

## Priorities for the prevention pillar of Europe's Beating Cancer Plan proposed by the European Public Health Alliance (EPHA)

for the BECA Committee Own Initiative Report

June 2021

### General remarks

- EPHA is overall **highly supportive of the 'prevention pillar'** of Europe's Beating Cancer Plan (the Plan) and wishes to see it maintained in both the scope and types of activities it commits to.
- The prevention pillar rightly takes a **comprehensive approach to the risk factors for cancer**, and proposes a number of actions that can **create co-benefits** in the fight against other non-communicable diseases (NCDs) such as cardiovascular diseases, type 2 diabetes, respiratory diseases and others.
- It is therefore of utter importance that the Own Initiative Report (the Report) ensures that the **levels of ambition and precision of the measures under the Plan are strengthened**, and not in any way weakened or diluted under undue pressure from vested interests.

Below, EPHA highlights a number of key priorities and suggestions for improvements under each of the sections of the Plan's prevention pillar, drawing on inputs by members, previous positions and wider public health evidence.

### 1. Improving health literacy on cancer risks and determinants

#### *Health literacy*

- The Report should emphasise that the **European Code Against Cancer** (ECAC) should serve as the **key reference point for the elements concerning cancer prevention** in the Plan's 'Health Literacy for Cancer Prevention and Care' project.
- **Health literacy** implies the **achievement of levels of knowledge, personal skills and confidence to take action to improve personal and community health**. Action to promote health literacy under the Plan should focus on **empowering patients and citizens**, including by making them aware of their rights, improving knowledge about warning signs and early detection options. Many risk factors for cancer are shared with several other NCDs and improved health literacy will help citizens understand the importance of managing risk factors for disease prevention.



- Health literacy should also be conceptualised as **going beyond individual empowerment**, but be relevant to [healthcare organisations and systems](#), including in terms of how those can address health inequalities.
- All **efforts to increase health literacy should take into account** people with learning disabilities, the partially sighted and hard of hearing, as well as be available in common non-EU languages to reach migrants and new arrivals.
- As a general point of principle, the scope of action on health literacy should **not be limited to prevention alone**. The [European Code of Cancer Practice](#) is a tool to consider in this regard.

#### *Update of the European Code Against Cancer (ECAC)*

- The Report should stress that the previewed update of the [European Code Against Cancer \(ECAC\)](#) should be **coordinated by the International Agency for Research on Cancer (IARC)**. IARC is an independent body without conflicts of interests.
- [Recommendations](#) from the **IPAAC Joint Action** should be considered when updating the Code.
- The Plan [should support](#) a **systematic evaluation of the Code**. This includes greater clarity as to how the ambition to achieve 80% awareness of the Code's messages will be measured.

#### *Mobile App for Cancer Prevention*

- Inspiration for this **new mobile app** can be taken from the [Wasaby app](#), which was developed as part of a preparatory action to promote the messages of the European Code against Cancer to school age children.
- Cancer nurses, oncologists and other oncology professionals **should be mobilised to disseminate the app** and explain its use in community outreach and patients alike.

## 2. Achieving a tobacco-free Europe

#### *Tobacco-Free Generation*

- The concept of a “Tobacco-Free Generation” is very welcome, but **interim milestones** towards this goal should be proposed.
- The Report should call for a further extension of the concept to a “**Tobacco and Smoke-Free Generation**” in line with similar [national initiatives](#).





### *Tobacco Products Directive (TPD)*

- Revision of the TPD should **accelerate tobacco control measures** and initiatives, with a special focus on:
  - Addressing novel tobacco products;
  - Improving the implementation of plain packaging with 80% front and back pictorial health warnings for all tobacco products and electronic cigarettes;
  - Achieving a full ban on flavouring agents in tobacco products and restricting, or banning, flavouring in novel nicotine products.

