



2020/2267 (INI)

01.12.2021

FINAL

COMPROMISE AMENDMENTS

on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy
(2020/2267(INI))

Special Committee on Beating Cancer

Rapporteur: Véronique Trillet-Lenoir

MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION
on strengthening Europe in the fight against cancer – towards a comprehensive and
coordinated strategy
(2020/2267(INI))

Compromise amendment on Paragraph -1 (new)
Replacing amendments 181-183, 205

Motion for a resolution

Draft compromise amendment

-1. Welcomes Europe's Beating Cancer Plan and calls on the Commission to seek new synergies between the Plan and the EU4Health Programme, the Pharmaceutical Strategy, the Chemicals Strategy and the updated European Industrial Strategy; considers that such a comprehensive cancer framework would contribute to preventing, early detecting and curing cancer; calls on the Commission to work towards developing a common cancer policy which includes, where necessary, proposals for draft legislation;

A. Areas of action

I. Cancer prevention in all European policies

Compromise amendment on Paragraph 1
Replacing amendments 184-193, 206, 199, 202

Motion for a resolution

Draft compromise amendment

1. Strongly believes that preventive actions against cancer should be implemented *in* all European policies and funding programmes;

1. Strongly believes that *comprehensive* preventive actions against cancer, *through measures supporting the elimination or reduction of harm caused by modifiable risk factors*, should be implemented *across* all European policies and funding programmes;

calls on the Commission and the Member States to integrate public awareness raising campaigns about cancer prevention into all relevant policies;

calls on the Commission to streamline the objectives of Europe's Beating Cancer Plan into all relevant sectoral policies;

strongly believes that preventive actions should be evidence based;

therefore, calls on the Commission and Member States to increase the funding for scientific research into the causes of cancer and the efficiency and implementation of preventive measures;

Compromise amendment on Paragraph 2

Replacing amendments 194-204

Motion for a resolution

2. Calls on the Commission and Member States to design and implement effective prevention measures at national and EU level, based on best practices, independent expertise and guidance;

Draft compromise amendment

2. Calls on the Commission and Member States to design and implement effective prevention measures at national and EU level, **that are** based on independent **scientific** expertise, best practices **and lessons learnt**, and **clinical** guidance;

in this regard calls, in particular, for the implementation of the European Code Against Cancer (ECAC) to reduce cancer risks pursuant to latest scientific evidence, and for regular updates to the ECAC on a cycle that is based on continuous monitoring and evaluation;

Compromise amendment on Paragraph 3

Replacing amendments 207, 209-214, 366, 485, 511

Motion for a resolution

3. Acknowledges that more than 40 % of all cancers are preventable through coordinated actions on social, individual, environmental and commercial health determinants;

Draft compromise amendment

3. Acknowledges that more than 40 % of all cancers are preventable through coordinated actions on **behaviour-related, biological, environmental, work-related, socio-economic** and commercial health determinants;

calls for more attention to be dedicated to maintaining a healthy lifestyle to prevent cancer and reduce recurrence of certain

cancers;

Compromise amendment on Paragraph 4 Replacing amendments 216-221

Motion for a resolution

4. Supports the aim of the Horizon Europe Cancer Mission to avert more than 3 million additional premature deaths over the 2021-2030 period, by accelerating progress in cancer prevention and control programmes *and creating more* equal access to these programmes;

Draft compromise amendment

4. Supports the aim of the Horizon Europe Cancer Mission to avert more than 3 million additional premature deaths over the 2021-2030 period, by accelerating progress in cancer prevention and control programmes, *striving for* equal *opportunities in* access to these programmes;

calls on the Commission to allocate adequate funding to the Horizon Europe Cancer Mission and other relevant programmes (such as 'Science and Policy for a Healthy Future' - HBM4EU) in order to achieve this objective;

Compromise amendment on Paragraph 5 Replacing amendments 222-237, 717, 1210

Motion for a resolution

5. Deplores the significant health inequalities in the EU as regards cancer prevention; insists on the need to pay special attention to vulnerable *and* marginalised populations in order to ensure their access to cancer prevention services;

Draft compromise amendment

5. Deplores the significant health inequalities *and inequities* in the EU as regards cancer prevention; insists on the need to *identify as well as to* pay special attention to vulnerable, marginalised, *socially excluded* populations, *people living in remote areas (such as in rural, isolated or outermost regions far from medical centres)*, in order to ensure their access to cancer prevention services;

considers in this regard that cancer prevention also needs to be framed in the context of social justice, entailing the need for systemic changes through population-wide public policies beyond changes in individual behaviour;

Compromise amendment on Paragraph 7

Replacing amendments 244-249

Motion for a resolution

7. Strongly supports the goal of a ‘tobacco-free generation’, as set out in Europe’s Beating Cancer Plan, where less than 5 % of the population uses tobacco by 2040, compared to around 25 % today;

Draft compromise amendment

7. Strongly supports the goal of a ‘tobacco-free generation’, as set out in Europe’s Beating Cancer Plan, where less than 5 % of the population uses tobacco by 2040, compared to around 25 % today;

urges the Commission to establish interim goals that are constantly monitored and promoted also at national level, and are reported within the Cancer Inequalities Registry in order to best direct efforts to achieve the overall target;

calls on the Commission to fund programmes that promote smoking cessation;

calls on the Commission to back cooperation between Member States in exchanging the best and most effective practices for reducing smoking;

Compromise amendment on Paragraph 8

Replacing amendments 250-271, 291-297, 303-308, 312-313

Motion for a resolution

8. Welcomes the Commission’s intention to review the Tobacco Products Directive¹⁰, the Tobacco Products Tax Directive¹¹ and the legal framework on cross-border purchases of tobacco by private individuals in order to introduce the following:

(a) an increase in minimum excise duties for all tobacco products, which ***could result in a reduction in*** tobacco use, notably among young people;

Draft compromise amendment

8. Welcomes the Commission’s intention to review the Tobacco Products Directive¹⁰, the Tobacco Products Tax Directive¹¹ and the legal framework on cross-border purchases of tobacco by private individuals, ***and urges the Commission to take appropriate measures and to bring forward legislative proposals,*** in order to introduce the following:

(a) an increase ***and an upward convergence*** in minimum excise duties for all tobacco products ***and their final market price,*** which ***would improve prevention by reducing*** tobacco uptake and use, notably among ***current smokers, and prevent*** young

(b) a requirement for plain packaging and the obligation to include health warnings on 80 % of the front and back of *cigarette* packaging;

(c) a ban on flavourings in all tobacco products to reduce the appeal of these products to non-smokers and young people;

(d) an authorisation for Member States to introduce a ban on plastic cigarette filters on health and environmental grounds;

(e) the continuation of evaluations of the health risks related to electronic cigarettes and the establishment of a list of substances contained and emitted by these products at European level, based on the model published by the French Agency for Health Security;

¹⁰ Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products, OJ L 127, 29.4.2014, p. 1.

¹¹ Council Directive 2011/64/EU of 21 June 2011 on the structure and rates of excise duty applied to manufactured tobacco, OJ L 176, 5.7.2011, p. 24.

people *from starting smoking*;

(b) a requirement for *standardised* plain packaging and the obligation to include health warnings on 80 % of the front and back of *the packaging of tobacco products, including pictorial warnings*;

(c) *the strict enforcement of the ban on characterising flavours* in tobacco products to reduce the appeal of these products to *smokers*, non-smokers, and young people;
(*Repositioned and amended in Paragraph 8b*)

(*Repositioned and amended in Paragraph 8c*)

¹⁰ Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products, OJ L 127, 29.4.2014, p. 1.

¹¹ Council Directive 2011/64/EU of 21 June 2011 on the structure and rates of excise duty applied to manufactured tobacco, OJ L 176, 5.7.2011, p. 24.

Compromise amendment on Paragraph 8a (new) Replacing amendment 290

Motion for a resolution

Draft compromise amendment

8 a. Calls for the evaluation and review of currently used measurement methods for tar, nicotine and carbon monoxide in tobacco and related products, based on independent and recent scientific research;

Compromise amendment on Paragraph 8b (new)

Replacing amendments 274, 275, 276, 277, 278

Motion for a resolution

Draft compromise amendment

8 b. Calls for the full implementation by Member States of the obligations under the Single Use Plastics Directive (Directive (EU) 2019/904) as regards filters in tobacco products containing plastics to address environmental and health concerns;

Compromise amendment on Paragraph 8c (new)

Replacing amendments 279-289, 298

Motion for a resolution

Draft compromise amendment

8c. Calls on the Commission to pursue the scientific evaluations of the health risks related to electronic cigarettes, heated tobacco products and novel tobacco products, including the assessment of risk of using these products compared to consuming other tobacco products, and the establishment of a list of substances contained in and emitted by these products at European level;

considers that electronic cigarettes could allow some smokers to progressively quit smoking;

considers at the same time that e-cigarettes should not be attractive for minors and non-smokers; therefore, calls on the Commission to evaluate, in the framework of the Tobacco Products Directive, which flavours in e-cigarettes are in particular attractive to minors and non-smokers, and propose a ban on these, as well as on all characteristic flavours in heated tobacco products and novel tobacco products;

Compromise amendment on Paragraph 9
Replacing amendments 299-302

Motion for a resolution

9. Calls for the rapid implementation of the WHO Framework Convention on Tobacco Control, paying specific attention to the protection of public health policies from the vested interests of the tobacco industry.

Draft compromise amendment

9. Calls for the rapid ***and complete*** implementation of the WHO Framework Convention on Tobacco Control (***FCTC***) ***and the WHO Protocol to Eliminate Illicit Trade in Tobacco Products***, paying specific attention to the ***FCTC Article 5.3 and its guidelines on*** protection of public health policies from the vested interests of the tobacco industry;

urges the Commission to implement specific rules of conduct for all its officials and other servants when interacting with the tobacco industry, in line with the European Ombudsman's decision in case 852/2014/LP;

Compromise amendment on Paragraph 11
Replacing amendments 317-335, 361, 363, 365

Motion for a resolution

11. Recalls that ethanol and acetaldehyde in alcoholic beverages are classified as carcinogenic to humans by the IARC, and that in Europe an estimated 10 % of all cancer cases in men and 3 % of all cancer cases in women are attributable to alcohol consumption;

Draft compromise amendment

11. Recalls that ethanol and acetaldehyde ***from ethanol metabolism*** in alcoholic beverages are classified as carcinogenic to humans by the IARC, and that in Europe an estimated 10% of all cancer cases in men and 3% of all cancer cases in women are attributable to alcohol consumption;¹ ***underlines that the lower the amount of alcohol consumed, the lower the risk of developing cancer is;***

recalls that alcohol consumption is a risk factor for many different cancers, such as oral cavity, pharynx, larynx, oesophagus, liver, colorectal and female breast cancer;

recalls the study referred to by WHO which recognises that there is no safe level of alcohol consumption when it comes to cancer prevention, and stresses the need to take this into account when devising and implementing cancer prevention policy;²

¹ Scoccianti C., Cecchini M., Anderson A.S. et al., *European Code against Cancer 4th Edition: Alcohol drinking and cancer. Cancer Epidemiol. 2016 Dec; 45: pp. 181-188. <https://pubmed.ncbi.nlm.nih.gov/27816465/>*

²<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2931310-2>

Compromise amendment on Paragraph 12

Replacing amendments 336-359

Motion for a resolution

12. Welcomes the Commission's target of achieving a reduction of at least 10 % in the harmful use of alcohol by 2025;

encourages the Commission and the Member States to promote actions to reduce and prevent alcohol-related harm within the framework of a revised EU alcohol strategy¹³;

supports the provision of better information to consumers by improving the labelling of alcohol beverages to include **prominent** warning labels and introducing the mandatory indication of the list of ingredients and nutritional information;

calls for the prohibition of alcohol advertising at sport events and for the prohibition of alcohol sponsorship of sport;

Draft compromise amendment

12. Welcomes the Commission's target of achieving a reduction of at least 10 % in the harmful use of alcohol by 2025;

encourages the Commission and the Member States to promote actions to reduce and prevent alcohol-related harm within the framework of a revised EU alcohol strategy¹³, **including a European strategy of zero alcohol consumption for minors, accompanied, where appropriate, by legislative proposals, while respecting the principle of subsidiarity and existing national legislations on age limits on alcohol consumption;**

supports the provision of better information to consumers by improving the labelling of alcohol beverages to include **health** warning labels and introducing the mandatory indication of the list of ingredients and nutritional information, **and in addition, by introducing digital labelling;**

asks the Commission to take specific actions targeting heavy and risky drinking^{1a};

considers it important to protect **minors** from commercial communication on alcohol consumption, as well as product placement and sponsorship of alcohol brands, **including** in the digital environment, **as advertising shall not be aimed specifically at minors and shall not**

encourage consumption of alcohol;

considers it important to protect **children** from commercial communication on alcohol consumption, as well as product placement and sponsorship of alcohol brands, **especially** in the digital environment;

calls for the strong monitoring of the implementation of the revised Audiovisual Media Service Directive¹⁴ ;

encourages the allocation of public funds for national and European awareness campaigns; supports the planned review of EU legislation on the taxation of alcohol and on cross-border purchases of alcohol by private individuals and a review of alcohol pricing policies, **including increasing taxes on alcoholic beverages**;

¹³ Commission communication of 24 October 2006 on a EU strategy to support Member States in reducing alcohol-related harm (COM(2006)0625).

¹⁴ Directive (EU) 2018/1808 of the European Parliament and of the Council of 14 November 2018 amending Directive 2010/13/EU on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media services (Audiovisual Media Services Directive) in view of changing market realities, OJ L 303, 28.11.2018, p. 69.

calls for the prohibition of alcohol advertising at sport events **when those events are mainly attended by minors** and calls for the prohibition of alcohol sponsorship of sport;

calls for the strong monitoring of the implementation of the revised Audiovisual Media Service Directive¹⁴;

calls for the upcoming proposal for Digital Services Act to strengthen the ability of Member States to uphold and enforce legislation seeking to protect minors and other vulnerable populations from commercial communication for alcoholic beverages;

encourages the allocation of public funds for national and European awareness campaigns; supports the planned review of EU legislation on the taxation of alcohol and on cross-border purchases of alcohol by private individuals and a review of alcohol pricing policies, **including considering an increase of taxes on alcoholic beverages** ;

¹³ Commission communication of 24 October 2006 on a EU strategy to support Member States in reducing alcohol-related harm (COM(2006)0625).

1a

[https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(21\)00279-5/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(21)00279-5/fulltext)

¹⁴ Directive (EU) 2018/1808 of the European Parliament and of the Council of 14 November 2018 amending Directive 2010/13/EU on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media services (Audiovisual Media Services Directive) in view of changing market realities, OJ L 303, 28.11.2018, p. 69.

Compromise amendment on Paragraph 13

Replacing amendments 360-362, 367-388

Motion for a resolution

13. Emphasises the role of a healthy diet ***in cancer prevention*** and that individual cancer risks can be reduced by an ***appropriate*** intake of fruits and vegetables, and therefore welcomes the upcoming revision of the ‘EU school fruit, vegetables and milk scheme’;

asks the Commission and the Member States to help consumers to make informed, healthy and sustainable choices about food products via the adoption of harmonised, ***mandatory*** front-of-pack ***nutrition labelling***, such as the Nutri-Score;

welcomes the focus on healthy nutrition in the EU Child Guarantee¹⁵ and calls for a new EU Action Plan on Childhood Obesity;

supports fiscal measures to make fresh foods (such as ***pulses, grains and vegetables***) more affordable and accessible at national level, especially for people with low incomes;

encourages Member States to use pricing policies, such as value added tax differentiation, and marketing controls to influence demand for, access to and the affordability of food and drink low in saturated fats, trans-fats, salt and sugar;

supports Member States in ***restricting*** the advertising of ***ultra-processed*** food products ***and sugary and sweetened beverages***, including on social media;

Draft compromise amendment

13. Emphasises the role of a healthy diet ***preventing and limiting the incidence and the recurrence of cancer***, and that individual cancer risks can be reduced by an ***increased consumption of sustainably produced plants and plant-based foods, such as fresh fruits and vegetables, whole grains and legumes; furthermore, emphasises the need to address the overconsumption of meat and ultra-processed products, as well as products high in sugars, salt and fats***; welcomes, ***therefore***, the upcoming revision of the ‘EU school fruit, vegetables and milk scheme’ ***and the EU's policy on the promotion of agricultural products***;

asks the Commission and the Member States to ***encourage and*** help consumers to make informed, healthy and sustainable choices about food products via the adoption of ***a mandatory and*** harmonised ***EU*** front-of-pack ***nutritional label that is developed based on robust independent scientific evidence***;

welcomes the focus on healthy nutrition in the EU Child Guarantee¹⁵ and calls for a new EU Action Plan on Childhood Obesity;

supports fiscal measures to make fresh foods (such as ***fruits and vegetables, pulses, legumes and wholegrains***) more affordable and accessible at national level, especially for people with low incomes;

encourages Member States to use pricing policies, such as value added tax differentiation, and marketing controls to influence demand for, access to and the affordability of food and drink low in saturated fats, trans-fats, salt and sugar;

supports Member States in ***revising the relevant provisions to restrict*** the advertising of ***sweetened beverages and*** processed food products ***high in fats, salt***

and sugar, including advertising on social media; and calls on the Commission to come forward with a proposal for a comprehensive EU-wide regulation to prohibit such advertising to minors;

¹⁵ Commission proposal of 24 March 2021 for a Council recommendation establishing a European Child Guarantee (COM(2021)0137).

¹⁵ Commission proposal of 24 March 2021 for a Council recommendation establishing a European Child Guarantee (COM(2021)0137).

Compromise amendment on Paragraph 14

Replacing amendments 392 -398

Motion for a resolution

14. Calls on Member States, regional and local governments, and civil society representatives to promote and facilitate the practice of sports **activities**, which *is* known to limit both the incidence and the recurrence of cancer, **as well as** mental health problems, and favour social inclusion;

Draft compromise Amendment

14. Calls on Member States, regional and local governments, civil society representatives **and employers** to promote and facilitate **throughout life** the practise of **physical activities and** sports, which **are** known to limit both the incidence and the recurrence of cancer, **as well as to reduce** mental health problems, and **to** favour social inclusion;

highlights the importance of making the practice of physical activities and sports accessible and inclusive from a young age, in particular for vulnerable groups, via financing public infrastructures, equipment and programs;

Compromise amendment on Paragraph 15

Replacing amendments 400, 401, 405

Motion for a resolution

15. Welcomes the launch of the EU's 'HealthLifestyle4all' campaign involving the promotion of sports, physical activity and healthy diets, in addition to other key sectors;

Draft compromise amendment

15. Welcomes the launch of the EU's 'HealthLifestyle4all' campaign involving the promotion of sports, physical activity and healthy diets, in addition to other key sectors;

recommends for schools to have health education included in their curricula, to ensure that minors and adolescents learn

how to lead a healthy lifestyle and are made aware of the ECAC, and calls for health education to be an integral part of social assistance educational policies;

Compromise amendment on Paragraph 16
Replacing amendments 406-413

Motion for a resolution

16. Points out that radiation from the sun contains invisible ultraviolet (UV) radiation which can lead to skin cancer;

supports the strengthening of protection against exposure to UV radiation at EU level, especially in the framework of occupational health and safety legislation for outdoor workers;

Draft compromise amendment

16. Points out that radiation from the sun contains invisible ultraviolet (UV) radiation which can lead to skin cancer;

supports the strengthening of protection against exposure to UV radiation at EU level, especially in the framework of occupational health and safety legislation for outdoor workers;

welcomes the Commission's commitment to explore measures on exposure to ultraviolet radiation, including from artificial tanning devices (sunbeds)¹⁶;

calls for stricter legislation on the use of sunbeds for cosmetic purposes and a ban on the use of it by minors;

calls therefore on the Commission to revise Directive 2006/25/EC on the exposure of workers to risks from physical agents (artificial optical radiation) and to include solar radiation into the scope;

points out the importance of information campaigns to make people aware of the risks associated to excessive sun exposure and to teach them how to recognise possible warning signs;

calls for specific measures to reduce exposure to UV radiations of minors and adolescents;

calls on Member States to include reporting of melanoma skin cancer in national cancer registries;

¹⁶ Directive 2014/35/EU of the European Parliament and of the Council of 26 February 2014 on the harmonisation of the laws of the Member

¹⁶ Directive 2014/35/EU of the European Parliament and of the Council of 26 February 2014 on the harmonisation of the laws of the Member States

States relating to the making available on the market of electrical equipment designed for use within certain voltage limits, OJ L 96, 29.3.2014, p. 357.

relating to the making available on the market of electrical equipment designed for use within certain voltage limits, OJ L 96, 29.3.2014, p. 357.

