European Parliament
2024-2029

TEXTS ADOPTED

P10_TA(2026)0376

Europe’s Beating Cancer Plan

European Parliament resolution of 12 November 2026 on the implementation of Europe’s Beating Cancer Plan (2025/2139(INI))

The European Parliament,

– having regard to Articles 168 and 191 of the Treaty on the Functioning of the European Union (TFEU),

– having regard to the WHO Framework Convention on Tobacco Control (FCTC),

– having regard to the report of 9 September 2024 by Mario Draghi entitled ‘The future of European competitiveness’ (Draghi report),

– having regard to its resolution of 16 February 2022 on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy[1],

– having regard to its resolution of 12 February 2026 on World Cancer Day[2],

– having regard to its resolution of 20 October 2021 with recommendations to the Commission on protecting workers from asbestos[3],

– having regard to the Commission communication of 3 February 2021 entitled ‘Europe’s Beating Cancer Plan’ (COM(2021)0044),

– having regard to the joint statement issued by Commissioners Olivér Várhelyi and Maria Luís Albuquerque on 4 February 2026 on World Cancer Day and the ‘right to be forgotten’,

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1 OJ C 342, 6.9.2022, p. 109.
2 OJ C, C/2026/3768, 12.8.2026, ELI: http://data.europa.eu/eli/C/2026/3768/oj.
3 OJ C 184, 5.5.2022, p. 45.

– having regard to the Commission communication of 7 November 2018 entitled ‘Towards a comprehensive European Union framework on endocrine disruptors’ (COM(2018)0734),

– having regard to the Commission communication of 14 October 2020 on the Chemicals Strategy for Sustainability (COM(2020)0667),

– having regard to the Commission communication of 28 June 2021 entitled ‘EU strategic framework on health and safety at work 2021–2027 – Occupational safety and health in a changing world of work’ (COM(2021)0323),

– having regard to the Commission communication of 29 September 2021 on European Missions (COM(2021)0609), which sets out the EU Cancer Mission,

– having regard to the Commission communication of 5 March 2026 entitled ‘Gender Equality Strategy 2026-2030’ (COM(2026)0113),

– having regard to the Commission report of 29 January 2026 entitled ‘Mid-term review of the Zero Pollution Action Plan – Delivering clean air, ocean, freshwaters and soil’ (COM(2026)0042),

– having regard to the Council recommendation of 3 December 2024 on Smoke- and Aerosol-Free Environments replacing Council Recommendation 2009/C 296/02[4],

– 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/EC[5],

– having regard to the Council Recommendation of 21 June 2024 on vaccine-preventable cancers[6],

– having regard to the study entitled ‘Europe’s Beating Cancer Plan: Implementation findings – European implementation assessment’, published by its Directorate-General for Parliamentary Research Services on 20 October 2025,

– having regard to the Commission study entitled ‘Study on mapping and evaluating the implementation of the Europe’s Beating Cancer Plan – Final report’, published on 4 February 2025,

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4 OJ C, C/2024/7425, 12.12.2024, ELI: http://data.europa.eu/eli/C/2024/7425/oj.

5 OJ C 473, 13.12.2022, p. 1.

6 OJ C, C/2024/4259, 28.6.2024, ELI: http://data.europa.eu/eli/C/2024/4259/oj.

– having regard to the European Court of Auditors' Special Report 07/2026 of 19 February 2026 entitled 'Europe's Beating Cancer Plan – A wide-ranging plan facing an uncertain future',

– having regard to the WHO Physical activity strategy for the WHO European Region 2016-2025,

– having regard to the November 2020 WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem,

– having regard to the WHO report of entitled 'Alcohol and cancer in the WHO European Region: An appeal for better prevention', published on 12 September 2020,

– having regard to the report by the Organisation for Economic Co-operation and Development and the Commission entitled 'EU Country Cancer Profiles Synthesis Report 2025', published on 3 February 2025,

– having regard to Rule 55 of its Rules of Procedure, as well as to Article 1(1)(e) of, and Annex 3 to, the decision of the Conference of Presidents of 12 December 2002 on the procedure for granting authorisation to draw up own-initiative reports,

– having regard to the report of the Committee on Public Health (A10-0261/2026),

A. whereas Europe's Beating Cancer Plan ('the Plan') was launched in 2021, as one of the cornerstones of the European health union, leading to greater attention to public health policy at EU level, including the creation, within the European Parliament, of the Special Committee on Beating Cancer and the current standing Committee on Public Health;

B. whereas it is structured around four pillars, namely prevention, early detection, diagnosis and treatment, and quality of life, and has three cross-cutting themes, namely research and innovation, inequalities and paediatric cancers;

C. whereas the long-term effectiveness and impact of the Plan should be sustained by a monitoring and evaluation framework based on measurable indicators, baselines and targets; whereas more granular indicators are needed to measure and address inequalities between Member States and in the detection and treatment of different cancers;

D. whereas the current fragmented financing landscape, relying on multiple short-term programmes and grants, limits the EU's capacity to support long-term investment in cancer prevention, screening, treatment and survivorship, and risks exacerbating inequalities

between Member States; whereas ensuring adequate, dedicated, predictable and ring-fenced funding within the multiannual financial framework is essential for the effective implementation of the Plan;

E. whereas the Plan set the objective of ensuring that, by 2025, 90 % of the target population is offered breast, cervical and colorectal cancer screening; whereas available evidence indicates that this objective has not been achieved and that participation rates in some screening programmes are stagnating or declining, pointing to an urgent need for a renewed political focus on organised, population-based screening programmes;

F. whereas there were an estimated 2,7 million new cases of cancer and 1,3 million deaths from cancer in 2024 alone; whereas cancer is the second leading cause of death in the EU[7];

G. whereas approximately one in two EU citizens is expected to be diagnosed with cancer during their lifetime[8]; whereas the number of new cancer cases is projected to continue increasing due to Europe's ageing population and modifiable risk factors; whereas breast and prostate cancer remain the most common cancers in women and men respectively;

H. whereas by 2040 cancer cases are projected to increase by 18,3 % and deaths from cancer by 26,3 %; whereas recent data shows that the number of cancer diagnoses and deaths worldwide are projected to rise substantially between 2024 and 2050, by 60,7 % and 74,5 % respectively[9];

I. whereas cancer is one of the leading causes of premature mortality among women globally[10], with 2,3 million women dying prematurely from cancer each year[11]; whereas 1,5 million of those deaths could be prevented through primary prevention or early detection;

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7 Joint Research Centre, European Commission, '2024 estimates of cancer cases and deaths in the EU', February 2026.

8 https://joint-research-centre.ec.europa.eu/jrc-news-and-updates/latest-eu-cancer-data-what-new-2025-12-17_en.

9 Force, L. et al., 'The global, regional, and national burden of cancer, 1990–2023, with forecasts to 2050: a systematic analysis for the Global Burden of Disease Study 2023', *The Lancet*, Vol. 406, Issue 10512, 2025, https://doi.org/10.1016/S0140-6736(25)01635-6.

10 Langselius, O. et al., 'Avoidable deaths through the primary prevention, early detection, and curative treatment of cancer worldwide: a population-based study', *The Lancet Global Health*, Vol. 14, Issue 3, 2026, https:doi.org/10.1016/S2214-109X(25)00494-2.

11 Ginsburg. O. et al., 'Women, power, and cancer: a *Lancet* Commission', *The Lancet*, Vol. 402, Issue 10417, 2023, https://doi.org/10.1016/S0140-6736(23)01701-4.

J. whereas cancer is not only a medical challenge but also a major societal and economic challenge requiring coordinated action across health, research, employment and industrial policy;

K. whereas cancer is the leading cause of work-related mortality in the EU, with 45,6 % of annual occupational deaths attributable to work-related cancer[12];

L. whereas the economic impact of cancer in the EU already exceeds EUR 100 billion annually, with Member States losing the equivalent of 1,1 million full-time workers a year, and per capita expenditure on cancer care expected to grow by 59 % by 2050[13];

M. whereas multiple large-scale clinical studies conducted between 2025 and 2026 have independently demonstrated that AI-supported cancer screening significantly increases detection rates while reducing clinical workload across breast, colorectal and lung cancers[14];

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12 https://cancer-code-europe.iarc.who.int/wp-content/uploads/2025/08/9-european-code-against-cancer-occupational-exposure-policy-brief.pdf.

13 https://cancer-inequalities.jrc.ec.europa.eu/sites/default/files/docs/ccp2025/ec-oecd-synthesis-report-250124-1422.pdf.

