european cancer ORGANISATION

REACH HIGHER FOR CANCER CARE

Next Level for Europe Against Cancer

A Vision for a European Cancer Institute



Acknowledgements

This report draws on input from across the European cancer community. It was developed through a range of consultation activities with key experts and practitioners of pan-European cancer policy and research action held by the European Cancer Organisation (ECO) during the first semester of 2026, following up on contributions received for 'Optimising EU Investment in Cancer Research: A Strategic Framework for Better Impact'[1], a Green Paper published in November 2025 by ECO's Research Policy Network[2]. The report also forms part of the Reach Higher for Cancer Care campaign, an advocacy initiative of the European Cancer Organisation to ensure that cancer remains a political and financial priority in the EU's next long-term budget for 2028 to 2034[3].

We thank all partners who contributed their experience and perspectives to help illuminate challenges and opportunities for the continuous impact and stronger coordination of European Union level action against cancer. We also express our gratitude to all those who took the time to review and comment on this report and its recommendations during its wider review, as part of ECO's Policy Approval Pathway process[4].

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1. Find more information on the report here: www.europeancancer.org/green-paper-cancer-research.html
2. Find more information on the Network here: www.europeancancer.org/topic-networks/research-policy.html
3. Find more information on the campaign here: https://www.europeancancer.org/campaign/reach-higher-for-cancer-care.html
4. European Cancer Organisation's Policy Decision Making Process: www.europeancancer.org/content/policy-decision-making



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Suggested citation

Chomienne C, Rubio I, Traiteur N (2026). Next Level for Europe Against Cancer: A Vision for a European Cancer Institute. European Cancer Organisation; Brussels.

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Contents

Executive Summary 5

Foreword 7

High stakes for cancer control in Europe:
The case for a European Cancer Institute 8

Seven priorities for a European Cancer Institute 18

From theory to practice: legal options
for a European Cancer Institute 23

From practice to policy: how European
decision-makers can create a European Cancer Institute 31

References 33

Executive Summary

The European Union's action to protect people, societies and economies from the devastating impacts of cancer deserves a clear direction. To this purpose, the '*Next Level for Europe Against Cancer*' policy report proposes **a vision for a European Cancer Institute, as an elevated coordination instrument for EU-level cancer action**.

Cancer is a long-standing major public health concern and societal challenge for Europe. Considerable strides are being made to curb its burden, including Europe's Beating Cancer Plan and the EU Mission on Cancer. Provided that they are adequately supported, these initiatives have the potential to save millions of lives across the continent. However, **Europe's work to tackle cancer is far from over, as it still faces unacceptable cancer inequalities, as well as multi-faceted public health, health system and research challenges**.

In this context, the potential establishment of a European Cancer Institute is once again receiving growing support across the European political and stakeholder community, as **ongoing negotiations on the next EU long-term budget (Multiannual Financial Framework 2028-2034) spark wide-ranging uncertainties for the future of EU health policies**.

While the idea of a European Cancer Institute is not new, and forms part of a longer history of EU-level cancer action across four decades, it is justified and strengthened by the **ongoing benefits and the clear persistent needs for EU-level intervention in cancer control as a complement to Member States' policies**. The establishment of a European Cancer Institute is timely, to seize the unique historic opportunity to build upon, and ensure the long-term success of, Europe's Beating Cancer Plan and the EU Mission on Cancer. This is also relevant, as lessons from implementing these initiatives clearly point to the need for a stronger coherent vision and hands-on coordination.

Against this background, a European Cancer Institute would:

- build on the breadth of existing EU cancer initiatives and bodies
- operate across the full cancer pathway, from prevention to survivorship, and the continuum of research, care and education
- be expert-led, involve EU Member States and ensure meaningful patient involvement in its governance to maximise its credibility and political legitimacy
- turn data into action through strategic funding allocation, with institutional and public accountability for results
- invest in, sustain, and bring enhanced substance into, infrastructures for cancer care capacity
- focus on bridging Europe's cancer clinical and translational research gaps
- carry the voice of the European cancer community on the global stage

Four legal options were identified and assessed for the potential establishment of a European Cancer Institute within the European Union's apparatus, all modelled on existing EU structures and legal forms: an executive agency with a strategic board, a decentralised agency with a multi-stakeholder board, a joint undertaking with public-public or public-private governance, and the transition from an inter-service coordination to a dedicated authority.

The broadest support is received from the European cancer community for a decentralised agency scenario, combining institutional independence, expert leadership and structured Member State engagement. Yet, other scenarios remain potentially viable as fallbacks, components or interim arrangements towards the proposed new coordination instrument.

OUR RECOMMENDATIONS TOWARDS A FUTURE EUROPEAN CANCER INSTITUTE

In the context of ongoing negotiations on the next EU Multiannual Financial Framework 2028-2034, the European Cancer Organisation recommends the following to make a European Cancer Institute happen:

- **The establishment of a Project Group or Working Group by the European Commission**, bringing together relevant services to prepare a legislative proposal on the creation of a European Cancer Institute
- **The tabling of a non-paper by a coalition of interested Member States** under the auspices of the incoming Trio EU Presidency of Ireland, Lithuania and Greece, opening practical discussions among governments on the prospect for a European Cancer Institute
- **A hearing of the European Parliament's SANT Committee** held on the occasion of World Cancer Day 2027, issuing a clear, cross-party political signal to the Commission and the Council in favour of a European Cancer Institute
- **A legal amendment to the current proposal for the next Horizon Europe programme by the European Parliament's ITRE Committee,** reinstating a dedicated Health Committee within the programme's governance, creating the framework needed for such discussions to take place as those on the creation of a European Cancer Institute
- **A guarantee from all EU institutions of ring-fenced health funding within the next EU long-term budget**, through amendments to the regulations laying down the 2028-2034 Multiannual Financial Framework, the new European Competitiveness Fund and the new Horizon Europe programme, ensuring a standalone health budget line and a dedicated €10.05 billion ring-fenced health envelope

It is time for Europe to be brave and bold again to reach the next level in its fight against cancer, through stronger alignment and impact. The European Cancer Organisation calls on all policymakers and cancer community stakeholders to support the long-term continuation of Europe's Beating Cancer Plan and the EU Mission on Cancer through the establishment of a European Cancer Institute.



Foreword

From Christine Chomienne, Co-Chair, Research Policy Network, European Cancer Organisation; Vice-Chair, Board of the EU Mission on Cancer



Europe stands at a defining moment in its fight against cancer. The disease touches millions of people annually and strains every national health system - it demands a response equal to its scale across the continent. It is one of the greatest challenges we face today, and it will be greater still tomorrow.

Europe recognised this, and it chose to act at its highest political level. The European Commission launched two landmark initiatives, one for care and one for research, and presented a novel perspective on a persistent issue. Together, Europe's Beating Cancer Plan and the EU Mission on Cancer marked an unprecedented commitment to the health of our citizens, aligning ambition with collective action, shared purpose, and cross-border collaboration.

In only five years, we have made remarkable progress. Much of it has come in the hardest area of all, where we have built new ways of working together across countries and disciplines, thanks to the Mission model.

As we look ahead to the next EU Multiannual Financial Framework, the time has come to recognise these achievements and build on them.

Coordination is now the key. The community has already done essential work in building the trust that strong coordination requires. We are ready, and we now call for a structure to match the challenge we face: one that brings speed, flexibility, and accountability to the foundations of cancer action in Europe.

This report sets out how a European Cancer Institute can deliver exactly that. It offers a clear direction, grounded in the experience of a community that has spent decades working to turn ambition into impact. Now is the time to be bold. Together, through ambition, coordination, and trust, we can reach the next level in Europe's fight against cancer.

High stakes for cancer control in Europe: The case for a European Cancer Institute

Cancer action: A European priority in question

As the disease responsible for over **2.6 million new cases** and **1.2 million deaths** in the European Union every year, **cancer is a long-standing major concern for European public health**[5]. As a result of overall population ageing, these figures are currently projected to rise by 20% and 35% respectively by 2050; unless decisive action is taken, cancer is set to become the leading cause of death in the EU by 2035[6]. This epidemiological weight translates into **intense and growing pressure on European health systems and economies**, as cancer drives an additional **€93 billion in annual health spending** across the 27 EU Member States, along with a **reduction in workforce productivity by €49 billion**[7].

Considerable strides are being made to curb the cancer burden in Europe. This includes policy frameworks, with a growing number of European countries adopting and implementing **National Cancer Control Plans,** as well as **life science research and innovation**, as **1 in 3 of all new medicines approved by the European Medicines Agency (EMA) are for cancer**, making it the Agency's largest single therapeutic area[8]. These efforts have been stimulated by growing EU attention to cancer, culminating in two standalone EU flagship frameworks for cancer policy and research: **Europe's Beating Cancer Plan** and the **EU Mission on Cancer**[9]. Altogether, these efforts are making crucial contributions to better understanding cancer development, reducing cancer cases, raising cancer survival and improving quality of life for all affected by the disease; they have the **potential to save millions of lives and create a new era for Europe's fight against its soon-to-be deadliest disease**.

However, **Europe's work to tackle cancer is far from over**.

