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**"Europe Against Cancer" Programme**

**REPORT FROM THE COMMISSION**

**TO THE COUNCIL, THE EUROPEAN PARLIAMENT, THE  
ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF  
THE REGIONS**

**ON THE IMPLEMENTATION OF THE SECOND ACTION PLAN  
(1990-1994)**

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## I. SUMMARY

The "Europe against Cancer" programme was initiated in 1985 by the European Council of Heads of State and Government, and a Committee of Cancer Experts was set up to advise on this European initiative. In February 1986, the Committee adopted at its first meeting in Paris an opinion describing the main lines of a comprehensive programme. That opinion led to the elaboration by the European Commission of a first 1987-1989 action plan. In December 1989, the Heads of State and Government praised the achievements of this first action plan and expressed their satisfaction on the launch of a second plan for the period 1990-1994.

The objective of the second cancer action plan was to develop information on prevention of cancer and possible methods of early detection and treatment.

The second action plan comprised 38 fields of action largely based on those in the first programme and which concerned three main areas: a) **Cancer prevention**, in which priority was given to the fight against smoking, as one third of deaths by cancer is attributed to tobacco. Among the means utilized were the introduction of European legislation on tar and labelling, and the use of Community grants to stimulate studies and research, public information actions, health education in schools and health personnel training. Prevention messages diffused were largely based on the European Code against Cancer which was developed by the Committee of Cancer Experts and approved by the Ministers of Health.

b) **Early detection and systematic screening of cancers**. Here again, Community support was given for information, education or training actions, for studies and research of European interest and for the setting up of European networks of screening pilot projects. c) **Quality assurance on treatment of cancers**. Community subventions financed training actions for health personnel, comparative studies and exchanges of experience in palliative care, as well as European exchanges of research results.

The basic principle followed by the European Commission was to intervene only if this intervention brought an added value to national actions. This added value has taken the following forms:

- a) To promote the **diffusion** throughout the Community of the best national practise or legislation. For example, Community directives on tar content and labelling of tobacco products have been conceived in such a way as to harmonize national regulations and to guarantee a high level of health protection to all citizens of the Community. The programme also encouraged the circulation of the European Code against Cancer in all the Member States. The creation of European networks of pilot projects for cancer screening advanced the spread through the Community of best scientific practise, contributing to the progressive elimination of non-optimal procedures.
- b) To promote and stimulate **cooperation** in the matter of studies and research in order to harmonise medical practise in Europe, helping to reduce important

differences, responsible for varying cancer survival rates.

- c) To **exchange** experience on best practice in the field of established preventive methods such as screening programmes, health education in schools and tobacco cessation methods.

In 1992 an independent evaluation committee reported to the Council and the European Parliament on the first five years of the "Europe against Cancer" programme. The main conclusion of the evaluation committee was that this programme had successfully brought together various categories of health professionals and other interested parties in a common effort to control the cancer problem in Europe and strongly recommended continuation of the programme, because of the long term nature of the cancer problem.

The Council adopted the conclusions of the evaluation committee and provided the programme with additional funding (5 million ECU). In its Resolution of 13 December 1993, the Council invited the Commission to submit a proposal for a third action plan, taking into account its earlier resolution of 27 May 1993 on future action in the field of public health. This proposed third action plan is built on the experience gained by the previous action plans and, is at the same time coherent with the framework for action in the field of public health laid down in Article-129 of the Treaty on European Union.

The implementation of the second cancer action plan has illustrated the need for close cooperation between the European Commission and those organisations and bodies on national or European level which are concerned with the fight against cancer. This cooperation has been achieved by the important network of cooperation and consultation procedures put in place during the first and second action plans, and which gives an important role to voluntary groups active in the fight against cancer, in particular cancer leagues and associations and anti-smoking groups.

These organisations and groups form part of the network of national coordination committees, which have played a significant part in implementing the action plan and ensuring its success.

In conclusion, it may be noted that the "Europe against Cancer" programme made significant progress particularly in the following areas: Action on smoking prevention and the legislative support for this action, information activities dealing especially with promotion of the European Code against Cancer, development of health education strategies and materials on cancer prevention at schools, development of breast cancer and cervical cancer screening networks, training of health professionals and studies related to nutrition and cancer.

Specific details of these actions can be found in the attached implementation report.

## **II. IMPLEMENTATION REPORT, PREVENTIVE MEASURES SUPPORTED BY THE PROGRAMME**

### **A) Prevention of tobacco consumption**

**Action 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 during the second action plan mainly concerned the organisation of pilot projects and exchanges of experience in the European networks.

- Network of non-smoking towns (Empoli, Besançon, Toledo, Namur) set up in 1990. A similar experiment started in 1992 in Royan (France). Steps were taken to extend the network to include Luxembourg and Cascais (Portugal).

- European network of "smokebusters" clubs for young people, started in 1991 (UK, France, Belgium, Spain, Portugal). This was a new strategy to promote a non-smoking approach by young people. The method consist of a participatory club for schoolchildren age 7 - 11 (age groups differ from country to country). A European conference took place in Seville (Spain 1993) to exchange experiences.

- 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. A progress report on the prevention of smoking among young people at school for the first four members has been presented in Frascati in 1994. Similarly, an evaluation of all the measures taken to prevent smoking among young people outside the school environment was started in 1993; the first results will be known in 1995 (ASH Scotland, Edinburgh) and will be presented at a conference in Autumn 1995.

- The "Europe against Cancer" programme has continued to finance the "European Bureau for Action on Smoking Prevention" (BASP) which was created in 1988 following a call for tender. This office operates as a European information centre in the area of smoking prevention and has made an important contribution to the improvement of the exchange of information and experience in this area.

In addition to general information services and technical support to the services of the European Commission, the BASP publishes a quarterly newsletter and regular reports on specific issues. These publications are distributed to all

programme partners and to a large number of other organisations working in the field in Europe and internationally.

Since 1990, BASP has published 11 special reports covering the following issues: the use of moist oral tobacco and its promotion among young people; the tobacco industry in Eastern Europe; advertising of tobacco products and its impact on the uptake of smoking among young people; smoke free flights; women and smoking; differential insurance premiums for non-smokers; smoking policies in the workplace; the taxation of tobacco products in the European Union; passive smoking; the labelling of tobacco products in the European Union; and a country profile of tobacco use in the European Union.

- The Ninth World Conference on tobacco and health was held in Paris from 9-14 October 1994 with the Europe Against Cancer Programme as Official Partner. There was a useful exchange of experience and information on tobacco-related issues and the opportunity was taken to outline the progress made in the European Union in combatting tobacco consumption.
- Involvement in meetings organised by the World Health Organisation (WHO) on the prevention of smoking in Europe.

**Action 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 representatives of the main GP's associations in the EU expressed their commitment to combatting smoking at a European symposium held in Paris in June 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) were published in 1993 (Smoking cessation methods: recommendations for the European Community).

The Programme funded training projects for GP's in Spain and Portugal on the prevention and treatment of nicotine addiction.

A number of multi annual projects on preventing smoking in schools, with a section on training for teachers in the prevention and breaking of nicotine addiction, received funding (Germany, Denmark, Spain and Portugal).

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

Several surveys on smoking in the Member States (Eurobarometer) were carried between 1990 - 1994.

An analysis was carried out of the replies given to questions on passive smoking, the rules on smoking in public places and at work, and advertising for tobacco products. The conclusions of the surveys show a consistency throughout the years. The results of the survey were disseminated in the Member States, particularly on the WHO's World No Smoking Day.

In addition, as a follow-up to the measures on cancer prevention and health promotion at the workplace carried out in 1992 as part of the European Week against Cancer, the Programme supported a number of measures to make people at work more aware of the risks associated with smoking in general and with passive smoking in particular.

As an experiment, a centre (L'observatoire permanent des publicités et promotion des produits de tabac) was set up in 1993 in France to monitor the application of the rules on banning advertising for tobacco products in France. The first report was published in March 1994.

The Commission provided funding in 1993 for an existing telematics network (Globalink) to develop an application to improve the rapid transmission of information on the prevention of smoking between the Programme's partners in the 12 Member States. The network is also to supply information on cancer from 1994 onwards.

The Commission encouraged its partners in the Programme to take an active part in the WHO's World No Smoking Day (every year on 31 May.)

#### **Action 4. Financing of studies on the possibilities for putting tobacco-growing areas to other uses.**

Measures were taken in 1993 to reform the common agricultural policy in the tobacco sector.

Article 13 of Council Regulation (EEC) No. 2075/92 on the common organisation of the market in raw tobacco<sup>1</sup> provides for the setting up of a Community fund for tobacco research and information, to be financed from the proceeds of a deduction not exceeding 1% from the premium at the time of payment. The fund shall finance and coordinate programmes of research and information to promote greater knowledge of the harmful effects of tobacco and the appropriate prevention and curative measures relevant to such effects, and to orientate Community tobacco production towards the least harmful varieties and qualities.

