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REPORT

drawn up on behalf of the Committee on the Environment,
Public Health and Consumer Protection

on the proposal from the Commission of the European
Communities to the Council for a resolution on a
programme of action of the European Communities on cancer
prevention (COM(85) 628 final - Doc. C 2-136/85)

Rapporteur: Mrs V. SQUARCIALUPI

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By letter of 5 December 1985, the President of the Council of the European Communities requested the European Parliament to deliver an opinion on the proposal from the Commission of the European Communities to the Council for a resolution on a programme of action of the European Communities on cancer prevention.

On 11 December 1985, the President of the European Parliament referred this proposal to the Committee on the Environment, Public Health and Consumer Protection as the committee responsible and on 17 February 1986 to the Committee on Budgets for an opinion.

At its meeting of 19 December 1985, the committee appointed Mrs Vera SQUARCIALUPI rapporteur.

The committee considered the Commission's proposal and the draft report at its meetings of 25 February 1986 and 18 March 1986.

At the last meeting, the committee decided unanimously to recommend to Parliament that it approve the Commission's proposal with the following amendments.

The Committee on the Environment, Public Health and Consumer Protection then unanimously adopted the motion for a resolution as a whole.

The following took part in the vote: Mrs WEBER, chairman; Mrs SCHLEICHER, Mrs BLOCH VON BLOTTNITZ and Mr COLLINS, vice-chairmen; Mrs SQUARCIALUPI, rapporteur; Mr ALBER, Mr AVGERINOS (deputizing for Mr Barral Agesta), Mrs BANOTTI, Mr BOMBARD, Mrs GREDAL (deputizing for Mr Tognoli), Mr HUGHES, Mrs C. JACKSON, Mr LAMBRIAS (deputizing for Mr Gaibisso), Mrs LENTZ-CORNETTE, Mrs LLORCA VILAPLANA, Mr MUNTINGH, Mrs RENAU I MANEN, Mr ROELANTS DU VIVIER, Mr SCHMID, Mr SHERLOCK, Ms TONGUE, Mr VAN DER LEK and Mrs VAN HEMELDONCK.

The opinion of the Committee on Budgets is attached.

The report was tabled on 3 April 1986.

The deadline for tabling amendments to this report appears in the draft agenda for the part-session at which it will be debated.

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The Committee on the Environment, Public Health and Consumer Protection hereby submits to the European Parliament the following amendments to the Commission's proposal and motion for a resolution together with explanatory statement:

Proposal for a Council resolution on a programme of action of the European Communities on cancer prevention

Text proposed by the Commission
of the European Communities

Amendments tabled by the Committee
on the Environment, Public Health
and Consumer Protection

Up to third recital unchanged

Amendment No. 1

Fourth recital

Whereas various Community actions to prevent cancers arising from exposure to ionizing radiation or exposure to chemical carcinogens are already being carried out under the Euratom Treaty and the Treaty establishing the European Economic Community;

Whereas various Community actions to prevent cancers arising from exposure to ionizing radiation or exposure to chemical carcinogens are already being carried out under the Euratom Treaty and the Treaty establishing the European Economic Community but should be further developed;

Amendment No. 2

Fifth recital

Whereas actions to reduce the risk of cancer from exposure to carcinogenic substances are included in a number of existing Community programmes on the environment, worker protection, consumer protection, nutrition, agriculture and the internal market;

Whereas actions to reduce the risk of cancer from exposure to carcinogenic substances are included in a number of existing Community programmes on the environment, worker protection, consumer protection, nutrition, agriculture and the internal market but should be further speeded up and extended;

Sixth to tenth recitals unchanged

Article 1 unchanged

Amendment No. 3

Article 2

Unchanged

The Council, approving the Action Programme of the European Communities on Cancer Prevention as proposed by the Commission and annexed to the present resolution, adopts the following priority actions:

Text proposed by the Commission
of the European Communities

- i) Development of a nutritional strategy, including alcohol, to complement existing actions at Community level in the fields of food production and consumer protection;
- ii) Development of a strategy against cigarette smoking with co-ordination and support of national programmes and actions;
- iii) Development of guidelines for the allocation of resources to preventive and therapeutic services;
- iv) Improvement in the availability and comparability of epidemiological data on cancer;
- v) Development of programmes of health education for cancer prevention and treatment;
- vi) Collaboration with international and national organizations in the field covered by these actions.

