Basic information

2009/2103(INI) INI - Own-initiative procedure	Procedure completed
Action against cancer: European partnership **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 and Food Safety	PETERLE Alojz (PPE)	16/10/2009
	Shadow rapporteur PARGNEAUX Gilles (S&D) NICHOLSON James (ECR)	

Committee for opinion	Rapporteur for opinion	Appointed
EMPL Employment and Social Affairs	The committee decided not to give an opinion.	
ITRE Industry, Research and Energy	GROSSETÊTE Françoise (PPE)	21/10/2009
FEMM Women's Rights and Gender Equality	THOMSEN Britta (S&D)	15/10/2009

European Commission

Commission DG	Commissioner
Health and Food Safety	DALLI John

Key events

Date	Event	Reference	Summary
24/06/2009	Non-legislative basic document published	COM(2009)0291	Summary
22/10/2009	Committee referral announced in Parliament		

07/04/2010	Vote in committee		Summary
19/04/2010	Committee report tabled for plenary	A7-0121/2010	
05/05/2010	Debate in Parliament		
06/05/2010	Decision by Parliament	T7-0152/2010	Summary
06/05/2010	Results of vote in Parliament		
06/05/2010	End of procedure in Parliament		

Technical information	
Procedure reference	2009/2103(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Strategic initiative
Legal basis	Rules of Procedure EP 55
Other legal basis	Rules of Procedure EP 165
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/7/00826

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee draft report		PE438.367	03/02/2010	
Committee opinion	ITRE	PE430.881	24/02/2010	
Committee opinion	FEMM	PE431.010	24/02/2010	
Amendments tabled in committee		PE439.847	15/03/2010	
Committee report tabled for plenary, single reading		A7-0121/2010	19/04/2010	
Text adopted by Parliament, single reading		T7-0152/2010	06/05/2010	Summary

European Commission

Document type	Reference	Date	Summary
Non-legislative basic document	COM(2009)0291	24/06/2009	Summary
Commission response to text adopted in plenary	SP(2010)4415	06/09/2010	
Follow-up document	COM(2014)0584	23/09/2014	Summary

Action against cancer: European partnership

2009/2103(INI) - 24/06/2009 - Non-legislative basic document

PURPOSE: to propose a European Partnership for Action Against Cancer.

BACKGROUND: figures show that, in 2006, after circulatory diseases, **cancer was the second most common cause of deat**h (two out of ten deaths in women and three out of ten deaths in men). This equates to approximately 3.2 million EU citizens diagnosed with cancer each year.

The legal basis for action in the field of health largely falls on the Member States (Article 152 of the EC Treaty). However, there are areas where joint EU action can bring considerable added value in tackling major health challenges more effectively, through information sharing and exchange of expertise and best practice.

The European Parliament and Council have also shown their political commitment and given strategic direction to future European cancer activities. On 10 April 2008, the European Parliament adopted a resolution on combating cancer in the enlarged EU, and, on 10 June 2008, reducing the European burden of cancer were adopted.

On this basis, the European Commission proposes a **European Partnership for Action Against Cancer for the period 2009-2013** to support the Member State 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.

CONTENT: this Communication broadly sets out the objectives for the European Partnership for Action Against Cancer, as well as the identified areas and actions to be further determined.

Objectives of partnership: to more effectively combat cancer at European level, it will be necessary to draw up a strategy to assist the Member States to enhance their knowledge and cooperation in the field, within the context of the limited competences of the Community in this field. This Partnership aims to support the 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. The aim is for all Member States to have integrated cancer plans by the end of the partnership, which should result in a 15% reduction by 2020 (510 000 new cases).

Areas and actions to be covered: the Communication stresses the fact that **one-third of cancers are preventable** and that, for this reason, emphasis needs to be placed on **health promotion**. Cancer is caused by many factors and therefore its prevention needs to address on an equal footing lifestyle, occupational and environmental causes, such as smoking, being overweight, low fruit and vegetable intake, physical inactivity and alcohol consumption.

To prevent and combat cancer, further actions need to be taken in the areas of detection, the dissemination of good practices, cooperation in research activities and improving the comparability of results between the Member States.

1) **early detection:** cancer can be reduced and controlled by implementing evidence-based strategies for early detection and management of patients with cancer. This includes **appropriate information to ensure awareness about the benefits of screening** for those who should benefit from it. In fact, the annual number of screening examinations in the EU is well below what it could be (approximately 125 million examinations per year).

The Communication proposes to reduce the burden of cancer by achieving 100% population coverage of screening for **breast, cervical and colorectal cancer** by 2013 by providing 125 million examinations to citizens per year. In order to achieve this target, Member States should promote large scale information campaigns on cancer screening, directed at the general public and health-care providers.

Other actions could include:

- assessing the effectiveness of Community policy in the area of tobacco control;
- using existing mechanisms, such as the stakeholder forums focusing on alcohol and nutrition, to take forward cancer actions;
- reviewing the European Code Against Cancer, including its implementation;
- assessing the burden of infection-induced cancer in the EU;
- providing an overview of the range of recommendations in the EU on the implementation of human papillomavirus vaccination as a public health policy to prevent cervical cancer;
- reviewing the Council Recommendation on cancer screening in view of recent scientific developments;
- development of a voluntary European pilot accreditation scheme for breast cancer screening and follow-up, building on the European guidelines for quality assurance in breast cancer screening and diagnosis.

2) **identification and dissemination of good practice:** the Communication also proposes tackling inequalities linked to cancer mortalities, in particular by reducing disparities between the member states. Whilst it may not be possible to eliminate all the existing inequalities, the Commission considers that a 70% reduction by 2020 is a feasible target, taking account of scientific developments and the different circumstances of different countries and cancers. This aim will be supported by the development of guidelines for models of best practice in cancer-related care.

