

**John Dalli**

Member of the European Commission, responsible for Health and Consumer Policy

## **Commissioner Dalli delivers speech on European colorectal cancer policy**

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

John DALLI, European Commissioner for Health and Consumer Policy, participates in a roundtable debate at the European Parliament

**Brussels, Belgium, 02 March 2011**

ROUNDTABLE DEBATE (EUROPEAN PARLIAMENT)

EUROPEAN COLORECTAL CANCER POLICY

WEDNESDAY 2 MARCH 2011

13:00 – 14:00 HRS

SPEECH

Ladies and Gentlemen,

I would like to thank in particular Mr Poc and Mr Leinen for bringing us together today to speak about colorectal cancer.

Let me assure you that your Declaration on colorectal cancer – which you have spoken about – constitutes a welcome political message on the need to fight this disease.

A disease that causes great suffering to so many Europeans; and that is the second most deadly cancer in Europe.

I share your conviction that there is a great deal the EU can do to support Member States in their fight against cancer.

And I take the European Parliament Declaration on colorectal cancer as further encouragement to Commission efforts to reduce the burden of cancer.

Cost-effective cancer prevention and control is indeed 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 the European Commission has launched the European Partnership for Action Against Cancer last year.

The Partnership aims to support Member States in their efforts to tackle cancer more efficiently.

It brings together the efforts of different stakeholders into a joint response encompassing prevention; screening and early diagnosis, healthcare, health information, and research.

I am pleased to see that your Declaration stresses that colorectal cancer is associated with lifestyle factors such as smoking and obesity.

I can assure you that the Commission is committed to acting on these risk factors.

I believe that, to reduce the burden of cancer, we need to focus on encouraging healthy choices: no tobacco, less alcohol, a healthy diet and physical activity.

Prevention of cancer is indeed my primary focus.

Take smoking. To reduce tobacco smoke, we need political courage to get tougher on tobacco products.

We need to beef up health warnings, to look at additives in tobacco products, at packaging; and at other nicotine products such as eCigarettes. We need to act now to make tobacco less attractive, in particular to young people.

It is in this spirit that I plan to propose a revision of the Tobacco Products Directive early next year; and I take this opportunity to appeal for your support.

To tackle alcohol abuse as another key risk factor for cancer, the Commission is building on its strategy to reduce alcohol-related harm, working closely with stakeholders.

The Commission is also helping to address the seemingly relentless trend of increased overweight through its Strategy on Nutrition, Overweight and Obesity related health issues.

In fact, in December last year we published the first Strategy implementation report, which shows that we are on the right track; but there is still a long way to go to halt and then hopefully reverse current obesity trends.

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

However, while healthier lifestyles are a major factor in reducing the risk of cancer, we all know that cancer can strike even the fittest amongst us.

So our actions need to go further.

A step in the right direction is the recently adopted Directive on patients' rights in cross-border healthcare.

The Directive will enable patients to be better informed about their rights; and will make it easier for cancer patients to seek diagnosis and treatment in another EU country.

The Directive foresees closer co-operation in a number of key areas such as reference networks and eHealth.

European reference networks would pool expertise, knowledge and medical skills across Europe for medical research and for diagnosis and treatment.

Co-operation on eHealth also offers great potential for progress for patients and health professionals alike.

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Ladies and Gentlemen,

Let me now focus on the core issue of today's event – colorectal cancer.

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

For patients, high quality screening and diagnosis can make the difference between life and death.

There is strong evidence that screening can reduce 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!

This is why, last month, the Commission presented the first European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis.

The new 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 their screening programmes.

In this context, I very much welcome that your Declaration calls on Member States to introduce colorectal cancer screening programmes in accordance with the European guidelines.

And indeed, there is a way to go here.

Our 2008 report on the implementation of the Council Recommendation on cancer screening showed that, of the three recommended cancer screening programmes, colorectal screening was the least implemented.

The report highlighted that only 12 Member States had population-based colorectal cancer screening programmes at that time.

I understand that the number of Member States with such screening programmes has in the meantime risen to 16.

Pan-European expert discussions during the development of the Guidelines clearly played an important role in improvement.

I recognise, however, that introducing screening programmes is not an easy process.

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.

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

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To conclude, the European Guidelines on colorectal cancer screening offer a common European standard in healthcare to help raise standards of cancer diagnosis and management across the EU.

These guidelines help to give patients a chance of receiving timely treatment thanks to early diagnosis of colorectal cancer.

This is why it is important that these guidelines, and the benchmark they set, are followed widely across the EU.

I invite all of you to promote the use of Guidelines as widely as possible and look forward to working closely with you in fighting this cancer.

Thank you.