European Parliament
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TEXTS ADOPTED

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Policy challenges and strategies against women's cancers and related comorbidities

European Parliament resolution of 13 February 2019 on policy challenges and strategies against women's cancers and related comorbidities (2018/2782(RSP))

The European Parliament,

– having regard to Article 2 of the Treaty on European Union and Articles 8, 9, 10 and 19 of the Treaty on the Functioning of the European Union,

– having regard to Article 35 of the Charter of Fundamental Rights of the European Union,

– having regard to the Charter Against Cancer adopted on 4 February 2000 in Paris during the first World Summit against Cancer[1],

– having regard to the Council Recommendation of 2 December 2003 on cancer screening[2],

– having regard to the Commission communication of 24 June 2009 on Action Against Cancer: European Partnership (COM(2009)0291),

– having regard to the Commission's report of 23 September 2014 on the implementation of its communication from 24 June 2009 on Action Against Cancer: European Partnership and to its second implementation report therewith on the Council Recommendation of 2 December 2003 on cancer screening (2003/878/EC) (COM(2014)0584),

– having regard to its resolution of 5 June 2003 on breast cancer in the European Union[3],

– having regard to its resolution of 25 October 2006 on breast cancer in the enlarged European Union[4],

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1 https://unesdoc.unesco.org/ark:/48223/pf0000119111
2 OJ L 327, 16.12.2003, p. 34.
3 OJ C 68 E, 18.3.2004, p. 611.
4 OJ C 313 E, 20.12.2006, p. 273.

– having regard to its resolution of 10 April 2008 on combating cancer in the enlarged European Union[1],

– having regard to its resolution of 6 May 2010 on the Commission communication on Action Against Cancer: European Partnership[2],

– having regard to its resolution of 11 December 2012 on prevention of age-related diseases of women[3],

– having regard to its resolution of 14 February 2017 on promoting gender equality in mental health and clinical research[4],

– having regard to Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/EC, Regulation (EC) No 178/2002 and Regulation (EC) No 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC[5],

– having regard to the CanCon Cancer Control Joint Action publication from 2017 entitled 'European Guide on Quality Improvement in Comprehensive Cancer Control',

– having regard to the European Commission Joint Research Centre publication from 2017 entitled 'Report of a European Survey on the Implementation of Breast Units: ECIBC-supporting information for breast cancer care policies and initiatives',

– having regard to its resolution of 14 June 2012 on defective silicone gel breast implants made by French company PIP[6],

– having regard to the opinion of the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) on 'the safety of Poly Implant Prothèse (PIP) silicone breast implants' published on 1 February 2012[7],

– having regard to its resolution of 13 June 2001 on the petitions declared admissible concerning silicone implants (Petitions No 0470/1998 and 0771/1998)[8], and in particular to its recently received petition 0663/2018 on mammary prosthetics and effects on the health of women,

– having regard to the question to the Commission on policy challenges and strategies against women's cancers and related comorbidities (O-000134/2018 – B8-0006/2019),

– having regard to the motion for a resolution of the Committee on Women's Rights and Gender Equality,

– having regard to Rules 128(5) and 123(2) of its Rules of Procedure,

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1 OJ C 247 E, 15.10.2009, p. 11.
2 OJ C 81 E, 15.3.2011, p. 95.
3 OJ C 434, 23.12.2015, p. 38.
4 OJ C 252, 18.7.2018, p. 99.
5 OJ L 117, 5.5.2017, p. 1.
6 OJ C 332 E, 15.11.2013, p. 89.
7 http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_034.pdf
8 OJ C 53 E, 28.2.2002, p. 231.

