“Nothing should stand in the way”

Enhancing the UK-EU relationship to support global collaboration in cancer research and care

March 2025

Summary

CANCER RESEARCH UK

Together we are beating cancer

Glossary

DG HERA	European Commission Directorate-General: Health Emergency Preparedness and Response Authority
DG R&I	European Commission Directorate-General for Research & Innovation
DG SANTE	European Commission Directorate-General for Health and Food Safety
DG Trade	European Commission Directorate-General for Trade
DBT	UK Department for Business and Trade
DHSC	UK Department for Health and Social Care
DSIT	UK Department for Science, Innovation and Technology
ECDC	European Centre for Disease Prevention and Control
EDPB	European Commission Directorate-General for Trade
EMA	European Medicines Agency
EUDAMED	European Database on Medical Devices
EU DPA	EU Data Protection Authorities
FCDO	UK Foreign, Commonwealth and Development Office
HM Treasury	His Majesty's Treasury (UK finance ministry)
HSC R&D	Health and Social Care Research and Development Division Northern Ireland
ICO	UK Information Commissioner's Office
MHRA	UK Medicines and Healthcare products Regulatory Agency
MoU	Memorandum of Understanding
Number 10	UK Prime Minister's Office
OLS	UK Office for Life Sciences
TCA	UK-EU Trade and Cooperation Agreement
UKHSA	UK Health Security Agency
UKRI	UK Research and Innovation

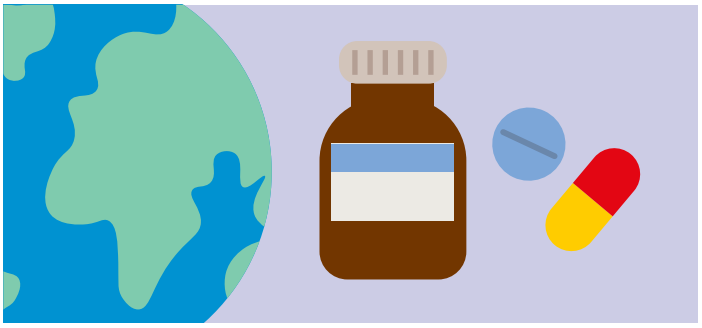
About Cancer Research UK

We’re the world’s leading cancer charity, dedicated to saving and improving lives through our research, influence and information.

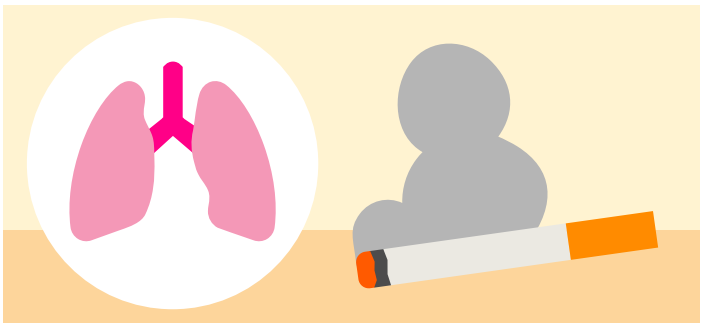
As the largest charitable funder of cancer research in the world, we've invested around £4bn (€4.8bn) on research in the past decade. We carry out research into more than 200 types of cancer, and for the past 120 years we’ve been making discoveries that have saved countless lives, benefiting millions of people around the world.

In the last 50 years, our work has helped double cancer survival in the UK.

Our research has:



played a role in more than half of the world’s essential cancer drugs [1]



helped prove the link between tobacco and cancer, preventing millions of deaths worldwide

led to the development of the HPV vaccine

shaped the development of modern radiotherapy

We partner with more than 120 organisations in the UK and around the world who share our mission of beating cancer. Our pioneering work is saving lives in the UK and on a global scale.

Cancer Research UK maintains many memberships and partnerships. In a policy context, we declare paid membership of the following:

- European Smoke Free Partnership (SFP) – board member
- Global Alliance for Tobacco Control (GATC) – founding partner
- International Cancer Control Union (UICC)
- NCD Alliance (NCDA)
- Association of European Cancer Leagues (ECL)
- European Cancer Organisation (ECO) – Community 365
- Cancer Prevention Europe (CPE)
- Federation of the European Academies of Medicines (FEAM) Forum

Executive summary

> "Nothing should stand in the way of trying to reduce the threat of cancer for everyone."
>
> Cancer Research UK online survey of people affected by cancer, 2023

No single person, nation or organisation can beat cancer alone. It demands collaboration, excellence and our support. Working across borders is essential for the UK and its partners to become healthier, wealthier and more productive.