14 See, for breast cancer:
Hernström, V. et al., 'Screening performance and characteristics of breast cancer detected in the Mammography Screening with Artificial Intelligence trial (MASAI): a randomised, controlled, parallel-group, non-inferiority, single-blinded, screening accuracy study', *The Lancet Digital Health*, 2025; in a MASAI randomised controlled trial (n=105,000), the authors found a 29 % increase in the detection rate, and a 44 % workload reduction.
Elías-Cabot, E. et al., 'AI-based triage and decision support in mammography and digital tomosynthesis for breast cancer screening: a paired, noninferiority trial', *Nature Medicine*, Vol. 32, 2026; in a paired noninferiority trial (n=31,301), the authors found a 15,2 % higher detection rate and a 63 % workload reduction'
De Vries. C.F. et al., 'Prospective evaluation of artificial intelligence integration into breast cancer screening in multiple workflow settings: the GEMINI study', *Nature Cancer*, Vol. 7, 2026; in a prospective evaluation (n=10,889), the authors found a 10,4 % improvement in the detection rate, and a reduction in workload of up to 31 %.
For lung cancer:
Yip, R. et al., 'Artificial intelligence in low-dose computed tomography screening of the chest: Past, present, and future', *Journal of Thoracic Imaging*, Vol. 41, No 1, 2026, https://doi.org/10.1097/rti.0000000000000854; Jiang, B. et al., 'AI performance for nodule volume doubling time in the follow-up of the

N. whereas advances in early detection, innovative treatments and comprehensive supportive care have resulted in a growing population of over 20 million cancer survivors across Europe, reflecting both significant medical progress and an urgent need for strengthened survivorship policies addressing long-term quality of life;

O. whereas the International Agency for Research on Cancer (IARC) highlights socio-economic inequalities as a major determinant of cancer outcomes, both between and within countries, with lower socio-economic status being associated with higher cancer mortality[15]; whereas inequalities in cancer outcomes are closely linked to broader social and geographical inequalities, including income, education, age, gender, and access to healthcare services, and require targeted and coordinated EU action;

P. whereas inequalities within and between Member States persist in EU citizens' exposure to risk factors and in access to primary care, a key determinant of early cancer detection and effective treatment; whereas systemic gender inequalities persist in cancer research, influencing priorities, funding and the focus of studies;

Q. whereas there are still large disparities between and within Member States in cancer screening uptake and early diagnosis, referral pathways, access to multidisciplinary treatment, participation in clinical trials, detection, survival and quality of life, as well as in access to the latest medical technologies, including innovative treatments, precision diagnostics and digital healthcare solutions, including in breast and prostate cancer, where inequalities in prevention, treatment and survivorship are particularly pronounced[16];

R. whereas 60 % of all cancer cases, and 70 % of cancer-related deaths, occur in patients aged 65 years and over[17]; whereas improvements in life expectancy result in a growing population of older people with a consequent increase in cancer cases that needs to be anticipated by public health authorities; whereas older cancer patients face age-

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UKLS lung cancer screening study compared to expert consensus and histological validation', *European Journal of Cancer*, Vol. 232, 2026, https://doi.org/10.1016/j.ejca.2025.116137.

15 https://cancer-inequalities.jrc.ec.europa.eu/sites/default/files/ECIR-inequalities-factsheet-socioecon-cancer-mortality-Jun2024.pdf.

16 https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/02/eu-country-cancer-profiles-synthesis-report-2025_c3cfe006/20ef03e1-en.pdf.

17 Hurria, A. et al., 'Improving the quality of cancer care in an aging population: recommendations from an IOM report; *JAMA*, Vol. 310, No 17, pp. 1795-6, https://doi.org/10.1001/jama.2013.280416.

related discrimination in terms of access to treatment, in particular to innovative treatments and clinical trials;

S. whereas informal caregivers, including family members, play a crucial role in supporting cancer patients and often face significant psychological, social and financial burdens; whereas families of children and adolescents with cancer face particularly acute challenges; whereas this caregiving responsibility disproportionately affects women and may have substantial long-term social and economic consequences; whereas carers do not benefit from the same support measures across Member States;

T. whereas prevention is the most cost-efficient long-term cancer control strategy; whereas 40 % of cancer cases can be prevented by addressing modifiable risk factors such as tobacco, harmful alcohol consumption, particularly at levels exceeding scientifically established health recommendations, an unhealthy diet, infections, obesity, physical inactivity, UV exposure, environmental and air pollution and exposure to harmful substances, including radioactive, carcinogenic, mutagenic and reprotoxic substances, thereby highlighting the central role of prevention policies; whereas those risk factors are common to other chronic diseases and can therefore be addressed through an integrated chronic disease prevention approach; whereas Parliament's 2022 resolution on Europe's Beating Cancer Plan emphasised the importance of comprehensive, evidence-based prevention targeting modifiable risk factors;

U. whereas a comprehensive 'Health in All Policies' approach, as enshrined in Article 168 TFEU, requires the systematic integration of health considerations, including prevention, while addressing the social, economic and environmental determinants of health across all EU policies in line with the One Health and exposome approach[18];

V. whereas tobacco consumption causes 27 % of all cancers[19] and accounts for over 250 000 deaths annually from cancers of the trachea, bronchus and lung in the EU[20];

W. whereas 90 % of lung cancer cases can be avoided by eliminating tobacco use[21];whereas novel tobacco and nicotine products, including electronic cigarettes, heated tobacco products and nicotine pouches, are increasingly being used among young people across the

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18 https://www.sciencedirect.com/topics/biochemistry-genetics-and-molecular-biology/exposome#definition.

19 https://health.ec.europa.eu/document/download/26fc415a-1f28-4f5b-9bfa-54ea8bc32a3a_en.

20 https://www.who.int/europe/news-room/fact-sheets/item/effects-of-tobacco-on-health.

21 https://health.ec.europa.eu/document/download/26fc415a-1f28-4f5b-9bfa-54ea8bc32a3a_en.

EU, posing risks of addiction and the need to evaluate the risk to long-term health;

X. whereas e-cigarette use among 15- to 16-year-olds has reached 22 % on average across 34 European countries, up from 14 % in 2019, with prevalence higher among girls (25 %) than boys (19 %);[22] whereas products used as alternatives to smoking or as cessation tools should be assessed against a high standard of scientific evidence, public health protection and transparency, with particular attention to preventing a new generation of nicotine-dependent children and adolescents;

Y. whereas tobacco and smoking continue to impose a significant economic burden on the EU and its Member States, with total healthcare costs and productivity losses due to smoking estimated at approximately EUR 130 billion annually, corresponding to around 2,5 % of GDP[23];

Z. whereas the Commission proposed a tobacco excise duty own resource in July 2025 that may support EU health policy objectives;

AA. whereas ethanol and acetaldehyde from the metabolism of ethanol in alcoholic beverages are classified as carcinogenic to humans by the IARC; whereas modelling by the Organisation for Economic Co-operation and Development (OECD) indicates that, between 2023 and 2050, up to 1 million additional cancer cases could be prevented if targets were met[24];

AB. whereas obesity is linked to at least 13 types of cancer; whereas 16 % of adults in the EU were living with obesity in 2019;[25] whereas WHO Europe estimates that obesity is likely to be directly responsible for at least 200 000 new cancer cases in the region annually;

AC. whereas 1 in 4 children aged 6 to 9 years across Europe is overweight or living with obesity[26]; whereas prevailing dietary patterns, characterised by excessive consumption of foods high in

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22 https://www.euda.europa.eu/publications/data-factsheets/espad-2024-key-findings_en.

23 https://health.ec.europa.eu/publications/study-liability-and-health-costs-smoking_en.

24 https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/02/eu-country-cancer-profiles-synthesis-report-2025_c3cfe006/20ef03e1-en.pdf.

25 https://ec.europa.eu/eurostat/en/web/products-eurostat-news/-/ddn-20210721-2.

26 https://www.who.int/europe/publications/i/item/WHO-EURO-2025-11788-51560-78769.

trans fats and saturated fats, sugars and salt, and ultra-processed foods are major contributors to obesity and increased cancer risk;

AD. whereas access to affordable healthy food and balanced nutritious diets plays a significant role in health promotion and cancer prevention; whereas barriers to healthy diets, including socio-economic determinants, should be addressed through evidence-based measures, improved health education and better consumer information, while respecting consumer choice;

AE. whereas regular physical activity and sport contribute to preventing excess body weight, obesity and a number of risk factors linked to cancer, while also improving physical and mental health; whereas the promotion of regular physical activity and a balanced diet from childhood onwards should be a health priority;

AF. whereas cancers caused by infections account for over 7 % of all EU cancer cases; whereas Helicobacter pylori infection is the leading risk factor for gastric cancer; whereas its global prevalence is estimated at around 43,1 %, with significant variation across Member States[27];

AG. whereas environmental factors, including air, water and soil pollution and exposure to certain hazardous and radioactive substances, contribute to the development of serious health conditions, including cancer; whereas policies in this area should be based on scientific evidence, risk assessment and proportionality, while supporting prevention and innovation;

AH. whereas rheumatic and musculoskeletal diseases (RMDs) affect over 120 million people across Europe, with the prevalence of RMDs such as rheumatoid arthritis and knee osteoarthritis projected to rise by 80,2 % and 74,9 % respectively by 2050[28]; whereas people living with RMDs face an elevated risk of cancer, and current cancer policy frameworks fail to adequately recognise and address this link;

AI. whereas antimicrobial resistance poses a growing threat to the safety and effectiveness of cancer care, particularly for immunocompromised patients, and risks undermining decades of progress in cancer prevention, diagnosis and treatment;

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27 Chen, Y. et al., ‘Global prevalence of Helicobacter pylori infection and incidence of gastric cancer between 1980 and 2022’, Gastroenterology, Vol. 166, Issue 4, 2024, https://doi.org/10.1053/j.gastro.2023.12.022.

