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ORGANISATION

# Delivering Effective & Equitable Care Together

European Cancer Summit 2022 Report



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## Foreword

The past year has been one of recovery and rebuilding. However, it has also exposed the inequalities in cancer care across Europe more starkly than ever. That's why, during the European Cancer Summit 2022, a Lancet Oncology Commission 'European Groundshot' was launched with 12 evidence-based recommendations. They provide a roadmap to achieving a 70% survival rate, on average, for all cancer patients in Europe by 2035. Likewise, the European Cancer Pulse, also launched this year, is an innovative and interactive data visualisation tool tracking inequalities in cancer.

Demanding that cancer be a priority for European and national policymakers was a key thread throughout this year's Summit. Whether using lessons learnt from Covid-19, leveraging new technologies, or riding on the momentum of multiple actions at EU and national levels, participants committed to achieving this goal.

The European cancer community acknowledged that we need to play the long game, ensuring continuity between political mandates, and holding policymakers to account. We need them to create the right conditions and provide sufficient financing as we prepare for emerging demographic shifts and new technologies that can improve prevention, screening, early detection, treatment, and survivorship.

The importance of Comprehensive Cancer Control Networks and guaranteeing that patient perspectives are captured to improve care, were both highlighted. Participants also noted the critical importance of multidisciplinary education and training to facilitate multidisciplinary care, with the European cancer community being at the heart of the recently launched INTERACT-EUROPE project.

This year we also had the privilege of hearing from several distinguished speakers from Ukraine, who continue to battle for Ukrainian cancer patients and adapt to their needs. Now is the time for the international community to take action to support Ukraine in its long journey of recovery and rebuilding.

In a similar spirit, the Summit could not have taken place without reflecting on the recent progress made in EU cancer policy. The European cancer community reflected on how the EU's New Innovation Agenda and other legislative and policy instruments, (such as the European Health Data Space, the Beating Cancer Plan, and the Mission on Cancer), act as catalysts to building back better.

We have the opportunity to inspire and empower the health workforce of tomorrow. The Summit was an occasion to reflect on the perspectives of young cancer professionals. Participants noted the importance of ensuring diversity and inclusion in cancer care, not only for patients and health care professionals (HCPs), but for all in the cancer care community.

The Summit also highlighted how the Pharmaceutical Strategy can provide the momentum and tools to drive health systems and treatment optimisation across Europe, while keeping relevant stakeholders involved in the process. The opportunities that greater pan-European collaboration can offer were highlighted by participants, including the need to eliminate cancers caused by HPV, and to ensure male cancers receive the same attention and visibility as female cancers.

This year's Summit would not have been complete without acknowledging the proven benefits of new, emerging, and interconnected technologies. With the European Health Data Space heading towards implementation, the collaboration, and trust among key stakeholders, was highlighted by many participants.

The Summit ended with the launch of the National and European Parliamentarians for Cancer Action. This year's Summit focused on some of the most pressing topics in Europe, not only in the domain of cancer care, but beyond to the broader challenges society faces, including the recovery and rebuilding from Covid-19, the economic downturn, and the war in Ukraine. It is impossible to discuss improving cancer care in Europe without addressing these global issues, which have such significant impact on cancer services across Europe. Everything

that the European Cancer Organisation does is a reflection of member priorities. As such, during this year's Summit, we reflected on what brings us together, and our common mission of delivering effective and equitable cancer care. Read on to discover the rich and diverse discussions from the 14 sessions of this year's Summit, attended by 300 delegates in person, and more than 300 online.

### **Andreas Charalambous**

President,  
European Cancer Organisation

### **Ajay Aggarwal**

Programme Co-Chair,  
European Cancer Summit 2022

### **Gilly Spurrier-Bernard**

Programme Co-Chair,  
European Cancer Summit 2022

**The European Cancer Summit 2023 will take place on 15 & 16 November in Brussels and virtually.**



## **Save the Date**



*Andreas Charalambous, President of the European Cancer Organisation, and European Cancer Summit 2022 Programme Co-Chairs Gilly Spurrier-Bernard (centre) and Ajay Aggarwal (right).*



*Andreas Charalambous and Gilly Spurrier-Bernard.*



*Andreas Charalambous and Ajay Aggarwal..*



# Action on Cancer Inequalities: Our Shared Roadmap

**Nicolò Matteo Luca Battisti and Sarah Collen, Co-Chairs of the Inequalities Network.**

This year has been a year of turning plans into action, most notably, with the publication of the first iteration of a new EU Cancer Inequalities Registry, and the start of several Beating Cancer Plan initiatives, including: an EU Network of Comprehensive Cancer Centres; a European-wide campaign against HPV cancers; and an inter-specialty cancer training programme.

However large inequalities still exist, and current data on inequalities in cancer care is scarce and scattered. To address this, as well as the mutual disconnect between EU capitals and Brussels, the European Cancer Organisation has developed the [European Cancer Pulse](#). It is an innovative and interactive data visualisation tool tracking inequalities in cancer. It utilises various data sources (including from communities) to provide insights into different countries. For example, did you know that only 12 of the 27 countries have an updated national cancer plan?

*Data needs to trump opinion*

The European Cancer Pulse complements the EU Cancer Inequalities Registry thanks to the inclusion

of data intelligence available beyond official registries and will highlight a range of additional cancer inequalities across the continent.

## European Groundshot

This Summit marked the official launch of the landmark report '[European Groundshot—addressing Europe's cancer research challenges: a Lancet Oncology Commission](#)'.<sup>1</sup> Its 12 evidence-based recommendations provide a roadmap to achieving a 70% survival rate, on average, for all European cancer patients by 2035. The Lancet Oncology Commission's Programme suggests solutions for inequities in two domains: The patient journey from prevention through to end of life; and global cancer control and regional variation. The Groundshot follows the 'US-Moonshot' in style and the EU Mission on Cancer.

## Less breakthrough, more follow through

Europe is facing a cancer crisis that has been compounded by the Covid-19 pandemic, the invasion of Ukraine, and economic downturn. Addressing these multiple crises requires focus on what we are doing now, and what can we do better in the future. Cancer research needs to be increased and become more targeted.



Session Co-Chairs, Nicolò Battisti and Sarah Collen, and Marcia Costa, Senior Editor, *The Lancet Oncology*, discuss action on inequalities.

*That is why we are not shooting for the moon but are grounded in reality.*

Today there are 20 million Europeans living with a cancer diagnosis, but in order to reach the '70:35 vision', i.e., 70% long-term cancer survival rate by 2035 for all Europeans, the disparities between Eastern and Western Europe must be addressed, as well as the gender inequalities in cancer research. We know that patients treated in research hospitals have better outcomes than those who are not. The Groundshot highlighted that Europe spends just €26 per head on cancer research per year, compared to €234 per head in the US.<sup>1</sup> In Europe, several cancer types (such as lung and colorectal) are underfunded, as well as certain methods of cure (such as surgery and radiotherapy). With spending on cancer prevention in the EU only at an average of 4%, a step-change is needed in how health and health-related research is perceived. In other words, it should not be seen as a cost, but as an investment in our health, societies, and economies.

## Patient-Centred Research: The Only Way to Go

To help achieve the '70:35 vision', patients must be given an active, rather than a passive role, with patient-centred research "the only way to go." This can be achieved by implementing a pan-European cancer strategy which: outlines patient pathways to diagnosis; ensures a more prominent role for primary healthcare professionals (HCPs); and is underpinned by the European Code of Cancer Practice.

Patients' experience data ('PDE') can be used to inform development and regulatory decision-making. For example, the Food and Drug Administration in the United States has already established a framework for this. Unfortunately, the



Teodora Kolarova, Executive Director, International Neuroendocrine Cancer Alliance (INCA)

Mr. Ciaran Nicholl



*This Knowledge Centre includes the European Cancer Inequalities Registry which was launched by President Von der Leyen on 02 February 2022. We commend the Cancer Pulse initiative and seek close collaboration and synergy with it. As a general message, we in the Commission promote alignment, synergy and collaboration in tackling cancer - together we can, and we will, make a difference.*

EU lags behind in this area. The patient voice can be – and should be – a disruptive force for improving care, and a patient-centred approach can make cancer research, policy and practice better for all stakeholders.

## A Two-Fold Difference in Cancer Mortality across the EU

There is almost a two-fold difference in cancer mortality across EU countries, with cancer accounting for 26% of all deaths, the second highest after cardiovascular disease, and costing €199 billion per year. Large inequalities in access to early detection programmes, such as screening for breast cancer, vary significantly by income. Such disparities also exist within countries, and across socio-economic groups and gender.<sup>2</sup> Only approximately half of the data we require to inform policy and practice is regularly captured. To address these data gaps, the [EU Cancer Inequalities Registry](#), one of the Flagship initiatives of the Beating Cancer Plan, was established this year, and will produce a series of EU Country Cancer Profiles (to be published in February 2023), as well as the State of Cancer Prevention and Care in the EU (due in 2024).

Initial results indicate that the lack of resources only partially explains the differences in performance between countries, and other factors such as appropriate practices and quality governance should be explored further.

## Information Presented as Actionable Results – The European Cancer Pulse

The way that health systems are currently funded is unbalanced. There is a lack of research funding, for example, directed towards implementing the latest science. Compounding this is the knock-on effect of Covid-19 and the economic downturn, meaning that the cancer care community must anticipate

and mitigate the expected reductions to public R&D budgets. Despite data collection often resulting in presentation of ‘uncomfortable statistics’ with regard to cancer care in Europe, for it to be truly meaningful, this information needs to be presented as actionable results – this is the European Cancer Pulse. There have been decades of research funding in Europe aiming to reduce the inequalities in cancer care. However, data in this tool shows how this gap has not been closed.

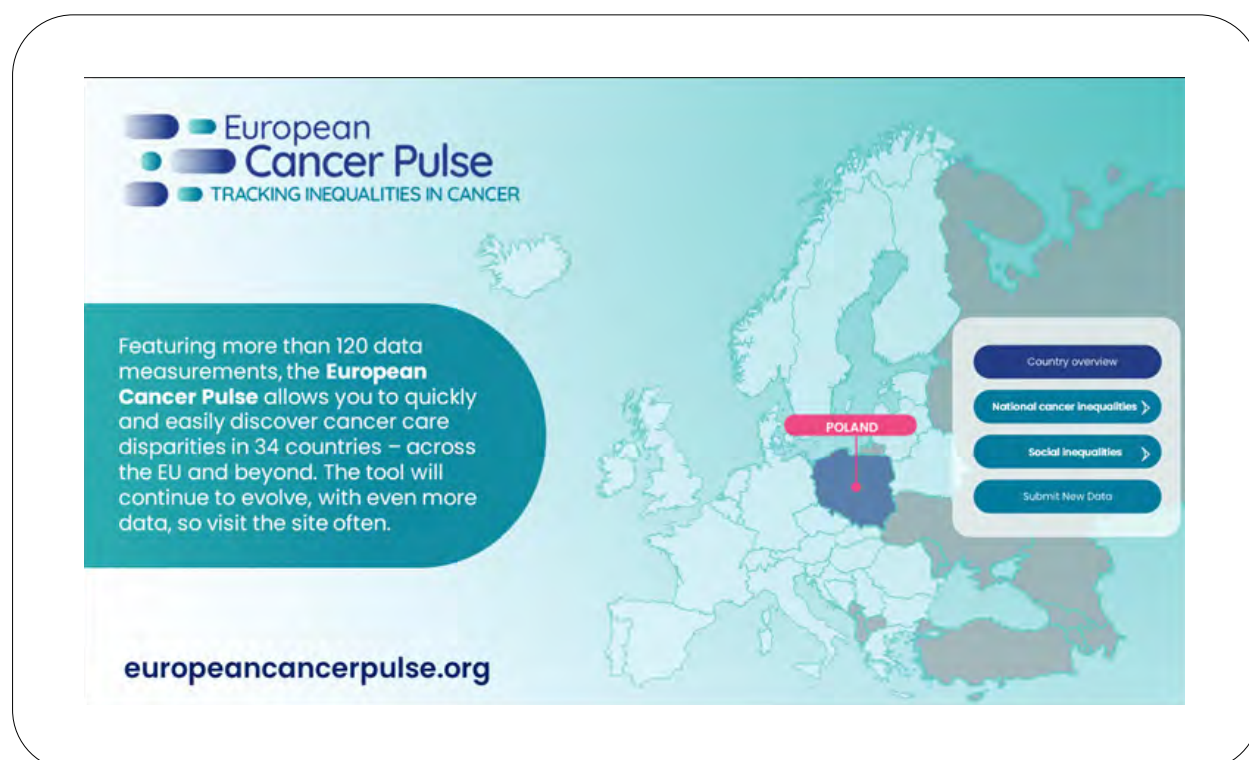
## Diversity in Clinical Trials Reduces Inequalities Downstream

The US Moonshot prioritises collaboration. If we are to apply lessons learnt for the European Groundshot, all stakeholders (and all communities) are needed. Reducing inequalities begins and ends with patients in mind, with a collective focus across the spectrum from prevention to survivorship. To make the right decisions requires having the right data. Therefore, ensuring diversity in clinical trials, and getting this right at the start, will help reduce inequalities further downstream.

*If you miss the key data, you miss the right interventions.*

## Conclusions

Inequalities still exist across Europe. The European Groundshot – addressing Europe’s cancer research challenges: a Lancet Oncology Commission, was unveiled during the 2022 Summit. Its 12 evidence-based recommendations provide a roadmap to achieving a 70% survival rate, on average, for all cancer patients in Europe by 2035. The European Cancer Pulse, also launched during the 2022 Summit, is an innovative and interactive data visualisation tool that tracks inequalities in cancer. Cancer research should be seen as an investment, and not as a cost. Furthermore, such research should be patient-centred, and ensure diversity and inclusion of all groups of our community.





