

EADV Position Paper on the Europe's Beating Cancer Plan

Brussels, 21 May 2021

Fighting cancer is among the most compelling challenges of our society. The burden of cancer is increasing yearly, making it the second leading cause of mortality in the European Union. Skin cancer is one of the most common and burdensome type of cancers: In 2020 alone, over 106.000 EU citizens were diagnosed with melanoma¹, while non-melanoma skin cancer (NMSC) is the most widespread cancer amongst fair-skin individuals^{2,3}. On average, one in every six Europeans will be diagnosed with skin cancer during his or her lifetime⁴. With an ageing EU population, the incidence of skin cancer is likely to continue to increase in the coming years and decades⁵. This has significant societal and economic implications for European governments and creates a substantial burden in health care systems. Hence, there is an urgent need for a strong, shared response to reverse this alarming trend.

Approximately 40 per cent of all cancers are preventable⁶, thanks to the substantial progress made in the last decades to better understand, diagnose and treat cancer. Digital and innovative tools can substantially improve cancer care at all stages, especially early diagnosis. Innovative treatments have improved dramatically the prognosis of advanced or metastatic diseases. This applies to all cancer types, including skin cancers, the majority of which are highly preventable, can be detected at an early stage and can be treated effectively, if not cured in most cases.

The European Academy of Dermatology and Venerology (EADV) has worked to advance education and knowledge about melanoma and NMSC for over 30 years, placing the fight against skin cancer at the heart of its mission. The Academy therefore welcomes Europe's Beating Cancer Plan and its strong patient-centred approach along the four pillars (1)

¹ Most recent estimates from the European Cancer Information System (ECIS) for the EU-27 countries on [melanoma skin cancer incidence and mortality](#).

² Lomas, A., Leonardi-Bee, J., & Bath-Hextall, F. (2012). A systematic review of worldwide incidence of nonmelanoma skin cancer. *British Journal of Dermatology*, 166(5), 1069-1080.

³ Eisemann, N., Waldmann, A., Geller, A. C., Weinstock, M. A., Volkmer, B., Greinert, R., ... & Katalinic, A. (2014). Non-melanoma skin cancer incidence and impact of skin cancer screening on incidence. *Journal of Investigative Dermatology*, 134(1), 43-50.

⁴ De Vries, E., Nijsten, T., Louwman, M.W. and Coebergh, J.W. (2009), 'Huidkankerepidemie in Nederland' [Skin cancer epidemic in the Netherlands], *Ned Tijdschr Geneeskd*, 153, p. A768.

⁵ Trakatelli, M. et al. (2007), 'Epidemiology of nonmelanoma skin cancer (NMSC) in Europe: accurate and comparable data are need for effective public health monitoring and interventions', *British Journal of Dermatology*, 156 (Supplement 3), pp. 1-7.

⁶ Islami, F., Goding Sauer, A., Miller, K. D., Siegel, R. L., Fedewa, S. A., Jacobs, E. J., ... & Jemal, A. (2018). Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. *CA: a cancer journal for clinicians*, 68(1), 31-54.

prevention (2) early detection (3) diagnosis and treatment and (4) survivorship, that are all particularly relevant for skin cancer patients.

Time is ripe to set bold goals for the fight against cancer. EU policies should address existing inequalities across Member States, complemented by research and innovation to further advance knowledge and tools. **The EADV calls on the European Commission to take action in preventing melanoma and NMSC, promoting early detection, improving treatment and patients' quality of life at all stages of the care pathway, across Europe. The Academy is also supportive of strategies aimed to prevent Human Papillomavirus (HPV) -induced cancers through HPV vaccination.**

1. **Prevention:** To improve **melanoma and NMSC prevention** through concrete policy measures, including education and awareness-raising about risk factors;
2. **Early detection:** To develop **EU-wide screening strategies** for effective **targeting of high-risk groups**;
3. **Treatment:** To ensure fair access to **standard and innovative high-quality treatment for skin cancer patients**, ensuring cross-border collaboration among Member States;
4. **Follow-up care:** To ensure optimal follow-up care and to support skin cancer survivors in **social and professional reintegration**.

