

## Event Report: Ensuring Europe's Beating Cancer Plan Addresses Cancer Pain in Quality of Life, Survivorship, and Palliative Care

On the 2 March 2021, the [Societal Impact of Pain \(SIP\) Platform](#) organised a virtual event on cancer pain policy entitled “[Ensuring Europe's Beating Cancer Plan Addresses Cancer Pain in Quality of Life, Survivorship, and Palliative Care](#)”. The event was co-hosted by MEP **Dolors Montserrat** (European People's Party, Spain) and MEP **Sirpa Pietikäinen** (European People's Party, Finland).

Following the publication of [Europe's Beating Cancer Plan](#), and proposals for a number of “Flagship” initiatives from the European Commission, this event builds on the [SIP position paper on cancer-related pain](#) highlighting the importance of addressing pain management to improve quality of life for cancer patients and survivors. The aim of this event was to identify gaps in Europe's Beating Cancer Plan related to cancer pain, and to provide recommendations for the effective implementation with respect to quality of life, survivorship, and palliative care.

### I. Introduction – cancer pain in Europe

**Patrice Forget**, Chair of SIP, and **Brona Fullen**, President of EFIC, opened the event welcoming the audience and panellists. **Mike Bennett**, Co-Chair of the Cancer Pain Task Force at EFIC, provided the audience with an overview of cancer pain management in Europe. Bennett explained that 40% of patients that survived cancer experienced pain within the first year following their treatment. Cancer-related pain affects a wide spectrum of patients and must be assessed in the context of any underlying disease. Opioids remain the cornerstone of analgesic management in those with active disease, used alongside supportive self-management and with tailored prescribing. However, opioids for longer term pain need careful review to minimise long term consequences. Bennett concluded by stating **the ICD-11 classification for cancer-related pain** and **EFIC Standards for the management of cancer-related pain across Europe** have been developed and agreed, therefore they should be considered in the implementation phase of **Europe's Beating Cancer Plan**.

**Joop van Griensven**, President of Pain Alliance Europe (PAE), explained that cancer survivors often continue to suffer from chronic pain, and that each patient reacts differently to pain treatment. The best way to face the problem would be to create personalised treatment paths, where the patient is free to decide, under guidance, the most suitable type of therapy.

**MEP Dolors Montserrat (EPP, Spain)** opened a panel composed of Members of the European Parliament. Montserrat explained that at least one third of patients undergoing cancer treatment in Europe have received inadequate pain care, and that real progress in the fight against cancer cannot happen unless it is linked to a **comprehensive and holistic pain care approach**. Montserrat added that cancer pain management can be improved by establishing **pain as a quality indicator** in health systems, and ensuring that patients have equal access to palliative care and personalised pain management solutions across Europe.

**MEP Sirpa Pietikäinen (EPP, Finland)** highlighted the need to develop better methodologies in pain therapy, and a better understanding and respect for the rights of the patient, who must be free to choose the type of personalised therapy. Moreover, Pietikäinen called for **improved research and innovation in pain therapies**, as well for using **pain as an indicator** for early diagnosis.

**MEP Sara Cerdas (S&D, Portugal)** emphasised the importance of ensuring adequate **pain management** to improve quality of life in line with the fourth pillar of Europe's Beating Cancer Plan. European Institutions can contribute to this goal by facilitating **exchange of best practices and guidelines for pain treatment and palliative care**, and promoting **pain as quality indicator** in health systems across Europe. Cerdas also highlighted the need to ensure specialised **education and training** for healthcare professionals in relevant specialities and disciplines managing pain.

**MEP Alessandra Moretti (S&D, Italy)** welcomed Europe's Beating Cancer Plan, which brought back cancer to the EU agenda following the COVID-19 outbreak. Moretti added that whilst the Plan is not perfect, it is very ambitious and there is room for improvement in many areas, including **pain management**. To do so, Europe must adopt **pain as a quality indicator** in the assessment of healthcare systems and support **specific training for professionals** in the pain field.

A second panel including representatives from the European Commission and European Council Presidency Trio countries was opened by **Stefan Schreck**, Adviser for Stakeholder Relations at DG SANTE. Schreck presented details Europe's Beating Cancer Plan and announced that the European Commission is currently **working on the Plan's Roadmap**. Schreck anticipated that the Commission will divide governance of the Action Plan into three groups: I) a group composed by Member States, (with a subgroup on cancer and a steering group on promotion and prevention) involving representatives from ministries of health and ministries of research; II) an implementation group in the European Commission; and III) a Stakeholder Contact Group to be established under the [EU Health Policy Platform](#).