## KEY POLICY RECOMMENDATIONS

- Policymakers should apply the 12 recommendations from the Lancet Oncology Commission Groundshot Report.
- The European Cancer Pulse should be a focal point for policymakers and stakeholders across Europe
- Cancer research should be patient-centred, and ensure diversity and inclusion to reduce inequalities downstream

## PATIENT VIEWS

The opening session officially launched the landmark report 'European Groundshot—addressing Europe's cancer research challenges: a Lancet Oncology Commission' with its 12 evidence-based recommendations intended to provide a roadmap to achieving a 70% average survival rate for all cancer patients in Europe by 2035. Several patient advocates from the ECO Patient Advisory Committee had input into this document. Teodora Kolarova, Executive Director, International Neuroendocrine Cancer Alliance (INCA), and Member, Patient Advisory Committee, European Cancer Organisation, highlighted patient contributions and stressed the need to work on inequalities. She also introduced pertinent aspects of the NET survey. There was an introduction to the new ECO Cancer Pulse tool which is totally worth checking out, on the disparities between countries. It will get even better as additional statistics are added by country. I have already used it to leverage lack of access to cancer imaging in France.

## FIND OUT MORE

- [European Cancer Inequalities Registry](#)
- [European Groundshot—addressing Europe's cancer research challenges: a Lancet Oncology Commission](#)
- [The European Cancer Pulse](#)



Access further positioning by the European Cancer Organisation's Inequalities Network here: [european-cancer.org/topic-networks](https://european-cancer.org/topic-networks)

# smartCARE. A Fit-for-Future Cancer Survivorship Agenda

**Csaba Dégi and Nevenka Krčevski Škvarč,**  
**Co-Chairs of the [Survivorship and Quality of Life Network](#).**

The centrepiece of Europe's Beating Cancer Plan is the promise to fund a 'Better Life for Cancer Patients' initiative. It includes: A Cancer Survivor Smart-Card ([smartCARE project](#)).

## smartCARE: A Cancer Survivorship Smartcard

smartCARE summarises a patient's clinical history and facilitates monitoring and follow-up care. It aims to decrease the communication gap between survivors and health and social-care providers. These providers promote citizen empowerment through patient centred care and ultimately enhance the quality of life of cancer survivors. ECO is coordinating this EU Project under the EU4Health Programme 2021-2027, focused on sustainability and user needs.

smartCARE promises to:

- Collaborate with the app developer to co-create the Cancer Survivor Smartcard App
- Provide high-quality follow-up care by requiring access to the patient's clinical history
- Give cancer patients and survivors personalised follow-up care
- Improve healthcare provider and survivor communication on the survivor's needs & worries

smartCARE is being developed with patient participation. The app includes both paediatric and adult survivorship, comorbidities, and complications. smartCARE is called a 'smart card' rather than a 'survivorship card' to ensure full inclusion.

## Meeting the Holistic Needs of Patients in Survivorship

There are currently more than 12 million cancer survivors alive in Europe today, however we do not have a good enough understanding of their psychological welfare. Current unmet needs of survivors include management of the psychological

effects of cancer, social work, and financial impact – the 'financial toxicity of cancer'.

New guidelines on survivorship have been published<sup>3</sup> with patients at the centre of the decision-making process. This includes addressing what patients expect during survivorship, general health and wellbeing, the need to improve participation in screening programmes, and raising awareness of the risks of unhealthy behaviours in survivorship. However, work is still needed to create a shared educational context, and the development of psychological survivorship programmes for HCPs.

## Translating Information to Change

In England, the development of cancer survivorship policy has been in progress since 2007, as part of a long-term cancer strategy ([The 2008-2013 National Cancer Survivorship Initiative](#)). It covers the following three priorities: personalised care; personalised stratified follow-up; and a quality-of-life survey. In total, 21 cancer alliances help its implementation, looking at consequences of treatment, including self-management. In a national survey of quality assessment 18 months after diagnosis, respondents provided an average score of 8.92 out of 10 for their overall rating of care (2021). A key aspect is to then translate this information into changes in policy and practice. For example, symptom scores from surveys can indicate priorities for action, such as addressing fatigue or difficulty sleeping.



*Gabriella Pravettoni, Director, Psycho-Oncology Division, European Institute of Oncology (left), Kateřina Konečná MEP (centre), Carina Schneider, Managing Director, Childhood Cancer International Europe Committee (right).*

## We Should Be Realistic When Change Will Reach Patients

Despite recent progress, the importance of managing expectations for EU policy should not be underestimated. For example, the EU Pharmaceutical Package (part of the EU Pharmaceutical Strategy), has been postponed and is now only expected in the Spring of 2023. This raises the risk that the current composition of the European Parliament will not be able to conclude dialogues within their mandate before the 2024 elections. It should also be noted that the EHDS and Substances of Human Origin (SoHo) legislative proposals will also need to be worked on, and implemented, in the next few years. In reality, this means that their impact on cancer survivorship is more likely to be felt towards the end of this decade, and patients have a right to know this.

There are other areas, however, that could be explored at the EU policy level. For example, joint procurement methods used for Covid-19 products could also be considered for innovative oncology therapies. Additionally, the Right to be Forgotten (currently in dialogues), needs the support from Member States that it deserves. Finally, the EU4Health programme does not currently have enough funds to significantly impact cancer survivorship, and therefore the European Council should negotiate for more funding in the second half of the decade.

Ms. Patrycja Rzakowska



*From the perspective of a psychologist, psycho-oncologist, and cancer survivor, I can only say that during the diagnostic and treatment process psychological support is never a priority. Unfortunately, there is a very little awareness about this kind of support and patients are not informed about options that they have. For sure this is an area to improve!*

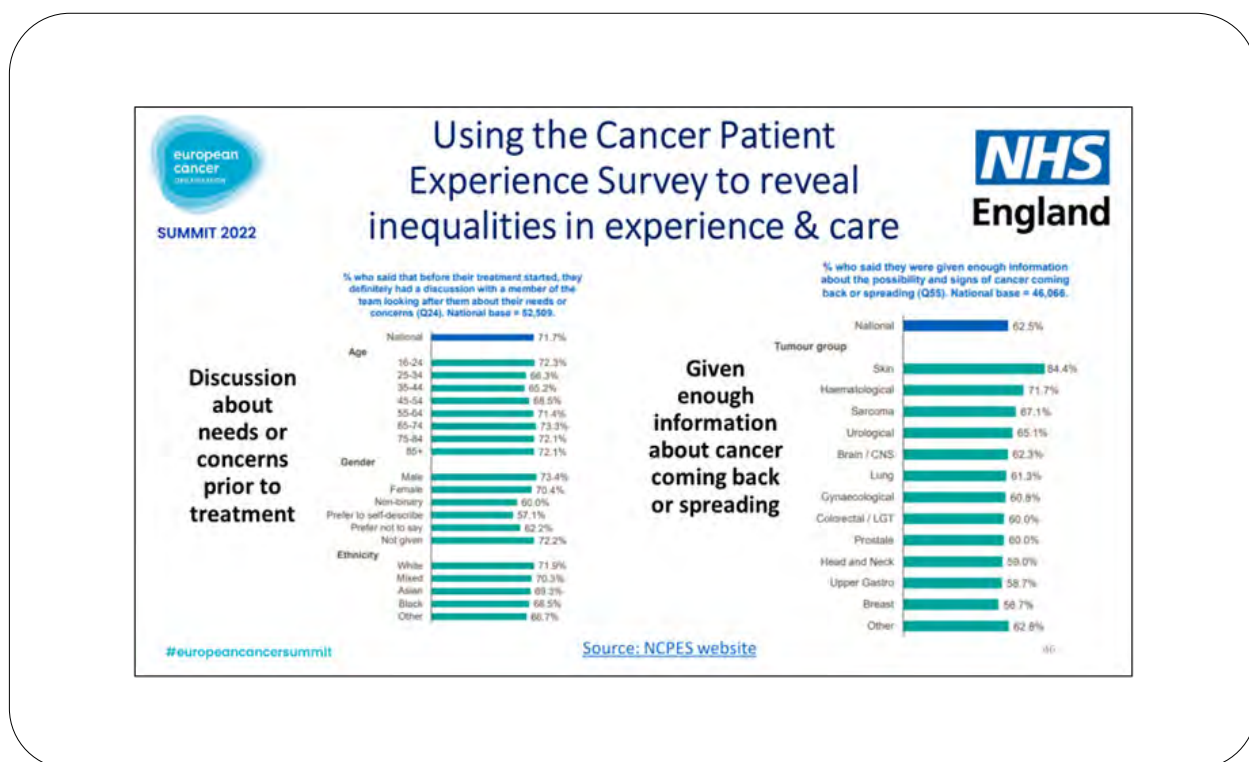
## Ensuring Future-proof Survivorship

How do we ensure that we meet survivorship needs in the future? Ensuring future-proof survivorship requires not only co-creation by patients, but co-creation by young people, for example via the EU Network on Youth Cancer Survivors. Additionally, the balance between research interests and feedback from patient partners is key. Furthermore, ensuring that the patient voice is heard is only part of the solution. We must act upon what we hear.

## Cancer and Ageing, and Ageing with Cancer

*Cancer grows old too.*

In other words, 80% of patients are more than 55 years old, and due to the expected shift in demographics, the number of new diagnoses in people over 70 years old is expected to double. Another shift-change in cancer care, is the rise of



combination therapies. The research pipeline is showing us a whole new perspective, for example, with the promise of multiple new (combined) therapies, rather than the traditional approach of adding a single new treatment to an existing regimen. A similar situation exists with novel endpoints, including significant advances in diagnostics and testing for minimal residual disease (MRD).

between political mandates. Policymakers can help create the right conditions for the different projects that are needed, including funding. Engaging with not only patients, but also with youth cancer survivors is critical for future-proofing cancer survivorship. Personalised medicine is personalised healthcare, and we must prepare for emerging demographic shifts and new technologies that can impact and improve survivorship.

## Conclusions

The smartCARE smartcard is a key development to improve cancer survivorship and will continue to develop in 2023. Survivorship is so much more than dealing with the physical effects. It includes the psychological, social, and financial effects. The nature of the EU policy process means that we need to play the long game and ensure continuity

### KEY POLICY RECOMMENDATIONS

- The non-physical aspects of cancer survivorship, namely the psychological, social, work, and financial, should receive additional research funding and attention from policymakers
- EU policymakers and Member States should commit to additional funding for cancer survivorship through the EU4Health programme

### PATIENT VIEWS

This session featured an introduction to the EU4Health smartCARE project which the ECO is coordinating, and also the Cancer Survivor Smartcard, where we are happy to have strong influence from Patient Advisory Committee members CCI, IBTA, DICE and ECPC. Carina Schneider of Childhood Cancer International Europe (CCI-E) led the patient advocates position in this session. Gilly Spurrier Bernard is interested to see how this will integrate into the Right to be Forgotten and the European Cancer Patient Digital Centre.

### FIND OUT MORE

- [smartCARE project](#)



Access further positioning by the European Cancer Organisation's Survivorship & Quality of Life Network here: [europeancancer.org/topic-networks](https://europeancancer.org/topic-networks)

# Embedding Outcome Measurement in Quality Cancer Care: Where Are We Now?

## Simon Oberst and Fedro Peccatori, Co-Chairs of the Quality Cancer Care Network

Across Europe, with an EU level cancer plan now complementing an array of national cancer plans, and a noteworthy focus on achieving an EU Network of [Comprehensive Cancer Centres](#), this session provided a fuller picture of the interventions and investments that yield the strongest improvements in outcomes.

### The Promise of PROMICS

The burden of cancer on a patient's quality of life (QoL) is well recognised, and Patient Reported Outcome Measures (PROMs) have proven useful to improve the quality of care. However, most QoL instruments were developed more than a decade ago and, as such, a new unified system for the self-assessment of QoL is currently being developed. Full implementation of PROMS is unfortunately not yet universal across health systems or across the EU.

The [EUonQoL Project](#) (Measuring what matters for cancer patients and survivors in Europe) aims to develop, pilot and validate the EUonQoL-Kit, a patient-driven, unified system for the assessment of QoL based on evaluations and preferences of

cancer patients and survivors. The project and kit are focused on: development from the patient perspective; available in multiple EU languages; and digitally administrable.

There is also a participatory research focus to involve a representative panel of stakeholders including patients and their caregivers. The project is expected to promote the routine use of PROMs in clinical practice and will add patient perspectives within multi-omics personalised oncology ('PROMICS').

### Measuring Outcomes in Rare Cancers with Reference Networks

Data collection and outcome measurements are particularly significant in rare cancers, where the incidence rates (and therefore population of patients) is much lower. The use of the European Reference Networks (ERNs, such as the ERN-EURACAN clinical registry, and its associated protocol to collect data on all patients treated and followed for rare adult solid tumours, and NETSARC+ in France, improves quality of care. In the latter example, evidence suggests that there is an improved nationwide survival of sarcoma patients in the 10 years after establishment of the NETSARC+ reference centre network.<sup>5</sup> The nation-wide



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## EUonQoL expected impact

- Availability EUonQoL-Kit could potentially provide a system to identify patient needs and **assess the impact of health care policies.**
- Implementation and results dissemination through a wide stakeholder network will likely **promote the routine use of PROMs in clinical practice.**
- Routine collection of PROMs data **will add patient perspectives within multi-omics personalized oncology (... PROMICS)**, ultimately constitutes an important new opportunity in the progress toward patient-centred care.

[#european cancers summit](#)



identification of tumour incidence, and the quality of surgery, improved when compared to non-NETSARC+ Centres.

## Data-driven Intervention Improvement

*Why do patients with similar cancers, and similar treatments, get different outcomes?*

This was the question that led to the establishment in 1998 of the Clinical Effectiveness Unit at the London School of Hygiene and Tropical Medicine (LSHTM), bringing together the academic partnership between the Royal College of Surgeons (RCS) and LSHTM. This affiliation includes nationally linked datasets, in a clinical epidemiological approach. Here, audit and research go hand in hand, where traditionally they may be treated as disparate activities.