### *Tobacco Tax Directive*

- Revision of the Directive should protect and increase the positive health impacts of tobacco taxation by ensuring **higher taxes and price convergence** between Member States.

### *Framework Convention on Tobacco Control (FCTC)*

- The Plan should serve to **accelerate the implementation of the FCTC**.
- Special attention is required to the consistent implementation of **Article 5.3 FCTC to protect public health policies from the vested interests** of the tobacco industry.
  - Possible **conflicts of interest requirements** to be implemented by the Parliament include: (1) requesting declarations of interest from stakeholders to identify those with links to the tobacco industry; (2) limiting interactions with the tobacco industry and affiliated entities to a minimum; (3) publishing lists and minutes of all interactions with the tobacco industry and its affiliated entities.

## 3. Reducing harmful alcohol consumption

### *Alcohol and health harm*

- Based on [current scientific consensus](#), the Report should recall that **there is no safe level of alcohol consumption** and that cancer risk starts to increase at even low levels of consumption. The term “harmful consumption” should therefore be interpreted in this light.
- While welcoming reference to the UN Sustainable Development Goals (SDGs) for a 10% reduction in the harmful use of alcohol by 2025, the overall aim should remain the **reduction of total alcohol consumption**.
- The Report should call for **improved data collection** on alcohol consumption, disaggregated among others by sex/gender and age. This should include the establishment of a robust, comparable monitoring system to track consumption trends across Member States.





- The Report should call for an update of the [2010 Eurobarometer on EU citizens' attitudes towards alcohol](#), including to better understand **people's awareness of the links between alcohol and cancer**.
- Efforts should be made to **increase understanding of the different patterns, causes, and mechanisms** as to why men and women drink to support the development of comprehensive, gender sensitive strategies for prevention, diagnosis and treatment.

### *Support policy capacity*

- The Report should emphasise the need to strengthen the implementation of alcohol control policies [recommended](#) in the **World Health Organization 'Best Buys'** and to **increase support to Member States** and relevant stakeholder to implement these best practice and cost-effective policies.
- It is crucial to ensure that the ambition in the Plan **is not watered down under alcohol industry pressure**.

### *Labelling*

- The Report should strongly welcome the proposal to cover all alcoholic beverages by **mandatory ingredients listing and a nutrition declaration**.
- The Report should strongly welcome the proposal to introduce **health warnings**, recognising the right of citizens to know about the risks related to alcohol intake. These should include health and pregnancy risk warnings, be prominent and intuitive, and take the Irish Public Health (Alcohol) Act, 2018, as an inspiration.

### *Pricing policies*

- The introduction of **excise taxes and other pricing policies**, such as minimum unit pricing, is needed to decrease the affordability of alcohol. Increased harmonisation at a high level of health protection throughout the EU should be promoted.

### *Marketing and promotion*

- The Report should emphasise the need for **stronger regulatory policy action** to tackle the exposure to **alcohol marketing and advertising**, both on broadcast media, digital media and through the sponsorship of events. This especially, though not exclusively, to minimise the exposure of children and youth to such messaging.
- The EU **promotion policy for agricultural products** should [exclude alcoholic beverages](#) from eligibility for support.





## 4. Improving health promotion through access to healthy diets and physical activity

### *Taxation of sugary products*

- The Report should strongly welcome the initiative to consider the introduction of **tax measures on sugary products and soft drinks** at the EU level. It is crucial that the European Commission is encouraged in pursuing and strengthening its commitment towards this highly effective policy measure.

### *Front-of-pack labelling*

- It is important to ensure that the EU-wide [front-of-pack nutrition label](#), also committed under the Farm to Fork Strategy, should be **harmonised, mandatory, intuitive and based on uniform reference values**.

