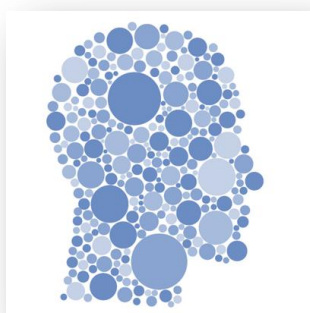


Head and Neck Cancer: The 'Curable' Cancer That Kills Over Half of All Sufferers The Time is Now

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HEAD AND NECK CANCER CAUSES,
FURTHER TO A MEETING WHICH
TOOK PLACE IN THE EUROPEAN
PARLIAMENT HOSTED BY MEP
CIPRIAN TĂNĂSESCU ON HEAD AND
NECK CANCER: THE 'CURABLE'
CANCER THAT KILLS OVER HALF OF
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EUROPEAN COMMISSION PLEDGES SUPPORT FOR HEAD AND NECK CANCER FOLLOWING COLLABORATIVE MEETING IN THE EUROPEAN PARLIAMENT

Brussels, Belgium: 24 September 2014 – The European Commission (EC) has pledged its support for head and neck cancer causes, further to a meeting which took place in the European Parliament hosted by MEP Ciprian Tănăsescu on Head and Neck Cancer: The ‘Curable’ Cancer That Kills Over Half of All Sufferers: The Time is Now.

The discussion is part of a broader campaign: Make Sense of head and neck cancer led by the European Head and Neck Society (EHNS) and the European Cancer Patient Coalition (ECPC) that aims to raise awareness of head and neck cancer and ultimately improve outcomes for patients with the disease.

To date, the European Union has allocated €14m for research into the causes, prevention and treatment of head and neck cancers, aiming to reduce the burden of cancer through evidence-based approaches. Furthermore, the Commission strives to support Member States in the adoption of National Cancer Plans, which have been successfully implemented in other types of cancer, such as colorectal, breast and cervical.

“We are delighted that the Commission has pledged its support for head and neck cancer” said Ciprian Tănăsescu, MEP. “Head and neck cancer must be prioritised alongside other high profile cancers, and support from the Commission will help drive awareness, encourage earlier presentation and diagnosis, and ultimately improve patient outcomes at both European and Member State level.”, concluded Ciprian Tanasescu.

Dr Lisa Licitra a Board Member of the European Head and Neck Society (EHNS) and a certified medical oncology, with a special expertise in the treatment of head and neck cancer highlighted with figures the burden imposed by head and neck cancer in the EU. According to Dr Licitra “head and neck cancer is the sixth most common cancer globally. Approximately 70,000 people die from head



and neck cancer in Europe annually and 150,000 people in Europe are diagnosed with head and neck cancer each year”.

“The EU is working to promote lifestyle policies that can help preventing 80% of head and neck cancers. However, a more comprehensive prevention strategy that includes early diagnosis and awareness raising is required to reduce the number of head and neck cancer patients”, she added.

The meeting was attended by MEPs, representatives of the European Commission and a panel of European head and neck cancer experts.

**Head and Neck Cancer:
The ‘Curable’ Cancer That Kills Over
Half of All Sufferers**
The Time is Now



CLAUDIU CIPRIAN TĂNĂSESCU, MEP

Claudiu Ciprian Tănăsescu is a member of the Group of the Progressive Alliance of Socialists and Democrats in the European Parliament.

Ciprian has been a medical practitioner after earning a medical degree from the Bucharest University of Medicine and Pharmacy, GP speciality.

According to a recent survey, only 77% of the participants have ever heard about head and neck cancer. MEP Tănăsescu raised his concern for the lack of awareness about this cancer and “called on the European Commission to develop a strategy to address this public threat”.

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DR LISA LICITRA

Dr Lisa Licitra a Board Member of the European Head and Neck Society (EHNS). Dr Licitra is certified in medical oncology, with a special expertise in the treatment of head and neck cancer. She is presently Chief of the Head and Neck Cancer Medical Oncology Unit at Fondazione IRCCS “Istituto Nazionale dei Tumori”, Milan, Italy.

