



A cancer-free Europe

Three leading healthcare organisations are on a mission to combat cancer in Europe. Here, their policy, public awareness and educational activities for pursuing this ambitious goal are revealed



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What are the overarching aims of the Association of European Cancer Leagues (ECL)?

The vision of ECL is to achieve a Europe free of cancers. The organisation aims to influence and improve cancer control and care in the region through facilitating collaboration between its members in the fight against cancer, as well as influence European Union (EU) and pan-European policies. We coordinate the European Week Against Cancer, which falls on 25-31 May each year, and are the permanent organisers for the European Conferences on Tobacco or Health. We work with member leagues around Europe, such as the Cancer Society of Finland, on important EU actions on cancer, in particular the EU Joint Action on Cancer Control (CanCon).

Why was CanCon launched?

In 2009, the European Commission (EC) published its communication on *Action Against Cancer: European Partnership* and, in relation, the Commission and Member States launched the European Partnership for Action Against Cancer (EPAAC) Joint Action (2011-14). From this, it was clear that the EC and Member States needed to continue their collaboration to improve cancer control in Europe. Consequently, the Commission invited Member States to prepare the CanCon Joint Action, which started immediately after the EPAAC Joint Action. CanCon is not, however, a continuation of EPAAC: it has its own goals, contents and partners.

CanCon is divided into work packages that address specific priorities for action. How can integrated cancer control strategies be implemented for effective results in society?

The first requirement is that an individual country has an integrated cancer control strategy; namely, a national cancer control plan (NCCP). NCCPs have much in common, but each government has to adapt their general principles to its own unique working environment. The EPAAC Joint Action identified and analysed the common features of NCCPs and produced an inventory of them. In the CanCon Joint Action we will go one step further, providing a guide to improve the impact of these plans and their cancer control measures. This will cover some of the most important NCCP content: integrated cancer care, community level cancer care, survivorship, rehabilitation and screening of cancer.

However, an NCCP is not, in itself, enough: government, local politicians, healthcare providers, health professionals, researchers and NGOs must commit themselves to its implementation. These actors have different roles which complement each other. Thus, multi-sectoral and multi-professional collaboration is a must.

Can you discuss some of the issues faced by patients and practitioners in the detection and diagnosis of cancer?

The general rule is the earlier the diagnosis, the better the treatment outcome; shortening the delay of diagnosis is one of the main challenges

of cancer control. To some extent, one can educate people to be alert to possible cancer symptoms and signs – this works fairly well with skin tumours and breast cancer, but otherwise not much can be done at the moment. At the beginning of the disease course, the symptoms of cancer are often unspecific or misleading. We have to improve the skills of GPs and other health professionals to recognise potential signs of disease and increase sensitivity and specificity of screening methods. Variation in the delay of diagnosis is one of the main reasons for regional and social class differences in cancer patient survival; therefore, this is also an issue of equity.

How does the Cancer Society of Finland evaluate screening programmes?

Since 1952, the Cancer Society of Finland has been running the Finnish Cancer Registry, a population-based and nationwide cancer registry. As part of this, there is a mass screening registry, which has been responsible for monitoring, evaluation and R&D on cancer screening in Finland, where national programmes only exist for cervical and breast cancers. In addition, Finland has also conducted large screening trials for prostate and colorectal cancer. Since the 1960s, the Finnish Cancer Registry has been at the forefront of research on cancer screening. The Cancer Society of Finland is leading the CanCon Joint Action's Work Package on Screening.

By what means do ECL's member organisations provide support to patients?

Most member organisations provide counselling, information and support to patients and their loved ones. Professional support comes in many forms: counselling often takes place face to face, but also via call lines, and, to some extent, email correspondence and real-time chats are used. Peer support is, for many patients, the most important form of support. Thousands of volunteers – people who have survived cancer – are ready to help those who have been recently diagnosed. In a common form of cancer (eg. breast, prostate, colorectal), patients meet regularly with the guidance of a professional (usually a registered nurse). For rare cancer forms, other types of support are needed – especially as patients tend to be spread across the country. In Finland, there are Facebook groups for patients suffering from a rare cancer, and members may also meet face to face once a year, for example.

