P7_TA(2010)0152

Commission communication on Action against Cancer: European Partnership

European Parliament resolution of 6 May 2010 on the Commission communication on Action Against Cancer: European Partnership (2009/2103(INI))

The European Parliament,

– having regard to the Commission communication on Action Against Cancer: European Partnership (COM(2009)0291),

– having regard to Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13)[1],

– having regard to its resolution of 9 October 2008 on 'Together for health: a strategic approach for the EU 2008-2013'[2],

– having regard to Decision No 1982/2006/EC of the European Parliament and of the Council of 18 December 2006 concerning the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013)[3],

– having regard to the Council conclusions on reducing the European burden of cancer adopted on 10 June 2008[4],

– having regard to Council Recommendation 2003/878/EC of 2 December 2003 on cancer screening[5],

– having regard to its declaration of 11 October 2007 on the need for a comprehensive strategy to control cancer[6],

– having regard to its resolution of 10 April 2008 on combating cancer in the enlarged European Union[7],

– having regard to its resolution of 25 October 2006 on breast cancer in the enlarged

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1 OJ L 301, 20.11.2007, p. 3.
2 Texts adopted, P6_TA(2008)0477.
3 OJ L 412, 30.12.2006, p. 1.
4 Council of the European Union, Council Conclusions on Reducing the Burden of Cancer, 2876th Employment, Social Policy, Health and Consumers Affairs Council Meeting, Luxembourg, 10 June 2008.
5 OJ L 327, 16.12.2003, p. 34.
6 OJ C 227 E, 4.9.2008, p. 160.
7 OJ C 247 E, 15.10.2009, p. 11.

European Union[1],

– having regard to its resolution of 5 June 2003 on breast cancer in the European Union[2],

– having regard to Decision No 646/96/EC of the European Parliament and of the Council of 29 March 1996 adopting an action plan to combat cancer within the framework for action in the field of public health (1996 to 2000)[3],

– having regard to Council Decision 2004/513/EC of 2 June 2004 concerning the conclusion of the WHO Framework Convention on Tobacco Control[4],

– having regard to the European Code Against Cancer: third version,

– having regard to the World Cancer Report 2008 of the International Agency for Research on Cancer (IARC),

– having regard to the declaration of the European Parliament on hepatitis C[5],

– having regard to the activity and the conclusions of the all-party interest group MEPs Against Cancer (MAC),

– having regard to Article 184 of the Treaty on the Functioning of the European Union,

– having regard to Article 35 of the Charter of Fundamental Rights of the European Union[6],

– having regard to Rule 48 of its Rules of Procedure,

– having regard to the report of the Committee on the Environment, Public Health and Food Safety and the opinions of the Committee on Industry, Research and Energy and the Committee on Women's Rights and Gender Equality (A7-0121/2010),

A. whereas cancer is growing epidemically worldwide in spite of medical progress,

B. whereas certain countries have made progress in reducing cancer rates thanks to anti-smoking policies, improved secondary prevention and treatment of certain forms of cancer[7],

C. whereas, according to the World Health Organisation, cancer is one of the leading causes of death worldwide and accounted for around 13% of all deaths in 2004,

D. whereas cancer was the second most common cause of death in 2006, accounting for two out of ten deaths in women and three out of ten deaths in men, equating to approximately 3.2 million EU citizens diagnosed with cancer each year; whereas the deaths are due for

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1 OJ C 313 E, 20.12.2006, p. 273.
2 OJ C 68 E, 18.3.2004, p. 611.
3 OJ L 95, 16.4.1996, p. 9.
4 OJ L 213, 15.6.2004, p. 8.
5 OJ C 27 E, 31.1.2008, p. 247.
6 OJ C 364, 18.12.2000, p. 1.
7 Jemal A, Ward E, Thun M (2010) Declining Death Rates Reflect Progress against Cancer. PLoS ONE 5(3): e9584. doi:10.1371/journal.pone.0009584.

the most part to lung cancer, colorectal cancer, and breast cancer,

E. whereas, according to estimates by the International Agency for Research on Cancer (IARC), one in three Europeans is diagnosed with cancer during their lifetime and one in four Europeans dies from the disease,