Compromise amendment on Paragraph 17 Replacing amendments 414-422

Motion for a resolution

17. Acknowledges that around 2 % of the European cancer burden can be attributed to ionizing radiation and that indoor exposure to radon and its decay products is the second leading cause of lung cancer in Europe;

looks forward to the results of the Euratom Research and Training Programme¹⁷, which will improve knowledge on exposure to radon, and the proposed countermeasures to reduce its accumulation in dwellings;

encourages Member States to regularly update their national plans to reduce exposure to radon, as requested in the Directive on Exposure to Radioactive Sources¹⁸;

calls on the Commission to **introduce** measures to protect workers exposed to ionising radiation such as airline crews, nuclear power plant workers and health professionals working in the radiology, radiotherapy or nuclear medicine sectors;

Draft compromise amendment

17. Acknowledges that around 2 % of the European cancer burden can be attributed to ionising radiation and that indoor exposure to radon and its decay products is the second leading cause of lung cancer in Europe;

looks forward to the results of the Euratom Research and Training Programme¹⁷, which will improve knowledge on exposure to radon, and the proposed countermeasures to reduce its accumulation in dwellings;

recalls that ionising radiation could also be present in private households; encourages therefore the Commission and Member States to map existing and potential critical areas in order to effectively react to this threat; calls on the Commission to allocate funds to create such a forecast map and to promote information campaigns for the public in order to raise awareness on this matter;

encourages Member States to regularly update their national plans to reduce exposure to radon, as requested in the Directive on Exposure to Radioactive Sources¹⁸ ***and to update guidelines on radon mitigation for new constructions;***

calls on the Commission to ***assess the implementation and effectiveness of current*** measures to protect workers exposed to ionising radiation such as airline crews, nuclear power plant workers, ***workers in relevant industrial settings, researchers*** and health professionals working in the radiology, radiotherapy or nuclear medicine sectors ***and review them where necessary, in order to set***

proportionate measures;

¹⁷ Council Regulation (Euratom) 2021/765 of 10 May 2021 establishing the Research and Training Programme of the European Atomic Energy Community for the period 2021-2025 complementing Horizon Europe – the Framework Programme for Research and Innovation, OJ L 167I, 12.5.2021, p. 81.

¹⁸ Council Directive 2013/59/Euratom of 5 December 2013 laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation, OJ L 13, 17.1.2014, p. 1.

¹⁷ Council Regulation (Euratom) 2021/765 of 10 May 2021 establishing the Research and Training Programme of the European Atomic Energy Community for the period 2021-2025 complementing Horizon Europe – the Framework Programme for Research and Innovation, OJ L 167I, 12.5.2021, p. 81.

¹⁸ Council Directive 2013/59/Euratom of 5 December 2013 laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation, OJ L 13, 17.1.2014, p. 1.

Compromise amendment on Paragraph 17a new Replacing amendments 425 and 426

Motion for a resolution

Draft compromise amendment

17a. Calls on the Commission to promote multidisciplinary scientific research on the existence of links between electromagnetic fields (EMFs), including 5G, and cancer in order to gather scientific evidence on the long-term effects of EMFs and to inform the public in a timely manner of the outcome of those studies; calls for the promotion of research into the development of technology that reduces radio frequency exposure ;

Compromise amendment on Paragraph 18 Replacing amendments 428-446

Motion for a resolution

18. Sees the European Green Deal as a contributing factor in cancer prevention in Europe, via the reduction of air, food, water and soil pollution and of chemical exposure;

Draft compromise amendment

18. Sees the European Green Deal as a ***significant*** contributing factor in cancer prevention in Europe, via the reduction of air, food, water and soil pollution and of chemical exposure;

calls for an evaluation of the impact of policies on cancer incidence to be integrated into the Farm to Fork Strategy and the Chemical, Zero Pollution and Non-Toxic Environment Strategies;

welcomes the upcoming revision of the EU's air quality standards to align them with WHO guidelines;

calls on the Commission to ensure that the common agricultural policy *reduces the intake of pesticide residues*;

encourages the use and development of medicines that are safer for the environment;

calls for an evaluation of the impact of policies on cancer incidence to be integrated into the Farm to Fork Strategy, the Chemicals *Strategy for Sustainability*, the Zero Pollution and the Non-Toxic Environment Strategies;

welcomes the upcoming revision of the EU's air quality standards *and calls on the Commission* to align them with WHO guidelines *as referred to in Parliament's resolution of 25 March 2021 on the implementation of the Ambient Air Quality Directives¹*;

calls on the Commission to ensure that the common agricultural policy *accompanies farmers to reduce the use of pesticides*;

encourages the *research into*, use and development of medicines that are safer for the environment, *as well as implementing efficient waste removal mechanisms that avoid polluting the environment, in line with the objectives of the Pharmaceutical Strategy for Europe*;

¹ *European Parliament's resolution of 25 March 2021 on the implementation of the Ambient Air Quality Directives: Directive 2004/107/EC and Directive 2008/50/EC (P9_TA(2021)0107)*

Compromise amendment on Paragraph 19 Replacing amendments 447-451

Motion for a resolution

19. *Looks forward to the* implementation of the revised Drinking Water Directive¹⁹ and the implementation and enforcement of the Water Framework Directive²⁰, which will reduce the concentrations in surface and ground waters of certain pollutants that could contribute to cancer incidence;

¹⁹ Directive (EU) 2020/2184 of the European Parliament and of the Council of 16 December 2020 on the quality of water intended for human

Draft compromise amendment

19. *Stresses the need for full* implementation of the revised Drinking Water Directive¹⁹ and the implementation and enforcement of the Water Framework Directive²⁰, which will reduce the concentrations in surface and ground waters of certain pollutants, that could contribute to cancer incidence;

¹⁹ Directive (EU) 2020/2184 of the European Parliament and of the Council of 16 December 2020 on the quality of water intended for human

consumption, OJ L 435, 23.12.2020, p. 1.

²⁰ Directive 2000/60/EC of the European Parliament and of the Council of 23 October 2000 establishing a framework for Community action in the field of water policy, OJ L 327, 22.12.2000, p. 1.

consumption, OJ L 435, 23.12.2020, p. 1.

²⁰ Directive 2000/60/EC of the European Parliament and of the Council of 23 October 2000 establishing a framework for Community action in the field of water policy, OJ L 327, 22.12.2000, p. 1.

Compromise amendment on Paragraph 20

Replacing amendments 452-462

Motion for a resolution

20. Calls for the registration, evaluation, authorisation and restriction of chemicals under the REACH Regulation²¹ to be conducted in association with the IARC assessments;

calls on the Commission to ***adopt effective guidance and legislation*** to reduce citizens' exposure to carcinogenic substances;

Draft compromise amendment

20. Calls ***in particular for the strengthening of the information requirements on carcinogenicity under REACH to enable identification of all carcinogenic substances manufactured or imported, irrespective of the volume, in line with the Chemicals Strategy for Sustainability, and*** for the registration, evaluation, authorisation and restriction of ***chemicals including endocrine disrupting chemicals*** under the REACH Regulation²¹ to be conducted in association with the IARC ***and the WHO*** assessments;

welcomes the commitment of the Chemicals Strategy for Sustainability to extend the generic approach to risk management to ensure that consumer products do not contain chemicals that cause cancers, gene mutations, affect the reproductive or the endocrine system, or are persistent and bioaccumulative toxic;

calls on the Commission to ***swiftly implement the measures planned in the Chemicals Strategy for Sustainability*** to reduce citizens' exposure to carcinogenic ***and endocrine disrupting*** substances ***through all exposure pathways;***

calls on the Commission to give particular attention to segments of the population that are particularly vulnerable to hazardous chemicals and to better take into account those vulnerable populations in the risk assessments of chemicals;

stresses that information to consumers on exposure pathways in their everyday life is key to strengthen prevention, and

welcomes in this regard the establishment of the 'Substances of Concern in Products' (SCIP) database;

calls on the European Environmental Agency to produce a report, together with the European Chemicals Agency, on chemicals in the environment in Europe; requests that the report assesses the systemic nature of carcinogenic and endocrine disrupting chemicals within Europe's production and consumption systems, their use in products, occurrence in Europe's environment, and the harm caused to human health, especially concerning cancer;

²¹ Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, OJ L 396, 30.12.2006, p. 1.

²¹ Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, OJ L 396, 30.12.2006, p. 1.

Compromise amendment on Paragraph 21 Replacing amendments 439, 463-472

Motion for a resolution

21. Considers that the next *review* of the European Code Against Cancer (ECAC) will have to take into account the latest knowledge on environmental carcinogens;

calls for the regulation on food contact materials²² to be reviewed in order to reduce exposure to carcinogens and endocrine disruptors;

Draft compromise amendment

21. Considers that the next *edition* of the European Code Against Cancer (ECAC) will have to take into account the latest knowledge on environmental carcinogens;

calls on the Commission to propose without delay a revision of Article 68(2) of REACH, the regulation on food contact materials²², the regulation on cosmetic products^{1a}, the directive on toys safety^{2a} and other relevant consumer product legislation to ensure that consumer products do not contain chemicals that cause cancer in line with the Chemicals Strategy for Sustainability; calls, furthermore, for the regular revision of that legislation to take account of the development of new materials, trends and products;

underlines that endocrine disruptors (EDs) are present in food, food contact materials, cosmetics, consumer goods, toys, as well as drinking water, and that exposure, even at low doses, can induce adverse effects in the short and long term, including cancer^{3a};

highlights that given the widespread exposure of the EU population to many suspected and known EDs and the fact that combined exposure to several EDs acting on similar or different pathways can have cumulative effects, there is a need to minimise exposure to EDs and to make EU regulation more consistent across sectors;

encourages further research in order to determine the capacity of chemicals to act as endocrine disruptors;

²² Regulation (EC) No 1935/2004 of the European Parliament and of the Council of 27 October 2004 on materials and articles intended to come into contact with food, OJ L 338, 13.11.2004, p. 4.

^{1a} Regulation (EC) No 1223/2009 of the European Parliament and of the Council of 30 November 2009 on cosmetic products

^{2a} Directive 2009/48/EC of the European Parliament and of the Council of 18 June 2009 on the safety of toys

²² Regulation (EC) No 1935/2004 of the European Parliament and of the Council of 27 October 2004 on materials and articles intended to come into contact with food, OJ L 338, 13.11.2004, p. 4.

^{3a}

[https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608866/IPOL_STU\(2019\)608866_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608866/IPOL_STU(2019)608866_EN.pdf)

Compromise amendment on Paragraph 22

Replacing amendments 475-484, 486, 487, 682, 1395

Motion for a resolution

22. ***Recalls that exposure at work is responsible for at least 120 000 deaths from cancer each year in the EU;***

looks forward to the forthcoming new EU Strategic Framework on Health and Safety at Work for the 2021-2027 period,

the regular update of Directive 2004/37/EC of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work²³, ***and the addition of further binding occupational exposure limits within that directive;***

Draft compromise amendment

22. ***welcomes the publication of*** the new EU Strategic Framework on Health and Safety at Work for the 2021-2027 period ***notably the 'Vision Zero' approach to work-related deaths as well as the planned stocktaking occupational health and safety summit in 2023 to evaluate progress towards 'Vision Zero'; stresses the need for close and regular involvement of social partners and stakeholders in this strategy; regrets, however, the limited number of substances addressed in the strategy;***

encourages the constant analyses and research on new substances under suspicion of being carcinogenic, mutagenic and/or reprotoxic (CMRs), the establishment of OELs for those chemical agents for which they do not yet exist, and periodic revisions whenever this becomes necessary in the light of more recent scientific data and technical developments; welcomes the workers survey prepared by the European Agency for Safety and Health at Work (EU-OSHA) on exposure to cancer risk factors; stresses that more systematic human biomonitoring programmes in full compliance with data protection measures, both in occupational settings and non-occupational settings, can be one of several relevant sources of information on general chemical exposure effects and health impacts;

calls therefore on the Commission to increase its ambition as a matter of urgency through ambitious and regular updates of Directive 2004/37/EC of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work²³; ***to do so, calls on the Commission, following consultation of the Advisory Committee on Health and Safety, to present an action plan to achieve occupational exposure***

limit values for at least 25 additional substances, groups of substances or process-generated substances by 2024; stresses in that regard the need for the Commission to increase the capacity for reviewing OELs and adding new ones, including through increased staffing in relevant units and authorities;

reminds, in this regard, the opportunity of the ongoing negotiations on the fourth revision of Directive 2004/37/EC, as well as to include in Annex I work involving exposure to Hazardous Medicinal Products meeting the criteria for classification as carcinogenic, mutagenic and/or toxic for reproduction category 1A or 1B set out in Annex I to Regulation (EC) No 1272/2008 of the European Parliament and of the Council, in order to ensure the best possible general and individual protection measures for workers handling these products; reiterates its calls for a new coherent, transparent and risk-based system to be established for setting exposure limits and to better take into account workers' exposure to a combination of substances;

welcomes the commitment by the Commission^{1c} to add endocrine disruptors as a category of substances of very high concern under Regulation (EC) No 1907/2006 (REACH regulation) as well as to classify them under Regulation (EC) No 1272/2008 (CLP Regulation); stresses that workers should also be protected against exposure to endocrine disruptors;

welcomes the Commission's commitment to presenting a legislative proposal to further reduce workers' exposure to asbestos *in 2022*;

welcomes the Commission's commitment to presenting *in 2022* a legislative proposal to further reduce workers' exposure to asbestos, *a proven carcinogen (group 1) according to the IARC which remains responsible for around half of all occupational cancers in Europe*; reiterates *in this regard the Parliament's requests in its resolution of 20 October 2021 on protecting workers from asbestos, in particular its call for a European Strategy for the Removal of all Asbestos (ESRAA) and its proposals for a better evaluation of*

asks Member States to facilitate recognition of and compensation for proven work-related cancers;

stresses the need to ensure the best possible general and individual protection measures for healthcare workers handling anti-cancer drugs;

²³ OJ L 158, 30.4.2004, p. 50.

the risks linked to non-occupational exposure to asbestos;

asks Member States to facilitate recognition of and compensation for proven work-related cancers; *and to reinforce the control of work-related exposure by labour inspectorates;*

²³ OJ L 158, 30.4.2004, p. 50.

Compromise amendment on Paragraph 23 Replacing amendments 488-508, 571,639,640

Motion for a resolution

23. Encourages the Commission and the Member States to promote the prevention of cancers related to infectious diseases;

recalls that human papillomavirus (HPV) is a sexually transmitted infection associated with uterine, cervical and oropharyngeal cancers;

welcomes the vaccination programmes in the fight against HPV transmission;

notes and regrets major discrepancies in vaccination coverage between Member States, ranging from less than 30 % to more than 70 % (with the required level of population immunity being at 70 %);

insists that a gender-neutral HPV vaccination programme be implemented in the Member States to ensure the elimination of all HPV-related cancers;

Draft compromise amendment

23. Encourages the Commission and the Member States *to reach the UN SDGs targeting communicable diseases* in order to promote the prevention of cancers related to infectious diseases;

welcomes the vaccination programmes in the fight against HPV transmission;

insists that a gender-neutral *and publicly financed* HPV vaccination programme be implemented in the Member States, to ensure the elimination of all HPV-related cancers, *and calls for 90% of girls to be fully vaccinated, and for a significant increase in the vaccination of boys, with the HPV vaccine by the age of 15 by 2030;*

considers it important to draw up further recommendations to better implement these programmes;

urges that progress towards the goals of Europe's Beating Cancer Plan on HPV vaccination be reported within the Cancer Inequalities Registry;

calls on Member States to implement the Council recommendation of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases (2018/C 466/01) to reduce immunisation inequalities among vulnerable groups and improve childhood immunisation; welcomes the Commission's intention to propose a Council recommendation on vaccine-preventable cancers; in this context, stresses the need for coordinated actions targeting carcinogenic viruses, such as HPV and HBV, in order to prevent their transmission;

calls for more harmonisation of **HPV and hepatitis B** vaccination within Member States' national programmes, while ensuring the provision of information about and equal access *to* vaccination;

calls for more harmonisation of *the* vaccination *against HPV and HBV* within Member States' national programmes, while ensuring the provision of information about *vaccination and promoting* equal access *for vulnerable and at-risk adult groups*;

encourages the regular monitoring of current HPV and HBV vaccination at EU level, using a tracking system similar to the COVID-19 vaccine tracker developed by the European Centre for Disease Control and Prevention, that will also encourage Member States to adopt best practice and maintain momentum;

calls on the Member States for data harmonisation, interoperability and enhanced development of national immunisation data systems; underlines that the European Centre for Disease Prevention and Control will play a key role in tracking Member States' progress;

supports further *research into the most effective vaccination schedules* against other *carcinogenic* viruses such as *hepatitis C*;

supports further *research for vaccine development* against other viruses such as *HCV and HIV*; *considers that in the meantime therapeutic solutions ought to be used massively to reach the WHO's goal of eradicating hepatitis C by 2030, and calls on the Commission to use the*

calls for collaboration with Member States and international organisations to combat the impact of misinformation on vaccination and address vaccine hesitancy;

financial resources under the Recovery and Resilience Fund to reach these targets by funding the screening efforts;

calls for collaboration with Member States and international organisations to combat the impact of misinformation on vaccination and address vaccine hesitancy;

calls for the utilisation of EU4Health and other EU funding streams for this purpose, including for support to awareness-raising efforts with citizens, education providers and healthcare professionals as well as for support to behavioural research under the Horizon Europe programme;

recommends a strengthened application of the EU's Code of Practice on Disinformation particularly with regard to vaccine misinformation;

Compromise amendment on Paragraph 25

Replacing amendments 514-531, 617

Motion for a resolution

25. Points out that genetic predisposition to cancer linked to mutations of specific genes has been demonstrated;

highlights that methods to detect these mutations are available, especially for breast and colorectal cancers, and may help to prevent or detect early-stage cancer;

Draft compromise amendment

25. Points out that genetic predisposition to cancer linked to mutations of specific genes has been demonstrated;

highlights that methods to detect these mutations are available, *either at birth for early detection of certain paediatric cancers or over the course of a lifetime*, especially for breast, *ovarian* and colorectal cancers, and *that the detection of these mutations* may help to prevent or detect early-stage cancer *and guide treatment choices*;

recommends therefore that Member States support increased access for patients in all age groups for genetic testing coupled with medical counselling and advanced sequencing diagnostics by earmarking financing and creating clear pathways for fast and efficient reimbursement, and raise

recommends investments in infrastructures and skills in genetic sequencing platforms and the training of specialised genetic counsellors;

awareness about to what extent citizens can access such services in the Union;

recommends *boosting* investment in infrastructure and skills in genetic sequencing platforms and the training of specialised genetic counsellors *in specific units that already exist in some centres;*

calls on the Commission to support research in genetics, to find genotypes with higher susceptibility to develop certain cancers, including childhood cancers, as a disease with short exposure to external agents;

Compromise amendment on Paragraph 25a (new)

Replacing amendment 532

Motion for a resolution

Draft compromise amendment

25a. Highlights that techniques such as molecular epidemiology can provide new insights into the gene-environment interactions in cancer compared to regular epidemiology; points out that these insights, together with further studies in epigenetics, can be used to improve the understanding of risk factors contributing to cancer causes and increase early detection;

Compromise amendment on Paragraph 26

Replacing amendments 533-538

Motion for a resolution

Draft compromise Amendment

26. Strongly supports the planned revision of the ECAC and the launch of an EU mobile *app for* cancer prevention and care, as announced in Europe's Beating Cancer Plan, *in order to develop, share and*

