

Symposium

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EUROPEAN ACTION AGAINST CANCER

M. Tubiana

Centre Antoine Bécère, Faculté de Médecine, 45 rue des Saints Pères, 75006 Paris, France

The European Action Against Cancer was launched in 1986 following a decision taken by the heads of states and governments in June 1985. A committee of cancer experts was constituted (chairmen: M. Tubiana, from 1986–1994, and U. Veronesi 1994–). Within the European Commission, the action is managed by DGV under the supervision of Dr Hunter, Mr Morettini, Ms Blanco. The purpose of the action was to identify the areas in which a European initiative could add value to the ongoing national programs of the member states. The action covers five main areas: prevention (in particular the fight against tobacco), screening (primarily for breast and cervical cancers), research in health care (with emphasis on quality assurance and telematics), information to the general public and education of health professionals in oncology.

The aim of the session is not to review all these areas but to illustrate through a few examples what has been done and to present some ongoing projects.

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THE "EUROPE AGAINST CANCER" PROGRAMME OF THE EUROPEAN COMMISSION: ACHIEVEMENTS AND FUTURE DIRECTION

S. Blanco

European Commission, Directorate General V, Public Health and Safety at Work, Head of Sector—"Europe Against Cancer" Programme

The "Europe Against Cancer" Programme initiative was taken in 1985 by the European Council of head of States and Governments. In February 1986, the main lines of a comprehensive programme led to the elaboration of the first action plan 1987–1989. A second action plan ran for the period 1990–1994 based on the experience gained during the first two years.

Since the entry into force of the Treaty on European Union, the Commission has received specific competences in public health following the introduction of a new article 129. The present and future Community action as regards the fight against cancer is therefore integrated into the general framework for action in the field of public health.

This presentation reflects the main achievements of the "Europe Against Cancer" Programme since its creation in 1987 in various areas such as: registers, epidemiological studies, screening, training, etc.

The new orientations and priorities of the proposed action plan 1996–2000 are also presented.

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EUROPEAN CODE AGAINST CANCER

U. Veronesi

Scientific Director, European Institute of Oncology, 20141 Milan, Italy

The presentation will deal with the revised version of the European Code Against Cancer, as approved by the EC Cancer Experts at the meeting in Bonn, November 1994.

Certain cancers may be avoided and general health improved if you adopt a healthier lifestyle:

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

More cancers may be cured if detected early:

7. See a doctor if you notice a lump, a sore which does not heal (including in the mouth), a mole which changes in shape, size or colour, or any abnormal bleeding.

8. See a doctor if you have persistent problems, such as a persistent cough, persistent hoarseness, a change in bowel or urinary habits or an unexplained weight loss.

For women:

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

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

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QUALITY ASSURANCE OF RADIOTHERAPY IN EUROPE

A. Dutreix¹, J. Chavaudra², E. van der Schueren¹

¹Radiotherapy Department, University Hospital, 3000 Leuven, Belgium

²Physics Department, Inst. G.Roussy, 94805 Villejuif, Cedex, France

A European Quality Assurance Network for external radiotherapy was set up. In this, a first group of 5 countries progressively extended to 11 countries, participated on a voluntary basis to elaborate common protocols, using joint infrastructure. The support for the co-ordination of the project was given by the EC committee "Europe Against Cancer". In the first step of the programme, beam outputs and beam qualities are checked with mailed TLD. The results concerning 228 beams from 105 centres are analysed. Thirty-three beams present minor deviations (3 to 6%) and 12 beams (4/75 ⁶⁰Co beams and 8/153 X-ray beams) from 11 centres present major deviations (≥6%). The analysis shows that 13/33 minor deviations and all major deviations have been detected in centres which have not benefited from an external check during the last five years. In 10 out of 12 large deviations, the measured dose is smaller than the stated dose. In most centres with major deviation the physicists did not have the necessary experience and did not calibrate regularly the beams. The programme has been recently extended to electron beams and to non reference conditions in photon beams. The last step will be the check of the dose effectively delivered to patients, by means of in-vivo dosimetry. The final aim of the project is the preparation of recommendations for quality assurance on dose delivery in radiotherapy for European Centres and the transfer of the know-how on procedures and techniques to the interested countries.

