

development in surgical oncology and diagnostic procedures including pathological examinations.

103

# **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.

104

# **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.