

# COMMISSION OF THE EUROPEAN COMMUNITIES

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"Europe against Cancer" programme

REPORT FROM THE COMMISSION

TO THE COUNCIL, THE EUROPEAN PARLIAMENT  
AND THE ECONOMIC AND SOCIAL COMMITTEE

ON THE EXECUTION OF THE PROGRAMME IN 1992

## I. INTRODUCTION

### I.A. FOREWORD

The European campaign against cancer is half way through the second action plan (1990-1994) adopted by the Council of Health Ministers in May 1990 (OJ L 137 of 30.5.1990).

In accordance with Article 3(3) of that Decision, which provides that "the Commission will keep the European Parliament, the Council and the Economic and Social Committee regularly informed of progress", this report summarises the execution of the "Europe against Cancer" programme in 1992. It is a collaborative work produced by the various departments and programmes of the European Commission involved in the European campaign against cancer.

This annual report from the Commission is in addition to the information distributed during the year to the Programme's partners, in particular the newsletters distributed every two months (around 17 500 copies) throughout the Community via those involved in the Programme in the Member States.

### I.B. GENERAL REVIEW OF 1992

An assessment of activities in 1992 shows that the European campaign against cancer continued to progress, both in terms of legislation on the subject and in practical achievements brought about with logistical and financial support from the Commission and its partners in the Member States.

I.B.1 Legislative activity relating to cancer prevention focused on the transposition in the Member States of directives already adopted, particularly those on combating smoking and protection against carcinogenic agents.

I.B.2 Activities subsidised by the Commission: 598 projects were submitted for the "Europe against Cancer" programme (not including biomedical research), 263 of which were approved in 1992 (276 in 1991). At the same time the level of funding granted increased from ECU 9 025 090 in 1991 to ECU 10 763 449 in 1992 (see Table 1, p. 19).

In the prevention field measures to make the public more aware of the European Code against Cancer were more particularly geared in 1992 towards the working environment, to coincide with the European Year of Safety, Hygiene and Health Protection at Work.

In this context the subject selected for the European Week Against Cancer (12-18 October) was "cancer prevention and health promotion in the workplace". Activities mainly covered the prevention of nicotine addiction, improving diet and preventing carcinogenic hazards at work. Two European surveys on the prevention of smoking were carried out in 1992 among a representative sample of the Community population, and showed that a majority of people in Europe would accept restrictions on the freedom to smoke in places open to the public or at work.

At the suggestion of the various leagues and associations against cancer in the Member States, discussions were started in 1992 with the national partners on methods for improving the scientific evaluation of the impact of information campaigns carried out during the European Weeks Against Cancer. In any event the European public's awareness of the European Code remained

well-established or even increased in eight Member States in 1992, in comparison with previous years (1988-1992). (cf. graph on p. 20).

Also, the results of a 1992 European survey on "Europeans and the sun - Connotations - Attitudes - Behaviour" were distributed in the Member States in connection with a campaign to alert the public to the risks related to excessive skin exposure to solar radiation.

**Prevention studies** in 1992 mainly focused on developing and consolidating the prospective study on "nutrition, health and cancer" involving seven Member States.

As regards health education in schools, measures in 1992 concentrated on developing and extending the pilot experiment networks set up in 1991 on combating smoking, on nutrition education and all the themes of the European Code.

In the field of **screening**, activities in 1992 served to consolidate various European network programmes supported by the Programme, particularly on breast cancer screening (nine Member States involved). The emphasis here was on the application of European recommendations on quality control in mammography screening, which were developed by an international group of experts and are to be officially published by the Commission in 1993.

Activities in the field of **cancer training for members of the health professions** supported by the Programme concentrated on implementing the cancer training programmes for doctors, nurses and dental practitioners agreed on at European level in 1990 and 1991. As part of this, a pilot network of continuing training courses on cancerology for nurses was set up in seven Member States. Steps have been taken to organise similar initial training for dental practitioners and specific training for general practitioners.

18 coordinated **medical research** projects on cancer were also carried out as part of the medical research programme. In this area, the consultative committees involved considered that "mortality and morbidity from cancer could be considerably reduced by the better implementation of knowledge and existing technologies"; for this reason there is "an urgent need to research under which conditions this current knowledge and technology can be put at the disposal of those suffering from cancer in the most general and immediate way possible, and this within the limits of the available budget in the areas of research and health". (cf. European Strategy for Research, CAN-MED 3/8.1 p. 15, 26-27 March 1992).

**Telematics** can contribute to the improvement of the quality, efficiency and cost/benefit analysis of medical interventions, including those which are cancer-related. Among the 36 projects which were launched in 1992 by the AIM sub-programme (Advanced Informatics in Medicine), 6 directly concerned cancer and 8 had potential applications in this field. Their objectives are the promotion of effective collaboration among all those involved in cancer care; the development of tools, techniques and practices which support a common approach regarding informatics and telecommunications in cancer care; and the promotion of the acceptance of these tools, techniques and practice.

An international committee of senior independent experts was set up by the Commission in accordance with Article 3(2) of the Council Decision on the second action plan, which states "The Council and the Ministers of Health

will carry out a scientific evaluation of the effectiveness of the action undertaken. To this end the Commission will submit a report on the subject during the second half of 1992". This committee submitted its report to the Commission in June 1992. A report from the Commission to the Council based on it was adopted by the Commission on March 15, 1993. Approval by the Council should release an extra ECU 5 million for the final two years of the Programme.

The following is a summary of the main initiatives and actions carried out in 1992 in each of the 38 fields of activity relating to the prevention of, screening for and treatment of cancer, and biomedical research on cancer.

## II. PREVENTION OF CANCER

### II.A. Current legislative activity

#### 1. Legislation on tobacco consumption

##### a. Ban on smoking in public places

A Resolution on banning smoking in places open to the public was adopted on 18 July 1989 (OJ C 189 of 26.7.89). It calls upon the Member States to inform the Commission every two years of measures taken to ban smoking in public places or places open to the public, including public transport.

On 30 October 1992 the Commission published an interim report on the response to this Resolution (Doc. SEC (92) 1979), based on information supplied by the health authorities and various public and private organisations in the Member States. It describes the main features of the situation in the European Community, and contains an annex outlining the regulations applicable in the various Member States.

##### b. Labelling of tobacco products

National legislation was introduced in 1992 in all the twelve Member States to comply with Directive 89/622/EEC on the labelling of tobacco products, adopted in November 1989 (OJ L 359 of 8.12.89).