28 Black, R. et al., ‘Global, regional, and national burden of rheumatoid arthritis, 1990–2020, and projections to 2050: a systematic analysis of the Global Burden of Disease Study 2021’, *The Lancet Rheumatology*, Vol. 5, Issue 10, 2023, https://doi/org/10.1016/S2665-9913(23)00211-4.

AJ. whereas rare cancers, including all paediatric cancers, account for approximately 24 % of all new cancer cases in the EU[29] and are associated with delayed detection, limited treatment options, scarce clinical expertise and major cross-border inequalities; whereas addressing all rare cancers requires strong EU-level coordination, dedicated funding and reinforced European Reference Networks;

AK. whereas cancer is the leading cause of death by disease in children over one year of age in the EU, with over 15 500 diagnoses and over 2 000 deaths in 2020 [30]; whereas the last 10 years have seen fewer than 20 oncology treatments receive authorisation for use in children, by stark contrast with the over 150 approvals granted in the case of adult cancers, pointing to a chronic and still unaddressed gap in therapeutic options for younger patients;

AL. whereas all childhood cancers are rare and have additional specificities; whereas more than 400 000 European citizens are childhood cancer survivors, with a substantial proportion experiencing severe adverse effects at a later stage as a result of past tumours or treatments;

AM. whereas cancer patients seeking cross-border healthcare services face significant obstacles to accessing specialised treatment in a timely manner;

Overview

1. Welcomes the Plan as a groundbreaking framework addressing the entire cancer disease pathway at EU level and as a cornerstone of the European health union; stresses that its future implementation should be guided by a ‘Health in All Policies’ approach, ensuring that prevention and health considerations are systematically integrated across all relevant EU policies in line with the One Health and exposome approach[31]; stresses that health policy must be driven by the interests of patients and based on evidence-based outcomes and transparency in decision-making; calls, in that regard, for the design of health policies to reflect a balanced and transparent engagement of stakeholders, thus recognising the essential contribution of patients, healthcare professionals, academia, industry and civil society;

2. Notes the extended participation in Europe’s Beating Cancer Plan beyond the EU, with institutions and entities from neighbouring and associated countries contributing to its implementation; emphasises that strengthened cooperation, knowledge-sharing and alignment

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29 https://epic.iarc.fr/research/rarecancer/.

30 https://health.ec.europa.eu/document/download/26fc415a-1f28-4f5b-9bfa-54ea8bc32a3a_en.

31 https://www.humanexposome.eu/wp-content/uploads/2025/05/EHEN-policy-brief-2025.05-v8-web.pdf.

with EU standards are essential to reducing inequalities and improving outcomes across the wider European region;

3. Notes that more than 90 % of the Plan's actions have been concluded or are ongoing[32]; regrets the fact that measurement is based on process completion, rather than health outcomes; stresses, however that implementation cannot be assessed through process completion, but rather against health outcomes and measurable improvements in prevention, screening uptake, stage at diagnosis, waiting times for diagnosis and treatment, survival rates, quality of life for patients and survivors and access to care; highlights the fact that significant inequalities remain with regard to these aspects, both between and within Member States; regrets that the absence of a robust outcome-based monitoring framework and of the systematic collection of patient reported outcome measures has limited a transparent assessment of the Plan's real impact on patients;

4. Calls for an 'all policies' approach to cancer, ensuring coherence and alignment across relevant EU frameworks, including pharmaceutical legislation and the Clinical Trials Regulation[33], HTA Regulation[34], Biotech Act, European Health Data Space, AI Act[35] and the proposed Critical Medicines Act, to accelerate innovation, improve patient access and strengthen health system resilience; encourages the Commission to ensure that the design and implementation of all relevant frameworks systematically consider their impact on cancer prevention, diagnosis, treatment and long-term care, and to strengthen coordination across policy areas where relevant;

5. Emphasises the need for Member States to invest in their national health systems' capacity to improve the quality and timeliness of cancer care pathways;

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32 https://health.ec.europa.eu/publications/staff-working-document-review-europes-beating-cancer-plan_en.

33 Directive 2001/20/EC of the European Parliament and of the Council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use (OJ L 121, 1.5.2001, pp. 34, ELI: http://data.europa.eu/eli/dir/2001/20/oj).

34 Regulation (EU) 2021/2282 of the European Parliament and of the Council of 15 December 2021 on health technology assessment and amending Directive 2011/24/EU (OJ L 458, 22.12.2021, p. 1, ELI: http://data.europa.eu/eli/reg/2021/2282/oj).

35 Regulation (EU) 2024/1689 of the European Parliament and of the Council of 13 June 2024 laying down harmonised rules on artificial intelligence and amending Regulations (EC) No 300/2008, (EU) No 167/2013, (EU) No 168/2013, (EU) 2018/858, (EU) 2018/1139 and (EU) 2019/2144 and Directives 2014/90/EU, (EU) 2016/797 and (EU) 2020/1828 (Artificial Intelligence Act) (OJ L, 2024/1689, 12.7.2024, ELI: http://data.europa.eu/eli/reg/2024/1689/oj).

Governance and funding

6. Acknowledges the unprecedented EUR 4 billion allocated to the Plan, with 49,4 % allocated to prevention, 24,9 % to screening, 13,9 % to treatment, 6,8 % to quality of life and 4,6 % to inequalities;

7. Expresses serious concern about the EUR 1 billion cut in funding for EU4Health and in general about the Commission's proposal with regard to health priorities in the next multiannual financial framework (2028-2034) and the envisaged discontinuation of the programme; calls on the Commission and Member States to ensure adequate and predictable funding for cancer in the 2028-2034 multiannual financial framework; calls, therefore, for EUR 10,05 billion in current prices to be earmarked for EU4Health priorities; stresses that a minimum of EUR 2,5 billion within EU4Health should be earmarked for cancer-related actions, in order to ensure adequate and predictable funding across prevention, screening, treatment and survivorship and thus support the effective implementation and long-term sustainability of Europe's Beating Cancer Plan;

8. Welcomes the close collaboration between the Plan and the EU Cancer Mission, with 898 cancer-focused projects, including 61 Cancer Mission projects, selected to receive a total of EUR 2,086 billion in funding; stresses the strategic importance of ensuring the continuation of the EU Cancer Mission through the recognition of cancer as one of the future EU 'moonshots'[36] post-2030;

9. Recommends the development of strengthened coordination mechanisms for the future implementation of Europe's Beating Cancer Plan and the EU Cancer Mission, including consideration of a European Cancer Institute-type mechanism that could also help reduce the fragmentation of the funding sources available for fighting cancer, and improve the effectiveness of cancer research, prevention and care across the EU;

10. Stresses that the governance of Europe's Beating Cancer Plan must systematically include patients' representatives in the design, implementation and evaluation of cancer policies, recognising that the lived experience of those affected is essential to ensuring that these policies address real needs and carry greater legitimacy; calls, accordingly, for stable mechanisms guaranteeing meaningful patient participation throughout the Plan's entire policy cycle;

11. Calls on the Commission and Member States to ensure adequate and measurable funding for cancer research in Europe, including increased support for innovative research projects and their implementation, while streamlining access to funding by identifying

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36 https://research-and-innovation.ec.europa.eu/news/all-research-and-innovation-news/horizon-europe-2028-2034-twice-bigger-simpler-faster-and-more-impactful-2025-07-16_en.

and, where appropriate, removing administrative and regulatory requirements that hinder the work of cancer researchers across the EU; emphasises that reducing the bureaucratic burden is key to accelerating the translation of laboratory findings into clinical practice, and thus to strengthening the EU's health, scientific and industrial sovereignty;

12. Further calls on the Commission to ensure that EU public research funding in oncology delivers a fair return on public investment and contributes to timely and equitable patient access to resulting innovations, while preserving incentives for research, innovation and commercialisation;

