5 November 2003

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REPORT  

on the proposal for a Council recommendation on cancer screening  

Committee on the Environment, Public Health and Consumer Policy  

Rapporteur: Antonio Mussa
### Symbols for procedures

<table>
<thead>
<tr>
<th>Type of Procedure</th>
<th>Description</th>
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<tbody>
<tr>
<td>Consultation procedure</td>
<td>majority of the votes cast</td>
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<tr>
<td>Cooperation procedure (first reading)</td>
<td>majority of the votes cast</td>
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<tr>
<td>Cooperation procedure (second reading)</td>
<td>majority of the votes cast, to approve the common position</td>
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<tr>
<td>Assent procedure</td>
<td>majority of Parliament’s component Members except in cases covered by Articles 105, 107, 161 and 300 of the EC Treaty and Article 7 of the EU Treaty</td>
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<tr>
<td>Codecision procedure (first reading)</td>
<td>majority of the votes cast</td>
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<tr>
<td>Codecision procedure (second reading)</td>
<td>majority of the votes cast, to approve the common position</td>
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<tr>
<td>Codecision procedure (third reading)</td>
<td>majority of the votes cast, to approve the joint text</td>
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(The type of procedure depends on the legal basis proposed by the Commission)

### Amendments to a legislative text

In amendments by Parliament, amended text is highlighted in **bold italics**. Highlighting in *normal italics* is an indication for the relevant departments showing parts of the legislative text for which a correction is proposed, to assist preparation of the final text (for instance, obvious errors or omissions in a given language version). These suggested corrections are subject to the agreement of the departments concerned.
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At the sitting of 1 September 2003 the President of Parliament announced that he had referred the proposal to the Committee on the Environment, Public Health and Consumer Policy as the committee responsible and the Committee on Women's Rights and Equal Opportunities and to the Committee on Industry, External Trade, Research and Energy for their opinions (C5-0322/2003).


The committee considered the Commission proposal and draft report at its meetings of 8 September, 1 October and 4 November 2003.

At the last meeting it adopted the draft legislative resolution unanimously.

The following were present for the vote Caroline F. Jackson (chairman), Mauro Nobilia (vice-chairman), Alexander de Roo (vice-chairman), Guido Sacconi (vice-chairman), Antonio Mussa (rapporteur), María del Pilar Ayuso González, María Luisa Bergaz Conesa, David Robert Bowe, John Bowis, Hiltrud Breyer, Philip Bushill-Matthews (for Raffaele Costa), Niels Busk (for Jules Maaten), Martin Callanan, Dorette Corbey, Avril Doyle, Anne Ferreira, Robert Goodwill, Hedwig Keppelhoff-Wiechert (for Marialiese Flemming), Christa Klaß, Eija-Riitta Anneli Korhola, Peter Liese, Giorgio Lisi (for Karl-Heinz Florenz), Caroline Lucas (for Patricia McKenna), Torben Lund, Minerva Melpomeni Malliori, Rosa Miguélez Ramos (for Elena Valenciano Martinez-Orozco pursuant to Rule 153(2)), Rosemarie Müller, Riiitta Myller, Giuseppe Nisticò, Ria G.H.C. Oomen-Ruijten, Marit Paulsen, Frédérique Ries, Dagmar Roth-Behrendt, Yvonne Sandberg-Fries, Karin Scheele, Ursula Schleicher (for Françoise Grossetête), Horst Schnellhardt, Inger Schöring, María Sornosa Martínez, Robert William Sturdy (for Cristina Gutiérrez Cortines), Antonios Trakatellis, Peder Wachtmeister and Phillip Whitehead.

The opinion of the Committee on Women's Rights and Equal Opportunities is attached. The Committee on Industry, External Trade, Research and Energy decided on 2 October 2003 not to deliver and opinion.