1. Prevention

Prevention is the most cost-efficient and long-term cancer control strategy. To be effective, cancer prevention requires a holistic approach that goes beyond health, addressing other risk factors pertaining to, for instance, lifestyles and the environment. Solar and artificial ultraviolet (UV) exposure is the most important and frequent environmental cause of melanoma and NMSC and is clearly linked to the sharp increase of skin cancer incidence worldwide⁷. Simulation model studies suggest that the use of effective preventive measures could result in a 45per cent reduction of skin cancer incidence projected for the year 2050⁸. Targeted preventive measures, as well as education for citizens and healthcare professionals, play a key role in fostering more virtuous behaviours.

⁷ [Cancer](#), The World Health Organization. 2021.

⁸ de Vries E, Arnold M, Altsitsiadis E, Trakatelli M, Hinrichs B, Stockfleth E, Coebergh J; EPIDERM Group. Potential impact of interventions resulting in reduced exposure to ultraviolet (UV) radiation (UVA and UVB) on skin cancer incidence in four European countries, 2010-2050. *Br J Dermatol*. 2012 Aug;167 Suppl 2:53-62. doi: 10.1111/j.1365-2133.2012.11087.x. PMID: 22881588).

Health literacy

Prevention starts with knowledge and understanding of risk factors. Both skin and HPV-induced cancers are highly preventable if the right precautions are taken. In relation to skin cancers, this would mean a more active engagement of EU citizens in self-examining their skin and getting regular medical consulting, while paying attention to UV exposure in their everyday life. Being able to understand and access information on prevention is crucial for citizens to minimise cancer risk behaviours. The EADV therefore welcomes the commitment to improving health literacy and calls on the Commission to:

- ⇒ Update the **European Code against Cancer** taking into account the **latest scientific evidence and best practices** in skin cancer prevention;
- ⇒ Allocate **research and innovation** funding under Horizon Europe to support health literacy by fostering the **exchange of best practices** across Member States. Research should particularly address **inequalities** as well as current **knowledge and data gaps** on the incidence of skin and HPV-induced cancers;
- ⇒ Make cancer prevention **information widely available** to EU citizens and healthcare professionals, making use of digital and innovative tools.

Reducing exposure to UV radiation

Exposure to natural and artificial UV radiation (solaria) is the leading cause of skin cancer, at any age and is particularly dangerous for children and adolescents as this can create a higher risk of developing skin cancer at a later stage in life. Outdoor workers are another at-risk group. Their high level of sun exposure has made skin cancer the most common occupational disease in Europe⁹. The EADV is pleased with the EU's commitment to introduce measures to reduce UV exposure, and stresses the need to:

- ⇒ Set up adequate **sun protection measures for children and adolescents** in public spaces, for instance during school hours and organised outdoor activities (e.g. sport).
- ⇒ Establish **EU-wide rules restricting the use of artificial tanning devices** (e.g. sunbeds);
- ⇒ Recognise **UV radiation as a carcinogenic factor** and include it in the EU regulatory framework on occupational cancer.

Reduce HPV-induced cancers

Vaccination is the most effective way to prevent cancers induced by viruses. Human papillomavirus (HPV) is a frequent cause of mucocutaneous premalignant and malignant

⁹ John SM, Trakatelli M, Gehring R, Finlay K, Fionda C, Wittlich M, Augustin M, Hilpert G, Barroso Dias JM, Ulrich C, Pellacani G (2016) CONSENSUS REPORT: Recognizing non-melanoma skin cancer, including actinic keratosis, as an occupational disease - A Call to Action. J Eur Acad Dermatol Venereol. 2016. 30 (Suppl. 3):38-45. doi:10.1111/jdv.13608.

lesions. The EADV welcomes the EU decision to join the 'WHO Global Strategy to Accelerate the Elimination of Cervical Cancer' and to set ambitious gender-neutral HPV vaccination targets by 2030, which are crucial in preventing all HPV-induced cancers (e.g. anal, vulvar, penile, head and neck cancers). Dermatology plays a significant role in fostering prevention and improving patient access to the vaccination process. That is why the EADV calls on the Commission to:

- ⇒ Promote **citizen education and awareness raising** about HPV cancer prevention across Member States to sensitise the population on the importance of preventive behaviours and of the vaccination.
- ⇒ Through supportive measures, facilitate collaboration between dermatologists and other medical specialties (e.g. gynaecologists) **in gender neutral HPV vaccination programme** and outreach to patients.

