the scale of the challenge. Cancer remains the second leading cause of death in the European Union and, in several Member States, has already become the leading cause. While progress has been made in diagnosis and treatment, Várhelyi stressed that cancer continues to test the limits of health systems, scientific knowledge, and social resilience. Addressing it, he argued, requires not only innovation but collective commitment: 'We still need to be innovative and genuinely curious to find ways to fight this disease much more effectively.'

Olivér Várhelyi

European Commissioner for Health and Animal Welfare

'We need to be innovative and genuinely curious to find ways to fight cancer much more effectively.'

Olivér Várhelyi, European Commissioner for Health and Animal Welfare

Europe's Beating Cancer Plan was presented as the central framework for that collective effort. Since its launch, the Plan has reshaped how cancer policy is conceived and delivered at EU level, accelerating access to knowledge, technology, and treatment while encouraging closer collaboration with stakeholders. Várhelyi described it not simply as a political pledge, but as an operational platform designed to improve outcomes across the entire cancer continuum – from prevention and early detection to treatment and quality of life.

A core emphasis of the keynote was prevention. The Commissioner highlighted that up to 40% of cancer cases could be – or already could have been – prevented, underlining both the opportunity and the cost of inaction. In this context, he pointed to the new Council Recommendation on Vaccine-Preventable Cancers as a significant step forward, particularly in relation to HPV and hepatitis B. Alongside this, the publication of the European Code Against Cancer, 5th edition, provides updated, evidence-based guidance intended to empower citizens and support national prevention strategies.

Early detection and screening formed another central strand of the address. Updated EU recommendations have expanded the scope of organised screening programmes, and initiatives such as EUCanScreen are supporting Member States in implementation. However, Várhelyi acknowledged that inequalities in access and uptake remain a persistent concern, reinforcing the need for coordinated action to ensure that quality screening reaches all eligible populations.

The Commissioner also highlighted structural investments designed to raise standards of care across Europe. The European Network of Comprehensive Cancer Centres (EUnetCCC) aims to strengthen capacity, share expertise, and reduce disparities, while cross-border collaboration is expected to play a growing role in supporting innovation and consistency. Particular attention was given to quality of life, survivorship, and the specific needs of young people affected by cancer, including through the European Youth Cancer Network.

Looking ahead, Várhelyi placed cancer policy within a broader health and innovation agenda. Reforms to pharmaceutical legislation, measures to strengthen medicines security, and forthcoming initiatives to support biotechnology and clinical trials were all presented as tools to improve access to innovation and reinforce Europe's position in health research. Throughout, he returned to the importance of translating policy ambition into tangible impact for patients.

In closing, the Commissioner reaffirmed that cancer would remain a central priority for the European Commission. His keynote set a clear direction for the Summit: progress depends not only on scientific advances, but on sustained political will, effective implementation, and continued partnership across Europe's cancer community.

From left to right: Olivér Várhelyi, European Commissioner for Health and Animal Welfare and Csaba Dégi, President 2024–2025, European Cancer Organisation

KEY POINTS

- Cancer remains a leading cause of death in Europe, requiring sustained political and scientific commitment
- Up to 40% of cancer cases could be – or already could have been – prevented, making prevention a critical policy priority
- Europe’s Beating Cancer Plan continues to provide a unifying framework across prevention, detection, treatment, and quality of life
- Updated screening recommendations and initiatives such as EUCanScreen aim to reduce inequalities in early detection
- Networks such as EUnetCCC and the European Youth Cancer Network are central to improving quality and equity of care
- Innovation must be matched by implementation to ensure real benefits for patients across all Member States

RESOURCES

- New Council Recommendation on Vaccine-Preventable Cancers
- Europe’s Beating Cancer Plan
- EUnetCCC – European Network of Comprehensive Cancer Centres
- EUCanScreen
- European Code Against Cancer, 5th Edition (ECAC5)
- European Youth Cancer Network

The session recording is available here.

Breaking Barriers: Confronting Bias, Seen and Unseen, in Cancer Care

Organised by the Inequalities Network. With network co-chairs **Nicolò Battisti** and **Sarah Collen,** including speakers:

- ***Emma Rafowicz MEP**, Member, Committee on Women's Rights and Gender Equality, European Parliament*
- ***Isabelle Soerjomataram,** Deputy Head of the Cancer Surveillance Branch, International Agency for Research on Cancer (IARC)*
- ***Stewart O'Callaghan,** Founder and CEO, OUTpatients, United Kingdom*
- ***Eva-Maria Strömsholm,** Co-Founder, Finnish Association of Gynaecological Cancer Patients, Finland*
- ***Neil Pumford,** Vice President, Medical Affairs Europe, AbbVie*

Bias – whether openly visible or deeply embedded in institutional and social norms – continues to shape who benefits from Europe's cancer systems and who faces preventable harm. This session explored how gender, sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), as well as wider socioeconomic and cultural determinants, affect prevention, screening, diagnosis, treatment and survivorship across Europe.

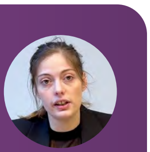
The conversation took place against an evolving political backdrop. As EU priorities shift toward competitiveness and security, there is growing concern that equality and public health could slip down the agenda – particularly as Europe prepares its next long-term budget, or Multiannual Financial Framework (2028–2034). The long-term sustainability of Europe's equality strategies, Europe's Beating Cancer Plan, and the European Cancer Inequalities Registry depends on continued political and financial commitment. In that context, speakers underscored the urgency of embedding health equity within the forthcoming LGBTIQ+ Equality Strategy 2026–2030 and next Gender Equality Strategy 2026–2030, recognising them as potentially the last major policy windows in this cycle.

Panellists of the 'Breaking Barriers: Confronting Bias, Seen and Unseen, in Cancer Care' session

A narrowing political window for equality in Europe

Emma Rafowicz MEP opened with a reminder that inequity is neither accidental nor inevitable. 'Cancer does not affect everyone in the same way…These inequalities are not natural; they are the result of structural and cultural biases,' she stressed. She highlighted the responsibility of the European Parliament to defend health as a fundamental right, at a time when social determinants of health risk being overshadowed by other political concerns.

Her presentation framed the discussion: equity in cancer care relies on deliberate political choices, not passive expectation.



Emma Rafowicz MEP

Member, Committee on Women's Rights and Gender Equality, European Parliament

'Cancer inequalities are not natural; they are the result of structural and cultural biases.'

Women and cancer: listening to lived experience

Isabelle Soerjomataram, Deputy Head of the Cancer Surveillance Branch at the International Agency for Research on Cancer (IARC), broadened the lens further by challenging the tendency to see women in cancer policy solely as patients.

She emphasised that 'we are not only looking at women who have cancer, but also women who are at risk of getting cancer,' adding that we know women as caregivers, women as advocates, and women as health professionals, researchers and policymakers. 'The roles of women in cancer are multiple, and they interact in many different ways.'

European Cancer Summit 2025 Audience

Her comments highlighted how these overlapping roles often remain invisible within health systems that are still designed around narrow, linear patient pathways. When women's caregiving responsibilities, professional roles, and economic vulnerabilities are not accounted for, inequalities are reproduced long before diagnosis and long after treatment ends. Isabelle added that data is important to inform care and finally reduce gender inequity, yet very little information today captures cancer through an intersectional gender lens.

The panel turned to the persistent inequities affecting women across the cancer pathway. Eva-Maria Strömsholm, co-founder of the Finnish Association of Gynaecological Cancer Patients, offered an unfiltered view from the patient and advocacy perspective. She shared elements of her long and complex cancer journey, emphasising the need for systems to recognise and respond to women's realities. As she put it, 'Every cancer patient and every woman has their own story to tell, and we have to listen to them, because they have so much knowledge and experience.'

Isabelle Soerjomataram

Deputy Head of the Cancer Surveillance Branch, International Agency for Research on Cancer (IARC)

'The roles of women in cancer are multiple, and they interact in many different ways.'

She highlighted unmet needs around menopause induced by treatment at a young age, lack of awareness of gynaecological cancer symptoms, the emotional and practical burden of infertility. She also stressed the psychological and socioeconomic strain placed on women who carry disproportionate caregiving responsibilities, often unpaid. Her testimonial illustrated how women's outcomes are shaped not only by biology but by structural invisibility, fragmented pathways and the absence of tailored psychosocial support.

These realities reinforce the importance of the forthcoming Women & Cancer Policy Index, which will benchmark national policies across prevention, screening, treatment, survivorship, research representation and workplace protections. The Index aims to provide governments with clear, actionable direction – something long overdue.

Eva-Maria Strömsholm
Co-Founder, Finnish Association of Gynaecological Cancer Patients, Finland

'Every cancer patient and every woman has their own story to tell, and we have to listen to them.'

LGBTIQ+ communities: mistrust, exclusion and structural barriers

Stewart O'Callaghan, founder of OUTpatients, delivered one of the session's most striking presentations. They urged the audience to view inequalities as a patient safety issue rather than a marginal concern. In their words, 'There are poorer outcomes, and there is an unseen burden that often happens for LGBT people.'

O'Callaghan described the cumulative effects of systems simply not designed with LGBTIQ+ people in mind. When gender markers on administrative records do not match a person's anatomy or screening needs, invitations for breast, cervical or prostate screening may never be sent. This is not a niche administrative flaw; it directly contributes to delayed diagnoses.

They also spoke about the painful isolation caused when partners are routinely misidentified by clinical staff – sometimes as a 'son', sometimes as a 'sister'. During the pandemic, when support persons were excluded from consultations, this misrecognition became even more acute. These barriers accumulate, they said, eroding trust and discouraging help-seeking.

From left to right: Isabelle Soerjomataram, Stewart O'Callaghan

Findings from the *ECO LGBTIQ Pan-European Cancer Survey* reflected these realities. Many respondents reported fear of disclosing their gender identity, intrusive questioning, and a belief that clinicians did not have their best interests at heart. Over 30% reported being treated unfairly due to their SOGIESC. For many, the healthcare environment itself feels unsafe.

Stewart O'Callaghan
Founder and CEO, OUTpatients, United Kingdom

'LGBTIQ+ cancer patients have poorer outcomes, and there is an unseen burden that often happens.'

Reframing engagement: grounded in lived reality, not assumption

Neil Pumford argued that solutions must begin with how healthcare systems engage with communities. Awareness campaigns or information alone are insufficient. As he observed, 'we often think we know about something, but we don't.'

He illustrated this with an example from outside Europe: in some US contexts, Black American patients were more willing to participate in cancer studies when approached in trusted community environments rather than large hospitals. The lesson, he suggested, is that engagement strategies must be shaped around lived experiences rather than professional assumptions – an insight equally relevant to LGBTIQ+ communities, migrant groups, and women who face intersecting pressures of work, care and illness.

The data gap: equity cannot be achieved blindly

Across all discussions, a recurring obstacle was the absence of sufficiently detailed, disaggregated data. Many Member States still do not collect sex-, gender- or SOGIESC-specific data, leaving inequities invisible in national cancer strategies. The European Cancer Inequalities Registry has begun to fill this gap, but its future development

From left to right: Eva-Maria Strömsholm, Neil Pumford

depends on dedicated resourcing under the next MFF. Without robust visibility, inequities cannot be meaningfully addressed.

From recognition to implementation

Speakers converged on several practical priorities for turning insight into systemic change:

- Designing screening and care pathways that automatically include all genders and identities, eliminating binary assumptions that lead to missed invitations
- Embedding intersectionality into policy and practice, recognising how multiple forms of disadvantage interact
- Integrating cultural competence and inclusive communication as core skills in clinical education
- Ensuring gender-balanced, LGBTIQ-inclusive representation in clinical research, addressing long-standing gaps that undermine evidence-based care
- Protecting and expanding Europe's inequality-monitoring tools, including ECIR, so inequities cannot be ignored or obscured

The session closed with a clear mandate: Europe must redesign its cancer systems around the people they currently fail to reach. Equity is not an optional aspiration – it is essential for safety, quality and the credibility of Europe's cancer mission.

Panellists of the 'Breaking Barriers: Confronting Bias, Seen and Unseen, in Cancer Care' session

KEY POINTS

- Structural and cultural biases continue to determine access to prevention, early detection, screening, treatment and survivorship across Europe
- Health equity risks losing prominence as EU political priorities shift; strong engagement is needed to embed cancer inequities within the next EU equality strategies
- Women face persistent gaps in diagnosis, psychosocial support, research representation and carers & workplace protections
- LGBTIQ+ individuals experience mistrust, discrimination and exclusion, with direct impacts on screening uptake and outcomes
- SOGIESC-disaggregated data are critical for designing and evaluating effective policies
- Co-designed engagement and culturally competent care are essential to rebuilding trust
- Sustained investment in Europe's inequality-monitoring systems is necessary to drive progress

RESOURCES

- ECO Inequalities Network
- European Cancer Pulse
- Europe's Beating Cancer Plan
- European Cancer Inequalities Registry (ECIR)
- LGBTIQ+ Equality Strategy 2026–2030
- ECO LGBTIQ Pan-European Cancer Survey

The session recording is available here.

