

Tackling cancer: the view from Brussels

Interview with Markos Kyprianou

Things seem to have gone quiet at the EC since 2000, when Europe Against Cancer – a concerted programme aimed at reducing cancer deaths by 15% – came to an end. Where is Europe concentrating its cancer effort now? *Cancer World* asked Markos Kyprianou, who took over as Commissioner for Health and Consumer Protection last May.

Europe Against Cancer provided a funding stream for many prevention and public education initiatives. How has the EC's work in these fields been carried out since the programme ended?

MARKOS KYPRIANOU A crucial aspect of the fight against cancer lies in taking forward the European Code Against Cancer. I believe we must continue to send the message of the Code out to EU citizens that many cancers can be prevented. If the citizens follow the Code's commandments, the annual number of death cases from this dreadful group of diseases could be cut by 350,000 within a decade or so. As Health and Consumer Protection Commissioner, I have put the battle against cancer-linked issues such as tobacco among my top priorities. Our new "HELP" campaign against tobacco will invest 72 million euros in helping citizens avoid or give up smoking, which accounts for over 650,000 deaths in the EU each year. In addition to the campaign against tobacco, the Commission is working with Member States to improve cancer control through better information exchange,

communicating best practice and supporting actions to improve prevention, detection and treatment of cancer.

What action is likely to be taken on the recommendations contained in the ASPECT Report *Tobacco or Health in the European Union*, with particular regard to research into effective tobacco control policies and ratification of the Framework Convention on Tobacco Control?

MARKOS KYPRIANOU The ASPECT Report has certainly been useful in deciding how the EU should proceed in its campaign against tobacco, and we will continue to take the recommendations on board for future actions. With regard to the Framework Convention on Tobacco Control, which entered into effect at the end of February, over half of the EU Member States have already ratified it, while the EU and remaining Member States are working to do so as soon as possible. Many of the provisions of the Convention are already in place in the EU, such as restrictions



Markos Kyprianou. The first commissioner to come from newly joined Cyprus, Kyprianou worries that many of the new Member States put too little money into healthcare, while they also suffer some of the highest rates of cancer

on tobacco advertising and sponsorship, a ban on misleading tobacco labelling and mandatory health warnings on all tobacco packs.

With regard to research – which is undoubtedly an important aspect of tobacco control – DG Health and Consumer Protection has been working closely with DG Research to negotiate on allocations from the next Research Framework Programme. Health research has been identified as a significant priority. There are many competing priorities in the field of research, and it is not possible to give an individual budget line to every policy issue that we

would wish to. However, once the final figures for the Research Programme have been agreed, I would certainly expect that tobacco-related research will receive sufficient funding under the overall health research heading.

How is the Commission monitoring the implementation of recommendations on cancer screening and encouraging Member States to implement them?

MARKOS KYPRIANOU Following the adoption of the Council Recommendation on Screening for Cancer in December 2003, the implementation



Europe's 10-point Code Against Cancer. This poster was produced in 1997 as part of a UK public health campaign within the framework of the Europe Against Cancer programme. The European Code Against Cancer was updated in 2003, but it is no longer being promoted so effectively

of more effective screening programmes for breast, cervical and colorectal cancer was established as a political priority by the Commission. Member States are currently working to implement these recommendations and improve cancer screening. The Commission lends support to its implementation by the parallel development of better and more comprehensive EU guidelines on best practice in cancer screening. The fourth edition of guidelines for breast cancer and the first edition of guidelines for cervical cancer are expected to be published later this year. Guidelines for best practice in colorectal cancer

screening will have to be developed with the support of the current public health programme 2003–2008. These benchmarks will provide new, improved, population-wide cancer screening guidelines in the EU. We are expecting Member States to submit progress reports on the measures they have taken to improve screening next year. In addition, the new European Cancer Network will have a close look and will come up with proposals to improve the EU guidelines and national screening programmes by about the same time. The Commission will then produce a report on the

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implementation of the cancer screening programmes by 2007.

What can the EC do to foster collaboration between the charities and academic departments across Europe that are leading basic cancer research?

MARKOS KYPRIANOU Although there is no single institution in the EU comparable to the US National Cancer Institute, we do have a number of different instruments through which information is pooled and shared. For example, there are EU-funded networks which bring together cancer experts from all Member States. Through these networks, information can be coordinated and exchanged on cancer prevention, treatment and control. eHealth is another effective tool which uses modern technology to pool information on healthcare, not only from governments and EU policy makers, but also from academics, charities and other stakeholders. In May, I will be attending the 3rd Ministerial meeting on eHealth in Norway, at which we will review this tool and look at how it can enhance health communication and coordination throughout Europe.

