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Commissioner Dalli delivers speech on Colorectal cancer prevention and screening

*Check Against Delivery
Seul le texte prononcé fait foi
Es gilt das gesprochene Wort*

John DALLI, European Commissioner for Health and Consumer Policy, attends European Colorectal Cancer Days: Brno 2012 – Prevention and Screening

Brno, Czech Republic, 04 May 2012

COLORECTAL CANCER CONFERENCE

SESSION: COLORECTAL CANCER PREVENTION AND SCREENING- STATE
OF THE ART LECTURES 1

BRNO, CZECH REPUBLIC

FRIDAY 4 MAY 2012, 14:45 HRS

KEYNOTE SPEECH

Ladies and Gentlemen,

It is my great pleasure to speak to you about EU action on cancer, and colorectal cancer in particular.

In February last year, the European Commission put forward a set of European guidelines on colorectal cancer screening.

This followed from a European Parliament Declaration on colorectal cancer adopted in late 2010, which I had the pleasure to discuss with Mr Poc and other Members of the European Parliament.

Today, your conference provides a most welcome opportunity to keep the momentum on action at all levels to fight colorectal cancer; a disease that causes great suffering to so many Europeans; and that is the second most deadly cancer in Europe.

Before I focus on colorectal cancer, let me say a few words about European Union action to help fight cancer.

Cost-effective cancer prevention and control is a major challenge for healthcare systems; a challenge that is likely to grow in the light of the ageing of the population.

This is why, in 2010, the European Commission launched the European Partnership for Action Against Cancer. The Partnership aims to support Member States in their efforts to tackle cancer more efficiently.

It brings together a wide range of stakeholders into a joint response to cancer, encompassing prevention; screening and early diagnosis, healthcare, health information, and research.

I believe that, to reduce the burden of cancer, we need first of all to focus on encouraging healthy choices: no tobacco, less alcohol, a healthy diet and physical activity. The European Commission is working on all these factors.

Take smoking. To reduce tobacco smoke, we need political courage to act now to make tobacco products less attractive, in particular to young people.

If young people did not take up smoking in the first place, we could save millions of people from the misery of cancer later in life.

We also support the European Code against Cancer. The Code provides user-friendly advice to citizens on how to prevent cancer, particularly by adopting a healthier lifestyle.

But while healthier lifestyles play a key role in reducing the risk of cancer, we all know this is not enough; cancer can strike even the healthiest amongst us. So our actions need to go further.

Screening is particularly important. For patients, high quality screening and diagnosis of cancer can make the difference between life and death.

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 treatment.

This is why, back in 2003, all EU Health Ministers adopted a Council Recommendation on cancer screening; which calls on EU governments to put in place organised, population-based screening for breast, cervical and colorectal cancer.

This Recommendation clearly stresses the need for organised population screening; in other words, screening offered to all individuals within a target population as part of an organised programme.

The "target population" covers a whole age group most at risk of developing a given type of cancer. Such screening programmes therefore apply to large groups of seemingly healthy people for early signs of disease.

We could indeed save the lives of many Europeans affected by colorectal cancer, if we could diagnose the disease at an early stage.

This brings me to the core issue of today's event.

As I said earlier, early last year, the Commission presented the first European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis.

The Guidelines provide a benchmark for best practice in colorectal cancer screening.

They aim to raise quality standards by providing guiding principles to be followed by national health systems in shaping their screening programmes.

The guidelines represent the joint work of over 90 experts from 32 countries.

There is strong evidence that population-based screening using the EU-recommended test reduces mortality from colorectal cancer by around 15% in people between 50 and 74 years of age. Over 135 million men and women in the EU fall within this age range!

I was very pleased when (in 2010), the European Parliament called on Member States to introduce colorectal cancer screening programmes in accordance with the European guidelines.

And indeed, there is a way to go here.

In 2007, only 12 Member States had population-based colorectal cancer screening programmes. In fact, of the three recommended cancer screening programmes, colorectal screening seems to be the least implemented.

We have, however, made progress. Last year, at the time the colorectal cancer guidelines were published, the number of Member States with such screening programmes had risen to 16.

Within the framework of the European Partnership for Action against Cancer – which I mentioned earlier – one of our objectives is to achieve a 100% population coverage of screening for breast, cervical and colorectal cancer, by overcoming key barriers to screening.

I would therefore encourage the Czech Republic to continue its efforts towards full implementation of colorectal cancer screening, in accordance with the recommended standards.

This will enable both Czech citizens and the Czech health system to fully benefit from the added value this will bring.

I am aware that introducing screening programmes is not an easy process. It is easier said than done.

Nationwide implementation of population-based cancer screening programmes requires co-ordinated efforts which can extend over a period of ten or more years.

Implementing such programmes requires planning, feasibility testing, piloting, to name just a few. But all this effort pays off, in terms of lives saved and of quality of life for our citizens.

I will keep urging Member States to use all EU mechanisms available to them – our European screening Guidelines, Structural Funds, the European Partnership for Action Against Cancer – to implement cancer screening.

The city of Brno, with its centre for cancer research, is well-placed to convey positive messages in the fight against cancer.

I am also encouraged by Mr Poc's strong commitment to fighting this deadly disease.

To conclude, I invite the Czech Republic and all other Member States who do not have colorectal cancer screening programmes to introduce such screening as soon as possible.

And in doing so, I urge you to use the European Guidelines which offer a common EU standard in the diagnosis and management of colorectal cancer.

Finally, I would like to take this opportunity to mention that, at the end of this month, in Brussels, and throughout the EU, we will celebrate the European Week against Cancer.

This initiative, which is part of our Cancer Partnership, aims to raise awareness on cancer. This year, the week against cancer will focus on cancer screening and on tobacco. I hope that many of you will join the "European Week against Cancer".

I look forward to today's discussion.

Thank you.

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