- Despite this progress, Europe's Beating Cancer Plan and the EU Mission on Cancer began implementation only five years ago, and many initiatives are still under development. **Promised goals and returns for the EU's cancer investments can only be achieved if they are adequately monitored and stably supported**[10,11], in particular concerning infrastructure-creating initiatives.
- From a public health perspective, **persisting unacceptable cancer inequalities** between and within European countries hide behind apparent improvements in cancer survival[12], while **new lifestyle and environmental exposures**[13] drive key challenges for cancer prevention in the years ahead and **age-related determinants** are increasingly impacting cancer risk and outcomes for both younger and elderly populations.
- From a healthcare delivery standpoint, the cancer field will be at the forefront of the next years' discussions as health systems juggle between the need to achieve **greater efficiency** to alleviate health workforce pressures[14], adjust to **new paradigms in disease detection, treatment and care** modalities[15,16,17], prepare for **multiplying health crises**[18] and shift attention to the **quality of life** of the increasing number of long-term survivors[19].
- From a health research and innovation perspective and as competitiveness takes a growing importance in the EU's political agenda, cancer should also be seen a strategic test of Europe's capacity to **translate scientific excellence into societal and economic value**[20].
- Cancer should not be ignored in broader EU geopolitical considerations, as the **decrease in European cancer clinical research activity** is already posing a threat to Europe's strategic regulatory autonomy as well as to European patients' access to healthcare innovation; **cyber-attacks on cancer care infrastructures** are forming a growing part of hybrid warfare affecting patients' lives throughout the continent[21] and **disinformation** is having an increasing impact on cancer patients and policies[22].

Meanwhile, **the future of cancer control policies in Europe faces large-scale uncertainties**. At the national level, geopolitical concerns and economic issues are placing **health budgets under considerable pressure**. At the EU level, the proposed structure of the next 2028-2034 Multiannual Financial Framework shows a strategic policy shift towards competitiveness and would be set to **eliminate ring-fenced EU funding for health**; the proposed disappearance of both the EU4Health programme and the dedicated Health cluster of the Horizon Europe programme is posing serious threats to the future of EU-level cancer action[23].

Responding to this complex environment, it appears crucial for Europe to sustain its commitment to treating cancer as a policy priority. It should do so by building upon past and ongoing EU-level cancer initiatives, while ensuring their greater efficiency and impact, and connecting to broader political shifts across the continent. Against this background, **the European Cancer Organisation proposes establishing a European Cancer Institute, as an elevated coordination instrument for EU-level cancer action. Through stronger alignment and impact, Europe can reach the next level in its fight against cancer**.



A European Cancer Institute: why?

Brief history of the idea

The concept of a central coordinating organisation for public action against cancer is not new. Dedicated national cancer institutes have been established in a number of countries in Europe and beyond, tasked by respective health ministries with overseeing the implementation of cancer control and/or research policies. This includes the United States[24], France[25], Japan[26] and Australia[27], with other European countries more recently following in their footsteps, such as Finland[28], Luxembourg[29] and Cyprus.

At the European level, the potential creation of a European Cancer Institute has stimulated considerable discussions and consensus among leading researchers since the early 2000s, through a range of publications and early initiatives; this attracted initial interest from EU institutions at the time, as the European Commission provided support to a dedicated conference and working group[30]. Key expert organisations in the field, including the European Academy of Cancer Sciences and the European Cancer Organisation, have since continued to champion the idea[31].

More than an academic exercise, **the European Cancer Institute has become a recurrent specific recommendation of the European Parliament** for the future of Europe's Beating Cancer Plan and the EU Mission on Cancer. It was indeed included in the Special Committee on Beating Cancer (BECA) Committee's report led by rapporteur Véronique Trillet-Lenoir MEP[32], and most recently in the Parliament's implementation study on Europe's Beating Cancer Plan, calling for '*a dedicated governance body to improve coordination, accountability, and oversight [...] and ensure consistent progress tracking across Member States*'[33] This consistent presence in academic and political debates over the last 25 years attests to the strength and relevance of this idea for advancing cancer research and control across Europe. Building on a dedicated Green Paper published in November 2025[34], **the present report aims to add substance to the concept of a European Cancer Institute and pave the way for its full-scale establishment**.

EU CANCER RESEARCH AND POLICY INITIATIVES BEFORE 2019

Since the early 1980's, attention has been given to health and biomedical research within EU framework programmes for research and technological development (predecessors to Horizon Europe – the ongoing seventh framework programme). Although not being made a specific priority, **cancer research benefitted significantly from this European-level research investment**.

- The establishment of structuring cancer-specific research initiatives, such as the **TRANSCAN** network for transnational cancer research funding[35], the EUROCAN coordination actions[36],[37] and the **CHAIMELEON** pan-European repository of cancer imaging and related clinical data[38];
- ongoing support to basic cancer research projects based on their scientific excellence, through the **European Research Council (ERC)**[39], as well as to the scale-up of breakthrough cancer innovations, through the **European Innovation Council (EIC)**[40] and to the continuous career development of cancer researchers, under **Marie Skłodowska-Curie Actions (MSCA)**[41];
- regular funding calls supporting **cancer clinical trials**, such as the EUROSARC network on rare sarcomas[42], the GAPVAC consortium on glioma[43] and the PanC-ASAP project on pancreatic cancer[44], to cite just a few;
- frameworks for collaboration between EU bodies, academic institutions and the industry sector on cancer research and innovation initiatives through **European Partnerships**[45], including the Innovative Medical Initiative (IMI; evolved into the Innovative Health Initiative since 2021); and,
- the set-up of broader infrastructures for health and biomedical research, such as the European research infrastructure for biobanking (**BBMRI**)[46], the European clinical research infrastructure network (**ECRIN**)[47], the network of European research infrastructures for translational medicine (**EATRIS**)[48] and the '**1+ Million Genomes**' Initiative[49].

Importantly, the cancer community considers the ERC and EIC as international success stories, promoting scientific excellence through open competition across all disciplines. Their continuation should therefore be ensured as part of Europe's efforts to sustain its global scientific leadership, separately from a potential European Cancer Institute[50].

From the health policy standpoint, '**Europe Against Cancer**' was launched in 1985 as the European Communities' first standalone programme for cancer action. Its successive action plans, together with the '**Community Action Plan Against Cancer**' consequent to the creation of the first EU health framework programme in 2003, gave rise to a range of early EU cancer policy achievements, including:

- the launch of the first **European Code Against Cancer** for citizen awareness on cancer risk factors[51], the first **EUROCARE studies** on cancer survival across European countries[52] and the **European Network of Cancer Registries**, in the 1980's and 1990's[53];
- the publication of the first **European recommendation on cancer screening** in 2003, followed by the initiation of the **European Commission initiatives on cancer screening, diagnosis and care** at the Joint Research Centre, producing guidelines and quality assurance schemes for high-quality cancer services[54]; and,
- the establishment of four **European Reference Networks** dedicated to cancer (EURACAN[55], EuroBloodNet[56], GENTURIS[57] and PaedCan[58]), along with three consecutive three **EU Joint Actions** aimed at strengthening cancer control cooperation between Member States (ePAAC[59], CanCon[60] and iPAAC[61] - resulting from the European Commission Communication on Action Against Cancer: European Partnership[62]), in the 2010's.

The next step for the EU's action against cancer?

The potential establishment of a European Cancer Institute comes in the context of a longer history of action against cancer by the European Union.

Against a background of promising yet fragmented previous initiatives (see box on previous page), 2019-2024 represented a new era for EU-level action against cancer. Through an enhanced awareness of the societal challenge represented by cancer at the highest level of EU policy-making, two novel consolidated frameworks were launched:

- **Europe's Beating Cancer Plan**, as the EU's new comprehensive cancer policy plan, aiming to reduce the cancer burden and associated inequalities across Europe by addressing cancer prevention, early detection, diagnosis, treatment, and survivorship, through legislative, regulatory and policy implementation activities; and,
- **the EU Mission on Cancer**, as the first-ever EU research plan dedicated to cancer, led by a board of experts with the goal of improving the lives of more than 3 million people by 2030 through projects on cancer understanding, prevention, early detection, diagnosis, treatment, and quality of life.

Beyond sectoral ambitions, both initiatives set out broader goals to reduce cancer inequalities across Europe and transform Europe's 'cancer culture, communication and capacity-building', towards more cross-sectoral collaboration across research, healthcare and society. In practice, their implementation involves closer linkage between EU cancer care and research initiatives, through joint governance structures within the European Commission and efforts made to involve EU Member States' governments as well as the stakeholder community. They have also received dedicated support from EU funding programmes, with an announced total budget of €4 billion for Europe's Beating Cancer Plan, combining contributions from the EU4Health and Horizon Europe programmes, as well as others such as Digital Europe, and over €110 million from Horizon Europe each year since 2021 for the Cancer Mission.

Altogether, this political ambition and financial support have enabled the launch of hundreds of new initiatives, bringing together partners from across the EU and beyond to collaborate on innovative initiatives to advance cancer control (see non-exhaustive list in 'Seven priorities' section below).

The past four decades of European-level cancer policies clearly show the importance of addressing the burden of cancer on Europe's population, and the successes it can achieve through decisive action. As support for Europe's Beating Cancer Plan and the EU Mission on Cancer ends in 2027 and discussions advance on the next EU Multiannual Financial Framework, the EU needs a clearly defined next step in the field. **Establishing a European Cancer Institute would provide the oversight and coordination needed to sustain the EU's role in cancer control**.



A European Cancer Institute: why European?

Health policy at the EU level starts with a paradox: **while public health action is a clear EU priority for citizens, it remains a primarily national competence**.