The report was tabled on 5 November 2003.
DRAFT EUROPEAN PARLIAMENT LEGISLATIVE RESOLUTION

on the proposal for a Council recommendation on cancer screening

(Consultation procedure)

The European Parliament,

– having regard to the Commission proposal to the Council (COM(2003) 230)¹,
– having regard to Article 152(4) of the EC Treaty, pursuant to which the Council consulted Parliament (C5-0322/2003),
– having regard to Rule 67 of its Rules of Procedure,
– having regard to the report of the Committee on the Environment, Public Health and Consumer Policy and the opinion of the Committee on Women's Rights and Equal Opportunities (A5-0381/2003),

1. Approves the Commission proposal as amended;
2. Calls on the Commission to alter its proposal accordingly, pursuant to Article 250(2) of the EC Treaty;
3. Calls on the Council to notify Parliament if it intends to depart from the text approved by Parliament;
4. Asks the Council to consult Parliament again if it intends to amend the Commission proposal substantially;
5. Instructs its President to forward its position to the Council and Commission.

Text proposed by the Commission
Amendments by Parliament

Amendment 1
Recital 1

(1) Article 152 of the Treaty provides that Community action is to complement national policies and be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health.

¹ Not yet published in OJ.

RR\331672EN.doc 5/27 PE 331.672
scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education.

Justification

Cancer is one of the major health scourges.

Amendment 2
Recital 2

(2) Principles for screening as a tool for the prevention of chronic non-communicable diseases were published by the World Health Organisation in 1968\(^1\) and by the Council of Europe in 1994\(^2\). These two documents form, together with the current best practice in each of the cancer screening fields, the basis for the present recommendations.

Justification

Does not affect English version.

Amendment 3
Recital 3

(3) Additionally, these recommendations are based on the “Recommendations on cancer screening” of the Advisory Committee on Cancer Prevention\(^1,2\) together with the experience gathered under the different actions sustained under the Europe against Cancer programme\(^3,4,5,6,7\) where European collaboration has helped, e.g., high-quality cancer screening programmes to provide efficient European guidelines of best practice and to protect the population from poor-quality screening.

Justification

Does not affect English version.
Justification

Does not affect English version.

Amendment 4
Recital 4

(4) Screening allows detection of cancers at an early stage of invasiveness or **even** before they become invasive. Some lesions can then be treated more effectively and the patients can expect to be cured. The key indicator for the effectiveness of screening is a decrease in disease-specific mortality or in the occurrence of advanced disease.

Justification

More appropriate wording.

Amendment 5
Recital 5 a (new)

(5a) Potentially promising screening tests currently being evaluated include the prostate-specific antigen (PSA) test for prostate cancer, mammography screening for breast cancer for women in the 40-49 age range, immunological Faecal Occult Blood Testing (FOBT) for colorectal (bowel) cancer and flexible colonoscopy for colorectal cancer.

Justification

Self-explanatory.

Amendment 6
Recital 8

(8) The public health benefits and cost efficiency of a screening programme are

*Does not affect English version.*
achieved if the programme is implemented systematically, covering the whole target population and following best practice guidelines.

**Justification**

*Does not affect English version.*

**Amendment 7**

Recital 9

(9) This requires an organisation with a call-recall system and with quality assurance at all levels, and an effective and appropriate diagnostic and treatment service.

(9) This requires an organisation with a call-recall system and with quality assurance at all levels, and an effective and appropriate diagnostic, treatment and after care service following evidence-based guidelines.

**Justification**

*Organised cancer screening should only be offered if high-quality diagnostic, treatment and after care services are offered for those with a positive screening test.*

**Amendment 8**

Recital 10 a (new)

(10a) Cancer networks play a crucial role in exchanging information and knowledge.

**Justification**

*Self-explanatory.*
screening database is linked to cancer registry data. Cancer registries play an important role in monitoring the impact of screening on the population. Changes in incidence, survival and mortality should be constantly monitored.

**Justification**

All Member States should set up national cancer registries in order to have available data about the development of cancer and to measure the impact of cancer screening.

Amendment 10
Recital 16

(16) Ethical, legal, social, medical, organisational and economic aspects have to be considered before decisions can be made on the implementation of cancer screening programmes.

Justification

Self-explanatory.

Amendment 11
Recital 17

(17) Adequate human and financial resources should be available in order to assure the appropriate organisation and quality control for all the Member States.

