

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 1991

I. INTRODUCTION

I.A. HISTORICAL BACKGROUND

Meeting in Strasbourg in December 1989, the European Council renewed its support for European action against cancer by putting forward a second action plan for the period 1990-94. Following a favourable opinion from the European Parliament, this second plan was formally adopted by the Council of Health Ministers in May 1990 (OJ No L 137 of 30 May 1990).

In accordance with Article 3(3) of this Decision, which states that "The Commission will keep the European Parliament, the Council and the Economic and Social Committee regularly informed of progress", this report summarises the implementation of the "Europe against Cancer" programme in 1991 and is the result of cooperation established between the various departments and programmes of the European Commission taking part in the European campaign against cancer.

This annual communication from the European Commission is in addition to the information letters, some 15 000 copies of which are distributed every two months throughout the European Community; in collaboration with programme partners in the Member States.

I.B. OVERVIEW OF 1991

Reviewing what has been done during 1991 leads to the conclusion that the thrust of the first action plan has been maintained over the last two years.

1.B.1. Legislative activity relating to the prevention of cancer was centred on the implementation of Directives already adopted, for example on combating tobacco consumption. In 1991, the European Commission adopted an amended proposal for a Directive intended to limit the advertising of tobacco products strictly to the interior of retail outlets.

1.B.2. Activities subsidised by the European Commission: 529 projects were submitted for the "Europe against Cancer" programme in 1991 (excluding biomedical research), of which 277 (or approximately half) were accepted, whereas 214 projects were accepted in 1990. This trend is accompanied by an increase in the amount given in subsidies, which rose to ECU 9 025 090 in 1991 (ECU 7 249 034 in 1990) (see Table 1).

With regard to prevention, measures aimed at making the public more aware of the European Code against Cancer were continued, with good results being obtained in many countries owing to the fact that awareness of the European Code against Cancer has remained well-established and even increased in some countries (see Fig. 1 in the Annex). Specific health education activities in schools took on increasing importance in 1991, particularly with regard to combating tobacco consumption and improving diet. Scientific studies financed by the programme concentrated on diet, with 1991 seeing the launching of the pilot phase of a prospective study of the links between food, health and cancer in seven Community countries (Germany, France, Spain, Greece, Italy, the Netherlands and the United Kingdom).

Screening activities were highlighted in 1991 by the European Week against cancer in October, with its theme of raising the public's awareness of the importance of early diagnosis and systematic screening. On the scientific level, the Committee of Cancer Experts has finalised its recommendations on screening for breast, cervical and colorectal cancer. In addition, the pilot network for breast cancer screening has been extended to cover those Member States which, unlike the United Kingdom, Germany and the Netherlands, do not yet have national screening programmes for this type of cancer.

Training in cancer for members of the health professions: Interest in this continued to grow during 1991, as shown by a strong demand for financial support amounting to 20.1% of the allocated budget, although the target figure for this type of activity was set at 17% by the Committee of Cancer Experts and the programme's Advisory Committee in November 1990.

Twenty concerted projects relating to **medical research into cancer** were carried out under the medical research programme.

Maintaining the thrust of the programme in 1991 once again required the organisation of a number of meetings and seminars to exchange information and experience; the main ones are listed in the Annex (see Table No 3).

Finally, in 1991 the Commission prepared all the dossiers necessary to put into effect during the first half of 1992 the scientific evaluation of the programme referred to in Article 3(2) of the Council Decision concerning the second action plan ("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").

The following notes summarise the initiatives and actions carried out in 1991, together with progress in the 38 fields of activity relating to the prevention of, screening for and treatment of cancer. There is also a summary of activity in the field of medical research into cancer.

II. PREVENTION OF CANCER

II.A. Current legislative activity

1. Legislation on tobacco consumption

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

The Resolution on banning smoking in places open to the public was adopted on 18 July 1989 (OJ No C 189 of 26 July 1989). 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. In August 1991, the Commission invited each Member State to provide information on measures already adopted at national level. By the end of 1991 eight Member States (Belgium, Denmark, Greece, Italy, Luxembourg, Portugal, Spain and the United Kingdom) had done so.

b. **Labelling of tobacco products**

The Directive (89/622/EEC) concerning the labelling of tobacco products was adopted in November 1989 (OJ No L 359 of 8 December 1989), and was due to take effect before 31 December 1991. It lays down that all unit packets of tobacco products shall carry, on the most visible surface, the general warning "Tobacco seriously damages health". In addition, cigarette packets must carry a specific warning, to be chosen from among those listed in the Annex to the

Directive. On this basis a list of warnings has been drawn up in each Member State which must include the two following specific messages: "Smoking causes cancer"; "Smoking causes heart disease". As part of the work of monitoring the implementation of this Directive, the Member States, with the exception of Spain, have communicated their national regulations to the Commission.