A call for proposals was issued by the Commission<sup>2</sup> with a deadline for receipt of

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<sup>1</sup> OJ No. L215 of 30.7.1992, p. 70

<sup>2</sup> OJ No. C179 of 1.7.1994, p. 8

completed proposals by 21 October 1994. These proposals will then be considered by the Scientific and Technical Committee and the Group of Independent Experts, established under the fund, who will advise the Commission Services on the proposals to be accepted.

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

### **Action 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), the pilot phases of which were carried out between 1988 and 1991 and which covers seven countries of the European Union (Germany, France, Spain, Greece, Italy, the Netherlands and the United Kingdom), operates in accordance with the terms of the joint protocol drawn up at the end of 1991. This provided for a gradual increase in the number of volunteers involved in the study to around 40 000 to 70 000 in each country. At the moment, the participation rate for the population studied is extremely satisfactory in all the countries which signed the protocol. Data have already been collected by means of a questionnaire from 77 000 people (Spain, France, Ireland, the Netherlands and the United Kingdom), together with biological samples from 22 000 of them. Collecting all the basic data needed to carry out the study will take three years. From 1995, the network will be in a position to register the first cases of cancer to appear in the categories with the highest incidence; the data will be analyzed and preliminary results provided in 1997-1998.

- The intervention study launched in 1991 on preventing benign tumours in the large intestine and which involves ten Member States is also operational. It was provisionally scheduled to run for three years and is coordinated by the European Organisation for Cooperation in Cancer Prevention Studies (ECP) and the European Commission. Its aim is to evaluate the effects of preventive treatment with calcium and fibre on the appearance and development of this type of tumour. The total number of patients included is 658. The first results should be available in 1995. Several smaller studies are carried out on national level to show the correlation between nutrition and specific cancers (eg breast cancer). The report on the results of the scientific studies co-financed by the programme has been updated in 1994.

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

The results of the prospective investigation on diet and cancer (EPIC) will enable the nutrition guidelines given in the European Code Against Cancer to be defined in



greater detail. These results are scheduled for the end of the third action plan.

### **C) Campaign against carcinogenic agents**

**Actions 7 and 8. Continuation of Community action concerning protection against 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 were 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.

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  $3 \cdot 10^{15}$  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.

The measures taken since the start of the second action plan to combat ionising radiation, particularly the information programme on radiation and radiation protection for the general public and certain target groups of workers had the following results: An information handbook for teachers was produced and four courses were organised for health personnel in 1993, covering mainly quality assurance and the optimisation of radiation protection in medicine.

The Programme provided funding in 1993 for the first phase of a study on the links between electromagnetic fields and other risk factors in the aetiology of leukaemia in children.

In addition, the procedure was started for the revision of the Directive on basic safety standards for the protection of the general public and exposed workers against the dangers of ionising radiation.

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

A number of studies on carcinogenic agents have been funded, particularly on carcinogenic risks for workers in biological research laboratories, the risk of exposure to dioxin and non-occupational exposure to asbestos.

The IARC in Lyon commissioned an evaluation of the hazards involved in certain types of work in the wood, leather and paper production sectors. The final reports on wood and leather have now been drawn up, and the IARC monograph on wood is reviewed in the light of the report at a meeting of IARC experts in October 1994.

The three-year study being carried out in Greece on the risks associated with the use of pesticides in greenhouses is finalised. The final report is expected in early 1995.

A study on specific hazards in the electricity production industries involving France, Italy and Spain is currently being made, using historical cohorts, of deaths associated with exposure to asbestos and artificial mineral fibres.

Technical support has been provided for the secretariat of the European mesothelioma panel. A report (ISBN 92-826-4821-4) was published by the Community's Publications Office.

As part of the fifth ECSC medical research programme, 15 projects were funded on the detection and prevention of occupational cancer in the coal and steel industries. Three final reports have already been forwarded to the Commission.

#### **Action 10. Continuation of the classification and labelling of dangerous substances.**

On 1 September 1993 the Commission adopted a Directive making the 19th adaptation to technical progress of Directive 67/548/EEC on the classification and labelling of dangerous substances, adding or reclassifying 19 substances or groups of substances classified as carcinogenic, 14 of them as category 1 or 2. Annex I of Directive 67/548 now contains 168 dangerous substances or groups of substances classified as carcinogenic and to be labelled as such, 105 of which are category 1 or 2.

## **D) Information for the public on preventive measures**

### **Action 11. Possible updating of the European Code against Cancer**

The Commission invited the European School of Oncology (ESO) to assemble a group of high-level international experts to examine and possibly update the scientific aspects of the recommendations given in the current European Code Against Cancer. This exercise took place and a new version was adopted by the Cancer Experts Committee in November 1994 pending editorial changes in the annex. The revised code will be the theme for the European Week 1995.

#### **EUROPEAN CODE AGAINST CANCER**

##### **Certain Cancers may be avoided and general health improved if you adopt a healthier lifestyle**

- 1 Do not smoke. Smokers, stop as quickly as possible and do not smoke in the presence of others. If you do not smoke, do not experiment with tobacco.
- 2 If you drink alcohol, whether beer, wine or spirits, moderate your consumption.
- 3 Increase your daily intake of vegetables and fresh fruits. Eat cereals with a high fibre content frequently.
- 4 Avoid becoming overweight, increase physical activity and limit daily intake of fatty foods.
- 5 Avoid excessive exposure to the sun and avoid sunburn especially in childhood.
- 6 Apply strictly regulations aimed at preventing any exposure to known cancer-causing substances. Follow all health and safety instructions on substances which may cause cancer.

##### **More cancers may be cured if detected early**

- 7 See a doctor if you notice a lump, a sore which does not heal (including in the mouth), a mole which changes in shape, size or colour, or any abnormal bleeding.
- 8 See a doctor if you have persistent problems, such as a persistent cough, persistent hoarseness, a change in bowel or urinary habits or an unexplained weight loss.

##### **For women**

- 9 Have a cervical smear regularly. Participate in organised screening programmes for cervical cancer.

- 10 Check your breasts regularly. Participate in organised mammographic screening programmes if you are over 50.

**Action 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 advertisements free of charge on the subject of the fight against cancer.**

The European Week Against Cancer, normally every second week of October addressed over the last five years the following topics: 1990: Tobacco and Alcohol (including the film Smoking and You), 1991: Early detection and systematic screening, 1992: cancer prevention and health promotion on the workplace, 1993: Passive smoking, 1994: Fruit and vegetables every day, A key to health.

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

At each press conference organised for the European Week in the Member States, a press package was produced by a European working party and containing scientific documents giving background information on the issue addressed during that week. These documents were widely distributed among the press and the Programme's partners. The packages also contained contributions from these partners, who were responsible for organising the information campaign for the European Week in each Member State.

In 1991, an issue of Social Europe was dedicated to the "Europe against Cancer" programme. The initiatives of the programme and all directives are well presented in this publication.

An international seminar on mobile exhibitions was held in Aachen (D) in 1993. At this international seminar, experts from the Netherlands, Belgium, Luxembourg, France and Germany discussed the experience being gained in mobile exhibitions dealing with cancer prevention.

**Actions 14 and 15. Publicizing of the European Code among the general public by the partners in the action plan. Support for innovative information campaigns on cancer prevention among targeted groups.**

A number of measures to publicise the European Code Against Cancer among the general public and among certain specific target groups received funding during the second action plan. For instance; introduction of telephone helplines, production and distribution of cartoon strips, participation at national or international trade fairs such

as the one in Hanover, in close cooperation with the "Helios" programme for the disabled and the occupational health and safety services. The aim of most of these measures was to raise awareness, motivate and train relay groups (the health professions, voluntary workers in cancer associations etc.) likely to disseminate information among the general public, and to promote innovative approaches such as games or stage productions on cancer related themes.

A number of measures focused specifically on the prevention of melanomas and the risks associated with excessive skin exposure to solar radiation both at work and at leisure.

A brochure on the European Code Against Cancer which explains the scientific basis of the Code for GP's in the Community was produced in 1992 by the Group of Representatives of GP's Associations in the Member States. Already available in France and Italy, in 1993 it was widely distributed in Ireland, the United Kingdom and Scandinavia.

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

Following the European Year of Safety, Hygiene and Health Protection at Work in 1992, the main cancer associations formed a liaison group in order to continue efforts to prevent cancer and to promote health in firms.

The group prepared a European conference "a healthy company - enhanced competitiveness through a healthy work force" in Berlin in September 1994. This conference examined parameters to measure the cost - effectiveness of health promotion schemes and gave examples of best practice presented by companies themselves. This type of presentation appeared to have a very positive impact on the participants who were mostly personnel managers and persons responsible for occupational health, and demonstrated that prevention is an area of growing interest within companies that should be developed further.

A number of initiatives were funded in Germany, Belgium, Spain, Greece, Ireland, Italy, the Netherlands and the United Kingdom to provide information on the risks associated with certain lifestyles (smoking, nutrition) and with exposure to carcinogens. A European conference on exposure to carcinogens was held in Frankfurt (D), and had a major impact in the German press, which has given the subject regular coverage ever since.

A number of these projects were continued without further funding, showing that the initial financing from the Commission had given an incentive for extended action.

## **E) Health education: preventive measures**

The actions of the second action plan on health education and cancer prevention are based on the principles adopted at the first European Conference on health education and cancer prevention in schools, which was held in Dublin in 1990.

