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NOTE FOR THE FILE

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

Luxembourg, 25 March, 2009, JMO M5

Participants: Please see Annex 1.

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). A list of participants is enclosed (see Annex I). 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, which had been circulated to the participants prior to the meeting. At the beginning of the meeting it was agreed that views expressed will be summarised in the minutes, but not attributed to individual speakers.

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 foreseen European Partnership for Action Against Cancer.

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

1.1. Prevention

There was a general agreement that it would be of benefit to distinguish between primary and secondary prevention; nevertheless, both should come under the same pillar of action, which would be divided into two subtitles: health promotion and prevention; and early detection.

It was also stressed that ongoing European activities within the areas of health promotion and prevention relating to cancer, such as tobacco, nutrition, physical activity and environmental efforts, should be further highlighted in the Communication, even if they will be addressed primarily through existing mechanisms rather than the Partnership itself. A number of participants suggested to not only conduct a comprehensive review of all EU policies and legal instruments within the area of tobacco control, but also for the areas of alcohol and nutrition. Furthermore, it was highlighted that health promotion and prevention should as far as possible be tailored to specific population and target groups, e.g. gender, age, cultures and socio-economic groups, taking into account national, regional and local contexts, to ensure as comprehensive and effective public health approach as possible. The need to tackle health inequalities was highlighted in particular. It is also important to raise awareness of the signs and symptoms of cancer to aid early detection. In addition, the prevention of infection-induced cancer should, according to some participants, be further emphasised under this headline.

Question marks were raised about the implications of the development a European pilot accreditation scheme for breast cancer screening¹. The concept of accreditation was broadly explained by the European Commission, and it was underlined that such an accreditation scheme would be *voluntary* for the Member States. The Commission's role should be to assist in providing the tools to facilitate the development of a European accreditation scheme for breast cancer screening, together with the European cooperation for Accreditation (EA).

1.2. Identification and dissemination of good practice in healthcare

The proposed objective of identifying, sharing and applying best practice in cancer-related care in order to reduce cancer mortality amenable to healthcare was broadly endorsed by the participants. A key role for the Partnership in this area would be to structure discussions on the development of guidelines for evidence-based best practise. It was agreed that it would be particularly useful if these guidelines would focus on the organisation of care; providing a tool for the development of a consensus around definitions and models of care. In the development of such guidelines, it will be essential to take into account the respective differences in the structures of the different healthcare systems across the European Union. Generally speaking, there was consensus around the

¹ In accordance with Regulation (EC) No 765/2008 of the European Parliament and of the Council of 9 July 2008 Setting Out the Requirements for Accreditation and Market Surveillance Relating to the Marketing of Products and Repealing Regulation (EEC) No 339/93.

importance of emphasising comprehensive and integrated cancer care. Furthermore, participants generally agreed with the added European value of creating European Centres of Reference to more effectively tackle rare cancers by sharing resources, and best practice and expertise.

1.3. Cancer research

DG Research outlined the scope of cancer research activities of the European Commission, emphasising that the Joint Programming in Alzheimer research could serve as a model for coordination of future cancer research. The ERA-NET tool might also be a good tool of reference². The proposed Partnership objective to strive for better coordination and cooperation in European cancer research (from all funding sources) was welcomed (whilst being recognised as an ambitious objective that might take considerable time to achieve), and participants pointed out that the identification of discrepancies should be complemented by the identification of research priorities. It was also stressed that the Partnership should promote multi-centre studies.

1.4. Health information and data

There was a general endorsement of the proposed objective of ensuring accurate and comparable data for cancer incidence, prevalence, mortality, survival and cure for effective planning and monitoring of cancer strategies throughout the EU. However, to meet this objective it will be important to further define and develop comparable European indicators. This would be a key area of work for the Partnership. Other areas advocated by the participants included data on quality of life and patient satisfaction, socioeconomic status and the cost of cancer to society (direct and indirect costs). In this context, it was agreed that cancer registries should, wherever possible, ensure the coverage of accurate and comparable European data (which will also be an important component in monitoring the planned Partnership).

2. Structure of the Partnership

The foreseen structure of the Partnership was broadly endorsed by the participants, including the additional element of a steering group acting between the Partnership plenary and the working groups, as suggested by the participants of the previous stakeholder meeting (11 March 2009). However, a number of participants underlined the need for more clarity regarding the structure and process of the Partnership, including its accountability and governance arrangements, and transparency and reporting, in the draft Communication. In addition, the importance of a specific Partnership website to facilitate internal and external communication was discussed. In particular, it was agreed that the Commission should extend the current description of the structure of the Partnership to also set out a description of the process of work envisaged by the Commission in establishing and implementing the Partnership.