Cancer is "the defining health issue of our time" [2]. Nearly 1 in 2 of us will get it in our lifetime [3]. By 2040, half a million people a year – friends, family, neighbours, colleagues – will be diagnosed with cancer in the UK alone. Worldwide, there will be 28 million new cases of cancer each year by 2040 [4]. We won't accept it, but to tackle it requires bold action.

The UK is a global leader in life sciences. Cancer Research UK has invested £4bn in research in the past decade [5]. But Organisation for Economic Co-operation and Development (OECD) modelling shows cancer could add £14.4bn to the UK's health spending every year until 2050 [6]. Across OECD countries, annual health expenditure is €449bn more than if there were no cancer [7].

At Cancer Research UK, we believe cancer research is at its best when backed by global collaboration. Of all research funded by Cancer Research UK published in the five years to 2023, 61% involved global collaboration [8]. Almost all (90%) childhood cancer trials led by Cancer Research UK-funded clinical trial units are international [9]. European cancer research outputs emphasise the benefits of a collaborative approach [10] [11]. Yet Brexit and uncertainty about the future UK-EU relationship have had a significant negative impact on UK-EU collaboration in recent years [12]. Three core areas of medical research are affected by the UK's exit from the EU:

> "Collaborations with European researchers, but also other international researchers, have been absolutely key."
>
> Interview participant, 2023. Hatch report (2025)

1. Access to research funding and collaboration (including data-sharing)
2. The environment for clinical trials and medicines (regulation and access)
3. The mobility of the research workforce

The EU and UK have said that they want to strengthen their unique relationship [13]. With the Trade and Cooperation Agreement review and wider conversations about long-term cooperation to support prosperity and security (including the competitiveness agenda), there is now a major opportunity to build better collaborations to unlock progress in cancer research. A vibrant life sciences sector is at the heart of the growth and health missions of both the new UK Government [14] and the new European Commission [15]. The EU's Beating Cancer Plan, which emphasises international research collaboration [16], continues to be implemented with major investment. The plan's major themes echo UK priorities as we face the same challenges in cancer, including significant inequities [17].

The UK is central to European cancer research. The exclusion of UK researchers from European cancer research activities has had, and will continue to have, negative consequences for the overall European cancer research effort [18].

79%

of researchers we surveyed said that since the UK left the EU it has been harder to begin new collaborations with EU-based scientists and researchers

The Lancet Oncology European Groundshot Commission

In 2023, a group of nearly 50 experts from across Europe (including a significant number of patient advocates) generated the most comprehensive analysis of cancer research activity in Europe, partly in response to the US Cancer Moonshot.

This commission produced a data-informed, patient-centred call to action that reimagined cancer research and its implementation across Europe with 12 recommendations. The commission provided unequivocal evidence that without the involvement of the UK – a powerhouse of cancer research – Europe would not achieve its cancer research targets, emphasising the importance of the UK to the European cancer research effort. [19]

It’s vital that the UK Government puts global research cooperation at the centre of future negotiations with the EU and other global jurisdictions, as well as ensuring domestic policy facilitates this collaboration.

Cancer Research UK has carried out in-depth analysis of the policy levers needed to improve the UK-EU relationship to support global scientific collaboration. We commissioned the **Hatch consultancy** at the University of Southampton with findings outlined in their 2025 report "Everything's harder" but "the spirit of science is still there": Understanding how the new UK-EU relationship affects global collaboration in cancer research and care. During 2023/24, Hatch undertook a rapid scoping review, focus groups and interviews. We also held many conversations and conducted several surveys with people across all four UK nations, plus we used public polling to inform our broader work for **Longer, better lives: A programme for UK Government for cancer research and care.**

We found from our work with Hatch that in relation to the new UK-EU relationship: “There is continued passion, willingness and [a sense of] importance between researchers to continue to collaborate between the UK and EU.” However, “the challenges currently being faced are having a direct negative impact on people affected by cancer” [20]. This reflects findings from previous studies [21].