Citizens surveys performed by the European Parliament (Eurobarometer) have consistently found health to rank as a top priority for the EU to do more: the latest edition showed that 30% of respondents consider public health as an area which should be '*addressed in priority by the European Parliament*'[63], making it the fourth highest ranked policy area out of 15 tested.

Meanwhile, the Treaty on the Functioning of the European Union (TFEU) describes EU powers on health as follows:

- The EU has a complementary competence to '*carry out actions to support, coordinate or supplement the actions of the Member States*' on the '*protection and improvement of human health*' (Article 6(a) TFEU)
- EU action '*shall complement national policies*' and '*be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health*'. It '*shall encourage cooperation between the Member States*', '*foster cooperation with third countries*' but ensure to '*respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care*' (Art. 168 TFEU)[64].

Yet, the track record of EU cancer policy shows that **EU-level action against cancer is not only possible, but also effective and necessary** within these legal bounds.

Although their objectives to '*turn the tide against cancer*' and '*improve the lives of more than 3 million people*' are ambitious, **Europe's Beating Cancer Plan and the EU Mission on Cancer remain fully within the EU competences** defined by Article 168 and others of the TFEU; the same is true for their predecessor initiatives in the health policy and research area respectively.



Furthermore, **EU cancer action is delivering tangible, measurable benefits to European public health in the long term** – in ways that would be impossible if cancer policy was left to European countries alone. Joint EU cancer mechanisms demonstrate a clear European added value in developing capacity for the future of cancer care, strengthening cancer research and advancing comprehensive cancer control, while providing crucial support to EU Member States. This includes, among many other examples, significant advances in access to cancer screening programmes across Europe as a result of the 2003 Council recommendation and various supportive EU initiatives[65], as well as access to best standards of care and research for thousands of European rare cancer patients thanks to the European Reference Networks[66].



Europe's Beating Cancer Plan and the EU Mission on Cancer can bring these impacts to an entirely different level, provided, however, that they benefit from long-term EU support and collaboration with Member States.

Looking ahead, EU-level cancer action will remain critical to complement Member States' policies. This includes addressing inequalities across European countries, as depending on where they are born and live, European citizens currently face great differences in their risks of getting cancer and dying from it, which cannot be accepted for a Union that seeks to protect everyone. In an era marked by global competition, European coordination will also be vital to bring together fragmented cancer infrastructures and ensure the contribution from EU cancer policy action to the EU's competitiveness. Left alone, European countries' cancer research capacities will otherwise lack volume to compete at scale with the other leading world economies, creating very concrete threats for European citizens' future safe and prompt access to life-saving healthcare innovation.

As a continuation mechanism for Europe's Beating Cancer Plan and the EU Mission on Cancer, aimed at magnifying their benefits while addressing ongoing and emerging demands for European-level collaboration, **the proposed European Cancer Institute fully aligns with what the EU can and needs to do to complement national cancer control policies**.

A European Cancer Institute: why Cancer?

Establishing a European-level instrument to coordinate action across a non-communicable disease's continuum would be a major step for EU health policy. While the public health challenges posed by cancer for Europe are clear, similar arguments can be made concerning other conditions, such as cardiovascular diseases, diabetes, chronic respiratory diseases and mental disorders – to mention just a few. **Yet, EU cancer policy brings together the maturity and impact to make this endeavour relevant and timely**.

A cancer-focused European Institute is first of all a response to both a unique opportunity and a historic demand: **building upon, and ensuring the long-term success of, Europe's Beating Cancer Plan and the EU Mission on Cancer**.

As the two most comprehensive frameworks in the history of European-level cancer action, these two initiatives are the ultimate testament to the broadly established collaboration to advance cancer care and research together in Europe – to a degree that may be considered unparalleled among non-communicable diseases. This includes commitment, capacity and experience being built across four decades within European institutions, Member States, patients and citizens, and the entire cancer stakeholder community.

Through new legislation and regulation, as well as new collaborations on research projects, pilots, infrastructures and networks, their ongoing implementation promises to deliver some of the most ambitious goals ever set by the EU for the health of its population, such as:

- Vaccinating 90% of girls and boys against human papillomavirus (HPV) and eliminating HPV-caused cancers in the European Union
- Offering 90% of the eligible population access to organised screening for breast, cervical and colorectal cancer
- Ensuring 90% of eligible patients have access to Comprehensive Cancer Centres

Many of the solutions developed through Europe's Beating Cancer Plan and the EU Mission on Cancer are just about to be ready for implementation across the EU. In this context, the EU faces a choice: sustaining attention to cancer will **yield the public health benefits of unprecedented political and financial investment and consolidate cancer policy as an area of global leadership for Europe**. Meanwhile, not investing in an organised follow-up of ongoing EU cancer policy frameworks, such as a European Cancer Institute, will mean **losing a historic opportunity and failing to deliver on billions of euros spent by European taxpayers**.

Furthermore, cancer has long been a research and development powerhouse[67]; as a disease with a particularly high burden, sharing terrain with other non-communicable diseases in prevention, management and policy, it has often been a testbed for health advancement, whether in research, care, systems, or policy. Examples of breakthrough innovations explored or developed in the cancer field and now in use in other disease areas include:

- Treatment modalities, such as mRNA vaccines (used against COVID-19), CAR-T and other cell therapies (in clinical testing for autoimmune disease and HIV), monoclonal antibodies (approved for rheumatoid arthritis and asthma), and anti-VEGF drugs (translated to eye disease);
- Technologies and approaches for high standards of care, such as Artificial Intelligence-based imaging models (with promising prospects for cardiovascular and respiratory diseases) and the integration of palliative care throughout the disease pathway (progressively extended to all serious illnesses); and,
- Research methodologies, such as adaptive, basket and platform trial designs, accelerated for COVID-19 vaccine trials and now used in Alzheimer's disease research.

This is also echoed by experience in EU policy, where **a cancer focus has generated positive spillover effects much beyond oncology**. To cite just a few:

- Europe's Beating Cancer Plan has represented one of the earliest and most tangible achievements of a broader European Health Union, whose completion will ultimately better protect the health of EU citizens and improve the resilience of Europe's health systems at large[68].
- The Plan has led to novel EU policy commitments being made in prevention, such as achieving a Tobacco-Free Generation, reducing alcohol consumption and raising air quality standards; all of great relevance to other major non-communicable diseases. Meanwhile, support for implementing lung cancer screening also enables promising progress in earlier detection of other respiratory conditions[69].
- Through its recommendations[70] and initiatives in the cancer data field, such as the UNCAN.eu

platform[71] and the European Cancer Patient Digital Centre[72], the Cancer Mission has opened a new stage in the development of EU-level health data sharing infrastructures, trailblazing the building of the European Health Data Space.

- Most recently, the Plan has been explicitly used as a template for the development and publication of the Safe Hearts Plan, now providing a similar comprehensive framework to the EU's action against cardiovascular diseases[73].

Cancer policy has built the political legitimacy to demonstrate what coordinated European health action can look like at scale. The establishment of a European Cancer Institute does not mean an exclusive attention to cancer in EU health policy; on the contrary, it is **a chance for the EU to deliver historic value from European-level collaboration to its population now, while sustaining a trailblazer role for cancer action in future EU health policy**. Such a step could serve as a template for ongoing and future EU health policy initiatives, such as the ongoing Safe Hearts Plan, and pave the way towards a broader European Health Institute[74].

A European Cancer Institute: why an Institute?

Europe's Beating Cancer Plan and the EU Cancer Mission are indubitably a great success story for the EU. Yet, no such novel public policy initiative can be perfect in its design and implementation from the start.

The cancer community is making honest assessments of gaps and lessons to draw to maximise the positive impacts of the EU's investments in cancer action; it is in this context that the European Cancer Institute proposal comes in.

Main issues identified by cancer community experts in current frameworks for EU-level cancer action include:

- **Overall fragmentation in the landscape of initiatives** supported by Europe's Beating Cancer Plan and the Mission on Cancer, each with their own governance, funding cycle, and institutional home, and often **left without a clear and meaningful approach to their joint contribution towards a shared cancer control goal**



Europe's Beating Cancer Plan and the EU Mission on Cancer have supported hundreds of new EU cancer initiatives being launched and implemented – creating a very rich yet fragmented landscape, where cross-project collaborations are crucial in order to ensure coherent delivery of improvement in European cancer control.

Yet and in the experience of those implementing these initiatives, identifying and organising synergies across projects remains insufficiently supported. Leaving this responsibility primarily to project teams, rather than setting objectives and processes upfront, creates situations and overlap and duplication, with missed opportunities for fruitful knowledge-sharing and mutual reinforcement.

Although progress has been noticed, such as through the creation of the cancer projects tool of the Joint Research Centre[75] and the setup of Cancer Mission project clusters[76], cross-project synergies still often translate into additional administrative burden on project teams, silos between funding programmes, and mainly technical exercises with an overall sense of limited impact.

Addressing the fragmentation of the EU cancer policy landscape requires leadership for the implementation of Europe's vision against cancer, in a more consistent fashion than the current institutional set-up permits. The European Cancer Institute proposal is precisely designed to meet this need.

