



**COUNCIL OF
THE EUROPEAN UNION**

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NOTE

from: Committee of Permanent Representatives (Part 1)
to: Council

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Subject: EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS
COUNCIL MEETING ON 9 AND 10 JUNE 2008

Reducing the burden of cancer

- *Adoption of Council conclusions*

[Public debate, pursuant to Article 8(3) CRP (proposed by the Presidency)]

1. At its meeting on 30 April 2008, the Committee of Permanent Representatives examined the above-mentioned text proposed by the Presidency and agreed to transmit the draft conclusions as set out in the Annex to the Council.
2. The Council is invited to adopt the proposed draft conclusions.

Draft Council Conclusions on reducing the burden of cancer

The Council of the European Union

1. **RECALLS** that Article 152 of the Treaty establishing the European Community states that Community action in the field of public health shall complement national policies and shall ensure a high level of human health protection. Community action shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care.
2. **RECOGNISES** the permanent commitment of the European Community and the Member States to evidence-based prevention and control of major non-communicable diseases through initiatives and actions in the fields of health promotion and disease prevention that have a positive impact on healthy lifestyle, e.g. through tobacco control, healthy nutrition and physical activity and reduction of harmful and hazardous alcohol consumption; early diagnosis by screening; reduction of occupational and environmental exposure to physical, chemical and biological carcinogens; and food safety, with the aim of reducing carcinogenic risks to a minimum.
3. **RECALLS** the Council Recommendation of 2 December 2003 on cancer screening¹, which recommends that Member States implement high-quality population-wide breast, cervical and colorectal cancer screening programmes including registration and management of screening data, as an effective strategy for reducing cancer risk and mortality.
4. **WELCOMES** the European Parliament Resolutions on combating cancer² and on breast cancer³, which underline the new challenges in this field for the enlarged EU.

¹ OJ L 327, 16.12.2003

² Adopted on 10 April 2008 TA(2008) 0121

³ Adopted on 25 October 2006 TA(2006) 0449

5. **WELCOMES** the Conference "The Burden of Cancer - how can it be reduced?" held in Brdo, Slovenia, on 7 and 8 February 2008, which underlined the need for comprehensive strategies for cancer prevention and control that contribute to reducing the burden of cancer and closing the gaps in incidence, mortality, prevalence and survival of cancer that exist between and within Member States by improving prevention, early diagnosis, treatment, care, including palliative care, and research. To attain optimal results, a patient-centred comprehensive interdisciplinary approach and optimal psycho-social care should be implemented in routine cancer care, rehabilitation and post-treatment follow-up for all cancer patients.
6. **ACKNOWLEDGES** that cancer affects a large proportion of the EU population, causing suffering to patients and their families. One in three Europeans develops cancer during his or her lifetime, which has an enormous social and economic impact. According to the WHO International Agency for Research on Cancer (IARC), in 2006 there were about 3,2 million cancer cases diagnosed and 1,7 million deaths from cancer in Europe. The most common types of cancer are breast, colorectal and lung cancers. Breast cancer is the most common cause of cancer death in women. Lung cancer is the most common cause of death from cancer.
7. **UNDERLINES** the fact that irrespective of future changes in cancer risk, foreseeable demographic changes will substantially increase the incidence of cancer over the next few decades. The largest increase will be in the number of cancers diagnosed in older persons in Europe.
8. **NOTES** that many types of cancers, including all cancers affecting children, are rare diseases and **STRESSES** the healthcare and psycho-social needs of children and their families.
9. **STRESSES** that substantial and persistent inequalities in cancer incidence, mortality, prevalence and survival exist within and between Member States. They are closely related to significant variability in the delivery of services for prevention, early diagnosis, treatment, rehabilitation and palliative care and differences in socio-economic status and environment or workplace exposure to carcinogens.

10. **ACKNOWLEDGES** that at least one third of all cancer cases can be prevented. Prevention remains the most effective long-term strategy to reduce the increasing cancer burden. Consistent approaches to health promotion and primary prevention, using where appropriate measures in a range of policy areas across sectors, would have a positive influence not only on cancer but also on other important chronic non-communicable diseases. The development of prophylactic vaccines against some carcinogenic viruses has opened up a new area in cancer prevention.
11. **EMPHASISES** that cancer treatment and care is multi-disciplinary, involving the cooperation of oncological surgery, medical oncology, radiotherapy, chemotherapy as well as psycho-social support and rehabilitation and, when cancer is not treatable, palliative care. Services providing care to the individual patient and support to the patient's family must be effectively coordinated.
12. **NOTES** that continued investment in training sufficient and appropriately qualified human resources is important for the quality of cancer prevention, diagnosis treatment and care.
13. **NOTES** that technological development in the management of chronic diseases has made available new methods of preventing, diagnosing and treating cancer, which have brought new challenges for Member States.
14. **RECOGNISES** the importance of research on cancer aetiology, prevention, early detection and management strategies, including strategies for palliative care.
15. **STRESSES** that cancer research is still fragmented and that improved collaboration within the framework of EU and international research is to be encouraged.