Not Just Treatment: The Power of Prevention and Cancer Screening

Organised by the Prevention, Early Detection and Screening Network. With network co-chairs **Isabel Rubio** and **Luis Seijo,** including speakers:

- ***Romana Jerković MEP,*** *Vice-Chair, Committee on Public Health, European Parliament*
- ***Maria Elena Scoppio,*** *Director for Indirect Taxation and Tax Administration, DG TAXUD, European Commission*
- ***Sandra Caldeira,*** *Head of the Disease Prevention Unit, Joint Research Centre, European Commission*
- ***Thubeena Manickavasagar,*** *Research Fellow, Lung Cancer Unit, The Royal Marsden NHS Foundation Trust, United Kingdom*
- ***Tanja Španić,*** *Executive Director, Europa Donna Slovenia & Past-President Europa Donna – The European Breast Cancer Coalition*
- ***Niko Andre,*** *Head of Oncology for Germany, AstraZeneca*

Prevention and early detection are the most cost-effective policies for reducing the cancer burden, yet they are also the areas where progress is most uneven. While scientific advances, and new technologies have set a clear direction, the gap between ambition and implementation persists. This session brought together policymakers, advocates, clinicians, and industry leaders to explore how Europe can accelerate prevention and transform cancer screening into a genuinely equitable public health achievement.

Isabel Rubio framed the challenge succinctly: Europe must reduce exposure to risk factors, strengthen organised screening programmes, and raise awareness so cancers are identified earlier and treated less intensively. Prevention, early detection, and screening are not parallel tracks, she emphasised, but interdependent pillars of improved outcomes.

Panellists of the 'Not Just Treatment: The Power of Prevention and Cancer Screening' session

Prevention as a political test

From the outset, Luis Seijo underscored that Europe has the world's highest rate of tobacco use – responsible for a quarter of cancers. Despite decades of progress, he noted that 'anywhere between 10% and 30% of Europeans still smoke,' a reality fuelled both by the normalisation of the use of tobacco products in culture and the rapid rise of novel nicotine products that are reaching children well before public health systems do. His anecdotes – from opera posters glamorising cigarettes to 12- and 14-year-olds discussing vaping devices with ease – illustrated how prevention efforts are being outpaced.

It was Romana Jerković MEP who crystallised the political stakes. 'The main challenge in Europe's Beating Cancer Plan is not the strategy – it is the implementation,' she said. Her message was unambiguous: progress is real where mandates are strong, but in politically sensitive areas such as tobacco and alcohol, action has faltered. The delayed revision of the Tobacco Products Directive, she warned, has left young people exposed to aggressive marketing, flavours, and emerging devices. Equally concerning is that alcohol policy reforms are similarly stalled.

Jerković linked these shortcomings directly to the emerging budget landscape. With the next Multiannual Financial Framework unlikely to be health-friendly, she cautioned, Europe risks losing momentum at precisely the moment when prevention and early detection need sustained, multi-year investment. 'Our problem is not a lack of knowledge,' she said. 'It is courage and political will.'

Romana Jerković MEP

Vice-Chair, Committee on Public Health, European Parliament

'The main challenge in Europe's Beating Cancer Plan is not the strategy – it is the implementation.'

The fiscal dimension of prevention was addressed directly by Maria Elena Scoppio, Director for Indirect Taxation and Tax Administration at the European Commission, who underlined taxation as one of the most effective population-level cancer prevention tools available. There is a direct link between smoking and cancer, she emphasised, and 'we are trying to tackle this also from a fiscal policy point of view,' she said.

Sandra Caldeira, Head of the Disease Prevention Unit, Joint Research Centre, European Commission

Drawing on long-term evidence, she noted that 'around 40% of the decline in smoking rates in recent decades can be attributed to taxation policies,' while cautioning that Europe's existing framework is no longer sufficient. 'The current framework, however, is not keeping up with the challenge,' she added, pointing to minimum tax rates that fail to drive meaningful change across all Member States.

Maria Elena Scoppio

Director for Indirect Taxation and Tax Administration, DG TAXUD, European Commission

'Forty per cent of the decline in smoking rates in the last decades can be attributed to taxation policies. The current framework, however, is not keeping up with the challenge.'

Strengthening screening systems and closing gaps

The Summit provided a clear picture of where Member States now stand. The *European Cancer Screening Policy Index* – presented as part of ECO's Time to Accelerate for Cancer Screening initiative – demonstrates striking disparities: policy performance ranges from 26% to 91% across Europe. Many breast, cervical, and colorectal programmes remain under-organised or insufficiently population-based; new screening recommendations for lung, prostate, and gastric cancer are being piloted but not yet rolled out at

Thubeena Manickavasagar, Research Fellow, Lung Cancer Unit, The Royal Marsden NHS Foundation Trust, United Kingdom

scale. These findings match the conclusions of ECO's accompanying press release: far too many Europeans lack access to well-organised screening.

Progress relies on robust systems. Europe must secure the continuity of the current cancer framework beyond 2027, and Member States must establish interoperable, population-based registries to standardise invitations, monitor participation, track follow-up, and evaluate outcomes. Without such registries, inequalities deepen and programmes cannot evolve into effective, accountable public health services.

This echoes a core message of the *Next Level for Cancer Screening* report: organisation, quality, and monitoring are the fulcrum of equitable screening. Innovation matters – but implementation decides whether innovation reaches people.

Technology and early detection: opportunity, if systems are ready

Technological advances are reshaping what early detection can look like. Thubeena Manickavasagar, from the Royal Marsden in London, illustrated this with England's experience of integrating ctDNA liquid biopsy into the diagnostic pathway for suspected advanced lung cancer. Over nearly a decade, investment in genomics infrastructure, workforce training, and coordinated networks has allowed ctDNA testing to accelerate time to treatment and improve access to targeted therapies in advanced or metastatic lung cancer. Her message was clear: new tools succeed when systems are prepared to adopt them – not simply when pilots show promise.

Industry perspectives reflected similar themes. Niko Andre presented a systemic view of cancer innovation, arguing that early detection and screening must be understood within a broader ecosystem that includes equitable access, coordinated pathways, and a culture of rapid, evidence-based adoption. Europe, he warned, risks losing global competitiveness unless it accelerates how it uses data, technology, and regulatory flexibility.

Prevention in practice: risk, awareness, and lived experience

For Tanja Španić, the conversation about prevention is inseparable from the lived reality of women across Europe. As both an advocate and a survivor, she highlighted evidence demonstrating that more than 30% of post-menopausal breast cancers could be prevented through lifestyle change – yet cultural norms around alcohol, the social acceptability of smoking, and barriers to physical activity continue to make risk reduction disproportionately difficult. Prevention, she argued, must not become a message that places responsibility solely on individuals. Systems, communities, and policy must help make healthy choices accessible and non-stigmatising.

Španić also underscored the importance of awareness initiatives that extend beyond screening alone. Her call to establish 15 October as a European Breast Health Day – supported by Jerković in the European Parliament – reflects a broader shift toward embedding prevention into the public consciousness, not only disease awareness.

Tanja Španic

Executive Director, Europa Donna Slovenia & Past-President Europa Donna – The European Breast Cancer Coalition

'Prevention must not become a message that places responsibility solely on individuals.'

Guidelines, quality, and the scale of opportunity

Sandra Caldeira of the Joint Research Centre described the European Commission's work to advance comprehensive guidelines and quality assurance schemes across six cancers: breast, cervical, colorectal, lung, gastric, and prostate.

From left to right: Isabel Rubio, Luis Seijo, Maria Elena Scoppio

These guidelines, grounded in transparent and internationally recognised methodology, respond directly to Member States' requests for clear, evidence-based standards.

Caldeira noted that these six cancers account for more than half of Europe's cancer cases and deaths. Implementing high-quality, organised screening for all six is therefore one of the most significant opportunities for improving population health. But she also reflected Seijo's point that 'there is no screening without quality assurance.' In other words, the whole cycle of quality ensured care –including screening – drive outcomes and equity.

Sandra Caldeira

Head of the Disease Prevention Unit, Joint Research Centre, European Commission

'Implementing high-quality, organised screening one of the most significant opportunities for improving population health.'

Reaching people where they are

The Summit also showcased practical interventions that increase participation. Insights from ECO's awareness campaigns and testimonies demonstrated the power of:

- mobile screening units, which reduce geographic barriers;
- self-collection kits, which offer privacy and convenience and have dramatically improved uptake among long-term non-attenders; and
- culturally tailored communication, which reduces anxiety and stigma and supports informed decisions.

These approaches align with the press release's call for Member States to expand innovative, user-centred strategies that bring screening into people's everyday lives.

A moment that demands follow-through

Across the session, a consistent narrative emerged: Europe is rich in strategies, evidence, guidelines, and pilots – but uneven in delivery, underpowered in data, and vulnerable to political drift. The coming budget cycle heightens this risk. Prevention and early detection are long-term commitments, and without stable investment the gains of recent years could stall.

Yet the opportunity is historic. Europe knows how to prevent cancer, how to detect it early, and how to build systems that reach people equitably. What remains is to consolidate these efforts into a long-term, sustainable framework – one capable of resisting political fluctuations and delivering for all citizens.

This session provided the roadmap. The question is whether Europe will take the next steps boldly enough, and quickly enough, to make early detection and prevention the transformative public health achievement they can be.

Romana Jerković MEP, Vice-Chair, Committee on Public Health, European Parliament

Panellists of the 'Not Just Treatment. The Power of Prevention and Cancer Screening' session

KEY POINTS

- Europe's prevention and screening agenda is strong in strategy but inconsistent in implementation, particularly for tobacco and alcohol control
- Significant disparities in screening access persist across Member States, with policy performance varying from 26% to 91%
- Long-term investment, interoperable registries, and robust quality assurance are essential to delivering equitable, organised screening
- New technologies such as ctDNA and emerging multi-cancer detection tools offer major promise – but only when health systems are prepared to adopt them
- Prevention relies on political will as much as personal responsibility; social norms around alcohol and tobacco remain major barriers
- Awareness campaigns, mobile units, and self-collection kits have proven effective in increasing screening uptake, especially among underserved populations
- The next MFF may threaten momentum; sustained funding and cross-sector alignment will be crucial to maintaining progress

RESOURCES

- ECO Prevention, Early Detection and Screening Network
- European Code Against Cancer, 5th edition
- Time to Accelerate: for Cancer Screening
- Europe's Beating Cancer Plan
- Tobacco Products Directive

The session recording is available here.

Towards the Finish Line: Accelerating Momentum on Eliminating HPV-related Cancers in Europe

Organised by the HPV & Hep B Action Network. With network co-chair **Daniel Kelly** and vice-chair **Amil Družić,** including speakers:

- ***Nicolás González Casares MEP,*** *Member, Committee on Public Health, European Parliament*
- ***Karam Adel,*** *Principal Expert, Policy Coordination and Strategic Affairs, European Centre for Disease Prevention and Control (ECDC)*
- ***Mihaela Grigore,*** *Prevention HPV Lead, European Society of Gynaecological Oncology (ESGO) & Chief of Department, Obstetrics and Gynaecology, Iași University of Medicine and Pharmacy, Romania*
- ***Paolo Berti,*** *Cancer Survivor, Belgium*
- ***Nicoletta Luppi,*** *Senior Vice President and Managing Director, MSD Italia & Board Member, Vaccines Europe*

This session addressed a defining question for Europe's cancer prevention agenda: how to move decisively from policy ambition to population-level elimination of HPV-related cancers. The scientific case is settled. Effective vaccines exist, screening tools are improving, and HPV prevention is firmly anchored in Europe's Beating Cancer Plan and the European Code Against Cancer. Yet, as the discussion made clear, progress remains uneven, fragile, and vulnerable to political hesitation and systemic gaps.

The session marked a moment of transition. As Daniel Kelly noted in opening the discussion, what was once 'gender neutral, once thought to be a taboo idea' is now part of routine public health policy in many countries. The challenge, however, is no longer recognition but delivery: ensuring that prevention reaches all populations, in every Member State, without delay.

From awareness to action

Amil Družić framed the discussion around the need to accelerate implementation, particularly in regions where progress has historically lagged. Working closely with policymakers and clinicians on the ground, the HPV & Hep B Action Network has seen first-hand how disparities persist despite strong European frameworks. The guiding question for the session, he suggested,

Panellists of the 'Towards the Finish Line: Accelerating Momentum on Eliminating HPV-related Cancers in Europe' session

From left to right: Amil Družić, Paolo Berti

was whether Europe could make HPV elimination its first true cancer-prevention success story 'for everyone, everywhere'.