- **Gaps in the delivery and long-term implementation of promised EU cancer policy objectives**, due to **short-term funding cycles and unclear paths towards translation and sustainability**

The implementation of Europe's Beating Cancer Plan and the Mission on Cancer relies heavily on project-based funding, with project durations typically ranging from 18 to 60 months. While this timeframe can be sufficient for an initial development step, most of the necessary developments to translate these investments into tangible improvements for people affected by cancer require commitments from Member States in the field of care, investment and research over 15 to 20 years, following a clear strategic orientation.

Next steps for EU cancer projects may take the form of continued or redirected project work at EU level, collection of own resources for the creation of a new standalone infrastructure, translation and commercial exploitation of an innovation on the market and/or adoption by national health systems. However, while certain projects benefit from such support, particularly for a second phase of implementation, others do not, even if they are positively assessed and mostly without explanation or alternative. Furthermore, sustainability planning is also left to project teams, with little to no guidance; this is even the case when their project works to deliver a policy objective set by the EU rather than test an innovative concept they came up with.

Altogether, these processes often create a complete lack of predictability for project teams and the wider stakeholder community. They incentivise competition between initiatives for attention rather than collaboration and can lead to stalled delivery, as in the case of the promised European Cancer Survivor Smart Card[77]. Finally, they also contribute to Europe's overall translational research gap, where great innovative ideas get developed, but ultimately commercialised in other parts of the world. Bridging Europe's long-standing gap from breakthrough to follow-through requires a mindset shift in EU cancer policy and research, moving accountability from process to outcomes. By including public and impact-focused reporting on EU cancer action results, the European Cancer Institute would be ideally positioned to make this possible.

- **Disparities in participation between EU Member States**, primarily due to limitations in Member States' public administration and research infrastructure capacity faced by certain Member States

Analyses presented in 2023 showed a 600-fold gap in EU contributions received for EU cancer research projects between Germany and Romania, and a 67% share of total funding received by the five top benefitting countries, all located in Western Europe.



These figures would surely need to be nuanced with more recent information from the European Commission; in addition, a clear momentum has been felt in recent years, with more and more European countries taking leading roles in EU cancer projects, and support to initiatives aimed at enhancing capacities of cancer policy and research infrastructures across the EU. Yet, they echo a reality felt on the ground by leading cancer experts and decision-makers: while the reduction of cancer inequalities has been a specific objective of EU cancer policy since 2021, its implementation has seen only limited involvement of partners from Central and Eastern Europe, and posed specific challenges to smaller EU Member States[78,79].

In a context of long-standing concerns over the East/West divide in cancer research and its consequences on cancer patients' access to high-quality care[80], addressing these disparities should be an important priority for the future of EU cancer action. This should not be achieved by lowering standards, but rather through pragmatic capacity-building such as tandem partnerships and institutional collaborations, supported by appropriate funding opportunities. Beyond these practical solutions, structured mechanisms and consolidated hands-on coordination will be needed to better reflect the inequalities reduction goal into the implementation of EU cancer policy, addressing capacity constraints faced by certain countries and regions; the establishment of a European Cancer Institute would provide the right opportunity for this to happen.

Altogether, these identified gaps are not minor issues, but concrete threats to the EU's cancer policy success. Resolving them requires adopting proactive approaches to **break down silos, drive successful project implementation and provide structured pathways for balanced engagement of EU Member States**. This is only possible through the understanding that a change from past and current processes is needed, as despite the progress made, they have proven insufficient to fully deliver on institutional objectives and societal expectations in the cancer field. A more **coherent long-term vision for EU cancer action** is needed, with **stronger leadership, accountability** and **hands-on coordination** for implementation.

Five years after their publication, Europe's Beating Cancer Plan and the Mission on Cancer need to jointly take stock of their successes and setbacks to deliver tangible impact in the long term. The proposed European Cancer Institute provides the EU with a practical solution to do so.

Seven priorities for a European Cancer Institute



The case is made for establishing a European Cancer Institute, as an elevated coordination instrument for EU-level cancer action, building on Europe's Beating Cancer Plan and the EU Mission on Cancer to ensure successful delivery on their ambitions, and sustain the EU's role in cancer control. It is clear and widely supported among the cancer stakeholder community and beyond.

We propose a consensus vision on seven priority elements which a European Cancer Institute should include:

1. It must build on the existing

Europe's Beating Cancer Plan and the EU Mission on Cancer have supported a breadth of pan-European projects for cancer control. The proposed European Cancer Institute does not replace any of them or add complexity.

On the contrary, we propose to organise and bridge those existing, successful EU initiatives and bodies playing structuring roles for EU cancer action in a strategic structure. This structure should provide them with the right environment and support to be translated into sustainable practice across Member States and produce their best impact in the long term (*see proposed list below*).



2. It must operate across the full cancer pathway and the continuum of research, care and education

Decades of research have provided clear evidence that citizens and cancer patients can achieve the best outcomes through the integration of research, care and education across cancer prevention, detection, treatment and survivorship, known as the patient-centred comprehensive cancer care approach[81]. Europe's Beating Cancer Plan and the EU Mission on Cancer reflect these sectorial pillars; the alignment of their implementation across EU cancer care and research policy agendas is a clear positive element, to be strengthened for the future of EU cancer action.

Against this background, we propose that the European Cancer Institute is built around:

- Four 'vertical' sectoral dimensions, focused on prevention; screening and early detection, diagnosis; treatment and comprehensive care; and survivorship, long-term support and rehabilitation; and,
- Six 'horizontal' cross-sectoral dimensions, focused on disease surveillance and impact assessment; quality assurance of services; citizen and patient information and engagement; research and innovation; workforce capacity, education and competency development; and data infrastructures.

Of note, the prevention dimension could potentially be turned into a 'common prevention pillar' across non-communicable diseases, a concept that has long received advocacy support from leading European public health groups given the large commonality among modifiable risk factors[82].

Importantly, each of the dimensions of this proposed structure is based on cancer projects that are already being funded by the EU as part of the implementation of Europe's Beating Cancer Plan and the EU Mission on Cancer, and standing cancer bodies that are already integrated into the European Commission (*see proposed list below*). Its implementation would therefore not create any new area for EU intervention in cancer control, but instead provide a more coherent structure for the EU's ongoing cancer initiatives.



3. It must be expert-led, involve EU Member States and ensure meaningful patient involvement in its governance

The appointment of an expert board to help steer the EU Mission on Cancer has shown an early picture of the scientific legitimacy that EU cancer action can gain from built-in expert leadership. Building on the Mission's experience, we propose that the European Cancer Institute deploy the principle to its full potential.

This should ensure the involvement of leading healthcare professionals and public health specialists across the professions and specialties of multidisciplinary cancer care, as well as of expert patient representatives, all with the highest credentials in their respective communities. Such expert leadership for the European Cancer Institute should extend beyond consultation and include a meaningful role in strategic priority-setting, governance, monitoring and evaluation. In practice, inspiration could be drawn from processes used for leadership appointments within existing national cancer institutes, as well as from the pentahelix approach for balanced contributions from all relevant stakeholder groups to advance cancer policy (policymakers and public administration, researchers, health and care providers, patients, citizens and civil society, and the business sector)[83].

Meanwhile, adequate involvement of relevant Member State representatives is also critical to ensure the Institute's political legitimacy and connect its European-level priorities with national realities. Such representatives should act as focal points for their respective countries, in close association with relevant government services and with leading roles in the implementation of national cancer care and research policies. This would thereby ensure the Institute's smooth operation within the bounds of EU legal competences and enable much-needed streamlining of national integration of EU-level cancer initiatives. In this respect, inspiration could be drawn from government boards frequently integrated within EU Joint Actions, as well as the emerging network of National Cancer Mission Hubs.



Note: this graph provides an early list of EU cancer initiatives and bodies with most structuring roles for EU cancer action, which the European Cancer Institute may build upon. ***This list should not be seen as limiting or exhaustive****; it merely provides an illustration of the collaborative approach upon which a European Cancer Institute could be created*

4. It must be accountable and act at speed

Europe's Beating Cancer Plan and the EU Mission on Cancer have enabled remarkable progress on the monitoring of the cancer disease and the impacts of policies to address it in Europe. Building upon pre-existing flagships in the field, such as the European Network of Cancer Registries and the EUROCARE studies on cancer survival, this has included the launch of the European Cancer Inequalities Registry as well as the development of the monitoring of social inequalities and quality of life in cancer, through the EU-CanIneq[84] and EUonQoL[85] projects respectively.

The proposed European Cancer Institute aims to bring the deployment of this data intelligence to the next level, more proactively translating evidence and monitoring findings into policy action, implementation support and measurable improvements on issues and inequalities which they reveal. This would be made possible through a dedicated disease surveillance and impact assessment dimension, utilising previously listed tools and infrastructures to systematically report on cancer epidemiology and patient outcomes, and thereby on contributions from the EU's cancer action to the health of Europe's population. Crucially, the European Cancer Institute's leadership would be directly accountable for results to EU institutions, Member States and the public.

Acting on the findings while remaining within the bounds of EU legal competence requires taking a more strategic approach to what EU cancer policy is primarily based on: project funding attribution. Strong expert leadership of the European Cancer Institute would help ensure that call topics are more closely aligned with a long-term coherent vision, while Member State involvement would help ensure that European countries and regions facing structural barriers to contributing to EU cancer policy progress can benefit from adequate capacity-building and support. While maintaining the principles of excellence-based open competition for research and innovation funding, more pragmatic processes would also be put in place for policy implementation support, including early dialogue between strong emerging consortia and proactive support to projects' synergies and sustainability during implementation.



