

Scientific Report

European Code Against Cancer

Peter Boyle

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Division of Epidemiology and Biostatistics
European Institute of Oncology
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20141 Milan
Italy

May 2005

1. The Executive Committee to supervise the production of the revised European Code Against Cancer met in Milan on 12-13th September, 2002 immediately following approval and funding of the project by the European Commission (original application as Appendix I). The agenda is enclosed as Appendix II. The participants were welcomed by Professor Veronesi who outlined the development of the *Europe Against Cancer* programme and the *European Code Against Cancer*. Professor Boyle described the evolution of the revisions of the *European Code Against Cancer* and described the temporal pattern of cancer mortality in the European Union between 1950 and 2000. The composition of the Executive Committee is contained in Appendix III.
2. Several key strategic decisions were taken at this meeting including the extension of the Executive Committee to include representatives from European Union Applicant States. The Chairmen of the Scientific sub-Committees were discussed and agreement was reached on their nominations. A list of the Scientific Committee is contained in Appendix IV.
3. The meeting was structured around a wide discussion on topics surrounding the development of the Code (see Appendix V). It became clear that there are three dimensions to the project which require to be developed:
 - **Revision of the European Code Against Cancer.**
 - **Mortality Reduction targets.**
 - **Charter of Citizen's Rights.**
4. **Revision of the European Code Against Cancer and the Scientific Annex.** The project was to improve on the existing Code and the document which already existed to support it. The aim was to be as inclusive as possible and to seek as wide a discussion and consultation as could be achieved. An attempt should be made to put the evidence-based references published since the last revision, on the website as soon as possible. The Code would be translated into all official EC languages as well as those of applicant Member States: it would be evaluated whether it could also be translated into languages such as Catalan, Gaelic and Arabic and those of other significant ethnic or regional groups.
5. **Mortality Reduction targets.** A sub-committee should be established to investigate several scenarios and the likely cancer mortality reduction which could be an achievable target for 2015. This sub-committee would be chaired by Dr Mike Quinn (ONS, London) and would report to the Executive Committee.
6. **Charter of Citizen's Rights.** It was decided to explore the creation of such a charter based initially on the European Code Against Cancer. It was felt that there were a number of areas where stronger statements could be justifiable. For example, while the Code will probably recommend Mammographic Screening for women over age 50, the strength of the issue could be reflected in stating that *a woman in the EU had the right to be able to participate in an organised*

mammographic Screening programme, with high standards of quality control. This will be a standing agenda item for all meetings of the Executive Committee.

7. A Scientific Committee was established which would report and make recommendations to the Executive Committee. This Committee met in Milan in September, 2003. A series of sub-committees were established to report to the Scientific Committee. These would deal with Tobacco, Alcohol, Exercise and Obesity, Sunlight, Exogenous Hormones, Diet and Nutrition, Viruses, Radiation, Occupation and Environment, Screening, Chemoprevention and Genetic Testing. In addition, there would be a committee established to look at the potential impact of new technologies on cancer diagnosis and treatment (*New Technology Committee*). The Scientific Committee would comprise the chairmen of these sub-committees and some additional experts.
8. The Scientific sub-Committees met, either in person or by teleconference, in the following two months. Their conclusions and reports were returned to Professor Boyle and collated. There was a joint meeting of the Scientific Committee and the Executive Committee in Milan in December 2002: the agenda is attached as Appendix VI. At this meeting, each report was discussed and the items to include in the report prioritised. The outcome of this meeting was the development of the first draft of the output of the project.
9. The draft Scientific Justification was edited and collated from the sub-Committee reports and put on a website (in early February 2003) for consultation. Interested parties were given the opportunity to make comments on the draft version of the Code.
10. The Executive and Scientific Committee met in Milan on 10-11 April 2003 to discuss the draft Code and Scientific Justification in the light of the comments from all interested parties including the (open) website: the agenda is enclosed as Appendix VII. Final decisions were made about the content of the Code, its wording and the document with the Scientific Justification (the minutes of this meeting are attached as Appendix VIII).
11. This was one of three key papers resulting from this project (Appendix IX). The report was edited by Peter Boyle and submitted to the Editor of the *Annals of Oncology*. It was accepted for publication and its publication date was anticipated by the Editorial team. Publication was in the July issue of the Annals (see Appendix X) but reprints were made available for the launch of the revised *European Code Against Cancer* at the European Institute of Oncology on 16-17th June, 2003 in an International Symposium (Appendix XI).

Mortality targets for the European Union.

12. In 1986, the European Against Cancer programme was created at a meeting of Heads of States of the European Economic Community (as it was then called). The first target established was to reduce the number of cancer deaths in the EU by 15% by the year 2000 compared to the baseline rates of the mid-1980s. An assessment of this programme indicated that a reduction of over 9% was achieved

resulting in 92,000 fewer deaths than expected in the European Union Member States in the year 2000 (see Appendix XII).

13. The Mortality Targets sub-committee met in Milan on 16-17th January, 2003 and the nature of their work was established together with a timetable and a description of the deliverable. The modelling of cancer rates was done by Alberto d'Onofrio (EIO, Milan) working closely with Bjorn Moller (Norway).
14. At the meeting on 3-4 April, 2003 it was possible to see clearly what was possible to forecast. A manuscript was prepared and subsequently published (see Appendix XIII). From these forecasts, of cancer death rates as well as population projections, it was possible to establish feasible cancer targets for the European Union for 2015.

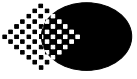
Launch of revised European Code Against Cancer and EU Cancer Mortality targets.

15. In the presence of the members of the Scientific and Executive Committee, the revised European Code Against Cancer and the Mortality Targets for 2015 were launched in Milan on 16-17th June, 2003.
16. Mr David Byrne, European Commissioner, launched the new European Initiative to decrease cancer deaths in the (enlarged) European Union by 20% by the year 2015. This appears feasible given the forecast trends in mortality continuing and the continuing success in tobacco control and screening in the Member States. It would result in 300,000 fewer deaths in 2015 than expected based on the current (year 2000) mortality rates and keep the number of cancer deaths around the 2000 absolute numbers (deaths will rise because of the ageing of the European population).
17. There was a launch Symposium based on the highest quality of European Cancer Research in the company of the Directors of the United States National Cancer Institute (Dr A von Eschenbach), the Japanese National Cancer Institute (Dr T Kakizoe) and the Peter Mac Callum Cancer Centre in Australia (Dr R Thomas). A copy of the programme is attached as Appendix XI.

Deliverables

18. Copies of the articles published so far from this work are included in Appendices X, XII and XIII. These include the revised version of the *European Code Against Cancer*, the evaluation of the initial *Europe Against Cancer* target for 2000 and the materials to assess the trends in cancer mortality in Europe into the near future.
19. Copies of the translated versions of the Code are included in Appendix XIV. It did not prove possible to find an oncologist to ensure the translation into Catalan, Gaelic or Arabic.
20. The demand for reprints has been enormous. The paper on the Code and its Scientific Justification (Appendix X) was the most frequently downloaded

manuscript on the Annals of Oncology website, being downloaded (free) nearly 30,000 times in the year of publication.



European Institute of Oncology

Appendix I

Original Application

PUBLIC HEALTH APPLICATION FOR FUNDING

European Commission

Public Health Directorate
DG SANCO/G
L-2920 LUXEMBOURG
Fax: (352) 43.01.3.45.11

To be completed by the Commission

SAGA registration no:

- * Name of applicant organisation: Istituto Europeo di Oncologia
- * Member State: Italy
- * Name of project leader: Prof Peter Boyle PhD
- * Title of project: Evaluation and Revision of the European Code Against Cancer
- * Reference of call for proposals: Prof Peter Boyle
- * Date of dispatch to the Commission: 31.01.2001

To enable us to deal with your dossier correctly, please indicate below the main subject area of this project (one cross at most)

SANCO/G/2: Cancer
 Drug-Addiction
 Pollution-related diseases

SANCO/G/3: Health education and/or promotion, information and training in the field of public health
 Prevention of accidents and injuries
 Health surveillance

SANCO/G/4: AIDS and other communicable diseases
 Rare diseases

PART ONE

Administrative and budgetary information

Mark a cross in the boxes which correspond exactly to your project

FIELD OF ACTIVITY

SANCO/G/2

- Cancer
- Drug addiction
- Pollution-related diseases

SANCO/G/3

- Health education and/or promotion
- Information and formation in the field of health
- Health surveillance
- Deliberate and accidental injuries and accidents outside the workplace

SANCO/G/4

- | | |
|---|---|
| <input type="checkbox"/> AIDS and other communicable diseases | <input type="checkbox"/> AIDS |
| | <input type="checkbox"/> Other communicable diseases |
| | <input type="checkbox"/> Emerging diseases |
| | <input type="checkbox"/> Surveillance network |
| <input type="checkbox"/> Rare diseases | <input type="checkbox"/> Establishment of European information network |
| | <input type="checkbox"/> Training and updating of professional skills |
| | <input type="checkbox"/> Promotion of transnational cooperation |
| | <input type="checkbox"/> Surveillance of rare diseases at Community level |

TYPE OF PROJECT

- | | |
|--|---|
| * Innovative approaches, pilot project, "model" project <input type="checkbox"/> | * Creation and operation of networks <input type="checkbox"/> |
| * Evaluation and review <input checked="" type="checkbox"/> | * Conference <input type="checkbox"/> |
| * Coordination of activity <input type="checkbox"/> | * Seminar <input type="checkbox"/> |
| * Feasibility studies <input type="checkbox"/> | * Symposium <input type="checkbox"/> |
| * Communication <input type="checkbox"/> | |
| *Other (please specify): <input type="checkbox"/> | |
| | |
| | |

METHODS

- | | |
|--|--|
| * Primary prevention <input type="checkbox"/> | * Data collection <input type="checkbox"/> |
| * Secondary prevention, including screening <input type="checkbox"/> | * Training <input type="checkbox"/> |
| * Care, special schemes <input type="checkbox"/> | * Epidemiology <input type="checkbox"/> |
| * Social reintegration <input type="checkbox"/> | * Prevention policy, health care systems <input checked="" type="checkbox"/> |
| * Public information <input type="checkbox"/> | * Health education <input type="checkbox"/> |
| * Exchanges of information and experience <input type="checkbox"/> | |
| *Other (please specify): <input type="checkbox"/> | |
| | |
| | |

* Is the project complementary to a project previously supported by the Commission?

YES NO

* Is it a new project?

YES NO

* Are other partners involved?

YES NO

If so, please turn to part 2 item 5

* What other Member States are involved?

Austria

Italy

Belgium

Luxembourg

Denmark

Netherlands

Finland

Portugal

France

Spain

Germany

Sweden

Greece

United Kingdom

Ireland

What other, non-member countries are involved?

.....
.....

PROPOSED TIMETABLE

* Planned start of project: June 2001

* Duration of project (number of months): 18 months

PART TWO

Detailed description of the project

(In French, English or German if possible)

(Sections to be completed irrespective of field of activity)

N.B. : Do not write outside the boxes or add extra pages.

1) Statement of project aims

To evaluate the current *European Code Against Cancer*
To revise, where necessary, the *European Code Against Cancer*
To prepare an updated scientific justification for the Code (Annex)
To have as wide a consultation as possible on the revised Code.
To prepare translations of the Code into all EC languages (plus applicant Member States)
To present Code to European Commission and Medical Press.

2) How does your project relate to what has already been done in the field?

The European Code Against Cancer was originally drawn-up and endorsed by the high-level Committee of Cancer Experts in 1987 and a second version was adopted by the Cancer Experts Committee in 1994. The Code was designed to assist the strategy of reducing cancer mortality in Europe and has been widely used. Since the last revision of the Code, there have been many advances in knowledge in the area of Cancer Prevention which need to be evaluated in the European context and decisions taken as to whether previous recommendations need modified and whether new recommendations can be made (and what they should be).

