



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL RESEARCH AND INNOVATION  
Directorate E – People

DIRECTORATE-GENERAL HEALTH AND FOOD SAFETY  
Directorate C – Public Health

## Meeting Minutes

### Meeting

### Sub-group on Cancer under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

3 May 2021

On 3 May 2021, the Sub-group on Cancer under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases held a virtual meeting, jointly chaired by the Head of Unit Combatting Diseases in the People Directorate in DG RTD and Adviser for Stakeholder Relations for Public Health in DG SANTE.

The meeting was opened by the Commissioner for Health and Food Safety, who explained that the activities targeting cancer can be viewed as both a priority and an opportunity and as a real game changer for cancer across Europe. Cancer is a priority for the European Parliament, for the Commission, for Member States and for citizens; Europe has 10% of the world's population, but around 25% of cancer diagnoses. The Commissioner spoke of the importance of the formation of this sub-group, to include contributions from all Member States with the aim of beating cancer. The COVID-19 pandemic has demonstrated the need for speed in implementation of Europe's Beating Cancer Plan. Following an overview of the content and structure of the Europe's Beating Cancer Plan, the building blocks to implement the plan were identified. The COVID-19 pandemic has also shown that both closer coordination and better partnerships are required as well as the need to focus on more vulnerable groups. Finally, the Commissioner stressed that the sub-group is one of the three groups to be established under plan, which represents Member States, the European Commission and the wider stakeholder community; support from Member States is paramount, as implementation of the initiatives is in their hands. The Commissioner concluded by wishing the sub-group success.

#### **Rules of procedure and working methods**

Following the welcome, the rules of procedure and working methods were outlined by DG SANTE. The rules of procedure for the SGPP also apply to the sub-group; all Member State representatives have voting rights, and EFTA or third countries have observer status without voting rights. These rules of procedure governing the convening of meetings, the agenda, the minutes, etc. were broadly accepted. Thematic discussion groups can be set up for a limited period to address a specific task at the request of the co-chairs of the sub-group and in agreement with the sub-group members. It was stressed that it is important to establish a mandate for any such thematic discussion group with a plan, outputs and

timelines. Discussion turned to document management, and it was suggested to use the Health Policy Platform<sup>1</sup> as a tool for documents, to act as an effective information flow triangle between the sub-group, the SGPP, and the Horizon Europe Programme Committees. The newly formed 'Commission and Member State-led' network, restricted to SGPP sub-group members and approved Member States representatives, was explained. This network will be supported by a dedicated Virtual Group Manager. As a complement, a Beating Cancer Stakeholder Contact Group has been created, which is an open network for all parties with an interest in cancer, also supported by a dedicated virtual group manager.

## **DISCUSSION**

The Chair gave the floor to Member States to ask questions.

**Portugal** asked about the number of meetings foreseen in the first year; the Commission replied that the next meeting is planned for 04 June and another before summer break, with a further two to three before the end of the year. **Poland** asked for the schedule of future meetings to be published well in advance; the Commission will endeavour to do so. **Sweden** thanked the Commission for the comprehensive overview of both the procedures and the platform and asked if the plan was to keep the majority of meetings as digital meetings in future, to which the response was that the Commission anticipates that the majority will be virtual. **Spain** asked about whether written comments were expected after the sub-group meetings to which the response was that Member States were invited to be interactive during the meetings, and there would also possibly be written feedback after the meeting.

**Spain** suggested including a brief description of the membership of observers in both the sub-group and any eventual thematic discussion groups. **Ireland** asked about the status of observers. This was explained by the Commission. **France** asked about the membership of the Beating Cancer Stakeholder Contact Group, **Ireland** similarly; the registration link will be shared in the next days. The Commission stated that a practical way to label and differentiate between confidential and non-confidential information will need to be established.

**France** asked about the future role of the Mission assembly, to which DG RTD explained that members would remain part of the assembly until the end of the first phase of the Mission (foreseen for end-July). **Slovakia** asked if this sub-group on cancer was connected with the Mission on Cancer in the same way as the chairs of the Mission on Cancer attend this sub-group as observers. It was clarified that this sub-group is the sole expert group bringing together representatives from research and health ministries to discuss the Europe's Beating Cancer Plan and the Mission on Cancer.

### **General update on the Cancer Plan and Mission on Cancer**

DG RTD gave an update on the Mission on Cancer including the timetable until the end of 2021 and the internal draft Implementation Plan. The state of play of the Europe's Beating Cancer Action Plan was then outlined by DG SANTE, covering the work of the European Parliament's Special Committee on Beating Cancer whose draft report is expected by October 2021. The Commission Implementation Group, with a mandate to create an Implementation Roadmap for both the Cancer Plan and the Mission on Cancer, met first in April. The call to express interest to join the Stakeholder Contact Group was launched on 23 April.

