

## MEPs AGAINST CANCER REPORT

March 2008

### Europe in Wide Screen Campaign for improved EU-wide cancer screening

On 13<sup>th</sup> February, three parliamentary cancer interest groups came together for the first time under MEPs Against Cancer (MAC) to examine with Commission officials and experts how cancer screening programmes were progressing in Member States. “*Europe in Wide Screen*” was timed to debate the forthcoming Commission Report on Cancer Screening and was co-hosted by the **European Cancer Patient Coalition** and the **Parliament Magazine**.

#### Europe’s gap in wide screen

**Liz Lynne MEP** co-chaired the first session with **Adamos Adamou MEP**. Setting the scene for the discussion, she cited the findings of a recent Eurobarometer survey [http://ec.europa.eu/health/ph\\_publication/eb\\_health\\_en.pdf](http://ec.europa.eu/health/ph_publication/eb_health_en.pdf) which revealed some stark screening differences between Member States. In Germany, for example, over 19% of those surveyed had been screened for colon cancer the previous year. This was still a small number but a significant improvement on Cyprus with only 1%, or Slovenia, Romania and Croatia with only 2%. Large discrepancies between countries were similarly evident for manual breast examinations and cervical cancer testing. Citizens too, had to become much more aware of the benefit of screening: they had to understand that it could save their life. The gap, she said, had to be closed.

The European Parliament fully supported the Council Recommendation of December 2003 on screening for breast, colorectal and cervical cancer. Now the task was to ensure that it was fully and consistently implemented in all Member States. She drew attention to the recent Parliament Resolution on improved cancer control which called on the Commission and Member States to step up measures for improving prevention and treatment.



From left: Liz Lynne, MEP and MAC Co-Chair, Commissioner Markos Kyprianou, Alojz Peterle, MEP and MAC Co-Chair and Adamos Adamou, MEP and MAC Co-Chair

She also said that **MAC** was most encouraged that the Slovenian Presidency had made cancer their priority and hoped that future Presidencies would continue the work. She pointed out the staggering increase in cancer. Estimates for 2006 were over 2, 2 million new cases. Cancer remained a major public health challenge for Europe.

A packed Committee room of over 150 delegates listened as **EU Commissioner for Health, Markos Kyprianou**, congratulated **MAC** members on their achievements, acknowledging that they were a leading force in pushing for improved cancer control across Europe. Community public health actions had a long-standing commitment to cancer. But, there was still a long way to go. This was why a strategy on prevention and early diagnosis was so important.



From left: MEPs Jolanta Dičkutė, Alojz Peterle, Liz Lynne, Commissioner Markos Kyprianou, and Adamos Adamou, MEP

The Commissioner had two key messages: **Firstly, prevention**. Policies included protecting citizens through, for example, minimising carcinogens in food and also offering advice on the negative effects of substances such as alcohol and tobacco. But, he said, the choice about what lifestyle to adopt, fundamentally, of course belonged to citizens. Additionally, new tools were becoming available, such as vaccination for cervical cancer for which the European Centre of Disease Prevention and Control (ECDC) had recently issued its opinion. Also, Hepatitis B vaccination could help protect against liver cancer.

**Secondly, early diagnosis, which was closely related to screening**. Some countries were more advanced with their screening programmes than others. For breast cancer, European quality assurance guidelines were already in the 4<sup>th</sup> edition, the 2<sup>nd</sup> edition of cervical guidelines had just been published, and colon cancer guidelines would be

ready early next year. He announced that the Screening Report would be released in early summer to be reviewed by the Health Council under the Slovenian Presidency and, of course, sent to the European Parliament. He listed other Commission initiatives such as a revision of the **European Code against Cancer**, a report on the implementation of the Tobacco Advertising Directive and the Council Recommendations on the prevention of smoking. Finally, towards the end of the year, the Commission would produce a proposal based on the Green Paper discussion on smoke-free environments. He reminded his audience that the Commission could only make recommendations and produce guidelines, but could not force Member States to implement these. More effort was needed by all: this is why the Commission was grateful for the pressure provided by **MAC**.

