



Accelerating progress on EU cancer control

In the EU, cancer remains a leading cause of death accounting for one in four of all deaths, and is a major contributor to disability in many EU countries.^{1,2} Driven mostly by ageing populations, and the age-specific and sex-specific effects of smoking and obesity, the annual absolute number of new cancer cases is projected to increase from 3.9 million in 2018 to 4.7 million by 2040.² About half of new cancer cases are breast, prostate, lung, and colorectal cancers. However, beyond the increasing incidence rates, the EU is facing challenges across the cancer continuum—from prevention to survivorship—that continue to contribute to a high burden of cancer and suboptimal cancer control. Moreover, disparities in quality of and access to cancer care across the EU continue to be stark.³

In response to this cancer crisis and reflecting identifiable challenges and opportunities, the European Commission, in consultation with stakeholders, developed Europe's Beating Cancer Plan in 2021,⁴ complemented further by an EU Research Mission on Cancer. The ambitious set of more than 40 initiatives represents an unprecedented political commitment to tackle every stage of the cancer care pathway, including the targeted pillars: (1) prevention; (2) early detection; (3) diagnosis and treatment; and (4) the quality of life of patients with cancer and survivors. Today, 3 years after the start of the implementation of the 40 EU initiatives and halfway through the Beating Cancer Plan roadmap, notable progress can be seen across the targeted pillars, such as the adoption of the new EU cancer screening recommendations that extended screening programmes to prostate, lung, and gastric cancer. The introduction of the European Cancer Imaging Initiative aims to unlock the power of imaging and artificial intelligence for the benefit of patients with cancer, clinicians, and researchers, and the SmartCARE project aims to deliver a cancer survivor smart card—in the form of a mobile phone app—to improve the health and wellbeing of cancer survivors throughout the EU.

It was in this context that the annual European Cancer Summit gathered in Brussels, Belgium, in November, 2023, with the unifying theme of accelerating momentum: a manifesto to 2030—the Time to Accelerate: Together Against Cancer manifesto—to take stock of the progress by Europe's

Beating Cancer Plan and the key identified areas upon which the next European Commission 2024–2029 might build on foundations laid so far.

Among the key calls in the manifesto that urge EU decision makers to intensify their efforts are: (1) a minimum age for tobacco sales of 21 years (tobacco 21) to underpin the achievement of a tobacco free generation; (2) monitoring human papillomavirus vaccine uptake via the European Centre for Disease Prevention and Control, as practiced for COVID-19 vaccination; (3) promotion of the EU cancer screening recommendations at the national level, implementation funding, and regular reporting on the levels of implementation; (4) extending and increasing support for twinning of cancer centres as part of achieving an EU Network of Comprehensive Cancer Centres; (5) ensuring more action on medicine shortages, including the adoption of the EU's essential medicines list to avoid drug shortages; and (6) for all cancer registries in the EU to improve data collection in respect of social inequalities, including information on patient ethnicity.

The European Cancer Organisation will work with the wide range of supporting organisations to build familiarity and support for the manifesto by EU decision makers ahead of the upcoming European elections. This effort will also include candidates running for election to the European Parliament in June, 2024, and will also advance cancer control on the agenda for the European Commission 2024–2029.

The ultimate message of the Time to Accelerate manifesto is that Europe has started something very special as an exciting model of cross-border cooperation in combatting a major disease. There is now an opportunity to accelerate momentum to faster tackle the cancer burden in all countries.

One of the most critical actions the EU can take for cancer control is to hasten the elimination of tobacco. Cigarette smoking remains the leading avoidable cause of cancer in the EU and worldwide. In the EU, between 2000 and 2020, smoking caused about 12 million deaths in male individuals and over 5 million deaths in female individuals, accounting for at least a quarter of all cancer deaths.⁵ Although smoking prevalence has declined in most countries, there are still close to 70 million smokers in the EU, or about 18% of adults.^{6,7}

