COMMISSION OF THE EUROPEAN COMMUNITIES

COM(86) 150 final

Brussels, 7 Mars 1986

EUROPE AGAINST CANCER

REPORT FROM THE COMMISSION TO THE COUNCIL

on the conclusions of the high level experts and on the state of work in progress at Community level in the fight against cancer

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1. Introduction.

1.1 In 1984, the Commission in a Communication to Council stressed, the need for cooperation at Community level on priority issues in the health field *. Therefore, in the Communication to Council entitled "Action against Cancer" the Commission welcomed the initiatives launched at the Milan and Luxembourg Summits **.

1.2 At the Council of Ministers of Foreign Affairs of 16/17 December 1985, it was agreed that the Commission would convene an ad-hoc committee of experts in order to advise on priority actions and the ways and means for their implementation, and a report would be made to Council. The experts met in Brussels on 24 January, and in Paris on 19/20 February 1986. *** The present document is an interim report.

2. Conclusions of experts.

2.1 The ad-hoc committee of experts emphasised that mortality due to cancer is continuously increasing in Europe. To face this growing threat to human life, support for basic, epidemiological and clinical research on cancer should be significantly increased together with wide ranging actions on prevention. The measures suggested represent first steps in this direction and they should be followed by more ambitious programmes. Such programmes should be carried out in a coordinated way, in order to achieve a critical level of efficacy and avoid duplication.

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* COM(84) 502 final

** COM(85) 799 final

*** The report of the meeting is annexed.

2.2 For example, trials of treatment represent a basic tool for the pursuit of therapeutic progress. In several Member States, national bodies are carrying out cooperative studies and some large institutions are able to perform their own trials for common cancers. Nevertheless studies at Community level are essential because for uncommon cancers, even in the largest Member State, the number of patients is too small to achieve a satisfactory result. Furthermore, there is a growing tendency for the statistical design of such trials to require larger numbers of patients; and finally, treatments must be evaluated quickly in order to make the possible benefits available to all patients without delay.

2.3 For all these reasons, the experts felt that support should be given to European organizations coordinating clinical trials.

2.4 To support such an increased research effort, accurate information on the occurrence of cancer is necessary for planning and evaluation of cancer control measures. Certification of the cause of death is obligatory in all Member States and this serves as a basis for mortality statistics. However, detailed information, vital for research, is not uniformly available : it must be made so if it is to serve as a basis for epidemiological research and for monitoring the effects of prevention and treatment throughout the Community.

2.5 In addition,cancer registration and cancer registries should be promoted by establishing the legislative bases enabling all Member States to contribute to a Community data base. The existing rules on confidentiality in some Member States which encourage high quality epidemiological research should be extended to the others

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and all legislative restrictions against cancer registration which hamper epidemiological research should be alleviated, in order to create a Community research forum.

2.6 Addressing specific topics, the experts agreed that tobacco is by far the most common carcinogenic agent in our environment and nothing would be more effective for reducing cancer than reducing tobacco consumption. In the Community approximately one in four of all cancers is attributable to smoking. It causes about 80 % of all lung cancers, and it is also associated with cancers of the mouth, larynx, bladder, pancreas and possibly other organs. Moreover tobacco is also at the root of a large proportion of deaths from cardio-vascular and chronic respiratory diseases.

2.7 The cancer risk of active inhalation of cigarette smoking has been firmly documented. But the risks of passive smoking are not yet properly known and further research into the effects of passive smoking is recommended. In addition anti-smoking campaigns in some countries have led to the adoption of tobacco-chewing by the young in particular. However, the chewing of tobacco is also carcinogenic and it is not a safe alternative to cigarettes. The consumption of non-smoking tobacco products should therefore be strongly discouraged, and anti-smoking campaigns should be evaluated to ensure that smoking is not replaced by an increase in tobacco chewing.

2.8 The experts stressed that the highest priority in cancer prevention should be given to the control and eventual elimination of tobacco. The aim must be to reduce the prevalence of smoking by stopping people, especially children, from starting to smoke, and by assisting smokers to quit. For those who find it difficult or impossible to give up smoking altogether , a reduction in the tar levels of cigarettes might lessen their risk.

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2.9 It was agreed that dietary factors, including alcohol, can increase the risks of several common cancers. However, more research is necessary before specific measures can be proposed, and such research should be encouraged at Community level taking advantage of regional differences in cancer incidence and dietary habits, and recent changes in dietary patterns. Another priority for research in this field is the development and validation of analytical methods to determine exposure of humans to carcinogens/ mutagens as well as to identify unknown carcinogens. Efforts must also be directed towards the design of a common methodology for the assessment of the protective effect of certain nutritional components.

