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SPEAKING FOR AMERICAN BUSINESS IN EUROPE

Consultation response

Impact of COVID-19 pandemic on cancer care and research

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Executive summary

The open consultation of the Beating Cancer (BECA) Committee of the European Parliament addressed the impact of the COVID-19 health crisis on cancer care services and patients. Focusing on both the short- and long-term impacts of COVID-19 the consultation looks at: provision and continuity of care during the pandemic for cancer treatment and screening; lifestyle; the impact on patients and care providers; and related matters on data, research and innovation to improve cancer treatment and healthcare systems in the future.

AmCham EU has highlighted the need for: investment in holistic healthcare systems which support both patients and care givers and have the resilience to guarantee continuity of care even when faced with a pandemic; modernised healthcare infrastructure which is fit for digitalisation and in particular the need to accelerate the standardisation of electronic health records and the electronic patient dossier for efficiency reasons; policies which support healthy lifestyles; and investment in next generation medical devices and manufacturing processes to provide access to innovative treatments to Europe citizens in the future, including the suggestion of a new mission as part of Horizon Europe focused exclusively on health systems innovation.

Impact on lifestyle-related behaviours

What is the impact of the COVID-19 induced lockdowns and quarantines on dietary habits, physical activity, alcohol consumption, smoking and stress and anxiety levels among the European population?

What measures could the EU take to prevent and to mitigate the negative consequences of lifestyle-related behavioural changes due to the COVID-19 pandemic?

The EU must modify its approach to lifestyle risk-management to combat the negative consequences of lifestyle and behavioural diseases. Measures to prevent the spread of COVID-19 have given rise to fundamental lifestyle changes including: a lack of physical activity, obesity, malnutrition, the use of alcohol and smoking. These habits increase the likelihood of cancer, the burden on our healthcare systems and may reduce quality of life

With 40% of cancers estimated to be avoidable, prevention is an obvious long-term strategy for control of cancer. Policies addressing non-communicable diseases should be based on scientific evidence and include education campaigns encouraging physical activity from an early age, smoking cessation programmes, policies aiming at deterring young people from taking up smoking, and regulations which acknowledge the public health potential of alternative tobacco and nicotine products in harm reduction for those that cannot be reached through cessation.[1]

The EU should leverage complementary medium-term strategies as part of an integral healthcare strategy. This would involve inducing behavioural change among citizens as a mid-ground between prohibition and non-intervention. When prevention fails, damage control is necessary. To achieve this, we recommend: a) measure the risks to health linked with demographic trends of major diseases; b) monitor and regularly screen for risks to health using, if possible, big data; c) evaluate risk profiles to better prioritise and target major risks to public health.

[1] Nadja Mallock et al. 'Levels of selected analytes in the emissions of "heat not burn" tobacco products that are relevant to assess human health risks' [2018] 92 Archives of Toxicology 2145.

Impact on cancer prevention measures

What is the impact in the short -, middle - and long-term on patients, and health systems of:

- **the suspension or cancellation of campaigns promoting a healthy lifestyle;**
- **the disruption in (routine) cancer screening services and vaccination programmes;**
- **the non-referral of persons with suspected cancer symptoms;**
- **the suspension of diagnostic services for cancer.**

What measures could the EU take, and how should EU policies and legislation contribute to addressing these challenges?

Oncology treatment has declined during the COVID-19 pandemic due to the factors outlined above but also due to fear among patients to seek out screening and diagnosis, or the inability of immunosuppressed patients to access treatment.[2] The European Centre for Disease Control (ECDC) reports that hospitals are still not safe for cancer patients due to COVID-19.[3] The Commission should: ensure national healthcare authorities implement ECDC suggestions to minimise risk of transmission of COVID-19 for cancer patients; and establish an EU mechanism for customised support to hospital managers to seek specialised guidance.