Under the Directive, all unit packages of tobacco products must carry on the most visible surface the general warning "Tobacco seriously damages health". In addition, cigarette packets must carry a specific warning chosen from the list attached to the Directive. On this basis each Member State has drawn up a list of warnings, which must include the following two specific messages: "Smoking causes cancer", and "Smoking causes heart disease".

On 15 May 1992 the Council adopted a Directive (92/41/EEC, OJ L 158 of 11 June 1992) amending Directive 89/622/EEC, which provides for specific warnings for tobacco products other than cigarettes (rolling tobacco, other smoking tobacco products, smokeless tobacco products). It also bans the marketing of certain tobacco products for oral use which have recently appeared on the market and are regarded as particularly dangerous for young people. Two different deadlines are given for implementing the Directive: 1 July 1992 for banning the tobacco products for oral use and 1 January 1994 for the provisions on labelling. It should be noted that the provisional timetable for the adoption and notification of national transposition measures have not been met, probably because of the very short deadlines fixed by the Council.

**c. Maximum tar yield of cigarettes**

All the Member States except the Netherlands have already adopted laws and regulations transposing into national legislation Directive 90/239/EEC concerning the maximum tar yield of cigarettes, adopted in May 1990. From 31 December 1992 the maximum tar yield of cigarettes sold in the European Community must not exceed 15 mg per cigarette, to be reduced to 12 mg from 31 December 1997. Greece has been given a special temporary derogation until 2006.

**d. Advertising for tobacco products**

A new amended proposal for a Directive on advertising for tobacco products, adopted in May 1991 (OJ C 167 of 27.6.91), provides for the complete harmonisation of such advertising and restricts it exclusively to the interior of retail outlets. On 11 February 1992 the European Parliament issued a favourable opinion on the proposal, which was then amended by the Commission (OJ C 129 of 21.5.92) to take account of this opinion.

The proposal was discussed at the two Councils of Ministers of Health on 15 May and 13 November 1992, when opposition from a minority of four Member States prevented a final agreement on the text. Talks are still continuing on basic problems such as whether the Directive is justified or is compatible with basic rights, and on how it should be applied (admissibility of voluntary agreements as a means of transposing the Directive, and application to publications from third countries). The Commission has maintained its proposal, which is to be rediscussed in the Council in 1993.

**e. Taxation on tobacco products**

On 19 October 1992 the Council adopted three directives on taxes on tobacco products (OJ L 316 of 31.10.92). They implement the political agreement reached on 24 June 1991 by defining the structure of taxes levied on tobacco products (92/78/EEC) and establishing minimum tax levels for cigarettes (92/79/EEC) and other tobacco products (92/80/EEC).

The minimum tax levels, excluding VAT, must be at least 57% of the retail selling price for cigarettes of the price category most in demand. For other tobacco products the minimum tax levels are as follows:

- cigars and cigarillos: 5% of the retail selling price or ECU 7 per thousand items or per kilogram
- for rolling tobacco: 30% of the retail selling price or ECU 20 per kilogram
- for other smoking tobaccos: 20% of the retail selling price or ECU 15 per kilogram.

These provisions are supplemented by the Directive on the approximation of VAT rates (92/77/EEC, OJ L 316 of 31.10.92), which provides in general terms that the standard VAT rate must be at least 15% of the final price of the products in question. However, a number of temporary derogations are made for countries which previously had lower rates.

**f. Reform of the common agricultural policy in the tobacco sector**

On 30 June 1992 the Council of Ministers for Agriculture adopted Council Regulation (EEC) No 2075/92 on the common organisation of the market in raw tobacco, which changes the criteria for awarding Community subsidies and the system of production control. It also provides for the setting up of a

Community fund for tobacco research and information. The Fund is to finance and coordinate research and information programmes to promote greater knowledge of the harmful effects of tobacco and the appropriate preventive and curative measures, and to orientate Community tobacco production towards the least harmful varieties and qualities.

Article 14 provides for a three-year programme for the conversion of plantations of Mavra, Tsebelia, Forchheimer, Havana IIC and hybrids of Geudertheimer tobacco to varieties more in line with market requirements or to other agricultural crops. The programme will be launched immediately after the 1993 harvest and will be carried out in accordance with Commission Regulation (EEC) 3616/92 of 15 December 1992.

Although these measures do not have a direct effect on health problems, they nevertheless indicate that the health factor is being taken into account in decisions within the common agricultural policy.

## 2. Legislation on nutrition

### a. Nutrition labelling

In response to Directive 90/496/EEC on nutrition labelling for foodstuffs in the European Community, adopted by the Council in 1990 (OJ L 276, 6.10.90), the Scientific Committee for Food adopted in 1992 a report drawn up for the Community on the recommended daily amounts of nutrition. This will be distributed in 1993.

### b. Pesticide residues in fruit and vegetables

In April 1992 the Commission adopted two proposed amendments to Directives 76/895/EEC, 90/642/EEC, 86/362/EEC and 86/363/EEC relating to the fixing of maximum levels for pesticide residues in and on fruit and vegetables, certain products of plant origin, cereals and foodstuffs of animal origin. The proposals fix new maximum levels or amend the authorised levels of residues for 60 pesticides. They are currently being examined by the Council.

## 3. Legislation on carcinogenic agents

*Cf. Fields 7-10 below.*

## II.B Preventive measures subsidised by the Programme

### II.B.1. Prevention of tobacco consumption

Field 1. Stimulation of projects of European interest concerning the prevention of nicotine addiction, especially amongst such target groups as young people, women, teachers and members of the health professions.

The measures to combat smoking given financial support by the Commission in 1992 mainly concerned the organisation of pilot projects and exchanges of experience in the European networks set up in 1990 and 1991.

- Network of non-smoking towns (Empoli, Besançon, Toledo, Namur) set up in 1990. A similar experiment was started in 1992 in Royan (France). The network may be extended to include Luxembourg in 1993.

