

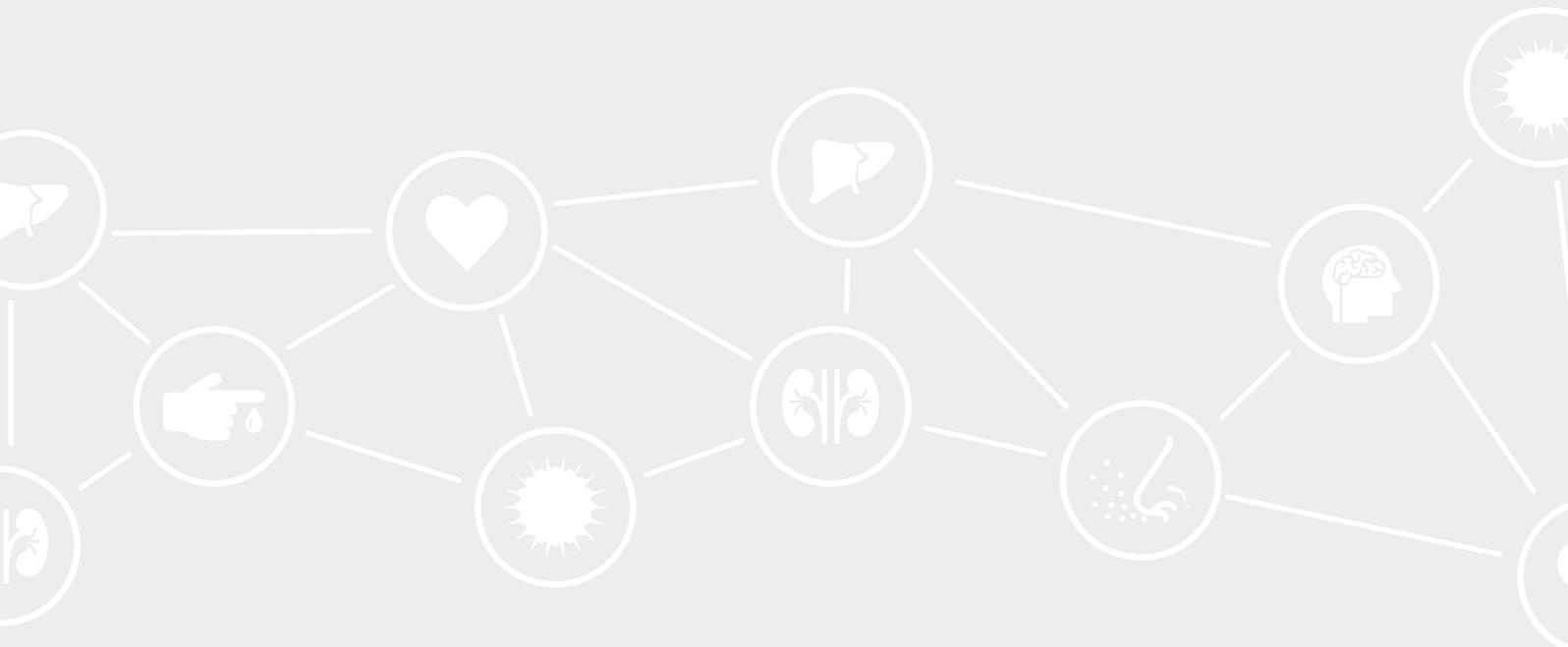
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United to reverse the rise in chronic disease

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ECDA paper on Europe's Beating Cancer Plan



Introduction

Across the EU, cancer is responsible for over 1.3 million deaths every year, while 3.5 million people are diagnosed with cancer annually¹. Cancer and other chronic diseases account for 77% of the disease burden in the WHO European Region and an estimated 86% of the deaths².

Cancer and other chronic diseases are interrelated and share common elements:

- **Risk factors:** it is widely recognised that tobacco use and harmful alcohol consumption, physical inactivity, unhealthy diets as well as air pollution and poor air quality, are risk factors for major chronic diseases, including cancer. These are also caused by other multiple factors associated with the environment and social inequalities.
- **There are important links between cancer and many other chronic diseases.** Please find in annex a description of these correlations. Cancer-related complications and comorbidities represent a significant burden on patients across Europe.

