European Commission perspective on tackling inequalities in cancer care in the European Union

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- There were just over 3.4 million new cases of cancer (excluding non-melanoma skin cancers) in Europe in 2012,
- 53% (1.8 million) occurring in men and 47% (1.6 million) in women.
- The most common cancer sites were:

  breast cancer (464,000 cases, 13.5% of all cancer cases),
  colorectal cancer (447,000, 13.0%),
  prostate cancer (417,000, 12.1%)
  and lung cancer (410,000, 11.9%).
  These four cancers represented half (50.5%) of the estimated overall burden of cancer in Europe in 2012.

- The most common primary sites in men were prostate (22.8% of the total), lung (291,000, 15.9%), colorectal (242,000, 13.2%) and bladder (118,000, 6.5%).
- In women, breast cancer was by far the most frequently diagnosed neoplasm (28.8% of the total), followed by colorectal (205,000, 12.7%), lung (119,000, 7.4%) and corpus uteri (99,000, 6.1%) cancers.

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- **The estimated total number of cancer deaths in Europe in 2012 was 1.75 million, of which 56% (976,000) were in men and 44% (779,000) in women.**
- **Lung cancer, with an estimated 353,000 deaths (one fifth of the total) was the most frequent cause of death from cancer in Europe in 2012, followed by colorectal cancer (almost 215,000 deaths, 12.2%), breast cancer (131,000, 7.5%) and stomach cancer (107,000, 6.1%).**
- **Lung cancer continued to be the most common cause of death from cancer in men (254,000, 26.1%) followed by colorectal (113,000, 11.6%) and prostate (92,000, 9.5%) cancers.**
- **Breast cancer was the leading cause of death in women (131,000, 16.8%), followed by colorectal (102,000, 13.0%) and lung (almost 100,000 deaths, 12.7%) cancers.**

Source: ***Cancer incidence and mortality patterns in Europe: Estimates for 40 countries in 2012 – IARC – European Journal of Cancer, February 2013***

http://www.sciencedirect.com/science/article/pii/S0959804913000075

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At the incidence rates prevailing nowadays in the European Union, it would be expected that 1 in 3 men and 1 in 4 women would be directly affected by cancer in the first 75 years of life.

Europe is currently characterised by worrying inequalities in cancer control and care, existing within, as well as between, Member States.

For example, the risk of dying from cervical cancer is five times higher in the worst performing Member State than in the best.

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The first ever study to evaluate the cost of cancer in Europe has found that the disease cost €126 billion in 2009

- **The calculation included** the cost of healthcare for cancer (including the cost of drugs), the cost of productivity losses (due to premature death, and people being unable to work due to illness), and the cost of informal care from friends and relatives.

- Around two-fifths (€51 billion) of this cost was incurred by healthcare systems, with the rest incurred by patients' families, friends, and society overall. Friends and relatives of people with cancer were estimated to have provided 3 billion hours of unpaid care overall.

- The results, published in the journal **Lancet Oncology**, reveal substantial disparities between different countries in the EU in spending on healthcare and drugs for cancer.

- The researchers also examined the different contribution of four cancers **– breast cancer, bowel cancer, lung cancer and prostate cancer** – which in the EU contribute to around half of all new cancer diagnoses and deaths. **Lung cancer had the highest overall cost** at €18.8 billion and was also responsible for the biggest loss of productivity. **Healthcare costs were highest for breast cancer** at €6.7 billion, largely due to a high rates of spending on drugs for this illness.

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- The researchers point out that **these estimates are conservative**, as some categories of healthcare costs, such as screening programmes, were not included due to the inability to obtain these data for all countries under study.

- Previously, the same researchers estimated the economic burden of heart disease and stroke. While the cost of cardiovascular disease in the EU is higher than that for cancer (€195 billion versus €126 billion), the higher number of cancer-related deaths in people of working age means the cost of productivity losses due to premature death was nearly twice as high for cancer as that for heart disease (€43 billion versus €27 billion).

- The group has also estimated the total economic cost for dementia for 15 European countries (those that were members of the EU before 2004), arriving at a figure of €189 billion. For the same 15 countries, the economic burden of cancer is €117 billion.

