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REPORT FROM THE COMMISSION TO THE COUNCIL,
THE EUROPEAN PARLIAMENT AND THE ECONOMIC AND SOCIAL COMMITTEE

on the evaluation of the effectiveness of Community
action undertaken in the context of the
"Europe against Cancer" programme
(1987-1992)

I. INTRODUCTION

1. The Decision of the Council and the representatives of the Governments of the Member States meeting within the Council dated 17 May 1990 (90/238/Euratom, ECSC, EEC) ⁽¹⁾ enjoined upon the Commission of the European Communities to implement, from 1990 to 1994, an action plan in the context of the "Europe against cancer" programme, the purpose of which is to increase knowledge of the causes of cancer with emphasis on the possible means of preventing cancer.

2. The Decision provided that the Council and the Ministers of Health will carry out a scientific evaluation of the effectiveness of the action undertaken and that, to this end, the Commission will submit a report on the subject during the second half of 1992.

3. The purpose of this communication is to report to Council on the evaluation of the effectiveness of the actions undertaken under the action plan. However, since such actions constitute, to a large degree, a continuation of actions undertaken since 1987 in the context of the "Europe against cancer" programme, and cannot therefore be viewed in isolation, and that the avowed aim of reducing deaths from cancer by 15% by the Year 2000 cannot be determined at present, the evaluation carried out by the Commission was extended to cover the five years (1987-1992) of the programme.

4. In evaluating the effectiveness of the programme, the Commission has had recourse to material produced in the course of implementing the various actions, assessments concerning specific projects and, lastly but most importantly, to the work

⁽¹⁾ OJ L 137, 30.5.90, p. 31.

carried out by an Evaluation Committee which has been submitted to the Commission as a report entitled "Europe against cancer - Evaluation of the first five years 1987 - 1991". This report, which also contains a number of policy recommendations, will be made available on request.

II. BRIEF DESCRIPTION OF THE "EUROPE AGAINST CANCER" PROGRAMME

5. Launched on the initiative of the European Council, the "Europe against cancer" programme covers the following five areas of action:

- a) smoking;
- b) nutrition;
- c) carcinogenic agents;
- d) cancer screening;
- e) cancer treatment.

The Council Decision of 17.5.1990 reorganised the measures to be implemented in the period 1990 to 1994, grouping them under the following headings:

- a) cancer prevention (including screening),
- b) health information and education,
- c) training of the health professions,
- d) research and cancer.

Research actions will not be described in this communication, having been the subject of a separate evaluation.

6. Within the context of the first (1987-1989) and the second (1990-1994) Action Plans, and on the basis of the opinions of the Committee of Cancer Experts, the following means have been mobilised:

- a) adoption of Community legislation;
- b) financial assistance for studies and research to promote cancer prevention and screening, public information campaigns and school health education campaigns, cancer training schemes for health personnel, pilot cancer screening projects, and exchanges of experience in the field of cancer treatment.

7. In order to reach the target set for the Programme in 1986 - a 15% reduction in cancer deaths in Europe by the Year 2000 - the Commission has followed a strategy of partnership, mobilising all the governmental and non-governmental players in the twelve Member States.

8. The Commission has proceeded on the principle of non-intervention except in cases where Community intervention would add value to national actions. This added value has taken the following forms:

- a) promoting the adoption throughout the European Community of the best practices or national legislative provisions;
- b) promoting and stimulating cooperation in the field of study and research;
- c) setting-up of networks concerning pilot projects, sharing of experience and exchange of information.

III. EVALUATION OF THE EFFECTIVENESS OF THE ACTION UNDERTAKEN

9. As stated already, the overall objective of the programme is to bring about by the Year 2000 a 15% reduction in cancer mortality. In view of the difficulties involved in accomplishing this ambitious objective, the Commission decided, from the outset, to enlist the aid of decision-makers at national and European level, the scientific experts, and national governmental and non-governmental organisations, in designing and implementing a bold set of actions which would be judged to have the greatest chance of success. Guided principally by the advice given by the Committee of Cancer Experts which was set up in 1986 and by the Programme's Consultative Committee, the Commission decided to give priority to certain actions from among a large inventory of possible actions, and to deploy for each action the means considered most appropriate given the limited resources allocated to the Programme. The priorities could have been, and still could be, extended and/or beefed up with additional funding.

