

# COMMISSION OF THE EUROPEAN COMMUNITIES

COM(94) 550 final  
Brussels, 05.12.1994

## **"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 EXECUTION OF THE PROGRAMME IN 1993

from 1 January 1993 to 31 March 1994

## **I. INTRODUCTION**

### **I.A. FOREWORD**

The European campaign against cancer continued in 1993 within the framework laid down by the Council of Health Ministers in its Decision of 17 May 1990 concerning the second action plan 1990-1994 (OJ L 137 of 30.5.1990).

In accordance with Article 3(3) of that Decision, which provides that "the Commission will keep the European Parliament, the Council and the Economic and Social Committee regularly informed of progress", this report summarises the execution of the "Europe against Cancer" programme in 1993 and up to 31 March 1994. It is a collaborative work produced by the various departments and programmes of the European Commission involved in the European campaign against cancer.

This annual report from the Commission is in addition to the information distributed during the year to the Programme's partners, in particular the Advisory Committee and the national coordination committees which bring together the main public and private bodies in each Member State which have been closely involved in implementing the European campaign against cancer since 1989.

### **I.B. General review of 1993**

The European campaign against cancer continued to progress in 1993 both in terms of legislation on the subject and in practical achievements brought about with financial support from the Commission and its partners in the Member States.

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

**I.B.2. Activities subsidised** by the Commission: 50% of the projects submitted for the "Europe against Cancer" programme (excluding biomedical research), in other words a total of 275, were approved in 1993 (263 in 1992). The level of funding granted remained stable: ECU 10 671 185 in 1993 compared with ECU 10 763 449 in 1992.

In the **prevention field**, considerable attention was given to intensifying the campaign against smoking led by national bodies, particularly the various cancer leagues and associations. Transnational exchange networks were set up among specific target groups - young people, the health professions, schools, local authorities, hospitals and workplaces - in order to make it easier to pass on the most relevant experiences. This approach was supported by the theme of the European Week against Cancer, held from 11 to 17 October 1993, on the prevention of passive smoking. The results of a European survey on "passive smoking", conducted at the end of 1992 as a Eurobarometer supplement among a representative sample of the population of the European Union aged 15 and over, showed that 79% of those interviewed were often or occasionally exposed to other

people's smoke. The survey also showed that the majority of people in Europe were in favour of prohibiting smoking in places open to the public (82%).

The national bodies involved in the campaign against smoking and other areas of cancer prevention were encouraged to evaluate their activities more accurately. A series of European-level meetings planned in 1993 are to be held in 1994 in order to assess the situation and to measure the effects of the prevention measures carried out during the second action plan with the support of the Commission, particularly in the campaign against smoking, in the nutrition field and in increasing public awareness of the European Code against Cancer.

**Prevention studies** in 1992 mainly focused on consolidating the prospective study on "nutrition, health and cancer" involving seven Member States, which has aroused great interest among the population covered. The most recent figures (1990) on the incidence of cancer and cancer-related deaths in the Member States, compiled from the cancer registers, were published in conjunction with the International Cancer Research Centre.

As regards **health education** in schools, measures concentrated on consolidating the pilot networks for exchanges of experience (cancer, smoking, nutrition) and distributing in the Member States the teaching materials produced in 1992 with the help of the groups of European experts following the first European Conference on health education and cancer prevention in schools (Dublin, 1990). Work began on an evaluation of all the health education measures taken under the second action plan, and this will end with the second European Conference on health education and cancer prevention in schools, to be held in Dublin in 1994.

In the field of **screening**, activities in 1993 focused on consolidating measures designed to improve quality assurance in screening for breast and cervical cancer in the Member States. The European recommendations laid down in this field were disseminated and their application by the two pilot programme networks funded by the Commission was given top priority in order to improve screening for breast and cervical cancer in the Member States.

Activities in the field of **cancer training for members of the health professions** supported by the Programme in 1993 concentrated on implementing and evaluating the impact of the cancer training programmes laid down at European level in 1990 and 1991 for doctors, nurses and dental practitioners. The Commission continued to support the European network of pilot training courses in oncology for nurses introduced progressively since 1991, and it decided to evaluate the impact of this network from 1994 onwards. A European network of pilot training courses in cancerology for general practitioners was set up in 1993 and the first results will be known in 1994. A European project involving initial training colleges and dental practitioners' associations in the Member States was organised in 1993 in order to define common teaching materials and awareness campaigns for dental students and practitioners on the prevention of oral cancers.