NATCAN, the National Cancer Audit Collaborating Centre is used to strengthen NHS cancer services in England and Wales with RCS and LSHTM national audit cycle projects. These include linked national datasets, also with PROMs and Patient-Reported Experience Measures (PREMs).

## Symptomics – Learning from Other HCPS

There are islands of excellence in cancer care. The use of precision health and PROMs are two examples. At the moment, we don't know as much about precision health and implementation of PROMs in this context. However, we do know that patients are often tech savvy, and willing to be involved. Therefore, patients can help increase accuracy and broaden our perspectives.

*A vision for 2027: Nurses promoting health or providing interventions to improve health, using biomarkers to identify risks, rather than treating patients.*

## Optimised Use of Technology

From the European Parliament's work on Covid-19 and cancer, (for example the [Public Hearing on lessons learnt from the impact of Covid-19 on cancer care](#)), several critical aspects were highlighted. These included the importance of cancer networks, ensuring we put patients at the centre of our efforts, as well as the need to address inequalities. Further to this, the 'COVI' Committee has recommended that information should be shared across Europe to help improve patient outcomes. The use and importance of data,



Summit Co-Chairs Simon Oberst (left) and Carlo Catalano (centre) with Cinzia Brunelli, Researcher, National Cancer Institute, Milan (right).

in particularly health data, is also a topic that is being closely followed in the European Parliament with the ongoing EHDS negotiations.

*Are we using the available technology as well as we should?*

## Patient-driven PROMs

*When PROMs are implemented, are they patient-driven or clinician-driven?*

Even if the former is true, we are often faced with questions related to validation. The fact remains that patient input is needed to ensure the factors important to patients receive attention, for example, that cancer treatment is as much about tolerability as it is toxicity. Several questions arise in this discussion, such as:

- Are PROMs fit for purpose and truly reflective of the patient perspective?
- And are they paper-based or ePROs?
- Where in the care pathway are they being delivered?
- What happens to the data when collected? Is it being analysed and translated into better care?
- What feedback mechanisms are there for patients?

Patients value the feedback mechanisms that demonstrate their data and reports lead to improvement in care.



Deirdre Clune MEP

## Closing the Gap for Minority Groups

A recent study (a distributional cost-effectiveness analysis recently presented at ISPOR Europe<sup>5</sup>), explored aspects of outcome measures and quality of care for equity. For example, how they impact equity, such as when there are different outcomes for different ethnicities. In this case, the focus was on clinical trials in prostate cancer among US veterans, and the study demonstrated that ethnic minorities benefitted more from access to clinical trials when incorporating real-world data and outcome measures.

## Conclusions

The importance of networks (CCC networks and ERNs) cannot be stressed enough to improve quality of cancer care, especially in rare cancer cases. Patient perspectives within multi-omics personalised oncology ('PROMICS'), and learning from other HCPs ('Symptomics'), are novel, emerging practices that facilitate outcome measurement in cancer care. Outcome measurement should be data-driven, patient-driven, and optimised for the available technology, as well as for equity. It is also important to recognise the political context and patient safety agenda, and there is scope for exploration of improving outcome measurement with the upcoming EU Pharma Package, and EMA regulatory processes alignment initiatives.



Yvonne Wengström, Professor, Karolinska Institute

## KEY POLICY RECOMMENDATIONS

- Networks within, and across Member States (such as Comprehensive Cancer Control Networks and European Reference Networks) should be facilitated and funded to improve outcome measurement in cancer care
- New methods and technologies (PROMICs, Symptomomics) should be explored to improve outcomes measured in cancer care
- The design and use of outcome measures should ensure the diversity of the population is taken into account to provide optimal cancer care for all ethnicities

## PATIENT VIEWS

We had a really great talk from Anne-Marie Baird of PAC and LuCE in this session leading on from ECO's recent Lung Cancer Essential Requirements in Quality Cancer Care (ERQCC) publication experience, and which was spot on about meaningful PROs in the cancer patient pathway (which would be great to have written up!).

## FIND OUT MORE

- [Joint Action on creating an EU Network of Comprehensive Cancer Centres \(CCCs\) – CraNE](#)
- [EUonQoL-Quality of Life in Oncology: measuring what matters for cancer patients and survivors in Europe](#)
- [ERN-EURACAN](#)



Access further positioning by the European Cancer Organisation's Quality Cancer Care Network here: [european-cancer.org/topic-networks](https://european-cancer.org/topic-networks)



# The Oncology Workforce: We Must Act – and INTERACT – to Provide Effective and Equitable Cancer Care

## **Mirjam Crul and Beate Rau, Co-Chairs of the Workforce Network.**

Effective and equitable cancer care does not only concern the use of advanced medications and machinery. It requires teams of trained professionals who bring multidisciplinary and multi-professional care to life. This is where [INTERACT-EUROPE](#) comes into play, our recently awarded 18-month EU4Health project. Together, we aim to set the standard for inter-specialty cancer training in Europe.



During this session of the Summit, participants discussed the level to which current EU policy is supporting the growth and development of oncology professions. Participants also explored new technological advances and ways to bolster the resilience of the oncology workforce, especially considering the experiences of Covid-19.

Four main challenges faced by the oncology workforce were outlined:

1. The need to address an estimated shortage of 15 million people in the global health workforce by 2030
2. Lack of harmonisation and mobility of cancer specialties within the EU
3. The need to keep Europe's cancer professionals safe, and to protect their wellbeing (physical and psychological)
4. Finding the right solutions for education, training, and development opportunities

## **Multidisciplinary Care = Multidisciplinary Training**

A key success recently has been the acceptance of multidisciplinary meetings, as there is significant evidence that this practice improves the standards of care.

However, during training, specialists in development are denied the opportunity to learn from, and about each other. To truly attain multidisciplinary care, we must ensure multidisciplinary training. Since going live, INTERACT-EUROPE has produced: a consensus paper; a training needs assessment report; a first draft of a curriculum competences framework; and a consultation on early assessment of cancer centre needs.

Several outstanding questions require multistakeholder collaboration

- Can an inter-specialty cancer training programme be promoted as a strategic initiative of the European Commission?
- How can each of us extend support for inter-specialty training (IST) throughout medical, nursing, and allied professions?
- Will politicians actively promote IST throughout the EU?
- How can IST be implemented across the EU?



*Niall O'Higgins (left) and Kim Benstead (centre), Co-Chairs of the INTERACT-EUROPE project, and Matti Aapro (right), Chair of the INTERACT-EUROPE Advisory Board.*

## Patient Involvement from the Start

When developing an IST programme, several factors should be considered. For example, learning to work effectively with other specialities and professions, and ensuring that we demonstrate the value to patients. Both of these factors should inform the curriculum design, with patients involved from the start.

The project participants aim to capture the appropriate 'entrustable professional activities and competencies', and have reflected on gaps that require attention, for example, addition of a competency on pain-control.

Ms. Gabry Kuijten

*I'm a bit worried about the online component of the IST curriculum - would it have the same impact on knowledge, understanding and communication as face-to-face training? The pandemic seems to have proven otherwise for education in general.*

## Investing in the European Health Workforce

European politicians recognise the importance of supporting science, research, and our health workforce. MEPs also recognise the impact of Covid-19 on cancer care, and how HCPs went 'above and beyond' during the pandemic. However, the pandemic exposed the issue of workforce shortages and the need to invest in health is even

more of a priority as we build back

As part of this investment, we need to ensure that scientific careers are more attractive to young people, especially women. This also includes appropriate investment and support to promote the free movement of HCPs in the EU in a sustainable way. Currently, the flow of doctors and nurses in the EU are too often from East to West, and from South to North, to wealthier Member States.

This needs to be addressed at a political level, as we move towards a true European Health Union, with certain health rights guaranteed at the EU level.

## Specialisation Frameworks Lead to Better Outcomes

Oncology nurses and surgical oncologists have less specialisation frameworks in place compared to other parts of the oncology workforce, and 60% of Member States do not have an official specialisation in surgical oncology. It would be beneficial to start recognising these specialties across EU Member States, as EU cancer policy needs to be grounded in the realities of delivery, which includes understanding workforce needs.

## A Multidisciplinary Health Workforce, Who Value Each Other

Patients need an interoperable, multidisciplinary workforce who value each other and know what each other is doing. This is especially the case when



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cancer patients transition between primary and secondary care and back again. This is illustrated by the fact that we now have drugs that are used in oncology that require new or different approaches, for example, where a drug originally developed for use in rheumatology is now being prescribed and administered by an oncologist to treat cancer.

*We should not have an oncologist managing side effects from a rheumatology drug.*

## The Importance of Partnership and Collaboration

Many patients and countries in Europe have to wait for several months or even years to access new cancer treatments, and our health systems have many layers of bureaucracy to overcome. The [European Code of Cancer Practice](#), outlines the right to care from a multidisciplinary care team. To help attain this right, the pharmaceutical industry is partnering to improve: treatment standards; initiatives on biomarker education; continued medical education, including programmes for cancer nurses.

## Conclusions

The oncology workforce continues to face multiple challenges. However, we know from the evidence that multidisciplinary training can lead to improved patient outcomes, when patients are involved from the outset. Continued investment and partnership are required to ensure multidisciplinary teams, and their training can improve outcomes for cancer patients across the EU. As the INTERACT-EUROPE project and other EU-level collaborations on IST continue, there are opportunities to expand the work to additional specialties and disciplines.



*(From left to right) Beate Rau, Session Co-Chair, Niall O'Higgins, Kim Benstead, Matti Aapro, Gilly Spurrier-Bernard and Alessandra Moretti MEP discussing future developments of the European oncology workforce.*

## KEY POLICY RECOMMENDATIONS

- Policymakers should invest in the European health workforce, to ensure multidisciplinary teams are prepared appropriately through inter-speciality training programmes

## PATIENT VIEWS

This session provided a nice introduction to the inter-disciplinary training of healthcare professionals over the entire cancer care pathway – Gilly Spurrier-Bernard expressed the need for patients advocates to be involved in developing training for our cancer HCPs so that they value each other more, which will help to improve the burden of cancer care on patients. The Patient Advisory Committee is glad that Jan Geissler, representing Patvocates, and Anne-Marie Baird, representing Lung Cancer Europe, will closely monitor this project from the patient perspective in the Advisory Board.

## FIND OUT MORE

- [Joint Action on creating an EU Network of Comprehensive Cancer Centres \(CCCs\) – CrANE](#)
- [EUonQoL-Quality of Life in Oncology: measuring what matters for cancer patients and survivors in Europe](#)
- [ERN-EURACAN](#)



Access further positioning by the European Cancer Organisation's Workforce Network here: [european-cancer.org/topic-networks](https://european-cancer.org/topic-networks)

# Supporting Ukrainian Cancer Patients and Cancer Services: Immediate Needs and Longer-term Rebuilding

**Andreas Charalambous, President of the European Cancer Organisation, and Eric Winer, President of the American Society of Clinical Oncology.**

Inspired by the heroism of patient organisations and healthcare professionals in Ukraine, this session of the [ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer](#), with representatives of more than 300 organisations from all over the world, received a detailed update on the disruption to cancer care due to the war. Anna Uzlova, the CEO of a pre-eminent Ukrainian cancer patient organisation, and Roman Shyyan, a cancer surgeon joining live from Lviv, provided day-to-day experiences and outlined ways in which the European and international cancer community can go further in restoring services and addressing the twin battles that Ukrainian cancer patients must now endure – from their disease, and from the physical destruction of their country.

## Despite Adversity, Ukraine Approves its National Cancer Control Strategy to 2030

Supporting cancer patients and cancer services in Ukraine includes addressing both their immediate needs and their long-term wellbeing. However, there is a shortage of oncology drugs, water, light, and heat, and infrastructure has been greatly damaged. Up to 20% of Ukrainian territory has been occupied, and this includes healthcare institutions and cancer centres. As a result, there has been a relocation of oncology centres from occupied territories, and patients have been referred abroad for treatment. The National Council for the Recovery of Ukraine from the War was recently established and includes representatives from the healthcare sector. Despite this adversity, Ukraine has approved its National Cancer Control Strategy until 2030, including an operational plan for its implementation. A National Cancer Registry has also been established, along with the implementation of a number of joint scientific projects established to help Ukraine recover from the war and continue its route to EU integration.

## We Must Find the Undiagnosed to Avoid a Surge in Late-stage Presentations

*This war is not only killing people with missiles, but also by depriving them of treatment*

This applies to cancer prevention, screening, early detection, and treatment. There is a critical need to find the undiagnosed and avoid a surge in late-stage presentations. This is particularly relevant for the post-war recovery phase, as patients who have temporarily left Ukraine may eventually return, causing a surge in demand in the health system. This will be further compounded by additional late-stage presentations due to the disruption. It is important to divide activities between different stakeholders, and to be flexible when the government is not able to provide solutions.

Prof. Olexiy Kovalyov



*The war that is now going on in Ukraine will have not only short-term, but also long-term consequences. With the end of the war, the problems will not disappear, but only worsen. Wartime carcinogens can lead to a surge in cancer incidence, as it used to be with the population of warring countries. Already today, in the land of cities that have been hit by bombs and rockets, around destroyed buildings, we find asbestos, which, together with the air, enters the lungs of people. Carcinogenic perchlorate (fuel for cruise missiles) penetrates deep into the soil, spreads with groundwater over long distances, poisons agricultural land and will be included in the food chain, which will lead to a sharp increase in the number of cancers not only among the population of Ukraine, but also among residents of other countries.*

## A Call to the International Community

Participants heard from Dr Roman Shyyan, Surgical Oncologist at the Lviv State Regional Oncology Treatment and Diagnostic Centre. Following the start of the war, this hospital became the national cancer centre 'by default', with an influx of patients

from across the country. A knock-on effect was the elimination of a number of surgeries, and delays to radiology treatment with a waiting list of approximately two weeks (which was non-existent prior to the war).