10. In answering, therefore, the question whether the right things were done in order to render the Programme effective, the Commission would like to recall that, at a time of its inception, the programme constituted a wholly innovative endeavour, on a wide scale, involving, for the first time, the Member States, experts, interested organisations and the Commission; and to underline the uncertainty over the best practicable means with which it was faced at the launch of the Programme, as well as the difficulty in defining the proper yardsticks by which each selected action was to be measured. The Commission believes that the effectiveness of the actions selected have to be judged against the intermediate indicators of agenda-setting and awareness raising, a view espoused by the Council when adopting Decision 90/238.

11. The selection of actions was by and large based on commonly accepted major risk factors for several types of cancer and on the possibilities for prevention. The Commission considered that primary prevention by means of a reduction of smoking, and reduction of exposure to carcinogenic agents constituted the main targets if the requisite reduction in cancer mortality was to be achieved: the Commission believes that this choice of targets remains valid. The main thrust of the Programme as regards primary prevention, indeed the privileged measures in the fight against the identified major risk factors, were chosen to be health information, training, and education. Both collection of information and its dissemination were, and still are, considered to be the most potent areas of action, whereas education directed towards appropriate groups has stood the test of time.

12. As regards the possibilities for secondary prevention, systematic screening and diagnosis were identified as the most promising courses of action: the Commission is of the opinion that the experience accumulated from implementing relevant measures

under the Programme showed that systematic screening for certain types of cancer has proved its worth. For other types of cancer the results have been inconclusive and prompted a number of Member States to refrain from carrying out such screening.

13. In the area of treatment, it was felt that the greatest contribution could be made towards supporting the operation of bone marrow banks and by promoting quality control.

14. The training of the health professions remains the condition *sine qua non* for ensuring that cancer prevention and treatment practitioners have acquired the necessary knowledge and skills to intervene timely and decisively.

IV. EVALUATION OF MEANS DEPLOYED

15. In order to implement the actions thus selected, the Commission used the following means :

1. Extension, through Community legal instruments or financial incentives of the best national measures in the fight against cancer.

2. Funding of qualified scientific teams for studies and research whose results will be useful for application throughout the Community.

3. Fostering of cooperative partnerships in the fight against cancer among Community bodies and persons locally, nationally, and between Member States.

The implementation of the "Europe against cancer" programme was organised through the structure described in Annex I.

As regards financial means, the first plan of action comprising 56 measures was allocated 18.5 million over 1987-1989, whereas the cancer research budget (19 actions) amounted to 18 million over 1987-1991. The second action plan for 1990-1994, including 38 points of action (besides the continuation of medical research activities), was allocated a budget of 50 million, although the Decision of 17 May 1990 stipulates that the Council and the Ministers for Health, meeting within the Council, will review this total amount in the light of this present evaluation report with the possibility of increasing it by 5 million from 1 January 1993.

16. The Commission believes that the kind of means, if not the magnitude, was globally appropriate for the actions pursued under the programme. Through the judicious combination of actions and the nature of the means, the programme has succeeded in both raising awareness concerning the fight against cancer among the public at large, among health professionals and the decision-makers, and in tracing the road towards the sought-after reduction in cancer mortality. In terms of added value for the whole of the European Community the programme :

. has succeeded in guiding or assisting in the passage through the European Parliament and the Council of Ministers of a number of legislative proposals concerning preventive actions vital to the reduction of exposure to tobacco and to carcinogenic substances;

. has coordinated and spread the messages of the ten components of the European Code against cancer which by means of simple messages distils the existing knowledge useful for cancer prevention within the European Community. The large distribution of the code has helped to increase awareness and better inform the general public on risks associated with cancer;

. has contributed to numerous joint efforts in public information via various forms of popular media events, including the European Year of Information on Cancer in 1989, and the cancer weeks which take place on a yearly basis;

. has supported demonstration programmes in cancer screening and research projects on nutrition and on carcinogenic substances for the benefit of all Member States. This research is expected to generate results applicable in the European context, thus increasing the effectiveness of the research investment;

. has initiated health care curriculum development and continuing professional training in oncology as well as professional exchange programmes which facilitate the transfer of experience and knowledge aimed at improving standards within the Member States;

. has facilitated the dissemination of technical standards for health care professionals regarding cancer prevention, cancer diagnosis, and quality of care for cancer patients;

. has succeeded in demystifying the subject of cancer among the public at large, greatly enhanced awareness on relevant risks and prevention and protection measures, and cultivated a willingness to seek treatment promptly.

