SUMMARY

BECA Hearing

“Facilitating a healthy lifestyle: how to reduce cancer related lifestyle risk factors”

Wednesday 2 December, 9:00 - 12:00

(József Antall 4Q1 and with remote participation)

In the Chair: Bartosz ARŁUKOWICZ, Chair

Introducing the subject of the hearing, BECA Chair Bartosz Arłukowicz (EPP, PL) underlined that 40% of all cancers are preventable in the EU. The EU has competences to regulate products that are risk factors for cancer, such as tobacco products. The EU also regulates for example on air quality and the protection of workers from risks related to exposure to chemicals at work.

The Beating Cancer Committee (BECA) decided to organise two hearings on the topic of cancer prevention: The 2 December hearing focussed on lifestyle risk factors for cancer such as tobacco - and alcohol consumption, malnutrition, UV exposure and the role of vaccination in the prevention of certain cancers.

The second hearing on cancer prevention on 11 December will give an overview of the state of play of environmental risk factors for cancer, such as pollution in the air, water, food and soil and exposure to chemicals including dangerous and carcinogenic substances.

First part: Lifestyle risk factors for cancer: Tobacco, alcohol and nutrition.

Prof. Dr. Ute Mons, Professor of Cardiovascular Epidemiology of Aging at Heart Centre Cologne, University of Cologne and German Cancer Research Center (DKFZ), Germany, presented an overview of the role of tobacco control in cancer prevention.

Cigarettes are a leading cause of cancer and the most dangerous consumer product on the EU market due to the combustion process responsible for creating thousands of chemical compounds, including 250 toxic compounds, of which nearly 100 are known carcinogens.

In 2018, 572,000 and 186,000 cancer cases in Europe were attributable to tobacco smoking in males and females respectively, accounting for 28% (males) and 10% (females) of all cancer cases. This means that 1 in 5 cancer cases is due to smoking, which is a huge public health burden. Not smoking can prevent 15 types of cancer, including lung -, bladder - and pancreas cancer.
Professor Mons cited the Tobacco Control Scale 2019 report that found that nearly half of European countries make insufficient tobacco control efforts. UK, Ireland, France and some Nordic countries are positive exceptions, but especially eastern and some central European countries lack the political will to implement proven tobacco control measures, she said.

The WHO Framework Convention on Tobacco Control (WHO FCTC), together with the MPOWER measures provide the foundation for countries to implement and manage tobacco control. The measures are in line with the following principles:

- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

Although EU Tobacco control measures helped to harmonize and improve tobacco control in the EU member states substantially, there is scope for stronger enforcement and an upgrade of available instruments, such as the Tobacco Taxation Directive or the Tobacco Products Directive (TPD), which for example includes plain packaging only as a voluntary option. However, findings of a recent study funded by Horizon 2020 provide evidence and support for incorporating standardized packaging into the EU TPD.

Dr. Nataliya Chilingirova, Associate Professor of Oncology, Science and Research Institute, Medical University Pleven, Bulgaria gave a state of play of tobacco use, prevention and screening related to her area of expertise, lung cancer, which was the top cause of cancer-related death worldwide in 2018. In Europe, lung cancer ranks third among the most common cancers, remaining the biggest killer. Every year there are 470,000 new diagnoses and more than 380,000 lung cancer deaths, meaning one in five of all cancer deaths in Europe are due to lung cancer.

Dr Chilingirova stressed that lung cancer is known to be caused by tobacco smoking in up to 90% of patients.

To be (cost) effective, lung cancer screening programmes have to target a population defined by risk prediction models and be paired with evidence-based tobacco cessation to favour the balance between screening benefits and harms and further increase its cost-effectiveness. However, while lung cancer screening can lower lung cancer mortality, tobacco cessation remains the most important intervention to decrease lung cancer risk and premature mortality, and improve health, even among long-term or older smokers.

Dr Chilingirova also touched upon novel tobacco products and cited the 2019 WHO report on the global tobacco epidemic, which has a special focus on HTPs (heated tobacco products) and ENDS (electronic nicotine delivery systems). The report states that WHO does not endorse these products as cessation aids, and that it takes an extremely restrictive approach towards these products.

