



Luxembourg, 11 March, 2009
SANCO/C/2/BK/HG/SZ D(2009)

NOTE TO FILE

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

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, 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. A list of participants is enclosed (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 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

It was stressed that ongoing European activities in primary prevention relating to cancer, such as tobacco, nutrition, physical activity and environmental efforts should be further highlighted in the Communication, even if these will be addressed primarily through existing mechanisms rather than the Partnership itself.

The European Code against Cancer needs to be updated to reflect recent scientific developments in the area of cancer prevention. It was also recognised that gender issues relating to prevention (such as differentiated awareness strategies), as well as specific target groups for prevention, should be given more emphasis in the Communication.

The issue was raised regarding whether it would be of benefit to split the prevention section (2.1) of the draft Communication into distinct chapters on primary prevention, and secondary prevention and early diagnosis. However, as these topics are so closely interlinked, it was broadly agreed that the section should remain unified, but that a clear distinction should be made on the issues that surround these topics.

A review of the 2003 Council Recommendation on cancer screening was advocated, in light of recent scientific research in this field. It was largely agreed that the current European guidelines for quality assurance in breast and cervical cancer screening and diagnosis are generally well referenced and respected. Such guidelines are also a powerful tool for patient groups to lobby at a national level. It was also stressed that the importance of quality of life should be given more emphasis, for example in considering the potential benefits of screening.

1.2. Identification and dissemination of good practice in healthcare

The approach set out was broadly endorsed, with participants supporting the proposed Partnership actions of identifying and disseminating best practice for comprehensive cancer care, including psychosocial and palliative care, clinical practice and quality assurance. The overall benchmark of reducing mortality amenable to healthcare was welcomed, although again the quality of life dimension as well as health inequalities should also be taken into account. European guidelines for good practice in health care were generally perceived as a very useful tool for Member States to identify and share information, expertise and best practice to more effectively control cancer. However, it was stressed that such guidelines must be subject to the different contexts of different Member States, as well as the differing levels of guidelines relevant to the various areas of care. It was suggested that European cooperation could focus on areas of particular difference between Member States, for example. The Partnership could also help support the development of cancer plans, for example by identifying key elements to consider for inclusion in them.

1.3. Cancer research

Participants highlighted issues with clinical trials, including lack of transparency, lack of public access to information on successful trials as well as trials not generating anticipated results (often referred to as "unsuccessful trials"), the need to engage patients in the design of trials, and the lack of harmonisation of clinical research despite existing Community legislation.

There was a consensus in agreement with the proposed Partnership objective of further coordinating European research (from all funding resources) by identifying gaps, discrepancies and enhancing research collaboration by bringing together partners in a collective effort to address cancer on an EU level. It was pointed out that the UK has set

up a National Cancer Research Institute to prevent the duplication of cancer research, which reportedly has been a great success. This could possibly be used as model framework for EU coordination of cancer research under the Partnership. Translational research, public health research focused on prevention, research on mechanisms used to predict future needs, psychosocial and palliative care, personalised medicine and the development of targeted therapies were particular areas highlighted for research to be fostered under the Partnership.

1.4. Health information and data

The proposed elements on health information and data were also broadly endorsed, including the suggested indicators for cancer. Participants emphasised the importance of focusing European data and information efforts on health inequalities and cancer. Data protection remains an issue for consideration, for example with regard to its impact on registries and other vital data sources. Healthcare IT is also an important field to take into consideration. Other suggested areas of work included the standardisation of data, and the importance of standardising levels of indicators and data registration and codification across the EU. The key role of national and regional cancer registries in collecting, analysing and disseminating cancer data, information and knowledge in the EU was also underlined. It would also be important to examine best practise in effectively communicating health information to the general public.

2. Structure of the Partnership

The foreseen structure of European Partnership for Action Against Cancer was broadly welcomed as being a framework within which many of the stakeholders indicated they would be happy to participate and contribute to EU-wide efforts to more effectively tackle cancer. The importance of transparency to ensure a fair representation of all stakeholders and to avoid duplication of efforts was underlined. It is also important to continuously evaluate the partnership process to ensure as comprehensive and effective approach to combat cancer on an EU level as possible.

However, a modification was suggested to include a steering group between working groups engaged in the four areas identified for action under the Partnership and the overall Partnership plenary. It was suggested that such a steering group could be comprised of an appropriate and balanced representation from the wider plenary to share internal progress and coordinate areas of ongoing work. This steering group might also help with the preparation of the foreseen yearly open forum meetings. Members of the group should be appointed through a transparent process.

Questions were raised about the anticipated stakeholder contribution to the Partnership and whether this should be specifically stated in the Communication. As underlined by the Commission at the meeting, this is something that should be further discussed and decided within the framework of the proposed Partnership, although it was agreed that there should be some indication as part of the Communication as to the expected input from participating organisations or countries.

III. CONCLUDING REMARKS

The draft Communication on Action Against Cancer: European Partnership was widely accepted as an appropriate and useful basis for further work. In the coming weeks, two

further meetings will take place with Member States and scientific experts to further discuss the same draft Communication. 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.

(Signed)	(Signed)	(Signed)
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Lejeune Stephane (European Organisation for Research and Treatment of Cancer (EORTC))
Porritt Felicity (World Cancer Research Fund)
Schalken Jack (European Association of Urology (EAU))
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