17. A detailed description of the measures implemented under the programme, grouped under the headings contained in the Annex of the Decision 90/238, is presented in Annex III.

18. With regard to the efficacy of means deployed in the implementation of measures under the programme, the Commission is of the opinion that:

a) As smoking is the most important cause of death from cancer that is preventable, the most significant way to achieve a reduction in deaths from cancer is to reduce smoking. The Commission has pursued this aim by means of a combination of regulatory actions and information campaigns targetted at the general population and at certain specific groups such as young persons and, therefore, the emphasis placed upon them by the programme was amply justified.

b) Concerning carcinogenic agents, a series of actions carried out in other Community policies also lent support to the cancer programme, in particular by the application of legislative measures adopted in the framework of those policies, notably in the field of safety and health at work;

c) Many actions have been undertaken at national level in the area of nutrition since 1987, with the scientific advice of the Committee of Cancer Experts and thanks to the involvement of the associations against cancer. These efforts have been complemented by the large scale prospective study on "Nutrition, Health and Cancer" which was initiated in 1989, although the results have not yet been fully analysed. There is value in persisting with the actions and studies undertaken in this important area of the programme.

d) Concerning promotion of awareness and information of the public, the concentration of important resources in campaigns and the involvement of organisations and individuals has had a major and beneficial impact; based on the experience acquired from the implementation of the first plan of action, campaigns undertaken during the second plan were better organised and targetted on specific groups.

e) Concerning health education in schools, the programme instigated developments, in particular the review and improvement of curriculum and learning resources and the development and dissemination of teaching materials, which would not otherwise have taken place. These health education activities could not have taken place without the active involvement of the national Ministries and the national organisations against cancer which became involved in health education against smoking from a very early stage, and more recently in health education for healthy nutrition. However, the specific issue of cancer education in schools needs to be seen in the more general setting of health education in schools.

f) Concerning training of health professionals, the emphasis on curriculum development and relevant exchange of information as well as the granting of financial assistance for specialised training of health care professionals, proved their usefulness and demonstrated the need for continuing support.

g) Concerning cancer screening, vital lessons have already been learnt which can be put to good use in relation to screening of cancers other than those already dealt with and in relation to assisting resource allocation decision-making concerning the place of screening in overall health policies.

h) Concerning treatment and palliative care, little work has been carried out. Thus it is premature to attempt to rush to statements, even of a qualitative nature, as to the effectiveness of pertinent measures, although a promising area appears to be the exchange of information on quality control.

i) Concerning project administration, an overall good performance was marred, basically through lack of resources, by some delays and a relative deficiency in the circulation of information to inquirers, which would require a review of the procedures established for managing the activities under the programme with a view to their amelioration and strengthening.

V. GLOBAL APPRAISAL

19. The "Europe against cancer" programme, judged by its impact in agenda - setting and awareness raising, and as a pointer to what may be achieved by bringing forces in the European Community into a proper relationship so as to yield added value, has proved a success.

It is appropriate, therefore, to pursue the actions under the programme. The adjustments that need to be made to maximise this added value could only be discerned thanks to the experience accumulated by implementing the programme. More emphasis must be placed on the information of target groups, smoking reduction, specialised training of health care professionals, and screening ; in addition, more effort should be devoted, in the coming years, to supporting the dissemination in Member States of the best practices in treatment quality control and in palliative care management, as requested by the Council of Health Ministers in its Decision of 17 May 1990. School health education and nutrition are at present indissociable elements of the programme. It is recognised that these are generic issues, the importance of which also needs to be seen in a more general framework.

In this context, the allocation of additional funding, mentioned as a possibility in the Decision of 17 May 1990, would be both useful and justified.

In conclusion, the Commission reiterates the position expressed in its communication COM(92) 2000 final ("From the Single Act to Maastricht and beyond -- The means to match our ambitions"). Thus, the "Europe against cancer" programme should continue to be pursued, and should be intensified in all areas: prevention, information and education, training and research.

ORGANISATIONAL STRUCTURE.

There are five organisational entities forming the structure of the Programme "Europe against Cancer"

Committee of Cancer Experts

The creation of this Committee was decided in December 1985, by the Council of Ministers for Foreign Affairs. The Committee is composed of fifteen members (one or two cancer experts per country) and is chaired by Professor Maurice Tubiana of France. These cancer experts were appointed by their respective Head of State, Prime Minister, or Health Minister to advise the European Commission in the elaboration of the plans and their implementation. Several observers are also members of that Committee, notably WHO-Europe and the WHO agency for cancer research (International Agency for Research on Cancer). This allowed an effective cooperation between WHO and the European Commission.

