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NOTE FOR THE FILE

Subject: Meeting organised by the European Commission, DG SANCO, on the European Partnership for Action Against Cancer

Luxembourg, 2 April 2009, JMO M5

Presents: see annex

I. Introduction and welcome

Participants were welcomed to the meeting on **Action Against Cancer: European Partnership** by Nick Fahy, Head of Health Information Unit (SANCO C2). The aim of the meeting was an informal exchange of views regarding the areas and actions proposed in the draft Communication on Action Against Cancer: European Partnership. At the beginning of the meeting it was agreed that views expressed will be summarised in the minutes, but not attributed to individual speakers. A list of participants is enclosed (please see Annex I).

There were two main topics of discussion: the key elements and actions proposed in the draft Communication on Action Against Cancer: European Partnership (please see below), and the structure of the planned European Partnership for Action Against Cancer.

The Communication identifies four main ideas of future action within the frames of the Partnership, which were broadly discussed and confirmed during the meeting:

1. Prevention;
2. Identification and dissemination of good practice in healthcare;
3. Cancer research;
4. Health information and data.

II. Discussion on areas and actions under the European Partnership and its structure

1. Areas and actions

Participants largely agreed with the proposed objectives for action in the field of prevention. It was, however, suggested that it may be useful to stress more clearly the links between primary prevention in the areas of health determinants and certain cancers, e.g. tobacco control and lung cancer. With regards to secondary prevention, the participants broadly agreed on the need for quality-assured cancer screening guidelines, based on sound evidence, to more effectively implement cancer screening programmes on a national, regional and local level. A number of participants pointed out that a more explicit definition of the term quality in the context of cancer screening would facilitate further measures to ensure it on a national level. In this context, the proposed development of a voluntary pilot scheme for accreditation for breast cancer screening and follow-up was broadly endorsed as a means of quality assurance. It was also suggested that guidelines for the management and implementation of cancer screening programmes should be included in the proposed objectives for action under section 2.1 in the draft Communication. Additionally, there was a broad consensus on the importance of the dissemination of information on prevention and the subsequent need to identify and use effective communication tools and strategies. Special focus should be given to health inequalities.

1.2. Identification and dissemination of good practice in healthcare

There was a general agreement with the proposed objectives for action set out in the draft Communication in this section (to identify, share and apply best practice in cancer-related care in order to reduce mortality amenable to healthcare). It was, however, noted that the objectives for action should also include disease-related burden (morbidity), as well as mortality. It was also suggested that proposed actions within this area should include rehabilitation and palliative care. Additional areas highlighted by participants included guidelines on the coordination and organisation of care, which should be written to be accessible to a wide range of relevant users, including nurses. Furthermore, it was discussed whether the work of the Partnership could encompass scenario modelling to predict the future needs of the healthcare sector in relation to cancer. Some participants stressed the feasibility of such studies, whereas others were more sceptical about the validity and added value of such scenarios.

1.3. Cancer research

The proposed objective to coordinate cancer research (from all funding sources) was broadly endorsed by the participants. However, it was debated whether the Partnership should adopt a more narrow focus on cancer research, e.g. primary and secondary prevention, or if the broad scope of cancer research in the draft Communication could be feasibly covered by the initiative. Other research areas identified by the participants include translational research, biobanking and nursing, as well as research on palliative and patterns of care. Moreover, as highlighted by some participants, a number of legal obstacles currently hamper cancer research, and it was suggested that the Partnership should work towards addressing these obstacles. It was emphasised that there is a need to facilitate the linkage of datasets on cancer with other datasets from primary and

secondary care, to help explain cancer survival differences in the EU. Finally studies on gaps in cancer research, such as those produced by the European Cancer Research Managers Forum (ECRM), could provide a valuable basis for future efforts in this field.

