Basic information

2003/0093(CNS) CNS - Consultation procedure Recommendation	Procedure completed
Cancer screening **Subject** 4.20.01 Medicine, diseases 4.20.05 Health legislation and policy	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Public Health, Consumer Policy	MUSSA Antonio (UEN)	08/07/2003

Former committee for opinion	Former rapporteur for opinion	Appointed
ITRE Industry, External Trade, Research, Energy		
FEMM Women's Rights and Equal Opportunities	JÖNS Karin (PSE)	20/05/2003

Council of the European Union

Council configuration	Meetings	Date
Employment, Social Policy, Health and Consumer Affairs	2549	2003-12-01

European Commission

Commission DG	Commissioner
Development	

Key events

Date	Event	Reference	Summary
05/05/2003	Legislative proposal published	COM(2003)0230	Summary
01/09/2003	Committee referral announced in Parliament		
04/11/2003	Vote in committee		Summary
04/11/2003	Committee report tabled for plenary, 1st reading/single reading	A5-0381/2003	

18/11/2003	Debate in Parliament		
19/11/2003	Decision by Parliament	T5-0502/2003	Summary
01/12/2003	Resolution/conclusions adopted by Council		
02/12/2003	Act adopted by Council after consultation of Parliament		
02/12/2003	End of procedure in Parliament		
16/12/2003	Final act published in Official Journal		

Technical information

Procedure reference	2003/0093(CNS)
Procedure type	CNS - Consultation procedure
Procedure subtype	Legislation
Legislative instrument	Recommendation
Legal basis	EC Treaty (after Amsterdam) EC 152-p4
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/5/19574

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, 1st reading/single reading		A5-0381/2003	04/11/2003	
Text adopted by Parliament, 1st reading/single reading		T5-0502/2003 OJ C 087 07.04.2004, p. 0074-0263 E	19/11/2003	Summary

European Commission

Document type	Reference	Date	Summary
Legislative proposal	COM(2003)0230	05/05/2003	Summary
Follow-up document	COM(2008)0882	22/12/2008	Summary
Follow-up document	COM(2014)0584	23/09/2014	Summary

Additional information

Source	Document	Date
European Commission	EUR-Lex	

Final act

EP/Council Recommendation 2003/0878
OJ L 327 16.12.2003, p. 0034-0038 Summary

Cancer screening

2003/0093(CNS) - 22/12/2008 - Follow-up document

This report examines the implementation of Council Recommendation 2003/878/EC of 2 December 2003 on cancer screening programmes. Recall that the Recommendation spells out fundamental principles of best practice in early detection of cancer and invites Member States to take common action to implement national cancer screening programmes with a population-based approach and with appropriate quality assurance at all levels, taking into account European Quality Assurance Guidelines for Cancer Screening, where they exist. Updated and expanded EU guidelines for breast and cervical cancer screening have recently been published by the Commission; comprehensive European guidelines for quality assurance of colorectal cancer screening are currently in preparation.

Moreover, the Recommendation invites the European Commission to report on the implementation of cancer screening programmes, to consider the extent to which the proposed measures are working effectively, and to consider the need for further action. This is the first such report.

Main findings: after circulatory disease, cancer is the second most common cause of death in the European Union in 2006, accounting for two out of ten deaths in women, which amounts to a total number of 554 000 women, and three out of ten deaths in men, which amounts to 698 000 men. Due to the ageing population this number is expected to rise further every year, if no preventive action is taken by the EC and the Member States.

As regards cancer cases, every year, 3.2 million Europeans are diagnosed with cancer, most of whom are suffering from breast, colorectal or lung cancers. However, the burden of cancer is far from being equally distributed across the European Union. **Breast, cervical and colorectal cancer** are a major cause of suffering and death in the Member States of the European Union. According to estimates of incidence and mortality by the International Agency for Research on Cancer (IARC), there were 331 000 new cases and 90 000 deaths due to breast cancer, and 36 500 new cases and 15 000 deaths due to cervical cancer among women in the EU in 2006. At the same time, new cases of colorectal cancer were estimated at 140 000 in women and 170 000 in men. Colorectal cancer deaths were estimated at 68 000 for women and 78 000 for men in the EU. Together, **these cancers account for almost one out of two (47%) new cases and one out of three (32%) cancer deaths in women in the EU**. In men, colorectal cancer currently accounts for one out of eight (13%) new cases and one out of nine (11%) cancer deaths.