Source: ***Economic burden of cancer across the European Union: a population-based cost analysis– The Lancet Oncology, November 2013***
http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(13)70442-X/abstract

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The European Commission has a 26 year history in the fight against cancer

- Since 1985, cancer has been a priority issue for EU public health policy. In 1985, at the European Council in Milan, the 12 Heads of State of the countries of the European Community decided to launch **the first "Europe Against Cancer" programme** which became operational in 1987.

- The first 'European Action Plan Against Cancer' was adopted for the period 1987-1989 and the Second for the period 1990-1994.

- These plans strongly stimulated the adoption of the first European Code Against Cancer (1987) and the first significant Directives against smoking (1992), marketing and use of certain dangerous substances and preparations (1989), maximum levels for pesticide residues in and on certain products (1990) and exposure to carcinogens at work (1990).

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The fight against Cancer was also one of the main objectives in the following European Union Health Programmes (1966-2003, 2004-2007 and 2008-2013) were cancer activities were placed in a broad public health framework permitting to develop important initiatives as:

- **the European Network of Cancer Registries (ENCR)**
- **the EUROCARE (Europe Cancer REgistry-based study on survival and care of cancer patients)**
- and, very specially, a major contribution to the support and adoption of the **Council Recommendation of 2 December 2003 on Cancer Screening.**

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As a result of the first European plan, **the European Code Against Cancer** was originally drawn-up and endorsed by the European Commission high-level Committee of Cancer Experts in 1987.

The European Code is a cancer specific **prevention tool**, based on scientific evidence, which provides advice to citizens on how to prevent cancer, around **two** very clear **messages**:

- **Certain cancers may be avoided – and health in general can be improved – by adopting healthier lifestyles.**
- **Cancers may be cured, or the prospects of cure greatly increased, if they are detected early.**

The EU Health Programme supports the **revision** of the third version **of the European Code Against Cancer** (2003) through administrative agreements with the International Agency for Research on Cancer.

A new version of the European Cancer Code, based on the most updated scientific knowledge, should be available in 2014.

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The European Code Against Cancer

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The Commission coordinates EU action to address the risk factors of cancer

- A horizontal approach on the basis of **tackling major health determinants** is essential to curb the increasing burden of cancer throughout the European Union. Cancer is caused by many factors and therefore its prevention shall address on equal footing the lifestyle, occupational and environmental causes.

- It has been estimated that **around one third of all cancers could be prevented by modifying or avoiding key risk factors** such as smoking, being overweight, low fruit and vegetable intake, physical inactivity and alcohol consumption.

- **Health promotion on the basis of major health determinants has been a longstanding priority for the European Commission**, and has included strategies for nutrition, overweight and obesity-related health issues, and support for alcohol-related harm.

- The Commission has also adopted an **ambitious tobacco control policy** aimed at discouraging children and young people from taking up smoking, supporting smoking cessation and protecting all citizens against exposure to second-hand smoke, taking into account the need to tailor health promotion to specific population and target groups.

- Other key determinants are **occupational and environmental factors**, such as exposure to carcinogenic and mutagenic substances, and indoor and outdoor air quality.

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The Commission supports the development of cancer screening programmes in the EU

- In December 2003, **the Council adopted a Recommendation on cancer screening**, which sets out principles of best practice in the early detection of cancer, and invites all Member States to take common action to implement national population-based screening programmes for breast, cervical and colorectal cancer, with appropriate quality assurance at all levels.

- In 2008, the Commission adopted its Report on the Implementation of the Council Recommendation. The Report found that much has been done to attain high standards of screening practices for breast, cervical and colorectal cancer across the EU.

- However, the volume of screening examinations in the EU is less than half of the minimum annual number of examinations that would be expected if the screening tests specified in the Council Recommendation were available to all EU citizens of appropriate age (approximately 125 million examinations per year).

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- To assist Member States with the implementation of screening programmes, the Commission has produced **European Guidelines for quality assurance for breast, cervical and colorectal cancer screening** as benchmarks on how to go about screening.

- The **supplements to the current guidelines for breast cancer** are available from October 2013 and **supplements for cervical cancer** as well as **additional supplements for breast cancer** will be available in 2014 as a result of a project supported by the Commission and coordinated by the International Agency for Research on Cancer.

- Through its various actions, the European Commission is supporting better implementation of the **European cancer screening Guidelines**.

