

P5_TA(2003)0270

Breast cancer

European Parliament resolution on breast cancer in the European Union (2002/2279(INI))

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 9 March 1999 on the report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the state of women's health in the European Community²,
- 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 its resolution of 15 January 2003 on the Commission communication to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the future of health care and care for the elderly: guaranteeing accessibility, quality and financial viability⁵,
- having regard to Decision No 646/96/EC of the European Parliament and of the Council of 29 March 1996 adopting an action plan to combat cancer within the framework for action in the field of public health (1996 to 2000)⁶, which was extended by Decision No 521/2001/EC of the European Parliament and of the Council⁷,
- having regard to Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008)⁸,
- having regard to Decision No 1513/2002/EC of the European Parliament and of the Council of 27 June 2002, concerning the sixth framework programme of the European Community for research, technological development and demonstration activities,

¹ OJ C 364, 18.12.2000, p.1.

² OJ C 175, 21.6.1999, p. 68.

³ P5_TA(2003)0063.

⁴ OJ C 87 E, 11.4.2002, p. 265.

⁵ P5_TA(2003)0015.

⁶ OJ L 95, 16.4.1996, p. 9.

⁷ OJ L 79, 17.03.2001, p. 1.

⁸ OJ L 271, 9.10.2002, p. 1.

contributing to the creation of the European Research Area and to innovation (2002-2006)¹,

- having regard to Directive 2001/20/EC of the European Parliament and of the Council of 4 April 2001, on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use²,
 - having regard to Charter Against Cancer, adopted on 4 February 2000 at the first World Summit Against Cancer, which was held in Paris,
 - having regard to the ‘European Guidelines for Quality Assurance in Mammography Screening’³,
 - having regard to the recommendations of the European Society of Mastology (EUSOMA) set out in ‘The requirements of a specialist breast unit’⁴,
 - having regard to the ‘Recommendations on cancer screening in the European Union’ of the Advisory Committee on Cancer Prevention⁵,
 - having regard to Rule 163 of its Rules of Procedure,
 - having regard to the report of the Committee on Women's Rights and Equal Opportunities (A5-0159/2003),
- A. whereas Article 152 of the EC Treaty provides that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities and that Community action, which shall complement national policies, shall be directed towards preventing major health scourges, such as cancer, by promoting research into their causes and their prevention, as well as health information and education,
- B. whereas, in 2000, the World Health Organisation (WHO) reported more than 216 000 newly diagnosed cases of breast cancer and 79 000 deaths from breast cancer in women, whereas breast cancer is the most frequent cancer affecting women, with one woman in nine suffering from the disease, and whereas breast cancer is the most frequent cause of death in women between the ages of 35 and 55 in the European Union,
- C. whereas the Charter of Fundamental Rights of the European Union recognises that everyone has the right of access to preventive health care and the right to benefit from medical treatment,

¹ OJ L 232, 29.8.2002, p. 1.

² OJ L 121, 1.5.2001, p. 34.

³ In 2001, the Commission published the third edition of this European Breast Cancer Network publication.

⁴ Published in the European Journal of Cancer 36 (2000) 2288-2293.

⁵ Published in the European Journal of Cancer, 36 (2000) 1473-1478.

- D. whereas every woman, irrespective of place of residence, social status, occupation and education, should have access to high-quality screening for treatment and aftercare in the event of cancer, but whereas huge disparities exist in the quality of breast cancer services and, hence, in the chances of survival of women in the various Member States, the regions and even between individual hospitals in a given city,
- E. whereas the 1999 Eurocare Study demonstrated that in the various Member States, there were unacceptable disparities by up to 16% in the survival rates of breast cancer patients which were attributed to, inter alia, disparities in access to screening, diagnosis and treatment¹,
- F. whereas research has not yet developed effective measures for the prevention of breast cancer or for curing the disease irrespective of the diagnosis stage, and whereas up to 90% of breast cancer patients may be cured if diagnosed and correctly treated at an early stage,
- G. whereas the Community programme entitled 'Europe Against Cancer' has given a significant boost to the fight against breast cancer, with the 'European Guidelines for Quality Assurance in Mammography Screening', which were originally drawn up in 1992, setting a good example for quality standards and best practice in European health policy,
- H. whereas, according to the WHO, high-quality mammography screening, i.e. regular invitations to women to undergo free, voluntary mammographies and follow-up diagnoses as part of an organised population-based regional or national programme, can reduce breast-cancer mortality in women aged between 50 and 69 by up to 35% and whereas, according to scientific studies, breast-cancer mortality in women aged between 40 and 49 can also be reduced by up to 20%,
- I. whereas women with breast implants must be offered ultrasound screening, since they are more difficult to screen,
- J. whereas breast self-examination is a valuable tool for increasing women's self-awareness of health, although it may never constitute an alternative to early diagnosis based on screening, and whereas the WHO has also concluded that there is still insufficient evidence that clinical breast examination or self-examination reduces mortality from breast cancer,
- K. whereas a clinical examination of the breast constitutes an important tool for the early detection of carcinomas in the interval between two screenings and in the case of women who, because of their age, are not entitled to take part in organised screening programmes,
- L. whereas early detection, diagnosis, treatment and aftercare of breast cancer should be performed only by an multidisciplinary team of fully trained physicians, since that may significantly increase the survival rates of the women involved,

¹ Survival of adult cancer patients in Europe diagnosed from 1978-1989: The Eurocare II study, European Journal of Cancer, Vol. 34, No 14.