5. It must invest in, and sustain, infrastructures for cancer control capacity

Current EU cancer policy initiatives are developing an array of key collaborative cancer control infrastructures. These include, among others:

- Tools for cancer surveillance and monitoring currently managed by the European Commission Joint Research Centre, such as the European Cancer Inequalities Registry[86] and the European Cancer Information System (both part of the wider Knowledge Centre on Cancer[87])
- Networks being established through project funding, such as the EU Network of Comprehensive Cancer Centres (EUnetCCC Joint Action[88]), the seven Networks of Expertise on cancer (JANE-2[89]) and the National Cancer Data Nodes (CANDLE project[90]).

Broader European health infrastructures are also of high relevance to cancer control, including the European research infrastructure for biobanking (BBMRI), the European clinical research infrastructure network (ECRIN) and the network of European research infrastructures for translational medicine (EATRIS).

Beyond projects and pilots, and next to previously existing ones (e.g. European Reference Networks, European Network of Cancer Registries), these infrastructures are seen as a critical component of the long-term value created by EU cancer action. Yet, they are not well-served by short-term funding cycles and are therefore exposed on the front line to current uncertainties over the future of the EU's financial support in the cancer field; their establishment demands time and resources, and they require continuity, long-term investment, and sustained coordination in order to become fully effective.

A European Cancer Institute should therefore prioritise earmarked public funding to maintain, sustain and bring enhanced substance into existing and emerging European collaborative cancer control infrastructures, allowing them to deploy their full potential for the future of European cancer prevention, research and patient care. Particular attention should be given to ensuring that such infrastructures are accessible to and meaningfully connected with Member States and regions with more limited existing capacity, so that European collaboration contributes to reducing rather than reproducing existing inequalities.



6. It must focus on bridging Europe's cancer clinical and translational research gaps

As previously mentioned, the European Research Council and European Innovation Council are regarded as success stories in the field of basic research, which should be kept separate from a potential new European Cancer Institute. Meanwhile, the cancer community highlights important gaps in clinical and translational research that a new European Cancer Institute should provide priority attention to as part of the EU's broader efforts to boost Europe's competitiveness.

European-level infrastructures for networking of cancer infrastructures and data sharing among them will play key enabling roles in such efforts. Meanwhile, further opportunities identified for specific interventions of a European Cancer Institute's research and innovation dimension include:

- Improving the conditions for running large-scale multi-country clinical trials in Europe, particularly for difficult and rare cancers as well as personalised cancer treatment approaches, building on ongoing efforts such as Cancer Mission projects on pragmatic clinical studies and frameworks for transnational collaboration on clinical studies developed by the ERA4Health[91] and ERDERA[92] EU partnerships;
- Creating a steady dedicated mechanism for translational cancer research funding, focused on large-scale investigator-initiated clinical trials across the cancer pathway; and,
- Integrating a dedicated scale-up facility to help ensure that promising cancer innovations initiated in Europe also reach European health systems first, drawing inspiration from models such as the ERC Proof of Concept Grants[93], the EIT Knowledge and Innovation Communities[94], and the EIC Transition and Accelerator Grants[95].



7. It must carry the voice of the European cancer community on the global stage

Geopolitical tensions and global economic competition are increasingly present in EU cancer policy, and should not be ignored by a new European Cancer Institute.

Given the EU's mandate to foster cooperation with third countries in public health, the new Institute should build on presently established partnerships for the delivery of Europe's Beating Cancer Plan and the EU Mission on Cancer, including via the participation of Associated Countries to the EU4Health[96] and Horizon Europe[97] programmes.

It should also draw on broader, successful examples of international cooperation in cancer control, such as the G7 Cancer launched in 2023 by the French National Cancer Institute, and bringing together leading cancer authorities from Germany, Australia, Japan, Canada, the United States and the United Kingdom[98]. Remarkably, the G7 Cancer served as the basis for the recent landmark 'Leaders' call on the fight against cancer' adopted at the 2026 G7 Summit[99]. In this context, and ss bridging fragmentation in European cancer research capacity becomes a priority to enable competition on the global stage, close attention should be paid in particular to establishing strong partnerships with the United Kingdom, which in spite of the country's departure from the European Union, remains a major player in cancer research output in the European region.

On the other hand, the new Institute should also sit at the forefront of Europe's efforts to enhance its competitiveness on the global stage, by maximising the benefits of the EU cancer action for Europe's economy and workforce productivity.

From theory to practice: legal options for a European Cancer Institute

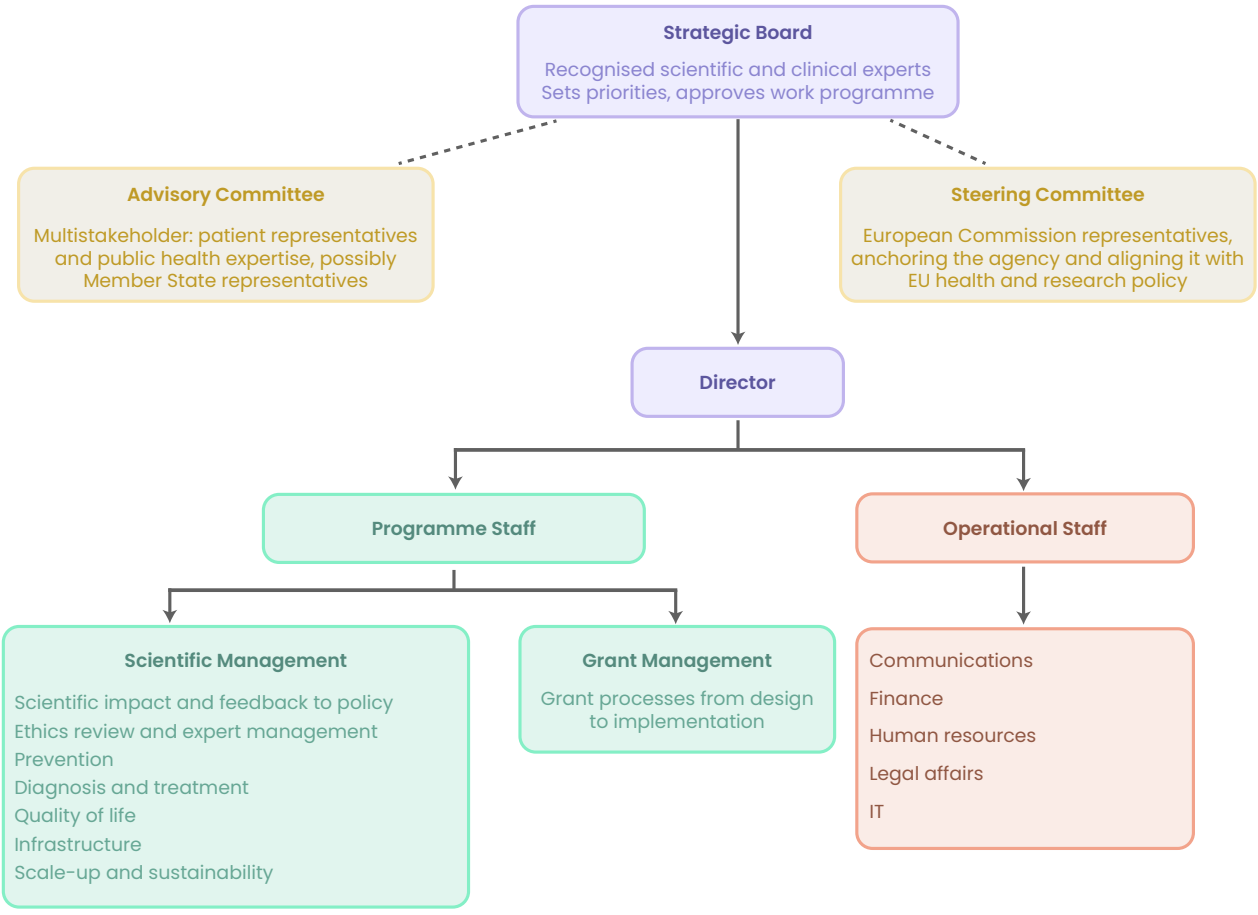
As previously mentioned, the idea of a European Cancer Institute is not entirely new, and neither are discussions on its relevance as a concept. The '*Next Level for Europe Against Cancer*' report sets out to go beyond a theoretical exercise by putting forward and assessing four possible legal scenarios for its establishment as part of the EU's apparatus:

- An executive agency with a strategic board (Scenario 1)
- A decentralised agency with a multistakeholder board (Scenario 2)
- A joint undertaking with public-private or public-public governance (Scenario 3)
- An evolution from inter-service coordination to a European Cancer Authority (Scenario 4)

These scenarios represent a range of institutional options, each modelled on existing EU structures and legal forms, and each capable of fulfilling the coordination mandate and priorities described above. None is without precedent. They differ in the degree of institutional independence they offer, the level of Member State involvement they enable, the political effort required to establish them, and the speed at which they could become operational. The next sections provide brief descriptions for each, as well as a summary of views gathered from cancer community leaders on their relevance.

Scenario 1: Executive agency with strategic board

An executive agency dedicated to cancer would be established through a decision of the European Commission.