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<sup>1</sup> <https://webgate.ec.europa.eu/hpfp/>

**Portugal** asked if and under which conditions EFTA and Associated Countries under Horizon Europe are able to participate in the subgroup meetings; the Commission will answer this question later.

**France** asked if the Member States would be consulted on the content of the implementation plan, as it is referred to as an internal document. It was explained that this document will guide the Commission in drafting the Work Programmes, which will be consulted through the Horizon Europe Programme Committee. **Slovenia** asked about the membership of the network of cancer coordinators, to which the response was that this a network of the Commission Implementation Group consisting of Commission officials. **Portugal** asked who would give the final approval on the Cancer Mission implementation plan and if there was a final evaluation, to which the response was in the affirmative and that it is based on the recommendations from the Mission Board on Cancer. **Portugal** then asked if the Mission Ambassadors would continue in their role; this is for Mission Board members to decide if they wish to continue.

**Belgium** asked when the roadmap document would be ready, to which the response was that it will be before the summer.

**The Netherlands** asked if decision processes could still influence the 4 billion Euro budget; specific annual work plans are still being discussed with Member States including the budget split per year. The Netherlands then asked if there would be Council conclusions on the Europe's Beating Cancer Plan. The Commission explained that this was rather a question to the Presidencies; the Commission was not aware of such plans but would welcome interest from the Presidencies.

**Italy** referred to the EU4Health Steering Group and suggested discussing cancer issues rather in this sub-group, due to the size and inherent expertise. The Commission uses this sub-group for consultation and proposal to the comitology committees. Given the delays in the adoption of the budget adversely affecting 2021 activities, plans from 2022 will be able to be discussed in more detail.

**Austria** welcomed the formation of the sub-group and made a statement noting that the European priorities both support national activities and confirm priorities. They commented on the importance of reducing risks as well as the need for further psycho-social support for patients and families/carers, including a multi-stakeholder view on care. Austria looks forward to good collaboration and to seeking synergies to avoid duplication and optimise investment.

**Ireland** opined that an organigramme showing all the different groups/committees and their roles/responsibilities would be useful. This was shared with participants as it had already been discussed and agreed in the joint meeting of the SGPP and health configuration of the Horizon Europe shadow Programme Committee on 4 March<sup>2</sup>. **Ireland** then referred to the text in the Call for Stakeholder Contact Group and asked for clarity in who might be expected to be invited to participate<sup>3</sup> and the more specific role for this Group. Ireland also asked if one-way dissemination to the stakeholders was foreseen. The Commission clarified that two-way communication was expected and the implementation to be discussed both in the General Assembly and in thematic groups; participation in thematic groups depends on who can provide expertise.

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[https://ec.europa.eu/health/sites/health/files/non\\_communicable\\_diseases/docs/ev\\_20210304\\_co02\\_en.pdf](https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/ev_20210304_co02_en.pdf)

<sup>3</sup> <http://ec.europa.eu/newsroom/sante/newsletter-specific-archive.cfm?serviceId=327>

## **Knowledge Centre on Cancer**

The JRC presented the new Knowledge Centre on Cancer (KCC0, to be launched on the 30<sup>th</sup> of June, 2021). The KCC will foster scientific and technical alignment and coordination of cancer-related activities within the EU, particularly for the Europe's Beating Cancer Plan and the Mission on Cancer. Following a brief overview of the KCC, the importance of the JRC's independence of commercial, private and national interests was explained in the context of providing politically neutral, evidence-based knowledge and cross-cutting independent support to policy areas that relate to cancer. Three pillars of the KCC were described: i) develops and provides [European Guidelines and Quality Assurance Schemes](#) for cancer prevention, screening, diagnosis, treatment and care (soon finalized for breast and already started for colorectal cancer), ii) the latest information on indicators that monitor and project the burden of cancer across Europe ([European Cancer Information System](#)) and iii) involves activities related to cancer prevention (i.e. [Knowledge Gateway](#)). The scientific and technical synergies between the Europe's Beating Cancer Plan, the Mission on Cancer and the Knowledge Centre on Cancer have been identified and an interactive tool to present these important interactions in a user-friendly way is under development. Some future milestones for the KCC include opening a new section for paediatric cancers and adding cancer prevalence indicators in the European Cancer Information System, delivering the European Guidelines and QA scheme for Breast Cancer and geo-positioning the data to enable holistic approaches, e.g. connecting cancer data with cancer determinant data sets (mapping human exposure to radon and PM 2.5 with lung cancer).

