# EVENT REPORT

# Safeguarding Cancer Care in Europe: Addressing Antimicrobial Resistance (AMR) to Protect Vulnerable Patients

Co-Hosted by MEPs Kristian Vigenin (S&D, Bulgaria), Ondřej Dostál (NI, Czechia), Nikos Papandreou (S&D, Greece)

4th March 2026 16:00 – 18:00 CET

## Introduction and overview

**Antimicrobial resistance** (**AMR**) is a growing threat to modern medicine and poses serious risks for cancer patients, who often depend on effective antibiotics to safely receive treatments such as **chemotherapy, radiotherapy, surgery and stem cell transplantation**. When infections become resistant, these interventions become more dangerous and can compromise patient outcomes.

Across Europe, **resistant infections are increasing**, particularly among **immunocompromised cancer patients**, and are estimated to contribute to **around 50% of cancer-related deaths**. Resistant infections can lead to **treatment delays, longer hospitalisations and increased pressure on healthcare systems**. Despite this, the intersection between **AMR and cancer care** remains **insufficiently addressed in EU health policy**, including in key EU initiatives such as the **Critical Medicines Act** and the forthcoming **Biotech Act**.

Against this backdrop, **Cancer Patients Europe (CPE)** hosted a **high-level event at the European Parliament on 4 March 2026**, co-hosted by **MEP Kristian Vigenin (S&D, Bulgaria)**, **MEP Ondřej Dostál (NI, Czechia)**, and **MEP Nikos Papandreou (S&D, Greece)**, marking the launch of the **CPE White Paper "Combating AMR in Oncology: A Strategic Imperative for EU Health Policy."** The **White Paper** sets out key recommendations to better protect cancer patients from AMR, including **integrating AMR considerations into cancer policies**, **strengthening surveillance and infection prevention**, **supporting antimicrobial innovation**, and **ensuring equitable access to effective antimicrobials across Europe**.

The event brought together **policymakers, clinicians, patient representatives and experts** to discuss **concrete policy actions to safeguard cancer care in Europe and ensure that AMR is addressed as a central priority within EU health policy**.

## Opening Statements

**MEP Nikos Papandreou (S&D, Greece)** welcomed the launch of the **White Paper** and stressed the importance of **raising public awareness about antimicrobial resistance**. He highlighted that **AMR remains difficult for many citizens to understand**, making clear communication about the risks of resistant infections essential. He underlined the **vulnerability of cancer patients**, noting that access to effective antimicrobials can determine whether treatment continues safely or must be delayed. He also called for **stronger integration of AMR into EU health policy initiatives**, including the **Critical Medicines Act** and discussions around **Europe's Beating Cancer Plan**, where he noted that AMR has so far received **limited attention**.

**MEP Ondřej Dostál (NI, Czechia)** emphasised the need for a **systemic and coordinated response to AMR at both European and global levels**. Drawing on his background in **health and pharmaceutical law**, he highlighted how **antibiotic shortages and supply disruptions** can lead to inappropriate treatments and contribute to resistance, citing experiences in the **Czech Republic**. He also pointed to **structural challenges in the European pharmaceutical market**, including fragmented regulatory systems and slow pricing and reimbursement procedures that delay patient access to medicines. He called for **stronger coordination between Member States**, improved market functioning and consideration of **EU-level tools such as joint procurement and stockpiling of critical medicines** to ensure **timely access to antibiotics for patients across Europe**.

## Setting the Scene: Why AMR Threatens Safe Cancer Care in Europe

**Francisco Lozano (Chair of the Board, CPE)** opened the discussion by highlighting the **growing threat that antimicrobial resistance poses to cancer care and modern medicine**. He stressed that **advances in oncology,** including precision medicine, innovative therapies and improved diagnostics**, cannot be delivered safely without effective antimicrobials**.

