



Statement from the European Cancer Patient Coalition (ECPC) and the members of Cancer-related Complications and Comorbidities Initiative in response to the Special Committee's on Beating Cancer draft report.

The European Cancer Patient Coalition (ECPC) and the members of the Cancer-related Complications and Comorbidities Initiative welcome the European Parliament's Special Committee on Beating Cancer (BECA) [draft report](#) on "Strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy". ECPC and the members of the Cancer-related Complications and Comorbidities Initiative applaud the efforts of the rapporteur, MEP Véronique Trillet-Lenoir, to present a report that clearly defines areas of action for the implementation of the Europe's Beating Cancer Plan.

Affecting up to 90% of cancer patients¹, there is an urgent need to alleviate the burden of cancer-related comorbidities and complications across Europe through prevention, better risk assessment and treatment, better risk monitoring and surveillance, based on a conventional detection approach. Interventions to prevent, diagnose and treat complications and comorbidities can reduce suffering and premature mortality across the cancer patient journey². While cancer comorbidities are explicitly mentioned several times in key actions under the Europe's Beating Cancer Plan, this has not yet been reflected in the BECA draft report.

Now is the time, to increase the attention given to cancer patients' long-term well-being and quality of life, addressing the often-debilitating comorbidities and complications of cancer, in terms of the disease itself, its treatments and survivorship. An increasing population of survivors requiring long-term follow-up care and managing of complications and comorbid conditions will place a substantial burden on health systems, as well as on informal carers who provide essential support. For this reason, ECPC and the Cancer-related Complications and Comorbidities Initiative call for the European Parliament to go further in its recommendations to the European Commission. To improve patient outcomes, the EU must look at measures to increase efficiency in cancer care and invest in innovation in particular.

To improve the quality of life of cancer patients and support adequately informal cancer carers, it is mandatory to develop strategies with particular attention to the gaps between research and current cancer care/prevention that can be found in areas such as psychosocial oncology, supportive care, rehabilitation, palliative care and survivorship. Research is key for ensuring the efficacy of both individual therapeutic interventions and public health interventions and health services at a societal level. Delivering high quality cancer care also requires multidisciplinary expertise (e.g. cardio-Oncology teams), adequate resources and training of the healthcare professionals, together with high-quality data. Transparent data collection on the incidence of comorbidities is a necessary first step towards realising these priorities.

Furthermore, due to the expansion of new evidence for diagnostics and therapy, innovation is essential and should be tailored to the individual needs of patients and allow patients to be the co-creators of their own health. Integrating cancer care and prevention with research and education will boost innovation and deliver

¹ Koroukian SM, Murray P, Madigan E. (2006) Comorbidity, disability, and geriatric syndromes in elderly cancer patients receiving home health care. *J Clin Oncol*.24(15):2304-10. doi: 10.1200/JCO.2005.03.1567

² Piccirillo JF, Feinstein AR. Clinical symptoms and comorbidity: significance for the prognostic classification of cancer. *Cancer*. 1996;77(5):834–842. doi: 10.1002/(SICI)1097-0142(19960301)77:5<834::AID-CNCR5>3.0.CO;2-E.





a comprehensive multidisciplinary cancer care framework. Thus, ECPC and the members of the Cancer-related Complications and Comorbidities Initiative applaud the initiative to set up National Comprehensive Cancer Centres to coordinate with the European Reference Networks (ERNs) in terms of best practice sharing, and the inter-specialty cancer training programmes to provide substantial knowledge to the multidisciplinary teams working on cancer. As a major component of the EU's investment in cancer research and training, ECPC and the members of the Cancer-related Complications and Comorbidities Initiative are also pleased to note the reference to comorbidities under the Mission on Cancer.

ECPC and the members of the Cancer-related Complications and Comorbidities Initiative welcome the European Commission's proposal to revamp the ERNs to include cancer comorbidities and dedicate research funding to rare cancers. It is highly important to include a rare cancer component in all national cancer plans and to ensure all rare cancer patients receive the same high-quality care as other patients. The European Commission should further support the Member States to implement the recommendations of [European Parliament resolution of 12 February 2019 on the implementation of the Cross-Border Healthcare Directive](#) to ensure that the ERNs fulfil their scope to improve the circulation of information on rare diseases and rare cancers across the EU.

