



Get it together

The need to boost EU coordination and improve psychosocial care for patients were among the issues in focus at the Parliament Magazine's concluding event on cancer control. **Martha Moss** reports

The EU “cannot afford to remain passive” on tackling the cancer epidemic, participants in the Parliament Magazine’s concluding event on fighting cancer in Europe heard. Slovakian EPP deputy Miroslav Mikolášik – who has been involved in the Parliament Magazine’s roundtable discussions on cancer – told the concluding event that national and European action was urgently needed to promote preventative measures and improve outcomes. “Member states and

the EU cannot afford to remain impassive vis-à-vis the cancer epidemic,” he said.

Mikolášik, who is also trained as a medical doctor, added, “Coordinated action is needed more than ever. There is local action, but European and international action as well.” The event, held in the European parliament in Brussels, brought together MEPs, medical experts and industry representatives to discuss how best to coordinate action on tackling cancer. It also aimed to feed in the conclusions of the three



L-r: Christiaan Decoster, Nataša Hace, Miroslav Mikolášik, Liz Lynne, Sofie Eelen

discussions – held in London, Bratislava and Paris – on how national examples could inform action at EU level, and vice-versa.

Discussing the London event, British ALDE deputy Liz Lynne spoke of the need to share scientific research. Brussels has made a financial commitment to the issue, devoting €750m to cancer research during the sixth framework programme (FP6) and the start of FP7, she said. “The problem at the moment is that people tend to work in isolation,” Lynne said. “I know why they work in isolation – because quite often they jealously guard research.” Lynne, who is also a vice-chair of parliament’s employment and social affairs committee, also called for EU action to tackle the “stark inequalities” on cancer rates. To this end, the EU partnership on action against cancer aims to reduce disparities by 70 per cent by the end of the decade, she said. And she added that the EU commission “will need to step up coordination” if it is to meet the target of reducing cancer by 15 per cent by 2020. Events such as this could



“Member states and the EU cannot afford to remain impassive vis-à-vis the cancer epidemic”

EPP deputy Miroslav Mikolášik



Cancer is a growing concern in public health. One in three people living in Europe will develop cancer in their lifetime, it is the second leading cause of death in Europe and 3.2 million people are diagnosed every year. Europe's ageing population will cause these numbers to increase further. Cancer is not equally distributed in Europe and survival rates differ greatly between and within countries.

With 58,000 diagnoses made in Belgium every year, the fight against cancer has been a priority for the Belgian health minister since 2008, and was one of the top priorities for the 2010 Belgian EU council presidency. A key point of the council conclusions of September 2010 was to make sure that all member states have a cancer plan by 2013.

The Belgian cancer plan was adopted in 2008 as an initiative of the health minister, following an extended consultation of all stakeholders. Some 32 actions were defined in three areas: prevention and screening, treatment and care, and innovation and research. Some highlights of the first plan include payment of consultations for cessation of tobacco use, funding for oncological nurses, psychologists and social workers in hospitals and improved access to psychosocial support. The health ministry and the national insurance for health and disability are responsible for implementing the plan, in collaboration with the federated entities.

A multiannual budget of €380m was allocated for its implementation in 2008-2010, and the majority of actions were accomplished. In 2011 we will focus on continuing the first plan and the next plan will be prepared. One of the actions provided for the establishment of a Belgian cancer centre as a platform for information exchange, to coordinate and unite stakeholders and to prepare the following cancer plans.

A driving force on a political level is of vital importance for development and implementation and to put the cancer issue on the political agenda. Involving all stakeholders from the development stage is also key, and we must identify gaps in cancer care. Discussions with patient organisations led to the identification of several actions in the Belgian cancer plan, such as the need to put patients first, and to improve quality of life for patients and their families. The European partnership for action against cancer, launched by the European commission in September 2009, will be a unique opportunity for the exchange of best practices, sharing information and learning from the national strategies in other member states.

Christiaan Decoster is director general of healthcare facilities at Belgium's federal public service health, food chain safety and environment

help member states “learn from each other and disseminate best practice”, she said, adding, “This has been an excellent initiative, having these discussions. But we can't leave it there – we have to take it further.”

Clair Watts, the director of the European Oncology Nursing Society, said her organisation aimed to promote a healthier future for people affected by cancer. Watts is working to improve conditions for Europe's cancer nurses, their patients and the patients' families as health systems struggle to cope with an ageing population, demographic change and an uncertain economic climate. Because of these challenges, Watts says there has been a move from hospital care to a family-based community environment. With almost 80 per cent of care in the UK provided in the community, she says professionals should brace themselves for “a change in role of healthcare providers, particularly in the role of the nurse”. “If you have a difficult financial environment and money is scarce, you need to have a flexible and highly trained team,” she added.