Ms Chilingirova cited several alternative studies that exist on the topic, such as a Dutch case study, a German study and a Belgian report from the Federal Health Ministry, that would suggest that consuming HTPs instead of cigarettes has a potential for a reduced risk of disease, but that a substantial negative health impact is expected to remain from consuming HTPs as compared to total abstinence from tobacco products.
Dr. Carina Ferreira-Borges, Programme Manager, Division of NCDs, WHO European Office for Prevention and Control of Noncommunicable Diseases, spoke about alcohol consumption and cancer prevention. The WHO European Region (53 countries) has the highest levels of alcohol consumption in the world and these are not decreasing. Around 300,000 people die of alcohol in EU countries each year, mainly young people (20 to 29 years). Out of these alcohol-attributable deaths in the EU, about one third is due to cancer.

Dr Ferreira-Borges stressed that there is no ‘safe’ level of drinking: all levels bring some added risk of cancer. Indeed, 50 % of all alcohol attributable cancers are not because of heavy drinking; every fourth alcohol attributable breast cancer is because of moderate drinking (maximum two glasses of alcohol per day).

Policy options for EU action to prevent alcohol attributable cancers include:

- Implementation of WHO guidance for alcohol prevention (reduce affordability and availability of alcohol and restrict/ban alcohol marketing).
- Promote alignment between single market principles and Public Health-focused alcohol control policies
- Effective cancer prevention approaches should be holistic and align legislation across policy areas and countries, not just in the health field:
  - Apply duties linked to alcohol content, and minimum unit prices
  - Restrictions on alcohol marketing in one country should not be undermined by advertising in neighbouring countries
  - Labelling regulations: provide the consumer with health information, including cancer-specific health warnings, similar to tobacco: IARC classified both alcohol and tobacco as class 1 carcinogens, yet there are no health warnings on alcohol containers.

Mariann Skar, Secretary General, European Alcohol Policy Alliance (Eurocare), focussed on the impact of alcohol on health and cancer prevention. On average, Europeans consume 9.9 litres of pure alcohol per person per year. The majority of the burden of alcohol-attributable mortality is from liver cirrhosis, cancer, cardiovascular diseases, and injury. However, Europeans are generally not aware of the link between alcohol consumption and cancer.

Europe’s Beating Cancer Plan should have a focus on prevention and include the following measures:

- Allocation of funding for awareness raising campaigns
- Data collection on citizen’s knowledge about alcohol and cancer
- Data collection regarding prevalence of alcohol-related cancers in the EU-27
- Stimulate the exchange of best practices of Member States on methods to increase awareness and reduce prevalence

A specific area of concern is marketing and communication, such as sponsorship activities that promote alcoholic beverages and new forms of alcohol marketing techniques on social media. Concerning alcohol pricing, a (higher) excise duty on all alcohol beverages in line with alcohol content and in line with inflation and income changes is desirable. Moreover, better alcohol labelling (ingredients, allergic substances and nutritional information) contributes to a shift of paradigm, increases the knowledge and changes the perception of risks associated with alcohol consumption.
Ms Skar’s recommendations:
- Establish a European Alcohol Monitoring centre
- Alcohol related targets should be published in European Commission work on SDGs
- European Commission should define and track a common set of indicators, policy responses and interventions in close collaboration with Member States.
- Increased funding for EU research on alcohol, both as a health and as a social issue.

Dr. João Breda, Head WHO European Office for Prevention and Control of Noncommunicable Diseases, spoke about the links between food, nutrition and cancer.

The Top 10 causes of death in the EU in 2019 lists three cancers: lung, colon and breast. Smoking, alcohol use and dietary risks are all three in the Top 10 risk factors attributed to death, with dietary risks emerging as more and more important. Scientific studies indicate that as many as 30% of all cancer cases are linked to poor dietary habits. The proportion reaches 70% for cancers of the gastrointestinal tract. Modification of dietary habits represents a promising approach to preventing the development of cancer.

However, overweight among children and adolescents was more than 20% in all EU countries in 2016, and even more than 40% in some southern countries, and fast increasing. There is strong evidence that excess body fatness plays a strong role in developing at least six cancers, including colon, kidney and breast cancer.