F. whereas projections suggest that, in 2010, 3 million Europeans will develop cancer and nearly 2 million are expected to die of cancer, and projections for 2020 suggest that 3.4 million Europeans will develop cancer and over 2.1 million will die as a result of the disease,

G. whereas the most frequent types of cancer differ between women and men, and women are mostly affected by breast, cervical, endometrial, fallopian tube, ovarian and vaginal cancer but also often by stomach and colorectal cancers; whereas the incidence of breast cancer is rising among women in many European countries, also affecting younger women, and 275 000 women in the EU contract breast cancer each year,

H. whereas the fight against cancer should be considered to be an essential part of the Health Strategy,

I. whereas about 30% of cancers may be prevented and the consequences reduced by early detection and treatment, while the effectiveness of national screening programmes for women varies and depends on the coverage of the female population, accessibility to and the quality of mammography, treatment and other factors,

J. whereas childhood cancer, the leading cause of death from disease in the young, can be successfully treated to achieve an 80% survival rate,

K. whereas prevention involves both primary prevention of incidence and secondary prevention via screening and early detection,

L. whereas effective primary prevention can greatly contribute to improving health through population-based interventions and measures to encourage healthy lifestyles,

M. whereas prevention involves both primary prevention of incidence, which can be accomplished by reducing population exposure to cancer-related contaminants in the environment, in addition to secondary prevention via screening and early detection,

N. whereas the incidence of cervical cancer (the second most common type of cancer in women after breast cancer) may be prevented by an appropriate treatment such as prophylactic vaccines against carcinogenic viruses,

O. whereas cancer is caused by many factors in multiple stages and therefore requires a new cancer prevention paradigm that addresses genetic, lifestyle, occupational and environmental factors on an equal footing in a manner that reflects the actual combination effects of different factors, rather than focusing on isolated causes,

P. whereas environmental factors include not only environmental tobacco smoke, radiation and excessive UV exposure but also exposure to chemical contaminants in food, air, soil and water due to inter alia industrial processes, agricultural practices or the content of such substances in e.g. construction and consumer products,

Q. whereas the disease arises principally as a consequence of individual exposure to carcinogenic agents in what individuals inhale, eat and drink, or are exposed to in their personal or work environment. Habits, such as tobacco use, dietary and physical activity patterns - as well as occupational and environmental conditions – play major roles in the development of cancer,

R. whereas, according to the World Health Organisation, at least 10% of annual cancer-related deaths are caused directly by exposure to carcinogens at the workplace; whereas such exposure could be averted if the carcinogens were replaced by less harmful substances,

S. whereas the rapid rate of increase of some cancers such as e.g. testicular and non-Hodgkins Lymphoma, and the increase in childhood cancers of 1% per year in Europe in the last 20 years according to the WHO, show that environmental factors must be involved,

T. whereas effective secondary prevention aimed at early disease detection can also significantly contribute to improving health prevention and can greatly contribute to improving health; whereas it has been predicted that, by implementing 100% population coverage of cervical cancer screening, an estimated reduction of over 94% of life years lost could be attained and, for every 152 pap smear tests performed, one life year could be gained,

U. whereas endocrine disrupting chemicals can play an important role in cancer formation, for example in the case of breast cancer or testicular cancer, and therefore require specific action,

V. whereas Europe's health systems face major challenges to their long term sustainability and first among these is the impact the ageing population will have on workforce requirements and overall healthcare expenditure; in addition, new technologies, though they bring substantial benefits, require adequately trained staff and possibly increased spending,

W. whereas the incidence of certain cancers such as cervical cancer is significantly higher in certain female migrant populations, and therefore it is necessary to guarantee that prevention and early detection programmes are focused on and available for these high risk groups,

X. whereas the Union's ageing population is one of the reasons for the increase in the cancer burden across the Union and whereas the increase in the incidence of cancer will impose additional pressures on public finances and the productivity of the private sector economy and therefore an improvement in the health indicators relating to cancer will also contribute to improving the long-term economic indicators,

Y. whereas the prevalence of cancer correlates with increasing age and is closely linked with old age, it is also the case that with the ageing of the population the overall incidence of cancer will increase as well; this trend will manifest itself mainly amongst older women, since women still have a higher life expectancy than men, and therefore it is necessary to guarantee that prevention and early detection programmes are not only made available for middle-aged women but also for older women as well as for the oldest old;

