



Europe at a Crossroads: Securing Lasting Leadership in Cancer Care and Innovation

Across Europe, millions of people are living longer with and beyond cancer than ever before¹ – demonstrating how science, policy, expert professional care and patient advocacy, when working together, can save lives. This progress also reflects Europe's emergence over recent decades as a global leader in cancer care, showing how coordinated action can turn innovation into impact. Through national cancer plans, specialist centres, cross-border research collaborations, and the active partnership of industry and patients, Europe has steadily brought science closer to people's lives. Europe's Beating Cancer Plan² and the EU Mission on Cancer³ have given fresh momentum and new cross-border infrastructures for cooperation in this shared effort – demonstrating what can be achieved when countries align behind a single goal: ensuring that every person, wherever they live, can benefit from the latest innovation in cancer care.



Five-year survival now exceeds 90% for some cancers in the best-performing European countries, and cancer deaths are falling, with 12 European countries now seeing an outright decline.⁴ These improvements reflect not only scientific advances but also the determination of people, families, and professionals across Europe who pushed for earlier diagnosis, better treatment, and fairer access.⁵ At the same time, the way progress is measured in oncology has evolved. While overall survival remains the definitive indicator of benefits – and the outcome most consistently required by payers to establish value – clinical development increasingly relies on endpoints such progression-free survival (PFS)⁶ and patient-reported outcomes (PRO) to provide earlier signals of treatment and capture impacts on quality of life. Between 2017 and 2020, around 78% of oncology indications approved in Europe incorporated PRO measures in their trials.⁷

This progress also shows that investing in cancer care is not only the right thing to do, but a smart and sustainable one – strengthening families, communities, and Europe's long-term resilience. Improvements in cancer outcomes have already reduced productivity losses by 16% since 1995, saving €15 billion across Europe, and investment in research is related to improved survival – showing how health and prosperity go hand in hand.⁸

Yet for many patients, the chance of survival still depends on where they live, how quickly they are diagnosed, and whether they can access the latest innovations⁹ – with cancers still accounting for almost a quarter of all deaths in Europe.¹⁰ Investing in earlier detection and wider access to precision diagnosis and treatment remains one of the most effective ways to save lives, strengthen health systems, and help people live well after cancer.^{11,12} This also helps reduce avoidable costs and protect productivity as cases in the EU are set to reach 3.4 million by 2040, a 21.4% rise from 2020.¹⁰

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Europe's leadership, once firmly established, is now also at risk. Without the firm political guarantee that Europe's Beating Cancer Plan will be continued or refreshed in the period of the next EU multiannual financial framework, there is growing concerns that the gains made from having cancer as a EU strategic priority could be lost. Meanwhile, other regions – including the United States and parts of Asia – are investing heavily in life-science innovation and digital health.^{13,14} Without sustained political commitment, long-term funding, and coordinated action, Europe risks weakening its capacity to not only translate scientific discovery into better patient outcomes, but to ensure equitable access and meaningful involvement of people with lived experience in research, access policy and shared decision-making. The choices made now will shape whether Europe's progress in cancer care endures or stalls.

Europe's journey to global leadership in cancer care

Europe has become a recognised leader in cancer care because of its ability to embed innovation across every stage of the patient pathway – from prevention to survivorship.

Between 1989 and 2022, advances in cancer diagnostics and treatment are estimated to have prevented 5.4 million deaths across Europe.¹⁰ The pace of innovation continues to accelerate: in the late 1990s, only one new cancer medicine was approved a year by the European Medicines Agency whereas between 2021 and 2024 there were an average of 14 approvals per year.¹⁵ These innovations have transformed outcomes for many people living with cancer – with immunotherapies turning previously fatal cancers like multiple myeloma into manageable conditions,¹⁰ and survival for metastatic breast cancer nearly doubling between 1990 and 2010.¹⁶ This progress reflects close collaboration between research institutions, healthcare systems and the life-sciences sector, whose continued investment in R&D complements EU and national efforts to advance cancer innovation.