Consultative Committee of "Europe against cancer".

This committee of twenty-four senior officials of the Member States was created by the Council Decision concerning the second action plan. One of its tasks is to assure the smooth coordination of proposals funded by the Commission and by national government bodies. Furthermore, this Committee assists the Commission in the implementation of those actions involving national governmental bodies, notably actions concerning health education activities.

National Coordination Committees.

These twelve National Coordination Committees were set up at the beginning of the first action plan to ensure that public information and health education activities subsidized by "Europe against cancer" would be properly coordinated and evaluated at the national level. These committees are usually chaired by the corresponding member of the Cancer Experts Committee. Members represent the Health and Education Ministries and influential non-governmental organisations involved directly or indirectly in the fight against cancer.

Non-governmental organisations/groups

Several working groups were set up under the programme at the beginning of the first action plan, including:

- anti-cancer leagues
- anti-tobacco associations
- representatives of general practitioners.

These groups have played a key role in the implementation of the public information chapter of Europe against Cancer.

European Commission ("Europe against Cancer")

The programme was managed by a "Europe against cancer" unit which now forms a part of the unit "Public Health and Programme of Action Against Cancer". Thirteen Commission officials were assigned to the Programme for the implementation of the first action plan. They have reinforced by five national officials in 1990. Part-time consultants have also been recruited to assist in specialized matters (information and health education specialists, training of health personnel, screening of cancer). These consultants represented the equivalent of four full-time persons at the end of 1991.

EUROPE AGAINST CANCER PROGRAMME
SUBVENTIONS - (ECU) - % GLOBAL BUDGET

	1987	1988	1989	Budget breakdown objectives 90-94	1990	1991	1992 (estimated) (1.10.92)
Tobacco	80.000 (11,8%)	495.255 (6,5%)	679.249 (8,8%)	14%	1.178.850 (16,3%)	1.410.391 (15,6)	1.793.840 (18,1%)
Information	564.112 (83,5%)	4.058.775 (53,6%)	5.183.294 (67,3%)	14%	1.398.964 (19,3%)	1.479.265 (16,4%)	1.181.278 (11,9%)
Health Education	0	166.766 (2,2%)	493.423 (6,4%)	18%	738.304 (10,2%)	1.247.863 (13,8%)	1.263.660 (12,7%)
Nutrition	0	641.000 (8,5%)	349.506 (4,5%)	17%	871.900 (12,0%)	1.213.800 (13,4%)	1.949.750 (19,7%)
Carcinogens	0	244.945 (3,2%)	204.995 (2,7%)	4%	540.750 (7,4%)	376.000 (4,2%)	271.000 (2,7%)
Training	32.000 (4,7%)	505.385 (6,7%)	298.099 (3,9%)	17%	1.460.950 (20,2%)	1.815.049 (20,1%)	1.777.279 (17,9%)
Cancer Registries	0	116.000 (1,5%)	7100 (0,1%)	2%	318.516 (4,4%)	239.739 (2,7%)	437.601 (4,4%)
Screening	0	1.118.787 (14,8%)	331.939 (4,3%)	12%	740.800 (10,2%)	1.123.500 (12,5%)	961.161 (9,6%)
Treatment	0	226.300 (3,0%)	155.020 (2,0%)	2%	0 (0%)	119.483 (1,3%)	278.000 (2,8%)
SUB TOTAL SUBVENTIONS	676.112 (100%)	7.573.213 (100%)	7.702.625 (100%)	100%	7.249.034 (100%)	9.025.090 (100%)	9.913.569 (100%)
Coordination & Management	250.000	677.385	1.098.412		1.651.481	1.937.253	1.862.607
TOTAL	926.112	8.250.598	8.801.037		8.900.515	10.962.343	11.776.176

Detailed description of actions undertaken as foreseen
in Annex I of Council Decision 90/238/Euratom, ECSC, EEC

ANNEX III

The anti-smoking campaign

The Programme's two Action Plans both advocated an overall, integrated approach to the fight against smoking. To this end, numerous actions directed exclusively towards the prevention of smoking have been implemented, in particular in the following fields: public information; taxes and prices, labelling; tobacco ingredients; production; protection of children; banning of smoking in public places; advertising; stop-smoking campaigns.

These actions have taken two main forms:

- the drafting of legislative measures;
- activities "on the ground".

