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2022 EUROPEAN CANCER MEETING
OF THE **FRENCH NATIONAL CANCER INSTITUTE**
3 & 4 February 2022 - Palais d'Iéna

PRESS KIT

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I. LET'S SEIZE THE OPPORTUNITY TO STEP UP THE FIGHT AGAINST CANCER FOR THE COLLECTIVE GOOD OF 450 MILLION EU CITIZENS

It is our hope that the event bringing us together today will be a milestone in the fight against cancer.

This very first European Cancer Meeting, organised by the French National Cancer Institute as part of France's Presidency of the Council of European Union, is a great opportunity to ramp up and intensify the fight against cancer for the collective good of our continent's population.

For 15 years now, the French National Cancer Institute has been promoting a complete and integrated view of the needs of both patients and the general population, in concert with all the French and European stakeholders in cancer care.

We are confident that the European Union has a major role to play in this fight, which affects 2.7 million Europeans every year, and that substantial added value can be generated by working as a community. The response to the pandemic has shown us how crucial European-wide cooperation and discussions have been.

To help strengthen the fight against cancer in Europe, we have assembled more than 150 international experts, public and private stakeholders, scientists, and representatives of associations from all Member States. All these experts have come together to propose more than 30 concrete new initiatives, around 5 flagship themes (paediatric cancers, cancers with poor prognosis, cancer prevention, cancer and employment, and international cooperation), which each Member State will promote to the Presidency of the European Union.

The political declaration represents a strong commitment from the Trio Presidency of the Council of the European Union, It reasserts their political and scientific prioritisation of the fight against cancer by calling for the implementation of these new initiatives.

This European Cancer Meeting, which we wholeheartedly hope to see repeated in the future, will help foster our individual and collective engagement.

The fight against cancer and continued progress for the collective good of our fellow citizens are sure to benefit from such enthusiasm. Commitment from the European Union and the 27 Member States, and the involvement of all stakeholders will be key to our success.

Thierry Breton
Managing Director
French National Cancer Institute

Prof. Norbert Ifrah
President
French National Cancer Institute

II. CANCER IN THE EUROPEAN UNION

A. EVERY YEAR, 2.6 MILLION PEOPLE IN EUROPE ARE AFFECTED BY CANCER

In international terms, the increase in non-communicable – or indirectly communicable – disease represents a global health challenge. The international community is required to address the challenges associated with this epidemiological transition with numerous impacts to be envisaged on healthcare systems and populations in countries worldwide, in terms of care organisation, research development, and access to medication. Joint ventures have been initiated to drive progress in the fight against cancer and the undertaking has been bolstered through multilateral global health instruments.

Cancers are the leading cause of mortality in wealthy countries and will be the leading cause of mortality worldwide in 2030. They are the leading cause of disease-related death in children in France and Europe. In 2020, 2.7 million people received a cancer diagnosis and close to 1.3 million people died of cancer in the European Union.¹

One-quarter of all cancer cases worldwide occur in Europe², despite Europe representing less than 10% of the world's population, which goes to show the sizeable impact of cancer on our society. The economic cost of cancer is estimated at €100 billion per year³.

According to the reports on the state of health in the European Union, cancer represents one of the main causes of premature deaths in Member States. Besides its effect on individual health, the disease also has a substantial social and economic impact.

A new Commission was formed on 1 December 2019, and a European Cancer Plan "[Europe's Beating Cancer Plan](#)" was announced, with objectives and a timetable which are consistent with those of the [French ten-year cancer-control strategy](#). A Cancer Mission has been set up with the Commission, co-chaired by a French representative, Prof. Christine Chomienne. Moreover, numerous bilateral partnerships are also in place.

This context offers an opportunity to initiate, on an international level, coordinated initiatives for the benefit of our fellow citizens, in particular in relation to childhood cancers, cancers with poor prognosis, both calling for work on a scale that can only be achieved through international collaboration. The time is also right to bolster France's leadership and appeal in the fight against cancer, and to propose a drive for a collaborative and integrative process, with support from the leading countries in this combat, but also including developing countries.

¹ [HTTPS://EC.EUROPA.EU/INFO/STRATEGY/PRIORITIES-2019-2024/PROMOTING-OUR-EUROPEAN-WAY-LIFE/EUROPEAN-HEALTH-UNION/CANCER-PLAN-EUROPE_FR](https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/cancer-plan-europe_fr)

² [HTTPS://EC.EUROPA.EU/HEALTH/NON-COMMUNICABLE-DISEASES/CANCER_FR](https://ec.europa.eu/health/non-communicable-diseases/cancer_fr)

³ [HTTPS://EC.EUROPA.EU/HEALTH/NON-COMMUNICABLE-DISEASES/CANCER_FR](https://ec.europa.eu/health/non-communicable-diseases/cancer_fr)

We know that over 40% of cancers are linked to exposure to preventable cancer risk factors. However, on average within the EU, a mere 3% of healthcare budgets are currently earmarked for health promotion and disease prevention. Therefore, there is huge scope for action.

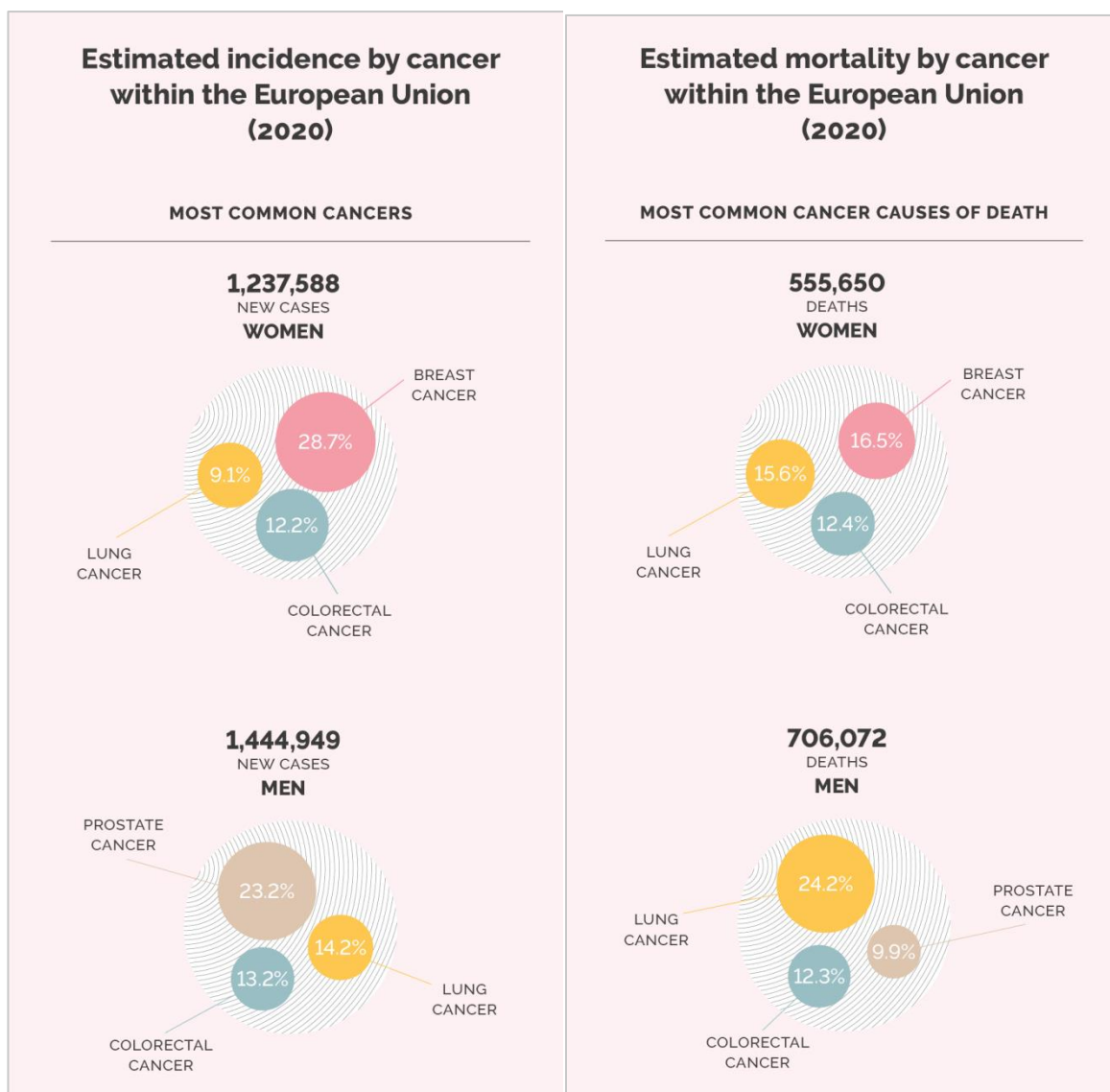
Furthermore, initiatives to promote cancer prevention and healthy lifestyles also help combat obesity and other non-communicable diseases such as cardiovascular disease and diabetes, which share common risk factors.

Cancers put pressure on every Member State's healthcare and welfare systems, and on public funds. The European-wide cancer-control strategy must support all the Member States, and enable all citizens, regardless of their country of residence, to benefit from high-quality measures in terms of prevention, screening, treatments, and follow-up.

The aim of European Union-led initiatives is to guarantee this equity of access. France, at the instigation of the French National Cancer Institute, is making a contribution through several programmes.

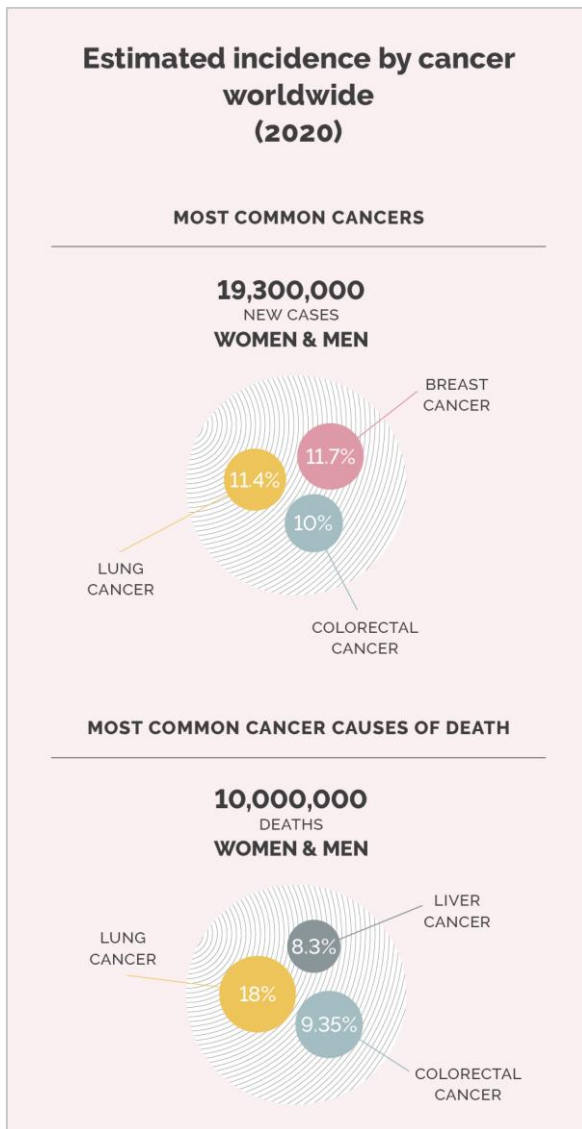
B. KEY CANCER FIGURES

1. IN THE EUROPEAN UNION⁴



⁴ [HTTPS://ECIS.IRC.EC.EUROPA.EU/](https://ecis.irc.ec.europa.eu/) SITE VIEWED ON 12 JANUARY 2022.