ECPC and the members of the Cancer-related Complications and Comorbidities Initiative also support the proposals on improving health literacy on gateway non communicable diseases (NCDs) to cancers such as obesity, cancer risks and determinants by achieving a tobacco free Europe, reducing harmful alcohol consumption, improving health promotion through access to healthy diets and physical activity, addressing cancer-related malnutrition and promoting nutritional care, reducing environmental pollution and exposure to hazardous substances and radiation, eliminating carcinogenic viruses, such as Human Papilloma Virus, but also viral Hepatitis B and C, by informing how to prevent these infections, including vaccination, highlighting the importance to get tested, if one has exposed to such transmission risks, as well as by illustrating treatment and care options. Improving health literacy will not only serve to better prevent cancer, but also look throughout the cancer care journey as these measures, moreover, have a string impact on many comorbidities, as for example on cardiovascular disease prevention.

ECPC and the members of the Cancer-related Complications and Comorbidities Initiative also welcome the attention given to return to work policies and access to financial services for cancer survivors and in particular, the call for the adoption of an anti-discrimination directive and the Charter of Rights. In this regard, we also support the call for the introduction for common standards for the Right to be Forgotten Law at the EU level and the request that by 2025 all Member States should guarantee the Right to be Forgotten for cancer survivors. ECPC and the members of the Cancer-related Complications and Comorbidities Initiative are willing to take an active role to support the European Commission in this endeavour.

However, given that cancer survivors are a vulnerable population that require medical and non-medical interventions and is particularly at risk of having a low quality of life due to the long-term side effects of treatment with consequences for patients' physical, mental and social health, we believe that both the anti-discrimination directive and the Charter of Rights should also consider the long-term side-effects of treatments, cancer-related comorbidities, indolent cancers, cancer-related malnutrition, stress, stigmatisation, and access to quality healthcare and rehabilitation services that impact patients' quality of life and should, therefore, promote actions that go beyond the workplace policies and ensuring equal access to financial services.





The COVID crisis has hampered the access of cancer patients to quality medical services while emphasising the need to build more resilient healthcare systems that will benefit the cancer community. As a result, this draft report is timely to reflect the lessons of the pandemics in the implementation of the Europe’s Beating Cancer Plan. ECPC and the members of the Cancer-related Complications and Comorbidities Initiative are committed to take a proactive position in the multistakeholder dialogue to ensure that cancer policy is patient-centred and aligned with patient values.

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About ECPC

ECPC is the largest European cancer patient association representing more than 450 cancer patient organisations in Europe and beyond.

Presentation and logos of the initiative members



Eurocarers



The European Association for the Study of Obesity (EASO)



The European Association of Urology (EAU)



The European Brain Council (EBC)



The European Cancer Patient Coalition (ECPC) (Chair)



The European Cancer Organisation (E.C.O.)



The European Federation of
Neurological Associations (EFNA)



The European Federation of Nurses
Associations (EFN)



The European Society of Cardiology
(ESC)



The International Society on
Thrombosis and Hemostasis (ISTH)



The European Nutrition for Health
Alliance (ENHA)



Thrombosis UK

The European Society of
Surgical Oncology



The European Geriatric
Medicine Society (EuGMS)



The European Specialist
Nurses Organisation (ESNO)



The KU Leuven – Leuven
Cancer Institute (LKI)



The European Society for
Clinical Nutrition and
Metabolism



The International Psycho-
Oncology Society (IPOS)

The European Hematology Association
(EHA)



The European Pain Federation (EFIC)



The European Thrombosis and
Haemostasis Alliance (ETHA)



The European Federation of the
Associations of Dietitians (EFAD)



Thrombosis Ireland



The International Society of Geriatric
Oncology (SIOG)



European Cancer
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The European Association for the
Study of the Liver (EASL)



The European Society of
Oncology Pharmacy (ESOP)



The European Network for Smoking
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