Further, commonalities and overarching principles related to cancer care and the healthcare pathways for other chronic diseases can be drawn.

In this context, Europe's Beating Cancer Plan is an important policy framework to address a significant health challenge and the second cause of death in the EU³: cancer. **Moreover, the Plan has the potential to generate long-lasting effects and benefits to other chronic disease patients.** To realise this potential, it is essential that a broader approach is taken in the design of the plan to reflect this wider goal.

ECDA outlines below key recommendations with regard to the four main elements of the Plan (Prevention, Early detection & diagnosis, Treatment/care, Quality of life).

Key messages

- Europe's Beating Cancer Plan must be of relevance to all chronic diseases: an integrated and holistic approach to comorbidities is crucial for its success. The Plan should be focused yet sufficiently bold to add value across disease areas.
- Prevention must be at the heart. Over 40% of cancer cases are preventable⁴; many deaths from other major chronic diseases across Europe are also eminently preventable and they share common and preventable risk factors.

1. Prevention

Prevention is the foundation of public health policy and central to protecting and improving people's health and well-being. Prevention is the most cost-effective way of reducing cancer and other chronic diseases in the EU⁵; as highlighted in the Commission roadmap; and it is crucial to reduce the impact of cancer and other chronic diseases on patients, families, healthcare systems and society, as per the objectives of the Plan. With the changing demographics of an aging population, and continued exposure to risk factors, the prevalence of cancer and other chronic diseases will continue to rise in Europe unless there is a radical change in policies, practices and investments. Many studies show the value of investing in prevention and the economic benefits of investments in people's health and wellbeing as a long-term goal⁶.

Key messages

› **Focusing health budgets on prevention:**

Shifting political attention and action at EU and national levels to prevention is crucial to achieve reductions in cancer and chronic diseases. Only 3% of health budgets are currently dedicated to prevention in Europe⁷. Europe's Beating Cancer Plan must lead this necessary transition and the call for effective prevention measures, which experts have repeatedly called for over the last decades; and trigger significantly increased and rigorous investment in them. Further, investment in chronic diseases is much lower than other global health priorities (e.g HIV, tuberculosis, neonatal disorders), while they have higher disability-adjusted life years (DALY). Insufficient attention to preventing and addressing chronic diseases to date is very likely to have had an impact on the high mortality from the COVID-19 pandemic, as patients with chronic diseases

are more at-risk and have experienced more severe complications from the virus. The prevention (and control) of chronic diseases have a crucial role in the COVID-19 response⁸, Europe's Beating Cancer Plan is an opportunity to take further steps via a strong prevention pillar.

- ### › **Taking legislative action on common risk factors:** Cross-sectoral policies and legislation creating health-enabling living environments are necessary, rather than excessive focus on behaviour change interventions which tend to put an unfair burden on individuals. Europe's Beating Cancer Plan and other policy frameworks should set the conditions to strengthen the response to the main preventable risk factors with increased legislative measures, including:

- » Strengthened tobacco control measures. Updates of taxation and tobacco product regulations should not only focus on smoked tobacco products but also take into account harmful health effects of alternative nicotine delivery products and novel tobacco products. Tobacco use is the cause of around one fourth of all cancers and a major risk factor for all other main chronic diseases. Second-hand smoking is also a main cause of mortality in the EU⁹.
- » Alcohol-specific legislation covering taxation, health information labels on alcohol products, marketing of alcohol.
- » Better food policies, including an EU-wide mandatory front-of-pack nutrition labelling system, better food reformulation policies, further bans on food additives that are harmful to human health; nutrient profiles to be set in the context of the health and nutrition claims regulation; and restrictions on marketing to children and adolescents of foods and beverages high in fat sugar and salt (HFSS), specific attention should be given to online channels.
- » Improved legislation on carcinogenic substances and other chemicals, including use of pesticides, food contact materials as well as to limit workplace carcinogen exposure.
- » Improved air quality regulations and a strong EU Green Deal that place public health, wellbeing and environmental health protection as top priorities. More details on ECDA position [here](#).
- » Addressing social determinants and inequalities: The Plan must place particular emphasis on tackling the social and commercial determinants of health, which require political actions beyond traditional approaches. The Plan should pave the way for social and occupational environments conducive to health, and address specifically lower socio-economic population groups which are at higher risk of exposure to risk factors of cancer and other chronic diseases.
- » **Stepping up the implementation of good practices:** The European Code Against Cancer and the WHO “Best Buys” provide important evidence-based good practices for behavioural and structural interventions to prevent and control cancer and other major chronic diseases. Europe’s Beating Cancer Plan should promote these recommendations and support their uptake, notably by Member States. Between 30-70% of cancer cases “could be prevented by applying what we already know”.¹⁰
- » **Ensuring coherence amongst policy frameworks:** A structured framework for the prevention of chronic diseases needs to be established to guide action, provide coherence and direction to cross sectoral interventions and existing initiatives such as the EU Green Deal. It would complement Europe’s Beating Cancer Plan, notably its prevention component.

