

Alojz Peterle

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Member of the European Parliament
Vice President of the European People's Party
Former Prime Minister of Slovenia



Mrs Birthe Skaarup
President of the Health Committee
Health Committee of Denmark
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19 April 2007

Invitation to Roundtable of chairs of Parliamentary Health Committees with
Members of the European Parliament - MEPs against Cancer
European Parliament, Brussels
6 June 2007

Dear Mrs Skaarup

I am writing today to invite you to a meeting of chairs of national Parliamentary Health Committees, which, as co-chair of *MAC - MEPs against Cancer*, I am organizing in the European Parliament in Brussels on 6 June. *MEPs against Cancer* is an all party interest group of politicians committed to promoting action on cancer as an EU priority. I attach the MAC leaflet which states our objectives.

The Brussels Roundtable's aim is to initiate discussions between national politicians and MAC members to examine how we can share best practice of cancer prevention, treatment and care across Europe. A small group of us already met in Slovenia during the Cancer Summit entitled "*United against Cancer*" on 3 – 5 November 2006. We debated the best way forward to tackle the cancer inequalities within and between Member States and agreed that such a meeting was a highly effective way to overcome national, institutional and organizational barriers. Attached is the report of our first meeting.

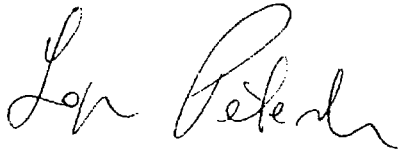
I am pleased to include the Slovenian Cancer Summit report which gives a detailed account of our deliberations and makes some recommendations. Compared with "old Europe", most CEE countries have a higher death rate and many of these cancer deaths are in younger age groups.

As you know, Slovenia will make cancer a priority in their EU Presidency health programme in 2008. This provides a fine opportunity for us to give timely input and recommendations for my country's initiative.

I very much hope that you will be able to attend the Roundtable or designate someone in your Committee that has a special interest in cancer.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alojz Peterle', written in a cursive style.

Please reply to my Brussels office alozj.peterle-assistant2@europarl.europa.eu

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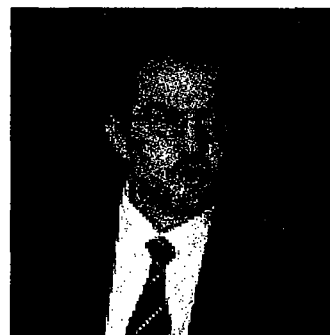
Slovenian Summit
3-5 November 2006

*United Against Cancer –
Making Cancer a Priority for Action*

**Political Roundtable
Chairs of Parliamentary Health Committees
and Members of the European Parliament - MEPs Against Cancer**

3 November 2006
Ljubljana, Slovenia

During the Slovenian Cancer Summit, national and European politicians with a keen interest in health policy, and specifically cancer control, met on 3 November 2006. **Alojz Peterle**, MEP and co-chair of the European Parliament forum *MEPS against Cancer* called this first ever meeting of a Political Roundtable to bring MEPs and chairs of national parliamentary Health Committees together. It soon became apparent that the opportunity to discuss health policy with colleagues across Europe was a highly effective way to overcome national, institutional and organisational barriers.



Alojz Peterle

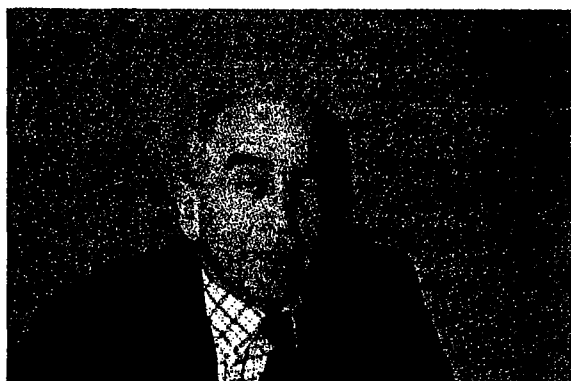
With nothing less than the health of EU citizens at stake, participants rallied to a pressing public health challenge – how to reduce cancer rates in the European Union. The group agreed to continue discussions at future meetings and recommended drawing more health politicians into the circle.