These principles aim to improve cancer prevention by promoting health among children, adolescents and adults in schools, in line with the recommendations given in the European Code Against Cancer.

A second European Conference on Health Education and Cancer Prevention at schools has taken place in Dublin from 9<sup>th</sup> to 12<sup>th</sup> November 1994. The aim of the conference was to assess progress in cancer education since the first conference on health promotion in schools.

The Conference has drawn up recommendations to the European Commission for the future direction of health education and cancer prevention in schools for the years 1995 -1999.

### **Action 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 Dublin Conference on health education and cancer prevention in schools were held in 1992 and 1993 in ten countries. The aim of these conferences was to make school teachers more aware of cancer prevention measures and effective ways of transmitting messages based on the European Code.

Three working groups have been established after the Dublin conference (1990) to evaluate all the health education and cancer prevention measures taken in schools with the support of the Programme. These working groups include European experts on cancer prevention in primary schools, European experts on cancer prevention in secondary schools and European experts on cancer prevention in teacher training. Their conclusions on health education were endorsed in 1992 by the Council of Health Ministers (92/C 326/02) and by the Council of Education Ministers (92/C 336/07).

A European Charter, laying down a minimum health education training programme for teachers to enable them to increase children's and adolescents' awareness of cancer prevention and risk factors, was widely distributed in 1993 following a European seminar held in Rotterdam in November 1992. Bearing these guidelines in mind, the Programme provided funding for six local or regional projects on initial and/or continuing training for teachers in cancer prevention through health promotion.

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

On the basis of the conclusions of the working party on cancer prevention in primary schools (cf. above), a methodological guide for primary school classes was produced and distributed in the French-speaking community in Belgium. In addition in 1994, a European seminar was held in Brussels, organised with the help of the Free University of Brussels, in order to publicise the conclusions of the working party and to exchange experiences on cancer prevention in primary schools.

As part of the implementation of the conclusions of the working party on secondary schools, a draft brochure and posters on the subject of health promotion in schools produced by the Netherlands Centre for Health Promotion and Health Education were distributed among the relevant authorities in the Member States. The Programme also funded the preparation of a guide for secondary school health education coordinators designed to help field workers with knowledge of and/or experience in health education to organise specific cancer prevention courses in the schools where they work. The guide, produced by Health Promotion Wales, is to be completed and distributed in 1995.

The Programme funded the production of a prototype "spiral" nutrition education module taking account of the results of the two European seminars on the subject organised in 1991 in Flensburg (D) and 1992 in Lagonissi (GR). The module, designed for use in health-promoting schools, is completed and distributed.

The Programme continued to provide support for the production of teaching materials intended for primary school pupils on the prevention of skin cancer associated with solar radiation. The first conclusions of this project, which involves teachers in schools in Germany, Denmark, Ireland, the Netherlands and the United Kingdom, show interesting differences between Member States on the information children receive on skin cancer prevention. These results will be used to develop new teaching material.

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

The Programme supported several regional and national pilot projects designed to make children and young people more aware of the recommendations of the European Code Against Cancer. The main themes of the projects are the prevention of smoking and encouraging healthy eating habits as part of wider educational programmes promoting a healthy lifestyle.

**Action 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.**

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.

The Programme provided funding for local and regional projects designed to help improve the dietary habits of children and young people at school. One of the priorities of the projects is to use school canteens, where these exist, to encourage the consumption of fruit and vegetables.

#### **F) Cancer training measures for health professionals**

The technical content of training programmes for various health professionals in the matter of cancer was agreed at the following conferences:

- European Conference on a curriculum in Oncology for Medical Students in Europe, May 1988, Bonn (EORTC)(Doc. V-1822/88/9EC).
- European Conference on dentists and cancer prevention, June 1990. Royal Dental College of Copenhagen.
- European Conference on a curriculum in oncology for dental students in Europe, October 1991. Royal Dental College of Copenhagen. (Doc. V-241/91/9EC).
- European Conference on a core curriculum for a post-basic course in cancer nursing, January 1991, London. European Oncology Nursing Society (EONS) (Doc. V-604/91/9EC).
- European Conference on cancer training for general practitioners, June 1991, Copenhagen. European Union of General Practitioners (UEMO) (doc.V-1310/91/9EC).

The recommendations from these conferences have been translated into the 9 official languages of the Community and endorsed by the advisory committees (DG XV) on training of Nurses (April 1991), Dentists (November 1991) and Doctors (November 1991). They have since then been distributed to the competent authorities and to professional non governmental organisations of the 12 Member States.

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

An evaluation has been carried out in 1993 on the impact on university medical courses following the conclusions of the European consensus conference on oncology training in medical courses in Europe, which was held in Bonn in 1988 (Doc. V-1822/88/9EC). The results are foreseen for the end of 1994.

The conclusions of a European conference on initial training on cancer for nurses, held from 18 to 20 November 1992 in Copenhagen, were widely distributed. Two national conferences took place in 1993 in Denmark and the United Kingdom in order to promote these conclusions, which are based on the 1989 European recommendations.



A national conference on specific cancer training for GP's was held in Italy in 1993 and a similar conference is to be held in Greece with the support of the Programme.

**Action 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

As GP's and nurses are the people who are closest to the patients, they have a vital role to play in combating cancer. A European network of pilot projects, based on the core curriculum for a post-basic course in cancer nursing was established in 1991 with the support of the "Europe against Cancer" Programme in Belgium, Denmark, Germany, Greece, Ireland, Italy, Portugal.

The members of this network organize courses, based on the recommendations of the European conference on continuing training on cancer for nurses (Doc. V-604/91/9EC)

– Training for doctors

The Programme supported specific cancer training courses for GP's in Belgium, Denmark, Spain, France, Ireland, Italy, the Netherlands, Portugal and the United Kingdom. The courses are based on the conclusions of the European conference on training in cancerology for general practitioners held in June 1992 in Copenhagen (doc. V-1310/91/9EC), and form part of the network of exchanges of experience, set up in Antwerp in 1992 at a European seminar organised together with the European School of Oncology (ESO). When the network was set up, the conclusions of the conference were very widely distributed in the Member States with funding from the Programme.

– Training for dental practitioners

Several pilot projects on initial oncology training for dental practitioners were funded by the Programme. An exchange network was set up at the end of 1993 involving representatives of dental faculties and associations in Belgium, Denmark, Spain, Greece, France, Ireland, the Netherlands, Portugal and the United Kingdom in order to promote the conclusions of the European conference on initial oncology training for dental students, with particular reference to prevention, which was held in Copenhagen in 1991. (Doc. V-241/91/9EC).

**Action 23. Promotion of oncology training projects**

Several national and regional projects were selected over the last five years.

– two continuing training courses for nursing staff in Greece

- seven continuing training courses in general oncology for general practitioners (two in Portugal and two in Spain), medical specialists (Greece) and interdisciplinary groups (France, Greece)

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

Support has been provided through fellowships to facilitate the mobility of doctors and nurses between Member States. During the second action plan, ± 300 fellowships were awarded to doctors to facilitate their access to specialised courses organised by the European School of Oncology (E.S.O.).

Access to centres of excellence was facilitated for ± 150 European nurses with the assistance of the European Oncology Nursing Society (EONS). Participation in cancer related data management courses organised by the European Organization for Research and Treatment of Cancer was also supported.

Fellowships for cancer specialists and statisticians have been given in 1993 and 1994 to attend the EORTC data center. These persons have been working for 12 months at the EORTC Data Center to study EORTC experience in the conduct of clinical trials and the management of clinical trials data.

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

For cytopathologists and cytotechnicians involved in screening for cervical cancer, an initial consensus was reached on aptitude testing and European classification of cervical pathology. These recommendations are published in the European Guidelines for Quality Assurance in Cervical Cancer Screening, Supplement of the "European Journal of Cancer" (supplement 4 to Volume a, 1993)

In the field of cancerology training for nurses, a training module was developed by the University of Southampton. This will be tested in continuing cancerology training courses in 1994 in a small number of training establishments in the Member States.

On the subject of training for dental practitioners, the Programme supported the production by the European Faculty of Oral Health Sciences (EFOHS) of a training module (texts and slides) designed to improve oncology training for dental students. This module will be tested in a small number of training establishments in the Member States in 1994.

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

Several European seminars were funded by the Programme during the second action

plan.

1990:

- Training seminar for European Health Professionals.
- European conference on dentists and cancer prevention, June 1990. Royal Dental College of Copenhagen.

1991:

- European conference on a curriculum in oncology for dental students in Europe, October 1991. Royal Dental College of Copenhagen.
- European conference on a core curriculum for a post-basic course in cancer nursing, January 1991, London. European Oncology Nursing Society (EONS)
- European conference on cancer training for general practitioners, June 1991, Copenhagen. European Union of General Practitioners (UEMO).

1992:

- The European Paediatric Oncology Centre (Italy) organised a paediatric oncology-haematology course for nurses as part of the organisation of a European network.
- Three symposia were held in the field of training for specialists: breast related pathology (Greece), Lung cancer (Greece) and palpable lesions of the breast (France).