2. WORLDWIDE IN 2020⁵



⁵ [HTTPS://WWW.WHO.INT/FR/NEWS-ROOM/FACT-SHEETS/DETAIL/CANCER](https://www.who.int/fr/news-room/fact-sheets/detail/cancer)

III. EUROPE'S BEATING CANCER PLAN AND FRANCE'S TEN-YEAR CANCER-CONTROL STRATEGY: TWO KEY INITIATIVES TO STEP UP THE FIGHT AGAINST CANCER

The almost simultaneous launches in 2021 of Europe's Beating Cancer Plan and France's ten-year cancer-control strategy have set out the framework for initiatives in the fight against cancer for the next ten years. These two key initiatives mark renewed political commitment at the highest level, supported by the French President and the President of the European Commission. With **increased ambition**, they share **common objectives**: lowering the incidence of cancers, improving patient survival and quality of life.

To achieve these objectives and advance the fight against cancer for the collective good, the initiatives have been allocated a sizable budget (€4 billion for Europe, and €1.7 billion over 5 years for France).

A. EUROPE'S BEATING CANCER PLAN: A NEW APPROACH TO PREVENTION, TREATMENT AND CARE



Presented by the President of the European Commission in February 2021, Europe's Beating Cancer Plan is a main priority in the area of health of the von der Leyen Commission. It is a key pillar of a strong European Health Union.

With new technologies, research and innovation as the starting point, Europe's Beating Cancer Plan sets out a new EU approach to cancer prevention, treatment and care. It addresses all aspects of cancer care, from prevention to quality of life of cancer patients and survivors, focusing on actions where the EU can add the most value.

Europe's Beating Cancer Plan will be supported by actions spanning across policy areas from employment, education, social policy and equality, through marketing, agriculture, energy, the environment and climate, to transport, cohesion policy, and taxation.

It is structured around **four key action areas** with **10 flagship initiatives and multiple supporting actions**:

- o **prevention** through actions addressing key risk factors such as tobacco, harmful alcohol consumption, environmental pollution and hazardous substances;
- o **early detection** of cancer by improving access to diagnostics along with diagnostic quality;

- o **diagnosis and treatment** through actions to ensure better integrated and comprehensive cancer care and addressing unequal access to quality care and medicines;
- o **improve quality of life** of cancer patients and survivors.

It will be implemented using the whole range of Commission funding instruments, with a total of **€4 billion** being earmarked for actions addressing cancer, including from the EU4Health programme, Horizon Europe and the Digital Europe programme.

To support new technologies, research and innovation, a new **Knowledge Centre on Cancer** will be launched to help coordinate scientific and technical cancer-related initiatives at EU level. A “**European Cancer Imaging Initiative**” will be set up to support the development of new computer-aided tools to improve personalised medicine and innovative solutions.

A particular focus will be placed on children, through the launch of the “**Helping Children with Cancer Initiative**” to ensure that children have access to rapid and optimal detection, diagnosis, treatment and care. Finally, to identify trends, disparities and inequalities between Member States and regions, a **Cancer Inequalities Registry** will be established.

[Access document presenting Europe's Beating Cancer Plan](#)

B. THE TEN-YEAR CANCER-CONTROL STRATEGY: AN AMBITIOUS PLAN FOR THE COLLECTIVE GOOD



Presented by the French President on 4 February 2021, the ten-year cancer-control strategy shows a clear and common aim to improve healthcare and benefits for all our fellow citizens affected by cancers. It incorporates all aspects of cancer care – primary prevention and screening, support for those affected by the disease in their care and life pathways – and involves all stakeholders in cancer control, health and research.

For the first time in cancer care, the French Government has ambitious calculated targets, which should encourage everyone to get involved, for the collective good:

- o reducing the number of preventable cancers by 60,000 cases per year, by 2040 (at present, 153,000 cancers/year could be prevented);
- o performing one million more screening procedures by 2025, within the scope of existing screening programmes (at present, approximately 9 million screening procedures are conducted each year);
- o reducing by 2/3 to 1/3 the proportion of patients suffering from after-effects 5 years post-diagnosis (in 2017, 3.8 million people in France were living with or had recovered from cancer);
- o significantly improving the survival rate of cancers with poorer prognosis, by 2030 (in 2016, 7 cancer sites had a 5-year cancer survival rate of under 33%).

The ten-year strategy sets out four priorities aimed at achieving the objectives set:

- o Priority 1: improving prevention;
- o Priority 2: reducing after-effects and improving quality of life;
- o Priority 3: combatting cancers with poor prognosis;
- o Priority 4: ensuring that everyone benefits from progress.

In terms of funding, the cancer-control strategy benefits from the renewal of the budgets allocated within the framework of the 2014-2019 Cancer Plan. This represents €1.45 billion deployed over the 2021-2025 period, with an additional budget of €284 million. Therefore, the total funding is slightly over €1.74 million for the first five years of the plan.

European and international cooperation, which is vital in the fight against cancer, particularly in research, has been consolidated and expanded. Cooperation between key European and international players in the fight against cancer offers considerable scope for progress, in terms of research, prevention, screening, and early diagnosis, and in access to quality services and to innovative therapies.

Discussions and collaboration with other countries on their practices in the fight against cancer are key. The French National Cancer Institute is committed to promoting these aspects internationally, and to encouraging sharing of expertise to meet the challenge of the fight against cancer.

To achieve this, five major initiatives will be deployed:

- o strengthening international regulations in order to improve individuals' protection and initiate joint European initiatives (reducing people's exposure to environmental risk factors, particularly in the case of children and schools);
- o strengthening research and care networks (rare cancers, paediatric cancers, cancers with poor prognosis);
- o performing and sharing benchmarking to identify innovative evidence-based initiatives and thereby encourage progress;
- o investing in international data sharing for the benefit of the patient;
- o strengthening bilateral cooperation with the countries at the cutting edge in the fight against cancer;
- o developing international consortia in priority or promising fields of research.

Additionally, the French National Cancer Institute is involved in the governance of Europe's Beating Cancer Plan and in operational initiatives. It coordinates the participation of French stakeholders (UNICANCER, FHF Cancer, Inserm) in the areas of:

- o translational research to develop clinical applications from fundamental research findings;
- o innovation in terms of public policies;
- o next-generation sequencing for oncology, innovative therapies such as CAR and TCR cell therapy.

[Access document presenting the 2021 - 2030 Ten-year cancer-control strategy](#)

Its 360° vision of all areas of cancer care gives it a unique role on the European and international scene. Given the expertise developed, it is a key player and partner in stepping up the fight against cancer.

IV. EUROPEAN CANCER MEETING OF THE FRENCH NATIONAL CANCER INSTITUTE: STEPPING UP COOPERATION IN THE FIGHT AGAINST CANCER

The European Cancer Meeting of the French National Cancer Institute, to be held on 3 and 4 February 2022 to coincide with World Cancer Day, will provide European stakeholders with a new forum for discussions and sharing, aimed at fostering collaboration and pooling knowledge and work.

The French Presidency of the Council of the European Union, from 1 January to 30 June 2022, is an opportunity to boost collaboration and cooperation which will “move Europe forwards” in the fight against cancer, for the collective good of the 27 Member States.

This European meeting, which is an official FPEU event, will be held with the French, Swedish and Czech Health Ministers, the French Research Minister, and the President of the European Commission in attendance, subject to their availabilities.

They will pursue the following objectives:

- o provide a forum for knowledge sharing and discussions between all the European players involved in the fight against cancer (institutions, academics, associations, industrial and biotech firms, etc.);
- o enable co-building of proposed concrete initiatives, to be implemented European-wide;
- o ramp up European and international cooperation in the fight against cancer.

This discussion forum will allow key institutional stakeholders and European experts to share their perspectives, and make proposals around five key themes in the fight against cancer:

- o childhood cancers;
- o cancers with poor prognosis;
- o cancer prevention;
- o cancer and employment;
- o international cooperation in the fight against cancer.

This Cancer meeting will also help raise awareness of key players in the fight against cancer and some their initiatives through Masterclasses.

It should help step up and complete the European agenda decided by the political decision-makers, who will be able to formalise the announcements and undertakings capable of advancing the fight against cancer on a European level.

Finally, to boost the new impetus generated by this first European Cancer Meeting, the format may be reused on a European scale. Regular meetings of this type offer all stakeholders the opportunity to share and reflect collectively on the priorities and initiatives to be developed for the collective good of the 27 Member States.

A. THE FOUR HIGHLIGHTS OF THE EUROPEAN CANCER MEETING

The programme for the two days on which the Meeting is to be held is structured around four highlights:

- o a **Forum**⁶ promoting exchanges between international and European stakeholders;
- o an **initiative platform** to present, through masterclasses on 3 February, the flagship initiatives of Member States and European organisations;
- o **feedback from 5 thematic workshops on 4 February**. The purpose of these workshops, for which collaboration commenced prior to the European Cancer Meeting, is to draw up draft common initiatives on all the issues identified (**details of these workshops and themes on pages x to z**);
- o the **plenary session** including speeches and talks by official representatives of the Member States on 4 February.

View the full European Cancer Meeting programme [online](#), or in Appendix A of this kit.

B. COMMON POLITICAL DECLARATION TO STEP UP AND RAMP UP THE FIGHT AGAINST CANCER IN THE EUROPEAN UNION

As part of the preparation of the European Cancer Meeting, the French National Cancer Institute set up a consultation process in the EU Member States. From December 2021 to January 2022, it organised workshops consisting of a panel of experts and European stakeholders⁷ (institutions, academics, associations). The aim was to reflect collectively on and propose concrete common initiatives for the 27 EU Member States.