Welcoming delegates to Slovenia, Alojz Peterle, who instigated the **MAC** initiative and the Slovenian Cancer Summit, explained why MEPs urgently wanted to publicise and underline the need to improve cancer control across Europe. The World Health Organisation was predicting an increase of cancer to epidemic proportions partially because of the ageing of Europe's populations. Without a renewed and concerted political impetus to control cancer and a more coordinated application of present knowledge of tobacco control, prevention, early diagnosis, treatment and care, Europe risked abandoning to cancer the health of many future generations, from East and West.



Can Europe afford to wait another century?

A wake up call came from Michel Coleman, Professor of Epidemiology at the London School of Tropical Medicine and Hygiene, who briefly presented cancer data that showed why action was needed.



Prof. Michel Coleman

He argued that it had taken Europe over 50 years to apply present knowledge of tobacco control and this was not even yet applied uniformly. And it could take another century before Europe had the kind of control over cancers that we would all see as desirable.

The positive trend seen in the West of Europe was not shared in the new Member States and CEE countries. In the West there was a fairly high burden of disease, because of higher risks, large populations and greater age. Death rates had been going up until the mid-1970s, but now in many of these countries death rates are going down, broadly speaking because of tobacco control, and this not only for lung cancer.

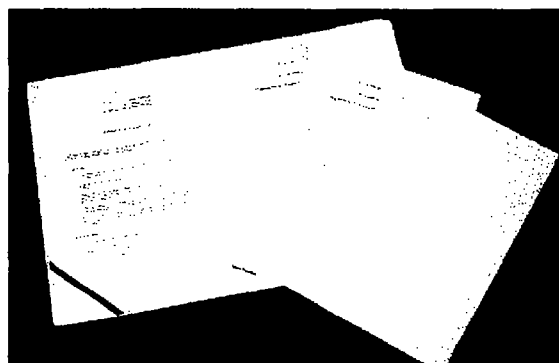
In eastern parts of Europe almost the reverse was seen: cancer rates are increasing, particularly for tobacco-related cancers. And because many of the tobacco-related malignancies - lung, pancreas and others - have such poor survival rates and are difficult to treat effectively, trends in occurrence of the disease were mirrored, very shortly thereafter, by trends in death from the disease. So if the number of cases were rising, so were the number of deaths.

That was on account of lung cancer and those especially lethal smoking-related malignancies where there has not been great progress in treatment or early diagnosis. Survival rates had not improved very much.

The Roundtable felt that all too often cancer control policies, initiatives and services were fragmented, and overtaken by government's other health priorities. Fatalism surrounding cancer which could not compete with headlines about the bird flu pandemic etc was a great disadvantage. Yet today, with the right policy measures and programmes in place, around 50% of cancers were preventable and many patients could now survive. With one in three Europeans being diagnosed with cancer at one time in their life, it was time to set a new course.

The Warsaw Declaration – Policy tool to close the gap from West to East

The basis for the Roundtable discussion was the Warsaw Declaration, the policy document developed with advice from the European Cancer Patient Coalition (ECPC) and signed by cancer patient groups and delegates at the Cancer Patient Advocacy Summit in Warsaw in 2005, the ECPC Masterclass in May 2006 and by the Slovenian Cancer Summit in November 2006.



The Roundtable considered that the Warsaw Declaration was a good example of how to use the ammunition provided by statistics and transform it into policy recommendations to build a broad political campaign. It draws attention to the situation

of cancer patients in Central and Eastern Europe who have less chance of surviving every type of cancer than those in the rest of Europe. Its eight broad recommendations focus on the need for national cancer control plans including prevention, screening, high-quality treatment, equal access, patient participation, patients' rights, and using health-related grants from the European Structural Fund to invest in cancer control.