Recently purchased medical equipment is still on order and awaiting delivery, and there is now also a shortage of drugs, with the supply of those previously donated, exhausted. Despite the 400 generators that have been supplied to hospitals across Ukraine, power-hungry medical equipment is still not available all the time. Looking to the future, the delays to diagnosis and gaps in treatment are expected to lead to excess deaths. Compounding this, Ukraine will also lack physicians in the future, as training programmes have been interrupted

## It is Never Too Early to Plan for Recovery and Rebuilding

When looking for lessons learnt from other contemporary conflicts across the world (such as the Narco wars in Mexico, wars in the Middle East, and also historical experience from the Balkans), for every new ecosystem impacted, it has proven to be a unique experience. Planning for recovery and rebuilding is now critical and should also include the reconstruction of infrastructure. It may be difficult to consider the years, (if not decades) of rebuilding required, however a potential silver lining is that this is an opportunity to entirely rethink cancer services in Ukraine.

## Keeping Cancer on the Agenda in the Face of Adversity

When there is a major disturbance to health systems, (such as war, economic crisis, or a global pandemic), cancer is one of the first diseases to drop off the list of political priorities. However, both the President of the European Commission and the Health Commissioner have kept cancer a priority despite these adversities. DG SANTE also considers cancer as an experiment, as the policy approach taken today, (that of a single, non-communicable disease approach), is not something that has been attempted previously.

There has been huge pressure from the European health stakeholder community to ensure adequate funding for health-related projects. Furthermore, there have been a number of calls and tenders for financing projects directly for Ukraine, with these calls also open to Ukrainian stakeholders. However,



Sandra Gallina, Director-General, DG SANTE

as Ukraine continues its path to EU succession, it is important to note that the EU also experiences obstacles to effective healthcare provision, such as shortages of medicines, access to medicines, and gaps in the health workforce capacities.

*It's not all sausages hanging from the ceiling*

At the time of writing, the proposed revisions to the 2003 Council Recommendation on Screening were being discussed by Member States. There have been mixed reactions, in particular, on how many disease areas should be screened, with concerns over how this will affect resources at national levels. (Read more on this in the section below entitled "Saving Lives by Anticipating Actions: Getting It Right on Screening and Early Detection").

## Adapting to Meet the Needs of Patients

*In the worst of times, you see the best of people.*

Industry supply chains were disrupted overnight once the war began, including the associated infrastructure, leading to medicine shortages. As the war evolved, so did the type of needed medicines, and more than \$300m of aid was supplied by the pharmaceutical industry, and delivered by NGOs experienced in conflict zones. The pharmaceutical industry also provided patient information in Ukrainian via an app or a scan of a serial number. Clinical trials, often with access to the latest therapies, had been steadily increasing in Ukraine but have now been impacted by the conflict.

## Civil Society’s Critical Contribution

We have colleagues, patients, and families in Ukraine. Therefore, civil society owes it to them to take action. Regular coordination calls between civil society groups and volunteers were key to pooling resources and coordination, for example, to support the influx of cancer patients into neighbouring countries such as Poland and Romania

*During crises, you rely on and leverage your network. The burden on our network and our neighbours should not go unnoticed however, as half of the €199 billion lost to cancer in 2018 was burdened by society.*

## Conclusions

Despite adversity, Ukraine continues to battle for cancer patients, and calls upon the international community for continued solidarity. Mitigating the disruption caused by the war will be critical in avoiding future pressure on the health system. We must act now to plan for long-term recovery and rebuilding, and to ensure cancer remains on the agenda. Adapting to meet the needs of patients, and the contribution of civil society should not be neglected.



Session Co-Chairs and panellists during the standing ovation at the end of the session.

## KEY POLICY RECOMMENDATIONS

- Planning for long-term rebuilding and reconstruction should begin as soon as possible, and should ensure that the NCCP remains implemented, and cancer remains a political priority

## PATIENT VIEWS

In the Patient Advisory Committee and the wider cancer patient advocacy community, we are very familiar indeed with the impact on cancer communities in and around Ukraine, and of the extraordinary efforts conducted by cancer patient organisations from the beginning of this crisis. Patient organisations stepped up, when there was nothing yet organized, to help cancer patients and the health infrastructures in Ukraine and in the surrounding countries, which have borne the brunt of the consequences of the Russian invasion. Bettina Ryll, Melanoma Patients Network Europe (MPNE), spoke up for these patient organisations, many of whom are PAC members, and finished off by reminding the wider cancer community of the impact on cancer resources suffered by all those involved in accommodating those cancer patients and their families fleeing Ukraine. Anna Uzlova of the Inspiration Family patient organisation in Ukraine gave a poignant talk about current conditions and needs on the ground in her country.

## FIND OUT MORE

- [Council Recommendation on Cancer Screening \(2003\)](#)



Access further positioning by the ECO-ASCO Special Network: Impact of the War in Ukraine on Cancer here: [european-cancer.org/topic-networks](https://european-cancer.org/topic-networks)



# The EU's Cancer Policy Agenda: A Progress Report and Sense Check

**Andreas Charalambous, President of the European Cancer Organisation, and Gilly Spurrier-Bernard, European Cancer Summit 2022 Co-Chair.**

Fewer issues are closer to the heart of every citizen than their health and wellbeing and that of their loved ones. The EU's ambitious agenda on cancer has a clear and real prospect of improving lives by helping to reduce cancer cases, speeding early detection, enhancing treatment and outcomes, expanding research, and embedding new foundational approaches to cancer survivorship and follow-up care. Implementation of Europe's Beating Cancer Plan and the EU Research Mission on Cancer are advancing at pace. This Summit was where the European cancer community shared views on the progress made so far, bringing attention to any roadblocks in delivery, and highlighting the missions, plans and actions to come.

## The Fourth Wave of Innovation

To ride the fourth wave of innovation requires active participation of all interested parties. The Horizon Europe programme, Europe's Beating Cancer Plan, and the Cancer Mission bring together researchers, patients, clinicians, and industry at a critical time of co-implementation. This also brings together regions, investors, and citizens to create real and long-lasting impact.

The European cancer community is a key element of a successful innovation ecosystem in Europe, leveraging European Research Council (ERC) resources to fund bright ideas for innovation and excellence in oncology. Innovation is the foundation upon which our society depends, highlighted so sharply with the mRNA technology that eventually led to one of the first Covid-19 vaccines distributed across Europe. Earlier in 2022, the Commission presented the new European Innovation Agenda to spearhead the innovation wave and support deep tech start-ups.

To ensure a thriving innovation ecosystem, scientists need to work with startups, especially for innovations in cancer. We need close collaboration

between large and small companies, between authorities and regulators, and between all stakeholders in the ecosystem. The main challenge to achieving this is to ensure synergy between the ERC and the new deep tech wave of innovation, as we aim to increase innovation across the regions to reduce inequality in cancer treatment.

## Building Back Better

Rather than just rebuilding, Europe needs to build back better. This is especially true when it comes to cancer services. Europe's Beating Cancer Plan represents a new approach to cancer policy, and its success depends on speaking with one voice. This includes standing in solidarity with Ukraine, with Ukrainian stakeholders able to participate in the EU4Health programme. Additionally, the Commission recently announced a new approach to cancer screening which will support Member States in ensuring that 90% of the EU population who qualify for breast, cervical, and colorectal cancer screenings, will be offered such screening by 2025.

## The EHDS as a Catalyst

The much-used phrase "Primary competence for health, rests with Members States" has often been used as an excuse to avoid taking specific action in health at the EU level. However, the Covid-19 pandemic and with the arrival of the Beating Cancer Plan, have had an impact on the EU health policy agenda.



*Mariya Gabriel, EU Commissioner for Innovation, Research, Culture, Education and Youth*

Any successful implementation of the Beating Cancer Plan will rely on high-quality research, and therefore high-quality data. This is where the European Health Data Space (EHDS) will facilitate strengthened use of health data for primary use by HCPs in practice, and for secondary use by research, development, innovation, and policymaking.



Mr. Jose Luis Gomez

*The European Health Data Space should ensure that treatment information from cancer patients is recorded. Nevertheless, it will be up to each hospital/ambulatory care setting, depending on the level of digitalisation of medication management. Unfortunately, the level of penetration of digitalisation in EU hospitals/ambulatory care is very low. How will the European Commission ensure that cancer treatments are part of critical data collection in the EHDS, to support digitalisation of medication management in EU Hospitals/ambulatory care?"*

## Cancer: A Priority for the Czech Council Presidency

The various crises the EU currently faces act as catalysts to drive us forward. Oncology is a priority topic for the Czech Presidency, following the work of the French Presidency. There is a particular focus to ensure the patient perspective is reflected in policy developments. Central to this is the availability of innovative oncology therapies, with the Presidency focusing on the need to strike the right balance. The Czech Presidency hosted a conference on innovative oncology in four months ago.

## Cancer: Also a Priority for the Swedish Council Presidency

Completing the trio with France and Czechia, Sweden is aiming for an ambitious Council Presidency, with cancer as a high priority and with at least two cancer conferences planned for 2023, including one during the World Cancer Day. Continued dialogue is needed to ensure equal access to cancer care across Europe, as different Member States have different starting points. Therefore, the Swedish Presidency will encourage and facilitate the sharing of best practices. Another critical factor will be regular and thorough monitoring through the EU Inequalities Registry.

## Linking EU and Global Action

*The time to invest in cancer was yesterday.*

There is a vital link between EU action and global action on cancer, and aligning and coordinating these efforts will enable countries to reach the targets we have set. Now is also the time to prepare for the next global pandemic, and other issues that disrupt healthcare systems, such as conflicts. This requires strategic direction, an implementation roadmap, leadership, norms, standards, and technical support.

This is not the first time the global health community has met such a challenge, and lessons learnt from other therapeutic areas, (such as the HIV/AIDS), can be applied to avoid duplication and create success. Above all, this requires partnerships for synergies and complementary actions to tackle cancer.

## Comprehensive Care Through Improved Education

From a grassroots view of oncology practice, further work is needed to improve education if we are to tackle cancer inequalities across Europe. Access to cancer care has improved in Eastern Europe, but improving the education of cancer specialists will shift cancer care to a more comprehensive approach. Data, such as that collected by the Cancer Inequalities Registry, needs to filter down to national levels, and be acted upon. What makes this such an opportunity for policymakers, is that improving education is a cost-effective intervention.



Stella Kyriakides, EU Commissioner for Health and Food Safety.

## Conclusions

Building back better should leverage the opportunities of the fourth wave of innovation, capitalising on the EU's New Innovation Agenda. Other legislative and policy instruments, such as the European Health Data Space, the Beating Cancer Plan, and the Mission on Cancer act as the catalysts to achieving this goal. Stakeholders and policymakers must work together at national, EU and global levels to ensure coordinated and comprehensive cancer care, including improvements to cancer specialists' education and training.



*Bente Mikkelsen, Director, Non-Communicable Diseases, World Health Organization (WHO)*

## KEY POLICY RECOMMENDATIONS

- Policymakers and stakeholders must capitalise on the EU's New Innovation Agenda to further stimulate innovation in cancer care, with the support of the implementation of other legislative and policy instruments (such as the EHDS, BCP, Mission)
- Health systems should invest in cancer specialists' education and training to facilitate comprehensive cancer care

## PATIENT VIEWS

The last session of the first day of the Summit involved European policy leaders – Commissioners Stella Kyriakides and Marya Gabriel gave two great call-to-action talks on the ongoing implementation of Europe's Beating Cancer Plan and the EU Research Mission on Cancer, and representatives of the EU Trio Presidency countries (France, Czech Republic and Sweden) laid down their cancer policy intentions. The money is there, some roadblocks need collaborative solutions, and we just need to get involved.

## FIND OUT MORE

- [European Innovation Agenda](#)
- [Czech Presidency event on innovation in oncology](#)

# Saving Lives by Anticipating Actions: Getting It Right on Screening and Early Detection

**Isabel Teresa Rubio and Jan van Meerbeek, Co-Chairs of Prevention, Early Detection and Screening Network.**

This has been a landmark year for Europe's Beating Cancer Plan, especially in early detection and screening. In March, the European Commission issued its latest scientific advice: a long-overdue update on [EU recommendations to Member States on cancer screening](#). Notably, scientific advisors included new guidance on lung, prostate, and gastric cancer screening, alongside the reinforced recommendations on existing screening on breast, cervical, and colorectal cancer.

This summit session heard from those closely involved in the advisory process. Participants discussed the implementation journey ahead for the new recommendations, and how early detection needs can be met through coordinated policy interventions beyond screening.

However, some national governments have not fully embraced the latest scientific advice, and therefore the European Cancer Organisation has issued an [Open Letter on Screening to EU and National Level Decision-Makers](#). It recommends urgent action to protect the strength of the European Commission's September 2022 proposals for Council Recommendations on Cancer Screening, to preserve the integrity of the EU's Scientific Advice Mechanism, and to restore transparency and accountability to the decision-making process.



Eva Kondorosi, European Commission's Group of Chief Scientific Advisors

## Creating Fit-for-purpose Tests

Early diagnosis is important to improve outcomes, as we know that the 50% of cases that are diagnosed later (stage 3 or 4), have just a 26% 5-year survival rate (compared to 81% for stage 1 and 2 cases). Improvements in science and technology, such as in genetics and genomics, have improved the use and effectiveness of screening (Source: [Cancer Research UK](#) statistics).

A triage concept can be used for early, risk-based cancer screening including risk assessment, risk stratification, and risk-tailored screening. There are several new and emerging technologies in this area that require further research and assessment, such as improving screening for breast, cervical, and colorectal cancers in the EU.

Seventy-five different companies are currently working on multi-cancer, early detection (MCED) blood tests, which could potentially discover multiple cancers. Proximal sampling technologies in high-risk groups, (for example, oesophagus imaging and cell collection), do not require testing of large numbers of people, only those at risk, and thus ensure the testing is targeted and efficient. Experience with artificial intelligence shows that we can augment radiology and pathology to reduce bottlenecks. Despite advances however, these tests are not ready for 'prime time', and require further research and evaluation.