Main conclusions: four years after the adoption of a Recommendation on Cancer Screening, most Member States have acted on the Recommendation and intend to undertake further action where implementation is not yet complete. Thus, the formulation of joint priorities and principles of health policy at the European level has been followed up by actions at the level of the Member States to implement the shared policies and priorities.

Nevertheless, and despite these substantial efforts, overall the EU is still only around half-way towards implementing the Recommendation. Slightly less than half the population who should be covered by screening according to the Recommendation actually are and less than half of those examinations are performed as part of screening programmes meeting the stipulations of the Recommendation. This illustrates the **need for greater efforts within Member States**, supported by collaboration between Member States and professional, organisational and scientific support. Substantial added value may be expected from such support and from additional efforts to improve and maintain high quality of screening programmes.

Even though the current volume of activities is still far from the level which can be expected in the future, the current expenditure in human and financial resources is already considerable. A sustained effort is therefore necessary at Community level and within Member States in identifying appropriate and effective measures to assure the quality, effectiveness and cost-effectiveness of current and future screening activities, taking into account scientific developments. Regular, systematic investigation, monitoring, evaluation and EU-wide status reporting on implementation of cancer screening programmes will continue to support exchange of information on successful developments and to identify weak points requiring improvement.

Cancer continues to represent one of the greatest burdens of ill-health within the European Union. The Recommendation on cancer screening represents a shared EU-wide commitment to taking practical steps to minimise that burden in practice, to the benefit of individual citizens and their families as well as to society as a whole. Actions to better monitor and **prevent cancer** at Community and Member States' level can help to reduce the number of cases arising at all. Application of **best-practice treatment** can help to ensure better outcomes for people with cancer, as can European cooperation on **cancer research** for the future.

In 2009 the Commission intends to launch a partnership for action against cancer. This partnership intends to put in place EU-wide commitments on concrete action to prevent and control cancer and thus contribute to reducing inequalities in tackling cancer. It will aim to support the Member States 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 to reduce the burden of ill health that cancer represents.