Legislative measures

Legislative action since 1988 has so far led to the adoption of the following texts:

- Resolution of the Council and the Ministers for Health of the Member States meeting within the Council of 18 July 1989 on banning smoking in places open to the public (89/C189.01);
- Council Directive of 13 November 1989 concerning the labelling of tobacco products (89/622/EEC);
- Council Directive of 17 May 1990 concerning the maximum tar yield of cigarettes (90/239/EEC);
- Council Directive of 15 May 1992 amending Directive 89/622/EEC concerning the labelling of tobacco products and the prohibition of the marketing of certain types of tobacco for oral use (92/41/EEC).

Activities on the ground

In the course of the two Action Plans since 1988 the Programme has financed 150 anti-smoking projects. These have included school health education projects, information campaigns for the general public and young persons in particular, and programmes to help smokers break the nicotine habit.

As regards exchanges of information and experience, the Programme has supported the establishment of a consultation group comprising representatives of the anti-smoking organisations and the responsible government departments. The main achievement of this network of anti-smoking NGOs has been to increase public awareness of the Community's anti-smoking activities.

Nutrition and Cancer

The Programme has subsidised a number of studies designed to improve our understanding of the possible links between diet (including alcohol) and cancer, for example cancer of the breast, colon, pancreas and bile ducts. There has also been research into the role of anti-promoting substances (selenium, calcium, etc.).

Finally, the Prospective European Study on Diet and Cancer (acronym: EPIC) has been launched. The advantages of conducting this prospective study on a Community-wide scale are evident, since only the Community offers the diversities of populations and diets necessary to produce significant results. This study is coordinated by the International Agency for Research on Cancer (IARC) and involves epidemiological teams from seven Member States, who will monitor 350 000 citizens of Europe with a view to examining how diet and other habits correlate with the incidence of cancers and other diseases (cardiovascular diseases, hypertension, diabetes, etc.). France, Spain, the United Kingdom and Italy have begun the project proper, while Germany, Greece and the Netherlands are still finalising the pilot phase.

As regards the informing of the public, all the partners in the Europe Against Cancer Programme in the twelve Member States have adapted their public information campaigns to take account of the two nutrition commandments in the European Code Against Cancer. Numerous new information brochures have also been published with the financial assistance of the European Community.

As regards legislation, the Programme has benefited from important advances in the field of nutrition labelling and pesticide residues in fruit and vegetables.

In 1990, for example, the Council adopted Directive 90/496/EEC harmonising nutrition labelling for foodstuffs in the European Community⁽¹⁾. Subsequent to this Directive the Scientific Committee for

Food drew up two reports in 1991:

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

Additionally, in April 1992 the Commission adopted two proposals for amendments to the four Council Directives 76/895/EEC, 90/642/EEC, 86/362/EEC and 86/363/EEC concerning the fixing of maximum levels for pesticide residues in and on fruit and vegetables and other products of vegetable origin, cereals and foodstuffs of animal origin.

(1) OJ L 276, 6.10.90

Carcinogens

With regard to the carcinogenic properties of certain chemical substances, several studies have been conducted on occupational cancers suffered by workers exposed to various carcinogenic agents.

The following legislative actions have supported the implementation of the Programme in this field:

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

On 1 March 1991 the Directive on the classification and labelling of dangerous substances (67/548/EEC) was adapted to technical progress for the twelfth time. Also in 1991, the number of substances or groups of substances classed within categories 1, 2 or 3 in Annex 1 to Directive 67/548/EEC was increased by 52, bringing the total to 147.

Directive 88/379/EEC (classification and labelling of dangerous preparations) came into force on 8 June 1991. Under the terms of this Directive dangerous preparations must be labelled; in particular, those containing any substance classified as carcinogenic must bear the message "May cause cancer" if the substance is present in the preparation at a concentration exceeding that fixed by the Directive.

b) Marketing of dangerous substances and preparations

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

c) Prevention of occupational cancers

A decisive step in the fight against carcinogens at the workplace was taken with the adoption of Directive 90/394/EEC of 28 June 1990 on the protection of workers from the risks related to exposure to carcinogens at work (OJ L 196, 26.7.90, p.1).

As regards the specific problem of asbestos, a Council Directive was adopted on 25 June 1991 amending Directive 83/477/EEC on the protection of workers from the risks related to exposure to asbestos at work (second individual Directive within the meaning of Article 8 of Directive 80/1107/EEC) (OJ L 206, 27.7.91, p.16).

