



Why the European Parliament is setting up an Intergroup on Cancer

The growing cancer burden in Europe remains one of the leading medical and societal challenges of our time despite consistent efforts in recent years to address it. Cancer has proven itself to be an issue that no single actor can solve alone; as a result, concerted and multidisciplinary efforts across Member States, involving several European Commission policy areas besides health will be required, which is the reason why the Commission has selected cancer as one of the five research and innovation Missions of the EU. The goal of the Mission on Cancer is to achieve 75% survival rate by 2030 from 47% today, by focusing on cancer prevention, treatment, survivorship care, social innovation and ensuring the reduction of disparities.

Alongside this Mission, one of the Commission's cancer-beating objectives is the unveiling of a European Cancer Plan in Q4 of 2020, with the consultation period opening on 4th Feb. The Plan will focus on prevention, diagnosis, treatment, life as a cancer survivor and palliative care and end-of-life and will lead to increased coordination between Member States on aspects of legislation such as cancer control programs, economic issues such as Health-Technology Assessment (HTA), the supply of medicines and social issues such as reintegration into social life, return to work and the care of carers of cancer patients and survivors.

The European Cancer Plan will be closely linked to the Cancer Mission and will focus on basic as well as translational research to guarantee equal access for all EU citizens to innovative and high-quality treatment. The von der Leyen Commission has signaled the wish for a strengthened legislative relationship between the Commission and the European Parliament with a more open and cooperative approach to the legislative process. As the Missions will be designed with a bottom-up approach and the Cancer Plan has a comprehensive and open agenda, the European Parliament will be expected to play a central role in defining and addressing the cancer burden.

There is already strong support and political will within the Parliament for much more intensive activity on the issue of cancer. While there is a clear prioritisation of this issue among members of the ENVI Committee, its heavy workload, particularly in view of the *Green Deal* proposed by the Commission, leaves ENVI with precious little time to deal with other issues in its sphere of responsibilities.

A Parliamentary **Intergroup on Cancer**, on the other hand, would be able to dedicate its full time and resources to explore the numerous different aspects of cancer control and organise activities that can bridge the gap between the EU institutions and its citizens. An intergroup would serve as a central and inclusive forum for all political groupings to engage in dialogue with all the stakeholders (basic and clinical researchers, clinical oncologists/healthcare professionals, pathologists, radiation oncologists, surgeons, prevention researchers, epidemiologists, patient organisations, universities, industry and small and medium size enterprises, regulatory bodies and funders) medical practitioners and researchers, patients, survivors and carers and leaders of industry by holding hearings or debates and leading fact-finding missions on salient topics such as prevention, medicine shortages, quality and innovation in cancer care. An intergroup would additionally be the best place to give voice to cancer patients themselves, giving MEPs access to actual testimonies and patient experiences and allowing citizens to express their needs directly to European policymakers. The intergroup would better inform the Parliament *itself* to influence the goals and guide the implementation of both the Cancer mission and Europe's Beating Cancer Plan based on non-partisan and evidence-based solutions.



While the ENVI Committee is responsible for public health, and as such cancer-related policies, cancer is a multidisciplinary issue that goes beyond what falls within the remit of the ENVI Committee and is traditionally dealt with across several Committees; one example of this is that ITRE deals with the aspects of these policies that deal with research. The intergroup on the other hand, would allow the pooling of knowledge of MEPs from across political groupings, across Committee membership, and with a range of personal and professional experiences can allow proper deliberation on relevant topics., with membership open to any MEP, of any political affiliation, interested in tackling cancer and its adjacent challenges through policymaking. The intergroup itself, however, but would not have its own political affiliation, nor would it take a specific position on the issues it deals with.

The European Cancer Patient Coalition (ECPC) with its 450-member cancer patient organisations across the EU is best placed to act as the intermediary between the Parliamentary Intergroup on Cancer and civil society at large. In its capacity as the secretariat of the Intergroup, ECPC can engage all stakeholders mentioned above and facilitate knowledge sharing across its pan-European network of organisations that are working on public health and cancer policies. Furthermore, ECPC, being represented in the Board of the European Academy of Cancer Sciences (EACS), will bring in the Intergroup, the collective knowledge and expertise of the scientific societies, institutions and organizations participating in the EACS platform¹. The Intergroup, making use of ECPC's member organisations and social media capacities, will directly and efficiently contribute to the dissemination and flow of information between the Commission, Member States, interested stakeholders and European citizens, since it is an inclusive forum and therefore, it will help ensure that the Cancer Mission and the European Cancer Plan are both responsive to the needs of citizens and addresses the most crucial topics. This will help ensure that both these policy instruments are enriched with contributions by all interested stakeholders and Europeans and that they will get as wide as possible acceptance and adoption in Member States.

¹ P. Berns et al., *Molecular Oncology*, (2019), **13**, 11, 2301–2304