He noted that **resistant infections are rising across Europe while the pipeline for new antimicrobials remains dangerously limited**. For immunocompromised cancer patients, the consequences are particularly severe, with **resistant infections estimated to contribute to around 50% of cancer-related deaths** and often leading to **treatment interruptions and delayed procedures**.

He also underlined that **AMR remains insufficiently visible in health policy debates**, partly because **resistant infections are not always recorded as the underlying cause of death**. He concluded that **infection prevention and access to effective antimicrobials are the foundation of safe cancer care**, and highlighted the importance of integrating AMR into EU initiatives such as the **Critical Medicines Act** and the **Biotech Act**.

## Views on AMR and Cancer

In a video intervention, **Prof. Matteo Bassetti (University of Genoa)** highlighted **AMR** as one of the **most serious global public health threats**, noting that **drug-resistant infections are already associated with around five million deaths annually** and could cause millions more by 2050 if action is not taken. **Effective antimicrobials are essential to modern cancer care**, as patients undergoing **chemotherapy, radiotherapy, surgery and stem cell transplantation** are often highly vulnerable to infections. **Pneumonia and sepsis** are among the most common causes of **intensive care admission for cancer patients**, and **around one in five cancer patients requires antibiotics during treatment**.

Prof. Bassetti called for **stronger policy and clinical action**, including **integrating AMR into national cancer plans**, improving **surveillance systems**, implementing **antimicrobial stewardship programmes in oncology**, and investing in **rapid diagnostics and antibiotic innovation**. He also emphasised the need for **closer collaboration between oncologists, infectious disease specialists and patient organisations** to address the growing intersection between **AMR and cancer care**.

## Presentation of the CPE White Paper on AMR in Oncology

The **White Paper "Combating AMR in Oncology: A Strategic Imperative for EU Health Policy"** was presented by **Antonella Cardone (CEO, CPE)**. The document translates **scientific evidence and patient concerns into concrete policy recommendations**, drawing on a **comprehensive literature review** and input from a **European advisory committee of clinical experts, policymakers and patient representatives**.

The evidence highlights the **significant impact of AMR on cancer outcomes**. Infections are estimated to contribute to **around 50% of cancer-related deaths**, cancer patients are **three times more likely to die from infections**, and **one in three patients with a resistant infection dies within one month**. These trends raise concerns that **standard cancer treatments such as chemotherapy could become increasingly unsafe** without effective antimicrobials.

While initiatives such as the **EU Action Plan on AMR**, **Council recommendations**, and the **2024 UN Political Declaration on AMR** already exist, the White Paper identifies **important**


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**gaps**, particularly the **limited integration of AMR into national cancer plans** and the **lack of oncology-specific AMR surveillance data**.

The White Paper calls for stronger policy action to address AMR in oncology, including **integrating AMR into national cancer control plans, establishing EU-wide oncology-specific surveillance, investing in infection prevention, rapid diagnostics and antibiotic innovation, and strengthening antimicrobial stewardship** while ensuring equitable access to effective antimicrobials across Europe. Presented at the European Parliament, it aims to place **AMR in oncology higher on the EU health policy agenda**, particularly in discussions on the **Critical Medicines Act** and the **Biotech Act** and to promote coordinated action to protect vulnerable cancer patients.

## Moderated Discussion and Stakeholder Exchange

The **moderated discussion**, led by **Antonella Cardone, CEO of CPE,** brought together **patient representatives, clinical experts and researchers** to explore the human, clinical and systemic impact of **AMR on cancer care**. Initiated by testimonies from patients and families directly affected by AMR and sepsis, the exchange centred on **three connected themes: lived experience and patient safety, sepsis and system failures, and practical priorities for implementation.**

**Lived experience, diagnostics and patient safety**

The discussion opened with **Vanessa Carter (The AMR Narrative)**, who shared her experience of living for years with a resistant infection following facial reconstruction surgery. She highlighted how repeated antibiotic prescriptions failed because the infection had not been properly identified, stressing that **diagnostics are not a mystery but a lifeline**. Her intervention underlined the importance of **timely, accurate testing**, as well as the value of including **patients and survivors in AMR policy discussions**.