1993:

- a European seminar on the internal evaluation of the training courses for instructors of general practitioners funded by the Programme since 1991. The seminar demonstrated the need to improve the cancer training content of the courses, using the European consensus on prevention, screening and treatment to provide a solid scientific basis, and the need to step up exchanges of experience between training establishments for general practitioners in the Member States.
- Two seminars for medical specialists: a course for medical cytopathologists on recent progress in immunology and molecular biology and their consequences for professional practice in the cancer field; one seminar on reconstructive surgery in oncology.

1994:

- European School of Oncology (ESO): Education and training activities in oncology  
A five day course on oral cancer and precancer. The course aimed to increase European integration in the field of teaching and management of problems associated with oral cancer and precancer.
- European course on cancer clinical trials (EORTC): This course is designed at advanced level and benefit to medical doctors, specialists in oncology, and is

of particular value to data managers and oncology nurses involved in the management of clinical trials.

## **G) Cancer screening**

### **Action 27. Continuation of comparative studies to improve the organisation of cancer screening programmes.**

In the period 1990-1994 several studies have been conducted to improve the organisation and quality assurance of cancer screening programmes. The activities will be discussed under each topic.

#### **- Breast cancer:**

The European guidelines on quality assurance in mammography screening, which lay down parameters to achieve an optimal level of organisation and minimum and optimal quality criteria for screening devices used in mass screening of breast cancer, were published in 1992 and distributed by the Commission to the Member States, in particular to the health authorities and other relevant national bodies (insurance companies, screening project leaders). This document is the basis for future quality assurance programmes on breast cancer in the Member States. Also based on this document, a European network of reference centres for the promotion of good quality mammography screening (EUREF) was set up in 1993, coordinated by the University of Nijmegen (NL), in order to consolidate exchanges between pilot project leaders. Its aim is to ensure quality in the pilot breast cancer screening programmes in the Member States so that screening models can be more easily applied at national or regional levels and so that training courses in breast cancer screening can be proposed for the health professions.

A European nomenclature of criteria for identifying histocytopathological lesions in breast cancer together with an index of terminology is being prepared following a project co-funded by the Commission in 1992 and 1993 (Royal Marsden Hospital, London), in cooperation with representatives from the relevant professional organisations in the Member States. This nomenclature will be added to the revised edition of the European Guidelines for Quality Assurance in Mammography Screening which will be published in 1995.

In the light of the conclusions of a study carried out in France in 1992 and 1993 to evaluate the cost-effectiveness of breast cancer screening, a meeting was held in 1994 to compare methods for the medical/economic evaluation of breast cancer screening on the basis of work carried out in a number of Member States (DK, F, NL, UK). The model developed by the University of Rotterdam to calculate cost-effectiveness, is being used in four countries (NL, D, I, Esp).

#### **- Cervical cancer:**

Based on the European Guidelines for Quality Assurance in Mammography Screening,

the Commission asked a group of leading European experts to develop European Guidelines for Quality Assurance in Cervical Cancer Screening. The recommendations of this expert group were published in the "European Journal of Cancer" (supplement 4 to Volume 29A, 1993); 1 000 copies were sent to subscribers and over 700 additional copies were distributed by the Programme. On the basis of these guidelines, a network of pilot projects on cervical cancer screening started in 1994.

A multi-centre random study on the usefulness of cervicography in the early diagnosis and monitoring of cervical cancer was launched in 1993 (Institute Jules Bordet, Brussels) following the positive results of the feasibility study carried out by the Institute in 1991.

The IARC launched a multi-centre study in 1993 to evaluate the role of HPV papillomavirus infections and other factors in the appearance of cervical cancer. This question has also been discussed at an international conference organised in Paris in 1994 with the support of the Commission.

**Action 28 Extension and the monitoring of the European network of breast cancer screening pilot programmes to help the Member States determine a general screening policy**

Some Member States already have major breast screening programmes in operation and on this basis a pilot breast screening network was set up. The aim of this network was not to investigate the benefits to be gained from high quality breast screening, but to inform those countries with no breast screening experience in this area, explore methods of implementation and establish contact for exchange of information and experience between Member States. At the end of the second action plan all Member States participate in this network.

As is to be expected, results from the pilot projects have been variable, but in all cases variance from average results has been analyzed, conclusions drawn and lessons learnt. If possible, remedial actions have been taken.

During this action plan, the Breast Screening pilot programmes moved from the implementation phase into one of quality improvement. Much comment has been made as to the importance of quality issues. However, evidence is variable as to the carrying out of such activities. In this light, the European Guidelines for Quality Assurance in Mammography Screening have been developed and were therefore of vital significance. The difficulty of carrying out adequate professional and technical quality assurance in certain systems of health delivery across the Member States is obvious. Individual Member States variation must be respected. Nevertheless, the safety and value of the test to the population remains paramount.

An annual coordination meeting was held for all the project leaders of the pilot screening programmes. At these meetings, the progress of each pilot project was discussed and experience shared. Every meeting was combined with learning sessions. Topics addressed were physical quality control of the equipment, cost

effectiveness analysis, quality assurance in pathology, inter-pilot testing of radiological skills, epidemiological data definition, etc.

As part of the follow-up and evaluation of the network, one of the Programme's consultant experts carried out on-the-spot inspections. Every pilot project was seen twice during this period and the reports were presented to the Cancer Experts Committee and distributed within the network for learning purposes.

An average of 50% of the screening budget went to the breast screening network.

**Action 29. Evaluation of existing cervical cancer screening programmes and setting up of a European network of regional or local pilot programmes.**

It is recognised that well organised cervical screening can reduce the mortality associated with this cancer. Cervical screening programmes have shown variable protocols, quality and organisation.

A European network was set up in 1993 with the support of the Commission, involving pilot cervical cancer screening projects in the twelve Member States. All the members of the network met for the first time in May, 1994.

They accepted the European Guidelines for Quality Assurance in cervical cancer screening as a working document and will present their data in conformity with the guidelines.

**Action 30. Continuation of evaluation studies on screening programmes for colorectal cancer and possible setting up of a European network.**

Studies carried out in Europe on mass screening for colorectal cancer using the faecal occult blood test did not prove that this method was yet effective in reducing mortality linked to this type of cancer. A meta-analysis of the results of the screening programmes carried out in Odense (DK) and Nottingham (UK) was started in 1993. A group of experts who met in 1993 as part of the Europe against Cancer Programme recommended that, on the basis of the results of existing studies, mass screening for colorectal cancer should not be carried out. This statement is still valid.

**Action 31. Promotion of studies of European interest on the effectiveness and feasibility of early screening for other cancers.**

A random study of prostate cancer screening involving 200 000 people in five Member States (B, I, NL, P, UK) was started in 1993, following the positive results of a feasibility study co-funded by the Commission between 1989 and 1991. The results, evaluated in terms of the reduction in the number of deaths caused by prostate cancer, are not expected before 1998. The Commission provided co-funding in 1993

and 1994 for the coordination of this random European study on screening for prostate adenocarcinoma.

**Action 32. 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.**

A study was started in 1993, together with the partners in the European network of pilot cervical cancer screening programmes, in order to integrate the first results obtained under the IMPACT project (Integrating Microscopy for Pathology activities and Computer Technology). This project, which is funded by the Commission as part of the Advanced Informatics in Medicine (AIM) Programme of DG XIII, is designed to create a computerised infrastructure for distance consultation in order to improve the quality of interpretation in cytopathological, histopathological and cytogenetic examinations in the laboratory. Using this technology in cervical cancer screening could considerably improve the quality of screening in the laboratory. Three members of the European network of cervical cancer screening programmes are involved in tests and a feasibility study on expanding the infrastructure. The support of DG XIII is linked to the development of the technique, the DG V support is allocated for integrated this technique as part of a quality assurance programme in cervical screening.

In addition, the European recommendations on quality assurance in mammography screening were defined in close cooperation with DG XII.

**Action 33. 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.**

The European network of cancer registers was set up in 1990. A steering committee was established in January 1994 involving representatives of the 70 general cancer registers in Europe. The purpose of this register is to provide regular information on the cancer burden in Europe with a view to improving cancer prevention and treatment in the EU.

A course on cancer registration was organised in Copenhagen in January 1994 in order to provide minimum common training for personnel involved in registering cancers and to develop common teaching materials for use in future national or regional courses in Europe.

The computerised database on the incidence of cancer and cancer-related deaths in the European Union and the software package used to analyze and interpret it, both of which were developed as part of the EUROCIM project, were revised to improve

their performance. A users' manual was produced.

A publication entitled "Facts and Figures of Cancer in the European Community", containing the main data available (1990) on incidence and mortality in Europe, was produced in conjunction with the International Cancer Research Centre on the basis of information collected from the registers. It is planned to update this publication periodically.

Preparatory work has started on a publication scheduled for 1995 on "The position of cancer in the European Union".

A number of studies on cancer registration received financial support, in particular on the use of cancer registers in order to define types of cancer care in Europe and to identify trends in cancer-related deaths in the European Union.

