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MOTION FOR A RESOLUTION

further to Questions for Oral Answer B6-0433/2006, B6-0434/2006 and B6-0436/2006

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

by Karin Jöns and Martin Schulz, on behalf of the PSE Group
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Elizabeth Lynne and Marios Matsakis, on behalf of the ALDE Group
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Adamos Adamou, Ilda Figueiredo and Eva-Britt Svensson, on behalf of the GUE/NGL Group
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on breast cancer in the enlarged European Union

European Parliament resolution on breast cancer in the enlarged European Union

The European Parliament,

- having regard to Article 152 of the EC Treaty as amended by the Treaty of Nice,
 - having regard to Article 35 of the Charter of Fundamental Rights of the European Union¹,
 - having regard to its resolution of 5 June 2003 on breast cancer in the European Union²,
 - having regard to its resolution of 13 February 2003 on the Commission communication on Community and national measures in relation to breast implants³,
 - having regard to its resolution of 4 October 2001 on the patenting of BRCA1 and BRCA2 breast cancer genes⁴,
 - having regard to the Council Recommendation of 2 December 2003 on cancer screening⁵,
 - having regard to the fourth edition of the Commission's 'European guidelines for quality assurance in breast cancer screening and diagnosis' of April 2006⁶,
 - having regard to the meeting of the IARC Cancer Control Forum, comprising the directors of the national cancer research institutes, held from 17 to 19 July 2006 at the International Agency for Research on Cancer (IARC) in Lyon,
 - having regard to the workshop on 'The Need for European Guidelines on Breast Care Nursing' held at the European Parliament on 17 October 2006,
 - having regard to Rule 108(5) of its Rules of Procedure,
- A. whereas breast cancer is the commonest cancer in women and 275,000 women contract breast cancer in the European Union every year⁷,
- B. whereas ever-increasing numbers of younger women are contracting breast cancer: 35% of women with breast cancer are under 55, and 12% of breast cancer cases even involve women under 45⁸,

¹ OJ C 364, 18.12.2000, p. 1.

² P5_TA(2003)0270.

³ P5_TA(2003)0063.

⁴ OJ C 87 E, 11.4.2002, p. 265.

⁵ OJ L 327, 16.12.2003, p. 34.

⁶ ISBN 92-79-01258-4.

⁷ P. Boyle *et al.* (2005): Cancer Incidence and Mortality in Europe. 2004. Annals of Oncology 16: 481-488.

⁸ Ferlay J, et al., GLOBOCAN 2002. Cancer Incidence, Mortality and Prevalence Worldwide. IARC CancerBase No.5, Version 2.0. IARC Press, Lyon, 2004.

- C. whereas breast cancer is the leading cause of death in women aged between 35 and 59¹, and 88,000 women die of breast cancer in the European Union every year² ,
- D. whereas breast cancer is the second most common of all cancers, and whereas men also contract breast cancer, some 1 000 men dying of breast cancer in the European Union every year³ ,
- E. whereas young women with breast cancer are particularly affected by problems such as reintegration into the employment market and inadequate financial protection, and are also faced with very specific life-plan problems such as infertility caused by hormone treatment and being diagnosed while pregnant,
- F. whereas, according to the WHO, breast cancer mortality rates vary among the EU-25 Member States by over 50%, and the mastectomy rate even for early-stage breast cancer differs by up to 60% among the Member States⁴,
- G. whereas the causes of breast cancer must be more comprehensively investigated, particularly the role of harmful chemicals and environmental pollutants, nutrition, lifestyle, genetic factors, and the interactions of all these,
- H. whereas, according to the WHO, mammographic screening can reduce deaths from breast cancer by up to 35% in women between 50 and 69, and early studies show that screening can also help to reduce mortality in women between 40 and 49⁵,
- I. whereas although the EU guidelines for breast cancer screening were first drawn up in 1992, mammographic screening is currently only offered nationwide in 11 Member States (Belgium, the Czech Republic, Estonia, Finland, France, Hungary, Luxembourg, the Netherlands, Sweden, Spain and the United Kingdom),
- J. whereas even in the abovementioned Member States with nationwide screening, this is often not carried out in accordance with the EU guidelines from the population point of view, and fails to meet many other quality criteria, and whereas these EU guidelines are still almost unknown in the new Member States,
- K. whereas nationwide breast cancer care with interdisciplinary centres complying with the high standards recommended in the EU guidelines is provided in only one Member State (the United Kingdom), and even there is not fully implemented,
- L. whereas breast cancer care of guaranteed quality leads in the medium and long term to savings for the health care system, since unnecessary tests and treatments can be avoided, and breast cancer is detected earlier, so that fewer cost-intensive operations and follow-up treatments are necessary,

¹ EUROSTAT: Causes of death by region (per 100,000 inhabitants, 3-year average, women).

² P. Boyle *et al.* (2005): Cancer Incidence and Mortality in Europe. 2004. *Annals of Oncology* 16: 481-488.

³ EUROSTAT: Causes of death – absolute number (annual data, men).