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On the subject of **treatment-related studies and measures**, an inventory of existing agreed protocols on quality control in treatment for cancer patients was begun in 1993. Radiotherapy and cytopathology were among the first themes covered, and European consensus conferences will be held on these subjects in 1994. The recommendations produced by a group of international experts on palliative care (1992) were distributed, together with the conclusions of the survey on the situation of palliative care in the Member States.

In addition, 54 coordinated **medical research** projects on cancer were carried out as part of the biomedical and health research programme in 1993. The results will be available in 1996. Cooperation between the various Commission departments is to be stepped up in 1994 to improve the application and dissemination of research results.

The Commission is providing funding for nine projects on telematics applications in medicine which are of direct relevance to the field of cancer.

In accordance with Article 2(2) of the Decision of 17 May 1990 adopting a 1990 to 1994 action plan in the context of the "Europe against Cancer" programme, the Commission adopted a report on 15 March 1993 on the evaluation of the effectiveness of the measures taken as part of the "Europe against Cancer" programme (1987-1992), which was put before the Council on 27 May 1993.

On the basis of this Commission report, the Council adopted a decision concerning the continuation in 1994 of the 1990 to 1994 action plan (OJ L 150/43), which increased the total amount of Community funding from ECU 50 million to ECU 55 million in order to provide sufficient budget funds to maintain an activity comparable in size and nature to that conducted during previous years.

On the basis of its responsibilities in the field of public health laid down in the Treaty on European Union, the Commission adopted on 24 November 1993 a Communication on the framework for action in the field of public health (COM(93) 559 final), which describes the scope of the Community's activities, defines the role of the Community institutions and the Member States, develops an action strategy, identifies the instruments the Community can use to achieve the objectives laid down in Articles 3(o) and 129 of the EC Treaty, defines education, revision and consultation procedures, and selects priority fields for the next five years. The campaign against cancer is one of these priorities.

On 13 December 1993 the Council adopted a Resolution concerning future guidelines for the "Europe against Cancer" programme following evaluation of it for the period 1987 to 1992 (OJ C 15 of 18.01.94), which invites the Commission to submit a draft decision on an action plan to combat cancer within the framework of public health. On 29 March 1994 the Commission adopted a communication and a proposal for a European Parliament and Council Decision adopting an action plan 1995-1999 to combat cancer within the framework for action in the field of public health (COM(94) 83 final).

The following is a summary of the main initiatives and actions carried out in 1993 in each of the 38 fields of activity relating to the prevention of, screening for and treatment of cancer, and biomedical research on cancer.

## **II. PREVENTION OF CANCER**

### **II.A. Current legislative activity**

#### **1. Legislation on tobacco consumption**

In 1993 action on legislation on the prevention of smoking continued on two levels:

- monitoring the transposition into each Member State's national legislation of the directives adopted by the Council of Health Ministers as part of the Programme;
- involvement in the work of the Council's Working Party on Health Questions on the proposed Directive on advertising for tobacco products.

#### **a. Labelling of tobacco products**

A first Council Directive 89/622/EEC on the labelling of tobacco products, adopted in November 1989 (OJ L 359 of 8.12.89), came into force on 1 January 1992.

The Directive requires all unit packages of tobacco products to carry on the most visible surface the general warning "Tobacco seriously damages health". In addition, cigarette packets must carry a specific warning chosen from the list attached to the Directive. On this basis each Member State has drawn up a list of warnings, which must include the following two specific messages: "Smoking causes cancer", and "Smoking causes heart disease". In 1993 infringement proceedings were instituted against the Netherlands, the only Member State not to have adopted national legislation to comply with the Directive.

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

Some Member States such as Belgium, France, Greece, Ireland, Italy, Portugal and the United Kingdom transposed the provisions of the Directive into national legislation in 1993 and early 1994. Infringement proceedings started in 1993 are still continuing against Germany, Spain and the Netherlands.

#### **b. Maximum tar yield of cigarettes**

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

Infringement proceedings against the Netherlands continued in 1993; early in 1994 draft legislation was forwarded transposing the Directive into national law.