The Lancet highlight the importance of providing online information and telemedicine with the Netherlands offering a good example of special programmes to speed up access to diagnosis and treatment for cancer.[4] Encouraging uptake of these systems – ensuring data privacy and accessibility is harmonised across the EU – telemedicine can provide a solution which allows continuity of care. Innovations in health delivery, such as home care, can improve access to care as well as alleviate pressure on hospitals, as noted by the OECD Health at a Glance report.[5]

Impact on wellbeing of patients with cancer and their caregivers

What are the experiences of cancer patients related to the COVID-19 pandemic? In challenged health care systems, are patients with cancer informed about additional sanitary measures and changes in cancer-specific care? Does the current COVID-19 pandemic discourage patients from undertaking preventive, diagnostic or therapeutic actions?

What recommendations are needed to address long-term care challenges and help improve quality of life for patients, their family members and friends or carers? What measures could the EU take, and how should EU policies and legislation contribute to addressing these challenges?

A holistic and coordinated approach to cancer management, including multi-disciplinary care teams with the capacity to provide cancer treatment, mental health support and palliative care services to improve patient outcomes should become a norm in European cancer care.

A recent thematic analysis by McGill University on cancer patient perspectives during the pandemic shows feelings of uncertainty regarding delays of treatment and a lack of understanding of the timeline of the pandemic as guidelines vary a lot.[6] Patients are concerned about the risks of complications with COVID-19, lack of appropriate medical attention or hospitals being unsafe due to their compromised immune systems. Caregivers and family also comment on social and psychosocial anxiety, with difficulties to visit patients in hospitals and to cope with death due to restrictions of access.

In general, actions on planning for post-survival and to tackle stigma and discrimination of survivors as part of long-term patient-centred approaches to care should be considered. A range of psychosocial and economic

[2] Deborah Schrag, Dawn L. Hershman and Ethan Basch 'Oncology Practice During the COVID-19 Pandemic' (2020) 323(20) JAMA 2005; Timothy Hanna, Gerald Evans and Christopher Booth 'Cancer, COVID-19 and the precautionary principle: prioritizing treatment during a global pandemic' (2020) 17 Nature Reviews Clinical Oncology 268; Dimitrios Moris, Diamantis I Tsilimigras and Dimitrios Schizas 'Cancer and COVID-19' (2020) 396(10257) The Lancet; Nicole Kuderer et al. 'Clinical impact of COVID-19 on patients with cancer (CCC19): a cohort study' (2020) 395(10241) The Lancet.

[3] European Centre for Disease Control 'Infection prevention and control and preparedness for COVID-19 in healthcare settings' (9 February 2021).

[4] Editorial 'COVID-19: a new lens for non-communicable diseases' (2020) 396 The Lancet 649; see also <https://news.un.org/en/story/2021/02/1083552>.

[5] OECD / European Commission *Health at a Glance: Europe 2020 State of Health in the EU Cycle* (OECD Publishing, Paris, 2020).

[6] Matthew Hintermayer et al. 'Cancer patient perspectives during the COVID-19 pandemic: A thematic analysis of cancer blog posts' (2020) 7(3) Patient Experience Journal 31.

challenges impact on cancer survivors' lives, they deserve holistic support in getting their lives back on track, reintegrating into society and – where appropriate – into work life.

Impact on cancer treatment

How does the COVID-19 pandemic effect the availability and timeliness of cancer treatments?

Can you provide data on surgery postponements or cancellations, changes or cancellations in radiation therapy and systemic anticancer treatments and the consequences of a (partial) transition to telemedicine?

What concrete EU-initiatives could significantly help to address the cancer-related backlog created by the COVID19 pandemic and ensure continued access of citizens to healthcare services for all their cancer-related needs during the current (or future) health crisis?