On 16 November 1990, the Commission presented a proposal for a Directive (OJ No C 29 of 5 February 1991) amending Directive 89/622/EEC. It provides for specific warnings applicable to tobacco products other than cigarettes (rolling tobacco, other smoking tobacco products, smokeless tobacco products). The proposal also bans the marketing of certain tobacco products for oral use, which have recently appeared on the market and which are considered particularly dangerous to young people. The text was approved by the European Parliament (first reading) on 8 July 1991. An amended proposal was presented by the Commission in September 1991. On 11 November 1991, the Council adopted a common position. Making allowances for the vote of the European Parliament on second reading, this proposal should be adopted in 1992.

c. Maximum tar yield of cigarettes

In May 1990 a Directive (90/239/EEC) concerning the maximum tar yield of cigarettes was adopted. Most Member States (Belgium, Denmark, Germany, Ireland, Luxembourg, Portugal, Spain) have already adopted the laws, regulations and administrative provisions necessary for transposing this Directive into national law. The maximum tar yield of cigarettes sold in the European Community may not exceed 15 mg per cigarette after 31 December 1992 and 12 mg after 31 December 1997. Greece has been granted a temporary special derogation until 2006.

d. Advertising of tobacco products

In April 1989 the Commission adopted a proposal for a Directive (OJ No C 124 of 19 May 1989) with the aim of harmonising the legislation of those Member States which authorised the advertising of tobacco products. This draft was presented in March 1990 to the European Parliament, which voted in favour of a total ban on such advertising. In May 1990, the Commission presented the amended proposal. In the absence of an agreement on this text in the Council of Ministers of Health on 3 December 1990, the Commission adopted in May 1991 a proposal for a Directive on advertising for tobacco products (OJ No C 167 of 27 June 1991) which provides for the complete harmonisation of such advertising and restricts it exclusively to the interior of retail outlets. This proposal was discussed in the Council on 11 November 1991. No decision was taken pending the opinion of the European Parliament, which gave a favourable opinion on the proposal on 11 February 1992.

e. Taxation on tobacco

Commission proposals for legislation to harmonise the taxes on cigarettes and tobacco products other than cigarettes were presented to the Council of Ministers for Economic Affairs on 24 June 1991. Agreement in principle was reached on minimum values to be applied in the taxation of cigarettes, according to which the various existing taxes on cigarettes (particularly proportional excise duties plus objective excise duties) excluding VAT should amount to at least 57% of the final retail price.

2. Legislation on nutrition

a. Nutrition labelling

In response to Directive 90/496/EEC adopted by the Council in 1990 on nutrition labelling for foodstuffs (OJ No L 276 of 6 October 1990), the Scientific Committee for Food drew up two reports in 1991:

- a) one on recommended daily amounts of nutrition;
- b) the other on the definition of dietary fibre (which could be used as part of nutrition labelling) and a common method of analysis.

b. Pesticide residues in fruit and vegetables

In April 1992, the Commission adopted two proposals for amending the four Council Directives 76/895/EC, 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. These proposals are intended either to establish new maximum levels or to amend authorised residue levels for 60 pesticides.

3. Legislation on carcinogens, including preparations containing carcinogens

a. Classification and labelling of carcinogens, including preparations containing carcinogens

On 1 March 1991, the Directive on the classification, packaging and labelling of dangerous substances (67/548/EEC) was amended for the twelfth time to take account of technical progress. Before this Directive was adopted, the producer was only authorised to label the suspect carcinogen with the phrase R40: "Possible risks of irreversible effects".

According to the twelfth amendment, he is now asked to classify and label the carcinogen in the appropriate manner. In most cases, this means classifying the carcinogen in category 1 or 2 with the obligation to affix the message R45: "May cause cancer". Also in 1991, the list of substances or groups of substances classified in Annex 1 to Directive 67/548/EEC in categories 1, 2 or 3 was expanded to include 52 new substances, bringing the total number to 147.