2.10 For prevention by early diagnosis and treatment, screening for cancer of the cervix uteri is clearly effective in lowering the incidence and mortality of the disease, when all women in certain age groups in a given region are personnally invited to participate. In addition there are encouraging indications that mammographic screening for cancer of the breast may result in a reduction of breast cancer mortality. Therefore, there is a need to consider how to promote population based screening for cancer of the cervix uteri in all Member States; to exchange information on current results of mammographic screening for cancer of the breast; and to promote research on screening for other cancers.

2.11 Lastly, but of equal importance, occupational cancer may result from exposures to chemicals, or to complex chemical mixtures, in the workplace. Actions at Community level have already provided a legislative base for the control of occupational and environmental exposures and such activities should be reinforced and accelerated.

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2.12 In support of these actions a broad-based information and education programme was proposed directed towards the health professions, specialists in clinical oncology, research workers, patients and the general population, with special attention to certain groups such as children.

2.13 For the profession, increased emphasis on cancer should be given at each stage of training and special programmes are necessary for the continuing education of family doctors and generalists. For research workers a programme of exchange fellowships should be established.

2.14 For patients and the community, cancer education should be part of general health education and particular attention should be given to specific opinion influencing and behaviour modifying groups, eg. teachers. In addition, the proposal to have a well thought out initiative such as a European cancer week was supported. The core of such an event to be held in 1987/88 should be an understandable and concise message. The Community nature of such a campaign must be stressed and it should involve the national leagues and organisations against cancer.

3. Community actions in research and prevention

3.1 To develop cooperation at Community level on 'Action against Cancer', the Commission will shortly make a proposal for a Council Decision renewing the Medical and Public Health research Coordination Programme (1987-89). This will contain a special cancer section.

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3.2 All Member States have long experience and considerable resources engaged in cancer research. However, most national programmes consist of a large number of relatively small projects carried out in separate institutes. The Commission will, therefore, seek to co-ordinate and support the relevant parts of national programmes with a view to increasing their efficiency and improving the outcome.

3.3 Certain actions in the areas of clinical research, early detection and diagnosis, and nutrition are already underway and to develop these, the new proposal will address basic, epidemiological and clinical topics and research training, as follows

- Clinical treatment research, by developing and improving controlled clinical trials of multimode treatment (surgery, radiotherapy, chemotherapy, immunology, etc.).

- Drug development, by developing new approaches using mathematic modelling, molecular imaging techniques, and advanced in vitro screening methods for detection of molecular activity.

- Early detection and diagnosis, by developing better non-invasive diagnostic methods to detect small cancers and premalignant conditions.

- Epidemiological research, to qualify and quantify occupational cancer and establish relationship between dietary factors and cancer.

- Training fellowships to enable researchers to extend their training in institutes in other Member States.

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3.4 In addition, the Commission has already submitted a proposal to the Council for a Resolution on a Programme of Action on Cancer Prevention*.

3.5 This Action Programme on Cancer Prevention identifies the objectives of halting the increase of cancer in the Community, leading to a downward trend in both incidence and mortality from the disease, and decreasing the potential years of worthwhile life lost as a result of the disease. The programme should also lead to increased knowledge about the causes of cancer and the possible means of preventing and treating it. The Council is being asked to support priority actions in the fields of tobacco smoking, nutrition and alcohol, services for screening and early diagnosis, health education and cancer information. Particular emphasis is put on improved collaboration with national and international agencies in the fields covered by these actions.

3.6 The prevention of occupational cancers was identified as a matter for priority action in the Council Resolution of 27.284 on a Second Programme of Action of the European Communities on Safety and Health at Work **.

4. Information and Training

4.1 A European Campaign of Information about Cancer in 1987 could demonstrate to the public the substance of a Citizens'Europe. Possibly no other single message could have the same emotional appeal.

4.2 To be effective the message should come from experts in the cancer field and be presented by experts in the fields of communication and the media. The campaign should be designed to achieve a high level of coordination between Member States and it should take place

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* OJ C. 336 28.12.85

** OJ C. 67 8.03.84

simultaneously throughout the Community in order to have the desired effect. To these ends it would require careful planning and involve representatives of Member States to agree on precise objectives, the health professions to gain their full support and cooperation and those responsible for its pratical preparation and conduct.

