

**Fighting cancer :  
the political aspects and  
perspectives in the EU.**

# EU Treaty and Public Health issues

- Until Lisbon Accord, art. 152.  
« A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities...obviating sources of danger to human health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention... »
  - Competences: EU / Member States  
-> dualistic nature of art.152  
because of the subsidiarity issue

# EU Treaty and Public Health issues

Lisbon 2007 modifies art.152 as follows:

- a. More explicit on mental health
- b. Stresses cross-border cooperation between Member States
- c. Promotes guidelines/indicators/best practice/monitoring/ evaluation
- d. Accepts new point on « measures setting high standards of quality and safety for medicinal products and devices for medical use »

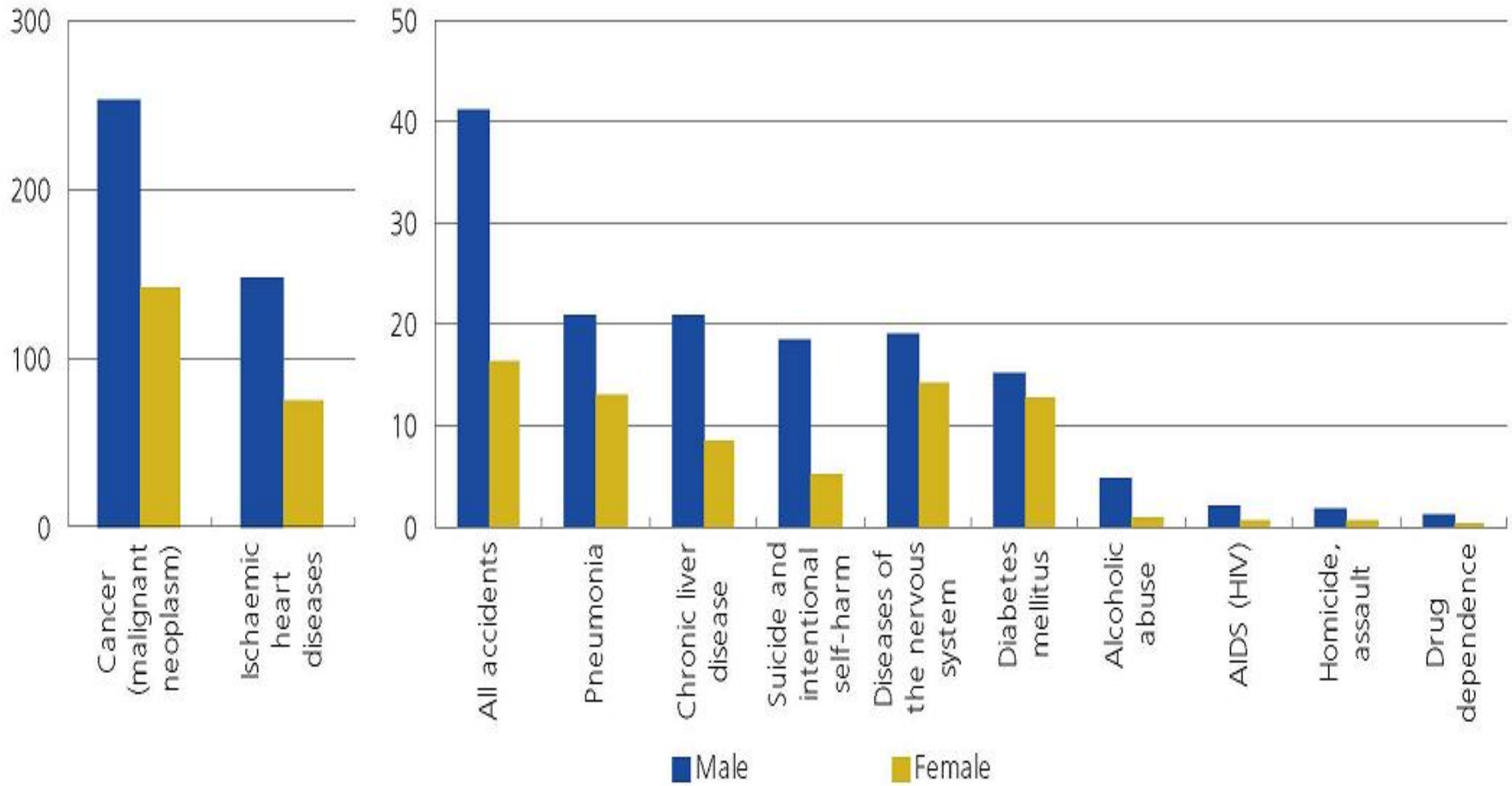
# Causes of death- standardised death rate, per 100 000 ,2004 (Source: Eurostat)

