

Public consultation on the Commission's Europe's Beating Cancer Plan (Online Questionnaire)

Fields marked with * are mandatory.

Introduction

Cancer concerns all European citizens. 40% of us are likely to be affected at some stage in our life and we all know someone who developed the disease. This is why the President of the European Commission announced [Europe's Beating Cancer Plan](#) to be carried forward by the Commission, under the stewardship of the [Commissioner for Health and Food Safety](#).

Europe's fight against cancer is ongoing ([link](#)). But beating cancer requires everyone's involvement. The Commission wants to place European citizens at the centre of this plan. This is why we want to hear your views as we embark on this journey. Whether you are a concerned citizen, a patient or one of his/her relatives, a healthcare worker, a researcher, an employee in the pharmaceutical sector, or a policy maker, we want to hear from you. Share your experience. Tell us where you think Europe should focus its efforts.

We see the cancer problem as three-fold. First, cancer can cause huge suffering to individuals and their families. The citizen, and patient and his/her immediate family is the starting point and epicentre of Europe's Beating Cancer Plan. The second element is the burden that cancer imposes on society as a whole, stretching health systems. The third dimension is the significant inequalities that exist across Europe in terms of access to high-quality cancer-related services. Access to screening programmes varies significantly throughout Europe. And once diagnosed, patients don't always get access to the treatment that might make a vital difference for them.

With an estimated 40% of cancers being attributed to avoidable causes, we need to do better when it comes to cancer prevention. And as we get better at ensuring people survive cancer, our societies also need to do better at helping survivors with the problems they face subsequently. Therefore, the Commission intends to design the plan to cover the entire cycle of the disease. Actions should span all steps of the disease, including prevention, early diagnosis, treatment, and the social dimension of cancer (encompassing life after cancer, carers and palliative care). We published a roadmap describing this approach under this [LINK](#). Please let us know if you think we have missed something important, be it in terms of problems, objectives, or areas of EU action to explore.

Drawing on your input, the Commission will go on to complement this initial public consultation with further targeted interactions with specific stakeholder groups.

The contributions to this public consultation are not considered to relate to your own personal health situation but may relate to the health experience or situation of family and/or friends.

Thank you for helping us shape the European Cancer Plan!

About you

* Language of my contribution

- Bulgarian
- Croatian
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- Gaelic
- German
- Greek
- Hungarian
- Italian
- Latvian
- Lithuanian
- Maltese
- Polish
- Portuguese
- Romanian
- Slovak
- Slovenian
- Spanish
- Swedish

* I am giving my contribution as

- Academic/research institution
- Business association
- Company/business organisation
- Consumer organisation
- EU citizen
- Environmental organisation
- Non-EU citizen
- Non-governmental organisation (NGO)
- Public authority
- Trade union
- Other

* First name

Dorota

* Surname

Sienkiewicz

* Email (this won't be published)

D.Sienkiewicz@eurohealthnet.eu

Gender

- Male
 Female

Age

- 14 or less
 between 15 and 24
 between 25 and 39
 between 40 and 54
 between 55 and 64
 65 or more

Highest degree obtained

- Basic education
 Secondary education
 Vocational training
 University degree

* Organisation name

255 character(s) maximum

EuroHealthNet

Postal address of your organisation

* Country of origin

Please add your country of origin, or that of your organisation.

- | | | | |
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| <input type="radio"/> Afghanistan | <input type="radio"/> Djibouti | <input type="radio"/> Libya | <input type="radio"/> Saint Martin |
| <input type="radio"/> Åland Islands | <input type="radio"/> Dominica | <input type="radio"/> Liechtenstein | <input type="radio"/> Saint Pierre and Miquelon |
| <input type="radio"/> Albania | <input type="radio"/> Dominican Republic | <input type="radio"/> Lithuania | <input type="radio"/> Saint Vincent and the Grenadines |
| <input type="radio"/> Algeria | <input type="radio"/> Ecuador | <input type="radio"/> Luxembourg | <input type="radio"/> Samoa |
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| <input type="radio"/> Andorra | <input type="radio"/> El Salvador | <input type="radio"/> Madagascar | <input type="radio"/> São Tomé and Príncipe |