#### **c. Advertising for tobacco products**

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

The proposal was discussed at the two Councils of Ministers of Health on 27 May and 13 December 1993, when opposition from a minority of four Member States prevented a final agreement on the text. Talks are still continuing on basic problems such as the legal basis, whether the Directive is justified or is compatible with the principle of subsidiarity, and on how it should be applied (admissibility of voluntary agreements as a means of transposing the Directive, and application of the ban to publications from third countries). The Commission has maintained its proposal, which is to be rediscussed in the Council in 1994.

#### **d. Taxation on tobacco products**

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

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

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

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

The Community provisions came into force in January 1993. The introduction of this policy on taxation is a major factor in the prevention of smoking, given the impact which price increases on tobacco products, especially cigarettes, have on the consumption of these products, particularly among young people.

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

On 30 June 1992 the Council of Ministers for Agriculture adopted Council Regulation (EEC) No 2075/92 on the common organisation of the market in raw tobacco, which changes the criteria for awarding Community subsidies and the system of production control. Article 13 provides for the setting up of a Community fund for tobacco research and information. The Fund is to finance and coordinate research and information programmes to promote greater knowledge of the harmful effects of tobacco and the appropriate preventive and curative measures, and to orientate Community tobacco production towards the least harmful varieties and qualities. Rules for the application of the Fund were adopted in Commission Regulation (EEC) No 2427/93 of 1 September 1993 (OJ No L 223 of 02/09/93). The first invitation to tender for funding for public information and health education campaigns on the harmful effects of smoking is to be published during the second half of 1994.

Furthermore, Article 14 of Council Regulation No 2075/92 provides for a three-year programme for the conversion of plantations of Navarre, Tsebelia, Forcheimer, Havana IIc and hybrids of Geudertheimer tobacco to varieties more in line with market requirements or to other agricultural crops. The programme will be launched immediately after the 1993 harvest and will be carried out in accordance with Commission Regulation (EEC) 3616/92 of 15 December 1992.

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

**2. Legislation on nutrition**

**a. Nutrition labelling**

The Scientific Committee for Food drew up recommendations on nutrition labelling for the Commission in 1993, which were referred, in particular those on reference values, to the relevant Commission departments for examination. The Scientific Committee also continued its work on the definition of dietary fibre and on the methods required for analysing nutrition labelling. Its conclusions on this question are to be adopted in 1994.

**b. Pesticide residues in fruit and vegetables**

In June 1993 the Council adopted two proposed amendments to Directives 76/895/EEC, 90/642/EEC, 86/362/EEC and 86/363/EEC (OJ L 211 of 23.08.1993, page 1) on the fixing of maximum levels for pesticide residues in and on fruit and vegetables, certain products of plant origin, cereals and foodstuffs of animal origin. The amendments fix

maximum levels for 22 substances and amend the existing levels for 19 other substances laid down in Directive 76/895.

### 3. Legislation on carcinogenic agents

In 1993 the Commission continued the procedure for revising the Directive on basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation, and adopted an amended proposal for a directive (OJ C 245 of 09.09.93).

## **II.B Preventive measures subsidised by the Programme**

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

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

The measures to combat smoking given financial support by the Commission kept the same objectives in 1993 and mainly concerned the organisation of pilot projects and exchanges of experience in the European networks set up in 1990 and 1991.

- Network of non-smoking towns (Empoli, Besançon, Toledo, Namur) set up in 1990. A similar experiment was started in 1992 in Royan (France). Steps are currently being taken to extend the network to include Luxembourg and Cascais (Portugal). The network is planning to evaluate the pilot project involving the non-smoking towns under the second action plan in 1994.
- European network of "smokebusters" clubs for young people, started in 1991 (UK, France, Belgium, Spain, Portugal). A European conference was held in Seville (Spain) 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 is scheduled for 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 1994 (ASH Scotland).
- Coordination of measures to disseminate information at European level on the prevention of tobacco consumption, with the help of the BASP (European Bureau for Action on Smoking Prevention). In 1993 the Bureau published and distributed to the Member States four quarterly information bulletins (3500 copies) and two

monographs on passive smoking and the labelling of tobacco products (5000 copies).

- Organisation of international meetings, and in particular the ninth World Conference on tobacco and health to be held in October 1994 in Paris. Involvement in meetings (eg. in Vienna in March 1993) organised by the World Health Organisation (WHO) on the prevention of smoking in Europe.

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

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

The representatives of the main GPs' associations in the EU expressed their commitment to combating 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 and distributed to health professionals in the Member States.