- M. whereas high-quality breast cancer services may lead to savings for health care systems in the medium and long term, with unnecessary examinations and treatment being avoided and mammary cancer detected at an earlier stage and, therefore, requiring less expensive operations and aftercare,
- N. whereas the highest possible quality of life must be achieved for patients, since the treatment of breast cancer involves substantial physical and psychological burdens,
- O. whereas breast cancer patients should be adequately informed by the attending physician of their diagnosis and treatment and should be involved in decisions about therapy options, while also being made aware of any possible side-effects,
- P. whereas not all Member States have yet adopted a specific regulation on patients' rights, and thus the relevant rights are currently far from transparent for patients,
1. Calls on the Member States and on the Commission to make the fight against breast cancer a health policy priority and to develop and implement effective strategies for improved preventive health care: screening, diagnosis, treatment and aftercare in order to achieve the highest quality breast-cancer treatment throughout Europe;
 2. Calls on the Member States to set themselves the target of creating, by 2008, the conditions required for a 25% reduction in the average breast-cancer mortality rate in the EU and of reducing to 5% the disparity between the Member States in the five-year survival rate;
 3. Is dismayed to note that, to date, only eight of the 15 Member States have taken measures based on the 'European Guidelines for Quality Assurance in Mammography Screening' to introduce nation-wide screening programmes; calls, therefore, on the Member States to offer, at the earliest possible opportunity, mammographies at two-year intervals to all women between the ages of 50 and at least 69, with the following quality criteria being observed in a population-based programme where voluntary participation in the programme achieves a participation rate of over 70%:
 - screening shall take place in dedicated and certified units, or in fixed or mobile units under the authority of such centres, with the assessment of cases with suspicious results also being carried out by a multidisciplinary team in dedicated units,
 - each mammogram shall be read independently and double-blind by two radiologists, each of whom reads the screening mammograms of a minimum of 5 000 women per year,
 - the image quality and radiation dose of the screening equipment shall be monitored regularly; the development process should also be checked,
 - physicians and paramedical staff shall regularly attend further training courses;
 4. Calls for the presence in screening programmes of equipment for ultrasound screening for women with breast implants which inhibit the penetration of x-rays;

5. Calls for all women suffering from breast cancer to be entitled to be treated by an multidisciplinary team and calls on the Member States, therefore, to establish a network of certified multidisciplinary breast centres which cover the entire population and fulfil the following criteria:
 - each breast centre shall perform a minimum of 150 primary breast cancer operations per year,
 - each breast centre shall operate under the direction of a highly qualified physician who specialises in breast disease, while the multidisciplinary team shall consist of physicians experienced in and performing only breast surgery, together with radiologists, oncologists, pathologists, nurses and radiographers who also specialise in breast disease, as well as a data manager,
 - multidisciplinary pre-operative and post-operative case conferences shall be held at least once a week,
 - the quality of the results shall be guaranteed by means of clinical research,
 - physicians and paramedical staff shall regularly attend further training courses,
 - physicians and paramedical staff shall be required to pass a test at regular intervals to demonstrate that they have sufficient up-to-date knowledge and skills,
 - follow-up and aftercare examinations shall be carried out in close cooperation with the relevant multidisciplinary breast centre,
 - patients shall receive onco-psychological counselling, psychotherapeutic support and physiotherapy services, as well as social services;
6. Welcomes the allocation of EUR 400 million for cancer research in the sixth framework programme of research and calls on the Commission and the Member States to:
 - (a) ensure more effective coordination between national and European research,
 - (b) ensure that evidence-based medicine also constitutes the basis for breast cancer treatment in Europe,
 - (c) incorporate the positive findings of fundamental research into treatment as soon as possible and further strengthen clinical research, in particular the clinical trials coordinated by the European Organisation for Research and Treatment of Cancer (EORTC) and conducted in cancer centres and clinics across the European Union,
 - (d) provide more funding than previously allocated for breast cancer research, in order to:
 - step up the search for the causes of the disease and for forms of therapy,
 - improve prediction of the effect of treatment and certainty of outcomes,

- further investigate the relationship between breast cancer and potential risk factors such as tobacco, diet, hormones and life-style (body weight, physical activity),
- increase research into in-patient and out-patient treatment protocols, with a view to reducing the unnecessary burden on patients of clinical and medical treatment services,
- develop a method for the standardised risk assessment of women potentially in danger of developing a hereditary breast disease;