3) Description of task/sequence of work/timetable

(This section must be completed with great care as it will be incorporated into the contract to be signed by the applicant if the project is approved)

June 2001	Appointment of Executive Committee
June 2001	Appointment of Working Group
September 2001	Initial Meeting of Working Group to consider the issues requiring discussion;
December 2001	Working Group discusses a draft revision of the Code
January 2002	European wide consultation regarding the revised Code begins
April 2002	Finalisation of revised <i>European Code Against Cancer</i>
July 2002	Final round of consultation regarding revised Code.
October 2002	Translation of <i>European Code Against Cancer</i> and Annex into all official EC and those of applicant Member States;
November 2002	Submission of Final Report, including an evaluation of the overall process, to European Cancer Advisory Committee and the European Commission

N.B. Do not write outside the box

4) Applicant's ability to attain the objectives set

(Experience, facilities, etc.)

Curriculum vitae (attached separately)

Brief description of the applicant body (aims, previous and current activities, etc.)

The Division of Epidemiology and Biostatistics of the European Institute of Oncology commenced its activities in June 1991 and the hospital opened in June 1994. The European Institute of Oncology is a multidisciplinary Institute for the research and treatment of cancer. It has 205 in-patients beds, a day hospital, seven operating rooms, modern radiotherapy equipment and has active programmes in all forms of cancer, excluding brain tumours and childhood cancers. The treatment activities are supplemented by an active programme of Clinical Trials, fundamental Laboratory Research and an international programme in Epidemiology and Prevention. The staff is multidisciplinary and international, being drawn from over 30 different countries, mainly European.

N.B. Do not write outside the box

- 5) Partnership: State name, address, telephone and fax numbers of bodies from other Member States taking part in the project
Please attach a letter on intent from the partners attesting to their participation in the project

This is a project which will encompass every Member State in the European Union and also candidate Member States. The Working Group shall be multidisciplinary and comprise representatives from each Member State. Opinions shall be sought at several key stages of the process from as many organisations, both Governmental and Non-Governmental as well as National and International, as possible.

- 6) Community dimension and Community added value (please provide full details)

The *European Code Against Cancer* is a project which aims to assist Cancer Control throughout the European Union. It is possible to conceive a national approach, but the use of all available expertise in Cancer Control in the European Union to focus on the same issue at the same time, brings additional scientific knowledge and resources to bear on the subject. The final product benefits from this input and discussion.

- 7) Expected results of the project

Revised European Code Against Cancer
Annex with scientific justification of the revised Code.
Exchange of information, experience and best practice in Cancer Control throughout the European Union
Increased prospects for reducing cancer mortality in the European Union.

N.B. Do not write outside the boxes

8) Assessment and follow-up of the project (provide details of funding expected for this activity at the end of the current project)

- * At the end of the project a report will be submitted to the EC Cancer Advisory Committee and to the European Commission.
- * A scientific publication shall be prepared for publication in a major European Cancer Journal.
- * Publications will also be prepared in the local languages of some countries (as last model).
- * Following the model for the last revision of the Code (1987 onwards), the Commission used the Code as the basis of European Cancer Weeks and funded European wide campaigns.

9) Utilisation and dissemination of results among the scientific community and the general public

Publishing Code and Annex (scientific review and justification) with wide dissemination.
National publications in national language.
Press and media briefings, statements and reports.
Project web site (to ensure the widest consultation possible in the revision of the Code).
Potential use in European Cancer Weeks

10) Methods

The Executive Committee (4-5 members) shall supervise the project and identify a Working Group (15-20 members). The individual items of the current Code shall be reviewed at the first plenary meeting and potential modifications (alterations, omissions and additions) shall be discussed. A draft revised Code shall be posted on the Website and a formal request for evaluation sent to all major national and European Cancer organisations (Cancer Leagues, NGOs, etc). After this consultation process, all comments shall be reviewed in a plenary session of the Working Group. The final version shall be approved by the Executive Committee and this version shall be sent around again for consultation prior to finalisation. The final version of the revised Code and the Annex shall be submitted to the Cancer Advisory Committee and the European Commission.

N.B. Do not write outside boxes

IMPORTANT NOTICE: *this two-page summary sheet will be used for information of the members of the Committee established for the 3rd Action Plan to combat cancer. It is essential that it is filled in carefully. Answers have to be based on the corresponding chapters of the main funding application form. Please write inside boxes-annexes are not permitted.*

FUNDING APPLICATIONS WILL NOT BE ACCEPTED IF THIS SUMMARY SHEET IS NOT COMPLETED CORRECTLY

(for official use)

/CAN/

SUMMARY APPLICATION FOR FUNDING

Name of applicant organisation: Istituto Europeo di Oncologia

Member State: Italy

Name and qualification of project manager: Prof Peter Boyle

Tel n. + 39 02 57 48 98 15/16

Fax n. +39 02 57489922

E-mail: peter.boyle@ieo.it

Title of project: Evaluation and Revision of the European Code Against Cancer.

Statement of the project's scientific bases and aims

The *European Code Against Cancer* was originally drawn-up and endorsed by the high-level Committee of Cancer Experts in 1987 and a second version was adopted by the Cancer Experts Committee in November 1994. The *European Code Against Cancer* has been widely used including serving as the basis for the European Cancer weeks since 1995. The Code was designed to assist the strategy of reducing cancer mortality in Europe by 15% by the year 2000, a strategy which has led to an estimated reduction of 10% in cancer death risk in Europe by that time. Within the European Union considerable differences in changes in cancer occurrence do exist with satisfactory decreases in Luxembourg, Austria, United Kingdom, Italy and Finland while death rates continue to rise in Spain, Portugal and Greece. There are two main reasons for a reassessment of the European Code Against Cancer: (1) although Cancer Control has made undoubted progress, there are still great efforts to be made; and (2) there have been findings in the past years which could usefully be considered for recommendations (e.g. Colorectal Cancer Screening, EMF exposures (particularly mobile telephones), Breast Cancer Screening in young women (under 50) and women with a BRCA1 or BRCA2 mutation, Prostate Cancer Screening, use of Sunscreens. It is proposed to create a multidisciplinary Working Group comprising experts from all the EU Member States to evaluate the *European Code Against Cancer* and to consider alterations to the existing Code.

Proposed Timetable

Planned start of project: June 2001

Duration of project (number of months): 18

New project:

or continuation of on-going project:

Total estimated budget in Ecus: 654, 626 EURO

Community funding requested: 458,000 EURO

Description of tasks and work (including methodology and evaluation)

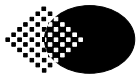
Appointment of Working Group to determine and manage the overall process;
Initial Meeting of Working Group to consider the issues requiring discussion;
Identification of additional experts, or Expert Groups, to be consulted on specific issues;
Preparation of a draft revision of the European Code Against Cancer and the accompanying Annex;
European wide consultation regarding the revised Code;
Finalisation of revised European Code Against Cancer incorporating all comments received;
Translation of European Code Against Cancer and Annex into all official EC languages and those of applicant Member States;
Submission of Final Report, including an evaluation of the overall process, to European Cancer Advisory Committee and the European Commission;
Publication of European Code Against Cancer and Annex in European Medical Journals.

Expected results and proposed dissemination / utilisation of results

The revised *European Code Against Cancer* will be widely disseminated Europe-wide in the medical press, the lay press and among members of the scientific community and the general public. It shall be available for use in prioritising cancer prevention targets in the community and having a scientific explanation available to justify any such actions. It shall continue to serve as the basis of European Cancer Weeks and individual prevention campaigns. It shall contribute to Cancer Control in Europe.

Collaboration with partners from other Member States (name, address, telephone and fax numbers)

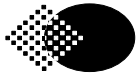
Bibliography



European Institute of Oncology

Appendix II

**Agenda of Steering Committee
12-13th September 2002**



European Institute of Oncology

European Code Against Cancer (Third Version)

Steering Committee

First Meeting of Participants

European Institute of Oncology
Via Ripamonti 435
20141 Milan
Italy

12-13th September 2002

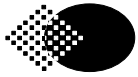
Agenda

The purpose of this meeting is to outline the aims of goals of the above project, to discuss the scope of the project and the timelines.

The project to review and re-cast the European Code Against Cancer has been funded by the Europe Against Cancer programme of the European Commission.

The aims of the project include:

- To evaluate the current *European Code Against Cancer*
- To revise, where necessary, the *European Code Against Cancer*
- To prepare an updated scientific justification for the Code (Annex)
- To have as wide a consultation as possible on the revised Code.
- To prepare translations of the Code into all EC languages (plus applicant Member States)
- To present Code to European Commission and Medical Press.



Thursday 12th September 2002

10:55 am	Chairman's Introduction and Welcome	P Boyle
11:00 am	<i>Europe Against Cancer</i> Programme	U Veronesi
11:15 am	History of <i>European Code Against Cancer</i>	P Boyle
11:45 am	Evaluation of <i>Europe Against Cancer</i> Target 2000	P Boyle

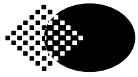
Lunch will be served between 1 and 2pm

2:00 pm	Definition and Scope of the current project	All
	<ul style="list-style-type: none">• Primary Prevention• Screening• Genetics• Treatment	

Coffee Break between 3:30 and 4pm

4 pm	Definition and Scope (continued)	All
5pm	General Discussion of Project and Objectives	

The meeting will close at 5:30 pm and there shall be a dinner for all participants that evening.



European Institute of Oncology

Friday 13th September 2002

9:00 am	Setting Targets for Cancer Incidence and Mortality United Kingdom targets	M Richards *
9:45 am	Ethical Considerations in Making Population Recommendations	C R Gillis *
10:15a m	Showcasing European Cancer Research and Treatment	H Bartelink J Baselga * U Ringborg *

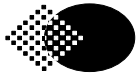
Coffee Break will be held between 10:45 and 11:15

11:15a m	Showcasing European Cancer Research and Treatment	H Bartelink J Baselga * U Ringborg *
11:45	Organisation of <i>European Code Against Cancer</i> project (guidelines and nominations for scientific sub-group membership)	P Boyle
12:45am	Project Deliverables and Timelines	All

Lunch will be served between 1 and 2pm

2:00 pm	Central and Eastern Europe: Applicant Member States	W Zatonski
2:30 pm	European Cancer Leagues	L Christensen W Weber
3:00 pm	Departments of Health	F Oleari * M Richards * R Barrington *
3:30 pm	Citizen's Cancer Charter	P Boyle
3:50 pm	Establishment of Executive Sub-Committee and Concluding Discussions	
4:00 pm	Conclusion of Meeting	

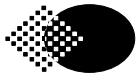
* *unable to participate. Item held over until next meeting*



European Institute of Oncology

Appendix III

Membership of Executive Committee



European Institute of Oncology

European Code Against Cancer

Membership of Executive Committee

Name	Speciality	Country
Phillipe Autier	Epidemiology	Luxembourg
Harry Bartelink	Clinical Oncology	Netherlands
Jose Baselga	Clinical Oncology	Spain
Harry Burns	Public Health	United Kingdom
Lily Christensen	Cancer Leagues	Norway
Louis Denis	International NGOs	Belgium
Mario Dicato	Clinical Oncology	Luxembourg
Volker Diehl	Clinical Oncology	Germany
Laima Gricuite	Cancer Control	Lithuania
Mikos Kasler	Clinical Oncology	Hungary
Stener Kvinnsland,	International NGOs	Norway
Gordon McVie	Cancer Control	United Kingdom
Jose Maria Martin-Moreno	Health Department	Spain
Fabrizio Oleari	Health Department	Italy
Mike Richards	Health Department	United Kingdom
Ulrik Ringborg	Clinical Oncology	Sweden
Eva Siracka	Cancer Leagues	Slovakia
Maurice Tubiana	Clinical Oncology	France
Thomas Tursz	Clinical Oncology	France
Walter Weber	Cancer Leagues	Switzerland
Harald zur hausen	Cancer Research	Germany
Witold Zatonski	Epidemiology	Poland
David Zaridze	Carcinogenesis	Russian Federation