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

A number of projects on preventing smoking in schools, with a section on training for teachers in the prevention and breaking of nicotine addiction, continued to be funded in 1993 (Germany, Denmark, Spain and Portugal).

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

A survey on smoking in the Member States was carried out at the end of 1992 as a supplement to Eurobarometer No 38 and was published in 1993 under the title "Europe and smoking". The text analyses the replies given to questions on passive smoking, the rules on smoking in public places and at work, and advertising for tobacco products. As the conclusions of the survey show, eight out of ten Europeans said that they were often (39%) or occasionally (40%) exposed to other people's smoke, and that the majority of smokers prefer a smoke-free atmosphere. The results of the survey were disseminated in the Member States, particularly on the WHO's World No Smoking Day.

In the run-up to the European Week from 11 to 15 October 1993, which focused on the health risks of passive smoking, a number of campaigns on the subject were organised throughout the year targeting women (Greece, Ireland, Italy) and in public places such as restaurants, cafes, public transport, sports grounds, etc.

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 (B, D, Gr, I, P, UK).

As an experiment a centre was set up in France with the support of the Programme to monitor the application of the rules on banning advertising for tobacco products.

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 and its partners in the Programme took an active part in the WHO's World No Smoking Day on 31 May, which in 1993 targeted health professionals.

**Field 4. Financing of a study 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 (see II.A.f).

In cooperation with the Directorate-General responsible for agriculture, the "Europe against Cancer" Programme is to provide financial support in 1994, as far as its budget allows, for a study on the possibilities for putting tobacco-growing areas to other uses.

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

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

The EPIC network (European Prospective Investigation on Diet and Cancer), 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), continued in 1993 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. In 1993 the participation rate for the population studied was 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 1994-5 the network will be in a position to

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register the first cases of cancer to appear in the categories with the highest incidence; the data will be analysed and preliminary results provided in 1997-8.

- The intervention study launched in 1991 on preventing benign tumours in the large intestine continued in 1993 and involves ten Member States. It is 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 first results should be available in 1995.

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

The results of the prospective investigation on diet and cancer will enable the nutrition guidelines given in the European Code Against Cancer to be defined in greater detail. This is scheduled for the end of the third action plan to combat cancer.

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

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

1993 saw the continuation of the measures taken since 1991 to combat ionising radiation, particularly the information programme on radiation and radiation protection for the general public and certain target groups of workers. 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.

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

A number of studies on carcinogenic agents were funded in 1994, 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 to be 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 continuing; the final report is expected in 1994.

As part of a study involving France, Italy and Spain on specific hazards in the electricity production industries, a study is currently being made, using historical cohorts, of deaths associated with exposure to asbestos and artificial mineral fibres. The results are expected at the end of 1994.

Technical support also continued to be provided in 1993 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.

#### **Field 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.

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

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

The Commission invited the European School of Oncology (ESO) to assemble a group of top-level international experts to examine the scientific aspects of the recommendations given in the current European Code Against Cancer and to propose an updated version, if appropriate, for the end of 1994, in time to launch the next phase of the European campaign against cancer.

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

The sixth European Week Against Cancer from 11 to 17 October 1993 focused on the prevention of passive smoking. This information campaign had an unprecedented impact

on the public and the media, with its combination of a simple message "no smoke between us" and scientific data spelling out the health risks of exposure to other people's smoke, set in the context of monitoring the application in the Member States of the Resolution on banning smoking in places open to the public (OJ C 189 of 26.07.89). The success of the campaign was also the result of the excellent preparatory work done by the various European and national cancer associations, working with scientific experts and a considerable number of public bodies and associations which, with the support of the Programme, helped to produce and distribute over three million brochures and posters. A television spot illustrating the logo of the European Week, produced by a cancer association, was shown on television channels in eight Member States. In a number of Member States the message of the European Week was backed up by training courses for health personnel and public awareness campaigns at workplaces and recreational facilities.

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

At the opening press conference for the European Week organised in each Member State with the support of the Programme a press package produced by a European working party and containing a scientific document giving the public a clear picture of the risks of passive smoking was widely distributed among the press and the Programme's partners. The package also contained contributions from these partners, who were responsible for organising the information campaign for the European Week in each Member State.

**Fields 14 and 15. Publicising 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 from the Programme in 1993: 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 recreation facilities.

