

Note

Meeting

Sub-group on Cancer under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

8 July 2021

On 8 July 2021, the Sub-group on Cancer under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases held a virtual meeting, jointly chaired by DG RTD and DG SANTE. The representatives of 25 Member States, plus Iceland and Norway, attended the meeting together with a number of Commission services, and agencies¹. The Deputy Director-General, DG RTD, welcomed participants to the meeting and gave a brief overview and outlook of the Mission on Cancer.

General Update on Horizon Europe's Mission on Cancer

DG RTD updated Sub-group members on the Mission on Cancer, whose Work Programme and calls were published on 15 June. The Strategic Programme Committee met on 5 July and will meet again on 31 August and 15 September. The Cluster 1 – Health Programme Committee have a scheduled meeting on 20 July; a joint meeting between these two committees is foreseen for the beginning of September where the main agenda point will be the update of the Horizon Europe Work Programme for the Cancer Mission. By the end of September, the final decision on full implementation of the Missions will be adopted; an update of the Work Programme will be prepared during the third quarter of 2021.

General Update on Europe's Beating Cancer Plan

DG SANTE informed Sub-group members on the state of play of the Europe's Beating Cancer Plan. The SGPP has been updated about the activities of the Cancer Sub-group. Moreover, a meeting² of the Special Committee on Beating Cancer took place on 16 June in the European Parliament to exchange views on National Cancer Control Plans. Furthermore, on 27 September, a meeting is scheduled to exchange views with Commissioner Kyriakides. Regarding implementation, the Work Programme for 2021 was published on 24 June and the first calls on 25 June. An Information Day³ will be organised in mid-July by HaDEA for all stakeholders, health authorities and the general public.

The OECD then presented the state of play and initial questions for the thematic working group; it is hoped that activity will start at the end of the summer. It was reminded that the objective was to develop an EU-wide framework to monitor trends and report on key cancer prevention indicators at national and EU level, following the pillars of the Europe's Beating Cancer Action Plan. A comparison with the Canadian approach was made to provide inspiration.

Update from Member States

¹ Directorates-General represented included Communication Networks Content and Technology (CNECT), Education and Culture (EAC), Energy (ENER), Employment, Social Affairs and Inclusion (EMPL), Environment (ENV), Maritime Affairs and Fisheries (MARE), Mobility and Transport (MOVE), Research and Innovation (RTD), as well as the Joint Research Centre (JRC).

² [PVx \(europa.eu\)](https://pvx.europa.eu)

³ [EU4Health 2021 work programme - Info sessions | Public Health \(europa.eu\)](https://eu4health2021.workprogramme-info-sessions-public-health.europa.eu)

Member States were invited to share developments at the national level, such as the preparation of new cancer-related initiatives, national cancer events, and other relevant activities. At the next meeting, **Belgium** will explain about their national plan to mirror the priorities under the Mission on Cancer and the Europe's Beating Cancer Action Plan. This aims to create an inventory of the needs in cancer care in Belgium and to develop a process to ensure alignment at the national level with European initiatives in order to align activities optimally. **Germany** will also present a short update on the two key national initiatives driving cancer control policies: the National Cancer Plan with a focus on oncological care and the National Decade against Cancer with a focus on cancer research. **Italy** and **Poland** will additionally present national initiatives.

Horizon Europe (Missions) and EU4Health Work Programmes

The Work Programme⁴ for the Mission on Cancer was presented, including the Coordination and Support Action for UNCAN.eu⁵, and forthcoming calls for Research and Support actions for both 2021 and 2022. Relevant and related actions under Research Infrastructure⁶ and the Health Cluster⁷ were also identified for 2021. Under Research Infrastructure, two relevant calls were identified, both with deadlines of 23 September 2021: HORIZON-INFRA-2021-EOSC-01-06: FAIR and open data sharing in support of cancer research; and HORIZON-INFRA-2021-SERV-01-01: Research infrastructures services to support research addressing cancer. Under the Health Cluster, another two relevant calls were identified, both with deadlines of 21 September 2021: HORIZON-HLTH-2021-DISEASE-04-01: Improved supportive, palliative, survivorship and end-of-life care of cancer patients; and HORIZON-HLTH-2021-CARE-05-02: Data-driven decision-support tools for better health care delivery and policymaking with a focus on cancer.