### Screening leads the way to better treatment

**Karin Joens, MEP and chair of the European Parliamentary Breast Cancer Group** argued forcefully that Breast Cancer Screening could only lead the way if



*Karin Joens, MEP and Chair of EPBCG*

programmes were implemented properly, according to evidence-based data and scientific specifications. Mammography screening in accordance with EU guidelines could reduce the breast cancer mortality rate by up to 35% and ensure equity. Women should be invited for screening in an organised way in order to reach every single woman in the target age group, regardless of her socio-economic, educational status and domicile.

But although the first EU guidelines were published in 1992, many Member States still did not have adequate programmes, even in the EU-15. Current mortality rates between Member States varied by over 50% for breast cancer. European experts estimated that if both screening and treatment were done correctly, 90% of breast cancers could be cured. Screening had to be population-based. X-rays should only be taken in dedicated screening centres. Treatment conducted by multi-disciplinary teams should take place in certified breast units which had achieved the critical mass of 150 operations per year.

She announced that together with the Commission, the European Cancer Network and the European Co-operation for Accreditation were working on an **EU accreditation system**. This would support national healthcare systems in forming quality assured centres of competence, and would standardise certification of screening and breast units across the whole European Union.

### Cervical cancer almost preventable – yet big gaps between East and West

**Jolanta Dičkutė MEP** spoke on behalf of the Parliament's Cervical Cancer interest group which was established in May 2006 and had since then organised yearly cervical

cancer prevention weeks to raise awareness amongst women of the steps to take to reduce their risk.

Every year 50.000 women developed and 25.000 women died from cervical cancer. Rates were particularly high in her country, Lithuania, where every second woman who got the disease, died from it, the lowest were in Malta. Cervical cancer was unique, due to its earlier onset. Women contracted it between the ages of 25-35, a time when many were raising young children. Organised cervical cancer programmes could prevent up to 80% of cases.



*Jolanta Dičkutė, MEP and chair of ECCIG*

The problem was a lack of resources for implementation, especially amongst the new Member States, who were to be encouraged to make more use of Structural Funds. Increased access to cervical cancer screening, she argued, had the potential to save lives, and in the long-term reduce healthcare costs. Of vital importance was the commitment of national governments to health information and education programmes aimed at women, with a special focus on the disadvantaged groups.

### Breaking the taboo of colorectal cancer

**Lynn Faulds Wood**, President of the European Cancer Patient Coalition and Lynn's Bowel Cancer Campaign, UK, talked about colon cancer screening. Lynn told how she is a partner in developing official guidelines for colorectal cancer screening for Europe and already advising several countries in promoting successful screening programmes.

She asked the audience whether they would be willing to be screened for colon cancer! After all, if those in the know would not, how could we expect more from the general public. She asked MEPs to help her bring a colonoscopy screening truck into the Parliament. Crucially this common cancer takes years to develop and those with an early cancer often do not know it, do not feel it, but they could be spared more advanced disease with early detection by screening. Lynn encouraged the audience to think about choosing champions or famous people to break the taboo and talked of the huge cost of advanced disease to patients and health budgets if countries do not develop national screening programmes.



*Adamos Adamou, MEP and Lynn Faulds Wood, ECPC President*

## Colorectal cancer screening saves lives

**Christa Maar**, President of the Felix Burda Foundation, presented the Brussels Declaration on colon cancer, signed in May 2007 at a European conference

Colorectal cancer, she said, was the second most common cause of cancer death in Europe. Yet so far, only 14 EU countries had implemented a national screening programme.

The Brussels Declaration calls on the Commission to draw up an action plan for the implementation of national screening programmes in all EU Member States and for the EU quality guidelines to include practical assistance in the education, detection and management of high-risk groups.



*Christa Maar, Felix Burda Foundation*

Progress had already been made in her own country, Germany. Since October 2002, public health insurers, in addition to the Faecal Occult Blood test (FOBT), offered a preventive colonoscopy for all citizens older than 55, free of charge. Nonetheless, there were still problems, principally, with the participation rate. Germany lacked organised screening and targeted detection and screening of high-risk groups. Future goals would include finding innovative ways to encourage people to be screened, such as motivating more companies to integrate screening into the healthcare plan offered to their employees. Screening, if done correctly, could prevent citizens from developing advanced colorectal cancer and save lives.