**Action 34. Exchange of experience between Member States in the area of pain-relieving treatments, palliative and continuing care and the rôle of the health professions.**

A working party of European experts on palliative care met in 1991 in Stockholm and drafted a "Report on Palliative Cancer Care". This report contains chapters on the present situation in palliative care in the EC, on the standard of care and its quality control, and on education and training in palliative care. It concludes by recommendations concerning education and training, the implementation and the financing of palliative care. The recommendations of the report together with the conclusions of a European survey on this subject carried out under the Programme were disseminated in 1993 in the Member States.

The following actions have been funded in the field of palliative care:

- The first European congress on Palliative Care (Paris, October 1990)
- Second Congress of the European Association of Palliative Care (Brussels, October 1992)
- Training programme for health professionals, A home based palliative care for children with cancer (University of Athens)
- European workshop to study the feasibility of an European training programme in palliative care (March 1993, European Association of Palliative Care)
- Training workshop in palliative care for GP's in Belgium (Brussels, scientific society of Brussels GP's and continuing care).
- European seminar on continuing training in palliative care, organised by the Danish Cancer Society.
- 40 training grants to enable health professionals in the Member States to attend refresher courses organised by the International School of Cancer Care.
- Clinical audit to improve the quality of palliative care (Irish Cancer Society)
- Prognostic significance of quality of life measures in oncology practice (Germany - Tumour Centre, University of Ulm)

**H) Studies and projects related to quality assurance in the cancer treatment.**



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

A European databank of bone marrow donors and receivers (European Marrow Donor Informatics System) was set up as part of the EMDIS project with support from the Commission's Advanced Informatics in Medicine programme of DG XIII. The aim of the project was to set up a computerised infrastructure, comprising a network of bone marrow databanks in eleven Member States. The Commission provided funding for the databank's secretariat in order to make it easier to coordinate donor databanks in the Member States, thereby helping to improve treatment for leukaemia.

At present 700 000 donors are registered. In 1993, 2 500 requests for donors were received by the network.

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

A study designed to produce a list of existing initiatives in the quality control of care given was started in 1993 in the fields of radiotherapy, cytopathology, clinical oncology and surgical oncology.

The first work begun in 1993 was on radiotherapy and cytopathology. The relevant international organisations and professional bodies (such as the EORTC and ESTRO) have already supplied the information needed to produce the list. Following an analysis of the information collected on radiotherapy, a group of experts was set up to prepare a European consensus meeting in 1994 on acceptable practice in radiotherapy.

The Programme funded a number of training initiatives such as forty scholarships to the International School of Cancer Care (UK) and a European course for 80 health professionals in Copenhagen. In addition, funding was provided for a number of studies in this field, such as an innovative pilot project in France on palliative care at home and a study of the effect of palliative care on the quality of life of long-term cancer patients.

## **I Cancer research**

Although cancer research is not the prior objective of the "Europe against Cancer" action plan, the Cancer Experts made clear statements in respect to cancer research. They prioritise four fields of interest: fellowships, clinical oriented research, epidemiological research and basic laboratory research. In order not to overlap with the existing research programme of the Commission, a close cooperation with the BIOMED 1 programme of DG XII Biomedicine and Health Research was established. Delegates of DG XII and from the Cancer Experts Committee were invited to their

biannual meetings to indicate comparative actions.

On the following issues a common approach was agreed:

- Comparison of existing cancer registries and recommendations for their minimum content and conditions of access.
- European coordination on food and cancer
- European Research on Occupational Cancer especially in the field of detection and prevention of occupational cancers in the coal and steel industries, the wood, leather, pulp and paper industries, electric power stations and biology research laboratories.
- Research on the prevention of radiation-induced cancers
- European registration of congenital anomalies - evaluation of the impact of the Chernobyl accident.
- European coordination of medical research on passive smoking
- European coordination of research on clinical treatment
- Research into genetic engineering and protein engineering techniques potentially useful for the development of anti-cancer drugs.
- Research on the targeting of cancer killing drugs
- Research into the human genome
- Research in informatics and telematics for cancer care
- Research on cancer in tropical areas.

A programme of training grants & fellowships in operation since 1988 and designed to encourage mobility for researchers in the cancer field has been continued. The EORTC and the ESO undertook the coordination of these fellowships.

Other activities related to research were two seminars held for European scientific journalists on "Radiotherapy as a cancer treatment". The purpose was to provide information to a group of journalists enabling them to give the general public a better insight in the biological effects of ionising radiation in general and specifically in the clinical application of radiotherapy for the treatment of cancer. The total absence of any background knowledge of most patients in relation to radiotherapy is perceived as a frequent cause for psychological distress as well as delays or refusals of treatment. To continue and build upon the results of the BIOMED 1 programme, the Council adopted on 15 December 1994 a decision adopting a specific programme of research and technological development, including demonstration, in the field of biomedicine and health (1994 to 1998)<sup>3</sup> which contains an important specific research area dealing with cancer research.

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<sup>3</sup> OJ n° L361 of 31/12/94

### III. PRESENTATION OF THE "EUROPE AGAINST CANCER" PROGRAMME

#### III.A. GENERAL REMARKS

##### METHODS OF IMPLEMENTATION

- a) The **legislative part** of the programme is under the responsibility of various services of the European Commission (DG V, VI, XI, XII, XIII, XV, XXI). However, the "Europe against cancer" programme played a central role for the creation of European legislation against smoking.
- b) **Actions of cancer prevention** relying on information of the public and on health education in schools are implemented through a **partnership strategy** involving Ministries of Health and of Education, anti-cancer organizations, anti-smoking organizations and, for some countries, other non governmental organizations such as anti-alcohol organizations. Twelve national coordinating committees have been set up since 1987. Most often, they are chaired by the representative of the country concerned in the Committee of Cancer Experts. These committees meet about every two months. They are consulted by the Commission for all subvention requests addressed to the programme. They also support the Commission by providing coordination of these actions. For example, in 1991, 294 projects were submitted for consultation to these 12 national coordinating committees; 170 of them have been retained by the European Commission.
- c) Financing by the Commission of **studies or actions with a scientific content** (training and screening) is settled after consultation of the Committee of Cancer Experts and of its sub-committees, as well as the Advisory committee of the programme (composed of national senior officials). As an example, in 1991, 246 scientific projects were submitted for consultation to the Committee of Cancer Experts. 107 of these were retained by the European Commission.
- d) The **research aspects of the cancer programme** are implemented by the Commission services responsible for radio-protection and medical research. As an example, 56 projects concerning medical research are currently being executed.

### III.B. SOME DATES AND KEY DECISIONS

#### 1. EUROPEAN COUNCIL

**May 1985 (Milan)** : Impetus for the launching of a European programme to fight against cancer in the framework of a "citizens' Europe".

**December 1986 (London)** : Designation of 1989 as "European Year of Information on Cancer".

**December 1987 (Copenhagen)** : Official presentation of the text of the "European Code against Cancer" which will serve as the basis of the European campaign of public awareness and of health education in schools.

**December 1989 (Strasbourg)** : Renewal of support for the programme and for its second action plan 1990-94.

#### 2. EUROPEAN COMMISSION

**November 1985** : Transmission to the Council and to the European Parliament of a proposal setting out the general principles of a European programme to fight against cancer, especially in the area of prevention.

**January 1986 onwards** : nomination of a committee of cancer experts to the European Commission. The president is Professor Maurice Tubiana (France). This committee advises the European Commission on a scientific level.

Setting up and stimulation of several European networks of partners of the programme : leagues and associations against cancer, anti-smoking organisations, television producers responsible for medical and scientific programmes; representatives of general practitioners' associations; senior officials responsible for the fight against smoking; senior officials responsible for health education.

**December 1986** : Publication of the first action plan 1987-1989 of the "Europe against Cancer" programme; this comprises 75 points covering the following four areas : prevention and early detection; information and health education; training of health personnel; medical research (O.J. C 50 26.2.87).

**January 1987 - December 1989** : Transmission to the Council and to the European Parliament of several proposals for directives in the field of prevention : fight against smoking; improvement in the labelling of food products; prevention of occupational cancers. At the same time, co-financing of studies of European interest, notably on the links between nutrition and cancer, and on the evaluation of screening policies for colorectal cancers; setting up of a European network of pilot projects in screening for breast cancer by mammography.

**January 1987 - December 1989** : Preparation of recommendations on the content of cancer training for doctors, nurses and dentists with the help of the Committee of Cancer Experts and the three consultative committees for the training of health personnel. In parallel, allocation of fellowships and financial support for trans frontier training actions for health personnel.

**January 1987 - May 1988 - January 1990** : Preparation of the first "European Week against Cancer" (19 May 1988) with leagues and associations against cancer and the participating television channels. Many public information activities were organised, in particular the broadcast of three television programmes by the majority of the major television channels of the European Community : "Eurojim against Crab Cancer"; "Lifestyles and Cancer in Europe"; "Man and Cancer".

Preparation of the "European Year of Information on Cancer" (1989) with the principal partners of the programme (associations and leagues against cancer, general practitioners, television channels, senior officials responsible for health education). Throughout 1989 various actions of public information and health education in schools were carried out. On 9 January 1990, a television programme "Eurovision against Cancer", transmitted by ten television channels of the European Community, concluded the "European Year of Information on Cancer".