Directive 88/379/EEC (classification, packaging and labelling of dangerous preparations), which entered into force on 8 June 1991, makes it compulsory to label dangerous preparations, and in particular to affix the message "May cause cancer" when the preparation contains a substance classified as carcinogenic, if this is present in the preparation at a concentration in excess of that specified by the Directive.

b. Marketing of dangerous substances and preparations

In 1991, Directive 76/769/EEC of 27 July 1976 relating to restrictions on the marketing and use of certain dangerous substances and preparations was amended on four occasions by Directives 91/173/EEC, 91/338/EEC, 91/339/EEC and 91/659/EEC. These amendments relate to restrictions for asbestos fibres, pentachlorophenol and its derivatives and cadmium and its compounds.

c. Prevention of job-related cancers

- A Council Directive has been adopted on 25 June 1991 amending Directive 83/477/EEC on the protection of workers from the risks related to exposure to asbestos at work (second individual Directive within the meaning of Article 8 of Directive 80/1107/EEC (OJ No L 206 of 27 July 1991, p. 16)).

4. Legislation relating to ionising radiation

In the field of radioprotection, Euratom Regulation No 3954/87 (OJ No L 371 of 30 December 1987) laying down maximum permitted levels of radioactive contamination of foodstuffs and of feedingstuffs following a nuclear accident or any other case of radiological emergency was supplemented by Regulation 770/90.

Directive No 618/89 EURATOM (OJ No L 357/31 of 7 December 1989) on informing the general public about health protection measures to be applied and steps to be taken in the event of a radiological emergency was supplemented in 1991 by a communication (OJ No C 103 of 19 April 1991) to help in transposing the Directive into the legislation of Member States.

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.

A number of measures of interest to Europe as a whole which were begun in 1990 were continued and developed in a large number of Member States. The twinning of the non-smoking towns of Besançon (France) and Empoli (Italy) was extended to include Namur (Belgium) and Toledo (Spain). Pilot health education projects in schools aimed at young people and teachers increased in number, particularly in Belgium, Denmark, France, Germany, Greece, Italy, Portugal, Spain and the United Kingdom. Awareness-raising measures for members of the health professions, particularly those working in hospitals, were carried out (Belgium, France, Greece, Spain, Portugal). Measures aimed at women were organised in Spain. The trend in the percentage of non-smokers is shown in Fig. 2. Since 1987, most countries have shown a favourable trend.

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

Pilot projects aimed at teaching methods of breaking nicotine addiction to general practitioners were intensified at regional level in France, Italy, Portugal and Spain.

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

Several measures were introduced aimed at workplaces, to assess and implement the best methods of raising the awareness of workers, particularly in Germany, Belgium, France, Spain, Greece, Italy and Portugal. Specific awareness-raising measures for women were implemented in a few countries (Spain and Greece).

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

The possibilities for putting tobacco-growing areas to other uses have not been the subject of a specific study. However, the production of less harmful varieties of tobacco has been encouraged as part of the Community's common agricultural policy.

11.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).

1. The results of the feasibility study into a prospective survey of the links between food, health and cancer, financed between 1987 and 1990, enabled the pilot phase to be launched in seven Community countries (France, Italy, Spain, Greece, Germany, United Kingdom and the Netherlands); a sample of 350 000 people is involved. It is coordinated jointly by the European Commission and the International Agency for Research on Cancer, part of the World Health Organisation.

2. The pilot phase of the intervention study aimed at preventing the incidence and growth of benign tumours in the large intestine was launched in 1991 in the light of the results of the feasibility study jointly financed in 1990. Ten Member States are involved: Belgium, France, Germany, the Netherlands, Denmark, Italy, Spain, the United Kingdom, Portugal and Ireland. It is coordinated by the European Commission and the European Organisation for Cooperation in Cancer Prevention Studies (ECP).

3. Other studies in progress are intended, among other things, to throw light on the relationships between diet and cancer of the prostate and of the breast.

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

The conclusions of the studies do not make it possible at present to go any further than the recommendations of the European Code in relation to nutrition aimed at improving cancer prevention.

11.B.3 Campaign against carcinogens

Fields 7 to 10 Continuation of all Community action concerning protection against ionising radiation. Support for comparative studies of European interest aimed at improving protection against ultra-violet radiation.

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

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

The main aim of Community non-legislative measures has for some years been to inform the public regarding protection against ionising radiation and improving training in this field for people in the health professions. Such measures are supported by the dissemination of information on protection against ionising radiation using brochures and three video cassettes, aimed respectively at the public, exposed workers and general practitioners using X-ray machines.

In addition, courses on radiation protection aimed at the occupational groups concerned and in their respective fields are organised in Member States with the support of the Commission.