At these video meetings held between December 2021 and January 2022, the attendees drafted proposals around five key issues. They will be presented at the morning session on 4 February 2022.

This work has resulted in the drafting of a common political declaration. It reasserts the determination of all stakeholders in the fight against cancer to reduce the burden of the disease in our societies and calls for everyone working in the private and public sector to intensify their efforts and cooperation to combat cancer.

The common political declaration will be presented on 4 February 2022.

⁶ THE LIST OF ATTENDEES IS GIVEN IN APPENDIX D. A PRESENTATION OF EACH WILL BE AVAILABLE ON THE EUROPEAN CANCER MEETING WEBSITE [HTTPS://RENCONTRESINCA.FR/](https://rencontresinca.fr/)

⁷ LIST OF WORKSHOP ATTENDEES IN APPENDIX C.

C. FOCUS ON THEMATIC WORKSHOPS

The five themes covered in the workshops are among the consensus priority measures in Europe's Beating Cancer Plan and in the ten-year cancer-control strategy.

The experts in each working group were tasked with identifying the sources of leverage and opportunities helping step up the fight against cancer in Member States.

The 5 themes covered in these workshops are:

- o paediatric cancers;
- o cancers with poor prognosis;
- o cancer and employment;
- o cancer prevention;
- o international cooperation.

Appendix B of this kit contains an overview, for each theme, of the contribution of Europe's Beating Cancer Plan, the ten-year cancer-control strategy and key initiatives across Europe.

At each workshop, initiatives were identified. The attendees ranked three of these as leading initiatives. For each theme developed below, these three initiatives are described. The full initiatives will be made available in a document on 4 February alongside the Common Declaration.

1. PAEDIATRIC CANCERS

Paediatric cancers represent 20% of child deaths and remain the main cause of children's mortality above the age of one due to diseases in Europe, while the individual causes of paediatric cancers remain unknown in 75% to 90% of cases. Furthermore, there have not been any increase in overall survival rate in the last 15 years.

Today, efforts must be amplified at the European level to ensure an ever-earlier diagnosis, to improve the cure of childhood cancers by expanding research and allowing better access to multi-modal treatments, including medicines, and to ensure the quality of life of survivors in the long term.

To reach those goals, the working group recommends the three following leading initiatives:

LEADING INITIATIVE 1: Establish new ways to coordinate and follow the actions specifically related to paediatric cancers, to support the goal-driven, successful and coherent implementation of actions and projects relevant to children and young people with cancer.

LEADING INITIATIVE 2: Ensure the right of children and young people to access clinical trials, by reinforcing international clinical trial platforms in paediatric haemato-oncology and the Reference Network on Paediatric Cancer (ERN PaedCan), and facilitate access to cross-border clinical trials, by solving actual current administrative, legal and financial limitations.

LEADING INITIATIVE 3: Reinforce data sharing for the benefit of research and long-term follow-up of patients, by defining the principles to be applied and harmonizing the interpretations of the regulations supervising this.

1.1 Main figures

In Europe, cancers represent 20% of causes of childhood mortality and remain the primary cause of disease-related infant mortality.

Every year in Europe, more than 35,000 new cases of paediatric cancers are diagnosed, and 6,000 children die of cancer. Almost half a million children have currently recovered from cancer, and this number is on the rise.

Substantial progress has been made in the field of paediatric cancer care. While in the 1950s, the survival rate of children was very low, it rose to 30% in the 1960s, and is currently at 80%.

This survival rate has been improved through developments in research and treatments and improved care. This progress has particularly been made possible through cooperation development and the creation of the International Society of Paediatric Oncology (SIOP).

At present, the challenge lies not only improving survival rates among children affected by cancers, but also in early disease detection, and long-term follow-up and quality of life of these children once they have reached adulthood.

Despite this progress and the many initiatives, improvements in all areas of cancer care are still needed to combat these cancers more effectively.

1.2 Priorities of initiatives in the field of paediatric cancer care

Prevention and diagnosis

In 80% of cases, paediatric cancer is diagnosed when the cancer is already at an advanced stage. Among adults, this rate is only 20%.

However, early detection significantly improves the patient's chances of survival with generally less burdensome treatments.

Moreover, in 75 to 90% of cases, the causes of the onset of paediatric cancers are unknown. Prevention strategies include research on hereditary factors and genetic predispositions as well as the study of environmental factors and risk factors.

Care and treatment

According to the ten-year report published in 2017 on the Paediatric Regulation (which entered into force in the European Union on 26 January 2007), significant progress has been made in the field of paediatric medicine. The number of clinical trials, launches of new drugs and shared information (EMA database) on childhood diseases is increasing year on year.

However, substantial disparities between European countries remain in terms of survival rates. A 20% difference is observed between Western and Eastern European countries. In relation to treatments, of the 150 cancer drugs developed in the last 10 years, only 9 have been granted an authorisation for therapeutic use in children.

This specific point can be explained by two factors:

- o paediatric cancers are a “rare disease” compared to adulthood cancers. They represent 1% of the total number of cancers in Europe every year. The low return on investment from research on treatments for children acts as a disincentive for stakeholders in the sector;
- o clinical trials including children and adolescents are more difficult to conduct.

Nevertheless, there is still an urgent need to develop research.

Quality of life

Two-thirds of people who have had cancer in the past are living with long-term treatment effects, which are potentially severe. Their day-to-day life is hence adversely affected. Almost 50% of these people also report a socioeconomic impact.

In terms of health, the main long-term complication remains premature cardiovascular disease. People who have had cancer during their childhood have an 8-fold greater risk of dying from heart disease than the general population.

There also needs to be a focus on tertiary prevention. Only a minority of recovered patients receive medical guidance enabling them to adapt their behaviours and adopt lifestyle habits to reduce risks of recurrence or secondary cancer.

2. POOR PROGNOSIS CANCER

A focus was placed on poor prognosis cancer, defined here as cancers whose survival rate at the time of discovery is estimated to be below 33% after five years⁸. As an example, in mainland France, these cancers represent about 30% of men's cancers and 20% of women's cancers⁹.

In this context, it is necessary to work at a European level to develop fundamental and clinical research to build new treatment paradigms that could radically transform the prognosis of these cancers. During the development of this research and already today, quality of care can be improved by ensuring rapid diagnostic pathways, shortened time to treatment, and early-access to innovative drugs. Practice guidelines should incorporate regular updates to ensure the most up-to-date knowledge on the subject is shared. The working group supports the establishment of an EU goal to double survival for poor-prognosis tumours

To reach these goals, the working group recommends specific actions and in particular, the three following leading initiatives:

LEADING INITIATIVE 4: Make research the priority to radically switch approaches to poor prognosis cancer: call for a European High risk High gain project at European level and set up clinical research programs, with high translational research agenda.

LEADING INITIATIVE 5: Provide a framework and tools to enable the engagement of health professionals and researchers to share their data in advance of projects, in order to better understand barriers and benefits from each other's progress.

LEADING INITIATIVE 6: Ensure the best available care is provided by increasing quality and speed of delivery, for the patient as individual (time to diagnosis, time to treatment initiation) and for the patient population as a whole (implementation of guidelines, early access to innovative drugs and new therapies in surgery and radiotherapy).

1.1 Main figures

Approximately 3/10 of incidence cancer in men and 2/10 in women are associated with a standardized net survival rate below 33%. Poor prognosis cancer is defined as cancer with a low survival rate after five years.

⁸ EXCLUDING RARE CANCERS FOR WHICH EUROPEAN NETWORKS ARE YET EFFECTIVE.

⁹ COUREAU, G., ET AL. (2021), SURVIVAL AMONG INDIVIDUALS DIAGNOSED WITH CANCER IN MAINLAND FRANCE 1989-2018, SUMMARY OF RESULTS: SOLID TUMOURS AND HAEMATOLOGICAL MALIGNANCIES, INSTITUT NATIONAL DU CANCER.

The percentage rate can be debated but for the purpose of this paper, **cancers whose survival rate after five years is below 33%** will be considered in this paper, following the definition proposed by the French ten-year cancer control strategy.

Such cancers are considered regarding their initial location. Lung cancer, mesothelioma cancer, pancreatic cancer, liver cancer, brain cancer, esophageal cancer, secondary acute leukemia (coming after a treatment or a previous cancer) belong to this category. Triple negative breast cancers can also be included.

In mainland France, cancers with a poor prognosis “represent, in terms of incidence, 32% of solid tumors in men and 19% in women”, according to a study conducted by the French National Cancer Institute. For these cancers, the 5-year standardized net survival among individuals diagnosed between 2010 and 2015, is of only 30% for stomach cancer, 26% for central nervous system cancer, 22% for gallbladder and bile ducts cancer, 20% for lung cancer, 18% for liver cancer, 17% for esophageal cancer, and only 11% for pancreatic cancer and 10% for pleural mesothelioma cancer.

In the EU, similar findings are similar. For male between 45 and 54 years old, the survival rate from lung cancer in a 4–5-year follow-up interval is only 14,74% and for pancreatic cancer 9,44%.

1.2 Priorities for actions on cancer and employment

Early detection

The main goal in the fight against cancer is certainly to decrease the incidence of these cancers. To do so, prevention is crucial. It has been estimated that approximately 40% of cancers could be prevented, with a change in some behaviors and a change in the environment. In this European Meeting, the French National Cancer Institute chose to address the topic of cancer prevention as a theme on its own. Proposals related to prevention will not be addressed in this working group on poor prognosis cancer.

Then, the low survival rate of poor prognosis cancers is mainly due to the time at which their **detection** occurs. In the early stages of a pancreatic cancer, for instance, there are rarely any symptoms or they can hardly be linked to cancer. This often delays the detection to later stages of the disease, when treatments are less efficient, thus making pancreatic cancer one of the cancers with the lowest survival rate among all cancers. **The challenge is to make early diagnostic possible, through diagnostic campaigns and the development of new techniques that could ease the detection of cancer.**

New treatments

Finally, new treatments for these types of cancers need to be developed. It is crucial to develop new therapies that can address these types of cancers.

These challenges are addressed by European countries in different plans and concrete actions.

3. CANCER PREVENTION

Cancer prevention and health promotion are the most cost-effective long-term cancer control strategy. It is indeed estimated that 40% of cancers are caused by preventable risk factors.

