At a glance

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European Union action on cancer

Cancer is a major public health concern in terms of disease burden and economic cost. Prevention and early detection are key. The European Union (EU) contributes to tackling cancer with awareness-raising, guidance, investment in research, as well as information and coordination.

What is cancer?

Cancer refers to a group of diseases characterised by uncontrolled growth of abnormal cells that can invade adjoining parts of the body and spread to other organs (forming metastases). Any part of the body can be affected – there are more than 100 types of cancer. In 2012, there were an estimated 1.4 million new cases of cancer in men and 1.2 million cases in women in the EU, and the incidence is expected to rise due to the ageing population. In the same year, cancer was the second most common cause of death in the EU: around 708 000 men and 555 000 women died from it, the main causes being lung, colorectal, prostate, pancreatic, stomach and liver cancer among men, and breast, lung, colorectal, pancreatic, ovarian and stomach cancer among women (2011 figures). From an economic point of view, cancer is a major burden, costing EU Member States a total of €126 billion in 2009, mainly in terms of healthcare expenditure (€51 billion) and lost productivity due to early death and sick days (€42.6 billion and €9.43 billion respectively).

Risk factors, prevention, early detection

The main risk factors for cancer are smoking and drinking, an unbalanced diet (especially one low in fruit and vegetables), excess weight, lack of physical activity, as well as environmental and work-related exposure to cancer-causing substances (<u>carcinogens</u>). More than <u>30%</u> of cancer deaths could be prevented, mainly by avoiding risk factors and adopting a healthy lifestyle. Today, with early detection (notably screening programmes) and adequate treatment, many cancers can be cured.

EU policy and actions

While responsibility for the organisation and delivery of health services lies with the Member States, the EU can complement and add value to these efforts by encouraging the sharing of information and know-how, and by fostering cooperation. Other relevant EU action includes addressing risk factors through legislation, for example on <u>pesticides</u> or <u>tobacco products</u>, as well as awareness-raising campaigns similar to the <u>'Ex-smokers are unstoppable</u>' one. The EU's goal is a <u>15%</u> reduction of cancer incidence by 2020.

1985 saw the launch of the first Europe Against Cancer programme. To mark its 30th <u>anniversary</u>, an official ceremony was organised by the European Commission and the Luxembourg Council Presidency in Luxembourg on 15 September 2015. On the same occasion, the new factsheet on the topic ('30 years, 10 facts') was published.

Council

The 2003 <u>Council Recommendation</u> on cancer screening called on EU Member States to implement national screening programmes for breast, cervical and colorectal cancer. Among the topics covered were registration and management of cancer screening data, monitoring of the screening process, and training of personnel.

European Commission

The Commission takes action in the following areas: support for Member States, prevention, screening, quality assurance, research, cancer information, and coordination.

European Partnership for Action Against Cancer

In 2009, the Commission adopted the <u>Communication on Action Against Cancer: European Partnership</u> and established the <u>European Partnership for Action Against Cancer</u> (EPAAC) Joint Action (2009-2013). At the end of the Partnership, the objective was for all Member States to have national cancer plans, i.e. public health

programmes to reduce the number of cancer cases and deaths and to improve quality of life of cancer patients. Today, 25 of 28 Member States have a national cancer plan in place, compared with 17 in 2009. According to the <u>report</u> on the implementation of the EPAAC/second report on cancer screening of September 2014, EU action has strengthened cooperation and created added value.

European Code Against Cancer

Developed in cooperation with the World Health Organization's International Agency for Research on Cancer (IARC), the <u>European Code Against Cancer</u> is a set of 12 recommendations on how people can reduce their cancer risk, from 'do not smoke' and 'have a healthy diet', to nudges for cancer screening. The Code was first published in 1987 and has been updated regularly since. Its fourth edition was launched in 2014.

European guidelines

In line with the Council Recommendation on cancer screening, the Commission has produced a set of European guidelines for the screening of <u>breast cancer</u> (2006), <u>cervical cancer</u> (2008) and <u>colorectal cancer</u> (2010), to support Member States in implementing screening programmes. In 2013, it published jointly with IARC <u>supplements</u> to the fourth edition of the breast cancer guidelines, with updates on digital mammography and on quality assurance of pathology.

Joint Action

Building on the EPAAC, the Comprehensive Cancer Control (<u>Cancon</u>) Joint Action 2014-2017 aims to help reduce the cancer burden in the EU. It will produce a <u>European Guide on Quality Improvement in Cancer Control</u>, with recommendations for cancer control and care as a strategic tool for policy-makers.

Research programmes

The EU has funded <u>cancer research</u> throughout the Seventh Framework Programme for Research (2007-2013) and continues to fund research under <u>Horizon 2020</u> (2014-2020). EU investment amounts to a total of €1.5 billion – mostly for international collaborative research projects (€770 million), but also for public-private partnerships and the coordination of national cancer research. Areas supported include: basic research into cancer development; new medicines and therapies (e.g. nearly €110 million was allocated to innovative research on immunotherapy); improving prevention, early diagnosis and treatment; and specific issues such as ageing and cancer or childhood cancers (benefitting from approximately <u>€162 million</u>).

Cancer information system for Europe

Together with the European Network of Cancer Registries and other stakeholders such as IARC, the Commission's Joint Research Centre is leading the development of a European cancer information system. Comparable EU-wide cancer data and indicators are fundamental for prevention programmes, care processes, epidemiology and future research. Building on existing cancer registries, the system is to become a tool for steering cancer policies.

Expert group

In 2014, the Commission established an Expert Group on Cancer Control to help draw up documents and guidelines on cancer data including epidemiology, screening, quality assurance and prevention. It has representatives from EU, EEA and EFTA countries, patients' and professional associations, plus one member from IARC.

European Parliament

In its April 2008 <u>resolution</u> on combating cancer in an enlarged EU, Parliament called for action (including adequate financial support) in the form of prevention, early detection, diagnosis and treatment to tackle the approaching increase in cancer cases as a result of population ageing. Moreover, it urged the Commission and Member States to ensure that cancer medicines are available to all patients who need them, and to examine how access to innovative cancer medicines can be accelerated. A <u>workshop</u> on the European Cancer Information System, held at the European Parliament in February 2014 for the Committee on the Environment, Public Health and Food Safety (ENVI), assessed progress and challenges, including harmonisation and centralisation of cancer data and data protection.

The MEPs Against Cancer (MAC) group is an informal group of Members of the European Parliament (MEPs) working together with the Commission, the Council and stakeholder organisations to improve cancer prevention and control in Europe. In the 2014-2019 parliamentary term, the group's strategic goal is to reduce cancer incidence by promoting prevention, reducing mortality through equitable access to high-quality care, and ensuring good quality of life for cancer patients.

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