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

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

The European Code against Cancer is very widely used in the twelve Member States as a reference criterion. The Committee of Cancer Experts considered it unnecessary to update the Code in 1991.

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 message of the European Week (7-13 October 1991) on the subject of cancer screening was "Saving lives through early diagnosis". A large number of measures were implemented simultaneously in the twelve Member States with the aim of encouraging large-scale screening and early diagnosis. These measures, assisted by national press conferences, aroused a lot of media interest. The results of a survey of representative national samples of women aged 18 or more (12 400) relating to the prevention of certain forms of cancer in women (early detection and screening) were published at the same time. A film about screening, called "Cancer: a normal life", jointly financed by the programme, was made available to national television networks and broadcast in Belgium, Denmark, Ireland, Luxembourg, Spain and the United Kingdom.

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

Specific experiments aimed at producing information material on the prevention, screening and treatment of cancers were carried out in several Member States, for example Germany and Spain.

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

Publicising the European Code against Cancer forms a part of most of the measures financed by the programme. It is an essential element in

measures to inform the public and specific groups, whether at European level or at the initiative of the national partners of the programme, whether or not they are financed by the programme. Various means are used to assist with these measures (mobile exhibitions, radio advertisements, etc.).

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

A number of groups, for example, people in the health professions, journalists, young people and workers are targeted in innovative campaigns. Their innovative character is linked to the use of experimental media such as the "carte santé" used by Belgian general practitioners. It is also the result of a preventive approach as advocated in Great Britain, for example, where an awareness-raising seminar was organised on the subject "Cancer is on your agenda".

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

Work was carried out and meetings organised at European level and in Member States to prepare for informing workers of the fight against job-related cancers, which will be one of the major themes of the Programme in 1992 as part of the European Year of Safety, Hygiene and Health at Work, and in particular of the European Week in October 1992.

11.B.5 Health education: preventive measures

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

Measures to inform and increase the awareness of school teachers were carried out in a number of countries (Germany, Belgium, Denmark, Ireland and Greece) with the help of national conferences for transmission of the recommendations of the first European conference on health education and cancer prevention in schools (Dublin, February 1990).

These measures were reinforced by the support given to the training of teachers through two European seminars, in Flensburg (Germany) between 17 and 23 August 1991 and Montpellier (France) between 29 August and 7 September 1991, and conferences and meetings organised at national level, for example in France, Greece, Italy, Portugal, Spain and the United Kingdom.

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

At European level, a teaching kit (video and teaching guide) for secondary pupils entitled "Tobacco and You" was produced in 1991 for distribution in all Member States. Two teaching guides for primary and secondary school teachers on the subject of promoting health and preventing cancer are being prepared and will be distributed to all Member States in 1992. The programme also helped with the production of teaching material for health education in several countries (Germany, Ireland, the Netherlands and France).

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

Several projects based on the recommendations of the European Code or elements thereof (tobacco, diet, alcohol) were carried out in Belgium, Germany, Greece, Luxembourg and Spain.

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.

The European seminar on dietary education (Flensburg, Germany 17-23 August 1991) helped to make teacher trainers aware of the need to encourage and bring about a change in dietary habits in schools. At national level, a number of dietary education projects were implemented, particularly in France, Germany, Ireland and Spain. The consumption of fruits and vegetables during break and meal times has not been promoted and will be encouraged 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.

The implementation of the Commission Recommendation concerning the training of health personnel with regard to cancer (OJ No L 346 of 27 November 1989), begun in 1990, continued during 1991. The Member States were invited by the Commission to communicate to it the national provisions laid down in compliance with this Recommendation. Belgium, France and the United Kingdom have replied.

A European conference relating to specific training for general practitioners with regard to cancer was held in Copenhagen in June 1991. Its recommendations were approved by the Advisory Committee on Medical Training at its meeting in Brussels in November 1991.

A European conference relating to a minimum programme of training for nurses with regard to cancer was held in London in January 1991. Its recommendations were approved by the Advisory Committee on Training in Nursing in April 1991. They were disseminated by the Commission to Member States for further transmission.

The recommendations of the two European conferences in Copenhagen in 1990 relating to prevention and the role of dental practitioners and to a minimum training programme in cancerology for European dental students were approved by the Advisory Committee on the Training of Dental Practitioners in November 1991. They will be disseminated by the Commission to Member States in the first quarter of 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.

