

Factsheet n°7 - Cancer

Facts and Figures

- Cancer represents the second most important cause of death and morbidity in Europe.¹
- Cancer accounts for 20% of deaths in the European Region.²
- The percentage of cancers due to an unhealthy lifestyle rises to 60%.³
- 40% of cancers are preventable if we implement what we know already.⁴ Yet, expenditure for preventive care averaged only 2.7 % of healthcare expenditure in 2017 in the EU-27.⁵
- The economic cost of cancer exceeds €100 billion per year in the EU. ⁶
- Globally, only 1 in 5 low- and middle-income countries have the necessary data to drive cancer policy (2018).⁷

AIM Recommendations

- ***Promote the EU Code against Cancer, empower individuals and improve communication strategies***

According to the WHO, around one third of deaths from cancer are due to the 5 leading behavioural and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use.⁸ Non-melanoma skin cancer is the 5th most commonly occurring cancer in men and women⁹, most of which are caused by exposure to ultraviolet (UV) light.¹⁰

Communication on these risk factors and nudging people to adopt healthier lifestyles are key in reducing the incidence of preventable cancers. Unbiased information based on scientific evidence should be provided to individuals in order to empower them to make the right behavioural choices. Information provided to individuals should be properly targeted and personalised to achieve a greater impact. To maximise that effect, the power of social learning¹¹ should be exploited, as peer to peer communication has the advantage of increasing likeability and relatability. Influencers are also highly

¹ <https://www.who.int/news-room/fact-sheets/detail/cancer>

² <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/cancer/data-and-statistics>

³ <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/cancer/data-and-statistics>

⁴ https://ec.europa.eu/health/non_communicable_diseases/cancer_en

⁵ Eurostat (2017)

⁶ https://www.europeanleague.org/wp-content/uploads/ECL-Vision-EU-Beating-Cancer-Plan_Final.pdf

⁷ <https://www.who.int/news-room/fact-sheets/detail/cancer>

⁸ <https://www.who.int/news-room/fact-sheets/detail/cancer>

⁹ <https://www.wcrf.org/dietandcancer/cancer-trends/skin-cancer-statistics>

¹⁰ <https://www.webmd.com/melanoma-skin-cancer/melanoma-guide/causes-skin-cancer#1>

¹¹ “Social learning theory considers how both environmental and cognitive factors interact to influence human learning and behaviour.” Proposed by Albert Bandura, it “emphasizes the importance of observing, modelling, and imitating the behaviours, attitudes, and emotional reactions of others.” More:

<https://www.simplypsychology.org/bandura.html>

credible and having them convey messages leads to acceptance by the audience. They should be used for more efficient communication for public health, especially when it comes to younger generations. AIM encourages both the European Commission and the Member States to take those aspects into account in the development of their campaigns. AIM also encourages them to boost research in behavioural science and efficient communication through social media to make the most of their potential for public health. The European Code against Cancer¹² should be used as basis for the development of messaging on cancer prevention for the general public.

As already highlighted, digital tools and social media have a clear potential to maximise the impact of communication strategies, when tailored to the different target groups (notably according to age). They also have a huge potential in supporting people to self-care. However, they also carry the risk of reinforcing health inequities. AIM calls on decision-makers to pay attention to bridge the digital divide both by working on infrastructures and on populations' digital (health) literacy to ensure measures to be beneficial to all.

- ***Act on individuals' broad environment in order to tackle all risk factors, including the environmental determinants of cancer.***

A health in all policies approach should be followed if we are to prevent the 40% preventable cases. Cancer can be caused by a wide range of factors or a combination thereof. The environment, in the broad sense of the term, is determinant. Beyond individuals' exposure to all types of pollutants (which have proven to be carcinogenic), the availability of healthy food, clean transport, safe roads to cycle or the exposure to marketing of unhealthy products also have a clear impact on their health (to cite but a few). AIM therefore encourages measures such as taxation of foods with high contents of fats, salt and sugar (HFSS), food reformulation, stricter policies on tanning beds, or limiting the marketing of unhealthy products.

Governments should put health promotion and positive health, at the centre of all policies. Apart from preventing diseases, the objective should be to promote health and well-being through a holistic approach.

AIM has listed some recommendations on some of the main risk factors in its series of factsheets.¹³

Exposure to carcinogenic pollutants even at low levels is a major concern because of "the multiplicity of substances, the involuntary exposure and the large numbers of people that may be exposed".¹⁴ With roughly 19% of all cancer burden to be attributable to the environment (including in work settings)¹⁵, there is a clear added value for cancer prevention in acting upon a reduction of exposure to those carcinogenic substances.

AIM welcomes the high ambitions set by the European Commission in its EU Green Deal and Chemicals Strategy. There is a great potential in those initiatives but also in the review of the Strategic Framework for Health and Safety at Work and the Farm to Fork Strategy (to cite but a few) to make a real difference. AIM calls on the European Commission to aim at the highest levels of health and environmental protection in the making and implementation of those initiatives.

