

EU cancer research: A firm foundation

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Opinion

Vytenis Andriukaitis takes stock of the achievements in cancer prevention and treatment, and outlines what he hopes to accomplish as his mandate comes to a close.



Vytenis Andriukaitis | Photo credit: Natalie Hill

It seems like only yesterday that I took up my post as European health Commissioner and put forward my '3 P' vision of prevention, promotion and protection. Almost four years on, I am proud of what the EU has achieved in the fight against cancer. I consider the European reference networks as one of the major achievements of my mandate in this respect.

I am also pleased to have secured EU funding that will help member states continue to work together on the risk factors for cancer and on reducing disparities in cancer detection and treatment between EU countries and regions.

I must acknowledge that this Commission has been fortunate to reap the benefits of the foundations laid by our predecessors, particularly on quality cancer screening, cutting-edge cancer research and the fight against tobacco.

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Clearly, we did not start from scratch. From when the heads of the European Community countries set up the first 'Europe against cancer' programme 33 years ago, EU-level legislation and actions have helped to extend and save lives.

However, despite great strides, cancer remains the second-highest cause of death in the EU and with Europe's ageing population, fighting cancer will undoubtedly remain a priority in the years to come. This Commission's achievements and my personal aspirations are the following.

European Reference Networks: Although approximately a third of all cancers can be prevented, there are some rare, genetic forms of cancer that are extremely difficult to diagnose and treat.

Sadly, many of these affect children. These cancers pose a particular challenge as specialist knowledge and expertise is often scarce and scattered. I am therefore extremely proud to have set up the European reference networks (ERNs) to address the needs of such patients.

Four out of the 24 thematic ERNs for rare and complex diseases deal specifically with rare cancers; since starting their work in March 2017 they are already helping patients in giving access to diagnosis and treatment. Ensuring that ERNs reach their full potential is one of my key priorities for the remainder of the mandate.

Tackling the risk factors: The European Code against cancer, with its 12 simple evidence-based tips, is a practical tool for citizens to reduce their cancer risk. Last year we launched two new joint actions, which among other goals aim to implement the Code and encourage supportive environments for healthy lifestyles.

The Chrodis+ and the Innovation Partnership for Action Against Cancer (IPAAC) both run until mid-2021 and I have ensured that in the next multi-annual financial framework (MFF) 2021-2027 we will have the funds available to continue this work.

Regarding the greatest risk factor of all - tobacco use, smoking rates are slowly decreasing in many EU countries thanks, in part, to EU action including legislation on tobacco products. I would like to see a further decrease in tobacco use, particularly among young Europeans in the next year to 18 months.

Cancer screening: Since the adoption of the 2003 Council recommendation on cancer screening, complemented by EU quality assurance guidelines, there has been a steep rise in national screening programmes for breast, cervical and colorectal cancer.

Today, 25 EU countries have population-based programmes for breast cancer, 22 for cervical cancer and 20 for colorectal cancer screening, compared with 18, 17 and 12, respectively, ten years ago. These three cancers claim the lives of around a quarter of a million European citizens each year, so we must continue to focus on early detection.

During this mandate, we have launched a quality assurance scheme for breast cancer services supported by accreditation and evidence-based guidelines. I would like to see this scheme extended to colorectal cancer screening in the coming months.

Cancer information: Reliable data is an important aspect of the EU's approach to cancer; the European cancer information (ECIS) website launched earlier this year is a great tool for helping experts and practitioners explore geographical patterns and trends.

It gathers data from around 150 European population-based cancer registries, covering 25 EU and seven non-EU countries providing valuable information on how well national cancer programmes are actually working to allow shortcomings to be addressed. I hope that public health decision makers will make good use of this information to develop patient-oriented strategies to prevent, cure and help people live with cancer.

Cancer research: EU-funded research into cancer detection and treatment is contributing to the decline in death rates from all types of cancer that we see in most EU countries.

With funding totalling €2.4bn since 2007, European cancer research has been leading precision medicine approaches and efforts to understanding cancer biology as well as driving better prevention, treatment and care solutions.

I am delighted that this Commission has agreed on an even higher level of health investment, notably for research, in the MFF 2021-2027. This will provide a legacy that will benefit citizens for many years to come.

Indeed, as we approach the end of our mandate, I am confident that this Commission has added to the firm foundation that we inherited. I urge our successors to build on our achievements and further improve cancer prevention and treatment outcomes for citizens across the EU.

About the author

Vytenis Andriukiatis is European health and food safety Commissioner

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[European Commission](#) [5]

[Health](#) [6]

Categories

[Health and social care](#) [7]

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