Action against cancer: European partnership

2009/2103(INI) - 07/04/2010

The Commission on Environment, Public Health and Food Safety adopted the own-initiative report by Alojz PETERLE (EPP, SI) welcoming the Commission's proposal to establish a European Partnership for Action Against Cancer for the period 2009-2013. This partnership would support Member States in their efforts to tackle cancer by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control and by engaging relevant stakeholders across the European Union in a collective effort.

Members consider it is necessary to set in place a framework for coordinated action at Member State, regional and local level in this field and to build on work currently undertaken by the European Institutions in the field of health, as well as to form partnerships with other services and sectors to ensure a comprehensive approach to the prevention and treatment of cancer.

Recognising that health matters are primarily the responsibility of the Member States, Members stress the importance of establishing a Community roadmap. For this reason, they encourage the Commission and the Member States to take joint action and a comprehensive approach by incorporating the medical field into policy areas such as education, environment, research and social issues.

Cooperation with stakeholders and the European Parliament: to ensure the Partnership's success, Members stress the need for closer cooperation with stakeholders with a genuine interest in improving health outcomes, and the participation of civil society and employers' and employees' organisations at international, European, national, regional and local level so as to ensure the dissemination of best practices in the field. The Partnership should also establish channels of communication with other fora (e. g. the EU Health Policy Forum), to ensure the work against cancer gives due consideration to other concerns, such as health inequalities, etc. Members, in particular, call on the European Commission and the European Council to cooperate with the European Parliament in a well-coordinated inter-institutional partnership in order to reduce the burden of cancer, using the legal basis established in the Treaty of Lisbon to protect public health and prevent diseases. The European Commission and the European Council should also consider the various formal and informal structures that exist to consult with MEPs.

Strengthening the effectiveness of existing measures: Members call on the Commission to specify the nature of and the sources of funding for the Partnership. They consider that its success – given the absence of additional funding before the end of the current financial framework (2013) - depends on making optimum use of the available resources. They call on Member States to set up integrated cancer plans as soon as possible as these are key to achieving the Partnership's ambitious long-term aim of reducing the burden of cancer by 15% by 2020. They also stress that a comprehensive cancer approach and multidisciplinary teams can ensure more effective care for patients with cancer and that integrated cancer care, giving due consideration to psychosocial and mental wellbeing and support, is a vital part of care that should also be encouraged. They also point out that, according to the Lisbon Treaty, the European Parliament and the Council, acting in accordance with the ordinary legislative procedure, may also adopt incentive measures designed to protect and improve human health. They therefore call on the Commission to present a proposal for a Council Recommendation on Cancer Control Plans and to monitor independently, on a yearly basis, the implementation and progress of the recommendation adopted.

Reinforced prevention: Members emphasise the importance of prevention because it is the most cost-effective response (one third of cancers are preventable). They urge that more resources are systematically and strategically invested in prevention, both secondary and primary. Additional actions should be considered to guarantee a healthy environment, in particular measures regarding tobacco, food and

alcohol. Tackling risk factors for cancer is key to prevention and this should be given priority by Member States and research should be focused on certain environmental factors, such as radiation and excessive UV exposure, exposure to chemicals and endocrine disruptors. Members consider that the current funding available to fight cancer in the EU is inadequate to produce the necessary research and coordination, as well as to provide decent preventive information for EU citizens. They therefore encourage the Commission to include funding to promote cancer prevention in the financial perspective.

They also call for:

- the reorganisation of national cancer registries in order to provide the data necessary for better informed and more focused policies;
- the promotion of actions against excessive weight, alcohol consumption, and the prevention of viral hepatitis.

Improving patients' everyday lives: Members highlight the need to focus on the quality of life for a rising number of chronic cancer patients whose illness cannot be cured but which may be stabilised for a number of years. Inequities in the cancer burden need to be reduced. Members invite the Commission to draw up a charter for the protection of the rights of cancer patients and chronically sick people in the workplace, with a view to requiring firms to make it possible for patients to continue in employment during their treatment and to return to the employment market after it has finished.