Beginning in 1991, a network of nursing colleges is being progressively established with the support of the programme. Currently represented in Belgium, Denmark and Portugal, it will cover eight Member States in

1992. The aim is to promote and test the minimum programme for continuing training of nurses with regard to cancer, as set out in London in 1991.

Support has been given to two pilot experiments, in the initial training of doctors (Netherlands) and dentists (Italy).

Field 23. Promotion of cancerology training projects.

Approximately twenty continuing training projects were supported by the programme at Member State level (France, Greece, Ireland, Italy, Portugal and Spain), aimed mainly at general practitioners and nurses but also at dentists.

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

Training grants for "centres of excellence" were granted to approximately thirty nurses (European Oncology Nursing Society) to enable them to improve their knowledge of nursing skills for cancer patients. Thirty specialist physicians received grants to take part in high-level international cancerology courses organised by the European School of Oncology.

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

A computer-assisted training course (interactive videodisc) on the prevention and treatment of cancers, aimed at European general practitioners and nurses, was developed in the United Kingdom in 1990. In 1991 it was the subject of a pilot assessment study in four Member States, the results of which will be released shortly. Development of a multimedia education kit intended for use as part of a distance training course for members of the European health professions continued in the United Kingdom during 1991. An initial assessment will be carried out in 1992 before the kit is finalised.

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

Several European-level meetings took place in 1991. Their aim was to exchange experience in a range of fields, for example drawing up a training programme for doctors and paramedical technicians in diagnostic cytology with the aim of screening for cervical cancer, training seminars for trainers of general practitioners on the subject of cancer prevention (European School of Oncology) and training in data management in the field of clinical cancer therapy trials (European Organisation for Research and Treatment of Cancer).

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.

Recommendations were drawn up by a group of European experts meeting in Stockholm in May 1991 with the aim of integrating and promoting palliative care in health care systems, particularly in the field of training for the health professions. These recommendations will be

presented to the Committee of Cancer Experts in 1992. The conclusions of a Commission survey carried out at palliative care centres in the Member States will be published in the first half of 1992.

IV. 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.

In September 1991, a European-level meeting was held in Athens to assess the quality of the monitoring of screening programmes on the basis of the epidemiological data collected. A number of national projects to assess the results of screening programmes in force are under development, for example in France, Germany and Spain. Recommendations with regard to quality control in mass screening for breast cancer have been drawn up and will shortly be published, together with the recommendations of a European seminar held in Copenhagen in November 1991 on strategies for breast cancer screening in Member States.

Field 29. Extension and 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, set up in 1989, was expanded to include Denmark and Luxembourg in 1991, and now covers nine countries. Germany, the Netherlands and the United Kingdom do not form part of this network, having already laid down a general screening policy.

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

Existing cervical cancer screening programmes were the subject of an assessment during the European seminar in Copenhagen in November 1991 as part of an analysis of cancer screening strategies in the Member States. A start has been made in three Member States on setting up a European network of pilot cervical cancer screening programmes at regional or local level (France, Greece and Ireland), and this will be extended in 1992.

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

The first results of evaluation studies on screening programmes for colorectal cancer using the faecal occult blood test, which have been under way since 1988, were presented in 1991. At the present level of knowledge, no conclusions can be drawn as to the effectiveness of establishing a European screening network. The launching of a new study will exploit data from these studies in greater depth.

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

Screening for prostate cancer was the subject of a feasibility study begun in 1991 involving the Universities of Antwerp (Belgium) and Rotterdam (Netherlands).

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

Screening for cervical cancer using cervicography was the subject of a joint feasibility study by the "Europe against Cancer" and AIM programmes.

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 in close coordination with the AIM and RACE programmes.

The AIM programme supports a project relating to the safety and protection of data in health care systems (SEISMED), the results of which will influence the establishment of cancer registers in the Community. A European network of cancer registers was set up in 1990 with the help of the International Agency for Research on Cancer to increase cooperation between the various registers. Agreement was reached on a European procedure for data collection (EUROCIM coding system). A survey is currently being carried out among all cancer registers in Europe; results will be available shortly.

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.

Two projects are in progress: establishment of a European Donor Secretariat (EDS) in Paris and of a European Marrow Donor Informatics System (EMDIS) supported by the AIM programme.

Field 37. Exchanging experience regarding the quality control of care given.

A wide-ranging study of quality control in radiotherapy, to be coordinated by the European Society for Therapeutic Radiology and Oncology, is to be launched in 1992. This is in response to the conclusions of a pilot study carried out in 1991 which showed that such a measure was feasible.