Amendments tabled by the Committee on
the Environment, Public Health and
Consumer Protection

- i) Development and implementation of a nutritional strategy, including alcohol, to complement existing actions at Community level in the fields of food production and consumer protection which should, however, be speeded up;
- ii) Development and implementation of a strategy against cigarette smoking with co-ordination and support of national programmes and actions;
- iii) Unchanged
- iv) Unchanged
- v) Development of programmes of health education for cancer prevention and treatment (schools from the primary classes on, military service, mass media);.
- vi) Unchanged.

Article 3 unchanged

Amendment No. 4

Article 4

The Council hereby invites the Commission to submit a proposal for the setting-up of a Committee to assist the Commission in the preparation and implementation of this programme.

The Council hereby invites the Commission to submit a proposal for the setting-up of a Committee of independent experts to assist the Commission in the preparation and implementation of this programme.

Annex

Cancer may appear either as local solid tumours or as systemic diseases such as the various types of leukaemia. The characteristic feature of all cancers is that some cells of the human body are altered in such a way that they divide and proliferate independently of the normal controlled growth. They are further characterized by the fact that the cancer cells may spread throughout the body. The spread of the tumour locally or to other parts of the body will inevitably lead to death if left untreated.

Most cancers take several years to develop and some cancers are easily curable whereas others are almost always incurable by the time they are clinically diagnosed, depending largely on the organ of the body (lung, intestine, etc.) in which the first altered cells originate. The low rate of success in the treatment of certain cancers, for example lung cancer, underlines the importance of a strategy of prevention.

Points 1.3 and 1.4 unchanged

In the past 40 years the total incidence of cancer has been increasing. Concealed within this rising trend, the incidence of some cancers has increased markedly (lung, bladder, kidney) and some have decreased (stomach, oesophagus).

Points 1.6 to 1.11 unchanged

Amendment No. 5

Point 1.1

Cancer may appear either as local solid tumours or as systemic diseases such as the various types of leukaemia. The characteristic feature of all cancers is that some cells of the human body are altered in such a way that they divide and proliferate independently of the normal controlled growth. They are further characterized by the fact that the cancer cells may spread throughout the body. The spread of the tumour will inevitably lead to death if left untreated.

Amendment No. 6

Point 1.2

Most cancers take several years to develop and some cancers are easily curable whereas others are frequently incurable by the time they are clinically diagnosed, depending largely on the organ of the body (lung, intestine, etc.) in which the first altered cells originate. The low rate of success in the treatment of certain cancers, for example lung cancer, underlines the importance of a strategy of prevention.

Amendment No. 7

Point 1.5

In the past 40 years the total incidence of cancer has been increasing. Concealed within this rising trend, the incidence of some cancers has increased markedly (lung, bladder, kidney) and some have decreased (stomach, oesophagus and cervix).

Amendment No. 8

Point 1.12

The nature of the disease, the results of treatment and the increasing load on treatment services support the case for a strategy of prevention or avoidance. In determining this strategy due consideration must be given to recent published analyses which show that of the various classes of factors involved, approximately one third of all cancer deaths can be attributed to diet, including alcohol, one third can be attributed to cigarette smoking, and the remaining third to a variety of factors amongst which the most notable are infection, reproductive and sexual behaviour, and occupation.

The nature of the disease, the results of treatment and the increasing load on treatment services support the case for a strategy of prevention or avoidance. In determining this strategy due consideration must be given to recent published analyses which show that of the various classes of factors involved, approximately one third of all cancer deaths can be attributed to diet, including alcohol, one third can be attributed to cigarette smoking, and the remaining third to a variety of factors amongst which the most notable are infection, reproductive and sexual behaviour, occupation and environment.