A coordinated European action towards prevention, reducing risk exposure and promoting healthy lifestyles, would thus allow to reduce cancer prevalence in the population.

The working group recommends a list of actions to implement to improve coordination on prevention, and particularly the following three leading initiatives:

LEADING INITIATIVE 7: Create a coalition of European cancer prevention stakeholders, which aims to promote evidence-based prevention, deploy interventions at EU level and bring themes (such as alcohol, inequalities, appropriate information, health literacy, the one thousand first days of life) to the forefront of the European policy debate using targeted statements.

LEADING INITIATIVE 8: Promote a healthy environment and avoid risky exposures, most notably through actions aiming at denormalising tobacco and alcohol, generalising a mandatory front-of-pack nutrition labelling, and promoting the integration of physical activity in daily routines.

LEADING INITIATIVE 9: Reshape communication and training strategies to reinforce cancer awareness and health literacy, most notably through better personalised approaches and a stronger involvement of citizens in the framing of prevention messages.

1.1 Main figures

The third workshop of the European Meeting of the French National Cancer Institute will be focused on cancer prevention and health advocacy, which is already one of the cornerstones of the European Plan for Cancer. It will constitute one of the main levers of cancer control.

It is indeed estimated that 40% of cancers are caused by preventable risk factors, mainly tobacco (27% of total cancers, and 90% of lung cancers), alcohol usage (5% of the total), unhealthy diets, lack of physical activity, environmental pollution, hazardous substances, as well as cancers triggered by infectious agents.

Prevention is thus considered the most cost-effective long-term cancer control strategy, while only 3% of total health budgets are being spent on disease prevention and health promotion, leaving a large margin for improvement.

1.2 Priorities for actions on cancer prevention

The workshop would focus on primary and secondary cancer prevention, aiming to identify levers to increase European action towards limiting risk exposure and promoting healthy lifestyles, as well as strengthening European research cooperation on cancer prevention.

To reduce this burden, multidisciplinary and international research have been developed and supported by EU funding programs.

4. CANCER AND EMPLOYMENT – SURVIVORSHIP

Thanks to therapeutic progress, millions of people in Europe live after cancer and even with it. Studies show that around 1.6 million people of working age are diagnosed with cancer in Europe each year and cancer treatments are often accompanied by long periods of sickness absence¹⁰. Employment is considered as a lever for improving the quality of life and the socialization of people suffering from cancer. It seems that maintaining a professional activity during the treatment care, and afterwards, when it is possible and desired by the employee, contributes to the improvement of the quality of life of people suffering from cancer¹¹.

However, the return-to-work (RTW) regulatory framework in the different countries of the European Union is too heterogeneous, inflexible, widening inequalities across the Member States to enable workers to continue working. Besides, people with cancer are also exposed to discriminations notably into accessing financial services as the legal framework on the right to be forgotten still need to be largely extended in the EU.

¹⁰ VICAN 2, a French INCa study published in 2012^[1], reported that only 40% of people diagnosed with cancer were working 2 years after diagnosis

¹¹ Paraponaris A, Teyssier LS, Ventelou B (2010) Job tenure and selfreported workplace discrimination for cancer survivors 2 years after diagnosis: does employment legislation matter? Health Policy 98(2–3):144–155. <https://doi.org/10.1016/j.healthpol.2010.06.013>

Also, both organizations and workers continue to face difficulties in providing care and support to people with cancer. There is a need to have efficient tools to carry out this mission and to be guided on the path to recovery.

Return-to-work requires evidence-based and tailored support for employers and for workers with cancer. Yet some tools / measures are under-implemented in Europe and there is a need to gather more data to develop and provide better RTW supports.

To tackle those challenges, the group wishes to focus on three strategic areas:

LEADING INITIATIVE 10: Promote and implement a supportive legal framework for people with cancer to facilitate their return to work but also develop legislation concerning the right to be forgotten when accessing financial services to prevent discrimination.

LEADING INITIATIVE 11: Develop a structure of interaction as well as tools and services for companies and people with cancer to support them and be guided in the process of return to work.

LEADING INITIATIVE 12: Build up research regarding return to work for people with cancer by leading a descriptive and an interventional research program.

1.1 Main figures

The number of people suffering from cancer has steadily increased during the past years, yet the barriers to enter and return to employment remain high.

Within 15 years and without decisive actions, cancer cases are estimated to increase by almost 25%, making it the leading cause of death in the European Union. Last year, 2.6 million people in the EU were diagnosed with cancer and this number has been on the rise over the past decades, like other long-standing health problems. This can be explained by an aging population and population growth but also by an increase in early detection of diseases.

The onset of cancer often has a significant impact on patients, both on the personal (including family) and professional life. On a professional level, 40% of diagnosed people with cancer are currently working and it is estimated that 77% of workers with cancer had resorted to a sick leave of at least 1 month.

Besides the major issue tackled by cancer survivors (insufficient management of late and long-term effects of treatment), they also face difficulties when re-entering the labor market. Studies indicate that professional situations considerably deteriorate when workers face cancer and frequently lead them to abandon the choice of return to work. In fact, 30% of workers lost or quit their job two years after being diagnosed with cancer.

Also, the sanitary crisis of COVID-19, whose impacts are yet to be assessed, probably exacerbated the difficulties for workers diagnosed with cancer.

Maintaining employment or working, can improve cancer survivors' quality of life as it provides a sense of 'normality' and a feeling of social belonging. Measures that promote flexible work arrangements, facilitate social integration and reintegration of workers are key for the patient pathway as they adapt the working situation to the disease and, in the long run, contribute to the remission of cancer.

The recent progress in therapeutic innovations and the reduction in hospitalization phases are helping workers with cancer to remain employed. However, the growing number of patients suffering from cancer raises the question of the EU's mobilization and therefore of the business actors to minimize the harmful impacts of the disease on professional life and promote employment.

Survivors of cancer usually cope with situations where return to work after an illness is complex and usually due to either insufficient information or shortfall of adapted measures; the situation can vary greatly between UE countries. Sources of information are multiple and occur at different times in the patient's pathway, without coordination between the actors who deliver them.

Moreover, access to information requires a proactive approach from the patients, which enhances the risk of exclusion for the most precarious populations. Legal levers dedicated to cancer survivors are not sufficiently flexible to allow these workers to return to work with a tailored solution. For example, therapeutic times are crucial to allow patients to work during their illness and to ensure a close and social link with the workers, which is an important factor for quality of life and recovery.

Also, patients suffering from cancer cope with notable discrimination and unfair obstacles including, in the long term, access to financial services. They often face prohibitively high insurance rates, although they have been cured for years or even decades (ie. In France, cancer patients diagnosed when older than 21 can only enforce their right to forgiveness 10 years after the end of their treatment)

Many players can support workers with cancer throughout their employment career. However, few mechanisms are specifically dedicated to workers with cancer and their effectiveness remains to be proven.

The actors involved during the pathway to help cancer patient to return to work are multiple and of very different natures: institutional, associative, private actors, etc. especially as the tools they offer are abundant but not specific to cancer.

Beyond the need to ensure a better coordination of these actors to secure the workers pathway, there is a need to ensure the effectiveness of these tools.

Challenges that face survivors of cancer could often be avoided or mitigated by ensuring the cooperation between health and social care systems, and as well as with employers. They are one of the major key levers for the return to work of cancer survivors. However, today tools are often provided by major structures: the challenge is also to promote these actions within smaller entities to support employees.

Studies indicate employers are known to play an essential role as they can provide support to patients. However, employers also need guidance on how to better support cancer survivors to best respond to their needs.

Furthermore, patients often suffer from prejudices and stereotypes within their work environment, causing difficulties in disclosing their condition after a sick leave or after a long-term absence. One of the main actions is to fight against misinformation regarding cancer patients.

Finally, there is a need to develop tools that are also accessible to employers of small structures that usually do not have the leeway to offer them to patients (lack of human and economic resources).

Currently, the strategic management of return-to-work policies is inexistant in Europe and does not allow to ascertain whether workers with cancer benefit from the right tools to return to work.

There are no data on return-to-work tools for workers with cancer. Usually, institutions do not collect data related to pathologies, mainly for medical confidentiality reasons. This lack of data does not allow effective management of a return-to-work policy for cancer patients. As an example, studies indicate coaching has great potential for improving self-management in chronic conditions. However, literature is still limited.

Further research is needed to identify the existing leverages and hindrances to training tools implementation in work environment, as well as identify best practices in return-to-work support systems.

2021 marks a new turning point in the ambition for the topic cancer & employment both at European and French levels.

5. INTERNATIONAL COOPERATION

Cooperation between the main European and international actors in the fight against cancer is already well developed through numerous initiatives but the lack of coordination and governance at the global level greatly reduces its impact.

The current lack of a common strategic agenda, at the political level, limits the international ability in pulling, strategizing, coordinating and correctly orienting funding, and the international scene lacks fora and instruments for effective collaboration on cancer.

The three actions from the working group have been selected as leading initiatives to be implemented as a priority at European level to go further and accelerate efforts relating to each of the themes:

LEADING INITIATIVE 13: Call for the creation of an international cancer coordination mechanism (G10 format).

LEADING INITIATIVE 14: Build on EMA and FDA cooperation, including on paediatric cancers, and other ongoing international collaborations to systematically include other regions and cancer treatments.

LEADING INITIATIVE 15: Call for the creation of a global cancer fund mechanism.

International cooperation should allow to scale up the fight against cancer

Cooperation between the main European and international actors in the fight against cancer opens up opportunities for great progress in terms of research, prevention, early detection and diagnosis, as well as access to quality services and innovative therapies.

International cooperation should allow to better address:

- Issues in need of better coordination and of concentrated efforts:

o **cancer prevention:** not well funded or executed, and would benefit from increased coordination of national resources;

o **gaps in research projects internationally.** Such an endeavor was carried out in the UK with the development of a database of all research projects funded in the UK to identify the gaps.

- Issues that are challenging internationally due to bureaucracy or regulations and could be solved partially through a more structured approach: data sharing, rare disease cohorts, clinical trials...

Additionally, **allotting funds to a specific vehicle** (or several) would allow for a better support of a strategic agenda.

The European Commission considers that cancer international cooperation could still be improved: a lack of a common strategic agenda limits the international ability in pulling, strategizing, coordinating and correctly orienting funding.

Existing international cooperation could be strengthened

While international collaboration is well developed in research, there are few international collaboration, especially at a policy-making level, where national representative can exchange knowledge and align priorities on cancer control.