Co-chair, **Adamos Adamou MEP** opened up the discussion to the floor for questions. He took the opportunity to urge governments to invest more in prevention. As an oncologist, he saw for too many advanced cases of cancer. Generally, the earlier a cancer was diagnosed, the better were the chances for more successful treatment. The introduction of multidisciplinary teams would ensure better outcomes. He added his full support for the Commission's anti-smoking policy, which would have strong health benefits for citizens, saving many from ever contracting cancer. In light of the large number of new cancer cases predicted for the future, a larger proportion of investment, he said, should be dedicated to prevention and screening.

## The way forward – wide screen for all

**Chairing this session with Brian Johnson, the Editor of the Parliament Magazine, Alojz Peterle MEP** expressed his thanks that the Parliament Magazine was offering such help in elevating the profile of cancer. This sort of media

support was most welcome and constructive. He reminded his audience that he was eager to see an **EU Cancer task force** composed of Commission, Council and Parliament Members, provide political leadership to tackle cancer in a more coordinated way in Europe. Such a group would not need large resources, but could help immensely with collecting and exchanging best practices for prevention, screening and treatment. He expressed his hopes that this MAC meeting would give rise to many new ideas on how we could make cancer a political health priority and save lives. He cautioned, however, that even in those countries where political will existed, results were still sub-standard.

## European Parliament call for improving cancer control

Europe had a responsibility to ensure a high level of health protection for their citizens, explained **Professor Trakatellis MEP**. Article 152 of the Treaty obliged the EU to protect citizens from health threats. Cancer was such a threat. This is why the EP wanted to see more strategic action at the EU level and cooperation with Member States on whom most of the responsibility fell. In cancer we knew what we could and should do. **MAC** had seized this opportunity, playing a hugely important role in propelling the Parliament's **Written Declaration and Cancer Resolution**. The **Declaration** had collected 435 signatures and covered the four basic cancer control factors: prevention, screening, treatment and palliative care.



*Brian Johnson, Parliament Magazine and Prof. Trakatellis, MEP*

The **Cancer Resolution** included all these important aspects of cancer control and research in more detail. For screening, it called on the Commission and Council to adopt a policy of continuous improvement for updating screening guidelines. It also requested that Member States who had not yet done so, implement the Council Recommendation on Cancer Screening and set up population-based screening programmes according to European quality assurance guidelines. Professor Trakatellis suggested that if we achieved only 10% of the improvements outlined in the EP Cancer Resolution, 100.000 citizens' lives per year could be saved.

## EU Cancer Screening - quality and equity

**Dr Karl Freese** from DG Sanco explained the background to the EU Cancer Screening initiative, citing 2006 figures from the International Agency for Research on Cancer (IARC). For breast cancer, there were 331.000 new cases and 90.000 deaths and for cervical cancer, 36.000 new cases and 15.000 deaths. For colorectal cancer, there were 140.000 new cases amongst women and 68.000 deaths and 170.000 cases amongst men and 78.000 deaths.



There was wide variation between Member States, particularly in cervical cancer. Evidence-based screening, followed by appropriate treatment, had the potential to reduce cervical and colorectal cancer in the population. But this benefit would only be achieved if quality was optimal at every stage in the screening process.

In December 2003, the Health Council adopted a **Cancer Screening Recommendation** based on the positive experiences of the **Europe against Cancer Programme**. This acknowledged both the significance of the burden of cancer and evidence for the effectiveness of screening in reducing this burden. It spelled out fundamental principles of best-practice and invited Member States to implement national programmes, with a population-based approach and appropriate quality standards to reach all citizens who would benefit. The **key to being successful in screening was to reach the people in need**, which was why the population-based approach was so important. The Commission collected data on the implementation of the Recommendation based on reports from Member States, the European Cancer Network and the European Network for Information on Cancer.

### Population based screening - long term commitment needed

**Dr Lawrence von Karsa**, Head of the Screening Quality Control Group at the International Agency for Research on Cancer (IARC) presented some preliminary results of the surveys for the long-awaited Commission's Screening Report. These findings had also been shown at the **Slovenian Presidency cancer conference** held on 7 - 8 February and discussed by a number of screening experts. There was now a widely shared consensus that population based cancer screening was important, and more Member States were establishing a programme. Over 50 million people were screened in 24 countries in 2007. It was now possible to collect data on cervical and breast cancer screening in such a way that the results of different programmes could be compared. This was an essential step in closing the quality gap and learning lessons from each other. However, **it was a very long process, taking at least ten years, making it very difficult to reconcile politically with the two-year budgets of many national health ministries and the five-year EU health action plans.** We needed to find a way to fit long-term programmes into short term plans.

