

ed



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A new European cancer plan is on its way

The fight against cancer must be a joint effort



Dear Reader,

The fight against cancer is something that we should all be concerned about! On 4 February, in a touching moment in the European Parliament (EP), the European Commission launched Europe's Beating Cancer Plan. The commitment shown by Commission President Ursula von der Leyen and Health Commissioner Stella Kyriakides demonstrates that the fight against cancer is a top priority in the current legislature.

The European Commission is right! The many and varied influencing factors in our private and professional lives, our eating and living habits and, last but not least, education, require a horizontal approach. We have to work together to make a difference, or as the Commissioner says: 'All hands on deck'.

But we're not just starting from scratch. The fight against cancer has a long history in the European Union (EU). Brussels has been a source of many good initiatives for decades.

Germany is already well positioned. Its social insurance system offers a comprehensive range of benefits financed by the principle of solidarity, as well as numerous advisory services. It is also very important that those affected, and their relatives, are provided with support when dealing with the illness.

But we can do more together, at both Member State and EU level. The new cancer plan is an important step towards this. We see a lot of potential in rare diseases, and in digitalisation and data exchange. The decision to use the EU's Mission Cancer to channel more money into cancer research is also a welcome move.

We mustn't forget that access to cancer therapies is not equal across Europe. This situation must be improved.

At the beginning of last year, Germany proclaimed the 'Decade against Cancer' and made cancer one of the priorities of its Council Presidency starting in July this year. We are eager to see what kind of momentum will be generated by Germany.

In our current issue of ed*, we give you an insight into the range of services offered in Germany and various activities at European level.

I hope you enjoy reading this edition of ed*!



Ilka Wölflé

The fight against cancer

Working together to fight cancer has a long history in Europe

Europe can look back at 30 years of fighting cancer together. In the 1980s, the 'Europe against Cancer' initiative was launched with the aim of reducing the death rate by 15% below its predicted value for the year 2000. Unfortunately, this target was only achieved in Austria and Finland.

The European Code Against Cancer, first published in 1987, also goes back to this period of time. Its twelve recommendations on avoiding risk factors such as tobacco, UV light and alcohol as well as promoting a balanced diet, regular exercise and the use of preventive measures are as relevant today as they were back then.

More than ten years ago, the European Parliament (EP) also expressed its political commitment to the fight against cancer by passing a resolution. The establishment of an independent Special Committee on Cancer, which was agreed in January this year by the chairs of the various political groups in the ENVI committee, underlines Parliament's continuing commitment. MEPs have stated that people must be shown that Europe provides added value

when it comes to prevention, diagnosis and follow-up treatment.

¹ Figures: The Swedish Institute for health economics, Powerpoint Presentation 29 Jan 2020.

² European Commission: https://ec.europa.eu/commission/presscorner/detail/en/STATEMENT_19_683.

³ German Social Accident Insurance, Dokumentation des Berufskrankheitengeschehens in Deutschland, Beruflich verursachte Krebserkrankungen, Eine Darstellung der im Zeitraum 1978 bis 2010 anerkannten Berufskrankheiten, April 2012.

facts

- The number of cancer cases is expected to double by 2035.
- 40% of all cancer cases are preventable.
- Three out of five cancers affect people over the age of 65.
- The five-year survival rate is 70% in Iceland, but only 50% in Croatia.¹
- Cancer cases are increasing in all countries.
- In some countries, such as Denmark, France, the Netherlands and the United Kingdom, cancer is the number one cause of death.¹
- Cancer is the leading cause of work-related deaths in the European Union, accounting for 53% of all work-related deaths.²
- 9% of officially recognised occupational diseases in Germany between 1978 and 2010 were work-related cancers.³

Cancer is persistent, but so are we!

**Stella Kyriakides,
EU Commissioner**

Europe's fight against cancer continues

Now, after many years, the European Commission wants to launch a new cancer plan. There are still many challenges in the fight against cancer that need to be tackled together. The aim is to ensure that all people in Europe receive the same treatment. The Commission intends to propose concrete measures for all key stages of the disease by the end of the year. These will cover prevention, early detection and diagnosis, treatment and care, and improving the quality of life for those who survive cancer.