Dr Licitra presented some impacting figures

- Head and neck cancer is the sixth most common cancer globally
- 70,000 people die from head and neck cancer in Europe annually
- Head and neck cancer is twice as common as cervical cancer
- 150,000 people in Europe are diagnosed with head and neck cancer each year
- 85% of head and neck cancers are linked to tobacco use and alcohol



- Suicide rate among patients with head and neck cancer is two times that of the general cancer population

For Dr Licitra, there is an urgent “need to act”. “Early diagnosis saves lives currently, two in three of all head & neck cancers are diagnosed at the advanced stage of the disease. Of these, half will not be alive after five years. Yet, if diagnosed and treated in the early stages, 80-90% will survive”.



ENRIQUE TEROL

Policy Officer, European Commission, DG SANCO

Dr Enrique Terol focused his presentation on the burden of cancer in the EU, the different activities the EU has or is currently undertaking and the role of the European Reference Networks to treat some cancers where expertise is scarce and will benefit from a multidisciplinary approach.

EU action in the field of cancer aims to help reduce the burden of cancer through evidence-based approaches for prevention and control. To improve the prevention and control of cancers, the Commission puts emphasis on supporting Member States in the adoption of National Cancer Plans.

In 2003, the EU adopted recommendation on cancer screening for breast, cervical and colorectal cancer and this “had a huge impact at national level: screening programmes. Currently, 22 countries have developed cancer screening programmes for breast cancer; 15 for colorectal cancer and 19 for cervical cancer”

The EU also put in place a first Joint Action called the “European Partnership for Action Against Cancer (EPAAC) coordinated by Slovenia in 2009”. As a result the majority of Member States met the target of producing a National Cancer Control Plans (NCCP) before 2013. More concretely, 25 out of the 28 Member States had some type of NCCP or programme or strategy by 2014”.

The EU has agreed to put in place a new Joint Action (2014-2017) on the Development of the European Guide on Quality Improvement in Comprehensive Cancer Control that has been joined by 24 Member States. The key objective of this Joint Action is to develop guidelines for optimal/comprehensive cancer control in Europe.

Also, the EC has set up a European Commission Group of Experts on Cancer Control, and the ECPC has been accepted as a member. This expert group will act as a think tank and will provide advise to the EC on cancer related issues.

Dr Terol also indicated the intention of the Commission to adopt a Communication on an EU comprehensive cancer initiative (2015/2016) to take stock of progress since 2009. However, the publication of this Communication will depend on the priorities of the new Health Commissioner.

The Directive 2011/24/EU of patients' rights in cross-border healthcare promotes the creation of the ERN, networks of healthcare providers aiming at improving quality and safety and access to highly specialised healthcare. The current timeline places in 2016 the establishment and launch of different ERNs. For Dr Terol, rare cancers, such as the subtype cancers in head and neck cancer can benefit greatly from this experience that places patients at the core of its activities. Dr Terol recognised that the challenge will be to identify sustainable funding to support these networks.

From a funding perspective, the EU has devoted EUR 14 million to support research on head-and-neck cancer causes, prevention and treatment, such as the projects Metoxia Metastatic tumours facilitated by hypoxic tumour micro-environments), HPV-AHEAD (Role of human papillomavirus infection and other co-factors in the aetiology of head and neck cancer in India and Europe) and Miracle⁽⁴⁾ (Novel tumor-selective lethal miRNAs for the treatment of head and neck cancer).



“Horizon 2020, the EU Framework Programme for Research and Innovation (2014-2020), offers further opportunities to support research on cancer, prevention, early diagnosis and treatment, through the ‘Health, demographic change and wellbeing’ societal challenge”, he added.



UMBERTO TASSINI

Patient survival; Head of Think Tank of the Federazione Italiana delle Associazioni dei Laringectomizzati e Pazienti Oncologici (FIALPO) and Council Member of the Associazione Italiana Laringectomizzati (AILAR) board.

On October 2003 Umberto was diagnosed with cancer of the vocal cords. Due to a subsequent Larynx cancer recurrence diagnosed in February 2004, he underwent a total laryngectomy in April 2004. Thanks to the Associazione Italiana Laringectomizzati (AILAR), non-profit organization, he was able to regain his speech.