Dashed line = Consultative, non-reporting relationship

Its governance would rest with a Strategic Board composed of recognised scientific and clinical experts, setting the agency's strategic priorities and approving its work programme. The Board would be supported by two consultative structures:

- A multistakeholder Advisory Committee, bringing in patient representatives and public health expertise, with the possible addition of Member State representatives.
- A Steering Committee composed of European Commission representatives, anchoring the agency within the broader EU services and ensuring alignment with wider EU health and research policy.

A Director would be responsible for the agency's day-to-day management, supported by programme staff operating scientific management of ten sectoral and cross-sectoral areas of cancer control, as well as grant management from the design to the implementation of funding calls.

Funding would be delegated from existing EU programmes under the next Multiannual Financial Framework rather than drawn from a new budgetary envelope, with the successors to Horizon Europe and EU4Health as the principal sources.

Scenario 2: Decentralised agency with multistakeholder board

A decentralised agency would be established through a regulation of the European Parliament and the Council, giving it independent legal personality and its own budget line, typically with headquarters outside Brussels.

Governance would be two-tiered, including:

- An Expert Board setting the scientific agenda and carrying responsibility for the substance of the agency's work.
- A Management Board, in which the European Commission and the European Parliament would sit alongside Member State representatives, overseeing budget and administration and holding the agency accountable.

An advisory committee with strong and balanced representation of patients and patient organisations would be attached to the Expert Board, ensuring that patient perspectives are embedded in scientific and strategic priority-setting rather than confined to administrative consultation.

Case Study on ERC and HaDEA for Scenario 1: Executive agency with strategic board

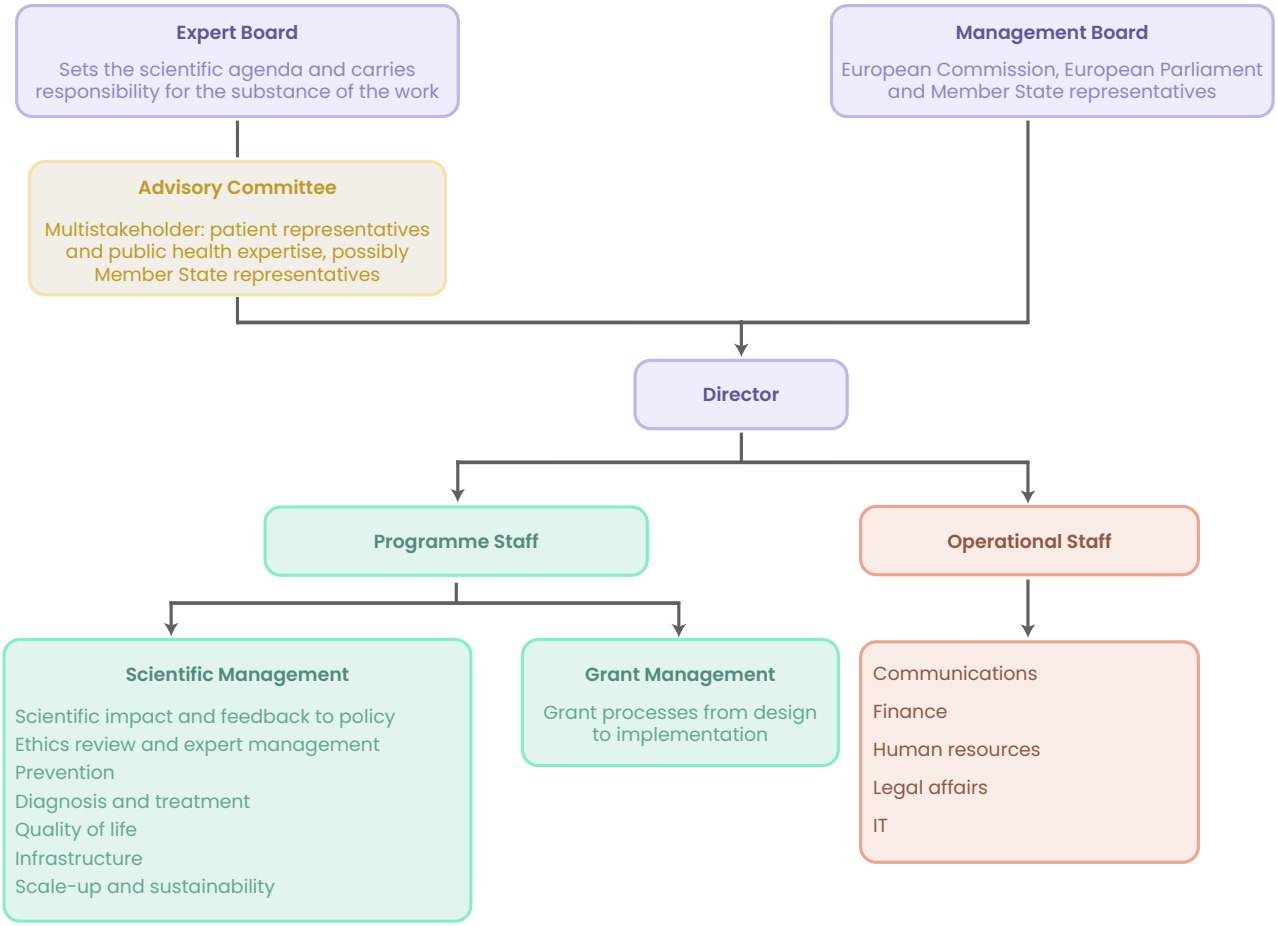
	ERC	HaDEA
Legal instrument required	Commission Decision 2008/37/EC, under Council Regulation (EC) No 58/2003	Commission Implementing Decision (EU) 2021/173, under Council Regulation (EC) No 58/2003
Parliament/Council involvement	No	No
Budget source	Existing MFF programmes (Horizon, EU4Health)	Existing MFF programmes (Horizon, EU4Health)
Timeline, proposal to operational	4 to 5 years (2003 expert report to 2007 Decision, operational from 2008)	Roughly 6 weeks (February 2021 Decision, operational April 2021, built on the former CHAFEA)

The European Research Council (ERC) funds frontier scientific research in Europe. The European Health and Digital Executive Agency (HaDEA) manages EU funding programmes for health, digital and related projects.

Consideration should be given to ensuring that the patient representation mechanism has a clearly defined mandate, transparent selection criteria and sufficient resources to enable meaningful participation. The structure would otherwise be identical to that of Scenario 1, with a Director managing programme staff, divided between scientific management and grant management, together with the operational functions.

Formal Member State involvement in governance would bring political legitimacy and accountability to the agency, while facilitating alignment between EU-level investment and national health systems. Independent legal personality would give the agency a stable footing for functions that project funding cannot sustain, such as maintaining collaborative cancer control infrastructures as a permanent public resource.

Finally, funding would combine contributions from the EU budget and participating Member States. Under certain conditions and relevant oversight, donations from charities and foundations may also support the new agency.



Case Study on ERC and HaDEA for Scenario 2: Decentralised agency

	ECDC	EFSA
Legal instrument required	Regulation (EC) No 851/2004	Regulation (EC) No 178/2002
Parliament/Council involvement	Yes (co-decision by the EP and the Council)	Yes (co-decision by the EP and the Council)
Budget source	EU general budget subsidy line	Eu general budget subsidy line
Timeline, proposal to operational	2 to 3 years (Commission draft legislation in 2003 prompted by SARS outbreak, Regulation signed in 2004, operational in 2005)	3 to 4 years (idea proposed by the Commission in a White Paper on food safety in 2000, Regulation signed in 2002, operational in 2003)

The European Centre for Disease Prevention and Control (ECDC) is the EU agency that monitors, assesses and helps coordinate responses to infections disease threats and public health risks across Europe. The European Food Safety Authority (EFSA) is the EU agency taht provides independent scientific advice and risk assessments on food safety, nutrition, animal health and environmental impacts related to the food chain.