13. Regrets the fact that the Plan's implementation roadmap functions primarily as a tracking tool rather than as an accountability mechanism; calls on the Commission to establish a comprehensive monitoring and evaluation framework linked to outcome-based indicators, including incidence, mortality, survival, stage at diagnosis, screening uptake and access to treatment, with clear baselines and time-bound targets and regular accountability reports; emphasises that this framework should include comparable indicators at EU level, a breakdown by Member State and region, and clear interim targets, so that deviations can be identified in a timely manner and targeted interventions and investments can be directed accordingly, thus delivering tangible improvements for patients;

14. Calls on the Commission to provide an annual assessment of how funded projects have contributed to improving cancer care in Europe, including their impact on treatment outcomes, access to treatment and patients' quality of life;

15. Calls on the Commission to establish an EU framework for national cancer control plans (NCCPs), including minimum standards on governance, financing, data interoperability and implementation; stresses the need for a structured monitoring system with key performance indicators, including screening coverage, diagnostic timelines, biomarker uptake, survivorship outcomes and inequality indicators; calls for the structured and systematic involvement of patients and healthcare professionals in the design, implementation and monitoring of cancer policies at EU and national level, including within governance and evaluation frameworks;

Prevention

16. Underlines the fact that cancer prevention should encompass primary, secondary and tertiary prevention, including screening, early diagnosis and long-term management, recognising that a significant proportion of cancers cannot be prevented through

primary prevention alone and require timely detection and sustained care to improve outcomes and quality of life;

17. Highlights that 40 %[37] of cancers are preventable and that achieving targets on cancer prevention, including by implementing measures to reduce exposure to risk factors such as tobacco, harmful alcohol consumption, particularly at levels exceeding scientifically established health recommendations, an unhealthy diet, environmental contaminants, air pollutants and exposure to harmful materials and substances, such as carcinogenic, mutagenic and reprotoxic substances and endocrine disruptors, are complementary to efforts to prevent other non-communicable diseases; stresses the need for targeted and evidence-based measures to close regulatory gaps in current marketing and advertising practices while further looking into the impact of harmful alcohol consumption, particularly at levels exceeding scientifically established health recommendations, energy drinks and so-called ultra-processed foods on people's health;

18. Stresses that evidence-based policy measures that address both access to and the appeal of unhealthy substances and products constituting risk factors for cancer, particularly for minors and vulnerable groups, can contribute to addressing consumption patterns and mitigating health risks; underscores the importance of clear, targeted and culturally appropriate prevention campaigns, not least for young people and the most vulnerable groups in society, in order to raise greater awareness of preventable risk factors;

Tobacco and nicotine

19. Stresses that, despite considerable progress, smoking prevalence in the EU remains high, particularly among young people; notes that the interim objective of Europe's Beating Cancer Plan to achieve a reduction of 30 % in tobacco use by 2025 as compared with 2010 has not yet been met[38]; underlines that the WHO European Region records the highest levels of tobacco consumption globally[39] and is projected to remain among the worst-performing regions in the coming years; urges Member States to undertake concrete measures to reduce tobacco consumption through evidence-based strategies with clear and realistic timelines, with particular attention to preventing youth uptake;

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37 https://www.iarc.who.int/news-events/four-in-ten-cancer-cases-could-be-prevented-globally.

38 https://www.who.int/europe/news-room/fact-sheets/item/tobacco.

39 https://www.who.int/europe/news/item/08-10-2025-who-european-region-has-the-highest-rate-of-tobacco-use-in-the-world--with-an-alarming-rise-in-young-people-using-e-cigarettes--global-report-warns.

20. Reaffirms the goal of creating a ‘Tobacco-Free Generation’ by 2040; urges the Commission to present, without further delay, a proposal for the revision of the EU’s tobacco legislation, supported by a comprehensive impact assessment in line with the Better Regulation guidelines, with scientific, evidence-based and appropriate regulatory measures related to different characteristics of tobacco and nicotine products, to adequately address tobacco, novel tobacco products and nicotine products, such as electronic cigarettes, heated tobacco products, nicotine pouches and other novel nicotine delivery systems; stresses the need for clear, comprehensive and technology-neutral definitions suited to the capture of emerging products;

21. Stresses that the increase in uptake by non-smokers, young people and women of alternative smoking devices represents a concerning public health trend; expresses deep concern about the risk of nicotine addiction, in particular among minors and young people, not least as a result of targeted marketing and the rapid development of new tobacco and nicotine products; highlights the urgent need to prevent non-smokers from taking up smoking and to strengthen the protection of minors and young people from tobacco and nicotine products; underlines that any necessary updates to definitions, safeguards or market-access rules should be addressed with this objective in mind;

22. Notes with concern the increasing availability and appeal of new nicotine products, including devices designed to resemble toys, flavoured products, and oral nicotine pouches, which disproportionately attract young users;

23. Calls for the revised Tobacco Products Directive to cover all tobacco and nicotine products and to include evidence-based and up-to-date regulatory measures with particular attention to health warnings and consumer information; underlines that such measures can include plain packaging requirements, restrictions on flavours that attract young consumers, mandatory reporting of ingredients, and a prohibition on the online sale of such products to minors, with effective age verification mechanisms, not least through the implementation of the EU Digital Identity Wallet;

24. Calls on the Commission, in the context of the revision of the Tobacco Advertising Directive, to ensure that the framework is updated to effectively address advertising, promotion and sponsorship practices on digital and social media platforms and to cover all new and emerging tobacco and nicotine products; stresses the need to close enforcement gaps, strengthen the protection of minors and tackle marketing practices, including in relation to smoking devices that increase product appeal among young people and non-smokers; further emphasises the need for appropriate and clear rules to prevent tobacco and nicotine products and devices from being advertised and displayed at points of sale, leading to

indirect marketing or increasing their appeal to minors and young people;

25. Reiterates its initial call for an increase and an upward convergence in minimum excise duties for all tobacco and nicotine products and their final market price; highlights the role that fiscal and price-based measures play in cancer prevention; calls for revenues generated from tobacco and nicotine products to contribute, where appropriate and in accordance with national competence in this area, to health protection, prevention and enforcement measures;

26. Calls for the complete and effective implementation of the WHO FCTC and the WHO Protocol to Eliminate Illicit Trade in Tobacco Products, in line with Member States' competences, and for particular attention to be paid to Article 5.3 FCTC and its guidelines on protection of public health policymaking from the vested interests of the tobacco industry; recalls the Council recommendation on smoke- and aerosol-free environments and underlines its key role in adequately protecting people's health from the effects of second-hand tobacco smoke and aerosols, and highlights the need to address this issue at national level;

27. Calls for all new tobacco and nicotine-based products to undergo pre-market health impact assessments to demonstrate the impact of these products on the health of individuals and the population as a whole, in accordance with EU law; stresses, too, that smoking cessation strategies and policies must be strictly aligned with scientific evidence relying on proven, independently verified and, where appropriate, clinically supervised methods; calls for enhanced monitoring and data collection on dual use and on the rising uptake of consumption of nicotine among non-smokers, young people and minors, to support evidence-based policymaking and targeted prevention strategies;

Ethanol in alcoholic beverages

28. Recalls the Commission's intention, as set out in Europe's Beating Cancer Plan, to introduce mandatory indication of the list of ingredients and a nutrition declaration on all alcoholic beverage labels; acknowledges the progress made on digital labelling by the alcoholic beverages industry and the inclusion of ingredient lists by the wine sector, but still regrets the limited progress made on the mandatory inclusion of the list of ingredients and nutrition declarations and health-related information for all alcoholic beverages;

29. Calls on the Commission and the Member States to ensure that EU public health policies and alcohol-related harm prevention strategies, including but not limited to education and communication campaigns, are aligned with scientifically established health

recommendations; further calls on the Commission to present, without further delay, legislative proposals providing for clearly visible health-related information on all alcoholic beverages, complemented by digital labelling; stresses that such measures should pay particular attention to the protection of minors, young people and other vulnerable groups;

30. Calls on the Commission and the Member States to promote measures to reduce and prevent alcohol-related harm, and to present a revised EU alcohol strategy, including a European zero alcohol consumption strategy for minors, accompanied, where appropriate, by legislative proposals in line with Article 168 TFEU and respecting the principle of subsidiarity; urges the Member States to devise awareness-raising initiatives geared especially towards minors with a view to providing clear information about alcohol-related harm, so as to promote informed choices and help people better understand the effects of harmful alcohol consumption, particularly at levels exceeding scientifically established health recommendations, on their health;

31. Calls on the Commission to propose appropriate EU-level measures to reduce exposure to alcohol marketing, in particular to minors, including in digital environments, as part of cancer prevention efforts; calls for regulatory measures to avoid the advertising and sponsorship of alcoholic beverages in contexts where this could reach minors;

