

**SUMMARY REPORT**  
**Policy Briefing: The Fight Against Cancer – Where Next?**  
**10 November 2009, 12.45-14.30, European Parliament, Brussels**

On 10 November 2009, the European Society for Medical Oncology (ESMO) hosted a lunch briefing on EU cancer policy in the European Parliament in Brussels. The aim of the briefing was to give background information to new and re-elected Members of the European Parliament in order to remind them that the European Parliament has already been very active on cancer issues in the past years but that there is still room for improvement of European cancer policies.

The speakers were MEPs Antonya Parvanova and Alojz Peterle, DG Sanco Head of Unit Nick Fahy, Myeloma Euronet President Anita Waldmann as well as ESMO Executive Committee Member Prof. Paolo Casali and ESMO Chief Executive Alan Howard. The audience included MEPs and Commission officials as well as representatives from the Brussels health and cancer community. The event was sponsored by an unrestricted educational grant from Roche, Amgen, Bristol-Myers Squibb, Lilly and Novartis Oncology.

## 1. Introduction



### **Alan Howard, Chief Executive of ESMO**

Alan Howard opened the meeting by welcoming the participants of the policy briefing. He explained that ESMO is the leading non-profit European professional organisation which focuses on advancing the speciality of medical oncology and on promoting a multidisciplinary approach to cancer treatment. ESMO is an international community of more than 6000 oncology professionals with a strong network in every European country. ESMO provides consultative expertise to

oncology organisations and European authorities on important issues related to cancer. At the political level, ESMO seeks to ensure efficient policies that support oncologists in doing their jobs effectively for the benefit of patients. This includes promoting best practices in cancer care, facilitating equal access to optimal care for all cancer patients as well as a high degree of cooperation among all stakeholders

## 2. Presentations



### **Prof. Paolo G. Casali, Executive Committee Member of ESMO**

#### ***The burden of cancer in Europe***

Prof. Casali stressed that cancer will be the “*number one*” killer disease by 2010. He also underlined that rare cancers are everything but rare with 20% of all cancer cases being rare cancers. Prof. Casali voiced concerns about the discrepancies in cancer care across Europe and said that the guidelines are a good

tool to limit these discrepancies. Furthermore, Prof. Casali welcomed the European Parliament’s Resolution of 10 April 2008 on combating cancer in the enlarged EU. The resolution “*urges the Commission and member states to recognise oncology as a medical speciality and to make provision for lifelong learning for medical oncologists in accordance with agreed guidelines*”. Prof. Casali said that ESMO is pleased to see that the Commission is in favour of the resolution and is engaging proactively in the debate. At the same time, he is aware that the problems lie with member states. Therefore, he asked MEPs to encourage their national governments to actively support the proposal with a view to achieving a majority for the resolution in the Council. He underlined that this would send a “*strong symbolic signal across Europe*”.



**Anita Waldmann, President of Myeloma Euronet**  
***Living with cancer***

Anita Waldmann underlined three key aspects that need to be considered in discussions on how to fight cancer. Firstly, she stressed that cancer – from a patients' perspective – is about time: the time a patient has to live, the time a patient has to spend with his/her loved ones and the time a patient has to spend visiting doctors, clinics, hospitals, specialists each day. Ms. Waldmann criticized Europe's "go slow logic" as not being good enough for cancer patients and said it needed to be improved upon.

Secondly, she pointed out the importance of being an "informed patient". Europe should add value in sharing information across the Continent, in identifying the best methods of treatment, in establishing networks of care and in increasing the focus of all actors on prevention.

Thirdly, Ms. Waldmann highlighted the importance of support. She underlined that healthcare, not only cancer but healthcare itself, is intrinsically about the use of limited resources. She noted the current patchwork of often inadequate care around Europe and cited the example of palliative care. In many countries in Europe, the concept of palliative care remains unknown. Everywhere, palliative care services remain inadequate. This is a perfect example of an area where Europe urgently needs to invest and to share knowledge and best practice across the Continent. Ms. Waldmann urged the European Parliament to send a very clear political signal that there is a need for better prevention, better screening and better quality of treatment and care across Europe.

Finally, Ms. Waldmann stressed that every level of government should take action on cancer and that citizens should not accept the shallow and unambitious logic that says "Europe doesn't do health – therefore we shouldn't bother". Concluding, Ms. Waldmann urged MEPs to use the instruments of European public policy to improve outcomes, quality, prevention and the care of people with cancer – in line with their electoral ambition.