Z. whereas in the Lisbon Treaty shared competence between the European Union and the Member States applies in common safety concerns in public health matters, such as the protection of physical and mental health,

AA. whereas death rates from cancer in the new Member States are higher than in the EU-15,

AB. whereas the WHO estimates that at least one third of all cancer cases are preventable and that prevention offers the most cost-effective long-term strategy for the control of cancer and it has been estimated that cancer could be prevented by modifying or avoiding key risk factors such as smoking, being overweight, low fruit and vegetable intake, physical inactivity and alcohol consumption, infectious agents and exposure to certain chemical substances and ionising radiation,

AC. whereas poor nutrition, physical inactivity, obesity, tobacco and alcohol, are risk factors common to other chronic diseases, such as CVD, type 2 diabetes, and respiratory diseases, and therefore cancer prevention programmes should be conducted within the context of an integrated chronic disease prevention programme,

AD. whereas, as early as 1987, experts developed the European Code Against Cancer as an evidence-based instrument for tackling prevention,

AE. whereas the startling and unacceptable differences in the quality of cancer treatment facilities, screening programmes, evidence-based best-practice guidelines, facilities for radiotherapy, and access to anti-cancer drugs are among the reasons for the big differences in achieving the five-year survival rate for most cancers across Europe,

AF. whereas health inequality is still widespread in the European Union, and whereas disadvantaged communities – as a result of limited access to resources, information and services – face higher risks of adverse health outcomes than those who are in a higher socio-economic position,

AG. whereas cancer can be reduced and controlled by implementing evidence-based strategies for early detection and management of patients with cancer,

AH. whereas it is estimated that 25% of all cancer deaths in the Union can be attributed to smoking; whereas smoking causes between 80% and 90% of lung cancer deaths worldwide, whereas the uptake of smoking by young girls is increasing, with a resultant risk of a future rise in lung cancer in women,

AI. whereas in the past 20 years the incidence of liver cancer has more than doubled and in 2006 there were 50 300 new cancer cases in the EU-27 and 45 771 died of the disease, and whereas, in addition to excessive weight and alcohol consumption, 75% to 85% of cases of primary liver cancer are attributable to persistent infections with viral hepatitis (B or C),

AJ. whereas it is well established that lifestyle, particularly nutritional habits, influences tumour development and therefore preservation of a good nutritional status contributes to survival (at least for certain types of tumours) and the quality of life of cancer patients,

AK. whereas certain cancers may be avoided and health in general can be improved by adopting healthier lifestyles and whereas cancers may be cured or the prospects of a cure greatly increased if they are detected at an early stage,

AL. whereas cancer is also strongly associated with social and economic status and cancer risk factors are highest in groups with the least education. In addition, patients in the lower socioeconomic classes have consistently poorer survival rates than those in higher strata,

AM. whereas a well-designed, well-managed national cancer control programme lowers cancer incidence and mortality, in some cases by more than 70%, and improves the life of cancer patients, no matter what resource constraints a country faces,

AN. whereas broad disparities exist among Member States concerning the development, implementation and quality of cancer control plans,

AO. whereas nationwide implementation of effective, population-based screening programmes – run in accordance with European guidelines if they already exist – significantly improves the quality and accessibility of cancer screening, diagnosis and therapeutic services to the population and thereby also improves cancer control,

AP. whereas there are at present considerable qualitative differences within the EU as regards cancer screening, early detection, and follow-up; whereas the differences relate in particular to the application of procedures for the purposes of early detection, a method making for a cost-measurable, cost-effective reduction in the impact of the disease,

AQ. whereas national cancer registries in all Member States are essential with a view to providing comparable data on cancer,

AR. whereas interinstitutional cooperation can enhance the effectiveness of our joint efforts,

AS. whereas oncology is not recognised as a medical speciality in all Member States, and whereas continuing medical education needs to be provided,

AT. whereas the free movement of persons and free movement of workers are guaranteed in Community law and, as a principle, freedom of establishment helps to ensure that health professionals go where they are most needed, benefiting patients directly and avoiding the many difficulties inherent in the movement of patients across borders,