## **DISCUSSION**

The Chair gave the floor to Member States to present their opinions.

**Ireland** and **Austria** asked about interaction with other relevant entities, e.g. the International Agency for Research on Cancer<sup>4</sup>; JRC replied that collaboration with this body has been in place since 2012. The Knowledge Centre on Cancer collaborates with over 1000 external organisations, including all main cancer organisations and societies. **Ireland** then asked about collaboration with commercial entities as access to data may be key to advance research and clinical implementation, to which the JRC responded that all data is publicly available and that the EC is open to collaboration.

**Belgium**, supported by **Austria**, asked if the data analysis would be extended to the proposed European Partnership under Horizon Europe - Partnership for the Assessment of Risk from Chemicals (PARC)<sup>5</sup> and linking to chemical exposure and the development of brownfield sites; the JRC responded that it was already looking into this and recently organised an internal workshop to explore linking cancer data with chemical exposure.

**The Netherlands** asked if the new Knowledge Centre on Cancer would play a signalling role in identifying gaps in knowledge; this was confirmed, and the signalling role already stems from cancer burden inequalities via the European Cancer Information System and gaps in quality healthcare when developing the European Guidelines.. DG RTD added that these, identified gaps, can act as input to the development of programmes. **The Netherlands** then commented that too often influencing behaviour and behaviour science is given too little attention in cancer research; the JRC responded that it has a unit dedicated to this and see it playing a valuable role in prevention (nutrition and lifestyle) and for increasing the uptake of screening and vaccination programmes.

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<sup>4</sup> [IARC – INTERNATIONAL AGENCY FOR RESEARCH ON CANCER \(who.int\)](https://www.who.int/)

<sup>5</sup> [ec\\_rtd\\_he-partnerships-chemical-risk-assessment.pdf \(europa.eu\)](https://ec.rtd.he-partnerships-chemical-risk-assessment.pdf)

**Italy** explained progress in their national cancer registry linking regional perspectives. They then stated that they support the JRC activities and suggested working with national experts who understand what is happening in the country, thus assisting in feasibility.

**Norway** echoed this sentiment and added that they have national guidelines and action plans for several cancer types<sup>6</sup>. The JRC responded that they do collaborate nationally, especially for guidelines, working with Member States from the start. . Additionally (not mentioned during the meeting), feasibility studies for the Breast Cancer Guidelines are presently underway in a number of countries.

**Italy** added that they would like to see horizon scanning for future developments for the long-term perspective. The JRC explained that they are working on foresight analysis, and will soon provide a 'foresight pulse', to be able to anticipate and plan accordingly. Cancer burden (future) projections are presently being planned in this context.

**France** commented that they appreciated the comprehensive overview and that there is a clear need for such a knowledge centre. They stressed the need to go beyond existing evidence with aggregated or disaggregated studies based on cancer registries data to go to the roots of inequalities. There is also a need to conduct targeted studies that could help the Commission better ground legislative measures on evidence (environment, workplace, etc), and to identify the roots of cancer inequalities (in terms both of access to diagnosis and care, and in terms of primary prevention). They stressed that it is important to support a more personalised approach throughout the cancer pathway to increase impact. France proposed a transversal approach to be able to identify gaps in data collected by registries to address inequalities; they stressed the importance of registries and proposed a more specialised approach to cancer pathways.

**Belgium** supported **France** in the need for developing less invasive techniques, e.g. liquid biopsy, and agreed with the exchange of best practice and the establishment of a specific registry on inequalities. They suggested that, for screening to be more successful, to identify what works and what does not. The JRC explained that these elements are being considered and that the guidelines are updated in real time and translated into quality assurance scheme requirements.

**France** then asked if the UNCAN.eu initiative would be associated with this Knowledge Centre; a Coordination and Support Action is foreseen in WP 21 of Horizon Europe, creating a blueprint for the UNCAN.eu.

**Belgium** welcomed the establishment of the Knowledge Centre, and asked about practical aspects, e.g. working procedures and how it is financed; the new Knowledge Centre is co-financed via a budget line from DG SANTE and the JRC.

**Austria** supports the exchange of best practices for screening, complementing the national screening programme for breast cancer. They also support "Better predictability of national funding and formal designation of participating registries by Member States".