Nutrition

32. Underlines the fact that dietary behaviours are shaped, among others, by food environments and structural factors; highlights the diverse barriers to healthy dietary choices, including their availability and affordability, which disproportionately affect low and middle income populations; calls for the Member States to ensure greater coherence between Europe’s Beating Cancer Plan and other public policies, and to make use, in accordance with their national competences and already existing legal possibilities, of differentiated and targeted VAT rates, in order to facilitate access to healthy and balanced diets and reduce exposure to cancer-related dietary risks;

33. Stresses that nutritional care services must be systematically integrated across primary, secondary and tertiary prevention, recognising the essential role of nutrition in prevention, treatment response, disease progression and long-term management of cancer conditions;

34. Invites the Commission and the Member States to recognise nutrition as a key determinant in cancer prevention, and to promote, including by proposing online and offline awareness measures, healthy, evidence-based dietary patterns, promoting healthy eating

habits and a balanced diet including all essential nutrients, and characterised by the daily consumption of fruits and vegetables, as well as regular physical activity, as a core component of cancer prevention strategies; calls on the Commission and the Member States, in cooperation with relevant stakeholders, to increase efforts to provide more consumer information about the nutritional content of various food products and the importance of healthy diets, especially among young people;

35. Calls on the Commission to accelerate work on a mandatory and harmonised EU front-of-pack nutritional label, based on robust and independent scientific evidence as already announced in Europe's Beating Cancer Plan, to address the overconsumption of red and processed meat, in line with public health recommendations, and to reduce the consumption of foods high in saturated fats and trans fats, sugars and salt, as well as of so-called ultra-processed foods, especially among young people;

36. Welcomes the fact that the Safe Hearts Plan mentions an ongoing Commission study on the impact of the consumption of ultra-processed foods; further calls on the Commission to work on a clear, coherent and harmonised approach at EU level to ultra-processed foods, including through a scientifically-based definition of ultra-processed foods; stresses that all food available on the EU market must fully comply with EU standards on food safety and health, in particular as regards permitted levels of hazardous substances, in order to reduce citizens' exposure to cancer risk factors;

37. Stresses that to be effective, prevention of cancer must start during childhood; calls for public authorities to promote and fund healthy dietary habits from an early age, including in schools, sports facilities and recreational areas; emphasises that the protection of minors and disadvantaged groups must remain a central objective of prevention policy; reiterates its call for the Commission and the Member States to strengthen and expand the implementation of the EU School Fruit, Vegetables and Milk Scheme, with particular emphasis on access to fresh, local and seasonal products;

Additional risk factors

38. Calls for reinforced, evidence-based action to protect people from environmental cancer risk factors, including air, water and soil pollution, per- and polyfluoroalkyl substances (PFAS), hazardous and radioactive substances, UV exposure and second-hand smoke, supported by improved data, EU monitoring, and the effective implementation of the new EU strategic framework for health and safety at work post-2027;

39. Urges the Commission to support Member States in addressing the risks of sunbed use, including the possibility of a EU-wide ban on

their use by minors, given the fragmented and inconsistent regulatory landscape across the EU; urges the Commission to resume its work on its UV exposure recommendation without further delay; calls for EU-wide awareness campaigns on the harmful effects of sunbed use on public health;

Vaccination

40. Welcomes the fact that EU4Health has funded several projects on vaccination against human papillomavirus (HPV); notes with concern, however, that HPV vaccination coverage rates vary significantly across the EU and remain critically low in several Member States, leading to inequalities in cancer prevention and treatment across the EU and thus compromising the goal of eliminating cervical and other HPV-related cancers by 2030; calls, therefore, for the Commission to intensify targeted support for the Member States in achieving this goal and to step up efforts to increase vaccination coverage, where necessary through targeted strategies, and to promote equitable access to vaccination for both sexes; further calls on the European Centre for Disease Prevention and Control to strengthen its monitoring of national HPV vaccination coverage rates; stresses the importance of a life-course approach to vaccination and equitable access across Member States;

41. Calls on the Commission and the Member States to increase the vaccination rate for hepatitis B and improve the prevention, screening and treatment of hepatitis C and Helicobacter pylori infections in order to prevent liver and gastric cancers; further calls on the Commission and the Member States to strengthen early detection of liver disease and liver cancer through awareness campaigns and improved access to non-invasive diagnostic tools, particularly for at-risk and underserved populations; further calls for strengthened EU action on modifiable risk factors and early detection strategies relevant to high-burden cancer, including breast and prostate cancer;

42. Highlights the fifth edition of the European Code Against Cancer, with its 14 evidence-based recommendations combining individual and population-level measures, and stresses that it provides a strong scientific basis for developing a personalised digital prevention tool that complements, but does not replace, professional medical advice, and for strengthening citizen-oriented prevention campaigns across the EU; calls on the Commission to develop, in cooperation with Member States, cancer experts and patient organisations and building on the fifth edition of the European Code Against Cancer, a next-generation, scientifically validated and privacy-preserving digital prevention tool that complements professional medical advice and provides citizens with accessible, evidence-based, personalised health risk information and tailored cancer prevention guidance,

while fully respecting the General Data Protection Regulation[40] (GDPR), the European Health Data Space framework, medical confidentiality and non-discrimination principles;

43. Underlines the importance of health literacy and combating health misinformation in supporting effective prevention strategies; stresses the need for a comprehensive, evidence-based and effective prevention strategy, which takes due account of the importance of mental health, adequate rest and sleep, physical activity, a healthy living environment, including access to green spaces, proximity to nature and the promotion of a more balanced lifestyle as elements that contribute to the prevention of chronic diseases, including cancer;

Early detection

44. Stresses the importance of early detection as a key tool to reduce cancer mortality and health inequalities in the EU; further emphasises that earlier diagnosis significantly reduces treatment intensity and costs, including the impact on healthcare expenditure, workforce participation and broader societal costs, while improving survival and quality of life; calls for the consolidation and strengthening of existing screening programmes through the establishment of a robust monitoring and evaluation framework, ensuring their proper implementation and homogeneous coverage across all Member States;

45. Welcomes the EUCanScreen joint action and the projects for lung, prostate and gastric cancer screening; regrets that the objective of offering breast, cervical and colorectal cancer screening to 90 % of the target population by 2025 has not been met; calls on the Commission and Member States to urgently step up efforts to reach the 90 % screening target across all relevant cancer types; stresses that breast, cervical and prostate cancer should remain a priority in these efforts, through the consistent implementation of organised, population-based screening programmes, quality assurance standards and the exchange of best practice between Member States;

46. Calls on the Commission to strengthen its efforts towards early detection and screening, and to prioritise them in the implementation of Europe’s Beating Cancer Plan, including through measurable targets, minimum quality standards, interoperable data collection and benchmarking, more campaigns to promote public

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40 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ L 119, 4.5.2016, pp. 1, ELI: http://data.europa.eu/eli/reg/2016/679/oj).

awareness, and dedicated funding and technical support for Member States, in particular those with lower screening uptakes and access disparities, while integrating equity criteria into national plans, to close gaps in infrastructure;

47. Stresses that AI-supported screening shows promising clinical results[41]; calls on the Commission and the Member States to integrate AI tools into national cancer screening programmes, provided that they are clinically validated, risk-assessed and continuously monitored, and with due regard for patient safety, in line with the Apply AI Strategy's objective of advancing AI applications in healthcare and the commitment of AI-powered screening centres to cover all EU Member States by 2029[42];

48. Notes with great concern that breast, cervical and colorectal cancer screening rates range from below 10 % to above 90 % across the EU, and that participation rates are stagnating or even declining[43]; underlines the fact that improving uptake requires not only investment in screening infrastructure and healthcare staff, but also robust invitation and recall systems, timely diagnostic follow-up after positive tests and culturally sensitive outreach; stresses that such outreach should take into account regional disparities and socio-economic and cultural specificities, and leverage community pharmacies and the deployment of mobile medical staff;

49. Notes with serious concern that the majority of Member States have not yet updated their NCCPs to reflect the 2022 Council recommendation on lung, gastric and prostate screening; calls on the Commission to link such alignment to accessing EU4Health screening funds;

50. Calls on the Member States to ensure organised, population-based screening programmes with systematic invitations for eligible age groups and with a specific gender dimension, in line with European guidelines, so as to reduce inequalities in access and early detection among Member States;

51. Calls, in particular on the Commission, to pay specific attention to breast cancer as the most common cancer among women and enhance the provision of breast cancer-related information to women, and urges the Commission to ensure that access to breast and gynaecological cancer screening, provided in accordance with

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41 Eisemann, N. et al., 'Nationwide real-world implementation of AI for cancer detection in population-based mammography screening', *Nature Medicine*, Vol. 31, 2025, pp. 917–924, https://doi.org/10.1038/s41591-024-03408-6.

42 https://digital-strategy.ec.europa.eu/en/policies/ai-screening-centres.

