

Launch of the European Parliament Intergroup Challenge Cancer

Q&A

Disclaimer: Repetitive questions were removed from the list. We edited the questions where there were typos or other evident errors. The answers were provided by ECPC Secretariat.

Questions – intergroup

1. “Who and how can be part of the Intergroup?”

The members are only Members of the European Parliament who apply to join the Intergroup.

2. “Who are the members in this group and what will they do?”

The final list with the MEPs that are official members together with the agenda of the activities of the Intergroup will be published on the Challenge Cancer website in autumn 2020. So, please, check the link xxxx for regular updates.

3. “Good afternoon. I would like to enquire what is the role of the co-chairs? Are they responsible for special areas?”

Each co-chair will be in charge of one or more cancer policy areas. This will be decided in autumn 2020 after the kick-off meeting of the Intergroup. Please follow the Challenge Cancer website to stay updated on the latest [news](#).

4. “How will be the interaction/collaboration/interference between the MAC's and the Intergroup?”

There will be synergies given that some of the MAC members are also members of the Challenge Cancer Intergroup. Both groups are open to collaboration. Furthermore, ECPC will liaise regularly with ECL, which is managing the MAC secretariat.

5. “What are the differences between the Intergroup and the EP Special Committee on beating cancer?”

The Special Committee on Beating Cancer will have only a twelve-month mandate to identify legislation and other measures that can help prevent and fight cancer, as well as to examine ways to support further research into the disease. Whereas the Challenge Cancer Intergroup will be active till the end of the current mandate and will comprise an exchange of views between the MEPs and the civil society on an agreed agenda.

6. “How will the different topics be addressed by the Intergroup? Will you organise topic-led workshop and/or subgroups? Will ‘nutrition’ be part of the discussion?”

The agenda of the Intergroup will be agreed during the kick-off meeting in autumn 2020 and will be published on the Challenge Cancer [website](#). ECPC, that manages the Secretariat of the Intergroup,

given that it is a high priority for cancer patients, will add nutrition as a possible topic for the discussion on the agenda.

7. “A question from EUROCAM, representing the sector of Traditional and Complementary Medicine (T&CM). Patients with cancer often use T&CM methods such as acupuncture, meditation, herbs, and dietary supplements in addition to their conventional cancer treatment. In response to the growing usage and evidence-base of T&CM, the concept of integrative oncology has emerged within hospitals and community settings.

A large majority of the 45 National Cancer Institute (NCI)-designated comprehensive cancer centres in the USA now offer integrative oncology services both within the hospital setting to inpatients and outpatients and at other community locations for outpatients. Europe as well has seen a significant increase in the number of cancer centres offering integrative oncology.

Our question: what is the perspective of the panellists on this development?”

Complementary and alternative medicine (CAM) has a long tradition in oncology. If you have a closer look at CAM, however, you may find that every country in Europe has a different tradition, with various approaches and concepts, and therefore numerous CAM therapies. To give an example: Relaxation techniques and meditation are regarded as CAM in one country, but valuable items of oncological rehabilitation in another, like in Germany. A common European approach to CAM in oncology should be based on scientific evidence solely: What do we know about pharmacodynamics and pharmacokinetics, about effects and side effects of a CAM drug? Are there any pharmacological interactions of a certain phytotherapeutic agent or a dietary supplement with standard oncology treatment? These questions always need answers first, before discussing whether a therapy is "standard" or "integrative".

Questions – cancer

8. “What about wellness and psychological status as contributing to cancer?”

This question has been a topic of cancer research for many years, and will be for more years to come.

To date, there is no convincing scientific evidence that stress, depression, emotional pressure or other factors referring to the psychological status may contribute to carcinogenesis and / or cancer progression.

Research has concentrated on epidemiology, e.g., relying on the data of the European Cancer Registries and prospective epidemiological studies, to reveal the effects of stressful lifetime events like a death in the family or a divorce on cancer rates. Other studies explored the impact of stress on cells, signaling pathways, hormones and the immune system.

Some of these studies have indicated a link between various psychological factors and cancer, others have not.

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9. “How do we get health professionals to treat 'return to work' as a valid and important clinical outcome?”

This question does not only refer to the personal fate of every cancer survivor. Excluding people from working life prematurely also adds to the economic burden of the disease for every European country.

As we have learned from Prof. Bengt Jönsson's talk (<https://ecpc.org/presentation-prof-jonsson/>), cancer deaths are strongly decreasing in age groups below 65 years. This is good news. It does also mean, however, that there is a growing number of younger patients, who have to cope with their individual burden. Some survivors will return to work. Others may not be able to do so - at least, if they do not get appropriate support.

In Germany for example, we have the rule of "Reha vor Rente": Rehabilitation has priority over retirement or pension

([https://www.deutsche-
rentenversicherung.de/DRV/EN/Leistungen/leistungen_node.html](https://www.deutsche-rentenversicherung.de/DRV/EN/Leistungen/leistungen_node.html)). Therefore, the national pension insurance, the Deutsche Rentenversicherung, is funding rehabilitation for cancer patients, aiming at complete or at least partial re-integration into working life.

Overall I agree completely that we have to take “return to work” serious as an outcome parameter.