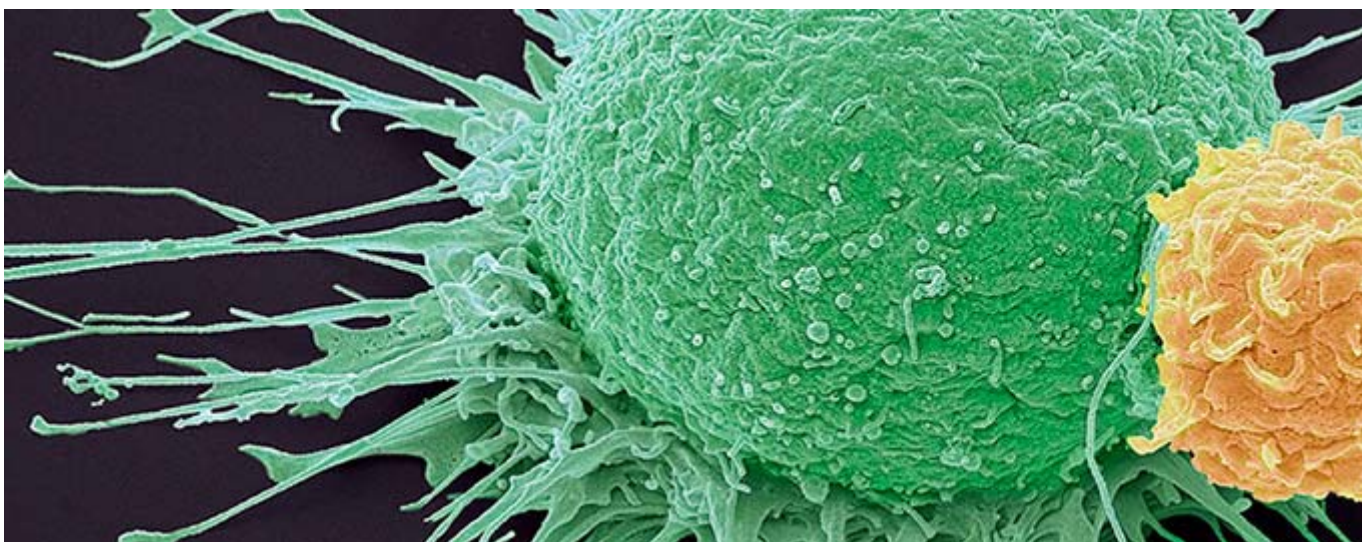


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30 years and counting: Where next in EU's battle against cancer?

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By European Alliance for Personalised Medicine (EAPM) Executive Director Denis Horgan

Next Tuesday (15 September) will see the European Commission and the Luxembourg Presidency of the EU mark three decades of action against cancer with a ceremony and high-level meeting in the member state's capital.

The event will represent the 30th anniversary of the Council conclusions of 1985, which paved the way for the first action at European level on cancer.

In its session of 28-29 June of that year, the European Council accepted the proposal to create a closer link between Europe and its citizens and, in this context, the Council emphasised the value of launching a European action programme against cancer.

Fast-forward 30 years and Lydia Mutsch, Luxembourg's Minister for Health, and Vytenis Andriukaitis, the Commissioner for Health and Food Safety will open a high-level meeting featuring panels and Q&A discussions covering core topics.

These will include the historic background of EU action on cancer and the long-term perspective, continuity from 1985-2015, and National Cancer Plans.

As part of the focus on cancer, the Brussels-based European Alliance for Personalised Medicine (EAPM), which brings together patients, medical professionals, healthcare planners, scientists, industry and researchers, will participate in two further events, concerning prostate and pancreatic cancers.

A review of the state-of-play has never been more timely and, at the Luxembourg event, a series of influential speakers drawn from multi-stakeholder groups (including EAPM members) will address pertinent cancer-related topics.

Speaking before the 30th anniversary, EAPM Secretary Gordon McVie said: “The diagnosis and treatment of cancer has come on in leaps and bounds over the past three decades but, despite these ongoing achievements, there is still a great need for a more patient-centred approach through personalised medicine alongside up-to-the-minute training and much better doctor/patient communication.”

He added: “On top of this, there can never be too much research into this complex set of killer diseases and, with an ageing population in Europe, many of whom will be diagnosed with one or more forms of cancer at some point in their lives, now is not the time to rest on our laurels.”