2. Early detection & diagnosis

The Plan should lead to a shortening of the time between screening and intervention, but also between exposure to risk factors/triggers and diagnosis. Improvements in this area are critical to effectively enhance cancer management and survival in Europe; and prevent comorbidities.

Key messages

- Extension of screening to other cancer types should be based on solid scientific evidence. The 2020 WHO [report](#) on cancer outlines some recommendations in that sense. In the case of lung cancer, robust evidence now exists to support volume CT screening of high-risk target populations in the EU¹.
- Improving the participation to breast, cervical and colorectal cancer screening should be an important goal. **Harmonisation of protocols and research on finding the most appropriate target populations** via Europe's Beating Cancer Plan would be very beneficial.
- The Plan must initiate an **update of the 2003 EU Council Recommendations on cancer screening** based on new, solid evidence and good practices screening policies in Europe. It should further support Member States in implementing screening guidelines and appropriate, cost-effective and evidence-based solutions for early diagnosis.
- The Plan should ensure **access to high-quality national screening programmes** across Europe for patients in need. The Plan should focus on awareness raising and the importance of citizens to take part in these screening programmes.

3. Treatment/care

Europe's Beating Cancer Plan must provide a framework for meaningful advances in healthcare systems and for the organisation of care delivery to better prevent, detect and treat cancer and other chronic diseases; and better manage co-morbidities. In addition to increased investment in prevention, measures to ensure comprehensive and integrated care for patients are fundamental.

Key messages

- Recent studies have shown that advances in cancer treatment have led to improved survival of cancer patients but have also increased mortality due to side effects of treatment including onset of chronic diseases such as cardiovascular disease or kidney disease amongst survivors. Therefore, the Plan should **strengthen integrated care and shift away from siloed healthcare approaches**, including by supporting further the development of:
 - » **multi-disciplinary units** involving different clinical departments, including: Cardiology, Radiology, Haematology, Nephrology, Gastroenterology, Hepatology, Respiratory Medicine, Allergology and Immunology, Oncology, as well as psychologists, nutritionists etc with the aim of improving patient outcomes.
 - » multi-disciplinary collaboration to define optimal therapeutic pathways for patients that minimise side effects without compromising the cancer therapy; as well as **guidelines for co-morbid patients**
- The Plan must also **guarantee continuity of care** for patients with cancer and other chronic diseases, including managing and treating side effects of the disease or of the treatments. Measures are needed to improve the situation, including amid health crises or pandemics.
- The Plan should introduce an **harmonization of standards of care**, based on evidence-based clinical practice guidelines to provide a high-quality standard and equal, timely treatment across the EU.

4. Quality of life

In this section, ECDA shares recommendation for better social reintegration with a focus on employment. Cancer patients and other chronic disease patients face important challenges on the labour market. Supporting maintainance at work or reintegration into the labour market for patients who desire so must be addressed. Progress initiated by Europe's Cancer Plan in this area will bring a positive impact for many other patients. Further, Europe's Beating Cancer Plan should foster patients and survivors' mental health and wellbeing.