A. whereas the Charter of Fundamental Rights of the European Union recognises the right for persons to access preventive health care and the right to benefit from medical treatment;

B. whereas one in three Europeans develops cancer during his or her lifetime and every year around 1,3 million people die of cancer in the EU, which amounts to approximately 26 % of all deaths[1];

C. whereas lung cancer is the main source of mortality due to cancer in the EU, followed by colorectal cancer and breast cancer;

D. whereas cancer and other related comorbidities hit both women and men, but with the types of cancer specific to each sex and approaches to diagnostics and prevention differing for women and men, there is a need for a targeted policy;

E. whereas the main forms of cancer affecting women are breast, uterine and cervical cancers; whereas breast cancer is the most common cancer that has fatal consequences among the female population, not only within the EU (16 %), but also globally;

F. whereas data show that women who work night shifts face a 30 % greater risk of developing breast cancer;

G. whereas data show that up to half of all cancer deaths could be prevented[2] if the cancer is detected on time and adequately treated;

H. whereas the survival rate of patients affected by breast cancer can reach 80 % in cases of early diagnosis and timely treatment;

I. whereas women affected by cancer also often have to confront serious and frequently underestimated psychological problems, especially in cases where a mastectomy or a hysterectomy is performed;

J. whereas cancer can have negative fertility and physical consequences for women, such as pain, lymphedema, etc.;

K. whereas cancer negatively affects women's personal, social and professional lives and deals a heavy blow to their self-esteem and self-acceptance;

L. whereas special attention should be paid to women and men suffering from cancer and related comorbidities who face specific challenges with regard to their illness and to their family responsibilities of having to provide care for a child, an older person or a person with a disability;

M. whereas every woman and man suffering from cancer and related comorbidities must have equal access to screening, treatment, and affordable and high-quality post-therapy support;

N. whereas early detection of cancer through medical check-ups can save the lives of those affected; whereas it is therefore of the utmost importance to improve access to

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1 https://ec.europa.eu/eurostat/statistics-explained/index.php/Cancer_statistics

2 http://cancer-code-europe.iarc.fr/index.php/en/

preventive measures available through medical check-ups;

O. whereas even today the EU continues to be characterised by many significant disparities both within and between Member States: in private and public settings, in rural and urban areas, in regions and cities, and even in hospitals in the same city, when it comes to the quality of the treatment provided; whereas Member States have vastly different health systems and varying standards; whereas there is a serious gap in incidence and mortality between Central and Eastern Europe and the European average; whereas responsibility for the organisation of healthcare systems and provisions for cancer diagnosis and treatment rests with the individual Member States; whereas cooperation and exchange of best practices at EU level is of great added value;

P. whereas any successful path to curing cancer and related comorbidities should take into account the specific needs of, and observed differences between, women and men in terms of prevention and the treatment of cancer patients, as well as inclusive communication among patients, cancer survivors, family members and carers, medical personnel and scientists;

Q. whereas a holistic treatment of cancer patients is still lacking, with the structure of treatment often being rigid and failing to reflect the needs of women, especially young women and LGBTIQ+ women;

R. whereas affected women and men should have access to accurate information at every stage of their disease, as well as to prevention, quality screening, diagnosis, monitoring, and treatment and support after their recovery;

S. whereas cancer treatments have heavy repercussions, both physically and psychologically, and whereas it is vital to provide a good quality of life for patients and their families by offering them appropriate support and help tailored to their specific situations and their specific needs;

T. whereas the impact of cancer on human lives and human suffering is deeply disturbing and much more can be done to save lives by pooling resources, knowledge and existing technologies;

U. whereas women and men are affected by cancer in different ways, and women cancer survivors may encounter particular difficulties in returning to employment, education and family life; whereas evidence shows that early psychosocial interventions have a positive impact in supporting cancer survivors with employment-related issues; whereas psychosocial and vocational rehabilitation should be developed through a person-centred and gender-sensitive approach;

