*European Cancer Organisation's response to the targeted consultation on fair access to financial services for cancer survivors (*October 2026)

The European Cancer Organisation (ECO) welcomes this consultation and the Commission's commitment to issue guidance on an effective right to be forgotten (RTBF) by the end of 2026. ECO has been an **active member of the stakeholder roundtables on a Code of Conduct on fair access of cancer survivors to financial services since August 2023**, chaired by DG SANTE and DG FISMA, and has continued to engage with the cancer community, insurers and the Commission on this file until today. Our positions are guided by ECO's Patient Advisory Committee, which brings together patient organisations representing people living with and beyond cancer across Europe.

Europe counts more than 20 million cancer survivors. Yet many continue to be refused, or charged prohibitive premiums for, the insurance needed to buy a home or start a business, long after they are cured. Such treatment is unjustified and must be brought to an end in all Member States, not merely in some.

Key messages:

- **Binding, harmonised legislation is the gold standard.** Commission guidance is a welcome step, but must pave the way for, not replace, binding national and EU legislation (including via the potential future revision of the Mortgage Credit Directive).
- **France is the benchmark** and should be the model towards which all Member States align, building its core elements into their national legislation: a five-year maximum, a regularly updated reference grid, no disclosure, and enforceable sanctions.
- **Five years after the end of active treatment as a maximum ceiling,** with shorter periods via evidence-based reference grids, and no more than five years for cancers diagnosed before age 21.
- **No obligation to disclose a past cancer once the right to be forgotten applies.** Insurers should neither request nor take into account information on a cancer history after the applicable period has elapsed, as is already the case in France, Belgium and Spain. Each national framework should be overseen by an independent governance body, established in law, in which patient and survivor organisations participate as equal partners alongside insurers, clinicians and public authorities.

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1. A right to be forgotten in national frameworks of EU Member States

Question 1. Do you consider that all EU Member States should have at national level a framework for a right to be forgotten for cancer survivors covering areas beyond the Consumer Credit Directive?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

Every European cancer survivor deserves the same protection, regardless of the Member State in which they live. Today, this is not the case. As the Commission notes, eleven Member States have adopted legislation and four rely on voluntary codes, **which leaves around a dozen Member States in which survivors have no protection at all.** Even among countries that do protect survivors, waiting periods range from five years and shorter (France, Belgium, Spain, Ireland) to seven (Romania, Slovenia) and ten years (the Netherlands, Portugal, Cyprus, Malta). In Italy, however, the ten-year rule is only the general ceiling: the period falls to five years for cancers diagnosed before the age of 21, and a decree of 22 March 2024 sets shorter periods, of one to six years after the end of treatment, for a list of specific cancers depending on tumour stage and age at diagnosis. T**he result is** inequalities amongst European citizens based on where they live, which are **incompatible with Europe's Beating Cancer Plan and with the equal treatment principle central to the Single Market.**

The scale of the problem is considerable. Europe counts **more than 20 million cancer survivors**, and up to one in four people living beyond cancer in Europe cannot access appropriate financial services such as life assurance, mortgages and travel insurance (*Lawler, Scocca and Meunier, The Lancet Oncology, 2024*). In Ireland, before legislation was adopted, cancer survivors were three times more likely than the general population to have trouble in obtaining insurance (*Irish Cancer Society)*.

The Consumer Credit Directive (EU) 2023/2225 (CCD II) is an important first step, as it brings the right to be forgotten into EU law for the first time. Its reach, however, is limited. Article 14(4) applies only to insurance linked to consumer credit agreements and allows Member States to set a period of up to 15 years after the end of treatment. The financial decisions that matter most to survivors, namely buying a home and financing a business, fall outside its scope, since mortgage credit is governed by the Mortgage Credit Directive. A survivor may therefore be protected when buying a car on credit but not when buying a family home.

The European Parliament already called in February 2022 for all Member States to guarantee a right to be forgotten by 2025, and for common EU standards (resolution on strengthening Europe in the fight against cancer). That deadline has passed. The Commission guidance should call on every Member State to adopt a framework covering, at a minimum, mortgage and professional loan insurance within a clear timeframe, with public monitoring of progress.

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If yes, do you consider that this should be enshrined in:

◉ **National legislation** ○ Self-regulatory measures ○ Other ○ No opinion

Citizens' rights should be protected by law, not left to voluntary commitments. **Binding, harmonised legislation must be the gold standard.**

First, the trend across Europe is clearly towards legislation, including in countries that started with self-regulation. Ireland, which relied for years on a voluntary code of practice, has now adopted the *Insurance Act 2026*, which sets a five-year period for mortgage protection insurance and enters into force on 15 October 2026. Czechia, which adopted an industry code in 2023, is now examining a binding bill, and Luxembourg is examining Draft Law No. 8562 to replace its convention with a uniform five-year period. Malta (2026) and Slovenia (2024) have also legislated.

