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Setting up a special committee on beating cancer, and defining its responsibilities, numerical strength and term of office

European Parliament decision of 18 June 2020 on setting up a special committee on beating cancer, and defining its responsibilities, numerical strength and term of office (2020/2682(RSO))

(2021/C 362/40)

The European Parliament,

— having regard to the proposal from the Conference of Presidents,

— having regard to the Commission communication of 11 December 2019 on 'The European Green Deal' (COM(2019)0640),

— having regard to its resolution of 15 January 2020 on the European Green Deal [1],

— having regard to EU funding for Research and Innovation 2021-2027 (Horizon Europe),

— having regard to the dedicated Horizon Europe mission on cancer;

— having regard to the Commission communication of 24 June 2009 entitled 'Action Against Cancer: European Partnership' (COM(2009)0291),

— having regard to the Council recommendation 2003/878/EC of 2 December 2003 on cancer screening [2],

— having regard to the Council conclusions of 22 May 2008 on reducing the burden of cancer,

— having regard to the report of May 2017 on the implementation of the Council Recommendation on cancer screening,

— having regard to the European guidelines on screening for breast cancer, cervical cancer and bowel cancer,

— having regard to the United Nations Sustainable Development Goals,

— having regard to its resolution of 10 April 2008 on combating cancer in the enlarged European Union [3],

— having regard to its resolution of 6 May 2010 on the Commission communication on Action Against Cancer: European Partnership [4],

— having regard to the European Code Against Cancer (fourth edition),

— having regard to the activity and the conclusions of the all-party interest group MEPs Against Cancer (MAC),

— having regard to Rule 207 of its Rules of Procedure,

A. whereas European cooperation in prevention, diagnosis, treatment, research and other areas clearly benefits the fight against cancer;

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(1) Texts adopted, P9_TA(2020)0005.
(2) OJ L 327, 16.12.2003, p. 34.
(3) OJ C 247 E, 15.10.2009, p. 11.
(4) OJ C 81 E, 15.3.2011, p. 95.

B. whereas the Treaty on the Functioning of the European Union (TFEU) provides a number of legal bases for EU action on health, including Article 114, whereby the highest level of protection concerning health, safety, environmental protection and consumer protection, in the internal market should be ensured, in particular taking account of any new development on the basis of scientific facts, Article 168, whereby a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities, and Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health, Article 181, which requires the EU and the Member States to coordinate their research and technological development activities so as to ensure that national policies and Union policy are mutually consistent and supports initiatives aiming at the establishment of guidelines and indicators, and the exchange of best practice, and Article 191, whereby Union policy on the environment shall contribute to protecting human health on the basis of the precautionary principle, without prejudice to the Member States' competence in the field of health;

C. whereas cancer is the second leading cause of mortality in the Member States after cardiovascular diseases; whereas in 2015, 1,3 million people died from cancer in the EU-28, which equated to more than one quarter (25,4 %) of the total number of deaths; whereas cancer affects people differently according to age, gender, socio-economic status, genetics and other factors; whereas demographic changes will increase the incidence of cancer in the coming decades;

D. whereas cancer does not only affect the individual patient, but also the patient's loved ones, their families, friends, communities and care-givers; whereas the challenges, psycho-social needs and demands of these groups, in particular the impact on mental health, also require attention;

E. whereas the World Health Organization (WHO) identifies a number of key preventable risk factors, namely tobacco, physical inactivity, unhealthy diet and obesity, alcohol use, HPV and hepatitis B and C and Helicobacter pylori (H. pylori) infections, environmental pollution, including chemical exposure and air pollution, occupational carcinogens and radiation; whereas, according to the WHO, 30-50 % of all cancer cases are preventable; whereas prevention offers the most cost-effective long-term strategy for the control of cancer; whereas the prevention of virus-related cancers may rely on vaccination; whereas cancer prevention programmes should be conducted within the context of an integrated chronic disease prevention programme since most individual determinants are risk factors common to other chronic diseases; whereas the fight against environmental pollution will be part of the zero-pollution ambition as proposed in the political agenda of the Commission;

F. whereas genetic predisposition to cancer due to mutations of specific genes has been demonstrated; whereas the detection of these mutations is available and personalised screening offers an efficient way to reduce the risk of certain cancers;

G. whereas cancer-screening programmes can, if implemented in the right manner, render huge benefits and play their part in the wider context of cancer control;

H. whereas Member States are struggling with cancer prevention and treatment as the economic impact of cancer is significant and on the increase;

I. whereas public funded research represents a key source of scientific advances; whereas a robust world-leading life-science industry is also important to ensure private research and development, which is crucial in the fight against cancer but it is essential that policy-makers set the right framework so that innovation will benefit all patients and protect the population at large; whereas the public and private sector should collaborate on this;

J. whereas cancer remains one of the main challenges European citizens will face in the future as it is predicted that more than 100 million Europeans will be diagnosed with cancer over the next 25 years; whereas it is of utmost importance for both national and European policymakers to act towards the implementation of stronger cancer control and contributing to the well-being of all Europeans;

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K. whereas there are considerable inequalities between and within Member States with regard to cancer prevention, screening treatment facilities, implementation of evidence-based best-practice guidelines, and rehabilitation;

L. whereas prices of medicines can be unaffordable for some individuals and healthcare systems, with cancer medicines often particularly expensive; whereas a study has found that from 2010 to 2020, total cancer expenditure is estimated to have increased by 26 %, while spending on cancer drugs will have risen by 50 % ([5]);