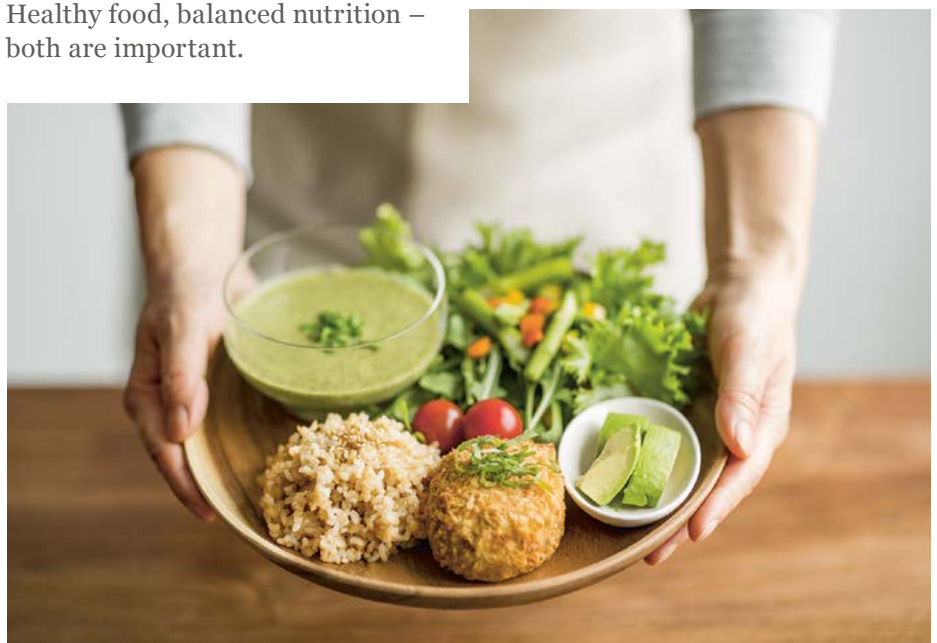
The launch on 4 February marked the start of a broad consultation phase to gather further feedback. This will give EU citizens and stakeholders the

opportunity to have their say and make suggestions as early as possible on how best to tackle the issue at European level. The results of the consultation will feed into the design of the plan and help to define the main topics and the framework for future action. A detailed draft of the Europe's Beating Cancer Plan, with short, medium and long-term objectives, will be presented at the end of the year.

Some details have already been announced. For example, the new cancer plan will focus on the following:

- Cancer is to be fought holistically. In line with the Health in All Policies approach, the plan will cover schools, the world of work, the

Healthy food, balanced nutrition – both are important.



environment, agriculture and the food industry, science and research.

- In addition to tobacco and alcohol consumption, prevention will also focus on exercise, nutrition and vaccination. The development of a fair, healthy and environmentally friendly food system and protection against environmental influences ties in with the Green European Deal.
- Early diagnosis can save lives. Screening programs make a valuable contribution. The Cancer Plan is intended to provide technical support and encourage wider dissemination.
- Access to treatment and therapy is to be improved, palliative care expanded, and professional reintegration made easier.
- A European Health Data Space will promote the exchange of relevant information and research on prevention strategies and therapies.

But that's not all. According to Health Commissioner Kyriakides, it is also time to change our way of looking at cancer. The focus should not be on the tumour, but rather on the individual person. It should also be about the unseen psychological and psychosocial consequences of the disease. Stigma and discrimination should be prevented, and the highest possible quality of life achieved.

Mission cancer

Brussels has also demonstrated a strong commitment to devoting more resources to research into the disease, its prevention and treatment. Cancer will be one of five new European missions and thus a European mandate for research and innovation. The trend towards a growing number of cancer cases is to be reversed. The missions are embedded in the Horizon Europe investment programme and will start in 2021. Horizon Europe not only defines the mission areas, but also what features they should have and how they should be monitored and managed.