“There are significant inequalities in cancer in Europe,” said Professor Mark Lawler, chairman of the EAPM Research Subgroup and vice president for research and innovation, European Cancer Concord (ECC).

“Regrettably, these inequalities have led to significant differences in cancer outcomes for European citizens. On World Cancer Day 2014 ECC launched the European Cancer Patient Bill of Rights in the European Parliament in Strasbourg. The 30th anniversary of the launch of the first action against cancer represents an ideal opportunity to implement the Bill of Rights and ensure that all Europeans have an equal chance to beat this killer disease.”

It has been estimated that one-third of cancers are preventable, and EAPM believes that there has never been a better time to grasp the opportunities in cancer prevention using the latest discoveries in “omics” – including genomic science.

Due to these advances, our knowledge of common variants related to cancer risks has leaped from five to more than 450 and, genetically, we know a great deal more about what makes individuals susceptible.

Personalised medicine is all about giving the right treatment to the right patient at the right time, but there’s a reason why the phrase “prevention is better than cure” is so well known.

Personalised medicine utilises research, data and up-to-the-minute technology to provide better diagnostics and follow-up for citizens than is currently the case. It uses genetic information to discern whether a particular drug or regime will work for a particular patient and assists clinicians in deciding which

treatment will be the most effective. It can also have a huge impact in a preventative sense as many cancers may be cured, or the prospects of cure greatly increased, if they are detected at an early stage. Earlier diagnostics and earlier treatment has many benefits, among them fiscal, because while cost is a major issue – and there are key questions about the cost-effectiveness of new and even existing treatments – better diagnostics will ease the burden on healthcare systems in two ways.

Firstly, it will allow a more preventative approach in that gene technology will flag up the likelihood of a particular individual developing a particular disease and provide a good idea of how it will develop, thereby encouraging early intervention.

Cancer is caused by many factors and therefore its prevention needs to address lifestyle, as well as occupational and environmental causes. Certain cancers could be prevented by modifying or avoiding key risk factors such as smoking, being overweight, low fruit and vegetable intake, physical inactivity and alcohol consumption.

Other key determinants are occupational and environmental factors, such as exposure to carcinogenic and mutagenic substances, and indoor and outdoor air quality. Secondly, efficacious treatment means patients are much less likely to require expensive hospital beds and are more able to continue working and contributing to Europe's economy.

Personalised medicine is making a huge contribution to the treatment of cancers today and must be integrated into all Member State National Cancer Plans (NCPs).

Unfortunately, NCPs across Europe differ significantly and, while personalised medicine is a rapidly emerging field, it was not particularly high on the health agenda when most of them were designed and implemented between 2008 and 2010.

Also, in some cases, NCPs are simply nestled within a healthcare plan, being merely a chapter. Again, this has to be addressed.

Meanwhile, also on Tuesday in Aegia, Greece, as part of the 'COST Action for an integrated European platform for pancreas cancer research', EAPM will launch its White Paper on pancreatic cancer, a disease that is the eighth most

common cancer among men in the Western world (ninth in women), and has arguably the lowest survival rate of any cancer.

This 'silent' disease does not cause identifiable symptoms at an early stage and is, therefore, currently hard to detect. By the time symptoms appear, the cancer is often already advanced and it is too late for surgery in many cases.

There were an estimated 79,331 new pancreatic cancer cases in 2012 in the EU-28, making it the 4th leading cause of cancer-related death, with 78,669 estimated deaths in that year. It is a serious, growing issue and must be addressed.

Among the EAPM speakers will be Chair of the COST Action, Nuria Malats, and Angela Brand, who is the Working Group Chair for Patient management.

Finally, on Wednesday (16 September) of this week of action, Alliance members will turn their attention to men's health and prostate cancer with an event in the European Parliament.

EAPM, in collaboration with its members, has also prepared a policy paper on this topic and among the Alliance speakers will be patients' representative Louis Denis and Didier Jacqmin of EUA.

The battle against prostate cancer needs to be fought at EU level. Despite significant advances in treatment, it is a growing problem that has a major impact on men's health. In 2008 some 70,000 men died of this disease in Europe, which accounts for in the region of 10% of all male cancer deaths. The vast majority (92%) of these deaths occurred in the oldest age group, which is made up of 65-year-olds and over.

Today, some 3 million European men are living with prostate cancer and the number will grow due to the EU's ageing population.

A great deal has clearly been achieved with most cancers over the past three decades, yet EAPM believes that much still remains to be done and will, as ever, support its members in the years ahead.