The key point in evaluating Member States' implementation was their success in offering **evidence-based cancer screening through a systematic population-based approach with quality assurance at all appropriate levels.** Dr von Karsa presented numerous slides showing an overview of screening programmes in Europe and highlighting the differences between Member States. He showed, for each of the three cancers, which Member States had rolled out population-based programmes, which were piloting and which had no plans at all. For example, the UK, France, Germany and Finland all had national programmes for colorectal cancer screening whereas other Member States such as Belgium, Ireland, Greece and Denmark had none. For cervical screening, the UK, Sweden, Finland and the Netherlands were amongst those who had national programmes, whereas Greece and Bulgaria had none. Finally, for breast cancer, Greece and Bulgaria still lacked any planned programmes. There was a need, he suggested, for prioritising cervical cancer screening; many Member States still had non population-based approaches. Moreover, we had to find

ways to improve existing programmes as well as offer support to those Member States that were struggling through an EU initiative on schools of screening management and improved accessibility to Structural Funds.

### The oncologist's perspective

**Professor Håkan Mellstedt**, President of the European Society for Medical Oncology (ESMO) introduced his Society, a key educator of doctors, patients and policy-makers in cancer. ESMO had recently established a cancer prevention working group, focusing on issues such as developing educational courses and designing scientific programmes. Also, the ESMO handbook on cancer prevention had just been launched. So far, he said, oncologists wished to be more centrally involved in screening activities as there was such an important link between screening and high quality and effective treatment. He added that screening should be done only for those diseases which could be treated. Effects, side-effects and costs were all critical factors and continuous monitoring was needed to allow programme adjustments. Priorities included identification of new screening technologies and the search for bio-markers. ESMO called upon the main stakeholders in cancer screening to encourage Member States to adopt/improve cancer screening programmes. By failing to make screening a priority, Member States were missing an important opportunity to reduce the cancer burden.



### The economic reality: screening saves lives, it also saves money

**Dr Panos Kanavos** from the London School of Economics brought economic considerations into the discussions. Focusing on colorectal screening, he said that participation was particularly poor in comparison to other cancers. Currently, for the FOBT (the least invasive test), only about 50-60% of those invited attend, he revealed. Participation depended on the strength of invitation. This covered a variety of factors, including whether the health system was tax or insurance based, the anonymity of the invite and the presence of a follow-up invite.

Why were we not all screening? Examining cancer screening through the eyes of a health economist, he highlighted a number of barriers, including concerns over costs and capacity and even the presence of competition between different national cancer screening programmes. But he insisted that after weighing up costs and benefits, it was evident that screening for breast, cervical and colorectal cancer was beneficial and cost-effective for both

citizens and health systems. He did, however, emphasise that we had to look at the cost-effectiveness of individual screening techniques. Decisions needed to be made carefully; each country had to examine their individual situation prior to implementation. Political and public awareness had to be significantly increased if colorectal screening was to succeed.

### The Slovenian Presidency – taking the lead

**Dr Marija Seljak**, Director General of Public Health, in Slovenia's Health Ministry presented her country's EU Presidency cancer initiative. The goal was to examine how we could close the gap in cancer prevention, diagnosis, treatment, care and survival that existed within and between EU Member States. She shared with the audience the conclusions reached at the conference entitled "**The Burden of Cancer – how can it be reduced**". It had offered a fresh look at the public health challenge of cancer and suggested how policy-makers in Europe should respond to it. Experts from across Europe had contributed to the book "**Responding to the Cancer Challenge in Europe**" which, launched at the meeting, had provided input for the discussions. It was available on the Presidency conference website (<http://www.projectfact.eu/>).



*Dr. Marija Seljak, Director General of Public Health of the Slovenian Health Ministry*

There were two key messages: **Firstly**, national cancer plans were needed, including all the necessary elements: prevention, early detection, treatment, rehabilitation, palliative care, as well as research. **Secondly**, data had to be used as an evidence base for decisions. This required population cancer registries.