Points 2.1 to 3.3 unchanged

Amendment No. 9

Point 4.1

Attainment of these objectives requires many initiatives involving the health care professions, educators and administrators. Such initiatives presuppose the effective participation of individuals in managing their own health. In broad terms the prevention or avoidance of cancer can only be brought about by means that are socially and personally acceptable.

Attainment of these objectives requires many initiatives involving the health care professions, educators and administrators. Such initiatives presuppose the effective participation of individuals in managing their own health. In broad terms the prevention or avoidance of cancer can only be brought about by means that are socially and personally acceptable and well tolerated in the long term.

Point 4.2 unchanged

Amendment No. 10

Point 4.3

Unchanged.

The following areas will be addressed:

- i) Development of a nutritional strategy, including alcohol, to complement existing actions at Community level in the fields of food production and consumer protection.

Text proposed by the Commission
of the European Communities

- ii) Development of a strategy against cigarette smoking with coordination and support of national programmes and actions.
- iii) Development of guidelines for the allocation of resources to preventive and therapeutic services.
- iv) Development of the data base for the evaluation of preventive services and the identification of new or unforeseen risk factors for cancer.
- v) Development of programmes of health education for cancer prevention and treatment.
- vi) Collaboration with international organizations active in the field.

Amendments tabled by the Committee on
the Environment, Public Health and
Consumer Protection

- ii) Development of a strategy against smoking, especially cigarettes, with coordination and support of national programmes and actions.
- iii) Unchanged
- iv) Unchanged
- v) Unchanged
- vi) Unchanged

Point 5.1 unchanged

Amendment No. 11

Point 5.2

There are many mechanisms by which diet may operate to promote cancer. Carcinogens may be present in foodstuffs as naturally occurring substances or may be introduced by cooking or contamination. The constituents of the diet influence digestion and excretion. Micronutrients may be deficient. And lastly excessive calorie intake and obesity are associated with an increase in cancer risk.

There are many mechanisms by which diet may operate to promote cancer. Carcinogens may be present in foodstuffs as naturally occurring substances or may be introduced by contaminization during cultivation, manufacture or preparation (due to cooking methods). The constituents of the diet influence digestion and excretion. Micronutrients may be deficient. And lastly excessive calorie intake and obesity are associated with an increase in cancer risk.

Points 5.3, 5.4 and 5.5 unchanged

Points 6.1, 6.2 and 6.3 unchanged

Amendment No. 12

Insert a new point 6.4 to read as follows:

6.4 Serious consideration must be given to the effects of passive smoking in closed public places particularly where young children and foetuses are concerned.

Points 7.0 to 10.5 unchanged

FINANCIAL STATEMENT

Amendment No. 13

The budget for the first year shall be fixed at 1 300 000 ECU.

Amendment No. 14

The overall budget for the five-year period must be trebled.

MOTION FOR A RESOLUTION

closing the procedure for consultation of the European Parliament on the proposal from the Commission of the European Communities to the Council for a resolution on a programme of action of the European Communities on cancer prevention

The European Parliament,

- having regard to the proposal from the Commission to the Council¹,
 - having been consulted by the Council pursuant to Article 100 of the Treaty establishing the EEC (Doc. C 2-136/85),
 - having regard to the Communication from the Commission to the Council on cooperation at Community level on health-related problems (COM(84) 502 final),
 - having regard to the principles enshrined in the Treaty of Rome on the improvement of the living and working conditions of the people of Europe,
 - having regard to the two resolutions, which the European Parliament adopted on 12 March 1982, on the campaign against smoking and on the problems of alcoholism in the countries of the Community²,
 - having regard to the findings of the Committee on a People's Europe approved by the Milan European Council in June 1985,
 - having regard to the report of the Committee on the Environment, Public Health and Consumer Protection and the opinion of the Committee on Budgets (Doc. A 2-26/86),
 - having regard to the result of the vote on the Commission's proposal,
- A. concerned at the fact that every year in the European Community almost one million people are affected by cancer, approximately half of whom die of it,
 - B. whereas many human lives could be saved by improving measures to prevent and treat it and particularly by eliminating both the causes of cancer which are already known and those which are probabilities,
1. Believes that initiatives at European level such as those provided for in the programme of action of the European Communities may have a greater impact on the population by supplementing and/or instigating more decisive national measures so as to lead to lower morbidity and mortality rates;