Political messaging matters – in some respects almost as much as the regulatory environment. Perceptions about the UK’s attractiveness as a research destination are influenced by politicians’ actions: “Nobody wants to come [and] work somewhere they’re not welcome [22]."

> “I don’t care about geographical boundaries in Europe (or most of the rest of the world). I just care about scientists being able to work together.”
>
> Cancer Research UK online survey of people affected by cancer, 2023

We also found a potential positive impact on cancer outcomes (by preventing more cancers) if the UK Government uses greater regulatory freedom to make choices that support public health, for example in tobacco control.

There was a strong desire from cancer researchers and people affected by cancer to focus on the mutual benefits of collaboration, reduce uncertainty and make it simpler to set up new projects.

To make faster progress, strong leadership and political will is necessary. This could include a structured dialogue on science between the UK and EU within a health security framework [24]. Breaking down barriers to research will leave a legacy of life-saving cancer research and care that will benefit families in the UK and across the world.

People with cancer don’t have time to wait.

> “Beating cancer is a team effort. Whether as a family, as a community or as a continent.”
>
> Dr Ursula von der Leyen, President of the European Commission, 2024

> “Science is fundamentally international, and to succeed it depends on trust, collaboration and openness.”
>
> Lord Patrick Vallance, UK Minister of State for Science, 2024

[23]

90%

of childhood cancer trials led by Cancer Research UK-funded clinical trial units are international

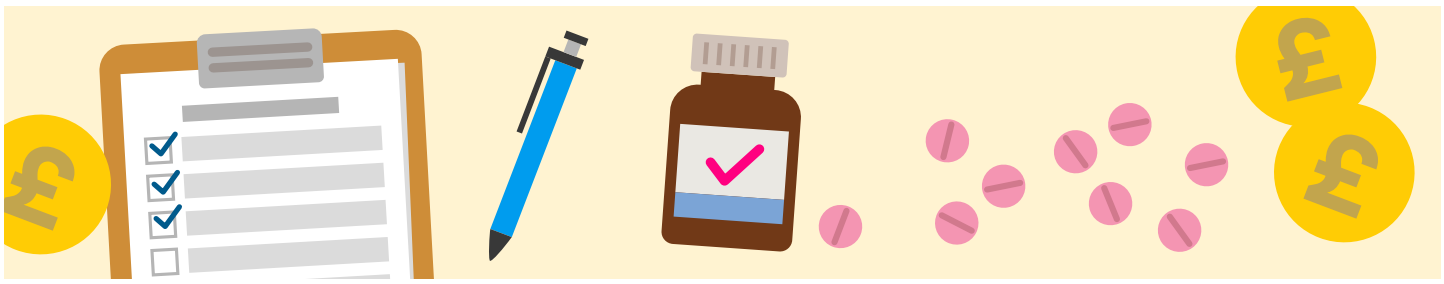
Cancer Research UK’s priority actions

1. **Avoid duplication to expedite clinical trials:**
   The Cabinet Office and the European Commission should negotiate a UK-EU mutual recognition agreement which includes medicines manufacturing site inspections, batch release and testing (and the processes around these).

2. **Support global research programmes:**
   The UK Government and European Union should ensure the UK continues to associate with Horizon Europe (and its successor – currently known as FP10) as a third country; the UK should join EU4Health and health-related workstreams of wider EU funding programmes; and join future global research programmes, with clear, positive messages about UK support for the global research environment.

3. **Reduce trade friction:**
   The Department for Business and Trade, European Commission and EU Member States should support the logistics industry to meet cross-border regulatory requirements more effectively, ensuring scientists can access items needed for research in a timely manner.

4. **Ensure data flows:**
   The European Commission and the UK Secretary of State for Science, Innovation and Technology should grant the UK and the EU data adequacy in their separate renewal decisions. The UK Government should ensure the UK’s data protection environment doesn’t put at risk a renewal in 2025 of the EU’s decision in favour of UK data adequacy.



Key case studies: the increased cost of clinical trials

eSMART

A trial of targeted drugs and chemotherapy for children, teenagers and young adults whose cancer has come back or treatment has stopped working.

The cost to import drugs for **eSMART** – a collaboration on childhood cancer between long-established partners at Gustave Roussy in Paris and Cancer Research UK's Clinical Trials Unit (CRCTU) in Birmingham – almost quadrupled from €52,000 to €205,000 after the UK-EU Trade and Cooperation Agreement came into force in 2021.