- European network of "smokebusters" clubs for young people started in 1991 (UK, France, Belgium, Spain, Portugal). A European conference is scheduled for 1993 to evaluate experience.
- Consolidation of pilot experiments in health education and the prevention of smoking in schools, started in 1991 in France, Spain, Belgium and Portugal. A network was set up in 1992 to implement a joint teaching programme in these four countries, coordinated by the "Epidaure" prevention centre in Montpellier (France). New pilot projects were started in 1992 in Germany, Denmark, Greece and Ireland.
- Coordination of measures to disseminate information at European level on the prevention of tobacco consumption, with the help of the BASP (European Bureau for Action on Smoking Prevention). In 1992 the Bureau published and distributed to the Member States four quarterly information bulletins and three monographs on smoking at work, tobacco consumption and insurance, and taxation on tobacco products.
- Organisation of international meetings, and in particular the ninth World Conference on tobacco and health to be held in 1994 in Paris. The results of a European seminar held in London in November 1992 indicated that a pricing policy based on taxation is one way of reducing the demand for and perhaps also consumption of tobacco in the long term.

Other measures aimed at specific target groups such as pregnant women were also funded in France and Spain.

**Field 2. Stimulation of pilot projects to teach methods of breaking nicotine addiction to members of the health professions and to teachers.**

Measures to publicise and promote centres providing help in breaking nicotine addiction were funded in Belgium, Greece, France, Portugal and the United Kingdom.

The Group of Representatives of GPs' Associations in the EC has organised and contributed to a European symposium to be held in 1993 on the subject of "general practitioners and the prevention of nicotine addiction".

The results of a comparative study on the effectiveness of the various methods of breaking nicotine addiction carried out in 1992 by a group of European experts with the help of the European School of Oncology (ESO) will be distributed to health professionals in the Member States in 1993.

A number of projects on preventing smoking in schools which were funded in 1992 contained a section on training for teachers in the prevention and breaking of nicotine addiction (Germany, Denmark, Spain and Portugal).

**Field 3. Stimulation of innovative information campaigns to prevent the use of tobacco among the general public and in the workplace.**

Two European surveys were carried out in 1992 to evaluate the impact of information campaigns on the public in Europe. The results were distributed in the Member States and show, with slight variations from one country to another, that the majority of those interviewed would be prepared to accept restrictions on the freedom to smoke in places open to the public and at work.

Information campaigns organised as part of the European Year of Safety, Hygiene and Health Protection at Work mainly covered the provision of non-smoking areas in workplaces: 14 projects on preventing smoking at work were funded in 1992 in Belgium, Germany, Denmark, Spain, France, Greece, Portugal and the United Kingdom.

On 31 May the Commission and its partners in the Programme took an active part in the WHO's world no smoking day. Information campaigns (distribution of brochures, press conferences, joint declarations, etc.) were organised in the Member States and in the Community pavillion at Expo '92 in Seville.

**Field 4. Financing of a study on the possibilities for putting tobacco-growing areas to other uses.**

Measures were taken in 1992 to reform the common agricultural policy in the tobacco sector (see II.A.1.f).

In cooperation with the Directorate-General responsible for agriculture, the "Europe against Cancer" Programme is to provide financial support in 1993 for a study on the possibilities for putting tobacco-growing areas to other uses.

#### **II.B.2. Studies and preventive measures on diet (including alcohol)**

**Field 5. Stimulation of studies into eating habits and cancer in close conjunction with the Community medical research programme (meta-analyses, case studies, prospective studies, intervention studies on "anti-promoting" agents).**

- The EPIC network (European Prospective Investigation on Diet and Cancer), which was set up in 1987 and covers seven Community countries (Germany, France, Spain, Greece, Italy, the Netherlands and the United Kingdom), entered its implementation phase in four countries (France, Spain, Italy and the United Kingdom) and its pilot phase in Germany, the Netherlands and Greece in 1992. The investigation, which currently covers 399 000 people who are to be monitored for 10 years, aims to establish links between diet, lifestyle and state of health. It is coordinated by the International Agency for Research on Cancer (IARC) and the European Commission. A steering committee for the network was set up in 1992 and the Committee of Cancer Experts recommended that an independent expert should be appointed to evaluate progress every year starting in 1993.

- The intervention study launched in 1991 on preventing the incidence and growth of benign tumours in the large intestine entered its development phase in 1992 (recruitment of 1000 patients). It involves nine Member States of the Community and is coordinated by the European Organisation for Cooperation in Cancer Prevention Studies (ECP) and the European Commission. The aim of the study is to evaluate the effects of calcium and fibre on the formation, growth and prevention of this type of tumor.

- Four studies were launched in 1992 in the Netherlands, Greece and the United Kingdom to investigate links between diet and breast cancer. The results are expected in 1993.

**Field 6. Drafting and publication of guidelines on nutrition aimed at improving cancer prevention.**

On the basis of the conclusions of studies already funded by the Europe



against Cancer Programme and recent scientific findings, there is no reason to change the nutrition guidelines given in the European Code Against Cancer.

### II.B.3. Campaign against carcinogenic agents

**Fields 7** Continuation of all Community action concerning protection against  
**and 8.** ionising radiation. Support for comparative studies of European interest aimed at improving protection against ultra-violet radiation.

In the legislative field, Directive 92/3/EURATOM on the supervision, control and shipment of radioactive waste between Member States and into and out of the Community was adopted on 3.2.92 (OJ L 35 of 12/2/92).

The Community non-legislative measures launched in 1991, which mainly aim to inform the general public about protection against ionising radiation and to improve training for health personnel in this field, continued in 1992.

On 23 December 1992 the Commission approved a proposal for a Council Directive based on Article 118a of the EEC Treaty on the minimum safety and health requirements regarding the exposure of workers to the risks arising from physical agents. The scope of the proposal covers electric or magnetic fields or combinations thereof with a frequency equal to or less than  $3.10^{15}$  Hertz (wavelength of 100 nanometres or more). It is also designed to provide increased protection against ultra-violet radiation.

Two studies on protection against ultra-violet radiation (UV) were funded by the Programme in 1992: one multi-centre case-control study on the aetiology of skin cancers (Italy) and one study on the role of nitric oxide and free oxygenated radicals on UV-related lesions.

**Field 9.** Support for European studies on the possible carcinogenic risks of certain chemicals.

A number of studies received funding from the Commission in this field in 1992:

- an evaluation of the hazards involved in certain types of work in the wood, leather and paper production sectors was commissioned from the IARC; a study is examining hazards in biological laboratories;
- a study at a university in Greece is investigating the risks associated with pesticide use in greenhouses;
- a study involving three electricity industries in France, Italy and Spain is assessing the specific risks associated with electromagnetic fields;
- technical support is continuing to be provided for the secretariat of the European mesothelioma panel.