1. Decides to set up a special committee on beating cancer, vested with the following responsibilities:

(a) looking at actions to strengthen the approach at every key stage of the disease: prevention, diagnosis, treatment, life as a cancer survivor and palliative care, ensuring a close link with the research mission on cancer in the future Horizon Europe programme and with a focus on EU competence;

(b) listening to the current evidence and data available and react by identifying policies and priorities that meet patients' needs;

(c) evaluating the possibilities where, in accordance with the TFEU, the EU can take concrete steps to fight cancer and where only recommendations to the Member States and exchange of best practices are possible and focus on the concrete actions;

(d) evaluating scientific knowledge on the best possible prevention of cancer and identifying specific actions, including the strict implementation of current legislation and the identification of future measures in the fields of tobacco control, measures to reduce obesity and improve nutritional choices, measures to reduce alcohol use, measures to increase vaccination and treatment for infections, measures to reduce chemical exposure including cumulative impacts, air pollution as mentioned in the European Green Deal and exposure to carcinogens in the workplace, and measures to protect against radiation; evaluating where possible the quantifiable effects of such measures;

(e) analysing and assessing early detection of cancer in the form of screening programmes to ensure that future revisions of the recommendation are incorporated rapidly and efficiently;

(f) evaluating the best possible way of supporting research to strengthen prevention, diagnosis, treatment and innovation, especially with a view to achieving the new mission on cancer within Horizon Europe; focusing on areas where Member States alone cannot be successful enough, for example regarding childhood cancer or rare cancers;

(g) looking, in particular at ways to support non-profit clinical trials to improve the treatment in areas which the pharmaceutical industry is not investigating because there is limited profitability;

(h) assessing the current framework of the pharmaceutical legislation and evaluating if changes are needed to better incentivise genuine innovation and breakthrough treatments for patients, in particular to evaluate possibilities to improve cancer treatment in children and in order to harmonise in the EU the science-based evaluation of efficacy, added value and cost-benefit ratio of each cancer medicine including HPV vaccines and e-health applications;

(i) evaluating the possibility of actions, including legislation, to guarantee the development of common standards to enhance the interoperability of health care systems including cancer registers and the necessary eHealth structures to address the different issues of specialised therapies, including avoiding unnecessary travel for patients;

(j) evaluating the implementation of the Cross-Border Healthcare Directive and, if necessary, propose improvements to allow patients to see those specialists best suited for their treatment without imposing an unnecessary burden;

(k) analysing and assessing the functioning of the European Reference Networks, including their role in gathering and sharing knowledge and best practices in the field of rare cancers prevention and control;

([5]) Prasad, V., Jesús, de K., Mailankody, S., 'The high price of anti cancer drugs: origins, implications, barriers, solutions.' Nature Reviews Clinical Oncology, vol. 14 (2017), p. 381–390.

(l) evaluating the possibility of EU action to facilitate the transparency of treatment prices to improve the affordability and accessibility of cancer medicines, to avoid drug shortages, and to reduce inequalities between and within Member States;

(m) evaluating the possibility, in accordance with the TFEU, of improving patients' rights, including their rights over their personal data (the right to be forgotten), and their right to non-discrimination — in order to continue their employment and return to work — to access preserved fertility and reproductive treatments, to lifelong surveillance and to optimal palliative care, and to avoid any psychological or financial discrimination due to genetic predisposition to cancers;

(n) evaluating the possibility of improving the quality of life for patients and their families;

(o) evaluating the possibilities of supporting research in palliative care and of triggering a more intensive exchange of best practice in hospice and palliative care;

(p) making any recommendations that it considers necessary with regard to the Union policy on combatting cancer in order to achieve a high level of protection of human health based on the patient oriented approach; to undertake visits and hold hearings to this end with the other EU institutions and relevant agencies, and with international and national institutions, non-governmental organisations and relevant industries, taking into consideration the perspective of a range of stakeholders including practitioners, patients and their loved ones; to recommend how specific EU funds should be mobilized to achieve those goals;

2. Stresses that any recommendation of the special committee shall be presented to and, if necessary, followed up by Parliament's competent standing committee;

3. Decides that the powers, staff and available resources of Parliament's standing committee with responsibility for matters concerning the adoption, monitoring and implementation of Union legislation relating to the area of responsibility of the special committee will not be affected or duplicated and thus remain unchanged;

4. Decides that, whenever the special committee work includes the hearing of evidence of a confidential nature, testimonies involving personal data, or exchanges of views or hearings with authorities and bodies on confidential information, including scientific studies or parts thereof granted confidentiality status under Article 63 of Regulation (EC) No 1107/2009 of the European Parliament and of the Council ([6]), the meetings shall be held in camera; decides further that witnesses and experts shall have the right to make a statement or provide testimony in camera;

5. Decides that the list of people invited to public meetings, the list of those who attend them and the minutes of such meetings shall be made public;

6. Decides that confidential documents that have been received by the special committee shall be assessed in accordance with the procedure set out in Rule 221 of its Rules of Procedure, decides further that such information shall be used exclusively for the purposes of drawing up the final report of the special committee;

7. Decides that the special committee shall have 33 members;

8. Decides that the term of office of the special committee shall be 12 months, except where Parliament extends that period before its expiry, and that the term shall start running from the date of its constituent meeting.

([6]) Regulation (EC) No 1107/2009 of the European Parliament and of the Council of 21 October 2009 concerning the placing of plant protection products on the market and repealing Council Directives 79/117/EEC and 91/414/EEC (OJ L 309, 24.11.2009, p. 1).