DIGESTIVE CANCERS
EUROPE

Beat Cancer Plan

Expectations from Digestive Cancer Patients

		Fact	Expected Policy Priorities
1	**Cancer Policy & Plans**	Digestive cancers are the number one cause of cancer mortality in Europe: 800,000 citizens get diagnosed every year, and 500,000 of them die[1]. Half of this mortality could be avoided by applying current best practices in prevention and treatment.	We urgently need updated national cancer plans which refer to the specific international prevention and treatment guidelines for oesophageal, gastric, pancreatic, colorectal and rare digestive cancers.
2		Health policies and medical guidelines are often developed without patient involvement, and as a consequence, their real-life impact is not always effective.	Digestive Cancer Patient Organisations should be involved in all European and national policies related to their disease.
3		There are huge discrepancies between European countries in terms of the quality and availability of cancer care and technology and prevention.	All patients in the European Union should get access to the same high level of quality cancer care.
4	**Research**	All digestive cancers are underrepresented in both public and private research in relation to their burden of disease[2].	Public funding for cancer research should be allocated based on health priorities and patients' needs instead of individual researcher interests.
5	**Prevention**	Despite all evidence, lifestyle choices (unbalanced nutrition, alcohol consumption, tobacco use, lack of physical actvity, …) and obesity continue to be among the major causes of cancer including digestive cancers.	Public awareness and education campaigns should continue to emphasise the link between lifestyle choices and cancer.
6		If detected early, 90% of colorectal cancer patients survive[3]. Population-based formal screening programmes are the best option for early detection. They have demonstrated to save lives and to create savings in the healthcare budget.	Every Member State should organise formal population-based colorectal cancer screening programmes for all citizens between 50 and 74 years old, using the latest recommended screening test and with more than 60% participation rate, with transparent tracking and communication of adoption and progress.
7	**Diagnosis**	The time between first symptoms and diagnosis is often too long for all digestive cancers, as is the time between diagnosis and treatment.	General Practitioners and oncologists should be better educated to detect and treat digestive cancers faster.
8		Many new technologies have been approved: genetic & molecular tests, prognostic tests and functional tests.	Patients have the right to access the best possible diagnostic tests.
9	**Treatment**	The best-in-class hospitals offer digestive cancer patient survival rates that are 50%	Patients should be treated in Comprehensive Cancer Centers where they should be treated

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[1] Data for oesophageal, gastric, colon, rectum and pancreatic cancer. Source: European Cancer Information System, 2019

[2] Mursheda Begum, Grant Lewison, Mark Lawler, Richard Sullivan: Mapping the European cancer research landscape: An evidence base for national and Pan-European research and funding, European Journal of Cancer, 2018

[3] American Society of Clinical Oncology, January 2019

		Fact	Expected Policy Priorities
		better than other hospitals in the same country.	by a Multidisciplinary Team (MDT) based on the ECCO Essential Requirements.
10		Only 51 to 56% of digestive cancer patients feel they have been sufficiently involved in deciding on their treatment plan[4].	Patients have the right to Shared-Decision-Making about their treatment plan.
11		Patients have the right to be treated with the best available technology. In some countries it may take years before approved technologies become available to patients[5].	Governments and industry should invest more in making access to innovative treatments fast and affordable.
12	**Measurement**	Despite the huge cost of cancer to society, there are barely any metrics in place to measure outcomes - at patient and societal level - that can be linked to treatment inputs.	All patient treatments and outcomes data should be tracked, aggregated and used as an information tool to identify the best possible outcomes in order to improve effectiveness and efficiency.
13	**Navigation**	Today only a limited number of patients are directed to patient organisations to help them plan their lives around their disease and treatment pathway.	All patients should be informed about the value of patient organisations which are available to support them where needed, including providing access to expert oncological nurses, nutrition experts, psycho-oncology, social support.
14	**Funding**	Today, only in a few countries, disease-specific patient organisations are eligible for public funding.	Considering the societal value of disease-specific patient organisations to achieve better outcomes faster, they should be eligible for public funding in every Member State and at the European level.

ABOUT DIGESTIVE CANCERS EUROPE

Digestive Cancers Europe is the umbrella organisation of patient organisations in Europe that represent the voice of patients with cancer of the digestive tract (oesophageal, gastric, colon, rectum, pancreatic and rare cancers), their families and their carers.

We represent more than 30 associations across the continent.

Every year, more than 800,000 people in Europe get a diagnosis of a cancer of the digestive tract, and approximately 500,000 of them die.

It is our aspiration to save an additional 250,000 lives annually by 2028 in Europe. We believe that with the necessary investments and concertation among all the stakeholders, our aspiration is realistic. By applying current best practices, this figure can already be reached.

It is our mission to contribute to the early diagnosis and decreased mortality from digestive cancers and to increase overall survival and quality of life.

In order to achieve this mission, we are active in building stronger capacity at national level, coaching individual patients to deal with both medical and non-medical needs, organising information campaigns on prevention and better screening, we are advocating for the identification and application of best practices, the early adoption of innovative technologies, raising digestive cancers on the political agenda, the introduction of better healthcare policies, and increased research investments.

For more information: info@digestivecancers.eu or www.digestivecancers.eu

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[4] Digestive Cancers Europe, CRC Patient Survey 2018, All.Can Patient Survey 2019
[5] EFPIA – W.A.I.T. Indicator, 2019