16. **STRESSES** the importance of cancer registries to provide timely comparable data and essential population-based information on incidence, demography, trends, mortality and survival as a resource for national and international epidemiological studies, which provide new information on cancer causes and evidence for the development and monitoring of policies for cancer control.
17. **RECOGNISES** that implementation of comprehensive strategies to control cancer has resulted in lower cancer incidence and mortality and improved and prolonged the life of cancer survivors, many of whom suffer severe medical, psychological or social consequences deriving from the disease.
18. **WELCOMES** the involvement of civil society, especially patient advocacy and support groups, in shaping cancer prevention and control policies and in developing services to better address the needs of cancer patients.
19. **INVITES** Member States to:
- develop and implement comprehensive cancer strategies or plans;
 - continue developing and implementing measures in the fields of health promotion and disease prevention to reduce the exposure of individuals to key risk factors (such as tobacco, unhealthy diet, physical inactivity and harmful and hazardous alcohol consumption), reduce occupational, environmental and nutritional exposure to carcinogens and promote food safety;
 - consider, in the context of cancer prevention activities, the possibilities offered by preventative alternatives against infectious agents that can cause cancer, such as high risk human papilloma viruses in addition to national screening programmes, hepatitis B and *Helicobacter pylori*; recognising that such consideration may result in different outcomes depending on particular national circumstances;

- provide information to and raise the awareness of their citizens regarding healthy lifestyles and preventive measures to reduce the risk of developing cancer, e.g. by promoting the European Code Against Cancer and through information initiatives targeted at different population groups;
- continue with the implementation of population-based quality-assured screening programmes for breast, cervical and colorectal cancer in line with the Council Recommendation of 2 December 2003 on cancer screening;
- provide the best possible evidence-based treatment for cancer patients, within the context of national health priorities and financial resources, by ensuring that there is a trained, multidisciplinary workforce, appropriate equipment and facilities and effective diagnostics and medicines;
- take into account the psycho-social needs of patients and improve the quality of life for cancer patients through support, rehabilitation and palliative care;
- ensure population-based cancer registration, which will provide important evidence for the development and monitoring of policies to prevent and treat cancer;
- take advantage of existing financial mechanisms, such as the European structural funds, to prevent cancer by effective public health and health protection measures and for healthcare infrastructure, training, and capacity building to enhance and improve successful cancer control;
- devote attention to all relevant aspects of cancer prevention and control in their national research policies and programmes;
- exchange best practices in the field of cancer prevention and control.

20. **INVITES** the Commission to:

- continue with its activities and support for actions addressing key risk factors;
- facilitate shared learning and information exchange in cancer control and encourage European reference networking, particularly as regards rare cancers and those affecting children;
- encourage cooperation and sharing of expertise in the evaluation, monitoring and assessment of health actions and in Health Technology Assessment;
- examine obstacles to the successful implementation of proven screening methods and ensure medium- and long-term scientific and professional support to Member States in implementation of the Council Recommendation of 2 December 2003 on cancer screening;
- explore the potential for the development of voluntary European accreditation schemes for cancer screening and appropriate follow-up of lesions detected by screening, such as a European pilot accreditation scheme for breast cancer screening and follow-up based on the European guidelines for quality assurance in breast cancer screening and diagnosis;
- facilitate the development and updating of, and/or publish, web-based quality assurance and evidence-based guidelines on cancer (breast, cervical and colorectal) in the official languages of the EU;
- continue to support the networking of cancer registries that will provide data at EU level on cancer incidence, mortality, prevalence and survival;

- give attention as appropriate to cancer prevention and control within the framework of the Second Programme of Community Action in the Field of Health (2008-2013)⁴;
- give special attention to extending knowledge of cancer epidemiology and cancer risk factors, early detection, diagnosis, treatment, survival and palliative care, including translational research under the Seventh Framework Programme of the European Community for Research and Technological Development⁵;
- encourage EU and international collaboration in cancer research and consider related public health research as well as health policy research;
- in accordance with the fundamental principles and strategic objectives of the White Paper "Together for Health: A Strategic Approach for the EU 2008-2013"⁶, present an EU Action Plan on Cancer, which will address all aspects of comprehensive cancer control, including prevention, early detection, diagnosis, treatment, rehabilitation and palliative care through a multidisciplinary approach and consider the appropriate framework for effective cancer control policies and sharing best practices in cancer prevention and care.

⁴ OJ L 301, 20.11.2007, p. 3

⁵ OJ L 412, 30.12.2006, p. 1

⁶ COM(2007) 630 final

21. **INVITES** Member States and the Commission to:

- in cooperation with relevant stakeholders improve the availability of information on clinical trials to public, avoid duplication of trials, and encourage better sharing of knowledge of ongoing and completed cancer research and improve participation of patients in trials, taking into account WHO work in this area;
- find ways of working with relevant stakeholders to ensure a steady stream of innovation and development of affordable treatment;
- promote the empowerment of citizens and representatives of civil society.

22. **ENCOURAGES** representatives of civil society to:

- participate actively in raising awareness among the population of the risk factors for cancer and in increasing understanding of the importance of participation in population-based quality-assured screening and prevention programmes as recommended by the European Code against Cancer;
- lend active support in the Member States to the implementation of the Council Recommendation on cancer screening and to the implementation of EU guidelines on quality assurance in cancer screening and diagnosis, where they exist;
- continue to provide support to patients and their families and carers;
- participate actively in the development and implementation of comprehensive cancer strategies or plans.