2. Early detection

Timely detection of cancer is critical for increasing the success of treatments, for improving the possibilities of cure and to significantly reduce mortality rates among patients. Routine screenings are therefore the best way to identify the disease at an early stage. This is also the case for melanoma and NMSC that, if detected in time, can be treated effectively saving lives and decreasing health expenditures. An initial pilot programme in Germany showed a reduction of 50 per cent of melanoma mortality five years after the completion of the programme. The Commission should work towards EU-wide screening strategies – updated with the latest available scientific evidence from the ongoing screening program in Germany and elsewhere – which could support the creation and implementation of national screening programmes, alongside awareness raising campaigns to educate healthcare professionals and the general public.

Use of digital and innovative tools for cancer screening

Digital tools create new opportunities to improve cancer detection and enhance care for patients, helping to improve the accuracy and speed of cancer diagnoses while reducing diagnostic delays. The EADV welcomes the Plan's focus on developing digital and innovative tools – such as investments in Artificial Intelligence – and calls on the Commission to:

- ⇒ Increase **innovative approaches** to cancer screenings. The envisaged **European Cancer Imaging Initiative** should increase the employment of non-invasive imaging tools, already widely used by dermatologists for skin cancer screening, allowing targeted approaches to patients.
- ⇒ Allocate research and innovation funds under Horizon Europe to **support the development of digital and innovative tools**, while fostering fair access across Europe via **knowledge and information exchange**.

Early detection can be hindered by the lack of infrastructures or the inability of patients to access these. A more resilient EU approach to cancer care must therefore include **telemedicine**, which is extremely resourceful for patients who live in remote areas or who are physically unable to visit health facilities, such as during the current COVID19 pandemics. **Tele-dermatology** is an excellent example of how telemedicine can deliver value for patients while leveraging the potential of digital tools. The EADV therefore calls on the Commission to:

⇒ Strengthen and integrate **telemedicine** within healthcare systems.

Targeted skin cancer screening

Targeted cancer screening programmes help identify cases among the high-risk population groups, enabling the disease to be tackled promptly and in a more cost effective manner. Therefore, the EADV welcomes the Commission's plan to **update the Council Recommendation on cancer screening** and to widen the scope of targeted cancer screenings to additional types of cancers other than cervical, breast, and colorectal cancers. In this context, the EADV calls on the Commission to:

⇒ Expand the scope of **EU-wide cancer screening** to include melanoma and NMSC, targeting **high-risk groups** – e.g. individuals aged above 50 years, patients with history of melanoma or NMSC, individuals with multiple nevi and/or fair skin, immunosuppressed patients– and **occupational-risk groups** – e.g. **outdoor workers**.

3. Treatment

Unequal access to and availability of treatments across Europe are a major bottleneck in cancer care, which result in a great difference in cancer survival rates between and within EU countries. Therefore, it is crucial for the EU to take action and deliver fair access to high-quality cancer care across Europe. The EADV welcomes the Plan's intention to establish an **EU Network of National Comprehensive Cancer Centres** by 2025, which should foster cross-border collaboration to facilitate exchange of best practices between Member States and to provide patients with access to optimal cancer treatments.

Access to standard skin cancer treatments

Access to standard care for skin cancer treatments (e.g. standardised procedures for non-melanoma skin cancer surgery) widely differs across the EU, especially between North-West and South-East Europe¹⁰. **Affordability** plays a big role in access to treatment, as many

¹⁰ Trakatelli M, Siskou S, Proby C, Tiplica GS, Hinrichs B, Altsitsiadis E, Kitsou A, Ferrandiz L, Aquilina S, Apap C, Ulrich M, Fiorentini C, Magnoni C, de Vries E, Flohil SC, Kalokasidis K, Moreno-Ramirez D, Ruiz-de-Casas A, Majewski S, Ranki A, Pitkänen S, Saksela O, Ioannides D, Sotiriadis D, Stockfleth E; EPIDERM. The patient journey: a report of skin cancer care across Europe. Br J Dermatol. 2012 Aug;167 Suppl 2:43-52. doi: 10.1111/j.1365-2133.2012.11086.x. PMID: 22881587.

patients in some countries are unable to afford optimal care due to the lack of reimbursement schemes. The EADV therefore calls on the Commission to:

- ⇒ Improve **affordability and cost-effectiveness** of skin cancer treatments by optimising mutual learning and fostering exchange of best practices among Member States.