43 https://cancer-inequalities.jrc.ec.europa.eu/sites/default/files/docs/ccp2025/ec-oecd-synthesis-report-250124-1422.pdf.

European guidelines, is recognised as an explicit right for all women and fully implemented across the Member States;

52. Calls on the Commission and the Member States to further expand the share of the eligible population covered by prostate cancer screening, including prostate-specific antigen (PSA) testing and magnetic resonance imaging (MRI) scans for men up to the age of 70, through organised national screening programmes;

53. Stresses that the effectiveness of cancer screening depends not only on offering tests, but also on timely follow-up after abnormal findings; calls on the Commission to work with the Member States on common indicators for the time from invitation to screening, from positive test to diagnostic confirmation, and from diagnosis to treatment initiation;

54. Expresses concern about the increasing incidence of early-onset cancers, including colorectal cancer, among younger populations who regularly fall outside conventional screening age thresholds and are therefore more likely to be diagnosed at a later stage; calls on the Commission and the Member States to invest in the professional development of family doctors and front-line health workers so that they can more readily recognise warning signs and direct patients to appropriate specialist care; emphasises that the scientific understanding of cancers affecting this population must be advanced through expanded research, with a focus on improving early detection and shedding light on the contribution of genetic predispositions, modifiable risk factors and environmental exposures to cancer risk; recommends that the Commission and the Member States support increased access to cancer predisposition testing and genetic counselling, when appropriate, for children and adolescents diagnosed with cancer;

Research and innovation

55. Underlines the need for a robust clinical research ecosystem in Europe that enables cancer research and cancer clinical trials; calls for the swift conclusion of the revision of both the In Vitro Diagnostic Medical Devices Regulation[44] (IVDR), and the Biotech Act I proposal and its targeted amendments to the Clinical Trials Regulation, to deliver an integrated framework for biomarker-driven research; underlines the importance of improving patient awareness of, and

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44 Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU (OJ L 117, 5.5.2017, p. 176, ELI: http://data.europa.eu/eli/reg/2017/746/oj).

access to, clinical trials, and of facilitating patient participation across Member States, including in paediatric clinical trials;

56. Calls on the Commission and the Member States to support cross-border trial models, strengthen information for patients and healthcare professionals on trial opportunities and promote a more balanced geographical distribution of clinical trial capacity; calls on the Member States to ensure that patients enrolled in cancer clinical trials have access to standard-of-care treatments without an undue financial or administrative burden;

57. Stresses the need for a pragmatic and research-friendly implementation of data protection rules within the European Health Data Space; calls for these regulations to be applied in a manner that facilitates the secondary use of health data for oncology research while maintaining the highest standards of privacy and public trust;

58. Highlights the transformative potential of innovative oncological medicinal products and next-generation cancer therapies, including advances in biotechnologies and biomarker testing for neoantigen-based and mRNA cancer vaccines, which enable better diagnosis and targeted, personalised or semi-personalised treatment approaches; underlines that these innovations may significantly improve treatment efficacy and patient outcomes; stresses, however, that their high development and treatment costs risk creating new inequalities in access, with a substantial proportion of newly authorised cancer treatments not reaching patients in many Member States; calls on the Commission to step up its efforts to support research, regulatory pathways and joint European approaches to ensure equitable, timely and affordable access to such innovative cancer therapies across the EU;

59. Calls on the Commission and the Member States to scale up the use of molecular diagnostic testing and genomic technologies to identify actionable genomic alterations for diagnosis, prognosis and treatment selection, including through tissue and liquid biopsy approaches;

60. Stresses that cancer treatment requires coordinated access to systemic and non-systemic treatment modalities, including surgery, radiotherapy, interventional radiology, nuclear medicine and emerging approaches such as radioligand therapy; calls on the Commission and Member States to ensure adequate infrastructure, workforce planning and investment across all modalities;

61. Stresses that research investment should cover the entire cancer continuum, from prevention and early detection to diagnosis, treatment and survivorship; 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; highlights the important role of universities and research institutions in promoting innovation and improving patient outcomes;

62. Stresses that public investment in cancer research must deliver tangible benefits for patients and society, including timely and equitable access to innovative treatments; calls for EU-funded research and innovation to be accompanied by clear public interest safeguards, the responsible use of public funds, proportionate transparency, and fair conditions for access, while fully preserving competitiveness and incentives for further private investment in Europe;

Diagnosis and treatment

63. Notes with concern that there are still significant disparities in cancer survival rates across the EU, with breast cancer survival rates varying by as much as 20 % from one Member State to another and colon cancer survival rates ranging from 49 % to 68% across the EU, while paediatric cancer survival rates vary by as much as 20 % across Member States; notes that reducing these variations needs to be a matter of priority, not least through early diagnosis and appropriate referral pathways, as well as personalised treatment, and stresses that these disparities are closely linked to inequalities in early detection, timely diagnosis, and access to specialised multidisciplinary care, biomarker testing, innovative treatments and precision cancer medicine;

64. Stresses that late diagnosis remains one of the main drivers of poor cancer outcomes across the EU; calls on the Commission and the Member States to prioritise earlier diagnosis strategies beyond organised screening programmes, including through improved access to healthcare services and primary care, faster referral pathways, improved diagnostic capacity, better recognition of symptoms, and greater transparency among patient communities of available biomarker therapies at national level, particularly for cancers that are not covered by population-based screening;

65. Underlines that telemedicine, including telemonitoring and teleconsultation, can improve the timeliness of cancer care, facilitate communication with healthcare professionals and reduce unnecessary burdens for patients, while contributing to more efficient healthcare systems; calls for its enhanced use to improve access to care and strengthen community-based healthcare services, while emphasising that digital health tools must remain complementary to, and not be a substitute for, direct patient contact and multidisciplinary clinical care;

66. Welcomes the creation of the EU Network of National Comprehensive Cancer Centres (CCCs); notes their tangible role in

raising standards of care, facilitating effective cooperation across levels of care, territories and stakeholders, addressing regional inequalities in cancer care and strengthening research capacity and cooperation across the EU; calls for the structured involvement of healthcare professionals, patients and civil society organisations in the design and implementation of CCCs to ensure a truly people-centred approach through a care model based on health outcomes, patient and carer experiences and inputs;

67. Highlights that national CCCs should serve as centres of excellence and function as integrated and interconnected hubs for multidisciplinary care, research, innovation and training, thereby accelerating the translation of scientific advances into clinical practice;

68. Recalls that Europe's Beating Cancer Plan aims to ensure that 90 % of eligible patients have access to national CCCs by 2030; calls on the Commission and the Member States to ensure that this target is met through adequate support and sustainable funding for the establishment and accreditation of such centres, in particular in the case of Member States with less developed infrastructure; stresses that EU support for these centres should ensure equitable geographical distribution and effective cross-border accessibility; calls on the Commission to publish regular, Member State-specific progress reports on this objective;

69. Underlines that the European Reference Networks are essential for rare cancers, but that cross-border referral pathways remain underused; calls for sustained investment in the European Reference Networks and for measures to ensure that every patient with a rare cancer has access to multidisciplinary expertise, and for the Member States to be encouraged to further integrate the European Reference Networks into national healthcare systems and use them, together with national CCCs, as vehicles for strengthening cross-border knowledge exchange, fostering collaboration among specialists and disseminating best practice in cancer management;

70. Further calls on the Commission to develop, in cooperation with the Member States, a framework for cross-border patient navigator services in cancer care, by building on the findings of the EU Navigate project and the European Observatory on Health Systems and Policies, and mapping such competencies to the European Qualifications Framework; calls for improved practical use of these networks to facilitate timely access to innovative treatments across borders;

71. Stresses that turning Europe's Beating Cancer Plan into tangible results hinges on all Member States establishing and continuously updating national cancer plans; highlights the fact that these national frameworks must include a recognisable space for childhood

cancers and rare adult cancers, with clear ties to the appropriate European Reference Networks, in order to secure well-structured referral routes, continuity of specialist knowledge and fair access to high-quality care, ensuring that no patient facing a rare cancer diagnosis is left without adequate support;

72. Calls on the Commission and the Member States to strengthen cancer registries, particularly by utilising the interconnected European Reference Networks, and to ensure timely, comparable and interoperable data collection across the EU based on interoperable digital infrastructures and information systems across the Member States; stresses that achieving this objective requires sustained investment at EU and national level in digital infrastructure, interoperable information systems, data capacity and workforce digital literacy, and that persistent gaps in deployment across Member States continue to undermine the reliability of cancer data at EU level;

73. Further calls on the Commission to fully deliver on the schedule for implementing a cybersecure European Health Data Space, and on time; further calls on the Commission to ensure the continuity of cross-border access to cancer imaging data beyond the conclusion of the European Federation for Cancer Images project in 2026, so that the pipeline for training and validating cancer AI systems on a diverse range of representative European data is not interrupted during the transition to the Health Data Space infrastructure; urges the Member States to ensure the swift and effective implementation of the European Health Data Space, in order to facilitate responsible data sharing, promote personalised medicine, and accelerate innovation in cancer care across the EU;