Prof. Mark Lawler

*We suggest that all 41 member societies and 20+ patient advocates representing their organisation each sign and send a letter about these worrying developments re cancer screening. It's bad enough that the EU 2003 Screening Recommendations (i.e., nearly 20 years ago) have still not been fully implemented. (Incredible, isn't it?) Yesterday we highlighted in the launch of the Lancet Oncology European Groundshot Commission how data intelligence must trump opinion, and the same principle must be applied to cancer screening. Don't let the proposals be watered down. Data eats opinion for lunch!*



Rebecca Fitzgerald, Co-Chair, SAPEA Project, Professor of Cancer Prevention, and Director of the Early Detection Institute, University of Cambridge

## The SAPEA Policy Recommendations

[Scientific Advice for Policy by European Academies \(SAPEA\)](#) coordinates the Group of Chief Scientific Advisors (GCSA) which provides the European Commission with multidisciplinary, evidence-based policy recommendations. Following a recent review of the evidence for cancer screening in Europe, the GCSA made several recommendations for both existing and new population-based screening programmes taking advantage of recent scientific innovations.

These [recommendations](#) are as follows.

### Improving existing screening:

- Cervical cancer: Conventional smear tests (cytology) should be replaced with testing for HPV, the virus that causes cervical cancer, as a first line of screening. HPV testing is needed less often than cytology and can be easily done at home, which improves access. By combining these improvements with widespread HPV vaccination, especially among teenagers, we may eventually be able to eradicate cervical cancer in Europe.
- Colorectal cancer: Screening should be improved by optimising how frequently people are screened, depending on age, sex, and results of previous tests.
- Breast cancer: Screening should be extended to women in their mid-40s, and MRI scans should be considered for women with dense breast tissue, for whom mammography is less effective.

### New screening programmes:

- Lung cancer: There is a strong scientific basis for introducing lung screening for current and former smokers using the latest technologies, such as low-dose CT scanning. This should be combined with ongoing programmes to help people give up smoking.
- Prostate cancer: There is strong scientific evidence for the benefits of organised prostate cancer screening using blood tests, particularly combined with follow-up MRI scans for men who have a positive blood test result.

For other cancers, the evidence does not yet support population-wide screening. New technologies, including multi-cancer blood tests, are not yet ready for routine use – but research is moving fast, and we should be prepared to introduce new methods, especially in high-risk populations.

## Applying Lessons Learnt from International Partners: Diversity and Inclusion

In Australia, there was a delayed start to the pandemic which allowed the cancer care community to see the rise in cases and drop-off in cancer detection. This resulted in the 'Cancer Won't Wait' campaign to encourage people not to delay going to the doctor if they have symptoms. This messaging was translated into the ten most common languages spoken in Australia, with an interactive body map and online metrics. A specific programme was developed for aboriginal groups (Our Mob and Cancer), with a culturally appropriate way of engaging first nations people. The LGBTIQ+ perspective was also incorporated, with the "Born as a girl or boy" terminology, helping trans and non-binary people to access the outreach.

The United States presents a unique situation, in that it is the only large, high-income country without universal health coverage. However, there are Medicare and Medicaid programmes providing coverage for approximately 50% of the population, and the Affordable Care Act (AfC) designed by the Obama Administration, increased coverage further. However, this leaves approximately 13% of the population uncovered, including for prevention, screening, and early diagnosis. The effects on this population were further compounded by

Covid-19, and especially in undocumented people. Undocumented people have an earlier onset of solid tumours and later presentation, and there are also inequalities in access to cancer care for particular racial and ethnic groups.

## Addressing Inequalities in Screening

Inequalities also exist between the regions of the EU, for example, between North and South, East and West. As a result, it is important to have a common European approach, and policymakers should be committed to ensuring the 90% target is met by 2025. This requires implementation of systematic monitoring and programmes for screening. Digital tools that were used to encourage the population to get a Covid-19 vaccination, could now be used to encourage people to participate in cancer screening programmes.

## A Personalised Approach to Communication

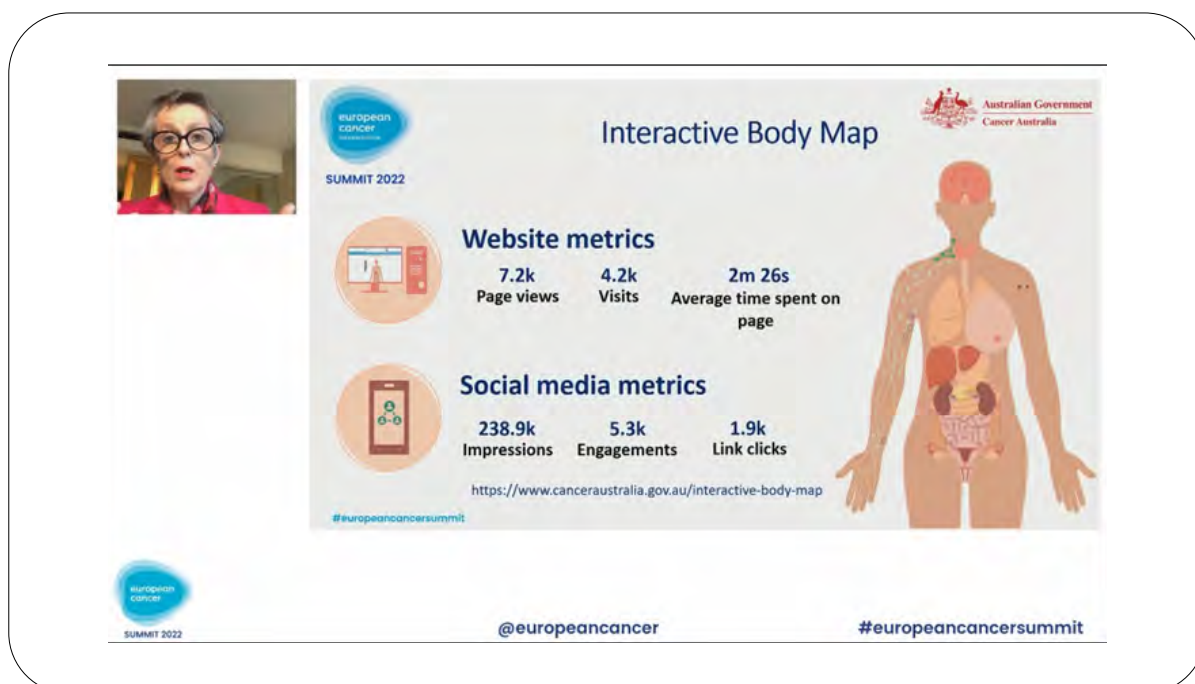
A significant volume of data exists on user perspectives of screening protocols. These include burdens such as lack of time, procrastination, fear of results, use of vague language, socio-economic factors, rural settings, cultural beliefs, anxiety for home testing, and postal delays. Potential facilitators include the use of personalised communication, including through the media, and ensuring the proactive involvement of general practitioners. Moreover, any issue of stigma still requires attention and could be addressed by talking about screening openly in the workplace.



Jan Van Meerbeeck Co-Chair of the session.

## Shaping the Right Attitudes to Screening

Lack of understanding of the prostate, and prostate cancer, unfortunately still exists across Europe, with an ongoing assumption that men “live with, and die with prostate cancer”, rather than “die from prostate cancer”. Actually, approximately 100,000 men die of prostate cancer each year in the EU, but a risk-based screening programme can be used to identify those at the highest risk. There are also still misconceptions over PSA testing, and taboos related to prostate cancer that still need to be overcome. Attitudes to screening at a governmental level also require the cancer community’s attention, as described above in relation to the SAPEA screening recommendations, and the update to the 2003 Council Recommendation on Cancer Screening.



## Conclusions

The discussion over screening and early detection should be viewed in the broader context of the fight against inequalities. Recent scientific developments should be reflected in practice and policy, ensuring screening and testing guidelines remain fit for purpose and evidence based. An inclusive, personalised approach to screening and early detection, and shaping the right attitudes to screening and detection, are key to successful uptake of programmes.



*Nicolás González Casares MEP.*

## KEY POLICY RECOMMENDATIONS

- EU national governments should apply the SAPEA recommendations when revising the 2003 Council Recommendations on Cancer Screening

## PATIENT VIEWS

This was a super-important session with some nice examples on screening/early detection programmes for disadvantaged groups in Australia. Rachel Giles, Patient Advisory Committee and International Kidney Cancer Coalition (IKCC) presented a research and advocacy perspective particularly on the barriers to screening.

## FIND OUT MORE

- [SAPEA](#)
- [SAPEA Cancer Screening Policy Recommendations](#)
- [Open Letter on Screening to EU and National Level Decision-Makers](#)



Access further positioning by the European Cancer Organisation's Prevention, Early Detection and Screening Network here: [europeancancer.org/topic-networks](https://europeancancer.org/topic-networks)

# Better Than Before Is Possible: The Essential Rebuilding Blocks for Cancer Services Since Covid-19

**Mirjam Crul and Mark Lawler. Co-Chairs of the Special Network on the Impact of Covid-19 on Cancer.**

Following the evidence, recommendations and political will generated by Covid-19 and the [Time to Act Cancer](#) campaign, what is the present status of the build back? And what are the pressing priorities for action? Guided by information from the [Time To Act Data Navigator](#), this session heard from leading patients, healthcare professionals, politicians and industry speakers working on the front lines of cancer services, and the build back efforts following the challenges created by the Covid-19 pandemic. Participants described the latest recommendations from the cancer community to governments and the EU on cancer service recovery and re-building, via an update to the Covid-19 and Cancer Network's [7-Point Plan to Build Back Smarter from Covid-19](#).

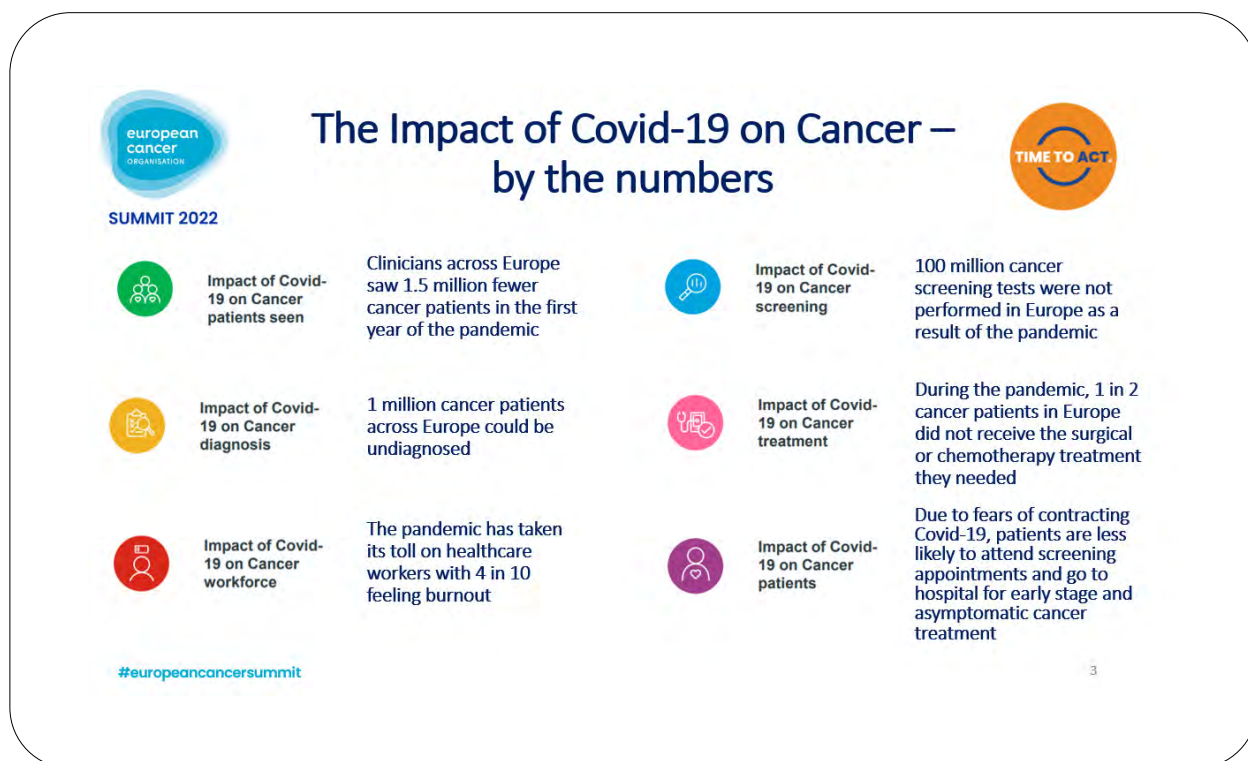
The Time to Act campaign and Data Navigator revealed that there are more than one million cancer patients undiagnosed across Europe.

The data revealed by the Navigator has been

recognised at the highest political levels of the European Commission, with both the President and Health Commissioner citing it in key speeches and documents. The Data Navigator was recently upgraded across 29 countries, and the new data shows that we are still seeing an impact from Covid-19 on cancer patients and services.

The seven-point plan has now evolved into five priorities and updated policy recommendations are currently being drafted.

1. Rebuilding stronger to address the long-term cancer backlog
2. Doing better next time
3. Resolving crucial weaknesses in European cancer systems' resilience
4. Getting European and international pandemic preparedness right
5. Rethinking cancer care and policy post Covid-19





## The Critical Role of the Health Workforce

The WHO promotes a dual-track approach to building back, i.e., both responding to the pandemic whilst ensuring essential services are still delivered. A recently published WHO Health and Care Workforce Report entitled '[Time to Act](#)', demonstrates the inequity in access to the health workforce across Europe. Further work on the cancer workforce is recommended as part of forecasting and planning exercises.

