



**EUROPEAN COMMISSION**  
HEALTH AND CONSUMERS DIRECTORATE-GENERAL  
Public Health and Risk Assessment  
**Health information**



Luxembourg, 9 December 2009

## **The first preparatory meeting for the European Partnership for Action Against Cancer**

**(Brussels, 7-8 December 2009)**

### **Summary Report**

The meeting was opened by the Commissioner for Health Androulla Vassiliou. She stressed that in the Communication on the European Partnership for Action Against Cancer<sup>1</sup> the Commission had set out its vision and proposals for the Partnership, but that from that point on, the Partnership was in the hand of the participants. The focus of the Partnership will be the activities at European level that can bring added value to Member States' efforts in cancer prevention and control. The active contribution of participants should be the leading criterion for involvement the Partnership and the basis upon which all partners should be assessed in the future and possible new partners agreed.

In continuation the meeting was chaired by Nick Fahy, Head of the Health Information Unit, DG SANCO. He first outlined the basic structure of the Partnership and intentions for the meeting. The objectives laid down in the Communication on the European Partnership for Action Against Cancer are to be achieved by 2020. However, the Partnership is initially planned for a period of 3 years, which will hopefully lead on to the next phases of the Partnership. The partners in the Partnership are expected to make a link with local, regional and national levels. Activities of the Partnership would be structured around four areas: Health promotion and prevention; Identification and promotion of good practice in cancer-related healthcare; A coordinated and collaborative approach to cancer research; Health information, and the collection and analysis of comparable data. Once a year the work should be presented and actions discussed in the yearly Open forum, as well as the Virtual Partnership, which will also enable partners who are not directly involved in Partnership actions to follow what's going on and contribute ideas. The identified actions of the Partnership will have to be presented in the form of a joint action to the call for proposals in 2010. Slovenia has agreed to take the lead in carrying forward the joint action.

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<sup>1</sup> [http://ec.europa.eu/health/ph\\_information/dissemination/diseases/cancer\\_partnership\\_en.htm](http://ec.europa.eu/health/ph_information/dissemination/diseases/cancer_partnership_en.htm)

Stefan Schreck from the Executive Agency for Health and Consumers (EAHC) presented the mechanism of the joint action to participants and criteria that must to be met by different partners in the joint action. Further information on the joint action is also available on the website of the EAHC: <http://ec.europa.eu/eahc/> Following his presentation the participants discussed the specific actions first in parallel workshops and later also in the plenary sessions. The outcome was the list of identified actions and focal points for the preparation of a more elaborate outline of those actions. The participants also discussed some horizontal actions/structures: Virtual Partnership, Open forums, Steering committee.

The participants will receive the template according to which each action should be structured. Preferably the first drafts should be prepared before the New Year holidays and finalised by mid January 2010. Focal points have been identified for individual actions and all interested participants in the action should liaise with them. Focal points should also liaise with Slovenia who will coordinate the joint action.

The Commission intends to invite focal points/work package leaders to a meeting at the end of January. This would allow for timely finalisation of the proposal for a joint action to be submitted before the end of the year.

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## **Annex: Identified actions and focal points under 4 working groups**

### **HEALTH PROMOTION AND PREVENTION**

1. Improving communication of the European Code Against Cancer and targeting population groups  
(Focal Point: Hildrun Sundseth, EIWH)
2. Week against cancer. Focal Point: Association of European Cancer Leagues  
(Focal Point: Wendy Tse Yared, ECL)
3. Young people's involvement in the European Partnership  
(Focal Point: Tom Hudson, ECPC)
4. Screening and early diagnosis
  - a. Developing quality criteria for Health Checks / Grey Screening  
(Focal point: Marlou Bijlsma, NEN)
  - b. International survey of public awareness of cancer symptoms  
(Focal Point: Jane Allberry, UK)
  - c. Exchange of best practices and lessons learned
    - i. Implementation
    - ii. Awareness-raising  
(Focal Point: Machteld Wauters, Euregha)
5. Schools of Screening Programmes' Management (including training and capacity building)  
Focal Point: Slovenia and IARC (Larry von Karsa)
6. *Poss. Exchange of best practices in the area of environmental risk factors (poss Focal Point: Lisette van Vliet, HEAL).*

### **IDENTIFICATION AND PROMOTION OF GOOD PRACTICE IN CANCER-RELATED HEALTHCARE**

1. Integrated and holistic models of care (psychosocial dimension, rehabilitation and long term support for people living with cancer, nutritional support, multidisciplinary)

(Focal Point: Portugal + IPOS (Luzia Travado); and for palliative care: Stein Kaasa, Norway + Lukas Radbruch, EAPC)

## 2. Mechanisms for improving care

(Focal Point: Josep Borrás, Spain)

- a) Platform (using e-health technologies) for exchanging information: inventory of best practices, (possible example areas include rare cancers, paediatric cancers, psychosocial, palliative care). Should include the link to national, regional, and local level

(Focal Points: EUREGHA, Region of Lombardy, COCIR).

- b) Mechanism to develop new guidelines where necessary, such as on work package one on integrated care

(Focal Points: IPOS, Larry Von Karsa, IARC)

- c) European networks, for example on rare cancers; Link to existing pilot networks

(Focal Point: ESMO)

- d) Implementing guidelines in practice, with a focus on inequalities

(Focal Point: Jeni Bremner, EHMA)

## **A COORDINATED AND COLLABORATIVE APPROACH TO CANCER RESEARCH**

1. A cooperation process between industry, Member states and NGOs in financing research – areas could include prevention, palliative care and inequalities (*this work package to be refined by the focal points*).

(Focal Point: Ingrid van den Neucker, ECCO; France?)

## **HEALTH INFORMATION, AND THE COLLECTION AND ANALYSIS OF COMPARABLE DATA**

### 1) Improving information and data

- a. mapping exercise of best practice, the needs and obstacles for maintaining and developing registries
- b. long term follow up of cancer patients by cancer registries (e.g. childhood cancer)

(Focal Point: Eva Steliarova-Foucher IARC, Bo Lindblom, Sweden)

2) Analysing the economic burden of cancer

(Focal Point: Camilla Amati, Italy; Vladimir Stevanovic, OECD)

### **VIRTUAL PARTNERSHIP**

1. Technical implementation of web-based platform for collaboration for people within the Partnership and outside

(Focal Point: Tom van der Wal, ECPC and Slovenia: Sandra.rados@ivz-rs.si)

2. A communication strategy for the Partnership, including material for media and involvement of journalists, and policy on what is presented through the virtual partnership. (Media partner to be sought, such as European Federation of Journalists, or European Broadcast Union)

(Focal Point: Anna Wagstaff, ESO)

### **STEERING COMMITTEE**

*Made up of Member States plus (co)chairs of working groups*

1. Steering Committee + horizontal issues (Slovenia)
2. Link to national cancer plans in Member States, including needs of Member States for support from the Platform (Ireland, Slovenia, Italy?, Malta?).
3. Yearly Open Forum (Slovenia).

### **NEXT STEPS**

- First outlines of work packages (according to template to be circulated) by end December;
- Revised outlines by mid January 2010;
- Meeting of focal points/working party leaders end January/start February 2010;