For the manifesto see <https://www.europecancer.org/manifesto>

People who start smoking early in life and do not quit can lose at least one decade of life versus non-smokers (about 20–25 years of life lost for people killed by their smoking and zero years lost for those who are not smokers).⁸ However, the benefits of cessation are substantial, especially for quitting before age 40 years. Cessation at every age raises survival and the effect is surprisingly quick. Cessation of less than 3 years avoids 5 years of life lost from cancer and cessation for 10 years or more avoids about 8–9 years of life lost from cancer.⁹

The EU plans call for an adult smoking prevalence of 5% by 2040, which would—if achieved primarily via cessation—contribute most to the overall EU goals to reduce cancer deaths. Such a reduction in tobacco consumption could be achieved by large excise tax hikes paired with announcements of future increases (to convey decreasing affordability to people who smoke). In France, the per capita cigarette consumption was more than halved by adopting large excise increases. Such hikes effectively tripled the real price of cigarettes (figure), while raising more excise revenue. Contraband tobacco is an often-cited objection to higher taxes but driven far more by inadequate customs enforcement than by tax differences, and could be further reduced by common minimum prices.¹⁰

However, the 2022 EU Tobacco Tax Directive is far too small, does not consider inflation, and has a loophole for fine cut (also known as roll your own) tobacco, which is an increasingly popular form of tobacco consumed in several countries. What is needed are a very large excise tax hikes on both cigarettes and fine cut tobacco that are consistent with the French experience.

Other recommendations regarding tobacco, as described in the Time to Accelerate manifesto are: (1) strengthening packaging rules by introducing mandatory plain standardised packaging, with graphic health warnings covering 80% of the front and the back of all tobacco products and introducing pack inserts; and (2) every World No Tobacco Day to be marked by an annual report from the European Commission on the progress of the EU towards achieving a tobacco-free generation.

The lifetime risk of cancer among EU citizens ranges from about one in seven to two in five, and is thus a concern for every jurisdiction in the EU. As the Beating Cancer Plan declares to “leave no stone unturned to take action against cancer”,⁴ this is not possible without the decisive support of EU decision makers. European

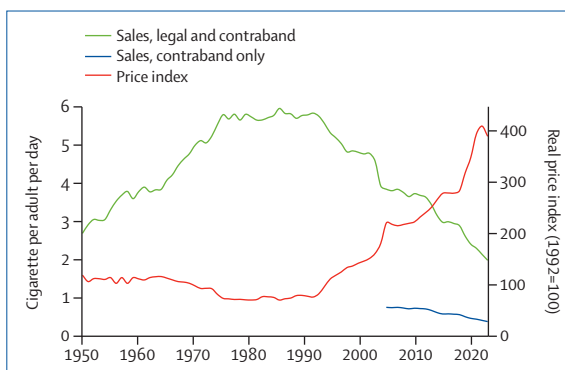


Figure: Cigarette price and consumption, France, 1950-2022
Contraband includes cross-border sales.

Parliamentarians should need little to be convinced about the power of evidence-driven cancer control in the pivotal area of commercial determinants of health, and avoid specious arguments made by large tobacco and processed food or high energy drink companies. Indeed, simple cancer progress report cards relevant to each of the 705 EU Parliamentarians could be created and publicised. The same level of commitment should be directed at achieving health equity and erasing existing gaps in cancer control across EU Member States by maximising the data provided by the European Cancer Inequalities Registry. An evidence-driven cancer control plan should aim for a health-centric approach across all economic sectors and policies, through the support and implementation of ongoing research on the range of basic, clinical, and population-based strategies to curb a major killer in the EU.

Europe's Beating Cancer Plan and the EU Research Mission on Cancer would not have been achieved without the singular commitment, support, and vision of many elected representatives across all party groupings in the European Parliament, uniting behind a shared desire to improve Europe's response to cancer. That unity and support, in a fractious political time, must not be taken for granted. It is incumbent upon all in the cancer community to play their role in maintaining cancer's position on the EU political agenda ahead of and after the next European Parliament elections. EU commitments to assuring that patients with cancer and survivors have access to the highest quality care across the EU needs to be reaffirmed and intensified, including the support of member states to introduce those policy and legal changes that are essential in achieving these commitments in a sustainable way.

We declare no competing interests.

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