Dr Seljak emphasised prevention, which she identified as the key component in any cancer control plan. We needed to step up measures to reduce the level of exposure of individuals and populations to key risk factors and to reduce occupational and environmental exposure to carcinogens. We also had to consider new preventative alternatives against infectious agents.

The **European Code against Cancer** was certainly a valuable tool that Member States had used for cancer prevention to a varying extent, but it now needed to be adapted to new evidence-based knowledge and more widely implemented.

Although responsibilities in preventing cancer were within Member States, many things could be better dealt with at the EU level, such as collecting evidence, supporting networks, research, developing guidelines and tools of

implementation, legislating in the areas where it was possible, or creating partnerships.

As for screening, EU guidelines and an accreditation scheme was needed. New Member States needed professional, organisational and scientific support for establishing and improving population-based screening programmes. They had to use Structural Funds to support organised screening programmes. The EU Health Strategy could be harnessed to create a momentum for developing **cancer plans**. A **Task Force on Cancer** would help to coordinate actions.



*Alojz Peterle, MEP and MAC Co-Chair and Dr. Marija Seljak, Director General of Public Health of the Slovenian Health Ministry*

Dr Seljak also emphasised the importance of research. In Europe, cancer research was fragmented and heterogenous. We needed more trans-border collaboration between Member States' research centres and the establishment of pan-European research projects. Overall investment needed to be increased and clinical trials information had to be made more transparent and publicly available.

Closing with an appeal for all to work together and unite our efforts, she said, Member States, European institutions and civil society, as well as international organisations all had to join forces to tackle the cancer burden. The life of our citizens and future generations were at stake.

### Conclusions

There was general agreement that cancer screening could **reduce the cancer burden, prevent some cancers, lead the way to better treatment and, if it is population-based and following strict quality guidelines, could reduce inequalities**. While there has been progress, overall, the EU Member States have quite some way to go before we start seeing a "Europe in Wide Screen." Some countries are now implementing population-based screening programmes, which will serve as models for the rest to learn from their experience. And now with the new drive from Slovenia, the goals have moved one step closer. MAC members hope that the forthcoming French Presidency, who have the experience of the French cancer plan, grasps the baton from Slovenia. The message was clear: cancer screening could save many lives. Integrated national cancer control plans are essential to deal with the complexity of cancer. MAC will be watching closely to ensure the momentum continues.

This Report is posted on the MAC Website at <http://www.mepsagainstcancer.org>

**MAC Meeting “Europe in Wide-Screen”  
Press Release** ([click here](#))

If you want to join MAC or want further information about MAC please contact

- **Liz Lynne**, MAC co-chair  
[elizabeth.lynne@europarl.europa.eu](mailto:elizabeth.lynne@europarl.europa.eu)
- **Alojz Peterle**, MAC co-chair  
[alozj.peterle@europarl.europa.eu](mailto:alozj.peterle@europarl.europa.eu)
- **Adamos Adamou**, MAC co-chair  
[adamos.adamou@europarl.europa.eu](mailto:adamos.adamou@europarl.europa.eu)



**The MAC Secretariat is provided by ECPC**

Hildrun Sundseth  
E-Mail: [hildrun.sundseth@ecpc-online.org](mailto:hildrun.sundseth@ecpc-online.org)  
Tel.: +32.2.772 61 65  
GSM: +32 473 98 31 64  
<http://www.ecpc-online.org>

### **MAC Statement**

- Urgently to develop and, where existing, improve national plans, setting priorities and effectively allocating resources for improving cancer control and research across the European Union.
- Firmly to tackle the socio-economic and geographic divide, which leads to inequalities in cancer control.
- To make high quality and up to date prevention, treatment and care attainable for all cancer patients in each European Member State.
- Vigorously to promote cancer awareness in the general public through the existing **Europe against Cancer Code**, making a special effort in new Member States.
- To invest in cancer prevention in Member States through implementing the **Council Recommendation** on Cancer Screening of December 2003 and setting up national high quality screening programmes.
- To oppose discrimination because of age, race, gender and domicile in respect of the latest cancer treatments.
- To set up a **Cancer Task Force** at European level, to exchange best practice and to highlight once again that tackling cancer is a priority and sending a strong political signal that immediate and concerted action is needed now.