**January 1987 - December 1991** : Transmission to the Council and to the European Parliament of proposals concerning a fourth programme of medical research 1987-1991. Implementation of the programme adopted by the Council in November 1987 : allocation of fellowships to researchers working in a laboratory of a Community country other than their own; support to the coordination of clinical research in Europe; co-financing of research projects in drug targeting; stimulation of European research on improved radiotherapy (projects on treatment by light ions EULIMA and by boron neutron capture therapy BNCT).

**June 1989** : Transmission to the Council and to the European Parliament of a proposal concerning a second action plan 1990-94 of the "Europe against Cancer" programme. The budget recommended by the Commission amounts to 55 million ecu's, an average of 11 million ecu per year, to finance actions of European interest in the following areas : prevention and screening; training; public information; health education.

**November 1989** : Commission recommendation of 8 November 1989 concerning the training of health personnel in the matter of cancer.

**November 1990** : Transmission to the Council and to the European Parliament of a modified proposal for a directive concerning the labelling of tobacco products that extends to all tobacco products the labelling rules already applicable for cigarettes.

**May 1991** : Transmission to the Council and to the European Parliament of a proposal for a directive concerning advertising for tobacco products.

**May 1992** : Commission amended proposal for a Council Directive on the approximation of Member States laws, regulations and administrative provisions on advertising for tobacco products. A total ban of advertising is proposed.

### **3. EUROPEAN PARLIAMENT**

**January 1987 - December 1989** : Adoption of the budget of the "Europe against Cancer" programme. The European Parliament, in addition, used its margin of manoeuvre to increase the proposed budget (excluding research) from 4 million ecu's to 8,3 million ecu's.

(N.B. the 1987 budget excluding research was 1 million ecu, that of 1989 was 8,5 million ecu's, 1990 was 9 million ecu's. The budget for "medical research on cancer" is 18 million ecu's for the period 1987-1991).

Adoption of opinions on the proposals for directives prepared in the framework of the "Europe against Cancer" programme. These opinions were, in general, in agreement with the proposals submitted to the Parliament with only three noteworthy exceptions :

**October 1988** : The European Parliament rejected the text adopted by a qualified majority, on the first reading (common position), by the Council of Ministers (Social Affairs), in June 1987, on the protection of workers from benzene, a chemical agent responsible for cancers of the bone marrow. The Parliament justified this rejection by stating that the Council's text did not

sufficiently guarantee the safety of workers. The rejection ruled out the proposed directive as unanimity of the Council was therefore required on the second reading and Italy, for the same reasons as the Parliament, opposed its adoption.

- **May 1989** : the European Parliament gave its opinion on the proposal of the Commission concerning the maximum tar yield of cigarettes (15 mg in 1992; 12 mg in 1995). The Parliament voted an amendment asking for a less strict timetable than that foreseen by the Commission, recommending a single limit of 20 mg to be reached by 1992. The Commission did not accept this amendment. It transmitted to the Council a modified proposal which maintained the original calendar.

- **February 1992** : The European Parliament, in its opinion on the proposal of partial restriction of advertising for tobacco products, called for a total ban.

- **December 1993** : European Parliament Resolution of 13 December 1993 asking for the activities against cancer to be intensified

#### 4. COUNCIL

**May 1986** : Adoption by the Council (Ministers of Health) of a resolution on the "Europe against Cancer" programme, based principally on prevention (O.J. C 184 23.07.86).

**November 1987** : Adoption by the Council (Ministers responsible for research) of the fourth programme 1987-1991 for the coordination of medical research. The cancer research chapter was granted 18 million ecu's for five years (O.J. L 334 24.11.87).

**May 1988** : Adoption by the Council (Ministers of Health) of a decision concerning the projects to be implemented during the "European Year of Information on Cancer" in the area of public information and health education in schools (O.J. L 160 28.06.88).

**June 1988** : Adoption by the Council (Ministers responsible for Social Affairs) of the directive concerning the protection of workers through the banning of four series of substances responsible for cancers of the bladder (2-naphtylamine, 4-aminobiphenyl; benzidine; 4 nitrodiphenyl) (O.J. L 179 09.07.88).

**November 1988** : Resolution of the Council and the Ministers of Education meeting with the Council, of 23 November 1988 concerning health education in schools (OJ C3 5.1.1989, p.1).

**May 1989** : Adoption by the Council (Ministers of Health) of a resolution concerning the banning of smoking in public places (O.J. C 189 26.07.89).

Adoption by the Council (Ministers of Health), on the first reading, by a qualified majority, of the proposal for a directive concerning the labelling of tobacco products. This imposed, at the latest by the 31 December 1991, the placing of:

- a general warning "Seriously damages your health" on all tobacco products;
- specific warnings to be printed, in rotation, on cigarette packets : "Smoking causes cancer", "Smoking causes cardio-vascular diseases", etc.

**September 1989** : Final adoption by the Council (Ministers responsible for internal market affairs) of the directive concerning television broadcasting. This directive imposed, at the latest by the 03.10.1991, the ban of all forms of advertising on television, direct or indirect, for the promotion of tobacco products. In addition, it seriously limited the advertising of alcoholic drinks (O.J. L 298 of 17.10.89).

**November 1989** : Final adoption by the Council (Ministers of Health) of the directive concerning the labelling of tobacco products (O.J. L 359 of 08.12.89).

Adoption on the first reading, by unanimous vote, of the proposal for a directive concerning the maximum tar yield of cigarettes (15 mg by 31.12.92; 12 mg by 31.12.97; Greece has been granted a temporary derogation).

Adoption in principal, pending the opinion of the European Parliament, of the second action plan 1990-94. The budget allocated excluding research is 50 million ecu's, with a possibility of an increase to 55 million ecu's.

**November 1989** : Adoption by the Council (Ministers of Social Affairs), on the first reading, by unanimous vote, of the proposal for a directive concerning the ban on carcinogenic agents (57 substances and 4 processes) in the workplace.

**December 1989** : Adoption by the Council (Ministers responsible for internal market affairs), on the first reading, by qualified majority, of the proposal for a directive concerning the labelling of food products.

**May 1990** : Final adoption by the Council (Ministers of Health) of the directive concerning the maximum tar yield of cigarettes (O.J. L 137 of 30.5.90).

Adoption of the second action plan 1990-94 (O.J. L 137 of 30.5.90). The allocated budget - research excluded - is of 50 million ecu's, with a possible increase to 55 million ecu's.

**December 1990** : The Council (Ministers of Health) could not agree on the proposal for directive concerning the partial limitation of advertising of tobacco by mean of press and posters. The Commission withdrew its proposal and announced a modified proposal aiming at a total ban of any advertising.

**November 1991** : The Council (Ministers of Health) adopted at first reading the modified proposal for a directive concerning the labelling of tobacco products; specific warnings will have to figure on the packages of all tobacco products.

(N.B. : labelling of tobacco products was already covered by directives 89/622/EEC). Moreover, commercialization of smokeless tobacco was to be banned in the Community from January 1992.

**November 1992** : Conclusions of the Council and the Ministers for Health of the Member States meeting within the Council of 13 November 1992, concerning health education and Conclusions of the Council and the Ministers for Education of the Member States meeting within the Council on 27 November 1992 concerning health education at schools. OJ C326 of 11.12.92, p.2)

**May 1993** : resolution of the Council and the Ministers for Health, meeting with the Council of 27 May 1993 on future actions in the field of public health. (OJ C.174 of 25.6.93, p.1)

**December 1993** : Council resolution of 13 December 1993 concerning future guidelines for the "Europe against Cancer" programme following evaluation of it for the period 1987 to 1992. (OJ C15 of 18.1.94, p.1)

## IV. MANAGEMENT STRUCTURE OF THE PROGRAMME

### 1. COMMISSIONERS RESPONSIBLE

**February 1986** : The European Commission placed the fight against cancer under the sole responsibility of Mr. Manuel Marin, Vice-president responsible for "Employment, industrial relations and social affairs". Other Commissioners concerned : "Research", "Environment and consumers' protection", "Internal market and taxation", "Information and Citizens Europe".

**January 1989** : Mrs Vasso Papandreou succeeded Mr Marin.

**January 1993** : Mr Flynn succeeded Mrs Vasso Papandreou.

### 2. COMMISSION SERVICES

**February - December 1986** : Constitution of an interservice task force in order to create an action plan 1987-89. Chaired by Mr Michel Richonnier, Member of the Cabinet of Mr Manuel Marin, this task force was composed of Messrs Berlin (DG V-Lux), Quatraro (DG Agriculture), Castille (Consumers service), Lefevre (DG Taxation) and Dewaleyne (OSCE) for the fight against smoking, of Messrs. Mathioudakis (DG Internal market), Di Carpegna and Floyd (DG Agriculture), Collin (Consumers service) for nutrition, of Messrs. Mosselmans (DG Internal market), Hunter and Mrs Van Der Venne (DG V-Lux) and of Mr Krisor (DG Environment) for the fight against carcinogenic agents, of Mr Eriskat (DG Environment) for radioprotection, of Mr. Larvor and Mrs Thévenin (DG Research) for cancer research, of Messrs. Simon and Malivoir (DG Information) for public awareness, of Mr Guth (Consumers service) for health education, of Mr Allman (DG Internal market) for training of health personnel and of Mr Van Der Steen (DG Finance). The report of the group was written by Mr Michel Richonnier under the supervision of Professor Tubiana and of the Committee of Cancer Experts.

