

# Reducing the cancer burden

**EU support for improving  
quality of prevention,  
diagnosis, treatment and care**

*Cancer kills one in four people in the European Union (EU) and the number of people with cancer is rising as the population ages. By sharing expertise, raising standards, and reducing health inequalities, EU-funded projects support the target of reducing cancer incidence by 15% by 2020 set by the Commission Communication on Action Against Cancer: European Partnership.*

## A heavy burden for Europe

Cancer is the second most common cause of death in the EU. In 2012, 2.6 million Europeans were diagnosed with cancer, with lower-income countries having higher incidence and lower survival rates. While overall survival rates are improving, the number of new cases is rising due to the ageing European population and lifestyle factors such as obesity.

Cancer prevention and management are not uniform across Europe. As a result, outcomes for people with cancer vary between and within countries. Raising standards across Europe is important to addressing this inequality.

Cancer is a major societal challenge for all EU countries which requires a strong response. The European Code Against Cancer sets out 11 ways in which citizens and EU countries can reduce cancer risk. The European Commission has produced European guidelines on quality assurance for breast, cervical and colorectal cancer screening.





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Most common causes of death from cancer in Europe:  
lung, colorectal, breast and stomach cancers

## Supporting solutions to a shared challenge

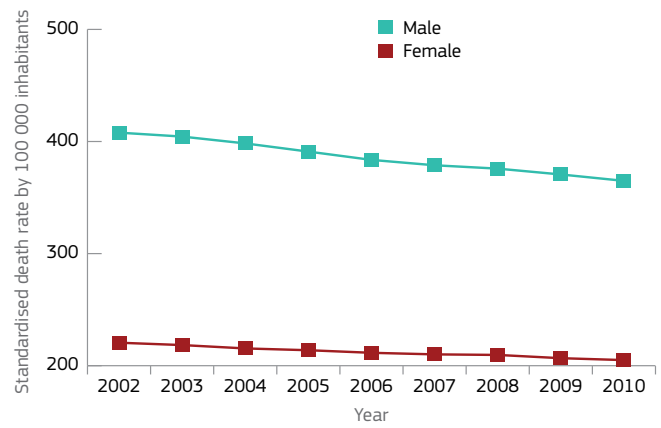
The objectives of the second EU health programme 2008-2013, implemented by the Consumers, Health and Food Executive Agency, include promoting health and reducing health inequalities, as well as generating and disseminating health information. These goals are exemplified in the actions taken to reduce the burden of cancer. The EU has supported the development of a sustainable health monitoring system and coordination of cancer registries and screening.

Knowledge is power. By sharing high quality data on best practice, exchanging expertise and pooling information from patient registries, EU countries learn what works and can raise standards across the board. Through collaboration, EU countries can also enhance their capacity to tackle rare cancers, including those that affect children and young people.

The EU has supported projects which have moved the patient voice to the centre of cancer policy, established networks of cancer experts, created European guidelines on quality assurance of cancer screening programmes, supported the development of national cancer plans and promoted best practice.

These actions have left a lasting legacy, notably by encouraging EU countries to establish integrated cancer strategies and laying the groundwork for action which will be taken forward in the third EU health programme 2014-2020.

Deaths due to cancer 2002-2010, EU-28, Male/female.



Source: Eurostat.

## Uniting against cancer

**Project name:** European Partnership for Action Against Cancer (EPAAC)

**Number of partners:** 39 from 13 countries. BE, IE, ES, FR, IT, MT, NL, NO, PL, PT, SI, FI UK. **EC funding:** €3 103 669. **Duration:** 36 months.

EPAAC was launched in 2009 to help to reduce the burden of cancer in Europe and support EU countries in developing national cancer plans. The Joint Action, co-funded by the second health programme and EU countries, drew on the expertise of academics, health professionals and NGOs, as well as the WHO and OECD.

The Partnership included several actions in the areas of health promotion and prevention, screening and early diag-

nosis, cancer-related healthcare, coordination of cancer research, and cancer information and data. It hosted conferences, developed cancer prevention toolkits, and published reports on cancer incidence, mortality, survival, prevalence and cancer costs in Europe. The results were published in a report: Boosting Innovation and Cooperation in European Cancer Control.

By the end of the Partnership, almost all EU countries had an integrated cancer strategy. In the third EU health programme, a commitment is made to continue the work begun by EPAAC.

Visit: [www.epaac.eu/](http://www.epaac.eu/)



## Preventing cervical cancer

**Project name:** A European network on cervical cancer surveillance and control in the new member states (AURORA)

**Number of partners:** 16 from 12 countries BG, CZ, EL, IT, CY, LV, LT, HU, PL, RO, SI SK. **EC funding:** €615 023. **Duration:** 36 months.