4.3 Actions in the field of health education are contained in the Action Programme on Cancer Prevention. They envisage involving individuals, parents and group leaders with teachers, health-care workers and media professionals in a process of information exchange and training. In addition, the Commission will continue established activities in more general aspects of health education. Actions in the field of medical education at Community level come within the context of approving the training of medical students, doctors and specialists for the mutual recognition of diplomas and rights of movement and establishment.

5. Regulatory actions

5.1 Community legislation to reduce the risk of cancer in the population has been enacted in a number of fields e.g. radiation protection, agriculture, environment and pharmaceuticals*. Throughout their discussions the experts made particular reference to this and attached great importance to such regulations as providing an essential basis, or an essential complement, to other actions limiting accidental or unintended effects and influencing individual and group behaviours. There was a consensus to urge the Council and the Commission to intensify work in established fields and to extend this work into the fields of smoking, nutrition and information systems.

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* An overview of existing Community actions against cancer. (Com(85) 799 final, annex)

6. Budget

6.1 Acting upon the conclusions of the Council of Ministers of Foreing Affairs, 16/17 December 1985, the Commission has committed 2 million Ecus for actions in research and prevention of cancer during 1986.

6.2 The Commission will shortly submit to the Council its budgetary proposals in the area of research against cancer.

7. Conclusions

7.1 The Commission wishes to acknowledge with thanks the work of the ad-hoc advisory committee of experts.

7.2 The Council is requested to note its recommendations in the fields of research, prevention, health education and public information, and regulatory actions as summarised in this report.

7.3 The Council is requested to examine as a matter of priority the proposal for a Coucil Resolution on an Action Programme of Cancer Prevention which embodies all of these recommendations as concern prevention and health education.

7.4 The Coucil is requested to note the intention of the Commission to submit proposals on research and, as part of a Citizens' Europe, a European Campaign of Information on cancer.

7.5 The Council is requested to note the intention of the Commission to intensify work relating to cancer in all other Community programmes and bring forward proposals.

ANNEXE

Conclusion of the Ad Hoc Committee of Experts on Cancer - Meeting in Paris, 19-20 February 1986 -

The ad hoc Committee of Experts with the assistance of invited experts in the three subgroups on prevention, research and education, agreed as follows:

1. Prevention, including actions on tobacco, occupational cancer, cancer registration, early detection, nutrition and international collaboration.

1.1. Tobacco

1.1.1. Tobacco is by far the most common carcinogenic agent in our environment and nothing would be more effective for reducing cancer mortality in Europe than reducing tobacco consumption. In European countries between 15% and 30% of all cancers are attributable to smoking. It accounts for about 80% of lung cancers, and is also associated with cancers of the mouth, larynx, bladder pancreas and possibly other organs. Moreover tobacco is also at the root of a large proportion of deaths from cardio-vascular and chronic respiratory diseases.

1.1.2. The highest priority in cancer prevention should therefore be given to the control and eventual elimination of tobacco.

1.1.3. The aim must be to reduce the prevalence of smoking by stopping people, especially children, from starting to smoke, and by assisting those who already smoke to quit. There are some people who find it difficult or impossible to give up smoking and for them a reduction in the tar levels in cigarettes may lessen their risk.

1.1.4. Anti-smoking campaigns in some countries have led to the adoption of tobacco-chewing by the young in particular. However, the chewing of tobacco is also carcinogenic and it is therefore not a safe alternative to cigarettes. The consumption of non-smoking tobacco products should therefore be strongly discouraged, and anti-smoking campaigns should be monitored to ensure that smoking is not replaced by an increase in tobacco chewing.

1.1.5. The carcinogenic risk of active inhalation of cigarette smoking has been firmly documented but the level of risk of passive smoking is not yet known. Further research into the effects of passive smoking is recommended.

1.1.6. There is a need for behavioural and social research to determine the most appropriate methods of educating children against the use of tobacco, and to assist smokers to give up the habit.

1.1.7. The ad hoc committee of experts therefore requests the Commission to develop proposals for a strategy aimed at discouraging the production, sale and use of tobacco material. These should include the following immediate actions:

- discontinuation of dissemination of cheap tobacco products (e.g. low prices and tax free sales)
- exclusion of tobacco products from the cost living indices in Member States

Further actions should include:

- prohibition as soon as practicable of advertisements in any form of tobacco products
- increased education of the public from the earliest age possible, with the aim of preventing persons to take up smoking, and to make smokers give up the habit
- each pack of cigarettes should carry a health warning
- the use of non-smoking tobacco products should be discouraged
- a declaration of tar contents should be given on tobacco products
- taxation of cigarettes proportional to the tar yield of cigarettes.
- smoking in public places should be regulated

1.2. Occupational Cancer

1.2.1. Occupational cancer provides important examples of cancers resulting from exposures to chemicals or to complex chemical mixtures, which may also occur in different environments.