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

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**Field 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 carry on working to prevent cancer and to promote health in firms.

The group prepared a European conference on health designed to demonstrate the benefits of active involvement in health protection both for firms and for workers. The conference is to be held in Berlin in September 1994.

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 small number of projects managed to obtain regular funding from sickness insurance funds in Germany.

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

As in previous years, the Programme gave priority to funding health education measures in schools based on the principles adopted at the first European conference on health education and cancer prevention in schools (Dublin, 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 strategy for the selection of priorities for the Programme in 1993 and 1994, proposed by the Programme, was approved by the appropriate authorities in the Member States meeting in the Programme's Sub-Committee on Health Education. It focuses on the implementation of the conclusions of the three working parties of European experts on cancer prevention in primary and secondary schools and teacher training colleges, set up by the Programme after the Dublin conference (1990), and the evaluation of all the health education and cancer prevention measures taken in schools with the support of the Programme under the 1990-1994 second action plan. It takes account in particular of the conclusions on health education adopted in 1992 by the Council of Health Ministers (92/C 326/02) and by the Council of Education Ministers (92/C 336/07) and the policy adopted by the European network of health-promoting schools set up jointly by the Commission, the World Health Organisation's Regional Office for Europe and the Council of Europe.

It was in this context that the Programme decided to support the organisation of a second European Conference on health education and cancer prevention in schools scheduled for November 1994 in Dublin.

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

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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 with the support of the Programme. 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 (B, E, NL, P, UK).

**Field 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 with the support of the Programme. In addition a European seminar is scheduled to be held in 1994 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 1994.

In 1993 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) with the support of the Programme. The module, designed for use in health-promoting schools, is to be completed and distributed in 1994, in particular at a seminar of European experts.

The Programme continued to provide support in 1993 for the production of teaching materials intended for primary school pupils on the prevention of skin cancer associated with solar radiation. The conclusions of this project, which involves teachers in schools in Germany, Denmark, Ireland, the Netherlands and the United Kingdom, should be available in 1994.

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

The Programme provided funding in 1993 for 13 regional or national pilot projects designed to make children and young people more aware of the recommendations of the European Code Against Cancer (B, GR, E, F, IRL, LUX, P). 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.

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

The Programme provided funding in 1993 for 11 local or regional projects (B, D, GR, F, I, IRL, P) 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 to encourage the consumption of fruit and vegetables in schools which have canteens. A European seminar is planned for 1994 to exchange information and evaluate the experiences gained in this field during the second action plan.

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

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

A project was launched with the support of the Programme in 1993 to evaluate the impact on university medical courses of 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 should be available in 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 in 1993. Two national conferences were planned in 1993 in Denmark and the United Kingdom with the support of the Programme in order to promote these conclusions, which are based on the 1989 European recommendations. In agreement with the Advisory Committee on the training of nurses a project was started in 1993 to evaluate all the measures taken during the second action plan in the field of cancer training for nurses. The conclusions will be available in 1994.

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

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

#### **– Training for nurses**

As GPs and nurses are the people who are closest to the patients, they have a vital role to play in combating cancer. In 1993 the Programme helped to finance pilot continuing training projects in Denmark, Germany, Italy and Portugal, as part of the European network set up in 1991 with its support. Sweden also funded a similar pilot project. The

courses are based on the recommendations of the European conference on continuing training on cancer for nurses held in London in January 1991 (Doc. V-604/91/9EC)

– Training for doctors

The Programme supported pilot specific cancer training courses for GPs in Belgium, Denmark, Spain, France, Ireland, Italy, the Netherlands, Portugal and the United Kingdom in 1993. A similar initiative was carried out in Sweden. 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. The Programme is supporting a seminar for all those involved in the network, scheduled for 1994.

– Training for dental practitioners

Two pilot projects on initial oncology training for dental practitioners were funded by the Programme in Greece and Italy in 1993. 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).

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

Ten national or regional projects were selected in 1993:

- 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)

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

126 grants for practical oncology training courses were financed by the Programme in 1993, 99 for doctors and 27 for nurses.

- Mobility for nurses: the Federation of European Cancer Societies (FECS) awarded 12 grants to enable nursing instructors from the twelve Member States to attend the seventh European conference on clinical oncology and cancer nursing.
- Mobility for doctors: the European School of Oncology (ESO) awarded thirty grants for specialised instructing physicians from the Member States to attend international training seminars on gynaecological cancer, respiratory cancer, molecular biology

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in oncology and breast cancer. The European Haematology School (EEH) awarded 35 grants for medical specialists and researchers.