DISCUSSION

The Chair gave the floor to Member States.

Ireland asked about the envisaged budget for the overall UNCAN.eu programme, apart from the CSA action, to which it was explained that the CSA will create the blueprint for the platform, then research topics to use that platform will be proposed, at which point a budget will be assigned.

Portugal asked about the expected date for the opening of 2021 Mission on Cancer calls for Research and Support actions, and **Poland** asked about the budget for the 2021-2022 calls. DG RTD replied that it would be evident after the Work Programme was updated and circulated and thus expected in September or October. DG RTD stressed that comitology would be followed at all stages of the process. **Denmark** asked when Member States could expect to receive the Cancer Mission implementation plan; DG RTD replied that the plan is still not finalised but will be shared when published in September or October.

Austria and **Malta** asked about the planned synergies between the patient data centre and UNCAN.eu, both of which bring together data sets. It was explained that the former is patient orientated, helping patients better navigate the care system, but it is clear that there is a link. The situation is complex as collated information must work with the European Open Science Cloud⁸, the Health research and innovation Cloud, and the

⁴ https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2021-2022/wp-12-missions_horizon-2021-2022_en.pdf

⁵ [Funding & tenders \(europa.eu\)](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2021-2022/wp-3-research-infrastructures_horizon-2021-2022_en.pdf)

⁶ https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2021-2022/wp-3-research-infrastructures_horizon-2021-2022_en.pdf

⁷ https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2021-2022/wp-4-health_horizon-2021-2022_en.pdf

⁸ [Open Science Cloud | Shaping Europe's digital future \(europa.eu\)](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2021-2022/wp-4-health_horizon-2021-2022_en.pdf)

European Health Data Space⁹, as well as being rooted in Member States' frameworks. It is thanks to this complexity that starting discussions have been implemented with this Sub-group. **Malta** asked if patients would be able to donate their genetic material. **Finland** commented that "donate genetic material" has been discussed in EU's '1+ Million Genomes' initiative¹⁰, and is generally less about donation and more about giving access to genomic data. DG RTD responded that UNCAN.eu is at a very early stage of development, hence the debate. The upcoming CSA will develop the blueprint in terms of content, what is technically feasible, and what is desired, as well as following Member States' wishes.

Poland asked about the mandate of the Sub-group compared to the newly established groups for the other four missions in terms of preparing mission-related activities. DG RTD explained that the Mission on Cancer is slightly different from other missions due to the unique governance method, addressing both health and research. This Sub-group will discuss strategic orientations, but discussions and decisions on the detailed content of Work Programmes, topics and budgets will take place in the Strategic Programme Committee and the Health Programme Committee. This difference was required to ensure that the Europe's Beating Cancer Action Plan and the Mission on Cancer were synergised and that suggestions from Member States were considered appropriately. **Italy** commented that as participation in the Sub-group is over ninety participants, interaction is not optimal; DG SANTE agreed and pointed to the planned temporary thematic sub-groups.

Slovenia asked about the update of screening recommendations and whether it is also envisaged to prepare recommendations for other cancers that are candidates for screening, such as lung cancer and prostate cancer, a position that they would strongly support. DG SANTE responded that to give scientific evidence is already envisaged, e.g. on prostate cancer. Advice and recommendations will also come through the Scientific Advice Mechanism¹¹.

Ireland made a suggestion regarding the provided table listing all cancer-related calls, where other relevant calls and specific call deadlines could be included; this will be updated. **Ireland** then suggested creation of a slide-deck which summarises all cancer-related calls which are pending, for example, one summary slide per call, with key deadlines and main focus of call. DG RTD replied that this could be done by DG RTD/DG SANTE and would be relevant for this group, but that the role of National Contact Points¹² in each Member State should not be forgotten. DG SANTE added that in preparing the Joint Action, they hope to improve the information flow to those who may be interested by using the National Focal Points¹³. Information would be provided not just on the EU4Health Programme but also on other funding sources; they will reflect and revert.

Denmark asked if the Research and Innovation topic areas that the Commission is suggesting for 2021 would be presented to the Health Cluster Programme Committee, to which they were replied to in the affirmative.

