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MOTION FOR A RESOLUTION

further to Question for Oral Answer B6-0000/2007

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

by Miroslav Ouzký, Antonios Trakatellis, Glenis Willmott, Georgs Andrejevs, Caroline Lucas, Adamos Adamou, Liam Aylward, Kathy Sinnott and Irena Belohorská

on behalf of the Committee on the Environment, Public Health and Food Safety

on combating cancer in the enlarged European Union

European Parliament resolution on combating cancer in the enlarged European Union

The European Parliament,

- having regard to Article 152 of the Treaty,
- having regard to Articles 163-173 of the Treaty,
- having regard to the Second Programme of Community Action in the Field of Health 2008-2013,¹
- having regard to the Commission's White Paper 'Together for Health: A Strategic Approach for the EU 2008-2013',²
- having regard to the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013),³
- having regard to Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work,⁴
- having regard to reports commissioned by the World Health Organisation on cancer, and in particular on health risks for children due to exposure to chemicals,⁵
- having regard to Regulation (EC) No 1901/2006 on medicinal products for paediatric use,⁶
- having regard to the Council Recommendation of 2 December 2003 on cancer screening,⁷
- having regard to the Commission Communication on a European Environment and Health Strategy and the Commission Communication on European Environment & Health Action Plan 2004-2010,⁸
- having regard to its Resolution⁹ on the Community Strategy 2007-2012 on health and safety at work,
- having regard to its Written Declaration on the need for a comprehensive strategy to

¹ OJ L 301, 20.11.2007.

² COM (2007) 630 final.

³ OJ L 412, 30.12.2006.

⁴ OJ L 158, 30.4.2004, p. 50.

⁵ Principles for Evaluating Health Risks in Children, WHO, 2006.

⁶ OJ L 378, 27.12.2006.

⁷ OJ L 327, 16.12.2003.

⁸ COM(2003) 338 final and COM(2004) 416 final.

⁹ P6_TA(2008)0009, 15.01.2008.

control cancer, adopted on 27 September 2007,¹⁰

- having regard to its Motion for a Resolution on breast cancer in the enlarged European Union, adopted on 25 October 2006,¹¹
 - having regard to the Community action plan against cancer,¹²
 - having regard to Article 88a of Directive 2001/83/EC, as amended by Directive 2004/27/EC, on the Community code relating to medicinal products for human use,¹³
 - having regard to the Council Decision of 2 June 2004 concerning the conclusion of the WHO Framework Convention on Tobacco Control,¹⁴
 - having regard to Rule 108(5) of its Rules of Procedure,
- A. whereas, according to estimates by the International Agency for Research on Cancer (IARC), one in three Europeans is diagnosed with cancer during their lifetime and one in four Europeans dies from the disease,
- B. whereas in 2006 there were nearly 2.3 million new cancer cases and over 1 million cancer deaths within the EU; whereas most deaths were in people with lung cancer, colorectal cancer and breast cancer,
- C. whereas cancer is caused by many factors in multiple stages and therefore requires a new cancer prevention paradigm that addresses lifestyle causes and occupational and environmental causes on an equal footing,
- D. whereas, according to a recent study by the trade unions, at least 8% of annual cancer deaths are directly caused by exposure to carcinogens at the workplace; whereas such exposure could be prevented by substitution of carcinogens with less harmful substances; whereas employers are indeed legally obliged to substitute carcinogens where possible but, unfortunately, these provisions are poorly implemented and enforced, which is not acceptable,
- E. whereas the Union's ageing population is one of the reasons for the increase in the cancer burden across the Union,
- F. whereas death rates from cancer in the new Member States are higher than in the EU-15,
- G. whereas the startling and unacceptable differences in the quality of cancer treatment facilities, screening programmes, evidence-based best-practice guidelines, facilities for radiotherapy, and access to anti-cancer drugs are among the reasons for the big differences in the five-year survival rate from most cancers across Europe,

¹⁰ WD 0052/2007.