- ***Bet on vaccination, screening and early diagnosis as 'best buys'***

Regular screening and vaccination should be made available to all and be fully reimbursed by compulsory healthcare coverage.

Globally, nearly one-fifth of all cancers in the world are caused by infectious agents. Human papillomavirus (HPV) - which cause most cervical and anal cancers and some oral cancers - and the

¹² <https://www.europecancerleagues.org/cancer-prevention-the-european-code-against-cancer/>

¹³ <https://www.aim-mutual.org/mediaroom/aim-launches-series-of-factsheets-on-prevention-related-issues/>

¹⁴ https://www.who.int/phe/news/events/international_conference/Background_science.pdf; p.4

¹⁵ *Idem*

hepatitis B and hepatitis C viruses - that can cause liver cancer – are among the most important infections. Vaccination is the most cost-effective measure to prevent some of these infections.¹⁶ AIM encourages Member States to include these vaccines in their official schedules. The European Commission should support Member States in reaching the WHO’s vaccination coverage targets and in tackling issues related to the lack of trust in vaccines and thus vaccine hesitancy.

Addressing delays in diagnosis is also critical for cancer control. AIM believes existing EU-provisions on screening should be updated and mechanisms put in place to expand their remit to other types of cancers and NCDs, always provided that they are evidence-based and the benefits outweigh the harms (scientifically proven effectiveness and positive risk-benefit-ratio). AIM calls for evidence-based indications to be used as basis of any screening programme. Many types of cancer have a very complicated development, which makes them unsuitable for screening. Early diagnosis is thus important and should be given more attention. Informing people about it is also a key factor. The European Commission should provide support to Member States in the implementation of appropriate, cost-effective and evidence-based solutions for early diagnosis and screening. Screening programmes should also be accompanied by awareness campaigns targeting vulnerable groups.

- ***Ensure the quality of, and access to cancer treatment***

Equal access to cancer medicines is a driver of health equity. However, the costs of these products are very often so high that they are not affordable for individual patients if they are not reimbursed. In some countries, the medicines are also simply not on the market or their marketing is delayed. The increasing price of innovative cancer medicines also poses a threat to the “collective” affordability of these and other medicines.

AIM has launched a model to calculate fair prices of pharmaceuticals in Europe¹⁷. The model could help bring innovative pharmaceutical products price levels more in line with the value, the actual objective and verifiable amounts invested in research and improve affordability to member states. This would in the end result in greater access for European patients. The European Commission is currently revising the orphan medicinal products legislation taking into account 20 years of operation. AIM calls for strong safeguards in the legislation to make sure that incentives are helping to bring more effective medicines to patients diagnosed with rare diseases. Splitting common diseases (including various cancers) into many subsets, which may be ‘artificially’ considered as ‘rare’ diseases is not in line with the initial aim of the legislation. Cancer medicines whose total covered population exceed the size of a rare disease patient population should therefore not benefit from the protection of the orphan medicinal products legislation.

In addition, the EU has a role to play in helping with setting high standards for the assessment of the therapeutic added value of all medicines, including cancer medicines. A powerful tool for that is European cooperation on health-technology assessment, while giving room for adaptation to national contexts.

The shortage crisis particularly affected oncology treatment.¹⁸ These shortages affect “old” medicines that are essential for successful cancer treatment protocols. Shortages of those medicines are therefore particularly harmful to patients and healthcare systems. Clear obligations should be put on all relevant parties (including manufacturers, marketing authorisation holders as well as wholesalers) to ensure a continuous supply of those medicines.

¹⁶ https://www.europecancerleagues.org/wp-content/uploads/ECL-Vision-EU-Beating-Cancer-Plan_Final.pdf

¹⁷ <https://www.aim-mutual.org/wp-content/uploads/2019/12/AIMfairpricingModel.pdf>

¹⁸ https://www.acadpharm.org/dos_public/2018_06_20_AnP_RAPPORT_INDISPONIBILITE_MED_VF1.pdf

Lastly, at end of life, a survival gain of 4 weeks may make scientific sense but this may not always be of benefit to the patient as this does not address the question of the quality of life during those 4 weeks. It is therefore important in those cases to let patients decide their own care on the basis of neutral and objective information.

- ***Unleash the potential of Health Data and AI for prevention, treatment and cure***

AI-based clinical cancer research is expected to constitute a paradigm shift in cancer treatment. The integration of AI technology has a clear potential in improving the accuracy and speed of diagnosis, developing more precise and cost-effective screening, supporting decision-making and achieving better health outcomes.