WHO has a number of recommended policies ("Best Buys") to improve the food supply, especially related to reducing salt consumption, eliminating trans-fats, protecting children from marketing of unhealthy products and promoting breastfeeding. However, while there is progress in some areas, there is still a lot of room for improvement, despite the fact that WHO policies have been developed and agreed by WHO countries themselves.

Dr. Breda’s main recommendations:
- Maintenance of a healthy weight
- Avoid processed meat
- Limit red meat consumption
- Whole grains in preference to processed (refined) grains
- Eat plenty of fresh fruits and vegetables
- Limit salt and sugar
- Avoid alcohol

During the ensuing Q&A session, Members addressed a variety of topics, notably: The need for adequate measurement methods for tar, nicotine and carbon monoxide in cigarette smoke; the worrying increase of lung cancer cases also in women and the need for a coordinated tobacco prevention campaign at EU level in schools, together with improving health literacy; increased funding for research and information campaigns to make people stop smoking; multifunctional cancers; the “Filtergate” lawsuit in 2018; a European Health Data Space; and the importance of scientific evidence on harm reduction strategies, including on the use of e-cigarettes and other novel tobacco products.

Several Members called for changing the risk classification of alcohol, for new legislation to protect minors from the risks of alcohol consumption, for better food-and alcohol labelling and for increased taxation on tobacco products. Preventing high-risk lifestyles needs to start at an early age and it is necessary to also look into the reasons why people drink or smoke.
Rapporteur Veronique Trillet-Lenoir (RENEW, FR) asked Professor Mons, who will send her replies in writing, about the Tobacco Products Directive and the Tobacco Taxation Directive in relation to excise duties, plain packaging and health warnings on packaging and her health assessment of e-cigarettes. As regards alcohol consumption, she said that reducing risk through total prohibition would be an illusion but that revising the alcohol pricing strategy is important as well as awareness raising. The Rapporteur also asked about the Nutriscore-system, advertising restrictions on unhealthy foods and promoting sports activities.

Replying to Members’ questions, Dr. Chilingirova underlined that promoting a healthy lifestyle, prevention and screening are the best strategies to fight lung cancer. On e-cigarettes she said that based on evidence, exposure levels are lower than in cigarettes. She furthermore underlined that equal access to screening and research is crucial.

In her reply, Dr. Carina Ferreira-Borges pointed out that alcohol has been categorized as carcinogens, and that one fourth of breast cancer cases are linked to very low levels of alcohol consumption.

She stressed that alignment of legislation at EU level is important and repeated that 180,000 deaths are preventable each year in the EU. She called for the protection of young people against marketing exposure, mandatory alcohol labelling and prioritizing digital information - and awareness raising campaigns.

Ms Skarin in her reply called for a new EU alcohol strategy including better labelling of alcohol beverages, minimum unit prices, and control on advertising in sport areas. The EU should take the lead in information campaigns on alcohol consumption in the workplace and at universities.

Replying to Members’ questions, Dr. João Breda insisted that the EU is lagging behind in prevention efforts for example in labelling and advertising. Obesity has become the second most important risk factor after tobacco. We need to facilitate physical activity, walking and cycling ability, he said.


Prof. Piotr Rutkowski, Professor of Surgical Oncology, Head of the Department of Soft Tissue/Bone Sarcoma and Melanoma, Maria Sklodowska-Curie Memorial Cancer Center and Institute of Oncology, Warsaw, Poland, discussed the risks of UV exposure, related cancers and prevention.

Skin cancers are the most common cancer in Caucasians. Melanoma often affects young, but otherwise healthy, people and is the 2nd most common cause of cancer in women between 20 and 29 years in the US and Poland.

There is no doubt that UV radiation is the major cause of skin cancer. Since 2000, the number of skin cancer cases has doubled.

Recommended prevention strategies consist of media advertising campaigns, education of society and in schools on the risks of UV exposure. Early detection actions must include specialists’ training, and involvement of GPs and society as a whole (protect skin from the sun).