Second, only legislation provides legal certainty, enforceability and effective remedies. In France, the right to be forgotten is set out in Article L1141-5 of the Public Health Code; Decree No. 2017-147 lays down penalties for insurers that do not comply, and Decree No. 2017-173 obliges insurers to inform every applicant of their rights. Malta's 2026 law provides for daily fines in case of non-compliance. Voluntary codes offer none of these guarantees, and survivors cannot rely on them in court.

Third, legislation does not exclude dialogue with the industry. The French AERAS Convention, agreed between the State, banks, insurers and patient organisations, is effective precisely because it operates within a binding legal framework, with the State as guarantor. This is the model ECO recommends: law sets the rights, and structured dialogue organises their implementation.The guidance should set a clear benchmark for national legislation, modelled on France, as a step towards binding EU legislation, including through any future revision of the Mortgage Credit Directive.

Question 2. Do you agree that the priority areas in which a right to be forgotten for cancer survivors should be implemented are in relation to access to life insurance policies that guarantee the repayment of mortgage and professional loans?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

ECO agrees that these products must be the immediate priority. In most Member States, obtaining a mortgage or a professional loan is conditional on taking out life insurance that guarantees repayment. When a survivor is refused this insurance, or offered it only with exclusions or prohibitive surcharges, they are in practice refused the loan itself. The consequences are lasting: survivors are prevented from buying a home, setting up or expanding a business, or acquiring professional premises and equipment.

These products are also where the gap in EU law is most acute. The CCD II covers only consumer credit, and the Mortgage Credit Directive contains no equivalent provision. Protection therefore depends entirely on national action.

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The case for prioritising these products is strengthened by the profile of the people affected. Many survivors are diagnosed in early or mid-adulthood, precisely when they seek to buy a first home or start a business. Survivors of childhood & AYA cancers, whose five-year survival now exceeds 80% in Europe, face these barriers at the very start of their adult lives. F**inancial exclusion at this stage compounds the income losses many survivors already face and adds to the financial toxicity of cancer.**

Question 3. Do you believe there are any other areas where the right to be forgotten for cancer survivors should be implemented?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

Mortgage and professional loan insurance should be the starting point, not the end point. Financial discrimination against survivors extends well beyond these products, and existing national frameworks already demonstrate that a broader scope is workable:

- **Life insurance not linked to a loan**, including funeral insurance, is covered in the Netherlands and Spain, where the right applies to any insurance taken out by a consumer;
- **Income-protection and disability insurance** were brought within the Belgian framework in 2022. These products are essential for the self-employed and for survivors returning to work;
- **Travel insurance** is a frequent source of refusals. Belgium has moved to include travel insurance within its right to be forgotten;
- **Supplementary and private health insurance**, which plays a growing role in several Member States and is often subject to medical underwriting;
- **Insurance for self-employed workers more broadly**, such as professional liability, business interruption and supplementary pension or social protection cover, should also be included, as self-employed survivors often depend entirely on private cover that is subject to medical underwriting;

ECO therefore calls on the Commission to set out in its guidance a clear roadmap for extending the right to be forgotten progressively to these products, with milestones and public reporting.

Question 4. When considering a right to be forgotten for life insurance policies that guarantee the repayment of mortgage and professional loans, do you think that certain aspects may be specific for individual Member States, for instance insured amount limitations, age limitations or other aspects?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

Harmonisation must remain the objective, so that a survivor's rights do not depend on their nationality or place of residence. **At the same time, ECO recognises that property prices, average loan sizes and insurance market structures differ across Member States, and that**

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countries are at very different stages: France has had a right to be forgotten since 2016, whereas several Member States are only now transposing the Consumer Credit Directive. A degree of national calibration is therefore legitimate, provided that it operates above a common EU floor and is never less favourable to survivors.

Insured amount limitations. Caps should be set high enough to cover the cost of a typical primary residence or professional premises in the Member State concerned, and should be indexed and reviewed regularly. The French example is instructive. The 2022 Loi Lemoine raised the ceiling from €320,000 to €420,000, a level which, according to the French Ministry of Health, covers 95% of loan applications (Assemblée nationale, information report No. 444, November 2022). In addition, no medical questionnaire at all may be required for loans of up to €200,000 per person that are repaid before the borrower turns 60. Other caps are considerably more generous, such as Ireland's €650,000 and Luxembourg's €1,000,000, while several countries, including Belgium, Portugal, Spain and Italy, apply no cap at all. Caps set too low, or not updated, would empty the right of its substance.