The Commission also financed three studies in 1992, on the possible carcinogenic risks of oral contraceptives, exposure to dioxin, and organic solvents and pesticides and their impact on cancers of the lympho-haematopoietic system.

Three other epidemiological studies were also financed on renal cancers, skin cancers, and the incidence of cancers at work which could be indirectly linked to exposure to chemical substances.

Furthermore, as part of the fifth ECSC medical research programme, 13 projects are currently being carried out on the detection and prevention of occupational cancer in the coal and steel industries; they are investigating in particular the risks presented by genotoxic chemical substances, aromatic hydrocarbons including benzene, and silica.

**Field 10.** Continuation of the classification and labelling, at European level, of carcinogens and continuation of the information campaign by means of specialised annual publications.

The Directive on the classification and labelling of dangerous substances (67/148/EEC) was amended in 1992 as part of the 19th adaptation to technical progress (Annex 1 of the Directive) to include 20 new substances: one new substance for category 1; 14 new substances for category 2; and five new substances for category 3.

The following warnings apply: R45 "may cause cancer" for categories 1 and 2; R40 "possible irreversible effects" for category 3.

#### **II.B.4 Information for the public on preventive measures**

**Field 11.** Possible updating of the European Code against Cancer

The Committee of Cancer Experts examined whether it was appropriate to update the European Code Against Cancer in 1992. It felt that the ten recommendations contained in the Code were still entirely relevant from the scientific point of view and should still be used by the Programme as a reference for any public information campaigns.

**Field 12.** Repeat of European campaigns of cancer information, if possible during the second week of October. Encouraging, within this context, private and public television stations to run spots free of charge on the subject of the fight against cancer.

The fifth European Week Against Cancer from 12 to 18 October 1992 focused on cancer prevention and health promotion in the workplace, to complement the activities of the European Year of Safety, Hygiene and Health Protection at Work. Its message "Your work - your health - your life" was widely disseminated in the Member States by the Programme's partners in the form of posters (32 000) and brochures (2 700 000) produced with funding from the Programme. A total of 27 events (press conferences, seminars, etc.) were organised in the Member States with funding from the Programme, dealing with the protection of workers in firms from the hazards presented by the main carcinogenic agents, as part of a general approach to health promotion.

The Programme's regular partners (associations, leagues), together with industrial and commercial firms and the trade unions, were closely involved in the measures taken at European level and in the Member States.

In order to improve the scientific evaluation of the impact of the information campaigns organised during the European Week Against Cancer, the cancer leagues and associations organised discussions on the methods used, involving all the national partners. The conclusions will be available in 1993.

A feasibility study was carried out in 1992 on the potential impact of a European information campaign in which private and public television stations would broadcast spots free of charge on the subject of the fight against cancer. The results indicate that this operation would have little impact and would be very expensive because of the wide range of languages and cultures in the Community. They also show that a European video information bulletin accompanied by a press release for the media in the Member States could be more effective. This option is to be studied in 1993.

**Field 13. Production of European information modules on the prevention, screening and treatment of cancers, adaptable to national requirements.**

The main information documents on cancer prevention and health promotion in the workplace prepared by the Programme for the 1992 European Week were used by the national partners as a reference for information campaigns supported by the Commission targeting adults at work in the Member States.

**Field 14. Publicising of the European Code among the general public by the partners in the action plan.**

As in previous years, the Programme's national partners continued to help to publicise the European Code among the general public. A campaign was held throughout Europe in 1992 to make the public more aware of the risks associated with excessive skin exposure to the sun, and used the results of a European survey carried out in 1992 on "Europeans and the sun - Connotations - Attitudes - Behaviour", distributed to the Member States in June 1992 (press packages, press conferences). This survey also showed that the public's awareness of the European code had increased in some countries, while remaining well-established in others (1988-1992) (cf. graph on p.20).

**Field 15. Support for innovative information campaigns on cancer prevention among targeted groups.**

Priority was given to funding campaigns designed to train and increase awareness among relay groups, to ensure that prevention messages were passed on effectively to certain target groups in the Member States. The relay groups included health professionals, women, students and sports teams who, once trained, took part in campaigns to publicise prevention among the general public and at the workplace (Belgium, Greece, Ireland, Portugal, France, United Kingdom).

The Group of Representatives of GPs' Associations in the EC produced a brochure in 1992 explaining the scientific basis for each recommendation given in the European Code against Cancer. It was designed for family doctors in the Member States and is intended to ensure that cancer prevention messages are passed on more effectively to the general public. It was distributed to all GPs in Italy and France, an exercise to be repeated in 1993 in Germany, Greece, Ireland, Portugal and the United Kingdom.

**Field 16. Informing workers, and migrant workers in particular, under existing Community Directives, of the fight against job-related cancers.**

Ten campaigns of this type were carried out by the Programme's national partners in seven Member States. They covered not only specific cancer hazards at work, but also the risks associated with smoking, a badly balanced diet and excessive skin exposure to solar radiation. The campaigns were carried out as part of the European Year of Safety, Hygiene and Health Protection at Work.

#### II.B.5. Health education: preventive measures

Conclusions concerning health education were adopted on 13 November 1992 by the Health Council (92/C 326/02) on the basis of the report of the Commission on the implementation of the resolution of the Council of the Education Ministers of 23 November 1988 concerning health education in schools (O.J. C3, 5.1.1989). In these conclusions, the Council invites the Commission to

develop activities aimed at other specific target groups, and in other settings, in close collaboration with the health and education authorities of the Member States. Conclusions on health education in schools (92/C 336/07) were adopted by the Council of the Ministers of Education on 27 November 1992 on the basis of the above mentioned Commission report. In its conclusions the Council invites the Commission to pursue the implementation of the resolution of 23 November 1988.

**Field 17. Support for efforts to inform and increase the awareness of school teachers of the European Code against Cancer.**

National conferences to disseminate the recommendations of the first European conference on health education and cancer prevention in schools (Dublin, February 1990) were held in 1992, with funding from the Commission, in a number of countries (Belgium, Spain, Luxembourg), with the aim of making school teachers more aware of cancer prevention measures and effective ways of transmitting messages based on the European Code against Cancer.

A total of ten Community countries have held national conferences since Dublin. Greece, Spain, Italy and Portugal also organised supplementary training seminars (initial or continuing) for teachers on cancer prevention.