The Declaration's aim is to build wide political support for action to close the gap between West and East and to improve outcomes for everyone. The Roundtable agreed to put their weight behind the Warsaw Declaration and promote it whenever and wherever they saw an opportunity. The Declaration is open for signature by everyone - opinion leaders, politicians and patient groups on the ECPC website: www.ecpc-online.org

Sound data across Europe as a start to comprehensive national cancer plans

Elaborating on the Declaration's first Recommendation- to institute national cancer plans - **Prof Michel Coleman and Prof Mike Richards**, UK National Cancer Director, explained how national cancer registers and cancer plans hung together. Cancer Plans must be based on evidence, the data collected by cancer registers.

If the data were compared across Europe, governments could clearly see the different outcomes. Without that evidence, it would be difficult to persuade any government that it had a problem. It then becomes easier to win the necessary political leadership and broad public support so necessary for change.

According to Prof Richards, the formula for a comprehensive cancer plan is to get people to believe that they can change things, get the blessing of the government at Prime Ministerial level, put the required resources behind the plan, set clear targets to overcome

major variations, disparities and inequalities and give cancer services clear structures to weed out inefficiencies.



Prof Mike Richards and Nataša Hace, ECPC European Public Affairs Officer

Cancer plans could and should not just be a wish list but need clear commitments - resources or outputs - a robust service infrastructure, monitoring and oversight to adapt along the way. Leadership from the highest national to the regional and local level was needed. Additionally, external pressure kept the momentum going. Patient advocacy had played an important role in this, and the media picking up on it, finally turned the tide in the UK.

What can be done in the new Member States and CEE countries?

The Roundtable felt that Europe had the opportunity to avert a new cancer divide. Europe did not have to start from scratch: over the years there had been initiatives such as the *Europe against Cancer* programme, which unfortunately came to an end in 2002 before the new EU members could benefit, the Charter of Paris against Cancer signed by international leaders of government in 2000, the WHO Resolution on Cancer and Global Cancer Control Strategy, the WHO Tobacco Control Convention, the Council Recommendation on Cancer Screening, to help keep cancer in the forefront. Increasingly, efforts were strengthened by politicians who - encouraged by their citizens

and the patient advocacy movement - were willing to add their political clout. The 56 strong *MEPs against Cancer Forum - MAC* in the European Parliament were stepping up pressure with such policy documents as the MAC Statement and the Warsaw Declaration.

Now support was at hand from Slovenia whose government was making cancer their health priority for their EU Presidency in 2008. This provided an opportunity for all interested parties to make an early input to the Slovenian health agenda.

The discussions were enriched with the following contributions:

Fatmire Mulhaxha Kollçaku, epidemiologist and President of the Health Committee in Kosovo, said that, seven years after the war, Kosovo was currently in the process of defining its status in Europe and establishing new systems, including healthcare.

Healthcare budgets were very limited indeed and it was extremely difficult to deal with the many healthcare needs. There was no national health insurance coverage and the total annual health care budget was about 70 million EUR for a population of 1.9 million.



Fatmire Mulhaxha Kollçaku

"The Roundtable is an opportunity for me to learn how other countries deal with cancer. I will bring this knowledge back to my colleagues."

Fifty percent of people were poor or very poor and sadly many patients died before they could be treated. For cancer patients there was surgery and chemotherapy, but for radiotherapy, patients had to go elsewhere. Most went to Albania or to other countries - depending on their financial situation. There are plans to set up an Institute for Oncology, but of course a budget was needed for the necessary infrastructure and investment in machinery etc.

Fatmire Mulhaxha Kollçaku saw the Roundtable as an opportunity to learn how other countries deal with cancer; and she was keen to bring this knowledge back to her colleagues.

Mojca Kucler Dolinar, Member of the Parliamentary Health Committee of the Slovenian Assembly, gave a comprehensive update of the situation in Slovenia and the challenges health policy makers were facing.