26. Strongly supports the planned revision of the ECAC *in order to develop, share and implement best practices in cancer prevention programmes, with a dedicated focus on disadvantaged groups,*

implement best practices in cancer prevention and care programmes, with a focus on disadvantaged groups;

stresses that the ECAC should be systematically evaluated and that the evaluation work should be coordinated by the IARC;

and the launch of *a user-friendly* EU mobile app *which accompanies people from cancer prevention and education to care*, as announced in Europe's Beating Cancer Plan;

highlights that in addition to the mobile apps, all up-to-date information should also be available in non-digital format to ensure inclusiveness;

stresses that the ECAC should be systematically evaluated *by IARC* and that the evaluation work should *continue to* be coordinated by the *Commission*;

Compromise amendment on Paragraph 27 Replacing amendments 539-544, 696

Motion for a resolution

27. Encourages the Commission and the Member States to promote health literacy as regards cancer risks and determinants, to develop educational tools for prevention and to support the creation of e-learning platforms and applications;

Draft compromise amendment

27. Encourages the Commission and the Member States to *further* promote health literacy as regards cancer risks and determinants *as well as digital literacy that is linked to that*, to develop educational tools for prevention, and to support the creation of e-learning platforms and applications;

calls for particular attention be paid to disadvantaged, vulnerable, socially excluded, and marginalized people, and underlines that specific awareness-raising campaigns for groups with particular health literacy needs are essential;

notes the importance of increasing health literacy as regards carcinogenic substances at work, and calls on the Commission and Member States to ensure that employers provide the appropriate training;

underlines that primary healthcare providers have an important role in health promotion for various population groups since they can adapt their health

considers cancer prevention to be a first step towards a European public health education policy;

promotion actions to the needs of patients with a varying degree of, or without, digital skills;

considers cancer prevention to be a first step towards a European public health education policy;

Compromise amendment on Paragraph 28 Replacing amendments 546-553

Motion for a resolution

28. Calls for the **creation of a virtual European Cancer Institute**, which would be **in charge of** establishing a European roadmap to devise and coordinate large-scale prevention campaigns and effective communication campaigns on health promotion in educational programmes (harmless behaviours, healthy nutrition, physical activity etc.) with a special focus on young people and disadvantaged groups;

Draft compromise amendment

28. Calls for the **continuous strengthening of the Knowledge Centre on Cancer**, which would be **tasked with** establishing a European roadmap to devise and coordinate large-scale prevention campaigns, **in synergies with national programmes**, and effective communication campaigns on health promotion in educational programmes (harmless behaviours, healthy nutrition, physical activity, **transmission routes of carcinogenic viruses and vaccination and treatment opportunities for such infections**, etc.), with a special focus on young people and disadvantaged groups;

notes the importance of cooperating with national and local civil society organisations when developing the messaging of such campaigns;

Compromise amendment on Paragraph 29 Replacing amendments 554-570

Motion for a resolution

29. Underlines that tobacco and alcohol consumption, poor nutrition, a high body mass index and a sedentary lifestyle are risk factors common to other chronic diseases;

believes, therefore, that cancer prevention

Draft compromise amendment

29. Underlines that tobacco, and alcohol consumption, poor nutrition, a high body mass index, a sedentary lifestyle **and environmental pollution** are risk factors common to other chronic diseases;

believes, therefore, that cancer prevention

has to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

and risk reduction measures have to be implemented in the context of an integrated chronic disease prevention programme, in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

calls for a stocktaking prevention summit focussing on commercial determinants of cancer and other chronic diseases, gathering the EU institutions, Member States, patient associations and civil society organisations active in the field of health;

Compromise amendment on Paragraph 30 Replacing amendments 572-577, 718

Motion for a resolution

30. Calls for the implementation of prevention programmes to be inclusive, by involving citizens, civil society and patient associations, especially through the Conference on the Future of Europe;

Draft compromise amendment

30. Calls for the implementation of prevention programmes to be inclusive, by involving *regions and municipalities*, citizens, *social partners*, civil society and patient associations *at all steps of decision-making process*, especially through the Conference on the Future of Europe;

Compromise amendment on Paragraph 31
Replacing amendments 578-585

Motion for a resolution

31. Deplores the frequent delays to cancer diagnosis related to a lack of information or adherence to cancer screening and detection processes;

recognises the need to pay particular attention to the continuity of screening programmes and early detection in the context of a health crisis (such as the COVID-19 crisis);

Draft compromise amendment

31. Deplores the frequent delays **and shortcomings** to **timely** diagnosis of **symptomatic cancers** related to a lack of information or adherence to cancer screening and detection processes;

recognises the need to pay particular attention to the continuity of screening programmes and early detection **and cancer care services** in the context of a health crisis (such as the COVID-19 crisis) **or in situations where the capacity of the healthcare systems decreases; encourages the Commission and Member States to organise, in partnership with cancer stakeholders, public health campaigns to address any delays in screening, early detection and care that a health crisis might cause; stresses the importance of quick and up-to-date data on cancer screening programmes to enable swift reaction and follow-up in case of disruptions in regular screening capabilities with a goal of reducing the number of postponed screenings to an absolute minimum;**

Compromise amendment on Paragraph 32
Replacing amendments 589-591, 713-716, 720

Motion for a resolution

32. Regrets the inequalities between Member States in access to **breast** cancer screening, **which differs** at least tenfold across the EU according to Eurostat;
[repositioned text]

Draft compromise amendment

32. Regrets the inequalities between Member States in access to **cancer** screening, **resulting in lesser chances of survival due to late diagnosis of cancer, which represents an unacceptable discrimination for EU citizens based on their country of residence;**

underlines that in the case of breast cancer screening, **differences in coverage are at**

least tenfold across the EU according to Eurostat;

points out that the 'Health at a Glance: Europe 2018' publication noted that for cervical cancer screening difference in coverage of target population ranges between Member States from 25% to 80%;

notes that, for instance, only 18 Member States reported *that they had* national or regional population-based screening programmes *in place*;

notes that, for instance, only 18 Member States reported *having* national or regional population-based screening programmes *for breast, cervical and colorectal cancers according to the most recent report by the IARC on the implementation of the 2003 Council Recommendations on screening*;

calls on the Commission to support projects, for example via EU4Health, Horizon Europe's Cancer Mission or other relevant programmes, to explore the barriers limiting the early detection and early diagnosis of cancer in Europe;

Compromise amendment on Paragraph 33 Replacing amendments 594-601

Motion for a resolution

33. Invites Member States to work together to reduce inequalities in cancer screening and early diagnosis services, *especially in cross-border regions*;

Draft compromise amendment

33. Invites Member States to work together, *especially in cross-border regions and isolated areas (including mountain areas and urban areas remote from screening centres)*, to reduce *social and geographical* inequalities in cancer screening and early diagnosis services;

Compromise amendment on Paragraph 34 Replacing amendments 603, 607-616, 618, 627, 699-703, 592-593

Motion for a resolution

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

Draft compromise amendment

34. Supports the launch of a new EU-supported Cancer Screening Scheme, as announced in Europe's Beating Cancer Plan, to help Member States to ensure that 90 % of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025;

calls on the Commission to include other cancers, based on latest scientific evidence, into the Scheme with clear targets for each type of cancer; supports research on other types of cancers, which may be effectively detected by screening;

calls on the Commission to evaluate every two years the results of the Cancer Screening Scheme in terms of equal access of the targeted population, to keep track of inequalities between Member States and regions, propose appropriate new measures and correlate screening programmes with the latest cancer screening research results; if necessary, calls on the Commission to present measures for increasing the coverage of screening and prevention services in the Member States;

urges the Member States and the Commission to report and monitor the achievement of screening targets via the Cancer Inequalities Registry;

Compromise amendment on Paragraph 35

Replacing amendments 208, 215, 586, 587, 621-625, 628, 638, 697

Motion for a resolution

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide

Draft compromise amendment

35. Encourages Member States to promote cancer screening for breast, cervical and colorectal cancers, as part of organised population-based national and regional programmes, including in the remote and outermost regions, and provide

adequate resources;

adequate resources; *reiterates that, at the same time, there should be increased focus on screening, diagnosis and treatment initiatives for cancers that cannot be prevented, under Europe's Beating Cancer Plan;*

encourages the Commission and the Member States to promote targeted screening for high-risk groups;

strongly recommends to Member States to develop a comprehensive screening policy which allows for timely screening when cancers with hereditary characteristics are detected;

recommends that Member States *roll out* programmes for early clinical detection of oral and skin cancers;

recommends that Member States *introduce research programmes into, and the development of, effective, accurate, non-invasive and innovative early diagnosis methods, such as biomarkers, for different types of cancer;*

Compromise amendment on Paragraph 36 Replacing amendments 602, 626, 629-634, 818

Motion for a resolution

36. Calls for the full implementation *by Member States* of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers and early detection services, to minimise the delay to diagnosis for such cancers;

recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent;

Draft compromise amendment

36. Calls *on the Commission and the Member States* for the full implementation of the European guidelines for quality assurance in cancer screening for breast, cervical and colorectal cancers, and early detection services to minimise the delay to diagnosis for such cancers;

recommends that inequalities within Member States regarding screening be addressed, possibly by making the criteria for cancer screening, as well as the legal frameworks, governance and quality assurance structures, more stringent *and science-based;*

considers that, in order to address disparities in cancer screening, common

standardised screening protocols are needed at EU level, going beyond best practices guidelines, e.g. on algorithms for the organisation of screening programmes and indicators for assessing the quality of the screening programmes;

Compromise amendment on Paragraph 37

Replacing amendments 635, 636

Motion for a resolution

37. Encourages the improvement and harmonisation of cancer screening data collection to allow for an annual European report; encourages, too, the regular monitoring of current screening programmes at EU level;

underlines that scientific advances in cancer risk prediction should allow for the development of risk-appropriate screening programmes;

Draft compromise amendment

37. Encourages the improvement and harmonisation of cancer screening data collection to allow for an annual European report; encourages, too, the regular monitoring of current screening programmes at EU level;

highlights the need to link data sets from screening programmes on cancer incidence with occupational categories, which can help to identify appropriate preventive measures; considers that stepping up public health services (including financing, infrastructure and aspects involving health professionals) is key to improving cancer prevention, screening and diagnosis; stresses the importance of screening for and collecting data on common cancer comorbidities in order to better anticipate them;

underlines that scientific advances in cancer risk prediction should allow for the development of risk-appropriate screening programmes;

Compromise amendment on Paragraph 38

Replacing amendments 642-661, 697

Motion for a resolution

38. Welcomes the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing);

emphasises that those programmes should be regularly evaluated by the competent national authorities;

calls for research efforts to be fostered in order to assess, in close cooperation with the IARC and the WHO, the *possible* inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) in the recommendation;

Draft compromise amendment

38. Welcomes *the process initiated by the Commission's Group of Chief Scientific Advisors and the Scientific Advice Mechanism on* the upcoming update of the 2003 Council recommendation on breast, cervical and colorectal cancer screening²⁴ to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance imaging, HPV testing, *risk stratified approaches and risk calculators*);

emphasises that those programmes should be transmitted to *the JRC Cancer Knowledge Centre (age of initiation and subsequent uptake, its impact on survival, cost-effectiveness)* and regularly evaluated by the competent national authorities;

Calls on the Commission to develop EU guidelines for research efforts to be fostered, in order to assess, in close cooperation with the IARC, the WHO, *healthcare professionals and patient organisations*, the inclusion of new science-based cancer screening programmes (including lung, prostate, stomach and ovarian cancers) *and the role of AI in the framework of the update of the Council recommendations in 2022*;

calls for recognising the evidence that proves the positive effect of targeted lung cancer screening on mortality; encourages the Council, based on the outcome of the above mentioned assessment, to consider including lung and prostate cancer screening in the update of the Council recommendations in 2022;

further to the opinion of the Commission's Chief Scientific Advisors and the 2022 update of the Council Recommendations on Cancer Screening, calls for clear and tangible targets to be set on any new

cancers to be addressed by the Commission;

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

²⁴ Council recommendation 2003/878/EC of 2 December 2003 on cancer screening, OJ L 327, 16.12. 2003, p. 34.

Compromise amendment on Paragraph 39 Replacing amendments 603-605, 667-669

Motion for a resolution

39. Advocates the launch of a platform for national screening centres *to share* expertise and implement best practices, *discuss* common challenges *and encourage* collaboration, *based on the model of* the European Network for Health Technology Assessment (EUnetHTA);

Draft compromise amendment

39. Advocates the launch *by the Commission and the Member States* of a *European* platform for national screening centres, *drawing on the experience of similar platforms for exchange and cooperation such as the* European Network for Health Technology Assessment (EUnetHTA) *and the Heads of Medicines Agencies (HMA);*

recommends that this platform be entrusted with (i) sharing expertise and implement best practices, *(ii) discussing* common challenges, *(iii) encouraging* collaboration, *training and capacity-building for improving quality in screening programmes, (iv) acting as central hub for projects and initiatives on cancer screening supported by the EU, and (v) maintaining in the long term the network of data providers to the implementation report by the IARC on cancer screening;*

Compromise amendment on Paragraph 40 Replacing amendments 670-681, 683

Motion for a resolution

40. Stresses the importance of increasing the uptake of cancer screening and early detection among EU citizens through European Awareness Days,

Draft compromise amendment

40. Stresses the importance of increasing *awareness about, and* the uptake of, cancer screening and early detection among EU citizens, *via a Union-*

motivation surveys and better implementation of existing communication campaigns;

wide awareness raising campaign through European Awareness Days, motivation surveys and better implementation of existing communication campaigns;

calls on the Commission and the Member States to support, fund and implement further actions aimed at raising awareness about cancer screening, and promoting participation in screening both among the general population and to eligible citizens via direct notifications;

encourages Member States to actively work on educational strategies in primary healthcare centres;

encourages research into behavioural adherence factors and obstacles impeding early detection and diagnosis of cancer to boost participation in screening programmes, supported by European funding such as the Horizon Europe research programme;

Compromise amendment on Paragraph 41

Replacing amendments 684-693

Motion for a resolution

41. Calls for reinforced cooperation with third countries to encourage the organisation of screening campaigns, in particular for women's cancers and notably in low- and middle-income countries;

Draft compromise amendment

41. Calls for reinforced cooperation with third countries *and especially with the broader European region*, to encourage the organisation of screening campaigns *and early diagnosis programmes*, in particular for women's cancers and notably in low- and middle-income countries, *and with minority communities, while also taking into account the specificities of women's cancers in those countries; stresses that this can mark an important contribution by the EU towards the achievement of international goals in cancer, such as the WHO goal for the elimination of cervical cancer as a public health problem;*

Compromise on Paragraph 42

Replacing amendments: 721, 722, 723, 724, 725, 726-727, 728, 729, 730, 731, 767

Motion for a resolution

42. Deplores the fact that EU patients still face challenges in accessing healthcare services in other Member States and that only a minority of patients are aware of **their** right to seek cross-border healthcare; **emphasises the need for better implementation of, and an improved financial model for,** the Cross-border Healthcare Directive²⁵ to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, and calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare; emphasises the need to facilitate the process, through the revision of the Cross-border Healthcare Directive, for patients who travel abroad for clinical trials and face issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; calls on the Commission and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records for cancer patients at regional, national and European level;

Draft compromise Amendment

42. Deplores the fact that EU patients still face challenges in accessing healthcare services **and participating in clinical trials** in other Member States and that only a minority of patients, **and not all healthcare professionals**, are aware of **the** right of **patients** to seek cross-border healthcare **under the two existing frameworks: the Cross-border Healthcare Directive 2011/24/EU²⁵ and the Social Security Regulation 883/2004²⁶**; **calls for a reform of** the Cross-border Healthcare Directive, **notably** to allow for mobility and access to highly specialised equipment and care through the reinforcement of the National Contact Points (NCPs) by providing them with more budgetary resources, **and for the development of Commission guidelines setting acceptable and harmonised review and approval timelines to expedite time-to-treatment in the EU under the Social Security Regulation**; calls for an increase in the number of information campaigns on patients' rights to cross-border healthcare, **including those aimed at health professionals, as well as the development of a one-stop-shop for information on the EU's cross-border access pathways**; emphasises the need to **reduce logistic and linguistic barriers faced by patients when accessing healthcare in another EU Member State**; **stresses the need to provide patients with clear information on prior authorisation requirements that apply to certain Member States**; **emphasises the need to** facilitate the process, through a **holistic** revision of the **cross-border healthcare frameworks, giving equal consideration to the Cross-border Healthcare Directive and the Social Security Regulation**, for patients who, **in view of unmet needs and potential benefits**, travel abroad for clinical trials and **may** face

issues such as a lack of clarity on follow-up protocols after their return home and on coverage of costs related to their clinical trial participation by national insurance agencies; *emphasizes the need for clarification regarding access to cross-border clinical trials, as the latter is not clear in the Cross-Border Healthcare Directive; underlines that all costs related to the treatment should be financed before the beginning of the treatment, to avoid the exclusion of low-income patients; calls on the Commission to consider, in the context of the next revision of existing frameworks, the setting up of a single set of authorisation and reimbursement rules for the access to cross border healthcare, including a right to second opinion; calls on the Commission* and the Member States to work together to conduct regular evaluations of the Commission's eHealth Strategy from 2018 to ensure interconnected electronic health records, *better interoperability, as well as improved data quality, privacy and security* for cancer patients at regional, national and European level, *while ensuring strict adherence to patients' health data privacy and security rules; notes the potential of the Cancer Inequalities Registry as a means of reporting and measuring improvement on these concerns;*

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

²⁵ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L 88, 4.4.2011, p. 45.