The EORTC awarded 15 grants for nurses and 15 for doctors as part of its first multidisciplinary seminar on training in clinical tests involving cancer patients. The same organisation awarded four grants for cancerology specialists to enable them to obtain training in the management and application of statistics in clinical trials.

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

A proposed course content for cytopathologists and cytotechnicians on quality assurance in screening for cervical cancer, produced following a European conference in Spain in 1993, was widely distributed among the Member States.

In the field of cancerology training for nurses, a training module was developed by the University of Southampton with support from the Programme in 1993, and this is to 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 provided funding in 1993 for 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, which is to be tested in a small number of training establishments in the Member States in 1994.

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

In 1993 seven European seminars were funded by the Programme, including four for doctors and two for nurses:

- 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. On this basis a European seminar has been scheduled for 1994 in order to evaluate the measures taken in the field of specific cancer training for general practitioners in the Member States under the second action plan.
- 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.

- One seminar has been planned as a forum for discussion on the content of continuing oncology training for general practitioners, involving the national bodies responsible for continuing training for general practitioners.
- Two seminars for nurses have been planned dealing with psychological care for cancer patients and their families, one targeting nursing instructors and the other training given by nurses to volunteers from cancer associations etc.

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

The conclusions of a working party of European experts on palliative care together with the conclusions of a European survey on this subject carried out under the Programme were disseminated in 1993 in the Member States, in particular at a European meeting on the palliative care training content of medical courses, which was held in March 1993 in Brussels under the aegis of the European Association of Palliative Care. The Programme also provided funding for a European seminar on continuing training in palliative care, organised by the Danish Cancer Society, and for 30 training grants to enable health professionals in the Member States to attend refresher courses organised by the International School of Cancer Care. A study was started in Ireland with funding from the Programme to help determine quality evaluation criteria for the palliative care given to cancer patients.

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

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

In view of the progress made in previous years, most of the work done in this field in 1993 focused on breast cancer screening, though the Commission did also support studies on improving screening for cervical and prostate cancer.

Screening quality varies depending on the equipment used and the level of training of the doctors and nurses. Minimum quality criteria therefore need to be laid down.

- Breast cancer:

The European recommendations on quality assurance in mammography screening, which lay down minimum quality criteria for mass screening for breast cancer, and which were supplemented in 1992, were published (700 copies up to now in German, Spanish, French, Italian, Portuguese and English) and distributed by the Commission in the Member States, in particular to the health authorities and other relevant national bodies (insurance companies, screening project leaders). 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

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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 currently 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.

In the light of the conclusions of a study carried out in France in 1992 and 1993 with the support of the Programme to evaluate the cost-effectiveness of breast cancer screening, a meeting is to be 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).

– Cervical cancer:

A multi-centre random study on the usefulness of cervicography in the early diagnosis and monitoring of cervical cancer was launched in 1993 (Institut Jules Bordes, 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 is also to be discussed at an international conference to be organised in 1994 with the support of the Commission.

– Prostate cancer:

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 of this study, which is being coordinated by the Universities of Rotterdam (NL) and Antwerp (B) are expected in 1998.

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

The European network of breast cancer screening pilot programmes involving nine Member States (B, DK, GR, E, F, I, IRL, LUX, P) continued the screening work it has been carrying out since 1989 with the support of the Commission. It continued to receive very many requests for advice and help in supervising cancer screening groups. In addition, mammography equipment producers expressed an interest in developing international quality control standards for such equipment.

A meeting to evaluate the network was held in July 1993 in Pamplona (Spain) at which the pilot project leaders undertook to apply all the quality assurance criteria for screening laid down in the European recommendations by the end of 1994 (cf. Field 28). Germany

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became involved in exchanges of information with the network in 1993. The Netherlands, the United Kingdom and Sweden are involved in the network as advisor/observers. An analysis of the results of the screening carried out between 1989 and 1992 at seven pilot centres (B, GR, E, F, IRL, I, P) and details of the organisation of each pilot programme were published and distributed in the Member States in 1993. As part of the follow-up and evaluation of the network one of the Programme's consultant experts carried out on-the-spot inspections (B, GR, F, LUX, P).

