



The European Commission's public consultation on Europe's Beating Cancer Plan

Comments by the German Social Insurance from 2 March 2020

The German Federal Pension Insurance (DRV Bund), the German Social Accident Insurance (DGUV), the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) and the national associations for statutory health and long-term care insurance have come together because of their common European policy interests to form the 'German Social Insurance – Working Group Europe e.V.'

The German Social Insurance represents its members in dealings with the bodies of the European Union and other European institutions. It also advises relevant stakeholders in the context of current legislative proposals and initiatives.

Health insurance, long-term care insurance, pension insurance and accident insurance are part of Germany's statutory insurance system, which provides effective protection against the consequences of major life risks.

I. Preamble

On 4 February 2020, the European Commission launched a consultation on its roadmap for Europe's Beating Cancer Plan. The German Social Insurance welcomes the fact that the European Union (EU) wants to combat cancer holistically with a new action plan. According to the 'health-in-all policies' approach, schools, the world of work, the environment, agriculture and the food industry, science and research are to be involved. This strategy rightly means that responsibility for combating illnesses and providing care do not fall solely on the shoulders of the social security and health systems.

Health Commissioner Stella Kyriakides has stated that the focus should be on the patient and not the tumour. It is also important to combat the invisible consequences of the disease, for example stigmatisation and discrimination. This is a social imperative.



Preventing cancer is to be a major priority. In addition to tobacco and alcohol consumption, the EU wants to 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 European Green Deal. It is commendable that every effort is being made to reduce avoidable cancers holistically by addressing the risk factors.

The German Social Insurance believes that the focus should not be on measures that change people's individual behaviour, but rather on setting-based prevention measures that target the availability, price and advertising of products that are harmful to health. It is important to remember that the probability of developing cancer also depends on social status.

Screening programmes are to be expanded, because early diagnosis can save lives. It is a key European endeavour to improve access to treatment and therapy in Europe so that all Europeans have equal health opportunities. In addition, professional reintegration is to be fostered and palliative care expanded. This is based on well-functioning, efficient health and social systems and evidence-based healthcare.

Access to social protection, good quality prevention and health services are principles of the European Pillar of Social Rights and key elements in reducing health inequalities in and between Member States. The German Social Insurance is of the view that it is essential not to overburden the Member States' pricing and reimbursement systems with regard to suitable, evidence-based services. High prices are a major reason for a lack of therapies, including those for treating cancer.

The EU believes that digitalisation offers considerable opportunities. The aim of a European Health Data Space is to promote the exchange of relevant information and research on prevention strategies and therapies. Cancer is also one of the five new EU research and innovation missions under the Horizon Europe programme. The German Social Insurance likewise sees great potential in this area.

The EU Commission's Directorate-General for Health roadmap describes five action areas. It should be noted that the world of work has not been adequately addressed yet. Given that people devote a large part of their time to their work, more attention should be paid to this area.



II. Detailed Comments

The Roadmap for Europe's Beating Cancer Plan lists possible objectives and potential measures. These are listed below with comments.

1 Prevention

1.1 EU objectives

- reduce tobacco and alcohol consumption and minimise the risks of environmental exposure
- improve access to healthy food
- take advantage of the possibilities of prevention through vaccination
- improve early detection and prevention

1.2 Potential measures according to the Roadmap

- tax on tobacco and alcohol as a deterrent
- better access to healthy food (Farm to Fork Strategy)
- reduce air, water and soil pollution (Zero Pollution Strategy)
- legislative and non-legislative measures to reduce carcinogenic substances in the workplace, in products and in the environment and to protect against UV radiation
- raise awareness of the causes of cancer and how to prevent it
- digital solutions for individual health management
- improve cancer prognosis as part of personalised medicine

1.3 Comments

40% of all cancer cases are preventable. The German Social Insurance welcomes the fact that the EU Commission wants to strengthen cancer prevention. The one-health approach is correct not to place the burden of the incidence of illnesses and their management on the social security and health care systems. Rather, it seeks to integrate the human environment in a holistic way and thus all relevant policy areas. The EU is committed to this through the EU Treaties.



The objectives and action areas included in the roadmap cover the key issues of prevention. However, what really matters is the specific design of prevention measures.

The key determinants for effective primary prevention of new cancers lie less in medical interventions or in people's lifestyles, but rather in their environment. The potential preventive effects are particularly high in food labelling and the regulation of advertising for products with risk potential.

The working environment must also be addressed. Work-related cancers, such as lung and throat cancer resulting from contact with asbestos, often only manifest themselves after a long period of time. Follow-up prevention is particularly important in this respect, as it involves voluntary occupational healthcare beyond the workplace. Skin cancer resulting from work-related UV radiation is also a work-related cancer. This can be avoided by taking simple measures such as shifting working hours, skin protection, sun protection and wearing suitable clothing within the framework of occupational safety and health and by raising awareness of cause and prevention among employees and employers.

The German Social Insurance welcomes the fact that the EU has also included caretaking relatives as a target group for possible prevention measures. The fact that the incidence of cancer varies according to social class should be given greater consideration in further discussions on the cancer plan.