How can the EC contribute to reducing disparities between countries, regions and sectors of the population, particularly in early detection and access to quality treatment?

MARKOS KYPRIANOU Undeniably, there are disparities across the EU when it comes to the stan-

dard of national healthcare provisions, including cancer treatment. I am concerned, in particular, at the insufficient investment in healthcare in the new Member States, especially as the rate of diseases such as cancer is generally higher in these countries than in the rest of Europe. I

would stress that Member States must recognise the absolute necessity of providing adequate resources for their own healthcare systems if EU public health standards are to improve.

This requires the provision of more national funding for healthcare, for example by making health a priority in the use of the European Fund for Regional Development. However, the Commission, for its part, will continue to facilitate closer cooperation between the Member States on healthcare issues, in a way

that will support reform and encourage policy development.

Through mechanisms such as the Open Method of Coordination, Member States can exchange information on best practices, compare policies and learn from each others' experiences. Member States are due to present their first statements on challenges they face in healthcare later this year, and from there we can look at the best way to work towards narrowing the gap in standards between Member States. In addition, the Health Programme 2003–2008 will continue to support actions of cancer prevention and control.

With regard to the EU's contribution to the reduction of breast cancer mortality, as requested by the European Parliament in June 2003, there are three measures. Firstly, the Council



“Effective screening for breast, cervical and colorectal cancer is a priority for the Commission”

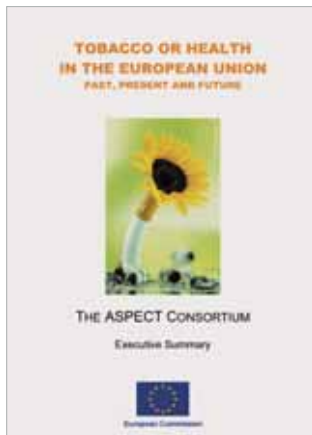
Recommendation on cancer screening has been adopted. Secondly, the European Breast Cancer Network's fourth comprehensive guidelines on quality assurance in mammography improves and extends this European benchmark for best practice in mammography to best practice in management and follow-up of screen-detected breast cancer lesions.

Finally, the new European Cancer Network will monitor the developments and come up with recommendations for future improvements. Such measures should certainly assist in reducing the disparities in survival rates across Europe.

What measures is the EC taking to improve, harmonise and analyse the data available on cancer control since support for the EuroCare cancer registries initiative ended?

MARKOS KYPRIANOU EuroCare, financed by several successive EU research programmes, is a nice example of how successful the European Network of Cancer Registries (ENCR) has been with successive funding by Europe Against Cancer. EuroCare was initially hampered by low quality and lack of standardisation and comparability of the basic cancer data. However, the more the ENCR improved the standards and comparability of the seven basic cancer indicators, the better and more reliable EuroCare's complementary indicators on cancer prevalence and cancer survival have become. The EU continues to fund projects and networks to update and harmonise data on cancer control in the

Community. The EU Network for Information on Cancer (EUNICE), for example, continues some aspects of EuroCare and does important work in compiling, comparing, interpreting and disseminating information on cancer incidence and cancer care in Europe. It also carries out bench-marking and monitoring exercises. In addition, the Commission is working continually to encourage the coordination and communication of health data amongst Member States, as information is key to improvement in cancer control. One such initiative is the EU Health Portal, which will be launched later this year and will serve as a single access point to EU health-related information, with links to all Member States.



Among its many recommendations, the ASPECT report calls on the EC to urgently ratify the Framework Convention on Tobacco, and to give tobacco research its own funding line of 680 million euros

If the EC wants to benefit from consultation with well-informed and representative European Patient Groups, should it help with funding so those groups can avoid being reliant on sponsorship from the pharmaceutical industry?

MARKOS KYPRIANOU I believe that public health throughout Europe benefits from information being shared and pooled by as wide a range of stakeholders as possible, and the Commission works closely with NGOs to this end. The EU already funds many projects run by health organisations and European-level health networks, although there is much competition for limited resources. Ideally, European Patient Groups should not be overly reliant on sponsorship from any one source, however, whether this means industry or public funding.