**January 1987** : Creation of an administrative team "Europe against cancer", under the responsibility of Mr Michel Richonnier and attached to Vice-president Marin, until 1 December 1987. Its mission was to implement the programme in cooperation with all the associated services of the Commission.

**December 1987** : The "Europe against Cancer" group was attached to Mr Jean Degimbe, Director General of DG V "Employment, industrial relations and social affairs".

**April 1990** : Creation of a "Tobacco and nutrition" team, under the responsibility of Mr Stelios Christopoulos, within the "Europe against cancer" group.

**September 1990** : Mr Régis Malbois took the responsibility *ad interim* of the programme.



**November 1990** : The programme operated under the authority of Mr Steffen Smidt, Deputy Director General of DG V.

**July 1993** : The Commission decided on the establishment of a sector entitled "Europe against Cancer" within the Public Health Unit.

**May 1994** : Appointment of the Head of Sector "Europe against Cancer" programme and of various new officials and transfer to Luxembourg.

**October 1994** : Integration of the "Europe against Cancer" sector into Unit DG V F.2, "Implementation of disease - specific programmes and actions"

### **3. COMMITTEES AND OTHER GROUPS**

#### **A. Advisory Committee**

In the framework of the decision for a second action plan an Advisory Committee was established. It is composed of representatives of the Ministries of Health and Education of the Member States. The secretariat and the chairman are provided by the Commission services. The tasks of the advisory committee are:

- to examine projects and measures involving co-financing by public funds;
- to coordinate at national level projects partly financed by non-governmental organizations (Art. 1, 2 and 3 of the Decision of the Council and the representatives of the governments of the Member States meeting within the Council on 17 May 1990 adopting a 1990 to 1994 action plan in the context of the "Europe against cancer" programme - O.J. L 137, 30.5.90, p. 31).

#### **B. Cancer Experts Committee**

Set up at the initiative of the Council of the European Community (Conclusion of the Council of Ministers of Foreign Affairs of 16 December 1985 concerning the action against cancer), this consultative committee is composed of representatives from each Member State. Its first meeting was held in Brussels, in January 1986. During this meeting, the Committee elected Professor Tubiana as its Chairman. He was re-elected unanimously in November 1988. The secretariat is provided by the Commission.

The Committee advises the Commission on all the scientific aspects of the Programme. More particularly, it formulates opinions on the scientific proposals requesting financing from the programme (training, prevention, screening) and provides guidelines on future actions and priorities related to scientific aspects of cancer prevention. The Committee normally meets twice a year. The place of the meeting is in the capital of the country having the presidency of the Council.

At its meeting in Athens of 18-19 April 1994, Professor Tubiana resigned as Chairman for the Cancer Experts Committee. Professor Veronesi was elected as its new chairman. The composition of the Cancer Experts Committee at the end of the second action plan was as follows:

Members of the Committee: Prof. U. Veronesi (Chairman), Prof. N. Bleehen, Prof. T. Boon, Prof. J. Conde, Prof. V. Diehl, Prof. J. Einhorn, Prof. I. Garas, Dr J. Gonzalez Enriquez, Prof. R. Kroes, Dr J. Buttner, Prof. J. Overgaard, Prof. H. Pujol, , Prof. M. Dicato, Prof. J. Estape, Prof. E. Van der Schueren.

During the second action plan 19 scientific reports and 22 recommendations, resolutions or statements on cancer related issues received approval of the Cancer Experts Committee and have been diffused by the programme. (See annex)

### **C. National Coordination Committees**

They are created at the initiative of the "Europe against Cancer" programme. Their mission in the framework of the second action plan is to examine and coordinate all the training and health education actions proposed for implementation in the framework of the "Europe against cancer" programme in the Member States. These national committees are generally chaired by the cancer expert representing that country in the Committee of Cancer Experts. They are composed of representatives of the Ministries of Health and of Education, and of non-governmental organizations acting in the fight against cancer (eg anti-cancer and anti-tobacco organizations). These committees give opinions on the proposals submitted to the European Commission by that country in the fields such as information, health education, or the fight against tobacco. They establish priorities and coordinate actions supported by the European Commission.

## **V. RELATIONS WITH NON-GOVERNMENTAL ORGANISATIONS**

### **1. National Non-Governmental Organisations**

The National Non-Governmental Organisations made a major contribution to the "Europe against Cancer" programme. In this respect it is important to distinguish three major groups: the group of associations and leagues against cancer, the anti-tobacco organisations and the representatives of general practitioners associations.

The role of the group of associations and leagues against cancer was most prominent by diffusing and promoting the European Code against Cancer and the implementation of the objectives of the "Europe against Cancer" programme in their country. The results of the interaction between the Cancer Leagues and the Commission has resulted for example in the successful European Weeks against Cancer.

The Anti-tobacco organisations have been very active in diffusing the first point of the Code related to tobacco, as well as general anti-tobacco strategies.

### **2. International Non-Governmental Organisations**

The cooperation with the International Non-Governmental Organisations has been of great importance. In this respect, four major organisations should be mentioned: The World Health Organisation (WHO), the European Organisation on Research and Treatment of Cancer (EORTC), the European School of Oncology (ESO) and the International Union Against Cancer (UICC)

#### **Cooperation with the World Health Organisation (WHO)**

Cooperation with the Europe Against Cancer programme and the World Health Organisation (WHO) has been continuous since the beginning of the Programme on the basis of exchange of information and provision of expertise.

In the first Plan of Action 1987-1989, WHO was fully represented as an observer in the Cancer Experts Committee.

Cooperation was confirmed in the second Plan of Action 1990-1994 Art.1(4) (O.J. N°L137 of 30.05.90). Main areas of cooperation were as follows:

#### **1. Cancer Experts Committee :**

WHO-European region (Dr.L.Döbrössy) and the International Agency on Cancer Research (Prof. L. Tomatis) were present as observers in the Cancer Experts Committee.

The Programme participates in the Consultation meetings on Common European Policy on Cancer organized by WHO-European region.

## **2. Prevention :**

### **2.1. Tobacco**

Close collaboration in the area of tobacco consumption prevention has been sought since 1988. Outstanding examples of cooperation include the following:

The First European conference on tobacco prevention policies (Madrid, 1988) was jointly organised by the Programme and WHO in November 1988. The Programme and WHO collaborated in the preparation of the 9th World conference on tobacco and health which took place in Paris in 1994.

The Programme participated in the meetings organised by WHO in Copenhagen (1990) and in Budapest (1992). Similarly WHO is invited to attend the meetings of the group of Tobacco Prevention Associations representatives in the framework of the Programme.

Furthermore the Programme supported activities developed by its partners at national level in the context of WHO World No-Tobacco Day (31 May).

### **2.2. Nutrition**

Activities on nutrition and cancer carried out under the responsibility of the International Agency on Cancer Research (IARC) are being supported by the Programme:

.Coordination of the prospective study on nutrition, health and cancer (EPIC) since 1988 (E.Riboli)

.An International Congress on nutrition and cancer held in Lyon (F) in March 1993.

The Programme was represented at the meetings organised on nutrition by WHO in Budapest (October 1990). It took part in the International Conference on Nutrition in Geneva in August 1992.

### **2.3. Carcinogenic agents:**

Several epidemiological studies such as the SASCO survey on assessment of risks in laboratories are carried out by the IARC with the support of the Programme.

### **2.4. Cancer registries**

The IARC coordinates the European network of cancer registries.

## **3. Training**

The Programme participated in the meeting on Undergraduate Medical Training in Oncology in Europe organised by WHO-European region on 28-29 April 1992 in Prague which was essentially based on the European training recommendations resulting from the European Conferences supported by the Programme in 1988 (Bonn) and 1991 (Copenhagen) on medical training in Oncology.

## **4. Health Education**

WHO-European region is invited to participate to the meetings of the Health Education sub-committee and its working groups on Health Education in schools organised by the Programme.

The Programme is represented in the meetings of the European Network of Health

Promoting Schools (WHO-Euro/CEC/Council of Europe).

The Programme and WHO-European region collaborated in the organisation of Summer Schools on Nutrition Education in Flensburg (August, 1991) and on the Health Promoting School in Montpellier (September, 1991).

## **5. Treatment**

Exchange of information on Palliative Care is facilitated between WHO and the Programme owing to the participation of Prof. R. Twycross, standing director of the WHO Collaborating Center on Palliative Care, in the ad hoc working group on palliative care meeting in the framework of the Programme.

### **Cooperation with the (EORTC) European Organisation on Research and Treatment of Cancer**

The EORTC is the leading organisation in Europe concerned with Research and Treatment of cancer. Amongst the areas of activity into which EORTC has put more effort are promoting education in cancer treatment, the development of EUROCODE - a computer network including patients in trials and for disseminating information on cancer treatment, the quality control of treatment, a study of the economic aspects of cancer treatment and addressing the quality of life of cancer patients. In all of these areas the "Europe against Cancer" programme has supported well conceived projects.