Most prominent international cooperation is organized around:

- o **International generalist organizations:** Union for International Cancer Control (UICC), International Agency for Research on Cancer (IARC), Global Alliance for Chronic Diseases (GACD), Global Alliance for Genomics and Health (GA4GH);
- o **International organizations focused on a single aspect of cancer:** International Cancer Genome Consortium (ICGC), International Association of Cancer Registries (IACR), World Federation of Surgical Oncology Societies, International Society of Paediatric Oncology;
- o **International initiatives focused on a single aspect of cancer:** International Cancer Screening Network (ICSN), International Cancer Control Partnership (ICCP), International Rare Cancers Initiative (IRCI), International Cancer Research Partnership (ICRP).

Existing European cooperation is already dense

European cooperation on cancer is very structured, at a European level (European Commission's DG SANTE and DG RTD) and through:

- o **European Institutions:** European Association for Cancer Research, European Cancer Organisation (ECCO), European Network of Cancer Registries (ENCR), European Organisation for Research and Treatment of Cancer (EORTC), Association of European Cancer Leagues (ECL)
- o **European Initiatives:** Joint Action on Rare Cancers (JARC), TRANSCAN, Innovative Partnership for Action Against Cancer (iPAAC), European Cancer Information System (ECIS), European Commission Initiative on Breast Cancer (ECIBC).

Most of these European initiatives are limited to EU members, while some others can be bound in time (CHRODIS+, EPAAC, CANCON...).

V. APPENDICES

A. EUROPEAN CANCER MEETING PROGRAMME

THURSDAY 3 FEBRUARY

09H15 Opening of the partnership Lounge ([access the Partnership Lounge online](#))

10H30 - 10H45 Welcome and opening remarks
Norbert IFRAH, President of the French National Cancer Institute

10H45 - 11H00 Launch of the European Cancer Meeting
Frédérique VIDAL, Minister for Higher Education, Research and Innovation, France

11H00 - 11H40 Masterclass "Access to Multidisciplinary Cancer Treatment: Is the continuum from development into healthcare becoming a reality?"
Denis LACOMBE, Chief Executive Officer, The European Organisation for Research and Treatment of Cancer (EORTC)

11H40 - 12H20 Masterclass "Cracking the Cancer Code"
Aina ERRANDO, Partnership and Communications Officer, European Cancer Patient Coalition

12H20 - 13H00 Masterclass "Data serving Innovation"
Philippe-Jean BOUSQUET, Director of Observation, Data Science and Assessment – French National Cancer Institute

13H00 - 14H15 Break

14H15 - 14H30 Speech Jérôme SALOMON, Director General for Health, Ministry of Solidarities and Health, France

14H30 - 15H10 Masterclass "Better medicine for children with cancer"
Dominik KARRES, Scientific Officer, Paediatric Medicines Office, European Medicines Agency

15H10 - 15H50 Masterclass "Tobacco taxes save lives"
Anca TOMA, Director, Smoke Free Partnership

15H50 - 16H30 Masterclass "Strengthening Europe in the Fight Against Cancer"
Véronique TRILLET-LENOIR, Member of the European Parliament, Rapporteur of the special EP committee for beating cancer

16H30 - 17H00 Masterclass "Update on Europe's Beating Cancer Plan & EU Mission on Cancer Mission"
Joanna DRAKE, Deputy Director-General, DG Research and Innovation (RTD), European Commission
John F. RYAN, Deputy General Director, DG Health and Food Security, European Commission

Friday 4 February

08H45 Opening of the Partnership Lounge ([access the Partnership Lounge online](#))

09H45 - 10H45 Opening of the plenary session for the European Cancer Meeting
Stella KYRIAKIDES, European Commissioner for Health and Food Safety
Véronique TRILLET-LENOIR, Member of the European Parliament, Rapporteur of the special EP committee for beating cancer
Olivier VÉРАН, Minister of Solidarities and Health, France

10H45 - 10H55 Introduction of feedback from workshops
Thierry BRETON, Director General of the French National Cancer Institute

10H55 - 11H15 Feedback from the "Cancers with Poor Prognosis" workshop
Josep Maria BORRAS, Director of Catalan Cancer Strategy, Department of Health, Catalonia, Spain

11H15 - 11H35 Feedback from the "Prevention" workshop
Wendy YARED, Director of the Association of European Cancer Leagues (ECL)

11H35 - 11H55
Feedback from the "Cancer and Employment" workshop
Angelique DE RIJK, Professor, Maastricht University

11H55 - 12H15 Feedback from the "Paediatric Cancer" workshop
Gilles VASSAL, Director of Clinical Research at Institut Gustave Roussy & President ITCC (Innovative Therapies for Children with Cancer) and Accelerate platform

12H15 - 12H35 Feedback from the "International Cooperation" workshop
Andreas CHARALAMBOUS, President of the European Cancer Organisation

13H00 - 14H00 Press conference

14H30 - 15H30 Round table "Beating cancer in Europe: levers and obstacles"
Cecilia HALLE, Deputy Head of Division, Public Health and Health Care Division, Ministry for Health and Social Affairs, Sweden
John F. RYAN, Deputy General Director, DG Health and Food Security, European Commission
Vlastimil VÁLEK, Minister of Health, Czech Republic
Olivier VÉРАН, Minister of Solidarities and Health, France

15H30 - 16H30 Round table "Cancer Mission: a new ambition for European cancer research"
Joanna DRAKE, Deputy Director-General, DG Research and Innovation (RTD), European Commission
Claire GIRY, Director General for Research and Innovation, Ministry for Higher Education, Research and Innovation, France
Marek SVOBODA, General Director of the Masaryk Memorial Cancer Institute, Czech Republic
Elisabete WEIDERPASS, Director of the International Agency for Research on Cancer, World Health Assembly
Ministry for Education and Research of Sweden*

16H30 - 16H45 Conclusion
Norbert IFRAH, President of the French National Cancer Institute

*Subject to schedules.

B.OVERVIEW OF PROGRAMMES AND INITIATIVES FOR EACH THEMATIC WORKSHOP

(1) Paediatric cancers

1.1 Contribution of Europe's Beating Cancer Plan

One of the ten **flagship initiatives** of Europe's Beating Cancer Plan focuses on childhood cancers, and aims to "put childhood cancer under the spotlight".

In 2021, the Commission launched the "Helping Children with Cancer Initiative" to ensure that children have access to rapid and optimal detection, diagnosis, treatment and care.

This initiative is funded under the EU4Health programme to facilitate access to early diagnosis and quality treatment through the new Network of Comprehensive Cancer Centres.

It will support training and enable the sharing of best practice and standards of care for children with cancer, complementing the actions implemented by the new European Reference Networks. This initiative is also enabling the launch of the "Cancer Survivor Smart-Card" to address the specificities of childhood cancer survivors, including long-term monitoring of outcomes and potential toxicity of treatments, rehabilitation, psychological support, educational modules, connectivity with healthcare staff, and information about past clinical history.

The overall budget of Europe's Beating Cancer Plan amounts to €4 billion. A substantial share of the future EU4Health programme, totalling €1.25 billion, will be used to support actions and initiatives, particularly the "Helping Children with Cancer Initiative". Two initiatives, in the context of improving follow-up of people who have had paediatric cancer, will be funded by EU4Health:

- o the "Cancer Survivor Smart-Card", which has been earmarked a budget of €1.8 million; rolled out by HaDEA;
- o the "EU Network of Youth Cancer Survivors", which has been earmarked a budget of €5 million and is to be rolled out by HaDEA.

1.2 The contribution of the French ten-year cancer-control strategy 2021 - 2030

Main paediatric cancer figures in France

Every year, approximately 2,500 new cases of cancer in children (approximately 1,700) and adolescents (approximately 800) are diagnosed in France. This accounts for around 1% of cancer cases detected. Due to considerable progress in treatments of these cancers, 8 in 10 children now recover.

Nevertheless, two-thirds of children who recover suffer from after-effects linked with the disease and treatments. In this way, 30 years post-diagnosis, 60% of adults who have recovered from cancer during their childhood or the AYA (adolescent and young adult) period suffer from at least one severe potentially life-threatening after-effect.

The fight against cancers in children, adolescents and young adults;

The fight against cancers in children, adolescents and young adults (AYAs) remains a **strong priority** and is an integral part of all the areas of the ten-year strategy in France and fields of cancer care.

All the resources available are being enlisted to **push back these cancers** to guarantee the best possible care. The fight against these cancers is also covered by specific measures supplementing those already in force, particularly within the scope of the Law of 8 March 2019¹².

The aim of the initiatives is to **improve recovery rates, overall survival and quality of life among AYAs during and after their treatments**. There is a particular focus on therapeutic innovations and long-term structuring of personalised lifelong follow-up for all.

Paediatric cancer research is benefiting from the extra impetus launched in 2021 to improve the selectivity of the French National Cancer Institute's calls for proposals, alongside an extra €5 million earmarked for this type of research by the French Ministry for Research each year. Some paediatric cancers, such as brainstem glioblastomas, fall under the category of cancers with poor prognosis, which will be a major focus of work in the future.

The measures of the **ten-year strategy** also envisage:

- o **setting up long-term follow-up, extending data collection and its systematic implementation via questionnaires for parents and children;**
- o **structuring and consolidating high-quality care provision, access to the most relevant treatments, clinical trials, and innovation;**
- o **encouraging the industrial sector to develop drugs for treating paediatric cancers and proposing a revision of the European Paediatric Regulation.**

One of the key priorities of the French National Cancer Institute's ten-year strategy is to ensure that children also benefit from progress in the cancer care pathway as a whole.

With this objective in mind, the action: **"take action to reduce cancer in children, adolescents and young adults"** will be rolled out by 2030.

¹² LAW NO. 2019-180 OF 8 MARCH 2019 AIMED AT ENHANCING PAEDIATRIC CANCER CARE THROUGH RESEARCH, SUPPORT FOR FAMILY CARERS, PROFESSIONAL TRAINING, AND THE RIGHT TO BE FORGOTTEN.

This section of the ten-year cancer-control strategy highlights ten actions to be implemented within the next 10 years:

- o launch a call for “High-risk/High-gain” proposals (action IV.2.1);
- o launch a call for HSS and intervention research proposals on care and support for both children and AYAs (action IV.2.2);
- o extend data collection, if applicable during hospitalisation, and systematise it by setting up questionnaires in strict compliance with data confidentiality (action IV.2.3);
- o structure and consolidate high-quality care provision (action IV.2.4);
- o step up training for healthcare professionals, particularly those who are not specialised in working with children (action IV.2.5);
- o raise awareness on early diagnosis of paediatric cancers (action IV.2.6);
- o guarantee access to the most suitable therapies, clinical trials, and innovation (action IV.2.7);
- o encourage the industrial sector to develop drugs to treat paediatric cancers and propose a revision of the European Paediatric Regulation (action IV.2.8);
- o provide suitable supportive care (action IV.2.9);
- o support families to facilitate access to care and improve families’ quality of life (action IV.2.10);
- o set up a long-term follow-up system for children, adolescents, and young adults (action IV.2.11).

