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World Cancer Day: 10 Facts on EU Action to Fight Cancer

In 2008 (latest figures available), an estimated 2.4 million new cases of cancer, excluding non-melanoma skin cancers, were diagnosed in EU countries - 55% in men, and 45% in women. The most commonly diagnosed cancers were prostate, colorectal, breast and lung cancer¹. Yet it is estimated that more than one third of cancers are preventable.

Where does the EU come into the picture? A few days ahead of World Cancer Day (Monday 4th February), we present 10 little known facts about EU action in the field of cancer.

Fact #1: The EU has a 28 year history in the fight against cancer.

It all started back in 1985, when the heads of state of the (then 12) countries of the European Union met in Milan and committed themselves to launching the first **"Europe against Cancer"** programme. The plans of action that stemmed from this meeting contributed to the adoption of the first 'European Code against Cancer', as well as landmark Directives prohibiting the advertising of tobacco products, regulating tobacco products chemicals, pesticides and exposure to carcinogens at work – all major risk factors for developing cancer.

Over more than two and a half decades, numerous actions have been undertaken and supported at EU level – actions which have helped to save lives.

Fact #2: In 1987 the European Commission gathered top cancer experts and developed the 'European Code against Cancer'.

With the knowledge that cancer can be avoided by adopting healthier lifestyles, and outcomes greatly improved if cancer is detected early on, the "Code" aims to arm citizens with key information through its 11 recommendations :

- Do not smoke.
- Avoid obesity.
- Undertake some brisk, physical activity every day.
- Increase your daily intake and variety of vegetables and fruits.
- Moderate your daily consumption of alcohol.

¹ Source: EC/OECD Report "Health at a Glance Europe 2012". Link: http://ec.europa.eu/health/reports/docs/health_glance_2012_en.pdf

- Avoid excessive sun exposure.
- Avoid exposure to known cancer-causing substances.
- Women from 25 years of age should participate in cervical screening.
- Women from 50 years of age should participate in breast screening.
- Men and women from 50 years of age should participate in colorectal screening.
- All should participate in vaccination programmes against the Hepatitis B virus.

Fact #3: The Commission coordinates EU action to address the risk factors of cancer.

With one in three cancers being preventable, addressing the risk factors (or determinants) is at the forefront of the Commission's strategy to reduce the burden of cancer. The Commission addresses all the key risk factors, e.g. through an ambitious tobacco control policy comprising both robust laws regulating tobacco products and prohibiting the advertising and sponsorship of such products; an award winning pan-EU campaign "[Ex-smokers are unstoppable](#)"; strategies and platforms for joint action on alcohol and nutrition & physical activity bringing together Member States and a wide range of stakeholders including NGOs and industry.

The Commission further contributes to cancer prevention by addressing environmental factors such as exposure to carcinogenic and mutagenic substances both indoors (including in the workplace) and outdoors. It does so mainly by developing and implementing legislation on air, soil and water quality and on general chemical exposure (ie. in water, waste and organic pollutants).

Fact #4: An EU Joint Action aims to reduce cancer incidence by 15% by 2020

In 2009, the Commission launched "[The European partnership for action against cancer](#)" financed as a Joint Action under the EU Health Programme, which foresees all Member States putting in place an integrated cancer plan by the end of 2013. Such plans should contribute to the ambitious goal of reducing cancer incidence in the EU by 15% by 2020. The Partnership covers the broad spectrum of cancer prevention and control and focuses action on 4 areas:

- Health promotion and cancer prevention, including screening;
- Identification of best practice in cancer-related healthcare;
- The collection and analysis of comparable data and information;
- A coordinated approach to cancer research.

Before the end of its mandate in 2014, the Partnership will prepare a state-of-play of Member States' progress in implementing national cancer plans, including an analysis of their content plus an evaluation of their effectiveness. It will also facilitate transfer of knowledge and best practices between EU Member States. Member States have already started cooperating on a new post-2014 comprehensive cancer control joint action. Cancer features prominently in the Commission proposal for the 3rd EU Health Programme (2014-2020).

Fact #5: Population-based screening programmes for breast, cervical and colorectal cancer are being rolled out across Europe following an EU recommendation.

Quality screening gives patients the chance to receive timely and often life-saving treatment, through early diagnosis. If detected at an earlier stage, cancer is more responsive to less aggressive treatments.

The **2003 Council Recommendation on cancer screening** set out principles of best practice in the early detection of cancer and called on all Member States to take common action to implement national, population-based screening programmes for breast, cervical and colorectal cancer, with appropriate quality assurance at all levels.

The latest report (from 2008) on the implementation of this Recommendation showed that progress is being made but Member States fell short of the target set for the minimum number of examinations by more than 50%. Improvements are expected when the next implementation report is published in 2014.

In the meantime, as a further aid to Member States, the Commission has produced a full **set of European Guidelines for quality assurance** for the screening of all three types of cancer. Supplements to the guidelines on breast and cervical cancer screening - originally published in 2006 and 2008 respectively, are now available as a result of an EU-funded project coordinated by the International Agency for Research on Cancer.