The conclusions of the groups of national experts on health education in schools set up by the Programme following the recommendations of the Dublin Conference were approved by the Sub-Committee on Health Education. They include a recommended programme for health education and cancer prevention in primary schools, designed for teachers, which was distributed to the Member States in January 1993. They also include the production of a poster and brochure for secondary school teachers. A number of Member States have announced that they intend to distribute these in 1993 as part of awareness-raising campaigns (Belgium, Denmark, Spain, the Netherlands, Portugal).

**Field 18. Dissemination of European teaching material for health education.**

The group of national experts on training for teachers on health education in schools produced a Charter in 1992 on a minimum health education and cancer prevention training programme for teachers. This was distributed to teacher training instructors from the twelve Member States at a European seminar in Rotterdam in November 1992.

Germany, Denmark, Ireland, the Netherlands and the United Kingdom joined forces in 1992 to produce teaching materials, intended for primary school pupils in northern Europe, on the prevention of skin cancer associated with excessive exposure to solar radiation.

The first European Festival on the Use of Audiovisual Materials in Health Education was held in Royan (France) in October 1992, with the support and involvement of the Commission. The main topics covered included smoking, nutrition and alcohol. Recommendations were adopted for the Commission and the Member States on ways of improving the quality and effective use of audiovisual materials, and these were distributed to the Programme's partners in the Member States.

The teaching package (video and guide) on "Smoking and You", produced at European level in 1991, was distributed in the Member States in 1992 as part of a pilot experiment to assess its impact in a sample of secondary schools. The results of this experiment will be collated in 1993.

**Field 19. Promotion of pilot projects to promote awareness of the European Code among young people.**

Pilot projects on health education in schools designed to promote the recommendations of the European Code Against Cancer among young people were funded in 1992 in Germany, Belgium, Spain, France and Luxembourg. A project involving France, Portugal, Greece, Spain and Italy, designed to find a way of evaluating campaigns to increase young people's awareness of the themes of the European Code, was launched in 1992 (results expected in 1993).

**Field 20. Encouragement at school of a change in dietary habits and, in particular, encouragement of the consumption of fruit and vegetables during break and at meal times.**

Special efforts were made in 1992 to remedy shortcomings in this priority field, as noted in the report on the execution of the programme in 1991. A note was sent in April 1992 to the representatives of the Member States on the Sub-Committee on Health Education and to other partners in the National Coordination Committees to promote the introduction of nutrition education projects.

The Member States were also informed of the Community provisions concerning surplus fruit and vegetables withdrawn from the markets, which could be distributed to schools free of charge (Council Regulation No 1035/72 of 18.5.72).

This information campaign has produced a considerable increase in the number of applications for funding sent to the Programme at the end of 1992 for the first round in 1993: 17 compared with 13 for the whole of the 1992 budget year.

A European seminar on nutrition education was held in October 1992 in Lagonissi (Greece), at which teacher training instructors from the Member States involved in pilot projects in the field of nutrition education were able to exchange experiences. Pilot projects on nutrition education were also funded in Germany, Greece and Portugal in 1992.

### **III. CANCER TRAINING MEASURES SUBSIDISED BY THE PROGRAMME FOR MEMBERS OF THE HEALTH PROFESSIONS**

**Field 21. Support for the organisation of national or regional meetings to promote the 1989 European recommendations on the cancerology content of basic training programmes for members of the health professions.**

As part of the promotion of the 1989 European recommendations, conferences on oncology training for nurses were organised with funding from the Programme in 1992 in Belgium, the United Kingdom, France and Spain. Italy and Greece are planning to hold similar conferences in 1993.

A national conference on cancer training for dental practitioners was held in Italy in October 1992.

**Field 22. Support for setting up three European pilot networks of medical schools, nursing colleges and dental schools implementing the recommendations on training in cancer formulated in 1988 by the three European advisory committees on the training of the health professions.**

- Training for nurses

In 1992 the Programme provided funding for the European pilot network of continuing training courses on cancer for nurses set up in 1991. The courses are based on the recommendations adopted at the European conference on continuing training on cancer for nurses, held in London in January 1991 (Doc. V-604/91/9EC). Pilot training projects were carried out in this field in 1992 in Belgium, Denmark, Germany, Greece, Ireland and Portugal. Sweden also organised a similar project. A joint initiative to define a common minimum continuing training programme for nurses is currently being studied by France, Spain and Portugal.

- Training for general practitioners

A European seminar on specific cancer training for general practitioners was held in September 1992 in Antwerp (Belgium), in cooperation with the European School of Oncology (ESO), with the aim of setting up a European network of pilot training courses in the twelve Member States and Sweden. The network will be based on the recommendations of the European conference on training in cancerology for general practitioners, held in June 1991 in Copenhagen. These recommendations (Doc. V-1310/91/9EC) were sent to the governments and the main general practitioners' organisations in the Member States in September 1992.

- Training for dental practitioners

Two pilot projects on oncology training for dental practitioners were funded in Italy and Portugal in 1992. The Programme also organised a first meeting in June 1992 attended by representatives of dental faculties in Belgium, Denmark, Greece, Italy, Spain, Ireland and France to plan the development of a European network of dental faculties. In a survey of all the dental faculties in the Community, 64 said they would be interested in introducing training courses based on the recommendations adopted in October 1991 in Copenhagen at the European consensus conference on oncology training for dental students (DOC V-241/91/9EC). This document was distributed to the Member States in 1992.

**Field 23. Promotion of cancerology training projects**

Twelve projects were selected in this field in 1992.

- In Greece three training projects on this subject for nurses were funded by the Commission.
- A number of training projects for general practitioners were selected in this field: training for general practitioners in general oncology (Portugal, Spain, Greece, Belgium); training on cervical cancer (Portugal), and training in oncology for instructors of general practitioners (Italy and Portugal).

**Field 24. Support for the mobility of the health professions between Member States in order to improve their specialised training in cancerology.**

150 grants for practical oncology training courses were financed by the Programme in 1992, 50 for nurses and 100 for doctors.

- Mobility for nurses: the ULB nursing college in Brussels awarded 20 training grants to attend specialised oncology centres in Paris, London,

Amsterdam and Milan. The European Oncology Nursing Society (EONS) awarded 30 training grants in the United Kingdom, Ireland and the Netherlands for nurses from EC Member States (two or three participants per country).

- Mobility for doctors: the European Oncology School in Milan (ESO) awarded 40 grants for specialised instructing physicians from the Member States to attend European seminars on leukaemia, colorectal cancer and breast cancer.