	Cancer	Heart disease	Chronic liver disease	Diseases of the nervous system	Diabetes mellitus
EU-25	187.7	160.1	14.3	16.2	13.9
EU-15	180.5	93.4	12.9	16.8	14.0
Euro area	180.1	87.6	13.7	15.9	14.7
Hungary	260.8	233.6	51.0	13.9	17.0
Cyprus	122.9	76.9	6.0	12.7	41.6
France	181.0	45.3	12.6	26.2	12.8
Germany	169.8	110.1	15.5	13.6	17.0
Greece	162.0	88.5	4.7	7.9	6.0
United Kingdom	185.6	122.7	11.0	19.5	7.9

### Figure 3.1: Causes of death — standardised death rate, EU-25, 2001 (1)

(per 100 000 inhabitants)

TPS00116 TPS00119 TPS00122 TPS00125 TPS00128 TPS00131  
 TPS00134 TPS00137 TPS00140 TPS00143 TPS00146 TPS00149



(1) Note the differences in the scales employed between the two parts of the graph. Death rate of a population of a standard age distribution; as most causes of death vary significantly with people's age and sex, the use of standard death rates improves comparability over time and between countries, as they aim at measuring death rates independently of different age structures of populations; the standard reference population used is the standard European population as defined by the World Health Organisation (WHO).

# Summarizing the threat of cancer in EU

**Most important cause of death among  
men and women in the EU of 25**

**Approximately 1 000 000 deaths per year**



**Need to combat the disease at  
Community level as well as  
at national level**

# Favourable climate

- Conditions are created by the coupling of health and economic issues :
  - a. Important for Member States
  - b. Lisbon process clearly states : no healthy economy without healthy people...
- Explosion of expenses for taking care of health services
- --> All this contributed to advance the favorable atmosphere for action against cancer