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- Bouvet Island
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- French Polynesia
- French Southern and Antarctic Lands
- Gabon
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Honduras
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar /Burma
- Namibia
- Nauru
- Nepal
- Netherlands
- New Caledonia
- New Zealand
- Nicaragua
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- Nigeria
- Niue
- Norfolk Island
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- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- South Korea
- South Sudan
- Spain
- Sri Lanka
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- Tanzania
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- Timor-Leste
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- Cayman Islands
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- Chad
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- China
- Christmas Island
- Clipperton
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Cook Islands
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- Romania
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- Rwanda
- Saint Barthélemy
- Saint Helena Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- US Virgin Islands
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

* Organisation size

- Micro (1 to 9 employees)
- Small (10 to 49 employees)

- Medium (50 to 249 employees)
- Large (250 or more)

Transparency register number

255 character(s) maximum

Check if your organisation is on the [transparency register](#). It's a voluntary database for organisations seeking to influence EU decision-making.

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* Publication privacy settings

The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

Anonymous

Only your type of respondent, country of origin and contribution will be published. All other personal details (name, organisation name and size, transparency register number) will not be published.

Public

Your personal details (name, organisation name and size, transparency register number, country of origin) will be published with your contribution.

In the interest of transparency, organisations and associations have been invited to provide the public with relevant information about themselves by registering in Transparency Register and subscribing to its Code of Conduct.

I agree with the [personal data protection provisions](#)

Please indicate if you have work experience in any of these areas

- Cancer care
- Pharmaceutical industry
- Social care sector
- Healthcare sector
- Education sector
- Health/social insurance sector
- Public administration

Are you a healthcare professional?

- Yes
- No

General Questions

1. On a scale from 0 to 10, how present is cancer in your life? (0 is not at all present and 10 very present)

Only values between 1 and 10 are allowed

2. What do you think is needed to beat cancer?

- **What do you think citizens can do to help beat cancer?**

600 character(s) maximum

EuroHealthNet cautions against a downstream “lifestyle drift” for disease prevention approaches, without integration of the “cause of the causes” - the structural and underlying causes of ill health and disease. There is extensive evidence to show that many people’s unhealthy lifestyles are influenced by their social, economic, and environmental circumstances and cultural contexts. These factors are crucial to effective and sustainable solutions - as seen from current pandemic disease lessons. They deserve political, policy and resource attention, including in the EU Beating Cancer Plan.

- **What do you think health professionals can do to help beat cancer?**

600 character(s) maximum

Transforming health systems safely and sustainably is achievable. EuroHealthNet's General Council Statement recommends integrating health equity practices through evolving reorientation, task-shifting and health promotion within health systems. Sharing key tasks among wider public health workforce professionals and devolving authority to ensure community, patient and public engagement will contribute to sustainability, improve quality of care and enhance social impacts. It offers new ways of delivering preventative care as part of wellbeing co-creation processes.

- **What do you think public authorities/national governments can do to help beat cancer?**

600 character(s) maximum

Apply well evidenced health systems reforms towards a health-promoting and preventative approach, including by better resourcing services. Alignment across sectors is key. Prevention works best when there is cohesion and consistency between actions on socioeconomic conditions, environments, public health, medical and social systems. Socioeconomic inequalities and social gradients - and their impacts on both access to means and opportunities - must be central to authorities’ actions.

3. Do you support the idea that the EU should do more to address cancer?

- Yes
- No
- I don't know

In which areas do you think the EU should prioritise its efforts (choose top 3):

at most 3 choice(s)

- Prevention
- Screening and early diagnosis
- Treatment and quality of life of patients and carers
- Life after cancer
- Research and collection of information

- Other
- I don't know

If you chose "Other", please describe it

600 character(s) maximum

1. Prevention and Health Promotion, 2. Screening and early diagnosis, 3. Treatment and quality of life of patients and carers, 4. Research and collection of information

Which actions would you consider most useful in the areas indicated below

STEP I: PREVENTION- Preventing cancer by addressing risk factors

Many things related to our lifestyle, and the environment around us may increase or decrease our risk of getting cancer. About 40% of cancer cases could be avoided through prevention measures that have proved to be successful.

Some of the most effective measures are:

- lifestyle changes (healthy diet, physical activity, reduction of obesity, avoidance of tobacco and alcohol consumption),
- vaccination against viruses that cause diseases such as cervical or liver cancer (Human papillomavirus, Hepatitis B),
- avoidance of excessive exposure to sunlight (including sunbeds)
- protection from exposure to certain chemicals that can cause cancer.