Key messages:

- **Integration of medical and social care**, including rehabilitation programmes, is crucial to improve patients' quality of life. It contributes to optimal outcomes and reintegration in the labour market.
- Recommendations and evidence exist on best practices in the field. The Plan should support their implementation and the uptake of the deliverables of the CHRODIS+ Joint Action Work Package 8.
- Cancer diagnosis, cancer treatment and the interaction between cancer and other chronic diseases can have an important mental health impact for patients. Europe's Beating Cancer Plan should include measures that **foster mental health and social support** for patients during and after treatment.

Important aspects related to research and data collection

- Europe's Beating Cancer Plan should foster data collection and research into:
 - » environmental factors of cancer and other chronic diseases, in particular the exposome, as well as into prevention measures and how to optimize the implementation of good prevention practices.
 - » the links between cancer and other chronic diseases, and side effects of cancer treatment to better understand how to care for patients as well as better prevent and manage co-morbidities.

- **Setting up a solid EU level data collection system** will be necessary to gather and analyse comparable and reliable evidence on chronic diseases, including cancer, and risk factors based on interoperable, population-based registries. This should be a major goal at European level to advance prevention and management of diseases.

Overarching considerations

Europe's Beating Cancer plan will only be successful if the right structures and capacities are setup to allow a proper implementation and follow up including monitoring and evaluation of results and progress.

Further, **public health protection needs to be embedded as a priority objective within all EU policies and frameworks to achieve tangible results.** This is particularly important for prevention, which is interlinked with many areas outside health (e.g transport, urbanism, agriculture, environment etc), but synergies and coordination must also be ensured with the digital, education sectors, to name a few.

The EU must also have the necessary instruments and resources in place to allow roll-out of the Plan. **Extending the mandate of the European Centre for Disease Prevention and Control (ECDC) to chronic diseases** would allow the Agency to contribute to a successful implementation, with EU-wide data collection, analysis and interpretation capacities, expert advice provision etc.

A successful Europe's Beating Cancer Plan must not only benefit other chronic disease areas notably by including a comprehensive prevention pillar, as expressed above, but also demonstrate the success that European health cooperation can achieve.

About ECDA

The European Chronic Disease Alliance (ECDA) is a Brussels-based coalition of 11 European health organizations representing major chronic diseases and sharing the same interests in combating preventable chronic diseases through European policies that impact health. Together, we represent over millions of patients and over 200,000 health professionals. ECDA plays a leading role in the prevention and reduction of chronic diseases by providing policy recommendations based on contemporary evidence. Its main priorities are primary and secondary prevention related to chronic diseases and the common risk factors - tobacco use, poor nutrition, physical inactivity, alcohol consumption, and environmental factors. Members of the Alliance:

- European Academy of Allergy & Clinical Immunology (EAACI)
- European Association for the Study of the Liver (EASL)
- European CanCer Organisation (ECCO)
- European Heart Network (EHN)
- European Kidney Health Alliance (EKHA)
- European Respiratory Society (ERS)
- European Society of Cardiology (ESC)
- European Society of Hypertension (ESH)
- European Society for Medical Oncology (ESMO)
- International Diabetes Federation Europe (IDF Europe)
- United European Gastroenterology (UEG)

For more information, please visit: www.alliancechronicdiseases.org

Cancer and other chronic diseases

Cardiovascular disease

Recent studies have shown that advances in treatment have led to improved survival of cancer patients but have also increased mortality due to treatment side effects¹². Cardiovascular diseases (Heart Failure, Myocardial Infarction, Arrhythmias) are one of the most frequent side effects, and there is a growing concern that they may lead to premature morbidity and death among cancer survivors¹³. Equally, an increasing incidence of cancer in patients with heart disease has been identified.

Hypertension

Patients with cancer have a particularly high incidence of hypertension following cancer diagnosis¹⁶ and treatment^{16,17}, which translates into a greater burden of cardiovascular disease¹⁶. Improved survival among cancer patients in recent decades and the potential to reduce adverse long-term cardiovascular outcomes render diagnosis and management of hypertension in cancer patients and survivors paramount^{16,17}.

Chronic kidney disease

Patients with chronic kidney disease are at higher risk of developing some forms of cancer than the general population, while the risk of developing cancer is very high in transplanted patients. Some cancer treatments are also a frequent cause of acute kidney injury and chronic kidney disease.