Kelly emphasised that HPV prevention can no longer be framed narrowly. HPV, he stressed, is 'not just an issue for one part of the population'. With the incidence of HPV-related oropharyngeal cancers in men now overtaking cervical cancer rates in some countries, this is 'not an incidental issue' but 'a central issue in the next phase' of elimination.

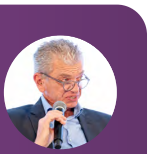
Making prevention human

That reality was brought into sharp focus by Paolo Berti, a cancer survivor from Belgium living with the long-term consequences of HPV-related head and neck cancer. Drawing on his experiences, Berti movingly described cancer as 'not a story of numbers, treatments and procedures', but one shaped by 'fear, anger, and learning to live differently'. Survival, he explained, is 'not the end of the story' but 'only the beginning of a new one'.

Berti's experience highlighted a critical gap in earlier prevention efforts: the lack of awareness that HPV affects men as well as women. His intervention underscored the human cost of delayed recognition and incomplete prevention, reinforcing the session's message that elimination strategies must be inclusive by design.

Paolo Berti

Cancer Survivor, Belgium



'HPV cancer is not a story of numbers, treatments and procedures, but one shaped by fear, anger, and learning to live differently.'

National leadership and moral responsibility

The importance of political will was illustrated by Mihaela Grigore, Prevention HPV Lead at the European Society of Gynaecological Oncology (ESGO), who shared Romania's experience. For a country long burdened with the highest cervical cancer mortality in the EU, prevention has become 'not only a medical responsibility' but 'a national priority' and 'a moral duty'.

Grigore reminded the audience that 'more than 95% of cases can be prevented', yet historical failures had left deep scars. Romania's renewed strategy – including the introduction of 'free vaccination to both girls and boys' – signals a decisive shift. Progress is real, she noted, but fragile, requiring sustained investment, professional engagement, and continued efforts to counter vaccine hesitancy among both the public and healthcare providers.

Mihaela Grigore

Prevention HPV Lead, European Society of Gynaecological Oncology (ESGO) & Chief of Department, Obstetrics and Gynaecology, Iasi University of Medicine and Pharmacy, Romania

'Prevention has become not only a medical responsibility but a national priority, and a moral duty.'

What the evidence shows: closing the gaps

The structural barriers to elimination were examined in the findings of ECO's Closing the Gaps: The Status of Cervical Cancer Screening Programmes in Europe, an analysis of cervical cancer screening in Europe, which was presented during the session. The evidence is unequivocal: while Europe has the tools to eliminate cervical cancer, implementation remains inconsistent and inequitable.

Large disparities persist between and within countries in screening access, coverage, and outcomes. Opportunistic screening continues to

From left to right: Paolo Berti, Mihaela Grigore, Nicoletta Luppi

dominate in many regions, undermining quality assurance and continuity of care. Primary HPV screening – the most effective approach – is not yet universal, and self-sampling, despite its potential to reach underserved groups, remains unevenly deployed. Fragmented data systems further weaken accountability, limiting the ability to monitor progress in real time.

The *Closing the Gaps* findings point not to a lack of innovation, but to the need for disciplined execution: organised population-based screening programmes, scaled-up self-collection, targeted approaches to equity, and strengthened, linked registries capable of guiding evidence-based policy.

Defending science in a political climate

For Nicolás González Casares MEP, the prospect of eliminating a cancer through vaccination remains extraordinary. If people were told this was possible, he observed, they would think 'you are crazy'. Yet that possibility now exists – and is under threat.

González Casares warned that vaccine hesitancy is being driven by groups that are 'enemies of eliminating cancer', with attacks on vaccination running 'in parallel with attacks on science' and democratic institutions. HPV vaccination, he argued, is 'a great solution' that must be implemented 'for both sexes in whole Europe' if inequalities are to be reduced and progress sustained.

Nicolás González Casares MEP

Member, Committee on Public Health, European Parliament

'Attacks on vaccination run in parallel with attacks on science.'

Data, delivery, and the European picture

From a public health systems perspective, Karam Adel, Principal Expert at the European Centre for Disease Prevention and Control (ECDC), reflected on '20 years of implementation' of HPV vaccination across Europe. Progress has been significant: today, 'all EU countries have a recommendation' to vaccinate both girls and boys. But performance lags behind policy.

Despite national funding in most Member States, 'only five EU countries reached the 90% coverage' required for elimination. Data gaps, Adel noted, remain 'a major barrier nowadays', reinforcing the need for robust, timely, and linked data systems to guide action and close remaining gaps.

Karam Adel

Principal Expert, Policy Coordination and Strategic Affairs, European Centre for Disease Prevention and Control (ECDC)

'Only five EU countries reached the 90% vaccination coverage required for HPV elimination.'

Industry, access, and reaching missed generations

The need to think beyond adolescent programmes was reinforced by Nicoletta Luppi, Senior Vice President and Managing Director of MSD Italia. With vaccination introduced at different times across Europe, she stressed the importance of 'closing the gaps for those who have not yet been vaccinated'. This includes 'vaccinating adults', particularly women who missed earlier programmes, until coverage approaches '90%'.

Her intervention underscored the importance of life-course approaches to vaccination, ensuring that prevention strategies adapt as cohorts age and epidemiological patterns evolve.

Crossing the finish line

As the session concluded, a shared assessment emerged. HPV-related cancers are among the most preventable cancers in Europe. The science is robust, the policy frameworks are in place, and successful national examples demonstrate what is possible. What remains is the hard work of implementation: defending science, closing equity gaps, strengthening data systems, and maintaining political momentum.

The finish line is now visible. Whether Europe crosses it together will depend on sustained leadership and a collective commitment to turn prevention from promise into reality.

Panellists of the 'Towards the Finish Line: Accelerating Momentum on Eliminating HPV-related Cancers in Europe' session

KEY POINTS

- HPV-related cancers are preventable, but elimination depends on equitable implementation
- Gender-neutral vaccination is essential to stable, population-level protection
- Major disparities persist in screening access and vaccination coverage across Europe
- Data fragmentation remains a critical barrier to accountability and progress
- Vaccine hesitancy poses a growing political and public health challenge
- Sustained leadership is needed to translate policy into population impact

RESOURCES

- HPV & Hep B Action Network
- Closing the Gaps: The Status of Cervical Cancer Screening Programmes in Europe
- Europe's Beating Cancer Plan
- European Code Against Cancer, 5th edition

The session recording is available here.

Young Cancer Voices Shaping Tomorrow's European Cancer Policy

Organised by the Young Cancer Professionals. With session co-chairs **Nikolina Dodlek** and **Robbe Saesen,** including speakers:

- ***Jurgita Sejonienė MP***, *Member, Committee on Health Affairs, Lithuania*
- ***Sandrine Daoud,*** *Policy Advisor, Deputy Prime Minister and Minister of Public Health, Belgium*

From the outset, this session made clear that it was not intended as a rehearsal of established policy positions, but as a forward-looking intervention grounded in generational responsibility. The discussion brought together young professionals and policymakers to examine how Europe's cancer policy must evolve to meet long-term public health challenges that will define the coming decades.

The framing was explicit. As Nikolina Dodlek noted, 'today's session is a bit different,' reflecting a deliberate shift from retrospective assessment toward future-oriented thinking. The emphasis was on what cancer policy must look like not just in the next institutional cycle, but in the context of demographic change, prevention failures, and emerging risks that will shape cancer incidence well beyond 2030.

Thinking long-term: prevention and political time horizons

A recurring theme was the mismatch between political timeframes and cancer prevention outcomes. Robbe Saesen introduced this tension directly, pointing to projections extending toward mid-century and acknowledging that 'we do not have the answers, but we can speculate.' The implication was not uncertainty for its own sake, but a call for policy courage: prevention strategies demand commitment long before their full benefits become visible.

This long-term perspective reframed prevention as a structural responsibility rather than an optional add-on to treatment-focused systems. Speakers repeatedly returned to the idea that failure to act decisively now will lock future generations into avoidable disease burdens, widening inequalities and placing unsustainable strain on health systems already under pressure.

Panellists of the 'Young Cancer Voices Shaping Tomorrow's European Cancer Policy' session

Raising the floor: Tobacco 21 as a generational policy test

Jurgita Sejonienė MP

Member, Committee on Health Affairs, Lithuania

'I propose the tobacco 21 law to prohibit people under the age of 21 from purchasing and using tobacco-containing products.'

Discussions around prevention converged most clearly on tobacco control, where the gap between evidence and political action remains stark. Jurgita Sejonienė MP brought this into focus by referring directly to legislative action, stating, 'I propose the Tobacco 21 law.' The proposal to raise the legal age for tobacco purchase to 21 was presented not as a symbolic intervention, but as a structural measure designed to delay initiation, reduce addiction, and lower lifetime exposure to carcinogens.

The significance of the proposal lay not only in its content, but in what it represents politically. Tobacco 21 policies are explicitly future facing: their primary benefits accrue not to current voters, but to adolescents and young adults who may never become smokers at all. As such, they test whether cancer prevention is treated as a long-term public good or as a politically expendable ambition.

Sejonienė linked this policy logic to trust and credibility, remarking to the audience, 'You are the ones that people trust.' The observation positioned young cancer professionals as critical intermediaries between legislation and lived experience. Their proximity to patients, communities, and peers gives them a legitimacy that traditional public health messaging often lacks – particularly among younger populations where smoking initiation still occurs.

In this framing, Tobacco 21 was not presented as a standalone law, but as part of a broader prevention ecosystem: one that relies on delayed access, social norm change, and consistent public messaging. The discussion implicitly acknowledged that prevention policies succeed not through single interventions, but through sustained alignment between law, education, and cultural expectations.

Government perspective: prevention as the most effective investment

From within government, Sandrine Daoud reinforced the central logic underpinning Tobacco 21 and similar measures. Arguing that 'the barriers to start smoking should be as high as possible,' she situated tobacco regulation within a wider strategy of risk reduction that prioritises population-level outcomes over individualised responsibility alone.

Daoud described prevention as 'really the best' option – not as an abstract ideal, but as a pragmatic response to rising cancer incidence and constrained health system capacity. Her contribution underscored that effective prevention policy requires political consistency: clear thresholds, sustained enforcement, and alignment with broader public health goals. In that context, raising the legal age for tobacco purchase was framed as an example of how governments can translate evidence into durable structural change.

Sandrine Daoud

Policy Advisor, Deputy Prime Minister and Minister of Public Health, Belgium

'The barriers to start smoking should be as high as possible.'

Credibility, trust, and the role of young professionals

Across the session, young cancer professionals were not positioned as future leaders-in-waiting, but as current actors with immediate relevance. Their credibility – rooted in frontline experience and proximity to affected communities – was repeatedly identified as a strategic asset, particularly in areas where misinformation and commercial interests continue to undermine prevention efforts.

The discussion suggested that empowering young professionals within policy processes is not only a matter of inclusion, but of effectiveness. Their voices were framed as essential to bridging the gap between long-term evidence and short-term political decision-making, especially in prevention debates where resistance remains entrenched.

Looking ahead: acting for outcomes we may never see

Rather than closing with a list of demands, the session ended on a shared recognition of responsibility. The future cancer burden in Europe will be shaped by choices made now – about prevention thresholds, regulatory ambition, and political will. The Tobacco 21 discussion served as an illustration of this principle: a policy whose success will be measured in cancers that never occur.

In that sense, the session functioned as both a warning and an invitation. Delay has consequences. But so does leadership that is willing to act for outcomes it may never fully witness.

Panellists of the 'Young Cancer Voices Shaping Tomorrow's European Cancer Policy' session

Elisabetta Zanon, CEO, European Cancer Organisation (ECO)

KEY POINTS

- Tobacco 21 was presented as a concrete, evidence-informed prevention measure with long-term impact
- Prevention policies test political willingness to act beyond electoral cycles
- Young cancer professionals play a crucial role in public trust and prevention credibility
- Raising barriers to smoking initiation remains one of the most effective cancer prevention strategies
- Sustainable cancer policy requires alignment between legislation, communication, and cultural norms

RESOURCES

- ECO Young Cancer Professionals Group

The session recording is available here.

Artificial Intelligence and Cancer Care: A Paradigm Shift in Progress

Organised by the Digital Health Network. With network co-chairs **Annemiek Snoeckx,** and **Alex Eniu,** including speakers:

- ***Brando Benifei MEP,*** *Co-Rapporteur, EU Artificial Intelligence Act, European Parliament*
- ***Saila Rinne,*** *Head of the Artificial Intelligence, Health and Life Sciences Unit, European AI Office, European Commission*
- ***Debra Montague,*** *Member, Patient Advisory Committee, European Cancer Organisation (ECO) & President, Lung Cancer Europe (LuCE)*
- ***Leonor Cerdá-Alberich,*** *Co-PI and Head of Computing and AI, Biomedical Imaging Research Group, La Fe Health Research Institute, Spain*
- ***Belén Fraile Ortiz,*** *Chief R&D Data Science Officer, Johnson & Johnson*

This session marked the formal launch of the European Cancer Organisation's policy paper *Harnessing AI for Cancer Care in Europe*, positioning it as a practical roadmap for how artificial intelligence should be developed, governed, and deployed across the cancer care continuum. The discussion was explicitly anchored in the paper's core premise: that AI's promise in oncology can only be realised if innovation is matched by trust, accountability, data quality, and sustained investment.