**Ortwin Schulte**, Head of the Health Unit at the Permanent Representation of Germany to the EU, took the floor and explained that despite the COVID-19 outbreak, the Cancer Plan was at the top of the German Presidency's agenda, as demonstrated during the Heidelberg (03/09/2020) and Berlin (13/10/2020) conferences on cancer research. Schulte added that the Council discussed the Cancer Plan at Working Party level in February, and Member **countries are keen to reinforce the plan to tackle prevention and treatment gaps** caused by COVID-19. Schulte also explained that the new EU for Health Program 2021-2027 is an opportunity to establish a framework of cooperation between the EU and Member States on health policies, including the fight against cancer.

**Eduardo Netto**, Deputy Director of the Portuguese Oncological Diseases National Programme, stated that Europe's Beating Cancer Plan is a contribution to defeating cancer whilst also improving patients' quality of life. Moreover, the **European Health Union can provide the necessary strength for the effective implementation** of the plan. It can play an effective role also in tackling inequalities and can be adapted to fight other non-communicable diseases.

**Tit Albreht**, Head of the Centre for Health Care at the Slovenian National Institute of Public Health, highlighted that cancer is a chronic disease and many cancer patients need to live with the disease for a long time. Albreht stated that it is important to identify and manage the cause of pain as it could be a symptom of recurrence, complications, or late effect of treatment. Albreht also underlined the **need to provide adequate services for cancer patients needing comprehensive and personalised pain management**.

## II. Breakout sessions

The second part of the event involved three interactive breakout sessions on quality of life, survivorship, and palliative care.

### Session 1 – Quality of life

The first session on **quality of life** was chaired by **Andrew Davies**, Co-Chair of the European Cancer Organisation's Network on Survivorship and Quality of Life. The quality of life breakout group reported that Europe's Beating Cancer Plan is a patient-centric plan that addresses inequalities in care. They also reported that the **focus of care should be on how well, and how long people survive**, rather than just on length. The group highlighted the importance of involving **civil society and patients' organisations** in cancer pain policy development in the future.

### Session 2 – Survivorship

The second session on **survivorship** was chaired by **Charis Girvalaki**, EU Affairs Manager, and **Grazia Scocca**, Legal Expert, European Cancer Patients Coalition (ECPC). The survivorship breakout group welcomed the holistic approach of the new cancer plan, which also addresses cancer comorbidities and complications. The survivorship breakout stated that recognition of **pain as one of the cancer-related complications** is not adequately addressed. Therefore, it should be addressed in the implementation phase of the Plan and in Flagship initiatives. Participants recommended that patients should be at the forefront of the system, and that **collaboration at national level together with SIP National Platforms** is key to implement the plan.

### Session 3 - Palliative care

The third session on **cancer pain and palliative care** was chaired by **Mike Bennet**, Cancer Pain Task Force Co-Chair at EFIC. The palliative care breakout group reported that Europe's Beating Cancer Plan needs to give greater prominence and recognition to cancer pain and in particular, palliative care. Additionally, the **ICD-11 classification of cancer-related pain and the EFIC Standards for the management of cancer-related pain across Europe** should be considered during implementation of the Plan. Participants also highlighted the need to **work with national representatives advocating to governments** on the importance of cancer pain management and palliative care as part of **comprehensive cancer care**.

### III. Conclusions

**Paul Cameron**, Chair of the Advocacy Committee at EFIC, summarised recommendations from the panel and breakout sessions:

- Patients should have access to high quality cancer pain management across Europe, throughout the cancer patient journey (from diagnosis to palliative care, and in survivorship)
- Civil society and patient associations should play a central role in the implementation of Europe's Beating Cancer Plan (for example, via the Commission's Stakeholder Contact Group and via opportunities arising from the new EU for Health Program 2021-2027)
- The ICD-11 classification of cancer-related pain, and exchange of best practices, such as the EFIC Standards for the management of cancer-related pain across Europe, should be considered during the implementation of Europe's Beating Cancer Plan (for example, via Flagship 1 and the Knowledge Centre on Cancer)
- Pain, and in particular, cancer pain, should be adopted as a quality indicator in European health systems performance and assessment processes (for example, via Flagship 5 and the EU Network linking National Comprehensive Cancer Centres, and Flagship 9 and the Cancer Inequalities Registry)
- Cancer pain should be recognised as a cancer-related complication (for example, via Flagship 5 and the creation of new European Reference Networks looking at challenging cancer conditions)
- Specialised education and training for healthcare professionals in the field of pain management should be encouraged across Europe (for example, via Flagship 5 and the EU Inter-speciality Cancer Training Programme)
- In the immediate future, continued engagement with governments across Europe via national representatives is critical for effective implementation of Europe's Beating Cancer Plan (for example via SIP National Platforms and SIP partner organisations' national representatives)

### IV. About SIP

The '[Societal Impact of Pain](#)' (SIP) platform is a multi-stakeholder partnership led by the [European Pain Federation](#) (EFIC) and [Pain Alliance Europe](#) (PAE). SIP aims to raise awareness of pain and to change pain policies. The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators, and budget holders.

### V. Contacts

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