In the field of protection against ionising radiation, the following legislative action has been taken with the support of the Programme.

- Euratom Regulation No 3954/87 (OJ L 371 of 30.12.87) laying down maximum permitted levels of radioactive contamination of foodstuffs and of feedingstuffs following a nuclear accident or any other case of radiological emergency was supplemented by Regulation 770/90.
- Adoption of Council Regulation (EEC) No 2219/89 on the special conditions for exporting foodstuffs and feedingstuffs following a nuclear accident or any other case of radiological emergency (OJ L 211 of 22.7.89).
- Directive No 618/89 Euratom (OJ L 357 of 7.12.89) on informing the general public about health protection measures to be applied and steps to be taken in the event of a radiological emergency was supplemented in 1991 by a communication (OJ C 103 of 19.04.91) designed to facilitate the Member States' transposal of the Directive into national law.
- Directive No 641/90 Euratom (OJ L 349/21 of 13.12.90) on the operational protection of outside workers exposed to the risk of ionizing radiation during their activities in controlled areas.

Screening

On the basis of the experience already acquired in certain Member States a network of breast cancer screening pilot projects was set up in 1990, the purpose being to initiate an exchange of experiences between Member States and establish the foundations for a high-quality system of breast cancer screening within the Community.

Nine Member States are involved at present. Although the United Kingdom, Germany and the Netherlands do not have any projects financed within the network, the expertise of the centres operating in these three countries is being put to use in the management and evaluation of the network, so the network can be regarded as covering the entire Community. The functioning of the network is assessed continually by independent experts, and three general assessment meetings have already been held (Coimbra - 1990, Athens - 1991, Dublin - 1992).

The assessments revealed a need for better training of health personnel, and the Programme reacted by organising training courses in this field, in particular in the Utrecht and Florence screening centres (1990-1991).

It was also found that the quality assurance of several pilot projects needed improving. To this end the Programme has drafted a document, in collaboration with experts from the Member States, laying down European guidelines for quality assurance in mammographic screening. This document covers the organisation of such screening, together with the technical and professional aspects (procedure, training of radiological teams, performance indicators, assessment, technical aspects concerning the dose). Publication is scheduled for the end of 1992.

As regards cervical cancer screening, the Programme has funded numerous studies, including studies on the link with the HP virus, on the uptake by women of cervical screening, on the role and training of general practitioners, and on alternative screening techniques such as cervicography.

As with breast cancer screening, it was found that the quality assurance of cervical screening needed improvement. The Programme has therefore produced, in collaboration with a group of experts, a document laying down guidelines for quality assurance in cervical cancer screening. This document will be published at the end of 1992.

It is planned to set up a Community network of pilot projects in 1993, with a view to testing the applicability of these guidelines.

As regards other cancers, the programme is financing a study on the feasibility of prostate cancer screening. As for colorectal cancer, the programme has funded a small number of studies (the effectiveness of colorectal cancer screening in the United Kingdom, Germany and France) which evaluate the screening methods employed for this form of cancer.

Cancer registers and similar measures

As part of the action for the establishment of cancer registers, described in the second Action Plan, preparatory work has begun on the establishment of a European network of cancer registers. The aim is to improve the comparability of data contained in cancer registers and thus create a reliable data base. This will allow cancer problems in the Community to be monitored more effectively and will enable the data to be put to optimum use in the context of research and planning work. This project is being managed for the Programme by the International Agency for Research on Cancer and the Danish Cancer Register.

Completed and ongoing activities include:

- definition of a coding system involving a set of entities comprising approximately 700 cancers, with a view to establishing comparability between the various cancer registers;
- development of a database management system (EUROCIM) for use on PCs, to facilitate research into the incidence of cancers and the associated mortality rates, and permit the statistical analysis of such data;
- survey of existing cancer registers within the Community with a view to identifying possible participants in the network;
- publication of data on the estimation of the damage caused by cancer in the European Community.²

2 O.M. Jensen, M. Estève, H. Møller and H. Renard (1990), Cancer in the European Community and its Member States, *Europ. J. Cancer*, No 26, 1167-1256.

Other aspects: treatment and bone marrow banks

Various measures have already been introduced to give effect to the actions recommended in the Council Decision of 17 May 1990⁽¹⁾ with regard to treatment and bone marrow banks.