The European Haematology School (EEH) awarded 35 grants for residential training courses for medical specialists and researchers during 1992.

The European Society for Therapeutic Radiology and Oncology (ESTRO) awarded 25 grants for radiotherapy specialists to attend the first specialised European training course on radiotherapy.

**Field 25. Collection and exchange of teaching material of European interest for the training of members of the health professions.**

Two projects were selected by the Programme in this field in 1992. One dealt with the evaluation in four Member States (the United Kingdom, Germany, the Netherlands, Portugal) of a video-disc training programme for doctors and nurses, which has received funding from the Programme since 1990. The project was led by St Bartholomew's Hospital Medical College in London.

The Open University (United Kingdom) started two multimedia distance vocational training courses in Europe in 1992 on "Reducing the risk of cancer", one for workers in the health sector, the other for teachers and the general public.

**Field 26. Exchange of experience and support for the organisation of European seminars on the continuing education of members of the health professions.**

Eight operations received funding from the Programme in 1992 in this field, six on a European scale.

The European Paediatric Oncology Centre (Italy) organised a paediatric onco-haematology course for nurses as part of the organisation of a European network.

In the field of training for specialists, the Programme helped to organise three symposia: two in Greece (breast-related pathology and lung cancer) and one in France (Société Française de Sénologie, on impalpable anomalies of the breast).

A European continuing training programme for doctors and laboratory technicians on diagnostic cytology in cervical cancer, funded since 1990, was completed and tested in 1992 at a number of seminars (Denmark, Germany) coordinated by St Mary's Hospital, London. The programme is intended to improve the practice of these health professionals in screening for cervical cancer. It will be presented at a European conference in 1993.

The EORTC began discussions with experts from Belgium, Italy, France, the Netherlands, the United Kingdom and Sweden on the development of a common training programme in Europe for radiotherapy specialists and technicians, and nurses working in radiotherapy departments.

**Field 27. Exchange of experience between Member States in the area of pain-relieving treatments, palliative and continuing care and the role of the health professions.**

An ad-hoc group of European experts presented the conclusions of its work on palliative care to the Committee of Cancer Experts, which approved them in London in October 1992. These conclusions highlighted the need to provide better training for health professionals in palliative care.

The conclusions of the European survey carried out as part of the Programme were presented at a European conference in London (November 1992). They indicate that palliative care for cancer patients needs to be promoted.

Two European meetings were organised in 1992 with funding from the Programme, at which Member States were able to exchange experiences in the fields of palliative care (Brussels) and the treatment of chronic pain in advanced cancer (Montpellier, France).

Preparatory work was also started in 1992 for a meeting scheduled for March 1993 on the feasibility of a European training programme on palliative care for doctors.

#### **VI. SCREENING AND RECORDING OF CANCERS: STUDIES AND PROJECTS SUBSIDISED BY THE PROGRAMME**

**Field 28. Continuation of comparative studies to improve the organisation of cancer screening programmes.**

Three studies were funded by the Programme in 1992 on improving participation rates in breast cancer screening programmes, improving the quality of screening and evaluating the cost-effectiveness ratio of regional screening programmes in Greece and France.

A similar operation was carried out in Italy on screening for cervical cancer. The results of these studies will be available in 1993.

The European recommendations on quality assurance in mammography screening, the clinical aspects of which were drawn up in 1991 by a group of international experts, were supplemented in 1992 by technical aspects to promote quality control of radiological equipment in order to optimize diagnostic information and the radioprotection of patients. These recommendations will be published by the Commission for distribution to the Member States in 1993. A European meeting was held in Dublin in October 1992 to test the quality of mammography interpretation by radiologists involved in the European network of pilot breast cancer screening projects. The meeting concluded that there was no noticeable difference in mammography interpretation skills (the level of which was judged to be very high) among radiologists at the pilot centres.

A training course on quality assurance and control in mammography diagnosis was organised in November 1992 by the University of Utrecht (Netherlands) for 16 radiological physicians and radiology technicians from eight Community countries.

**Field 29 Extension and the monitoring of the European network of breast cancer screening pilot programmes to help the Member States determine a general screening policy**

The European network of breast cancer screening pilot programmes, launched in 1989 and involving nine Member States, continued to make progress in 1992. A European meeting of the pilot project leaders was held in Dublin in October 1992 and concluded that better quality assurance was needed in screening before the projects could be extended to national level. Those



involved agreed to comply with the European recommendations on quality assurance in mammography screening (cf. Field 28) by the end of 1994 to enable the desired quality level to be attained.

A preliminary study was started in 1992 on the meta-analysis of results from the seven pilot centres involved in the screening programme for more than two years (Belgium, Spain, France, Greece, Ireland, Italy and Portugal). The conclusions will be published in 1993.

As part of the follow-up and evaluation of the network one of the Programme's consultant experts carried out on-the-spot inspections.

**Field 30 Evaluation of existing cervical cancer screening programmes and setting up of a European network of regional or local pilot programmes.**

The cervical cancer screening pilot programmes set up in 1991 in Greece, France and Ireland were continued in 1992. A note was also distributed in the Member States in 1992 with a view to extending the network to include other Community countries in 1993. It laid out the criteria for assessing the eligibility of applications, including the requirement that pilot programmes must comply with the European recommendations on quality assurance in cervical cancer screening. These recommendations were laid down in 1992 by a group of European experts, and will be disseminated in the Member States in 1993.

**Field 31. Continuation of evaluation studies on screening programmes for colorectal cancer and possible setting up of a European network.**

The results of evaluation studies carried out in France and the United Kingdom on colorectal cancer screening programmes using the faecal occult blood test - funded by the programme since 1988 - were submitted to the Committee of Cancer Experts for an opinion. In a recommendation issued in 1992, the Committee expressed reservations about using this test in mass screening for colorectal cancer.

A supplementary evaluation study was started in 1992 based on faecal occult blood testing with or without sigmoidoscopy. The results are expected in 1994.

**Field 32. Promotion of studies of European interest on the effectiveness and feasibility of early screening for other cancers.**

A study was started in 1992 on the effectiveness of screening for cancer of the lining of the womb (Sweden). The results are expected in 1994.

The results of the random feasibility study on prostate cancer screening, organised at European level by the Universities of Antwerp and Rotterdam since 1991, were collated in 1992. On the basis of this, a Europe-wide study is to be carried out in 1993 in cooperation with the University of Rotterdam and with financial assistance from the Commission.