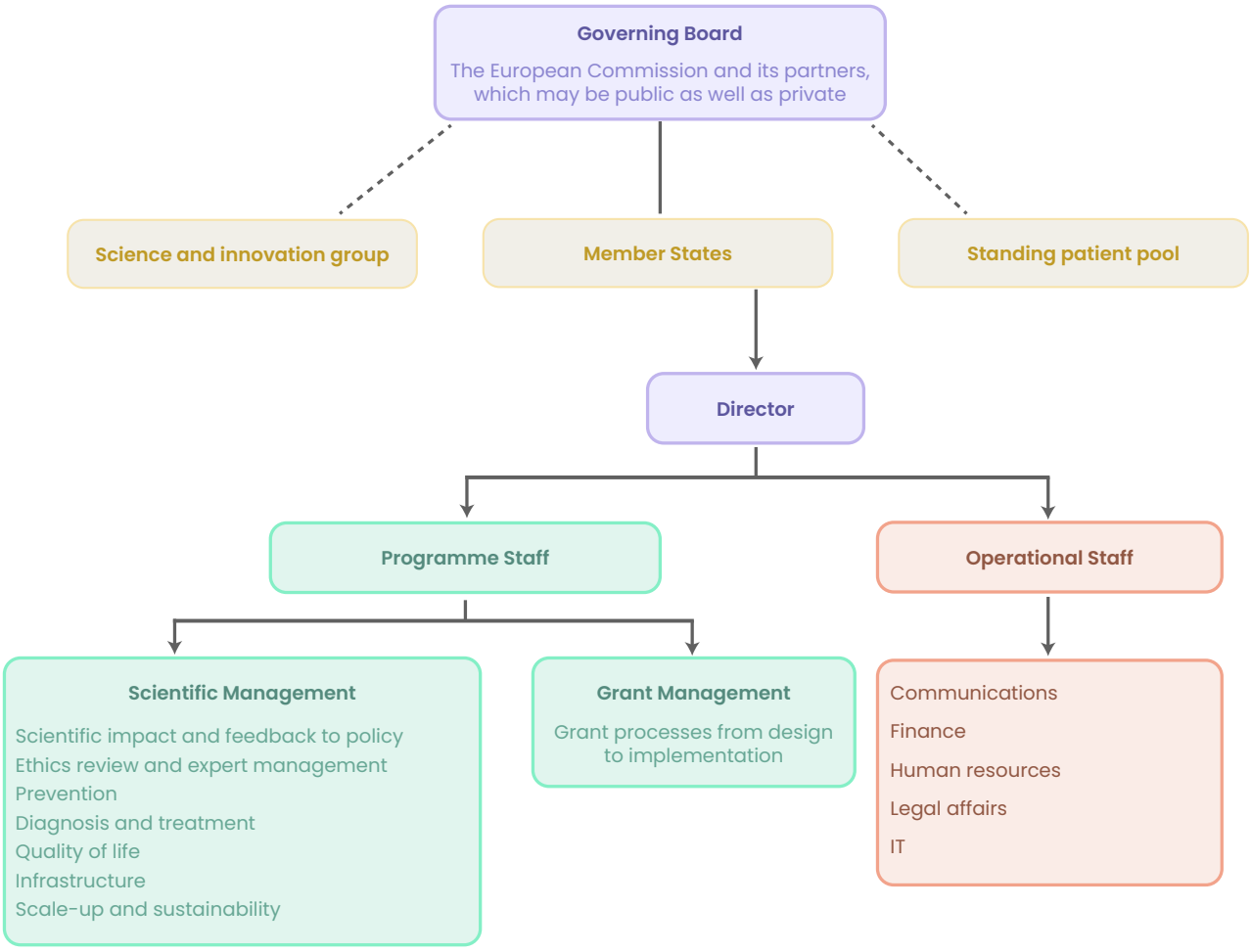
Scenario 3: Joint Undertaking with a public-private or public-public governance

Joint Undertakings are institutionalised partnerships established under Article 187 of the Treaty on the Functioning of the European Union (TFEU) in support of the research framework programme[100].

In this scenario, a Governing Board would bring together the European Commission and its partners, which may be public or private. The Board would draw on a science and innovation group and on a standing patient pool, with Member State representatives contributing alongside. The operational structure below the Board matches that of the preceding scenarios.

The partnership option accommodates private partners but equally allows public-public configurations, and the two can be combined. Funding could be programme-based and drawn from more than one source, spanning health and research programmes with digital funding as a possible addition. Private involvement can be targeted where it adds capacity, in areas where several Member States find it difficult to sustain investment from public funds alone.

This scenario would require specific mechanisms to resolve potential conflicts of interest, including declarations of interest before every meeting, mandatory recusal where a personal or financial stake is involved, and a standing bar on governance members acting simultaneously as evaluators or beneficiaries. In this respect, this model would draw upon existing methods of mitigating conflicts of interest in joint undertakings (Innovative Health Initiative, 2025)[101].



Dashed line = Consultative, non-reporting relationship

Case Study on IHI JU for Scenario 3: Joint Undertaking

	IHI
Legal instrument required	Council Regulation (EU) 2021/2085 (under Art. 187 TFEU)
Parliament/Council involvement	Yes (both EP and Council)
Budget source	EU general budget subsidy line plus private
Timeline, proposal to operational	Roughly 9 months. Commission proposal in February 2021, adopted and came into force in November 2021, built upon predecessor programme IMI (Innovative Medicines Initiative), one regulation establihsed multiple JUs individually.

Innovative Health Initiative (IHI) funds collaborative research and innovation projects to improve health care and health technologies in Europe.

Scenario 4: From inter-service coordination to a European Commission Authority

An evolving proposal

This scenario would begin inside the European Commission, based on the inter-service cancer group bringing together:

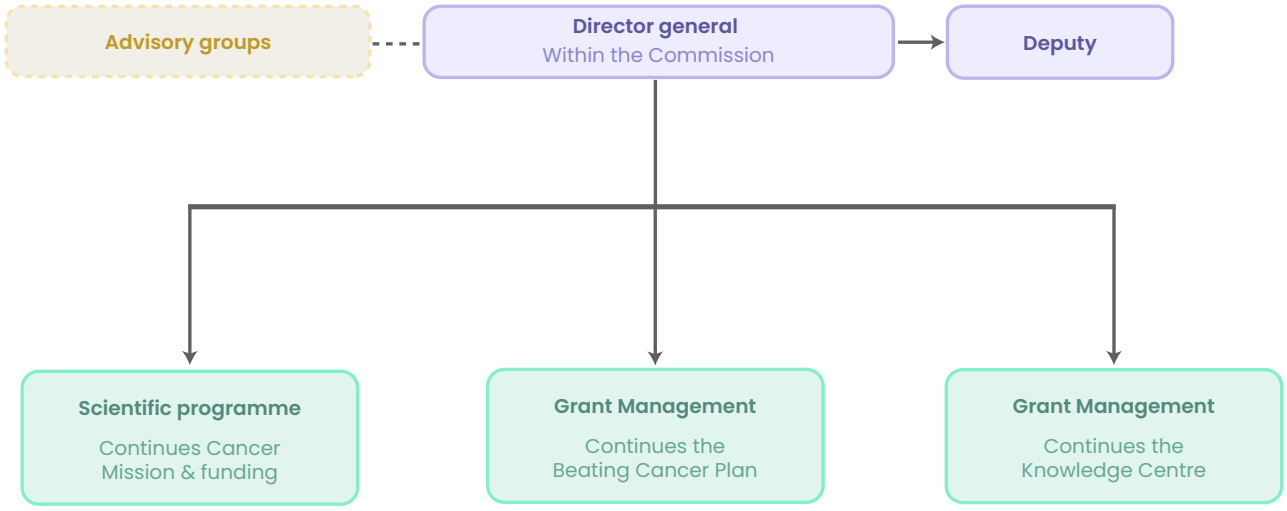
- Unit B.1 'Cancer, Health in all Policies' within the Directorate-General for Health and Food Safety (DG SANTE), holding responsibility for Europe's Beating Cancer Plan;
- Unit D.1 'Combatting Diseases' within the Directorate General for Research and Innovation (DG RTD), holding the secretariat of the EU Mission on Cancer; and,
- The Joint Research Centre, operating the Knowledge Centre on Cancer.

An initial version of this scenario would formalise this existing link, by replacing the Inter-Service Cancer Group with a body holding a clearer mandate and placed under stronger institutional leadership, such as a Vice-President of the European Commission. Such a group should also sustain and develop connections with relevant units within other European Commission services, including the Directorate-Generals for Communications Networks, Content and Technology (DG CONNECT), for Employment, Social Affairs and Inclusion (DG EMPL) and for Climate Action (DG CLIMA)[102].

At a later stage, coordination of cancer action across Directorates-General would be formalised under a new European Commission Authority, led by a Director General and supported by advisory groups. In this respect, complementary funding could be mobilised from external sources, such as the European Investment Bank (EIB), building upon EIB's ongoing support to cancer-related initiatives.

Rather than creating new workstreams, the model consolidates what already exists by relying on three programmes to continue Europe's Beating Cancer Plan, the EU Mission on Cancer and the Knowledge Centre on Cancer. It would require a European Commission Decision and build entirely on existing structures and staff. Funding would draw on the envelopes of the programmes being consolidated, without a dedicated budget line.





Dashed line = Consultative, non-reporting relationship

Case Study on DG HERA for Scenario 4: From inter-DG coordination to a European Commission Authority

	DG HERA
Legal instrument required	Commission Decision C(2021) 6712
Parliament/Council involvement	No
Budget source	EU general budget, subject to inter-DG negotiation
Timeline, proposal to operational	2 to 3 years. President von der Leyen announced the Plan in 2020, Commission decision in 2021, operational in 2022

Directorate-General for Health Emergency Preparedness and Response (DG HERA) is the European Commission service resposible for preparing for and responding to cross-border health emergencies.

