



TEXTS ADOPTED

P10_TA(2026)0052

World Cancer Day

European Parliament resolution of 12 February 2026 on World Cancer Day (2026/2586(RSP))

The European Parliament,

- having regard to World Cancer Day, marked annually on 4 February,
- having regard to Article 168 of the Treaty on the Functioning of the European Union,
- having regard to its resolution of 16 February 2022 entitled ‘Strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy’¹,
- having regard to Europe’s Beating Cancer Plan,
- having regard to the relevant Council conclusions and World Health Organization (WHO) recommendations on cancer prevention and control,
- having regard to the UN Sustainable Development Goals, in particular Goal 3 on good health and well-being,
- having regard to the Council conclusions of 10 June 2008 on reducing the burden of cancer,
- having regard to the Charter of Fundamental Rights of the European Union, in particular Article 35 thereof, on healthcare,
- having regard to the Council Recommendation of 9 December 2022 on strengthening prevention through early detection: A new EU approach on cancer screening replacing Council Recommendation 2003/878/EC²,

¹ OJ C 342, 6.9.2022, p. 109.

² OJ C 473, 13.12.2022, p. 1.

- having regard to Rules 167(2) and 136(4) of its Rules of Procedure,
- A. whereas every year in the EU, 2,7 million people are diagnosed with cancer, and it kills another 1,3 million people, according to the European Cancer Information System;
- B. whereas cancer-related health spending in the EU has doubled since 1995 (from EUR 54 billion to EUR 120 billion in 2023), accounting for 6,9 % of total health expenditure in 2023; whereas by 2050, an increase in the number of cancer cases linked to population ageing is expected to lead to a 59 % rise in per-capita cancer spending in real terms in the EU-27³;
- C. whereas according to the WHO's International Agency for Research on Cancer (IARC), at least 40 % of all cancer cases could be prevented through effective primary prevention measures; whereas the main risk factors for cancer include tobacco use, harmful alcohol consumption, an unhealthy diet, obesity, a lack of physical activity, endocrine disruptors, environmental exposures, including to PFAS, occupational exposures, air pollutant concentrations, exposure to ultraviolet radiation and radon, and infections (e.g. hepatitis B and C viruses and some types of human papillomavirus);
- D. whereas the WHO and the IARC seek to raise awareness of the link between alcohol and cancer;
- E. whereas despite progress, significant inequalities persist between and within Member States in terms of prevention, screening, early diagnosis, treatment, survivorship and palliative care;
- F. whereas according to the report by the Organisation for Economic Co-operation and Development and the Commission entitled 'Delivering high value cancer care', cancer diagnoses among younger people (aged 15-49) have increased more widely among women, meaning that a growing number of people – particularly younger women – are living with a cancer diagnosis that requires treatment and monitoring, placing sustained pressure on healthcare and social care services;
- G. whereas cancer is one of the leading causes of premature mortality among women globally, with 2,3 million women dying prematurely from cancer each year; whereas 1,5 million of those deaths could be prevented through primary prevention or early detection, and a further 800 000 deaths could be averted if all women had access to optimal cancer care;

³ OECD and the European Commission, 'Delivering high value cancer care: European cancer inequalities registry analytical report', OECD Publishing, Paris, 2026, <https://doi.org/10.1787/060869fe-en>.

- H. whereas systemic gender inequalities persist in cancer care, research and policymaking, influencing priorities, funding and the focus of studies, thereby perpetuating gender disparities in health outcomes;
- I. whereas rare cancers account for more than one in five cancer diagnoses in the EU and are associated with delayed detection, limited treatment options, scarce clinical expertise and major cross-border inequalities; whereas addressing rare cancers requires strong EU-level coordination, dedicated funding and reinforced European Reference Networks;
- J. whereas Europe's Beating Cancer Plan provides a strong framework, but its implementation requires renewed political commitment, funding and coordination;
- K. whereas on 16 February 2022, Parliament adopted a resolution on strengthening Europe in the fight against cancer⁴;
1. Marks World Cancer Day on 4 February, expressing solidarity with all patients, survivors, families, healthcare workers and researchers fighting cancer across Europe;
 2. Calls on the Commission and the Member States to renew their political commitment to the full implementation of Europe's Beating Cancer Plan throughout the period of the 2028-2034 multiannual financial framework (MFF), ensuring consistency, adequate funding and concrete national action, with annual reporting mechanisms and improved transparency on implementation gaps; calls on the Commission to take due account of Member States' best practice and experience as part of its efforts to achieve the targets set out in Europe's Beating Cancer Plan;
 3. Regrets the fact that the 2028-2034 MFF does not have dedicated funding for health; calls for a specific EU health programme, with a dedicated envelope, to protect public health and support patient and civil society participation in policymaking; stresses that dedicated funding is necessary to deliver flagship EU health initiatives that require multiannual continuity and implementation capacity, such as Europe's Beating Cancer Plan, which needs predictable investment to translate commitments into delivery in practice;
 4. Calls on the Commission and the Council to recognise health and cancer care as social investment objectives that can be achieved through investment in national and regional partnership plans, including support for long-term oncology infrastructure such as