Age limitations. The incidence of cancer increases with age, and many survivors are diagnosed in mid or later life. Age limits that exclude older survivors would therefore deny the right to a large share of those it is meant to protect. Any age limit should be justified and never stricter for survivors than for other applicants.

Non-negotiable elements. Certain elements should be common to all Member States and not subject to national variation: a maximum waiting period of five years after the end of active treatment, a maximum of five years for cancers diagnosed before age 21, the absence of any obligation to disclose a past cancer once the right applies, common definitions of key medical terms, and effective enforcement. National specificities must never be used to lengthen waiting periods or narrow the range of products covered.

ECO thus supports harmonisation built on the French model, with national flexibility only where it improves protection.

2. Evidence-based approach

Question 5. Do you consider that a right to be forgotten framework should follow an evidence-based approach whereby medical advancements in oncology, as proven by medical, scientific, and actuarial evidence, are taken into account as they emerge?

◉ **Yes** ○ No ○ Other ○ Don't know / no opinion / not applicable

ECO strongly supports an evidence-based approach. Cancer survival has improved steadily across Europe, and many patients can now be considered cured. European cancer registry data show that, a certain number of years after diagnosis, many survivors face no higher risk of dying than people of the same age and sex who never had cancer, so their life expectancy is the same

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as the general population's. The EUROCARE-5 study, covering around 7.2 million patients in 17 European countries, found cure fractions[1] of 94% for testicular cancer, 87% for thyroid cancer in women, 86% for skin melanoma in women, 66% for breast cancer and 63% for prostate cancer. For testicular and thyroid cancers diagnosed before age 55, the time to cure[2] was below five years, and for stomach, colorectal, uterine cancers and melanoma it was below ten years (Dal Maso et al., *International Journal of Epidemiology*, 2020). As these estimates concern patients diagnosed up to 2007, they understate the progress made since with targeted therapies and immunotherapies.

An evidence-based approach must, however, be designed with care. ECO considers that it should rest on the following principles:

- **Evidence should shorten, not lengthen, waiting periods.** The five-year maximum should act as a ceiling, with evidence used to set shorter periods for specific cancers. Evidence-based review must not be used to justify periods beyond five years (see response to question 1).
- **The benchmark should be a similar, not the same, mortality risk.** The right standard for insurers is a mortality risk that is close to that of the general population. Requiring it to be exactly the same is unnecessary. No other group of insured people is asked to show an identical risk before being offered cover on standard terms. Insurance works by pooling risk, and every standard pool already includes people whose individual risks differ considerably. The cure models used by researchers themselves accept that cured patients may keep a very small extra risk, and that is precisely the kind of difference risk pooling is meant to absorb. Experience confirms this. France has applied a five-year waiting period to all cancers since 2022, and so far there is no evidence of any significant harm to insurers (Lawler and Meunier, The Conversation, 2024). A 2025 study published in ESMO Open, covering countries with right-to-be-forgotten legislation, found that insurers in all of them remained financially sound with little added pressure on the system. This shows that protecting survivors does not threaten insurers' stability (ESMO Open, 2025).
- **Data must be European, robust and transparent.** Evidence should draw on population-based sources such as EUROCARE, the European Cancer Information System (ECIS) and national cancer registries, which the EU should strengthen through sustained funding. Until European data are sufficiently granular, sources such as the US SEER programme may

[1] 'Cure fractions' are defined as he proportion of diagnosed cancer patients having the same death rates of the general population of the same sex and age (Luigino Dal Maso, Chiara Panato, Andrea Tavilla, Stefano Guzzinati, Diego Serraino, Sandra Mallone, Laura Botta, Olayidé Boussari, Riccardo Capocaccia, Marc Colonna, Emanuele Crocetti, Agnes Dumas, Tadek Dyba, Silvia Franceschi, Gemma Gatta, Anna Gigli, Francesco Giusti, Valerie Jooste, Pamela Minicozzi, Luciana Neamtiu, Gaëlle Romain, Manuel Zorzi, Roberta De Angelis, Silvia Francisci, the EUROCARE-5 Working Group, Cancer cure for 32 cancer types: results from the EUROCARE-5 study, *International Journal of Epidemiology*, Volume 49, Issue 5, October 2020, Pages 1517–1525, https://doi.org/10.1093/ije/dyaa128)

2 time to cure (TTC) can be defined as the time to reach 5-year conditional relative survival (CRS) >95%. In plain terms, it is the number of years after diagnosis at which patients still alive have more than a 95% chance of surviving the next 5 years, compared with people of the same age and sex in the general population (same source as above)

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complement them. Insurers' actuarial data should be shared with governance bodies, so that decisions do not rest on evidence that patients and authorities cannot examine.