More recommendations are available in the [European Code Against Cancer](#), a joint initiative between the European Commission and the World Health Organization's International Agency for Research on Cancer.

4. Do you have enough information about how to prevent cancer?

- Yes
- No
- I don't know

What information would you need?

600 character(s) maximum

Zooming out of the individual focus of this consultation, EuroHealthNet addresses a real issue of uneven distribution of, access to quality, available means and resources to comprehend and act on health/cancer prevention information across population and social gradients.

5. Which of the actions below do you think would have the biggest impact on your lifestyle habits (e.g. diet, physical activity, tobacco or alcohol consumption)? (choose top 3)

- Measures on prices (including both taxation and/or incentives)
- Advertising
- Information campaigns
- Legislation
- Other

Please describe

600 character(s) maximum

Economic supports and incentives to help prevent avoidable cancers - for example in workplaces, in local communities and homes, in schools, in leisure activities and retail environments - to make healthy choices the easy/default choice. Due attention to environmental and commercial determinants of health and social equity therein are still lacking, as is better use of existing EU competences in these areas. Further, accessible quality screening and available resources to support family and patient care for when diagnosed cancers are being treated.

STEP II: EARLY DIAGNOSIS - Preventing avoidable cancer cases through cancer screening

An early cancer diagnosis can often significantly increase the chances of successful treatment. The European Union has issued [recommendations](#) for the screening of [breast](#), [cervical](#) and [colorectal](#) cancer.

6. Do you think the EU should extend recommendations for screening of other types of cancer, beyond breast, cervical and colorectal cancer?

- Yes
- No
- I don't know

To which types of cancer in priority?

- Lung cancer
- Gastric cancer
- Prostate cancer
- Ovarian cancer
- Other types of cancer

7. What could influence your decision to take part in a cancer screening programme?

- Information about the usefulness of screening and early diagnosis
- Convenience (proximity, ...)
- Cost
- Expertise and skills of healthcare workers
- The safety and quality of the equipment
- Other

Please explain

600 character(s) maximum

Screening is a strong preventive measure that public health has at its disposal. However, as most interventions its effectiveness vastly interplays with underlying structural determinants of health, community-driven and needs-linked approaches. Aided with pre-primary prevention and health promotion measures in a framework of healthy lifestyle and environments (wider NCDs relevance), we could better capitalise on scientific premise of 40% (or more) of the cancers being avoidable.

STEP III: TREATMENT - Best available care, treatment and quality of life for all cancer patients

Finding out you have cancer can be quite a shock. It can be difficult in these circumstances to decide how to approach your treatment. And then there is the question of whether you can get the treatment you need, and how much of it will be covered or provided by your health system. As with diagnosis, the best and most effective treatment should be available to all EU citizens. And, whilst our current treatments are indeed effective, new innovative treatments offer us even greater possibilities – yet this innovation can come at a very high cost.

8. What could Europe do to ensure that cancer patients across Europe receive the best available treatment at an affordable price, independently of where they live?

600 character(s) maximum

EU technical and structural support to Member States, regional and local authorities can target better investments in health promotion and prevention as part of strengthened primary health care systems. This can be applied through EU-led processes and instruments (EU Semester, EU Pillar of Social Rights), and EU funding streams (ESF+, InvestEU, HorizonEurope, SRSS), including new post COVID-19 instruments. The EU can stimulate innovative non-siloed cross-sectoral interventions, health governance, health co-production processes beyond narrowly defined medical care, products and services.

9. Do you believe that you know where to find sufficient information about available cancer treatment services where you live?

- Yes
- No

How can this be improved?

600 character(s) maximum

EuroHealthNet highlights the unequal information provision and unequal information comprehension across various socioeconomic groups. We acknowledge multi-level drive toward digital transformation of how preventive and health-promoting interventions and services are delivered, which while aiming to equalise access and improve cost-efficiency, may unintentionally contribute to widening of health inequalities by existing digital and health literacy divide.

10. Do you consider sufficient written information regarding cancer diagnosis and possible treatments is available to patients ?

- Yes
- No
- I don't know

11. Do you consider adequate support, both inside and outside of the healthcare setting, is available to cancer patients?

- Yes
- No
- I don't know

What additional support do you consider could be made available?

600 character(s) maximum

The need of having a more tailored approach using community engagement tools, particularly within disadvantaged areas. Again, issues of diverging digital and health literacy should be addressed. Significant support in a context of social protection systems and practices is needed to prevent catastrophic psycho-social and financial consequences of the disease for individuals and their families.