⁴ J. Jassem *et al.* (March 2004): “Surgical Approaches to Early Breast Cancer”, International Collaborative Cancer Group (ICCG), Imperial College, London.

⁵ IARC Handbook of Cancer Prevention Vol. 7, Breast Cancer Screening (2002).

- M. whereas the fourth edition of the ‘European guidelines for quality assurance in breast cancer screening and diagnosis’ (2006) recommends deployment of two breast nurses per breast centre¹, but whereas there is as yet no generally recognised training profile for this profession,
- N. whereas the specialised training of all medical staff called for in the EU guidelines is essential to the quality of early detection and treatment, and whereas the corresponding provision of further training can be funded in the EU Member States from the European Social Fund and, in the accession countries, from pre-accession funds,
- O. whereas the European Regional Development Fund can be used in the new Member States for the development of health care structures, and consequently for the implementation of mammographic screening and specialised breast centres, and whereas this is also possible in the accession countries with the help of pre-accession funds,
- P. whereas with the Lisbon Strategy an employment quota of 60% for women is targeted by 2010, and whereas the most recent studies show that one fifth of former breast cancer patients do not return to work, although they are deemed fit to do so², and that women who return to work are often faced with reductions in their income³,
1. Calls on the European Commission to present without delay the progress report, which it called for by 2006 in its resolution of 5 June 2003, on the steps taken by the Member States to lower breast cancer mortality rates;
 2. Calls on the Commission to present in 2007 the report on implementation of cancer screening programmes in accordance with the Council Recommendation of 2 December 2003;
 3. Reiterates its call on the Member States to introduce nationwide breast screening, whereby all women aged between 50 and 69 will be offered a mammogram in line with EU guidelines at two-year intervals, in order to achieve a significant decrease in deaths from breast cancer;
 4. Expects the Member States to adopt better information policies on the importance of breast screening with a view to raising acceptance and participation rates among women;
 5. Calls on the Commission to support studies of the conditions under which mammographic screening could also be useful for women over 69 years of age;
 6. Calls on the Member States to ensure nationwide provision of interdisciplinary breast centres in accordance with EU guidelines by 2016, since treatment in an interdisciplinary breast centre has been proved to raise chances of survival and to improve the quality of life, and calls on the Commission to deliver a progress report on this every two years;

¹ ISBN 92-79-01258-4, p. 349.

² Laetita Malavolti *et al.* (May 2006): “Situation professionnelle et difficultés économiques des patients atteints d’un cancer deux ans après le diagnostic”, Direction de la recherche des études de l’évaluation et des statistiques, Etudes et Résultats, n° 487.

³ Umberto V. (1999): Caring about women and cancer, European Journal of Cancer.

7. Calls on the Commission to present up-to-date, reliable data on the situation of women with breast cancer and to point out in this context the need for national cancer registers in all the Member States;
8. Calls urgently for the future financing of the European cancer network to be guaranteed, so that the work on EU guidelines for the profession of breast nurse and for a certification protocol for breast centres in accordance with the principles and procedures for verifying conformity already established by the Commission can be completed;
9. Calls for stepped-up support for research into breast cancer prevention, including research on the effects of harmful chemicals and environmental pollutants, nutrition, lifestyle, genetic factors, and the interactions of all these, and calls for the links between breast cancer and potential risk factors such as tobacco, alcohol and hormones to be investigated;
10. Calls on the Commission to provide funding for the further development of blood-based tests (biomarker tests) within the seventh research framework programme;
11. Expects the Commission, in the context of the seventh research framework programme, to promote the development of therapies with minimal side-effects, as well as comprehensive investigations of the causes of breast cancer, and to contribute to the promotion of independent scientific research into breast cancer;
12. Calls on the Commission to continue research, under the seventh research framework programme, into technical and physical issues and alternatives to conventional forms of mammography, such as digital mammography;
13. Calls on the Commission to draw up a charter for the protection of the rights of breast cancer patients and chronically sick people in the workplace, with a view to requiring firms to make it possible for patients to continue in employment during their treatment and to return to the employment market after it has finished;
14. Calls on the Member States to set up information and advice centres on hereditary breast cancer, and calls on the Commission to present a progress report on this every two years;
15. Calls on the Commission to devote special attention to the problems of young women with breast cancer by providing information geared to their needs;
16. Calls on the Commission to point out to the new Member States and accession countries that the European Regional Development Fund and the pre-accession funds can be used to create health care infrastructure;
17. Calls on the Member States to make use of the possibility of providing further training for medical personnel, in accordance with EU guidelines, via the European Social Fund;
18. Calls on the Commission to take a lead role in worldwide cooperation on the fight against breast cancer in synergy with other international partners (WHO, IARC, IAEO etc.) and to propagate the 'European guidelines for quality assurance in breast cancer screening and diagnosis' even beyond the borders of Europe;

19. Calls on the Commission not only to make the 'European guidelines for quality assurance in breast cancer screening and diagnosis' available in printed form, but also to offer them in readable and downloadable form on the internet;
20. Instructs its President to forward this resolution to the Council, the Commission and the Member State parliaments.