²⁶ *Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (OJ L 166, 30.4.2004).*

Compromise on Paragraph 43

Replacing amendments: 711, 712, 737,738, 739, 740, 741, 742

Motion for a resolution

43. Calls for consideration of mutual recognition of **medical** qualifications in cancer care across the EU;

Draft compromise Amendment

43. Calls for consideration of mutual recognition of **health-related** qualifications in cancer care across the EU **and a common recognition scheme for non-EU countries, as requested in Directive 2005/36/EC, while ensuring that it is facilitative for oncology related specialties; calls for the development of upskilling programmes to enable those wishing to move into that field to do so at any point in their careers;**

Compromise on Paragraph 44

Replacing amendments: 746, 747, 748, 749, 750, 751, 752, 758, 1239, 1240, 1241

Motion for a resolution

44. Calls for full recognition of medical oncology as **a** specialist **discipline**, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs;

Draft compromise Amendment

44. Calls for full recognition of medical oncology **and paediatric** oncology as specialist **disciplines**, the establishment of pan-European quality standards for administering and supervising medical treatments for cancer, **both for adults and children**, and the facilitation of patients' access to cancer specialists so that they may benefit from innovations and access to early clinical trials on new promising drugs, **health technologies, and reference centres for complex treatments like cell and gene therapy ; highlights the need to ensure that access to innovation in early clinical trials for relapsed or difficult-to-treat malignancies is covered by the relevant provisions;**

Compromise on Paragraph 45

Replacing amendments: 519, 619, 755-756, 757, 759, 857, 858, 1034, 1035

Motion for a resolution

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures;

Draft compromise Amendment

45. Calls for surgical skills in the EU to be strengthened via the recognition of surgical oncology as a specialist discipline, the establishment of pan-European quality standards for cancer surgery, the facilitation of patients' access to 'high-volume' centres for cancer surgery and access to innovative surgical procedures; ***highlights the importance of high-quality surgery in curing cancers detected in early stages; calls for the recognition of high quality surgery; stresses the need to promote the development of a core curriculum in surgical oncology as well as an individual specialist training in surgical oncology, and calls for programmes to harmonize surgical oncology education in the EU; supports the development of clinical trials in surgical oncology as part of loco-regional treatment, and promotes greater investment of EU and national research and innovation funds in surgical oncology research; stresses the importance of standardised surgical oncology treatments to improve long-term quality of life of cancer survivors;***

Compromise on Paragraph 46

Replacing amendments: 761, 762, 763, 764, 765, 766, 769

Motion for a resolution

46. Supports the improvement of high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, and the greater investment of EU and national research and innovation funds in radiation therapy research;

Draft compromise Amendment

46. Supports the improvement of, ***and an increased and equal access to***, high-quality radiation therapy in the EU through the recognition of medical physics and radiation therapy as dedicated disciplines, the promotion of common education and training standards, ***increased EU funding for Member States to expand their radiation therapy infrastructure***, and the greater investment of EU and national research and innovation funds in radiation therapy research;

Compromise on Paragraph 46 a

Replacing amendments: 242, 1158, 1159, 1160, 1161, 1162, 1279-1280, 1309

Motion for a resolution

Draft compromise Amendment

46 a (new). *Calls for the promotion of geriatric oncology as a branch that deserves special consideration and needs to be enriched by scientific research in order to ascertain best treatment and diagnostic methods for elderly patients; recalls that in the EU over 60% of new cancer cases and over 70% of cancer deaths occur in people aged 65 and older, whereas this proportion is expected to increase, as the population in Europe ages, thus representing a crucial challenge for healthcare systems; calls on the Commission and Member States to urgently address this situation with concrete actions; asks, in particular, the Commission and Member States to act in order to facilitate clinical trials in the elderly and to facilitate the implementation of multi-disciplinary and comprehensive oncogeriatric care models in routine clinical pathways, as well as the creation of centres of excellence in geriatric oncology; calls on the Commission and Member States to foster opportunities for the training and upskilling of the oncology workforce in the principles of geriatrics;*

Compromise on Paragraph 47

Replacing amendments: 769, 771, 772, 773, 774, 775, 777, 778, 779, 780, 781, 783, 784, 1330

Motion for a resolution

Draft compromise Amendment

47. Welcomes the **upcoming** new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶ which will support the security of supply of radioisotopes for cancer diagnosis and care and enhance the quality and safety of radiation technology in

47. Welcomes the new action plan under the Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)²⁶, which will support the security of **production capacities and** supply of radioisotopes via the **replacement of the current ageing fleet and implementation of existing technologies, notably reactors and**

medicine;

particles accelerators, through existing financial instruments, avoid shortages of radioisotopes by facilitating the crossing of borders and exemptions for transportations and enhance the quality and safety of radiation technology in medicine, which is currently not equally available in all EU Member States, through the evaluation of radioisotopes in Health Technology Assessment, the harmonisation of market access, the affirmation of nuclear medicine as a fully independent medical specialty, the promotion of training standards, as well as investments in nuclear medicine research;

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

²⁶ Commission staff working document entitled ‘Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA)’ (SWD(2021)0014).

Compromise on Paragraph 48

Replacing amendments: 240, 241, 629, 630, 631, 745, 754, 785, 786, 787, 788, 789, 792, 793, 794, 795, 796, 797, 798, 800, 801, 802, 803, 804, 829, 1128, 1234, 1351

Motion for a resolution

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians *and* primary care professionals, given their importance in patient referral to diagnostic tests and oncology specialists, as well as during cancer treatment and follow-up care; calls for the development of multidisciplinary decision-making in the framework of dedicated concertation meetings bringing together various cancer specialists;

Draft compromise Amendment

48. Calls on the Commission to promote, and on Member States to strengthen, the role of general practitioners, paediatricians, *nurses*, primary care professionals *and specialist physicians*, given their importance in patient referral to diagnostic tests and oncology specialists, as well as *the role of specialised nutritionists or dieticians, psychologists and rehabilitation specialists* during cancer treatment and follow-up care, *in order to ensure access to the right treatment and care at the right time via an optimal care pathway*; calls for the development of multidisciplinary *teams (MDT) to manage cancer patients throughout their treatment journey, and multidisciplinary* decision-making in the framework of dedicated *cross-discipline* concertation meetings

bringing together various cancer specialists **and primary care professionals**; **underlines the importance of a constant training for health professionals to keep them updated on new cancer treatment options**; **calls for the role of a treatment coordinator to be made more widespread in order to ensure that patients receive appropriate coordination, to give them easy access to updated information related to cancer diagnosis and advice on how to use the health system**;

Compromise on Paragraph 49

Replacing amendments: 805, 806, 807, 808, 809, 810

Motion for a resolution

49. Considers that the **EU regulatory framework for the recognition of professional qualifications** should be **broadened** to allow for the **standardisation** of cancer nursing education;

Draft compromise Amendment

49. Considers that the **scope of Directive 2005/36/EC^{1a}** should be **revised** to allow for the **mutual recognition** of cancer nursing education **and education for other medical staff supporting the treatment process**;

^{1a} Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22)

Compromise on Paragraph 50

Replacing amendments: 812, 813, 814, 815

Motion for a resolution

50. Calls on the Member States to **take** preventive measures against the risk of burnout among cancer care professionals;

Draft compromise Amendment

50. Calls on the Member States to **develop, within their national cancer control plans, strategies that encompass and implement** preventive measures against the risk of burnout among cancer care professionals; **urges that the Commission and EU-OSHA provide attention to this concern, and be considered important implementation partners of Europe's Beating Cancer Plan in this respect**;

Compromise on Paragraph 51

Replacing amendments: 819, 820, 821, 822, 823, 824, 825, 826, 827, 828

Motion for a resolution

51. Encourages, where *possible* and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients; calls on Member States to implement or improve e-health technologies and telemedicine services to ensure the continuity of cancer care;

Draft compromise Amendment

51. Encourages, where *feasible* and safe, the use of ambulatory cancer treatments in order to preserve the quality of life of patients *and their families; stresses, in particular, that ambulatory treatments for children should be stimulated, provided that the relevant spaces/environments and medical devices available are designed in such a way as to cater for the needs of paediatric patients; stresses the role of pharmacists, oncologists and nurses within a multidisciplinary follow-up of patients taking oral anticancer medicines;* calls on Member States to implement or improve e-health technologies, telemedicine *and telecare* services to ensure the continuity of *inpatient and outpatient* cancer care *as well as in the community; urges the deployment of Horizon Europe research funding to support the use of telemedicine, and to assist the establishment of evidence-based guidelines; calls for actions to ensure equal access to telemedicine services across the Member States, and for EU4Health and Digital Europe funding to support the increase of digital literacy for patients and healthcare professionals;*

Compromise on Paragraph 52

Replacing amendments: 743, 744, 811, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 1130, 1232

Motion for a resolution

52. Calls on the Member States to provide *optimal relief* for advanced-stage cancer patients *at the end of their lives* in order to ease their pain and discomfort while preserving their dignity; *supports more intensive exchanges* and the implementation of best practices on hospice and palliative care at EU level; encourages

Draft compromise Amendment

52. Calls on the Member States to provide *integral and multidisciplinary palliative care services* for cancer patients in order to ease their pain and discomfort, *promoting comfort care and ensuring the nurses' or carers' presence,* while preserving their dignity *and taking into account the advance care planning and the*

Member States to *assess* the number of palliative units in each region and to ensure sustainable funding and sufficient and well-trained human resources;

autonomy of the patient; calls on the Commission to support and coordinate regular exchange of information and the implementation of best practices on hospice and home palliative care at EU level; calls for the development of child-specific palliative care, especially in Member States where those cares are not yet widely provided; encourages Member States to address palliative care in NCCPs, maximise the number of palliative units in each region in order to appropriately adjust their number to the needs of patients, as well as to minimise waiting times, and to ensure sustainable funding and sufficient and well-trained human resources; considers that the EU regulatory framework for the recognition of professional qualifications should be broadened to allow for the standardisation of palliative care education and best practices of health professionals; emphasizes the need for reference networks for palliative care and their integration with cancer pathways at all levels, specialist hospital, primary health care centres, hospice and territory-hospital integration as well as at home; urges that patients' access to supportive and palliative care (including psycho-oncology services) across the EU be measured and reported via the Cancer Inequalities Registry; calls for deeper cooperation between healthcare systems and social assistance systems in all Member States;

Compromise on Paragraph 53

Replacing amendments: 588, 847, 849, 850, 851, 852, 853, 855

Motion for a resolution

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria (including adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals, patient education and participation in

Draft compromise Amendment

53. Encourages the Commission and the Member States to adopt specific quality assurance criteria *and schemes* (including *common standards of care*, adequate organisations, infrastructures and competences, multidisciplinary practice, continuing education for professionals,

clinical research) for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure the efficient, safe and equal management of cancers all over the EU;

patient education and participation in clinical research), *as well as joint clinical guidelines*, for accreditation standards to be applied to public and private hospitals treating cancer patients, in order to ensure efficient, safe and equal management of cancers all over the EU; *insists that these criteria adhere to the highest available standards of evidence-based science that have been published in peer-reviewed scientific journals; insists that both public and private institutions that meet the quality assurance criteria should be included in national cancer control plans as part of Europe's Beating Cancer Plan with the goal of providing the highest level of cancer treatment quality to all patients across the EU; calls on the Member States to create maps of health needs in oncology, coupling it with a realistic mapping and inventory of their existing oncological infrastructure; is of the view that this mapping exercise will allow Member States to better plan the access to existing medical infrastructure, set clear areas of action and prioritise the allocation of resources, and plan the cross-border cooperation between the oncological reference centres;*

Compromise on Paragraph 54

Replacing amendments: 768, 859, 860, 861, 862, 864, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 1237, 1278

Motion for a resolution

54. Welcomes the planned establishment, as announced in Europe's Beating Cancer Plan, of an EU network linking recognised National Comprehensive Cancer Centres (reference centres) in every Member State to facilitate the uptake of quality-assured diagnosis and treatments, including training, research and promotion of clinical trials across the EU; calls on the Commission to identify such existing centres within the EU, to promote the establishment of at least one comprehensive

Draft compromise Amendment

54. Welcomes the planned establishment, as announced in Europe's Beating Cancer Plan, of an EU network linking recognised National Comprehensive Cancer Centres (reference centres) in every Member State to facilitate the uptake of quality-assured diagnosis and treatments, including training, research and promotion of clinical trials across the EU; *calls on the Member States and the Commission to support the establishment of such reference centres for rare cancers and*

cancer centre in each Member State and to support the coordination of the network of these centres *via a European Cancer Institute*;

cancers with complex treatments; calls on the Commission to identify such existing centres within the EU, to promote the establishment of at least one comprehensive cancer centre in each Member State and to support the coordination of the network of these centres; *stresses that these objectives should include the reduction of inequalities and the strengthening of translational, clinical and outcomes research*; *highlights that promotion and development of translational research should be considered as an important core objective of the EU Network of National Comprehensive Cancer Centres*; *notes that, when developing this EU network, the Commission should consider the need to invest in state-of-the-art equipment and well-trained physicians and other healthcare specialists in various specialties, and recommends that a diversity of well-trained cancer specialties and medical disciplines be involved from the start in the work of the envisioned EU Network of National Comprehensive Cancer Centres to reinforce multi-disciplinary collaboration, therefore improving outcomes for patients*; *calls on the Commission and the Member States to support the sustainability of pre-existing cross-border collaborations, such as in the paediatric cancer sector, and the European Reference Networks*; *calls on the Commission to support Member States by earmarking some of the budget in the cohesion and regional funds to support the establishment of these centres to ensure full coverage of the population*;

Compromise on Paragraph 55

Replacing amendments: 875, 876, 877, 878, 879, 880, 881, 882, 885, 886

Motion for a resolution

55. Calls for the identification, reinforcement or creation in each Member State of a National Cancer Control Programme (NCCP), consisting of a unique

Draft compromise Amendment

55. Calls for the identification, reinforcement or creation in each Member State of a National Cancer Control Programme (NCCP), *in coherence with*

structure, possibly a National Cancer Institute, in charge of the implementation and follow-up of the respective NCCPs, with adequate objectives and resources; recommends that the NCCPs are set up in coherence with the European Guide for Quality National Cancer Control Programmes initiated by the European Partnership for Action Against Cancer (EPAAC); welcomes the setting up of a network of these organisations *coordinated by the European Cancer Institute*;

WHO guidance on NCCPs, consisting of a unique structure, possibly a National Cancer Institute, in charge of the implementation and follow-up of the respective NCCPs, with adequate objectives and resources; *calls for the NCCPs' contents to be aligned as closely as possible with Europe's Beating Cancer Plan in order to facilitate the latter's successful implementation*; recommends that the NCCPs are set up in coherence with the European Guide for Quality National Cancer Control Programmes initiated by the European Partnership for Action Against Cancer (EPAAC) *and calls for the inclusion of a dedicated paediatric cancer and rare cancers component in all NCCPs to ensure that appropriate resources and implementation programmes are allocated to the specific needs of these patients*; welcomes the setting up of a network of these organisations; *stresses that a NCCP should include provisions on adequate staff capacities so as to guarantee sufficient number of oncology-workers in each Member State, commensurate with the overall population number*;

Compromise amendment on Subheading III.b

Replacing amendments: 888, 889, 890, 891

Motion for a resolution

III.b Equal access to cancer care:
towards a European Medicines Market

Draft compromise Amendment

III.b Equal access to cancer care **and
medicines in Europe**

Compromise on Paragraph 56

Replacing amendments: 753, 883, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 992, 1333

Motion for a resolution

56. Calls on the Commission to strengthen the European medicines market in order **to guarantee** equal access to treatment, reduce medicine shortages, overcome the problem of high prices for innovative treatments, and improve cancer treatments for adults and children;

Draft compromise Amendment

56. Calls on the Commission to strengthen the European medicines market in order **to improve** equal access to treatment, **including innovations and personalised medicine**, reduce medicine shortages, overcome the problem of high prices for innovative **technologies and treatments, encourage the use of generic and biosimilar medicines** and improve cancer treatments for adults and children; **calls on the Commission and national competition authorities to assess the European medicines market keeping the attention on the acquisition of SMEs by large pharmaceutical companies that undermine fair competition; encourages a multi-stakeholder dialogue on access to medicines and innovation based on models such as ACCELERATE in the paediatric cancer sector and involving all relevant actors including academia, industry, health professionals and patient representatives;**

Compromise on Paragraph 58

Replacing amendments: 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 931

Motion for a resolution

58. Notes that cancer patients are frequently affected by medicine shortages; calls on the Commission **to present a specific strategy for managing** shortages of all medicines and medical products **in Europe** and of cancer medicines in particular; supports the development of a common basket of the cancer drugs of which there may be shortages to ensure that patients have continuous access to appropriate treatment;

Draft compromise Amendment

58. Notes that cancer patients are frequently affected by medicine shortages **and that severe disruptions in the supply of cancer treatments are highly detrimental for cancer patients, carers and families**; calls on the Commission **and the Member States to work together to prevent and manage** shortages of all medicines and medical products and of cancer medicines in particular, **including shortages of inexpensive essential cancer medicines**; supports the development of a common basket of cancer drugs of which there may be shortages to ensure that patients have continuous access to appropriate treatment, **based on transparently and appropriately defined patient needs**;

Compromise on Paragraph 59

Replacing amendments: 921, 922, 923, 924, 925, 926, 927, 928, 929, 930

Motion for a resolution

59. Calls for the reinforcement and diversification of the supply chain, in particular that of cancer drugs, within the EU, close monitoring of medicine tensions and shortages, and the creation of a strategic stockpile of such medicines;

Draft compromise Amendment

59. Calls for the reinforcement, diversification of the supply chain, in particular that of cancer drugs, within the EU, close monitoring of **supply** tensions and shortages, and the creation of a strategic stockpile of **such critical** medicines, **active ingredients or raw materials, particularly where the number of suppliers is limited**; **calls for the EU pharmaceutical legislation to introduce a legal obligation for pharmaceutical companies to report information to the EMA on adequate safety stocks of essential cancer medicines, stresses the importance of the role of sustainable procurement practices in preventing medicine shortages; urges the Commission, in the context of the EU Public Procurement Directive 2014/24/EU, to develop guidelines to support public procurement practices in the pharmaceutical field for cancer drugs,**

in particular with regard to the implementation of the criteria of the most economically advantageous tender (MEAT), aimed at ensuring long-term sustainability, competition and security of supply and stimulating investment in manufacturing;

Compromise on Paragraph 60

Replacing amendments: 932, 933, 934, 935, 936, 937, 938, 939

Motion for a resolution

60. Points out that generic and biosimilar medicines enable efficient and safe cancer care, increased competition and savings for healthcare systems, thus helping to improve access to medicines for patients; stresses that their market entry should not be hampered or delayed;

Draft compromise Amendment

60. Points out that generic and biosimilar medicines enable efficient and safe cancer care, increased competition, ***innovation*** and savings for healthcare systems, thus helping to improve access to medicines; ***calls for the introduction of a strategic objective in the Europe's Beating Cancer Plan as well as in the national cancer strategies to actively promote the use of off-patent medicines, where appropriate and beneficial*** for patients; stresses that their market entry should not be hampered or delayed ***and their development process should be promoted and funded; calls on the Commission to ensure healthy competition at the expiry of intellectual property (IP) exclusivities as a matter of urgency by ensuring accessibility to biosimilar medicines from day one and by removing all barriers to access to competition, for example through patent linkage, by banning IP ever greening practices that unduly delay access to medicines and by allowing single global development;***

Compromise on Paragraph 61

Replacing amendments: 782, 920, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 963, 976

Motion for a resolution

61. Considers that Member States should converge on the evaluation of

Draft compromise Amendment

61. Considers that Member States should converge on the evaluation of

medical technologies; welcomes, therefore, the provisional agreement on the Health Technology Assessment (HTA) Regulation reached by the European Parliament and the Council on 22 June 2021²⁸ to support harmonised access to innovative cancer diagnosis and treatments;

medical technologies; welcomes, therefore, the provisional agreement on the Health Technology Assessment (HTA) Regulation reached by the European Parliament and the Council on 22 June 2021 to support harmonised **assessment of and faster** access to innovative cancer diagnosis and treatments **and considers that a more efficient decision making process could, among other measures, play a role in facilitating it; welcomes that cancer medicines is one of the first medicinal product groups to be jointly assessed under the Health Technology Assessment (HTA) regulation; calls on the Commission and Member States to take further measures aimed at encouraging the uptake and use of Joint Clinical Assessments that are to be carried out under the regulation; highlights the existence of tools being used by the World Health Organisation (WHO) to incorporate cancer medicines on the WHO Model List of Essential Medicines;**

²⁸ Commission proposal of 31 January 2018 for a regulation on health technology assessment and amending Directive 2011/24/EU (COM(2018)0051).

²⁸ Commission proposal of 31 January 2018 for a regulation on health technology assessment and amending Directive 2011/24/EU (COM(2018)0051).