Justification

Self-explanatory.
Different socio-economic groups often do not have equal access to screening. Therefore, action should be taken to ensure equal access.

Therefore, action should be taken to guarantee equal access. In line with this objective, more mobile screening campaigns should be carried out.

Justification

Self-explanatory.

Amendment 13
Recital 18 a (new)

(18a) Screening policy must be conscious of men and women’s different health challenges and needs; therefore - as screening for colorectal cancer is the first cancer screen available to men - information on men’s take-up and outcomes for men is especially important to monitor; and - given that prostate cancer is becoming more common than lung cancer among men - it is important to continue to raise awareness of symptoms and to keep under continuous review any research and technological developments in the field of prostate cancer screening.

Justification

As well as action to ensure equal access across socio-economic groups, screening policy should be alert to gender differences. Particular attention should be paid to how men react to screening programmes for colorectal cancer, in terms of take-up and their general health-seeking behaviours.

Amendment 14
Recital 19

(19) It is an ethical, legal and social prerequisite that cancer screening should only be offered to fully-informed healthy people if the screening is proved to

(19) It is an ethical, legal and social prerequisite that cancer screening should only be offered to fully-informed asymptomatic people if the screening is
decrease disease-specific mortality or the incidence of advanced disease, if the benefits and risks are well known, and if the cost-effectiveness of the screening is acceptable.

Justification

The term is more appropriate.

Amendment 15
Recital 24

(24) Once the effectiveness of a new screening test has been demonstrated, evaluation of modified tests may be possible using other endpoints, if the predictive value of these endpoints is established,

Justification

Since HPV is a pre-cancerous disease, combining the HPV test with the present cervical smear (pap test) would make the practice of cervical cancer screening more effective.

Amendment 16
Recital 24 a (new)

(24a) European collaboration in networks facilitates high quality cancer screening in providing European guidelines of best practice and specific recommendations for the implementation of national cancer screening programmes.

Justification

Member States should exchange their experiences in providing and implementing national cancer screening programmes.
RECOMMENDATIONS TO THE MEMBER STATES:

Amendment 17
Paragraph 1, point (a)

(a) offer evidence-based cancer screening through a systematic population-based approach with quality assurance at all levels. The cancer screening tests listed in the Annex fulfil these requirements;

(b) implement screening programmes in accordance with European guidelines on best practice and should facilitate the further development of best practice for high-quality cancer screening programmes on a national level;

(d) ensure that adequate complementary diagnostic procedures and treatment of those with a positive screening test are provided for;

Justification

Self-explanatory.

Amendment 18
Paragraph 1(b)

(b) implement screening programmes in accordance with European guidelines on best practice and should facilitate the further development of best practice for high-quality cancer screening programmes on a national level, including assistance for the introduction of new technologies;

Justification

The same as for amendments 1 and 9.

Amendment 19
Paragraph 1, point (d)

(d) ensure that adequate complementary diagnostic procedures, treatment, psychological support and after care following evidence-based guidelines of those with a positive screening test are provided for;
Justification

Organised cancer screening should only be offered if high-quality diagnostic, treatment and after care services are offered for those with a positive screening test. (Ex AM 29) It is also important to provide appropriate psychological support in parallel with pharmaceutical treatment in order better to fight the disease.

Amendment 20
Paragraph 1, point (d a) (new)

(da) ensure that appropriate tests are available to all workers exposed to mutagenic and carcinogenic substances;

Justification

Self-explanatory.

Amendment 21
Paragraph 1, point (f a) (new)

(fa) Facilitate exchange of experience among Member States through European networks.

Justification

It is important that Member States and the Commission continue to collaborate in networks, bringing together national experts. These networks have in the past contributed in developing and updating guidelines and in accompanying implementation of guidelines in areas where the quality of screening was not satisfactory. Networking is useful for Member States where “organised” cancer screening is not yet implemented and for the new applicant Member States.