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The European Quality Assurance Scheme for Breast Cancer Services

Breast cancer is currently the most frequent cancer and the most frequent cause of cancer induced deaths in women in Europe. Systematic early detection through screening, effective diagnostic pathways and optimal treatment have the ability to substantially lower current breast cancer mortality rates and reduce the burden of this disease in the population.

Based on the administrative agreement between **SANCO and the Joint Research Centre**, the in-house science service of the European Commission

- **a first Voluntary European Quality Assurance Scheme for Breast Cancer Services will be developed and,**
- **at the same time, the 4th edition of the European Guidelines for quality assurance in breast cancer screening will be revised.**

Accreditation is the last level of public control in the European conformity assessment system. Accreditation is designed to ensure and attest that conformity assessment bodies (e.g. laboratories, inspection or certification bodies) have the technical capacity to perform their duties adequately.

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The European Quality Assurance Scheme for Breast Cancer Services

- In the coming months, the JRC will coordinate a number of further **expert working groups tackling the various aspects of the work of updating the Guidelines and developing the European Quality Assurance Scheme**.

- The Joint Research Centre will also manage various **consensus-seeking mechanisms with the stakeholders and ensure communication between the stakeholders**. The viability of the scheme will be then tested via a pilot implementation involving a limited number of participants in Member States. The results of the pilot study will be part of the process of implementation.

- The developed scheme will be voluntary, which means that its implementation will not be obligatory according to any EU legislative act. Nevertheless, **the accreditation scheme will be an important quality requirement for excellence centres in breast cancer services**. Women around Europe will be able to recognise the accredited services when accessing them. This may influence the cross-border mobility of breast patients. This will be the first accreditation scheme developed in the area of health services and has a big potential also in the context of cross-border initiatives.

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The Commission gathers EU-wide information on cancer

The European Partnership is promoting the creation of a **European Cancer Information System** in cooperation with the JRC.

Without more complete and reliable cancer data, the effects arising from any decision or implementation measures to reduce the cancer burden in the EU will remain the subject of debate. Harmonised data and agreed metadata standards are fundamental for accurate comparisons of data across regional and national boundaries.

ENCR EUROPEAN NETWORK OF CANCER REGISTRIES

The **European Network of Cancer Registries (ENCR),** established within the framework of the Europe Against Cancer Programme of the European Commission, has been in operation since 1990. The ENCR promotes collaboration between cancer registries, defines data collection standards, provides training for cancer registry personnel and regularly disseminates information on incidence and mortality from cancer in the European Union and Europe.

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The Commission gathers EU-wide information on cancer

The development of a cancer information system for the EU, in close cooperation with:

European Network of Cancer Registries (ENCR),
International Agency for Research on Cancer (IARC)
EPAAC *(European Partnership Action Against Cancer)*
EUNICE (*European Network for Indicators on Cancer)*,
HAEMACARE *(Cancer registry on haematological malignancies)*
RARECARE *(Surveillance of Rare Cancers in Europe)*
EUROCARE *(Survival of Cancer Patients in Europe)*
EUROCOURSE (*Europe against Cancer: Optimisation of the Use of Registries for Scientific Excellence in research)*

The data will generate a dynamic European cancer atlas which will enable to monitor the direct affects and benefits of cancer policy interventions whilst also providing an invaluable resource for cancer epidemiological research allowing greater understanding of the differences and related causes in population-based studies.

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The Commission supports Member States in their efforts to fight cancer: the European Partnership for Action Against Cancer Joint Action (2010-2013).

In 2009, the Commission launched the **European Partnership for Action Against Cancer (EPAAC) coordinated by Slovenia**. Its aim is that all Member States would have integrated cancer plans. Such plans should contribute to reducing the cancer burden in the EU, the target being a 15% incidence reduction by 2020. The Partnership joint action covers all areas of cancer prevention and control and includes **actions in 4 areas**:

- **Health Promotion and cancer prevention, including screening;**
- **Identification of best practice in cancer-related healthcare;**
- **The collection and analysis of comparable data and information;**
- **A coordinated approach to cancer research.**

Actions are engaging national cancer leagues and other dedicated partners in the joint effort to raise cancer prevention awareness and to reduce exposure to cancer risk factors, recognizing that "prevention offers the most cost-effective long-term strategy for the control of cancer", and that at least 33% and as much as 40% of all cancers are preventable.