Clinical trials with both UK and EU partners now need to duplicate testing processes: the Birmingham CRCTU spent a long time trying to arrange a second qualified person (QP) release of the drugs so new arms of the trial could open in the UK. It's caused a lot of difficulty for the CRCTU and French sponsors, and the drug companies weren't prepared to release the relevant paperwork for the second QP release to be performed.

New arms of the trial could open in the EU but not the UK, so patients across Europe have been able to access treatment as part of this trial, while patients in the UK lost out. UK patients will finally be able to join this trial in 2025, only because Cancer Research UK has paid the £92,000 cost of additional QP release.

Add-Aspirin

A trial to find out if taking daily aspirin after treatment for cancer can stop or delay the cancer from coming back.

It has cost an additional £22,000 for a UK-based qualified person (QP) to certify batches of aspirin for the **Add-Aspirin** trial, a partnership between researchers in the UK, India and the Republic of Ireland. Aspirin is one of the most well-known drugs in the world and the batches have already been checked in the EU (the manufacturer is based in Germany).

The packaging is then done in Spain. Aspirin and placebo used to be sent to the UK depot, which would ship to sites in the UK and the Republic of Ireland. Now, bespoke shipping is needed from Spain to the Republic of Ireland to avoid sending items through the UK and then onto the Republic of Ireland. This new shipping arrangement costs 10 times the pre-Brexit amount. Over the course of the trial, the extra shipping costs are anticipated to be £25,000.

These extra costs of up to £50,000 (plus other substantial increased trial costs since the study was costed originally in 2013) are covered by the trial funders – Cancer Research UK and the government-funded National Institute for Health and Care Research.

These figures don't include the additional time trial-funded staff have spent since 1 January 2021 on complex tendering processes for alternative packaging, finding and contracting the extra UK-based QP, preparing all the extra documentation for every site (120 across the UK, including Northern Ireland) and answering questions about shipping to Northern Ireland. As aspirin is already so well-known and doesn't need to be temperature controlled when transported, it's likely that the extra shipping costs are at the lower end.

Our full recommendations

Broad research environment

- Pursue a UK-EU structured dialogue on science and research with an associated regular forum to set out priorities and opportunities for cooperation as part of the wider reset in UK-EU relations.

- Continue to strongly support the UK's full participation in prestigious, multinational funding programmes, including Horizon Europe, with clear, positive messages about UK support for the global research environment. The UK should join successor EU research and innovation funding mechanisms after 2027 as a third country. In the short term, the UK Government should review the last government's decision and join EU4Health and health-related workstreams of wider EU research funding programmes. The UK should do all it can to play an active role in shaping conversations about research priorities.

- Facilitate the UK to join and lead the development of further global research programmes that support disease prevention, patient care, sustainable health systems and innovation. The UK Government should co-fund Cancer Grand Challenges alongside Cancer Research UK, the US and French governments and other European cancer charities, and fund the UK's International Science Partnerships Fund beyond 2025.

- Grant the UK and the EU data adequacy in the separate renewal decisions; ensure the UK's data protection environment doesn't put at risk a renewal in 2025 of the EU's decision in favour of UK data adequacy; support UK participation in the European Health Data Space; make explicit in the reviewed Trade and Cooperation Agreement the provisions for seamless sharing of data for medical research under a secure and interoperable framework; and establish formal cooperation mechanisms for joint investigations, data breach responses and complaint handling.

- Support the logistics industry to meet cross-border regulatory requirements more effectively, to ensure scientists can access items needed for research in a timely manner.

- Make changes to the UK immigration system that support science more effectively.

Life sciences environment

- Negotiate a UK-EU mutual recognition agreement which includes medicines manufacturing site inspections [25], batch release and testing (and the processes around these) to ensure people with cancer have timely access to treatment without unnecessary delays.

- Reduce new barriers to multinational clinical trials and understand the compromises required to set the UK and EU on a path to mutual recognition of clinical trial sponsorship and approvals. In the meantime, the UK should be involved as a stakeholder in clinical trial policy wherever appropriate. Ultimately, this means people with cancer across the whole of Europe will have earlier access to innovative treatment options.