V. whereas every year, thousands of women receive breast prostheses for medical or aesthetic reasons, or sometimes a combination of both, without any real consideration being given to the risks before these implants are recommended to patients; whereas the PIP case has focused all attention on one manufacturer without other actors being investigated more widely and thoroughly; whereas manufacturers of breast implants (other than PIP) do not provide any information regarding the composition and minor or major adverse effects of the silicone gel used by the pharmaceutical industry for such purposes; whereas manufacturers are not able to guarantee a 100 %-cohesive prosthesis, and the issue of oozing prostheses has still not been solved; whereas the rupture rate and

the invasive risks of silicone throughout the body is a real problem; whereas surgeons are supposed to offer alternatives to breast implants, this being an almost irreversible form of surgery that potentially results in both mutilation and serious health problems in women, including cancers and related comorbidities; whereas several reports have established a direct link between the use of silicone implants and anaplastic large-cell lymphoma (ALCL), a rare type of non-Hodgkin lymphoma that has resulted in at least 14 deaths among the 409+ cases recorded;

W. whereas environmental factors have an effect on health with certain known carcinogens contributing to increased risk among women and men;

X. whereas increasing life expectancy will present future scientific, demographic and medical challenges, with women generally living longer than men;

Y. whereas high-quality research on the causes and treatment of cancer is key to improving prevention, diagnosis, successful treatment and the management of ongoing pathology;

Z. whereas the best available treatment for some cancers may require patients to travel beyond their regions or Member States to access life-saving procedures; whereas patients requiring treatment in countries outside the EU may face serious barriers to accessing timely procedures;

AA. whereas women form the majority of the workforce in certain industries and are often at greater risk of developing work-related cancer due to exposure to carcinogenic material;

1. Welcomes the progress made with the early detection rate, which has boosted survival rates among breast cancer patients, and points out that all Member States should aim to improve treatments of other types of cancer, such as ovarian or cervical cancer, and related comorbidities;

2. Points out that breast cancer is the most common fatal cancer among women in the EU, followed by lung, colorectal and pancreatic cancers, while prostate and lung cancers remain the most common among men;

3. Invites the Commission and Member States to continue to accord the fight against cancer priority status in health policy by developing and putting in place a comprehensive EU strategy and evidence-based, cost-effective policies against cancer and related comorbidities; stresses that these would take into account the particular needs of women and men by collecting accurate and comprehensive cancer incidence/survival data disaggregated by sex in order to ensure that specific actions are targeted at cancer patients, while undertaking research, initiating preventive action against particular types of cancer, and providing access to accurate information, screening, diagnosis, monitoring, treatment and post-therapy support in order to guarantee medical healthcare;

4. Stresses that while responsibility for organising healthcare systems and the provision of long-term healthcare rests with the individual Member States, cooperation at European level, together with the efficient use of EU funds, can contribute to the development of an effective EU strategy against cancer and related comorbidities, by supporting and complementing measures taken at regional and national levels and by helping Member States to address common challenges; invites the Commission, therefore, to serve as a

platform for the exchange of best practices among the Member States with regard to cancer care models and standards for cancer programmes tailored to individual situations and financial capabilities in order to create synergies in addressing common challenges;

5. Calls on the Commission to step up its efforts to improve EU-wide coordination within the field of women's cancer research which is very fragmented and diverse across the EU; calls on the Commission to make better use of the Innovative Partnership for Action Against Cancer (iPAAC) in order to achieve greater coordination, especially regarding ovarian cancer;

6. Invites the Commission and Member States to establish awareness campaigns on gender-specific cancers that disproportionally affect women and on how to prevent cancer, providing information about the modifiable lifestyle factors for prevention, such as changes in diet, alcohol consumption and exercise; stresses that these should also encourage women to take part in cancer screening programmes for breast or cervical cancers;

7. Encourages Member States to make provision for health education and literacy programmes and campaigns aimed at empowering women and girls and giving them the tools to practise self-care across the entire health spectrum, in addition to public, comprehensive, and free healthcare services;

8. Invites Member States to collaborate on cancer prevention by fully implementing the European Code Against Cancer[1];

9. Calls on the Commission and the Member States to take decisive action to minimise the exposure of women and men to carcinogens, substances that are toxic to reproduction and endocrine disruptors;

10. Highlights the specific situation of men, in particular trans men, affected by breast or uterine cancer; encourages Member States to make provision for mental health services tailored to deal with the distress that such persons may experience; stresses the importance of informing medical and paramedical staff of this type of situation through appropriate training;