1.2.2. Actions at Community level serve as a basis for regulations of environmental and occupational carcinogenic exposures in Member States. Such ongoing activities should be strengthened and speeded up.

1.2.3. Epidemiological research to qualify and quantify occupational cancer risks as well as research in identifying new carcinogens should be strenghtened and promoted. To achieve this, employers should keep employment records of individual employees and such records should carry identifying information and information on jobs and exposures. Such records

should be kept without time limits and provisions should be made nationally for storage of such records. Records should be available to medical researchers for epidemiological studies, e.g. for linkage with cancer registry information or death certificates.

1.2.4. The International Agency for Research on Cancer would form a suitable body for organizing multi-national research, and ensure also collaboration with non-EEC countries.

1.3. Cancer registration

1.3.1. Accurate information on the occurrence of cancer is important for planning and evaluation cancer control measures. Therefore, population based cancer registration in the European Community should be promoted in order to obtain information on the incidence of cancer.

1.3.2. It is necessary to establish legislative bases enabling all Member States to carry out epidemiological surveys and to promote cancer registration. The rules regulating confidentiality which are in use in some Member States, and which encourage high quality epidemiological research, should be extended to others and all legislative restrictions against cancer registration which hamper epidemiological research should be alleviated, in order to create a Community epidemiological research forum.

1.3.3. Comparability of information both between registries inside the Community and with information from registries from other parts of the world must be ensured. The International Agency for Research on Cancer assisting the International Association of Cancer Registries already plays a crucial role in coordinating cancer registration efforts throughout the world. Expert advice on cancer registration should be sought from them.

1.3.4. Certification of the cause of death is obligatory in all Member States, and serves as a basis for mortality statistics. Information on cancer mortality should be available as a basis for epidemiological research and for monitoring the effects of prevention and treatment in all EEC countries.

1.4. Early detection

1.4.1. Screening for cancer of the cervix uteri is clearly effective in lowering the incidence and mortality of the disease, when all women of given age groups in a given region are personally invited to participate. In addition there are encouraging indications that mammographic screening for cancer of the breast may result in a reduction of breast cancer mortality. For other cancers there is at present no evidence of the beneficial effect on mortality by screening.

1.4.2. The ad hoc committee of experts requests the Commission to consider the promotion of population based screening for cancer of the cervix uteri in all Member States; an exchange of information to evaluate current results of mammographic screening for cancer of the breast; and the promotion of research on screening for other cancers such as cancer of the colon, melanoma of the skin, and cancer of the oral cavity in high incidence regions.

1.5. Nutrition

1.5.1. Evidence strongly suggests that dietary factors, including alcohol, can greatly modify the risk of several frequent human cancers. Further research is however felt necessary before specific measures can be proposed, and such research should be encouraged at Community level, taking advantage of regional differences in cancer incidence and dietary habits, and recent changes in dietary patterns.

1.5.2. Another priority area for research is the development and validation of methods for analysing biological fluids and tissues in order to determine exposure of humans to carcinogens/mutagens as well as to identify unknown carcinogens. Efforts should similary be directed towards the design of a common methodology for the assessment of the protective effect of certain nutritional components.

1.6. International collaboration

1.6.1. The International Agency for Research on Cancer in Lyon plays an important part in epidemiological research on cancer, which forms an important basis for cancer prevention.

1.6.2. The ad hoc committee of experts therefore requests the Commission to consider how the Agency could be strengthened to take part in the Action Programme on Cancer in Europe. This might be achieved by urging countries of the EEC to join the Agency's membership and also by joint work between the CEC and the IARC.

2. Research including clinical research, research followships, a Community drug development programme, a European animal cell collection service. The ad hoc committee of experts observed that mortality due to cancer is continuously increasing in Europe. To face this growing threat to human life, support for basic, epidemiological and clinical research on cancer should be significantly increased. The measures suggested represent a first step in this direction. They should be followed by more ambitious programmes. In order to achieve a critical level of efficacy and avoid duplication, such

programmes should be carried out in a coordinated way including competent centers in the Member States.

2.1. Clinical research

2.1.1. Controlled clinical trials represent a basic tool in therapeutic progress. In several Member States, national bodies are carrying out cooperative therapeutic trials and some large institutions are able to perform their own trials for common cancers.

