



COMPREHENSIVE  
CANCER  
INFRASTRUCTURES  
FOR EUROPE

# Policy Brief from the CCI4EU Project

Securing the Sustainability of European  
Networks and Infrastructures for Cancer  
Care and Research





# 1. Introduction and problem statement

Cancer continues to be a major public health burden and the second leading cause of death in the European Union (EU),<sup>1</sup> with the latest estimates from the European Cancer Information System indicating that there were close to 2.7 million new cases and 1.3 million deaths attributable to it in 2024.<sup>2</sup> Without decisive action, demographic pressures – particularly population ageing – will drive these figures even higher, with incidence projected to rise by 18% and mortality by 26% by 2040.<sup>3</sup> In economic terms, cancer already costs EU Member States over €200 billion annually, with per capita spending projected to rise by nearly 60% over the next 25 years.<sup>4,5</sup> While its impact is high in every EU country, there are significant national differences in care accessibility as well as in outcomes,<sup>6</sup> as the European Cancer Inequalities Registry shows.

To mitigate this impact and the associated inequalities, in 2021 the European Commission launched two landmark initiatives, namely Europe's Beating Cancer Plan<sup>7</sup> and the Mission on Cancer.<sup>8</sup> Together, these ambitious and complementary strategies are mobilising combined funding from the EU4Health, Horizon Europe and Digital Europe programmes to fight cancer through concrete actions that cover the entire disease pathway, tackling not just diagnosis and treatment but also prevention and survivorship. One of the overarching objectives they share is to facilitate the setup of networks and infrastructures that boost research capacities and/or expand access to high-quality care for patients.

Five key projects that have been funded in this respect are the following:

- **CCI4EU**,<sup>9</sup> coordinated by the Organisation of European Cancer Institutes (OECI): a Horizon Europe project running from May 2023 to April 2026 that is supporting the development of **Comprehensive Cancer Infrastructures (CCIs)** through targeted capacity building interventions, including deep dive visits, regional conferences and online training resources.
- **JA EUnetCCC**,<sup>10</sup> coordinated by the French National Cancer Institute (INCa): an EU4Health project running from October 2024 to September 2028 that is establishing a **European Network of Comprehensive Cancer Centres (EUnetCCC)** to strengthen collaboration and exchange of best practices between oncology hospitals in Europe. The predecessor preparation Action was JA CRANE.
- **JANE-2**,<sup>11</sup> coordinated by the Italian National Cancer Institute of Milan (INT): an EU4Health project running from November 2024 to October 2028 that is creating seven new **Networks of Expertise (NoEs)** which will allow for greater harmonisation of care and stronger cooperation between healthcare professionals working in the cancer field. The predecessor preparation Action was JA JANE.
- **ECHoS**,<sup>12</sup> coordinated by the Portuguese Agency for Clinical Research and Biomedical Innovation (AICIB): a Horizon Europe project running from May 2023 to June 2026 that is setting up **National Cancer Mission Hubs (NCMHs)** to facilitate the implementation of the Mission on Cancer (and EBCP) by fostering collaboration between multiple stakeholders, policy dialogue and community engagement.
- **UNCAN-Connect**,<sup>13</sup> coordinated by the University of Tartu in Estonia: a Horizon Europe project running from September 2025 to August 2030 that is putting in place the **UNCAN.eu platform**, a decentralised collaborative network for cancer research which will be connected to national cancer data nodes. The predecessor CSA was 4.UNCAN.EU.



In addition to the above-mentioned projects, other relevant initiatives, include **TRANSCAN-4** and **EU-CIP (ECPDC)**. These initiatives aim at, respectively, the creation of a European network of funding organisations investing in the promotion of Translational Cancer Research and, the creation of an European Cancer Patient Digital Centre whose primary goal is to create a patient-centric information portal that improves health literacy, empowers individuals, and reduces inequalities in access to cancer care knowledge across Europe.