Mojca Kucler Dolinar

"It is very important that people themselves recognise early symptoms of different kinds of cancer. Experience shows that delays before seeing a doctor are too long. We are losing valuable time to treat and cure successfully."

As a health politician, she felt it was her task to help shape the thinking of her government about cancer control.

The role of a State started at *primary level* with prevention. This meant educating the public on how to reduce risks by stopping smoking, leading healthy lifestyles, exercise and diet. Slovenia had adopted the National Nutrition Policy Programme (2005 – 2010) to encourage citizens to lead healthier lives.

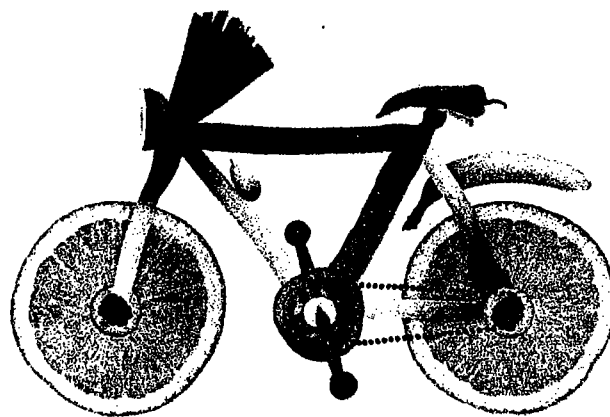
Financial support for projects to raise awareness was very important, not only government projects carried out by the Ministry of Health and the Institute of Oncology, but also for projects run by NGOs and associations, such as the Slovenian Anti-Cancer League, the Slovenian Cancer Patient Association and EuropaDonna, the Association against Breast Cancer.

She felt there was an urgent need for more public awareness programmes to break down negative stereotypes. Citizens had to understand that many cancers could now be defeated.

The biggest challenge was how to change people's attitude and behaviour.

No less important was *secondary* prevention; early cancer detection. Every treatment was more effective if the disease was caught early.

Keeping financing of healthcare sustainable
Along with other EU countries, Slovenia was facing problems with the financing of expensive cancer medicines and agreed with other Roundtable participants that an evaluation of their therapeutic value for patients and a mechanism to determine prescribing criteria was still needed.



From the "Programme for implementing promotion of eating vegetables and fruit 5 times per day and of exercise", started by Slovenian Ministry of Health on the World Food Day, 16th October 2004. By kind permission from the Ministry of Health Slovenia.

Fewer patients, more survivors

Slovenia had one of the oldest statutory cancer registries in Europe, established in 1950 at the Institute of the Oncology. She concluded by urging her own country promptly to implement a national cancer plan to set priorities and allocate resources for improving cancer control, to invest in cancer prevention and national population-based screening programmes, and to provide high quality up-to-date treatment, rehabilitation and care.

Endorsing the recommendations of the Warsaw Declaration, she agreed that Europe was facing many challenges from outside and within. Exchanging good practices and experiences would help achieve a common goal faster: fewer patients, more survivors.

Dr. Mihály Kökény, President of Health Committee and former Health Minister of Hungary updated the group on his country's situation. Hungary has some of the worst cancer figures in Europe.



Dr Mihály Kökény

Until recently there was little awareness about the inequalities in prevention and treatment. Now, with the Prime Minister's support, political will was being mustered. Hungary had a wonderful advocate in the Prime Minister's wife. In addition to the existing national cancer centre, the centre for oncology, a cancer registry, and good research, Hungary had a cancer plan.

During the last 2 years there had been progress with implementing national screening programmes for breast and cervical cancer according to agreed European standards. Projects such as bridge walks, the illumination of Budapest in early October had managed to capture the public's imagination.

Dr. Mihály Kökény argued that funding, always a problem, should be secured from public and private sources, mobilising the private sector in public-private partnerships to make this everyone's cancer plan.

