



Oncopolicy Forum 2011: Addressing Inequalities through the European Partnership for Action against Cancer

Introducing the session, **Peter Naredi**, President of the European Society of Surgical Oncology (ESSO), explained that the European Partnership for Action against Cancer (EPAAC) was set up to coordinate ideas and actions in cancer being undertaken in the different policy areas by Member States and other stakeholders. The overall aim of the partnership is to decrease the burden of cancer across Europe.

Naredi explained that a cost-effective way to save lives is to introduce initiatives that reduce disparities in smoking incidence among different European countries. Smoking prevalence ranges from 16% in Sweden to 40% in Greece. A second approach is to boost cancer screening, and promote detection in colorectal, skin, breast and cervical cancers. Another cost-effective approach to save lives is through education of patients and health care professionals.

The European Partnership for Action Against Cancer (EPAAC) has the potential to reduce inequalities in care between different types of cancer, between Member States and individual hospitals, **Sandra Rados** told the meeting. Rados, from the National Institute of Public Health in Slovenia, the organisation leading EPAAC, explained that the initiative, which brings together a wide range of stakeholders with the common goal of fighting cancer, intends to avoid duplication of efforts and make better use of limited resources.

Rados provided an historical perspective on EPAAC, which was initiated in 2008 under the Slovenian presidency of the EU. The EPAAC partnership, which started officially on 10 February 2011, consists of 37 associated partners and over 90 collaborating partners from oncology and health care fields, including patient groups, professional organisations and industry representatives.

The six core work packages of EPAAC are prevention (including the annual European Week against Cancer); screening (improving implementation of the Council Recommendation and identifying inequalities in screening programmes) ; health care (promoting exchange of best practice across Europe, harmonising clinical guidelines and improving communication skills); research (developing an approach to coordinate one third of research from all funding sources by 2013); information and data (mapping sources of cancer data and standardising routine collection of survivorship data); and national cancer plans (making an overview of current status and providing guidelines).

Achieving coordination of one third of cancer research from all funding sources by 2013 is a major objective of the research work package, **Julio Celis** from the Danish Cancer Society and Chair of ECCO's Policy Committee told the meeting. Celis, who is leading the work package within ECCO, explained that as an initial step to identify areas of cancer research that might benefit from cross-border collaboration, EPAAC drew up and sent out questionnaires to selected experts, with the resulting answers used to develop a second questionnaire for the wider oncology community, including cancer professionals from across the spectrum, patients and industry. A third survey will be drawn up in order to obtain a detailed picture of the current cancer research landscape and will be sent to European organisations (both public and private) that fund cancer research. The survey will also aim to assess whether research coordination currently exists, what the key obstacles to coordination are, and ultimately how coordination between EU countries can be improved in order to reduce the current duplication and fragmentation of research efforts. The results of the three questionnaires will help the work package partners to define opportunities for pilot joint funding projects, with the first projects planned to be rolled out in strategic areas during 2012. Success will require engagement from the oncology community as well as political coordination.

Putting more resources into research is one of the main ways inequalities in cancer care can be addressed, **MEP Marisa Matias** told the meeting. In a pre-recorded video address Matias

said that more funds need to be earmarked for translational research and research aimed at improving patients' quality of life. Inequalities, explained Matias, do not only exist between countries, but also within countries with respect to use of resources. Prevention, she felt, represents a key research domain, and needs to be considered in the context of the entire cancer cycle. Matias stated that her ambition is to ensure that everyone throughout Europe receives the same level of treatment and care.

Stefan Schreck, who heads the Health Information Unit at the European Commission's Directorate for Health and Consumers, supports the use of innovative policy making approaches, such as EPAAC. Not only is the success of EPAAC important for cancer, he said, but also for public health in general since it might serve as a model for future collaborative efforts in public health in the EU. While the EU can act as a catalyst for change, EU member states are responsible for making and implementing cancer policy in their respective countries. A key concept for EPAAC, explained Schreck, is to provide "added value" to member states' activities rather than directly address issues better tackled at national level. Such an area where the EU can provide added value is addressing inequalities, through identifying examples of best practice and communicating them to EU countries not yet applying them.

Upon questioning by **Michel Coleman** from the London School of Hygiene and Tropical Medicine, UK, Stefan Schreck explained that the EU needs to consider issues that European citizens can readily understand. For example, initiatives that deliver reductions in the number of smokers in Europe might be perceived by the public as more important than the introduction of colorectal cancer screening programmes.

Responding to a question about the need to address mainstream politicians, Schreck said it was important to take into account the individual legal, political and financial aspects of each of the 27 member states before proposing changes. If the approach were easy, he said, success would already have been achieved.

Naredi summed up by concluding that in order for EPAAC to be a success, the three keywords are participation, promotion and piloting.

If you have any comments about any of the issues raised in this report or would like further information, please contact ECCO Public Affairs: EccoPublicAffairs@ecco-org.eu