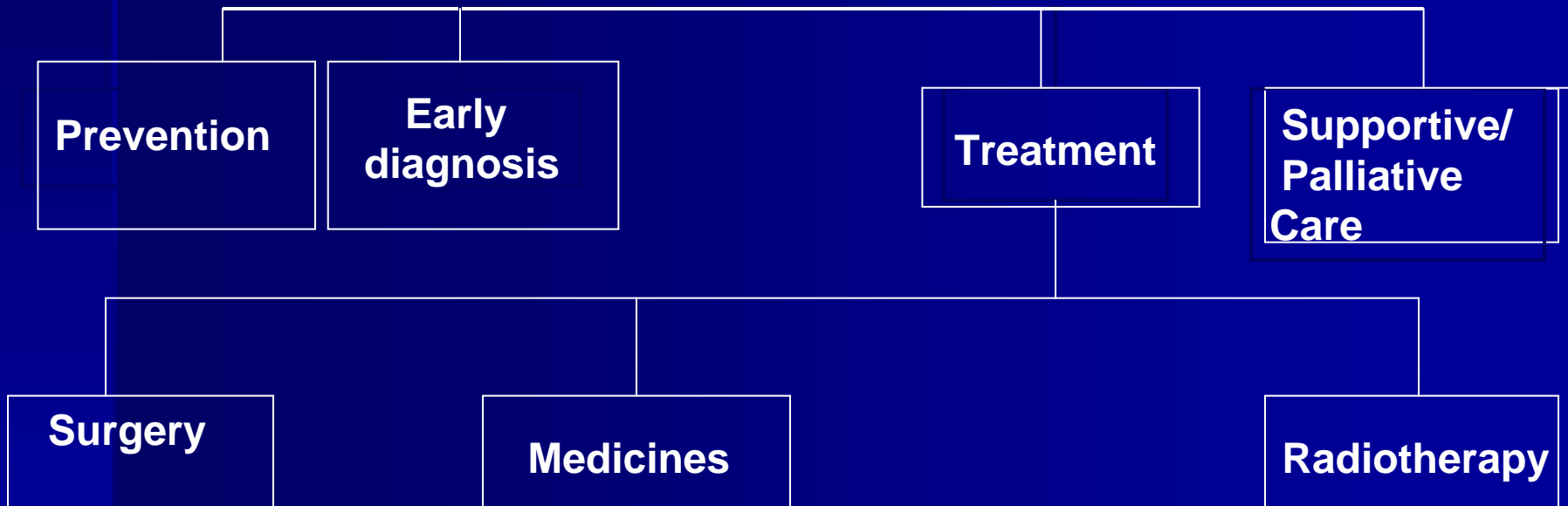
# Cancer Declaration

**Authors: Antonios Trakatellis, Françoise Grossetête, Karin Jöns, Philippe Busquin and Adamos Adamou**

- Signed by 435 MEPs, official position of the European Parliament
- Declaration proposes a comprehensive strategy addressing the four basic cancer control factors:
  1. prevention
  2. early detection
  3. diagnosis, treatment and follow-up
  4. palliative care
- All 4 components should be coupled with research, innovation, information and best practice.

# Key steps to fight against cancer

## Integrated Cancer Care



# Tools to address these 4 components

1. **Regulations**
2. **Directives**
3. **Decisions ( Programmes and actions)**
4. **Recommendations (to overcome  
subsidiarity issue) and other actions**
5. **Resolutions**
6. **Establishment of a European Agency for  
cancer or a special agency within ECDC**

## Resolution on Cancer

**Authors: Miroslav Ouzký, Antonios Trakatellis, Glenis Willmott, Georgs Andrejevs, Caroline Lucas, Adamos Adamou, Liam Aylward, Kathy Sinnott and Irena Belohorskà**

- Calls on the Commission to adopt a dynamic, flexible and continuous approach and to this extent to establish a) an advisory committee on cancer prevention in order to evaluate the existing evidence and data b) a special advisory committee on early detection of cancer so that future revisions of the Recommendation are incorporated rapidly and efficiently.
- Calls on the Commission to set up an interinstitutional EU Cancer Task Force which will deal with best practice, reducing occupational and environmental exposure to carcinogens and providing leadership for the fight against cancer in Europe.
- Support for the establishment of national cancer registries.

# *The Comprehensive strategy should cover...*

1. The description at any moment of the state of cancer in the EU of 27 in order to direct our actions.

# The comprehensive strategy should cover...

## 2. Prevention

- Revisit and complete if necessary existing Programmes and actions, and initiate where appropriate new ones
- Covers the areas of :
  - a. Lifestyle : i.e. **smoking, nutrition, alcohol consumption**
  - b. Environmental factors such as carcinogenic - mutagenic agents (at home, at work and in general)
  - c. Information Campaigns
  - d. Vaccination and strategies for vaccination where appropriate to fight cancer (coupled with appropriate additional measures)

# The comprehensive strategy should cover...

## 3. Early detection

Necessary to use the tool of Recommendation  
(Subsidiarity issue)

- Need to upgrade the existing Recommendation to:
  - include more types of cancer: possible addition of skin, prostate, lung cancers and others
  - introduce better techniques and tests for detectionex: DNA test for HPV, as a complement to pap test; colonoscopy or sigmoidoscopy, for cancer of the large intestine, prostate antigen and other appropriate new methods.
- **Innovation:** simpler, easier and more accurate tests of detection should be devised in the immediate future ( Great rewards for innovators)