Moving forward on smoke-free work places
He felt that the Warsaw Declaration was a comprehensive document but that it should now be taken forward in a few concrete areas. He agreed with other delegates that the vigorous action was needed to start implementing the WHO Convention on Tobacco Control. This was an area where the Roundtable could act and, together with other Summit delegates, push the forthcoming Slovenian presidency for **smoke-**

free work places by 2010 with binding legislation.

Establish joint policies and independent guidelines for the most effective treatment

He warned that EU standards were often questioned in Eastern Europe because of vested interests such as pharmaceutical companies which unduly influenced decisions about who got what and in which centres. Europe could develop a joint policy that supported those national cancer teams and groups who followed international standards and guidelines.



Dr Mihály Kökény and Kevin Barron, MP

He recommended that health politicians should focus on two areas:

1. Prevention (around 50 % cancer can be avoided). The gap had to be tackled through public health programmes and funding, supported by binding or non-binding measures such as tobacco control, nutrition and food labelling.
2. Offering more knowledge, information, help and support for the citizens of Europe including cancer patients; and invest in health education including lifestyle at primary school level.

Next, the group heard from **Tit Albreht**, a medical doctor from the Slovenian Institute of Public Health, currently advisor to the Director, and project manager of the European co-sponsored "Fight Against

Cancer Today" initiative which will be launched under the Slovenian 2008 presidency. He was most interested in the Roundtable's deliberations and welcomed ideas he could take away from the Summit.



Dr. Tit Albreht

He revealed the following Presidency plans:

- Publication of a Cancer Report covering all aspects of cancer
- Two day conference in February 2008 hosted by Slovenian presidency to launch the report

He sounded a cautionary note about vested interests which again was shared by others at the Roundtable. Sometimes it was difficult for politicians to control the pressure of commercial interests coming from the tobacco, alcohol and food industry. Slovenia had a considerable tobacco industry based in Ljubljana, covering a large proportion in the former Yugoslav area.

He said that the speedy adoption of strong prevention measures was critical.

Slovenia was on the verge of launching an organised breast screening programme and colon cancer screening could not be far behind as the latter was one of most rapidly advancing cancers in Slovenia. And, although lung cancer in men was on the decline, for women it was on the increase.

The role of education

Dr. Albreht stressed the role of education. A survey conducted before the organised

screening for cervical cancer started, showed a clear gap between women who had secondary school education and those with higher education. Messages needed to be better tailored to women from different educational and socio-economic backgrounds if campaigns were to succeed.

Finding the right balance between investing in prevention, treatment and cure poses a big challenge in the cancer field. We were all faced with the reality of finite health budgets. Although much was now on offer and many patients had a good chance to survive compared with 15 years ago, new treatments brought new money problems. This was why we had urgently to find new ways of making the financing of healthcare systems sustainable, and why we had to invest more in prevention.

Kevin Barron, Chair of the House of Commons Health Select Committee, said that politicians were confronted with a number of highly sensitive issues at local, national and European level. Recently a new vaccine against the human papillomavirus, which is largely responsible for causing cervical cancer, had come on the market. This meant that young girls of age 11 or 12 years could get vaccine shots to provide immunity against HPV and cervical cancer.

But there were some difficult policy questions. Should we promote the vaccine with say 11 year old girls if there was an opportunity to stamp out cervical cancer altogether? A public debate needed to take place that avoided offending anybody's religious or moral convictions.

At present Europe was also debating the regulatory environment for gene therapy. Cancer was partly genetic in origin and gene therapy brought hope to patients for major breakthrough treatments. Politicians therefore had to ensure that there was an appropriate legislative environment that

guaranteed safety and respect for human dignity and ethical beliefs. Due to the US government's restrictive policy in gene therapy, more researchers were now moving to the UK to carry out their research work. This gave Europe an economic opportunity to become a leader the field.



Kevin Barron

"As a health politician I have always been struck that actual cancer survival rates increased in the right hospital with the right specialist"

Returning to the Slovenian tobacco industry example, Kevin Barron argued that some policies did not make sense from a public health point of view. When he chaired the British-Bulgarian group in the House of Parliament, he frequently visited Bulgaria and witnessed the very high incidence of smoking.