**Field 33 Promotion of, and support for, screening programmes where the results of exploratory studies have proved positive, in close coordination with the AIM and RACE programmes.**

The Institut Bordet in Brussels carried out a feasibility study on cervical cancer screening using cervicography in 1992. The results are to be submitted to the Committee of Cancer Experts for an opinion in 1993.

**Field 34.** Support for exchanges of experience in establishing cancer registers in the Community and for setting up a European network in cooperation with the International Agency for Research on Cancer and in close coordination with the AIM and RACE programmes.

A European network of cancer registers was set up under the Europe against Cancer Programme with the help of the International Agency for Research on Cancer (IARC) in 1990. It is designed to facilitate exchanges of experience between the various registers and to improve the comparability of the data collected. A follow-up committee was set up in 1992 to establish future priorities and evaluate progress. A European computerised information management system (EUROCIM programme) was developed in 1992. A sample survey among existing cancer registers in the European Community was carried out in 1992 on the operational status of the registers, and the results will be disseminated in 1993.

#### **V. STUDIES AND PROJECTS RELATED TO TREATMENT**

**Fields 35 and 36** Evaluation of the operation of the various bone marrow banks. Feasibility study on cooperation between such banks and, if appropriate, support for existing European cooperation.

A European databank of marrow donors and receivers (European Marrow Donor Informatics Systems "EMDIS") was set up with funding from the AIM programme and involves Germany, France and the United Kingdom. During the pilot phase, agreement was reached in 1992 between those involved in the project on the definition of and conditions governing the data transmission programme (SRD) after the operation of each data collection centre was assessed. The operational phase will start in 1993.

**Fields 37 and 38** Exchanging experience regarding the quality control of care given. Establishing an up-to date list of treatments recognised as worthwhile by the international scientific community.

The Committee of Cancer Experts set up a working party to look at the whole area of treatment and quality control. It is to examine whether it would be appropriate to organise consensus conferences in this field or to carry out quality control programmes, and will decide on how such operations should be implemented, in particular through the provision of training for health professionals.

The working party's preliminary conclusions will be available in early 1993. Two studies were carried out in 1992 at European level on standardising the diagnosis and administration of care in breast cancer and on the implementation of quality assurance programmes in radiotherapy.

Finally, a group of European experts set up by the European School of Oncology drafted a report in 1992 on quality assurance in cancer treatment, which was published in the European Journal of Cancer (Vol. 29A, No 2).

#### **VI. CANCER RESEARCH**

Research actions on cancer taking place in 1992, occurred within the framework of the BIOMED 1 programme and the sub-programme AIM (Advances Informatics in Medicine).

The research projects on cancer carried out in 1992 formed part of the BIOMED 1 Programme. 20 training grants designed to encourage mobility among

researchers in the cancer field were awarded in 1992 as part of the research training programme in operation since 1988.

In 1992 the European Commission provided funding for 18 coordinated projects in the field of cancer research (including 14 new projects) from among more than 500 proposals submitted for the BIOMED 1 Programme. Ten of the coordinated projects cover basic research. In the field of clinical research, the coordination of clinical oncology trials involving 328 institutions continued in 1992 with financial support from the European Commission. In the field of clinical research applied to treatment techniques, two projects on radiotherapy were funded in 1992 (evaluation of the impact of improved local radiotherapy control on the survival of cancer patients; clinical trials on neutron capture therapy). Two studies on chemotherapy were funded in 1992, one using molecular targeting during the development of leukaemia, the other using new chemical substances combined with radioactive substances. A joint European study on Ewing's sarcoma was started in 1992.

In 1992 through the AIM sub-programme, the European Commission also supported 14 projects on telematic systems for the improvement of the quality of cancer care, its effectiveness and cost/benefit analysis.

Six projects are directly related to cancer and concern for example the improvement of neurological diagnosis; the fractionation of irradiation in radiotherapy; a control system for quality assurance in therapeutic decisions; bone marrow transplants (see actions n° 35 and 36); the automation of microscopic diagnoses; the improvement of diagnosis in gastro enterology; and the optimization of choice in medical treatment.

8 other projects have potential applications in the field of cancer.

## VII CONCLUSIONS

During 1992 the Europe against Cancer Programme consolidated and built on the progress made in previous years in the main fields covered by the second action plan: prevention through information and awareness-raising for the general public, health education in schools, screening, and training for health professionals.

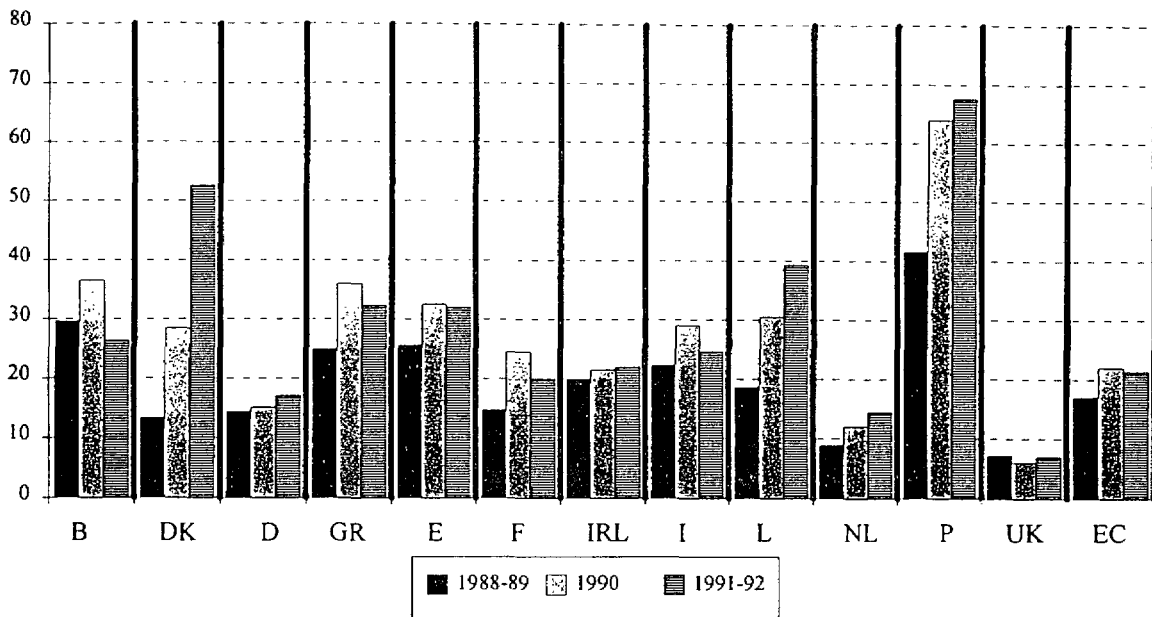
This was made possible by the dedicated, comprehensive and excellent work of the Committee of Cancer Experts, which has provided scientific back-up and a quality guarantee for the Programme in all the sectors concerned. There was further support from all the Programme's partners (associations and leagues against cancer, general practitioners' representatives, anti-smoking associations, national education and health officials, etc.) working together at European level. Progress was also facilitated by the work done in each country by the National Coordination Committees, which made an effective contribution not only in the selection of projects to be funded, but also through their involvement in policy-making and project evaluation.

