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MOTION FOR A RESOLUTION

further to Question for Oral Answer B6-0000/2007

pursuant to Rule 108(5) of the Rules of Procedure

by Miroslav Ouzký, Georgs Andrejevs

on behalf of the Committee on the Environment, Public Health and Food
Safety

on combating cancer in the enlarged European Union

European Parliament resolution on combating cancer in the enlarged European Union

The European Parliament,

- having regard to Article 152 of the Treaty,
- having regard to the Articles 163-173 of the Treaty,
- having regard to the Second Programme of Community Action in the Field of Health 2008-2013¹,
- having regard to the Commission's White Paper *Together for Health: A Strategic Approach* for the EU 2008-2013²,
- having regard to the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013)³,
- having regard to the Regulation on medicinal products for paediatric use⁴,
- having regard to the Council Recommendation of 2 December 2003 on cancer screening⁵,
- having regard to its Written Declaration on the need for a comprehensive strategy to control cancer adopted on 27 September 2007⁶
- having regard to its Motion for a Resolution on breast cancer in the enlarged European Union adopted on 25 October 2006⁷,
- having regard to the Community action plan against cancer⁸,
- having regard to Article 88a of Directive 2001/83/EC, as amended by Directive 2004/27/EC on the Community code relating to medicinal products for human use⁹,
- having regard to the Council Decision of 2 June 2004 concerning the conclusion of the WHO Framework Convention on Tobacco Control¹⁰,
- having regard to Rule 108(5) of its Rules of Procedure,

¹ OJ L 301, 20.11.2007

² COM (2007) 630 final

³ OJ L 412, 30.12.2006

⁴ Regulation (EC) No 1901/2006; OJ L 378, 27.12.2006

⁵ OJ L 327, 16.12.2003

⁶ WD 0052/2007

⁷ TA(2006) 0449, 25.10.2006

⁸ OJ L 95, 16.04.1996

⁹ OJ L 136, 30.04.2004

¹⁰ OJ L 213, 15.06.2004

- A. 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,
- B. whereas in 2006, there were nearly 2.3 million new cancer cases and over 1 million cancer deaths within the EU; whereas most deaths were in people with lung cancer, colorectal cancer and breast cancer,
- C. whereas the Union's ageing population is one of the reasons for the increase in the cancer burden across the Union,
- D. whereas the death rates for people dying of cancer within the new Member States is higher than in EU-15,
- E. whereas the differences in the quality of cancer-treatment facilities, in screening programmes, in evidence-based best-practice guidelines, in facilities for radiotherapy, and in access to new anticancer drugs, are among the reasons for the big differences in the five-year survival rate from most cancers across Europe,
- F. whereas during the term of the Commission's Action Plan Against Cancer (1996 – 2002) favourable trends in cancer mortality were established for several common forms of cancer death in many countries;
- G. 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 whereas another third of the cancer burden could be cured if detected early and treated adequately,
- H. whereas according to OECD data currently only an average 3 % of the OECD countries' total budget for health is spent on prevention compared to 97% spent on healthcare and treatment,
- I. whereas a well-conceived, well-managed national cancer control programme lowers cancer incidence and improves the life of cancer patients,
- J. whereas harmonized data collection by all EU Member States would be a precondition for ensuring comparability of data on cancer,
- K. whereas there are currently inequalities in cancer screening and follow-up within the EU,
- L. whereas the specialty of medical oncology is not recognised in all EU member states,
- M. whereas the complexity of cancer requires improved communication between the wide range and numbers of health-care professionals involved in cancer patient treatment; and whereas psychosocial care of cancer patients can improve their quality of life,
- N. whereas cancer patients currently have unequal access to medicines information,

1. Calls on the Commission to set up an institutionalised EU Cancer Task Force composed of Members from the Commission, the Council and the European Parliament which shall meet on a regular basis, to collect and exchange best practices for prevention, screening and treatment and to provide leadership for improved cancer control in Europe;
2. Urges Member States to implement statutory cancer registration, to ensure the capacity for population-based evaluation of programmes for prevention, screening, treatment and survival;
3. Calls on the Commission to support within the framework of the Second Public Health Action Programme networks of national cancer registries in order to carry out an EU-wide study into inequalities in cancer incidence and survival;
4. Urges the governments of the Czech Republic and Italy who have not yet ratified the Framework Convention on Tobacco Control, which entered into force in February 2005, to do so;
5. Calls on the Commission to encourage and support initiatives that include a wide range of stakeholders with the aim to prevent cancer through promotion of healthy lifestyles, in particular as regards the major risk factors, tobacco, alcohol, unhealthy diets and lack of physical activity, and putting a strong emphasis on children and adolescents;
6. Urges the Commission and Member States to promote information campaigns on cancer screening to the general public and to all healthcare providers and the exchange of best practice on the use of preventive measures, such as the HPV vaccine protecting young women from cervical cancer;
7. Requests Member States who have not yet done so, to implement the Council Recommendation on Cancer Screening and to set up population-based screening programmes for breast, cervical and colorectal cancer according to European quality assurance guidelines;
8. Calls on Member States to ensure the nation-wide provision of multi-disciplinary oncology teams to develop the best treatment plan for patients and improve the education of medical oncologists and health care professionals in recognizing psychosocial needs of patients in order to improve the quality of life and reduce anxiety and depression of cancer patients;
9. Urges the Commission and Member States to recognise the speciality of medical oncology and to ensure “lifelong learning” for those specialists according to agreed guidelines;
10. Calls on the Commission and Member States to encourage and promote guidelines on palliative care;
11. Calls on the Commission to ensure that Community legislation contains incentives for industry and researchers alike in order to secure ongoing research and guarantee new generations of medicines and treatments to combat and control cancer;
12. Calls on the Commission to secure through networks of health professionals the dissemination of best practices of treatment and care in order to ensure that citizens have access to the best available treatment;
13. Calls on the Commission to deploy funds from the Structural Funds and the Seventh Framework programme for Research to create and fund reference networks for rare

cancers and cancers which are difficult to treat, in order to pool resources and expertise and improve diagnosis and treatment;

14. Calls on the Council and Commission to establish an EU standard for the assessment of new innovative therapeutic approaches and identification of best clinical practices;
15. Looks forward to a Commission proposal which will ensure good quality, objective, reliable and non-promotional information on medicinal products;
16. Calls on the Commission to revise the Clinical Trials Directive to encourage more academic research on cancer;
17. Calls on the Commission to draw up a charter for the protection of cancer patients and chronically sick people in the workplace, with the view to requiring companies to make it possible for patients to continue in employment during their treatment and to return to the employment market;
18. Encourages new Member States to make greater use of Structural Funds for improving healthcare infrastructure, such as supporting implementation of the Council Recommendation on Cancer Screening;
19. Supports the upcoming Slovenian EU Presidency who made cancer one of its priorities in 2008;
20. Instructs its President to forward this resolution to the Commission and the Member State parliaments.