What sets Europe apart is its ability to turn scientific discovery into real-world impact through coordinated policy and shared investment. Europe's Beating Cancer Plan, championed by President Ursula von der Leyen as a flagship initiative,¹⁷ has provided an EU-wide framework to drive this progress. Supported by the nominal allocation of more than €4 billion under the 2021-2027 Multiannual Financial Framework,¹⁸ the Plan focused on four pillars – prevention, early detection, diagnosis and treatment, and quality of life for patients and survivors – giving countries a common roadmap for action.²

In parallel, the Horizon Europe-funded EU Mission on Cancer has become a key driver for cancer research and innovation.³ It is the largest coordinated cancer research effort in Europe, bringing together scientists, health systems, and civil society through more than one hundred projects. Its governance – through the Cancer Mission Board and the joint leadership of the Directorate-General for Health and Food Safety (DG SANTE) and Directorate General for Research and Innovation (DG RTD) – has created a practical way of linking research with policy and implementation, helping ensure that scientific progress reaches people across all Member States. The ECHoS Coordination and Support Action (CSA) strengthens this work by creating national hubs that connect research with policy and build capacity on the ground.¹⁹ ECHoS 2 has now been approved, and aims to build on the foundation of the first ECHoS project by focusing on scale and consolidation of the hubs.²⁰

Across each pillar of Europe's Beating Cancer Plan, tangible change is already visible through programmes such as EU4Health, Horizon Europe and Digital Europe.² In prevention, screening programmes for breast, cervical, and colorectal cancer have expanded, widening access to early intervention.² In early detection, initiatives such as the Cancer Imaging Initiative² are using artificial intelligence to improve accuracy and speed in diagnoses. The SOLACE project utilised €9.7 million EU contribution to expand lung cancer screening across 12 participating countries,²¹ breaking down barriers to screening for marginalised communities and in a number of member states including Spain, Poland, Romania and Croatia, €31 million of EU4Health funding was used to pilot risk-based screening for lung, prostate and gastric cancers.²² In diagnosis and treatment, the Joint Action on Personalised Cancer Medicine (JAPCM) is helping countries scale access to biomarker-driven care.^{2,23} Furthermore, the SPARC project, funded through a €3 million contribution from EU4Health, aims to accelerate the adoption of personalised medicine through standardising protocols and supporting the establishment of molecular tumour boards in pilot countries such as Belgium, France, Greece, Slovenia and Italy.²⁴ For quality of life, initiatives such as the Cancer Survivor Smart Cards (smartCARE)² aim to improve survivorship support and care coordination, while the INTERACT-EUROPE 100 programme is expanding on inter-specialty cancer training across Europe.²⁵ Complementing these efforts, the EU Mission on Cancer is investing around €2 billion in research and innovation²⁶ to improve the lives of more than 3 million people affected by cancer by 2030.³

Together, these initiatives show the strength of coordinated European action. Europe's Beating Cancer Plan has united 27 member states, as well as many participating countries beyond the EU, behind a shared vision for cancer control. By combining political commitment with dedicated funding, it has created a supranational governance model of cooperation that is already inspiring similar efforts, including the European Cardiovascular Health Plan.²⁷ If sustained, this architecture can continue to accelerate progress and help Europe remain a global leader in cancer research, innovation and care.

Europe's leadership in cancer care is now at risk

While years of coordinated action, and the Beating Cancer Plan have driven meaningful progress, cancer remains one of the continent's greatest health, economic and societal challenges. It claims around 1.4 million lives each year and carries a growing economic burden, with the direct and indirect costs of cancer care rising by more than 40% since the mid-1990s to an estimated €228 billion annually¹⁵ – placing sustained pressure on health systems and workforces as more people live longer with and beyond cancer.²⁸ Without renewed action, cancer is projected to become Europe's leading cause of death by 2035.⁴



