

ESGO 2026 Legacy: Update

The first ever ESGO Legacy event took place at ESGO 2026 in Copenhagen. This initiative sought to leverage the expertise of ESGO and the host country to drive lasting improvements in women's cancer care. Six months on, we checked in with the speakers to hear an update on Danish healthcare policy, its challenges, and its broader impact in Europe.

Have there been any recent policy shifts, regulatory milestones, or clinical updates in Denmark regarding timely access to novel therapies?

Thomas Senderovitz: Denmark has a new government, whose platform from June 2026 sets the goal of eliminating cervical cancer in Denmark by 2040 at the latest. Women's health is, more generally, an important health policy priority for the new Minister for Health, Ida Auken.

A process has been launched to evaluate the Danish HTA organisation, the Danish Medicines Council, to clarify the Council's working methods and decisions and identify central challenges. The main purposes of the evaluation are:

- To examine the Council's practices and processes, also compared to other countries, e.g., to examine why Denmark, in some cases, rejects new medicines that other comparable countries choose to approve.
- To gain insights into key challenges that have been publicly debated.
- To strengthen transparency and create a common foundation for understanding the Council's role, priorities, and framework.

The previous government published Cancer Plan V in May 2025, allocating €80 million annually to the topic of cancer and comprising 36 initiatives aimed at ensuring patients have a better life with and after cancer. Cancer Plan V is still being implemented. The initiatives are broad in scope and include, among other things, the following measures:

- In Denmark, there are three national cancer screening programmes: cervical cancer, breast cancer, and colorectal cancer. Screening programmes are an important tool for detecting precancerous changes or identifying cancer early, before the disease has spread. As a first step, a thorough analysis of the existing screening programmes will be initiated, incorporating the latest knowledge and experience in the area. Based on the analysis, the government will decide whether new professional knowledge, for example regarding target groups, technology, or innovative methods, gives reason to consider more individually tailored screening.
- Support to prevent hair loss during cancer treatment. The government will establish a national pilot scheme using mobile cooling caps for patients with breast cancer.
- Systematic patient involvement in cancer pathways. The government will ensure that each patient is more systematically involved throughout the entire cancer pathway.

Søren Gaard: The Danish Medicines Council has implemented a new, simplified, and significantly faster process for certain immunotherapies. This means that many Danish cancer patients can now gain access to treatment with so-called PD-(L)1 inhibitors within

10 days of marketing authorisation. The procedure applies to PD-(L)1 inhibitors and extensions of indications for locally advanced, unresectable, or metastatic cancer. As our Chairperson Birgitte Klindt Poulsen stated, "This is an example of how we at the Danish Medicines Council use our experience to streamline our processes and get effective medicines to patients more quickly."

One initiative of Cancer Plan V is that the Danish Medicines Council "strengthens the use of real-world evidence in connection with the introduction of new medicines and conditional approvals, so that patients can gain rapid access to new cancer drugs."

Has there been ongoing public debate, media coverage, or academic discussion on women's cancer care and timely access to new therapies in Denmark following the congress?

Thomas Senderovitz: Following the death of a well-known Danish female commentator from breast cancer, there was a public debate during the winter and spring of 2026 about whether the healthcare system had failed her by preventing her access to new, effective cancer medicine.

The debate followed the commentator's criticism of the Danish Medicines Council and the economic priorities that, in her view, delayed or prevented access to new, groundbreaking cancer medicines.¹

Søren Gaard: This treatment is now approved in Denmark. The Danish Medicines Council would like to highlight that "Denmark ranks right at the top when it comes to the time from central approval to patient access to new medicines: Denmark is number 3 among European countries." The Danish Medicines Council has also commented on the W.A.I.T. indicator that "The figures should be treated with caution, as the W.A.I.T. indicator does not reveal how many patients actually receive the treatment, how quickly it is adopted, or whether equally good or better alternatives already exist within the healthcare system."²

Thomas Senderovitz: Lif is using the evaluation of the Danish Medicines Council to continuously highlight the need for a different mindset in the Council and a clear new mandate – one that is not so exclusively focused on saving money, but on ensuring Danish patients have the best possible access to effective treatment.³