¹OJ No. C 336, 28.12.1985, page 11

²OJ No. C 87, 5.4.1982, pp. 118 and 120

2. Requests, therefore, that the programme of action be given extensive publicity so as to fill in gaps and hence to produce optimum results;
3. Considers that the programme could immediately be disseminated by giving widespread publicity to the ten rules for the prevention of cancer drawn up by the European School of Oncology (Annex I);
4. Is convinced that a programme of action on cancer prevention requires the coordinated and united support of national and European legislatures, local authorities, production forces, education authorities, social and cultural organizations and individual citizens;
5. Welcomes the fact that the Commission provides statistics for the main causes of cancer, according to which about one-third of cancer cases are attributable to dietary habits, one-third to smoking and one-third to other causes, in which environmental factors and occupation play a part; considers, however, that too little attention has hitherto been paid to those very environmental factors and occupational or other exposure which may contribute to the development of cancer and welcomes the fact that a major objective of this programme is to improve knowledge about its causes and about possible preventive measures;
6. Points out that the relevant Community legislation is drafted with painstaking care and takes even longer to be adopted by the Council and that it will not do to draw up an individual directive for every carcinogen, because with about 600 suspect substances this would take several hundred years at the present rate, and calls for the relevant Commission proposals to be implemented swiftly, on the basis of a more practical timetable;
7. Believes, moreover, that the causes of cancer mentioned by the Commission to be specifically dealt with are oversimplified and the various forms of interaction of several factors have been underestimated;
8. Deplores, in addition, the fact that under Community legislation many dangerous substances are still on the market and/or are allowed to remain on the market for varying lengths of time until supplies have been exhausted which have sometimes been created artificially when new regulations are being drawn up;
9. Stresses, therefore, that a serious policy to combat any manifestation of cancer should provide for an immediate prohibition on trade in substances and products which are doubtful or which have not yet been shown to be harmless and which may even prove to be harmful in the long term;
10. Calls upon the Commission, therefore, in the light of the high mortality rate from cancer, to revise all directives limiting or prohibiting the use of noxious substances and laying down provisions relating to the labelling, packaging and transport thereof so that they are more restrictive, modelling them on the most restrictive legislation, and thus that which has the greatest regard for human health;
11. Believes, moreover, that in the light of the existing programme many inconsistencies in the CAP should also be reviewed, especially their repercussions on the problems of nutrition and tobacco addiction;

12. Requests that a European cancer research programme be submitted as soon as possible in order to examine in depth problems which are still outstanding with regard to the origin of many forms of tumour, in particular genetic origin, as a result of damage to genes, which at present is said to be responsible for approximately one-third of the forms of cancer;
13. Requests, moreover, that the European cancer research programme should achieve genuine coordination between the European research centres in order to avoid unnecessary expenditure, to make the most efficient use of scientific knowledge, to avoid the brain drain and to speed up discoveries;
14. Requests, moreover, that the budget and establishment plans of the departments of the various Commission directorates entrusted with carrying on the fight against cancer be coordinated;
15. Finally, regards as unacceptable the budget appropriations for the five-year programme of action and requests, therefore, that the ludicrous sum of 650 000 ECU proposed for the first year be doubled and that for the whole five-year period the appropriations for payment and commitment should be trebled;
16. Instructs its President to forward to the Council and Commission, as Parliament's opinion, the Commission's proposal as voted by Parliament and the corresponding resolution.

EXPLANATORY STATEMENT

1. The proposal for a Council resolution on a programme of action of the European Communities on cancer prevention originates in the conclusions of the Milan European Council of June 1985. On that occasion the Heads of State and of Government - accepting the proposals of the ad hoc Committee on a People's Europe - agreed that Community action in the area of cancer prevention was advisable, both to prevent cancer and to present an image of the Community as one which pays greater attention to the quality of life and to gather the necessary forces for an autonomous research policy.

