



Directorate-General for Internal Policies
Special Committee on Beating Cancer

SUMMARY

BECA Hearing “Beating Breast Cancer - Challenges and Opportunities “

Tuesday 27 October, 13:45 – 14:30

(József Antall 4Q1 and with remote participation)

In the Chair: Bartosz ARŁUKOWICZ, Chair

In his welcome words and introductory statement, BECA Chair Bartosz Arłukowicz (EPP, PL) recalled that the hearing on Beating Breast Cancer had been organized in association with the FEMM committee in the context of the October Breast Cancer Awareness Month and the European Gender Equality Week. He then pointed out that female breast cancer is the most commonly diagnosed cancer and that this year alone, around 355,000 women in the 27 member states will be diagnosed with breast cancer. The Chair compared this with a whole city such as Nice, Bilbao, Florence or Szczecin in Poland falling ill. Breast cancer is a big killer, which destroys families and people’s dreams. As politicians, we need to tackle these challenges and come up with strategies to beat all cancers, he said.

FEMM Chair Ms Evelyn Regner (S&D, Austria) who promoted the first European Gender Equality Week, first addressed the situation in Poland, where the constitutional court banned safe abortions. Ms Regner stressed that with this measure, abortions will not be banned, only safe abortions. Women will have to resort to unsafe methods of abortion in the event of an unwanted pregnancy, or if they can afford it, have an abortion abroad. The ban sacrifices the health and lives of Polish women and shows that deeply rooted misogyny still is. She called on everyone to stand with Polish women and take action.

Ms Regner then stressed that too many women face the challenge of breast cancer each year due to late detection or insufficient healthcare. She underlined the crucial importance of screening in the fight against breast cancer and gave the example of Austria, where a free preventive screening programme is in place for all women aged 45 to 69.

The Chair thanked Ms Regner for her support to the Polish women.

Invited expert **Dr Isabel Rubio, breast cancer surgeon and EUSOMA President**, identified the main challenges and recommendations to tackle breast cancer. She underlined that every breast cancer patient, including patients with early, advanced and metastatic breast cancer, has the right to access the highest standard of care in a Specialist Breast Centre with dedicated breast specialists working in a multidisciplinary team. There is robust evidence that treatment in multidisciplinary units leads to overall cost savings as well as higher quality of care. However, only 55 % of EU member states have the required Specialist Breast Centres in place, and only 34% of European countries have a certification/accreditation

system, despite European Parliament resolutions, EU guidelines and EUSOMA recommendations.

- Policymakers and politicians must ensure that breast cancer patients in Europe are treated in a specialist breast unit meeting all the requirements to deliver high quality breast cancer care. Repeated calls for universal implementation are needed;
- Accredited auditors should assess the current national provision of breast cancer care;
Breast Units can be the source to collect breast cancer data to establish a European
- Breast cancer registry both for early and metastatic breast cancer.

Dr Rubio also pointed out that cancer survivors are not legally recognized as a particularly disadvantaged group with special needs, and that the implementation of dedicated programs focused on their complete reintegration is lacking in many member states. Only 55% of EU member states have legislation on breast cancer survivors' right to return to work. Only 42% of member states have legislation on survivors' right to access insurance. The "right to be forgotten" (the possibility to take up mortgages, loans or life insurance by cancer survivors without being penalized by their disease) has so far only been enshrined in law in Belgium, France and Luxembourg.

- Develop and implement programmes and legislation to support breast cancer survivors in their return to a "normal" life.

Dr Rubio's last point was on the importance of aligning reimbursement and funding with optimal clinical practice guidelines to drive more cost-effective care, which will improve European cancer outcomes.

Dr Rubio concluded by saying that EU institutions play a key role in promoting policies to ensure high quality and equitable breast cancer care across Europe and prioritization of resource allocation towards this goal.

Invited expert **Jürgen Vanpraet, Managing-Director Think Pink Europe**, stressed the importance of giving a voice to the women and men who live with breast cancer every day. One in nine women in Europe is confronted with breast cancer during their lifetime. Mr Vanpraet focussed on the persisting inequalities in and between member states with regards to survival rates for breast cancer, that sometimes amount to up to 30%. It depends very much on where you live, where you are threatened, if you will survive breast cancer and how, he said.

These differences in access to screening and cancer care are for 50 % linked to budgetary reasons. To impact the other 50 %, representing 15.000 women each year, two aspects are crucial:

- Exchange of best practices and ensure their integration in national and local policies.
- Ensure for every member state the same complete access to the best available medicines and treatments. Mr Vanpraet called for European coordinated action on patients' rights, mirroring the successful approach with regards to consumer rights.

In the ensuing **Q&A session**, MEPs addressed the importance of research and innovation, early detection, screening, equal access to treatment and care, including mental health support, and proper education. Many MEPs expressed concern about the persisting inequalities in the EU in access to prevention, screening, medicines, treatment and care. The prevention and screening percentages vary between 10 % in some countries, to 90 % in some Nordic member states, whereas the EU average stands at 58 %.

Members expressed their concern about the impact of the Covid-pandemic on the resilience of member states' health systems and asked how screening and prevention costs for cancer could still be met in light of these difficult circumstances.

Knowing that breast cancer is the first cause of death for women, MEPs wanted to know about the risk factors of cancer, for example night work.

The difficult situation of women in employment while receiving treatment was also addressed.

Rapporteur Veronique Trillet-Lenoir (Renew, FR) outlined her recommendations that include a revision of the Council recommendation on cancer screening and implementation of free mammography programmes; ensuring access to adequate treatment for all patients by certified multidisciplinary teams meeting pre-defined quality insurance criteria, as well as equal access to affordable medicines. The Rapporteur also stressed the importance to ensure the quality of life for patients and their families, and patients' employment. She called for reinforcing the guidelines for equal opportunities for breast cancer survivors in terms of return to work, reproductive health and insurance take out. Finally, she urged for the development of a European registry to collect breast cancer data.

The Chair referred in his concluding remarks to the huge differences in access to prevention and check-ups across Europe. There is no Schengen zone equivalent for health care, he said, and the corona pandemic opens our eyes to the fact that we cannot fight this battle alone.

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