AU. whereas physical health and mental health are closely linked and interconnected, and this two-way connection is too often neglected in the care of cancer sufferers and other service users,

AV. whereas the complexity of cancer requires improved communication between the many and varied healthcare professionals involved in cancer patient treatment and whereas psychosocial and mental health care of cancer patients can improve their life expectancy and quality of life,

AW. whereas cancer patients currently have unequal access to medical information and are in urgent need of more information at every stage of their disease,

1. Welcomes the Commission proposal to set up a European Partnership for Action Against Cancer for the period 2009-2013 to support the Member States in their efforts to tackle cancer by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control and by engaging relevant stakeholders across the European Union in a collective effort;

2. Argues that strong action on cancer at a European level has the potential to set in place a framework for coordinated action at Member State, regional and local level. The European Partnership for Action Against Cancer should complement and build on work currently undertaken by the European Institutions in the field of health, and should seek to form partnerships with other services and sectors to ensure a comprehensive approach to the prevention and treatment of cancer;

3. Recognises that, under Article 168 TFEU, actions relating to health matters are primarily the responsibility of the Member States, but stresses the importance of establishing a Community roadmap and encourages the Commission and the Member States to take joint action and a comprehensive approach by incorporating the medical field into policy areas such as education, environment, research and social issues;

4. Stresses that closer cooperation with stakeholders, with the participation of civil society and employers' and employees' organisations at international, European, national, regional and local level, should be established for a representative and effective partnership. The European Partnership for Action Against Cancer should gather those stakeholders with a genuine interest in improving health outcomes. The potential of this forum to contribute to the development and dissemination of best practice guidelines should not be underestimated. The Partnership should also establish channels of communication with other fora, such as the EU Health Policy Forum, to ensure the work against cancer is giving due consideration to other concerns such as health inequities, the determinants of health and the role of health professionals, all of which have a clear impact on the prevalence and treatment of cancer;

5. Calls on the European Commission and the European Council to cooperate with the European Parliament in a well-coordinated inter-institutional partnership in order to reduce the burden of cancer, using the legal basis established in the Treaty of Lisbon to protect public health and prevent diseases. The European Commission and the European Council should consider the various formal and informal structures that exist to consult with the Members of the European Parliament;

6. Calls on the Commission to specify the nature of, and the sources of funding for, the European Partnership for Action Against Cancer;

7. Stresses that a comprehensive cancer approach and multidisciplinary teams can ensure more effective care for patients with cancer and that integrated cancer care, giving due consideration to psychosocial and mental wellbeing and support, is a vital part of care that should also be encouraged;

8. Stresses that special action is to be taken for rare and less common cancers, with the aim of accelerating diagnosis and making expertise more widely available in centres of excellence;

9. Points out that according to the Lisbon Treaty the European Parliament and the Council, acting in accordance with the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, may also adopt incentive measures designed to protect and improve human health;

10. Considers that the success of the partnership, given the absence of additional funding before the end of the current financial framework (2013), depends on making optimum

use of the available resources;

11. Calls on Member States to set up integrated cancer plans as soon as possible as these are key to achieving the Partnership's ambitious long-term aim of reducing the burden of cancer by 15% by 2020;

12. Calls on the Commission to build on findings of the Cancer Partnership with regard to cancer control plans and to present a proposal for a Council Recommendation on Cancer Control Plans; calls on the Commission to monitor independently on a yearly basis the implementation and progress of the recommendation adopted;

13. Underlines that prevention is the most cost-effective response, as one third of cancers are preventable, and urges that more resources are systematically and strategically invested in both primary and secondary prevention; underlines the importance of maintaining investments in health, in particular through preventive actions. In this regard, the European Commission and the European Council should consider further action to ensure a health-improving environment, including work on tobacco, nutrition and alcohol and provisions to improve opportunities for physical activity;

14. Calls upon the Partnership to ensure that all 'Health Promotion and Prevention' and 'Research' group actions include a component on environmental factors, these being defined as not only environmental tobacco smoke, radiation, and excessive UV exposure, but also hazardous chemicals in the indoor and outdoor environment to which people are exposed, including endocrine disruptors;

15. Considers that tackling 'risk factors' for cancer is key to prevention and urges Member States to treat this as a priority;