The use of artificial sunbeds is clearly related to skin cancer, especially when used by young people. The European Commission’s Scientific Committee on Health, Environmental and
Emerging Risks (SCHEER) concluded that ‘because of the strong evidence of skin cancer induction following the use of sunbeds, the SCHEER concludes that there is no safe limit for exposure to UV radiation from sunbeds.”

To fight against cancers related to UV exposure, more awareness raising is needed about responsible sun exposure and to make it less fashionable. Artificial tanning beds should be legislated. The European Code against Cancer is a useful tool.

Prof. Daniel Kelly, Royal College of Nursing Chair of Nursing, Research, and co-chair of the European Cancer Organisation HPV Action Network spoke about the role of HPV vaccination in cancer prevention. The mission of the HPV Action Network, of which he is co-chair: “By 2030, effective strategies to eliminate cancers caused by HPV as a public health problem should be implemented in all European countries”.

HPV is a very common sexually transmitted infection acquired by 85-90% of sexually active men and women at some point in their lives. Twelve HPV types are oncogenic. HPV causes 4.5% of cancers worldwide; 2.5% in Europe.

HPV causes about 67,500 cancer cases each year in the EU. 20-30% of cancers caused by HPV in Europe are in men.

All HPV-related diseases are preventable through vaccination and screening.

25 EU countries currently vaccinate girls against HPV, but only 10 countries vaccinate boys as well. The vaccination of boys is essential because it protects boys and men against cancers caused by HPV, it protects unvaccinated girls and women and it increases the resilience of vaccination programmes in case of a fall in vaccination rates. Moreover, it is equitable, will save more lives and is cost-effective.

HPV vaccine misinformation is a critically important issue. A sustained multi-dimensional response is needed to improve and maintain public confidence in HPV and other vaccines.

Professor Kelly’s recommendations on vaccination include:

- Europe’s Beating Cancer Plan should encourage all EU member states to implement gender-neutral vaccination programmes.
- By 2025, all European country cancer plans should include actions towards achieving population-based and gender-neutral HPV vaccination, if not already in place.
- By 2030, gender-neutral vaccination programmes against HPV infection should be in place in all European countries.
- The target vaccination rate by 2030 in all European countries should be at least 90% of adolescents of both genders.

In the ensuing Q&A session, Members expressed concerns about vaccine misinformation, inequalities in access to vaccination in the EU, also because health insurance systems often do not cover the expenses, and the fact that boys are often not included in HPV vaccination programmes. Some other questions related to the recommended age for vaccination, information campaigns and joint purchasing of vaccines and medicines.

Members also wanted to know about UV exposure for children, the health risks of artificial sunbeds, cooperation between climate change experts and health experts, telemedicine opportunities and about standardization of surgical procedures to treat skin cancer with a view to fighting the big disparities that exist between Member States.

Rapporteur Veronique Trillet-Lenoir (RENEW, FR) also pointed to the issue of unequal access to vaccination, saying that in France, the coverage rate is only 15 % despite it being
recommended and freely available. She called for an EU-wide approach to vaccination, not only for HPV but also for all vaccinations.

Replying, Professor Rutkowski stressed that there is a clear under-reporting of skin carcinomas cases. Reporting on melanomas is better; however, some rare forms of melanoma are not well enough reported by EUROCAN (European Reference Network for Rare Cancers), which is very active for collaboration between MS but much less effective in providing patients’ data.
Paediatric cases of skin cancer are rare but this is obviously the age where education is key: information campaigns should focus on young people. For older people, it can increase early detection. Telemedicine should be involved in early detection.
The EU needs to cooperate as regards the problem of exposure to carcinogenic factors due to climate change.

In his reply, Professor Kelly called on the forthcoming Beating Cancer Plan to promote cooperation between Member States in tackling misinformation about HPV vaccination. Local knowledge campaigns will help to tackle local beliefs. HPV vaccination is a human right and boys and girls are entitled to receive it.
He called on politicians to use science for taking a bold step towards the elimination of HPV-caused cancers in the EU.

The Chair concluded by underlining that it is crucial to tackle inequalities that clearly exist in relation to prevention, screening and diagnostic. He also stressed the importance of ensuring equal access to new technologies.