The 'right to be forgotten' was raised by **The Netherlands**, whereby individuals have the right to ask organisations to delete their personal data, a legal provision which has already been implemented in several Member States, such as France, Belgium and Luxembourg. Both DG RTD and DG SANTE agreed on its importance and reminded that it is part of the Europe's Beating Cancer Action Plan. Its implementation and introduction in some Member

⁹ [European Health Data Space | Public Health \(europa.eu\)](#)

¹⁰ [1+ Million Genomes | Shaping Europe's digital future \(europa.eu\)](#)

¹¹ [Group of Chief Scientific Advisors | European Commission \(europa.eu\)](#)

¹² [National Contact Points Information Hub | National Contact Points Information Hub \(horizon-ncp.eu\)](#)

¹³ [Chafea \(europa.eu\)](#)

States could be studied in order to learn and share experience, thus this aspect will be an agenda topic at a forthcoming meeting. At that time, DG SANTE will give an update on the ongoing study on this specific right.

Governance and procedural aspects for the EU4Health Work Programme 2021¹⁴ were identified, including the actions implementing health policies. Priorities and Specific Actions along the four strands were identified, the strands being Crisis preparedness, Disease prevention, Health systems, and Digital. The five open calls for Action Grants¹⁵ were detailed, all with closing dates of 15 September 2021: EU4H-2021-PJ-05: Substances of human origin (SoHo) – Increase resilience, ensure continuity of supply and access to safe and high-quality therapies, in particular in times of crisis; EU4H-2021-PJ-03: Quality and safety of radiation technology in diagnosis and treatment of cancer; EU4H-2021-PJ-01: Data collection tasks in relation to updating the European Cancer Information System to monitor and assess cancer screening programmes; EU4H-2021-PJ-02: Inter-speciality cancer training programme; and EU4H-2021-PJ-04: EU Network of Youth Cancer Survivors. Synergies and complementarities with other EU Programmes were then identified in order to optimise the added value and impact.

DISCUSSION

The Chair gave the floor to Member States as the various actions inherently require appropriate alignment at EU and Member State level in order to leverage a united EU approach to tackling cancer.

Ireland indicated that they particularly welcome the Action Grant on inter-speciality cancer training programme and that they hope to formulate the lead; this support Action Grant ultimately benefits cancer patients.

Romania explained that they plan two activities under the Mission on Cancer within the Recovery and Resilience Facility and asked who would help or monitor the actions. DG RTD and the Mission Board on Cancer both outlined the role of Mission Board members as country Ambassadors and the Vice-Chair of the Mission Board then reiterated that they would be happy to participate as Ambassador, for example, explaining the reasoning behind the Recommendations.

Slovenia asked for the topics for next wave of Joint Actions and when they would be published. DG SANTE explained that the invitation sent to Member States includes all of this information, which will be reiterated during the Information Day. It is planned for the second wave to open in October and to close in early 2022. **Denmark** asked if the Information Day dedicated to Member States' authorities would be recorded and made available, to which they were responded to in the affirmative.

Slovenia asked for the definition of a comprehensive cancer centre. DG SANTE explained that this was currently being discussed in the iPACC Joint Action and was a key element in the preparatory activities for the new Joint Action. **Italy** suggested starting from what already exists, for example the definition developed by the Organisation of European Cancer Institutes¹⁶.

Malta asked for clarification of what was meant by 'inter-speciality cancer training', to which DG SANTE responded that it concerns any activities concerned with education and training that set a frame to facilitate the interaction between different specialities involved in cancer care. In the first call, there will be the possibility to train clinical oncologists,

¹⁴ [wp2021_en.pdf \(europa.eu\)](#)

¹⁵ [Search Funding & Tenders \(europa.eu\)](#)

¹⁶ [OECD](#)

surgeons, radiologists, and nurses. There is currently a lack of interaction between specialists, so this call is intended to help to fill the gaps.

AOB

Sub-group members were asked for Member State nominations for the two thematic groups on the Comprehensive Cancer Infrastructures and the Inequalities Register. Mandates for these two thematic groups will be developed over the summer for discussion at the next meeting. The next meeting will take place on 23 September 2021 and the following meeting on 12 November. The meeting in December will be confirmed later in order to avoid potential clashes with other relevant meetings, such as that of the closing conference of the Innovative Partnership for Action Against Cancer (iPAAC) Joint Action¹⁷, scheduled for 13-14 December in Ljubljana. The meeting was concluded by thanking participants for their valuable and enriching input.

¹⁷ [iPAAC Home](#)