Compromise on Paragraph 62

Replacing amendments: 952, 953, 954, 955, 956, 958, 959, 960, 961, 962

Motion for a resolution

62. Insists on the need to ensure equal access to affordable drugs, in particular cancer drugs, within the EU; calls **for collective negotiation on the price of medicines** with pharmaceutical industries, as per the Beneluxa Initiative on Pharmaceutical Policy and the *Valetta Declaration*; **considers that** pharmaceutical companies **should respect** conditionalities **on charging an affordable price for medicines developed in the framework of** publicly funded research;

Draft compromise Amendment

62. **Recalls that all patients have the right to optimal treatment, regardless of their financial means, gender, age or nationality; notes with concern that there is a great disparity in the availability of and access to different cancer therapies, with unaffordability being one of the main reasons;** insists **therefore** on the need to ensure equal access to **safe, effective and** affordable drugs, in particular cancer drugs, within the EU; calls **on Member States to consider joint price** negotiation with pharmaceutical companies, as per the

Beneluxa Initiative on Pharmaceutical Policy and the *Valletta* Declaration; *calls on the Commission to make fair pricing and affordability of new treatments a core element of the Europe's Beating Cancer Plan and the Pharmaceutical Strategy for Europe, notably by attaching conditionalities to European public funding (e.g., Horizon Europe, Innovative Medicines Initiative - IMI) and ensure that public investment in R&D is accounted for and that medicines resulting from publicly funded research, are available for a fair and affordable price; underlines that this should also be the case for medicines benefiting from specific regulatory or market protection such as medicines developed to treat rare or paediatric cancers; calls for more transparency throughout the pharmaceutical system, especially regarding pricing components, reimbursement criteria and the actual (net) prices of medicines in different European countries to ensure fairer prices and bring public accountability in the pharmaceutical sector;*

Compromise on Paragraph 63

Replacing amendments: 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975

Motion for a resolution

63. Strongly advocates the extension of joint procurement procedures for cancer medicines *to* improve affordability and access to cancer treatments at EU level;

Draft compromise Amendment

63. Strongly advocates the extension of joint procurement procedures, *especially* for *(ultra)rare, paediatric and novel cancer medicines and treatments, diagnostic procedures and companion diagnostic tests, as well as cancer preventing vaccines like HPV and hepatitis B vaccines, to counter shortages and* improve affordability and access to cancer treatments at EU level; *notes that the joint procurement procedures should improve response times and be transparent; highlights that joint public procurement should not hinder patient access and medical innovation;*

Compromise on Paragraph 65

Replacing amendments: 983, 984, 985, 986, 987, 988, 989, 990

Motion for a resolution

65. Calls on the Commission to submit a proposal for the revision of Directive 89/105/EEC on the transparency of measures regulating the prices of medicinal products³⁰ in order to ensure effective controls and full transparency of the procedures used to determine the price and reimbursement of the cost of medicines, in particular cancer medicines, in Member States; ***calls for*** pharmaceutical companies to provide information on financing with public resources, as well as on the tax benefits and subsidies they have received; requests that the calculation of drug costs should take into account the use of public funds; calls on the European Medicines Agency (EMA) to increase the number of audits in order to assess pharmaceutical companies' compliance with the requirements on transparency;

³⁰ Council Directive 89/105/EEC of 21 December 1988 relating to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of national health insurance systems, OJ L 40, 11.2.1989, p. 8.

Amendment

65. Calls on the Commission to submit a proposal for the revision of Directive 89/105/EEC on the transparency of measures regulating the prices of medicinal products in order to ensure effective controls and full transparency of the procedures used to determine the price and reimbursement of the cost of medicines, in particular cancer medicines, in Member States; ***encourages competent authorities to request*** pharmaceutical companies to provide information on ***research and development costs, including the*** financing with public resources, ***prior to market authorisation***, as well as on the tax benefits and subsidies they have received; requests that the calculation of drug costs should take into account the use of public funds; calls on the European Medicines Agency (EMA) to increase the number of audits in order to assess pharmaceutical companies' compliance with the requirements on transparency;

³⁰ Council Directive 89/105/EEC of 21 December 1988 relating to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of national health insurance systems, OJ L 40, 11.2.1989, p. 8.

Compromise on Paragraph 66

Replacing amendments: 993, 994, 995, 996, 997, 998, 999, 1000, 1001, 1002, 1281

Motion for a resolution

66. Notes that huge advances in biology have revealed that cancer is an umbrella term for more than 200 diseases, and that precision or personalised medicine can be made available through the drug targeting of

Draft compromise Amendment

66. Notes that huge advances in biology have revealed that cancer is an umbrella term for more than 200 diseases, and that precision or personalised medicine can be made available through the drug targeting of

various mutations; considers that precision or personalised medicine, consisting of a treatment choice based on individual tumour biomarkers, is a promising way to improve cancer treatment; encourages Member States, therefore, to promote the implementation of regional molecular genetics platforms and facilitate equal and rapid access to personalised treatment for patients;

various mutations; considers that precision or personalised medicine, consisting of a treatment choice based on individual tumour biomarkers reflecting genotypes/phenotypes, is a promising way to improve cancer treatment; encourages Member States, therefore, to ***develop personalised medicine across the EU through cooperation among them and to promote the implementation of regional molecular genetics platforms and facilitate equal and rapid access to advanced diagnostics and personalised treatment for patients, in full respect of data privacy and ensuring that patients are informed and consent to the use of their health data for research ; notes that the fragmentation and classification of cancers, based on specific genotypes, should not lead to the definition of "artificial rare diseases", aiming to increase financial compensation;***

Compromise on Paragraph 67

Replacing amendments: 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1352

Motion for a resolution

67. Calls for the full and rapid application of Regulation (EU) No 536/2014 of 16 April 2014 on clinical trials on medicinal products for human use ; considers that the application of the regulation would facilitate the launch of large clinical trials carried out in a harmonised, efficient and coordinated manner at European level in order to facilitate research into cancer drugs and improve cancer patients' and their families' quality of life;

Draft compromise Amendment

67. Calls for the full and rapid application of Regulation (EU) No 536/2014 of 16 April 2014 on clinical trials on medicinal products for human use; considers that the application of the regulation would facilitate the launch of large clinical trials ***across Europe*** carried out in a harmonised, efficient and coordinated manner at European level in order to facilitate research into cancer drugs and improve cancer patients' and their families' quality of life; ***considers, furthermore, that the regulation should be applied in a consistent manner in all EU Member States with the aim of rationalising procedures for carrying out clinical research; urges for a fresh review of opportunities to reduce the administrative burden associated to clinical trials; calls for long-term learning***

from the COVID-19 pandemic on future forms of international trial cooperation and information-sharing;

Compromise on Paragraph 68

Replacing amendments: 1013, 1014, 1015, 1017, 1016, 1018, 1021

Motion for a resolution

68. Calls for a more sustainable environment for conducting research into the repurposing of medicines for cancer treatment and for the creation of an additional project that uses high-performance computing to rapidly test existing molecules and new drug combinations, starting with treatment for cancers with a poor prognosis and rare cancers;

Draft compromise Amendment

68. Calls for a more sustainable environment, ***including financial support***, for conducting research ***and analysing existing research*** into the repurposing of medicines for cancer treatment, ***especially performed by third parties with no commercial intent***, and for the creation of an additional project that uses high-performance computing to rapidly test existing molecules and new drug combinations, starting with ***high unmet needs, such as*** treatment for cancers with a poor prognosis, ***metastatic cancers*** and rare cancers;

Compromise on Paragraph 69

Replacing amendments: 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033

Motion for a resolution

69. Supports the development of clinical trials on the use of new cancer drugs in adults and children;

Draft compromise Amendment

69. ***Reiterates the importance of generating and reporting strong evidence on the efficacy and safety profiles of medicines, both in clinical trials and in post-market entry follow-up studies***; supports the development of clinical trials on the use of new and affordable cancer drugs in adults and children; ***supports the development of multi-centred clinical trials across Europe for the discovery of improved forms of treatment and care for patients, including children and older patients***; ***underlines that authorities must ensure transparency, compliance with study conduct requirements and early communication of relevant data to the***

Compromise on Paragraph 70

Replacing amendments: 1020, 1036, 1037, 1038, 1039, 1040, 1041, 1042, 1043, 1045, 1019

Motion for a resolution

70. Welcomes the Commission's ***intention to adopt a*** legislative proposal to establish a Health Emergency Preparedness and Response Authority (HERA) in order to anticipate, incentivise, co-develop and facilitate rapid, equal and sustainable access to cancer innovations for cancer patients; calls for a large consortium of public authorities, private companies and NGOs, including patient associations, to work together to guarantee the accessibility and affordability of cancer treatment options requiring complex technologies, for instance, ***cellular therapy*** (CAR T cells), adoptive immunotherapy through the use of tumour genome extracts (messenger RNA) and nanotechnologies;

Draft compromise Amendment

70. ***Takes note of*** the Commission's legislative proposal to establish a Health Emergency Preparedness and Response Authority (HERA); ***takes note that by 2023 and every 2 years thereafter the Commission shall carry out an in-depth review of the implementation of the operations of HERA, including its structure, governance, funding and human resources and that those reviews shall address in particular any need to modify HERA's structure, including but not limited to the possibility of upgrading HERA to a stand-alone agency, the mandate of HERA and the financial implications of any such modification; takes note that the Commission shall report to the European Parliament and the Council on the findings of the reviews and that those findings shall be made public; takes note that the reviews shall be accompanied, where appropriate, by a legislative proposal to address these issues in full respect of the role of the European Parliament as co-legislator; considers that if HERA is upgraded as a stand-alone agency, the authority could, at the latter stage, be able to anticipate, incentivise, co-develop and facilitate rapid, equal and sustainable access to cancer innovations for cancer patients, including diagnostic procedures as well as companion diagnostic tests; stresses the need to promote the innovation of life-saving cancer treatments; calls therefore on the Commission to create a pharmaceutical legislation framework for oncological medicines and therapies which promotes real breakthrough innovations and not the so-called 'me too' pharmaceuticals which are just another substance for the***

same indication without major benefits or highly expensive pharmaceuticals that offer only minor improvements for patients;

calls for a large consortium of public authorities, private companies and NGOs, including patient *and survivors* associations *and academia*, to work together to guarantee the accessibility and affordability of cancer treatment options requiring complex technologies, for instance *complex treatments like cell therapy* (CAR T cells), *gene therapy*, adoptive immunotherapy through the use of tumour genome extracts (messenger RNA) and nanotechnologies; *considers that HERA could, in the long-term, closely collaborate with public and private entities to plan, coordinate and build an ecosystem of private and public capabilities which can provide suitable emergency frameworks for EU access to key raw materials in case of global supply shocks; stresses that, to facilitate wider utilisation of innovative therapies, the EU and Member States must not only do their best to finance currently available therapies but also support the development of more cost-efficient modalities; believes that lowering the costs of the most innovative and effective therapies will increase their wider availability for the benefit of patients in the EU and beyond; calls for securing equal access to innovative therapies, both in the densely populated urban regions and smaller, rural or remote areas;*

Compromise on Subheading III.c

Replacing amendments: 1048, 1049

Motion for a resolution

III.c Equal access to cancer care: towards a better response to the impact of health crises on cancer patients

Draft compromise Amendment

III.c Equal access to ***multidisciplinary and quality*** cancer care: towards a better response to the impact of health crises on cancer patients

Compromise on Paragraph 71

Replacing amendments: 707, 708, 709, 710, 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059

Motion for a resolution

71. Underlines that the COVID-19 crisis has had, and is still having, a significant impact on cancer patients' survival and quality of life at all stages of the disease, due to delays ***in screening***, referral and surgical procedures, treatment ***postponement***, shortages in the supply of medicines and other medical supplies, specialised workforce shortages and reduced communication with health professionals;

Draft compromise Amendment

71. Underlines that the COVID-19 crisis has had, and is still having, a significant impact on cancer patients' survival and quality of life at all stages of the disease, due to delays ***in prevention activities such as vaccination and postponements of prevention schemes, clinical trials, screenings***, referral, ***diagnosis***, surgical procedures, treatment, shortages in the supply of medicines and other medical supplies, specialised workforce shortages and reduced communication with health professionals ***and patients' fear of infection; highlights evidence suggesting that clinicians across Europe saw 1.5 million fewer cancer patients in the first year of the pandemic, an estimated 100 million cancer screening tests were not performed in Europe as a result of the pandemic, and consequently, 1 million citizens in the EU may presently be undiagnosed with cancer as a consequence of the COVID-19 pandemic;***¹

¹<https://www.europeancancer.org/resourc>

Compromise on Paragraph 72

Replacing amendments: 951, 1061-1064, 1079, 1102, 1103, 1104

Motion for a resolution

72. Considers that the COVID-19 pandemic was a real stress test for the EU's health systems; underlines that the main lesson learned should be the need to build an emergency strategy to allow Member States to react ***accordingly in times of*** any future health crises; stresses that specific measures under this emergency strategy should be aimed at the protection of vulnerable groups, including cancer patients;

Draft compromise Amendment

72. Considers that the COVID-19 pandemic was a real stress test for the EU's health systems; underlines that the main lesson learned should be the need to build an emergency strategy to allow Member States to react ***in a coordinated manner against*** any future health crises; stresses that ***vulnerable groups, including cancer patients, are particularly exposed during a health crisis; stresses that*** specific measures under this emergency strategy be aimed at the protection of vulnerable groups, including cancer patients, ***which cannot wait until the end of the crisis; stresses that these specific measures should support the development, production and stockpiling of products to protect those vulnerable groups;***

Compromise on Paragraph 73

Replacing amendments: 816, 1060, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078

Motion for a resolution

73. Notes with concern that the COVID-19 pandemic has exacerbated pre-existing health workforce shortages; acknowledges the urgency of ensuring a sufficient number of specialised health professionals in cancer care; reiterates that specific measures under the emergency strategy should be aimed at addressing workforce shortages through the recruitment of health professionals;

Draft compromise Amendment

73. Notes with concern that the COVID-19 pandemic has exacerbated pre-existing health workforce shortages; acknowledges the urgency of ensuring a sufficient number of specialised health professionals in cancer care; reiterates that specific measures under the emergency strategy should be aimed at addressing workforce shortages through the recruitment of health professionals, ***in both primary and specialized care, and their retraining should they be specialists in other fields; suggests that the Cancer***

Inequalities Registry may serve as a tool in measuring and reporting on pre-existing workforce shortages; underlines that new approaches for human-centered healthcare are required in order to ensure access to diagnostics, therapeutics and quality public health services for all; stresses the need for work on a skill mix in order to optimise the response to staffing needs in the health sector; supports the exchange of good practices between Member States in this regard; calls on the Commission and the Member States to create online training platforms for healthcare professionals such as carers, as well as therapeutic care programmes granting qualifications and recognising their competences;

Compromise on Paragraph 73a

Replacing amendments: 1067, 1068, 1146, 1157

Motion for a resolution

Draft compromise Amendment

73a. Recognises that the pandemic has exacerbated the crucial role of informal carers, who provide most of the daily care for cancer patients and who face a clear lack of practical and policy support (may it be in terms of social rights, training, psychological help, information, recognition); points to the high percentage of informal carers among the European population and to the disparities regarding the way they are supported and how their rights are recognised between Member States; calls on Member States and relevant authorities to recognise the pivotal role of informal carers, to integrate them within the health and care team and empower them with the possibility of making informed choice regarding available supportive measures with the support of healthcare professionals; calls

on the Commission to consider the formalization of an informal caregiver status, ensuring the recognition of a certain minimum standard of rights, especially for those who are providing long-term care;

Compromise on Paragraph 74

Replacing amendments: 1080, 1081, 1082, 1083, 1085, 1086, 1087, 1088

Motion for a resolution

74. Advocates the development of a digital health *system* to monitor symptoms and ensure cancer treatment *and care at home*; calls for permanent access to medical consultations and psychosocial services to be guaranteed through the use of telemedicine or in health threat-free environments in hospitals;

Draft compromise Amendment

74. Advocates the development of a digital health *communication channel* to monitor symptoms *remotely* and ensure *continued* cancer treatment *in out-of-hospital care*; calls for permanent access to medical consultations and psychosocial services, *as well as contact between patient and health professionals and between the attending health professional and the patient's family*, to be guaranteed through the use *and integration* of telemedicine *and telecare within healthcare systems* or in health threat-free environments in hospitals *or, when possible and safe, pharmacies*; *calls for the stimulation of the development of therapeutics that can support a transition to home care*;

Compromise on Paragraph 75

Replacing amendments: 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096

Motion for a resolution

75. Asks for enhanced communication between health professionals, patients and public authorities regarding the effectiveness and safety of health interventions, in particular cancer screening, diagnosis and treatment, and for increased awareness campaigns in times of crises;

Draft compromise Amendment

75. Asks for enhanced communication between health professionals, patients, *survivors, caregivers, parents and* public authorities regarding the effectiveness and safety of health interventions, in particular cancer screening, diagnosis and treatment, and for increased awareness campaigns *for prevention* in times of crises;

Compromise on Paragraph 76

Replacing amendments: 1097, 1098, 1099, 1100, 1101

Motion for a resolution

76. Calls on the Commission and the Member States to adopt European prevention and management plans *to* address ***cancer drug*** shortages in times of health crises;

Draft compromise Amendment

76. Calls on the Commission and the Member States to adopt European prevention and management plans ***as part of a coherent and holistic contingency strategy to prevent and*** address shortages ***of medicines, devices, products and staff*** in times of health crises; ***underlines the responsibilities of market authorisation holders (MAHs) and wholesale distributors with respect to relevant EU legislation;***

Compromise on Paragraph 78

Replacing amendments: 856, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1125, 1129, 1137, 1148, 1149, 1170, 1171, 1205, 1206, 1207, 1208, 1499

Motion for a resolution

78. Emphasises the importance of specific EU recommendations to improve the quality of life of patients, including via supportive care (pain relief, psychological services, adapted physical activity, nutritional support, social assistance, access to reproductive health and restoration of aesthetic integrity); asks Member States for recognition of sequelae (physical or mental disabilities), as well as social discrimination;

Draft compromise Amendment

78. Notes that there is a need to focus on the quality of life for a rising number of chronic cancer patients whose illness cannot be cured but which may be stabilised for a number of years; emphasises the importance of specific EU recommendations to improve the quality of life of patients *and survivors*, including via *comprehensive* supportive care *integrated into cancer care from the diagnosis and throughout the disease process* (pain relief, psychological services, adapted physical activity, *scientific evidence-based complementary therapies*, *access to education*, nutritional support, social assistance *encompassing all day-to-day tasks such as household help or child care*, access to reproductive health and restoration of aesthetic integrity) *and access to specialised supportive centres*; asks Member States for recognition of sequelae (physical or mental disabilities), as well as social discrimination, *including in the workplaces*; *asks the Commission to propose guidelines for Member States to address the importance of establishing comprehensive coverage systems that guarantee these needs; recognises that cancer is a financially burdensome disease, even beyond cancer treatments; calls on the Commission to set up a platform for the exchange of best practices in palliative care and support research in palliative care*;

Compromise on Paragraph 78a (new)

Replacing amendments: 790, 830, 887, 1361

Motion for a resolution

Draft compromise Amendment

78a. Highlights the fact that scientifically recognised integrative medicine approved by public health authorities can bring benefits to patients in relation to the parallel effects of several diseases, such as cancer, and their treatment; stresses the importance of developing a holistic, integrative and patient-centric approach and encouraging, where appropriate, the complementary use of these therapies under the supervision of healthcare professionals;

Compromise on Paragraph 78b (new)

Replacing amendments: 829, 1044, 1123, 1126, 1127, 1134, 1135, 1136

Motion for a resolution

Draft compromise Amendment

78b. Underlines that the results of cancer treatment can be hampered by malnutrition, therefore optimal nutritional care is essential for cancer care; calls on Member States to develop recommendations for incorporating clinical nutrition into all aspects of cancer, including treatment, support and research; considers that, wherever indicated, cancer patients must be provided with clinical nutritional support by a dietitian specialist to be included into the multidisciplinary team (MDT); welcomes, therefore, the planned inter-speciality training on nutrition support and calls on the Commission and Member States to develop minimum standards for continuous training on nutritional care for the multidisciplinary workforce; recommends that nutrition management be an integral ethical part of all clinical research involving cancer patients; recommends, furthermore, that proper nutritional

support be included into the cancer patients' Charter of Rights;

Compromise on Paragraph 79

Replacing amendments: 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147

Motion for a resolution

79. Encourages Member States to take into account the frequent exhaustion of the families and relatives of cancer patients and to provide them with psychological assistance and rest periods in the workplace;

Draft compromise Amendment

79. Encourages Member States to take into account the frequent exhaustion of the families and relatives of cancer patients and to provide them with psychological *and socio-economic* assistance, *especially for the most vulnerable ones*, and rest periods in the workplace, *along all the disease path, as well as bereavement support; encourages, furthermore, the development of integrated, adequate and accessible support schemes for cancer patients and their families, taking into account health, community and social services;*

Compromise on Paragraph 80

Replacing amendments: 1138, 1150, 1151, 1152, 1153, 1154, 1155, 1156

Motion for a resolution

80. Recalls that patient empowerment is crucial for the European cancer strategy and that patient-centeredness and participatory decision-making must be at the heart of treatment and care development processes; encourages the therapeutic education of caregivers and patients and their empowerment in the care programmes;

