Public consultation on the Commission's Europe's Beating Cancer plan

ENHA input to the consultation questions 7 May 2020

2.1 What do you think citizens can do to help beat cancer?

The deaths of 10-20% of patients with cancer can be attributed to malnutrition rather than to the malignancy itself. Nutrition is a key aspect of multimodal cancer care. Citizens can help to reduce the prevalence and burden of cancer in various ways and roles:

* by living healthier (e.g. nutrition, exercise);
* timely access to dietitians to provide dietary advice;
* as patients, to be better evidence-based informed about treatment options, recovery support including adequate nutritional care and support;
* laypeople versions of clinical treatment and nutritional care guidelines inform patients and support self-diseasemanagement, for instance the ECPC guidelines 'Living healthier with cancer.'

2.2 What do you think health professionals can do to help beat cancer?

Health care professionals should be educated on the risks of malnutrition (i.e. undernutrition) and the importance of optimal nutritional care to optimize the clinical outcome during therapy.

Developing clinical guidelines on cancer and comorbidities based on the best scientific evidence, with the consensus of experts and patients on board, to harmonize and give the best nutritional care. Facilitating the implementation of these guidelines through short-versions/practical guidelines, including app versions for HCPs and lay versions for patients (see <https://www.espen.org/guidelines-home/espen-guidelines>).

2.3 What do you think public authorities/national governments can do to help beat cancer?

Screening and assessment of nutritional status are vital to initiate appropriate nutritional interventions and reduce cancer-related complications and comorbidities. Awareness among patients, informal carers, healthcare professionals and policymakers is still too low.

Governments/national health authorities should include optimal nutritional care as a key pillar to their national cancer programmes, including:

* equal access for cancer patients to nutritional risk screening and follow-up nutritional care;
* awareness and education programs for health care professionals and patients;
* reimbursement of these interventions by national health care systems or health insurers.

3. Do you support the idea that the EU should do more to address cancer?

EU can and should lead actions to promote health and disease prevention across Europe and secure that HCPs obtain the necessary knowledge during their education. Facilitating exchange models and best practices among EU members, creating a network of medical faculties, education regulators and professional associations is the way to improve the knowledge for our future HCPs’ generations.

Under 'Other', 'Screening and early diagnosis' and 'Treatment and quality of life of patients and carers':

An absolute necessity is to include mandatory screening for the risk of malnutrition (i.e. undernutrition) and follow up personalised nutritional care in all phases of cancer treatment and recovery.

6. Do you think the EU should extend recommendations for screening of other types of cancer, beyond breast, cervical and colorectal cancer?

* Include screening for nutritional risk and malnutrition (undernutrition) as a mandatory component of the screening of all types of cancer.
* Include the recommendation to provide effective and safe individualized nutrition care follow best practice principles and supported by the nutrition care process model  <http://www.efad.org/media/1186/ncp-sl_vision_paper_final_mar_2014.pdf>

8. What could Europe do to ensure that cancer patients across Europe receive the best

available treatment at an affordable price, independently of where they live?

Key areas for Europe to add value and support national policies are:

* support patients self-disease management among others through patients' versions of treatment guidelines, including nutrition;
* support European heatlh professionals' societies to improve curricula and education programs regarding prevention, treatment and recovery including nutritional care;
* support exchange of good practices, ENHA supports such process, see www.european-nutrition.org;
* utilize existing networks of European patient organizations and NGO's like ENHA and initiatives for healthy food and catering, like farm to fork, ec.europa.eu/food/farm2fork\_en

9. Do you believe that you know where to find sufficient information about available cancer treatment services where you live?

+ questions 10+11:

Stress the importance to include information to patients about their nutritional status and care options. Together with the European Patient Forum (EPF), ESPEN, ECPC, EFAD and ENHA works on developing laypeople/patients' versions of clinical guidelines.

17. Do you know or have experience of any particularly good practice in supporting cancer survivors, or do you have any suggestions how this could be done?

Two years ago, ENHA started to publish good practices in nutritional care across Europe. The input is currently driven and provided by the ENHA members and 18 members countries across Europe, see www.european-nutrition.org. Health professionals across Europe contribute by regular updates to share the good practices for implementation and education purposes with their peers and students.

ENHA members and partners are ready to work together with other European partners in the Europe's Beating Cancer Plan to gather good practices specifically focusing on nutrition and cancer care, education et al. and make these available for a broad European audience.

18. Tell us what a successful cancer plan means to you. 10 years after we implement the plan, what should have improved in the lives of European citizens?

Key overall indicators:

* decrease in incidence and prevalence;
* decrease complications and comorbidities;
* improved management of the longterm consequences of cancer and its treatment resulting in enhanced recovery and improved quality of life, specific outcome indicators to be defined.

Optimal nutritional care contributes substantially to achieving these objectives through

* nutritional screening for people at risk and patients;
* equal access of patients to individualized nutritional care;
* decrease the risk for malnutrition (i.e. undernutrition) and consequent complications and/or comorbidities;
* Access to dietetic and registered nutritional professionals for all patients.

21. How can you (your organisation) contribute to the EU plan on cancer?

ENHA and participating countries can substantially contribute to Europe's Beating Cancer Plan by

* focus activities in nutritional care more specifically on the prevention, treatment and recovery of cancer;
* education and support for cancer patients among others through laypeople/patients' version of clinical guidelines;
* foster education of health care professionals on nutritional care and its contribution to improving cancer care;
* contribute to decrease complications and comorbidities;
* share good practices, e.g. via www.european-nutrition.org;
* provide its communication and coordination channels across Europe.

22. Is there anything else that you would like to add that has not been covered in this consultation?

* Future definition of key performance indicators of key tracks of the Europe's Beating Cancer Plan;
* Bottom up collaboration with existing European health care societies and other NGO's, to utilise their networks and channels and maximize effective implementation and impact, do not reinvent the wheel but build on existing, proven reliable partners;