“The problem at the moment is that people tend to work in isolation”

ALDE deputy Liz Lynne



“We have to help the cancer patients cope with the disease and cope with the treatments”

Clinical psychologist Sofie Eelen

Nataša Hace, an expert consultant for the Slovenian Institute of Public health, set out how the European partnership for action against cancer will be coordinated on a practical level. The partnership, launched in 2009, aims to reduce cancer rates in the EU through health promotion and preventative measures, screening and early diagnosis, among others. She told participants that much was being done to tackle cancer via the partnership, which works via national cancer plans, a steering committee, virtual partnerships and yearly open forums, chaired by Slovenia. “The European partnership for action against cancer brings together a wide





Wendy Tse Yared, director of the Association of European Cancer Leagues and secretariat for MEPs against cancer

range of stakeholders in a common initiative to fight cancer,” she said. “This approach should help avoid scattered actions and duplication, and ensure a better use of resources.”

Clinical psychologist Sofie Eelen used her address to discuss the issue of psychosocial care, which she said could “really improve quality of life for cancer patients”. Eelen, of the Flemish psychosocial oncology institute, at the Cedric Hèle institute in Belgium, highlighted figures showing that more than 30 per cent of cancer sufferers experience high levels of depression.

Patients were confronted with a range of psychological problems after their diagnosis, she said, including coping

The Association of European Cancer Leagues (ECL), the pan-European umbrella organisation connecting national and regional cancer societies around Europe, is a key stakeholder in the European commission’s European partnership for action against cancer. ECL was involved in early discussions and brainstorming which eventually led to the development of the cancer partnership.

As prevention is the key area for all cancer leagues, it was natural that ECL should take upon the coordinating role of the prevention package on health promotion and cancer prevention. ECL’s work on prevention (which runs from 2011 to 2013) aims to raise awareness on cancer prevention, especially among target groups through effective communication and by engaging policymakers at European, national, and subnational level.

Actions will engage ECL cancer leagues and other dedicated partners in the joint effort to raise cancer prevention awareness and to reduce exposure to cancer risk factors, recognising that “prevention offers the most cost-effective long-term strategy for the control of cancer”, and that at least 33 per cent and as much as 40 per cent of all cancers are preventable.

A main component of the prevention work package is to engage ECL and its partners to communicate the European code against cancer messages using as wide a network as possible, and to re-launch the successful European week against cancer which is to take place the last seven days of May each year and will include world no tobacco day on 31 May.

ECL will work with the MEPs against cancer group to forward efforts in cancer prevention and, in line with the overall aims of the EU cancer partnership, to connect politicians at all levels in Europe.

Wendy Tse Yared is director of the Association of European Cancer Leagues

with the physical impact of surgery - such as mastectomies for breast cancer patients. “We have to help the cancer patients cope with the disease and cope with the treatments,” she added. “After-treatment care is also important.” Other psychological difficulties may relate to the effect on partners, family or work, or involve patients questioning their belief system following a diagnosis, said Eelen. It is exactly this fear and uncertainty that necessitates coordinated action and the strongest of political wills at every level of government. As Mikolášik said, “There is a political will among MEPs, but this is not sufficient. We need to have the same level of political will from the European commission.”. ★

The Parliament Magazine’s previous discussions on cancer prevention took place in London, Bratislava and Paris



EU AGENCIES

The way ahead

From Helsinki to Crete and from Lisbon to Vilnius, specialised agencies have been established to provide services, information and know-how to the European Union, its Member States and citizens. At an upcoming exhibition at the European Parliament, the EU agencies will be explaining what they do, why they exist and how they impact on the lives of Europe's 500 million citizens.

European agencies have been set up in successive waves since the mid-1970s and today form an important part of the EU's institutional landscape. 'Today the European agencies play a key role in supporting and implementing EU policies and in responding to needs identified by the EU and its Member States,' says Jukka Takala, Director of the European Agency for Safety and Health at Work, who currently chairs the network of heads of agencies. 'Agencies are making a strong contribution to the Europe 2020 strategy by performing a variety of legal, technical and scientific tasks across a broad range of policy areas,' he adds.

The purpose of the exhibition at the European Parliament is to raise awareness among MEPs on the role of the agencies within the EU institutional framework and on how agencies are working closely with EP committees. The stand will serve as a focal point for a rich programme of activities grouped under four themes.

Exhibition themes

- Health, safety and the environment
- Freedom, justice and security
- Education, business and innovation for growth and jobs
- Transport and satellite infrastructure

Under these themes, the agencies will demonstrate how they: help make Europe a safe, healthy and sustainable place to live and work; work for a free, fair and safe Europe; support the European vision for more jobs, improved lives and a better society; and keep Europe moving around the clock.

Entrusting the agencies with specific tasks has become an established part of the way in which the EU conducts business today. As the European Parliament, Council and Commission work towards a common approach on agencies¹, this exhibition takes stock of how far the agencies have come and how they see the way ahead.

¹ 'European agencies – The way forward', COM (2008) 135 final.



Supported by MEPs Alain Lamassoure (Chair) and Jutta Haug (Vice-Chair) of the Budget Committee and by the Secretary-General of the European Parliament, Klaus Welle. The event is coordinated by the Lisbon-based European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which currently presides over the agencies' Heads of Communication and Information Network (HCIN).

EXHIBITION

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