Everyone has a friend, a colleague or a relative who has gone through cancer

Ursula von der Leyen,
EU Commission President

Horizon Europe

- Horizon Europe is the EU's €100 billion investment programme for research and innovation for the period 2021 to 2027.
- The programme is built on three pillars: Excellent Science, Global Challenges and European Industrial Competitiveness (which includes health) and Innovative Europe.
- Horizon Europe aims to create synergies with other EU programmes, such as the European Social Fund Plus (ESF+), the Digital Europe Fund and the Single Market Programme



Peter Liese

Dr. Peter Liese, Member of the European Parliament since 1994 and currently Chairman of the European People's Party (EPP) Group in the Committee on the Environment, Public Health and Food Safety (ENVI)



The Special Committee on Cancer elevates the fight against cancer to a top priority for the European Parliament. The Committee can articulate the expectations of the European Commission's Beating Cancer Plan and then monitor its implementation. It is a strong signal to patients in Europe that all forces in the fight against cancer are now being brought together. The Special Committee is the ideal means of doing this. As different specialist areas are important for patients, expertise from all relevant European Parliament committees can be combined, and there is sufficient time for important discussions with experts and patients. The aim is to show the people concerned that there is a European added value in prevention, diagnosis, follow-up care and social rights.”

facts

In Europe, about 3.9 million people were diagnosed with cancer in 2018⁴.

Half of all cancer cases are spread across four forms of cancer:

- 523,000 of female breast cancer
- 500,000 of colorectal cancer
- 470,000 of lung cancer
- 450,000 of prostate cancer

A lot of personal commitment can be felt

Every issue needs committed champions. Ursula von der Leyen has put the issue at the top of the political priority list for her presidency. Health Commissioner Stella Kyriakides has personally fought the fight against cancer. Another passionate supporter of the cancer plan is MEP Peter Liese (EPP).

They are far from being alone – and they are right about one thing: joint action at European level in the fight

against cancer can bring significant benefits, whether in research, in the use of data or in the exchange of best practice. The EU has repeatedly made a valuable contribution to the fight against cancer. Conversely, Germany has also made a valuable contribution to developments in beating cancer.

⁴ Ferlay J. et al. Cancer incidence and mortality patterns in Europe: Estimates for 40 countries and 25 major cancers in 2018, European Journal of Cancer, 2018 August 9.

Close cooperation: early screening

The establishment of screening programmes, for example, is based on the Council Recommendation of 2003, which provides for organised, widespread, quality-based screening programmes for breast cancer, colorectal cancer and cervical cancer. A 2017 report by the International Agency for Research on Cancer showed that 25 Member States had implemented or planned to implement screenings for breast cancer, 22 for cervical cancer and 23 for colorectal cancer. European guidelines help support the process.

In 2005, breast cancer screening was first introduced in Germany for women between the ages of 50 and 69. Colorectal cancer screening for men aged 50 and older followed in 2019, and a cervical cancer program for women aged 20 to 65 years was introduced earlier this year. Personal invitations – in addition to quality and success control, the hallmarks of the screening programmes – are sent out by the health insurance funds for the latter two programmes.

In addition, the German Social Accident Insurance will in future offer insured persons who have been exposed to asbestos follow-up screening using biomarkers in order to detect mesotheliomas and lung cancer at an early stage. Mesothelioma is a cancer that develops as a result of inhaling asbestos particles. Using biomarkers developed by the Institute of Prevention and Occupational Medicine (IPA), nearly 50% of mesotheliomas can be detected up to one year before clinical diagnosis.

ERN as flagship project

Since 2017, European Reference Networks (ERN) for rare diseases have enabled the networking of medical expertise at 24 priority sites. Virtual case conferences are used to promote the exchange of knowledge and create specialised care services for patients with rare diseases. Currently, approximately 900 medical units from over 300 hospitals in 26 EU Member States are connected to the ERN.

Included in the 5,000 to 8,000 rare diseases are more than 300 cancers. Three ERNs specialise in rare cancers:

- ERN EURACAN specialises in rare adult solid cancers.
- ERN GENTURIS is for patients at high hereditary risk of developing cancer; it takes a family-based approach.
- ERN PaedCan focuses on access to specialised care for children with cancer.

The ERNs also provide answers to many questions that rare cancer patients cannot receive in conventional healthcare.