Amendment 22
Paragraph 1, point (g)
(g) set up a systematic invitation and follow-up system and quality assurance at all levels, together with an effective and appropriate diagnostic and treatment service; (g) set up a systematic invitation and follow-up system and quality assurance at all levels, together with an effective and appropriate diagnostic, treatment and after care service following evidence-based guidelines;

Justification

Organised cancer screening should only be offered if high-quality diagnostic, treatment and after care services are offered for those with a positive screening test.

Amendment 23
Paragraph 1(ga) (new)

(ga) introduce a system for inviting people in the age range laid down in this Recommendation for a single session of multiphase screening;

Justification

The amendment proposes introducing, wherever possible, multiphase screening in order to carry out in a single session all the tests envisaged for the age range specified in this Recommendation.

Amendment 24
Paragraph 2, point (a a) (new)

(aa) To encourage Member States to support European research on new methods of screening and follow-up in order to develop new or improve existing evidence-based guidelines

Justification

It is important that the Member States and the Commission continue to support research allowing the assessment of the level of evidence concerning effectiveness of new methods for screening, follow-up, treatment and after care in order to develop new and update existing guidelines according to the current state of the art.
Amendment 25
Paragraph 2, point (d a) (new)


Amendment 26
Paragraph 3, point (c a) (new)

(ca) regularly monitor incidence, survival, the mortality and morbidity indicators in the various Member States, according to the standards of the European Network of Cancer Registries; in order to establish the priorities for specific tests compared with others;

Justification

In certain Member States linkage between population, screening, cancer and mortality registers is not possible because of administrative and legal barriers. Without such linkage cancer screening cannot be organised and its effectiveness cannot be evaluated. Nevertheless, Directive 95/46/EC of 24 October 1995 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on free movement of such data foresees derogations from the general principle that personal medical records cannot be registered on the condition that adequate safeguards are respected.

Justification

All Member States should set up national cancer registries in order to have available data about the development of cancer and to measure the impact of cancer screening. Monitoring mortality indicators makes it possible to screen sections of the population with a higher incidence of the disease owing to environmental factors, eating habits, etc. The indicators of morbidity (incidence of illnesses in a given population) are to be taken into account.
Amendment 27  
Paragraph 5(aa) (new)  

(aa) ensure the right to leave for those who need to take time off work in order to undergo the screening tests;  

Justification  
So as to ensure that more people take part in the screening, the Member States should make it easy for workers to take time off work in order to undergo the screening tests.  

Amendment 28  
Paragraph 6(b)  

(b) run trials, in addition to those on screening-specific parameters and mortality, on subsequent treatment procedures, clinical outcome, side effects, morbidity and quality of life;  

(b) carry out investigations, in addition to those based on screening-specific parameters and mortality, into the clinical outcome, side effects, morbidity and quality of life;  

Justification  
More appropriate wording.  

Amendment 29  
Paragraph 6, point (d a) (new)  

(da) invest more resources in research into new tests, including genomic tests and into the validation of advanced technology instruments  

Justification  
Self-explanatory.
RECOMMENDATIONS TO THE COMMISSION

Amendment 30
Final section, paragraph 2

2. To encourage cooperation between MS and exchange of best practices as regards cancer screening with a view to developing new screening methods or improve existing ones.

2. To encourage cooperation between MS and exchange of best practices as regards cancer screening, whereby cancer networks play a crucial role, with a view to developing new screening methods or improve existing ones.

Justification

Self-explanatory.

Amendment 31
Final section, paragraph 2 a (new)

2a. To promote information campaigns designed to help raise awareness and public understanding about the benefits and risks that cancer screening offers in terms of early detection of cancer.

Justification

Self-explanatory.

Amendment 32
Paragraph 2 a (new)

(2a) To encourage Member States to support European research on cancer screening including development of new guidelines updating of existing guidelines for cancer screening.
Justification

It is important that the Member States and Commission continue to support actively the development of guidelines for cancer screening.

