



Feedback on priorities, related to the EU Cancer Beating Plan

Priorities and areas of importance

Undoubtedly, cancer is one of the most impactful diseases on our planet, as it takes millions of victims around the globe each year. However, the same statement could be made for quite many other illnesses and it would be hard to assess (if not even unethical) which group of patients deserves more attention and efforts to be made for them.

This does not mean that the initiative of the EU to start with creation of the Cancer Beating Plan is not a rational one. Rather, it means that cancer has been awarded with the heavy responsibility to be a 'rocket carrier' and serve as a blueprint for all other diseases. In other words, the creation of the EU Cancer Beating Plan would make sense, in case this pilot project is replicated and scaled through the rest of the socially significant disease-areas. This means that the work over such a plan should not take too long and should not seek to cover every little detail related to cancer, as this might turn out to be very ineffective and discriminative, by placing too much effort (human and monetary) on a single disease-area. It would be much more rational, if it could be developed through complexity of instruments, including guidances, models, incentives and other useful tools provided to the member states for their use and adaption in accordance with their needs and specifications. More importantly, the EU Cancer Beating Plan should be tailored in a way to be easily taken and converted for usage in various disease areas, not limited to cancer. As an overview, such strategic plan should take into account a couple of aspects and principles that are going to be described in this document, which would help its recognition as an established model for EU cooperation on member state level and for all other socially significant diseases.

Nevertheless, while ensuring that nobody (i.e. no patient group) is left behind, we need to agree that, at this point, Europe's focus is the development of a comprehensive cancer strategy. On a national level this means that governments should be able to provide the conditions - technical, financial, and organizational - for a long-term targeted cancer policy. Aware of the health and social burden of cancer on society, they must ensure that an anti-cancer strategy is implemented, monitored, and all results from it should be accounted for. All this should be started with permanent systematic information programs, with organized efforts for early detection of diseases, creating conditions for equal access to timely and effective treatment; to continue with rehabilitation programs - physical, psychological and social, with careful monitoring of patients after active treatment and detailed palliative care for those in need. In many European countries, cancer policies are quite fragmented and therefore ineffective (despite the increasing cost of implementing them). This is why, many efforts have been made through the last years to enhance the collaboration between countries with the idea good models and best practices to be explored



and recognized. Based on this already existing knowledge, standards could be then set, in order to evaluate models of excellence in various fields (in this case – cancer). By establishing such models, compliance mechanisms should be created, in order to determine whether they are being followed and to what degree. Financial incentives should be provided for all member states based on their performance and needs and the role of the EU and the EC is to enable and to recognize such approach and start working towards its development and implementation.

As outlined earlier, a main aim of this document is to outline briefly a couple of aspects and principles that we consider essential to be regarded in the construction of a solid, consistent and inclusive EU Cancer Beating Plan:

1) Eradicating inequalities

There are still substantial inequalities in access to the best standard treatment, care, and research, particularly in Central and Eastern Europe but also in other European countries. Reducing these inequalities is one of primary aims of the community. The needs can be summarized as follows:

- ✓ Establishment of unified approach consisted of defined models of excellence for fighting cancer. Those to be accompanied by guidances for implementation in all member states. Such models of excellence could include (but should not be limited to) the following aspects: screening, treatment, quality measurement, prevention, patient involvement, live-long care and services, palliative care, etc.
- ✓ Bottom-up approach to research capacity optimization in all Member States, starting from the availability of secure sustainable clinical research infrastructures adapted to the needs of the sector.
- ✓ Building on and expanding existing cross-border networks of clinical expertise in oncology, so that each EU country has a point of access.
- ✓ Wide implementation of twinning programmes to foster upward convergence of standards of care and research across countries.

2) Prevention and harm reduction

According to WHO, *“Between 30-50% of all cancer cases are preventable. prevention offers the most cost-effective long-term strategy for the control of cancer”*. This is why it is of utmost importance for Member States to strengthen their national policies and programmes, in order to



raise awareness and reduce exposure to cancer risk factors, and also to ensure that their citizens are provided with the information and support they need to adoption of healthy lifestyles. To strengthen national efforts in addressing the burden of cancer and other noncommunicable diseases (NCDs), there are already developed effective tools that could be reviewed and promoted - like the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 that provides a road map to reduce premature mortality from NCDs by 2025, through targeting many of the risk factors.

Meanwhile, we should recognize that it is unrealistic to believe that these social behaviors can be completely prevented now or over time. Therefore, policy making should aim at better regulation approach, towards healthier life style, including risky social behaviors that could be altered. While cancer prevention by fully removing the risk factors must remain a policy priority for the EU, it is now the time to endorse the risk stratification and harm reduction strategies as an additional, but important principle in the EU Beating Cancer Plan, as part of the prevention strategies. The assessment of the scale of risk, when it comes to tobacco, food and alcohol might become a key element in the cancer prevention programs.