From the outset, the co-chairs framed the session as a moment of transition – from experimentation to implementation. Annemiek Snoeckx warned that AI is 'moving at a very high speed in all fields of medicine,' and that without coordinated European action, 'inequalities will be a major issue for the future.' Alex Eniu reinforced that artificial intelligence now cuts across education, research, clinical practice, and regulation, noting that 'all these aspects are actually touched by artificial intelligence.' The policy paper, he suggested, was designed precisely to connect these domains and prevent progress from becoming fragmented.

A policy paper as a strategic anchor

Rather than presenting abstract principles, *Harnessing AI for Cancer Care in Europe* was repeatedly referenced as a working document

Panellists of the 'Artificial Intelligence and Cancer Care: A Paradigm Shift in Progress' session shaped by clinicians, patients, researchers, policymakers, and industry. Introducing the paper, Snoeckx explained that it was intended to offer 'a practical roadmap for the future,' capturing both where AI is already delivering value and where unresolved risks remain.

Those risks – ranging from data bias and weak validation to low trust and uneven literacy – formed a central thread throughout the session. The paper's emphasis on trustworthy AI, clear standards, and human oversight provided a shared language for the panel, allowing political, technical, and patient perspectives to converge rather than collide.

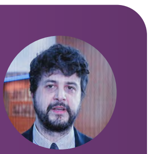
Regulation as an enabler, not an obstacle

The policy paper's alignment with emerging EU legislation was explored through the intervention of Brando Benifei MEP, Co-Rapporteur of the EU Artificial Intelligence Act. Speaking via recorded address, Benifei described Europe as being 'at a turning point today,' arguing that AI-driven research is becoming 'more and more powerful' and increasingly central to cancer innovation.

Crucially, he stressed that the AI Act is designed to support – not stifle – this progress. Research itself, he noted, is 'not touched by the regulation,' while AI systems used in medical contexts are classified as high-risk applications precisely to protect patients and clinicians. Safety, data quality, cybersecurity, and human control are therefore treated not as bureaucratic hurdles, but as conditions for responsible deployment.

Brando Benifei MEP

Co-Rapporteur, EU Artificial Intelligence Act, European Parliament



'Europe is at a turning point, and AI-driven research is becoming more and more powerful.'

Benifei also echoed a key warning in the ECO paper: without sustained investment, Europe risks falling behind global competitors. He cautioned that Europe 'cannot… be outpaced completely by the US and China,' situating AI for cancer care firmly within the broader debate on competitiveness, sovereignty, and the next EU Multiannual Financial Framework.

From left to right: Annemiek Snoeckx, Alex Eniu

From policy to capacity: building Europe's AI foundations

Translating policy into practice requires infrastructure, and Saila Rinne, Head of the Artificial Intelligence, Health and Life Sciences Unit at the European AI Office, outlined how the European Commission is acting on many of the priorities identified in the ECO paper. She welcomed the 'strong support and trust in the capabilities and the promise of AI in healthcare,' before detailing concrete investments in computing power, data access, and coordination.

Central to this effort is the creation of AI 'factories' – supercomputing facilities designed for data-intensive AI development. As Rinne explained, 'we have supercomputers that are tailored for the use of AI,' and a majority of these facilities are already committing to health and life sciences. This directly reflects the paper's call for infrastructure that can support real-world clinical validation, not just experimental models.

Rinne also highlighted parallel initiatives to improve access to genomic and imaging data, areas repeatedly emphasised in the policy paper as prerequisites for equitable AI development across Europe.

Saila Rinne

Head of the Artificial Intelligence, Health and Life Sciences Unit, European AI Office, European Commission

'We welcome the strong support and trust in the capabilities and the promise of AI in healthcare.'

Clinical application and the reality of data

While policy and infrastructure set the conditions, the session also addressed where AI is already reshaping clinical practice. Leonor Cerdá-Alberich, Co-PI and Head of Computing and AI at the Biomedical Imaging Research Group in Valencia, reinforced that 'cancer imaging is an area where AI is already very advanced.' Her contribution illustrated how imaging has become a test case for the paper's recommendations on validation, interoperability, and clinical integration.

From an industry perspective, Belén Fraile Ortiz, Chief R&D Data Science Officer at Johnson & Johnson, underscored one of the paper's most fundamental messages: 'data quality is crucial.' Her intervention reflected the document's warning that poorly governed or unrepresentative datasets risk amplifying inequalities rather than reducing them.

Together, these contributions reinforced the policy paper's insistence that AI adoption must be evidence-driven, continuously monitored, and embedded within clinical workflows rather than layered on top of them.

Leonor Cerdá-Alberich

Co-PI and Head of Computing and AI, Biomedical Imaging Research Group, La Fe Health Research Institute, Spain

'Cancer imaging is an area where AI is already very advanced.'

Trust, literacy, and the patient perspective

A defining strength of *Harnessing AI for Cancer Care in Europe* is its emphasis on trust – not as a vague aspiration, but as a measurable outcome of transparency, accountability, and inclusion. This theme came sharply into focus with the patient perspective offered by Debra Montague, President of Lung Cancer Europe and member of ECO's Patient Advisory Committee. Montague's presence served as a reminder that patient acceptance cannot be assumed. 'Trust, human-centred design, integration and empowerment must guide its deployment,' she said, and trust depends on transparency, meaningful involvement, and reassurance that AI tools support – rather than replace – human judgement.

Debra Montague, Member, Patient Advisory Committee, European Cancer Organisation (ECO) & President, Lung Cancer Europe (LuCE)

Survey data discussed during the session suggested growing confidence among professionals but also highlighted uneven AI literacy. The policy paper's call for large-scale training and clear accountability frameworks was repeatedly echoed, with human oversight identified as non-negotiable. AI may assist clinicians, but it cannot replace clinical responsibility or patient-clinician trust.

Debra Montague

Member, Patient Advisory Committee, European Cancer Organisation (ECO) & President, Lung Cancer Europe (LuCE)

'Trust, human-centred design, integration and empowerment must guide the deployment of AI.'

Avoiding fragmentation, delivering equity

Across the discussion, a consistent message emerged: Europe does not lack ideas or innovation, but it risks uneven implementation. Snoeckx warned again that without urgency, 'inequalities will be a major issue for the future,' while Eniu pointed to the need to turn existing policy commitments into action, describing recent developments as 'palpable actions' that now require follow-through.

In this sense, the session functioned exactly as the policy paper intended: not as a conclusion, but as a starting point for coordinated European delivery. By aligning political will, technical capacity, clinical reality, and patient trust, *Harnessing AI for Cancer Care in Europe* was positioned as a living framework for the next phase of digital transformation in oncology.

Panellists of the 'Artificial Intelligence and Cancer Care: A Paradigm Shift in Progress' session

KEY POINTS

- The session marked the formal launch of Harnessing AI for Cancer Care in Europe, a roadmap for responsible AI adoption
- AI is already delivering value across cancer research, imaging, and care delivery
- The EU Artificial Intelligence Act seeks to enable innovation while safeguarding patients and clinicians
- Investment in computing infrastructure and health data ecosystems is essential for scale and equity
- Data quality, validation, and interoperability remain foundational challenges
- Trust depends on human oversight, transparency, and patient involvement
- AI literacy and workforce preparedness will determine whether AI reduces or widens inequalities

RESOURCES

- ECO Digital Health Network
- Harnessing AI for Cancer Care in Europe
- EU Artificial Intelligence Act
- European AI Office

The session recording is available here.

Presenting the Top Abstracts from ECO's Young Cancer Professionals

Organised by the Young Cancer Professionals. Moderated by **Gilliosa Spurrier-Bernard** and **Rudi Dierckx,** including presentations from:

- ***Severien Van Keer,*** *Senior postdoctoral researcher FWO and Assistant Professor, University of Antwerp, Belgium*
- ***Ellis Slotman,*** *Postdoctoral Researcher, Netherlands Comprehensive Cancer Organisation (IKNL), The Netherlands*
- ***Fairley Le Moal,*** *Scientific Director and Associate Researcher, Seintinelles, Reshape U1290, France*

Presented by **Andreas Charalambous,** Founder and Chair, European Cancer Community Foundation & Professor in Oncology and Palliative Nursing Care, Cyprus University of Technology & Adjunct Professor (Docent), University of Turku, Finland, with:

- ***Balázs Ács,*** *Associate Professor, Karolinska Institutet, Sweden*
- ***Tihana Gašpert,*** *PhD student University of Maribor, Slovenia*

This session showcased the top three abstracts selected from a highly competitive field of submissions by ECO's Young Cancer Professionals, highlighting research that is both methodologically robust and immediately relevant to real-world cancer care. The co-chairs opened the session by underlining the criteria that distinguished the selected abstracts: their pragmatism, clinical relevance, and capacity to translate evidence into practice. As Dierckx noted, the selected works represented 'best practices' that were 'really pragmatic,' making the final selection process notably straightforward.

The session brought together three distinct but complementary strands of research: symptom management at the end of life, innovative approaches to cancer screening, and large-scale public engagement to shape research priorities. Collectively, they illustrated how early-career researchers are already reshaping the contours of patient-centred, equitable cancer care across Europe.

Ellis Slotman, Postdoctoral Researcher, Netherlands Comprehensive Cancer Organisation (IKNL), The Netherlands

Pain at the end of life: turning evidence into obligation

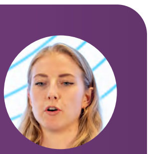
Ellis Slotman presented a population-based analysis of pain prevalence and relief during the final week of life among cancer patients, drawing on data from more than 215,000 deaths recorded in the Swedish Register of Palliative Care. To ground the data in lived experience, Slotman opened with the story of a fictional patient, Anna, whose final days were marked by pain that made it difficult 'to enjoy simple conversations and to be fully present.'

The scale of the findings was stark. Pain was reported in 82% of patients during their last week of life, with 35% experiencing severe pain. Crucially, Slotman demonstrated that patients whose pain was assessed using structured tools such as visual analogue or numerical rating scales were more likely to experience complete pain relief, a relationship observed consistently across cancer types.

Slotman emphasised that these were 'not just intriguing numbers,' but a call to action. With 'well over 9 million people' dying from cancer globally each year, improving end-of-life care requires embedding routine symptom monitoring into oncology standards, ensuring that dignity and comfort are treated as core outcomes of care rather than optional add-ons.

Ellis Slotman

Postdoctoral Researcher, Netherlands Comprehensive Cancer Organisation (IKNL), The Netherlands



'Dignity and comfort are core outcomes of care rather than optional add-ons.'

Reaching the unreached: rethinking cervical cancer screening

Severien Van Keer addressed one of the most persistent challenges in cancer prevention: how to engage women who remain under-screened or never screened for cervical cancer. Framing the problem succinctly, she argued that preventing deaths from gynaecological cancers might be 'just a toilet break away.'

From left to right: Gilliosa Spurrier-Bernard, Rudi Dierckx

Presenting first results from the ScreenUrSelf randomised controlled trial in Flanders, Van Keer showed that home-based urine self-sampling significantly increased participation among women who had not attended screening for at least six years. She highlighted how barriers such as discomfort, cultural concerns, and logistical constraints continue to exclude large groups of women, despite long-standing organised screening programmes.

By offering a method that required 'no needles, no speculums' and could be completed privately at home, the intervention directly addressed these barriers. Van Keer stressed that improving accessibility is not a marginal gain but a matter of equity, noting that persistent gaps in screening participation 'are really costing lives.'

Severien Van Keer

Senior postdoctoral researcher FWO and Assistant Professor, University of Antwerp, Belgium

'Preventing deaths from gynaecological cancers might be just a toilet break away.'

Letting the public set the agenda: participatory cancer research

Fairley Le Moal presented Research Engine, a large-scale participatory initiative developed by Seintinelles to capture the public's questions about cancer and use them to inform research priorities and public dissemination of existing results. She framed patient and public engagement as a way of recognising experiential knowledge as 'supplementary to scientific knowledge,' while acknowledging that most existing initiatives remain small in scale.

Research Engine sought to test whether meaningful engagement could be achieved at population level. Between September and December 2024, more than 1,800 participants took part, with over 700 people submitting more than 2,400 questions. Analysis revealed that the public's primary concerns centred on quality of life during and after cancer, cancer risk factors, and treatments – while questions about how research itself works also featured prominently.

Le Moal argued that the platform's strength lay in its simplicity, offering 'a space where the public can ask questions, they would like researchers to provide answers to.' Beyond informing research agendas, she emphasised the importance of closing the feedback loop by ensuring participants are informed about existing evidence and ongoing research.

