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Europe's Beating Cancer Plan: more efforts are needed for integrating nutritional support in cancer patient care

Executive Summary

With cancer estimated to affect over a quarter of us during our lifetimes, SNE and MNI firmly support the advancements of the Europe's Beating Cancer Plan and its implementation measures aiming to improve quality of life, faster recovery and higher survival rates in cancer patients.

At the same time, given that cancer-related malnutrition may affect 1 in 3 cancer patients – causing detrimental consequences to sustain treatment and recovery from oncology treatment, as well as increasing costs of care – the specialised food and medical nutrition industry associations strongly recommend additional efforts to **integrate nutritional care in the care pathway for cancer patients**. Doing so would significantly **improve health outcomes** and, at the same time, **save costs in Europe's healthcare systems**.

Despite the European Parliament's acknowledgement of the problem and its recommendations for a path forward in January 2022, substantial progress remains to be made.

Therefore, we recommend the European Institutions and the Member States authorities to:

1. Screen all cancer patients for disease-related malnutrition in a timely manner;
2. Strengthen the education of health-care professionals on the importance of nutritional support and implement agreed medical societies' guidelines across all care settings;
3. Ensure multi-disciplinary teams of healthcare professionals include a nutritionist;
4. Allow for equal access to and reimbursement of medical nutrition.

Background

Malnutrition, also called undernutrition or disease-related malnutrition, is a condition where patients are not getting the right nutrition in the right amount to sustain their health. Malnutrition occurs when patients are not able to meet their nutritional needs via the normal diet due to diseases, ageing and/or side-effects of medical treatment (e.g., cancer).

Cancer is estimated to affect over a quarter of us during our lifetimes[1]. Among those diagnosed, disease-related malnutrition impacts up to 40% of cancer patients, according to WHO and the leading European medical society in this field[2]. These experts also confirm that "**nutrition therapy (…) is a cost-effective intervention with both clinical and financial benefits**". Malnutrition in cancer patients costs an estimated €17 billion/year in the EU[3]. However, despite these proven benefits, medical nutrition remains

[1] Cancer burden in Europe: a systematic analysis of the GLOBOCAN database (2022), 12 March 2025 <https://bmccancer.biomedcentral.com/articles/10.1186/s12885-025-13862-1>

[2] Disease-related malnutrition: a time for action, 29 December 2023 <https://www.who.int/europe/publications/i/item/WHO-EURO-2023-8931-48703-72392>

[3] The economic costs of disease related malnutrition" Freijer, Karen et al. (Clinical Nutrition, Volume 32, Issue 1, 136 – 141)

severely underutilised, with fewer than 1 in 3 malnourished patients actually receiving it.[4] This gap has profound consequences for treatment outcomes, recovery, and quality of life.

Europe's Beating Cancer Plan, published by the European Commission in February 2021[5], is undeniably a major step forward for improving cancer care. However, it falls short in adequately addressing a critical aspect of a patient's cancer journey: disease-related malnutrition. Only a few of its policies and a small share of its funding are currently directed towards enabling better nutritional care[6]. Despite the 2022 European Parliament resolution explicitly recognising nutritional care as an integral component of cancer treatment (see ANNEX), nutrition is not fully embedded and recognised in Europe's Beating Cancer Plan and its flagship initiatives.

While the Europe's Beating Cancer Plan indicates that inter-specialty cancer training programmes shall also include a focus on patients' quality of life and well-being, including mental, psychosocial and nutritional support, we believe the latter shall be embedded in the therapeutic pathway: failure to meet the nutritional needs of a cancer patient makes it detrimental or impossible to continue/ sustain cancer medical treatment and/or surgery.

For the European Union to deliver truly comprehensive cancer care, decisive action must be taken to address disease-related malnutrition. This critical gap undermines patient outcomes, increases complications, and prevents care from being genuinely holistic.

Addressing cancer-related malnutrition is not optional - it is <u>essential</u> to improving survival, quality of life, and the effectiveness of cancer treatment.