The Data Centre has played an important educational role, hosting an international symposium on biostatistics and participating in courses of the European School of Oncology (ESO) dealing with both the data management and the methodological aspects of Cancer clinical trials. These projects received support from the "Europe against Cancer" programme.

EUROCODE - Structural contacts with national Cancer research organizations are rapidly developing with the organization of formal coordination meetings and with the imminent installation of new Eurocode nodes in Italy, Greece and Spain. Computer software is being developed to allow decentralized patient registration and randomization in each country, thus facilitating the entry of patients in clinical trials.

The Quality Control programme activities have been aimed at improving structure as well as at the assessment of treatment processes itself.

A large programme for evaluation of accuracy of data collection and transfer was concluded, in which over 30 European centres were site-visited.

The programme of quality control of treatment processes further expanded the existing radiotherapy programme to measurements on individual patients. In the field of chemotherapy a procedure for the evaluation of the structure and environment necessary for cytotoxic treatment was developed and tested.

## **Cooperation with the European School of Oncology**

The European School of Oncology was founded in 1982 by Prof. Veronesi with the aim of providing health professionals with opportunities of continuing and updating their medical training in cancer care. They work in close cooperation with the EORTC. The "Europe against Cancer" programme made available resources (fellowships) for physicians to attend those courses. In the second action plan, over 100.000 ECU have been given for those fellowships.

## **Cooperation with the International Union Against Cancer (UICC)**

The International Union Against Cancer is devoted exclusively to all aspects of the world-wide fight against cancer. Its objectives are to advance scientific and medical knowledge in research, diagnosis, treatment and prevention of cancer throughout the world. Particular emphasis is placed on professional and public education.

In 1993 the "Europe against Cancer" programme supported Globalink to establish and link a series of European regional networks and to connect the partners of the "Europe against Cancer" programme to this network. Globalink is the international computer network of the UICC and provides users with powerful means of communication, news bulletins and several databases.

**VI. FIELDS OF ACTIONS OF THE SECOND PLAN OF ACTION, (ref. 0.J. L137 of 30.5.90):**

- Field of action 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.
- Field of action 2. Stimulation of pilot projects to teach methods of breaking nicotine addiction to members of the health professions and to teachers.
- Field of action 3. Stimulation of innovative information campaigns to prevent the use of tobacco among the general public and at the workplace.
- Field of action 4. Financing of studies on the possibilities for putting tobacco-growing areas to other uses.
- Field of action 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).
- Field of action 6. Drafting and publication of guidelines on nutrition aimed at improving cancer prevention.
- Field of action 7. Continuation of Community action concerning protection against ionising radiation.
- Field of action 8. Support for comparative studies of European interest aimed at improving protection against ultra-violet radiation.
- Field of action 9. Support for European studies on the possible carcinogenic risks of certain chemicals.
- Field of action 10. Continuation of the classification and labelling of dangerous substances.
- Field of action 11. Possible updating of the European Code against Cancer
- Field of action 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.
- Field of action 13. Production of European information modules on the prevention, screening and treatment of cancers, adaptable to national requirements.

- Field of action 14. Publicizing of the European Code among the general public by the partners in the action plan.
- Field of action 15. Support for innovative information campaigns on cancer prevention among targeted groups.
- Field of action 16. Informing workers, and migrant workers in particular, under existing Community Directives, of the fight against job-related cancers.
- Field of action 17. Support for efforts to inform and increase the awareness of school teachers of the European Code against Cancer.
- Field of action 18. Dissemination of European teaching material for health education.
- Field of action 19. Promotion of pilot projects to promote awareness of the European Code among young people.
- Field of action 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 mealtime.
- Field of action 21. Support for the organization of national or regional meetings to promote the 1989 European recommendations on the oncology content of basic training programmes for members of the health professions.
- Field of action 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.
- Field of action 23. Promotion of oncology training projects.
- Field of action 24. Support for the mobility of the health professions between Member States in order to improve their specialized training in oncology.
- Field of action 25. Collection and exchange of teaching material of European interest for the training of members of the health professions.
- Field of action 26. Exchange of experience and support for the organization of European seminars on the continuing education of members of the health professions.
- Field of action 27. Continuation of comparative studies to improve the organization



of cancer screening programmes.

- Field of action 28. Extension of monitoring of the European network of breast cancer screening pilot programmes to help the Member States determine a general screening policy.
- Field of action 29. Evaluation of existing cervical cancer screening programmes and setting up of a European network of regional or local pilot programmes.
- Field of action 30. Continuation of evaluation studies on screening programmes for colorectal cancer and possible setting up of a European network.
- Field of action 31. Promotion of studies of European interest on the effectiveness and feasibility of early screening for other cancers.
- Field of action 32. 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.
- Field of action 33. 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.
- Field of action 34. Exchange of experience between Member States in the area of pain-relieving treatments, palliative and continuing care and the role of the health professions.
- Field of action 35. Evaluation of the operation of the various bone marrow banks.
- Field of action 36. Feasibility study on cooperation between such banks and, if appropriate, support for existing European cooperation.
- Field of action 37. Exchange of experience in quality control of treatment and care.
- Field of action 38. Establishing an up-to-date list of treatments recognized as worthwhile by the international scientific community.

## VII. ANNEX

### APPROVED SCIENTIFIC REPORTS BY THE CANCER EXPERTS COMMITTEE:

1990:

- Cancer in the European Community and its Member States: European Journal of Cancer Volume 26 (1990) number 11/12
- Breast Cancer: Textbook for General Practitioners, European Commission Series for General Practitioners.
- Lung Cancer: Textbook for General Practitioners, European Commission Series for General Practitioners.

1991:

- European Strategy for Cancer Research
- European Community Strategy towards improved Cancer Treatment Outcome by Improvement of Radiotherapy

1992:

- Palliative Cancer Care (DOC8)
- Paediatric Oncology (DOC9REV)
- European Guidelines for Quality Assurance in Mammography Screening: Office for Official Publications of the European Communities EUR 14821
- Colon Cancer: Textbook for General Practitioners, European Commission Series for General Practitioners.

1993:

- Cancer Treatment in the Elderly (DOCCOP14)
- Management of non palpable lesions of the breast (ESO advisory report. Publication in The European Journal of Cancer)
- European Guidelines for Quality Assurance in Cervical Cancer Screening. Vol 29A Suppl 4. The European Journal of Cancer
- Facts and Figures of Cancer in the European Community, IARC Lyon France ISBN 92 832 1427 7
- Palliative care, report of the subcommittee (DOCBRU20)

1994:

- Evaluation report on the EPIC project (DocCan 5/94)
- Revised text European Code Against Cancer (DocCan 6/94)
- Report on cost-effectiveness in cancer treatment (DocCan 7/94)
- Report on Oral Carcinogenesis in Europe (DocCan 8/94)
- Report on Quality Assurance in Radiotherapy (DocCan 9/94)

## **RECOMMENDATIONS, RESOLUTIONS AND STATEMENTS BY THE CANCER EXPERTS COMMITTEE:**

Dublin: 2-3 April 1990:

Rome: 29-30 October 1990:

- Guidelines on quality assurance programmes for breast cancer screening
- Evaluation and funding procedures for IARC coordinated prospective study on diet and cancer.
- Declaration on the fight against tobacco

Luxembourg: 8-9 April 1991:

- Resolution on tobacco advertising.
- Statement on the confidentiality of patient data

Bilthoven (NL) 4-5 November 1991:

Lisbon: 6-7 April 1992:

- Updated recommendations on breast cancer screening (Doc CC15-04b)
- Recommendations on cervix uteri cancer screening
- Recommendations on colorectal cancer screening
- Statement on tobacco related diseases

London: 22-23 October 1992:

- Statement on future activities within the "Europe against Cancer" programme. (DOC4quarter)
- Memorandum on the European Action Against Cancer. (DOC4TER)
- Opinion on the draft communication of the Commission concerning the evaluation report of "Europe against Cancer" (DOC10bis)

Copenhagen: 1-2 April 1993:

- Statement concerning the amended proposal for a Council Directive on the protection of individuals (COM(92) 422 final - SYN 287) (DOCCOP15/1).
- Statement on the future of the "Europe against Cancer" Programme (DOCCOP15/2)
- Statement on the prevention and reduction of tobacco consumption (DOCCOP15/3)
- Statement on health education in schools (DOCCOP15/5).

Brussels: 21-22 October 1993:

- Resolution on the amended proposal for a Council Directive on the protection of individuals (COM(92) 422 final - SYN 287) (DOCBRU15/1).
- Opinion on the establishment of an Advisory Committee on Health Protection (DOCBRU15/2)
- Statement on Cancer Research (DOCBRU15/3)

Athens: 18-19 April 1994:

- Advisory report on continuing medical education in Europe (DOCATH 10)
- Resolution concerning the proposed decision for a third action plan (DOCATH 14)

Bonn: 28-29 November 1994:

- Resolution regarding the orientations and priorities for the future third action plan against cancer 1995-1999

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