### *Marketing and promotion*

- The Report should emphasise the need for **stronger regulatory policy action** to tackle the exposure of children to the **marketing and advertising of nutritionally poor foods and drinks**, both on broadcast media, digital media and through the sponsorship of events.
- The EU **promotion policy for agricultural products** should [focus on promoting nutritious under-consumed foods](#) such as fruit and vegetables, pulses and nuts. It should introduce a limit on the promotion of meat products and only consider such products for inclusion that are produced using credible sustainability-enhancing methods, such as organic.

### *Education and information*

- Taxation and labelling reforms should be supported by **government-led health education programmes** focusing on the benefits of healthy dietary patterns and water consumption, as well as physical activity.

### *Childhood obesity*

- The report should welcome the initiative to propose **follow-up actions to the EU Action Plan on Childhood Obesity 2014-2020**. An inclusive and evidence-based process should be established to define next steps and priorities, drawing among others on the outcomes of the [STOP](#) and [CO-CREATE](#) projects supported by Horizon 2020.





### Learnings from the **EU STOP Childhood Obesity** project

- Improving the **school food environment** for the prevention of childhood obesity: What works and what doesn't?
- **Physical activity in schools**: which activities achieve best results?
- How acceptable, equitable and cost-effective are soft drinks **taxes, front-of-pack nutrition labels and marketing** restrictions?
- How effective and acceptable are food **reformulation** policies?
- What role for **behavioural insights** interventions to influence children's diet-related outcomes?
- **Social disparities** in obesity treatment: how much do we know?

## 5. Reducing environmental pollution

### *Endocrine Disrupting Chemicals*

- There is more and more evidence about the effects of **Endocrine Disrupting Chemicals (EDCs)** on human health and the burden of cancer and other NCDs. At the same time, more research is needed to fully understand these linkages. The Report should recommend instituting a **Task Force on EDCs** in line with similar initiatives in different Member States, to address strategic knowledge gaps and propose measures to tackle the health burden of EDCs.

### *Air pollution*

- In view of the strong evidence linking outdoor air pollution and particulate matter in outdoor air pollution to lung cancer (**Group 1 carcinogen according to IARC**) and the evidence linking air pollution to other NCDs, including **cardiovascular disease** and other types of cancer, the Report should **emphasise the need for bold EU action to tackle air pollution**.
- In light of the publication of the **Zero Pollution Action Plan for Air, Water and Soil** and with regard to the upcoming revision of the Ambient Air Quality Directives, the Report should call for **full alignment of EU air quality standards** with **WHO guidelines**.

### *Research*

- Sustained research is required in the framework of the EU Cancer Mission Board and Horizon Europe to improve the knowledge base about the links between environmental pollutants and cancer and other human health risks, including by **supporting long-term epidemiological cohort studies**.





## 6. Reducing exposure to hazardous substances and radiation

### *Occupational safety*

- The revision of the **Carcinogens and Mutagens Directive and the new Occupational Safety and Health Strategic Framework** should be welcomed.
- The Report should call for the Strategic Framework to address the **broad occupational health and safety concerns of the cancer workforce**, including exposure to hazardous medicinal products, psychological burnout, regular swipec testing, alternative duties to healthcare workers who are planning a family, are pregnant or breastfeeding, second victim effects from medication error, and the duty of employers to provide mandatory training to all healthcare workers coming in to contact with hazardous medicinal products.
- It should be recalled that the Strategic Framework is also of high importance for **cancer patients and survivors** in respect to their right to return to work as further detailed in the reports [Working Against Cancer](#), [Free From Cancer](#) and the [European Code of Cancer Practice](#).

### *UV radiation*

- Regretfully, the Plan does not address in further detail the health impacts of **UV radiation** and the measures that should be taken to address it.
- The Report should call for the **regulation of artificial tanning devices (sunbeds)** as a public health concern, while transferring responsibility for this file from DG GROW to DG SANTE.
- The overall direction should be to build consensus to **phase out the use of sunbeds for cosmetic purposes** across Europe.
- Mandatory **pictorial health warning labels** should be placed on sunbed devices stating that “sunbeds cause cancer: even infrequent usage will increase your risk of skin cancer”.
- The exposure to UV radiation for **outdoor workers** should also be addressed.