Draft compromise Amendment

80. Recalls that patient empowerment *and health literacy* is crucial for the European cancer strategy and that patient-centeredness and participatory decision-making must be at the heart of treatment and care development processes; encourages the *promotion of active and expert patients and calls for* therapeutic education of caregivers and patients and their empowerment in the care programmes; *considers that a specifically tailored methodology should be used for the training and empowerment process of paediatric patients, given their specific characteristics and needs; calls for participatory decision-making with personalised and understandable evidence-based information to be provided*

to patients as an integral part of the National Cancer Control Programmes (NCCPs), supported by the EBCP; calls for supporting such initiatives and actions to empower cancer patients through EU funding, namely the EU4Health programme;

Compromise on Paragraph 81

Replacing amendments: 1163, 1164, 1165, 1166, 1167, 1168

Motion for a resolution

81. Acknowledges the *positive* role of patients' associations in relation to patient advocacy and accompaniment; calls on the Commission and the Member States to take into account their requests and recommendations when formulating cancer-related policies and legislation and to provide them with public support in order to guarantee their independence from private funding;

Draft compromise Amendment

81. Acknowledges the *central* role of *independent* patients' *and carers'* associations in relation to patient advocacy and accompaniment, *services provided to cancer patients and caregivers, dissemination of health literacy, awareness raising and ongoing support both at EU and national level*; calls on the Commission and the Member States to take into account *the formal participation of those associations, as well as* their requests and recommendations, when formulating cancer-related policies and legislation, and to provide them with public support *in form of both operating grants and project-related grants* in order to guarantee their independence from private funding; *calls on the Commission to set clear criteria according to which public financial support can be awarded; considers that paediatric patients should play a role, both individually and collectively, in improving healthcare and research procedures for all patients by contributing with their specific experiences; takes the view, therefore, that adequate learning and educational tools should be developed and properly financed to plan and ensure the involvement of children;*

Compromise on Paragraph 82

Replacing amendments: 545, 736, 791, 1111, 1131, 1132, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181

Motion for a resolution

82. Calls on the Member States to improve the reintegration of cancer survivors into the labour market and to facilitate the return to school of paediatric cancer survivors; advocates specific EU recommendations for measures for cancer survivors to prevent the recurrence of primary cancer and the development of new cancers and for their rehabilitation;

Draft compromise Amendment

82. Calls on the Member States to improve the reintegration of cancer survivors into the *social activities and the* labour market, *also helping them in the transition to a new professional role in case of sequelae preventing their continuity in the same job*, and to facilitate the return to school, *or higher education*, of paediatric cancer survivors; *notes the general underestimation of aftercare compared to the equally important cancer prevention; recalls the recommendations and tools developed by the CHRODIS+ Joint Action to foster patients' retention at work, return to work and reintegration into the labour market and encourages the Commission to support the implementation of those recommendations and tools across the Member States*; advocates specific EU recommendations for measures for cancer survivors to prevent the recurrence of primary cancer and the development of new cancers and for their rehabilitation, *including specific provisions for long-term follow-up care for childhood cancer survivors as they transition into adulthood; stresses the need for medical and psychological aftercare for cancer survivors*;

Compromise amendment on Paragraph 84

Replacing amendments 1187, 1188, 1189

Motion for a resolution

84. Supports the upcoming roll-out of a Cancer Survivor Smart Card, as announced in Europe's Beating Cancer Plan, *to* all European cancer survivors, especially survivors of childhood and adolescent cancers, which will summarise their clinical

Draft compromise Amendment

84. Supports the upcoming roll-out of a Cancer Survivor Smart Card, as announced in Europe's Beating Cancer Plan, *for* all European cancer survivors, especially survivors of childhood and adolescent cancers, *for whom the Survivorship*

history, including patients' own experience, and facilitate and monitor follow-up care;

Passport model exists as a basis, which will summarise their clinical history, including patients' own experience, and facilitate and monitor follow-up care; ***stresses the sensitive nature of individual health data and hence the need for the Smart Card to be fully protected under the EU's GDPR;***

Compromise amendment on Paragraph 85

Replacing amendments 1190, 1191, 1192, 1193, 1194

Motion for a resolution

85. Considers that insurers and banks should not take into account the medical history of people who have been affected by cancer; calls for national legislation to ensure that cancer survivors are not discriminated against compared to other consumers; notes the Commission's intention to engage with businesses to develop a code of conduct to ensure that developments in cancer treatments and their improved effectiveness are reflected in the business practices of financial service providers; supports, in parallel, the promotion of advances made in France, Belgium, Luxembourg and the Netherlands, where cancer survivors enjoy the 'Right to be Forgotten'; requests that by 2025, at the latest, all Member States should guarantee the Right to be Forgotten to all European patients ten years after the end of their treatment, and five years after the end of treatment for patients whose diagnosis was made before the age of 18; calls for the introduction of common standards for the Right to be Forgotten under the relevant provisions on consumer protection policy of the Treaty on the Functioning of the European Union, in order to remedy the fragmented national practices in the area of creditworthiness assessment and ensure equal access to credit for cancer survivors;

Draft compromise Amendment

85. Considers that insurers and banks should not take into account the medical history of people who have been affected by cancer; calls for national legislation to ensure that cancer survivors are not discriminated against compared to other consumers; notes the Commission's intention to engage with businesses to develop a code of conduct to ensure that developments in cancer treatments and their improved effectiveness are reflected in the business practices of financial service providers; supports, in parallel, the promotion of advances made in France, Belgium, Luxembourg and the Netherlands, where cancer survivors enjoy the 'Right to be Forgotten'; requests that by 2025, at the latest, all Member States should guarantee the Right to be Forgotten to all European patients ten years after the end of their treatment, and ***up to*** five years after the end of treatment for patients whose diagnosis was made before the age of 18; calls for the introduction of common standards for the Right to be Forgotten under the relevant provisions on consumer protection policy of the Treaty on the Functioning of the European Union, in order to remedy the fragmented national practices in the area of creditworthiness assessment and ensure equal access to credit for cancer survivors; ***calls for embedding into relevant EU legislation the Right to be Forgotten for cancer-survivors to prevent discrimination and improve the access of cancer survivors***

to financial services;

Compromise amendment on Paragraph 86

Replacing amendments 1196, 1197, 1198, 1199, 1200

Motion for a resolution

86. Calls on the Commission *to support* the European Code of Cancer Care launched by the European Cancer Organisation (ECO), which is an empowering and informative tool to ensure that the best available care is provided to European citizens and patients;

Draft compromise Amendment

86. Calls on the Commission *to promote* the European Code of Cancer Care *Practice* launched by the European Cancer Organisation (ECO), which is an empowering tool to ensure that the best available care is provided to European citizens and patients;

Compromise amendment on Paragraph 87

Replacing amendments 239, 1133, 1201, 1202, 1203, 1204, 1209

Motion for a resolution

87. Sees an urgent need for a European charter of the rights of cancer patients; calls for this charter to *define the rights of cancer patients at* every stage of *their* care pathway, i.e. access to prevention, initial diagnosis and throughout their treatment, and for it to apply equally to all EU citizens, regardless of the country or region in which they live;

Draft compromise Amendment

87. Sees an urgent need for a European charter of the rights of cancer patients; calls for this charter to *take into account* every stage of *the cancer* care pathway, i.e. access to prevention, initial diagnosis and throughout their treatment, and for it to apply equally to all EU citizens, regardless of the country or region in which they live;

V. Challenges in cancer among children, adolescents, and young adults

Compromise amendment on Paragraph 88

Replacing amendments 1212-1213, 1214, 1215, 1216, 1217, 1218, 1220, 1221, 1222, 1224, 1418

Motion for a resolution

88. Calls for clear policy requirements on paediatric cancer research needs; calls on Member States and the Commission to redress the unequal allocation of investment to paediatric cancers; considers that a clear and specific EU funding stream should be dedicated to paediatric cancer research and budget allocations earmarked across all relevant EU programmes;

Draft compromise Amendment

88. ***Welcomes the childhood cancer spotlight initiatives announced by the Commission;*** calls for clear policy requirements on paediatric cancer research needs; calls on Member States and the Commission to redress the unequal allocation of investment to paediatric cancers; considers that a clear and specific EU funding stream should be dedicated to paediatric cancer research ***and treatment*** and budget allocations earmarked across all relevant EU programmes; ***highlights the importance of supporting international academic research platforms in paediatric cancers, informed by research performed by other relevant actors;***

Compromise amendment on Paragraph 89

Replacing amendments 1225, 1226, 1227, 1258, 1262

Motion for a resolution

89. Calls on the Commission and the Member States to focus on ensuring equal access to the best specialist diagnostics and multi-disciplinary treatment for children with cancer, and to improve cancer treatment outcomes in all Member States; considers that the professional figure of the paediatric oncologist should be recognised in all Member States;

Draft compromise Amendment

89. Calls on the Commission and the Member States to focus on ensuring equal ***and geographically balanced*** access to the best specialist diagnostics and multi-disciplinary treatment for children with cancer, and to improve cancer treatment outcomes in all Member States; considers that the ***academic specialty and the professional figure of the paediatric oncologist*** should be recognised in all Member States; ***believes that every patient who has experienced cancer as a child or adolescent should receive ongoing medical care and monitoring even after reaching adulthood, and therefore calls for measures to make cooperation between paediatric and adult health professionals more flexible; encourages the exchange of knowledge on the course of cancers among children and adolescents;***

Compromise amendment on Paragraph 89 a (new)

Replacing amendments 1228, 1229,1233,1260,1261

Motion for a resolution

Amendment

89a. Stresses the need for comprehensive population-based childhood cancer registries based on internationally agreed childhood cancer classification systems, ensuring high-quality comparable data across Europe; reinforces the need for publishing at least annually the number of cancer cases in children and adolescents in Europe and in each Member State;

Compromise amendment on Paragraph 91

Replacing amendments 1230, 1231, 1238, 1239, 1242, 1243, 1244

Motion for a resolution

Draft compromise Amendment

91. Stresses the need to strengthen the right to cross-border care for children and AYA cancer patients when the best treatment is not available in their country of residence;

91. Stresses the need to strengthen the right to cross-border care for children and AYA cancer patients when the best treatment is not available in their country of residence, **and ensure that access to innovation in clinical trials for relapsed or difficult-to-treat malignancies is covered by the relevant provisions, by enhancing the sustainability of existing cross-border collaborations including the European Reference Networks, in particular the ERN PaedCan; emphasises the need for clarification regarding access to cross-border clinical trials, which is not clearly specified in the Cross-Border Healthcare Directive;**

Compromise amendment on Paragraph 92

Replacing amendments 982, 991, 1223, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257

Motion for a resolution

92. Calls for an ambitious revision of the regulations on paediatric and orphan medicinal products in order to ensure access to innovative cancer drugs, identify the most important drugs to meet the needs of children with poor prognostic cancers, reduce delays so that children can have faster access to paediatric drugs, and address limited access to certain essential medicines due to drug shortages and the high price of innovative medicines; recommends an increase of 20 % in the available new paediatric cancer drugs by 2027;

Draft compromise Amendment

92. ***Notes that both regulations on paediatric and orphan medicinal products have fostered the development and availability of medicines for patients with rare diseases and for children, redirecting private and public investments towards previously neglected areas; calls for an ambitious revision of the regulations on paediatric and orphan medicinal products in order to ensure the development of and an affordable access to innovative cancer drugs, identify the most important drugs to meet the needs of children with poor prognostic cancers, support academic research and SME involvement, reduce delays so that children can have faster access to paediatric drugs and gene and cell therapies, stimulate competition by adapting the regulatory framework and encouraging investments in off-patent orphan and paediatric medicines, and address limited access to certain essential medicines due to drug shortages and the high price of innovative medicines; recommends an increase of 20 % in the available new paediatric cancer drugs by 2027, as well as an increase in the accessibility of personalised medicine; considers, consequently, that a clear obligation to include paediatric research should be considered as a condition for application; calls on the Commission, where appropriate in dialogue with the Member States, to work on a system that favours access to real breakthrough innovation for paediatric cancer patients; calls on the Commission to facilitate the repurposing of medicines failing in adults when there is scientific and preclinical rationale, as well as to provide more effective and tailored incentives to foster the development of medicines for cancer in children and the First-in-Child development of new paediatric anticancer***

medicines, encourage timely paediatric development and reduce delays, such as by means of early proportionate rewards allocated incrementally and not exclusively at the end of the Supplementary Protection Certificate (SPC); calls on the Commission to remove Article 11b of the Paediatric Regulation in the upcoming review to allow paediatric cancer medicine development to be driven by science and the medicine's mechanism of action;

Compromise amendment on Paragraph 96

Replacing amendments 1266, 1267, 1268, 1269, 1270

Motion for a resolution

96. Supports the recommendation of the Joint Action on Rare Cancers for the roll-out of a European unique patient identifier, in order to ensure the monitoring of long-term outcomes in childhood cancer survivors in a cross-border setting;

Draft compromise Amendment

96. Supports the recommendation of the Joint Action on Rare Cancers for the roll-out of a European unique patient identifier, ***the Survivorship Passport and guidelines on long-term surveillance and transition from paediatric to adult care*** in order to ensure the monitoring of long-term outcomes in childhood cancer survivors in a cross-border setting; ***stresses the need for the 'Right to be Forgotten' to be fit for purpose for this population;***

Compromise adding a new section VI on Challenges of rare adult cancers

Compromise amendment on Paragraph 96 a (new)

Replacing amendments 817, 1219, 1271, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1454, 1455, 1456, 1457, 1497

Motion for a resolution

Draft compromise Amendment

96 a. 1. Acknowledges that rare adult cancers are a public health challenge; recalls that patients affected by rare adult cancers share the challenges linked to the rarity and uncommon nature of their disease: long delays to diagnosis, and sometimes misdiagnosis, difficult access to timely and adequate care and treatments; notes that patients often feel alone, isolated and suffer greatly reduced quality of life, whereas their carers are also significantly and negatively impacted; calls for the Cancer Inequalities Registry to integrate information on rare cancers which amount to about 24% of new cancers cases occurring from birth up to elderly age groups;

2. Supports the introduction of a dedicated flagship initiative on rare adult cancers within the Europe's Beating Cancer Plan to tackle the specific challenges faced by this patient community and make the best use of the recommendations set out in the Rare Cancer Agenda 2030 to foster research and improve care in each step of the rare cancer patient journey; urges for ensuring that rare adult cancers are included in all initiatives across the four pillars of the Europe's Beating Cancer Plan;

3. Calls for dedicated funding for rare adult cancer research projects under Horizon Europe, including under the Mission on Cancer (for instance under UNCAN.eu –the European Initiative to Understand Cancer) to develop targeted therapies, and support the development of databases, registries and biobanks relevant

to rare adult cancers;

4. Stresses the difficulty in diagnosing rare adult cancers more timely, and therefore recommends easier and timely access to molecular testing that can help patients receive an accurate diagnosis and targeted therapy, and even access relevant clinical trials where appropriate; stresses, further, that research on biomarkers is critical in that area;

5. Calls for increasing awareness of rare adult cancers amongst primary and secondary healthcare professionals and implementing adequate referrals to specialised multidisciplinary expert centres at both national and European level;

6. Encourages Member States to establish national networks for rare adult cancers to optimise the referral of patients to specialised centres in a timely fashion and facilitate interaction with ERNs to maximise the exchanges of multidisciplinary knowledge and high-quality care as well as to foster clinical research;

7. Calls for improving access to clinical trials and compassionate use for rare adult cancer patients; regrets that it continues to be very difficult for rare adult cancer patients from many countries to access EAPs and trials abroad; calls for a better implementation of EU schemes for rare adult cancer patients to access healthcare abroad, whereas national healthcare systems should facilitate access to trials and EAPs for patients with rare adult cancers who have few treatment options;

8. Encourages novel regulatory approaches to enable rare adult cancer patients to access new innovative therapies under safe monitoring, while facilitating the collection of real-world data in addition to data collected in clinical trials;

9. Emphasises the need to include rare

adult cancers in the “inter-specialty cancer training programme” including specialised nursing training, in conjunction with ERNs for rare adult cancers; additionally, emphasises the need to support educational programmes targeting rare adult cancer patients, carers and patient representatives in conjunction with ERNs, to increase levels of health literacy and ultimately help patients and their families to make informed choices about treatment options and follow-up care;

10. Acknowledges the specificities of rare adult cancers in programmes dedicated to improving the quality of life of cancer patients, survivors and carers; calls on the Commission and Member States to implement specific training for professionals, other than healthcare providers (e.g. social workers, case managers), taking care of rare adult cancer patients; stresses that rare adult cancer patients need to receive adequate psychological support, rehabilitation and monitoring of long-term side effects of treatments by professionals who understand their rare disease and the specificities linked to it; recommends that all patients with rare adult cancers also be provided with a survivorship care plan; considers that carers for rare adult cancer patients (often family members) also need access to specific psychosocial support to cope with the severity and complexity of the disease, and the significant burden of care which they take on;

11. Calls on Member States to include a specific section on the management of rare adult cancers in their National Cancer Control Programme (NCCP) (along with a distinct section on cancers in children) as recommended in the Rare Cancer Agenda 2030; considers that the specificities should be acknowledged in specific distinct sections in all the NCCPs, with relevant synergies with rare disease national plans, to foster research as well as improve care management and care pathways for these

patients, from primary care up to highly specialised multi-disciplinary healthcare centres, notably belonging to, or in close contact with a relevant ERN; notes that, to date, rare cancers in adults and paediatric cancers are hardly included in many NCCPs of Member States;

12. Urges relevant national authorities to involve rare adult cancer patient organisations as partners in NCCPs to voice rare adult cancer patients' needs and expectations, as well as actively participate in the implementation of dedicated measures for rare adult cancers;

B. Tools for action

I. Holistic research

Compromise amendment on Subheading I

Replacing amendments 1300-1301

Motion for a resolution

I. Holistic research

Draft compromise Amendment

I. Holistic research ***and its implications***

Compromise amendment on Paragraph 97

Replacing amendments 1302, 1303, 1304, 1305, 1306, 1307

Motion for a resolution

97. Stresses that Europe's Beating Cancer Plan should be implemented in close cooperation with the Cancer Mission under Horizon Europe and its objectives of promoting EU investment in cancer research and innovation;

Draft compromise Amendment

97. Stresses that Europe's Beating Cancer Plan should be implemented in close cooperation with the Cancer Mission under Horizon Europe and its objectives of promoting EU investment in cancer research and ***public production and innovation; welcomes that Horizon Europe will fund research infrastructures, cloud computing and European Innovation Council actions; calls on the Commission to consider paediatric cancer as a topic for***

a European Partnership under the next Strategic Programme of Horizon Europe; recommends that appropriate funding be given to projects under Horizon Europe dedicated to new paediatric cancer medicines in order to fill the existing gap in paediatric medicines;

Compromise amendment on Paragraph 98

Replacing amendments 1308, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1537

Motion for a resolution

98. Recalls that cancer research, and its translation into everyday clinical practice, is fundamental to ensuring continuous improvements in cancer prevention, diagnosis, treatment and follow-up care for survivors; welcomes, therefore, the launch of Horizon Europe partnerships to translate scientific knowledge into innovations;

Draft compromise Amendment

98. Recalls that ***multidisciplinary*** cancer research and its translation into everyday clinical practice is fundamental to ensuring continuous improvements in cancer prevention, diagnosis, treatment and follow-up care for survivors; welcomes, therefore, the launch of Horizon Europe partnerships to translate scientific knowledge into innovations ***that reach patients; asks the Commission to follow closely the Horizon Europe partnerships activity and the translation of research into real added value for current medical practice;***

Compromise amendment on Paragraph 99

Replacing amendments 1310, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1334, 1402

Motion for a resolution

99. Reiterates its call for sustainable and adequate funding for competitive European research on cancer; calls for at least a 20 % increase in the mobilisation of public and private research on therapeutic and diagnostic cancer innovations;