**Sweden**, supported by **Finland**, suggested creating clear guidelines and gap analyses to enable each country to prioritise their work. They also called for clinical studies that support best implementation to enhance the speed of implementation. The JRC emphasised they develop evidence-based guidelines and also build upon what already exists, ensuring minimum healthcare levels are fulfilled in order to tackle inequalities.

**Slovenia** asked if other guidelines were planned beyond those on breast cancer, colorectal and cervical cancers, and commented on the time to publish as well as the updating. The JRC responded that the guidelines are updated in real time and that lessons from the first guidelines are being applied to subsequent guidelines, empowering and connecting data.

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<sup>6</sup> <https://www.helsedirektoratet.no/tema/kreft>

Following breast, colorectal and cervical cancer guidelines, those on lung, prostate and gastric cancers maybe foreseen via the revision of the 2003 Council Recommendation on screening. **Slovenia** added that registries need to include high resolution data and that this data needs to be shared with cancer networks, which is especially important for rare cancers; together this helps foster equality.

**Belgium** then commented that not all registries have the same legal status that the issue of GDPR needs to be integrated and links forged with the European Health Data Space to avoid duplication of effort. The JRC responded that GDPR is considered from many angles in order to share data, including data for secondary use. They stressed the importance of the interoperability of data to enable future sharing. **Finland** commented that it is important to avoid overlapping current actions, for example international and national clusters on cancer, such as the Finnish Comprehensive Cancer Centre. They added that collection and access to data is key, and used the Genome for Europe initiative as an example where coordination at the European level is needed. **Spain** echoed this sentiment. The JRC aims to coordinate the evidence base at the scientific and technical levels. Collaboration is already established with the BBMRI<sup>7</sup> as well as with the European Health Data Space<sup>8</sup> to make linkages from the very beginning.

**Spain** asked about eventual evaluation regarding implementation of the published guidelines. The JRC responded that they are currently working out how to monitor the implementation following the roll out of population-based guidelines, for example using the European Cancer Information System or another system, leading to gaps being exposed, which can then be exploited.

**Germany** commented that when revising and updating the current and future European Guidelines covering the entire patient pathway, the recommendations have to be compatible with existing structures of the national health systems in Member States, which is an essential prerequisite for the successful implementation of guidelines at the national level. In this vein, they stressed that the European Guidelines and the envisaged European Quality Assurance Schemes should not undermine national screening programmes and quality assurance systems. In addition, **Germany** would suggest to include the topic of risk-adjusted cancer screening in the European Guidelines; risk-adjusted cancer screening is an area with substantive European added value for the Member States, so they would welcome support from the EU for scientific studies and projects focussing on the evidence base of risk-adjusted cancer screening, best practice and implementation research. The JRC commented that, before and during the design of the European guidelines, at the diversity of systems in Member States and beyond was considered for drawing the line of minimum, essential quality requirements. Countries with advanced national screening programmes and quality assurance systems will not be undermined, on the contrary, they should easily be able to implement the European Guidelines whereas less advanced countries will not find it to be an unsurmountable task to implement the Guidelines thus ensuring the fulfilment of minimum, essential requirements.

A comment was made as to why tobacco was not included as main risk factor in Health Promotion and Disease Prevention Knowledge Gateway, which covers nutrition and alcohol; this is because as tobacco is addressed in different gateways, for example, a tobacco-smoking chapter has just been published on the new Health Promotion Knowledge Gateway platform<sup>9</sup>.

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<sup>7</sup> [Home | BBMRI-ERIC: Making New Treatments Possible](#)

<sup>8</sup> [https://twitter.com/EU\\_Health/status/1389190155597139969](https://twitter.com/EU_Health/status/1389190155597139969)

<sup>9</sup> [https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/tobacco-smoking\\_en](https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/tobacco-smoking_en)

## **AOB**

The two Chairs of the Mission Board on Cancer gave a short overview of their work, including the interaction of the Mission on Cancer with the Europe's Beating Cancer Plan. They pointed out the high ambition of both initiatives, based on common values in Europe.

With a view to informing future discussions and the implementation of both cancer initiatives, a mapping of national cancer plans and their synergies with the Europe's Beating Cancer Plan and the Mission on Cancer is foreseen, and participants may be contacted to contribute to this exercise.

Participants were then informed about and invited to the high-level conference 'Mental health and the pandemic: living, caring, acting!<sup>10</sup>' on 10 May 2021 during the European Mental Health Week.

The next meeting of the sub-group will take place on 04 June 2021.

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<sup>10</sup> [Mental health and the pandemic: living, caring, acting! | Public Health \(europa.eu\)](#)