As regards treatment, a study on ways of improving quality control in radiotherapy has been launched with a view to harmonising good practice in this type of treatment. With regard to palliative care, a group of experts has drafted a report on the situation within the Community. And a similar report has been drawn up by another group of experts on the treatment of children with cancer (this report too will be available at the end of 1992).

Finally, a group composed of members of the Committee of Cancer Experts has been set up to examine what initiatives the Programme could develop in the medium term in the field of treatment.

As regards bone marrow banks, the Programme has associated itself with the AIM programme, which is funding the EMDIS (European Marrow Donor Informatics Systems) projects, covering nine bone marrow banks and approximately 300 000 donors. A European Donor Secretariat (Paris) has also received modest Community support. In the course of the next two years the Programme will examine the arrangements which need to be introduced to improve exchanges of experience in this field.

(1) OJ L 137 of 30.05.90

Information of the Public.

One of the major objectives of the information aspect of the Programme has been to make appropriate resources available to partners in the campaign against cancer. In addition to financial support for actions related to the objectives of the Programme, these resources include the European Code Against Cancer, TV and video films, posters, the brochure of the Programme, the Diaporama (slide show) and the national newsletters. In addition, the publication of the 1/91 edition of Social Europe provided a convenient collection of both scientific and administrative/legal documentation on the Programme.

The added value of networks, in bringing together partners with similar interests, is not in doubt. Among those maintained by the information sector are the Group of Associations and Leagues Against Cancer, the Group of producers of medical and scientific TV programmes, the Group of Correspondents based in the Offices of the Commission in the Member States, and the Group of Chairmen of National Coordination Committees. The national coordination committees established in each country to facilitate the development of cancer prevention activities have had a positive effect in promoting coordination at the national level.

From the start the use of surveys based on proven methodology has been seen as a vital contribution to identifying areas of action and evaluating the effectiveness of information campaigns. Since 1987 regular surveys on awareness of cancer prevention, smoking behaviour and other issues have been conducted on a 12 country basis. Surveys of special target groups such as teachers, general practitioners, 11 - 15 yearolds (on tobacco and alcohol) and women (with special reference to screening and nutrition) have provided the necessary data for giving priorities to different types of action.

Numerous information actions were undertaken at Community level to promote information on cancer prevention. The most important are :

European Year of Information on Cancer The European Year, from January 1989 to January 1990 involved the mobilisation of the widest possible range of partners. The Year was launched by press conferences attended by senior Ministers. 10 TV programmes were commissioned for broadcast throughout the Community. Leading representatives of NGOs were received at Strasbourg by the European Parliament. Mobile exhibitions and sporting events to promote awareness of cancer prevention took place throughout Europe.

Eurovision Against Cancer, January 1990 11 channels from 9 Member States collaborated in this unique achievement of a live Eurovision programme on a scientific subject. The content was based firmly on the European Code Against Cancer.

European Weeks Against Cancer The European Weeks have proved an effective means of maintaining interest in the Europe Against Cancer Programme. A 'Test' Week was held in May 1988. Subsequently the second week in October each year was chosen on a regular basis, for which a theme based on the European Code Against Cancer is selected. This leads to the stimulation of flagship actions in each Member State. Moreover, hundreds of spontaneous actions take place each year in the context of the Week.

Health Education and Cancer Prevention

1. Key activities in health education in the first Action Plan of the "Europe against Cancer" Programme (1987-1989) were as follows:
 - A comparative survey of health education programmes in the member states was carried out. A survey of 2750 teachers included questions on the provision of health education.
 - A meeting of the anti-cancer associations took place in Viterbo, Italy to discuss the role of the school in the prevention of cancer.
 - Financial assistance was provided to national projects for school-based health education programmes incorporating cancer prevention and tobacco education.
2. Actions of the Second Action Plan (1990-94) are based on the "First European Conference on Health Education and Cancer Prevention in schools" which was held in Dublin in 1990.
 - 2.1. Support for efforts to inform schoolteachers about their awareness of the European Code against Cancer :

Particular attention has been devoted to teacher training in health education and cancer prevention. The programme has collaborated at the European level with other international agencies (WHO -Regional Office for Europe; Council of Europe) in the organization of European Summer Schools on in-service teacher training in health education in which cancer prevention issues (tobacco, nutrition, etc...) have been addressed (Southampton, U.K.; Flensburg, Germany; Montpellier, France).

At the national level, teacher training initiatives which pass on the key messages and approaches of these European summer schools have been supported in Portugal, Greece and Belgium. Furthermore, conferences to discuss the implementation in each Member State of the recommendations of the Dublin Conference have taken place or are planned in each of the Member States with support of Europe against Cancer.