Draft compromise Amendment

99. Reiterates its call for sustainable and adequate funding for competitive European research on cancer; ***stresses that such research should aim to address areas of highly unmet needs and be conducted across all parts of the cancer care continuum, including for all treatment modalities;*** calls on Member States to increase by 20 % at least the mobilisation of public research on therapeutic, diagnostic ***and screening*** cancer

innovations, *covering all patient populations concerned; calls, furthermore, for the EU Framework Programme and national research programmes to support research into paediatric and orphan medicines through innovation prize funds; considers that conditions for access to public funding should be revised, ensuring transparency of the contracts stipulated between public and private entities as well as conditionalities as regards the accessibility and affordability of new innovations when projects are successful;*

Compromise amendment on Paragraph 100

Replacing amendments 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1350

Motion for a resolution

100. Stresses the need for independent and multidisciplinary research on cancer ‘from bench to bedside’, that is from the laboratory to applied studies in patients; urges the establishment of measures to limit misinformation, especially on social media;

Draft compromise Amendment

100. Stresses the need for independent and multidisciplinary research on cancer ‘from bench to bedside’, that is from the laboratory to applied studies in patients *but also for the regular re-evaluation of the effectiveness of medicines already on the market; stresses the need for the results of this research to be made public in a transparent and simple way;* urges for the establishment of measures to limit *the health risks posed by disinformation and misinformation, especially on social media, with special attention to measures protecting children and young people, and to support science dissemination initiatives;*

Compromise amendment on Paragraph 102

Replacing amendments 697, 1354 - 1360, 1427

Motion for a resolution

102. Considers the significant potential impact of the use of artificial intelligence and modern technologies in diagnosis and decision-making for cancers in the coming years; encourages the Commission and the

Draft compromise Amendment

102. Considers the significant potential impact of the use of artificial intelligence, *“Big data” algorithmic analysis and other* modern technologies in diagnosis and decision-making for cancers in the coming

Member States to promote the knowledge of cancer biology through the implementation of genomics and informatics infrastructures;

years; ***underlines that the combination of real-world data, mathematical modelling, artificial intelligence and digital tools will significantly help to develop innovative treatments in a more cost-efficient way, and potentially reduce the required number of patients to be involved in clinical trials and the use of animals in research;*** encourages the Commission and the Member States to promote the knowledge of cancer biology through the implementation of genomics and informatics infrastructures; ***urges all implementation partners to be ever mindful of the principles of data privacy and security, trust, transparency, patient centricity and patient involvement at all times;***

Compromise amendment on Paragraph 106

Replacing amendments from 1375 to 1379

Motion for a resolution

106. Welcomes the planned Partnership for Personalised Medicine, announced in Europe's Beating Cancer Plan and to be funded under Horizon Europe, which will identify priorities for research and education in personalised medicine, support research projects on cancer prevention, diagnosis and treatment, and make recommendations for the roll-out of personalised medicine approaches in daily medical practice; supports the establishment of a roadmap for personalised prevention allowing for the identification of gaps in research and innovation and for the mapping of all known biological anomalies leading to cancer susceptibility, including hereditary factors;

Draft compromise Amendment

106. Welcomes the planned Partnership for Personalised Medicine, announced in Europe's Beating Cancer Plan and to be funded under Horizon Europe, which will identify priorities for research and education in personalised medicine, support research projects on cancer prevention, diagnosis and treatment, and make recommendations for the roll-out of personalised medicine approaches in daily medical practice; ***stresses the need to establish a well-defined, globally consistent terminology for 'personalised medicines' that would streamline investment in research and benefit patients' health literacy;*** supports the establishment of a roadmap for personalised prevention allowing for the identification of gaps in research and innovation and for the mapping of all known biological anomalies leading to cancer susceptibility, including hereditary ***and environmental*** factors ***and paediatric issues;*** ***calls for consideration to***

make these solutions accessible through public healthcare systems;

Compromise amendment on Paragraph 107

Replacing amendments from 1380 to 1388

Motion for a resolution

107. *Encourages* research on non-profit clinical trials to improve treatment strategies, with a focus on the elderly;

Draft compromise Amendment

107. *Calls for enhanced capacity building, infrastructure, collaboration and funding of* research on non-profit clinical trials to improve treatment strategies, with a focus on *the elderly as well as on vulnerable and under-represented patient populations, including women and children; urges for EU support for the health system and treatment optimisation agenda;*

Compromise amendment on Paragraph 108

Replacing amendments from 1389 to 1394

Motion for a resolution

108. Calls on the Commission and the Member States to promote studies dedicated to human and social sciences, in particular those addressing health inequalities at the different stages of cancer diseases;

Draft compromise Amendment

108. Calls on the Commission and the Member States to promote studies dedicated to human and social sciences, in particular those addressing health inequalities at the different stages of cancer diseases, *as well as research on optimising the organisation of cancer treatment, the financing of healthcare services and providers and the organisation of their delivery and the functioning of management institutions; calls for the studies to include attention to those inequalities in cancer care which are related to factors such as gender, age and socio-economic status, with particular attention to marginalised and vulnerable groups in society;*

Compromise amendment on Paragraph 109

Replacing amendments 1362, 1396 - 1401

Motion for a resolution

109. Considers that the Commission and the Member States should support the development of European multicentre clinical trials;

Draft compromise Amendment

109. ***Calls on*** the Commission and the Member States ***to*** support the development of European multicentre clinical trials, ***especially in the case of low incidence cancers and/or cancers with reduced treatment options, and to strengthen multi-national cooperation and the conduct of cross-border clinical trials, building on existing structures where appropriate, such as the European Clinical Research Council in the paediatric cancer sector, and encourage the engagement of smaller countries; highlights, furthermore, the need for all EU cancer policy initiatives to be coordinated towards defined and shared aims;***

Compromise amendment on Paragraph 111

Replacing amendments 1403 - 1407

Motion for a resolution

111. Strongly believes that patient associations should be involved in defining research endpoints for clinical trials, in order to ensure that the trials address the unmet needs of European patients; considers that the final results of the trials should be communicated to the participating patients and to the public;

Draft compromise Amendment

111. Strongly believes that ***patients and independent*** patient associations, ***as well as parents and carers,*** should be involved in defining research ***priorities and*** endpoints for clinical trials, in order to ensure that the trials address the unmet needs of European patients, ***including quality of life as primary endpoint;*** considers that the final results of the trials should be communicated to the participating patients and to the public; ***calls for paediatric patients to be involved in the definition of unmet needs to provide input in the design of the clinical trials protocol, improve communication with the target population and enhance methods for dissemination of findings; stresses that the extent to which transparency provisions within the Clinical Trials Regulation 536/2014 are being met, should be kept under surveillance, and therefore regularly***

reported on;

Compromise amendment on Paragraph 112
Replacing amendments 1365, 1408 - 1414

Motion for a resolution

112. Advocates more transparency in *the process of* research into and the development of cancer treatments, including the establishment of a portal to allow patients access to information on the available clinical trials in Europe;

Draft compromise Amendment

112. Advocates *more robust scrutiny of clinical trials and* more transparency in research *and* development of cancer treatments, including the establishment of a portal to allow patients access to information on the available clinical trials in Europe; *calls for transparency on access to, and the use of, data of clinical trials at Union level, including those that have been discarded; underlines that this should also include information tailored to children and young patients;*

Compromise amendment on Paragraph 112 a
Replacing amendments 1415, 1416, 1417

Motion for a resolution

Draft compromise Amendment

112a. Recommends that research be a parameter of the Cancer Inequalities Registry in order to measure and monitor inequalities in respect to access to clinical trials as well as to better understand and respond to regional and national disparities in trial activity, and to track improvement from initiatives to be taken up via Europe's Beating Cancer Plan, such as the EU Network of Comprehensive Cancer Centres;

Compromise amendment on Paragraph 113

Replacing amendments 719, 1364, 1421-1426, 1498

Motion for a resolution

113. Considers that the sharing of expertise, data, training programmes and communication tools is needed to improve the knowledge of cancer among both health professionals and patients; stresses the sensitive nature of health data **and** calls for full compliance with Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation)³⁶ ;

Draft compromise Amendment

113. Considers that the sharing of expertise, data, training programmes and communication tools is needed to improve the knowledge of cancer among both health professionals, **researchers** and patients; ***calls for cross-sector and cross-country collaboration and knowledge sharing that will be crucial for further enhancing the quality of cancer care in the EU; notes that data sharing is key to applying artificial intelligence and machine learning tools to research provided there is human oversight, and to enabling the digital transformation of healthcare, to tackle disparities in cancer prevention, diagnosis, and treatment around Europe and to optimise the use of healthcare systems resources, increasing efficiency and thus allowing for wider availability of oncological care data, also in less urbanised and remote areas***; stresses the sensitive nature of health data; calls for full compliance with Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation)³⁶ ***to avoid unnecessary restrictions for cross-border healthcare; stresses the need for harmonised interpretation and implementation of the GDPR, especially by Data Protection Authorities, including its Recitals 33 and 157, and its interaction with the Clinical Trials Regulation once applicable, including Recital 29 and Article 28 (2) of that Regulation, across the EU to facilitate scientific research; requests the European Data Protection Board to ensure that its guidelines concerning health research are updated with the aim of fostering research, and calls on the Commission to make concrete***

Compromise amendment on Paragraph 114
Replacing amendments 1428-1433

Motion for a resolution

114. Asks the Commission to assess the functioning of the European Reference Networks (ERNs), especially their role in gathering and sharing expertise and best practices, thus rationalising patient referral in the management of rare cancers, which affect an estimated 5.1 million patients across Europe and require cooperation on a large scale;

Draft compromise Amendment

114. Asks the Commission to assess the functioning of the European Reference Networks (ERNs), especially their role in gathering and sharing expertise and best practices, thus rationalising patient referral in the management of rare cancers, which affect an estimated 5.1 million patients across Europe and require cooperation on a large scale; ***emphasises the importance of the ERNs with regard to overcoming health inequalities and ensuring safer and high-quality treatment across EU borders;***

Compromise amendment on Paragraph 115
Replacing amendments 1437-1444, 1458

Motion for a resolution

115. ***Emphasises the need*** to secure sustained long-term funding for the ERNs; supports the expansion of the ERNs to ***specific types of cancer*** (rare, complex, poorly curable) and paediatric cancers;

Draft compromise Amendment

115. ***Calls on the Commission and the Member States*** to secure ***appropriate and*** sustained long-term funding for the ERNs, ***as well as their integration into national health systems; calls for the funding to cover, inter alia, compensation of virtual consultations, support for twinning and education programmes, and effective reimbursement of patient travel in line with the Cross-Border Healthcare Directive when this is required, in order to foster improved standards of care and equal access to the best possible interventions to all patients who require them across Europe; calls also for support to the roll-out, upgrade and the smooth functioning of digital infrastructure that simplifies and facilitates access to the ERNs, as well as to the creation of a EU health data strategy to improve current rare disease registries in a common and***

uniform data space; stresses the need to guarantee funding through the EU4Health Programme, Horizon Europe, the European Semester programme, Structural Funds, and through Article 195 of the Financial Regulation; supports the expansion to rare, complex, poorly curable cancers and paediatric cancers of the four existing ERNs (PaedCan on paediatric cancers, EURACAN on rare adult solid cancer, EuroBloodNet on rare haematological diseases including rare haematological malignancies and GENTURIS on genetic tumour risk syndromes), as this could facilitate equal access of patients, including children and AYA, to the best available care across Europe and would improve the functionality of the ERNs and health outcomes in rare disease patient populations;

Compromise amendment on Paragraph 116

Replacing amendments 760, 1445 - 1450

Motion for a resolution

116. Believes that the **revamping** of ERNs will necessarily involve the participation of all Member States in existing ERNs, with each Member State having at least one ‘full’ or ‘affiliate’ member in each ERN, the facilitation of the individual patient journey through the effective collaboration of national contact points with ERNs, the evaluation of the functioning of the ERNs by sharing data on their performance and networking in the field of rare cancers, the deployment of telemedicine tools allowing for the sharing of case records and imaging results, and the allocation of adequate and long-term funding, both at Union (EU4Health) and national level;

Draft compromise Amendment

116. Believes that the **further development and optimisation** of ERNs will necessarily involve the participation of all Member States in existing ERNs, with each Member State having at least one ‘full’ or ‘affiliate’ member in each ERN **and in each sub-clinical domain/thematic network of ERNs**, the facilitation of the individual patient journey through the effective collaboration of national contact points with ERNs, the evaluation of the functioning of the ERNs by sharing data on their performance and networking in the field of rare cancers, the deployment of **efficient** telemedicine tools allowing for the sharing of case records and imaging results **in a secured fashion to discuss complex rare cancer cases**, and the allocation of adequate and long-term funding, both at Union (EU4Health) and national level;

Compromise amendment on Paragraph 117

Replacing amendments 1434, 1452, 1453

Motion for a resolution

117. Encourages Member States to support a dedicated and tailored approach to rare cancers in adults and paediatric cancers, taking stock of EU initiatives, and to fully integrate ERNs into their national healthcare systems;

Draft compromise Amendment

117. Encourages Member States to support a dedicated and tailored approach to rare cancers in adults and paediatric cancers, taking stock of EU initiatives and to fully integrate ERNs into their national healthcare systems; ***calls for the creation of common and consistent protocols governing the collection of data, and for the creation of a single set of definitions explaining the data collected; calls for the rare cancer patient organisations to be associated to the ERNs and the European reference centre;***

Compromise amendment on Paragraph 119

Replacing amendments 1336, 1462, 1463, 1500 - 1525 and deleting original paragraph 124

Motion for a resolution

119. Welcomes the launch of a Knowledge Centre on Cancer in 2021, ***announced in Europe's Beating Cancer Plan***, in order to contribute to the exchanges and coordination of scientific and technical initiatives related to cancer at EU level; believes that this knowledge centre should be based on data screening, ERN reports and cancer registries, ***and be part of a European Cancer Institute;***

Draft compromise Amendment

119. Welcomes the launch of a Knowledge Centre on Cancer in 2021 in order to contribute to the exchanges and coordination of scientific and technical initiatives related to cancer at EU level; ***considers that the knowledge centre should involve all stakeholders (representatives of each NCCP, patients' and caregivers' associations, learned societies, relevant EU bodies and agencies, representatives of economic operators, etc.);*** believes that this knowledge centre should be based on data screening, ERN reports and cancer registries;

considers that its mission should be clearly defined and include:

- a) coordinating the network of all NCCPs;
- b) producing a European roadmap to trigger large-scale prevention campaigns and educational programmes on health promotion;

c) coordinating the establishment of common quality criteria to guide the national accreditation of screening programmes, cancer registries and cancer care centres;

d) developing, on the basis of latest scientific evidence, clinical practice guidelines and quality assurance schemes to improve the entire care pathway for all cancer types, in particular for rare and paediatric cancers; drafting annual reports and establishing frameworks to improve data collection from screening programmes, cancer registries and ERNs at EU level;

e) presenting studies on the impact of prevention and diagnosis, including estimates concerning the reduction of economic costs generated through increased investment in prevention and diagnosis;

f) coordinating the exchange of best practices and results between the ERNs and the Comprehensive Cancer Centres;

g) generating a comprehensive model based on Europe's Beating Cancer Plan and Horizon Europe, as well as with the input from patients and carers, in order to identify research priorities and possibly enable the development of a coordinated and efficient cancer research force in Europe;

h) facilitating the sharing of anonymised data, collected in a European Cancer Cloud, for clinicians and researchers, as well as for entities developing health services and modern technological solutions for cancer patients;

i) supporting common training programmes for health professionals, patients and caregivers;

j) delivering updated, certified and transparent information to citizens and professionals on cancer causes, treatments and EU legislation;

k) monitoring the level of implementation of relevant recommendations in the Member States' NCCPs, and regularly making available

the results of this monitoring;

l) proposing measurable and reproducible indicators for the main outcomes outlined in Europe's Beating Cancer Plan;

recalls that researchers have to work together to find the best possible treatment especially for patients suffering from rare cancer, but that they are facing serious obstacles; calls therefore on the Commission to systematically look, via its Scientific Advice Mechanism or through the appointment of a cross border cancer research special envoy, at all the obstacles in cross-border cancer research and cooperation, including regulation, in order to promote cross-border cancer research;

Compromise amendment on Paragraph 120

Replacing amendments 1464 -1474, 1479

Motion for a resolution

120. Recommends the creation of at least one cancer registry in each EU region, including remote and outermost regions; supports the strengthening of the capacity of national cancer registries to collect *data (including lifestyle and socio-economic information) to better* identify the causes of inequalities in cancer incidence, prevalence and survival; *asks Member States to ensure* the comparability of data sources and the interoperability of regional and national cancer registries;

Draft compromise Amendment

120. Recommends the creation of at least one cancer registry in each EU region, including remote and outermost regions; *considers it pivotal to ensure the smooth functioning of the cancer registries;* supports the strengthening of the capacity of national cancer registries to collect *standardised patient-reported outcomes, to better map EU citizens' lifestyle, socio-economic conditions and occupational information, environmental factors, and data* to identify the causes of inequalities in cancer incidence, prevalence and survival; *stresses the essential need to collect data collaboratively across all Member States;* *calls for* the comparability of data sources and the interoperability of regional and national cancer registries *via the harmonisation of the scope and quality of data collection, and for secure access to*

such data; calls for mandating national cancer registries to analyse disparities in morbidity and to make recommendations to national cancer councils and the Joint Research Centre on the need for interventions; calls for the use of modern epidemiological and molecular genetics methods to analyse the prevalence of cancer and to identify its causes; calls for the implementation of specific cancer registries for paediatric malignancies in line with International Classification of Childhood Cancer (ICCC); calls for improving access to clinical trials and compassionate use for rare adult cancer patients;

Compromise amendment on Paragraph 121

Replacing amendments 1475 - 1482

Motion for a resolution

121. Strongly supports the creation of a Cancer Inequalities Registry at European level, announced in Europe's Beating Cancer Plan, in order to identify trends, disparities, inequalities and inequities between and within Member States; believes that this registry will help to identify challenges and specific areas of action so as to guide investment and intervention at EU, national and regional level;

Draft compromise Amendment

121. Strongly supports the creation of a Cancer Inequalities Registry at European level, announced in Europe's Beating Cancer Plan, in order to identify trends, disparities, inequalities and inequities between and within Member States; believes that this registry will help to identify challenges and specific areas of action so as to guide investment and intervention, *and facilitate research into inequalities*, at EU, national and regional level; *calls for making the Registry accessible to the public; stresses the need for the Registry to also cover social inequalities such as those related to socio-economic status, occupation and gender;*

Compromise amendment on Paragraph 122

Replacing amendments 1483, 1485 - 1492

Motion for a resolution

122. Supports the Commission's intention to enable cancer patients to securely access and share electronic health records across borders; considers that the Commission could lay the foundation for the European Health Data Space, in association with Digital Health Europe, by collecting **and** analysing anonymised medical data (from cancer registries, hospitals, academic clinical trials and cohorts) and biological data (from blood and tumour samples) in a European Cancer Cloud **hosted by a European Cancer Institute**; encourages the use of health data for **non-commercial** purposes ('data altruism'); welcomes the planned creation of a virtual European Cancer Patient Digital Centre under Horizon Europe's Mission on Cancer in order to support a standardised approach to the participation of willing patients in the deposit and exchange of their health data; recommends the inclusion of patients in any actions related to the storage and use of health data for policy-making and research purposes; welcomes the planned expansion of the European Cancer Information System before 2022;

Draft compromise Amendment

122. Supports the Commission's intention to enable cancer patients to securely access and share electronic health records across borders; considers that the Commission could lay the foundation for the European Health Data Space, in association with Digital Health Europe, by collecting, analysing **and exchanging** anonymised medical data (from cancer registries, hospitals, academic clinical trials and cohorts) and biological data (from blood and tumour samples) in a European Cancer Cloud; **underlines that a harmonised interpretation of the General Data Protection Regulation (GDPR) in all EU Member States is the foundation for new data-sharing initiatives such as the European Health Data Space**; encourages the use of health data for **research** purposes ('data altruism'); welcomes the planned creation of a virtual European Cancer Patient Digital Centre under Horizon Europe's Mission on Cancer in order to support a standardised approach to the participation of willing patients in the deposit and exchange of their **standardised and uniformly defined** health data; recommends the inclusion of patients in any actions related to the storage and use of health data for policy-making and research purposes; welcomes the planned expansion of the European Cancer Information System before 2022;