11. Reiterates the need to disseminate specific and accurate material, and calls on the Commission and Member States to conduct information campaigns tailored to different types of cancer and different groups of patients, be they women or men, taking into consideration all essential factors such as family history, age, socio-economic status or place of residence;

12. Notes that one third of the population still lacks high-quality cancer registration, mostly in regions with the poorest resources and health status; calls on the Commission and Member States to step up their efforts to develop cancer registries;

13. Reiterates that data collection on cancer-screening activities should be linked with Eurostat's European Health Interview Survey (EHIS) and National Health Interview Surveys to obtain more precise information on attendance and intervals in spontaneous

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1 http://cancer-code-europe.iarc.fr/index.php/en/

and organised screening settings;

14. Invites the Commission and Member States to initiate information and awareness-raising campaigns at secondary schools on human papillomavirus (HPV) with the aim of informing girls and young women about this infection;

15. Encourages Member States to promote the establishment of up-to-date centres at which specialised psychological help is offered to oncological patients by qualified intermediate care technicians, psychologists and other relevant medical personnel in order to address the specific needs of cancer patients during their treatment through the provision of various forms of psychological support; notes that constant technological developments in the field of medicine result in medical staff continually having to acquire knowledge which is essential for early detection and the quality of treatment;

16. Encourages the Member States to strengthen the development of community care in order to encompass a wider range of services needed by cancer survivors and people with chronic conditions; emphasises that community care should be developed in a gender-sensitive manner to meet the special needs of women cancer survivors when they return to education and training, employment and family life, taking into account their psychosocial needs;

17. Welcomes the Commission's support in developing the European Quality Assurance Scheme for Breast Cancer Services; asserts that this scheme should provide guidance on rehabilitation, survivorship and palliative care, with a particular focus on the needs of women cancer patients and survivors in vulnerable situations;

18. Invites Member States to improve access to timely screening through more effective funding and greater resources, and to initiate awareness-raising campaigns encouraging all groups at risk to take advantage of early medical check-ups;

19. Calls on Member States to make use of EU funds, such as the European Structural and Cohesion Funds and European Investment Bank instruments, among others, in order to create quality-assured screening, prevention and treatment centres that are easily accessible for all patients;

20. Invites Member States, with support from the Commission and drawing on various EU funding possibilities, to finance services that provide support to families in which one of the members is a cancer patient, including family counselling and fertility advice for cancer patients and their families;

21. Urges the Commission to take action to fully support the WHO strategy on eliminating cervical cancer;

22. Calls on the Commission and the Member States to fully implement the existing legal framework, in particular in the fields of surveillance, vigilance and inspection regarding the use of high-risk medical devices and their effect on women's health; calls on them also to further develop measures to guarantee the safety of breast implants; considers that an in-depth assessment of the risks associated with such implants is urgently required, taking into account in particular the cases of cancer, and especially of anaplastic large cell lymphoma (ALCL), in women;

23. Calls for the establishment of a committee of inquiry to look into the impact of silicone

implants on women's health, and in particular the possible link with forms of cancer and related comorbidities;

24. Demands that greater attention and resources be dedicated to early detection and basic research for ovarian cancer;

25. Urges the Commission to prioritise action to close the gap between Central and Eastern Europe and the European average regarding the incidence and mortality of ovarian and cervical cancers by removing structural inequalities between countries through the organisation of effective and cost-effective cancer-screening services;

26. Invites Member States to focus also on improving the quality of life of women and men who are cancer patients and patients with other comorbidities, and whose illnesses cannot be cured, for example by supporting the hospice movement;

27. Welcomes the Commission's proposal for a directive on work-life balance for workers and carers; stresses that this should include specific measures designed to reduce the risk of cancer for women working night shifts; emphasises, in this context, the importance of an individual's rights to leave and to ask for flexible working arrangements that might address the particular challenges encountered by working parents and/or carers looking after a relative suffering from cancer and related comorbidities;

28. Instructs its President to forward this resolution to the Council, the Commission and the parliaments of the Member States.