7. Calls on the Member States, within the limits of their powers and responsibilities, to:

- (a) comply with the WHO recommendation and, with the involvement of all the major actors concerned, draw up national action plans against cancer,
- (b) develop and continuously update further evidence-based guidelines on breast-cancer screening, diagnosis, treatment and aftercare, establish a national breast-cancer coordination office and ensure the implementation of the guidelines by means of a transparent auditing process,
- (c) protect the psychological well-being and physical integrity of women by ensuring that:
 - every woman is informed of the results of a clinical examination and of a screening examination within five working days and that no woman who has been diagnosed as suffering from breast cancer need wait more than four weeks before treatment begins,
 - in order to reduce the number of breast amputations, breast-conserving surgery is available to every woman in every instance where it is medically justified and that, wherever possible, breast reconstruction operations are performed using the patient's own tissue and within the shortest possible time,
 - every woman receives a reliable pre-operation diagnosis (in particular through minimal invasive biopsy),
 - women who have received breast implants are issued with a patient's pass which includes an indication of the specific features and requisite post-operative aftercare measures,
- (d) ensure that the cost of any supplementary aids, such as wigs and bra prostheses and lymphatic drains in follow-up care, is reimbursed,
- (e) expand medical specialisation schemes leading to qualifications, for example, as breast surgeon, breast cancer nurse or onco-psychologist which have already proved their worth in some Member States, by setting up appropriate training and further training facilities,

- (f) set up establishments for the medical and psychological counselling of women with a presumed risk of hereditary breast cancer and offer an intensified screening programme for women whose test results are positive,
- (g) adopt a specific regulation on individual patients' rights, giving patients the following rights:
 - the right to appropriate and qualified medical care provided by qualified medical staff in suitably equipped and organised practices and hospitals,
 - the right to easily understandable, expert and appropriate information and advice from the physician, before, during and after treatment,
 - the right to self-determination based on full information,
 - the right to treatment records and to inspection thereof,
 - the right to confidentiality and data protection,
 - the right to lodge a complaint,
 - the right to a second medical opinion in the case of cancer,
- (h) involve patients' organisations in health-policy decisions more heavily than in the past and support their activities in an appropriate manner,
- (i) improve data compilation and, at the earliest possible opportunity, set up national cancer registers which meet the standards set by the European Network of Cancer Registries, so that the EU may finally have available informative and comparable European data about the development of cancer and breast cancer;

8. Calls on the Commission to:

- (a) promote in an appropriate manner, in future as well, the innovative projects such as the European Breast Cancer Network, the European Network of Cancer Registries and the European Prospective Investigation into Cancer and Nutrition (EPIC) network, set up on the basis of the earlier Europe Against Cancer programme which formed part of the programme of Community action in the field of public health (2003-2008),
- (b) combine the current activities of the Directorates-General for Health, Research and the Information Society and create a common EU website on cancer on which individual citizens and lay persons, as well as medical experts and research workers, may find information about cancer variously compiled by European and national research workers, medical societies and patients' organisations, etc., written in easily comprehensible terms and in various languages,
- (c) come forward at short notice with a proposal for a Council recommendation on cancer screening based on the 'Recommendations on cancer screening in the European Union' of the Advisory Committee on Cancer Prevention, which

emphasises an organised and consistent approach to cancer screening (breast cancer, cervical cancer, colorectal cancer and prostate cancer); considers that a Europe-wide coordinated approach is essential in order to prevent inefficient, low-quality and opportunistic screening; the European Parliament undertakes to participate in this process;

9. Emphasises the importance of clinical studies for medical progress; welcomes the adoption of the aforementioned Directive 2001/20/EC on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use; believes that the requirements of research bodies should be taken into account when the relevant implementing provisions are being drafted, that the objective of the harmonisation of the legal and regulatory arrangements for clinical research will not be attained and that the current obstacles to clinical studies involving several Member States will not be eliminated;
10. Calls on the Member States with Objective 1 regions to allocate more Structural Fund resources to financing investment in the healthcare system in view of the significant regional disparities in access to early detection, diagnosis and treatment of breast cancer;
11. Reiterates its concern at the possible consequences of the granting by the European Patent Office of patents on BRC AC 1 and BRC A2 ('breast cancer') genes; calls on the EPO to reconsider the patenting of these genes and calls on the Council, the Commission and the Member States to ensure that the human genetic code is freely available for research throughout the world and that medical applications of certain human genes are not impeded by monopolies based on patents;
12. Calls on the Commission to organise a conference, jointly with the Italian Presidency in late 2003, when the final projects come to an end, in order to draw up a final summary of the successes and failures of the 'Europe Against Cancer' programme, partly with a view to the new action programme in the field of public health (2003-2008);
13. Is concerned at the comparatively poor survival rates for women suffering from breast cancer in the accession countries; calls on the accession countries to step up their efforts to fight breast cancer and calls on the Commission to arrange a structured exchange of experience with the future Member States;
14. Calls on the Commission, jointly with the Member States, to draw up, in time for the spring 2006 summit, a report on the measures taken by the Member States and, in the light of the progress achieved, to take a decision on further steps to be taken in the fight against breast cancer;
15. Instructs its President to forward this resolution to the Council, the Commission and the parliaments of the Member States.