Compromise amendment on Paragraph 123

Replacing amendments 1493 - 1496

Motion for a resolution

123. Calls for improved standards in the education and training of health professionals; encourages common and multidisciplinary training programmes for health professionals in close collaboration

Draft compromise Amendment

123. Calls for improved standards in the education and training of health professionals; encourages common and multidisciplinary training programmes for health professionals in close collaboration

with European learned societies; welcomes the launch of an inter-specialty cancer training programme, *which will involve cooperation between Member States via a European Cancer Institute*;

with European learned societies; welcomes the launch of an inter-specialty cancer training programme *at every stage of the treatment and care pathway through diagnosis, treatment, complications and co-morbidities, survivorship and end-of-life care*;

Compromise amendment on Paragraph 125

Replacing amendments 1526 - 1529

Motion for a resolution

125. Emphasises that Europe's Beating Cancer Plan should not only be seen as a political commitment to driving change but as a set of concrete and ambitious initiatives that will support, coordinate and complement Member States' efforts to reduce the suffering caused by cancer; ***stresses that, in order for*** the initiatives outlined in the Plan ***to be translated into*** concrete actions, ***these initiatives have to be adequately funded***; underlines, however, the differing capacity of Member States to absorb the funds dedicated to healthcare programmes thus far;

Draft compromise Amendment

125. Emphasises that Europe's Beating Cancer Plan should not only be seen as a political commitment to driving change but as a set of concrete and ambitious initiatives that will support, coordinate and complement Member States' efforts to reduce the ***physical and mental*** suffering caused by cancer; ***encourages the Commission to optimise the coherent implementation of*** the initiatives outlined in the Plan, ***with clear guidance to Member States regarding*** concrete actions ***against unequal access to cancer diagnosis and treatment, as well as adequate funding, especially in order to address that unequal access***;

underlines, however, the differing capacity of Member States to absorb the funds dedicated to healthcare programmes thus far; ***calls on the Commission to provide Member States with guidance and a clear overview of the dedicated EU resources, the specifically defined pathways that link the actions outlined in the Plan with the EU funding mechanisms identified in it, as well as the possible synergies and complementarities between the EU4Health programme and others -such as Digital Europe, Horizon Europe, NextGenerationEU / Recovery and Resilience Facility, Structural and Cohesion Funds- to enhance equitable access to quality diagnosis and care; adequate investments in cancer prevention and innovation and improved resilience of health systems; emphasises the importance of Cohesion Funds for achieving equality of access to healthcare especially in less developed parts of the EU, including rural regions, by investing into health infrastructure and workforce***;

Compromise amendment on Paragraph 127
Replacing amendments 1530, 1535, 1536

Motion for a resolution

127. Welcomes the funding plan of EUR 4 billion and notes the complementarity of the sources of funding as set out in the Plan itself; recalls that the Plan will benefit from different sources of funding, such as the EU4Health, Horizon Europe and Digital Europe programmes, cohesion policy funds, and the Recovery and Resilience Facility; highlights the need to include the fight against cancer across all funding sources in a coherent and transparent manner; stresses, in particular, the importance of enhancing cancer research and cancer prevention and the need to dedicate more funds to them;

Draft compromise Amendment

127. **Welcomes** the funding plan of EUR 4 billion and notes the complementarity of the sources of funding as set out in the Plan itself; **notes that the proposed budget should be seen as a first step towards the realisation of all actions under the Europe's Beating Cancer Plan;** recalls that the Plan will benefit from different sources of funding, such as the EU4Health, Horizon Europe and Digital Europe programmes, cohesion policy funds, and the Recovery and Resilience Facility; highlights the need to include the fight against cancer across all funding sources in a coherent and transparent manner; stresses, in particular, the importance of enhancing cancer research and **innovation and** cancer prevention and the need to dedicate more funds to them; **stresses the need for regular revision of the proposed budget allocation for the Europe's Beating Cancer Plan, with a view to potentially increasing it when possible; stresses the need for the mobilisation of these funds by the Member States to be in line with the needs identified by each country, and geared towards benefitting the public interest and public health services;**

Compromise amendment on Recital A
Replacing amendments 38-46,

Motion for a resolution

A. whereas Europe's Beating Cancer Plan should effectively respond to the call for progress by the families and **doctors** of the 1.3 million people who die from cancer each year in Europe, including 6 000

Draft compromise amendment

A. whereas Europe's Beating Cancer Plan should effectively respond to the call for progress by the families and **health professionals** of the 1.3 million people who die from cancer each year in Europe,

children, the crucial needs of patients who are currently in need of *efficient and innovative treatments*, the rightful expectations of more than 12 million cancer survivors facing the difficult return back to a ‘normal life’, the clear will of future generations to be protected against health threats, and the concern of governments facing a growing economic burden from cancer and its related treatments;

including 6 000 children *and young people*, the crucial needs of patients who are currently in need of *timely diagnosis, as well as effective, innovative, accessible and affordable treatments and care for cancer and cancer-related complications and comorbidities*, the rightful expectations of more than 12 million cancer survivors *and their families* facing the difficult return back to a ‘normal life’, the clear will of future generations to be protected against health threats *and risk factors*, and the concern of governments facing a growing economic *and social* burden from cancer and its related treatments; *whereas Union actions in the fight against cancer should aim to increase the five-year survival rate of cancer patients;*

Compromise amendment on Recital B

Replacing amendments 47, 58, 60-64

Motion for a resolution

B. whereas Europe represents less than 10 % of the world’s population, but accounts for a quarter of all cancer cases, and whereas cancer is the second leading cause of death in Europe after cardiovascular diseases; whereas although there has been a slight decrease in mortality rates thanks to screening campaigns and therapeutic innovation, the number of cases diagnosed is nevertheless increasing, notably due to longer life expectancies, which results in ageing populations; whereas almost three quarters of all cancer diagnoses in the EU occur in people aged 60 or above;

Draft compromise amendment

B. whereas Europe represents less than 10 % of the world’s population, but accounts for a quarter of all cancer cases, and whereas cancer is the second leading cause of death in Europe after cardiovascular diseases *and the first cause of death by disease in children older than one year of age; whereas the specific needs of children and adolescents with cancer require continued attention and support globally, and paediatric oncology should be differentiated from adult cancer;* whereas although there has been a slight decrease in mortality rates thanks to screening campaigns, *improved diagnostics* and therapeutic innovation, the number of cases diagnosed is nevertheless increasing, notably due to longer life expectancies, *which results in ageing populations;* whereas almost three quarters of all cancer diagnoses in the EU occur in people aged 60 or above;

Compromise amendment on Recital C

Replacing amendments 71-81, 161

Motion for a resolution

C. whereas cancer illustrates social injustice in healthcare, as differences in cancer survival rates across the EU Member States exceed 25 %; whereas EU citizens are **unequal** in terms of prevention, unequally protected against risk factors, unequally educated in terms of healthy behaviours and unequally equipped against misinformation; whereas EU citizens are unequal in terms of timely access to quality care from Member State to Member State and from region to region in any given country; whereas after recovery or when in remission, EU citizens are unequal in their ability to return to work, to be financially independent and to return to a harmonious familial, social and emotional life;

Draft compromise amendment

C. whereas cancer illustrates social injustice **and inequity** in healthcare, as differences in cancer survival rates across the EU Member States exceed 25 %; whereas EU citizens are **facing inequities** in terms of prevention, unequally protected against risk factors, unequally educated in terms of healthy behaviours and unequally equipped against misinformation; whereas EU citizens are unequal in terms of timely access to **affordable and quality treatment and** care from Member State to Member State and from region to region in any given country; **whereas access to fully multidisciplinary and multi-professional medical teams varies widely across Europe**; whereas after recovery or when in remission, EU citizens are unequal in their ability to return to work, to be financially independent and to return to a harmonious familial, social and emotional life; **whereas class and gender are important measures and drivers of inequalities and inequities at all stages of the disease**;

Compromise amendment on Recital D

Replacing amendments 85-88

Motion for a resolution

D. whereas specific national or regional cancer policies have been set up in most Member States, whose missions and budgets are heterogeneous;

Draft compromise amendment

D. whereas specific national or regional cancer policies have been set up in most Member States, whose missions, **capacities** and budgets are heterogeneous; **whereas some regions have become hubs in the fight against cancer, with an expertise that should be shared all over the Union**;

Compromise amendment on Recital E

Replacing amendments 90-94

Motion for a resolution

E. whereas the goal of Europe's Beating Cancer Plan should not only be to fight against a crucial public health issue and to help patients live longer and better lives, but should also be to initiate a reduction in health inequalities and inequities and lower the social and economic burden of the disease; whereas the Commission should promote a patient-centred and citizens' rights-based approach by integrating considerations of justice, sustainability, equity, solidarity, innovation and collaboration at the very core of Europe's Beating Cancer Plan;

Draft compromise amendment

E. whereas the goal of Europe's Beating Cancer Plan should not only be to fight against a crucial public health issue and to help patients live longer and better lives, but should also be to initiate a reduction in health inequalities and inequities and lower the social and economic burden of the disease; whereas the Commission should promote a patient-centred and citizens' rights-based approach by integrating considerations of justice, sustainability, equity, solidarity, innovation and collaboration at the very core of Europe's Beating Cancer Plan, ***including its 'Helping Children with Cancer Initiative'***;

Compromise amendment on Recital Ea (new)

Replacing amendments 48-53

Motion for a resolution

Draft compromise amendment

Ea. Whereas the COVID-19 pandemic has caused, and is still causing, severe disruptions to cancer screening programmes, treatment, research, and survivorship and follow-up services, with the resulting impact on cancer patients, families and health care professionals; whereas the pandemic has created an urgent need to build back cancer services in all European countries and to address highly concerning backlogs in prevention actions, as well as in early detection and diagnosis;

whereas an estimated 100 million screening tests were not performed in Europe during the pandemic and 1 million cancer cases are undiagnosed; whereas 1 in 5 cancer patients did not receive the surgical or chemotherapy treatment they needed on time¹; whereas healthcare professionals have supported the burden of

a pandemic and a very stressful working environment;

¹<https://www.europecancer.org/resources/201:time-to-act.html>

<https://www.europecancer.org/timetoact/impact/data-intelligence>

Compromise amendment on Recital Eb new
Replacing amendments 56, 57, 66, 68, 177

Motion for a resolution

Draft compromise amendment

Eb. whereas about 40% of cancer cases in the EU are preventable; whereas prevention is more effective than any cure, as well as the most cost-effective long-term cancer control strategy; whereas Europe's Beating Cancer Plan should address all key risk factors and social determinants of cancer; whereas the EU level is crucial in cancer prevention as it has strong competences that impact most risk factors for cancer.

Compromise amendment on Recital F
Replacing amendments 103-113

Motion for a resolution

Draft compromise amendment

F. whereas health literacy includes the acquisition of knowledge and skills, awareness of rights and the confidence to take action to improve personal and community health; whereas actions to promote health literacy under the Plan should focus on empowering patients and citizens; whereas all efforts to increase health literacy should take into account people with learning disabilities, *as well as ensure that* the necessary information is available in common non-EU languages in order to reach migrants *and* new arrivals;

F. whereas health literacy includes the acquisition of knowledge and skills, awareness of rights and the confidence to take action to improve personal and community health; whereas actions to promote health literacy under the Plan should focus on empowering patients and citizens *through state-of-the-art communication tools, also by seeking the expertise of, and collaborating with, patient organisations and other NGOs which have been working on disseminating and spreading health literacy for years; whereas patient*

empowerment requires assisting patients in understanding their rights; whereas all efforts to increase health literacy, including digital literacy, should take into account people who are experiencing exclusion and the needs of people with learning disabilities; whereas inequalities in knowledge, access and use of IT technologies, as well as regional and national, social and economic differences should be taken into account; whereas the necessary information should be available in common non-EU languages in order to reach migrants, new arrivals and other vulnerable groups and minority communities; whereas efforts to improve health literacy should also include an onus to assist citizens to identify misinformation, noting the harmful impacts this can have across all areas of cancer care including prevention, vaccination and treatment;

Compromise amendment on Recital Fa (new)

Replacing amendments 171-176, 178-180, 490-493, 507

Motion for a resolution

Draft compromise amendment

Fa. Whereas the Commission communication on strengthened cooperation against vaccine preventable diseases recommends to develop EU guidance for establishing at national level comprehensive electronic immunisation information systems for effective monitoring of immunisation programmes; whereas this should be done in full compliance with data protection rules;

whereas human papillomavirus (HPV) is a sexually transmitted infection associated with almost 5% of all cancers in women and men worldwide: cervical and oropharyngeal, but also anal, penile, vaginal and vulval cancers;

whereas both reaching HPV vaccination coverage targets for girls and calling up high-quality organised cervical cancer screening is necessary in order to reach the

2030 WHO goals regarding the elimination of cervical cancer as a public health problem;

whereas HPV vaccination rates are worryingly low across the Member States;

whereas, regretfully, there are major discrepancies in vaccination coverage between Member States, ranging from less than 30 % to more than 70 % (with the required level of population immunity being at 70 %);

whereas Helicobacter Pylori is the most important infectious cause of cancer worldwide, mainly for non-cardia gastric adenocarcinoma;

Compromise amendment on Recital Fb (new)

Replacing amendments 361, 369-371, 373, 375-378, 381

Motion for a resolution

Draft compromise amendment

Fb. whereas the Mediterranean diet is known as a healthy, balanced diet, that plays a protective role in the primary and secondary prevention of the main chronic degenerative diseases;

Compromise amendment on Recital Fc (new)

Replacing amendments 82, 83, 84, 138, 475, 477-480, 482

Motion for a resolution

Draft compromise amendment

Fc. whereas exposure to dangerous substances at work is responsible for about 120 000 work-related cancer cases each year, leading to approximately 80 000 fatalities annually, which represents 8% of all cancer deaths (12% of cancer deaths among men, and 7% of cancer deaths among women); whereas it can however be difficult to establish causal relationships due to long latency periods;

whereas 50 priority carcinogens have been

identified by IARC/WHO and that workers are widely exposed to them in Europe; whereas the vast majority of cancers induced by occupational carcinogens at work appears preventable if regulated accordingly but, under Directive 2004/37/EC, binding Occupational Exposure Limit (OEL) Values exist to date for only 27 of them;

whereas further action is necessary to prevent, detect and better recognise occupational cancers related to night shift work as well as UV radiation (for outdoor workers);

Compromise amendment on Recital Fd (new)
Replacing amendment 427

Motion for a resolution

Draft compromise amendment

Fd. Whereas radon is a radioactive gas that has no colour or odour, and as radon decays in the air, it releases radiation that can damage the DNA of cells inside the body; points out that radon levels vary widely in different regions or even residential areas and can be present in both outdoor and indoor air;

Compromise amendment on Recital Fe (new)
Replacing amendment 127, 423

Motion for a resolution

Draft compromise amendment

Fe. Whereas in 2011 the WHO's International Agency for Research (IARC) on Cancer classified radiofrequency electromagnetic fields as possibly carcinogenic to humans, based on an increased risk of glioma, associated with mobile phone use; whereas there are studies, published in 2015 and 2018,

showing a significant increase (more than doubling) in Glioblastoma tumours over twenty years (1995-2015) in all age groups, and others showing the increased risk of Glioblastoma associated with mobile and cordless phone use in people aged 18-80; whereas more studies are needed to establish these associated risks;

Compromise amendment on Recital Ff (new)
Replacing amendments 67, 133, 134, 135

Motion for a resolution

Draft compromise amendment

Ff. Whereas 24% of all new cancer diagnoses, including all paediatric cancers, across Europe each year are rare forms of cancer and represent a public health challenge altogether; whereas patients with rare cancers face challenges linked to a late or incorrect diagnosis, lack of access to appropriate therapies and expertise, lack of understanding of underlying science, lack of commercial feasibility in developing new therapies, difficulties in conducting well-powered clinical studies, feelings of isolation, and few available tissue banks;

Compromise amendment on Recital G
Replacing amendments 115-125

Motion for a resolution

Amendment

G. whereas the Plan should be implemented in close association with the recommendations and actions of the International Agency for Research on Cancer (IARC), the UN SDGs for global health, and the recommendations and guidelines of the World Health Organization (WHO), and should

G. whereas the Plan should be implemented in close association with the recommendations and actions of IARC, the UN SDGs for global health, ***including the objective of achieving universal health coverage***, and the recommendations and guidelines of the World Health Organization (WHO), ***international health***

acknowledge as a priority the EU's solidarity and partnership with low- and middle-income countries;

agreements including the WHO Framework Convention on Tobacco Control, experts and patient's associations, including the WHO Global Initiative for Childhood Cancer, and the EU Joint Actions on Cancer, and should acknowledge as a priority the EU's solidarity and partnership with low- and middle-income countries, including those in the wider WHO Europe region;

Compromise amendment on Recital Ga (new)
Replacing amendment 694

Motion for a resolution

Draft compromise amendment

Ga. Whereas Europe's Beating Cancer Plan gives remarkable attention to a range of policy needs in respect of cancer screening, less initiative is offered for early detection of cancers not covered by screening programmes; whereas targeted action is necessary to foster better awareness of cancer warning signs among citizens and healthcare professionals;

Compromise amendment on Recital H
Replacing amendments 128-132

Motion for a resolution

Amendment

H. whereas addressing cancer could be used as a model for other non-communicable diseases, and whereas patients with other chronic diseases should therefore also benefit from the achievements of Europe's Beating Cancer Plan;

H. whereas addressing cancer ***in a comprehensive strategy such as the Beating Cancer Plan presented by the Commission*** could be used as a model for other non-communicable diseases, and whereas patients with other chronic diseases should therefore also benefit from the achievements ***and principles of the Plan and going forward to build similar plans for other pathologies with high mortality rates;***

Compromise amendment on Recital I

Replacing amendments 54, 55, 100, 136, 137, 139 -142

Motion for a resolution

I. whereas a common policy driven at European level *is* absolutely essential for progress in the area of cancer; whereas the primary responsibility for health protection and healthcare systems lies with the Member States;

Amendment

I. whereas *coordination between European countries*, a common policy driven at European level *and cross-border knowledge-sharing are* absolutely essential for progress in the area of cancer, whereas the primary responsibility for health protection and healthcare systems lies with the Member States;

Compromise amendment on Recital J

Replacing amendments 89, 101, 143-152, 160, 169, 170, 181, 183

Motion for a resolution

J. whereas a comprehensive, multidisciplinary and coordinated approach to addressing social, individual, environmental and commercial health determinants is needed at regional, national and European level in order to support actions targeting all aspects of cancer (prevention, detection, treatment, palliative care and reintegration) through the effective mobilisation of key tools such as research and knowledge sharing; whereas new technologies and artificial intelligence have high potential for improvements in the field of cancer research;

Amendment

J. whereas a comprehensive, multidisciplinary and coordinated approach to addressing *behaviour-related, biological*, environmental, *work-related, socio-economic* and commercial health determinants is needed at regional, national and European level in order to support actions targeting all aspects of cancer (prevention, detection, treatment, palliative care, *follow-up care for survivors* and reintegration) through the effective mobilisation of key tools such as *adequate resources and funding, legislation*, research and knowledge sharing; whereas *patient-centric approaches to treatment have shown to improve the quality of life and overall survivorship of patients*; *whereas* new technologies and artificial intelligence have high potential for improvements in the field of cancer research, *treatment process and care*;

Compromise amendment on Recital M
Replacing amendments 162-168, 182

Motion for a resolution

M. whereas Europe's Beating Cancer Plan could therefore represent ***the first*** step towards a real European Health Union;

Amendment

M. whereas Europe's Beating Cancer Plan could therefore represent ***an important*** step towards a real European Health Union ***and a public demonstration to citizens of the success that EU health cooperation can achieve***;

Compromise amendment on Recital Ma (new)
Replacing amendments 315, 316

Motion for a resolution

Draft compromise amendment

Ma. Whereas the Act of Accession of Austria, Finland and Sweden grants an exemption to Sweden from the EU-wide prohibition of the sale of certain types of tobacco for oral use;