ANNEX:

Amendment 33
Annex 1 a (new)

Promising new screening tests, currently being evaluated in randomised controlled trials could potentially reduce mortality from cancer. The state of the art should be assessed and continuously updated by European experts in order to propose evidence based applications and adapt guidelines and inform citizens, health authorities and stakeholders on advantages, risks and costs. Such tests shall include:

- mammography screening for women aged 40-49 for breast cancer,
- improved Faecal Occult Blood Testing (FOBT) for colorectal cancer,
- flexible recto-sigmoidoscopy or colonoscopy for colorectal cancer,
- testing for high risk human papilloma virus (HPV) infection for cervical cancer,
- improved methods for the preparation (liquid based cytology) or interpretation of cervical specimens,
- prostate-specific antigen (PSA) testing for prostate cancer.

Once the efficacy of screening methods has been demonstrated, evaluation of effectiveness of modified tests or alternative applications may be based on other epidemiologically validated surrogate endpoints if the predictive value of these endpoints is established.
Justification

The new annex refers to point 42 and 43 of the Commission's explanatory statement and includes promising screening tests.
EXPLANATORY STATEMENT

In the industrialised countries cancer is one of the main causes of death from disease and is the illness with which people most frequently have to live, because either they are directly affected or someone close to them is (1,594,379 new cases in 1997 in the 15 Member States).

In 1997 the most frequent cancers in the European Union were colorectal, breast, lung, prostate, bladder, and stomach cancer, which made up 59 % of all new cancer cases. In the same year the cancers responsible for the most deaths were lung, colorectal, breast, stomach, prostate cancer and pancreas cancer, which made up 57 % of all cancer deaths.

The social impact is therefore enormous, not only because of the cost of treating and supporting patients, but also because of the emotional strain on patients and their families. In addition to the human tragedy, the situation causes a continual decrease in the proportion of the healthy population whose productivity and know-how are the mainstay of European society. We should also bear in mind the average age of onset of these diseases, which are affecting younger and younger people with increasing aggressiveness. Breast cancer is a case in point. Screening has revealed that women between 40 and 69, younger than those targeted by screening at present, are being affected. On the other hand, cervical cancer screening has revealed that lesions are being found in women older than was hitherto envisaged.

The possibility of treating cancer undeniably depends on how early it is diagnosed.

The inexorable development of the disease would otherwise require aggressive and invasive forms of treatment, which are costly and traumatic.

The only sure weapon we now have to prevent this happening is secondary prevention, consisting of predictive clinical tests, since primary prevention is subject to less controllable variables, such as environmental factors, eating habits and lifestyle, which differ from country to country.

Early diagnosis at the sub-clinical stage, when a tumour is partially controlled by the patient's natural defences and has not spread too far, undoubtedly makes immediate medical treatment easier, and hence means less extensive surgery and less aggressive and more easily tolerated cytostatic and radiation therapies.

It is therefore unthinkable that such an important prevention campaign, in both the social and public health spheres, should remain a national or regional phenomenon dependent on the economic and cultural potential of one country or another. Because of its impact on society, prevention should be the subject of Europe-wide coordination, guaranteeing public health protection and equal opportunities for treatment.

The principle of early diagnosis is now generally accepted, but we are still waiting for screening to be followed or backed up by an effective treatment programme, which requires not only the provision of adequate treatment, but also the possibility of monitoring those who test positive.
Although screening programmes were initially designed for the early diagnosis of a single disease, the idea has been extended in recent years to include multiphase screening (not yet envisaged in the field of cancer), aimed at saving the community time and resources. For example, letters could be sent out inviting people to undergo different kinds of test such as mammography, colonoscopy, pap tests, etc. on one and the same day.

The current capacity for radical treatment in oncology seems to depend more on the opportunities for primary prevention, based on epidemiological and etiopathogenetic knowledge and early diagnosis, rather than on surgical techniques and radiation therapy or chemotherapy. For example, we might take the example of gastric carcinoma, for which the five-year survival rate ranges between 95% in patients with an intramucosal carcinoma to less than 10% in patients with an advanced invasive carcinoma, despite therapy. It goes without saying that large-scale investigations must be carried out in order to obtain the earliest possible diagnosis. However, in view of the cost involved and the structural defects of the health system, large-scale investigations for some forms of cancer often have to be restricted to the population "at greatest risk". Thus, in the general population, colpocytological examinations to diagnose cervical cancer or mammography for women at the specified age are cost-effective, whilst oesophagastroduodenoscopy for the diagnosis of cancer of the oesophagus and stomach, or bronchoscopy or the CAT scan for bronchial carcinoma, can be carried out periodically with early diagnosis methods only on individuals selected because they are considered to be particularly at risk (for example patients who have previously had a gastric ulcer or have undergone gastric resection, smokers, etc).