Fairley Le Moal

Scientific Director and Associate Researcher, Seintinelles, Reshape U1290, France

'Seintinelles offer a space where the public can ask questions, they would like researchers to provide answers to.'

Investing in the next generation: Rising Star Grants

In the final part of the session, Andreas Charalambous, Founder and Chair of the European Cancer Community Foundation, introduced the Rising Star Grants, created to support early-career cancer professionals with limited access to traditional funding streams. Charalambous described the Foundation's commitment to making cancer care 'more effective, more efficient, more inclusive, but more equitable,' particularly by supporting individuals and smaller organisations.

Balázs Ács, Associate Professor at Karolinska Institutet, presented his work on applying artificial intelligence to digital pathology to improve prognostication in breast cancer. He outlined how quantitative analysis of histopathology images could address challenges such as 'impaired reproducibility' and 'lack of patient-specific prognostic data,' while adhering to principles of trustworthy and explainable AI.

Balázs Ács

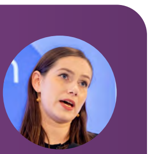
Associate Professor, Karolinska Institutet, Sweden

'AI in histopathology could address challenges such as the lack of patient-specific prognostic data.'

Tihana Gašpert, a PhD student at the University of Maribor, focused on the psychosocial dimensions of cancer care. Drawing on Jean Watson's theory of human caring, she described efforts to develop Caritas-based interventions that oncology nurses could integrate into routine practice 'without adding more workload.' Her work aimed to address the persistent imbalance between physical and psychosocial care, particularly in less-resourced settings.

Andreas Charalambous, Founder and Chair, European Cancer Community Foundation & Professor in Oncology and Palliative Nursing Care, Cyprus University of Technology & Adjunct Professor (Docent), University of Turku, Finland

Tihana Gašpert
PhD student University of Maribor, Slovenia



'Caritas-based interventions could integrate into routine practice without adding more workload.'

Reflecting on Gašpert's presentation, Charalambous welcomed the reminder that, amid rapid technological advances, cancer care must not lose sight of 'the basics of caring and treating people.'

KEY POINTS

- Young Cancer Professionals are producing practice-ready research with immediate relevance for patient care and policy
- Routine, structured symptom assessment is strongly associated with improved pain relief at the end of life
- Home-based self-sampling can substantially increase cervical cancer screening participation among under-screened populations
- Large-scale participatory platforms reveal public priorities that extend beyond treatment to quality of life and research transparency
- Targeted investment through initiatives such as the Rising Star Grants is critical to sustaining innovation and equity in cancer care

RESOURCES

- ECO Young Cancer Professionals
- European Cancer Summit 2025 – Selected Abstracts
- European Cancer Community Foundation – Rising Star Grants

The session recording is available here.

Cancer Survivorship and Quality-of-Life: Is Europe Doing Enough?

With network co-chairs **Luzia Travado** and **Anne Letsch,** including speakers:

- ***Billy Kelleher MEP,*** *Substitute, Committee on Public Health, European Parliament*
- ***Fatima Cardoso,*** *President, ABC Global Alliance*
- ***Katell Maguet,*** *Patient Advocate, Inspire2Live*
- ***Adrian Ward,*** *Director, International Oncology Policy, Gilead*
- ***Régine Kiasuwa Mbengi,*** *Head of Supportive Care and Organisation Unit & Scientist, Cancer Centre & Department of Epidemiology and Public Health, Sciensano, Belgium*

This session marked a decisive moment for cancer quality-of-life and survivorship in Europe. It was not only a forum for reflection, but also the formal launch of the ECO policy paper *Next Level EU Cancer Survivorship and Quality-of-Life Policy* – a comprehensive EU-wide mapping of where cancer quality-of-life and survivorship stands today, where it is failing, and what must change if it is to become a meaningful measure of cancer policy success.

Luzia Travado opened the discussion by situating survivorship within a broader redefinition of cancer care. With more than 20 million people now living with and beyond cancer in Europe, she argued that survival alone can no longer serve as the endpoint of care. The central question – 'are we doing enough?' – was not rhetorical. It framed survivorship and quality-of-life as a test of whether health systems are capable of addressing the long-term physical, psychological, social, and economic consequences of cancer, rather than simply its acute clinical phase.

In her opening remarks, Travado emphasised that survivorship and quality-of-life must be understood as integral to the cancer continuum, not as follow-on considerations once treatment ends. This framing set the tone for a session that moved deliberately between lived experience, clinical realities, and structural policy gaps – making clear that survivorship is now one of the most pressing and unresolved challenges in European cancer policy.

Panellists of the 'Cancer Survivorship and Quality-of-Life: Is Europe Doing Enough?' session

From survival to lived reality

Across Europe, improvements in diagnosis and treatment mean that people are living longer with and after cancer – but often with lasting consequences that health systems are poorly equipped to address. Survivorship frequently involves chronic pain, fatigue, cognitive impairment, anxiety, depression, disrupted employment, and financial insecurity. These burdens, repeatedly highlighted during the session, remain unevenly recognised and inconsistently addressed across Member States.

Anne Letsch reinforced this point by underlining that survivorship and quality-of-life must become 'an important pillar of modern cancer care'. She warned against approaches in which survivorship and quality-of-life services are scattered, underfunded, or left outside formal care pathways. Without structured integration – including the systematic collection of longitudinal patient-reported outcomes and long-term toxicity data – survivorship and quality-of-life remain largely invisible in planning, reimbursement, and evaluation.

A survivor's testimony: when life stops

The human consequences of these gaps were powerfully illustrated by Katell Maguet, patient advocate with Inspire2Live, who opened the session with a personal testimony. Diagnosed with stage III colorectal cancer at the age of 40, Maguet described how survivorship is often defined not by recovery, but by dislocation.

Reflecting on the years following her diagnosis and repeated treatments, she summarised the experience starkly: 'If I can say one word to describe that time, it was really loneliness, isolation.' Too young to fit traditional expectations of cancer patients and too old to be absorbed into youth-focused support structures, she described feeling suspended outside normal social and professional life.

From left to right: Katell Maguet, Régine Kiasuwa Mbengi

Luzia Travado, Co-Chair, Survivorship and Quality of Life Network, European Cancer Organisation (ECO)

Katell Maguet

Patient Advocate, Inspire2Live

'If I can say one word to describe that time, it was really loneliness, isolation.'

Maguet spoke candidly about losing her job, her fertility, and ultimately her sense of identity. Work, she explained, is not merely a source of income but a marker of belonging – something reflected in how society recognises individuals. Without effective support for rehabilitation or return to work, survivorship became a prolonged struggle to rebuild a 'new normal' in the absence of clear pathways or institutional support.

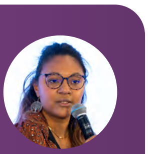
Launching a policy response: progress and persistent gaps

The launch of the *Next Level EU Cancer Survivorship and Quality-of-Life Policy* provided the policy backbone for the session's discussion. The report documents a clear pattern across Europe: while survivorship and quality-of-life have gained political visibility under Europe's Beating Cancer Plan, implementation remains inconsistent, monitoring weak, and accountability fragmented.

Data presented during the session showed that large proportions of cancer patients and survivors continue to experience anxiety, untreated pain, malnutrition, and barriers to psychosocial care. Financial discrimination persists, with many survivors still facing difficulties accessing insurance, mortgages, or credit years after treatment. These failures, speakers argued, are not marginal issues but systemic ones, generating avoidable social and economic costs.

Anne Letsch, Co-Chair, Survivorship and Quality of Life Network, European Cancer Organisation (ECO)

Régine Kiasuwa Mbengi, Head of Supportive Care and Organisation Unit at Sciensano, cautioned that survivorship cannot succeed if it remains peripheral. As she put it, 'as long as survivorship care is addressed as something on the side, it will not work.' She stressed that survivorship must be integrated into cancer care pathways, professional education, and health system planning, supported by evidence on cost-effectiveness and return on investment.



Régine Kiasuwa Mbengi

Head of Supportive Care and Organisation Unit & Scientist, Cancer Centre & Department of Epidemiology and Public Health, Sciensano, Belgium

'As long as survivorship care is addressed as something on the side, it will not work.'

Advanced cancer and the right to be remembered

A pivotal intervention came from Fatima Cardoso, President of the ABC Global Alliance, who challenged narrow definitions of survivorship. Advances in treatment mean that many people now live for extended periods with advanced or metastatic disease – often for 'five, sometimes even ten years' – long enough to develop complex survivorship needs.

Cardoso argued that traditional survivorship models have failed this group, historically treating metastatic disease as incompatible with survivorship. She recalled earlier findings showing that people with advanced cancer felt 'totally abandoned' by policy frameworks focused almost exclusively on cure. This neglect, she suggested, reflects a deeper problem: systems that fail to recognise long-term lived experience once prognosis becomes uncertain.

Fatima Cardoso

President, ABC Global Alliance

'People with advanced cancer felt totally abandoned by policy frameworks focused almost exclusively on cure.'

Financial discrimination and the Right to Be Forgotten

The policy dimension of survivorship was addressed directly by Billy Kelleher MEP, who focused on financial exclusion as one of the most persistent structural barriers facing cancer survivors. He described access to financial services as 'a key challenge for people that are survivors of cancer', particularly in countries where legal protections remain absent or poorly enforced.

Kelleher reiterated the importance of the Right to Be Forgotten, arguing that survivors should not continue to be penalised for a past diagnosis when applying for loans, mortgages, or insurance. While some Member States have introduced protections, he noted that progress remains uneven and that EU-level leadership is essential to drive harmonisation. Without such action, survivorship risks becoming a new axis of inequality within European societies.

Picking up on that, Cardoso introduced a complementary idea: in survivorship terms, patients also require a right to be remembered. Remembered by health systems, by data infrastructures, by research agendas, and by policy frameworks that do not allow people with ongoing disease to disappear once they no longer fit conventional categories. Survivorship, she implied, is not only about erasing stigma, but about ensuring continuity, visibility, and recognition over time.

Billy Kelleher MEP

Substitute, Committee on Public Health, European Parliament

'Access to financial services is a key challenge for people that are survivors of cancer.'

Shared responsibility across systems

The session also acknowledged the need for cross-sector responsibility in addressing survivorship. Adrian Ward, Director of International Oncology Policy at Gilead, emphasised that quality-of-life must be 'addressed across the system', requiring coordination between healthcare providers, policymakers, researchers, employers, and other stakeholders. Survivorship, speakers agreed, cannot be delivered by oncology services alone; it demands alignment across health, social, and economic domains.

From recognition to implementation

As the session closed, a clear message emerged: Europe has moved beyond awareness. The evidence is established, the gaps are mapped, and the human consequences are undeniable. What remains is implementation – embedding survivorship into care pathways, collecting meaningful long-term data, enforcing legal protections, and treating quality of life as a core outcome of cancer policy.

Travado returned to the session's opening question, reminding participants that survivorship and quality-of-life are a defining measure of success. Not simply how long people live after cancer, but how well – and whether systems are prepared to remember them once treatment ends.

KEY POINTS

- Survivorship and quality-of-life are now central tests of cancer policy effectiveness in Europe
- The Next Level EU Cancer Survivorship and Quality-of-Life Policy marks a shift from recognition to accountability
- Survivor testimony reveals profound socio-economical, psychological, and professional disruption long after treatment
- People living long-term with advanced or metastatic cancer must be included in survivorship frameworks
- The Right to Be Forgotten must be matched by a right to be remembered within health systems and policy
- Integration, data, and legal protection are essential to making survivorship and quality-of-life sustainable and equitable

RESOURCES

- ECO Survivorship & Quality of Life Network
- Next Level EU Cancer Survivorship and Quality-of-Life Policy
- Cancer survivors deserve better: Fresh call to new European Commission on a 'Right to be Forgotten'

The session recording is available here.

Strengthening the Oncology Workforce: Addressing Shortages, Well-being, and Future Skills

Organised by the Workforce Network. With network co-chairs **Wendy Oldenmenger, Mirjam Crul,** and **Wim Ceelen,** including speakers:

- ***Tomislav Sokol MEP,*** *Co-Chair, Intergroup on Cancer and Rare Diseases & Member, Committee on Public Health, European Parliament*
- ***Matthias Schuppe,*** *Deputy Head of the Cancer, Health in All Policies Unit, Directorate General for Health and Food Safety, European Commission*
- ***Sabe Sabesan,*** *President, Clinical Oncology Society of Australia (COSA)*
- ***Charlotte Poulussen,*** *Policy Advisor, Deputy Prime Minister and Minister of Public Health, Belgium*
- ***Rachel Giles,*** *President, VHL Europa*
- ***Stefan Hendriks,*** *Senior Vice-President, Head, Western European Cluster, Novartis*

The oncology workforce session addressed one of the most consequential constraints facing cancer care in Europe today: the growing mismatch between rising demand and the capacity of health systems to respond. The discussion treated workforce shortages, burnout, and skills gaps not as isolated problems, but as structural threats to quality, equity, and sustainability in cancer care.

