European Union action against cancer

Antoni Montserrat Moliner

DG SANCO C1
Programme and knowledge management
European Commission
There were just over 3.4 million new cases of cancer (excluding non-melanoma skin cancers) in Europe in 2012,

53% (1.8 million) occurring in men and 47% (1.6 million) in women.

The most common cancer sites were:

- breast cancer (464,000 cases, 13.5% of all cancer cases),
- colorectal cancer (447,000, 13.0%),
- prostate cancer (417,000, 12.1%)
- and lung cancer (410,000, 11.9%).
- These four cancers represented half (50.5%) of the estimated overall burden of cancer in Europe in 2012.

The most common primary sites in men were prostate (22.8% of the total), lung (291,000, 15.9%), colorectal (242,000, 13.2%) and bladder (118,000, 6.5%).

In women, breast cancer was by far the most frequently diagnosed neoplasm (28.8% of the total), followed by colorectal (205,000, 12.7%), lung (119,000, 7.4%) and corpus uteri (99,000, 6.1%) cancers.
The estimated total number of cancer deaths in Europe in 2012 was 1.75 million, of which 56% (976,000) were in men and 44% (779,000) in women.

Lung cancer, with an estimated 353,000 deaths (one fifth of the total) was the most frequent cause of death from cancer in Europe in 2012, followed by colorectal cancer (almost 215,000 deaths, 12.2%), breast cancer (131,000, 7.5%) and stomach cancer (107,000, 6.1%).

Lung cancer continued to be the most common cause of death from cancer in men (254,000, 26.1%) followed by colorectal (113,000, 11.6%) and prostate (92,000, 9.5%) cancers.

Breast cancer was the leading cause of death in women (131,000, 16.8%), followed by colorectal (102,000, 13.0%) and lung (almost 100,000 deaths, 12.7%) cancers.

Aim & content

At the incidence rates prevailing nowadays in the European Union, it would be expected that 1 in 3 men and 1 in 4 women would be directly affected by cancer in the first 75 years of life.

Europe is currently characterised by worrying inequalities in cancer control and care, existing within, as well as between, Member States.

For example, the risk of dying from cervical cancer is five times higher in the worst performing Member State than in the best.
The European Commission has a 26 year history in the fight against cancer.

- Since 1985, cancer has been a priority issue for EU public health policy. In 1985, at the European Council in Milan, the 12 Heads of State of the countries of the European Community decided to launch the first "Europe Against Cancer" programme which became operational in 1987.


- These plans strongly stimulated the adoption of the first European Code Against Cancer (1987) and the first significant Directives against smoking (1992), marketing and use of certain dangerous substances and preparations (1989), maximum levels for pesticide residues in and on certain products (1990) and exposure to carcinogens at work (1990).
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The fight against Cancer was also one of the main objectives in the following European Union Health Programmes (1966-2003, 2004-2007 and 2008-2013) were cancer activities were placed in a broad public health framework permitting to develop important initiatives as:

- the European Network of Cancer Registries (ENCR)
- the EUROCARE (Europe Cancer REgistry-based study on survival and care of cancer patients)
- and, very specially, a major contribution to the support and adoption of the Council Recommendation of 2 December 2003 on Cancer Screening.
As a result of the first European plan, the **European Code Against Cancer** was originally drawn-up and endorsed by the European Commission high-level Committee of Cancer Experts in 1987.

The European Code is a cancer specific prevention tool, based on scientific evidence, which provides advice to citizens on how to prevent cancer, around **two** very clear **messages**:

- **Certain cancers may be avoided** – and health in general can be improved – by adopting healthier lifestyles.

- **Cancers may be cured, or the prospects of cure greatly increased**, if they are detected early.

The EU Health Programme supports the revision of the third version of the **European Code Against Cancer** (2003) through administrative agreements with the International Agency for Research on Cancer. The new version should be available by the end of the European Cancer Partnership in 2014.
The Commission coordinates EU action to address the risk factors of cancer

A horizontal approach on the basis of tackling major health determinants is essential to curb the increasing burden of cancer throughout the European Union. Cancer is caused by many factors and therefore its prevention shall address on equal footing the lifestyle, occupational and environmental causes. It has been estimated that around one third of all cancers could be prevented by modifying or avoiding key risk factors such as smoking, being overweight, low fruit and vegetable intake, physical inactivity and alcohol consumption.