Furthermore, screening programmes incorporate an assessment of the correct cost-benefit ratio.

What is needed is both maximum capacity for identifying even the smallest lesions (sensitivity) and a good capacity for distinguishing them from benign lesions (specificity) and to ensure that the diagnostic investigation is non-invasive for the patient and itself entails an almost zero risk of damage, since the procedures are, by definition, carried out on "asymptomatic" individuals, who are only potentially ill.

Individuals must also be given freedom of choice, i.e. must be able to decide, on the basis of accurate and comprehensible information regarding the risks and benefits, whether or not to take part in a European-level screening programme.

For this purpose a system for disseminating information via the media should be considered.

In the development of medical science, new discoveries, tests, drugs and technologies are offered to operators to be used on an every-day basis and to improve constantly the predictive and/or therapeutic capacity. For example, combining the pap test with the HPV (Human Papillomavirus) test now makes it possible to predict the risk of contracting cervical cancer. Other examples are the PSA (prostate-specific antigen) test for the early diagnosis of prostate cancer, or bronchoscopy and the CAT scan for lung cancer.

The new instruments for early diagnosis, before being offered at European level, should definitely be examined and validated carefully by means of pilot programmes in several areas of the Community and be used in the various Member States, bearing in mind which disease causes most deaths.
In order to reduce the economic and social impact of cancer screening it is therefore necessary to assess which sections of the population are most at risk of each disease covered by the programme, whilst at the same time carrying out a broad information campaign, aimed at educating people not to be afraid of self-examination (feeling the breasts, carefully observing traces of blood in faeces and urine, etc) and to consult a doctor if they find anything dubious.

Last but not least, the excellence of "good practice" in screening should be checked by analysing the mortality figures collected in all Member States, preferably entered in a European databank.

The population must be educated to tackle cancer not with fear but with vigilance and awareness. Fear often leads people to ignore symptoms which might be early signs of disease, thereby delaying diagnosis. A well-structured information campaign, in addition to making current screening programmes acceptable, may improve the quality of assistance, enabling people to understand what physical signs, in their own bodies, may sound alarm bells and hence when they should seek medical assistance.

Financial resources must be mobilised to increase the number of diagnostic centres and ensure that the workload entailed in screening does not jeopardise the quality of the testing or increase waiting times, which would lead to a deterioration in the quality of care for patients already suffering from cancer.

It is therefore important to organise European action on four fronts:
(a) information and health education for European citizens
(b) carrying out forms of screening which have already proven their worth
(c) periodic checks on the quality of screening
(d) research into the applicability of new screening methods.

The Commission's document will allow Europe to take unified action against what is a widespread, cruel and socially destructive disease. The urgent need for strategic action to combat cancer at European level is demonstrated by the alarming etiological fact that one European in four has or will have a malignant tumour in the course of their lives.

Finally, in addition to European-level screening there ought to be guidelines for the treatment of diseases.
3 October 2003

OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND EQUAL OPPORTUNITIES

for the Committee on the Environment, Public Health and Consumer Policy

on the proposal for a Council recommendation on cancer screening

Draftsperson: Karin Jöns

PROCEDURE

The Committee on Women's Rights and Equal Opportunities appointed Karin Jöns draftsperson at its meeting of 20 May 2003.

It considered the draft opinion at its meetings of 11 September and 2 October 2003.

At the last meeting it adopted the following amendments unanimously.