Discussions are already taking place on extending the pilot experiments in systematic breast cancer screening, which could be used as a model for national programmes in Ireland and Spain.

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

The European recommendations on quality assurance in cervical cancer screening, drawn up in 1992 by a group of leading European experts, were approved at a European conference in Marbella (Spain) in May 1993 and have been widely distributed in the Member States, particularly among the health authorities. The recommendations 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. The document is also available in French. A European network was set up in 1993 with the support of the Commission, involving twelve pilot cervical cancer screening projects in the twelve Member States. All the members of the network are to meet for the first time in 1994.

**Field 31. 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 effective in reducing deaths 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.

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

The Commission provided co-funding in 1993 for the coordination of a random European study on screening for prostate adenocarcinoma, involving 200 000 men in seven countries. The results, evaluated in terms of the reduction in the number of deaths caused by prostate cancer, are not expected before 1998.

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

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 informatics applied medicine programme, 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.

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

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

The European network of cancer registers set up in 1990 continued to develop in 1993. A steering committee was set up in January 1994 involving representatives of the 70 general cancer registers.

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 analyse and interpret it, both of which were developed as part of the EUROCIM project, were revised to improve their performance in 1993. 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".

Five grants were awarded in 1993 to enable health professionals to obtain training on evaluating quality control and the analysis and use of cancer registration data.

A number of studies on cancer registration received financial support in 1993, 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.

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

**Fields 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 marrow donors and receivers (European Marrow Donor Informatics System) was set up as part of the EMDIS project with support from the Commission's Informatics Applied Medicine programme. 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.

**Fields 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.

In the field of palliative care the Programme disseminated the recommendations on palliative care drawn up by an ad-hoc group of experts, together with a report on the situation of palliative care in the Member States. In addition, the Programme provided financial and logistical support for a seminar held in Brussels in March 1993 on the feasibility of a basic European programme to improve training in palliative care for doctors. The seminar was organised by the European Association of Palliative Care and was attended by the various professional organisations concerned.

The Programme funded a number of training measures such as forty grants for 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.

## **VI. CANCER RESEARCH**

The research projects on cancer carried out in 1993 formed part of the Biomedical and Health Research programme.

The programme of training grants in operation since 1988 and designed to encourage mobility for researchers in the cancer field was repeated in 1993 as in previous years. In addition in 1993 the Commission funded 54 coordinated projects (cp) on cancer research. The majority of the projects selected involved basic research in cell and molecular biology (29cp), while others covered clinical research (14cp), epidemiological studies and research (5cp), chemoprevention studies and research (3cp), and screening studies and research (3cp). The results of these multiannual research projects will be available in 1996. The fourth framework programme in the field of research (1994-1998) gives priority to cancer research.

## **VII. CONCLUSIONS**

During 1993 the majority of the work on combating cancer was carried out by the Programme's national partners in the exchange networks set up with the help of the Commission in 1991 and 1992, particularly in the fields of prevention studies, prevention through public information campaigns and health education in schools, and more especially on smoking, screening and training for health personnel. Efforts were made to make up time in projects on cancer studies and treatment geared towards defining good practice. This approach was supported by the representatives of the Member States' health authorities meeting in the Advisory Committee. The national coordination committees, which comprise the main public and private bodies involved in the fight against cancer, played a very important part in consolidating measures taken at European level, as demonstrated in particular by the press in the Member States during the information campaign for the European Week against Cancer in 1993. The greater responsibility accepted by national bodies in implementing European measures proved particularly effective in the selection of projects for submission to the Commission and in discussions on future policy in Community measures to combat cancer both at national and at European levels.

The evaluation work started in 1992 in the various sectors was further developed in 1993; by the end of 1994 each sector, working with the relevant national bodies, should have produced an assessment of the impact of the measures taken during 1990-1994 second action plan.

The Committee of Cancer Experts, which guarantees the scientific quality of the Community's activities, continued its work on evaluating the quality of the projects

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funded and on advising the Commission on the definition of scientific objectives for the measures taken to combat cancer after 1994. The importance of its role in helping to define reference criteria in the various fields in which action is taken at European level was widely recognised by the national partners in the Programme, and in particular by the scientific community and the health professions in the Member States.

COM(94) 550 final

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Catalogue number : CB-CO-94-577-EN-C

ISBN 92-77-83061-1

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