16. Highlights that there is an increasing need to focus on the quality of life for a rising number of chronic cancer patients whose illness cannot be cured but which may be stabilised for a number of years;

17. Stresses that actions aimed at reducing inequities in the cancer burden should include targeted promotion of health, public education and prevention programmes as well as the collection of data from population-based national cancer registries and comparable, complete and accurate registry data on cancer;

18. Urges the Commission to encourage those Member States with high cancer mortality to reform their national cancer registries in order to provide the data necessary for better informed and more focused policies;

19. Urges that, apart from health promotion and the fight against excessive weight and alcohol consumption, the prevention and control of diseases which can develop into cancer, for instance primary and secondary prevention of viral hepatitis and treatment where appropriate, should be addressed by the Cancer Partnership and in future EU initiatives, such as a revised Council recommendation on cancer screening;

20. Stresses the role of screening as one of the most important instruments in the fight against cancer; urges Member States to invest in cancer screening programmes and considers that these initiatives are most efficient when they are available to the widest possible range of people and on a regular basis;

21. Stresses that integrated research (basic and clinical) on the use of nutrition in preventing cancer and treating malnutrition associated with cancer, as well as validated and widely accepted guidelines on nutritional support for cancer patients, should be developed; urges therefore the Commission to provide funding to develop and validate integrated research (basic and clinical) on the use of nutrition in preventing cancer and treating malnutrition associated with cancer, as well as for the development of widely accepted guidelines on nutritional support for cancer patients for social and health care professionals across Europe, and calls on the Member States to promote the implementation of such guidelines;

22. Stresses that the European Code Against Cancer needs to be revised and promoted more widely and forcefully across the EU-27 and that particular efforts should be directed towards new Member States under the European Cancer Partnership;

23. Urges the Member States to establish a legal obligation to declare cancer cases, using standardised European terminology, the object being to provide means of evaluating prevention, screening, and treatment programmes, survival rates, and the comparability of data from one Member State to another and, on the basis of the findings, to produce information aimed at the general public;

24. Stresses that cancer can be reduced and controlled by implementing evidence-based strategies for early detection and management of patients with cancer, including appropriate information to ensure awareness of the benefits of screening for those who should benefit from it; urges the Member States in this connection to examine whether breast cancer screening for women under 50 and over 69 years of age serves a useful purpose and asks the Commission to collect and analyse this information;

25. Stresses the urgent need for agreed quality treatment standards for childhood cancers to be shared and applied across the EU-27;

26. Calls on Member States to do more to raise awareness of gender specific cancer, in order to increase levels of prevention and encourage screening for these diseases;

27. Calls on the Commission to provide funding for the further development of blood- and urine-based tests (biomarker tests) within the seventh Research Framework Programme, bearing in mind that these early diagnosis procedures are promising tools for detecting different types of cancer (prostate, colon, ovarian, kidney, and bladder cancer);

28. Considers that existing FP7 funding allocated to the fight against cancer should be used more efficiently through, for example, better coordination between the different cancer research centres in the EU;

29. Calls on the Commission to make full use of its supporting role by setting up joint actions on research;

30. Calls for support to be stepped up for research into cancer prevention, including research into the effects of harmful chemicals and environmental pollutants, nutrition, lifestyle, genetic factors, and the interaction of all these, and calls for the links between cancer and potential risk factors such as tobacco, alcohol and pharmaceutical and synthetic hormones present in the environment to be investigated;

31. Notes that the Czech Government has not yet ratified the WHO Framework Convention

on Tobacco Control, which entered into force in February 2005, and therefore urges it to do so;

32. Calls for bio-monitoring research to pay particular attention to the most important sources of exposure to carcinogenic substances, in particular traffic, emissions from industry, air quality in large cities, and emanations and surface waters in the vicinity of waste disposal;

33. Calls upon the Commission to ensure that swifter action is taken under the Community Strategy on Endocrine Disruptors;

34. Stresses that research findings should be translated into concrete action as soon as possible, and that ongoing research should not be used to delay action against known or suspected factors that cause or promote cancer incidence;

35. Calls on the Commission to encourage the Member States to adopt policies to support the principles embodied in the World Health Organization's Global Strategy on Diet, Physical Activity and Health launched in 2004;