¹¹ TA(2006) 0449, 25.10.2006.

¹² OJ L 95, 16.04.1996.

¹³ OJ L 136, 30.04.2004.

¹⁴ OJ L 213, 15.06.2004.

- H. whereas the European Parliament's Written Declaration on the need for a comprehensive strategy to control cancer calls on the Council and Commission to formulate a comprehensive cancer control strategy addressing the four basic cancer control factors: prevention, early detection, diagnosis, treatment and follow-up, and palliative care,
- I. whereas during the term of the Commission's Action Plans Against Cancer ('Europe against cancer' 1986-2002) favourable trends in cancer mortality were established for several common forms of cancer in many countries,
- J. whereas the WHO estimates that at least one third of all cancer cases are preventable and that prevention offers the most cost-effective long-term strategy for the control of cancer; whereas another third of cancers could be cured if detected early and treated appropriately,
- K. whereas crystalline silica has been classified by the WHO as a class 1 carcinogen and whereas 3.2 million workers in the EU are exposed to this substance during at least 75% of their working time; whereas 2.7% of deaths due to lung/bronchial cancers are estimated to be attributable to occupational exposure to crystalline silica,
- L. whereas, according to OECD data, currently only an average 3% of the OECD countries' total budget for health is spent on prevention as against 97% spent on healthcare and treatment; whereas this gross imbalance needs to be urgently rectified, all the more so as at least one third of all cancer cases are preventable,
- M. whereas it is estimated that 25% of all cancer deaths in the European Union can be attributed to smoking; whereas smoking causes between 80 and 90% of lung cancer deaths worldwide,
- N. whereas a well-designed, well-managed national cancer control programme lowers cancer incidence and mortality, in some cases by more than 70%, and improves the life of cancer patients, no matter what resource constraints a country faces,
- O. whereas nationwide implementation of effective, population-based screening programmes – run in accordance with European guidelines if they already exist – significantly improves the quality and accessibility of cancer screening, diagnosis and therapeutic services to the population and thereby also improves cancer control,
- P. whereas national cancer registries in all EU Member States are essential with a view to providing comparable data on cancer,
- Q. whereas there are currently considerable, and unacceptable, qualitative inequalities in cancer screening and early detection and follow-up within the EU, particularly with regard to the diagnostic procedures used and the integration of those procedures into Member States' health policy, and whereas screening programmes facilitate early diagnosis, which contributes to a cost-effective and measurable reduction in disease burden,
- R. whereas oncology is not recognised as a medical speciality in all EU Member States, and whereas continuing medical education needs to be provided,

- S. whereas EudraCT, the European database for clinical trials at the EMEA, is not open to the general public, and patients have difficulty in locating trials that address their specific condition,
- T. whereas the complexity of cancer requires improved communication between the many and varied healthcare professionals involved in cancer patient treatment; whereas psychosocial care of cancer patients can improve their quality of life,
- U. whereas cancer patients currently have unequal access to medical information and are in urgent need of more information at every stage of their disease,
1. Calls on the Commission, the Council and the Member States to take appropriate action on prevention, early detection, diagnosis and treatment, including palliative care, in order to reduce the significant approaching increase in the burden of cancer resulting from demographic changes in the coming decades, including provision of adequate financial support for coordinated actions and appropriate capacity building;
 2. Calls on the Commission to set up an interinstitutional EU Cancer Task Force made up of representatives from the Commission, the Council and the European Parliament, which would meet on a regular basis to collect and exchange best practice on prevention (including reducing occupational and environmental exposure to carcinogens), screening and treatment and to provide leadership in improved cancer control in Europe; stresses that the EU Task Force should, in particular, promote new measures, as well as existing screening projects, that could help increase the proportion of the population taking part in cancer screening measures by at least 50% in each of the Member States by 2018;
 3. Welcomes the Commission's initiative of adopting a Communication on Cancer and a Communication on Rare Diseases;
 4. Asks the Commission to review the European Code Against Cancer on a regular basis and to promote it by means of awareness, information and education campaigns targeting specific population groups;
 5. Urges the Member States to implement statutory cancer registration with European standardised terminology in order to provide the capacity for population-based evaluation of prevention, screening and treatment programmes, survival rates and comparability of data between Member States;
 6. Calls on the Commission to revise the existing Recommendation on Cancer Screening to take account of the rapid development of new technologies and to include:
 - (a) more types of cancers and
 - (b) additional techniques of early diagnosis when these are warranted scientifically;
 7. Calls on the Commission to establish a dynamic, flexible, continuous approach to fighting cancer that is based on scientific progress, and to this end to establish:
 - (a) an advisory committee on cancer prevention to evaluate existing evidence and data;