Exposure Database

Another example can be found in workplace safety. In Germany, the Hazardous Substances Ordinance stipulates that carcinogenic or mutagenic substances must be documented, archived and disclosed. Employers are obliged to keep a register of employees at risk to exposure from such substances.

This obligation originates from EU Directive 2004/37/EC on the

The EU should do more, work harder, push member states to adopt the necessary screening programmes that help diagnose cancer early.

**David Sassoli,
Parliament President**

The beast called cancer can be beaten

Stiliyan Petrov,
former professional footballer
and cancer survivor

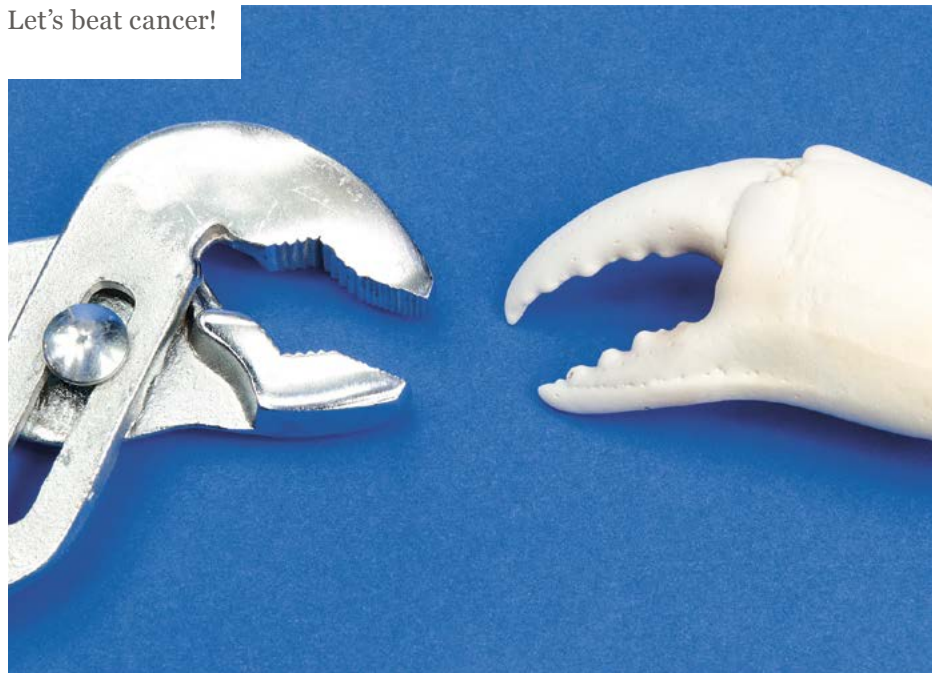
protection of workers from the risks related to exposure to carcinogens or mutagens, which aims to protect workers from carcinogens and limit exposure to these substances. The Directive now covers 27 carcinogens.

The German Social Accident Insurance has established a central exposure database to support companies with this. The aim is to store the data in order to be able to identify possible correlations between working conditions and illnesses even after often very long latency periods.

Joint Actions

A classic example of good European cooperation are Joint Actions (JA), EU initiatives where representatives of each Member State draw up recommendations for joint projects at European level. Since 2009, there have been four successive JAs on cancer; the current one, Innovative Partnership for Action Against Cancer (iPAAC), runs until 2021. Initiatives resulting from the JA include the launch

Let's beat cancer!



of national cancer plans and the establishment of a European Cancer Information System (ECIS). Germany established its cancer plan in 2008.

Cancer registries – data, knowledge, transparency

The German Cancer Plan also saw the start of the expansion of clinical cancer registries, which became law in 2013. Clinical cancer registries provide data on the care of cancer patients and information on developments in cancer therapy. Around 90% of these registries are financed by the health insurance funds, which have a strong interest in improving care. The clinical cancer registries also provide input to the certification process of cancer centres, which is an integral part of quality assurance in cancer care.