Mr Tassini shared with the audience his experience as a cancer patient and the physical difficulties that a head and neck cancer imposes on patients and their carers. “For over 6 months I could not speak and this had devastating psychosocial effects”. “The quality of life after the diagnosis was very bad. I felt marginalized in the conversations due to the loss of my ability to communicate”. In addition, I will never be able to hide that I suffered from cancer. I know I have to live with the stigma of cancer”.

Following his personal experience, Mr Tassini decided to become a cancer patient activist devoting his spare time to help other patients, educating and raising awareness about the devastating effects of this cancer but also calling for the need for early diagnosis and quality of treatment. “Head and neck cancer patients will benefit tremendously from a multidisciplinary approach”

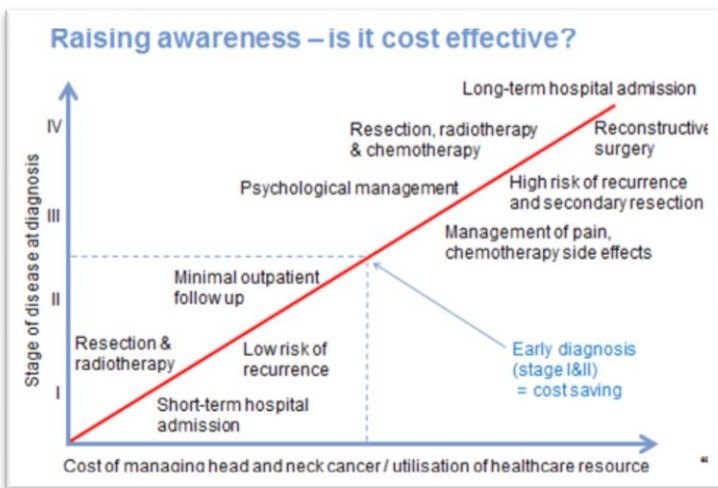


PROF DR STINA SYRJÄNEN

Prof Syrjänen member of the Make Sense Campaign Partnership Building working group.

Professor and Chair of the Department of Oral Pathology and Radiology at the Institute of Dentistry, University of Turku, as well as Chief Physician of the Department of Pathology at Turku University Hospital.

Prof Syrjänen talked about the cost of care across Europe for head and neck cancer. In her opinion there is limited economic data for treatment of head and neck cancer in Europe. According to a recent study¹ on the economic burden of head and neck cancer in the UK that was published in 2011¹, the study shows that “identifying and treating patients in the early stages not only increases survival rates but also reduces the burden on healthcare resources. Therefore we must do more to educate HCPs and the public on the signs and symptoms of head and neck cancer to ensure earlier diagnosis and treatment”, she continued.



This graph illustrates the healthcare resource needed by head and neck cancer patients in the early (I&II) and late stages (III&IV).

¹ Ref Kim et al. Head and Neck Oncology 2011. 3:47



PROFESSOR JEAN-LOUIS LEFEBVRE

Professor Jean-Louis Lefebvre, MD is former President of the European Head and Neck Society (EHNS), as well as surgeon of the Head and Neck Surgery Department at the Centre Oscar Lambret (the Northern France Comprehensive Cancer Center), Lille, France.

Professor Lefebvre defended a multidisciplinary approach to manage patient care in the case of head and neck cancer. The NCC and ESMO guidelines² support an integrated multidisciplinary approach that has proved to improve cancer survival rates over the past 15 years.

According to Prof Lefebvre, “as head and neck cancer progresses, as does the complexity of its management that includes numerous treatment options, management decisions are difficult. Consequently, a multidisciplinary approach is considered best practice. This means that a group of health professionals ranging from medical oncologists, biologist pathologists, imaging specialists, dietician speech therapist to head and neck surgeon will work together to decide on the best treatment plan for each patient”.

² NCCN guidelines: http://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf
ESMO Guidance: http://annonc.oxfordjournals.org/content/21/suppl_5/v184.full.pdf+html