12. In your experience, do cancer patients receive treatment from a multidisciplinary team of health professionals (oncologists, researchers, psychologists)?

- Yes
- No
- I don't know

13. Do you consider that adequate means are available to help families and friends caring for cancer patients?

- Yes
- No
- I don't know

What additional support do you consider could be made available?

600 character(s) maximum

Addressing regional and local inequalities, plus socioeconomic gradient at population level, better-off can skip over this, means for private insurance, complementary treatment etc.

STEP IV: SOCIAL INTEGRATION - Quality of life with and after cancer

The good news is that the number of cancer survivors has increased substantially in the EU over the past decades. However, many of these survivors experience disabilities or long-term side effects of cancer treatment, including emotional distress.

In addition, cancer patients and cancer survivors often face hurdles in the workplace and in matters such as access to employment, insurance, or credit.

14. In your country/region, do cancer survivors receive follow-up and support after treatment?

- Yes
- No
- I don't know

15. Do you consider that cancer survivors experience significant challenges in their daily life?

- Yes
- No
- I don't know

Please indicate in which areas challenges are particularly significant:

- Lack of social rehabilitation, including employment
- Lack of education and training on self-management of your daily life (empowerment of cancer survivors)
- Lack of psychological support to address distress and depression
- Lack of training and support of your informal carers
- Lack of capacity of physicians and nurses to recognise your distress and depression
- Problems linked with medical follow-up, including management of the late effects of treatment
- Problems linked with other diseases (co-morbidity)
- Others

16. Do cancer patients and survivors receive psychosocial support during or after their treatment?

- Yes
- No
- I don't know

17. Do you know or have experience of any particularly good practice in supporting cancer survivors, or do you have any suggestions as to how this could be done?

600 character(s) maximum

Much of the work of EurohealthNet member agencies is devoted to building health promotion and tackling chronic diseases in communities, including workplaces and community institutions, for the benefits of individuals. This includes physical and mental wellbeing and community health initiatives delivered through multi-agency health promoting services. See www.eurohealthnet.eu for direct links to our member and partner organisations, or our Health Highlights newsletters for monthly updates on initiatives on the ground in states, regions and communities across the EU. People in disadvantaged group

GENERAL QUESTIONS:

18. Tell us what a successful cancer plan means to you. 10 years after we implement the plan, what should have improved in the lives of European citizens?

600 character(s) maximum

People in disadvantaged groups experience higher risks from cancers and poorer access to remedies. A successful cancer plan will achieve reductions in social and economic inequalities in cancer-related health outcomes and increase opportunities for prevention. It will reduce steep social gradients in cancers by a proportionate universalism approach. It will contribute towards key SDG targets in all EU states and regions by 2030, including major advances in health literacy to enable fully engaged citizenship in disease prevention. But the burden must not be shifted to individuals.

19. Provided it is securely managed and in full respect of data protection would you share your personal health data in order to help others and contribute to health improvements (tick all that apply)

- With doctors?
- With researchers?
- With pharmaceutical industry?

20. Have you received information on or been informed about the possibility to take part in clinical trials, including their benefits and risks?

- Yes
- No
- Not applicable

21. How can you (or your organisation) contribute to the EU plan on cancer?

600 character(s) maximum

EuroHealthNet has long been committed to health promotion and the prevention of NCDs including cancers, through action on systemic determinants of health and tackling inequities. We inform EU Institutions and ensure dialogues with agencies responsible in Member States, providing expert and practical exchanges. EuroHealthNet translates knowledge into our work on EU instruments bridging health with all EU policies. We use communication tools to share knowledge and build new partnerships for actions across sectors, including identifying innovative practices and funding mechanisms.

22. Is there anything else that you would like to add that has not been covered in this consultation?

600 character(s) maximum

To empower “self-management of chronic conditions” such as cancers, EuroHealthNet suggests the Plan ensures learning from relevant EU Joint Actions (such as Chrodis+ and JAHEE) and innovative networks (such as CHAIN), integrating health in all EU policies and the INHERIT “Triple win” approach for health, equity and sustainability. Digital and health literacy are key for people and professionals. The Plan is an opportunity to put health equity, disease prevention and health promotion at the heart of the EU’s wellbeing for recovery and transformation agenda in the post COVID-19 environment.

Contact

sante-cancer@ec.europa.eu