74. Stresses that nutrition remains insufficiently integrated into cancer care delivery across the EU; calls on the Commission to develop EU-level minimum quality standards for nutritional support in cancer care, including systematic malnutrition[45] screening and diagnosis, access to a registered dietitian within a multi-disciplinary cancer care team, and the provision of appropriate nutritional intervention, follow-up and monitoring for cancer patients; calls, in this regard, for the establishment of EU-level standards for nutritional assessment, monitoring and personalised nutrition interventions, ensuring continuity of care across hospital rehabilitation and community settings;

75. Regrets the disparities in access to cancer medicines and the latest medical technologies across the Member States; notes the progress made on the proposed Critical Medicines Act and the pharmaceutical reform package, which are aimed, among other things, at reducing inequalities in access to cancer medicines and reducing dependence

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45 https://www.who.int/news-room/fact-sheets/detail/malnutrition.

on non-EU suppliers; calls on the Commission and the Member States, within the scope of their respective competences, to ensure that cancer patients have timely, equitable and affordable access to essential cancer medicines, including through enhanced voluntary joint procurement mechanisms at the EU level, better coordination of pricing and reimbursement policies, the use of EU funding instruments and support for Member States, with the aim of reducing or eliminating out-of-pocket costs for patients;

Healthcare professionals

76. Highlights the fact that the shortage of healthcare professionals and deteriorating working conditions, including among oncology specialists and other relevant professionals, are a major barrier to the effective implementation of cancer care standards; notes evidence of burnout, excessive workload and administrative burdens among cancer professionals; stresses that these shortages risk undermining timely access to care and the quality of treatment;

77. Calls on the Commission and the Member States to address workforce capacity through cancer workforce planning, and investment in education, training and retention as part of the next phase of Europe’s Beating Cancer Plan; calls for the explicit inclusion of nuclear medicine professionals (physicians, medical physicists, radiopharmacists and technologists) in EU cancer workforce strategies, and for increased EU support for specialised education, training and harmonised quality standards across the Member States; stresses that AI literacy must be integrated into medical education curricula across the EU;

Quality of life

78. Calls on the Commission and the Member States to take appropriate measures to facilitate the reintegration of people living with cancer, including children and adolescents and young adults, and cancer survivors into society, including labour market integration and a return to studies, not least through rehabilitation and psychosocial support measures; stresses the importance of labour market measures encompassing employer guidance, flexible working arrangements, workplace adjustments and anti-stigma initiatives within national cancer strategies;

79. Calls on the Commission and the Member States to maintain and reinforce legislative action at national and EU level to facilitate the reintegration of cancer survivors into society and protect them from financial discrimination, including through full implementation of the ‘Right to Be Forgotten’ provisions included in the Consumer Credit

Directive[46] and its codification in other relevant EU legislation, in particular the Mortgage Credit Directive[47];

80. Urges the Commission to place quality of life at the centre of future cancer policies and stresses the urgent need to promote comprehensive rehabilitation measures and to integrate nutritional, psychosocial, psychiatric and mental health support, including supportive and palliative care, into standard cancer care at all stages of the disease, thus ensuring that care pathways systematically address chronic pain, sexual health and fertility, long-term side effects and socio-economic inclusion; further calls for such measures to ensure greater coordination between oncology teams and general practitioners throughout the different phases of the treatment and rehabilitation period;

81. Highlights the importance of medication adherence and safe use of cancer therapies, particularly in outpatient settings; calls for the continuous involvement of front-line healthcare professionals in supporting adherence, managing side effects and providing patient-centred counselling throughout the cancer care pathway; further stresses the relevance of scientifically validated digital monitoring tools in post-treatment survivorship;

82. Underlines the critical role of informal carers and calls for the recognition of and systematic support for caregivers and family members of cancer patients, who ensure a more person-centred model of care, including through access to psychosocial and psychiatric support, financial protection and adequate work-life balance measures;

83. Calls on the Commission to address the need for stronger European coordination to harness the potential of precision oncology and targeted therapies, and to strengthen public health clinical research on treatment optimisation, including de-escalation programmes aimed at reducing treatment intensity while maintaining therapeutic effectiveness, which can significantly improve patients' quality of life; notes that the integration of these services into cancer control strategies should take into account the different structures of national healthcare systems;

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46 Directive (EU) 2023/2225 of the European Parliament and of the Council of 18 October 2023 on credit agreements for consumers and repealing Directive 2008/48/EC (OJ L, 2023/2225, 30.10.2023, ELI: http://data.europa.eu/eli/dir/2023/2225/oj).

47 Directive 2014/17/EU of the European Parliament and of the Council of 4 February 2014 on credit agreements for consumers relating to residential immovable property and amending Directives 2008/48/EC and 2013/36/EU and Regulation (EU) No 1093/2010 (OJ L 60, 28.2.2014, pp. 34, ELI: http://data.europa.eu/eli/dir/2014/17/oj).

84. Calls for specific attention to be paid to the needs of persons living with advanced cancers, including metastatic cancer, and for this to be reflected throughout care pathways, including by ensuring access to palliative and hospice care;

Inequalities

85. Recalls that access to preventive healthcare and medical treatment is a fundamental right of every person in the EU, under the conditions established by national laws and practices, and highlights that ensuring access to high-quality public healthcare services is one of the most effective strategies for preventing, detecting and treating cancer effectively; underlines, in this regard, the importance of legislative and regulatory measures at EU and national level to guarantee minimum standards in terms of access to healthcare services for every person in the EU;

86. Stresses that cancer inequalities between and within Member States have deeper structural causes, and underlines the need to address social and environmental determinants, as well as territorial inequalities, in healthcare;

87. Calls on the Commission to provide differentiated support to help reduce these inequalities and, together with the Member States, to ensure that all EU citizens are guaranteed equitable access to cancer diagnosis, treatment and follow-up care without discrimination based, for example, on their country of residence, socio-economic status, gender, age or geographical location; stresses, therefore, the importance of strengthening regional and local health services, particularly in remote areas (such as rural, isolated or outermost regions) to ensure equitable access to cancer care in all regions;

88. Welcomes the launch of the European Cancer Inequalities Registry in 2022 and calls for the registry to be maintained, updated and used to guide targeted investments and policy interventions, so as to improve the implementation of screening and treatment programmes and identify gaps in access and outcomes; calls on the Commission to play a facilitating and coordinating role in strengthening data collection, including supporting countries in accessing appropriate EU funding for registry enhancement; strongly encourages ensuring that, where possible, such data collection, include information on stage at diagnosis, cancer recurrence, metastatic disease, and socio-economic and geographical disparities; calls on the Commission to strengthen data collection, interoperability and use through the European Health Data Space;

89. Stresses that socio-economic determinants of health significantly influence cancer risk and outcomes across prevention, early detection and treatment; underlines the fact that these factors drive

persistent health inequalities within and across Member States, disproportionately affecting vulnerable populations;

90. Calls for targeted interventions and outreach strategies to ensure that disadvantaged and marginalised groups have equitable access to cancer care; calls for appropriate consideration of the specific needs and rights of older cancer patients when shaping public health and cancer-related policies;

91. Highlights the potential of telemedicine, remote monitoring and the virtual consultation model of the European Reference Networks to reduce geographical barriers; calls for sustained investment in digital health infrastructure in underserved regions, while emphasising that digital health tools must remain complementary to in-person care;

Gender dimension and women's health

92. Calls on the Commission to address the gender dimension of cancer inequalities, including differences in risk factor exposure, screening uptake, access to timely diagnosis and treatment, participation in clinical trials and survivorship outcomes, and to give specific attention to breast and prostate cancer as the most common cancers in their respective populations; stresses the importance of improving the collection and use of sex-disaggregated data to assess access to prevention, early detection, diagnosis, treatment and survivorship support across Member States;

93. Urges the Commission, in cooperation with the Member States, to take all necessary measures to ensure that all women have broad, equitable and timely access to breast and cervical cancer screening, provided in accordance with EU guidelines, and to close implementation gaps across the EU; stresses that persistent disparities in breast cancer care across the EU constitute a women's equality issue, as access to timely and quality care still depends on where a woman lives;

94. Further calls on the Commission and the Member States to guarantee that all women have access to fertility preservation counselling and services, empowering them to make informed and autonomous decisions about their cancer treatment and reproductive future;

95. Highlights the disproportionate caring responsibilities borne by women and stresses the need for gender-sensitive approaches across all pillars of the Plan, including by increased research on sex-specific aspects of cancer and gender-related differences in diagnosis, treatment and outcomes of cancer care;