The following were present for the vote: Anna Karamanou (chairperson), Olga Zrihen Zaari (vice-chairperson), Ulla Maija Aaltonen, María Antonia Avilés Perea, Regina Bastos, Johanna L.A. Boogerd-Quaak, Armonia Bordes, Lone Dybkjær, Ilda Figueiredo (for Geneviève Fraisse), Fiorella Ghilardotti, Rodi Kratsa-Tsagaropoulou, Thomas Mann, Maria Martens, Ria G.H.C. Oomen-Ruijten (for Emilia Franziska Müller), Miet Smet, Patsy Sörensen, Joke Swiebel, Feleknas Uca, Elena Valenciano Martinez-Orozco, Sabine Zissener.
**AMENDMENTS**

The Committee on Women's Rights and Equal Opportunities calls on the Committee on the Environment, Public Health and Consumer Policy, as the committee responsible, to incorporate the following amendments in its report:

<table>
<thead>
<tr>
<th>Text proposed by the Commission</th>
<th>Amendments by Parliament</th>
</tr>
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<tbody>
<tr>
<td><strong>Amendment 1</strong></td>
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<tr>
<td>Recital 1</td>
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<tr>
<td>(1) Article 152 of the Treaty provides that Community action is to complement national policies and be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health.</td>
<td>(1) Article 152 of the Treaty provides that Community action is to complement national policies and be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health. <strong>Furthermore, Article 152 states that such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education.</strong></td>
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**Justification**

*Cancer is one of the major health scourges.*

<table>
<thead>
<tr>
<th>Amendment 2</th>
<th>Recital 9</th>
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<tbody>
<tr>
<td>(9) This requires an organisation with a call-recall system and with quality assurance at all levels, and an effective and appropriate diagnostic and treatment service.</td>
<td>(9) This requires an organisation with a call-recall system and with quality assurance at all levels, and an effective and appropriate diagnostic, treatment and after care service following evidence-based guidelines.</td>
</tr>
</tbody>
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1 Not yet published in OJ
Justification

Organised cancer screening should only be offered if high-quality diagnostic, treatment and after care services are offered for those with a positive screening test.

Amendment 3
Recital 13

(13) This analysis is facilitated if the screening database is linked to cancer registry data. Cancer registries play an important role in monitoring the impact of screening on the population. Changes in incidence, survival and mortality should be constantly monitored.

Justification

All Member States should set up national cancer registries in order to have available data about the development of cancer and to measure the impact of cancer screening.

Amendment 4
Recital 24 a (new)

(24a) European collaboration facilitates high quality cancer screening in providing European guidelines of best practice and specific recommendations for the implementation of national cancer screening programmes.

Justification

Member States should exchange their experiences in providing and implementing national cancer screening programmes.

RECOMMENDATIONS TO THE MEMBER STATES
Amendment 5
Paragraph 1, point (d)

(d) ensure that adequate complementary diagnostic procedures and treatment of those with a positive screening test are provided for;

(d) ensure that adequate complementary diagnostic procedures, treatment and after care following evidence-based guidelines of those with a positive screening test are provided for;

Justification
Organised cancer screening should only be offered if high-quality diagnostic, treatment and after care services are offered for those with a positive screening test.

Amendment 6
Paragraph 1, point (g)

(g) set up a systematic invitation and follow-up system and quality assurance at all levels, together with an effective and appropriate diagnostic and treatment service;

(g) set up a systematic invitation and follow-up system and quality assurance at all levels, together with an effective and appropriate diagnostic, treatment and after care service following evidence-based guidelines;

Justification
Organised cancer screening should only be offered if high-quality diagnostic, treatment and after care services are offered for those with a positive screening test.

Amendment 7
Paragraph 3, point (c a) (new)

(ca) regularly monitor incidence, survival and mortality according to the standards of the European Network of Cancer Registries;

Justification
All Member States should set up national cancer registries in order to have available data about the development of cancer and to measure the impact of cancer screening.
HEREBY INVITES THE COMMISSION

Amendment 8
Paragraph 2 a (new)

*(2a)* To encourage Member States to support European research on cancer screening including development of new guidelines updating of existing guidelines for cancer screening.

**Justification**

*It is important that the Member States and Commission continue to support actively the development of guidelines for cancer screening.*