2.1.2. Nevertheless studies at Community level have several advantages:

a) For uncommon cancers, even in the largest Member State, the annual patient accrual is too small for the successful organization of a controlled trial. International co-operation is therefore mandatory.

b) There is a growing tendency in trials on the common cancers toward the stratification of the patients according to several characteristics. As a result the number of patients who need to be entered into such trials is becoming larger.

c) It is difficult to complete a trial in a short period of time, in spite of the fact that it is preferable to perform a trial rapidly.

2.1.3. For all these reasons, the ad hoc committee of experts feels that support should be given to European organizations coordinating clinical trials. The European Organization for Research and Treatment of Cancer (EORTC) is a major organization which has a long tradition in this field and over the last ten years has entered over 30 000 patients in trials.

2.1.4. Increased financial support to EORTC would enable this organization:

- to enlarge the number of patients entered each year in clinical trials,
- to improve the technical level of the computer facilities at the Brussels Data Center,
- to organize a network of European Data Centers which could promote the exchange of data,
- to review and coordinate ongoing clinical trials,
- to bring together clinicians and other scientists in order to improve the quality and to speed up the development of new treatments.

2.1.5. The ad hoc committee of experts recommends that, as an immediate step, the 1986 EEC allocation to the EORTC should amount to about 400.000 ECUs. It is firmly believed that this support would provide an improvement in the general level of clinical research and treatment in the Community.

2.2. Research fellowships

2.2.1. The ad hoc committee of experts believes that Community priority should be given to the establishment of a Community Cancer Research Fellowships Programme.

2.2.2. It is estimated that 50 fellowships are required. This number may be reached in stages, starting at a minimum level of 25.

2.2.3. The purpose of these fellowships is to enable research workers from any Member State to work in collaboration with outstanding clinical or fundamental cancer investigators in another European country. Short-term fellowships (up to 3 months) and long-term fellowships (1 year, renewable once) should be available. The fellowships should be awarded for cancer research work in the areas of basic laboratory, epidemiological, and clinical research.

2.2.4. Applicants must have a doctoral degree (or an equivalent degree) or be medically qualified. They must submit a research plan which would serve for evaluation of the application. Awards would be made on the basis of advice of a panel of scientific experts.

Applications: once a year for the long-term fellowships
no dead-line for the short-term fellowships

Financial support: same as EMBO fellowships

2.2.5. It is recommended that the programme could be extended to EFTA countries willing to participate.

2.3. Drug development

2.3.1. Drug development plays a crucial role in the fight against cancer. The need for new compounds remains urgent despite a host of established agents available. Therefore, the time taken to make a new drug available in all European countries should be reduced from the unacceptably long period existing at present. There is a need for common guidelines for the conduct of European studies on the pre-clinical and early clinical assessment of anti-cancer drugs.

2.4. Animal cell collection service

The ad hoc committee of experts was pleased to learn that the EEC is presently contributing to the support of a European cell collection where tumour cell lines (including hybridomas) can be stored and made available to European researchers. It is considered that this important facility should be maintained and developed.

3. Education including education and information to the general public and professional education

3.1. General public

3.1.2. It is recommended that the cancer education of the general public should be a part of general health education. Particular attention should be given to specific opinion influencing and behavior modifying groups (i.e. teachers, etc.).

3.1.1. In addition, the proposal to have a well thought out initiative such as a European cancer week is recommended. An understandable and concise message should make up the core of such an event to be held in 1987/88. The Community nature of this initiative is to be stressed and it should involve the national leagues and organisations against cancer.

3.2. Professional education

3.2.1. Undergraduates: member countries should have a professor in oncology in all teaching medical centers offering a broadly based programme from the epidemiology and principles of prevention to early detection treatment and terminal care. The programme should consist of a minimum of 30 hours teaching time and concentrate on the 10 major tumour sites. Finally, an examination in oncology should be part of every medical school curriculum.

3.2.2. General practitioners: these form a priority group for cancer education. This should form part of a continuing education programme for general practitioners in which they will be strongly encouraged to participate. A periodic newsletter or bulletin should be considered at national level.

3.2.3. Oncologists: each Member State should recognize the specialty of oncology. The training for such a specialty should be uniform between the Member States. Special considerations should be given to the training and recognition of specialists who have developed a major interest in specific cancers. A Community programme for training and continuing education in oncology (excluding meetings and congresses) should be developed and initiatives for developing educational programmes for oncologists should be encouraged.

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