*We can have the best policies and best treatments, but without a great health workforce, including allied HCPs and primary care professionals, then we will not recover from Covid-19.*

## The EU Policymakers' Contribution

The data revealed in the Time to Act Data Navigator is devastating. Europe needs systemic and sustainable solutions to help deliver the best care for patients. Within the European Parliament, the COVID Committee is focused on how to ensure lessons learnt from the Covid-19 pandemic are heeded and applied. Several themes have already emerged, such as the acceleration of digitalisation in healthcare, the training of HCPs, and ensuring a multistakeholder approach.

There are also several EU financial support programmes that can help rebuild, such as Horizon Europe, EU4Health, and Recovery and Resilience. However, Member States need to implement more innovative national cancer plans. This includes addressing health workforce shortages, greater investment in training, jobs, and safe and secure working environments. Prioritising the mental



*Dolors Montserrat MEP (right) and Mirjam Crul, Co-Chair of the session (left).*

health of the health workforce is another focus to emerge from the Covid-19 pandemic and should be incorporated into national cancer control plans. In terms of the EU Pharmaceutical Strategy, the Parliament has asked the Commission to promote employment within Member States. Other tactics could include extending the list of HCPs eligible for automatic recognition across the EU.

## Covid-19 As a Magnifying Glass on Pre-existing Inequity

*Culture eats strategy for breakfast.*

From the industry perspective, there are several important lessons learnt for rebuilding health systems post Covid-19. For example, the use of digital technology and applications, including remote monitoring to support patient wellbeing, or to provide remote interactions with HCPs and the health service. Decentralised clinical trial programmes that run alongside traditional formats also ensure inequities are reduced. Moreover, designing clinical trials to ensure there is a diverse group of participants will ensure more effective treatments in the future. Better collection of data will also improve access of innovative therapies to patients. For example, comparative effectiveness programmes, and better real-world representation via the use of PROMs.

## Data, Data, Data

The Covid-19 pandemic has highlighted the pivotal role of stakeholders joining forces in response to the pandemic, as joint working leads to better data collection, analysis, and patient care. For example, the [International Covid-19 Blood Cancer Coalition \(ICBCC\)](#) aims to address the specific impact of the pandemic on immuno-compromised patients, as their needs were neglected at the start. Recent [studies](#) (see also below) have shown that antibody responses to Covid-19 vaccines (and even boosters) have been repeatedly proven less predictable and robust when compared to the general population.<sup>6-11</sup> However, there is evidence that boosters yield benefits for people living with hematologic malignancies.<sup>6,12</sup>

## Applying Lessons Learnt from International Partners

Death rates during the Covid-19 pandemic in Pakistan were lower than many other countries, and Pakistan's experience can offer several "silver linings" which led to a reduced risk of infection to patients and staff. For example:

- Hypofractionation in radiotherapy
- Day case chemotherapy
- Switching to oral chemotherapy regimens
- An increase in day-case surgery
- Expansion of telemedicine
- Cancer hospital stockpiling

Regarding the expansion of telemedicine, there are some 35,000 patients in active follow-up in the country. This is facilitated by the very high rate of mobile phone ownership in Pakistan, with up to 82% of people having access to a mobile phone – one of the highest rates for low- and middle-income countries. It has helped to address provision of cancer care across the country, including in rural areas.

In Zimbabwe, Covid-19 came as a shock to the healthcare system, which was already weakened by other issues. There are only two public health

facilities that offer cancer care services in the country. Zimbabwe has close collaboration with the WHO, Africa CDC, and UNICEF. A key facilitator that helped the health system has been the use of "lists of essential services", that allow patients to move within a community to access cancer treatments. The cervical cancer programme (provision of HPV vaccines) took a particular hit with the pandemic as it was school based. However, with schools being closed, this shifted to a community-based programme linked to other routine vaccinations. Data-informed decisions gave an indication of how many patients with NCDs and cancer were affected by Covid-19 and led to a shift in policy and models accordingly.

## Conclusions

The Covid-19 pandemic has placed an even greater focus on the critical role and needs of the cancer workforce, especially with "the great resignation" phenomenon. EU policymakers and stakeholders are already utilising tools and best practices to rebuild health systems, however data has revealed that the pre-existing inequalities in cancer care in Europe have become wider, and addressing them should be at the core of the rebuilding process. Simple, pragmatic solutions have been deployed to ensure cancer care services continue during and after the pandemic, in combination with digital health technologies and solutions.



*Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems, WHO Europe (left), and session Co-Chairs Mirjam Crul (centre) and Mark Lawler (right).*

## KEY POLICY RECOMMENDATIONS

- Health systems should address the five priority areas and upcoming policy recommendations from the Special Network on the Impact of Covid-19 on Cancer
  - ◊ Rebuilding stronger to address the long-term cancer backlog
  - ◊ Doing better next time
  - ◊ Resolving crucial weaknesses in European cancer systems' resilience

## PATIENT VIEWS

We are all aware of the impact of the Covid-19 pandemic on all aspects of the cancer patient pathway and Infrastructures. But we also want to learn from some of the positive disruption it permitted. The Time to Act campaign carries on providing evidence-based Covid-19 impact assessment, and highlights the need for workforce support and catch-up initiatives via the 7-Point-Plan. Natacha Bolaños, representing Patient Advisory Committee and the Lymphoma Coalition, spoke from her experience about the needs and wishes of the cancer patient community.

## FIND OUT MORE

- [WHO Health and Care Workforce Report 'Time to Act'](#)
- [International Covid-19 Blood Cancer Coalition \(ICBCC\) Statement](#)



Access further positioning by the European Cancer Organisation's Special Network on the Impact of Covid-19 on Cancer here:  
[european-cancer.org/topic-networks](https://european-cancer.org/topic-networks)

# Reflections on the Present and Future of Cancer Care: Perspective of Young Cancer Professionals

**Andreas Charalambous, President of the European Cancer Organisation, and Ajay Aggarwal, European Cancer Summit 2022 Co-Chair.**

The European Cancer Summit harnessed views and aspirations in cancer policy from emerging leaders under the age of 45. Over 120 abstracts were submitted to the Summit, [17 of which were showcased with presentations by the authors.](#)

## Empower the Oncology Workforce

*We have the opportunity to transform a generation.*

With 3.5 million cases of cancer expected by 2024, it is clear that the future cancer workforce is critically important. However, the current growth rate of the health workforce is approximately 1% per year, whereas to address the expected demand a rate more like 7% is needed. Therefore, other mechanisms and policies are required to stimulate this growth and meet this demand. Traditional training does not improve the educational capacities of the communities it aims to serve, and, building a community of sustainable relationships amongst the cancer workforce is key, including addressing cancer workforce planning and forecasting in national cancer plans.

A parallel can be drawn with Roger's Theory of the Diffusion of Innovation, by empowering the cancer workforce to meet demand. For example, in Rwanda, for their prevention and early detection services, the WHO went to schools to train doctors and nurses in basic cancer care, rather than train doctors and nurses in the field, or directly seeing patients themselves. It allowed a new generation of healthcare professionals to become the drivers of change. We are all interested in technological advances in cancer care, however there are opportunities to empower the workforce with social innovations to improve cancer care in the future.

Dr Jose Vicente-García

*A stronger stance to address workforce burnout is required to revert the situation, and not only improve the situation, but also make healthcare an appealing and stable career for young generations.*

## Demand-driven, Targeted Screening

A novel AI dermatology screening app called "SkinVision" with over 23,000 active users, underwent a clinical validation study to understand how well it performs in practice. Results from this retrospective, population-based study and short-term cost-effectiveness analysis, revealed a sensitivity of 89%, a specificity of 71%, and 30% more claims in those who used the app (i.e., a 30% increase in detection of skin cancer).

An impact was also seen in detection of benign lesions. In terms of next steps, there are plans for a large RCT (20,000 participants), expanding at national and European levels, with a particular focus on northern and eastern Europe. The future of AI in skin cancer detection is demand-driven and targeted screening.

## Demand-driven, Targeted Screening

Delivery of systemic cancer therapy is complex and rapidly evolving. Despite this, there are no national protocols in England. This results in varying outcomes for patients. As part of a national audit, a validated coding framework for identifying severe acute toxicity was set-up to address this gap in national protocols.

Results indicated that there is substantial variation in severe acute toxicity between the 106 English NHS hospitals included in the audit. However, thanks to the work in this audit, the performance indicator under evaluation will be used as part of a publicly reported programme in the UK to reduce the variation in outcomes for patients with systemic cancer therapy.

## Turning Theory to Practice

As part of the [INTERACT-EUROPE](#)<sup>1</sup> Project, a scoping review was performed on interprofessional education and training in oncology. This aimed to identify the core competencies that would ensure the best multidisciplinary cancer care.

The key findings of the scoping review included:

- Teaching and learning methods: lectures, case

studies, interactive workshops, audio-visual materials, simulation, shadowing

- Competencies (knowledge, skills, abilities) guiding the curriculum: communication, teamwork, interprofessional collaboration, safety, psychosocial support, well-being at work
- Assessment methods: Knowledge tests, program satisfaction / feedback surveys, behaviour, confidence, comfort, intention to change practice, self-assessment of preparedness, observation, patient incidence reports

In terms of next steps, the challenge will be to turn this theory into practice. For example to: identify cancer centres, to identify trainees and trainers, and to conduct online and in-person workshops, clinical rotations, and evaluations.

*Ultimately, we hope that today's project, is tomorrow's standardised care.*

## Working Towards a European Health Union

European Parliamentarians are working towards a true European Health Union, with the Beating Cancer Plan as a core element. We know that 40% of cancer is avoidable, and to truly realise a European Health Union, this preventable proportion of cancer needs to be reduced. The example of Portugal was provided, which originally had a baseline response rate of 27% to invitations for screening (with paper

invitations). However, following health workforce training and financing, the format of invitations was switched to text messages, which led to a response rate of 40%. Following this, further training was provided to the health workforce to call non-responders, which ultimately led to a response rate of 49%. Summit delegates were encouraged to contact their MEPs and representatives to provide their expert perspectives to improve cancer care and move us closer to a true European Health Union.

## Ensuring Diversity and Partnerships

Ensuring diversity is key, especially when taking decisions that impact the cancer community. The private sector takes this responsibility seriously. There is a keen interest in ensuring Europe remains a hub for innovation. For example, a post-doctoral fellowship programme exists to ensure young scientists can collaborate with high-level talent in more than 80 ongoing collaborations, which not only ensures development of scientific skills, but also leadership skills. Another programme is the multistakeholder "Methods in Clinical Cancer Research Workshop", which helps scientists run clinical trials more effectively, and is performed in partnership with EORTC, ESMO, and the American Association for Cancer Research. Several other examples for ensuring diversity and partnership exist, such as the City Cancer Challenge (e.g., in Tbilisi, Georgia) which ensures patients can access cancer management in primary care, and the Leadership Programme for Women in Oncology.



*Session Co-Chairs and panellists during the session focused on young cancer professionals.*

## Conclusions

We have the opportunity to transform a generation by empowering the health workforce. With new technologies and evidence-based practice we can turn theory into practice for the benefit of patients. There are multiple levels of collaboration possible, and many are already ongoing, mobilising the workforce for the future challenges to health systems. Ensuring diversity and inclusion will be a vital component of future cancer care, not only for patients and HCPs, but for all in the cancer care

community. We need more focused research, and to transform lessons learnt into European policy. How will we continue to attract younger professionals into training when there are still practical and financial challenges such as funding for training, attending conferences, and juggling a PhD with a full-time job? Ensuring the voice of young cancer professionals will be a critical enabler, both in practice and policy.

### KEY POLICY RECOMMENDATIONS

- Policymakers and health systems should ensure that the voice of young cancer professionals is integrated into policymaking

### PATIENT VIEWS

This was a nice session supported by the young policy makers of the EU40 group and introducing some of the invited young leaders and cancer researchers, 17 of whom were selected, from more than 120 submissions, to present their abstracts at the Summit. Hopefully we will see some patient advocacy posters at the Summit in the near future too!

### FIND OUT MORE

- [INTERACT-EUROPE](#)

# Health Systems and Treatment Optimisation: Scanning the Political Horizons

**Denis Lacombe, and Yolande Lievens, Co-Chairs of the Health Systems and Treatment Optimisation Network.**

The health system and treatment optimisation agenda, as promoted in a consensus resolution and declarations from previous European Cancer Summits, continues to progress in the present EU political cycle. However, could more be reasonably expected beyond the immediate political horizon? This session of the European Cancer Summit facilitated the sharing of achievable policy ambitions to bring about sought-after reorientation of health systems and research approaches. A key topic discussed at this Summit was the 'de-escalation' trials, which traditionally have received less interest from industry.

*Is what is new, really better? To answer this question, we need randomised clinical trials to evaluate new technologies thoroughly, as there is currently a pragmatic gap between regulatory science and HTA/access science.*

## The Cancer Inequalities Registry to Guide Investment and Intervention

There are differences in survival rates across Europe – up to 25% between some countries – and reducing these inequalities should be a key component of health systems and treatment optimisation. The European Cancer Inequalities Registry will allow us to identify these disparities and challenges, and help guide investment and



Véronique Trillet-Lenoir MEP.



Session Co-Chairs Denis Lacombe (left) and Yolande Lievens (right).

interventions at European, national, and regional levels. To strengthen the European market for cancer medicines, even whilst an EU-wide authorisation, there is no coordinated approach.

The upcoming Pharmaceutical Strategy can provide a number of opportunities to strengthen cancer care in Europe, notably:

- Harmonised clinical trials and implementation of the Clinical Trial Regulation
- Joint Clinical Assessments (HTA legislation from 2025 with oncology medicines)
- Joint Procurement Assessments and common price negotiations (such as during Covid-19)
- Action on medicines shortages (with EMA and HERA able to take strong action in peacetime)
- Restoring Europe's sovereignty to innovative cancer medicines here in Europe

Member States should implement shared quality criteria on healthcare organisation, training, and digital health. There should be at least one Comprehensive Cancer Centre in each Member State. During a health crisis, such as the Covid-19 pandemic, protecting vulnerable patients (for example those with cancer), becomes increasingly important and there is an urgent need to decrease the discrepancies between EU and US spending on cancer.