A second lived-experience perspective was provided by **Dr. Nveed Chaudhary (Jibraan Chaudhary Sepsis Research Foundation)**, who reflected on the death of his son Jibraan after an infection developed into sepsis during leukaemia treatment. He described how **highly immunocompromised cancer patients can become dependent on broad-spectrum antibiotics**, while prolonged exposure may itself increase resistance risks. He called for greater investment in **infection prevention, rapid identification of pathogens, and novel approaches to treatment**, stressing that AMR-related sepsis in cancer patients remains **seriously underfunded despite its major impact on mortality**.

**Sepsis, surveillance and system failures**

From a clinical perspective, **Prof. Djillali Annane (IHU SEPSIS Comprehensive Centre,**

**Université Paris-Saclay/ AP-HP/ European Sepsis Alliance)** emphasised that **sepsis is one of the most lethal and under-recognised complications of cancer**. He argued that AMR is fundamentally **a system failure issue**, as delayed recognition, fragmented care pathways and insufficient precision in treatment can rapidly turn a treatable infection into organ failure and death. He also stressed that sepsis in cancer patients is often **poorly recorded and insufficiently measured**, limiting both visibility and policy action. The need for **harmonised EU-wide coding, real-time surveillance, rapid diagnostics and stronger infection-control policies** was repeatedly highlighted.

**Implementation priorities: rapid diagnostics, innovation and training**

**Prof. Oliver Cornely (University of Cologne)** focused on practical changes needed to improve care, stressing that for many oncology patients, **cancer and infection go hand in hand**. He underlined the importance of **rapid diagnostics that deliver results in minutes rather than days**, allowing clinicians to move beyond empirical treatment and prescribe more accurately. He also called for stronger European support for the **development of new antimicrobials**, including antifungals, as well as mandatory **infectious disease training for oncologists and haematologists**. Across the discussion, participants highlighted that **diagnostics, innovation and professional education** should be seen as complementary pillars of a stronger European response.

## Conclusions and next steps

The closing discussion reaffirmed that **AMR is no longer a peripheral issue**, but a growing threat to the **safety and effectiveness of cancer care in Europe**. Participants stressed that the main challenge is not only scientific, but also **structural and political**: improving outcomes will require stronger coordination between **cancer policy, medicines policy, innovation policy and health security frameworks** at both EU and national level.

Speakers underlined that progress will depend on a combination of **better surveillance, faster diagnostics, stronger stewardship, reliable supply chains and sustained investment in antimicrobial innovation**. At the same time, participants highlighted that many of the tools needed to act are already known, including **clearer reporting systems, infection prevention protocols, improved professional training and cross-border cooperation**. Several interventions also pointed to the importance of ensuring that **EU action remains focused on what can be done at European level**, notably through research funding, regulatory action, public health coordination and support for cooperation across Member States.

In the closing remarks, **MEP Ondřej Dostál** emphasised the importance of focusing on **practical areas of EU competence**, including **research funding, regulation, cross-border care, professional education, common market protection and global cooperation**. He also

highlighted the need for **more reliable data and reporting systems**, warning that weak or distorted registries can undermine policy responses.

**MEP Nikos Papandreou** reiterated that **AMR should now be more firmly integrated into ongoing European health discussions**, particularly as policymakers reflect on the implementation of **Europe's Beating Cancer Plan** and the work of the **new health committee**. He stressed that the evidence presented during the event should help inform future advocacy and policymaking.

In his final intervention, **MEP Kristian Vigenin** stressed that **effective antibiotics are indispensable to modern oncology**, and that unequal access to antimicrobials, stewardship capacity and infection-control measures across Member States is **not compatible with the ambition of a strong European Health Union**. He underlined the need to integrate AMR into the implementation of **Europe's Beating Cancer Plan**, as well as into legislative files such as the **Critical Medicines Act** and the forthcoming **Biotech Act**, and called for sustained political attention, regulatory coherence and long-term investment.