There are also epidemiological cancer registries that collect data on the incidence, mortality, survival time and distribution of cancer. The epidemiological registries provide data to the German Centre for Cancer Registry Data (ZfKD) in Berlin and are linked to the European Network of Cancer Registries (ENCR). This network was established in 1990 as a result of the first action plan 'Europe against Cancer' and aims to improve the quality, comparability and availability of cancer data. Sharing information in European networks offers enormous potential for collecting research data and finding new strategies for prevention and treatment of common diseases such as cancer.

But it's not only cancer registries that generate data. Basal-cell skin cancer is a chronic disease and has

More can be done with data when it's pooled.



Cancer depends on where you live

Victor Girbu, lawyer and cancer survivor

been officially recognised as an occupational disease since 2015. As part of the GENESIS-UV research project, the Institute for Occupational Safety and Health (IFA) of the German Social Accident Insurance has been collecting exposure data from various occupational groups involved in outdoor work for several years in order to increase knowledge about radiation doses during outdoor activities and to support tailor-made prevention concepts.

Prevention is the best cure – 40% of cancer cases are preventable, yet only 3% of health budgets go into prevention'

Ursula von der Leyen,
EU Commission President

Prevention – cancer doesn't have to be inevitable

40% of all cancer cases are preventable. The aim of the Beating Cancer Plan is to take a holistic approach to reducing risk factors. The focus should be on situation-based preventive measures and target the availability, price and advertising of services that are harmful to health. There also has to be appropriate strategies to change 'old habits'. The German social security system has many years of experience in personal prevention, which aims to bring about lasting changes in behaviour and includes cancer-related action areas such as exercise, nutrition and addiction.

Cooperation is also important for prevention. Since 2015, Germany's pension, accident, health and long-term care insurance systems have jointly developed framework recommendations in the National Prevention Conference (NPC), with the aim of contributing to the continuous implementation and improvement of health promotion and prevention across the entire population and in all areas of life. These recommendations focus on 'life environments', including schools, day-care centres, homes for the elderly and youth welfare facilities. They address people who are not very active but are subject to increased health risks. The NPC is also committed, for example, to ensuring that more unemployed people have access to low-threshold prevention and health promotion services.

Workplace health promotion is also very important, for example by embedding health management systems into companies. The aim is to create a work environment and work

style that promotes good health, and which supplements the prevention of work-related illnesses.

The German social accident insurance system is guided in this respect by the Vision Zero strategy. In its conclusions of December 2019 on a new EU framework for occupational health and safety, the Council also called on the Member States to promote Vision Zero with the aim of preventing all forms of injury at work. The German Social Accident Insurance's 'kommittensch' prevention campaign aims to create a culture of prevention in companies, educational institutions and public bodies and to help integrate safety and health into all levels of decision-making and action.

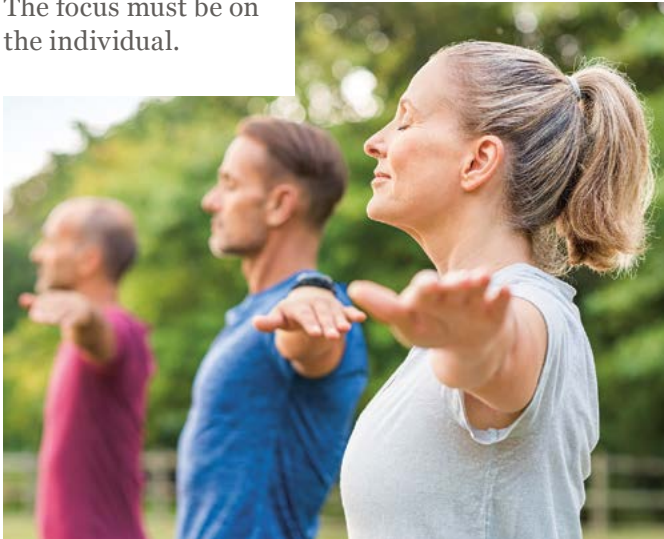
Occupational safety and health is to play a greater role in the new cancer plan. On World Cancer Day, Ursula von der Leyen said that prevention is the best therapy. This is where resources are to be pooled and where Europe can effectively support the Member States. New opportunities due to digitalisation will generate additional knowledge and increase the quality of prevention.

⁵ Figures: Harvard Report on Cancer Prevention, 1996.

