

## **Enabling Good Health for All: a reflection process for a new EU health strategy**

**Comments from EUROPA DONNA-The European Breast Cancer Coalition**  
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The Ten Goals of EUROPA DONNA – The European Breast Cancer Coalition are as follows:

- To promote the dissemination and exchange of factual, up-to-date information on breast cancer throughout Europe
- To promote breast awareness
- To emphasise the need for appropriate screening and early detection
- To campaign for the provision of optimum treatment
- To ensure provision of quality supportive care throughout and after treatment
- To advocate appropriate training for health professionals
- To acknowledge good practice and promote its development
- To demand regular quality assessment of medical equipment
- To ensure that all women understand fully any proposed treatment options, including entry into clinical trials and their right to a second opinion
- To promote the advancement of breast cancer research

The themes of the Reflection accord in many instances with these Goals.

Cancer represents a very significant disease burden for European healthcare systems. In the European Union (EU-25) there are 269,570 new cases of breast cancer and 87,700 deaths due to breast cancer per year.

Globocan 2002, IARC <http://www-dep.iarc.fr>

The facts below provide ample reason for breast cancer to be a main priority on the European Parliament's health-care agenda.



The lifetime risk of developing breast cancer for European women is 1 in 10.



More than 269,570 (EU-25) women in the European Union alone are diagnosed with breast cancer each year, but it is difficult to know the exact number .



There is no common European protocol for recording breast cancer incidence and mortality and even the most well-respected European institutions report differing statistics.



The collection and analysis of breast cancer-related clinical data for statistical use is not uniform, making attempts at national comparisons impossible.



Breast Cancer is the most common malignancy in women.



The incidence of breast cancer is increasing each year.



Breast cancer is the second leading cause of death in all women.



Despite advances in diagnosis and treatment, breast cancer is the leading cause of death in women age 35 to 55.



Nearly 20 percent of all cancer deaths are due to breast cancer.



Women diagnosed with breast cancer need to be involved in understanding their treatment options and are not always offered this opportunity by health care professionals. Moreover, not all patients have access to useful information about breast cancer and support systems available to them.



Breast cancer-related research needs to be better co-ordinated and publicised across Europe.



Women need to know about clinical trials available to them. In the largest ever opinion survey of women with female cancers, only 17% of respondents recalled having been asked to participate in a clinical trial.



The European breast cancer patient's chance of survival is not only significantly better in some countries than in others, but there is also enormous regional variance in certain countries and even from hospital to hospital. Similar disparities exist in terms of access to standard diagnostic and treatment facilities.



Some breast cancer patients experience discrimination in the workplace.



Breast cancer is not just a woman's issue -- a great many men are affected by someone close to them developing breast cancer and 2% of cases occur in men.

### 1. Enabling good health for all

For a woman with breast cancer a return to good health is influenced by where she lives and we want to see the present disparities disappear.

We agree that pro-active, forward looking, long-term measures to promote good health are needed. Such measures should include screening programmes ( as recommended in the Report and Resolution on Breast Cancer in the European Union (2003), the EU Council Recommendation on Breast Cancer Screening (2003) and the third revised edition of the European Code against Cancer (2003)). More pressure needs to be put on Member States to put screening programmes in place.

A common European protocol for recording breast cancer incidence and mortality is needed along with uniformity in the collection of breast-cancer related clinical data for statistical use.

### 2. Good health as a shared responsibility

In many ways good health is a shared responsibility. However, not all cancers can be attributed to lifestyle or making wrong choices.

It is difficult to build partnerships where some players have considerably more resources than others. Patient groups generally are resource poor and, if they are to fully participate, they must be given the resources to do so.

### 3. Health generates wealth

There is no doubt that health expenditure should be seen as a long-term investment. The costs of breast cancer to women, their families, their workplaces and their communities could be brought down by early detection, through the use of screening programmes and health promotion.

#### **4.1 Putting health at the centre of EU policy making**

As regards research in the diagnosis and treatment of breast cancer, we must remember that a great deal of the necessary research is carried out outside the pharmaceutical industry in universities and research institutes. The independent researchers in these institutions carry out research that the pharmaceutical industry does not, eg. Use of already developed drugs for different applications and in different ways, research in non-pharmaceutical areas such as surgery, radiotherapy, epidemiology, psycho-oncology. The contribution of this sector is very important and must be resourced. It must also be better co-ordinated across Europe.

#### **4.2 Mobilising different actors: partnerships for health**

The support of the networking of patients' organisations will have to be adequately resourced.

The public health programme should allow for funding projects relevant to patients' organisations. It also needs to be allocated considerably more resources.

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