Cancer in children, adolescents and young adults

96. Stresses that paediatric cancer, while rare, is a high-burden disease and is marked by significant survival and access inequalities across Europe; stresses that up to 30 % of children affected by cancer suffer severe long-term consequences; calls for timely and equitable access to innovative therapies for paediatric cancer patients and enhanced access to clinical trials; recalls the opportunity of making full and appropriate use of hospital exemption, as a means of delivering personalised treatments in cases of unmet medical need and to address existing fragmentation across Member States;

97. Calls for cross-border access to cancer care and experimental therapies to be improved as a matter of urgency; highlights, in this regard, the important role of adolescent cancer networks and infrastructure, and of timely cross-border referral to specialised centres through European Reference Networks; invites the Commission to proceed to a targeted revision of the Cross-Border Healthcare Directive[48] to include practical support for families of cancer patients and simplify prior authorisation procedures; emphasises, in particular, the need to streamline the regulatory framework provided by the Cross-Border Healthcare Directive and the Regulation on Coordination of Social Security Systems[49], in order to provide simpler, more transparent, efficient and legally robust reimbursement mechanisms for patients requesting care in another Member State;

98. Recognises the progress made on cancer in children, adolescents and young adults through EU-supported action, including the establishment of the EU Network of Youth Cancer Survivors; calls on the Commission to provide structured support to Member States in developing and strengthening cancer services tailored to the specific clinical and psychological needs of children, adolescents and young adults, thus facilitating their school reintegration and social inclusion;

99. Further calls on the Commission and the Member States to strengthen EU-level cooperation on enhanced research, data sharing and clinical trials; highlights the importance of sustained funding in paediatric oncology research and coordinated EU-level monitoring of potential clusters of paediatric cancers, including through improved surveillance systems and the investigation of possible environmental and other risk factors;

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48 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, pp. 45, ELI: http://data.europa.eu/eli/dir/2011/24/oj).

49 Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (OJ L 166, 30.4.2004, p. 1, ELI: http://data.europa.eu/eli/reg/2004/883/oj).

Communication

100. Calls on the Commission to develop a comprehensive, citizen-oriented communication strategy focused on the concrete results delivered by the Plan, raising citizens' awareness of the EU's tangible impact on cancer prevention, screening, treatment and survival;

101. Emphasises that this strategy should include real-life patient experiences to illustrate the human impact of the Plan, and highlight medical breakthroughs and innovative treatments achieved through EU resources and efforts;

102. Stresses that health-related misinformation undermines public trust and contributes to lower screening uptake, vaccine hesitancy and delayed diagnosis; calls on the Commission to address misinformation in its communication strategy and to integrate countering cancer-related misinformation, including from hostile foreign actors, by developing rapid-response tools and fact-checking resources, and to fund health literacy programmes that equip citizens with the critical skills to identify and reject false health claims;

103. Highlights the importance of public awareness of cancer symptoms in achieving earlier diagnosis, and calls for targeted awareness initiatives addressing cancers with non-specific symptoms to support timely referral;

104. Further calls on the Commission and the Member States to ensure that awareness-raising and health literacy campaigns under the Plan actively reach disadvantaged and underserved communities; stresses that these populations face the highest cancer risk factors and lowest screening participation rates; calls for EU-funded cancer communication activities to be designed in partnership with local community organisations, including patient groups, using culturally adapted and accessible materials, and to be delivered through trusted community channels rather than solely through institutional websites and traditional media;

Outlook

105. Calls on the Commission to earmark no less than EUR 2,5 billion to Europe's Beating Cancer Plan in the 2028-2034 multiannual financial framework to ensure that it is continued and strengthened; underlines that the EU4Health programme has been instrumental in supporting the implementation of the Plan, including through investments in cancer prevention, screening, early detection, data infrastructure, networks of expertise and patient support; stresses, therefore, the importance of maintaining a dedicated and sufficiently funded EU health funding mechanism for cancer prevention, treatment and care, ensuring long-term, predictable and equitable

investment across Member States and supporting the effective implementation of national cancer control plans;

106. Calls on the Commission and the Council to recognise health and cancer care as social investment objectives in national recovery and resilience plans, including support for long-term oncology infrastructure such as vaccination and screening programmes, workforce development, and robust oncology data systems; requests that the Commission ensure that a dedicated European Investment Bank facility is made available to the national CCCs, covering infrastructure, IT interoperability and harmonisation of clinical protocols, with priority for regions with documented deficits in cancer care; stresses that such investment should contribute to reducing territorial inequalities by strengthening oncology capacity in underserved regions, including diagnostics, radiotherapy, pathology and multidisciplinary cancer services, and should be linked to measurable targets on access, waiting times and patient outcomes;

107. Highlights the fact that proportionate and evidence-based fiscal and price-based measures play a role in health protection; encourages the Member States, in line with national competences, to use these instruments as part of a comprehensive cancer prevention strategy; suggests that Member States assess the potential of using revenue from taxation and duties on tobacco products and foods associated with an increased risk of cancer as a way to finance national cancer plans and ensure their long-term sustainability;

108. Calls on the Commission, while fully respecting the Member States' competences for pricing and reimbursement, to facilitate the exchange of best practice on reimbursement for AI-based medical devices used in cancer care that are certified under applicable EU law; further calls on the Commission to ensure the full functionality of the European Database on Medical Devices (EUDAMED) as a matter of priority, and to ensure that relevant information on such devices is readily accessible to the public and healthcare professionals through EUDAMED;

109. Notes with concern that the long-term sustainability of projects funded under the Plan remains uncertain; calls on the Commission and the Member States to ensure that successful initiatives are continued beyond their initial funding cycles; therefore invites the Commission to shift, in the next phase of the Plan's implementation, from input-based grants to outcome-linked delivery across relevant EU funding instruments and to encourage Member States to align European Regional Development Fund health investments with up-to-date NCCPs supported by technical assistance where plans are outdated or incomplete;

110. Calls on the Commission and the Member States to make full use of existing funding instruments to stimulate the development of AI-based screening, diagnostics and clinical decision support tools; encourages Member States, in that context, to explore complementary mechanisms capable of accelerating the uptake of successful solutions, in particular in Member States with low cancer screening coverage;

111. Calls on the Commission to establish mechanisms to support the translation of cancer research into clinical application, including support for late-stage development, regulatory readiness and health system uptake; calls on the Commission, in this context, to encourage Member States to designate cancer screening as a priority use case for the regulatory sandboxes established under the AI Act, as a concrete instrument to accelerate such translation;

112. Stresses that the next phase of the Plan’s implementation must include a comprehensive monitoring and evaluation framework for assessing the quality and effectiveness of implementation, which should include stage-specific indicators, including data on long-term survival, health-related quality of life, and metastatic and recurrent cancers, in order to better assess survival outcomes and inequalities across Member States; underlines the fact that the monitoring framework should include measurable indicators on access to innovative cancer medicines, including availability and time-to-access across the Member States;

113. Calls, further, on the Commission to integrate cancer-specific indicators into the European Semester process, building on the European Cancer Inequalities Registry, so as to enable systematic and comparable monitoring of Member States’ performance across the full cancer pathway, from prevention and early detection to treatment and survivorship, and to use Country-Specific Recommendations as an accountability tool to address persistent cancer inequalities across the EU;

114. Urges the Commission, in this regard, to establish a structured annual dialogue on the Plan’s implementation and to report to Parliament’s Committee on Public Health on the basis of a set of key performance indicators covering all pillars of the Plan, disaggregated by Member State; stresses that these indicators should include patient-centred outcomes and access to innovative treatments, in order to ensure effective implementation and accountability; additionally, calls for the structured dialogue to include a dedicated session with healthcare professionals, patients and consumer organisations, and civil society, to ensure that the perspectives of healthcare professionals and citizens are reflected in the annual accountability process;

115. Calls for the development and consolidation of European research networks and hubs that foster cooperation, knowledge exchange and scientific excellence; recommends, in this context, the identification of synergies between the further implementation of Europe's Beating Cancer Plan and the EU Cancer Mission and the emerging EU competitiveness agenda, including by ensuring that regulatory challenges identified by oncology professionals and researchers relating to the General Data Protection Regulation, Clinical Trials Regulation, Medical Device Regulation[50] and In Vitro Diagnostic Regulation are adequately addressed; stresses the importance of establishing stable and sustainable funding frameworks to strengthen cancer research capacity across all Member States; further stresses that sustained investment in cancer research and innovation is essential to reduce inequalities in research participation and access to innovation, particularly in Member States and regions with lower scientific capacity;

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116 Instructs its President to forward this resolution to the Council and the Commission.

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50 Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/EC, Regulation (EC) No 178/2002 and Regulation (EC) No 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC (OJ L 117, 5.5.2017, p. 1, ELI: http://data.europa.eu/eli/reg/2017/745/oj).