Harm reduction strategies are providing opportunities to reduce the level of negative consequences associated with an existing social behavior when it cannot be fully eradicated. This is why it is important that the EU Beating Cancer Plan should establish inclusive and non-judgmental approach to people with risky behavior.

3) High performance computing in drug development, diagnosis research, and basic research

The goal is to make big data accessible for a broad range of research projects that will ultimately progress the understanding of cancers, including in relation to resistance to treatment, development of new diagnostic tools and treatments.

- ✓ Utilizing AI and Big Data towards generating molecular information, sequencing DNA to inform best innovative treatments. Understanding molecular pathways and key drivers which are relevant for tumors.
- ✓ Building the capability in Europe to aggregate all integrated clinical, multi-omics and imaging data that are generated daily in healthcare and prospective research programmes.
- ✓ Developing a strategy for selection and prioritization for drug development based on biology and mechanism-of-action rather than the current process based on adult cancer indications.



4) Pricing Solidarity model

One of the primary needs of Europe is a set of rules that are accepted by all Member States and implemented as an urgent and continuous political and social commitment. Then Europe-wide resources can be created, incl. information, organizational, expert, technical, and financial, in order to be shared between Member States in correspondence to their needs. Common digital solutions that support patient care and treatment processes, common rules for balancing established treatments and innovation. Rules for introducing innovative solutions that limit the risk of trial-and-error that is generally at the expense of patients. Rules on how to change already established rules, as the dynamics in medical cancer science are fact. Fundamental goals towards the establishment of a model of solidarity, regarding all medications, could be outlined as:

- ✓ Provides fair and just pricing of medicines for all EU Member States.
- ✓ Assistance to all Member States in understanding a provider's charges, therefore preventing overpayments.
- ✓ Transparency in medicine pricing, supply, and shortages in all EU Member States.

5) Survivorship

The Survivorship Passport captures the end of a standardized (ideally electronic) cancer treatment summary and translates the expected treatment burden into automated follow-up recommendations based on internationally accepted guidelines. Based on survivors' special needs and loco-regional health care provider structures, this is upgraded further into a personalized care plan envisaged to be adopted throughout life as needed. Ideally this information is matched with patient-reported outcomes and altogether will serve a deeper understanding of the long-term impact of cancer treatments, ultimately leading to optimized future treatment concepts.

- ✓ Implementation of cancer Survivorship Passport in all Member States underpinned by national and European eHealth structures.
- ✓ Digital centre where patients can provide data from their Survivorship Passport as well as patient-reported outcomes to enhance long term follow-up research.
- ✓ Systematic registration and cross-linkage of databases to capture moderate and severe long-term side effects of cancer treatments.



6) Patient involvement

Patients are unique healthcare experts as they are the ones who live with given disease and they know what would suit their condition best. Unfortunately, there are quite many challenges preventing their unique expertise to be taken into account, meaning that patient groups and more generally society, as a whole, may not make the most of their potential and added value. This is why EU governing bodies and “The governments of Member States should ensure that citizens’ participation should apply to all aspects of healthcare systems, at national, regional and local levels (...) and create legal structures and policies that support the promotion of citizens’ participation and patients’ rights, if these do not already exist.” Such valuable link between patients/society and policy makers (as well as all other stakeholders) could be easily and most properly achieved through credible and thrusted patient organisations. Ensuring their inclusiveness, as an equal partner in the process of policy creating, we could make sure that nothing meant for patients is done without them. Thus, we ensure that all their needs will be met and satisfied, as end recipients of the healthcare systems and the policies made for them.

7) The impact of the COVID-19 Pandemic

- First reports are available on delayed diagnosis during the shutdown, resulting in increased cancer burden and unfavorable outcomes.
- Pandemic limited patient visits to clinics and hospital admissions, such as the temporary cessation of routine surveillance and survivorship clinics to release medical and nursing staff for frontline care. Such social distancing made an impact on patient’s mental health and altered their further contact with healthcare professionals. Enabling the digitalization of healthcare systems and converting the delivery of health services as homecare are one the main areas that should be taken into account. Those are essential during the current pandemic situation as they ensure safe and timely delivery of healthcare, while reducing influx of patients in the medical institutions.
- National cancer plans were not written to take account of the possibility of their national healthcare systems being overwhelmed by a pandemic, such as the world now faces during COVID-19. Therefore, better investment in healthcare systems and research and development is of the utmost importance.
- Cancer research is highly dependent on private funding (charity, philanthropic, R&D programmes, etc.) The economic outcomes of the COVID-19 pandemic have had a



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substantial negative impact on this sector, which is jeopardizing current and future research capacity across Europe and globally.

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