Health promotion on the basis of major health determinants has been a longstanding priority for the European Commission, and has included strategies for nutrition, overweight and obesity-related health issues, and support for alcohol-related harm.

The Commission has also adopted an ambitious tobacco control policy aimed at discouraging children and young people from taking up smoking, supporting smoking cessation and protecting all citizens against exposure to second-hand smoke, taking into account the need to tailor health promotion to specific population and target groups.

Other key determinants are occupational and environmental factors, such as exposure to carcinogenic and mutagenic substances, and indoor and outdoor air quality.
The Commission supports the development of cancer screening programmes in the EU

In December 2003, the Council adopted a Recommendation on cancer screening, which sets out principles of best practice in the early detection of cancer, and invites all Member States to take common action to implement national population-based screening programmes for breast, cervical and colorectal cancer, with appropriate quality assurance at all levels.

In 2008, the Commission adopted its Report on the Implementation of the Council Recommendation. The Report found that much has been done to attain high standards of screening practices for breast, cervical and colorectal cancer across the EU.

However, the volume of screening examinations in the EU is less than half of the minimum annual number of examinations that would be expected if the screening tests specified in the Council Recommendation were available to all EU citizens of appropriate age (approximately 125 million examinations per year).
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To assist Member States with the implementation of screening programmes, the Commission has produced European Guidelines for quality assurance for breast, cervical and colorectal cancer screening as benchmarks on how to go about screening.

The supplements to the current guidelines for breast and cervical cancer are to be available still this year as a resulted of the project supported by the Commission and coordinated by the International Agency for Research on Cancer.

Under the coordination of the International Agency for Research on Cancer, the second report on implementation of the Council Recommendation on cancer screening is currently being prepared and should be concluded by end 2014.

Through its various actions, the Cancer Partnership is supporting better implementation of the European cancer screening Guidelines.
Major developments in breast cancer screening are on the horizon in 2013 and 2014.

Breast cancer is currently the most frequent cancer and the most frequent cause of cancer induced deaths in women in Europe. Demographic trends indicate a continuing increase in this substantial public health problem. Systematic early detection through screening, effective diagnostic pathways and optimal treatment have the ability to substantially lower current breast cancer mortality rates and reduce the burden of this disease in the population.

Based on the administrative agreement between SANCO and the Joint Research Centre, the in-house science service of the European Commission, a first European voluntary accreditation scheme for breast cancer services will be developed and, at the same time, the 4th edition of the European Guidelines for quality assurance in breast cancer screening will be revised.
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The accreditation process determines, in the public interest, the technical competence and integrity of organisations offering testing, inspection, calibration, verification and certification services. It operates across all market sectors, providing an impartial assessment against international recognised standards. EA (European cooperation for Accreditation) has been appointed by the EC to manage the accreditation infrastructure within the EA, EFTA and Candidate countries.

The developed scheme will be voluntary, which means that its implementation will not be obligatory according to any EU legislative act. Nevertheless, the accreditation scheme will be an important quality requirement for excellence centres in breast cancer services. Women around Europe will be able to recognise the accredited services when accessing them. This may influence the cross-border mobility of breast patients. **This will be the first accreditation scheme developed in the area of health services and has a big potential also in the context of cross-border initiatives.**
The Commission gathers EU-wide information on cancer

The European Partnership is promoting the creation of a European Cancer Information System in cooperation with the JRC.

Without more complete and reliable cancer data, the effects arising from any decision or implementation measures to reduce the cancer burden in the EU will remain the subject of debate. Harmonised data and agreed metadata standards are fundamental for accurate comparisons of data across regional and national boundaries.

The development of a cancer information system for the EU, in close cooperation with the European Network of Cancer Registries (ENCR), the International Agency for Research on Cancer (IARC) and EPAAC (the European Partnership Action Against Cancer) and all pertinent stakeholders like EUNICE, HAEMACARE, RARECARE, EUROCARE, EUROCOURSE, epidemiological research institutes, etc. will facilitate establishing such an information resource which will allow the calculation of prevalence and survival rates over and above incidence and mortality rates.