Lif was also in the media in May 2026 with a new assessment of access to new and innovative medicines in different European countries. The assessment showed that only 93 out of 168 new and innovative medicines are available in Denmark, corresponding to 55 per cent. This is a decrease of 5 percentage points over the past year.⁴

¹ <https://onkologisktidsskrift.dk/behandling/brystkraeft/3928-ditte-giese-er-dod-hendes-sidste-farvel-var-en-heftig-stikpille-til-medicinradet.html>

² <https://medicinraadet.dk/nyheder/2026/medicinradets-vurdering-af-de-nye-wait-tal>

³ <https://www.lif.dk/mange-kraeftpatienter-skal-have-saerlig-tilladelse-til-at-faa-behandling/>

⁴ <https://www.lif.dk/kun-55-procent-af-nye-laegemidler-er-tilgaengelige-i-danmark-og-tallet-er-faldende/>

What are the main systemic or administrative hurdles currently standing in the way of faster implementation? Have there been any changes or are there any new issues since the ESGO 2026 Legacy event?

Thomas Senderovitz: There is significant focus on and high expectations for the ongoing evaluation of the Danish Medicines Council, as mentioned.

In addition, the Danish government has established a task force on Most-Favoured-Nation (MFN) status to strengthen knowledge sharing and dialogue between authorities, regions, industry, and patient organisations.

The task force is included in the government platform and will focus on the possible consequences of the U.S. MFN policy, with a view to ensuring that Denmark is well prepared to manage any implications for patients' access to medicines, investments in research and innovation, and the conditions for Denmark's life science industry.

Lif's Director General is a member of the task force, as are Danish Regions. The task force held its first meeting on 28 August 2026.⁵

Have there been any recent policy shifts in Europe in relation to the Danish healthcare model of centralisation of cancer treatment?

Maja Pakiz: Around 67% of women diagnosed with gynaecological cancer in Slovenia are currently left to figure out their own next steps due to a lack of structured care pathways. Treatment quality, wait times, and diagnostic procedures vary significantly depending on where a patient lives. For example, self-detected lumps often involve months-long delays compared to structured screening programmes.

Slovenia is looking to Denmark, which dramatically improved survival rates (particularly for ovarian cancer) by consolidating care from 52 regional departments into a few specialised centres.⁶

The proposed solution:

- Concentrate complex treatments, surgical expertise, and decision-making responsibility at two central hubs: UKC Ljubljana (with the Institute of Oncology) and UKC Maribor.
- Introduce dedicated coordinators in regional hospitals to guide patients seamlessly from initial diagnosis through recovery.
- Keep high-level clinical decision-making centralised, while providing follow-up care, rehabilitation, and psychological support close to the patient's home.

Professional organisations (including Europa Donna Slovenia and the Slovenian Association for Gynaecological Oncology) propose testing this structured pathway via a pilot project before a national rollout. The proposal has also been submitted to the Ministry of Health.

⁵ <https://www.ism.dk/nyheder/2026/juli/ny-taskforce-for-most-favoured-nation-paa-plads>,
<https://www.lif.dk/lif-regeringens-mfn-taskforce-kan-faa-betydning-for-fremtidens-behandling-i-danmark/>
⁶ <https://vecer.com/slovenija/ko-dobi-diagnozo-raka-ne-ve-kam-naprej-stroka-bi-zdravljenje-temeljito-spremenila-10427452>

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- **Anna Fagotti**, 2024–2026 President of ESGO
- **Maja Pakiz**, 2024–2026 Vice-President of ESGO
- **Kim Hulscher**, 2024–2026 ENGAGe Co-Chair
- **Mansoor Raza Mirza**, ESGO 2026 Honorary Congress President
- **Lise Dons**, Patient expert
- **Claus Høgdall**, Professor at Rigshospitalet
- **Søren Gaard**, CEO, Danish Medicines Council
- **Thomas Senderovitz**, President, Lif – the Danish Association of the Pharmaceutical Industry

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