2 Early detection and diagnosis

2.1 EU objectives

- reduce the time to diagnosis
- increase the number of people participating in screenings for breast, colorectal and cervical cancer
- expand the scope of cancer screening to other cancers (e.g. lung and prostate cancer) by providing evidence-based indications

2.2 Potential measures according to the Roadmap

- utilise digitalisation and artificial intelligence (AI) to improve access to diagnosis and treatment, including in remote areas



- increase use of the European Rare Diseases Network
- improve technical support to increase screening rates in the Member States
- provide guidelines and structural support to improve the quality of screening

2.3 Comments

Early detection can be an effective means of reducing the incidence of cancer. However, in addition to the positive effects, early detection can also have negative effects. It is therefore important that screening measures are based on solid evidence and meet high quality standards. Over the past decades, the EU has followed these principles and supported Member States in implementing high quality cancer screening programmes for breast, cervical and colorectal cancer.

Collaboration on Health Technology Assessment (HTA) can also be consolidated and expanded in the area of new screening programmes. The underlying methodology must be based on the international standards of evidence-based medicine. Extending nationwide, organised screening programs to other types of cancer should only be undertaken if there is sufficient evidence for high-quality early detection.

New technologies, artificial intelligence and digitalisation can open up new possibilities for early cancer detection. However, there are still many unanswered questions at the moment. Exchanging expertise and joint research between EU Member States could make an important contribution to solid evidence and thus speed up the effective development of early detection and subsequent medical care.

3 Treatment and care

3.1 EU objectives

- reduce mortality rates and increase survival rates
- improve access, availability and quality of cancer treatment

3.2 Potential measures according to the Roadmap

- coordinate the cancer plan with the pharmaceutical strategy and the sustainable chemicals strategy



- facilitate access to quality treatment and new therapies via Horizon Europe
- ensure the availability and affordability of essential medicines, for example by incentivising innovation, especially for rare, paediatric or otherwise neglected cancers
- boost aligned public and private research investment
- improve collaborative clinical research on new therapies and clinical practice

3.3 Comments

The German Social Insurance supports the idea of boosting research to jointly tackle challenges such as combating cancer. Research projects within the framework of Horizon Europe that share synergies and that generate, use and evaluate joint data can produce considerable European added value. However, the German Social Insurance expects the funding agencies to be actively involved in setting the research agenda at EU level.

The Commission has committed itself to ensuring affordable access to evidence-based treatment, medicinal products and medical devices. In many cases, the high prices of innovative medicines prevent access to treatment. As part of the Beating Cancer Plan and the pharmaceutical strategy, which are to be adopted in tandem, efforts must be made to ensure that effective measures are put in place to prevent excessively high pharmaceutical prices.

Whenever public money is invested in commercial research, it is important to ensure that the return of public money – for example through the price of therapies or the accessibility of scientific knowledge – justifies the use of public money. Transparency regarding resources and costs is an imperative precondition for this.

4 Quality of life

4.1 EU objective

- ensure the best possible quality of life for cancer patients, survivors and carers



4.2 Potential measures according to the Roadmap

- encourage the exchange and dissemination of best practices in areas such as psychological support and pain management
- support the growing number of cancer survivors through person-centred care underpinned by digital solutions such as wearables or mobile health applications
- provide relatives with practical assistance or better social protection
- help Member States with providing palliative care services

4.3 Comments

The German Social Insurance strongly welcomes the fact that the new Beating Cancer Plan places an even greater focus on people with oncological diseases and those surrounding them. It remains to be seen to what extent the use of digital health applications or wearables can help to provide better, more person-centred care for a growing number of former cancer patients. Cancer is much more than a somatic disease. In the German social security system, there is a broad spectrum of psychological assistance and psychosocial measures as part of aftercare and rehabilitation that support patients and their relatives. This also includes palliative care services.

5 Knowledge, data and scientific evidence

5.1 EU objective

- fill knowledge gaps to improve prevention, diagnosis, treatment and care of cancer patients

5.2 Potential measures according to the Roadmap

- make use of the Cancer Mission, digital infrastructures and the European Health Data Space
- analyse large amounts of data using AI (including the EU 1+ Million Genome Initiative)
- analyse interoperable electronic health records to better understand the disease and to develop new treatments



- establish a European Cancer Knowledge Centre to pool expertise in research, prevention, cancer data and registries, as well as guidelines and quality assurance for screening, diagnosis and care

5.3 Comments

The German Social Insurance supports the Commission's desire to pool forces in Europe and generate more knowledge. From the point of view of the German Social Insurance, a European network with infrastructures for data exchange would have potential for the development of treatment strategies, including the treatment of rare cancers. It is vital that data security, patients' data sovereignty and the monitoring and traceability of AI-supported procedures in accordance with the EU General Data Protection Regulation be guaranteed.

Knowledge generated in this way must be available to all, and the Member States must be able to use it according to their own circumstances and conditions. A European Cancer Knowledge Centre does not represent added value per se. There are already well-functioning network structures in which the EU and the Member States exchange information and support each other. Cooperation, such as Joint Actions, has been beneficial in the development of evidence-based guidelines and quality assurance. Instead of establishing a European Cancer Knowledge Centre, structures should be promoted in which reliable data is collected and Member States can contribute their expertise, learn from others and advance European projects.