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The Commission supports Member States in their efforts to fight cancer: the European Partnership for Action Against Cancer Joint Action (2010-2013).

- The European Partnership is promoting the **adoption of National Cancer Plans (NCPs) in all the Member States** and pledges that by the end of the Partnership, i.e. by 2013 all Member States will have adopted integrated cancer plans.

- A recent systematic assessment of the National Cancer Control Plans available in Europe in 2009 showed **a growing number of plans in Europe (19 in the 31 countries studied).** The European Partnership is aiming at establishing the state-of-play in the development of NCPs in the EU, at conducting an analysis of the content and an evaluation the effectiveness of the extant plans and ultimately at facilitating the transfer of knowledge and expertise obtained on the design, challenges encountered, implementation and outcomes of NCPs between the EU Member States.

- Europe is one of the world's leading regions for cancer research. Most of this research is funded and carried out within individual countries. To help coordinate and connect the many and various national efforts, the EU: funds initiatives such as the **mapping of national cancer funds via the TRANSCAN network**; optimises and links national and regional cancer registries via the EUROCOURSE network; and facilitates expert exchanges and helps transfer best practice from one country to another.

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Patients with rare forms of cancer benefit greatly from the added value the EU provides.

Rare tumours are rare diseases. Problems related to rare diseases apply to rare tumours as well. In principle, rare tumours should be defined the same way as rare diseases. These are defined as those conditions whose prevalence is lower than 50/100,000.

- **In comparison to cancer in adults virtually all the cancers in children are rare but severe. Approximately 40.000 children are diagnosed with cancer every year in the EU.**

The European Commission is funding, under the Health Programme, the Project **RARECARE (Surveillance of Rare Cancers in Europe)** and will continue this support in the coming years in order to have an equal treatment for these patients.

The Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 **on the application of patients' rights in cross-border healthcare** is of relevance: it will provide the foundation for the creation of European Reference Networks (ERN), of which some will almost certainly focus on rare tumours.

An EU **Action on Rare Cancers** could be implemented in 2015.

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The Joint Action (2014-2017) CANCON on the Development of the European Guide on Quality Improvement in Comprehensive Cancer Control

The European Commission is preparing the future, together with Member States, with a new **Joint Action (2014-2017) on the Development of the European Guide on Quality Improvement in Comprehensive Cancer Control** to prepare a guide for comprehensive cancer control, which will be funded under the budget 2013 of the Health programme.

Main objectives will be to identify **key elements and quality standards for optimal/comprehensive cancer control in Europe**, and **Cooperation of Member States, including the exchange of best practices to identify and define key elements to ensure optimal/comprehensive cancer control through a Platform for Member State cooperation**.

24 from the 28 Member States have confirmed participation in the Joint Action.

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The Joint Action (2014-2017) on the Development of the European Guide on Quality Improvement in Comprehensive Cancer Control

This Joint Action has one key deliverable: The 'European Guide on Quality Improvement in Comprehensive Cancer Control'.

The European Guide on Quality Improvement in Comprehensive Cancer Control will act as a European benchmark, providing a roadmap or strategy to optimize cancer care. Its preparation will consider the following:

- Differences in socio-economic, cultural and organisational situations, which may lead to differing uses/interpretations of the guide,
- Strong evidence base for all recommendations,
- Use of sound methodological model, preferably one already in existence,
- Inclusion of policy based arguments alongside clinical guidelines,
- Incorporation of HTA (Health Technology Assessment) approaches,
- Literature review and meta-analysis of already existing sources
- Usefulness for the Member States

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Consulting with Member States and relevant stakeholders

- In order to increase the visibility and to improve the coordination of the range of cancer initiatives at EU level, an **European Union Expert Group on Cancer Control,** has been established by Commission Decision last 3rd June 2014.
- This would build upon **the previous Advisory Committee on Cancer Prevention** (created in 1996 and discontinued later).
- This would respond to demands from Member State representatives and stakeholders for improved coordination in the light of the expanding cancer work.
- In addition, sharing knowledge and information can help resolve some of the difficulties that Member States are facing in cancer control and will facilitate cooperation with other significant actors such as the International Agency for Research on Cancer, the Joint Research Centre and **patients organisations**.

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Thank you for your attention!

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