- **No survivor should be excluded by design.** People on long-term or maintenance treatment, and those living with cancer as a chronic condition, should not be excluded from fair access. Medicines taken only to reduce the risk of recurrence, such as long-term adjuvant hormone therapy, should not be treated as active treatment. The same applies to targeted therapies and immunotherapy given after curative treatment in early-stage lung cancer, which can last several years. Treatment to reduce recurrence risk should not delay the waiting period, while treatment to control existing cancer should lead to an individual assessment on fair terms, not automatic exclusion.

3. Waiting periods and reference grids

Question 6. Do you consider that waiting periods set at national level are a useful tool to achieve fair access for cancer survivors?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

Yes, provided that the waiting period is set as a **maximum ceiling of five years after the end of active treatment**, and not as a fixed term for every cancer. A clear general waiting period gives every survivor a predictable horizon, protects those whose cancer is not yet covered by a reference grid, and is simple to apply and enforce.

Five years is the right ceiling for several reasons. Five-year survival is the international standard for measuring cancer outcomes. It is the period applied in France since 2022, and it has since been adopted in Belgium (2025), Spain (2023) and Ireland (2026). Luxembourg is examining a uniform five-year period in Draft Law No. 8562. The French experience shows that a five-year period can operate in a functioning insurance market. Conversely, without a clear ceiling, periods risk drifting towards 10 to 15 years, as the CCD II permits, which would leave survivors in uncertainty for a large part of their adult lives and would not reflect the evidence for the many cancers whose time to cure is well below ten years.

Shorter periods must apply where the evidence supports them, **in particular for cancers diagnosed in childhood, adolescence and young adulthood** and for cancers with a good prognosis, such as many early-stage thyroid, testicular, skin cancers, as well as certain chronic cancers where supported by scientific evidence. This is the role of reference grids (see Questions 7 and 8).

For waiting periods to work, the terms on which they depend must be defined consistently. The absence of agreed definitions of 'active treatment', 'end of active treatment', 'complete remission' and 'recurrence' creates legal uncertainty and allows divergent interpretations. The guidance should propose common EU definitions.

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Question 7. Do you consider that reference grids established at national level are a useful tool to achieve fair access for cancer survivors, where such grids reflect appropriate evidence-based waiting periods according to specific conditions, such as cancer type, stage, age or therapeutic treatment?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

Reference grids are essential to turn evidence into practice. As the cure studies cited under Question 5 show, the time needed for survivors to reach a mortality risk similar to that of the general population varies widely by cancer type, stage and age at diagnosis. A grid allows these differences to be reflected in clear, published waiting periods, so that survivors of cancers with an excellent prognosis do not have to wait the full general period. Grids give survivors predictability, ensure that applicants with the same medical profile are treated alike by all insurers, and prevent case-by-case, opaque decisions that in practice work against survivors.

Existing grids show that this approach is workable and can be kept up to date. The French AERAS grid is reviewed regularly, and was revised following the 2022 Loi Lemoine to adapt the periods for several cancers, HIV and Hepatitis C. Belgium adopted a grid by Royal Decree in 2019 and revised it in 2023. The Netherlands applies a grid for non-invasive cancers. Portugal updated its reference table in March 2026, and Italy adopted a decree in March 2024 setting reduced periods for colorectal, breast, melanoma, leukaemia, uterine, thyroid, testicular cancers and lymphoma.

To be effective, grids must meet certain conditions. They must only ever shorten waiting periods below the general ceiling and never extend them. **People whose cancer type or treatment is not covered by a grid must still benefit from the general right to be forgotten once its conditions are met.** They must be public, written in accessible language and easy to apply. They should also be able to provide for access to insurance at standard rates, without surcharges or exclusions, before the right to be forgotten fully applies, as the AERAS grid does for certain conditions. **Grids should be reviewed every year to reflect advances in care, including targeted therapies and immunotherapy for lung and rare thoracic cancers, and limited data must never become a reason for indefinite exclusion.** Finally, they should be developed and updated by balanced, independent governance structures (see Question 10).