As research is currently mostly focussed on methods, it will be key to implement those methods in clinical practice. That clinical integration requires access to funding, the development of infrastructures and the training and development of a workforce with experience in AI, data science and cancer. Access to standardized cancer datasets will also be essential as a sine qua non condition to AI research and algorithm development. Coherently developing and aggregating research and clinical data to existing sets are critical factors to the long-term success, especially given the growing volumes of data.^{19;20}

AIM underlines the need for an adequate legal framework built on ethical guidelines to regulate the use of sensitive health data. Specific ethical guidelines, which focus on human agency and oversight, must be developed for healthcare systems. Algorithms should be transparent. Data sets and processes that are used in building AI systems must be documented and traceable, and explanations on how AI systems influence and shape the decision-making process, how they are designed and what is the rationale for deploying them need to be available.²¹

Furthermore, the exchange of data for research purposes should be encouraged and intensified. The upcoming creation of a European Health Data Space should promote data exchange and support new research. In addition, the European Commission and Member States should aim to achieve the interoperability of clinical and screening registries and link them with other data sources such as digital health records or medical prescriptions. The capacity for collection of data of those registries should be expanded in order to contribute to highlight the causes of existing disparities in cancer survival and prevalence.²² The European Commission also has a key role to play in drafting a legislative proposal that ensures fundamental rights and guarantees that privacy and data protection are ensured when exchanging health data. Innovation can only be considered as such, when it answers the needs of patients. A collaboration with other stakeholders in the healthcare sector, such as payers, doctors and hospitals is indispensable.

- ***Improve the quality of life of cancer patients, survivors and carers through better integrated and 'multi-dimensional' care and support***

Considering the psycho-social needs of patients and their carers as well as improving their quality of life through support, rehabilitation and palliative care is essential.²³ Ensuring psychosocial support, screening and referral when necessary of both patients and their carers throughout the patient pathway is a key measure to ensure a proper quality of life. AIM subscribes to the call for more integrated health, psychological and social care around patients and their relatives.

¹⁹ <https://www.cancer.gov/research/areas/diagnosis/artificial-intelligence>

²⁰ https://www.aim-mutual.org/wp-content/uploads/2020/04/Position-Paper-AI_final-version.pdf

²¹ https://www.aim-mutual.org/wp-content/uploads/2020/04/Position-Paper-AI_final-version.pdf

²² https://www.europecancerleagues.org/wp-content/uploads/ECL-Vision-EU-Beating-Cancer-Plan_Final.pdf

²³ [2008 Council conclusions on reducing the burden of cancer](#)

Another essential aspect to contribute patients' and survivors' physical and mental wellbeing is providing access for all to reconstructive surgery, physiotherapy and oncological turbans or capillary prostheses. Those services and products are too often considered as "luxury" extras for the well off.

The assistance and presence of caring relatives and families is an unneglectable factor on the road to recovery. To ensure better quality of life and support of patients, the EU should also develop social criteria for cancer treatment abroad. Today, decisions are taken only on basis of the availability of treatment in the country of residence. AIM believes other aspects, like the distance between a patient and its family should be taken into account.

- ***Fight discrimination against cancer patients and survivors, including when it comes to the workplace, access to social protection and healthcare.***

With the constant increase of cancer cases and survivors, the question of how best to support survivors is a major challenge. As mentioned above, cancer is the leading cause of death. Fighting discrimination against cancer patients and survivors is therefore, in our view, essential, including when it comes to access to social protection and healthcare coverage more specifically. In that vein, decision-makers and employers should put a greater emphasis in adapting workplaces and working conditions for a better inclusion of individuals suffering from chronic conditions. AIM encourages the European Commission to include it in its new Strategic Framework for Health and Safety at Work. When it comes to healthcare, while most compulsory systems make no risk selection, the picture changes for complementary insurance from which individuals are at times excluded on basis of age or health status. AIM members, as healthcare mutuals, are based on the very principle of solidarity and in general make no risk selection. Solidarity should remain and be the guiding principle of health insurance while ensuring financial sustainability. AIM invites the European Commission to take this aspect into account when debating access to social protection and to look into the added value of the mutual model as a best practice of non-discriminatory and financially sustainable insurance model.

- ***Setting an ambitious EU Cancer Plan with concrete measurable objectives.***

AIM encourages the European Commission to take all the above mentioned aspects into account when developing and implementing its EU Cancer Plan. AIM is convinced that the Plan can be a game changer. As such it should contribute to ensure that preventable cancers will be reduced, achieve better survival rates, ensure access for all to high quality treatments and 'multi-dimensional' support, improve the quality of life of patients, survivors and their carers and, ultimately, cure cancer.

Beating Cancer requires bold action at European level and close cooperation between Member States should be fostered. Actions set out in the plan should not limit themselves to "support, coordinate or supplement Member States' efforts"²⁴. A lot can be done at EU level to address health determinants for example when it comes to cross-border marketing, environmental issues, taxation etc. By regulating the internal market, the EU can indeed have a clear impact on risk factors and thus on the health of EU citizens. The upcoming Farm to Fork Strategy, the Pharmaceutical Strategy, and the Green Deal are some clear examples of initiatives where the EU can make a difference. We support these initiatives and hope that concrete and measurable targets will be set in the "European Beating Cancer Plan" and that it will turn out ambitious enough to beat the growing scourge.²⁵

²⁴ European Commission, EU Beating Cancer Plan Roadmap <https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12154-Europe-s-Beating-Cancer-Plan>

²⁵ For more information on our position regarding the EU Cancer Plan, read our [Reaction to the launch](#), our [Reaction to the Roadmap](#), our [Joint Statement](#), and our [answer to the EC Consultation](#).