Respiratory disease

Previous respiratory disease (PRD), including chronic obstructive pulmonary disease (COPD) such as chronic bronchitis, emphysema, tuberculosis, and pneumonia increase risks of developing lung cancer¹⁴. Evidence also suggests that having COPD can worsen the outlook of a person with lung cancer¹⁵. Amongst other, tobacco is a shared risk factor of PRD and lung cancer¹⁶.

Diabetes

It is estimated that about 1 in 5 people with cancer (20%) also have diabetes¹⁷. Some types of cancer, such as pancreas, primary liver cancer and bowel cancer, can increase the risk of developing diabetes and people with diabetes are more at risk of developing certain types of cancer, such as cervix and stomach for type 1 diabetes whilst people with type 2 diabetes have an increased risk of developing liver, pancreatic, colorectal, endometrial, breast and bladder cancers¹⁸.

Allergy

Allergy and atopy are characterized by a systemic bias to Th2 immunity, which may exert a potential influence on cancer development¹⁹. The epidemiologic association between allergy and cancer risk has been summarized in meta-analyses, with inverse associations reported for several cancers including glioma, pancreatic cancer, and childhood leukaemia²⁰. Insights from research in allergen immunotherapy and cancer immunology strongly suggest that the same key immune cells are involved in immune tolerance induction in allergy and also in cancer²¹.

Digestive disease

Certain diseases that affect the gastrointestinal (GI) tract may increase the risk of developing small intestine cancer²². The GI diseases that are considered risk factors for small intestine cancer are: colon cancer, celiac disease, crohn's disease²³. Celiac disease predisposes to the development of gastrointestinal malignancies, especially lymphomas and small bowel adenocarcinoma²⁴. Further, gastrointestinal (GI) symptoms can arise as side effects of treatment, particularly cancer chemotherapy²⁵.

Liver disease

Patients with non-alcoholic fatty liver disease (NAFLD) carry a 91% higher risk for malignancy²⁶ (including several types of cancer with the greatest increase of the risk seen for liver cancer and other gastrointestinal cancers²⁷). Steatohepatitis and cirrhosis are risk factors for hepatocellular carcinoma, the most common form of liver cancer²⁸.

Facts and figures on chronic diseases

Prevalence

- One third of the European population aged 15 and over²⁹, and 23.5% of the working age population in the EU lives with a chronic disease³⁰.
- The co-occurrence of two or more chronic conditions (multimorbidity) has become increasingly common in Europe³¹.
- Two out of three people at retirement age have at least two chronic conditions³².

Mortality

- Globally, Europe has the highest burden of chronic diseases, which are responsible for 86% of all deaths³³ and a major cause of morbidity and disability estimated in disability-adjusted life-years (DALYs).
- 550 000 people of working age die from four major chronic diseases (CVD, cancers, respiratory diseases and diabetes) in the EU every year³⁴.

Socio-economic impact

- The premature death of more than 550 000 people of working age annually across the EU represents a loss of around 3.4 million potential productive life years³⁵ and costs the EU economy euros 115 billion a year. This corresponds to 0.8% of the GDP in the EU.
- 70-80% of healthcare costs are spent on chronic diseases in Europe³⁶.
- Direct costs of healthcare to treat people with chronic diseases amount to €700 billion in the EU³⁷.
- Given that the average age of European populations is increasing, chronic diseases will continue to place an important pressure on national budgets³⁸.
- Productivity losses are estimated at €54 billion per year for cardiovascular diseases alone³⁹.
- The employment rate of people who have one or more chronic condition, and particularly people aged 50-59, is much lower than for those who do not suffer from any disease⁴⁰.
- Prolonged sickness leave of one month or more is frequent among employed persons with circulatory problems, including heart disease or attack (29%) as well as stress, depression or anxiety (25%) and musculoskeletal problems (25%)⁴¹.
- On average only 3% of total health expenditure (for all age groups) in OECD countries including EU Member States goes towards population wide public prevention while 97% of health expenses are presently spent on treatment⁴².

Endnotes

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