- Provide adequate and sustained funding for the MHRA via grant-in-aid to ensure:
  - UK access to proven and effective innovative treatments equal to comparative countries
  - strong relationships between national and supranational regulators (eg the EMA), which support regulatory compatibility, monitoring and horizon-scanning, and good communication with stakeholders
  - the interoperability of the UK's Integrated Research Application System with EU portals – the Clinical Trial Information System and European Database on Medical Devices (EUDAMED) for medical devices

- Publish a national register of UK medicines shortages in line with the EU; continue UK participation in the EU's Critical Medicines Alliance and be part of conversations about shortages of medical devices (including in vitro diagnostic medical devices).

Northern Ireland

- Explore the possibility of an all-Ireland agreement to support cross-border cancer research and care, building on the activities of the Ireland – Northern Ireland – US National Cancer Institute Cancer Consortium and the All-Island Cancer Research Institute (AICRI).

  Key pillars of this partnership could include:

  - incentives for industry, academia and charities to support clinical trial participation in Northern Ireland, and as part of an all-island approach
  - assessing the impact of a 'dynamic alignment' approach to UK and EU medical devices and other regulations in future, to ensure equality of access to clinical trials and treatment between Great Britain and Northern Ireland

Prevention

- The Memorandum of Understanding between the European Centre for Disease Prevention and Control and the UK Health Security Agency should be expanded to cover non-communicable diseases as a step towards a Health Security Agreement.
- Prioritise prevention research in EU framework programmes and future EU research and innovation funding mechanisms, and help reduce barriers to industry investment in precision prevention.
- Take a Health in All Policies approach – including in international trade negotiations – to embrace every opportunity to deliver the government's ambitions for preventing ill health, with particular focus on tobacco control and reducing obesity.

We’d be delighted to discuss our recommendations further. Please contact **publicaffairs@cancer.org.uk**

The full report is available at **The UK and the EU: our work to support researchers and people affected by cancer | Cancer Research UK**

Cancer Research UK Policy Department, March 2025.

With thanks to:

those in our scientific and patient involvement communities who took part in our research; the Cancer Research UK project working group; the team at Hatch, particularly Kay Lakin, Rebecca Scott and Caroline Larsson; those who provided external review on draft versions of this report, including Professor Tamara Hervey (City University and Nuffield Trust Health Governance After Brexit group); Professor Pamela Kearns (University of Birmingham, Cancer Research UK Trustee and SIOPE – the European Society for Paediatric Oncology); Professor Mark Lawler (Queen’s University Belfast and European Cancer Organisation); Robert Smith (Association of the British Pharmaceutical Industry); Professor Claudia Allemani (London School of Hygiene and Tropical Medicine); Sam Lowe (Flint Global); Dr Denis Lacombe, Xiao Liu, Rana Kassas, Izabella Jagiello, Laura De Meulemeester and Ellen Peeters (European Organisation for the Research and Treatment of Cancer); Julie Kitcheman (European Organisation for the Research and Treatment of Cancer Liaison Office, University of Leeds).

References

1 Of the 68 anti-cancer drugs listed on the **WHO list of essential medicines**, Cancer Research UK has played a role in 37 (54.14%). Cancer Research UK **Diving into our role in 50 top cancer drugs** Accessed 2024.

2 Cancer Research UK **Cancer Research UK brings together leading scientists to call for urgent investment as global cancer cases predicted to rise** Accessed 2024.

3 Cancer Research UK **1 in 2 people in the UK will get cancer** Accessed 2024. See also Cancer Research UK **Cancer risk statistics** Accessed 2025. We are currently updating our preventable cancers analysis. For all risk factors except smoking, and where risk factors are compared, the data is for 2015. For smoking alone, the data is for 2023. All other risk factors’ data will be updated to 2023 later in 2025.

4 A 55% increase in cancer incidence is projected across the world by 2040. It is predicted there will be 28 million new cancer cases worldwide each year by 2040, if incidence remains stable and population growth and ageing continues in line with recent trends. This is an increase of 54.9% from 2020 and is expected to be higher in males (60.6% increase) than in females (48.8% increase). Cancer Research UK **Worldwide cancer incidence statistics** Accessed 2024. In the EU27, estimated cancer incidence in 2040 is 3.25 million people compared with 2.74 million in 2022, an increase of 18%. European Commission Joint Research Centre **European Cancer Information System** Accessed 2024.