The networks and infrastructures established through these projects not only enhance the quality of cancer care and research, while helping to reduce disparities between Member States, but also strengthen the EU's competitiveness by making it a more attractive environment for clinical trials, translational research, and the development and deployment of innovative drugs and medical technologies. By enabling the cross-border sharing of the vast amount of knowledge and expertise that already exist within Europe, they can be a vehicle for improving the skills and preparedness of the healthcare workforce, which has been operating under heightening pressure in the past years.

However, the current European Commission proposal for the EU's multiannual financial framework 2028-34 does not presently offer guarantee of Europe's Beating Cancer Plan and the EU Mission on Cancer long-term continuity.<sup>14</sup> Whilst the European Parliament seeks amendment to this position,<sup>15</sup> nevertheless policy attention must be paid to the future sustainability of Europe's networks and infrastructures for comprehensive cancer care. Once existing projects have concluded, it remains to be seen how they can stay operational without long-term EU financial support. The progress that has been made with the upfront investment into their creation therefore risks being lost before the return on that investment has been fully realised. Many of these initiatives in research and cancer care take time to achieve impact for patients. As negotiations on the next EU Multiannual Financial Framework are currently underway, now is the time for policymakers to act and ensure that the vision of Europe's Beating Cancer Plan and the EU Mission on Cancer can be achieved.

## A unifying vision: the future we seek

The European Union's vision for comprehensive cancer care lies at the core of the European Commission's flagship strategy, Europe's Beating Cancer Plan. It is both ambitious and systemic: to ensure that every person affected by cancer in Europe has access to high-quality, multidisciplinary care across the entire disease pathway – regardless of where they live.

Cancer care extends far beyond treatment alone. Together with the EU Mission on Cancer, a truly comprehensive, “whole pathway” approach addresses the full continuum of the patient journey:

- Understanding cancer
- Prevention (e.g. tobacco control, vaccination)
- Early detection (e.g. screening programmes)
- Diagnosis and treatment
- Quality of life, survivorship, and follow-up care

This end-to-end perspective is a defining principle of comprehensive cancer care in the EU. It implies care that is continuous, coordinated, and patient-centred – rather than fragmented or episodic.

Realising this vision requires the systematic expansion of access to comprehensive cancer care models across all Member States. Models such as Comprehensive Cancer Centres, Networks and Infrastructures are central to delivering optimal outcomes for patients and reducing inequalities in care.

Through the support of Europe's Beating Cancer Plan and the EU Mission on Cancer, important progress has already been made towards the objective of ensuring that nearly all EU citizens benefit from high-quality comprehensive cancer care. However, significant gaps remain, and capacity building is needed in those Member States within immature or non-existent Comprehensive Cancer Infrastructures.

This policy brief sets out a framework and expert recommendations to guide the next phase of implementation, and to advance the EU's distinctive and forward-looking vision for equitable, high-quality cancer care.



## 2. Patient perspective

Cancer charities representing the experiences and priorities of patients across Europe feel strongly that sustained investment in research networks, programmes, and infrastructures is essential to delivering world class cancer care. Evidence shows that patients treated in research active hospitals have better outcomes and higher survival rates.<sup>16,17</sup> Sustaining research pathways that improve treatment, care, and long-term support is therefore crucial. None of this can happen without collaboration. Research developed with meaningful patient involvement is more relevant, trusted, and impactful, which is why partnership across all stakeholders including clinicians, researchers, charities, and patient representatives is so important.

A clear example of this collaboration in action is the Irish Cancer Society's €4.5 million investment in one of Ireland's Comprehensive Cancer Centres, Trinity St James's Cancer Institute (TSJCI). Central to this partnership was establishing Ireland's first Patient Partnership Lead within TSJCI to systematically embed the patient voice across clinical pathways. This approach has already delivered innovative, patient-centred initiatives, including the Young Onset Cancer Programme,<sup>18</sup> the first programme in Europe dedicated to supporting people aged 25–50 affected by gastrointestinal or head and neck cancers. This model shows what is possible when patient-centred design and research excellence come together. While translating research into routine practice takes time, patients cannot afford long delays. Rapid, equitable access to research informed care must be a priority.