Other actions could include:

- sharing knowledge and expertise on different models for comprehensive and integrated cancer care, and in particular the organisation of care, with the aim of developing consensus around definitions and models of care, including chronic and palliative care;
- exploring the application of ongoing European efforts under the Health Technology Assessment initiative as a means to tackle cancer more efficiently, building on the framework to be established under the proposed Directive on the Application of Patients' Rights in Cross-border Healthcare;
- exploring alternative technical and financial solutions for the European supply of medical isotopes, taking account of shortages in supply across Europe.

3) **cooperation and coordination in cancer research:** health research is of central importance to the EU's research commitments. Recognising that cancer research is mainly undertaken at national level and that it is considerably fragmented and diverse across the EU, the Community aims to step up its efforts to improve EU-wide coordination within this field. The Communication proposes the development of a coordinated approach to cancer research across the EU, aiming to achieve coordination of one-third of research from all funding sources by 2013.

Other actions could include:

- bringing together partners in a collective effort to address obstacles in European cancer research;
- identification of gaps in research and methodology, enhancement of research cooperation to avoid duplication of efforts and strengthening research on prevention and translational research;
- increasing public access to information on cancer research and clinical trials in particular;
- improving the regulatory environment on clinical research in the EU.

4) **providing the comparable information necessary for policy and action:** the Commission considers that it is important to ensure comprehensive and standardised cancer information and data from all Member States. In other words, comparative research at European level into best practices in the field is required. The sharing of relevant information for statistical purposes is essential for developing effective public health interventions and the European benchmarking process.

In this regard, the Communication proposes to ensure the availability of accurate and comparable data on cancer incidence, prevalence, morbidity, cure, survival and mortality in the EU by 2013.

Other actions could include:

- identification of obstacles in collection of data and indicators, including legislative obstacles and accessibility of data, and ways to overcome those problems;
- agreement on a set of core indicators to measure and enable European comparisons of the burden of cancer, quality of care and impact of cancer strategies, with special emphasis on health inequalities;
- encouragement of high quality standards and networking on cancer registries;
- collection of data on the cost of cancer to society;
- conducting a survey to gauge European opinion on cancer data registration as a means for public health research and planning of effective health systems.

Financing and next steps: the actions undertaken within the framework of the Partnership would be funded by existing financial instruments until the end of the current financial framework (2013) without additional budgetary consequences. In order to take forward these identified areas and actions, this Communication proposes a specific joint action to be supported by the **Health Programme as from 2010**. In addition, several other Community programmes also provide funding relevant to cancer, e.g. the 7th Framework Programme for Research and Technological Development as well as Regional Policy Programmes.

At the end of the current financial framework, a **review process** will be undertaken to assess the Partnership's successes and shortcomings. A final report on the work undertaken on the basis of this Communication will be submitted by the Commission to the Council of the European Union and the European Parliament, which will constitute the basis for determining future Community action on cancer.

Action against cancer: European partnership

2009/2103(INI) - 06/05/2010 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution on the Commission communication on Action Against Cancer: European Partnership.

It welcomes the Commission proposal to set up a European Partnership for Action Against Cancer for the period 2009-2013 to support the 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.

Parliament agues that **strong action on cancer at a European level** has the potential to set in place a framework for coordinated action at Member State, regional and local level. The European Partnership for Action Against Cancer should complement and build on work currently undertaken by the European Institutions in the field of health, and should seek 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, Parliament stresses the importance of establishing a Community roadmap. For this reason, it encourages 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, Parliament stresses 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: Parliament calls on the Commission to specify the nature of and the sources of funding for the Partnership. It considers 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. It calls 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. It also stresses 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. It also points 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. Parliament therefore calls 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: Parliament emphasises the importance of prevention because it is the most cost-effective response (one third of cancers are preventable). It urges 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.

Parliament also calls 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, Parliament invites the Member States to invest in cancer screening programmes to be made available to the widest possible range of people. It also urges 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 (see Parliament's declaration on this issue). Parliament also calls 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. It also 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.

More research: Parliament also stresses the use of nutrition for cancer prevention and the treatment of malnutrition related to cancer. It encourages 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. Members 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, Parliament wants research results to be translated into concrete actions as soon as possible. To this effect, it wants greater encouragement to be given to public-private partnerships to stimulate research and screening.

Combat environment-related cancers: Parliament calls on theCommission 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 its 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 Parliament include:

- promoting information campaigns on cancer screening directed at the general public and all healthcare providers
- 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;
- encouraging the Member States to adopt policies to support the principles embodied in the World Health Organization's Global Strategy on Diet, Physical Activity and Health launched in 2004;
- 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;
- improving the quality treatment standards for childhood cancers;
- 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;
- improving the quality of palliative care for the terminally ill.

Parliament finds 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. It calls on the Commission to rectify this lack of focus. Lastly, it urges the European institutions to support the **10-year sustainability and viability** of the Cancer Partnership in a future Community health budget.

Action against cancer: European partnership

2009/2103(INI) - 23/09/2014 - Follow-up document

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 Commission adopted on 24 June 2009 the above-mentioned Communication to support the 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.

The communication followed a resolution adopted by the European Parliament on 10 April 2008, on combating cancer in the enlarged EU. The Council also adopted its conclusions on reducing the European burden of cancer on 10 June 2008.

The Communication required the Commission to **present a report** on the work undertaken which would constitute a basis for determining future EU action on cancer. 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**).