1.3 European initiatives

European-wide cooperation is one of the keys to improve support and care for children with cancer.

In Europe, the International Society of Paediatric Oncology (SIOP) represents all professionals working in the field of paediatric cancer. It endeavours to ensure that all children and adolescents with cancer get the best possible care through several European projects. These projects form the base of a strategic plan made up of 7 goals (innovative treatments, precision medicine against cancer, equal access, adolescents and young adults, quality of life, causes of cancer).

European projects focusing on paediatric cancers:

- o **ERN PaedCan:** European Reference Network for Paediatric Oncology. Its objective is to reduce inequalities in childhood cancer survival by providing high-quality, cross-border healthcare to children with cancer. This project includes a rare tumour section: the PARTNER project. It aims to create a Paediatric Rare Tumour Europe Registry dedicated to children and adolescents, and link existing national registries providing a registry for those countries not already having a registry in place.
- o **JARC: Joint Action on Rare Cancers (JARC).** This 3-year initiative launched in October 2016 aimed to formulate policy recommendations on rare cancers that can be implemented by Member States. Its objective was to address the lack of systematic inclusion of rare cancers – including paediatric malignancies – in national cancer plans across Europe

and help ensure the appropriate roll-out and implementation of the European Reference Networks (ERNs).

- o **Conect4Children:** the objective of this programme is to accelerate the availability of high-quality scientific data that can improve the safe and effective use of therapies in children. One of the key goals of the project is to support the use of innovative trial designs and new quantitative methods to foster the development of new innovative medicines in the field of rare paediatric cancers.
- o **Survivorship Passport:** this is a tool to provide all European childhood cancer survivors with optimal long-term care. It provides instant access to the medical history of patients who ended a cancer therapy, making survivors and healthcare professionals aware of the potential risks or late effects stemming from the previous disease and treatment received.

SIOPE also supports intercontinental initiatives like ACCELERATE. This initiative provides forums for researchers, pharmaceutical firms, private individuals and regulatory bodies to meet to develop more innovative and effective treatments for children and adolescents with cancer.

(2)Cancers with poor prognosis

1.1The contribution of the European Beating Cancer Plan

Three themes in this European plan address directly or indirectly the poor prognosis cancer. Through the theme "A modern approach to cancer: new technologies, research and innovation at the service of patient-centered cancer prevention and care", the European Union plans to set up new research programs on cancer and to foster an ecosystem in favor of innovations.

For instance, it planned to launch in 2021 a new **Knowledge Centre on Cancer** that will improve the coordination of scientific and technical projects related to cancer at the EU level, and the launch of the **European Cancer Imaging Initiative**, in 2022, "to develop an EU 'atlas' of cancer-related images".

Under Horizon Europe, the European financing program for health research, two new partnerships will be initiated: the **innovative health initiative**, a partnership between the health industry, academia and other actors, and the **partnership on transforming health and care systems**, partnership between patients, healthcare authorities, professionals.

In a theme entirely dedicated to **sustainable prevention of cancers**, the Plan presents many actions to create an environment in favor of healthy lifestyle and action to fight against cancers caused by infections.

In addition, the Europe's Beating Cancer Plan sets as a goal to ensure high standards in cancer care. As a flagship initiative, it proposes the launch of "a 'Cancer Diagnostic and Treatment for All' initiative to improve access to innovative cancer diagnosis and treatment". It intends to use the next generation sequencing technology of the genes to create "cancer profiles". To these profiles would be associated and developed appropriate diagnostic methods and therapies, that could be suggested to patients sharing the same profile.

Furthermore, it plans to establish a **new Partnership on personalized medicine**, in 2023, funded under Horizon Europe. Together, these two initiatives will favor the development of innovative research projects. Finally, the European Commission plans to apply a **new legal framework for clinical trials** in Europe by the end of 2021, and a proposal 5 Framework paper on poor prognosis cancer for a **Regulation on Health Technology Assessment (HTA)** to ensure a fast access to innovative cancer diagnosis and treatments at the European level and a cooperation between the member states, sharing their expertise.

To lead these actions, Europe's Beating Cancer Plan will be supported, among other means, by two major financing programs in the field of health: **EU4Health and Horizon Europe**. In their Working Programs for 2021-2022 and among many actions, EU4Health calls for **Enhanced European reference networks (ERNs)** and Horizon Europe calls for preparing **UNCAN.eu**, a European initiative that should help to increase the understanding of cancers.

1.2 European cross-countries initiatives

Concrete actions have already been led at the European level in the fight against poor prognosis cancers. **The Innovative Partnership for Action Against Cancer (iPAAC)**, which was funded under the Third Health Programme 2014–2020, aims to "develop innovative approaches to advances in cancer control".

In particular, it has reviewed current recommendations for cancer screening and evaluated the potential for new screening programs, evaluated the impact of genomics to improve cancer control and supported the introduction of immunotherapies into clinical practice.

Finally, it also led a major action: the provision of "better efficacy for dealing with neglected cancers, through **development of new key indicators to assess clinical patient pathways** and healthcare-related costs of cancer and its interventions, particularly in the case of pancreatic cancer".

1.3 The contribution of the French ten-year cancer control strategy

The third priority directly addresses the cancers with poor prognosis.

It plans to develop research on poor prognosis cancers, concretely, to label research centers focused on poor prognosis cancers and to propose a call for projects “high risk high gain”.

It also plans to foster early diagnostic of poor prognosis cancers, guarantee smooth patient pathways, help hospital teams to establish the best therapeutic strategy (by setting up a mechanism to constantly actualize the good practice recommendations of therapeutic strategies), ensure patient access to innovative therapies, within the framework of clinical trials, enable patients to benefit from reinforced support care and set a reinforced follow-up of these patients.

The second priority, indirectly, addressed issues that are faced with poor prognosis cancers in order to anticipate the innovations and consider the aftereffects in their evaluation. In particular: 6 Framework paper on poor prognosis cancer:

- o optimize the procedures for early access to medicines, make them conditional to a real-life monitoring and an evaluation that can lead to a withdrawal;
- o develop fast-tracking evaluation procedures, to enable a faster reimbursement of the medicines;
- o make the financing mechanism of expensive medications evolve;
- o identify and anticipate the impact of innovative mechanisms and treatments, thanks to horizon scanning;
- o encourage innovation by using existing medicines and avoid shortage situations.

In addition, it wants to facilitate the access to diagnostic and therapeutic innovations, in helping healthcare professionals by spreading more efficiently the innovative therapeutic strategies.

(3) Cancer prevention

1.1 The contribution of the Europe's Beating Cancer Plan

Europe's Beating Cancer Plan dedicates its third axis to cancer prevention, “saving lives through sustainable cancer prevention”, considering it is more effective than any cure. A set of 7 initiatives will be pushed, including health literacy, tobacco, alcohol, diets and activity, environmental pollution, hazardous substances, and cancers by infections.

The plan's flagship initiative towards prevention will be the prevention of cancers caused by infections, dedicating funds to support Member States to extend routine vaccination against human papillomaviruses: the objective will be to vaccinate 90% of the EU target population of girls by 2030, as well as increasing the vaccination of boys.

As the main known avoidable cause of cancer, tobacco use will be one of the foci of the Plan, with a goal of a “Tobacco Free Generation”: only 5% of the population using tobacco in 2040, against 25% today.

The main levers to complete this goal will be reviewing the legal framework (Tobacco Products Directive, the Tobacco Taxation Directive and the legal framework on cross-border purchases of tobacco by private individuals), with the objectives of banning flavors, working towards plain packaging, addressing tobacco promotion and advertising on all medias, and extend tobacco legislation and taxation to novel tobacco products.

By 2023, the Commission will propose to update the Council Recommendation on Smoke-Free Environments.

Harmful alcohol consumption will mainly be addressed through a review of the EU legislation on the taxation of alcohol, and a mandatory labelling of health warnings on alcoholic beverages. UE’s target will be reducing harmful use by 10% by 2025.

Considering the risks of unhealthy diets and physical inactivity, the Plan aims to work towards a harmonized nutrition labelling, and a reduction of marketing of unhealthy food products, through an implementation report on the Audiovisual Media Service Directive. The Commission will also conduct an evaluation of the 2014- 2020 EU Action Plan on Childhood Obesity and propose a follow-up.

The Plan will also address pollution through the action “Align the EU’s air quality standards more closely with the WHO guidelines and promote sustainable and smart mobility”, and exposure to hazardous substances, with 3 separated actions aiming to :

- o “Reduce exposure to carcinogenic substances through the amendment to the Carcinogens and Mutagens Directive”;
- o “Adopt a new Occupational Safety and Health Strategic Framework to further reduce workers’ exposure to chemicals”;
- o “Launch of the Horizon Europe Partnership on Assessment of Risks from Chemicals”.

To support those actions, the Plan intends to improve health literacy on cancer risks through the European Code against Cancer, which will be updated and will be completed by an ‘Eu Mobile App for Cancer Prevention’.

The current iteration of the ECC is not well known enough, despite its didactic qualities: the action aims to make 80% of the population aware of this tool.

Multiple EU plans will support cancer prevention, in connection with the Cancer Plan or through a shared objective. Most notably, **Horizon Europe** will support proposals on personalized prevention, assessment of risk from chemicals, while **EU4Health** will support the promotion of the European Code against Cancer and promote healthy lifestyles through the HealthyLifestyle4All’ initiative.

1.2 The contribution of the French National Cancer Institute's ten-year strategy

As part of its 2021-2030 plan against cancer, France has dedicated multiple actions to cancer prevention, in line with its own 2018 plan "Priority to prevention".

Advocacy against tobacco is identified as one of the main components of cancer prevention in this plan, planning a continued increase of tobacco prices to limit access to smoking, an extension of smoke-free zones and tackling tobacco marketing, following the 2018-2022 national plan against tobacco.

The cancer prevention plan will also tackle risky alcohol consumption, through a better regulation of advertising and an increase on communication, which should lead to a national prevention plan of alcohol risks.

The plan's third axis will focus on nutrition and physical activity, aiming to reduce children obesity by 30% through advertising regulation, fiscal revisions and an increased support to local initiatives.

The plan also includes actions towards research on personalized prevention, public communication, infectious risks, pollution, and work exposure.