36. Considers that more research on the connection between cancer and gender is needed as well as specific, but not fragmented, research on the impact of the working environment on cancers;

37. Calls on the Commission to promote by every possible means the principle of prevention both in medical practices and in more healthy lifestyles and to encourage Member States to invest more of their resources in prevention, both primary (i.e. preventing or reducing factors that cause or promote cancer incidence such as exposure to environmental pollutants) and secondary via screening and early detection;

38. Points out the need for large-scale research programmes to develop alternatives for harmful substances that are not carcinogens. Innovation should be encouraged and should lead to a phasing-out of all the harmful substances that accumulate in the human body or in the environment, which cause cancer or mutagenic effects. In the long term, those substances should be replaced on the market;

39. Considers that early detection procedures and techniques should be researched more thoroughly before being widely applied in order to guarantee that their use and application is safe and evidence-based; therefore, it is necessary that this research leads to unambiguous and evidence-based recommendations and guidelines;

40. Considers that the current funding available to fight cancer in the EU is inadequate to produce the necessary research and coordination as well as to provide decent preventive information for EU citizens;

41. Encourages the Commission to include funding to promote cancer prevention in the financial perspective;

42. Calls on the Commission and Member States to set up a European Network for Prevention under the European Cancer Partnership that addresses all health determinants relevant for cancer, including environmental ones;

43. Calls on the Commission to encourage and support initiatives bringing together a wide

range of stakeholders with the aim of preventing cancer by reducing occupational and environmental exposure to carcinogens and other cancer-producing substances and by promoting healthy lifestyles, not least by highlighting the main risk factors such as tobacco, alcohol, obesity, poor diet, lack of exercise, and exposure to the sun, placing the emphasis first and foremost on children and teenagers;

44. Calls for the need to tackle environmental-health related problems which have impacts on the development of specific types of cancer in accordance with what has been defined under the European Environment and Health Action Plan 2004-2010, namely through the assessment of the subsequent national Environmental and Health Action Plans and through cooperation between Member States on the results achieved throughout the process, in order to guarantee that the results obtained in each country may help promote European intervention in this domain;

45. Underlines that optimal patient care requires a multidisciplinary approach, that the role of medical oncologist as a patient interface is central and that education, clear criteria and guidelines are needed to ensure the optimal qualification of physicians using drugs for cancer treatment;

46. Calls on the Commission and the Partnership to review the Council recommendation on cancer screening in the light of the latest scientific developments in order to provide encouragement for future European accreditation/certification programmes in the area of cancer screening, diagnosis, and treatment to be drawn up on the basis of the European quality assurance guidelines, bearing in mind that such programmes could also serve as an example for other healthcare fields;

47. Urges the Commission and the Member States to promote information campaigns on cancer screening directed at the general public and all healthcare providers, as well as the exchange of best practice on the use of preventive or early-detection measures, such as cost-effective integration of appropriate human papilloma virus (HPV) testing for cervical cancer screening and HPV vaccination to protect young women from cervical cancer, and asks the European Cancer Partnership to examine the need to update the Council recommendation on cancer screening to take account of evidence for effective prostate cancer screening in men;

48. Calls on the Commission to use the existing European Centre for Disease Prevention and Control (ECDC) by adding non-communicable diseases to its mandate and by using it as the headquarters for EU cancer research where all the data already collected in each Member State could be harnessed and analysed in order to provide scientists and doctors with best practices and greater knowledge of the disease;

49. Welcomes the Commission proposal on a European Partnership for Action against Cancer for the period 2009-2013 and the proposal to reduce the cancer burden by introducing 100% population screening for breast, cervical and colorectal cancers by 2013, and urges Member States to fully implement the guidelines;

50. Calls on the Commission to draw up a charter for the protection of the rights of cancer patients and chronically sick people in the workplace, with a view to requiring firms to make it possible for patients to continue in employment during their treatment and to return to the employment market after it has finished;

51. Calls on the Commission, the Member States, and the European Chemicals Agency to implement Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), and update the list of substances of very high concern, which covers carcinogens;