- (b) a special advisory committee on early detection of cancer to ensure that future revisions of the recommendation are incorporated rapidly and efficiently;
8. Calls on the Commission to support, within the framework of the Second Public Health Action Programme, networks of national cancer registries with a view to carrying out an EU-wide study of inequalities in cancer incidence and survival;
 9. Urges the Governments of the Czech Republic and Italy, which have not yet done so, to ratify the Framework Convention on Tobacco Control, which entered into force in February 2005;
 10. Calls on the Commission and all EU Member States to develop and support strong protocols and guidelines when implementing the Framework Convention on Tobacco Control and to ensure that resources are available to help low-income countries to meet their obligations under the Convention;
 11. Calls on the Commission to act in its role as guardian of the Treaty by taking swift legal action against all Member States that are not fully implementing Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work;
 12. Calls on the Commission to take legislative action where appropriate and to encourage and support initiatives that include a wide range of stakeholders with the aim of preventing cancer by reducing occupational and environmental exposure to carcinogens and promoting healthy lifestyles, in particular as regards the major risk factors – tobacco, alcohol, obesity, unhealthy diets, and lack of physical activity and sun protection –, with strong emphasis on children and adolescents;
 13. Calls on the Commission and the Member States to support and implement comprehensive tobacco control policies, including smoke-free environments and smoking cessation interventions as effective ways of reducing the incidence of smoking and thus preventing a large number of cancer deaths, in line with the European Parliament Report on the Green Paper ‘Towards a Europe free from tobacco smoke: policy options at EU level’;
 14. Calls on the Commission, the Member States and the European Chemicals Agency, in the context of REACH, to adopt the candidate list of substances of very high concern, which includes substances that are carcinogenic, as a top priority before 1 June 2008, so as to make possible the application of Article 33(2) of REACH, which allows consumers to request information about carcinogens in consumer items, enabling them to avoid such items if they so desire;
 15. Calls on the Commission to encourage and support initiatives to prevent the importing of items containing carcinogenic chemicals; calls, furthermore, for European measures to strengthen food monitoring for chemicals, including pesticides;
 16. Calls on the Commission and Member States to ensure that EU-wide human bio-monitoring surveys have sufficient resources to monitor carcinogenic substances, allowing policy effectiveness to be measured;