Observers

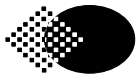
Harmon Eyre	Cancer leagues	United States of America
Miri Ziv	Cancer leagues	Israel



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Appendix IV

Membership of Scientific Committee



European Institute of Oncology

European Code Against Cancer

Scientific Committee

Sub-committee

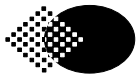
Tobacco
Exercise and Obesity
Alcohol
Sunlight
Exogenous Hormones
Diet and Nutrition

Viruses
Radiation
Occupation and Environment
Population Screening
Chemoprevention
Genetic Testing
New Technologies

Chair

Sir Richard Doll (United Kingdom)
Allan Hackshaw (United Kingdom)
Paolo Boffetta (France)
Julia Newton-Bishop (United Kingdom)
Carlo La Vecchia (Italy)
Fabio Levi (Switzerland)
Witold Zatonski (Poland)
Silvia Franceschi (France)
Hans Storm (Denmark)
Manolis Kogevinas (Spain)
Nicholas Wald (United Kingdom)
David Zaridze (Russian Federation)
John Burn (United Kingdom)
Gordon McVie (United Kingdom)

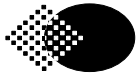
Paul Perrin (France)
Mike Quinn (United Kingdom)
Charles Gillis (United Kingdom)
Nigel Gray (Australia)
Patrick Maisonneuve (Italy)



European Institute of Oncology

Appendix V

**Minutes of Steering Committee Meeting
12-13th September 2002**



European Institute of Oncology

European Code Against Cancer

Executive Committee

Minutes of First Meeting

12-13th September, 2002

**European Institute of Oncology
Via Ripamonti 435
20141 Milan
Italy**

In attendance: Philippe Autier, Harry Bartelink, Lilly Christensen, Louis Denis, Nigel Gray, Carlo La Vecchia, Gordon McVie*, Fabrizio Oleari, Cris Scully*, Umberto Veronesi, Walter Weber, Witold Zatonski*, Maria Elena Leon (EIO), Peter Boyle (Chair)

Apologies: Jose Baselga, Harry Burns, Volker Diehl, Mario Dicato, Harmon Eyre, Charles Gillis, Jose Martin-Moreno, Michael Richards, Ulrik Ringborg, Maurice Tubiana, Thomas Tursz, Harald zur Hausen.

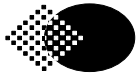
* *Friday only.*

September, 2002

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 - **Mortality Reduction targets.**
 - **Charter of Citizen's Rights.**
3. **Revision of the European Code Against Cancer and the Scientific Annex.** The project was to improve on the existing Code and the document which already existed to support it. The aim was to be as inclusive as possible and to seek as wide a discussion and consultation as could be achieved. An attempt should be made to put the evidence-based references published since the last revision, on the website as soon as possible. The Code would be translated into all official EC languages as well as those of applicant member states: it would be evaluated whether it could also be translated into languages such as Catalan, Gaelic and Arabic and those of other significant ethnic or regional groups.
4. **Mortality Reduction targets.** A sub-committee should be established to investigate several scenarios and the likely cancer mortality reduction which could be an achievable target for 2015. This sub-committee would be chaired by Dr Mike Quinn (ONS, London) and would report to the Executive Committee.
5. **Charter of Citizen's Rights.** It was decided to explore the creation of such a charter based initially on the European Code Against Cancer. It was felt that there were a number of areas where stronger statements could be justifiable. For example, while the Code will probably recommend Mammographic Screening for women over age 50, the strength of the issue could be reflected in stating that *a woman in the EU had the right to be able to participate in an organised mammographic Screening programme, with high standards of quality control*. This will be a standing agenda item for all meetings of the Executive Committee.
6. A Scientific Committee was established which would report and make recommendations to the Executive Committee. A series of sub-committees were established to report to the Scientific Committee. These would deal with Tobacco, Alcohol, Exercise and Obesity, Sunlight, Exogenous Hormones, Diet and Nutrition, Viruses, Radiation, Occupation and Environment, Screening, Chemoprevention and Genetic Testing. In addition, there would be a committee established to look at the potential impact of new technologies on cancer diagnosis and treatment (*New Technology Committee*). The Scientific Committee would comprise the chairmen of these sub-committees and some additional experts. The list of sub-committees and their chairmen is outlined in table 1.
7. There was a widespread discussion of the extent of the project and how to deal with the situation in variations in outcome. In particular, it was estimated that between 50,000 and 100,000 cancer deaths per annum could be avoided in the EU by being treated in a specialist centre. In addition, there was a large effect of Deprivation on outcome and additional cancer

deaths could be potentially avoided. It was agreed to establish a sub-committee of the Executive Committee to report on this: it would be chaired by Harry Burns.

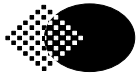
8. The process was discussed and agreed. The scientific sub-committees would be established with between 4-6 members on each, selected on the basis of ability bearing in mind the need for a geographical and specialist mix overall. Each committee would prepare recommendations and a brief scientific justification (2-3 pages, 15 references, one table or figure). These reports would be submitted to the Executive Committee in December, 2002 and decisions taken about what to include in the Code and what order to maintain in the Code. The final draft would be put on the website for comments in late January 2003. The final version would be agreed at the meeting of the Executive Committee in March 2003. It would be launched on Monday 16th June 2003 in Milan and it was envisaged to invite Mr David Byrne (European Commissioner for Public Health) to make the presentation. At the suggestion of the Committee, this would be followed (on Tuesday 17th June) by a one-day Symposium highlighting the *Contribution from Europe to Cancer Prevention and Research*. The *European Code Against Cancer* would also be presented at the opening session of ECCO in Copenhagen, in September 2003.
9. While this process was on-going, there would be a widespread discussion and dialogue with the European Cancer Leagues and Ministries of Health. Lilly Christensen, President of the European Cancer Leagues, would liaise between the Executive Committee and the Cancer Leagues so that this dialogue was initiated as early in the project as possible and so that it could be as widespread as possible. It was possible that the revised European Code Against Cancer could be the theme of the European Cancer Week in October 2002.
10. A number of other issues resulted in several decisions:
 - The aim was to have the project completed for presentation on 16th June, 2003.
 - A website should be established. Publicity concerning this should be made in announcements in *News* Sections and *Letters* sections of major general journals as well as cancer journals. Peter Boyle was to prepare a letter for sending to such journals on behalf of the Executive Committee.
 - Peter Boyle was delegated to attempt to get the issue on a meeting of the *European Parliament Health Forum* in March, 2003.
 - We should contact several MEPs and also the wife of the Polish Prime Minister to get political support for our activities.
 - There would be two *official* versions of the Code, in **English** and in **French**.
11. While several distinct issues were relevant for Central and Eastern Europe, it was agreed that there was no need to prepare a separate version of the Code for this region. An important issue was to have input from specialists from that region and the Committee extended invitations to some new members including Professor Miklós Kásler (Hungary), Professor Lima Gricuite (Lithuania), Dr Maja Primic-Zakelic (Slovenia) and Dr. Eva Sirac (Czech Cancer League).
12. It was agreed that the Executive Committee would meet again in December 2002 and then in March 2003 and June 2003. The date of the next meeting was agreed as 9-10th December 2002 in Milan.



European Institute of Oncology

Appendix VI

**Agenda for Executive and Scientific Committee Meeting
10-11th December 2002**



Memorandum

To: Executive Committee, European Code Against Cancer Project

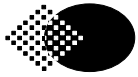
From Peter Boyle

Date 8th December, 2002

Re Provisional Agenda for Second Meeting of Executive Committee
10th -11th, December 2002 in the EIO, Milan, Italy.

1. The second meeting of the Executive Committee will take place at the European Institute of Oncology, in Milan, Italy on 10th and 11th December, 2002. A revised Agenda is enclosed.
2. The December Meeting will last for two days. The first day we shall go over all the sub-Committee reports in a joint meeting with the Scientific Committee. On the second day, we will discuss the revision of the Code emphasizing the dimensions presented by the Cancer Leagues, Health Departments and our colleagues for Central and Eastern Europe.
3. The outcome of each sub-Committee will be discussed during the meeting and the copies of the current versions of each will be distributed. Together with the presentation of each group Chairman, these will form the basis of the scientific discussion today.
4. A draft report, in the format envisaged for publication, shall be distributed before the end of the meeting.
5. There shall be a dinner for everyone there on the evening of Tuesday 10th December and a dinner for the remaining Executive Committee members on Wednesday 11th December.

Peter Boyle.



European Institute of Oncology

European Code Against Cancer (Third Version)

Executive Committee

Second Meeting of Members

European Institute of Oncology
Via Ripamonti 435
20141 Milan
Italy

10th - 11th December 2002

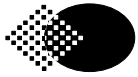
Agenda

The purpose of this meeting is to present and review all the reports for the sub-Committees. These will be discussed and the scientific basis of the recommendations to be included in the revised European Code Against Cancer will be reviewed.

The project to review and re-cast the European Code Against Cancer has been funded by the Europe Against Cancer programme of the European Commission.

The aims of the project include:

- To evaluate the current *European Code Against Cancer*
- To revise, where necessary, the *European Code Against Cancer*
- To prepare an updated scientific justification for the Code (Annex)
- To have as wide a consultation as possible on the revised Code.
- To prepare translations of the Code into all EC languages (plus applicant Member States)
- To present the Code to European Commission and Medical Press.



Tuesday 10th December 2002

This shall be a joint meeting with the Executive and Scientific Committee. We shall review the revised Code and Scientific Report bearing in mind the previous day's discussion and also taking into account the comments from the Cancer Leagues, Health Departments and other experts.

9:00 am Chairman's Introduction and Welcome
Approval of Minutes of First Meeting of Executive Committee
Status Report on Project P Boyle

9:15 am Presentation and Discussion of sub-Committee reports

- Tobacco Sir Richard Doll
- Alcohol Paolo Boffetta
- Exercise and Obesity Allan Hackshaw
- Sunlight Julia Newton-Bishop*
- Diet and Nutrition Fabio Levi and Witold Zatonski
- Exogenous Hormones Carlo La Vecchia

Coffee Break will be held between 10:30 and 11:00

11:00 am Presentation and Discussion of sub-Committee reports (continued)

- Viruses Silvia Franceschi
- Radiation Hans Storm
- Occupation and Environment Manolis Kogevinas
- Population Screening Nicholas Wald
- Chemoprevention David Zaridze
- Genetic Testing John Burn*
- New Technologies Gordon McVie

Lunch will be served between 1 and 2pm

2:00 pm Discussion of Recommendations for *European Code Against Cancer*

3:00 pm Setting Targets for Cancer Incidence and Mortality
United Kingdom targets M Richards

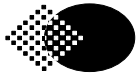
Coffee Break between 3:30 and 4pm

4:00 am Ethical Considerations in Making Population Recommendations
Charles R Gillis

4:30 pm Launch of Code on 16th-17th June, 2003 in Milan and details of Launch Symposium.

4:45 pm Concluding discussion.