² Further information about the ERA-Net can be found on: <http://cordis.europa.eu/coordination/era-net.htm>.

Question marks were raised about the suggested financing of the Partnership. The Commission suggested that a Joint Action would be the most suitable funding mechanism (under the Health Programme) to support the Partnership as it allows actions to be jointly proposed by the Community and one or more Member States or by the Community and the competent authorities of other countries participating in the Programme. Furthermore, it was suggested that additional administrative and technical support could be financed via a call for tender (also within the frames of the Health Programme). After much discussion, there was broad consensus that this was probably the best available option; noting the need for further clarification of specific roles under the frames of the Partnership. The need to minimise bureaucracy was also emphasised.

Lastly, concerns were raised as to how to determine the eligibility of stakeholder groups, and it was agreed that all groups willing to participate should comply with the Partnership's objectives and possible conflicts of interest should be declared in order to ensure transparency throughout the Partnership process. Other questions marks included the role of international organisations, such as WHO and OECD. The Commission underlined that these questions should be subject to further discussions within the framework of the Partnership

III. Conclusions – main messages

The draft Communication on Action Against Cancer: European Partnership was largely welcomed as an appropriate and useful basis for further work within the area of cancer on an EU-level. This was the second of the three preparatory meetings organised by the European Commission. The first meeting with stakeholders was held on 11 March, and the final meeting will take place with academic experts to further discuss the same draft Communication on 2 April 2009. The Commission will make public the minutes of all three preparatory meetings on its website (once agreed with the participants) and will distribute the minutes to respective attendees of the meetings.

Brita Kaltenbrunner-Bernitz

ANNEX 1

	Surname	Name	Organisation	Country
1	Arrouas	Magdalena	Ministry of Health	Austria
2	Plank	Veronika	Ministry of Health	Austria
3	Van den Bogaert	Saskia	FPS Health, Food Chain Safety and Environment	Belgium
4	Vandenbulcke	Pieter	Flemish Ministry of Welfare, Public Health and Family	Belgium
5	Azina-Chronidou	Myrto	Ministry of Health	Cyprus
6	Finek	Jindrich	University Hospital, Department of Oncology and Radiotherapy	Czech Republic
7	Jull Sørensen	Andreas	Ministry of Health and Prevention	Denmark
8	Vertio	Harri	Cancer Society of Finland	Finland
9	Ancelle-Park	Rosemary	Direction Generale de la Santé	France
10	Bamberg	Michael	University of Tuebingen Hospital	Germany
11	Budewig	Karen	Federal Ministry of Health	Germany
12	Tzala	Evangelia	Hellenic Centre for Disease Control and Prevention	Greece
13	Gyebnar	Brigitta	Ministry of Health	Hungary
14	Devlin	John	Department of Health & Children	Ireland
15	Lennon	Eugene	Department of Health & Children	Ireland
16	Santoro	Armando	Istituto Clinico Humanitas	Italy
17	Federici	Antonio	Ministry of Labour, Health and Social Policies	Italy
18	Oleari	Fabrizio	Ministry of Labour, Health and Social Policies	Italy
19	Plieskis	Mindaugas	Permanent Representation of Lithuania to the EU	Lithuania
20	Scharpantgen	Astrid	Ministry of Health	Luxembourg
21	Delicata	Nadine	Ministry of Health	Malta

22	Hulleman	Jeroen	Ministry of Health, Welfare and Sport Public Health Department Disease Prevention	Netherlands
23	Travado	Luzia	Ministry of Health	Portugal
24	Gruntar Činč	Mojca	Ministry of Health	Slovenia
25	Saiz Martínez- Acitores	Isabel	Ministry of Health and Consumer Affaires	Spain
26	Halle	Cecilia	Ministry of Health and Social Affairs	Sweden
27	Elliott	Tim	Department of Health, Cancer Policy Team	United Kingdom
European Commission				
1	Nimmesgern	Elmar	DG Research	
2	Brunn	Matthias	DG SANCO	
3	Fahy	Nick	DG SANCO	
4	Grant	Hannah	DG SANCO	
5	Kaltenbrunner Bernitz	Brita	DG SANCO	
6	Zajkowska	Sylwia	DG SANCO	