Disease-related malnutrition - Infographic from WHO Europe and ESPEN

(the European medical society for clinical nutrition)[1]:

- *Disease-related malnutrition is an underdiagnosed, undertreated condition.*
- *Nutrition therapy (...) is a cost-effective intervention with both clinical and financial benefits.*
- *Patients with disease-related malnutrition are 3.4 times more likely to die*
- *Malnutrition results in a 30.13% increase in the average cost of hospitalization.*

The policy recommendations for consideration by countries are to:

- *recognize disease related malnutrition as an important topic (...);*
- *implement nutritional care (...)*
- *strengthen the education in nutrition of health-care professionals.*

[4] Meijers JM, et al. Nutrition. 2009 May; 25(5) :512-9; 2. Bavelaar et al, Clin Nutr. 2008 Jun; 27(3):431-8. / Planas et al. 2015 Support Care Cancer, 24, 429-435.
[5] European Commission, A Cancer Plan for Europe <https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/cancer-plan-europe_en>
[6] European Parliament Question for written answer E-001593/2025 + answer by the European Commission

Recommendations:

1. Screen all cancer patients for disease-related malnutrition in a timely manner

Nutritional screening aims to identify malnutrition, or risk of malnutrition, as early as possible, allowing for early implementation of nutritional support in patients with cancer. In some countries, mandatory screening has been successfully implemented [7],[8] to address the medical and economic burden of malnutrition.

- We therefore call on the **European Parliament** to recommend malnutrition screening for all cancer patients, at time of diagnosis and throughout the treatment pathway and recovery.
- We call on the **Member States** to establish and implement malnutrition screening due to treatment for cancer patients in their respective healthcare systems.

2. Strengthen the education of health-care professionals on the importance of nutritional support and implement agreed medical societies' guidelines across all care settings

We welcome the Cancer Plan's approach to building a qualified healthcare workforce. Awareness about cancer-related malnutrition is low among healthcare professionals and patients. Actions envisaged in the Plan, such as the *'Inter-specialty cancer training programme'* should include nutrition training of healthcare professionals, as well education on nutritional interventions for medical students. Against this background, we warmly welcome that through the EU-funded project INTERACT-EUROPE 100[9], training to ensure diagnosis of malnutrition risks and personalised nutrition interventions may be provided to health professionals.

- We encourage the **European Parliament** to request the **European Commission** to continue this project and to strengthen its components related to nutrition interventions.
- We encourage **Member States** and **healthcare professionals** to participate in this project or to set up/ participate in similar initiatives at the national level.
- In addition, the recently formed **Knowledge Centre on Cancer** should ensure that best practices related to nutritional interventions are considered. To this extent the content of scientific guidelines agreed by relevant medical societies, such as ESPEN, shall be routinely integrated in the training programmes.

3. Ensure multi-disciplinary teams of healthcare professionals include a nutritionist;

We fully support the Cancer Plan's emphasis on a multidisciplinary workforce; however, this ambition is far from reality today. Therefore, we call for the systematic inclusion of registered dietitians/nutritionists in oncology wards.

- We encourage the **European Parliament** to re-emphasise the need for multi-disciplinary teams.
- We call on **Member States, healthcare providers and professionals** to strengthen collaboration with registered dietitians and nutritionists. Integrating nutritional expertise into cancer care teams is vital to prevent malnutrition, improve treatment outcomes, and deliver truly patient-centred care to improve quality of life and reduce healthcare costs.

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[7] Meijers JM, Tan F, Schols JM, Halfens RJ. Nutritional care; do process and structure indicators influence malnutrition prevalence over time? Clin Nutr. 2014;33(3):459-65.

[8] Health Improvement Scotland. Standards for food, fluid and nutritional care. 30 Oct 2014. Available at: http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/nutritional_care_stand ards.aspx (last accessed 22 Jul 2020).

[9] INTERACT-EUROPE 100 <https://www.europeancancer.org/eu-projects/impact/interact-europe-100>

- The EU Network linking recognised **National Comprehensive Cancer Centres** should also include nutritionists and dieticians to ensure patients' access to nutritional care and proper follow-up monitoring.

4. Allow for equal access to and reimbursement of medical nutrition.

Medical nutrition encompasses specialised products for nutritional therapy: Oral Nutritional Supplements, Enteral Tube Feeding (via the gastrointestinal tract), and Parenteral Nutrition (intravenous feeding). Medical Nutrition helps patients, including cancer patients, to address nutritional insufficiencies arising from a disease, disorder or condition, when they are unable to meet their requirements via normal foods.