Field 38. Establishing an up-to-date list of treatments recognised as worthwhile by the international scientific community.

The Committee of Cancer Experts recommended the establishment of an ad hoc working party. This will start work in 1992 and an interim report is expected early in 1993.

VI. CANCER RESEARCH

A report setting out the research strategy, "A European strategy for cancer research" (XII/F-6/AV/nv/91001P) was adopted by the relevant committee and is available on request. In addition, a detailed scientific report

describing all cancer research subsidised by the various research programmes is available on request. A summary of the main elements of this report follows.

As part of the research training programme, six postdoctoral and twelve postgraduate grants were awarded in 1991.

The European Commission continued to give financial support to 20 cancer research projects; coordination of clinical research in Europe enabled 6 500 new patients to be included in random clinical trials of the EORTC carried out by more than 350 institutions. Research into radiotherapy treatment for cancer based on the capture of neutrons by boron specifically accumulated in tumours (Boron Neutron Capture Therapy or BNCT) and research into light ion radiotherapy continued in 1991. The first BNCT experiments on large animals were carried out. For light ion radiotherapy, an assessment of the likely accelerators showed that, at the present state of the art, a synchrotron is preferable to a cyclotron. Promising results are anticipated from two cooperation projects: these relate to polyposis as a precursor of cancer of the colon and the treatment of leukaemia by bone marrow transplant.

Positive results from a joint immunological research project into the treatment of cancer should allow progress to be made in immunotherapy treatment for certain types of cancer. In addition, as part of the joint project on repairing DNA, a test has been developed which can identify women whose genetic makeup (heterozygote for telangiectatic ataxia) predisposes them to breast cancer. It is estimated that up to 2% of women have this characteristic and that 20% of all breast cancers develop among this population sector.

VII. CONCLUSION

During 1991, European action against cancer was intensified in several sectors, for example the prevention of tobacco consumption and the promotion of screening and training. Similar efforts will be necessary in the future in the field of health education with regard to diet in order to respect the guidelines and activities laid down by the Council Decision concerning the second action plan.

In the third quarter of 1991, the European Commission began to prepare dossiers for the scientific assessment of the effectiveness of projects undertaken since 1987, as laid down in the Council Decision on the second action plan (OJ No L 137 of 30 May 1990). An official assessment report will be presented by the Commission at the beginning of the second half of 1992. To this end an Assessment Committee, comprising six independent experts, was set up by the European Commission at the beginning of 1992. It is to be assisted by seven independent experts charged with examining each sector of the programme. The report of the Committee of Independent Experts should be available in mid-1992.

Table I. "EUROPE AGAINST CANCER" : OVERALL DATA ON PROJECTS FINANCED IN 1990 AND 1991

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In 1991, a total of 529 projects were submitted to the European Commission. Following an initial examination, these projects were submitted to the relevant subcommittees and committees for their opinion. 276 projects were finally adopted, i.e. approximately half.

Mio Ecus	A Number of projects accepted in 1990	B Total amount granted in 1990 Mio ECUS (%)	C Number of projects submitted in 1991	D Total cost of projects presented in 1991 Mio ECUS	E Total subsidies requested in 1991 Mio ECUS	F Number of projects accepted in 1991	G Total number of projects carried out in 1991 (A+F)	H Total cost of projects accepted Mio ECUS	I Total amount granted in 1991 Mio ECUS (%)	J Target breakdown of budget (difference between projected and actual figure)
1 PREVENTION: projects based on the "European Code against Cancer"										
1.1 TOBACCO (info-education)	36	1 178 850 (16.3%)	91	7 693 959	3 342 463	62	98	3 241 899	1 410 391 (15.6%)	14% (-1.6%)
1.2 DIET-SCREENING (and eventually other factors of risk mentioned by the "European Code against cancer")										
1.2.1. Information of the public	55	1 398 964 (19.3%)	99	8 071 599	4 566 827	53	108	4 060 324	1 479 265 (16.4%)	14% (-2.4%)
1.2.2. Health Education in schools	30	738 304 (10.2%)	86	10 043 644	7 387 688	56	86	3 228 700	1 247 863 (13.8%)	18% (+4.2%)
2 PREVENTION : scientific studies (including scientific conferences)										
2.1 DIET	16	871 900 (12.0%)	34	6 249 379	3 396 174	18	34	3 236 688	1 213 800 (13.4%)	17% (+3.6%)
2.2 CARCINOGENS	10	540 750 (7.4%)	30	2 960 433	1 715 865	11	21	994 700	376 000 (4.2%)	4% (-0.2%)
3 SCREENING AND TREATMENT : Actions, studies, pilot projects										
3.1 TRAINING (including prevention)	45	1 460 950 (20.2%)	96	6 614 353	4 520 898	47	92	3 139 801	1 815 049 (20.1%)	17% (-3.1%)
3.2 CANCER REGISTERS	5	318 516 (4.4%)	13	1 314 395	865 176	4	9	363 126	239 739 (2.7%)	2% (-0.7%)
3.3 SCREENING	17	740 800 (10.2%)	57	15 548 876	4 782 475	21	38	5 139 976	1 123 500 (12.5%)	12% (-0.5%)
3.4 TREATMENT	0	0 (0%)	23	1 966 002	1 375 083	4	4	194 966	119 483 (1.3%)	2% (+0.7%)
TOTAL	214	7 249 034	529	60 462 640	31 952 649	276	490	23 600 180	9 025 090	100%