Cancer screening

2003/0093(CNS) - 02/12/2003 - Final act

PURPOSE : to adopt the Council Recommendation on cancer screening. LEGISLATIVE ACT : Council Recommendation 2003/878/EC on cancer screening. CONTENT : the Council adopted a Recommendation on cancer screening. Roughly 1,000,000 EU citizens die from cancer every year and 1 580 096 new cases of cancer occurred in the EU in 1998. The best practices to be generalised by Member States for cancer screening include pap smear screening for cervical cancer precursors, mammography screening for breast cancer and faecal occult blood screening for colorectal cancer. The Recommendation suggests among others the implementation by Member States of evidence-based cancer screening and screening programmes in accordance with European guidelines on best practices. As regards the implementation of cancer screening programmes, the Council recommends that Member States : - offer evidence-based cancer screening through a systematic population-based approach with quality assurance at all appropriate levels. The tests which should be considered in this context are listed in the Annex and concern pap smear screening for cervical cancer precursors starting not before the age of 20 and not later than the age of 30; mammography screening for breast cancer in women aged 50 to 69 in accordance with European guidelines on quality assurance in mammography; faecal occult blood screening for colorectal cancer in men and women aged 50 to 74; - implement screening programmes in accordance with European guidelines on best practice where they exist and facilitate the further development of best practice for high quality cancer screening programmes on a national and, where appropriate, regional level; - ensure that the people participating in a screening programme are fully informed about the benefits and risks; - ensure that adequate complementary diagnostic procedures, treatment, psychological support and after-care following evidence-based guidelines of those with a positive screening test are provided for; - make available human and financial resources in order to assure appropriate organisation and quality control; - assess and take decisions on the implementation of a cancer screening programme nationally or regionally depending on the disease burden and the healthcare resources available, the side effects and cost effects of cancer screening, and experience from scientific trials and pilot projects; - set up a systematic call/recall system and quality assurance at all appropriate levels, together with an effective and appropriate diagnostic and treatment and after-care service following evidence-based guidelines; - ensure that due regard is paid to data protection legislation, particularly as it applies to personal health data, prior to implementing cancer screening programmes. Concerning the issue of registration and management of screening data, the Council recommends that Member States: - make available centralised data systems needed to run organised screening programmes; - ensure by appropriate means that all persons targeted by the screening programme are invited, by means of a call/recallsystem, to take part in the programme; - collect, manage and evaluate data on all screening tests, assessment and final diagnoses; - collect, manage and evaluate the data in full accordance with relevant legislation on personal data protection. As regards the monitoring aspect, it is recommended that the Member States : - regularly monitor the process and outcome of organised screening and report these results quickly to the public and the personnel providing the screening; - adhere to the standards defined by the European Network of Cancer Registries in establishing and maintaining the screening databases in full accordance with relevant legislation on personal data protection; - monitor the screening programmes at adequate intervals. On training, there should be adequately train personnel at all levels to ensure that they are able to deliver high quality screening. Member States should also seek a high level of compliance, based on fully informed consent, when organised screening is offered and take action to ensure equal access to screening taking due account of the possible need to target particular socioeconomic groups. The Council suggests that the introduction of novel screening tests taking into account international research results should be created which would : - implement new cancer screening tests in routine healthcare only after they have been evaluated in randomised controlled trials; - run trials, in addition to those on screening-specific parameters and mortality, on subsequent treatment procedures, clinical outcome, side effects, morbidity and quality of life; - assess level of evidence concerning effects of new methods by pooling of trial results from representative settings; - consider the introduction into routine healthcare of potentially promising new screening tests, which are currently being evaluated in randomised controlled trials, once the evidence is conclusive and other relevant aspects, such as cost-effectiveness in the different healthcare systems, have been taken into account; - consider the introduction into routine healthcare of potentially promising new modifications of established screening tests, once the effectiveness of the modification has been successfully evaluated, possibly using other epidemiologically validated surrogate endpoints. Member States should report to the Commission on the implementation of this Recommendation within three years of its adoption and subsequently at the request of the Commission with a view to contributing to the follow-up of this Recommendation at Community level. The Commission, on the other hand, is invited to report on the implementation of cancer screening programmes, on the basis of the information provided by Member States, not later than the end of the fourth year after the date of adoption of this Recommendation, to consider the extent to which the proposed measures are working effectively, and to consider the need for further action. Equally, it is invited to encourage cooperation between Member States in research and exchange of best practices as regards cancer screening with a view to developing andevaluating new screening methods or improving existing ones and to support European research on cancer screening including the development of new guidelines and the updating of existing guidelines for cancer screening. ENTRY INTO FORCE : 2 December 2003.

Cancer screening

2003/0093(CNS) - 19/11/2003 - Text adopted by Parliament, 1st reading/single reading

The European Parliament adopted a resolution drafted by Antonio MUSSA (UEN, Italy) on the Commission proposal. (Please see the summary of 04 /11/03.) Parliament recommended that Member States regularly monitor incidence, survival mortality and morbidity indicators in the Member States.

Cancer screening

2003/0093(CNS) - 05/05/2003 - Legislative proposal

PURPOSE : to present a draft Council Recommendation for a comprehensive European screening programme for the early detection of cancer. CONTENT : since the establishment of the Europe against Cancer Programme in 1985 cancer rates have dropped overall by 10%. The Commission believes that these statistics are a result of primary prevention (avoiding exposure to any kind of carcinogens) and secondary prevention - the early detection of cancer through screening of the population. Whilst such figures make for good reading the Commission warns that the rates of cancer in the European Union remain high. It is estimated that approximately one European in four will die of cancer. Another problem identified by the Commission is the discrepancy in the death toll from cancer in the Member States. The purpose of this draft Council Recommendation therefore is to apply the conclusion of the Advisory Committee on Cancer Prevention, which feels that enough evidence exists proving the effectiveness of early

detection screening. The proposal recommends: - Mammography screening for breast cancer in women aged 50-69; - Faecal occult blood screening for colorectal cancer in men and women aged 50-74; - And pap smear screening for cervical abnormalities, starting between the ages of 20-30. Other tests may also be recommended once research shows that they meet the criteria for organised cancer screening.

Cancer screening

2003/0093(CNS) - 23/09/2014

The Commission presents a report on the implementation of the Communication from the Commission on 'Action Against Cancer: European Partnership' and on the Council Recommendation 2003/878/EC of 2 December 2003 on cancer screening.