Access to innovative skin cancer treatments

Targeted molecular and immune-mediated treatments have transformed the care of patients with advanced melanoma and skin cancer, by improving prognosis, survival and quality of life. New molecular approaches bring hopes for innovative treatments of different types of cancers, for which little to no solutions are available – such as rare skin cancers – and to provide personalised medicine to patients. Despite technological developments, unequal access to those treatments hinders their potential benefits. The EADV stresses the need to:

- ⇒ Ensure **fair access to innovative skin cancer treatments** – such as immunotherapy and advanced therapies – across Member States.
- ⇒ Allocate research and innovation funds under Horizon Europe to **promote innovative treatments for skin cancer and override the hurdles of treatment resistance to current regimens**.
- ⇒ Recognise **precision medicine** for the treatment of advanced forms of melanoma and non-melanoma skin cancers as **a best practice and point of reference** in the treatment of other cancers.
- ⇒ Support the **set-up of clinical trials for rare cancers** (e.g. advanced squamous cell carcinoma) via cross-border collaboration. In this regard, the creation of new **European Reference Networks** would help foster cross-countries studies that could facilitate the development of effective treatments for rare cancers.

Cancer registries

Cancer registries are important sources of information for analysing different types of cancers, reporting on the cancer cases and survival rates, and evaluating screening programmes and the quality of treatment. The lack of effective registration of melanoma and NMSC across Europe is an obstacle to developing effective policies to address the burden of skin cancer in Europe. The EADV welcomes the Commission's intentions to set up the **Cancer Inequality Registry** to help identify gaps, and stresses the need to:

- ⇒ **Improve registration of melanoma cases**, particularly in South-East Europe.
- ⇒ Include **the reporting on non-melanoma skin cancer** in national cancer registries.

4. Follow up care

As with all cancers, survival rates for skin cancer are increasing dramatically: for example, patients with advanced melanoma who previously had a dismal prognosis, now have a **50 per cent chance of surviving five years**, thanks to new innovative treatments¹¹. However, after defeating cancer, many survivors face difficult challenges, such as long-term effects of treatment, unmet psychosocial needs, issues related to social and professional reintegration. The EADV fully supports the measures foreseen in the Europe's Beating Cancer Plan to ensure a better quality of life for patients during and after skin cancer.

Quality of life

A comprehensive cancer care must not only treat the disease, but also cope with associated difficulties and ensuring the best quality of life during and after treatment. This includes, among others, the diverse and frequent manifestation of cutaneous adverse reactions presenting to oncologic patients during systemic treatment. Skin cancer patients very often develop subsequent skin cancers as a result of chronic UVR exposure, which requires close follow up and early intervention. In addition, patients with skin cancers often develop age-associated comorbidities making their care more complex (e.g. other malignant tumours, hypertension, cardiovascular diseases) and experience stigma that can affect their mental health and recovery process. The EADV believes that it is crucial to support patients in their personal, professional and social lives after cancer treatment. Therefore, the Academy calls on the Commission to:

- ⇒ Include **psychological and social care** for cancer patients and their family caregivers in cancer treatment schemes.
- ⇒ Improve dermatological care and quality of life of cancer patients with immediate or long-term adverse dermatologic manifestations from their treatment.
- ⇒ Ensure appropriate follow up care for patients surviving melanoma and NMSC
- ⇒ Develop **clinical research** related to the prevention and management of the long-term side-effects of cancer treatment and the improvement of the quality of life for cancer survivors.

¹¹ [Cancer care in Europe: Where are we in 2020?](#), EFPIA, 2019



Conclusion

A successful Europe's Beating Cancer Plan will require the integration of effective prevention and early detection measures across Member States, fair access to standard and innovative treatments for all patients and a high quality of life for cancer survivors. These EU policy objectives should be supported by an appropriate allocation of EU research and innovation funds.

The EADV fully endorses the Plan's strong patient-oriented approach, and welcomes the opportunity to work with policymakers, patient organisations and other key stakeholders to jointly tackle melanoma and NMSC at all stages of the pathway, from prevention to follow-up care.