The AURORA project aimed to identify strategies to promote cervical cancer screening (CCS) for women of reproductive age (30-69 years old) in countries that joined the EU after

2004. It also sought to ensure that screening programmes covered underserved populations, such as rural communities and ethnic minorities.

The project promoted the rollout of evidence-based screening, as well as the exchange of expertise and information on good practices in cervical cancer prevention and advocacy. This was achieved by: identifying effective ways to promote CCS; training health professionals in how to reach target groups and improve the quality of cancer screening; coaching cancer control advocates in communication; and establishing a network of health-care centres to implement the AURORA strategy.

Visit: [www.aurora-project.eu](http://www.aurora-project.eu)

## EU experts working with WHO to fight cancer

**Project name:** Direct Grant Agreements with the International Agency for Research on Cancer.

**Number of partners:** 1. **EC funding:** €524 451.

The International Agency for Research on Cancer (IARC), the specialised cancer agency of the World Health Organisation (WHO), was funded through three contracts under the European health programme. IARC provided high quality

data, information and knowledge in areas such as cancer screening, cancer registration, cancer risk factors and prevention strategies.

IARC scientific and technical expertise was invaluable in the revision of the European Code Against Cancer as well as in the work of the European Partnership for Action Against Cancer. Experts from IARC also provided input on the development of the cancer screening guidelines adopted by EU countries.

Visit: [screening.iarc.fr](http://screening.iarc.fr)



## Better care for rare cancers

**Project name:** Information network on rare cancers (RARECARENet)

**Number of partners:** 10 from 8 countries. BG, IE, FR, IT, NL, SI, FI, UK. **EC funding:** €1 000 631. **Duration:** 42 months.

The RARECARENet project aimed to build an information network to share data on rare cancers with the ultimate goal of improving diagnosis, facilitating access to treatment, identifying centres of expertise for rare cancers in Europe, and standardising practices across the EU.

Working with cancer registries in several EU countries, researchers looked at the association between outcome and hospital case volume. A list of centres of expertise was developed in collaboration with the European Cancer Patient Coalition.

The project deepened understanding of the factors influencing cancer care outcomes across Europe, strengthened relationships between experts and empowered patients.

Visit: [www.rarecarenet.eu/rarecarenet/](http://www.rarecarenet.eu/rarecarenet/)



## Comprehensive cancer care: doing what works

**Project name:** Benchmarking comprehensive cancer care that provides interdisciplinary treatment for patients, and yielding examples of best practice in comprehensive cancer care (BENCH-CAN)

**Number of partners:** 7 from 6 countries BE, FR, IT, HU, NL UK. **EC funding:** €473 276. **Duration:** 36 months.

Collecting and disseminating examples of best practice can help to raise standards. The BENCH-CAN project developed

a tool for benchmarking comprehensive cancer care and, in the process, revealed positive examples that can lead to improvements in the quality of interdisciplinary treatment.

The project piloted its benchmarking tool at 11 sites in 3 geographic EU clusters. A benchmarking exercise was conducted at each site, and this work was reviewed by an external group. Areas for improvement were highlighted and action plans were adopted. The results were published in a benchmarking manual that was made available through open access.

Visit: [www.oeci.eu/Benchcan](http://www.oeci.eu/Benchcan)

## Boosting breast cancer advocacy

**Project name:** Europa Donna — The European Breast Cancer Coalition

**Number of partners:** 1 with members from 45 countries. **EC funding:** €918 694

Patient advocacy plays an increasingly important role in shaping health services. The second EU health programme

supports Europa Donna, an independent, non-profit coalition of grassroots breast cancer advocates.

The organisation seeks to ensure that women have access to accurate information and the highest quality breast cancer screening, diagnosis and treatment.

Through conferences, newsletters, booklets, videos and social media, Europa Donna raises breast cancer awareness, informs patients of their rights, and advocates appropriate training for health professionals.

Visit: [www.europadonna.org/](http://www.europadonna.org/)



### Find out more

Directorate-General for Health and Consumers of the European Commission (DG SANCO)

[ec.europa.eu/health/major\\_chronic\\_diseases/diseases/cancer/index\\_en.htm](http://ec.europa.eu/health/major_chronic_diseases/diseases/cancer/index_en.htm)

Consumers, Health and Food Executive Agency (Chafea)  
[ec.europa.eu/chafea/index.html](http://ec.europa.eu/chafea/index.html)

Chafea database of EU co-funded actions  
[ec.europa.eu/chafea/projects/database.html](http://ec.europa.eu/chafea/projects/database.html)