The data will generate a dynamic European cancer atlas which will enable to monitor the direct affects and benefits of cancer policy interventions whilst also providing an invaluable resource for cancer epidemiological research allowing greater understanding of the differences and related causes in population-based studies. As such it will be a key instrument in directing European and national cancer strategies.
The Commission supports Member States in their efforts to fight cancer: the European Partnership for Action Against Cancer Joint Action (2010-2013).

In 2009, the Commission launched the European Partnership for Action Against Cancer (EPAAC) coordinated by Slovenia. Its aim is that all Member States would have integrated cancer plans. Such plans should contribute to reducing the cancer burden in the EU, the target being a 15% incidence reduction by 2020. The Partnership joint action covers all areas of cancer prevention and control and includes actions in 4 areas:

- Health Promotion and cancer prevention, including screening;
- Identification of best practice in cancer-related healthcare;
- The collection and analysis of comparable data and information;
- A coordinated approach to cancer research.

Actions are engaging national cancer leagues and other dedicated partners in the joint effort to raise cancer prevention awareness and to reduce exposure to cancer risk factors, recognizing that “prevention offers the most cost-effective long-term strategy for the control of cancer”, and that at least 33% and as much as 40% of all cancers are preventable.
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The European Partnership is promoting the adoption of National Cancer Plans (NCPs) in all the Member States and pledges that by the end of the Partnership, i.e. by 2013 all Member States will have adopted integrated cancer plans.

A recent systematic assessment of the National Cancer Control Plans available in Europe in 2009 showed a growing number of plans in Europe (19 in the 31 countries studied). The European Partnership is aiming at establishing the state-of-play in the development of NCPs in the EU, at conducting an analysis of the content and an evaluation the effectiveness of the extant plans and ultimately at facilitating the transfer of knowledge and expertise obtained on the design, challenges encountered, implementation and outcomes of NCPs between the EU Member States.

Europe is one of the world's leading regions for cancer research. Most of this research is funded and carried out within individual countries. To help coordinate and connect the many and various national efforts, the EU: funds initiatives such as the mapping of national cancer funds via the TRANSCAN network; optimises and links national and regional cancer registries via the EUROCOURSE network; and facilitates expert exchanges and helps transfer best practice from one country to another.
Aim & content

*Patients with rare forms of cancer benefit greatly from the added value the EU provides.*

Rare tumours are rare diseases. Problems related to rare diseases apply to rare tumours as well. In principle, rare tumours should be defined the same way as rare diseases. These are defined as those conditions whose prevalence is lower than 50/100,000.

**In comparison to cancer in adults virtually all the cancers in children are rare but severe. Approximately 40,000 children are diagnosed with cancer every year in the EU.**

The European Commission is funding, under the Health Programme, the Project **RARECARE (Surveillance of Rare Cancers in Europe)** and will continue this support in the coming years in order to have an equal treatment for these patients.

**The Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare** is of relevance: it will provide the foundation for the creation of European Reference Networks (ERN), of which some will almost certainly focus on rare tumours.

The European Commission is preparing the future, together with Member States, with a new Joint Action (2014-2017) on the Development of the European Guide on Quality Improvement in Comprehensive Cancer Control to prepare a guide for comprehensive cancer control, which will be funded under the budget 2013 of the Health programme.

Main objectives will be to identify key elements and quality standards for optimal/comprehensive cancer control in Europe, and Cooperation of Member States, including the exchange of best practices to identify and define key elements to ensure optimal/comprehensive cancer control through a Platform for Member State cooperation.

At present, 24 from the 28 Member States have confirmed participation in the new Joint Action.

This Joint Action has one key deliverable: The ‘European Guide on Quality Improvement in Comprehensive Cancer Control’.

The European Guide on Quality Improvement in Comprehensive Cancer Control will act as a European benchmark, providing a roadmap or strategy to optimize cancer care. Its preparation will consider the following:

- Differences in socio-economic, cultural and organisational situations, which may lead to differing uses/interpretations of the guide,
- Strong evidence base for all recommendations,
- Use of sound methodological model, preferably one already in existence,
- Inclusion of policy based arguments alongside clinical guidelines,
- Incorporation of HTA (Health Technology Assessment) approaches,
- Literature review and meta-analysis of already existing sources
- Usefulness for the Member States
Thank you for your attention!