



EUROPEAN PARLIAMENT

2009 - 2014

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*Committee on Women's Rights and Gender Equality*

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**2009/2103(INI)**

24.2.2010

## **OPINION**

of the Committee on Women's Rights and Gender Equality

for the Committee on the Environment, Public Health and Food Safety

on the Commission communication on Action against Cancer: European  
Partnership  
(2009/2103(INI))

Rapporteur: Britta Thomsen

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## SUGGESTIONS

The Committee on Women's Rights and Gender Equality calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- having regard to Article 168 of the Treaty on the Functioning of the European Union, concerning health policies,
  - having regard to the 2007-2013 public health programme, which focuses on the means and methods of tackling health problems,
  - having regard to the fourth edition of the Commission's European guidelines for quality assurance in breast cancer screening and diagnosis<sup>1</sup>,
  - having regard to its resolutions on combating cancer of 10 April 2008<sup>2</sup> and on breast cancer of 25 October 2006<sup>3</sup>,
  - having regard to the Council's recommendation of 2 December 2003 on cancer screening as well as to the Council's conclusions on reducing the burden of cancer of 22 May 2008,
- A. 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,
- B. whereas, according to the Eurostat yearbook for 2006-2007, cancer is one of the main causes of death in the EU-25, claiming more than 1 million lives per year,
- C. whereas prevention and access to early screening and diagnosis are the most important prerequisites for effectively addressing the burden of cancer,
- D. 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,
- E. 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,
- F. 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,

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<sup>1</sup> European guidelines for quality assurance in breast cancer screening and diagnosis. Fourth edition, European Commission, Director General for Health and Consumer Protection, 2006.

<sup>2</sup> P6\_TA(2008)0121

<sup>3</sup> P6\_TA(2006)0449

- G. whereas the prevalence of cancer correlates with increasing age and is closely linked with old age, and it is also the case that with the ageing of the population the overall incidence of cancer will increase as well; whereas this trend will manifest itself mainly amongst older women, since women still have a higher life expectancy than men, and it is therefore necessary to guarantee that prevention and early detection programmes are made available not only for middle-aged women but also for older women as well as for the very oldest,
- H. whereas, while on average the health of EU citizens has steadily improved over the past decade, health disparities are still to be found in the Member States, in particular within different population groups and between men and women,
- I. 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,
- J. whereas, the incidence of certain cancers such as cervical cancer being significantly higher in certain female migrant populations, it is necessary to guarantee that prevention and early detection programmes are focused on and available for these high-risk groups,
- K. whereas research has shown that women from certain Member States as well as women from certain migrant populations are hindered from participating in prevention and early detection programmes, under pressure of their population's cultural and/or religious convictions and prejudices, so that it is necessary to develop efficient programmes to reach these women as well,
- L. whereas, although the new generation of anti-cancer medication and sometimes even the more common anti-cancer therapies requiring regular treatment are currently extremely expensive, populations at risk of poverty (in particular women and illegal immigrants) should get full and affordable access to these facilities,
- M. whereas husbands, fathers and children are also affected by specifically feminine diseases,
- N. whereas men also contract cancer, and the prevention and treatment of cancer in men must also be continued,
1. Considers that more research on the connection between cancer and gender is needed as well as specific, not fragmented, research on the impact of the working environment on cancers contracted by women, including research on the effects of harmful chemicals and environmental pollution, nutrition, lifestyle, genetic factors and the interaction of all these;
  2. Considers that more awareness and prevention campaigns, specifically dedicated to the most frequent types of cancers affecting women, are needed in order to encourage and facilitate access to screening and early diagnosis;
  3. Considers that full implementation by Member States of the Commission's European guidelines for quality assurance in breast cancer screening and diagnosis, in cooperation

with other Member States, professional bodies and experts, is a prerequisite for reducing mortality rates in the EU and underlines that inequalities in cancer incidence, mortality and survival rates between Member States still persist; therefore considers it necessary to exchange best practices and to strengthen cooperation as regards national strategies for tackling those inequalities;

4. Considers that gender equality with regard to access to cancer treatment should be actively promoted by the EU and Member States and underlines that cancer prevention action should take account of the trends in cancer over time, which differ significantly by gender, risk group and time period in Eastern and Western Europe;
5. Considers that research has to be developed in order to understand how inequitable access for lower socio-economic groups to healthcare services influences cancer incidences and outcomes;
6. Considers it essential to revise Council Recommendation 2003/878/EC on cancer screening to include new forms of cancer and add new techniques for early diagnosis;
7. 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;
8. Calls for more funding to be allocated to regional policy programmes and European Social Fund programmes to educate and inform women about breast cancer protection and prevention;
9. 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, and that it is therefore necessary that this research should lead to unambiguous and evidence-based recommendations and guidelines;
10. Calls on the Member States to ensure that women and men have unrestricted access to high-quality early diagnosis and treatment, irrespective of their origin, social status and level of education;
11. Welcomes the debate on cancer held within national parliaments and the European Parliament; encourages its competent parliamentary committees and the relevant intergroups to continue to cooperate closely with representatives of representative associations engaged in combating cancer in men and women.

## RESULT OF FINAL VOTE IN COMMITTEE

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| <b>Date adopted</b>   | 23.2.2010   |
| <b>Result of final vote</b>                                       | +:           31<br>-:            0<br>0:            1   |
| <b>Members present for the final vote</b>                         | Regina Bastos, Edit Bauer, Emine Bozkurt, Andrea Češková, Marije Cornelissen, Silvia Costa, Tadeusz Cymański, Edite Estrela, Ilda Figueiredo, Iratxe García Pérez, Zita Gurmai, Jolanta Emilia Hibner, Livia Járóka, Teresa Jiménez-Becerril Barrio, Caroline Lucas, Astrid Lulling, Barbara Matera, Angelika Niebler, Siiri Oviir, Raül Romeva i Rueda, Nicole Sinclair, Joanna Katarzyna Skrzydlewska, Eva-Britt Svensson, Marc Tarabella, Britta Thomsen, Marina Yannakoudakis |
| <b>Substitute(s) present for the final vote</b>                   | Sylvie Guillaume, Christa Kläß, Elisabeth Morin-Chartier, Norica Nicolai  |
| <b>Substitute(s) under Rule 187(2) present for the final vote</b> | Marian Harkin, Ria Oomen-Ruijten  |