At Community level, a European pilot network of teacher training institutions is being developed to test a common minimum curriculum on teacher training in health education including cancer prevention, and an information campaign has been prepared to increase the awareness of teachers and school-based personnel on their role in health education and cancer prevention. Materials include a poster and information brochure agreed at European level.

Finally, a European framework for health promotion and the prevention of cancer in the primary school has been developed.

2.2. Dissemination of teaching material on health education :

A video for tobacco education ("Smoking and You") in second-level schools has been produced and is being pilot-tested in every member state. It is accompanied by a teachers' guidebook for its use.

Furthermore, a European Festival on the Use of Audio-visual Materials in Health Education (including tobacco and nutrition education) is being supported.

In several Member States, (Spain, Belgium, Netherlands, Italy and the U.K.) support has been provided for the development of materials for use in school-based projects that promote a healthy lifestyle and the prevention of cancer. Pilot projects in schools on cancer prevention which are set within the context of the health promoting school have been supported (Belgium and Luxemburg).

2.3. Encouragement at school of healthy dietary habits and in particular encouragement of the consumption of fruits and vegetables during break and mealtimes.

A European summer school on nutrition education in the health promoting school was supported and national projects in nutrition education were supported in Germany, Ireland and Spain.

Training of Health Personnel

In the training field, emphasis was set on the need to adapt and enhance the knowledge and skills in oncology of general practitioners, specialists and oncologists, and nurses.

Further to the Commission Recommendation of 8 November 1989 concerning the training of health personnel in the matter of cancer (O.J. L 346,89/601/EEC) the Europe against Cancer Programme has supported the following activities :

- European Conference on a Curriculum in Oncology for Medical Students in Europe, May 1988, Bonn (EORTC).
- European conference on dentists and cancer prevention, June 1990. Copenhagen Royal Dental College of Copenhagen.
- European conference on a curriculum in oncology for dental students in Europe, October 1990, Copenhagen. 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).

The recommendations from these conferences have been endorsed by the advisory committees 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.

In the framework of the implementation of these conferences, several initiatives were realised or are at present ongoing :

In view of curriculum development :

- A European network of pilot projects based on the core curriculum for a post-basic course in cancer nursing is currently being established in Portugal, Greece, Belgium, Denmark, Germany, Ireland, Italy.
A feasibility study to develop a joint network involving France, Spain and Portugal is being organised in the same context.
- A network of pilot projects of cancer training for G.Ps. is being established involving the 12 Member States to implement the recommendations of the Copenhagen 1991 Conference on Specific Training in Cancer for G.Ps.
- Two pilot projects on cancer training for dental students are being supported in Italy and Portugal by the Programme.

- A common non-compulsory training programme for medical and paramedical personnel participating in cervical cancer screening in the European Community is being developed in collaboration with the cytopathology societies of the 12 Member States.
- Numerous in-service training seminars and workshops on cancer-related topics have been organised for doctors, nurses and dentists in the Member States in 1990 and 1991 with the support of the E.A.C. Programme.

Following on the European consensus conferences for dentists in 1990 the Royal Dental College of Copenhagen is organising in 1991 and 1992 two seminars to train trainers from the twelve Member States in oral cancer training.

As regards mobility of medical personnel :

- support has been provided through fellowships to facilitate the mobility of doctors and nurses between Member States. In 1990, 50 fellowships were awarded to doctors to facilitate their access to specialised courses organised by the European School of Oncology (E.S.O.).
- Access to excellence centres was facilitated for 25 European nurses with the assistance of the European Oncology Nursing Society (EONS). In 1991 30 doctors and 25 nurses were offered fellowships in the same context.
- Participation in data management courses organised by the E.O.R.T.C. is being supported as well.

In the field of teaching material :

- Manuals designed for general practitioners on "Lung Cancer", "Breast Cancer", were published in 1990.
- A multi media training package for distance learning courses on "Reducing the risks of Cancer" has been developed by the Open University (U.K.) since 1990 to train health workers in Europe in cancer prevention.
- A computer-based interactive video-disk developed to train doctors and nurses on cancer is currently being evaluated in four Member States (U.K.).
- A brochure explaining the scientific background to the "European Code against Cancer" for general practitioners produced by the group of representatives of European general practitioners' associations is being finalised and will be disseminated in the near future throughout the Community.

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