With an increased number of people in need of care and treatment due to the coronavirus, there is a potential for collapse or partial-collapse of healthcare systems. This can lead to an urgent redistribution of resources which impacts on the treatment of cancer patients. While only urgent surgeries were taking place at the peak of the pandemic, lower priority surgeries were displaced, increasing the risk of development of tumours. It is proposed to establish a specific 'crisis calendar' for surgeries at the time of crisis which risk the collapse of the health system.

Chemotherapy cannot be administered unless an acute process, such as infection with COVID-19, is treated first. This has shown that a protocol was needed to treat cancer patients who also suffered from COVID-19. While the elaboration of these protocols remains a competence of the EU Member States and relevant authorities within the Member State, the EU can benefit from the sharing of knowledge on these kinds of protocols. We recommend a system of sharing of protocols and treatments where health professionals can share information within their colleagues in other Member States.

Member States should be able to prioritise investments to modernise, increase the resilience of and digitalisation of national health systems as part of the EU's Recovery and Resilience Facility. This would ensure preparedness to respond to future health crises and infectious disease outbreaks. It would also improve the critical capacity of national health systems to provide continuity of care to the most vulnerable patients, among those people with cancers.

Impact on shortages of medicines, product and equipment.

Does the current COVID-19 pandemic have an effect on the shortages of medicines used in cancer care? If yes, which medicines are affected? What measures should be taken, including at EU-level, to prevent and tackle the causes of shortages of medicines and medical equipment and mitigate the impact on patients, clinicians, pharmacists and other stakeholders?

What initiatives should the EU take to ensure an effective response and equal access to optimal cancer care for all cancer patients when this situation occurs again?

COVID-19 has led to a significant backlog of cancer patient screening and treatment, which has exacerbated existing weaknesses in healthcare systems. Rapid investments in infrastructure, equipment, digitalisation and staff are needed in order to address the backlog and achieve the goals of the EU's Beating Cancer Plan.

The European Cancer Organisations (ECO) reports shortages during the pandemic with 50% of oncology pharmacists experiencing shortages of essential anticancer medicines during the peak of the pandemic.[7] Shortages affected more than 10 different drugs in some hospitals and regions. Shortages also included products, equipment and diagnostic tests.

Access to highly innovative treatments and equipment used in oncology care relies on a highly integrated global supply chain. This supply chain is currently under increased pressure to respond to the COVID-19 pandemic. ECO advises strengthening EU legislative and operational framework to prevent or notify shortages, promote an increase of production sites, active pharmaceutical ingredients and manufactured products. Cross-border collaboration in Europe and information sharing in terms of medicine shortages is also necessary. The European Consumer Organisation also advises this.[8]

[7] <https://www.europeancancer.org/2-standard/145-3-tackle-medicines-products-and-equipment-shortages>.

[8] BEUC 'Addressing Medicines Shortages During the Covid-19 Pandemic and Beyond: The Consumer Check List' (2020).

COVID-19 has highlighted the need to have access to modern / innovative manufacturing plants which can provide treatments based on genetic material. While such plants related to ATMPs for cancers are being built in Europe, more investment will be needed to provide access to such treatments in the future.

Impact on the EU cancer workforce

What examples of the negative impact of the COVID-19 pandemic on healthcare professionals working in oncology can you provide? What measures should be taken, including at EU-level, to better safeguard healthcare professionals' safety at work during the current (or future) health crisis?

What durable solutions are needed to address cancer workforce shortages in and across the EU?

The main issue identified is the working conditions of health professionals. Oncology professionals are working within ill-prepared health systems to deal with patients infected with the virus as physical distancing has made normal collaboration and patient care difficult. They have had difficulty accessing personal protective equipment and testing to keep their patients safe.

Availability and deployment of data

What is the concrete impact of the COVID-19 pandemic on cancer data availability? What measures, including EU initiatives, could significantly help to improve the availability and deployment of data related to cancer care Please support your answer with data, evidence and/or concrete examples.

Have you been informed/are you aware of guidelines issued by EU Member States, regional or local authorities for the systematic collection of data concerning the impact of the COVID19-pandemic on cancer care services? If so, please provide data, details and/or examples.