Causes of cancer⁵

- Smoking: 25–30%
- Poor nutrition, lack of exercise: 20–40%
- Alcohol: 3%
- Workplace hazards: 4–8%
- Infections: 5%
- UV radiation: 5%
- Genetic causes: 5%
- Environmental pollution: 2%

The focus must be on the individual.



Treatment guidelines, certification – on the path to European quality standards

Quality is also vital when it comes to the treatment and care of cancer patients. Quality assurance plays a major role. It ensures the best possible outcome of therapy and is essential for helping patients, who are in a difficult situation, gain the necessary confidence in their therapists.

The German National Cancer Plan of 2008 established a quality cycle in oncology. Approximately 200 quality indicators have been developed using evidence-based medical guidelines, which in turn form the basis for the certification of treatment centres. The relevant data from the centres and the clinical cancer registries shows how the guidelines have been implemented in everyday clinical practice. So far, 26 evidence-based medical treatment guidelines have been developed.

In addition, the German Cancer Society, has published 29 patient guidelines that offer medical information in an easy-to-understand format that is a good, impartial source of information for patients and their relatives.

Currently, a total of 132 oncology centres have received certification. These are centres with a broader professional approach and centres of excellence where research is also carried out. In addition, there are many hundreds of organ cancer centres specialising in just one area.

Certification has long since become an international issue. The certification system of the European Cancer Centres (ECC) has been in place since 2016. Today, international expertise flows into the certification process. There are around 1,500 certified cancer centres throughout Europe. The European Union provides financial support for this certification process. The consistent deepening of cooperation shows the political will to move towards European-wide standards. Continuously improving treatment is an essential element in the fight against cancer and in increasing the quality of life of those affected in both their work and private lives.

Rehabilitation – returning to normal life

Cancer still results in death far too often. Cancer also leads too often to a permanent reduction in earning capacity. In 2018, the second most frequent reason for granting a reduced earning capacity pension was a new case of cancer, accounting for 13.5% of women and 13.2% of men.

Oncological rehabilitation tries to strengthen patients' stability, support their recovery, restore their independence and increase their quality of life by means of a holistic approach. Psychological help and psychosocial aspects play an important role.

Compared to other European countries, it is somewhat of an exception that rehabilitation services for workers in Germany are provided by the German pension funds. These are also responsible for the oncological rehabilitation of pensioners who would otherwise be covered by health insurance.

Following an accident at work, an occupational disease or even an anticipated occupational disease, the German social accident insurance system safeguards existing employment relationships using all appropriate means. It provides all medical services for rehabilitation, including psychological support and services for re-entering working life and community life.

But rehabilitation also needs proper coordination. The Federal Working Group for Rehabilitation was established so that social insurance institutions and social welfare agencies can work together with the federal states, social partners and medical professionals. Workplace Integration

Management (WIM) bridges the gap between prevention and rehabilitation and helps people who have been ill or disabled for a long period of time to adjust and carefully guide them back into their everyday working lives.

Rehabilitation services are already responding to calls from policymakers to take the emotional and psychosocial aspects of the disease into account and to see patients as people and not just as treatment cases.

Helping people to help themselves

During rehabilitation or afterwards, for patients and relatives alike, there is no substitute for sharing experiences and information with others who are affected by cancer; whether it be treatment, their fears and pain or even the difficulties that often arise after treatment in the form of discrimination at work, when applying for loans or taking out insurance.

Accordingly, the German health insurance funds and their associations promote health-related self-help organisations. In 2018, 24 organisations dealing with cancer received funding of over one million euros at federal level alone. The total figure is even larger when taking into consideration the funding provided to state self-help associations and the many hundreds of local self-help groups. Further financial support is provided by the pension insurance system. In comparison with other countries, the funding provided by the social insurance institutions to self-help groups in Germany is unique.

Today, self-help and patient organisations voice their concerns on an equal footing. Dialogue is effective and helps to ensure that people are not forgotten in professional dealings.

Health Commissioner Kyriakides agrees wholeheartedly: The tumour should not be the focus of attention. The focus must be on the individual. With this in mind, we wish Europe's Beating Cancer Plan every success.

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