** unable to participate on this occasion*



European Institute of Oncology

Wednesday 11th December 2002

9:00 am Discussion of Joint Meeting with Scientific Committee
9:15 am Draft of *European Code Against Cancer* P Boyle
10:00 European Cancer Leagues L Christensen
W Weber

Coffee Break will be held between 10:30 and 11:00

11:00 am Departments of Health J Martin-Moreno
F Oleari
12:00 noon Central and Eastern Europe: Applicant Member States W Zatonski
E Siracká
M Kasler
L Gricuite

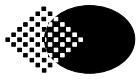
Lunch will be served between 1 and 2pm

2:00 pm Ethical Considerations in Making Population Recommendations C R Gillis
2:45 pm Citizen's Cancer Charter P Boyle

Coffee Break between 3:30 and 4pm

4:00pm Showcasing European Cancer Research and Treatment H Bartelink
J Baselga
U Ringborg*
4:30pm Application for Continuation of the Project (2003-2004)
4:30 pm General Discussion of Project and Objectives

The meeting will close at 4:45 pm and there shall be a dinner for all participants that evening.



European Institute of Oncology

Appendix VII

**Agenda for Executive and Scientific Committee Meeting
10-11th April 2003**



European Institute of Oncology

Memorandum

To: Executive and Scientific Committee, European Code Against Cancer Project

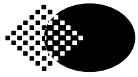
From Peter Boyle

Date 25th March, 2003

Re Provisional Agenda for Joint Meeting of Executive and Scientific Committee
10th -11th, April 2003 in the EIO, Milan, Italy.

6. The Joint Meeting of the Executive and Scientific Committee will take place at the European Institute of Oncology, in Milan, Italy on 10th and 11th April, 2003. Together with this message, members will find a Travel Form and are invited to reply as soon as possible. A Provisional Agenda is enclosed.
7. The revised version of the *European Code Against Cancer* is currently out for consultation and is available on the website www.cancercode.org. Comments received shall be discussed at the meeting in April and the Code shall be finalized.
8. The April Meeting will last for two days. The first day we shall go over all comments and finalise the Code. Another important decision shall be to discuss some *Cancer Targets* for the future. The Targets sub-Committee shall make a presentation at the meeting to give an outline of the potential scenario for 2010, 2015 and 2020.
9. The revised *European Code Against Cancer* shall be launched at the European Institute of Oncology in Milan on 16th June 2003 by the European Commissioner, David Byrne. The following day there shall be a launch Symposium **Clinical Cancer Research in Europe** which shall highlight the contribution of Europe to progress in Clinical Cancer Research. Details are available on our website (www.ieo.it).
10. There shall be a dinner for everyone there on the evening of Thursday 10th April.

Peter Boyle



European Institute of Oncology

European Code Against Cancer (Third Version)

Joint Meeting Executive and Scientific Committee

European Institute of Oncology
Via Ripamonti 435
20141 Milan
Italy

10th - 11th April 2003

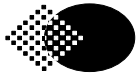
Provisional Agenda

The purpose of this meeting is to present and review all the comments received regarding the revised version of the European Code Against Cancer. These will be discussed and the Code shall be finalized at this meeting.

The project to review and re-cast the *European Code Against Cancer* has been funded by the *Europe Against Cancer* programme of the European Commission.

The aims of the project include:

- To evaluate the current *European Code Against Cancer*
- To revise, where necessary, the *European Code Against Cancer*
- To prepare an updated scientific justification for the Code (Annex)
- To have as wide a consultation as possible on the revised Code.
- To prepare translations of the Code into all EC languages (plus applicant Member States)
- To present the Code to European Commission and Medical Press.



European Institute of Oncology

Thursday 10th April, 2003

This shall be a joint meeting with the Executive and Scientific Committee. We shall review the revised Code and Scientific Report taking all comments received into account. The Code shall be finalized at this meeting. In addition, there shall be a discussion of the European Cancer targets for the coming years.

10:00 am Chairman's Introduction and Welcome
Status Report on Project P Boyle

10:15 am Discussion of the Code and Comments

Coffee Break will be held between 11:15 and 11:45

11:45 am Discussion of the Code and Comments

Lunch will be served between 1 and 2pm

2:00 pm Finalisation of the Code.

Coffee Break between 3:30 and 4pm

4:00 pm Cancer in the European Union, 1950 to 2025 M Quinn
A d'Onofrio

5: 30 pm Meeting closes

The meeting will close at 5:30 pm and there shall be a dinner for all participants that evening.



European Institute of Oncology

Friday 11th April, 2003

9:00 am Ethical Considerations in Making Population Recommendations
Charles R Gillis

9:45 Discussion of European Cancer Targets.

Coffee Break will be held between 11:00 and 11:30

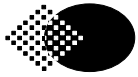
11:30 Citizen's Rights P Boyle

12:00 Concluding Discussion
Public Health
Cancer Leagues
Departments of Health

12:45 pm Launch of Code on 16th-17th June, 2003 in Milan and details of Launch Symposium.

12:55 Closing Remarks P Boyle

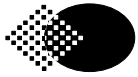
The meeting will close at 1:00 pm and there shall be a lunch served for all participants.



European Institute of Oncology

Appendix VIII

**Minutes of Executive and Scientific Committee Meeting
10-11th April 2003**



European Institute of Oncology

European Code Against Cancer

Executive Committee Scientific Committee

Minutes of Joint Meeting

10-11th April, 2003

**European Institute of Oncology
Via Ripamonti 435
20141 Milan**

Italy

In attendance: Phillipe Autier (Luxembourg), Peter Boyle (EIO) Chairman, Mario Dicato (Luxembourg), Alberto D'Onofrio (EIO), Charles Gillis (UK), Nigel Gray (Italy), Alan Hackshaw (UK), Miklos Kasler (Hungary), Carlo La Vecchia (Italy), Maria Elena Leon (EIO), Fabio Levi (Switzerland), Patrick Maisonneuve (EIO), Gordon McVie (UK), Mike Quinn (UK), Lewis Rowett (UK), Eva Siracka (Slovakia), Hans Storm (Denmark), Laima Gricuite (Lithuania), Witold Zatonski (Poland), David Zaridze (Russia).

Apologies: Jose Baselga, Harry Bartelink, Paolo Boffetta, John Burn, Harry Burns, Lily Christensen, Louis Denis, Volker Diehl, Richard Doll, Harmon Eyre, Silvia Franceschi, Manolis Kogevinas, Stener Kvinnsland, Jose Martin-Moreno, Julia Newton-Bishop, Fabrizio Oleari, Paul Perrin, Michael Richards, Ulrik Ringborg, Maurice Tubiana, Thomas Tursz, Nicholas Wald, Walter Weber, Harald zur Hausen.

April, 2003

Introduction.

Peter Boyle thanked those present for coming and outlined the considerable progress since the Code was first promulgated in 1986. It was classified as a public health programme and was unaccompanied by a scientific justification. This was first published by Professor Boyle concurrently with the second edition of the Code in 1993 and a target of a 15% reduction proposed which at the time appeared ambitious especially against a background of increasing incidence. Surprisingly a 9% reduction had been achieved. The target would have to be revised to take account of recent population changes especially in those aged >80, an assessment of prospects for primary and secondary prevention, a review of the impact of therapy and a forecast made for 2015-the 25th anniversary.

The European Health Commissioner Mr. David Byrne would formally launch the revised Code during a Symposium on 16th June, 2003 at the IEO. The contributors would be at the highest level not only from Europe but also from America and Japan and had confirmed their attendance. Invitations to the Executive and Scientific Committees would be sent out shortly.

The project was running to time and its stature reflected the fact that more relatively was known about cancer in Europe than ever before.

Discussion of comments on the Code.

Professor Boyle had received a large number of complimentary comments since the code and its accompanying scientific justification had been published on the web in draft form. It was agreed that the final version had to be the clearest expression of scientific evidence on cancer control possible and that the number of recommendations was of less importance.

Intense and comprehensive discussion of each recommendation followed. Changes such as the omission of item 8 on warning signs and its insertion in the text, the understanding of the meaning of the word `organized` in relation to screening programmes and the wording of the preamble were agreed.

Professor Boyle presented a document titled `Substantive Comments received regarding the Revised Version of the Code` and following discussion agreed to respond to each of these indicating how the final text accommodated them.

The final version of the Code agreed at this meeting is attached.

Targets

Mike Quinn presented a talk on `Cancer Mortality Trends in the EU Countries and Applicant Sates,2000 to 2015` with accompanying text prepared by the *Mortality Trends Sub-Committee* which he chaired. There was considerable discussion because of the need to agree a scientifically defensible target for public health actions which would follow the formal publication of the Code. This was summarised as follows:-

- Currently there are 1.1 million cancer deaths in the EU and applicant countries.
- The mortality data are sufficiently robust and the statistical models reliable enough to give conservative estimates of the trends in mortality data to 2015.
- If current mortality rates remain unchanged ,although there will be no total growth in population, there will be a shift in the age distribution towards the elderly e.g. a 50% increase

in those aged over 80 resulting in a 30% increase in the number of cancer deaths i.e. >350,000 extra deaths bringing these to a total of 1.5m.

- Given the rates forecast there will be 12% more deaths in 2015.
- It was essential to include data on age- specific projections especially for those who would benefit most from primary and secondary prevention and those who will avoid premature death through improvements in therapy.
- The agreed **target of a 25% reduction** means a reduction of 375,000 from 1.5 million means.

Ethics

Charles Gillis gave a short presentation on 'Ethical Considerations in Population Studies.' It was agreed that publication of the code as a public health intervention needed to have an ethical dimension. Precedents for ethical review in advance of such actions were rare. There was also agreement that Professor Boyle would add a brief comment on the ethical aspects to the text accompanying the Code.

Rights

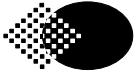
Professor Boyle commented on his aim to have certain **Citizen`s Rights** written into the Europe against Cancer Programme though these would not be part of the code nor of its Annex:-e.g. the right to tobacco- free environment, or a carcinogen free workplace.

Public Health

The work involved in the production of the revised Code and its expert nature meant there was an obligation on both Executive and Scientific committees to see it implemented and become part of health policy in European Countries. **The Cancer Leagues agreed to discuss this as a Cancer Plan at their next meeting** and had already agreed to make the Code the theme of Cancer week 2003. They would also commend this to the Health Departments of their respective countries. **All agreed that doing nothing further was a decision to accept the status quo.**

Close of meeting.

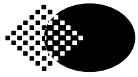
Professor Boyle thanked everyone for the remarkable collaboration they had given and looked forward to a landmark launch and scientific meeting in June.



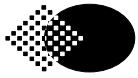
European Institute of Oncology

Appendix IX

Publications arising from this work



1. Boyle P, d'Onofrio A, Maisonneuve P, Severi G, Robertson C, Tubiana M and Veronesi U. Measuring Progress Against Cancer In Europe: Has the 15% Decline targeted for 2000 come about? *Annals Oncology* 2003; 14: 1312-1325.
2. Boyle P, Autier P, Bartelink H, Baselga J, Boffetta P, Burn J, Burns HJG, Christensen L, Denis L, Dicato M, Diehl V, Doll R, Franceschi S, Gillis CR, Gray N, Gricuite L, Hackshaw A, Kasler M, Kogevinas M, Kvinnsland S, La Vecchia C, Levi F, McVie JG, Maisonneuve P, Martin-Moreno JM, Newton Bishop J, Oleari F, Perrin P, Richards M, Ringborg U, Siracka E, Quinn M, Storm H, Tubiana M, Tursz T, Veronesi U, Wald N, Weber W, Zaridze DG, Zatonski W and zur Hausen H. European Code Against Cancer and Scientific Justification: Third Version (2003). *Annals Oncol* 2003; 14: 973-1005.
3. Quinn MJ, d'Onofrio A, Møller B, Black R, Martinez-Garcia C, Møller H, Rahu M, Robertson C, Schouten L, La Vecchia C and Boyle P. Cancer Mortality Trends in the EU and Acceding States up to 2015. *Annals Oncol* 2003; 14: 1148-1152.