CPE will pursue follow-up actions aligned with the **White Paper recommendations**, focusing on strengthening the integration of antimicrobial resistance into cancer care and EU health policy. Key priorities include:

- **Integrating AMR into cancer plans and health policy frameworks** at EU and national level.
- **Strengthening oncology-specific AMR surveillance and data collection** across Europe.
- **Promoting stronger infection prevention, rapid diagnostics and antimicrobial stewardship in oncology.**
- **Supporting antimicrobial innovation and sustainable access to effective antibiotics.**
- **Ensuring equitable access to antimicrobials and preventing shortages across Member States.**
- **Strengthening collaboration between policymakers, clinicians and patient organisations.**

## MEP Co-hosts:

- **Ondřej Dostál** (NI, Czechia)
- **Nikos Papandreou** (S&D, Greece)
- **MEP Kristian Vigenin** (S&D, Bulgaria)

## Speakers (alphabetical order):

- **Prof. Djillali Annane** - Professor of Intensive Care Medicine, IHU SEPSIS Comprehensive Center, Université Paris-Saclay; Head of ICU, AP-HP; Member, European Sepsis Alliance Steering Committee
- **Prof. Matteo Bassetti** - Professor of Infectious Diseases, University of Genoa
- **Antonella Cardone** - Chief Executive Officer, Cancer Patients Europe (CPE)
- **Vanessa Carter** - Patient with Lived Experience of AMR; Executive Director, The AMR Narrative
- **Dr. Nveed Chaudhary** - Founder & Chair, Jibraan Chaudhary Sepsis Research (JCSR) Foundation
- **Prof. Oliver Cornely** - Professor of Translational Research & Infectious Diseases, University of Cologne
- **Francisco Lozano** - Chair of the Board, Cancer Patients Europe (CPE)

**Other participants (alphabetic order):**

1. Borislava Ananieva (EPF)
2. Djillali Annane (AP-HP / Université Paris-Saclay)
3. Brandi Brown-Moreau (CPE)
4. Antonella Cardone (CPE)
5. Paolo Carlo Capelli (Solventum)
6. Vanessa Carter (The AMR Narrative)
7. Isabel Castello Botia (Shionogi)
8. Nveed Chaudhary (JCSR)
9. Sara Coimbra Lopes (RPP-Group)
10. Katalina Collison (Acumen PA)
11. Miriah Conte (CPE)
12. Oliver Cornely (University of Cologne)
13. Cédric Deracourt (Biomerieux)
14. Kaustubh Dhurandhar (CPE)
15. Andrea Forgione (Menarini)
16. Seb Gerretsen (RPP-Group)
17. Dominique Gilsoul (Solventum)
18. Tristan Hanssen (European Commission)
19. Chiara Kuby (CPE)
20. Yohann Lacotte (INSERM)
21. Amelia Jeanne Le Roy (Study Group Brain Tumors)
22. David Lindhard-Tordrup (Triangulate Health)
23. Francisco Lozano (CPE)
24. Raluca Marcu (AESGP)
25. Béatrice Marquez-Garrido (European Commission)
26. Frédérick Martinez (CPE)
27. Cosima Ossedat (FTI Consulting)
28. Viviane Papas (AESGP)
29. Violeta Pirana (Renesansa)
30. Martina Rossi (CPE)

31. Atefeh Sadeghi (Women Cancer Europe)
32. Ilva Simone (Menarini)
33. Cecilia Simonelli (Menarini)
34. Lars Stollenwerk (Menarini)
35. Stanislav Taran (CCRE)
36. Iris Van Den Brande (Roche)
37. John Vandeput (Euro Lyme)
38. Chiara Zampolli (CPE)

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