There are also several other actions that can optimise health systems and treatments for cancer, for example the reinforcement and strengthening of the ERN on rare cancers, shared training programmes to promote recognition of professional qualifications, and the €4 billion in funding for the Beating Cancer Plan.

## Harmonised Legislation and Public Funding for De-escalation Trials

From a clinician's point of view, health systems and treatment optimisation can be frustrating, as clinicians often have access to newly approved treatments for a certain indication. However, when they want to run treatment optimisation trials to address questions like optimal duration and dosing, they are not able to do so. There is little public funding available for this type of trial and little interest from the private sector. Additionally, existing legislation does not facilitate these types of trials. In some countries you would need to pay for (or have funding for) standard of care as part of the trial. As such, having harmonised legislation across the EU, access to public funding, and a multistakeholder approach, would help facilitate the use of 'de-escalation trials'.

## Building a Research Workforce to Navigate Complex Data

*We are surrounded by data, but we haven't harnessed it properly yet.*

Mechanisms and rules for data collection help us to fully harness the benefits and insights from this information. The European Code Against Cancer and the Lancet Oncology Groundshot, for example, are both heavily dependent on data. Data can also help address questions from patients, such as: "What is going to happen to me?"; "Am I going to go to hospital?"; or "Am I going to be able to care of my vulnerable relative?" Pragmatic clinical trials, alternative radiotherapy strategies, de-escalation, and treatment breaks are possible because we have harnessed, (or will be able to harness) the data as part of our health system and treatment optimisation practices.

In order to understand the cause of the survival gaps we see across Europe, these data should be comprehensive. For example, the data can help us understand whether this gap is due to the social determinants of health or diagnostic pathways. The EHDS appears to be a promising facilitator here. However, we need more information on how it will work in practice. In tandem with the data collection and analysis, the involvement of multistakeholder groups are essential to build a research workforce with skills to navigate complex data and causality.

## The Case for Third-party Label Changes

The Anticancer Fund supports funding for clinical trials to aid treatment optimisation by providing a definitive answer clinical questions and an effective use of stakeholders' time.



Session Co-Chairs and panellists during the session focused on young cancer professionals.



However, it could be argued that one of the key groups of stakeholders (payers) have not yet fully realised or understood the potential benefits of treatment optimisation trials. The example was given of the EMA approved pembrolizumab for triple negative breast cancer as neoadjuvant treatment, and then continued as adjuvant treatment after surgery. Do all patients need those extra 6 months (9 cycles) of treatment? A recent study demonstrated that de-escalation was not only justified but could be self-funded, saving as much as €20 million for payers.<sup>13</sup>

To improve health system and treatment optimisation, payers should be brought into the discussions to ensure they are aware of the potential advantages of de-escalation trials, especially self-funded trials. Additionally, there should be the possibility to change the product label (which is currently fully dependent on companies), i.e., to permit the submission of change of labelling by a third party to facilitate treatment optimisation.



Dr Erik Briers

*Saving money, a cancer that is found in an early curable stage is cheap to treat (cure). In prostate cancer, it costs less than 50,000 euros. However, after metastasis the same cancer will cost more than 300,000 euros, and much more until death from this cancer. Screening (intelligently) pays for itself!*

## Building a Research Workforce to Navigate Complex Data

Innovation in cancer has happened incrementally with treatment optimisation, as the rule rather than the exception. Whilst there have been disruptive innovations in cancer care, the incremental innovation in treatment optimisation has been the cornerstone of the consistent improvement in cancer care over recent years. Related to this, it is important to remember that patients want the ‘best patient-relevant outcomes’ possible, and these may not directly align with the ‘best clinical outcomes’.

*Why should we be so simplistic when differentiating between commercial and non-commercial trials?*

Stakeholders would benefit from contextualising this more holistically and think about how different parties’ incentives and interests influence the process. These varied interests can include, for

example: cost-saving incentives for payers, regulators, and policymakers; access incentives for industry; and funding for clinical trial resources and recruitment. At the policy level, there is significant momentum in cancer care, with the Cancer Mission, Beating Cancer Plan, Pharmaceutical Package, programmes in Horizon Europe. We, therefore, should be leveraging this momentum to improve health systems and treatment optimisation.

## Conclusions

The Pharmaceutical Strategy can provide the momentum and tools to drive health systems and treatment optimisation across Europe. It is particularly important to ensure that payers are involved in discussions on de-escalation clinical trials, and pragmatic approaches to funding such trials. Ensuring that the health workforce can navigate complex data also offers opportunities for optimisation.

Once again, patient involvement is critical. QoL was not a primary endpoint in clinical trials, whereas now it can be. Greater pan-European collaboration can help us address the big questions, such as why is registration of cancer drug trials still approved at a Member State level, and not at the EU level? There is a virtuous circle from clinical trials, assessment, approval, and pricing, and we have begun to build this into a framework with the HTA Regulation and cancer drugs as part of the first wave of implementation.



Gauthier Bouche, Director of Clinical Research, Anticancer Fund.

## KEY POLICY RECOMMENDATIONS

- Public support and consistent regulatory frameworks are needed to enable treatment optimisation research providing critical answers on the best use of cancer treatments (e.g. de-escalation)
- The uptake of treatment optimisation research outcomes needs to be elevated, through engagement of all stakeholders, including patients and payers, as well as allowing third-party label changes
- Health systems should ensure their health workforce is appropriately trained to navigate complex data
- The European cancer community and policymakers should capitalise on the current momentum to ensure health systems and treatment optimisation is appropriately funded, includes multistakeholder participation and benefits from increasing European cooperation

## PATIENT VIEWS

Nice perspective from Jan Geissler, representing the Patient Advisory Committee and Patvocates, on the wider topic particularly avoiding over-treatment. Nice to hear Véronique Trillet-Lenoir MEP stressing how important patients, rather than just citizens, are in making sure treatments are monitored and optimally used and in getting these modifications into currently clunky health care systems. Gauthier Bouche, Anticancer Fund, showed some great examples of how unnecessary treatment costs both patient outcomes and health care systems. I never realized that minimally invasive laparoscopic surgery was not the best for patient outcomes in cervical cancer.

## FIND OUT MORE

- [European Cancer Summit 2021 Declaration on Health Systems and Treatment Optimisation](#)
- [European Cancer Summit 2020 Resolution on Health Systems and Treatment Optimisation](#)
- [EORTC Treatment Optimisation Manifesto 2019](#)
- [Towards an evidence-informed value scale for surgical and radiation oncology: a multi-stakeholder perspective 2019](#)
- [ESTRO HERO Project – Health Economics in Radiation Oncology](#)



Access further positioning by the European Cancer Organisation's Health Systems and Treatment Optimisation Network here: [european-cancer.org/topic-networks](https://european-cancer.org/topic-networks)

# PROTECTing EUROPE: Eliminating the Cancers Caused by HPV

**Daniel Kelly and Rui Medeiros, Co-Chairs of the HPV Action Network.**

Now is the time for decisive action on HPV. The [PROTECT-EUROPE](#) project, funded by the European Commission, and led by the European Cancer Organisation with some 35 partners from 17 countries, will contribute to an increase in vaccine confidence among parents, caregivers, and young people. It will encourage vaccine uptake in all genders in line with the commitment in the Europe's Beating Cancer Plan. PROTECT-EUROPE will be launched in January 2023.

WHO Europe's new Roadmap to accelerate the elimination of cervical cancer across the region aims to increase HPV vaccination rates (although primarily in girls), improve screening programmes (using HPV DNA testing and self-sampling), and improve access to treatment and care. The Roadmap provides the basis for further actions to tackle all cancers caused by HPV. Single-dose HPV vaccination, this year recommended by the WHO globally (and already approved for the UK), should make it easier and cheaper for vaccine programmes to switch to a gender-neutral format.

Taking advantage of these developments, the European Cancer Organisation's 'Action Now on HPV' project will support advocacy work in countries which are falling behind in HPV cancer elimination. This year, pilot programmes will start in Romania and Bulgaria and, in 2023, up to 10 countries will be engaged.

## Vaccinate Boys and Make Male Cancers and HPV Part of 'The Conversation'

Most men don't know where their prostate is, or what it does, let alone that you can have cancer there. HPV and male cancers exist, and this is why we should be making conversations about male cancers and HPV as normal as those about breast cancer and flu. Likewise, it is necessary to ensure the public understands that HPV is present in a large proportion of the population.

Another critical action is for men to talk to their

partners, and vice versa, to encourage a visit to the doctor when signs and symptoms occur. Related to this, the importance of GP training on male cancers should not be underestimated. Further work is also needed to ensure the emotional impact of male cancers is not neglected.

*Let's make male cancers and HPV part of the conversation.*

Mr. David Winterflood

*It's timely as we meet today that the WHO have advised that 'the vaccination of boys, where feasible, also increases protection of girls through herd immunity and protects boys against other HPV-related cancers.' A literal shot in the arm for our efforts as the HPV Action Network to accelerate the elimination of cervical cancer, and indeed all HPV cancers.*



## Self-sampling for HPV Works

Cervical cancer (caused mostly by HPV 16 and 18) is the only disease caused by HPV for which there is a recommended test. HPV self-sampling improves screening for cervical cancer, as even the best organised screening only reaches 75% coverage of the population. Not only does self-sampling work, but it increases screening rates and coverage of underserved populations. This is especially true for remote-based self-sampling, as it avoids the risks of social, cultural, or religious stigma.

Additionally, it can be helpful in reaching non-responders during periods of restricted movement



Session Co-Chairs Daniel Kelly (left) and Rui Medeiros (centre) with Patrick Howard, penile cancer survivor (right).

such as global pandemics. HPV self-sampling should be a central component of national cancer screening programmes, should be endorsed by the European Commission, and accompanied by guidance on effective delivery.

## An Umbrella That Protects Against More Than Just Rain

[An Umbrella Review](#) (systematic review of systematic reviews) on strategies to increase HPV vaccine uptake was conducted by researchers to improve low rates of vaccination acceptance. A range of interventions to improve uptake was identified, with varying levels of impact. However, the review found that education had a clear impact when targeted to children, adolescents, and their parents. Reminder-based interventions (letters, calls, text messages), and incentives (such as free vaccine) also had a clear impact on uptake.

With this mix of interventions identified from the review, researchers concluded there is no single magic bullet. However, they encourage more quality research to understand the most effective approaches to improve HPV vaccine uptake.

## A Common European Vaccination eCard

From the think tank perspective, particularly that of one specialising in research in young people, awareness can vary amongst the population.

For example, females are doubly aware, and doubly vaccinated against HPV, with educational status also having an effect on awareness and vaccination uptake. Trends seen across young people today could include a change in job, country, partner, and friends, all of which makes it difficult to track which vaccines they have received within, and across borders. Therefore, having a technological solution such as a common European vaccination eCard would be much appreciated.

## The Importance of Dialogue

Vaccinations are one of the most complex biological products to manufacture and scale-up, with no room for mistakes. As vaccines are intended for administration to a mass population, 70% of the development time is dedicated to safety, with three to four years to manufacture. Therefore, manufacturing capacity is developed based on predicted demand in three to four years.

Building manufacturing capability is a high-risk, expensive investment and it is paramount that there is an ongoing dialogue among developers, Member States, and competent authorities. There are 20 infectious diseases that can be prevented by vaccinations, including HPV. However, the budget for prevention has remained flat over the past five years, despite new vaccines coming to market. Two key elements required for a sustainable immunisation programme are reliable financing in prevention budgets, and data to assess



Clare Bennett, Reader, School of Healthcare Sciences, Cardiff University (left), Andrea Gerosa, Founder, ThinkYoung (centre), and Sibilila Quilici, Executive Director, Vaccines Europe (right).

performance of a vaccination programme. Here, vaccine stakeholders see a role for the EHDS to play.

*Demand signals equals supply capacity.*

## Addressing Disparities in Vaccination Rates across the EU

Disparities in screening rates vary across the EU by 25% to 80%, matching the disparities of vaccine uptake. Understanding these disparities is a key focus of European Parliamentarians. The EU does not have full-fledged health policies, and MEPs say more could be accomplished on health and HPV if more health competencies at the EU level would be awarded. That said, Europe has made progress in recent years, such as collaboration on Covid-19, the Beating Cancer Plan, financing in EU4Health, and the EHDS, the creation of HERA, and an expanded mandate for both the EMA and ECDC. However, these are mostly soft measures, and we lack the tools to fully implement measures across Member States. The EU needs decisive and bold action at the EU level, including common procurement of vaccines.

## Conclusions

Eliminating HPV cannot be achieved without vaccinating boys and raising awareness of male cancers and HPV in men. Self-sampling for HPV works and can increase uptake of screening in non-responding groups, strengthening a health system's resilience. Digital technologies (such as reminder-based systems), and apps (such as a



*Alin Mituta MEP.*

pan-EU vaccination eCard), can also contribute to tackling HPV. The importance of dialogue cannot be underestimated, especially with young people, and between vaccination stakeholders. Disparities still exist in vaccine uptake and screening rates across the EU, which could be addressed by maximising the health competencies at EU level.

## KEY POLICY RECOMMENDATIONS

- Further work is needed in EU health systems to increase the awareness of male cancers and HPV vaccination uptake in boys
- Health systems should explore how self-sampling for HPV can be used to strengthen response rates and resilience
- Health systems and policymakers should develop an integrated, interoperable EU vaccination eCard to help people moving among EU countries
- The EU and Member States should ensure that the recommendations from the European Cancer Organisation Community 365 Roundtable on Men and Cancer

## PATIENT VIEWS

This was a nice session from the very motivated HPV Network presenting the PROTECT-EUROPE Project. There was an impressive presentation by UK penile cancer survivor, Patrick Howard, and a young person's perspective on HPV vaccination and prevention from Andrea Gerosa, from the ThinkYoung organisation.