However, programmes like this currently benefit only a specific cohort in one clinical setting. The wider challenge is ensuring that successful pilots can be scaled and implemented across all cancer centres and infrastructures in Europe. That is why the creation and maintenance of networks of Comprehensive Cancer Infrastructures, Networks of Expertise and networks of National Cancer Mission Hubs should be a priority. We urge policymakers to prioritise, expedite, and fund the long-term implementation of successful networks and infrastructures. Sustaining these structures will reduce research waste, protect hard won progress, improve policy implementation and most importantly, ensure that we continue driving improvements in patient outcomes.

## **A pan-European strategy for comprehensive cancer care. A wise investment in a better, more efficient and higher impact approach**

Investing in comprehensive cancer care is not a cost pressure – it is a cost-saving and value-generating reform that improves outcomes while reducing inefficiencies across the system.

By making the step change to best-in-class delivery models for cancer care, countries are supporting systems that:

- **Achieve earlier, and higher quality, detection and diagnosis.** Many common cancers, if detected at early-stage, can have survival rates above 80-90%, while late-stage diagnoses often drop below 20-30%.<sup>19</sup> Late-stage cancer typically costs 2 to 4 times more to treat than early-stage cancer.<sup>20</sup>
- **Reduce fragmentation and improve the provision of multidisciplinary cancer care through Centres, Networks and Infrastructures.** Fragmented care (patients treated across multiple uncoordinated providers) is linked to higher costs; higher mortality; delays in, errors in, and missed care; and lower patient satisfaction and trust.<sup>21</sup>
- **Increase patient access to clinical trials, newer treatment approaches, with the associated improvements in outcomes.**

As well as centralising and networking referral pathways and embedding multidisciplinary cancer care, Europe's model of Comprehensive Cancer Centres and Networks deeply integrates research, education and care. Dedicated trials units help to ensure patients are routinely assessed for eligibility for trials during multidisciplinary team meeting. A growing body of evidence indicates the correlation between patients who receive care in research-active centres, and better overall outcomes for patients in those centres.<sup>22</sup>

## 3. Policy recommendations

### 3.1 The capacity building experience of CCI4EU: EU programmes targeted to need

The experience of the CCI4EU project (Comprehensive Cancer Infrastructures for the EU) is that:

1. Tailored capacity building initiatives in cancer have a substantial positive impact on structures and processes for care and research<sup>\*</sup>; and
2. The success of these initiatives is high when adopted within a functioning Comprehensive Cancer Infrastructure – basically, a network of institutions addressing cancer care, research and education for a local area, commonly between 1 and 5 million inhabitants.

The 3-year action showed that where teams of cancer experts were deployed in 3 site visits, over a 12 month period, to a developing Comprehensive Cancer Infrastructure (CCI) (a network of hospitals, universities, research institutions and public health bodies) the maturity of research and patient pathways increased significantly.<sup>†</sup> Furthermore, these infrastructures or networks brought together cancer-related organisations in a new collaborative way to share patient pathways and to solve common issues within those pathways, such as delays in diagnosis and treatment.

Where this methodology differs from traditional twinning methods is that experts from many different disciplines and different mature cancer centres are brought together in a team to provide concrete advice and guidance to local CCIs. This method can then be supplemented by Observerships (onsite visits to a mature Centre); Conferences, and Online training courses.

The message is that this capacity building expert consultancy<sup>‡</sup> works in practice and should be supported in future Actions in the new MFF.

Evidence from the CCI4EU Deep Dives, alongside preliminary work in EUnetCCC and related initiatives, shows a wide and persistent quality gap between Member States – one that risks widening further without sustained and effective intervention. It has been clear from the CCI4EU Deep Dives, and in the preliminary work in EUnetCCC and other actions, that the quality gulf between Member States is wide and probably progressively widening at the present time. This applies to both care and research. Evidence of these maturity gaps can be seen in the EU Cancer Inequalities Registry,<sup>6</sup> the European Cancer Organisation Cancer Pulse,<sup>23</sup> and, on the research side, in the seminal publication of the Lancet Oncology Commission European Groundshot survey of cancer research.<sup>24</sup> The latter shows that the average scientific output in peer reviewed journals from central and eastern Europe is approximately on average one tenth of the output in Northern and Western Member States.