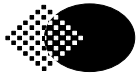


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Appendix X

Publications Arising from this Project

Boyle P, d'Onofrio A, Maisonneuve P, Severi G, Robertson C, Tubiana M and Veronesi U. Measuring Progress Against Cancer In Europe: Has the 15% Decline targeted for 2000 come about? *Annals Oncology* 2003; 14: 1312-1325.



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Appendix XI

Programme for Launch Symposium

Clinical Cancer Research in Europe

European Institute of Oncology

Conference room, Tuesday 17th June, 2003

(The meeting is open to the public)

Programme

9:00 Introduction and Welcome U Veronesi (Italy)

Session I

Chairman Jose M Martin-Moreno (Spain)

9:15 Cancer in Europe P Boyle (Italy)

9:45 Advances in Treatment of Breast Cancer U Veronesi (Italy)

10:15 Oestrogen signalling and Cancer J A Gustafsson (Sweden)

10:35 Improving Prognostic Factors H Bartelink (The Netherlands)

Coffee Break 11:00 to 11:30 am

Session II

Chairman Ulrik Ringborg (Sweden)

11:30 Progress in Medical Oncology T Tursz (France)

11:50 Inherited Susceptibility to Cancer: High Penetrance
and Low Penetrance Genes. L Luzzatto (Italy)

12:10 Advances in Molecular Targeted Therapies J Baselga (Spain)

12:30 E-TRAC - Building a European Network of
Excellence in Translational Cancer D Kerr (United Kingdom)

Lunch Break 1:00 to 2:00 pm

Session III

Chairman Maurice Tubiana (France)

2:00 P53 and role in new treatments D Lane (United Kingdom)

2:40 HPV H zur Hausen (Germany)

3:00 Cancer Mortality in Poland following Transformation W Zatonski (Poland)

National Cancer Institute in Hungary M Kasler (Hungary)

National Cancer Plan of Russian Federation D G Zaridze (Russia)

Scottish National Cancer Plan M Chisholm (Scotland)

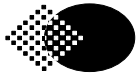
Coffee Break 4:00 to 4:30 pm

Session IV

Chairman Umberto Veronesi (Italy)

4:30	National Cancer Institute of United States	A von Eschenbach (United States)
5:00	National Cancer Institute of Japan	T Kakizoe (Japan)

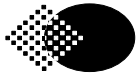
Close of Meeting 5:30 pm



Appendix XII

Publications Arising from this Project

Boyle P, Autier P, Bartelink H, Baselga J, Boffetta P, Burn J, Burns HJG, Christensen L, Denis L, Dicato M, Diehl V, Doll R, Franceschi S, Gillis CR, Gray N, Gricuite L, Hackshaw A, Kasler M, Kogevinas M, Kvinnsland S, La Vecchia C, Levi F, McVie JG, Maisonneuve P, Martin-Moreno JM, Newton Bishop J, Oleari F, Perrin P, Richards M, Ringborg U, Siracka E, Quinn M, Storm H, Tubiana M, Tursz T, Veronesi U, Wald N, Weber W, Zaridze DG, Zatonski W and zur Hausen H. European Code Against Cancer and Scientific Justification: Third Version (2003). *Annals Oncol* 2003; 14: 973-1005.

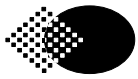


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Appendix XIII

Publications Arising from this Project

Quinn MJ, d'Onofrio A, Møller B, Black R, Martinez-Garcia C, Møller H, Rahu M, Robertson C, Schouten L, La Vecchia C and Boyle P. Cancer Mortality Trends in the EU and Acceding States up to 2015. *Annals Oncol* 2003; 14: 1148-1152.



European Institute of Oncology

Appendix XIV

Translated versions of the Code

English Version

European Code Against Cancer (third version)

Many aspects of general health can be improved and many cancer deaths prevented, if we adopt healthier lifestyles:

1. Do not smoke; if you smoke, stop doing so. If you fail to stop, do not smoke in the presence of non-smokers.
2. Avoid Obesity.
3. Undertake some brisk, physical activity every day.
4. Increase your daily intake and variety of vegetables and fruits: eat at least five servings daily. Limit your intake of foods containing fats from animal sources.
5. If you drink alcohol, whether beer, wine or spirits, moderate your consumption to two drinks per day if you are a man or one drink per day if you are a woman.
6. Care must be taken to avoid excessive sun exposure. It is specifically important to protect children and adolescents. For individuals who have a tendency to burn in the sun, active protective measures must be taken throughout life.
7. Apply strictly regulations aimed at preventing any exposure to known cancer-causing substances. Follow all health and safety instructions on substances which may cause cancer. Follow advice of national radiation protection offices.

There are Public Health programmes which could prevent cancers developing or increase the probability that a cancer may be cured:

8. Women from 25 years of age should participate in cervical screening. This should be within programmes with quality control procedures in compliance with "*European Guidelines for Quality Assurance in Cervical Screening*".
9. Women from 50 years of age should participate in breast screening. This should be within programmes with quality control procedures in compliance with "*European Guidelines for Quality Assurance in Mammography Screening*".
10. Men and women from 50 years of age should participate in colorectal screening. This should be within programmes with built-in quality assurance procedures.
11. Participate in vaccination programmes against hepatitis B virus infection.

Czech Translation

Doporučení, která jsou obsahem Evropského kodexu proti rakovině, mají za cíl snížit výskyt rakoviny a vést ke zlepšení celkového zdravotního stavu. Každý jedinec má svobodnou vůli změnit svůj životní styl, čímž si může snížit riziko vzniku rakoviny.

EVROPSKÝ KODEX PROTI RAKOVINĚ (3. verze)

Celkový zdravotní stav lze zlepšit a předejít některým onemocněním na rakovinu lze zabránit, když si osvojíme zdravější životní styl.

1. Nekuřte! Pokud kouříte, přestaňte. Pokud nemůžete přestat, nekuřte v přítomnosti nekuřáků
2. Vyvarujte se obezitě.
3. Denně vykonávejte nějakou fyzicky náročnou činnost .
4. Jezte denně více různých druhů ovoce a zeleniny, alespoň v pěti porcích. Omezte příjem potravin obsahujících živočišné tuky.
5. Jestliže pijete alkoholické nápoje, ať již pivo, víno nebo destiláty, snižte spotřebu na dva nápoje denně, jste-li muž, a na jeden, jste-li žena.
6. Nevystavujte se nadměrnému slunečnímu záření. Zvláště důležité je chránit děti a mladistvé. Ti, kdo mají sklon rychle se spálit, musí se preventivně chránit během celého života.
7. Dodržujte přesně pravidla ochrany před známými rakovinotvornými látkami. Dodržujte všechny zdravotní a bezpečnostní předpisy při styku s látkami, které mohou způsobit rakovinu. Dodržujte směrnice Státního ústavu radiální ochrany a příslušné hygienické normy.

Existují programy veřejného zdravotnictví s preventivním zaměřením s cílem zabránit vzniku rakoviny nebo zvýšit pravděpodobnost jejího vyléčení.

8. Ženy od 25 let by se měly zúčastnit skríníngu děložního hrdla v rámci programů se zajištěnou kontrolou kvality, která je v souladu s Evropskými doporučeními pro hodnocení kvality skríníngu děložního hrdla.
9. Ženy od 50 let by se měly zúčastnit mamárního skríníngu v rámci programů se zajištěnou kontrolou kvality, která je v souladu s Evropskými doporučeními pro hodnocení kvality mamárního skríníngu.
10. Ženy a muži nad 50 let by se měli zapojit do skríníngu tlustého střeva a konečníku v programech se zajištěnou kontrolou kvality.
11. Zúčastněte se očkovacích programů proti infekci způsobené virem hepatitidy B.

Danish Translation

Den Europæiske Kodeks Mod Kræft (tredje udgave)

Med en sund livsstil forbedres folkesundheden og mange kræfttilfælde kan undgås:

1. Ryg ikke; hvis du ryger så stop. Hvis du ikke kan stoppe, så ryg ikke når der er andre til stede.
2. Undgå at blive overvægtig.
3. Vær fysisk aktiv – få pulsen op hver dag.
4. Spis mere frugt og grønt hver dag. Spis mindst "6 om dagen". Begræns forbruget af fødevarer, der indeholder animalsk fedt.
5. Begræns dit alkoholforbrug uanset om det er øl, vin eller spiritus. Drik højst to genstande dagligt hvis du er mand, og højst én hvis du er kvinde.
6. Undgå overdreven soldyrkning. Det er særlig vigtigt at beskytte børn og unge. Har man tendens til solskoldning, skal man passe ekstra på og beskytte sig hele livet.
7. Undgå kontakt med kendte kræftfremkaldende stoffer. Følg sundheds- og sikkerhedsmæssige råd om stoffer, der kan være kræftfremkaldende. Følg de nationale råd om strålebeskyttelse.

Der findes folkeundersøgelser til forebyggelse eller tidlig opsporing af kræft - der øger chancen for helbredelse:

8. Kvinder bør fra 25 års alderen deltage i screening for livmoderhalskræft. Kvalitetskontrollen skal følge de europæiske retningslinier "European Guidelines for Quality Assurance in Cervical Screening".
9. Kvinder bør deltage i screening for brystkræft fra 50 års alderen. Kvalitetskontrollen skal følge de europæiske retningslinier "European Guidelines for Quality Assurance in Mammography Screening".
10. Mænd og kvinder bør fra 50 års alderen deltage i screening for tyk- og endetarmskræft. Det bør være programmer med indbygget kvalitetskontrol.
11. Deltag i vaccinationsprogrammer mod leverbetændelse (Hepatitis B)

Dutch Translation

Europese Code voor Kankerbestrijding (derde editie)

Onze algemene gezondheid kan op veel punten verbeteren en veel kankersterfte kan worden voorkomen wanneer we gezonder leven:

1. Rook niet; als u rookt, stop er dan mee. Wanneer dat niet lukt, rook dan niet in aanwezigheid van niet-rokers.
2. Vermijd overgewicht.
3. Neem dagelijks tijd voor stevige lichaamsbeweging.
4. Verhoog de dagelijkse consumptie en variatie in groenten en fruit; eet dagelijks tenminste vijf porties. Beperk het gebruik van voedingsmiddelen met dierlijke vetten.
5. Drinkt u bier, wijn of sterke drank, beperk dan de dagelijkse consumptie tot twee glazen per dag (voor mannen) of één glas per dag (voor vrouwen).
6. Vermijd overmatige blootstelling aan zonlicht. Het is vooral van belang kinderen en jongeren in de groei tegen de zon te beschermen. Personen die snel last hebben van zonnebrand moeten altijd beschermende maatregelen nemen.
7. Houdt u zich streng aan regels ter voorkoming van blootstelling aan stoffen waarvan bekend is dat ze kanker veroorzaken. Volg alle gezondheids- en veiligheidsinstructies op ten aanzien van stoffen die mogelijk kankerverwekkend zijn. Volg de adviezen van de overheid ten aanzien van stralingsbescherming.

Er bestaan volksgezondheidsprogramma's die kanker kunnen helpen voorkomen of die de kans op genezing van kanker kunnen vergroten.

8. Vrouwen van 25 jaar en ouder wordt aangeraden deel te nemen aan baarmoederhals-onderzoek. Dit dient te gebeuren in het kader van gekwalificeerde programma's volgens de *'Europese richtlijnen voor kwaliteitscontrole in baarmoederhalsonderzoek'*.
9. Vrouwen van 50 jaar en ouder wordt aangeraden deel te nemen aan borstonderzoek. Dit dient te gebeuren in het kader van gekwalificeerde programma's volgens de *'Europese richtlijnen voor kwaliteitscontrole in borstonderzoek'*.
10. Mannen en vrouwen van 50 jaar en ouder wordt aangeraden deel te nemen aan colorectaal (dikke darm) onderzoek. Dit dient te gebeuren in het kader van gekwalificeerde programma's.
11. Neem deel aan vaccinatieprogramma's tegen infectie met hepatitis B virus.