From the outset, the session made clear that workforce challenges are already shaping patient outcomes and system performance. This was not framed as a looming risk, but as an operational reality affecting waiting times, access to innovation, and the delivery of multidisciplinary care. As Tomislav Sokol MEP emphasised, the shortage is 'not a future problem – it is already here,' and it is now constraining what health systems can realistically deliver.

Panellists of the 'Strengthening the Oncology Workforce: Addressing Shortages, Well-being, and Future Skills' session

From evidence to political accountability

The discussion was grounded in stark evidence. Workforce Network survey data show that more than half of cancer professionals feel their workload is endless, and that decision-making processes insufficiently account for staff well-being. These findings align with recent WHO Europe data indicating that doctors and nurses are five times more likely than the general population to experience symptoms of depression, and with evidence from the European Junior Doctors Association showing excessive working hours and widespread dissatisfaction with work–life balance.

Building on this evidence, Tomislav Sokol MEP delivered one of the most wide-ranging interventions of the session, situating workforce shortages within the broader political and economic context of the European Union. He argued that persistent understaffing is already undermining access to cancer care, particularly in smaller Member States and less resourced regions, and warned that workforce fragility threatens the credibility of Europe's cancer ambitions.

Sokol stressed that workforce planning must be treated as a matter of political responsibility, not merely technical administration. He linked shortages directly to delays in diagnosis and treatment, uneven access to specialised services, and the growing difficulty of sustaining multidisciplinary cancer care. Beyond health policy alone, he pointed to the implications for European competitiveness, arguing that failure to invest in people risks eroding Europe's capacity to translate research excellence into patient benefit. His message was unequivocal: without decisive action, workforce constraints will continue to widen inequalities and stall progress, regardless of advances in science or policy frameworks.

Tomislav Sokol MEP

Co-Chair, Intergroup on Cancer and Rare Diseases & Member, Committee on Public Health, European Parliament

'Without decisive action, workforce constraints will continue to widen inequalities and stall progress.'

From left to right: Matthias Schuppe, Rachel Giles, Tomislav Sokol MEP

EU-level action: Skills, coordination, and readiness

From the European Commission perspective, Matthias Schuppe reinforced the centrality of workforce issues to Europe's Beating Cancer Plan. He underlined that 'a skilled, dedicated and resilient health workforce is a key element' in delivering the Plan's objectives, while acknowledging that 'there are significant challenges' across Member States, including shortages of doctors, nurses, and specialised professionals.

Schuppe outlined a range of EU-supported actions aimed at addressing these pressures, including workforce planning initiatives, nurse retention strategies, and substantial investment in skills development. Particular emphasis was placed on inter-specialty training, upskilling in response to technological change, and improving data and forecasting to support long-term planning. The message was that workforce policy cannot be separated from system readiness: new treatments, digital tools, and innovative models of care can only succeed if professionals are supported, trained, and retained.

Matthias Schuppe

Deputy Head of the Cancer, Health in All Policies Unit, Directorate General for Health and Food Safety, European Commission

'A skilled, dedicated and resilient health workforce is a key element in delivering Europe's Beating Cancer Plan.'

National reform: Reorganising care and careers

A national policy perspective was provided by Charlotte Poulussen, who described how Belgium is responding through structural reform rather than short-term mitigation. She noted that rising cancer incidence and increasingly complex treatments mean that 'staff shortages and high workloads threaten both the quality of care' and the sustainability of the workforce itself.

Central to Belgium's response is the 'care ladder' model, built on the principle that 'each healthcare professional should work at the top of their competencies.' Poulussen explained how redefining roles across care assistants, practical nurses, registered nurses, and nurse specialists opens clearer career pathways, supports lifelong learning, and reduces unnecessary pressure on highly specialised staff. She also highlighted the reorganisation of care around structured multidisciplinary teams, with task differentiation and coordination designed to improve efficiency while strengthening professional recognition and job satisfaction.

Charlotte Poulussen

Policy Advisor, Deputy Prime Minister and Minister of Public Health, Belgium

'Staff shortages and high workloads threaten both the quality of care and the sustainability of the workforce.'

Shared leadership and the 'lasagna model' of culture

While policy frameworks and funding are essential, Sabe Sabesan argued that sustainable workforce reform ultimately depends on culture and leadership. He observed that 'clinicians, we've been shouting at the system all along,' but warned that progress will remain limited unless responsibility is shared across all levels of organisations.

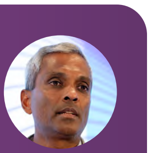
Sabesan introduced the contemporary definition of culture developed by the Clinical Oncology Society of Australia and concept of a 'lasagna model' of leadership and culture, explicitly referenced in the session slides. Rather than relying on a single hierarchy or individual champions, the model envisages layered responsibility across teams, management, governance, and systems. Each layer has a role in enabling healthy workplace culture – from frontline teams practising shared decision-making, to organisational leadership aligning values and incentives, to systems that embed monitoring, quality improvement, and enabling processes.

In this model, leadership is distributed rather than concentrated. Teams are supported to function collaboratively, co-designing care with patients and with each other, while higher organisational layers provide the structures, resources, and

From left to right: Sabe Sabesan, Stefan Hendriks, Matthias Schuppe, Rachel Giles accountability needed to sustain this way of working. Sabesan argued that only when 'all layers start working together' can organisations move beyond burnout-driven firefighting towards genuinely resilient systems.

Sabe Sabesan

President, Clinical Oncology Society of Australia (COSA)



'Healthy workplace culture is like making tasty lasagne: all layers need to enable each other to absorb the sauce and be cooked at the same time. Only when all layers start working together can organisations move beyond burnout-driven firefighting.'

Innovation, access, and the wider workforce ecosystem

The discussion also broadened the definition of the oncology workforce beyond hospitals alone. Stefan Hendriks highlighted the growing gap between scientific innovation and health system capacity, warning that innovation is 'accelerating much faster than the system' that must deliver it.

Hendriks argued that investment in workforce and system readiness should not be framed as a cost but as a societal return, stressing that 'we should not look at it as a cost, but as an investment.' He linked workforce preparedness to timely access to medicines, regulatory efficiency, and Europe's position in global research and development, noting that delays in access ultimately undermine both patient outcomes and economic productivity.

Mirjam Crul, Co-Chair, Workforce Network, European Cancer Organisation (ECO)

From left to right: Wim Ceelen, Wendy Oldenmenger

The patient perspective: collaboration across boundaries

Representing the patient voice, Rachel Giles reflected on the INTERACT-EUROPE 100 initiative, describing it as 'a cultural shift in getting different specialties to work together.' Speaking 'as the patient representative,' she emphasised that workforce reform must also be judged by how well it supports collaboration across disciplines and borders, ensuring that care pathways are coherent rather than fragmented from the patient's perspective.

Rachel Giles

President, VHL Europa

'INTERACT-EUROPE 100 is a cultural shift in getting different specialties to work together.'

From recognition to sustained action

Across the session, recurring themes emerged around skills circulation, preparedness, and the need to align workforce policy with broader EU priorities, including resilience and long-term system sustainability. The conclusion was clear: no single intervention will resolve the oncology workforce crisis. Progress depends on political commitment, robust data, cultural change, and sustained investment in people across the entire cancer ecosystem.

Addressing workforce challenges is not a distraction from cancer reform. It is the condition that makes reform possible.

KEY POINTS

- The oncology workforce crisis is already affecting access, quality, and equity in cancer care
- Political accountability and long-term planning are essential to prevent workforce shortages from undermining Europe's cancer ambitions
- EU-level initiatives are increasingly focused on skills, training, and system readiness
- National reforms can improve sustainability through role redesign and structured multidisciplinary teams
- Cultural change, including shared leadership and team-based models, is critical to resilience
- Workforce investment must keep pace with innovation to avoid widening gaps in access and outcomes

RESOURCES

- ECO Workforce Network
- Europe's Beating Cancer Plan
- WHO Europe
- European Junior Doctors Association
- INTERACT-EUROPE 100

The session recording is available here.

National Cancer Control Plans in Focus: Lessons, Challenges, and Future Directions

Organised by the Health Systems & Quality Cancer Care Network. With network co-chairs **Yolande Lievens,** and **Piotr Rutkowski,** including speakers:

- ***Tit Albreht,*** *Health Services Research, University of Amsterdam*
- ***Simon Oberst,*** *Quality & Accreditation Director, Organisation of European Cancer Institutes (OECI)*
- ***Marc Van Den Bulcke,*** *Head of Service, Belgian Cancer Centre, Sciensano, Belgium*
- ***Yannick Romero,*** *Senior Knowledge and Advocacy Manager, Union for International Cancer Control (UICC)*
- ***Ariane Weinman,*** *Public Affairs Senior Manager, EURORDIS – Rare Diseases Europe*
- ***Jennifer Young,*** *Vice President and Head, Global Business Policy and Public Affairs, Pfizer*

National cancer control plans (NCCPs) are widely recognised as essential instruments for reducing cancer burden and organising health system responses. Yet across Europe, their impact remains uneven. This session examined why some plans translate into tangible improvements while others stall, fragment, or remain largely aspirational. Bringing together policymakers, health system experts, patient advocates, and industry representatives, the discussion moved beyond the existence of plans to focus on their structure, governance, implementation, and long-term sustainability.

Yolande Lievens framed the discussion around 'three pillars,' highlighting that effective cancer plans depend not only on strategic ambition but also on operational clarity and accountability. Piotr Rutkowski emphasised that the session would remain 'deeply focused on national cancer plans across Europe,' recognising both their diversity and the shared challenges that cut across national contexts.

Panellists of the 'National Cancer Control Plans in Focus: Lessons, Challenges, and Future Directions' session

From paper plans to living frameworks

A recurring theme was the distinction between having a plan and making it work. Tit Albreht, drawing on extensive comparative analysis, cautioned that 'the existence of a plan does not really help' unless it is embedded in governance structures capable of driving delivery. He stressed that too many plans remain disconnected from budgeting cycles, workforce planning, and system-wide performance monitoring. Without these links, plans risk becoming static policy documents rather than living frameworks guiding decision-making.

Tit Albreht

Health Services Research, University of Amsterdam

'The existence of a national cancer plan does not really help unless it is embedded in structures capable of delivery.'

This concern was echoed across the panel. Yannick Romero warned against plans that fail to move beyond initial publication, arguing that the real test is whether countries 'plan to do this … without leaving it on the shelf.' The credibility of national cancer strategies, he suggested, ultimately depends on implementation mechanisms that survive political cycles and administrative turnover.

Several speakers highlighted that fragmentation within health systems often undermines even well-designed plans. Where responsibilities are dispersed across ministries, regions, or agencies without clear coordination, implementation becomes inconsistent. Effective NCCPs, the panel agreed, require clear ownership and sustained leadership at national level, combined with mechanisms to align regional and local actors.

From left to right: Yolande Lievens, Piotr Rutkowski, Yannick Romero

Governance, coordination, and accountability

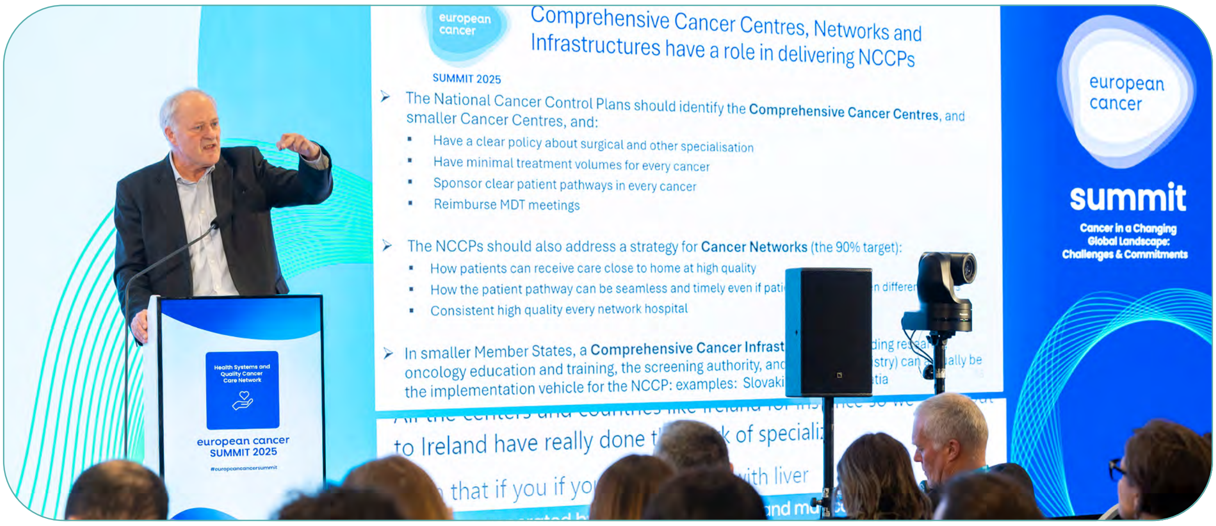
Strong governance emerged as a central differentiator between effective and ineffective plans. Marc Van Den Bulcke described how Belgium sought to strengthen alignment between national priorities and European initiatives, noting that 'we created the EBCP mirror group' to ensure coherence with Europe's Beating Cancer Plan. This approach was presented as a way of avoiding duplication while reinforcing national accountability for delivery.