## FIND OUT MORE

- [PROTECT-EUROPE](#)



Access further positioning by the European Cancer Organisation's HPV Action Network here: [europeanccancer.org/topic-networks](https://europeanccancer.org/topic-networks)

# Bringing Digital Transformation of Cancer Care to Fruition

**Carlo Catalano and Wim Oyen, Co-Chairs of the Digital Health Network.**

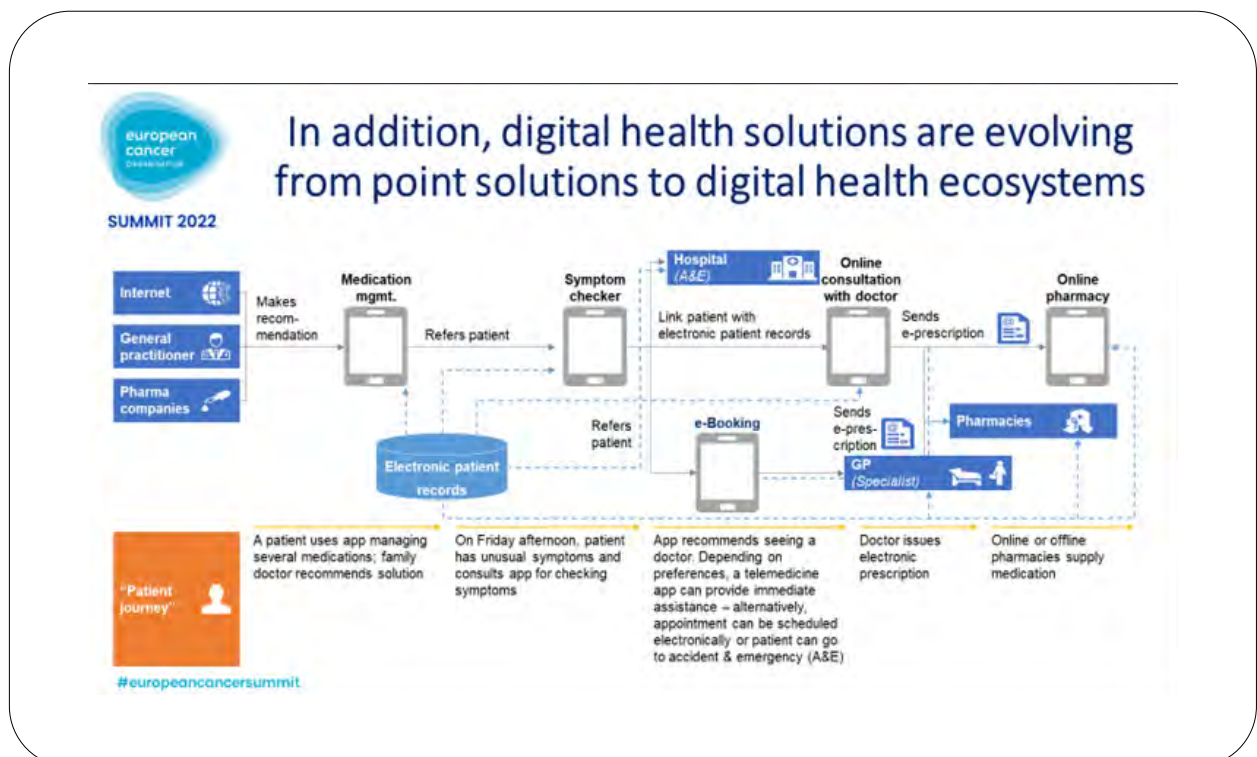
As set out in the European Cancer Organisation consensus paper, [No Stopping Us Now!](#), the benefits of digital technology for improving cancer care are clear. Yet frustration persists with a perception of slower-than-hoped-for progress in major areas such as international oncology data collaboration, and preparation of health systems. This session included perspectives from national ministries, international oncology leaders, and EU decision-makers about the current state of the art and the realities of digital change management in oncology, with reference to present political priorities such as the establishment of a European Health Data Space. The European Cancer Organisation also recently hosted a [Community 365 Roundtable on the EHDS and Cancer](#), with similar calls heard to ensure the EHDS Board includes patients representatives, healthcare professionals and other relevant stakeholders.

## The EHDS

Digitisation can bring benefits for every aspect of our lives. Covid-19 has triggered and accelerated a number of initiatives which we should now build on. However, many obstacles remain. Successful implementation of the EHDS will require the full commitment of all stakeholders. The EHDS is the first common data space for a specific domain and adheres fully to GDPR and other horizontal frameworks.

The primary use of health data will empower patients and support HCPs in their practice. The secondary use of data will provide a common framework for research, innovation, and public policy. It will also allow timelier and more efficient data collection to help provide a real-time state of play of cancer across the EU. Industry will also benefit from secondary use of data to help develop more innovative therapies.

It is important to note that we are not starting from scratch in terms of primary and secondary use of health data. 13 Member States have already put



in place systems to collect health data. However, there is currently no system to link datasets at an EU level. This is where the EHDS can act as a facilitator, with negotiations between the Council and the Parliament expected to conclude by mid-2023.

## The Emergence of the Multi-offer Digital Health Ecosystem

What is the value of digital health? To answer this question, a literature review<sup>14-16</sup> of over 500 papers was recently performed. It found that 75% of the publications established the benefits of eHealth to patients and physicians. There is also an economic and societal value to launching digital health solutions, with a potential benefit of €42 billion per year in Germany alone.

There is a new trend emerging now within and outside of the EU, with digital health solutions merging into broader multi-service offerings. For example, there may be disparate solutions or apps, such as a medication management app, a symptom checker app, an eBooking app, an app for a tailored consultation, and an online pharmacy app – all of which could come from different companies and are not necessarily interoperable or connected.

To address this fragmentation, emerging health eco-systems are emerging focused on: pharmacy; insurance; chronic disease management; homecare; precision medicine; and the B2B digital, among others.

## The Value of Artificial Intelligence

Lessons learnt from collaborations between European and African settings have demonstrated the value of artificial intelligence, including the use of digital diagnostics for cervical cancer. In many African countries, there is a lack of pathologists, with one per million inhabitants compared to 30 to 50 per million in high-income countries.<sup>17</sup>

This point-of-care diagnostics platform remotely transfers samples for examination by a human, AI, or by both. Using AI in regions where there is a lack of diagnostic capabilities can increase the reach of cancer care in resource-restricted settings.

In radiotherapy, there is a severe lack of equality and equity across the world, and the problem is set to increase with 70% of annual cancer cases being

in low and middle-income countries (LMICs) by 2040.<sup>18</sup>

A potential solution to address this inequity is the use of AI to contour tissues. During testing, machine-generated treatment plans were deemed clinically acceptable. This could become a fully automated, high-quality, robust, scalable, and low-cost solution driven by AI.

## Building Trust

Industry has a strong history of partnership in cancer, including the use of federated data models to improve patient outcomes, enhance access to novel therapies such as CAR-T therapies, and using AI algorithms to provide new insights. However, building such collaboration and relationships requires four things: Demonstrating value, taking a patient-centric approach, data security, and leveraging best practices.

*The secret ingredient in this sauce is trust, it is the bedrock of collaboration.*

## Involve End-users, Early-on

Patients are often willing to provide their data (within the bounds of secure and trustworthy frameworks) and putting the power in the patient's hands can revolutionise our health systems. However, this needs to go beyond empowerment to ensure



Laurence Court, Director, The Radiation Planning Assistant Project, MD Cancer Centre (left) and Ebba Hallersjö Hult, Co-founder and Head of Vision Zero Cancer (right).



these crucial end-user perspectives are captured from the start of development of new digital technologies. There are tools that can provide real-world evidence, patient-preferences, and QoL data. Engaging with end-users at the outset can help avoid the 'fail early, fail often' experience that start-ups often face.

## Conclusions

The EHDS, AI, and use of other emerging and interconnected technologies have proven benefits for cancer care. Collaboration, building trust and involving key stakeholders and end-users (patients and HCPs) early on is crucial for the successful development and delivery of these technologies. Additionally, further work is needed to ensure we include the 20% to 30% of patients with low learning ability who have problems with new technologies.



*Tobias Silberzahn, Partner, McKinsey & Company.*

## KEY POLICY RECOMMENDATIONS

- As the EHDS is implemented across the EU, Member States should ensure that the recommendations from the European Cancer Organisation [Community 365 Roundtable on the EHDS and Cancer](#) are implemented
- Health systems and policymakers at a national level should ensure new technologies such as AI are considered as part of national cancer control plans
- Digital health technology developers should involve end-users (patients and HCPs), throughout the development phase of their products and services

## PATIENT VIEWS

Digital health is an enormous topic, on which it is really important for us to have an opinion with the European Health Data Space and its pilot projects developing slowly. Also, the European Cancer Patients Digital Centre – for which there is plenty of room, in its current early development stage, for the patient community to influence. Dennis Costello of the Patient Advisory Committee and CML Advocates presented a patient organisation's perspective.

## FIND OUT MORE

- [No Stopping Us Now!](#)
- [Community 365 Roundtable on the EHDS and Cancer](#)



Access further positioning by the European Cancer Organisation's Digital Health Network here: [european-cancer.org/topic-networks](https://european-cancer.org/topic-networks)

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# Our Next Steps: National and European Parliamentarians for Cancer Action

**Andreas Charalambous, President of the European Cancer Organisation, and the Co-Chairs of the European Cancer Summit 2022, Ajay Aggarwal, and Gilly Spurrier-Bernard.**

After two days of sessions exploring how Europe can make cancer care more effective and equitable, the final session of the Summit emphasised next steps in bringing ideas to reality. The European cancer community wants to turn the Summit discussions into action, both at European and national levels, which is why the European Cancer Organisation launched this initiative with MPs and MEPs using the new [European Cancer Pulse](#).

Additionally, to increase the political traction and connection between national and EU based cancer initiatives, and expand the fight against cancer inequalities, the European Cancer Organisation launched a new network for political cooperation: [National and European Parliamentarians for Cancer Action](#). Legislators from national capitals and from Brussels exchanged on their key takeaways from the Summit and outlined areas for priority cooperation in the year to ahead.



## Sláva Ukrajíni!

*Despite the healthcare sector being one of the most affected by the war, Ukrainian oncologists demonstrate resilience and professionalism. Ukraine needs the support and confidence of the European cancer community.*

**Valeriy Zub MP**



## Address Inequalities in NCCPs

*We should recognise the extreme variability in cancer screening and treatment across the EU and address these inequalities in national cancer control plans.*

**Marek Kraji MP**



## Keep-up the Momentum Implementing the Beating Cancer Plan

*Our added value comes from collaboration at EU and national levels, and we need to keep momentum in implementing Europe's Beating Cancer Plan, especially on addressing inequalities.*

**Tomislav Sokol MEP**



## Stress Test in Each Member State

*As one of initiators of the European Health Union, I know that we are stronger together. That said, we should ensure that there is a 'stress test' in each of the 27 Member States.*

**Istvan Uyhelyi MEP**



## Empower National and Local Authorities

*We must empower nations and local authorities to achieve more, as without European leadership we will never be able to provide for all European citizens.*

**Andrei Baciu, Secretary of State for Health, Romania**



## Science and Politics Can Unite

*Covid-19 has taught us that the worlds of science and politics can unite, and it is by working together that we can achieve what is needed.*

**Cathal Crowe MP**



## Equity Across the EU

*We need to push forward new initiatives that everyone can have access to, such as systems to help patients navigate health systems and treatments, and citizens should have equal access over all EU countries*



## A Long-term Strategy

*There are no quick solutions as people's lifestyles must change. We need to change people's understanding of health including prevention and adherence, and therefore this is a long-term strategy.*

**Jurgita Sejonienė MP**



## Metrics Across the EU

*There are no quick solutions as people's lifestyles must change. We need to change people's understanding of health including prevention and adherence, and therefore this is a long-term strategy.*

**Andrea Crisanti MP**



## Combine Screening with Other Initiatives

*As a former minister I paid a lot of attention to prevention, however, more attention is needed to combine screening with other initiatives.*

**Rimantė Šalaševičiūtė MP**

## Conclusions

Over the course of the Summit, participants heard a variety of personal stories which we must now translate into national and European action. The power of civil society should not be underestimated, nor the benefits of patient empowerment. We can proudly say that during the 2022 Summit, patients were represented in every session. The 2022 Summit also marked the launch of the European Cancer Groundshot and the European Cancer Pulse initiatives. Participants were encouraged to embrace complexity, for example, including the use of digital technologies to reduce information asymmetry. Collaboration and the support of industry was also highlighted. All of this should be contextualised with the recovery from the pandemic, the ongoing war in Ukraine, and the economic downturn. The European cancer community must also look to the future, ensuring young cancer professionals receive multidisciplinary education and training.



*Andreas Charalambous, President of the European Cancer Organisation, (left) and Gilly Spurrier-Bernard (right).*

## PATIENT VIEWS

In this last session, by some extreme-tech wizardry masterminded by Mike Morrissey, Chief Executive of the European Cancer Organisation, the commitment to the Parliamentarians for Cancer Action was introduced. Its aim is to increase the political traction and connection between national and EU based cancer initiatives and heighten impetus on combatting cancer inequalities. There are a few EU Parliament and MEP groups on cancer, but none that provide the link between European and national policy



*Summit Co-Chairs with panellists during the launch of the new group for political action: National and European Parliamentarians for Cancer Action.*

# Acknowledgements

We would like to thank the following organisations and companies for their support and fruitful cooperation which made the European Cancer Summit 2022 a success and look forward to continuing these partnerships to achieve our shared goals.



## Our Focused Topic Networks



## Our Member Societies



## Our Patient Advocacy Groups



## Our Community 365

### Contributors



### Supporters



### Startups





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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.

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