Estonian Translation

Euroopa vähitõrje reeglistik (kolmas versioon)

Üldist tervise seisundit saab parandada ja paljusid vähisurmi vältida, kui võtame omaks tervislikuma eluviisi

1. Ärge suitsetage. Kui suitsetate, siis loobuge sellest. Kui loobumine ei õnnestu, ärge suitsetage mittedsuitsetajate juuresolekul.
2. Vältige rasvumist.
3. Olge iga päev kehaliselt aktiivne.
4. Suurendage igapäevases toidus juur- ja puuviljade kogust ning mitmekesistage nende valikut: sööge vähemalt viis portsjonit päevas. Piirake loomseid rasvu sisaldavate toitude tarbimist.
5. Kui Te tarbite alkoholi, kas õlut, veini või kangemaid jooke, siis meesterahvana piirduge kahe, naisterahvana ühe napsuga päevas.
6. Vältige ülemäärast päikesekiirgust. Eriti tähtis on selle eest kaitsta lapsi ja noorukeid. Isikutel, kellel on kalduvus päikesepõletuse tekkeks, tuleb kaitsemeetmeid rakendada aktiivselt kogu elu vältel.
7. Täitke rangelt eeskirju, et vältida igasugust kokkupuudet teadaolevate vähki tekitavate ühenditega. Järgige kõiki tervisenõudeid ja ohutusjuhiseid ainete suhtes, mis võivad põhjustada vähki. Järgige riiklike kiirguskaitseorganite soovitusi.

On olemas riiklikud terviseprogrammid, mille abil võib ennetada vähki või tõhustada vähihaigete ravi:

8. Üle 25 aasta vanused naised peaksid osalema emakaelavähi-skriiningus. Skriining peaks toimuma kvaliteedikontrolli protseduure sisaldavate programmide raames ja olema kooskõlas Euroopa juhiseiga "*European Guidelines for Quality Assurance in Cervical Screening*".
9. Üle 50 aasta vanused naised peaksid osalema rinnavähiskriiningus. Skriining peaks toimuma kvaliteedikontrolli protseduure sisaldavate programmide raames ja olema kooskõlas Euroopa juhiseiga "*European Guidelines for Quality Assurance in Mammography Screening*".
10. Üle 50 aasta vanused mehed ja naised peaksid osalema jämesoolevähi-skriiningus. Skriining peaks toimuma kvaliteedikontrolli protseduure sisaldavate programmide raames.
11. Osalege vaktsineerimisprogrammides hepatiit-B viirusnakkuse vastu.

Finnish Translation

Eurooppalainen syöväntorjuntaohjeisto (kolmas versio)

Monia yleisterveyteen liittyviä seikkoja voidaan parantaa ja monia syöpäkuolemia estää, jos noudatamme terveempiä elintapoja:

1. Älä tupakoi; jos tupakoit, lopeta. Jos et onnistu lopettamaan, älä tupakoi tupakoimattomien läsnäollessa.
2. Vältä lihavuutta.
3. Harjoita jonkin verran reipasta liikuntaa joka päivä.
4. Lisää ja monipuolista päivittäistä vihannesten ja hedelmien käyttöä: syö vähintään viidesti päivässä. Rajoita eläinrasvojen käyttöä.
5. Jos juot alkoholia, olipa se sitten olutta, viiniä tai väkeviä, rajoita kulutuksesi kahteen ravintola-annokseen päivässä, jos olet mies, tai yhteen, jos olet nainen.
6. Varo liiallista auringonottoa. Aikuisten on erityisen tärkeää suojata lapsia ja nuoria. Jos ihosi on herkkä palamaan, auringolta pitää suojautua läpi elämän.
7. Noudata tarkasti syöpävaarallisilta aineilta suojautumisohjeita.

Kansalliset terveysohjelmat voivat estää syöpien syntyä tai parantaa mahdollisuuksia parantua syövästä:

8. Naisten tulisi osallistua kohdunkaulan syövän esiasteiden seulontoihin 25 vuoden iästä alkaen. Seulontaohjelmien pitäisi noudattaa "*eurooppalaista kohdunkaulan seulonnan laadunvarmistusohjeistoa*".
9. Naisten tulisi osallistua rintasyövän seulontoihin 50 vuoden iästä alkaen. Seulontaohjelmien pitäisi noudattaa "*eurooppalaista mammografiaseulonnan laadunvarmistusohjeistoa*".
10. Miesten ja naisten tulisi osallistua suolistosyövän seulontoihin 50 vuoden iästä alkaen. Seulontaohjelmiin tulisi sisältyä sisäinen laadunvarmennus.

Osallistua B-hepatiittirokotusohjelmiin.

French Translation

Code européen contre le cancer (troisième version)

De nombreux aspects de la santé en général peuvent être améliorés et de nombreux cancers évités, si nous adoptons un mode de vie plus sain :

1. Ne fumez pas. Si vous fumez, arrêtez. Si vous ne parvenez pas à arrêter de fumer, ne fumez pas en présence de non-fumeurs.
2. Evitez l'obésité.
3. Pratiquez un exercice physique soutenu tous les jours.
4. Augmentez et variez votre consommation quotidienne de fruits et de légumes : mangez-en au moins cinq portions tous les jours. Limitez votre consommation d'aliments contenant des graisses d'origine animale.
5. Si vous consommez de l'alcool, que ce soit de la bière, du vin ou des spiritueux, modérez votre consommation à deux verres par jour si vous êtes un homme et à un verre par jour si vous êtes une femme.
6. Il faut prendre soin d'éviter une exposition excessive au soleil. Il est particulièrement important de protéger les enfants et les adolescents. Pour les individus qui ont tendance à prendre des coups de soleil, des mesures protectrices actives doivent être prises tout au long de la vie.
7. Appliquez rigoureusement les règlements visant à prévenir toute exposition à des substances cancérigènes connues. Suivez toutes les instructions sanitaires et de sûreté en ce qui concerne les substances qui peuvent provoquer un cancer. Suivez le conseil des bureaux nationaux de radioprotection.

Il existe des programmes de santé publique qui pourraient permettre d'empêcher le cancer de se développer ou d'accroître la probabilité de guérir un cancer :

8. A partir de 25 ans, les femmes devraient se prêter au dépistage du cancer du col utérin. Ces programmes doivent suivre des procédures de contrôle-qualité conformes aux Directives européennes en matière d'assurance-qualité pour le dépistage du cancer du col utérin.
9. A partir de 50 ans, les femmes devraient se prêter au dépistage du cancer du sein, dans le cadre de programmes dotés de procédures de contrôle-qualité conformes aux Directives européennes en matière d'assurance-qualité pour le dépistage mammographique.
10. A partir de 50 ans, les hommes et les femmes devraient se prêter au dépistage du cancer colorectal, dans le cadre de programmes dotés de procédures intégrées de contrôle-qualité.
11. Participez aux campagnes de vaccination contre l'infection par le virus de l'hépatite B.

German Translation

Europäischer Kodex gegen den Krebs (3. Fassung)

Viele Aspekte des allgemeinen Gesundheitszustands lassen sich verbessern und viele Krebstodesfälle können vermieden werden, wenn wir gesundheitsbewusster leben.

1. Rauchen Sie nicht! Wenn Sie rauchen, hören Sie auf damit. Wenn Ihnen dies nicht gelingt, rauchen Sie nicht in Anwesenheit von Nichtraucher!
2. Vermeiden Sie Übergewicht.
3. Unternehmen Sie täglich irgendeine flotte körperliche Betätigung.
4. Erhöhen Sie Ihren täglichen Verzehr an abwechslungsreichem Obst und Gemüse; essen Sie mindestens fünf Portionen pro Tag. Begrenzen Sie die Aufnahme von Nahrungsmitteln, die Fette tierischen Ursprungs enthalten.
5. Wenn Sie Alkohol trinken - ob Bier, Wein oder Spirituosen - dann beschränken Sie Ihren Alkoholkonsum auf zwei Gläser pro Tag als Mann, bzw. auf ein Glas pro Tag als Frau.
6. Beachten Sie, dass Sie übermäßige Sonnenbestrahlung vermeiden! Besonders Kinder und Jugendliche müssen geschützt werden. Menschen, die zu Sonnenbränden neigen, müssen Zeit ihres Lebens aktive Schutzmaßnahmen ergreifen.
7. Halten Sie genauestens Vorschriften ein, durch die Sie vor einer Exposition gegenüber bekannten krebserregenden Stoffen geschützt werden sollen. Befolgen Sie alle Gesundheits- und Sicherheitsvorschriften über Substanzen, die Krebs verursachen können. Befolgen Sie die Ratschläge der nationalen Strahlenschutzämter.

Bevölkerungsorientierte Programme können der Entstehung von Krebserkrankungen vorbeugen oder die Wahrscheinlichkeit erhöhen, dass eine Krebserkrankung geheilt werden kann.

8. Frauen ab 25 sollten an Früherkennungsuntersuchungen auf Gebärmutterhalskrebs teilnehmen. Diese sollten im Rahmen von Programmen mit Qualitätskontrollverfahren erfolgen, die in Einklang mit den „*Europäischen Leitlinien zur Qualitätssicherung bei Zervikal-Vorsorgeuntersuchungen*“ stehen.
9. Frauen über 50 sollten an Brustkrebs-Früherkennungsuntersuchungen teilnehmen. Diese sollten im Rahmen von Programmen mit Qualitätskontrollverfahren erfolgen, die in Einklang mit den „*Europäischen Leitlinien zur Qualitätssicherung bei Mammographie-Vorsorgeuntersuchungen*“ stehen.
10. Männer wie Frauen ab 50 sollten an Kolorektal-Früherkennungsuntersuchungen teilnehmen. Diese sollte im Rahmen von Programmen mit integrierten Qualitätssicherungsmaßnahmen geschehen.
11. Nehmen Sie an Programmen zur Impfung gegen Hepatitis B-Virusinfektionen teil.

Greek Translation

ΕΥΡΩΠΑΙΚΟΣ ΚΩΔΙΚΑΣ ΕΝΑΝΤΙΟΝ ΤΟΥ ΚΑΡΚΙΝΟΥ *Τρίτη Έκδοση*

Πολλές διαστάσεις της υγείας γενικώς είναι δυνατό να βελτιωθούν και πολλοί θάνατοι από καρκίνο να αποφευχθούν με την υιοθέτηση πιο υγιεινού τρόπου ζωής.

1. Μην καπνίζετε. Αν καπνίζετε, σταματήστε το κάπνισμα. Αν δεν μπορείτε να το σταματήσετε, τουλάχιστον μην καπνίζετε παρουσία μη καπνιστών.
2. Αποφύγετε την παχυσαρκία.
3. Να έχετε κάποια έντονη σωματική δραστηριότητα κάθε μέρα.
4. Αυξήστε την ημερήσια κατανάλωση και την ποικιλία λαχανικών και φρούτων. Καταναλώστε τουλάχιστον πέντε μικρομερίδες ημερησίως. Περιορίστε την κατανάλωση τροφών που περιέχουν λιπίδια ζωικής προελεύσεως
5. Αν πίνετε αλκοολούχα ποτά, είτε πρόκειται για μπύρα, κρασί ή άλλα οινοπνευματώδη, μετριάστε την κατανάλωση σε δύο ποτά την ημέρα αν είστε άνδρας, ή ένα ποτό την ημέρα αν είστε γυναίκα.
6. Προσοχή χρειάζεται για την αποφυγή της υπερβολικής έκθεσης στον ήλιο. Είναι ιδιαίτερα σημαντική η προστασία των παιδιών και των εφήβων. Άτομα που έχουν τάση για ηλιακά εγκαύματα, πρέπει να χρησιμοποιούν προστατευτικά μέτρα σε όλη τους τη ζωή.
7. Εφαρμόστε αυστηρά τις οδηγίες για αποφυγή έκθεσης σε γνωστές καρκινογόνες ουσίες. Ακολουθήστε όλες τις οδηγίες υγιεινής και ασφάλειας για ουσίες που είναι δυνητικά καρκινογόνες. Ακολουθήστε τις επίσημες κρατικές οδηγίες για την προστασία από τις ακτινοβολίες.