Fig : 1

Knowledge of the European Code against Cancer : trends
(% of people who have heard of the Code)

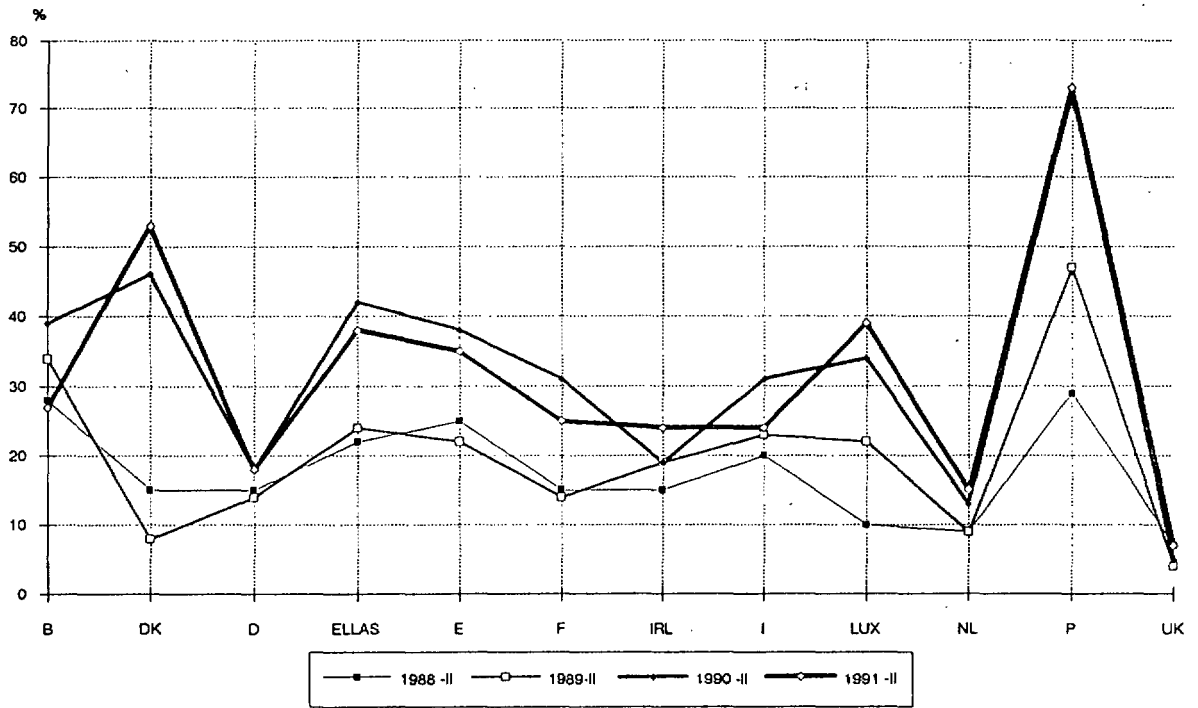


Fig : 2

Percentage of non-smokers : Trends

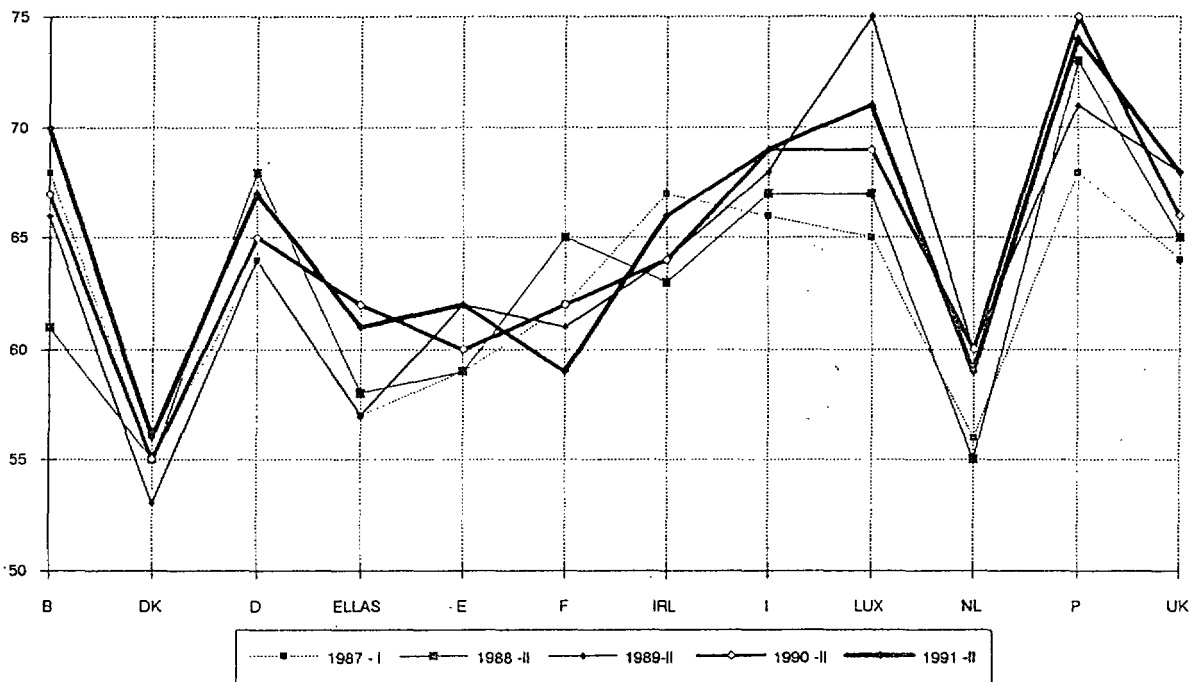


Table No 3

Main seminars and meetings to exchange information and experience, 1991

Committee of Cancer Experts

8-9 April 1991, Luxembourg

4-5 November 1991, Bilthoven (Netherlands)

Sub-Committee on prevention

7 March 1991, Brussels

Sub-Committee on screening

4 February 1991, Brussels

1 October 1991, Paris

Sub-Committee on training

13 March 1991, Brussels

18 September 1991, Brussels

Advisory Committee

27 April 1991, Brussels

18 November 1991, Brussels

Sub-Committee on health education

22 April 1991, Brussels

18 November 1991, Brussels

Anti-cancer associations and leagues

21-22 January 1991, Luxembourg

3-4 May 1991, Oporto

20-21 September 1991, Dublin

Group of Organisations to combat tobacco consumption

11 October 1991, The Hague (Netherlands)

22 March 1991, Empoli (Italy)

Symposium on educating the public with regard to diet and cancer

18 October 1991, Madrid

National conferences for transmission of the recommendations of the European Conference on Health Education and Cancer Prevention in Schools, Dublin, 1990

Conference on transposing the Dublin recommendations into the school system in Germany:

Glessen 14-16 March 1991

First national conference on health education in secondary schools

26-29 September 1991, Spetsai, Greece

Conference on health education training for teachers in the Dutch-speaking community of Belgium

14-16 November 1991, Nieuwport

National conference on health education in schools, publicising the conclusions of the European conference held in Dublin

6 December 1991, Lisbon, Portugal

National conference on health education and cancer prevention in schools

25-27 November 1991, Dublin, Ireland

European meetings concerned with cancer screening

Second conference on the European network of pilot projects for breast cancer screening

19-20 September 1991, Voullagmeni, Greece

First seminar on cancer screening strategies in the European Community,

Copenhagen, 4-6 November 1991

European meetings and conferences on training for the health professions

European conference on a minimum programme of continuing training for nurses with regard to cancer

London, 22-25 January 1991; European Oncology Nursing Society (EONS)

European consensus conference on cancerology training for general practitioners

Copenhagen, 13-14 June 1991; European Union of General Practitioners (UEMO)

Group of representatives of associations of general practitioners in the European Community

18 December 1991, Brussels

Meeting of representatives of Member States concerning the training of nurses with regard to cancer

24 October 1991, Brussels