# The comprehensive strategy should cover...

## 4. For the cases not prevented, not early detected

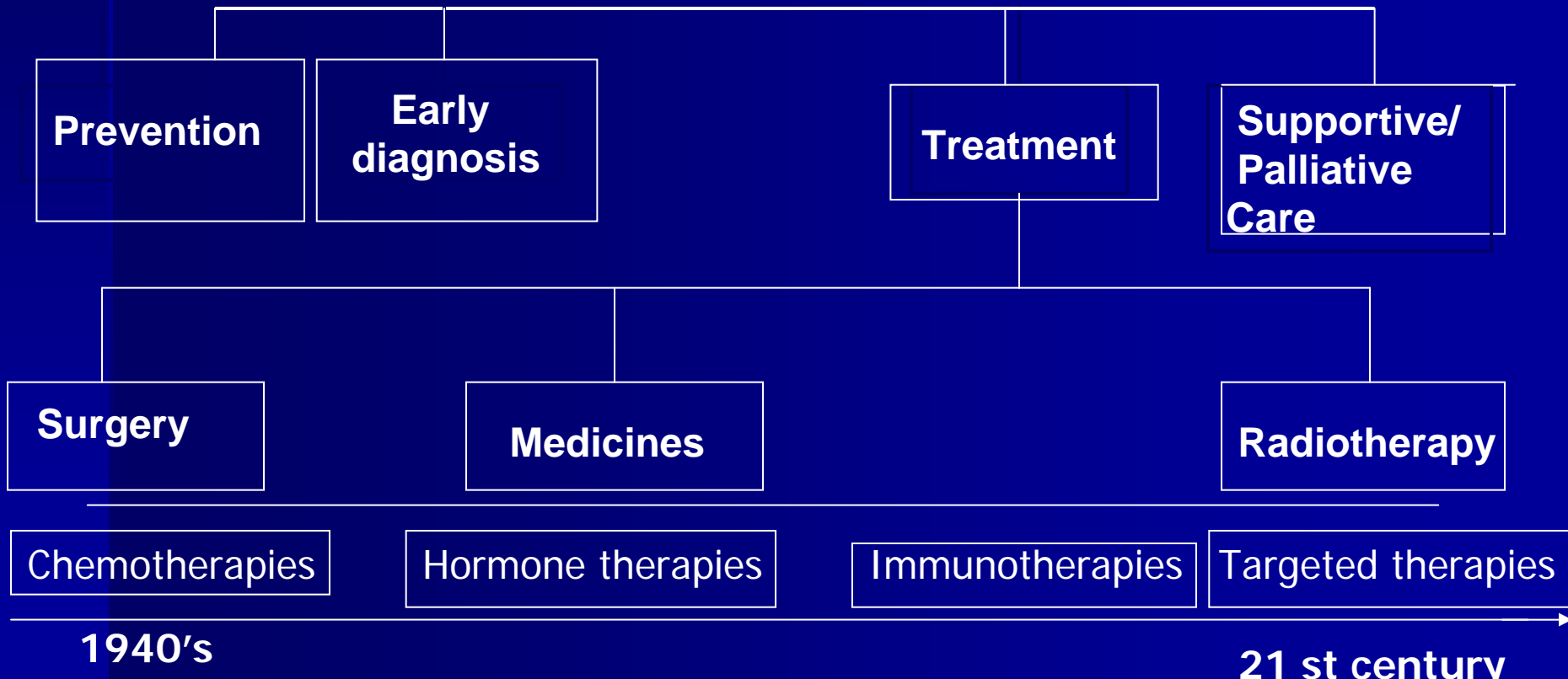
Need better therapy, therefore:

- therapy according to the best practice. For the economic side of this issue, political decision should be taken

- Research, innovation + motives, coupled with simplification of authorization procedures, taking into account the safety issue

# Key steps to fight against cancer

## Integrated Cancer Care



# Innovative Cancer Drugs and Survival

- 44% of their observed improvement in the 2-year cancer survival rate 1992-2000 at 50 USA cancer centres could be attributed to the use of newer anticancer drugs.
- 14-19% of their inter-country differences in 5-year cancer survival rate across 5 major EU countries is due to differences in the uptake of newer (post 1985) drugs in each country.
- 30% of the decline in cancer mortality rates seen in 20 countries (including US and EU) during the period 1995-2003 could be accounted for by the use of newer drugs.

Source: The Karolinska institute & SSE Royal Report 2006

# Balance between burden of cancer and expenditure weight for anticancer drugs

Innovative therapies may be costly, which is a real problem that has to be solved with the appropriate political decisions

Cancer is responsible for:  
27% of total deaths  
38% of premature deaths  
(before 65 years)

Cancer counts in total Social Security expenses for:  
Total care= 11%  
Antineoplastic drugs= 0,8%  
Antineoplastic innovative drugs= 0,45%

# Palliative care

- Should be left to the competence of Member states, for the time being
- We should act at EU level only if and when appropriate

# Overall...

- ...the coordination and application of a strategy according to the 4 components we analyzed, will bring great economic advantages to the Member States : less deaths, less lost hours of work, longer survival with quality of life

Achieving only 10% of what was outlined before will save 100.000 lives per year in the EU.

If actions are taken, in the near future cancer will no longer be the 1st cause of death in the EU