Υπάρχουν προγράμματα Δημόσιας Υγείας που μπορούν να αποτρέψουν την εμφάνιση καρκίνου ή να αυξήσουν τις πιθανότητες θεραπείας του.

8. Οι γυναίκες από την ηλικία των 25 ετών πρέπει να υποβάλλονται σε έλεγχο για καρκίνο του τραχήλου της μήτρας. Αυτό πρέπει να γίνεται μέσα από προγράμματα με διαδικασίες ποιοτικού ελέγχου σύμφωνες με τις *«Ευρωπαϊκές Οδηγίες για τη Διασφάλιση Ποιότητας στον Έλεγχο του Καρκίνου του Τραχήλου της Μήτρας»*.
9. Οι γυναίκες από την ηλικία των 50 ετών πρέπει να υποβάλλονται σε έλεγχο για καρκίνο του μαστού. Αυτό πρέπει να γίνεται μέσα από προγράμματα με διαδικασίες ποιοτικού ελέγχου σύμφωνες με τις *«Ευρωπαϊκές Οδηγίες για τη Διασφάλιση Ποιότητας στον Έλεγχο με Μαστογραφία»*.
10. Άνδρες και γυναίκες από την ηλικία των 50 ετών πρέπει να υποβάλλονται σε έλεγχο για καρκίνο του παχέος εντέρου. Αυτό πρέπει να γίνεται μέσα από προγράμματα με ενσωματωμένες διαδικασίες διασφάλισης ποιότητας.
11. Συμμετέχετε σε προγράμματα εμβολιασμού κατά του ιού της ηπατίτιδας Β.

Hungarian Translation

Javaslatok a rák megelőzésére Európában **(harmadik változat)**

Az egészségesebb életmód hozzájárulhat az egészségi állapot javulásához, és számos esetben a rák okozta halálozás megelőzéséhez:

1. Ne dohányozzon! Ha dohányzik, szokjon le! Ha nem sikerül leszoknia, akkor se ne gyújtson rá nem-dohányzók társaságában.
2. Óvakodjon az elhízástól!
3. Minden nap végezzen testmozgást!
4. Fogyasszon naponta legalább ötször zöldséget és gyümölcsöt; törekedjen a nagyobb mennyisére és a változatosságra. Csökkentse az állati zsírokat tartalmazó élelmiszerek fogyasztását.
5. Amennyiben alkoholt fogyaszt – akár sört, akár bort vagy tömény italokat – ha Ön férfi, csökkentse a mennyiséget napi két italra; ha Ön nő ne fogyasszon napi egy italnál többet.
6. Kerülje a túlzott napozást! Különösen fontos a gyermekek és a fiatalok védelme. Aki hajlamos a napégésre, annak egész élete során aktív védekezésre van szüksége.
7. Szigorúan tartsa be a rákkeltő anyagokkal kapcsolatos előírásokat. Kövessen minden egészségügyi és biztonsági előírást a feltehetően rákkeltő anyagokra vonatkozóan. Fogadja meg a sugárzás védelemmel kapcsolatos tanácsokat.

A népegészségügyi programok megelőzhetik a rák kialakulását, vagy növelhetik a gyógyulás esélyét:

9. A 25 év feletti nők vegyenek részt méhnyakrák-szűrésen. A szűrőprogramot a "*A méhnyakrák-szűrésre vonatkozó európai minőségbiztosítási előírások*" szerint kell végrehajtani.
10. Az 50 év feletti nők vegyenek részt emlődaganat-szűrésen. A szűrőprogram feleljen meg "*A mammográfiai-szűrésre vonatkozó európai minőségbiztosítási előírásoknak*".
11. Az 50 év feletti férfiak és nők vegyenek részt colorectális-szűrésen. A szűrőprogramba építsenek be megfelelő minőségbiztosítási eljárásokat.
12. Oltassa be magát hepatitis-B vírushatás ellen.

Italian Translation

Codice Europeo Contro il Cancro Terza versione

Adottando stili di vita più sani si possono migliorare molti aspetti della salute e prevenire molte morti per cancro:

1. Non fumare. Se si fuma, smettere di fumare. Se non riesce a smettere, non fumare in presenza di non fumatori.
2. Evitare l'obesità
3. Esercitare ogni giorno un'attività fisica intensa.
4. Aumentare il consumo e la varietà di frutta e verdura: mangiarne almeno cinque porzioni al giorno. Limitare il consumo di cibi contenenti grassi di origine animale.
5. Se si beve alcol (birra, vino o liquori), limitarne il consumo a due bicchieri al giorno per gli uomini, ad un bicchiere al giorno per le donne.
6. Evitare l'eccessiva esposizione al sole. E' particolarmente importante proteggere i bambini e gli adolescenti. Per chi ha tendenza a scottarsi al sole, le misure di protezione attiva devono durare tutta la vita.
7. Seguire con cura le disposizioni per prevenire l'esposizione a sostanze cancerogene note. Seguire le istruzioni di igiene e sicurezza lavorativa sui cancerogeni sospetti. Seguire le raccomandazioni degli uffici nazionali di protezione dalle radiazioni.

Esistono programmi di sanità pubblica che possono prevenire lo sviluppo dei tumori o aumentare la probabilità che un tumore possa essere curato:

8. Le donne a partire dai 25 anni dovrebbero partecipare alla diagnosi precoce del tumore del collo dell'utero. Questo deve essere fatto all'interno di programmi comprendenti sistemi di controllo di qualità, in accordo con la 'Linee guida europee per l'assicurazione della qualità nella diagnosi precoce del tumore del collo dell'utero'.
9. Le donne a partire dai 50 anni dovrebbero partecipare alla diagnosi precoce del tumore del seno. Questo deve essere fatto all'interno di programmi comprendenti sistemi di controllo di qualità, in accordo con la 'Linee guida europee per l'assicurazione della qualità nello screening mammografico'.
10. Uomini e donne a partire dai 50 anni dovrebbero partecipare alla diagnosi precoce del tumore del colon e retto. Questo deve essere fatto all'interno di programmi comprendenti sistemi di controllo di qualità.
11. Partecipare ai programmi di vaccinazione contro l'infezione da epatite B.

Latvian Translation

Eiropas kodekss pret vēzi (trešā versija)

Daudzus vispārējās veselības aspektus var uzlabot un daudzus nāves gadījumus no vēža var novērst, ja mēs ievērotu veselīgāku dzīvesveidu.

1. Nesmēķējiet; bet ja smēķējat, pārtrauciet to. Ja neizdodas pārtraukt smēķēšanu, nedariet to nesmēķētāju klātbūtnē.
2. Izvairieties no korpulences.
3. Izpildiet vismaz dažas aktīvas fiziskās nodarbības katru dienu.
4. Palieliniet Jūsu ikdienas uzturā dārzeņu un augļu daļu un dažā-dību; ēdiet vismaz piecas reizes dienā. Ierobežojiet uzturā dzīvnieku izcelsmes taukus.
5. Ja Jūs lietojat alkoholiskos dzērienus- alu, vīnu vai stipros dzērienus, tad, ja esat vīrietis, ierobežojiet šo patēriņu līdz divām alkohola devām dienā un, ja sieviete- līdz vienai devai dienā.
6. Jāizvairās no pārmērīgas sauļošanās; īpaši svarīgi ir pasargāt bērnus un pusaudžus. Individuāli ar noslieci saulē apdedzināties visas dzīves laikā jāpielieto aktīvi aizsargājoši pasākumi.
7. Stingri ievērojiet noteikumus par izvairīšanos no jebkādu vēzi izraisošo faktoru iedarbības. Sekojiet visiem veselības un drošības norādījumiem attiecībā par faktoriem, kas var izraisīt vēzi. Sekojiet nacionālo radiācijas aizsardzības dienestu padomiem.

Ir Sabiedrības Veselības Programmas, kuras realizējot var novērst vēža rašanos vai palielināt vēža izārstēšanas iespēju:

8. Sievietēm no 25 gadu vecuma jāpiedalās dzemdes kakla izmeklējumos (skrīningā).Tiem jābūt programmās, kurās minētas arī kvalitātes kontroles procedūras atbilstoši „Eiropas vadlīnijām par kvalitātes nodrošināšanu dzemdes kakla skrīningā”.
9. Sievietēm no 50 gadu vecuma jāpiedalās krūts izmeklējumos (skrīningā). Tiem jābūt programmās, kurās minētas arī kvalitātes kontroles procedūras atbilstoši „Eiropas vadlīnijām par kvalitātes nodrošināšanu mammogrāfijas skrīningā”.
10. Vīriešiem un sievietēm no 50 gadu vecuma jāpiedalās resno zarnu izmeklējumos(kolorektālajā skrīningā). Tiem jābūt programmās, kurās iestrādātas kvalitātes nodrošināšanas procedūras.
11. Piedalieties vakcinācijas programmās pret hepatīta B vīrusa infekciju.

Lithuanian Translation

Europos Kovos Su Vėžiu Kodeksas

3 versija

Bendra sveikatos būklė galėtų pagerėti ir daugelio mirčių nuo vėžio būtų išvengta, jei įdiegtume sveikesnę gyvenseną

1. Nerūkykite, jei rūkote – meskite. Jeigu neįstengiate tai padaryti, susilaikykite, kai šalia yra nerūkančių.
2. Venkite nutukimo.
3. Mankštinkitės kasdien, nors kiek sparčiai pajudėkite.
4. Valgykite įvairias daržoves ir vaisius bent 5 kartus per dieną. Ribokite maisto produktus, kuriuose yra gyvulinių riebalų.
5. Jei geriate alkoholinius gėrimus: vyną, alų, degtinę ar kitus, ribokite jų kiekį (1 porcija per dieną moteriai, 2 porcijos vyrui).
6. Venkite intensyvaus saulės poveikio. Ypač svarbu saugoti vaikus ir paauglius. Asmenims, kurie saulėje linkę greitai nudegti, reikia nuolatos naudotis specialiomis apsaugos priemonėmis.
7. Atidžiai saugokitės bet kokio vėžį sukeliančių medžiagų poveikio. Saugodami sveikatą išsamiai vadovaukitės saugaus darbo instrukcijomis su žinomomis vėžį sukeliančiomis medžiagomis. Sekite šalies radiacinės saugos tarnybų informaciją.

Yra visuomenės sveikatos atrankinės patikros programų, kurių dėka galima išvengti vėžio ar padidinti susirgusiųjų galimybę išgydyti

8. *Moterys nuo 25 m. amžiaus turėtų dalyvauti atrankinėse patikrose dėl gimdos kaklelio patologijos. Patikros turi būti vykdomos pagal programas, atitinkančias nustatytas Europos Sąjungos atrankinės patikros dėl gimdos kaklelio patologijos nuostatas; šių patikrų kokybė turi būti kontroliuojama.*
9. *Moterys nuo 50 m. amžiaus turėtų dalyvauti krūtų patikrose, kurių tikslas nustatyti ankstyvą vėžį. Patikros turi būti vykdomos pagal programas, atitinkančias nustatytas Europos Sąjungos atrankinės patikros dėl krūties patologijos nuostatas; šių patikrų kokybė turi būti kontroliuojama.*
10. *Vyrai ir moterys nuo 50 m. amžiaus turėtų dalyvauti patikrose dėl storosios žarnos patologijos. Patikros taip pat turėtų būti vykdomos vadovaujantis programomis, šių patikrų kokybė turi būti kontroliuojama.*
11. *Dalyvaukite hepatito B viruso vakcinacijos programoje.*

Polish Translation

EUROPEJSKI KODEKS WALKI Z RAKIEM

Ogólny stan zdrowia można poprawić pod wieloma względami i można zapobiec wielu zgonom powodowanym przez nowotwory.