**Dr. Antonia Parvanova MEP**  
***European Parliament's actions in the field of the European Partnership Against Cancer***

Dr. Parvanova questioned firstly, as a medical doctor and policy maker, whether policy makers are doing enough in the fight against cancer and whether they are doing well enough. She referred to the Commission's report on health inequalities which shows that in some countries the cancer rate is five times higher than in others. She underlined the need to ensure equal access to diagnosis, practices and treatment across Europe. She also stressed the importance of prevention while insisting that all phases of the disease need to be taken into account.

With regard to the Cancer Partnership, Dr. Parvanova said that it would be crucial that all stakeholders are involved.



**Nick Fahy, Head of Unit, DG SANCO - Health Information, European Commission**  
***EU Action on identification and promotion of best practices in cancer-related healthcare***

Nick Fahy agreed that every level of government must do something about cancer. He underlined the fact that – contrary to popular belief – Europe does health in a variety of forms even though we sometimes call it internal market or research funding.

He emphasised that EU initiatives in various forms have prompted the restructuring and improvement of cancer services in many EU countries. He also warned that Europe's competitiveness is at stake and that it is of crucial importance that Europe plays a leading role in the field of health – which is one of the most innovative areas.

With regard to the Cancer Partnership, the Commission hopes that it will not only be a 'tick in a box' for pre-existing actions.



#### **Alojz Peterle MEP**

##### ***The continuation of the European Parliament's work in the fight against cancer***

Alojz Peterle summarized the main achievements of the European Parliament in the field of cancer policy and said that many political actors are now convinced that cancer is a very important issue. Furthermore, Mr. Peterle noted that there is no need for the new Parliament to repeat the political demands that have been voiced over the past few years. The new EP should

focus on action – *"legislation will be our duty"*. He called upon stakeholders to send their input for the report and to be involved in the very early stages.

He also announced that he was trying to create a formal intergroup for MAC in this Parliament. In the event that this was not possible, he said that MAC would continue to support the fight against cancer in the way it had during the last mandate (i.e. as an informal all-party group). Mr. Peterle asked his shadow rapporteurs not to repeat all the pre-existing elements but instead to provide added value.

Concluding, Mr. Peterle noted that citizens might not grasp what the Lisbon Strategy is about but that they would certainly understand whether they are benefitting from good health conditions or not.

### **3. Discussion**



#### **António Fernando Correia de Campos MEP**

Antonio de Campos congratulated the Slovenian Presidency for having adopted Council conclusions on *"Reducing the burden of cancer"*. He criticised policy makers for not doing the things they could do and underlined that it would not be an issue of money. He called for a new protagonist in the fight against cancer and said that a Kaiser (tsar) would be necessary to implement all necessary actions.



#### **Louis Denis, Europa Uomo**

Mr. Denis said that he had a feeling that this time we are close to success. At the same time, he underlined the need for more precise figures and a more sensitive approach.



#### **Susan Knox, EuropaDonna**

Susan Knox referred to the achievements so far (a resolution and a written declaration on cancer and guidelines on breast cancer screening) and asked for assurance that these elements would be incorporated into the Partnership.



### **Wendy Tse Yared, European Cancer Leagues**

Wendy Tse Yared welcomed the focus on prevention and asked for advice on how the cooperation with policy makers and the European Parliament as an entity could work best. She specifically asked how it would be possible to work with MEPs as a group. So far, it has only been possible to work with MEPs individually even when the MEPs against cancer (MAC) group was established.



### **Jola Gore-Booth, EuropaColon**

Jola Gore-Booth agreed on the need for a cancer champion. She pointed out the huge progress that has been achieved in the UK since Professor Mike Richards was made Cancer Tsar. She stressed that in 2009, only five countries have implemented the Council recommendation on cancer screening which was adopted six years ago. She also asked how the new partnership will move forward.



### **Nick Fahy, DG Sanco**

In reply to the different questions, Nick Fahy clarified the fact that the Commission cannot take a member state to Court for not implementing a Council recommendation. He noted that the lack of implementation was caused by either domestic opposition or technical difficulties. Also, in some member states, implementing those recommendations would simply take a lot of time. Mr. Fahy told stakeholders that he could not give more details on the situation of individual member states and recommended asking the Council for further information instead. He also noted that once the Lisbon treaty is implemented, Council meetings will be held in public. With regard to the Partnership, Mr. Fahy explained that the goal would be to bring together more political support and momentum.



### **Alan Howard, ESMO**

Concluding the discussions, Alan Howard reiterated that, moving forward, it would be vital to have a wide breadth of stakeholders involved in the fight against cancer. He stressed that "we will never do enough and we will never do well enough but there are many opportunities to do something collectively. We will all contribute to the cancer partnership."