As a result of those statements the Commission has submitted a proposal for a Council resolution on which the European Parliament is asked to give an opinion through its Committee on the Environment, Public Health and Consumer Protection.

2. The proposal for a European action programme against cancer

2.1 The programme of action on cancer prevention, which will last for five years and for which an appropriation of 6.3 million ECU is envisaged, includes the following:

- A. The development of a nutritional strategy, including alcohol and spirits, to complement existing actions at Community level in the fields of food production and consumer protection.
- B. A common strategy for reducing the large number of illnesses connected with tobacco addiction. The Commission will evaluate the effects of the action taken in this field by the Member States and will propose harmonization of the legislative measures in this sector.
- C. The creation of a committee of experts to guarantee better use of resources and the exchange of information between the departments set up in the Member States in order to identify and detect certain forms of cancer. The Commission will, in addition, undertake a series of studies on the cost-effectiveness of the various national measures taken in this field.
- D. The achievement, by means of consultations with the responsible agencies in the Member States, of better comparability and use of data from the registry offices and cancer registration systems for identifying factors causing cancer and influencing its treatment.
- E. The financing of a series of joint activities, common projects and seminars in order to promote health education.

2.2 The purpose of this programme is to back up the objectives of the World Health Organization and the International Agency for Research on Cancer. The Commission will develop its collaboration with these and other international organizations, placing emphasis on joint activities in order to avoid duplication and to improve the use of scarce resources.

3. Observations

3.1 With regard to the causes of cancer indicated in the programme, it should be emphasized that there is very little mention of environmental causes and causes relating to the place of employment where it is acknowledged that preventive action is more effective.

3.2 During the last century, and especially in the last 40 years, there have been enormous developments in the chemical industry which have led to drastic changes in the human environment never seen previously. Man has extracted and is still extracting from the earth very dangerous and often carcinogenic minerals. Combustion processes are becoming more widespread, with the generation of carcinogenic products. In the last few decades the chemical industry has synthesized 8 million new compounds, 70 000 of which have come into common use and are disseminated in the form of consumer goods. Many of these artificial compounds have also subsequently turned out to be carcinogenic.

3.3 The rate at which products are introduced into the biosphere is bewildering. Each year millions of tonnes of asbestos, chromium and nickel are mined and hundreds of millions of tonnes of petrol are sold; in some areas of the world the volume of combustion processes has reached danger levels. Every year, in addition, 50 million tonnes of plastic, 20 million tonnes of pesticides and millions of tonnes of chlorinated solvents are produced, and 32 million tonnes of benzene are put on the market, 4 million of which end up in the atmosphere.

3.4 Faced with this formidable array of chemicals, society has discovered belatedly that a large proportion of those products harm the environment and involve health risks, including cancer.

3.5 Technology, particularly the growth of the chemical industry, has progressed very rapidly whilst biomedical science, which should protect human health, has advanced slowly although faced with the enormous task of identifying and remedying the damage bound up with uncontrolled development, preventing future damage and guiding developments so that more regard is had for the environment and man. In the field of biomedical research, political and economic decisions should be on a par.

4. Cancer in Europe

4.1 A constant increase in the cancer mortality rate was recorded in Europe between 1960 and 1980. The parts of the body most frequently affected are the lungs, breasts, stomach and cervix. There has been an increase in lung and breast cancers and a reduction in cervical and stomach cancer.

The following data emerge from a study which was carried out by the WHO in 28 industrialized countries and appeared in the fortnightly Epidemiological Review of the WHO, volume 60, No. 17:

- (a) The number of deaths amongst men from lung cancer increased from 118 000 in 1960 to 255 000 in 1980, an increase of 116%. However, the most serious trend is amongst women where the number of deaths increased from 22 000 in 1960 to 66 000 in 1980, an increase of 200%. The campaign against smoking therefore still has a long way to go.

- (b) There were 74 000 deaths from breast cancer in 1960 and 118 000 in 1980, an increase of 60%. Almost a third of this increase related to women between 45 and 64 years of age.

The WHO report points out that the risk of cancer has not been reduced in any of the 28 industrialized countries taken into consideration.