Warunkiem jest przyjęcie zasad zdrowszego stylu życia:

1. Nie pal; jeśli już palisz, przestań. Jeśli nie umiesz przestać, nie pal przy niepalących.
2. Wystrzegaj się otyłości.
3. Codziennie zażywaj ruchu, uprawiaj ćwiczenia fizyczne.
4. Codziennie jedz rozmaite warzywa i owoce: co najmniej pięć porcji dziennie. Ograniczaj spożycie produktów zawierających tłuszcze zwierzęce.
5. Jeżeli pijesz alkohol – piwo, wino lub napoje wysokoprocentowe – pij umiarkowanie: mężczyźni do dwóch drinków dziennie, kobiety jednego drinka.
6. Należy unikać nadmiernego wystawiania się na działanie promieni słonecznych. Szczególnie należy chronić zwłaszcza dzieci i młodzież. Osoby mające skłonność do oparzeń słonecznych, powinny przez całe życie stosować środki zapobiegawcze zawierające substancje czynne.
7. Stosuj się ściśle do przepisów mających na celu ochronę przed narażeniem na znane substancje rakotwórcze występujące w miejscu pracy i w środowisku. Przestrzegaj zaleceń krajowych ośrodków ochrony radiologicznej.

Istnieją programy ochrony zdrowia publicznego służące zapobieganiu rozwojowi nowotworów i zwiększające prawdopodobieństwo wyleczenia raka:

8. *Kobiety od 25. roku życia powinny brać udział w badaniach przesiewowych na obecność raka szyjki macicy. Badania te powinny się odbywać w ramach programów skryningowych, zgodnych z procedurami kontroli jakości według „Zaleceń Unii [Komisji] Europejskiej w sprawie kontroli jakości badań przesiewowych w kierunku raka szyjki macicy”.*
9. *Kobiety od 50. roku życia powinny brać udział w badaniach przesiewowych na obecność raka piersi. Badania te powinny się odbywać w ramach programów skryningowych, zgodnych z procedurami kontroli jakości według „Zaleceń Unii [Komisji] Europejskiej w sprawie kontroli jakości skryningu mammograficznego”.*
10. *Mężczyźni i kobiety od 50. roku życia powinni poddawać się badaniu przesiewowemu na obecność raka okrężnicy. Badania te powinny się odbywać w ramach programów zawierających procedury kontroli jakości.*
11. *Korzystaj z programów szczepień przeciw zapaleniu wątroby wirusowemu typu B.*

Slovak Translation

EURÓPSKY KÓDEX PROTI RAKOVINE TRETIA VERZIA

Celkový zdravotný stav sa dá zlepšiť a mnohým úmrtiam na rakovinu sa dá predísť, ak si osvojíte zdravší životný štýl

1. Nefajčite. Ak fajčíte prestaňte. Ak neviete prestať, nefajčite v prítomnosti nefajčiarov.
2. Vyhýbajte sa obezite.
3. Vykonávajte denne nejakú telesnú činnosť so značným výdajom energie.
4. Jedzte denne viac rôznych druhov zeleniny a ovocia aspoň v piatich dávkach. Obmedzte príjem potravín, ktoré obsahujú živočíšne tuky.
5. Ak pijete alkohol, či už pivo, víno, alebo koncentráty, znížte ich na dva nápoje denne, keď ste muž a jeden nápoj denne, keď ste žena.
6. Nevystavujte sa nadmernému slnečnému žiareniu. Zvlášť dôležité je chrániť deti a mladistvých. Tí, ktorí majú sklón sa na slnku rýchlo spáliť, sa musia chrániť počas celého života.
7. Dodržujte presné pravidlá ochrany pred známymi rakovinotvornými látkami. Dodržujte všetky zdravotné a bezpečnostné predpisy pri styku s látkami, ktoré môžu spôsobiť rakovinu. Dodržujte smernice národných kontrolných orgánov pre radiačnú ochranu.

Programy verejného zdravotníctva, ktorými sa dá predísť vývoju rakoviny, alebo zvýšiť pravdepodobnosť jej vyliečenia:

8. Ženy od 25. roku veku by sa mali zúčastňovať na skríningu krčka maternice v programoch so zaistenou kontrolou kvality v súlade so Smernicami Európskej únie.
9. Ženy od 50. roku veku by sa mali zúčastňovať na skríningu prsníka v programoch so zaistenou kontrolou kvality mamografického skríningu v súlade so Smernicami Európskej únie.
10. Muži a ženy od 50. roku veku by sa mali zúčastňovať na skríningu hrubého čreva a konečníka v programoch so zaistenou kontrolou kvality.
11. Zúčastňujte sa na vakcinačných programoch proti infekcii spôsobenej vírusom hepatitídy typu B.

Slovenian Translation
EVROPSKI KODEKS PROTI RAKU
(tretja verzija)

Nekaterim rakom se lahko izognete in si tudi sicer izboljšate svoje zdravstveno stanje, če začnete živeti bolj zdravo:

1. Ne kadite! Kadilci, čim prej opustite kajenje in ne kadite v navzočnosti drugih.
2. Vdržujte primerno telesno težo in pazite, da ne boste pretežki.
3. Povečajte telesno dejavnost in bodite aktivni vsak dan.
4. Povečajte dnevno porabo vseh vrst zelenjave in sadja in omejite količino živil z maščobami živalskega izvora.
5. Omejite pitje alkoholnih pijač – vina, piva in žganih pijač. Na dan lahko popijete dva kozarca, če ste moški in enega, če ste ženska.
6. Izogibajte se čezmernemu sončenju in pazite, da vas, predvsem pa otrok, ne opeče sonce.
7. Natančno spoštujte predpise, ki so namenjeni preprečevanju izpostavljenosti znanim karcinogenom. Upoštevajte vsa zdravstvena in varnostna navodila pri snoveh, ki bi lahko povzročale raka.

Z izbranimi javnozdravstvenimi ukrepi je mogoče nekatere rake preprečiti ali odkriti, še preden so klinično prepoznavni, in tako povečati možnost ozdravitve:

8. Ženske, po 25. letu redno hodite na odvzem brisa materničnega vratu. Udeležujte se presejalnega programa za raka materničnega vratu, ki naj bo organiziran v skladu z evropskimi smernicami za zagotavljanje kakovosti.
9. Ženske, po 50. letu redno hodite na mamografski pregled. Udeležujte se presejalnega programa, ki naj bo organiziran v skladu z evropskimi smernicami za zagotavljanje kakovosti.
10. Moški in ženske, po 50. letu redno hodite na preventivni pregled za odkrivanje raka debelega črevesa in danke. udeležujte se presejalnega programa, ki naj bo organiziran tako, da zagotavlja kar največjo kakovost.
11. Cepite se proti hepatitisu B.

Spanish Translation

Código Europeo Contra el Cáncer (tercera revisión)

**Si adoptamos un estilo de vida más saludable,
podremos mejorar muchos aspectos de nuestra salud en general
y prevenir muchas muertes por cáncer:**

1. No fume; si fuma, abandone este hábito. Si no consigue dejar de fumar, no fume en presencia de no fumadores.
2. Evite la obesidad.
3. Realice alguna actividad física vigorosa todos los días.
4. Aumente su ingesta diaria de frutas, verduras y hortalizas variadas: coma al menos cinco raciones al día. Limite el consumo de alimentos que contienen grasas de origen animal.
5. Si bebe alcohol, ya sea cerveza, vino o bebidas de alta graduación, modere el consumo a un máximo de dos consumiciones diarias, si es hombre, o a una, si es mujer.
6. Tome precauciones para evitar la exposición excesiva al sol. Es especialmente importante proteger a niños y adolescentes. Las personas que tienen tendencia a sufrir quemaduras deben tomar medidas protectoras durante toda la vida.
7. Aplique de forma estricta la legislación destinada a prevenir cualquier exposición a sustancias carcinogénicas. Siga las instrucciones de seguridad y salud sobre el uso de estas sustancias que pueden causar cáncer. Respete las normas dictadas por las oficinas nacionales de protección radiológica.

Existen programas de salud pública que pueden prevenir el desarrollo de cánceres o aumentar la probabilidad de curar un cáncer:

8. Las mujeres a partir de los 25 años de edad deberían someterse a pruebas de detección precoz del cáncer de cuello de útero. Ello debe hacerse dentro de programas que tengan procedimientos de control de calidad de acuerdo con las "Guías Europeas para la Garantía de Calidad en el Cribado de Cáncer de Cuello de Útero".
9. Las mujeres a partir de los 50 años de edad deberían someterse a pruebas de detección precoz del cáncer de mama. Ello debe hacerse dentro de programas que tengan procedimientos de control de calidad de acuerdo con las "Guías Europeas para la Garantía de Calidad en el Cribado a través de Mamografías".
10. Los hombres y las mujeres a partir de los 50 años de edad deberían someterse a pruebas de detección precoz de cáncer de colon. Ello debe hacerse dentro de programas que tengan integrados procedimientos de control de calidad.
11. Participe en programas de vacunación contra la infección por el virus de la hepatitis B.

Swedish Translation

EUROPEAN CODE AGAINST CANCER

(tredje versionen)

Folkhälsan kan förbättras och många dödsfall i cancer förhindras om vi inriktar oss mot en mer hälsosam livsstil:

1. Rök inte; om Du redan röker bör Du sluta. Om Du inte kan sluta, utsätt inte andra för tobaksrök.
2. Undvik att bli fet.
3. Utöva någon uppiggande fysisk aktivitet varje dag.
4. Ät varje dag mer frukt och grönsaker samt öka variationen: ät vid åtminstone fem tillfällen varje dag. Begränsa Ditt intag av föda som innehåller animaliskt fett.
5. Om Du dricker alkohol (öl, vin eller spritdrycker) begränsa Din konsumtion till två glas om dagen om Du är man och till ett glas om dagen om Du är kvinna.
6. Var noga med att undvika överdriven exponering för sol. Det är speciellt viktigt att skydda barn och ungdomar. De personer som har en tendens att bli brända av solexponering måste aktivt skydda sig genom hela livet.
7. Tillämpa noga de regler som syftar till att förhindra exponering för kända cancerframkallande ämnen. Följ hälso- och säkerhetsföreskrifter för ämnen som kan orsaka cancer. Följ råd från nationella strålskyddsinstitut.

Det finns allmänna hälsoprogram som kan förhindra utvecklandet av cancer eller öka sannolikheten att bota en cancersjukdom:

8. Kvinnor som är 25 år och äldre bör delta i cervixscreening. Detta skall göras inom ramen för program med rutiner för kvalitetskontroll i överensstämmelse med "Europeiska riktlinjer för kvalitetssäkring av cervixscreening"
9. Kvinnor som är 50 år och äldre bör delta i bröstscreening. Detta skall göras inom ramen för program med rutiner för kvalitetskontroll i överensstämmelse med "Europeiska riktlinjer för kvalitetssäkring av mammografiscreening".
10. Män och kvinnor som är 50 år och äldre bör delta i colorektal screening. Detta skall göras inom program med inbyggda rutiner för kvalitetssäkring.
11. Delta i vaccinationsprogram mot hepatit B virusinfektioner.

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