Encourage early screening: given that screening is one of the most important instruments in combating cancer, Members invite the Member States to invest in cancer screening programmes to be made available to the widest possible range of people. They also urge Member States to establish a legal obligation to declare cancer cases, using standardised European terminology, the object being to provide means of evaluating prevention, screening, and treatment programmes, survival rates, and the comparability of data from one Member State to another. According to Members, it is possible to reduce the incidence of cancer by applying evidence-based strategies for early detection and management of patients with cancer, and promoting awareness of the advantages of screening among the population. They also ask the Member States to examine whether breast cancer screening for women under 50 and over 69 serves a useful purpose. They also call for the drawing up of European accreditation/certification programmes in the area of cancer screening, diagnosis, and treatment to be drawn up on the basis of the European quality assurance guidelines.

More research: Members also stress the use of nutrition for cancer prevention and the treatment of malnutrition related to cancer. They encourage the Commission to provide specific funding in this area and to develop guidelines on nutritional support for cancer patients. Efforts should be made to further develop blood- and urine-based tests (biomarker tests) within the seventh Research Framework Programme, bearing in mind that these early diagnosis procedures are promising tools for detecting different types of cancer (prostate, colon, ovarian, kidney, and bladder cancer). Members believe that existing FP7 funding allocated to the fight against cancer should be used more efficiently. They call for support to be stepped up for research into cancer prevention, including research into the effects of harmful chemicals and environmental pollutants, nutrition, lifestyle, genetic factors, and the interaction of all these, and call for the links between cancer and potential risk factors such as tobacco, alcohol and pharmaceutical and synthetic hormones present in the environment to be investigated. They also propose i) bio-monitoring research to pay particular attention to the most important sources of exposure to carcinogenic substances, in particular traffic, emissions from industry, air quality in large cities, etc. ii) more research on the connection between cancer and gender; iii) more research on the impact of the working environment on cancers; iv) research programmes to develop alternatives for harmful substances that are not carcinogens. Overall, the Committee wants research results to be translated into concrete actions as soon as possible. To this effect, they want greater encouragement to be given to public-private partnerships to stimulate research and screening.

Awareness: Members call on the Commission and Member States to promote information campaigns on cancer screening directed at the general public and all healthcare providers, as well as the exchange of best practice on the use of preventive or early-detection measures, such as cost-effective integration of appropriate human papilloma virus (HPV) testing for cervical cancer screening and HPV vaccination to protect young women from cervical cancer. They also want the Partnership to examine the need to update the Council recommendation on cancer screening to take account of evidence for effective prostate cancer screening in men.

Combat environment-related cancers: Members call on the Commission to ensure full implementation of relevant worker health legislation and to contribute swiftly and in a determined manner to the establishment of a comprehensive candidate list of substances of very high concern as a stepping stone for rapid decisions on CMR substances in the context of authorisations under REACH. In their view, proper implementation of existing legislation with regard to substances that cause or promote cancer is of paramount importance in action against cancer.

Other aspects mentioned by Members include:

- more funding to be allocated to regional policy programmes and European Social Fund programmes to educate and inform women about breast cancer protection and prevention;
- research on the new generation of anti-cancer medication and treatments;
- the importance of the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use;
- the development of nutritional and other natural product-based approaches to cancer prevention, validated through nutrigenomic and epigenetic research;
- the development of networks of health professionals to encourage the exchange of best practices;
- specific and coordinated actions in order to reduce inequalities in terms of access to cancer treatment and care;
- the development of psychological care and support throughout the EU for cancer survivors;
- the production of guidelines for a common definition of disability covering persons suffering from chronic diseases or from cancer;
- improved quality of palliative care for the terminally ill.

Members find the proposed structure lacking since there is no clear definition of specific action objectives, such as how to achieve the integration of all Member States' plans in the fight against cancer by 2013. They callson the Commission to rectify this lack of focus. Lastly, they urge the European institutions to support the 10-year sustainability and viability of the Cancer Partnership in a future Community health budget.