To recall, the council Recommendation on cancer screening, unanimously adopted, acknowledges both the significance of the burden of cancer and the evidence for effectiveness of breast, cervical and colorectal cancer screening

The Recommendation calls on Member States to take common action to implement national **population-based** cancer screening programmes with **appropriate quality assurance**, in accordance with **European best practice guidelines**. It further invites the Commission to: (i) report on the implementation of cancer screening programmes, (ii) consider the extent to which the proposed measures are working effectively, and (iii) consider the need for further action. In 2008 a first implementation report on the Recommendation was published, covering the period 2003-2007 (*please see summary dated 22/12/2008.*)

The report summarises the main achievements in the fight against cancer in the EU in the framework of both initiatives towards the target to reduce cancer incidence by 15% by 2020.

Main results:

- **Political will**: the vast majority of Member States – 24 out of 28 - met the target of producing a National Cancer Control Plan (NCCP) before 2013.
- **Support for Member States**: through a Joint Action under the Health programme, guidance for Member States on establishing national cancer plans and on cancer care has been developed. A **new Joint Action launched in 2014** will lead to a **European Guide on Quality Improvement in Comprehensive Cancer Control.** The Directive on the application of patients' rights in cross-border healthcare provides further opportunities for increased cooperation through European Reference Networks between healthcare providers and centres of expertise.
- **Prevention:** the fourth version of the European Code Against Cancer supported by the Commission through administrative agreements with the International Agency for Research on Cancer will be launched soon.
- **Screening:** based on current projections, well over 500 million screening examinations for breast, cervical and/or colorectal cancer will have been performed in publicly mandated programmes in the EU between 2010 and 2020. European Guidelines for quality assurance in screening and diagnosis have been produced for breast cancer (2006, supplements 2013), cervical cancer (2008, second edition 2014) and colorectal cancer (2010).
- **Quality assurance**: the Commission is developing a Quality Assurance scheme for Breast Cancer Services based on the European legislative framework.
- **Research:** during the last seven years, the EU has invested more than **EUR 1.4 billion** in research efforts in relation to cancer. More than half of this budget – EUR 770 million – has been invested in collaborative research projects to find new ways of fighting cancer and supporting patients.
- **Cancer information**: in 2012, the Joint Research Centre was made responsible for coordinating the European Cancer Information System and acting as repository of European Union data and tools.
- **Coordination:** to improve the coordination of the range of cancer initiatives at EU level, the Commission established a European Union Group of Experts on Cancer Control in 2014.

Next steps: EU action on cancer based on the Commission Communication has strengthened cooperation between the European Union, Member States and relevant stakeholders and has created **European added value** in relevant areas (NCCP, screening, cancer information system, rare cancers, etc.) as well as a practical basis on which to continue and expand mechanisms for cooperation.

This cooperation in strategic areas provided a framework which made a sustainable contribution to reduce the burden of cancer in the EU and towards maintaining the target of a 15% reduction by 2020. According to the last available data, in the period 2000-2010, the incidence of the most frequently occurring forms of cancers (i.e. breast, lung, prostate and colorectal) **decreased by about 10%.**

In order to take forward this cooperation, the Commission sets out some of the next steps:

- the 3rd EU Health Programme offers opportunities to promote public health action on cancer and Horizon 2020, in particular its Health, demographic change and wellbeing objective, offers opportunities to pursue research on cancer and other major chronic diseases.

- continued support for the development of high quality National Cancer Plans in the European Union;

- the new Tobacco Products Directive which should be fully operational by ensuring full use of its delegated and implementing powers as well as supporting its implementation by Member States in order to reduce smoking throughout the EU and contributing to reduce the incidence of cancer;

- enhance cooperation between the fields of Public Health, Environment and Occupational Health in order to tackle the avoidable causes of cancer from a broader perspective;

supporting a voluntary European Quality Assurance scheme for breast cancer services;

- creation of European Reference Networks, including on rare tumours. The Commission intends to organise calls for Networks in 2014 and 2015;

improving screening programmes and networking between centres and experts, at the EU, national and regional level;

- consideration of a specific Action on Rare Cancers;

- wider uptake of eHealth for efficient disease management and to strengthen effective prevention practices.

The recommendations of Members States and stakeholders, in the framework of the Commission Group of Experts on Cancer Control, will also be taken into account.

The report states that the Commission maintains the objective of reducing the burden of cancer in the EU, and the target of a 15% reduction of cancer incidence by 2020 (**510,000 new cases**).