

## E2. A joint European strategy against breast cancer: challenges and perspectives

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216,000 women are newly diagnosed with breast cancer each year and 79,000 die of their disease. The incidence rate continues to rise and an increasing number of young women are affected. It is true that over recent years the survival rates have improved, particularly because of the use of new forms of therapy and improved early detection. However, considerable insufficiencies can still be identified when it comes to the detection, treatment and aftercare services for patients with breast cancer.

Significant differences in quality are found between the members states of the European Union (EU), between neighbouring regions, and even between different hospitals within the same city. For the affected woman, getting reliable medical care by adequately trained doctors and staff therefore often resembles a 'postcode lottery'. Differences within the EU are highlighted by 5-year survival rates that can vary up to 16% between the member states [1].

In view of these facts and considering that the EU treaty states that the EU and the national governments must ensure a high level of health protection, on June 5th, 2003, the European Parliament called upon the member states to create by 2008 the conditions necessary for a 25% reduction in the mortality rate for breast cancer [2], as well as a reduction in the disparity between the survival rates to 5%.

However, the fight against breast cancer has been a priority in EU health-policy since 1987 when the European Parliament initiated the action plan "Europe against Cancer" (1987–89) which was succeeded by two action programmes (in 1990–1994 and 1996–2002).

Under the umbrella of these programmes, the EU supported the creation and continuation of Europe-wide networks focusing on three priorities:

- the primary and secondary prevention of cancer;
- health information and education of European citizens about cancer;
- the training of health professionals.

These are some examples of what has been done:

Firstly, the establishment of the European Network of Cancer Registries (ENCR) enabled the compilation of high quality data on the incidence and mortality of cancer in all Member States.

Secondly, the European Union co-financed the European Prospective Investigation into Cancer and Nutrition (EPIC), which was formed in order to unravel evidence

on healthy and unhealthy diets based on approximately half a million European Citizens.

Thirdly, the formation of the European Breast Cancer Network (EBCN) in 1990 produced a consensus amongst European health professionals on quality measures in mammography screening.

By now, EBCN with its "Guidelines for Quality Assurance in Mammography Screening" has established quality standards for screening programmes regarded as key reference in Europe and worldwide [3]. Its fourth edition will probably be issued this year. It will be the first version to include guidelines for digital mammography screenings and a revised version of the European Society of Mastology (EUSOMA) recommendations for breast care units.

The EU also supports the fight against breast cancer by giving considerable research grants. Between 1994 and 2002 alone, almost 50 research projects received grants. Among them were projects on the development of cancer antigens, research into gene mutation and clinical tests relating to mammography and biopsies.

For the first time ever, under the current sixth European Framework Programme for Research (2002–2006), 400 Million Euro have been dedicated explicitly for cancer research. For the first time, the patient is becoming the focus of Europe's research policy. Patient-orientated strategies are to be developed for everything from prevention to diagnosis and treatment.

The European Parliament has called upon the member states to guarantee two measures primarily in order to create first class early detection, reliable pre-operation diagnosis, adequate treatment and aftercare:

1. nationwide mammography screening in accordance with the EU-guidelines and
2. nationwide construction of multidisciplinary breast centres.

### Mammography screening

Even 12 years after the first publication of the EU guidelines for mammography screening, only eight of 15 member states have introduced this measure on a nationwide basis. Unfortunately, even in these states, mammography screening is not always carried out in accordance with the high quality standards defined in

the guidelines – although the World Health Organisation (WHO) underlines that such quality-assured screening can reduce mortality rates by 25% [4].

Therefore, the European Parliament has underscored once more these central requirements for quality-assured mammography screening:

1. all women aged 50 to 69 years must be offered quality-assured population-based mammography screening every two years. Mobile units could be used in rural areas. The aim is to achieve a 70% participation rate;
2. each mammogram shall be read independently and double-blind by two radiologists, each of whom reads the screening mammograms of a minimum of 5000 women per year;
3. the equipment must be monitored regularly by an independent national body to ensure that radiation is kept at a minimum and the image quality at a maximum.

Analogously to the European Parliament's resolution, the Council of Ministers passed a recommendation to introduce population-based mammography screening for women aged 50 to 69 years.

### Multidisciplinary breast centres

However, what use is early detection if treatment is poor or even wrong? Therefore, the European Parliament, in accordance with the EUSOMA proposals, has called for the creation of a Europe-wide network of multidisciplinary breast centres for 330,000 head of population. These centres must be certified by an independent national body. The medical team (surgeons, pathologists, oncologists, radiologists, nurses and radiographers) should be specialised in breast diseases. The surgeon should only perform breast surgery and must perform a minimum of 50 primary breast cancer operations annually. Each breast centre should perform a minimum of 150 primary breast cancer operations per year.

Further demands are:

- Multidisciplinary case conferences should be held at

least once a week, with each case being discussed both before and after the operation.

- Doctors and other medical staff should regularly update their skills in certified further training courses.
- Patients should be offered onco-psychological counselling.
- No woman diagnosed with breast cancer should have to wait more than four weeks before treatment begins.

Apart from these requirements, the European Parliament demands that women who have received breast implants be issued a "patient's passport" which includes an indication of the specific features and requisite post-operative aftercare measures. Another requirement is that the cost of any supplementary aids, such as wigs and bra prostheses and lymphatic drains in follow-up care, should be reimbursed. Furthermore, patient's organisations should be involved in health policy decisions.

The European Parliament thus demands a joint European strategy against breast cancer which is based on benchmarking and best practice. In 2006, the European Commission and the European Parliament will review progress on the new measures applied nationally. The member states will then have to prove whether they have really achieved significant advancements in breast cancer care. This is the only way of ensuring that every woman in Europe, regardless of where she lives, her social status and her education should receive first class early detection, the best treatments and meticulous aftercare for her breast cancer.

### References

- [1] Survival of adult cancer patients in Europe diagnosed from 1978–1989: The Eurocare II study. *EJC* Vol. 34. No 14.
- [2] Resolution of the European Parliament on Breast Cancer in the European Union (2002/2279(INI)) of 05.06.2003.
- [3] Perry, N. et al (eds.): *European Guidelines for Quality Assurance in Mammography Screening*, 3rd Edition, European Commission, Luxembourg 2001.
- [4] 7th Handbook on Cancer Prevention, IARC, Lyons 2002.