(4) Cancer and Employment

1.1 The contribution of the European Beating Cancer Plan

The Cancer Plan aim is to address the entire disease pathway, and the fourth key action area is to improve the quality of life of cancer patients and survivors. These actions are centered on areas where the EU can add the most value.

The Cancer Plan is structured around several flagship initiatives and several other initiatives. Most of the actions are financed through the EU4Health program and other financial funds that will provide €4 billion to Member States to finance re-skilling and upskilling programs. To improve the quality of life of patients or survivors, 3 main actions are identified:

Flagship initiative: Launch the 'Better Life for Cancer Patients Initiative', including a 'Cancer Survivor Smart-Card' and the creation of a virtual 'European Cancer Patient Digital Center' to support the exchange of patients' data and monitoring of survivors' health conditions – 2021-2023.

Other initiatives:

- o ensure full implementation of the Directive on work-life balance for parents and carers – 2021-2022;
- o address fair access for cancer survivors to financial services (including insurance), via a code of conduct and a reflection on long-term solutions – 2021-2023.

Moreover, the Cancer Plan put into perspectives several studies that will contribute to this goal.

The first one will focus on studying the obstacles of the return to work of cancer survivors induced by national employment and social protection policies. The second one, with a broader goal of fighting inequalities, will examine practices in financial services (including insurance) from the point of view of fairness towards cancer survivors in long term remission.

1.2 The contribution of the French ten-year cancer control strategy

The second axis entitled "Limiting the after-effects and improving the quality of life" includes an action which makes the return to work a priority (action II.13 "Making job retention an objective of the pathway").

Through this new action, the National Cancer Institute intensifies its support for actions aimed at improving professional support for people with cancer, including actions that contribute to improve the image of people with cancer in the working environment, limit consequences on professional trajectories and integrate work as one of the factors in the recovery of patients.

In addition, the National Cancer Institute's work is in line with the parliamentary work currently being carried out on the issue of preventing professional exclusion and the ongoing reform of occupational health.

1.3 Focus on other European initiatives

In line with previously funded JA CHRODIS and CHRODIS+, Chrodis Plus Workbox, will support EU member states and their workplaces in creating working conditions that foster wellbeing, health, and work ability, prevent the development of chronic diseases, and help 6 Framework paper on cancer & employment individuals with chronic health problems to continue working. The Workbox will allow the deployment of toolkits for workplaces and training tools for managers.

The CHRODIS (2014-2017) and CHRODIS+ (2017-2020) initiative aimed to promote the implementation of policies and practices demonstrated to be successful in the fight against chronic diseases.

The French National Cancer Institute developed innovative initiatives on this subject, creating a charter in 2017 to improve support to workers affected by cancer in companies volunteering to take part, and producing information tools to workplaces and managers. At the same time, a 'club of companies' was funded, to share best practices and research results in dedicated workshops.

(5) International cooperation

1.1 The contribution of the European Beating Cancer Plan

Through the theme “International collaboration and coordination”, the European Union plans to develop international cooperation using both new existing frameworks. It notably plans to strengthen international cooperation through Horizon Europe, the European financing program for health research, to ‘ensure access to talent, knowledge, know-how, peer to peer experts, facilities and markets worldwide’.

Cooperation with international institution will also be pursued, most notably through the EU-WHO framework of collaboration on non-communicable diseases, with focuses on cancer, and work with WHO’s International Agency for Research on Cancer and the European Network of Cancer Registries.

Other actions of the Beating Cancer Plan aim to reinforce European Cooperation:

- o creation of an EU Network of National Comprehensive Cancer Centres;
- o launch of the European Initiative to Understand Cancer (UNCAN.eu);
- o creation of a Knowledge Centre on Cancer;
- o helping Children with Cancer Initiative, that will include the formation of an EU Network of Youth Cancer Survivors;
- o establishment of a Cancer Inequalities Registry to reduce inequalities between Member States and regions;
- o deployment of a Cancer Survivor Smartcard;
- o creation of the European Cancer Patient Digital Centre;
- o launch of the European Cancer Imaging Initiative aiming at finding innovative solutions for greater accuracy and reliability in diagnostic imaging;
- o launch of the EU Cancer Screening scheme aiming at updating recommendations on screening and new guidelines and quality assurance schemes.

1.2 The contribution of the French ten-year cancer control strategy

In its ten-years Cancer Strategy for 2021-2030, France considers engaging in European and international cooperation as a priority, as it opens up considerable opportunities for progress, both in research, prevention, early detection and diagnosis, as well as in access to quality services and innovative therapies.

France affirms its intention of playing a role in accelerating progress at the European and global levels. This ambition will be supported by a favorable timetable with the launch in 2021 of the European Cancer Beating Plan and the European Cancer Mission.

France is thus actively engaging in or stimulating coordinated actions at the international level for the benefit of citizens, notably:

- on rare cancers, pediatric cancers and cancers with a poor prognosis, which call for an effort whose scope can only be the result of international mobilization;
- on data availability, analysis and sharing, and knowledge sharing;
- on international research consortiums in promising fields;
- on bilateral cooperation.

C. WORKSHOP ATTENDEES

Paediatric cancers		
Name	Institution	Position
Matti AAPRO	ECO - European Cancer organization	President 2020-2021
Nicolas ANDRE	SFCE - Société Française Cancers Enfant	
Sylvie BENCHETRIT	ANSM - Agence Nationale de Sécurité du Médicament et des produits de santé	Paediatric referent
Patricia BLANC	Imagine for Margo	President
Klas BLOMGREN	Karolinska Institute	Vice Head of the Department of Women's and Children's Health
Liora BRUNEL	ANSM - Agence Nationale de Sécurité du Médicament et des produits de santé	Head of the solid oncology unit
Philippe-Jean BOUSQUET	INCa - Institut national du cancer	
Norbert COUESPEL	ECO - European Cancer organization	Policy & Research Officer
Bachir DAHMANI	HAS - Haute Autorité de Santé	Project leader in the medicines evaluation department
Amélie DE MARTINI	ECO - European Cancer organization	Policy Officer
Virginie DELIGNIERES GANDEMER	SFCE - Société Française Cancers Enfant	President
Karres DOMINIK	EMA - European Medicines Agency	Scientific Officer, Paediatric Medicines Office
Thomas DUBOIS	INCa - Institut national du cancer	Head of European and International Affairs
Tobias EKENLIE	Region Östergötland - Barn och Kvinnocentrum	Head of division Women and Child's Health
Marie GADEYNE	ANSM - Agence Nationale de Sécurité du Médicament et des produits de santé	Head of the onco-haematology, hematology, nephrology unit
Natalie HOOG LABOURET	INCa - Institut national du cancer	Head of Paediatric research department
Pamela KEARNS	SIOPE - European Society for Paediatric Oncology	President 2019-2021
Anita KIENESBERGER	CCI Europe - Childhood Cancer International Europe	Chair of CCI Europe Committee
Ruth LANDENSTEIN	ERN PaedCan - European Reference Network for Paediatric Oncology	Coordinator
Karin MELLGREN	University of Gothenburg	Professor, department of pediatrics
Jean-Baptiste MERIC	INCa - Institut national du cancer	Director of Public Health and Care Unit
Anna NILSSON	Karolinska Institute	Senior lecturer, Paediatric oncology and pediatric surgery
Stefan PFISTER	DKFZ - Deutsches Krebsforschungszentrum	Head of Division of Pediatric Neurooncology
Richard PRICE	ECO - European Cancer organization	Head of Policy
Katie RIZVI	Youth Cancer Europe	Co-Founder and CEO
Carmelo RIZZARI	SIOPE - European Society for Paediatric Oncology	President-elect
Beate TIMMERMANN	WPE - Westdeutsches Protonentherapiezentrum Essen	Director of the Particle Therapy Clinic
Kepák TOMÁŠ	University Hospital Brno	Assistant professor, Department of Pediatric Oncology
Winette VAN DER GRAFF	EORTC - European Organisation for Research and Treatment of Cancer	President-elect

Gilles VASSAL	Accelerate	President
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Poor Prognosis Cancers		
Name	Institution	Position
Matti AAPRO	ECO - European Cancer organization	President 2020-2021
Benjamin BESSE	Institut Gustave Roussy	Director of clinical research
Jean-Yves BLAY	ERN EURACAN - European reference network for rare adult solid cancers	Coordinator
Josep Maria BORRAS ANDRES	ICO - Instituto Catalán de Oncología	Director
Norbert COUESPEL	ECO - European Cancer organization	Policy & Research Officer
Bachir DAHMANI	HAS - Haute Autorité de Santé	Project leader in the medicines evaluation departement
Paul DE BOISSIEU	HAS - Haute Autorité de Santé	Project Manager
Amélie DE MARTINI	ECO - European Cancer organization	Policy Officer
Pierre DEMOLIS	ANSM - Agence Nationale de Sécurité du Médicament et des produits de santé	
Thomas DUBOIS	INCa - Institut national du cancer	Head of European and International Affairs
Laëtitia GAMBOTTI	INCa - Institut national du cancer	
Rosa GIULIANI	ESMO - European Society for Medical Oncology	
Pascal HAMMEL	APHP - Assistance Publique - Hôpitaux de Paris	
Igor KISS	MMCI - Masaryk Memorial Cancer Institute Brno	
Denis LACOMBE	EORTC - European Organisation for Research and Treatment of Cancer	
Sophie LE RICOUSSE	INCa - Institut National du Cancer	
Matthias LOHR	Karolinska Institute	
Iwona LUGOWSKA	MSCI - Maria Skłodowska-Curie National Research Institute and Oncology Centre Warsaw	Plenipotentiary Director for International Affairs
Jean-Baptiste MERIC	INCa - Institut national du cancer	
Radka OBERMANNOVÁ	MMCI - Masaryk Memorial Cancer Institute Brno	
Francesco PIGNATTI	EMA - European Medicines Agency	
Richard PRICE	ECO - European CanCer organization	
Anna SALSTROM	Karolinska Institute	
Wendy YARED	ECL - European Cancer League	Director