### *Radon*

- Radon is the second leading cause of lung cancer. The Report should call for the update of **national radon action plans** to reduce indoor exposure and enhance guidelines on radon mitigation for new constructions.

## 7. Preventing cancers caused by infections

### *Human papillomaviruses (HPV)*

- The objective to **vaccinate at least 90%** of the EU target population of girls and to significantly increase the vaccination of boys against HPV should be welcomed. [Vaccination strategies](#)





should be promoted that are sex/gender neutral with a consideration of high risk and marginalised groups.

- The Report should recall that the Plan's focus on HPV vaccination should be **grounded** within a wider public health approach and especially the **WHO Global Strategy for Cervical Cancer Elimination**. This approach should include targets and offer tailored solutions to different circumstances, including for regions with high inequalities.
- **Reporting and monitoring progress** towards the HPV cancer elimination goal can be conceived through the **Cancer Inequalities Registry** proposed under the Plan.
- Establishing an **HPV vaccine tracker**, similar to the COVID-19 one, should be **recommended**.
- To enable the **successful elimination of HPV**, **more and better awareness raising and education** of both the public and professional will be required.
- The Cancer Plan should update the **European Guidelines for Quality Assurance in Cervical Cancer Screening** and **support Member States to establish organised screening programmes** for cervical cancer consistent with the European Guidelines. The guidelines should address the combined area of primary and secondary prevention, recognising the importance of overcoming inequalities of access to quality assured services.

#### *Viral Hepatitis (VH)*

- The Report should welcome the Plan's reference to the need to improve access to vaccination against **hepatitis B and to hepatitis C** treatments to prevent **associated cancers**. However, **further specific actions should be recommended**, including with a view on increasing coverage of specific risk groups, increasing awareness, launching catch-up measures for infant hepatitis B vaccination and improving diagnosis and linkages to care for both hepatitis B and C to prevent cancer development.
- The Beating Cancer Plan should **raise awareness on the transmission risks for hepatitis B and C** and to the measures to be taken to reduce the likelihood of acquiring hepatitis and of developing liver cancer.

#### *Council Recommendation on vaccine preventable diseases*

- The announced Council Recommendation on vaccine-preventable cancers should highlight the need for **HPV vaccination and ensure strong stakeholder input**, including in terms of development needs of potential future vaccines.
- The Council Recommendation should also commit to **vaccinating children against viral hepatitis B** and close the gaps resulting from COVID-19-related interruptions in immunisation. It should furthermore commit to ensuring that at-risk adults, many of whom belong to vulnerable groups, have access to hepatitis B vaccination.
- The Report should call for all major social media platforms operating in Europe to develop and implement without delay **effective strategies to prevent the spread of fake news on vaccination**.





## 8. Cross-cutting recommendations

- The overall implementation of the Plan should **capitalise on the work of IARC and WHO Europe** especially in view of the evidence-based measures and actions they propose.
- The Report should emphasise that to achieve its ambitions, the Plan needs to be implemented in **close coordination with national and regional cancer plans**. The processes to ensure these interactions should be better described and communicated.
- The report should emphasise that **national cancer plans should be updated by 2025** to support the comprehensive implementation of Europe's Beating Cancer Plan.
- The Report should call for high attention to **good governance** and the **meaningful involvement of relevant stakeholders**, including patients and the healthcare workforce, while having systems in place to prevent undue influence from vested interests.
- Tools such as the **Cancer Inequalities Registry** should be used to report on the progress and achievements of the Plan, considering that many cancer-related challenges and solutions have a strong inequalities angle. Linking such reporting to progress monitoring on SDG 10 could be considered.
- To ensure **policy coherence**, implementation of the Plan should be fully aligned with other European initiatives, such as the Pharmaceutical and the Farm to Fork strategies.