Question 8. Do you consider that national right to be forgotten frameworks should include a combination of waiting periods and reference grids?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

The combination of a general waiting period and a reference grid is an effective model, and it is the one France has for example applied with success. The general five-year ceiling acts as a safety net, guaranteeing every survivor a predictable outcome regardless of cancer type and covering cancers for which no specific evidence is yet available. The grid, in turn, allows shorter periods wherever the evidence supports them.

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For this combination to deliver fair access, the framework must also address disclosure. **A right to be forgotten cannot function if survivors must still declare their cancer.** Disclosure keeps differential treatment alive in practice, exposes survivors to the risk of informal refusals or delays, and contributes to the financial toxicity of cancer. Several Member States already show that a framework can operate without it. In France, insurers may not request medical information on a cancer once the right applies. In Spain, applicants no longer have to declare a cancer history after five years, and contract clauses that exclude persons because they have had cancer are void.

ECO therefore recommends that every national framework combine three elements: a general maximum waiting period of five years after the end of active treatment, a reference grid setting shorter periods based on evidence, and a clear prohibition on requesting or using information on a cancer history once the applicable period has elapsed. Insurers must also be obliged to inform applicants of these rights, as is the case in France.

Question 9. Do you agree that for paediatric cancers diagnosed before age 21, a maximum 5-year waiting period post-treatment would be beneficial across all Member States?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

A 2025 Study found that 40% of adolescents and young adults who survived cancer have difficulties accessing financial services, including mortgages, loans or insurance.

Children, adolescents and young adults who survive cancer should not carry the consequences of their illness into the financial decisions of their adult lives. Cancer survivors deserve the opportunity to build their future without being penalized financially for an illness they had no control over. Equal access to financial services is essential to ensuring that their past does not limit their future Survival for these groups has improved markedly. According to EUROCARE-6, five-year survival for childhood cancers in Europe reached 81% for patients diagnosed in 2010 to 2014, and the cure fraction rose from 74% to 80% between 1998 to 2001 and 2010 to 2013, reaching 90% for lymphoid leukaemia and 99% for retinoblastoma (Botta et al., *The Lancet Oncology*, 2022). These young survivors will typically seek their first mortgage or business loan many years after the end of their treatment, and should not be penalised for an illness overcome in childhood.

A maximum of five years after the end of treatment for cancers diagnosed before age 21 already applies in the Netherlands, Portugal, Italy, Cyprus, Slovenia and Malta, and France and Ireland apply five years to all survivors regardless of age. It was also common ground during the 2023-2024 roundtables. ECO therefore strongly supports making it the minimum standard across all Member States. **The five-year period should be a maximum**, with shorter periods through grids where cure fractions are very high. Finally, this provision should be a first step towards a five-year maximum for all survivors, as in France and Ireland.

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Question 10. For the purpose of designing or updating the waiting periods and/or national reference grids, do you consider that establishing national governance structures is relevant?

◉ **Yes** ○ No ○ Don't know / no opinion / not applicable

Governance structures are indispensable to keep waiting periods and grids in line with medical progress and to secure the trust of all parties. The French AERAS Convention provides a proven model, with three complementary bodies: a monitoring and proposals committee that oversees implementation and updates the grid, a studies and research committee that collects and analyses data on mortality and morbidity, and a mediation committee that examines individual complaints. ECO recommends the following features:

- **Legal basis and independence:** established in law, with a clear mandate, adequate resources and public authorities as chair and guarantor;
- **Balanced composition:** patient and survivor organisations represented as equal partners with the insurance and banking sectors, alongside oncologists, including paediatric oncologists, epidemiologists, cancer registry experts and consumer organisations;
- **Transparency:** publication of evidence, methodology, decisions and minutes in an annual public report, with clear rules on the declaration and management of conflicts of interest;
- **Regular review:** review of the grid at least once a year, together with a procedure allowing patient organisations or clinicians to request the review of a specific cancer type when new evidence emerges;
- **Access to data:** an obligation for insurers to share anonymised actuarial data, and sustained public funding for cancer registries;
- **Enforcement and redress:** monitoring of compliance, a free and accessible mediation or complaints procedure, information obligations for insurers, and dissuasive sanctions, as provided for in France and Malta. Monitoring should cover refusals, exclusions, delays and complaints. Complaints procedures should have clear deadlines, so that people do not lose a mortgage or other financial opportunity while waiting for a decision;

ECO and its Patient Advisory Committee stand ready to support the Commission and Member States in making the right to be forgotten a reality for every cancer survivor in Europe.

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