Cancer Prevention		
Name	Institution	Position
Matti AAPRO	ECO - European Cancer organization	President 2020-2021
Tit ALBREHT	Slovenian National Institute of Public Health	
Robert BAROUKI		
Alexandre COBIGO	INCa – Institut national du cancer	
Norbert COUESPEL	ECO - European Cancer organization	Policy & Research Officer
Joakim DILLNER	The Human exposome network	
Thomas DUBOIS	INCa – Institut national du cancer	Head of European and International Affairs
Charis GIRVALAKI	ECPC - European Cancer Patient Coalition	
Adriana GROBA	ECPC - European Cancer Patient Coalition	
Iva HRNCIRIKOVA	MMCI - Masaryk Memorial Cancer Institute Brno	
Aziza KHALIL	INCa – Institut National du Cancer	
Satu LIPONNEN	Cancer society of Finland	
Viet NGUYEN-THANH	SPF – Santé Publique France	
David RICHIE	ECL - European Cancer League	
Anna SAHLSTRÖM	Karolinska Institute	
Joachim SCHUZ	CPE - Cancer prevention Europe	
Arnulf STENZL	European Association of Urology	
Marek SVOBODA	MMCI - Masaryk Memorial Cancer Institute Brno	
Anca TOMA	SFP - Smoke Free Partnership	
Mathilde TOUVIER		
Hein VAN POPPEL	European Association of Urology	
Joost WESSELING	ENHA - European Nutrition for Health Alliance	
Wendy YARED	ECL – European Cancer League	Director

Cancer and Employment / Survivorship		
Name	Institution	Position
Linda ABDELALL	Association of European Cancer Leagues - Belgium	
Hélène BONNET	Sanofi - France	Cofondatrice "Cancer & Travail : Agir ensemble »
Tiago COSTA	CCI Europe - Portugal	
Norbert COUESPEL	ECO - European Cancer organization	Policy & Research Officer
Amélie DE MARTINI	ECO - European Cancer organization	Policy Officer
Angelik DE RIJK	Maastrichts University, Social Medicine	Professor in Work and Health
Thomas DUBOIS	INCa – Institut national du cancer	Head of European and International Affairs
Jean-Baptiste FASSIER	Lyon University hospital	Head of Occupational Medicine Unit

Jérôme FOUCAUD	INCa – Institut national du cancer	Head of Research Department in Humanities and Social Sciences Epidemiology and Public Health
Marie-Sophie GANNAC	INCa – Institut national du cancer	Head of the “Cancer and employment” mission
Degi LASZLO CSABA	International Psycho-Oncology Society	Executive Officer
Christine LE CLAINCHE	University of Lille	Responsible of the
Matilde LEONARDI	Carlo Besta Neurological Institute, Milan	
Pascale LEVET	Le Nouvel Institut	
Richard PRICE	ECO - European Cancer organization	
Katie RIZVI	Youth Cancer Europe	
Yves ROQUELAURE	University of Angers ; Angers hospital	
Anna SAHLSTROM	Karolinska Institute	EUHA Steering Committee member and coordinator of Karolinska's activities within EUHA
Ludmila SALÁTOVÁ	National Cancer Institute	
Solène TOACALI	Direction Générale du Travail	
Steffen TORP	University of South-Eastern - Norway	
Yvonne WENGSTROM	Karolinska Institute	
Wendy YARED	ECL – European Cancer League	Director

International cooperation		
Name	Institution	Position
Matti AAPRO	ECO - European Cancer organization	President 2020-2021
Linda ABDELALL	ECL – European Cancer League	Policy & Projects Officer
Rifat ATUN	Harvard University	Professor of Global Health Systems
Jonas BERGH	Karolinska Institute	Cancer Theme Prefect
Andreas CHARALAMBOUS	ECO - European Cancer organization	President-elect 2021-2022
Norbert COUESPEL	ECO - European Cancer organization	Policy & Research Officer
Thomas DUBOIS	INCa – Institut national du cancer	Head of European and International Affairs
Jan GEISSLER	WECAN - Workgroup of European Cancer Advocacy Networks	Co-founder
Charis GIRVALAKI	ECPC - European Cancer Patient Coalition	EU Affairs manager
Gustavo GONZALEZ-CANALI	AVIESAN	Expert on Global Health
Adriana GROBA	ECPC - European Cancer Patient Coalition	Partnerships and Communications assistant
Delphine HEENEN	CCI - Childhood Cancer International – Europe	Regional Committee Member – CCI – Europe
Per KARLSSON	Sahlgrenska Academy	Professor of Oncology
Denis LACOMBE	EORTC - European Organisation for Research and Treatment of Cancer	CEO
Claudia MAYER	DKFZ - Deutsches Krebsforschungszentrum	International Relations
Iva MLADENKOVA	Masaryk Memorial Cancer Institute	Senior Research Manager

Marie MORFOUACE	EORTC - European Organisation for Research and Treatment of Cancer	Senior translational research scientist
Francesco PIGNATTI	EMA - European Medicines Agency	Head of Oncology, Hematology, Diagnostics
Patrik ROSSI	Karolinska Institute	Chef Tema Cancer
Eric SOLARY	UNCAN.eu	Scientific director of the « Cancéropôle Ile-de-France », Director of the Integrated Cancer Research Centre Gustave Roussy
Gilles VASSAL	Accelerate	President
Wendy YARED	ECL – European Cancer League	Director

D. ORGANISATIONS ATTENDING THE FORUM

 <p>International Agency for Research on Cancer</p> <p>World Health Organization</p>	<p>Centre international de recherche sur le cancer (CIRC)</p>
 <p>Childhood Cancer International EUROPE</p>	<p>Childhood Cancer International Europe (CCI)</p>
 <p>European Commission</p>	<p>Commission européenne - Knowledge Centre on Cancer</p>
 <p>European Commission</p>	<p>Commission européenne : direction générale de la santé, direction générale de la recherche, direction générale des réseaux de communication, du contenu et des technologies</p>
 <p>ECL Association of European Cancer Leagues</p>	<p>European Cancer Leagues (ECL)</p>
 <p>european cancer ORGANISATION</p>	<p>European Cancer Organisation (ECO)</p>
 <p>European Cancer Patient Coalition</p>	<p>European Cancer Patient Coalition (EPC)</p>
 <p>EORTC European Organisation for Research and Treatment of Cancer <i>The future of cancer therapy</i></p>	<p>European Organization For Research and Treatment of Cancer (EORTC)</p>
 <p>SIOPE SIOPE Europe the European Society for Paediatric Oncology</p>	<p>European Society for Paediatric Oncology (SIOPE)</p>
 <p>FHF FÉDÉRATION HOSPITALIÈRE DE FRANCE</p>	<p>Fédération hospitalière de France - FHF CANCER</p>
 <p>unicancer</p>	<p>Fédération nationale des centres de lutte contre le cancer (UNICANCER)</p>
	<p>Innovative Medicine Initiative (IMI - Futur IHI)</p>

	
	<p>Institut national de la santé et de la recherche médicale (Inserm)</p>
	<p>Institut national du cancer</p>
	<p>République Tchèque</p>
	<p>Smoke free partnership</p>
	<p>Therapanacea</p>
 <p>Karolinska Comprehensive Cancer Center</p>	<p>The Human Exposome Network (HEAP)</p>
	<p>Youth Cancer Europe</p>

E. THE FRENCH NATIONAL CANCER INSTITUTE'S MAIN EUROPEAN UNDERTAKINGS

The Institute is involved in cooperation projects in relation to tobacco control, and the set-up of a European Cancer Centre Network, and European Reference Networks focusing on key issues in the fight against cancer. These projects include:

<p>1. <i>Translational research funding partnership (Transcan 3, 2021-2026)</i></p> 	<p>Transcan is a unique European network of research funding agencies and ministries from various EU Member States, and Associated Countries. The partners coordinate their funding strategy through joint calls for research proposals.</p>
<p>2. Novel CAR T Cell therapy development partnership (T²Evolve, 2021-2025)</p> 	<p>The T2EVOLVE alliance includes scientists and medical doctors, regulators and decision-makers, SMEs, and patients. The objective is to accelerate development and increase awareness and access of cancer patients to immunotherapy with immune cells that harbour a genetically engineered T cell receptor (TCR) or synthetic chimeric antigen receptor (CAR). Simultaneously, T2EVOLVE aims to provide guidance on sustainable integration of these treatments into the EU healthcare system.</p>
<p>3. Partnership for the development of Next-Generation Sequencing liquid biopsy tests (ONCNGS, 2020-2025)</p> 	<p>The aim of this initiative is to challenge the market to research and develop novel affordable solutions to provide the best Next-Generation Sequencing (NGS) tests, for all solid tumour/lymphoma patients. The OncNGS alliance will challenge the market by launching a <i>Pre-Commercial Procurement (PCP)</i> procedure which will enable buyers to compare developments by contracted suppliers in three phases: solution design, prototype development, and clinical validation of a limited set of R&D supplies.</p>
<p>4. Joint Action on strengthening cooperation between interested Member States and the Commission in the area of tobacco control (JATC 2, 2021-2024)</p>	<p>The aim of this Joint Action is to enhance knowledge of the properties and regulatory implications of new tobacco products and e-cigarettes. This Joint Action also has the objective of supporting implementation of the Tobacco Products Directive and the Tobacco Advertising Directive</p>
<p>5. Innovative Partnership for Action Against Cancer (iPAAC, 2018-2021)</p> 	<p>The general objective of the iPAAC Joint Action (JA) is to develop innovative approaches to advances in cancer control. The innovation that will be covered within the JA consists of further development of cancer prevention, comprehensive approaches to the use of genomics in cancer control, cancer information and registries, improvements and challenges in cancer care, mapping of innovative cancer treatments and governance of integrated cancer control, including a new analysis of National Cancer Control Plans.</p>
<p>6. Joint Action for preparing the Creation of National Comprehensive Cancer Centres and EU Networking (CRANE, 2022-2024)</p>	<p>The CRANE Joint Action (Creation of National Comprehensive Cancer Centres and EU Networking) addresses one of Europe's Beating Cancer Plan</p>

	<p>flagship initiatives, which states that the European Commission will establish, by 2025, a European network linking recognised national <i>Comprehensive Cancer Centres</i> (CCC) in every Member State. In order to facilitate the creation of such a network, the project will prepare the necessary groundwork, in terms of administrative and professional aspects, and high-quality performance.</p>
<p>7. Joint Action to prepare the creation of European reference networks (JANE, 2022-2024)</p>	<p>The JANE Joint Action (Joint action on Network of Expertise) is aimed at creating six new networks of expertise in the following fields: personalised primary prevention, survivorship, palliative care, omics, cutting-edge medical resources, one or more complex cancers and cancers with poor prognosis.</p>
<p>8. Joint Action to support Member States in the roll-out of human papillomavirus (HPV) vaccination campaigns (2022-2024)</p>	<p>The objective of the project is to support Member States' endeavours to extend the roll-out of routine HPV vaccination with a view to eradicating cervical cancer and other cancers caused by HPV in the years to come.</p>