52. Calls on the Commission, working within the Partnership, to encourage and support initiatives seeking to prevent imports of goods containing cancer-producing chemicals, and to take Europe-wide measures with a view to intensifying checks to detect such chemicals, pesticides included, as might be present in foodstuffs;

53. Notes that palliative care for terminally ill cancer patients varies in quality between Member States and can benefit from exchange of good practices and therefore calls on the Commission and Member States to encourage and promote palliative care and to establish guidelines for its use;

54. Stresses that more efforts should be made in psychosocial and occupational rehabilitation programmes for cancer patients which include a broad range of activities aimed at information, counselling, advice on possible changes in lifestyle and behaviour, psychological support and social welfare questions; underlines the importance of monitoring and assessing the mental health status of people with cancer;

55. Calls on the Commission and the Member States to ensure that EU-wide human bio-monitoring surveys receive the funding required to enable carcinogens and other cancer-producing substances to be monitored for the purpose of gauging policy effectiveness;

56. Considers that the partnership should seek to incorporate effectively existing initiatives for the coordination of cancer research and give greater encouragement to public-private partnerships to stimulate research and screening, particularly in the field of medical imaging;

57. Finds the proposed structure lacking since there is no clear definition of specific action objectives, such as how to achieve the integration of all Member States' plans in the fight against cancer by 2013, and calls on the Commission to rectify this lack of focus;

58. Calls for more funding to be allocated to regional policy programmes and European Social Fund programmes to educate and inform citizens about cancer protection and prevention;

59. Calls on the Commission to ensure that Community legislation contains incentives for industry and researchers to engage in ongoing research with a view to developing new evidence-based medicines and treatments to combat and control cancer;

60. Stresses the importance of the revision of Directive 2001/20/EC of the European Parliament and of the Council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use[1] (the Clinical Trials Directive) with a view to encouraging a greater cancer research effort, focusing in particular on screening, including early detection, without, however, disregarding the impact of the expenditure involved for the

[1] OJ L 121, 1.5.2001, p. 34.

non-commercial research sector, and to improve the information available to patients and the public at large about clinical trials in progress or which have been successfully completed;

61. Calls on the Commission to ensure that EU legislation contains incentives for researchers and industry to develop nutritional and other natural product-based approaches to cancer prevention, validated through nutrigenomic and epigenetic research;

62. Stresses likewise the urgency of introducing a Community patent, as well as an international patent;

63. Calls on the Commission to provide for the dissemination, through networks of health professionals, of best practice in treatment and care, with a view to ensuring that citizens have access to the best available treatment;

64. Calls on the Member States and the Commission to develop and strengthen initiatives that provide support for people directly or indirectly affected by cancer, in particular through the initiation and development of psychological care and support throughout the EU for cancer survivors;

65. Calls on the Member States and the Commission to employ every means required to produce guidelines for a common definition of disability covering persons suffering from chronic diseases or from cancer and, in the meantime, ensure that those Member States which have not yet done so take the necessary steps without delay to include persons in the above categories in their national definitions of disability;

66. Urges the Commission and Member States to ensure that cancer medicines, including treatments for rare and less common cancers, are uniformly available to all patients who need them in all Member States; calls on the Commission and Member States to take specific and coordinated actions in order to reduce inequalities in terms of access to cancer treatment and care including the new 'targeted' cancer drugs recently put on the market;

67. Expects the Member States to adopt better information policies on the importance of breast, cervical and colon cancer screening, with a view to raising acceptance and participation rates among all targeted population groups, with particular attention to the inclusion of minority and socio-economically disadvantaged groups;

68. Points out that the objectives set by the Cancer Partnership are long-term, and therefore urges the European institutions to support the 10-year sustainability and viability of the Cancer Partnership in a future Community health budget; calls on the Commission to assess, monitor and report on a yearly basis on progress and effectiveness in implementing the recommendations from the European Partnership;

69. Considers that proper implementation of existing legislation with regard to substances that cause or promote cancer is of paramount importance in action against cancer; therefore calls on the Commission to ensure full implementation of relevant worker health legislation and to contribute swiftly and in a determined manner to the establishment of a comprehensive candidate list of substances of very high concern as a stepping stone for rapid decisions on CMR substances in the context of authorisations under REACH;

70. Instructs its President to forward this resolution to the Council and the Commission.