Fact #6: A major development in breast cancer screening is underway.

Breast cancer is both the most prevalent cancer amongst women in the EU and the most frequent cause of cancer related death. In light of population ageing, this trend is set to continue. The burden of this disease can be lessened through a combination of early detection, effective diagnosis and optimal treatment.

The Joint Research Centre, the 'science arm' of the European Commission, is currently developing the first European voluntary accreditation scheme for breast cancer services. Clinical departments that adhere to this scheme will be recognised as the 'gold standard' by women in Europe, in terms of screening and treatment of breast cancer. This is the first accreditation scheme developed in the area of health services in Europe.

Fact #7: The EU invests over €180 million per year in cancer research.

The EU is an important cancer research funder. During the past six years, the EU has invested **more than €1.1 billion** in international collaborative research, frontier research, mobility programmes, public-private partnerships and coordination of national cancer research efforts.

More than half this budget - €680 million - has been used to encourage key players from across Europe and beyond to join forces in '**collaborative research projects**', to find new ways to fight cancer and help patients. These projects help us better understand how various types of cancer develop, how they can be diagnosed earlier and treated more successfully.

For instance, the EU-funded [ADAMANT project](#) identified new biomarkers and antibodies to detect and treat certain tumours. A number of anticancer products developed by the project are now undergoing clinical testing, giving new hope to cancer patients and their families.

Clinical trials of new cancer medicines and treatments are also at the core of the [EUROSARC network](#), which focuses on rare malignant tumours affecting soft-tissues and bones. For this project, working across the whole of Europe was the only way to recruit enough patients in a reasonable timeframe to carry out the tests, something that would not have been possible for one individual country.

Fact #8: Through a public-private partnership, the EU is speeding up breakthrough innovation in the fight against cancer.

Through its **Innovative Medicines Initiative (IMI)**, the EU has joined forces with Europe's pharmaceutical industry to achieve breakthrough innovation and bring new medicines and treatments to patients faster, including for cancer.

Within the IMI, EU funding – exclusively used to support partners such as small and medium-sized companies, academia, patient organisations and regulatory agencies – is matched with in kind contributions from large companies which are part of the European Federation of Pharmaceutical Industries and Associations (EFPIA).

To date, the initiative has devoted some €80 million to international cancer research and innovation projects which identify novel biomarkers to make new treatments and medicines safe and effective.

For instance, the ['OncoTrack' project](#) pioneers the use of large-scale genomics to improve the early diagnosis of colon cancer, which will increase the chances of survival and successful treatment. And the ['QuIC-ConCePT' project](#), led by the European Organisation for Research and Treatment of Cancer, carries out research into new biomarkers to improve cancer drug development.

Fact #9: The Commission harmonises and improves EU-wide information on cancer.

Reliable, comparable, high-quality data and indicators on cancer are a key driver for improving prevention programmes and control and care processes across the EU via the standardisation and harmonisation of best practices. Harmonised cancer data is also an invaluable resource for cancer epidemiology, allowing greater understanding of the differences and related causes in population-based studies across regional and national boundaries.

The Joint Research Centre is currently developing a harmonised [cancer information system for Europe](#) in collaboration with the European Network of Cancer Registries (ENCR) and important stakeholders, such as the International Agency for Research on Cancer (IARC), the EUROCARE group and others. This will generate a dynamic European cancer atlas which will help guide and monitor European cancer policy interventions.

Fact #10: Patients with rare forms of cancer benefit greatly from the added value the EU provides.

Rare tumours are rare diseases (diseases affecting fewer than 5 people in 10 000) and carry the same challenges. Compared with adults, a far greater proportion of the 40 000 children diagnosed with cancer every year in the EU have rare forms of the disease. Childhood cancer is almost always very severe and is the main cause of disease-related death in children.

Patients with rare cancers are faced with particular challenges including late or incorrect diagnosis, difficulty finding clinical expertise and accessing appropriate treatments, difficulties in carrying out clinical studies, possible lack of interest in developing new therapies, uncertainty in clinical decision-making, and scarcity of available registries and tissue banks.

European cooperation on rare diseases can make a big difference to patients suffering from rare cancers. The European Commission helps to bring together the scarce knowledge and resources fragmented across individual EU countries and maximise synergies and results.

The 'Patients' Rights in Cross-border Healthcare Directive' (2011/24/EU) to be transposed this October by all Member States foresees the creation of European Reference Networks, of which some will almost certainly focus on rare tumours. The main added value is to help improve access to diagnosis as well as delivery of high quality, accessible and cost-effective healthcare for patients with a medical condition that requires particular expertise or resources, particularly in medical domains where expertise is rare.

For more information:

http://ec.europa.eu/research/health/medical-research/cancer/index_en.html

http://ec.europa.eu/health/major_chronic_diseases/diseases/cancer/index_en.htm