Patients' access to medical nutrition remains difficult in many European countries, for reasons including inter alia low awareness and training of healthcare professionals, sometimes overly complex administrative requirements to bring medical nutrition to the market, and a total or partial lack of reimbursement of medical nutrition in various European countries.

- We urge **Member States** to review their healthcare systems and update reimbursement policies, irrespective of the care setting, so that every patient with cancer can access the nutritional care they need. Medical nutrition shall not be a treat for a few - it is a proven intervention that helps patients tolerate treatment, recover faster, and maintain quality of life. No one should be denied this essential support because of financial barriers.
- We encourage the **European Parliament** and **European Commission** to emphasise in their forthcoming report and other communications the need for equal access to and reimbursement of medical nutrition.

About SNE

Specialised Nutrition Europe (SNE) is the voice of the specialised nutrition industry across Europe. SNE members are the national associations of 18 European countries including a majority of EU states and their members are the companies producing tailor-made dietary solutions for populations with very specific nutritional needs. These include infants and young children, patients under medical supervision, sportspeople, overweight and obese consumers, and those suffering from coeliac disease.

More information available at www.specialisednutritioneurope.eu

Transparency Register Number: 33498019160-40

About MNI

The Medical Nutrition International Industry (MNI) is the voice of the medical nutrition industry at international level. MNI gathers companies that offer specialised nutritional solutions and services designed to meet the diverse nutritional needs of patients. We represent companies providing products for nutritional interventions: oral nutritional supplements, enteral tube feeding (enteral nutrition via the gastrointestinal tract), and parenteral nutrition (intravenous feeding). MNI is dedicated to advancing better care through better nutrition, across all ages and healthcare settings.

More information available at: www.medicalnutritionindustry.org

Transparency Register Number: 021098528481-42

ANNEX:

Importance of nutritional care for cancer patients, as articulated by the European Parliament

(Excerpt from the EP's Beating Cancer Report of 2002[10]):

"the European Parliament...

- *Encourages Member States to consider making nutrition counselling available in primary healthcare;*

- *Calls on the Commission to promote, and on the Member States to strengthen, the role of general practitioners, paediatricians, nurses, primary care professionals and specialist physicians, given the important role they play in referring patients for diagnostic tests and to oncology specialists, as well as the role of specialised nutritionists or dieticians, psychologists and rehabilitation specialists during cancer treatment and follow-up care, in order to ensure access to the right treatment and care at the right time via an optimal care pathway; calls for the development of multidisciplinary teams to manage cancer patients throughout their treatment journey, and multidisciplinary decision-making in the framework of dedicated cross-discipline concertation meetings (consilium) bringing together various cancer specialists and primary care professionals; underlines the importance of constant training for health professionals to keep them updated on new cancer treatment options; calls for the role of treatment coordinator to be made more widespread in order to ensure that patient treatment is appropriately coordinated, and to give patients easy access to updated information related to cancer diagnosis and advice on how to use the health system;*

- *Notes that there is a need to focus on the quality of life for a rising number of chronic cancer patients whose illnesses cannot be cured but may be stabilised for a number of years; emphasises the importance of specific EU recommendations to improve the quality of life of patients and survivors, including via comprehensive supportive care integrated into cancer care starting with the diagnosis and continuing throughout the course of the disease (including pain relief, psychological services, adapted physical activity, scientific evidence-based complementary therapies, access to education, nutritional support, (...)*

- *Underlines that the results of cancer treatment can be hampered by malnutrition, therefore optimal nutritional care is an essential part of cancer care; calls on the Member States to develop recommendations for incorporating clinical nutrition into all aspects of cancer care, including treatment, support and research; considers that, wherever indicated, cancer patients must be provided with clinical nutritional support by a dietitian specialist to be included in the multidisciplinary team; welcomes, therefore, the planned inter-speciality training on nutrition support and calls on the Commission and the Member States to develop minimum standards for continuous training on nutritional care for the multidisciplinary workforce; recommends that nutrition management be an integral and ethical part of all clinical research involving cancer patients; recommends, furthermore, that proper nutritional support be included in the cancer patients' Charter of Rights;"*

[10] European Parliament, 2020/2267(INI), adopted on 16 February 2022 <https://www.europarl.europa.eu/doceo/document/TA-9-2022-0038_EN.html> - see point 114.