5 Calculated by Cancer Research UK 2024. Based on Cancer Research UK Annual Reports and Accounts 2013–2024. See for example Cancer Research UK **Annual report and accounts 2023/24**.

6 **OECD Tackling the Impact of Canceron Health, the Economy and Society**, 21 November 2024. Accessed 2024.

7 **OECD Tackling the Impact of Canceron Health, the Economy and Society**, 21 November 2024. Accessed 2024.

8 Cancer Research UK internal analysis. International collaborations defined as one or more authors with an address outside of the UK; publications with dates between 2018–2022 inclusive (last five complete years).

9 Cancer Research UK internal analysis. Percentage of paediatric trials in Cancer Research UK Clinical Trials Units that have international collaborators. September 2023.

10 Lawler M, Davies L, Oberst S et al. **European Groundshot – addressing Europe's cancer research challenges: a Lancet Oncology Commission**, 2022; Correction to Lancet Oncology, 2023. Accessed 2024.

11 Begum M et al. **Mapping the European cancer research landscape: An evidence base for national and Pan-European research and funding**. Eur J Cancer, 2018. Accessed 2024.

12 Lawler M, Begum M, Lewison G et al. **The impact of Brexit on UK cancer research** Lancet Oncology, 2018. Accessed 2024.

13 UK Government **Statement by the President of the European Commission and the Prime Minister of the United Kingdom on Enhancing Strategic Cooperation**, 2 October 2024. Accessed 2024.

14 Cf. UK Government **Life Sciences Vision Missions**, 16 October 2024. Accessed 2024; **Secretary of State for Health and Social Care makes economic growth a priority**, 9 July 2024. Accessed 2024.

15 European Commission **Ekaterina Zaharieva – Mission letter** and **Olivér Várhelyi - Mission letter**, 17 September 2024. Accessed 2024.

16 European Commission **Europe’s Beating Cancer Plan**, 2021 pages 24–25. Accessed 2024.
17 European Commission Joint Research Centre **European Cancer Inequalities Registry** Accessed 2024; Around 28,400 cancer deaths each year are linked to socioeconomic inequality in the UK. Cancer Research UK **Cancer death rates almost 60% higher in UK’s most deprived areas** Accessed 2024; Cancer Research UK **Cancer in the UK 2025: Socioeconomic deprivation** Accessed 2025.

18 Lawler M, Davies L, Oberst S et al. **European Groundshot – addressing Europe's cancer research challenges: a Lancet Oncology Commission**, 2022; Correction to Lancet Oncology, 2023. Accessed 2024.

19 Lawler M, Davies L, Oberst S et al. **European Groundshot – addressing Europe's cancer research challenges: a Lancet Oncology Commission**, 2022; Correction to Lancet Oncology, 2023. Accessed 2024.

20 Hatch (University of Southampton) and Cancer Research UK **“Everything’s Harder” but “the spirit of science is still there”: Understanding how the new UK-EU relationship affects global collaboration in cancer research and care**, 2025, page 6.

21 Lawler M, Begum M, Lewison G et al. **The impact of Brexit on UK cancer research.** Lancet Oncology, 2018. Accessed 2024.

22 Focus group with discovery researchers, Hatch (University of Southampton) and Cancer Research UK “**Everything’s Harder” but “the spirit of science is still there”: Understanding how the new UK-EU relationship affects global collaboration in cancer research and care**, 2025, page 31.

23 European Commission **Dr Ursula von der Leyen speech, Europe’s Beating Cancer Plan conference**, 2024. Accessed 2024; **Science Minister outlines open-arms approach to international science at G7 Ministerial with several new agreements** Accessed 2024.
24 For further discussion of health security ‘as a context more conducive to cooperation in the less economically competitive areas of policy’ see Nuffield Trust **The future for health after Brexit**, 2024 pages 75–77. Accessed 2024. For an example of UK-EU structured dialogue on an area of mutual interest, leading to a Memorandum of Understanding and Forum meetings, see UK Government **UK-EU Memorandum of Understanding on Financial Services Cooperation** 2023. Accessed 2024; European Commission **Regulatory dialogues with the United Kingdom** Accessed 2024.

25 Recognition of site inspections is already mutual, but a full mutual recognition agreement would need to include it alongside batch release and testing, and the processes around these.