⁴ European Parliament resolution of 16 February 2022 on strengthening Europe in the fight against cancer –towards a comprehensive and coordinated strategy (OJ C 342, 6.9.2022, p. 109).

vaccination and screening programmes, workforce development and robust oncology data systems;

5. Stresses the importance of fully integrating gender-related differences into cancer research, prevention, screening, diagnosis and treatment; encourages the development and implementation of targeted and evidence-based strategies to ensure effective and equitable access to early detection, timely diagnosis and high-quality cancer care;
6. Stresses that paediatric cancer remains a rare but high-burden disease with major inequalities across Europe in survival and access to healthcare; calls on the Commission and the Member States to strengthen EU-level cooperation and funding in paediatric oncology research, data sharing and clinical trials, to boost drug development and access to innovation for children and adolescents with cancer, to strengthen paediatric and adolescent cancer networks and infrastructure, and to ensure timely cross-border referral to specialised centres through European Reference Networks, in order to guarantee equitable access to innovative and age-appropriate treatments and diagnostics, and to provide comprehensive long-term follow-up care, including psychosocial, educational and social support for children, adolescents and young adult survivors and their families;
7. Calls for the promotion of geriatric oncology as a branch that deserves special consideration and funding and that needs to be strengthened by scientific research to ascertain the best treatment and diagnostic methods for older patients;
8. Stresses the fact that patients still face many difficulties in accessing high-quality public healthcare services; calls, therefore, for the creation of high-quality infrastructure for treatment delivery, based on European guidelines and in line with the most recent scientific evidence;
9. Calls for stronger mechanisms to facilitate cross-border access to specialised cancer care and clinical trials, particularly for rare and complex cancers, in full alignment with the Cross-Border Healthcare Directive⁵;
10. Reiterates the need to ensure fair, timely and affordable access to cancer drugs and innovative therapies across the EU; notes, with concern, the persistent disparities in patient access to such medicines and therapies among Member States, despite EU market authorisation, and notes that this affects smaller markets in

⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (OJ L 88, 4.4.2011, p. 45, ELI: <http://data.europa.eu/eli/dir/2011/24/oj>).

particular; calls on the Commission, in cooperation with the Member States, to facilitate voluntary joint procurement where appropriate, to promote price transparency in line with national competences, to support earlier market entry and to address unjustified delays between authorisation by the European Medicines Agency and patient access, particularly for life-saving cancer treatments;

11. Calls on the Commission to support the Member States in implementing the Council recommendation on cancer screening and the Council recommendation on vaccine-preventable cancers⁶, with a view to supporting countries in strengthening cancer prevention and early detection efforts;
12. Calls on the Commission to ensure strong alignment of and complementarity between Europe's Beating Cancer Plan and any future European actions on disease areas, including on cardiovascular diseases, for example through the Safe Hearts Plan, and on rare diseases;
13. Stresses that achieving targets on cancer prevention, including measures to reduce the exposure to risk factors such as tobacco products, harmful alcohol consumption, environmental contamination, air pollution and exposure to harmful materials and substances, such as carcinogenic, mutagenic and reprotoxic substances, including PFAS and endocrine disruptors, as well as advancing the 'One Health' approach and an exposome agenda are complementary to efforts to prevent other non-communicable diseases;
14. Stresses the importance of tackling health-related disinformation and misinformation, particularly regarding cancer prevention, screening, vaccination and treatment; calls on the Commission and the Member States to strengthen evidence-based public communication, support health literacy and promote cooperation with healthcare professionals, researchers, patient organisations and digital platforms so as to ensure that citizens have access to reliable and scientifically sound information, while fully respecting freedom of expression;
15. Calls on the Commission to step up its efforts to protect cancer survivors across the EU from financial discrimination, including through the effective promotion of the right to be forgotten, and urges the Member States to adopt binding legislation to enshrine this right nationally; insists that the Commission build on the 2023 Consumer Credit Directive⁷ to continue strengthening the right of

⁶ Council Recommendation of 21 June 2024 on vaccine-preventable cancers (OJ C, C/2024/4259, 28.6.2024, ELI: <http://data.europa.eu/eli/C/2024/4259/oj>).

⁷ Directive (EU) 2023/2225 of the European Parliament and of the Council of 18 October 2023 on credit agreements for consumers and

cancer survivors to be forgotten; calls for a harmonised framework that guarantees access for cancer survivors to financial services, including mortgages, loans and insurance; insists that the forthcoming 2026 guidance for financial undertakings be swiftly followed by legislative measures to close remaining gaps, ensuring that no cancer survivor faces discrimination on account of their medical history;

16. Instructs its President to forward this resolution to the Council, the Commission, the governments and parliaments of the Member States, the relevant international organisations and relevant stakeholders.