The strength of the CCI4EU project lies in its ability to reshape existing structures by actively incentivizing collaboration across acute care facilities, prevention, diagnostic and support services, as well as research institutions. In doing so, it transforms the concept of a network into one that is centred on individual cancer care. At its core is the patient pathway, which emphasizes the critical role of research – not only in basic, translational, and clinical domains, but also in patient-reported outcomes and processes that are increasingly relevant for informed decision-making. EU-supported capacity-building initiatives is inequality-bridging in action. Tangible, targeted and enduring. Capital funds for investment in research infrastructure such as laboratories, core research facilities, AI and digital, and biobanks, should also be prioritised. These investments will contribute towards building Europe's capability to be the preferred cancer research area in the world, thus strengthening the EU's global competitiveness.

\* CCI4EU Report and Publication forthcoming summer 2026

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‡ Termed in CCI4EU "Deep Dives" and also in the literature referred to as "sprint-based methodology"

## 3.2 The newly developed EU cancer networks should be sustained and their growth supported

The key functions of cancer networks of research, care and education in the EU are:

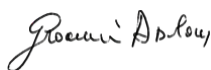
- to spread expertise and best practice
- to build capacity
- to reduce variations in practice and therefore to reduce inequalities for cancer patients

Some existing networks of Comprehensive Cancer Centres are voluntary networks,<sup>§</sup> others are national,<sup>\*\*</sup> and more recently, Europe's Beating Cancer Plan (EBCP) has launched Joint Actions to create Networks of Excellence (JANE and JANE-2) and, as flagship 5 of EBCP, a new Network of Comprehensive Cancer Centres (EUNetCCC). Furthermore, under the EU Mission on Cancer, two more important networks are being created: a network of national Cancer Mission Hubs (ECHO<sub>S</sub>) and UNCAN-Connect, a collaborative data network to improve cancer research. In addition, the earlier-developed European Reference Networks for rarer cancers should be noted.<sup>25</sup>


These structural solutions to the problem of cancer inequalities in the EU require consistent long-term funding for sustainability. This funding should cover the fixed and variable costs of the networks to maintain the secretariat for the networks and to fund capacity building among the less mature members of the networks, and should be inclusive between different forms of organisation, whatever their legal status: voluntary, national or EU. Without such continued funding it is possible that the networks will die, and the present investment by the European Commission be squandered.

## 4. Conclusions

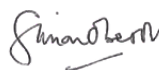
- The proven success of targeted capacity-building interventions warrants stronger, more systematic support for "hands-on" approaches in future EU action on cancer and other diseases. Expert consultancy, twinning, observerships, and training offer tangible, high-impact means to reduce persistent inequalities across Europe's health systems.
- To consolidate gains in cancer expertise and comprehensive care, and to continue to reduce inequalities, EU Member States should support recalibrating the proposed EU Multiannual Financial Framework to provide sustainable, long-term funding for EU cancer networks of hubs, centres and infrastructures. This funding should cover both fixed and variable costs and accommodate diverse organisational models. Delivering access for the majority of Europe's population, as envisaged in Europe's Beating Cancer Plan, should remain a core objective.
- In light of the strong focus on competitiveness in the next EU Multiannual Financial Framework, the EU should seize the opportunity to expand cancer research and high-quality care across all Member States. Funding should be directed more strategically towards those with limited capacity, combining Joint Actions, tailored capacity-building measures, and capital investment through EU regional and cohesion funds (e.g. equipment, digital infrastructure, screening, and laboratory capacity).



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<sup>§</sup> For instance, the Organisation of European Cancer Institutes, a European Economic Interest Group comprising 180 Comprehensive Cancer Centres – <https://www.oeci.eu>

<sup>\*\*</sup> For instance, Unicancer in France – <https://www.unicancer.fr/fr/>

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# Capacity Building Programme to Reduce Inequalities

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Horizon Europe Grant Agreement n. 101103746

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