17. Urges the Commission and Member States to promote information campaigns on cancer screening directed at the general public and all healthcare providers, as well as exchange of best practice on the use of preventive or early-detection measures, such as cost-effective integration of appropriate HPV testing for cervical cancer screening and HPV vaccination to protect young women from cervical cancer, or the PSA test for the early detection of prostate cancer in men over 50 years of age;
18. Calls on the Commission to initiate a discussion with the Council to ensure that the Recommendation on Cancer Screening is promoted and implemented effectively; to this end, urges those Member States that have not yet done so to implement the Recommendation, to establish procedures for the adoption of any future changes to the Recommendation and to set up population-based screening programmes in accordance with European quality-assurance guidelines;
19. Calls on the European Commission to guarantee medium- and long-term scientific and professional support for adequate and appropriate assistance to the Member States to help them act on the Council Recommendation on Cancer Screening and monitor, evaluate and coordinate pilot activities and continuous quality improvement;
20. Calls on the European Commission to support the development of European accreditation/certification programmes in cancer screening, diagnosis and treatment based on European quality-assurance guidelines, which could also serve as an example for other areas of health care;
21. Calls on the Member States to make nationwide provision for multidisciplinary oncology teams to give optimal individual treatment to all patients, and to improve training of oncologists and healthcare professionals in recognising the psychosocial needs of patients in order to improve their quality of life and reduce anxiety and depression in cancer patients;
22. Urges the Commission and Member States to recognise oncology as a medical speciality and to make provision for lifelong learning for medical oncologists in accordance with agreed guidelines;
23. Calls on the Commission and Member States to encourage and promote palliative care and to establish guidelines for its use;
24. Calls on the Commission to ensure that Community legislation contains incentives for industry and researchers to engage in ongoing research with a view to developing new evidence-based medicines and treatments to combat and control cancer;
25. Calls on the Commission to provide for dissemination, through networks of health professionals, of best practice in treatment and care, with a view to ensuring that citizens have access to the best available treatment;
26. Calls on the Commission to deploy funds from the Structural Funds and the Seventh Framework Programme for Research to create and fund reference networks for rare and difficult-to-treat cancers, in order to pool resources and expertise and improve diagnosis and treatment;

27. Urges the Commission to allocate funds within the Seventh Framework Programme in order to encourage research and innovation in the areas of primary prevention, screening and early detection, and new anti-cancer medicines and treatments;
28. Calls on the Council and Commission to establish an EU standard for the assessment of new innovative diagnostic and therapeutic approaches and identification of best clinical and medical practices;
29. Calls on the Commission to allocate funds under the Seventh Framework Programme to stimulate research on paediatric cancers;
30. Urges the Commission and Member States to ensure that cancer medicines are uniformly available to all patients who need them in all Member States;
31. Encourages the Commission and Member States to examine within the High-Level Pharmaceutical Forum how innovative life-saving cancer medicines can be made available more speedily to patients by accelerating fast-track marketing approval through the EU Centralised Procedure and to consider a conditional pricing and reimbursement process, while data on the value of the medicine is collected on patients in real-life settings;
32. Calls on the Commission to submit a proposal to the European Parliament and the Council by June 2008 at the latest to provide for good-quality, objective, reliable, non-promotional information on medicinal products from multiple sources;
33. Considers that crystalline silica should be included as a matter of urgency in a revision of Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens, and invites the Commission to put forward such a proposal;
34. Calls on the Commission to revise the Clinical Trials Directive to encourage more academic research on cancer, and in particular research into cancer screening and early detection, whilst recognising the impact of the costs involved for the non-commercial research sector, and to improve the availability of information for patients and the general public on ongoing and completed clinical trials;
35. Calls on the Commission to draw up a charter for the protection of cancer patients and chronically sick people in the workplace with a view to requiring companies to make it possible for patients to continue in employment during their treatment and to return to their normal professional activities;
36. Encourages the Member States to adopt national Charters of Patients' Rights in accordance with European guidelines and to include patient participation and expertise in the development of health policies;
37. Calls on the Commission to work on initiatives for cancer survivors, including the initiation and development of psychological care and support for cancer survivors throughout the EU;
38. Calls on the Commission to increase the information available to cancer patients by

encouraging initiatives which inform patients about their treatment options and ways to access such treatments;

39. Encourages new Member States to make greater use of the Structural Funds to improve healthcare infrastructure, for example by supporting implementation of the Council Recommendation on Cancer Screening;
40. Supports the Slovenian EU Presidency, which has made cancer one of its priorities in 2008;
41. Instructs its President to forward this resolution to the Commission and the Parliaments of the Member States.