At the same time, Europe is struggling to consistently translate innovation into timely patient benefit. Precision cancer medicine and advanced diagnostics remain unevenly implemented, with access gaps, long turnaround times, fragmented healthcare delivery and workforce shortages across oncology, radiology and pathology delaying care and deepening inequalities.^{29,30} Fewer than one in ten tumour samples that require molecular testing currently undergo next-generation sequencing,³¹ even though most new solid tumour medicines are biomarker-driven.¹⁵ Access delays have continued to worsen, with new medicines reaching patients 69 days later in 2025 than in 2024, which now means patients are waiting for 655 days.³² These delays largely reflect persistent national fragmentation in HTA and reimbursement decision-making, including speed of national timelines, misalignment on value and price, as well as health system constraints such as insufficient budget and supporting infrastructure.³³

In the context of novel medicines with longer treatment durations, earlier line use and emerging cell and gene therapies, affordability is likely to continue to be a challenge. These challenges are not abstract – they directly affect outcomes at the most vulnerable moments of patients' lives and contribute to productivity losses, with one in four cancer survivors not returning to work two years after diagnosis.^{34,35}

These pressures are occurring alongside a broader erosion of Europe's research and innovation base. Europe's global share of cancer R&D and clinical trials has declined by 25% over the past two decades, raising concerns about future access to cutting-edge therapies and the sustainability of Europe's scientific leadership.³⁶ Recent approvals for oncology medicines by the European Medicines Agency have increasingly allowed clinical trial data which is not fully representative of European patient populations, often to address high unmet need through expedited pathways. As a result, HTA bodies may show greater reluctance to recommend these medicines for reimbursement,³⁷ putting both investment and patient access at risk.

With Europe's Beating Cancer Plan nearing its end and no clear roadmap for what comes next, Europe stands at a crossroads. Without a renewed, long-term commitment, there is a real risk that momentum will stall and progress will become fragmented across Member States. The following recommendations set out how Europe can protect and strengthen its leadership – by addressing system capacity and workforce constraints, accelerating access to innovation, and ensuring scientific progress translates into equitable, real-world benefits for all people affected by cancer.

Now is the time to turn progress into lasting leadership

Europe has demonstrated that coordinated action and shared ambition can drive real progress in cancer care. But leadership is not permanent – it must be continually renewed and reinforced. The next phase of European cancer policy must not lose focus: increasing equity of access to trials and treatment for patients, ensuring that better outcomes are delivered through continued EU governance, national delivery is safeguarded through National Cancer Control Plans and that there are interoperable data systems that underpins this.



Turning progress into practice will require sustained focus on the foundations of effective cancer care. This includes strong national cancer plans that are properly funded and implemented; robust data and diagnostic systems that enable earlier and more accurate cancer detection; and policies that ensure new treatments reach patients quickly and equitably. It will also require continued alignment between cancer policy and wider EU strategic frameworks – such as the EU Life Sciences Strategy³⁸ – to ensure cancer remains a priority across health, research and industrial agendas. Above all, Europe's ability to lead will depend on maintaining a collaborative approach – bringing together EU institutions, Member States, researchers, healthcare professionals and people with lived experience – to ensure innovation remains focused on the needs of those it is meant to serve.

Against this backdrop, the authors propose the following recommendations, supported by targeted EU-level enablers, to consolidate progress and secure Europe's long-term leadership in cancer care.

Recommendations

1

Make cancer a lasting priority across Europe, by creating governance structures that ensure the full implementation of Europe's Beating Cancer Plan, with commitments that continue beyond 2027 – with coherent policies, sustained momentum, and measurable targets for the next decade.

2

Accelerate equitable access for European patients by addressing regulatory and structural barriers that have led to a decline in clinical trials and delays in approvals of innovative medicines.

3

Support Member States to develop robust and future-proofed National Cancer Control Plans (NCCPs) with clear governance, monitoring and delivery mechanisms, so cancer care is more consistent and accountable across the block.

4

Strengthen interoperable cancer data systems across Europe by supporting Member States to connect diagnostic information across care settings and countries, enabling earlier detection, improved coordination and faster diagnosis.