Marc Van Den Bulcke

Head of Service, Belgian Cancer Centre, Sciensano, Belgium

'National coherence with Europe's Beating Cancer Plan avoids duplication while reinforcing national accountability.'

Simon Oberst placed particular emphasis on the organisational dimension of cancer care, arguing that 'cancer networks are absolutely important' for translating policy into practice. Networks, he suggested, are critical for ensuring quality, consistency, and equitable access, especially in systems where care delivery is decentralised. Without functional networks, national plans struggle to influence what happens at clinical and institutional level.



Simon Oberst, Quality & Accreditation Director, Organisation of European Cancer Institutes (OECI)

Simon Oberst

Quality & Accreditation Director, Organisation of European Cancer Institutes (OECI)

'Cancer networks are absolutely important for translating policy into practice.'

The discussion also underlined the importance of data and evaluation. While national plans frequently articulate ambitious targets, mechanisms to track progress are often weak or inconsistently applied. Panellists noted that transparent monitoring frameworks are essential not only for accountability but also for learning – allowing countries to adapt policies as evidence and circumstances evolve.

Rare Cancers: Patients, equity, and inclusion

Patient perspectives featured prominently in the session, particularly around equity and inclusion.

Ariane Weinman spoke on behalf of the Rare Cancer Advocates Network, coordinated by EURORDIS, emphasising that childhood cancers and rare adult cancers are either not addressed, or not sufficiently addressed, in NCCPs. This leaves patients with rare or poorly understood conditions navigating fragmented systems with limited coordination. Altogether, rare cancers account for around 24% of new cancer diagnoses, with approximately 5.1 million people living with a rare cancer in Europe. Members of the Network issued an evidence-based Joint Position Paper calling for recognition of their specific needs and urging that each NCCP in Europe includes dedicated, comprehensive, and distinct sections on childhood cancers and on rare adult cancers, covering all stages of the patient and survivor journey. They also formulated a set of recommendations to be included in each section.

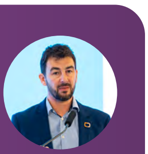
Ariane Weinman

Public Affairs Senior Manager, EURORDIS v Rare Diseases Europe

'NCCPs must include dedicated and distinct sections on childhood cancers and on rare adult cancers to leave no patient behind.'

The panel broadly agreed that NCCPs must explicitly address disparities in access, outcomes, and quality of care. Equity cannot be treated as an aspirational add-on; it must be built into planning assumptions, resource allocation, and evaluation criteria. Speakers noted that without deliberate attention, national plans can inadvertently reinforce existing inequalities – particularly for patients with rare cancers, those in remote regions, or groups facing socioeconomic barriers.

Romero reinforced this point by stressing that implementation choices determine whether plans deliver for all patients or only for those already well served by health systems. Patient engagement, he argued, should be systematic rather than symbolic, ensuring that lived experience informs priorities and delivery models.



Yannick Romero

Senior Knowledge and Advocacy Manager, Union for International Cancer Control (UICC)

'Patient engagement should be systematic rather than symbolic.'

The role of stakeholders beyond government

The session also explored how actors beyond government contribute to effective cancer planning. Jennifer Young characterised national cancer control plans as 'the roadmaps' that guide long-term investment and coordination across sectors. From her perspective, clarity and predictability in national strategies are essential for aligning research, innovation, and access initiatives with public health goals.

While perspectives differed on the precise role of industry and other stakeholders, there was broad agreement that inclusive planning processes strengthen implementation. When national plans are developed in isolation, they risk missing opportunities for collaboration or failing to anticipate practical constraints. Conversely, transparent engagement – anchored in public health priorities – can help mobilise expertise and resources in support of shared objectives.

From left to right: Ariane Weinman, Jennifer Young

Bridging national contexts and European ambition

Throughout the discussion, speakers returned to the relationship between national cancer plans and Europe-wide initiatives. Europe's Beating Cancer Plan was widely seen as a catalyst for renewed national action, but panellists cautioned that alignment must be active rather than rhetorical. Van Den Bulcke's example of structured coordination mechanisms illustrated how European ambition can reinforce, rather than dilute, national ownership.

Albreht noted that comparative analysis across countries reveals persistent gaps between policy intent and system capacity. Bridging these gaps requires realism about workforce shortages, financing constraints, and institutional inertia. National plans that acknowledge these constraints – and build phased, adaptable pathways – are more likely to achieve lasting impact.

European Cancer Summit 2025 Audience

From ambition to delivery

In closing, the session underscored that national cancer control plans remain indispensable – but insufficient on their own. As Lievens' framing suggested, ambition must rest on solid pillars: governance, coordination, and implementation. Without these, plans risk becoming symbolic rather than transformative.

Rutkowski concluded the discussion by reiterating the importance of sustained focus and political commitment. The challenge facing Europe is no longer whether to have national cancer plans, but how to ensure they function as engines of change – capable of improving outcomes, reducing inequalities, and adapting to future pressures on health systems.

KEY POINTS

- National cancer control plans must be designed as delivery tools, not static policy documents
- Governance, accountability, and sustained leadership determine whether plans translate into impact
- Cancer networks are essential to embedding national strategies into everyday care
- Equity and inclusion must be structurally embedded, particularly for rare and underserved populations
- Alignment with Europe-wide initiatives strengthens national plans when ownership remains clear

RESOURCES

- ECO Health Systems & Quality Cancer Care Network
- European Cancer Pulse: Country Reports
- Europe's Beating Cancer Plan

The session recording is available here.

Bringing European Cancer Research to the Next Level: Cooperation, Innovation and Transformation

Organised by the Research Policy Network. With network co-chair **Christine Chomienne,** including speakers:

- ***Annika Nowak,*** *Head of Sector, Cancer Mission Secretariat, Directorate-General Research and Innovation, European Commission, Unit Combatting Diseases, Directorate-General for Research and Innovation, European Commission*
- ***Brian Huntly,*** *President-Elect, European Hematology Association (EHA) & Head of Department of Hematology, University of Cambridge, United Kingdom*
- ***Hugo Soares,*** *Science Manager, Agency for Clinical Research and Biomedical Innovation (AICIB), Portugal*
- ***Gilliosa Spurrier-Bernard,*** *Co-Chair, Patient Advisory Committee, European Cancer Organisation (ECO) & Vice-President, Melanoma Patients Network Europe*
- ***Roy A. Jensen,*** *Vice Chancellor and Director, University of Kansas Cancer Center, United States*
- ***Muriel O'Byrne,*** *Senior Vice-President, International Regulatory Affairs, Regeneron*

European cancer research stands at a decisive juncture. Over recent years, political attention, funding mechanisms, and strategic coordination at EU level have reached an intensity not previously seen. Yet the core question addressed in this session was not whether progress has been made, but whether Europe is now equipped to move faster, more coherently, and more equitably – turning research excellence into consistent benefit for patients across all regions.

The session examined how far European cancer research has come, what structural changes have enabled recent advances, and where persistent barriers continue to slow translation from discovery to delivery.

Panellists of the 'Bringing European Cancer Research to the Next Level: Cooperation, Innovation and Transformation' session

From strategy to execution

A recurring reference point throughout the session was the ECO report *Optimising EU Investment in Cancer Research: A Strategic Framework for Better Impact*, published in conjunction with the discussion. The report synthesises many of the themes raised – alignment, speed, patient relevance, and long-term investment – into a structured policy framework.

The message was clear: Europe has laid strong foundations. The next phase must focus relentlessly on execution – moving faster, coordinating better, and ensuring that research excellence translates into tangible benefit for patients across all Member States.

A short history, a compressed timeline

Annika Nowak, Head of Sector at the Cancer Mission Secretariat, grounded the discussion in institutional reality. Both Europe's Beating Cancer Plan and the EU Mission on Cancer, she reminded participants, were launched in 2021, and so it started only four years ago, a brief period given the scale of transformation now expected.

What distinguishes this phase from earlier EU initiatives is intentional alignment. From the outset, 'we decided immediately…we need to align the objectives' of research and policy. This approach was designed to overcome historic fragmentation and to ensure that scientific knowledge and policy instruments reinforce one another, keeping 'research and policy together.' Progress, Nowak cautioned, must be assessed with realism: 'looking back is good, but take stock where we stand.'

Annika Nowak

Head of Sector, Cancer Mission Secretariat, Directorate-General Research and Innovation, European Commission, Unit Combatting Diseases, Directorate-General for Research and Innovation, European Commission

'Progress must be assessed with realism: looking back is good, but take stock of where we stand.'

From left to right: Hugo Soares, Gilliosa Spurrier-Bernard

Speed as the new measure of success

For Brian Huntly, President-Elect of the European Hematology Association, the challenge is no longer a lack of scientific capacity. Europe remains strong in discovery, but 'we are still too slow' in translating that knowledge into clinical benefit. Structural complexity and cross-border fragmentation mean that 'coordination is the real challenge.'

Huntly argued that acceleration must now become a shared priority. Research systems need to be designed around the imperative that 'patients must benefit faster,' whether through more agile trial designs, better data sharing, or clearer pathways from innovation to routine care.

Brian Huntly

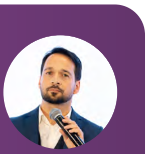
President-Elect, European Hematology Association (EHA) & Head of Department of Hematology, University of Cambridge, United Kingdom

'We are still too slow in translating that knowledge into clinical benefit and coordination is the real challenge.'

Coordination at scale

Hugo Soares of Portugal's Agency for Clinical Research and Biomedical Innovation placed this moment in historical context. For the first time, Europe is pursuing 'collaborative action plans on cancer research and policy' simultaneously, with 'financial and political support associated to them.' This convergence, unprecedented in scope, represents 'a unique opportunity as a cancer community.'

The risk, he warned, lies not in ambition but in execution. Without sustained coordination and shared priorities, even well-funded initiatives can become siloed. The next phase must therefore focus on governance, coherence, and long-term commitment.



Hugo Soares

Science Manager, Agency for Clinical Research and Biomedical Innovation (AICIB), Portugal

'Europe is pursuing collaborative action plans on cancer research and policy.'

Patient benefit as the deciding test

Gilliosa Spurrier-Bernard, Co-Chair of ECO's Patient Advisory Committee, brought the discussion decisively back to lived experience. From a patient perspective, she argued, research success is measured not by outputs or publications, but by 'access, not promises.' Innovation that fails to reach patients in a timely and equitable way risks deepening existing disparities.

She stressed that assessment frameworks must prioritise 'evidence of benefit' and 'outcomes that patients recognise.' Too often, patients are asked to wait while systems optimise themselves. Spurrier-Bernard called for research strategies that focus on delivery, relevance, and real-world impact.

She further emphasised that investment decisions should reward 'knowledge-based capability rather than financial reward.' In her view, effectiveness, inclusivity, and demonstrated benefit must outweigh purely commercial considerations – particularly in rare and poor-prognosis cancers where market incentives alone are insufficient. This perspective reinforced a recurring theme of the session: that patient value must sit at the centre of Europe's research priorities.

Gilliosa Spurrier-Bernard

Co-Chair, Patient Advisory Committee, European Cancer Organisation (ECO) & Vice-President, Melanoma Patients Network Europe

'Research assessment frameworks must prioritise evidence of benefit and outcomes that patients recognise.'

Lessons from established systems

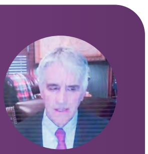
Roy A. Jensen, Vice Chancellor and Director of the University of Kansas Cancer Center, offered an international comparison. Cancer, he reminded participants, 'is an extraordinarily complex disease,' requiring sustained, coordinated effort across disciplines and decades.

In the United States, the National Cancer Act 'had a profound impact' by creating durable structures for comprehensive cancer centres. Crucially, it emerged as 'the dream of patient advocates,' underlining the role of public pressure in shaping research systems. The results have been measurable: 'the cancer death rate… has dropped 34%' since the early 1990s. Central to this progress, Jensen argued, is 'transdisciplinary coordination and collaboration,' a lesson with clear relevance for Europe.

From left to right: Christine Chomienne, Annika Nowak, Hugo Soares, Gilliosa Spurrier-Bernard

Roy A. Jensen

Vice Chancellor and Director, University of Kansas Cancer Center, United States



'The US National Cancer Act had a profound impact, reducing the cancer death rate by 34%.'