Comparing the scenarios: strengths, weaknesses and expert preferences

Comparing the four identified scenarios across six core criteria reveals that none of them performs well across the board, as independence, legitimacy and speed are bought at each other's expense:

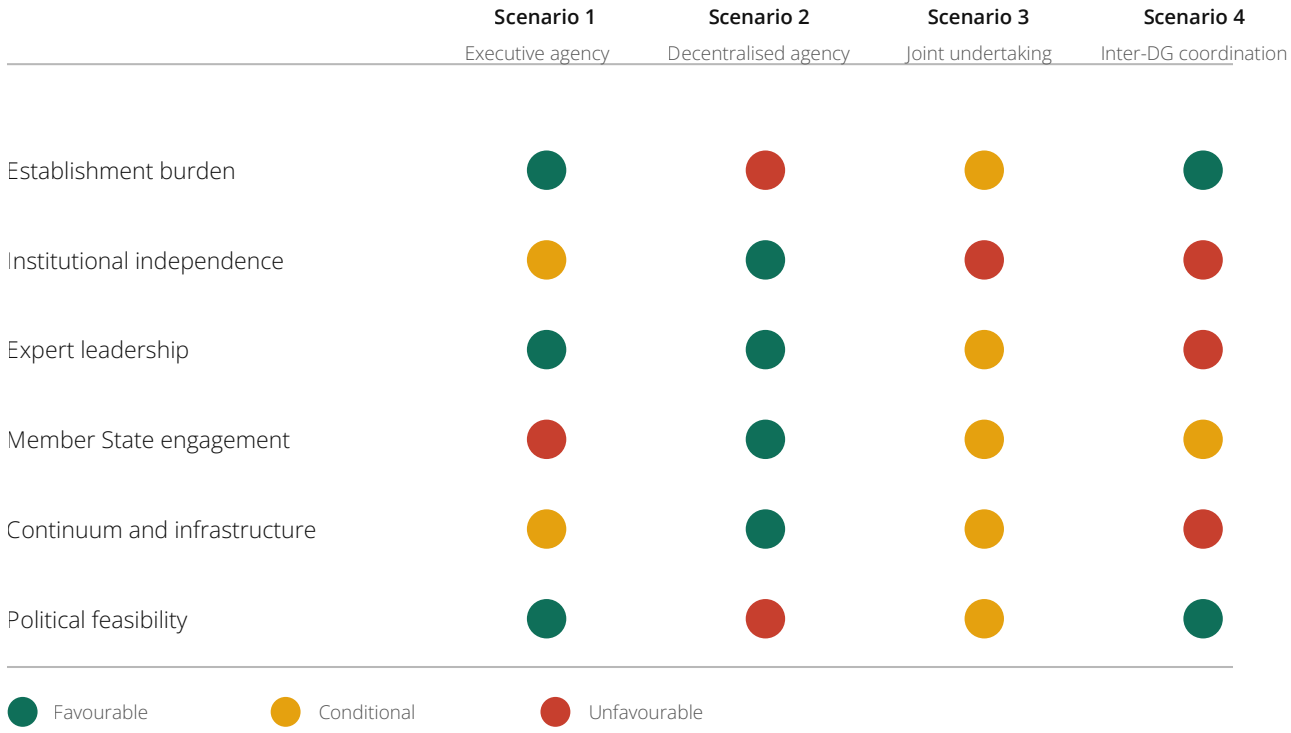
- In terms of capability, a **decentralised agency** would seem to offer the strongest institutional foundation, as legal personality and a dedicated budget would allow it to hold long-term infrastructure as a permanent public resource, and formal Member State participation in its governance would give it a legitimacy the other models cannot match. It is also the most demanding to establish. Yet, its establishment would be challenging at a moment when the appetite for new agencies is limited and simplification dominates the institutional agenda.
- By contrast, **inter-service coordination** could be put in place within the current mandate at minimal cost, yet it would make minimal changes to current EU cancer policy implementation processes and is unlikely to address the issues at hand or adequately protect EU cancer policy from future political shifts.

- An **executive agency** combines a lower establishment burden with expert leadership, placing scientific judgement at the centre of priority-setting while remaining within an institutional form the European Commission could establish. Its constraints mirror that convenience: it stays bound to European Commission priorities and budget cycles, and its low Member State involvement may limit its influence on, and collaboration with, national health systems.
- Meanwhile, a **joint undertaking** has the potential to mobilise capital from diverse sources in areas which a single source of public funding alone would be struggling to fill, yet its action remains subject to constant negotiations among its partners, and its capabilities may be overpowered by such a broad task as coordinating EU-level cancer action.

Nevertheless, these scenarios are not mutually exclusive in every respect, as one may represent a section and/or a transitional phase for another; furthermore, their respective weaknesses indicate where they need reinforcement rather than grounds for exclusion.

Following expert consultations, **a preference emerges within the European cancer community for a decentralised agency scenario**, as the only model combining institutional independence, expert leadership, structured Member State engagement and the capacity to maintain cancer control infrastructures. Should the establishment challenges for such a new structure be insurmountable, e**xperts endorse an executive agency as a preferred fallback**, based on its capacity to bring together expert-led priority-setting and consolidated coordination of funding.

On the other hand, joint undertakings are recommended to be retained as a possible option for selective and strictly governed deployment as a component of either agency model, should it seek to tackle capital-intensive infrastructure and projects where public budgets alone would be insufficient. Finally, stronger inter-service coordination could reasonably serve as an interim arrangement while a permanent structure is being prepared, yet it could not represent a European Cancer Institute as intended by this report, due to its lack of independence, budget and legal basis to coordinate the cancer landscape further.



From practice to policy: how European decision-makers can create a European Cancer Institute

The future of EU cancer action rests now in the hands of policymakers. With the 2028–2034 Multiannual Financial Framework under negotiation, and with Europe's Beating Cancer Plan and the EU Mission on Cancer approaching the end of their current funding cycle, 2026 and 2027 represent critical years for EU institutions to advance this proposal. This paper ultimately recommends a reform, echoing the voice of the cancer community, and asks that a decision be taken deliberately. The European Cancer Organisation sets out below suggested recommendations to initiate an exchange of views.

To the European Commission

Instrument: A Project Group or Working Group on the European Cancer Institute, established by decision of the President of the European Commission in accordance with the Commission's Working Methods[103] (Section V, Communication from the President), chaired by the lead Commissioner(s) for Health and for Research, and bringing together DG SANTE, DG RTD and the Joint Research Centre, with a mandate to ensure preparation and political steer in the delivery of a European Cancer Institute from conception to implementation.

Recommendation: The initiation of a formal process by the European Commission to assess the four legal scenarios set out in this report and to identify a preferred institutional model, as a necessary precursor to any legislative proposal.

Rationale: Anchoring the request in the Commission's Project Group mechanism gives it immediate procedural credibility and a clear route to Presidential authorisation, rather than proposing a new or informal structure. As the group is established by Presidential decision, it carries direct political backing and a fixed mandate, composition and duration, providing the accountability this report finds lacking in current EU cancer governance.

To the Council of the European Union and EU Member States governments

Instrument: A non-paper tabled by a coalition of interested Member States, ideally under the auspices of the incoming Trio EU Presidency of Ireland, Lithuania and Greece (July 2026 to December 2027).

Recommendation: That interested Member States open an informal discussion at Council level on the case for a European Cancer Institute, so as to gauge the position of Health and Research Ministers ahead of any potential formal proposal from the European Commission.

Rationale: A non-paper offers a proportionate first step: it requires no unanimity, while formally placing the proposal on the record at Council level for the first time.

To the European Parliament

To the Public Health Committee of the European Parliament (SANT)

Instrument: A hearing of the SANT Committee held on the occasion of World Cancer Day 2027 (4 February), complemented by a paper or event from the Intergroup on Cancer & Rare Diseases.

Recommendation: That the European Parliament issue a clear, cross-party political signal to the Commission and the Council in favour of a European Cancer Institute.

Rationale: World Cancer Day provides an appropriate occasion for a SANT Committee hearing, offering visibility ahead of forthcoming negotiations on the Multiannual Financial Framework. This would build on Parliament's existing position, expressed in the 2022 BECA Committee report and in the 12 February 2026 Resolution on Cancer[104], both of which have called for stronger EU-level governance of cancer policy.

To the Industry, Research & Energy Committee of the European Parliament (ITRE)

Instrument: A legal amendment targeting Article 18 of the Proposal for a Council Decision establishing the Specific Programme implementing Horizon Europe, COM(2025)544[105]

Recommendation: That a dedicated Health committee configuration be reinstated within Article 18, alongside the existing proposed configurations within the governance of the next EU framework programme for research.

Rationale: As currently drafted, the European Commission's July 2025 Proposal removes health and cancer as a standalone configuration of the next Horizon Europe Programme, placing the future of the EU Cancer Mission at serious risk. Such an amendment would safeguard the continuity of ongoing cancer research now approaching the critical juncture of its next funding phase.

Across all EU institutions: a shared recommendation on the Next Multiannual Financial Framework for 2028-2034

Instruments: Amendments to the Proposal for a Council Regulation laying down the Multiannual Financial Framework for the years 2028 to 2034, COM(2025)571106, the Proposal for a Regulation on establishing the European Competitiveness Fund ('ECF') (COM/2025/555 final)[107] and the Proposal for a Regulation on establishing Horizon Europe for the period 2028-2034 (COM/2025/543 final)[108].

Recommendation: That EU institutions guarantee ring-fenced health funding within the next EU long-term budget, specifically:

- A standalone health budget line within the European Competitiveness Fund, rather than the proposed merged pillar on 'Health, Biotech, Agriculture & Bioeconomy', to prevent health priorities being diluted among unrelated sectors.
- A dedicated €10.05 billion ring-fenced health envelope, in line with the European Parliament's April 2026 official position, without which there is no secure future for EU ambitions on health and cancer policy.

Rationale: Each of the four institutional recommendations detailed above ultimately depends on the same underlying condition: that the next EU long-term budget protects, rather than dilutes, EU funding for health and cancer. With a standalone EU4Health currently proposed for removal, health risks losing any ring-fenced protection in the next EU budget unless this is explicitly reinstated. Placing health within a single combined pillar alongside biotech, agriculture and bioeconomy risks health objectives being weighed against, and potentially crowded out by, unrelated sectoral priorities competing for the same funding. The €10.05 billion figure reflects the European Parliament's own Position on the budget, giving this recommendation a clear political anchor and cross-institutional credibility.

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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.

Publication: October 2026

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