Potential EU-level enablers

- **Maintain a clear governance structure and formal coordination mechanisms to ensure implementation of Europe's Beating Cancer Plan**, through the creation of a European Cancer Institute or similar body with an explicit mandate to monitor progress, assess delivery across EU-level actions and support Member States in implementation.
 - **Pilot cancer care indicators within the European Semester**, an existing EU mechanism, to ensure Member States alignment on performance accountability on prevention, screening, diagnosis and treatment key performance indicators (KPIs).
 - **Create a formal coordination mechanism** between DG SANTE and DG RTD to ensure the successor plan is fully aligned with the EU Mission on Cancer, and fragmentation in research, policy and implementation is avoided.
 - **Secure sustainable, long-term funding**, for example through ring-fenced resources in the Multiannual Financial Framework, linked to a successor to [EU4Health](#), or a dedicated European Cancer Fund.
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- **Develop guidelines for the European Medicines Agency (EMA)** that stipulates the minimum representation of EU citizens in clinical trials, without prejudicing the ability for exceptional approvals where there is an unmet need.
 - **Use Horizon Europe and EU4Health to fund pilot projects on inclusive and decentralised clinical trials** that incorporate age-inclusive participation, telemedicine and digital recruitment – reducing administrative and logistical barriers.
 - **Strengthen support for cross-border trial recruitment** by enabling the use of EHDS infrastructure for secure data flows and identity verification in clinical trials.
 - **Support Member States to implement Health Technology Assessment Regulation (HTAR)** and use capacity-building resources, such as shared methods, training and evidence frameworks, where they can help reduce duplication in evidence assessment and support faster, more consistent access to innovation.
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- **Introduce EU-level guidance with clear KPIs and benchmarking for NCCPs, supported by clear KPIs and benchmarking frameworks (e.g. CraNE CCC/CCCN quality criteria)** as a common reference point. Link this framework to financial incentives that reward measurable progress, to improve transparency, outcomes and equity across Member States.
 - **Encourage Member States to include a clear pathway for adopting precision medicine pathways in their NCCPs**, through an EU Council Recommendation or Conclusion, including how health systems will expand access to biomarker testing and integrated genomic information, into routine care.
 - **Create a regular forum for NCCP coordinators** to share implementation approaches, troubleshoot challenges and exchange good practices, supported by the Knowledge Centre on Cancer.
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- **Support Member States to integrate cancer-relevant data** into national European Health Data Space (EHDS) nodes by offering technical assistance, templates and shared implementation tools.
 - **Leverage the EU Network of Comprehensive Cancer Centres and EU Cancer Mission programmes** to help Member States scale access to genomic testing and digital pathology, by supporting validation and clinical adoption.
 - **Direct funding under the EU Multiannual Financial Framework** – including National and Regional Partnership Plans – to help countries modernise diagnostic IT infrastructure and close persistent gaps.
 - **Develop EU guidance on minimum diagnostic data elements** for cancer (e.g., imaging, pathology, genomics) to support consistent data collection and comparability across Member States.

A shared call to action

By 2040, Europe has the potential to close the survival gap and become a world leader in cancer outcomes – reducing inequalities, improving quality of life, and showing how innovation can reach people faster. Under refreshed commitment to implementing Europe’s Beating Cancer Plan under the next EU multiannual financial framework, the newly created infrastructures for cross-border cooperation can be further built upon to support health systems in meeting the rising demand and growing pressure on resources.



Securing Europe’s leadership in cancer care is both a moral and an economic imperative. Investing in prevention, early diagnosis, and equitable access to innovation saves lives, eases pressure on families and caregivers, and reduces avoidable costs for health systems. Healthier populations contribute to stronger, more resilient societies – socially and economically.

Europe now has a choice: to protect what has been achieved and build on it, or risk losing the momentum that has improved millions of lives. By embedding cancer as a lasting priority, ensuring predictable investment, and working together to close gaps in access and outcomes, Europe can turn progress into lasting leadership – for patients, caregivers, and society as a whole.

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