1.4. Health information and data

Participants broadly welcomed the objectives set out in the draft Communication. However, the participants also suggested including morbidity data in the objectives for action. Moreover, the ongoing work of the EUROCHIP and other projects within the area of cancer information and data was highlighted as a substantial base for achieving the objectives set out in the Communication (under 2.4)¹. Furthermore, it was pointed out that cancer registries could assist in monitoring the implementation of cancer screening programmes. The issue of legal and bureaucratic obstacles limiting research access to existing data from registries was widely discussed at the meeting. In this context, participants suggested carrying out a Europe-wide survey to gauge public opinion on cancer data registration as a means for public health research and intervention. Lastly, the participants agreed that the termination of the "Europe against Cancer" programme² has had a negative impact on the availability of cancer data and that the proposed European Partnership for Action Against Cancer could reinstate the commitment to collect, use and disseminate data on cancer.

2. Structure of the Partnership

There was broad agreement with the structure foreseen for the Partnership in the draft Communication, including the addition of a Steering Group as proposed in the stakeholder meeting on 11 March, 2009. Remaining questions included the budgetary feasibility of the Partnership and the basis on which the composition of the stakeholder working groups should be determined. The European Commission underlined that, as proposed in the draft Communication, a Joint Action provided the most appropriate structural and financial framework for the initiative (within the frames of the Health Programme). Technical support could be provided through a call for tender (also within the frames of the Health Programme). In addition, there was an extensive discussion about the eligibility for membership. In general, participants agreed that compliance with the Partnership's objectives constituted the crucial prerequisite. Some participants pointed out that the tobacco industry, in particular, should not be a member of the Partnership because its objectives are not in line with those stated in the draft Communication.

¹ Further information about EUROCHIP is available at: <http://www.tumori.net/eurochip>.

² Please see: http://ec.europa.eu/health/ph_overview/previous_programme/cancer/cancer_en.htm.

III. Concluding remarks

The draft "Communication on Action Against Cancer: European Partnership" was largely welcomed as an appropriate and useful basis for further work and discussion. This was the final meeting of the three preparatory meetings organised by the European Commission. The first meeting with stakeholders was held on 11 March and the second meeting with Member States on 25 March, 2009. Once agreed with the participants, the Commission will make public the minutes of all three preparatory meetings publically available on its website and will distribute them to the attendees of the meetings.

Brita Kaltenbrunner-Bernitz

Annex

Surname	Name	Organisation	Country
Arbyn	Marc	Belgian Cancer Centre	Belgium
Autier	Phillipe	IARC - International Agency for Research on Cancer	France
Borras Andrés	Josep M ^a	University of Barcelona	Spain
Capocaccia	Riccardo	Cancer Epidemiology Unit, Istituto Superiore di Sanità	Italy
Carsten	Rose	Lund University Hospital	Sweden
Chil	Arkadiusz	Swietokrzyskie Cancer Center	Poland
Coebergh	Jan Willem	Erasmus University	Netherlands
Coleman	Michel	London School of Hygiene and Tropical Medicine	UK
Dicato	Mario	European School of Oncology	Luxembourg
Eglitis	Janis	Latvian Oncology Center of Riga Eastern Hospital	Latvia
Faivre	Jean	Epidemiology Unit for Digestive Cancers, Registre Bourguignon des Cancers Digestifs	France
Foubert	Jan	Erasmushogeschool	Belgium
Primic Zakelj	Maja	Institute of Oncology	Slovenia
Radbruch	Lukas	Klinik für Palliativmedizin des Universitätsklinikums Aachen	Germany
Sant	Milena	Preventative and Predictive Medicine, Director of Epidemiology Unit, Istituto Nazionale per lo Studio e la Cura dei Tumori	Italy
Ullrich	Andreas	World Health Organization	Switzerland
Vandenbroucke	Anne	Centre Communautaire de Référence	Belgium
von Karsa	Lawrence	IARC - International Agency for Research on Cancer	France
Zatonski	Wiltold	Institute of Oncology, Warsaw	Poland
European Commission			
Brunn	Matthias	DG SANCO	
Fahy	Nick	DG SANCO	
Grant	Hannah	DG SANCO	
Kaltenbrunner-Bernitz	Brita	DG SANCO	
Rincon	Angela	EAHC	