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QUALITY ASSURANCE IN CLINICAL ONCOLOGY

V. Diehl, P. de Mulder, P. Therasse

Klinik Für Inhere Medizin der Universität zu Köln, Germany

It has become increasingly clear that one of the largest improvements in the outcome of cancer care could be obtained if all patients were selected to get the state of the art treatment, at the correct time and prescribed and administered in a correct form. This global process which should ensure the development of a cost-efficient medical practice is the prime interest of quality assurance (QA). Over the last few years, the European Union has stressed the importance of QA concepts by supporting various research projects through its "Europe against Cancer" program. Most of those projects were conducted by different cancer cooperative groups within the EORTC network. Since 1982, extensive quality control procedures have been developed in the domain of radiotherapy with QA programs concentrated on beam quality and protocol compliance. Common practices as to the delivery of chemotherapy were evaluated by looking at the accuracy of the chemotherapy prescription in relation to the protocol as well as the quality of patient documentation in relation to treatment effectiveness and side effects. In surgical oncology, quality control procedures have been developed and tested mainly in the field of surgery of the melanoma and of the breast. In the context of the various treatment modalities mentioned above, recommendations as to comprehensive QA programs and/or standard charts to report treatment procedures and results have been widely disseminated, although limited knowledge is available regarding the actual implementation. In conclusion, QA systems are relatively well established within chemotherapy and radiotherapy treatment modalities but require further major

development in surgical oncology and diagnostic procedures including pathological examinations.

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BREAST SCREENING AND QUALITY ASSURANCE IN THE FRAMEWORK OF EUROPE AGAINST CANCER

N.M. Perry

Breast Assessment Centre, St Bartholomew's Hospital, London EC1, U.K.

A European network of breast cancer screening pilot projects was set up from 1988 under the auspices of Europe Against Cancer. Each member state would have a practical source of experience in controlled and organised mammographic screening for political and professional evaluation of the suitability and success of this activity with regard to the health care environment of that state. Additionally there would be a network for exchange of professional knowledge and experience across the member states. Technical and professional quality assurance issues are highlighted and subject to target initiatives. Annual meetings are held for discussion of results and problems with keynote lectures. Activities and funding subsidies are supervised by the Europe Against Cancer Screening Sub-Committee. Funding is only provided for quality assurance activities. Specific allocations are provided for professional training, particularly of radiologists, radiographers and physicists. Regular audit visits by sub-committee representatives are performed with reports made as to progress and quality. A quality assurance manual has been published in the form of European Guidelines For Quality Assurance in Mammographic Screening covering organisation, professional and technical aspects of quality control and quality assurance for breast screening with quantitative parameters. This is translated into all member state languages. It is being revised and similar activities are now taking place with regard to pathology quality assurance. Project EUREF has been set up—a network of recognised experts in the field of breast cancer screening specifically to co-ordinate physico-technical and professional support

and training with the ultimate aim of establishing training centres in Europe and reference centres in each member state.

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TELEMATICS IN ONCOLOGY: THE EUROPEAN ENTERPRISE

Jean-Claude Healy

DG XIII/C4

Daughter of Hermes, the messenger, and Penelope, the industrious computer specialist, Telematics is 20 years old. Her links with oncology are well established and the European Union has initiated three principal lines of action whereby these links will be strengthened and developed.

4th Framework Programme for Research and Development (1994–1988) and in particular the Telematics Application Programme. In this programme the healthcare sector has a budget of 140 MECU. The first call for proposals was made in December 1994. Sixty-five proposals were approved of which more than 15 dealt with different areas of oncology.

G7 activities. Following the G7 summit in Brussels on 25 February 1995, 11 themes were retained as priorities for the promotion of the information society. Among these themes health is mentioned and, amongst others, oncology. The *ad hoc* working group has identified seven data banks and centres of excellence that can be interconnected during a feasibility study in order to demonstrate the added value of such a network. by nature this network concerns not only G7 members (including U.S.A., Canada and Japan) but is also open to any state that might want to join later.

The development of inter-service collaboration between the different general directorates of the European Commission dealing with oncology, including the "European Union Action Against Cancer".

Conclusions. Health telematics is just a tool but a tool now accessible to everybody. This will enable participation in a meaningful fashion in order to restructure the way health is distributed.