

## **Treating Cancer – The EU's Commitment to Tackling Cancer Inequalities Roundtable Summary**

**Scientific Coordinator:** Raffaella Giavazzi – Mario Negri Institute for Pharmacological Research

**Roundtable Facilitator:** Dario Manna – European Union Policies Expert

### **Stakeholders Involved:**

Representatives from cancer organizations, healthcare professional associations (notably nursing societies), patient and survivor advocacy groups, medical universities, and research institutions participated. Key participants included:

- Silvia Romeo, European Cancer Organisation (Policy Officer)
- Annalisa Trama, Organisation of European Cancer Institutions (Director of Epidemiology Unit – Fondazione Istituto Nazionale Tumori)
- Antonella Cardone, Cancer Patients Europe (CEO)
- Paolo Bonaretti, ALL CAN Italy (President)
- Daniela Giangreco, European Cancer League (Vice President)
- Patricia Vandamme, Anticancer Fund (Policy Officer)
- Grazyna Suchodolska, European Oncology Nursing Society (Advocacy Working Group Co-Chair)
- Marta Puyol, Asociación Española Contra el Cáncer (Scientific Director)
- Agnieszka Pluto-Pradzynska, Poznan University of Medical Sciences (Immunology/Lifestyle Medicine Lab)
- Raffaella Pannuti, Fondazione ANT (President)
- Antonella Grasso, Campus Bio-Medico (Breast Surgery Specialist)

### **Summary of the Roundtable Discussion**

Due to time constraints, the roundtable session began with a preliminary exchange of viewpoints aimed at brainstorming key issues. Further in-depth discussions will take place through remote sessions to develop joint proposals and outline key actions for raising governmental and stakeholder awareness on reducing cancer inequalities and implementing effective measures across EU Member States.

Ms. Giavazzi opened the session, by framing the roundtable's purpose and inviting panelists to share their perspectives on cancer inequalities from their professional expertise.

### Key Discussion Topics

- **Access to Screening Programs:** Addressing barriers faced by marginalized communities.
- **Access to Comprehensive Cancer Services:** Ensuring timely diagnosis through treatment and palliative care.
- **Standardization of Cancer Care:**
  - Uniform clinical guidelines throughout EU countries
  - Equal opportunities for participation in clinical trials
- **Patient Assistance and Support Services**
- **Information and Awareness:** Public education campaigns targeting at-risk populations

### Highlights from Stakeholders' Contributions

- **European Oncology Nursing Society:** Highlighted disparities in cancer nursing recognition and training across countries, resulting in variable patient care quality.
- **European Cancer League:** Emphasized prevention and early diagnosis, focusing on minority and vulnerable groups through community-based awareness and training programs.
- **Fondazione ANT:** Stressed the urgent need to improve access to palliative care — currently reaching only 14% of the 40 million globally in need, predominantly in low-income countries — and advocated for enhanced nurse professionalization in palliative care.
- **Organisation of European Cancer Institutes:** Pointed out that cancer inequalities are multifactorial, affected by socio-economic, educational, and support disparities, requiring an intersectional and holistic policy approach integrating multiple sectors beyond health.
- **ALL CAN:** Called for improved efficiency and quality in cancer care, proposing the development of evaluation **frameworks** and supporting EU campaigns on screening expansion, early diagnosis innovations, and new treatment pathways such as immunotherapy and gene therapy.
- **Cancer Patients Europe:** Advocated for equitable access to treatment and emphasized the importance of multidisciplinary approaches encompassing prevention, care, survivorship,

and palliative services, promoting integration of health within broader societal policies including welfare and economy.

- **Asociación Española Contra el Cáncer:** Noted that inequalities particularly affect rural populations, less educated individuals, and vulnerable groups like immigrants with limited screening adherence and access to clinical trials.
- **European Cancer Organisation:** Recommended comprehensive policies integrating sectoral policies beyond public health to address cancer's multifactorial determinants and to enhance government and public awareness.
- **Anticancer Fund:** approached inequalities from another angle, —the differences between common and rare cancer types. Rare cancers are often neglected by big pharma due to limited commercial appeal. They welcomed the pharmaceutical legislation reform as an important opportunity to broaden innovation in Europe, particularly by enabling non-commercial therapies like drug repurposing. The complementary regulatory pathway described in Article 48 of the draft Regulation (currently under discussion in the Trilogues) is a potential game changer, allowing non-commercial actors to add new indications to authorized drugs, providing meaningful clinical value for neglected patient needs.
- **Campus Bio-Medico:** Referenced successful capacity-building efforts, such as the Palestinian experience, highlighting teaching sustainable skills ("fishing") rather than temporary aid ("giving fish") to improve outcomes in developing regions.

### Key Findings from OECD 2024 Report and 2025 EU Country Cancer Profiles Report:

**1. Cancer Care** - Guarantee proper access to comprehensive cancer services from diagnosis through treatment and palliative care.

Access remains uneven across Europe. Although cancer mortality decreased by 10% in the EU27 between 2010 and 2022, cancer still accounts for 22.5% of all deaths. Mortality rates vary significantly—up to 1.6-fold between countries and 37% between regions within the same country. Central and Eastern European countries show higher mortality rates and lower survival outcomes. Workforce shortages (GPs, oncologists, nurses, radiologists, psychologists) and unequal access to oncology medicines further challenge the delivery of high-quality, people-centered care.

**2. Early Detection Programs** - Improve accessibility of screening programs, focusing especially on marginalized communities

Screening participation is low in many EU+2 countries:

- In 11 countries, fewer than 50% of women aged 50–69 have had a mammogram in the past two years.

- Disparities persist based on education and income levels. Improving early detection requires not only screening programs but also:
- Awareness campaigns about symptoms and benefits of screening.
- Mobile screening units and self-sampling tests.
- Greater involvement of primary care providers and fast-track diagnostic pathways.

**3. Standardization of Care** - Implement uniform clinical guidelines to ensure consistent quality across all Member States.

Efforts to standardize cancer care are progressing:

- Half of EU+2 countries have centralized cancer care delivery.
- Over two-thirds use multidisciplinary teams.
- Most countries focus on developing clinical guidelines, accreditation, and certification to improve care quality. However, disparities in implementation and access remain, especially in regions with lower resources.

**4. Personalised Medicine** - Promote tailored medical approaches based on individual genetic profiles to reduce treatment disparities

The uptake of personalised medicine varies widely:

- Access to newer cancer medicines differs threefold across EU countries.
- Nordic and Western countries lead in adoption, while Central and Eastern countries lag behind.
- Initiatives like the European Cancer Imaging Atlas support personalised approaches, but workforce and financial constraints limit broader implementation.

**5. Patient Support Services** - Establish robust support networks emphasizing vulnerable groups

Support services are under pressure due to rising cancer incidence and workforce shortages. Countries are:

- Increasing training capacity.
- Reallocating tasks among professionals.

- Recruiting foreign-trained staff. However, disparities in psychosocial support and rehabilitation persist, especially for vulnerable groups. Inclusive, community-based models are needed to ensure equitable support.

**6. Awareness Campaigns** - Educate the public on cancer risks and the importance of early detection, targeting rural, low-income, and vulnerable populations

Awareness efforts are crucial but uneven:

- Campaigns targeting vulnerable populations exist in several countries.
- Participation in screening is significantly lower among individuals with lower education and income.
- Primary care and pharmacies play a growing role in outreach.
- Health literacy remains a key barrier; national surveys show gaps in understanding cancer risks and prevention.