And yet, year in year out, the EU, under its Common Agricultural Policy, had subsidised Greek tobacco farmers far beyond anything that could be called common sense. Instead, Europe could have given Greek farmers the money and made them rich and they could have moved away from tobacco-growing years ago.

Common rules standards and guidelines

Warnings from experts abound that, due to obesity, children born in the UK today would have a lower life expectancy than their parents. Children needed a balanced diet.

The massive rise in childhood obesity would store up serious health problems such as diabetes, cardiovascular diseases and cancers for the future. Along with other national governments, the UK was debating appropriate food labelling. Kevin Barron argued that here was a role for the European Union to produce common food labelling standards. Consumers must have a common understanding about the content and nutritional value of food.

Education and investing in future generations

Repeating Mihály Kökény and Tit Albreht's plea for healthy lifestyle education in schools, he argued that our education systems did not teach children enough about healthy living. Our health services reacted to treat people when they were ill, as they should, but more needed to be done to invest in prevention to keep people well. This could be cheaper in the long run. What better place to start than with our young people?



Conclusions

Finding the right balance between prevention, treatment and cure poses a big challenge in the cancer field. The lively discussion highlighted several major themes where further collaboration in terms of joint policies or European legislation would be desirable.

Smoking is the single biggest risk factor for many diseases. And cigarettes kill thousands of Europeans on a daily basis. The evidence that smoking causes cancer has been staring us in the face for half a century. The Roundtable felt it was crucially important to implement robust smoking cessation programmes based on the various policy documents and initiatives abounding in Brussels and national capitals. Europe now has the opportunity to start a concerted effort.

Agreed Actions

- Hold the next meeting in the European Parliament to bring a wider group of national politicians together with their European colleagues, MAC members. Focus on how to bring the Warsaw Declaration forward with concrete measures.
- Bring the Roundtable and the Slovenian Cancer Summit conclusion to the attention of the Slovenian EU Presidency
- Encourage initiatives that step up prevention and investing in the health of future generations - our children - through fostering healthy lifestyles at school age.
- Start with strong anti-smoking policies and bans in public places, smoke-free office environment, food labelling

- Promote the need for joint policies, and common independent guidelines for the most effective treatment, to keep financing of healthcare systems sustainable.
- Construct the appropriate policy and regulatory environment in sensitive fields such as gene therapy, cervical cancer vaccination programmes, etc.



*Hildrun Sundseth, ECPC Head of EU Policy,
Alojz Peterle, MEP and Lynn Faulds Wood,
ECPC President*



MAC - MEPs Against Cancer

MAC is an all-party informal group of MEPs committed to promoting action on cancer as an EU priority and harnessing European health policy to that end. MAC has currently 56 members from a wide range of political groups and countries.

MAC can support cancer patients by:

- Sending a strong political signal that immediate and concerted action is needed to reduce cancer rates and improve cancer outcomes.
- Harnessing Community policies and instruments such as the Public Health Programmes and the Framework Research Programmes to the fight against cancer. We want to prevent those cancers that can be prevented and give patients the best chance, with early detection and best quality of treatment and care.
- Promoting publicity and information campaigns around the European Code Against Cancer.
- Ensuring that best practice is shared across the EU and gaps that exist in cancer prevention, diagnosis, treatment and care between and within Member States are eradicated.
- Insisting that the Council Recommendation on Cancer Screening is implemented at national level and good practice guidelines are developed.
- Promoting cancer research.

If you want to join MAC or want further information about MAC please contact

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<http://www.mepsagainstcancer.org>

The MAC Secretariat is provided by ECPC

Established in 2003, The European Cancer Patient Coalition is the *voice* of the European cancer patient community, *uniquely* representing the interests of *all* cancer patient groups from the major to the rarer cancers. It has been established to represent the views of cancer patients in the European healthcare debate.

