

## **A few points to consider for the future development of the new European Health Strategy on cancer**

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(A) One of the clear messages from the Lisbon meeting was: “to make the new European Health Strategy more science driven”. Inter alia, this means better coordination, more reliable data for better indicators, more research etc.

**Two important points that need to be tackled are a) the financing of the new health strategy and b) the development of the Public Health Services (mainly manpower) and the relevant infrastructures.**

The above two elements are prerequisites for the implementation of health policies especially for efficient cancer control. Thus, given also that the activities to control cancer are fragmented in Europe (even within the same country) it is questionable whether the implementation of a new health strategy is feasible without good coordination and adequate resources. Moreover, since each member country of the EU is responsible for its own healthcare and/or social security systems it is questionable how the great gaps that exist will be narrowed.

Taking Greece as an extreme example, the (very much required) multidisciplinary Public Health Sector is not organized and is almost absent whereas most of the public funds are invested in the hospital sector. The primary healthcare sector is also non-existent whereas there is a surplus of physicians most of whom have a hospital specialty and are practicing privately (55%). The hospital private sector is large (35% of beds) and the whole system is highly clientele-driven; a situation that affects also the public sector causing severe side effects (such as illegal payments). Thus, it is not surprising that Greece is not producing any good quality health data (if any, as is the case of cancer registration) and most importantly, the two national health information systems (mortality and hospital discharges) have not been revised since 1962 (when established). Considering cancer plans and registration, I can't see how the gaps with other EU countries will be filled without rich investment in adequately trained public health staff and in infrastructures. Foremost, I can't see who is going to convince the policymakers to follow a strict policy in order to implement any new EU strategy to fight cancer.

I don't know about the manpower deployment in other European countries but certainly there is a lack of funds as mentioned by several speakers at the ENCR meeting in Ljubljana. The EU does not have the flexible mechanisms such as the (ex-National Cancer Policy Board and currently) “National Cancer Policy Forum” in the US, which is able to collect and distribute funds where needed, but certainly **a wise procedure should be devised and regulated in order to balance the inequalities that exist among countries**. This means that a special collective Body within or in close link with the EU may be required in order to coordinate by all means all the cancer control related activities. At the Ljubljana ENCR meeting, I have had the opportunity to present two ideas for the financing of the cancer control strategies: a) as a proportion of the tobacco excise taxes (approved by 73% of the respondents of a Eurostat's public opinion survey 20 years ago) and b) as a proportion of the earnings of a dedicated “cancer-donation lottery”. These ideas require further examination though.

(B) In my view, given the situation described above (which may to some extent be the case in other countries as well) and the fact that cancer registration is the cornerstone of research on cancer, **the development of a) national cancer control strategies and b) of cancer registries should become mandatory** and not merely recommended. In this issue I should not forget to include the importance of good quality mortality data and their linkage with the registries (as mentioned in Lisbon meeting). Regarding screening it is not possible to mandate. However, an important issue that should be added is that of the HPV vaccination. Considering its potential impact on cancer incidence and mortality, perhaps the reporting of vaccinated people should be mandatory and should be linked with the cervical screening registers.

(C) In order to implement a new EU Health Strategy on cancer it is indispensable to have all the necessary data from all countries. Especially in the case of cancer registration, a **revival and new version of the “Survey of Cancer Registries in the European Union”** (1998, by Storm, Clemmensen and Black) should be considered. Nowadays, the internet technology offers cheap and useful tools to perform easily such a survey and a good idea might be to create a **BLOG** or a special Internet **Forum** in order to communicate data and exchange ideas between all participating countries.

(D) Three more points that may be considered and/or may be regarded as future projects:

1. The development of guidelines for a “Cancer-Patient Health Record”. Certainly, it is impossible or quite difficult to built a common “EU-Cancer-Patient Health Record”. However, it is certainly possible to set-up guidelines on how to structure it.
2. Mass Media and Cancer. There is a lot of confusion among citizens regarding cancer related subjects. Since cancer “sells a lot”, this subject is maltreated by the mass media. Moreover, considering cancer registration, a lot of people have prejudices, misunderstandings and various beliefs that should be tackled and clarified through the Mass Media in order to get easier their consent.
3. The clue recommendation of the Lisbon meeting on national Cancer Plans “Ensure support for research”, that is also repeated in a recent Declaration of the European Parliament (27 Sept. 2007) concerning the “revision of the strategy for the prevention of cancer in the EU”

(<http://www.epp-ed.eu/press/showPR.asp?PRControlDocTypeID=1&PRControlID=6472&PRContentID=11416&PRContentLg=en>), requires that a good management of the resources and the subjects is to be achieved in order to get best results. Perhaps, this could be realized through a EU Cancer Research Database where every project should be given a registration number and monitored appropriately. However, there is a quite interesting effort that I discovered searching the internet (<http://www.ecrmforum.org/>) from the “European Cancer Research Managers Forum”. They have published interesting results on the funding of cancer research and also they have interesting on-going projects.

**Key points to consider:**

1. **financing the new EU Health Strategy**
2. **development of Public Health Services**
3. **(how to) balance the inequalities that exist among countries**
4. **mandate the national cancer control strategies and the cancer registration**
5. **include HPV vaccination in registration**
6. **new version of the “Survey of Cancer Registries in the European Union”**
7. **development of guidelines for a “Cancer-Patient Health Record”.**
8. **Mass Media and Cancer**
9. **EU Cancer Research Database**