The European Union role in cancer prevention

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Cancer in the EU

- Just over 3.4 million new cases of cancer (excluding non-melanoma skin cancers) in Europe in 2012

- Estimated total number of cancer deaths in Europe in 2012 was 1.75 million, of which 56% (976,000) were in men and 44% (779,000) in women.

- Lung cancer, with an estimated 353,000 deaths (one fifth of the total) was the most frequent cause of death from cancer in Europe in 2012, followed by colorectal cancer (almost 215,000 deaths, 12.2%), breast cancer (131,000, 7.5%) and stomach cancer (107,000, 6.1%).

A reduceable risk

At the incidence rates prevailing nowadays in the European Union, it would be expected that 1 in 3 men and 1 in 4 women would be directly affected by cancer in the first 75 years of life.

Many cancers are preventable and risks can be reduced:

- Cancer is caused by many factors and therefore its prevention has to address lifestyle, occupational and environmental causes.

- It has been estimated that **around one third of all cancers could be prevented by modifying or avoiding key risk factors** such as smoking, being overweight, low fruit and vegetable intake, physical inactivity and alcohol consumption.
Major chronic diseases

- Musculo-skeletal Diseases
- Diabetes
- Obesity
- Tobacco
- Alcohol
- Genetic Background
- Over nutrition
- Chronic obstructive pulmonary disease
- Cardiovascular disease
- Cancer
- Neuro-degenerative Diseases
- Mental Diseases

Factors:
- Health systems
- Environment
- Social factors
- Communicable diseases
EU work on chronic diseases

- Action on **risk factors** and health determinants
  - Nutrition and physical activity strategy
  - Alcohol related harm strategy
  - Tobacco legislation and campaigns

- EU strategy on health inequalities

- Disease specific initiatives
  - Cancer partnership

- Health systems
  - European Innovation Partnership on active and healthy ageing
  - Cross border health care – Reference networks

- Reflection process on Chronic disease

- Financial mechanisms (EU Health and Research programmes)
Since 1985, cancer has been a priority issue for EU health policy: the European Council in Milan decided to launch the first "Europe Against Cancer" programme, operational in 1987.

The first 'European Action Plan Against Cancer' was adopted for the period 1987-1989 and the Second for the period 1990-1994.

These plans stimulated the adoption of the first European Code Against Cancer (1987), Directives against smoking (1992), marketing and use of certain dangerous substances and preparations (1989), maximum levels for pesticide residues in and on certain products (1990) and exposure to carcinogens at work (1990).

Today, cancer work is based on the 2009 Commission communication on a European Partnership for Action Against Cancer, which led to two Joint actions – an Implementation report on the partnership (and on cancer screening) was published in September 2014.

EU action on cancer is coordinated in the Expert Group on Cancer Control with Member States and Stakeholders.
The cancer code

As a result of the first European cancer plan, the European Code Against Cancer was originally drawn-up and endorsed by the European Commission high-level Committee of Cancer Experts in 1987.

The European Code is a cancer specific prevention tool, based on scientific evidence, which provides advice to citizens on how to prevent cancer, around two very clear messages:

- **Certain cancers may be avoided – and health in general can be improved – by adopting healthier lifestyles.**

- **Cancers may be cured, or the prospects of cure greatly increased, if they are detected early.**

Three version of the code have been produced until 2003. The EU Health Programme has supported the revision of the third version of the European Code Against Cancer through a grant to the International Agency for Research on Cancer.
A new version of the European Cancer Code, based on the most updated scientific knowledge, has been launched on 14th October 2014. Soon to be available in 23 languages.
The cancer code

Features of the cancer code

Update of scientific evidence (revisit existing recommendations and potentially adding new ones)

Focus on citizen

Present each message in a manner that promotes effective public communication

NEW:

Explanations and additional guidance as Questions & Answers

Advice on how individuals can implement recommendations

Addressing the public at large in a citizen-friendly format, the Code is a key communication tool in the prevention of cancer and should constitute the major tool for disseminating preventive measures and contributing to change the perception of cancer.
Tobacco

Legislation
- Tobacco products
- Advertising
- new Tobacco Products Directive

Framework Convention on Tobacco Control


Awareness raising "Ex smokers are unstoppable"
The Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues (2007)

- Nutrition and Physical Activity in all policies
- External Evaluation of the Strategy:
  - Efficiency proved
  - Need to boost the work
- High Level Group on Nutrition and Physical Activity
- European Commission
  - Member States
  - Private/public Stakeholders
  - WHO
- EC Programmes/fundings (Health programme, Research programme)
- EC Platform for Action on Diet, Physical Activity and Health
- Monitoring system and evidence base
EU Strategy on alcohol: Objectives

- Protect young people, children and the unborn child
- Reduce injuries and deaths from alcohol related road traffic accidents
- Prevent alcohol related harm among adults and reduce impact on workplace
- Inform, educate and raise awareness
- Develop common evidence base
Risk factors

- Other key determinants are **occupational and environmental factors**, such as exposure to carcinogenic and mutagenic substances, and indoor and outdoor air quality.

- In the occupational field, the evaluation of the EU Health and Safety Strategy 2007-2012 showed that it achieved relevant goals and identified the need to continue to focus in **prevention of occupational diseases, cancer being of major importance**, in the framework of coordinated actions with other EU Health and Environment Strategies.

- For that purpose, the Commission has adopted a **new EU Strategic Framework on Health and Safety at Work 2014-2020**.
• Directive 2004/37/EC of the European Parliament and of the Council, of 29 April 2004, on the protection of workers from the risks related to exposure to carcinogens or mutagens at work sets out a number of preventive measures to eliminate or minimise work-related exposures to chemical carcinogens and mutagens.

• In addition, the list of substances classified as carcinogens or mutagens is being updated in line with scientific evidence in Part 3 of Annex VI to Regulation No 1272/2008 (CLP) on classification, labelling and packaging of substances and mixtures.
• In December 2003, the Council adopted a Recommendation on cancer screening, which sets out principles of best practice in the early detection of cancer, and invites all Member States to take common action to implement national population-based screening programmes for breast, cervical and colorectal cancer, with appropriate quality assurance at all levels.

• To assist Member States with the implementation of screening programmes, the Commission has produced European Guidelines for quality assurance for breast, cervical and colorectal cancer screening as benchmarks on how to go about screening.

• The European Commission initiative on Breast Cancer to Develop the new version of the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis, and a voluntary European Quality Assurance scheme for Breast Cancer Services underpinned by accreditation and evidence-based guidelines
The European Code Against Cancer dissemination around Europe
Working together on cancer prevention

Use the Code and the background material – available soon in 24 languages

Work together on risk factors – take part in EU action on tobacco, alcohol, nutrition and physical activity

Secondary prevention and screening

Work across chronic diseases where useful
Thank you!