Finally, as Professor Tubiana said: 'The number of cases of cancer in Europe could be reduced by 40% by a daily limit of three cigarettes and half a litre of wine'.

5. Community action

5.1 The Commission has so far taken a number of measures which contribute in various ways to the fight against cancer.

5.2 The Commission has, in addition, informed the Council that coordinated action on cancer, in accordance with the conclusions of the Milan summit meeting, will be incorporated in the proposal for a new medical research programme which will be submitted to the Council at the beginning of 1986. This programme sets out a campaign against cancer which will be divided into three parts: early detection and diagnosis, a wide range of treatment (including the development and improvement of controlled chemical tests in organ-orientated projects) and the transfer of research findings. In carrying out that programme the Commission should make the best use of existing structures.

5.3 The research angle is not secondary in the Community programme. In fact, a package of measures relating to oncogenesis and oncotherapy has been promised. Community research programmes exist, chiefly the third sectoral research programme of the European Economic Community in the field of medical and public health research for the period 1980-1986 now in progress. Some projects relate to the development of new medical techniques for early detection and diagnosis, for example positron-emission tomography, tissue-typing by NMR and computerized cytology. These techniques are applicable to various forms of cancer.

TEN RULES FOR THE PREVENTION OF CANCER
drawn up by the European School of Oncology, Milan

1. Do not smoke. Smokers should smoke filter-tipped cigarettes with a tar content of less than 5 mg. If you smoke more than 25 cigarettes a day, have a chest X-ray every year after the age of 40.
2. Have a balanced diet low in fats with little meat and plenty of vegetables, fruit and vitamins. Do not drink too much spirits or coffee.
3. Avoid staying in the open air for a long time, especially children, in industrial areas and cities with heavy traffic, particularly on foggy days. Wash fruit and vegetables carefully. During pregnancy, take medicines only if absolutely necessary.
4. Have a Pap test every three years after the age of 25. Be careful about intimate hygiene before and after sexual intercourse.
5. Examine your breasts regularly after the age of 25. Have a mammography at the age of 40 and 45 and every two years after the age of 50.
6. Have a medical examination of the buccal cavity every year after the age of 30.
7. Have a rectal examination and haemoculture of the stools every year after the age of 40.
8. Ask for a clinical examination of the prostate annually after the age of 55.
9. Have any moles which increase in size, change colour or bleed examined by a doctor.
10. Visit your doctor if any lumps or hardness of skin or tissue appear, if you have any abnormal discharge of blood in any part of the body or if unusual symptoms persist (such as digestive problems or coughs).

LIST OF EXPERTS

Prof. Norman B. BLEEHEN
Director Medical Research Council
Clinical Oncology and Radio-
therapeutics Unit
CAMBRIDGE

Prof. Carl G. SCHMIDT
Direktor
Westdeutsches Tumorzentrum
Innere Klinik und Poliklinik
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OPINION OF THE COMMITTEE ON BUDGETS

Letter from the chairman of the committee to Mrs WEBER, chairman of the Committee on the Environment, Public Health and Consumer Protection

Brussels, 12 March 1986

Subject: Proposal for a Council resolution on a programme of action on cancer (COM(85) 628 - Doc. C 2-136/85)

Dear Madam Chairman,

The Committee on Budgets considered the above proposal at its meeting of 27 February 1986.

It took the view that the programme envisaged by the Commission should not be restricted to financing meetings or studies already held or made elsewhere but should enable the coordination of research carried out at national level to be improved. Special priority must be given to specific measures.

Subject to this reservation, the Committee on Budgets approved the proposal submitted by the Commission.

Yours sincerely,

(sgd) Jean-Pierre COT

Present: Mr COT, chairman, Mr RYAN and Sir James SCOTT-HOPKINS, vice-chairmen; Mr BARDONG, Mr GARCIA RAYA, Mr LUIS PAZ, Mr MARQUES MENDES (deputizing for Mr Boutos), Mr d'ORMESSON, Mr PAPAKYRIAZIS (deputizing for Mr Papoutsis), Mr RIGO, Mr ROSA and Mr SCHON.

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