What initiatives should the EU take to improve access to and sharing of data (including real-time data) on cancer? How should relevant stakeholders collaborate to create a robust and functional European Health Data Space (EHDS) for better healthcare, innovative research, as well as more data-informed policy-making and regulatory activities in health?

The pandemic has exposed plenty of deficiencies in EU healthcare systems, but the main one has been the evidently different standards which created a lack of confidence between Member States. The EU lacks a (minimum) common standard in healthcare, while this pandemic has shown that the standardisation of data and how we use that data is key to managing a crisis, even for clinical trials. This standardisation of data standards across the EU should be a mandatory requirement for Member States and the European Commission can play a key role in setting these standards.

The EU also needs to accelerate the standardisation of electronic health records and the electronic patient dossier for efficiency reasons: reducing costs, better assessment of the efficiency of medication and medical treatments, sharing knowledge and of course improving healthcare though better analysis of data. All of these can feed into the EHDS and contribute to the goals of the data spaces more generally. However, there are also numerous additional applications with a direct impact on the development of the current welfare systems: from the processing of patients' health records to telemedicine, fuelling the emergence of personalised and precision medicine and the use of AI in assisting the medical professions, among others.

Impact on research and innovation

Do you see any innovative solutions or technologies that arise from the COVID19-pandemic that could help in strengthening cancer care services?

What innovative technologies and solutions should be deployed to strengthen cancer systems and provide optimal care to cancer patients?

AmCham EU reiterates its support of the mission approach adopted under Horizon Europe to fully integrate the pillars of the Europe´s beating cancer plan and encourages the EU institutions to follow a similar integration in EU4Health.

The Commission should consider a new 'mission' focussing entirely on health policy which foresees and elaborates an ecosystem for innovation in the health sector. The current approach to the healthcare sector needs to be reviewed and prepared for more homogeneous actions across the EU. It is not so much about the further integration of health policies but about maximising the capacities the European Union currently has,

such as coordination methods, an innovative legislative framework for new products, coherence with other policies or the promotion of health research.

Collaboration with private research and support for their priorities must be fostered and led by the European Commission to ensure a policy and legislative framework in which the private sector feels comfortable to research and innovate.

Long-term policies

In the aftermath of the COVID19 pandemic, and its impact on cancer care particularly, what long-term policies should the EU roll out/implement to address identified problems and make health systems more resilient in case of any future health crises?

Do you see it justified (and if so, how) to change the EU's roles and remits to better combat those problems?

Do you foresee the need for an EU plan to prevent and to manage of any health crises on Cancer stages or more broadly on non-communicable diseases?

Public health needs to be upscaled from a Union priority to a global priority. Following the inequalities exposed during the pandemic both within the EU and across the world, the EU can lead a major transformation of the approach to health policy.

There needs to be a cross-sectoral transformation of the health governance system which will tackle the solidarity angle missing from the solutions to the pandemic currently under discussion. To successfully achieve this new purpose, more multi-disciplinary research is needed to support evidence-based decision-making. Decisions should not be based on hypotheses but on evidence inputs subjected to strict multidisciplinary testing that serve a purpose to the objectives described.

The Commission should consider a new 'mission' (in addition to the existing ones: adaptation to climate change, cancer, oceans, etc.): health systems innovation. The focus of this 'mission' could be on how to reduce the health effects caused by viruses by 2030.

As in other sectors deemed strategic, the EU should seek protection of the public's essential needs without protectionism. Parts of the recovery funds could be used to improve resilience and to ensure better control of the supply chain by bringing them to the periphery of the EU. This would offer economic aid to the Member States and create assurances for the next health crisis.

Competences cannot continue to be an excuse for not advancing in health policies which foster greater collaboration among Member States, the Open Method of Coordination (OMC) is the desired option and solves the question of competences.