Regulation as a strategic lever

Muriel O'Byrne of Regeneron focused on the regulatory dimension. Effective systems, she argued, must 'enable innovation' rather than impede it. The challenge is achieving 'speed without compromising safety,' ensuring that patients gain timely access to advances while maintaining robust safeguards.

From left to right: Christine Chomienne, Annika Nowak

For researchers and developers alike, O'Byrne highlighted the need for 'predictability' and 'alignment across jurisdictions.' Fragmented regulatory requirements can delay multinational trials and deter investment, particularly in complex or rare cancers. Smarter, more coherent regulation is therefore essential to Europe's competitiveness and impact.

KEY POINTS

- Europe's Beating Cancer Plan and the EU Mission on Cancer have created unprecedented alignment between research and policy
- The primary challenge has shifted from coordination to acceleration
- Patient-relevant outcomes must be the central metric of success
- Strong governance and long-term commitment are essential to avoid fragmentation
- International experience highlights the value of sustained, transdisciplinary structures
- Regulatory frameworks should enable innovation while safeguarding patients
- Strategic clarity must now be matched by effective implementation

RESOURCES

- ECO Research Policy Network
- Optimising EU Investment in Cancer Research: A Strategic Framework for Better Impact
- Europe's Beating Cancer Plan
- EU Mission: Cancer

The session recording is available here.

When Time Is of the Essence: Strengthening Cancer Care in Times of Emergencies and Crises

Organised by the Emergencies & Crises Network. With network co-chairs **Mark Lawler,** and **Jacek Jassem,** including speakers:

- ***Arman Kacharian,*** *Medical Director, National Cancer Institute, Ukraine*
- ***Matti Aapro,*** *Past-President, European Cancer Organisation (ECO) & Board Member, Union for International Cancer Control (UICC)*
- ***Eric Adrien,*** *Policy Officer, Emergency Response Operations: Middle East Region/ Medical Evacuations, European Commission*
- ***Kathy Oliver,*** *Co-Chair, European Cancer Summit & Co-Chair, Patient Advisory Committee, European Cancer Organisation (ECO) & Chair and Co-Director, International Brain Tumour Alliance (IBTA)*
- ***Cecilia Simonelli,*** *Global Special Project Director, Menarini*

Emergencies and crises are no longer exceptional events for Europe's health systems; they are recurring conditions that test resilience, coordination, and moral resolve. In this session the focus was on how cancer care can prepare, respond, and sustain when systems are under acute strain – whether from war, displacement, pandemics, supply chain shocks, or antimicrobial resistance. As Mark Lawler warned, 'cancer doesn't stop when wars start,' and the session made clear that cancer policy and preparedness must assume continuity of care even under the most adverse circumstances.

Jacek Jassem framed the challenge succinctly, reminding participants that 'time is of the essence' for cancer patients in crises. Delays caused by conflict, shortages of healthcare professionals and/or medicines, or displacement are not neutral interruptions; they directly translate into avoidable harm. The session therefore examined not only immediate responses, but also how emergency measures can be transformed into durable, resilient pathways for the future.

Panellists of the 'When Time Is of the Essence: Strengthening Cancer Care in Times of Emergencies and Crises' session

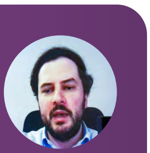
Sustaining cancer care under fire: the Ukrainian experience

The realities of delivering cancer care during full-scale war were set out by Arman Kacharian, speaking from Ukraine. His starting point was unequivocal: 'cancer does not stop… so neither can we.' Ukraine's health system, he explained, has faced the destruction of medical facilities, the killing and displacement of healthcare workers, and the loss of medical records as millions of people were forced to move internally or across borders. Yet treatment continuity remained a priority, even when logistics collapsed and medicine supply chains stalled.

Kacharian described how Ukraine's single-payer system and commitment to universal health coverage allowed resources to be reallocated rapidly, ensuring that displaced patients retained access to care. He emphasised the importance of making healthcare facilities as autonomous as possible during crises, with backup power, water, and shelter infrastructure, while continuing to modernise rather than merely 'survive.' International support was decisive, particularly the EU's temporary protection mechanism and coordinated medical evacuation pathways, which enabled patients to continue treatment safely when this was no longer possible inside the country.

Arman Kacharian

Medical Director, National Cancer Institute, Ukraine



'Cancer does not stop… so neither can we.'

Medical evacuation as a system, not an exception

The operational dimension of cross-border emergency response was detailed by Eric Adrien of the European Commission. Describing his unit as 'the fire station to the world,' Adrien explained how the EU's Emergency Response Coordination Centre adapted rapidly when confronted with a new reality: medical evacuation requests dominated not by trauma cases, but by people with chronic conditions, including cancer.

In both Ukraine and Gaza, cancer patients accounted for roughly a quarter of evacuation requests. Adrien outlined how ad hoc NGO-led responses were progressively replaced by a coordinated government-to-government system, creating structured referral pathways, shared patient distribution mechanisms, and voluntary solidarity between Member States. These arrangements reduced the burden on overstretched national systems while improving patient safety and continuity of care. He also raised the need to rethink preparedness more broadly, including whether stockpiling essential medicines – 'notably cancer medicines' – should be part of Europe's medical countermeasures strategy.

Eric Adrien, Policy Officer, Emergency Response Operations: Middle East Region/Medical Evacuations, European Commission

Eric Adrien

Policy Officer, Emergency Response Operations: Middle East Region/Medical Evacuations, European Commission

'The Emergency Response Coordination Center is the fire station to the world.'

The patient perspective: solidarity in action

While systems and logistics are essential, the human consequences of crises were brought sharply into focus by Kathy Oliver, who spoke from her experience with patients affected by war, famine, and displacement. Drawing on cases from Ukraine, Gaza, Sudan, Yemen, and beyond, she made clear that 'observing suffering and considering it's someone else's problem cannot be an option for any of us.'

Oliver described how patient organisations mobilised from the earliest days of the war in Ukraine – organising transport, translating medical records, securing continuity of care, and helping patients navigate unfamiliar health

From left to right: Kathy Oliver, Mark Lawler

Kathy Oliver

Co-Chair, European Cancer Summit & Co-Chair, Patient Advisory Committee, European Cancer Organisation (ECO) & Chair and Co-Director, International Brain Tumour Alliance (IBTA)

'Observing suffering and considering it's someone else's problem cannot be an option for any of us.'

systems. These efforts were often improvised and under-resourced, yet driven by urgency and determination. She warned that recent cuts to humanitarian aid and growing public apathy risk deepening vulnerability, stressing the need to ensure that 'no one facing cancer is ever left behind,' even in the darkest moments of crisis.

Antimicrobial resistance: the silent emergency

Beyond visible conflicts, Matti Aapro highlighted antimicrobial resistance (AMR) as a slower moving but equally profound threat to cancer care. He cautioned that oncology has benefitted enormously from advances in surgery, radiotherapy, and systemic therapies, yet these gains depend on effective infection control.

'The increase of antimicrobial resistance in various common strains of microbes is becoming a major threat for which we do have a few agents available,' he said. Simple messages – such as 'wash your hands' and recognising that antibiotics are not needed 'every time someone sneezes' – mask a deeper concern: rising resistance threatens the safety of cancer treatment itself.

Aapro underscored the need for surveillance, infection prevention, and coordinated action across health systems. In crisis settings, where infection risks are amplified and antibiotic misuse more likely, AMR becomes a force multiplier of harm, reinforcing the argument that emergency preparedness must explicitly include cancer care.

Matti Aapro

Past-President, European Cancer Organisation (ECO) & Board Member, Union for International Cancer Control (UICC)

'The increase of antimicrobial resistance in various common strains of microbes is becoming a major threat for which we do have a few agents available.'

Industry perspectives and system vulnerability

From a global industry standpoint, Cecilia Simonelli addressed the broader system impacts of crises, including medicine shortages and disrupted supply chains. She warned of the 'inhuman cost' of treatment interruptions and highlighted evidence showing that delays can increase mortality risk 'from two to five folds.' Her intervention reinforced a recurring theme of the session: that cancer care cannot be treated as elective or deferrable, even when systems are under extreme pressure.

Piotr Rutkowski, Co-Chair, Health Systems and Quality Cancer Care Network, European Cancer Organisation (ECO)

From emergency response to lasting resilience

Across contributions, a shared conclusion emerged: emergency measures must evolve into permanent capabilities. Crises expose existing weaknesses, but they also offer lessons on cooperation, flexibility, and solidarity. Redefining emergency healthcare to include cancer care, protecting health workers, ensuring legal pathways for rapid medicine access, and embedding patient voices into response planning are not optional extras – they are prerequisites for safeguarding progress.

As this session demonstrated, Europe has the technical capacity and collective experience to act. The challenge now is to institutionalise what has been learned, so that when the next crisis arrives, cancer patients are not once again forced to bear the cost of unprepared systems.

Mark Lawler, Co-Chair, Health Systems and Quality Cancer Care Network, European Cancer Organisation (ECO)

KEY POINTS

- Cancer care must be treated as an essential service, even during war, displacement, and system-wide crises
- Coordinated medical evacuation and cross-border solidarity can preserve continuity of treatment
- Patient organisations play a critical frontline role and must be integrated into emergency planning
- Antimicrobial resistance represents a growing, under-recognised threat to safe cancer care in crises
- Emergency responses should be converted into durable, resilient pathways that protect patients and health workers alike

RESOURCES

- ECO Emergencies & Crises Network
- Emergency Response Coordination Centre

The session recording is available here.

Reach Higher for Cancer Care

With **Dr Isabel Rubio**, President 2026–2027, European Cancer Organisation (ECO)

The 2025 European Cancer Summit concluded on a high note as incoming President Isabel Rubio unveiled the European Cancer Organisation's new flagship campaign ahead of forthcoming negotiations on the EU's next long-term budget (2028–2034).

She delivered an uplifting call to action, urging stakeholders to rally behind the *Reach Higher for Cancer Care* campaign.

Each year, more than 2.7 million people in the European Union are diagnosed with cancer and approximately 1.3 million die from the disease. In some countries, including Belgium and Bulgaria, cancer is already the leading cause of premature death. By 2050, it is projected to account for one in four premature deaths across Europe.

Rubio recognised the European Commission's achievement in launching Europe's Beating Cancer Plan under its 2021–2027 Multiannual Financial Framework and applauded the unprecedented progress the Plan has already delivered.

At the same time, she warned against complacency. The European Commission's proposal for the EU's next long-term budget integrates health into a broader Competitiveness Fund, with the potential of phasing out EU4Health as a standalone programme. This, she cautioned, could dilute cancer policy and weaken the momentum generated by Europe's Beating Cancer Plan and the EU Mission on Cancer.

Dr Isabel Rubio

President 2026–2027, European Cancer Organisation (ECO)

'This is not the moment to slow down. This is the moment to just go further and to reach higher.'

Isabel Rubio, President 2026–2027, European Cancer Organisation

The European Commission's proposal can still be amended. In this context, the Reach Higher campaign serves as a call to sustain ambition and sharpen political focus. Notably, EU member states can safeguard progress by taking three decisive actions:

- Sustain the success of Europe's Beating Cancer Plan by securing a dedicated €2 billion European Cancer Fund in the next EU budget to finance new actions and cross-border infrastructures for cancer control.
- Strengthen EU coordination of funding for cancer research: To compete with major research powers such as the USA and China, Europe needs a coherent strategy and an efficient use of resources. A European Cancer Institute – or other similar mechanism – could help bring stronger accountability, coordination and long-term planning. The ECO Green Paper on Cancer Research offers a practical example.
- Deploy National and Regional Partnership Plans (NRPP) to reduce disparities in cancer care and research: The next budget should support all countries in improving oncology data systems, laboratory infrastructures and workforce skills. The European Cancer Organisation recommends recognising health and cancer care as social objectives within these plans and raising the overall target for social objectives within NRPP funding to 20% from 14%.

Using the campaign's rocket symbol, Rubio framed the initiative as a call to accelerate progress, calling on policymakers, healthcare professionals, researchers, patient advocates, and civil society to work together and align their efforts.

Europe, she argued, must not lose momentum at a time when the cancer burden continues to grow. Instead, it must reach higher – sustaining investment, strengthening collaboration, and delivering measurable improvements in cancer outcomes across the continent.

RESOURCES

- Multiannual Financial Framework (MFF) One-Pager
- 'Europe's Beating Cancer Plan Works' Factsheet
- Flash Briefing on the Proposed New EU Budget 2028-2034
- Optimising EU Investment in Cancer Research: A Strategic Framework for Better Impact
- ECO's Responses to the European Commission's Future Budget Consultations
- ECO's Response to the consultation on priorities for the upcoming Irish Presidency of the Council of the European Union

As the not-for-profit federation of member organisations working in cancer at a European level, the European Cancer Organisation convenes oncology professionals and patients to agree policy, advocate for positive change and speak up for the European cancer community.

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