In November 1992 the Committee of Cancer Experts drew up recommendations for the Commission on a third action plan after 1994. These are based on the conclusions of the evaluation report on the Programme drawn up by the Committee of Independent Experts, and on the guidelines drafted by the Commission in its document "From the Single Act to Maastricht and beyond: the means to match our ambitions" ((COM 92) 2000 final of 11.9.92, p. 28 "The Europe Against Cancer operation should be pursued, both in the research field and to develop cooperation between States, health centres and so on"). The text of the detailed recommendations will be available during in 1993.

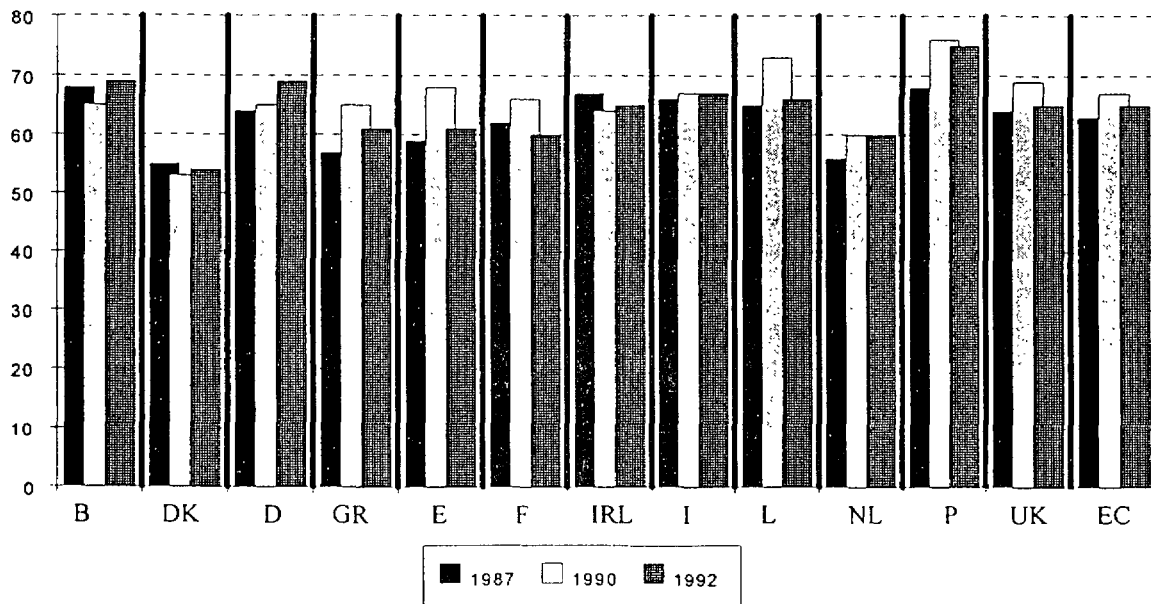
TABLE 1 : "EUROPE AGAINST CANCER" : OVERALL DETAILS OF PROJECTS FINANCED IN 1991 AND 1992

ECU	Number of projects approved 1991 (a)	Total funding approved 1991	in %	Number of projects submitted in 1992	Total cost of projects submitted in 1992	Total funding requested 1992	Number of projects approved 1992 (b)	Total number of projects in hand in 1992 (a + b)	Total cost of projects approved 1992	Total funding approved 1992	in %
<b>1. PREVENTION : projects based on the European Code Against Cancer</b>											
<b>1.1. SMOKING</b>											
Health education and information	62	1,410,391	16%	129	7,731,024	4,185,834	56	118	3,956,488	1,782,589	17%
<b>1.2. NUTRITION - SCREENING (and risk factors mentioned in the European Code Against Cancer)</b>											
Information of the public	53	1,479,265	16%	115	9,724,151	4,580,812	49	102	3,090,296	1,221,278	11%
Health education	56	1,247,863	14%	78	8,993,022	4,957,333	32	88	3,617,067	1,293,660	12%
<b>2. PREVENTION: scientific research</b>											
2.1. NUTRITION	18	1,213,800	13%	30	7,886,175	3,295,666	15	33	6,638,748	2,481,552	23%
2.2. CARCINOGENS	11	376,000	4%	25	4,118,036	2,298,974	7	18	1,272,232	271,000	3%
<b>3. SCREENING AND TREATMENT: training, studies, pilot projects</b>											
3.1. TRAINING	47	1,815,049	20%	110	13,395,660	7,904,596	55	102	5,164,963	1,948,308	18%
3.2. REGISTERS	4	239,739	3%	24	3,225,730	1,567,521	12	16	1,825,398	460,900	4%
3.3. SCREENING	21	1,123,500	12%	56	10,513,688	3,746,382	29	50	5,950,497	1,011,161	29%
3.4. TREATMENT	4	119,483	1%	31	3,269,433	1,926,358	8	12	1,154,110	293,000	3%
<b>TOTAL</b>	<b>276</b>	<b>9,025,090</b>	<b>100%</b>	<b>598</b>	<b>68,856,919</b>	<b>34,463,476</b>	<b>263</b>	<b>539</b>	<b>32,669,799</b>	<b>10,763,449</b>	<b>100%</b>

Development in awareness of the European Code Against Cancer among those aged 15 or over in the twelve Community Member states, 1988-1992  
(% who have heard of the Code)



Development in the percentage of non-smokers among those aged 15 or over in the twelve Community Member states, 1987 - 1992



Sources : Eurobarometer surveys and European omnibus Survey for the Europe Against Cancer Programme (EC).

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