How does the Association help ensure that survivorship and rehabilitation programmes are impactful?

There is some research on the effectiveness of survivorship and rehabilitation programmes, but certainly not enough. One of the aims of the CanCon Work Package on Survivorship and Rehabilitation is to give guidance on available research data. It is also a priority of ECL, and all cancer societies, to improve the impact of rehabilitation programmes. In Finland, rehabilitation has been traditionally organised as one-week courses in a rehabilitation centre. Nowadays, more and more patients prefer activities which take place near their home during evenings or



At the European level, ECL is working with Members of the European Parliament Against Cancer (www.mepsagainstcancer.eu) to keep cancer control on the political agenda

weekends. Thus, it is not only a question of effectiveness, but also of changing patient view or valuation.

What is the role of the Expert Group on Cancer Control?

In June 2014, the EC established an expert group on cancer control, which will assist with drawing up legal instruments, policy documents, guidelines and recommendations on cancer control, at the request of the EC. It will also, upon request, help prepare guidelines on cancer data including epidemiology, cancer screening, quality assurance and information on cancer prevention, clinical cancer research, as well as for cross-cutting themes related to cancer. Members of the expert group include representatives of the EU, European Economic Area and European Free Trade Association countries, as well as representatives of patient groups, organisations active in cancer prevention, European professional or scientific associations and one representative of the International Agency for Research on Cancer.

How do you see Europe's cancer landscape evolving in the next five years?

Governments will wake up to the increased burden of cancer and realise the importance of effective prevention and cancer screening in controlling the costs of cancer care. The EU and Member States will continue their fight against the use of tobacco products when the Tobacco Product

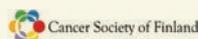
Directive has been implemented. The survival rates of cancer patients will improve steadily but slowly. Lung, pancreatic and liver cancer, among others with poor prognosis, will remain a major challenge for cancer care. Personalised medicine will offer new opportunities, leading to effective treatments for those who benefit and avoidance of unnecessary side effects for those who do not benefit. Survivorship, rehabilitation and, more generally, the patient view will be given more emphasis.

<http://cancer-code-europe.iarc.fr>

www.europeancancerleagues.org

www.cancer.fi

www.nijz.si



A code against cancer

The European Code Against Cancer is an EC initiative that suggests lifestyle improvements that could reduce cancer risk. The current fourth edition consists of 12 recommendations that most people can follow without any special skills or advice. The more recommendations people follow, the lower their risk of cancer will be. Indeed, it has been estimated that almost half of all deaths due to cancer in Europe could be avoided if everyone followed the recommendations. ECL stress the importance of empowering individuals to take on the actions recommended by the European Code Against Cancer, and that they urge and support their national governments to support these actions.

 <p>1 Do not smoke. Do not use any form of tobacco</p>	 <p>2 Make your home smoke free. Support smoke-free policies in your workplace</p>	<p>3 Take action to be a healthy body weight</p> 
<p>4 Be physically active in everyday life. Limit the time you spend sitting</p> 	 <p>5 Have a healthy diet: eat plenty of whole grains, pulses, vegetables and fruits; limit high-calorie foods (foods high in sugar or fat) and avoid sugary drinks; avoid processed meat; and limit red meat and foods high in salt</p>	 <p>6 If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention</p>
<p>7 Avoid too much sun, especially for children. Use sun protection. Do not use sunbeds</p>	<p>8 In the workplace, protect yourself against cancer-causing substances by following health and safety instructions</p>	<p>9 Find out if you are exposed to radiation from naturally high radon levels in your home. Take action to reduce high radon levels</p>
 <p>10 For women: breastfeeding reduces the mother's cancer risk. If you can, breastfeed your baby; hormone replacement therapy (HRT) increases the risk of certain cancers: limit use of HRT</p>	 <p>11 Ensure your children take part in vaccination programmes for hepatitis B (for newborns) and human papillomavirus (for girls)</p>	 <p>12 Take part in organised cancer screening programmes for bowel cancer (men and women) and breast and cervical cancer (women)</p>