

European Week Against Cancer: Roundtable Discussion
24 May 2011: European Parliament, Brussels

Stop Cancer Before It Starts

Setting the Agenda in Women's Health



In support of the *European Week against Cancer*, which rolled out across Europe, a group of women MEPs highlighted important steps that women can take right now to stop two cancers before they start: lung cancer and cervical cancer.

All of us dread cancer. With one in three Europeans diagnosed with its various forms, it can strike anyone of us. Cancer is still a major killer in Europe. Yet many of us are unaware that some cancers can be prevented. Much depends on us, how well we are informed about prevention measures and if we are willing to change our lifestyle.

Welcoming the European Week Against Cancer: Roundtable Discussions and Recommendations

Roundtable speakers and delegates warmly welcomed the *European Partnership—Action Against Cancer* of which one strategic pillar focuses on prevention. The *European Week Against Cancer*, led by European Cancer Leagues under the Cancer Partnership, is a unique opportunity to highlight across Europe that investing in cervical cancer prevention and saying “no” to smoking is saving many women’s lives.

The first important step for women to take is to stop smoking, and for young girls to resist starting to smoke. During the last decade, more and more women have taken up smoking. In some EU countries, girl smokers outnumber boy smokers with grave consequences for their future health. Many women are unaware of the risk of smoking and its link with lung cancer. Lung cancer kills. While it is stabilising or declining in men, it is increasing rapidly in women, overtaking deaths from breast cancer in the UK and Poland. WHO highlighted in its 2010 report *Empower Women—Combating Tobacco Marketing in the WHO European Region* that girls are the new targets of tobacco companies. When young women take up smoking they seem to get tied more quickly into the habit than men and have difficulty quitting. Women believe that if they stop smoking, they will gain weight. This mindset is ruthlessly exploited by tobacco companies’ marketing strategies enticing young women into the habit with attractive looking slim cigarette packages.

European Partnership Against Cancer: <http://www.epaac.eu/>

European Week Against Cancer:
<http://www.europeancancerleagues.eu/european-week-against-cancer/>

European Cancer Leagues: <http://www.europeancancerleagues.eu/>



Co-Chairs, Sirpa Pietikäinen MEP & Nessa Childers MEP

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Co-Chairs

Nessa Childers MEP

Sirpa Pietikäinen MEP

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A Message from the Co-Chairs

The *European Week Against Cancer* encourages people to make lifestyle changes and take appropriate prevention measures as outlined in the *European Cancer Code*. For this reason, we organised a European Parliament Roundtable in collaboration with the European Institute of Women's Health, entitled "Stop cancer before it starts." We specifically want to focus on two cancers in women—lung cancer and cervical cancer. The two cancers can be prevented if women take action now.

"We have the knowledge to stop these two cancers from starting in the first place. But we need to share best practice in prevention much more forcefully and apply know-how consistently and equitably in Europe," agreed **Co-Chairs Sirpa Pietikäinen, MEP & Nessa Childers, MEP**.

The Roundtable agreed that measures to get women to stop smoking and present for population-based cervical cancer prevention must be encouraged and supported. It is important to reach out to women, including disadvantaged groups, to get the message across that these two specific cancers are stopped before they start.



A Message from the EIWJH Board

During the EWAC, the European Institute of Women's Health—a collaborating partner in the European Partnership Action Against Cancer—engaged with women politicians from the European Parliament to highlight cancer prevention in women.

An important objective of the European Partnership Action Against Cancer is to move from theory to action and share examples of best practice in cancer control across the EU.

To translate current evidence-based knowledge of how to prevent cancer, the Institute wanted to focus on two cancers in women—lung cancer and cervical cancer. *"Women's groups and health NGOs such as ours must join forces with politicians to spread the prevention message to all who need to know and encourage sustainable investment into screening programmes. Importantly, we must pay specific attention that hard to reach women are included in prevention programmes,"* argued **Peggy Maguire**, Director General of the Institute.

Smoking increases the risk for female-specific cancers, compromises pregnancy and reproductive health as well as being a major risk factor for most other chronic diseases. Speakers, MEPs and participants agreed with **MEP Nessa Childers** when she said, *"In the forthcoming revising of the Tobacco Products Directive, Europe's anti-tobacco legislation must be strengthened with powerful warning labels, stricter control of ingredients and, importantly, consider the gender-aspect to counteract the promotional activities of the tobacco industry."*

Cervical cancer is a striking example of existing health inequalities in Europe. *"Not all European women are benefitting from best practice of cervical cancer prevention. In some CEE countries and the Baltic States, this cancer remains a major cause of death for women,"* said **Hildrun Sundseth**, EIWJH Board Member.



About the EIWJH

Founded in 1996, the European Institute of Women's Health (EIWH) is a non-governmental organisation aiming to promote gender equity in public health, research and social policies across Europe.

In striving to achieve the highest standard of health for all, our society's health policies must recognize that women and men—due to their biological differences, their access to resources and their gender roles—have different needs and are faced with different obstacles and opportunities. This requires a gender-sensitive approach.

The EIWH uses evidence-based arguments to influence the policy environment. Over the years, we have worked closely with the European Commission, Member States and the World Health Organisation to place gender-mainstreaming on the health and research agenda.

An Expert Advisory Board guides EIWH policies and activities.

The EIWJH Objectives:

- to promote health throughout the life-span in women, men and children.
- to ensure quality and equity in health and research policy, treatment and care for all.
- to draw the attention of policy makers to the obstacles that face vulnerable and disadvantaged socio-economic groups in obtaining a desirable health status.
- to empower individuals to play an active part in being fully engaged in their own health.
- to campaign for sex and gender-specific bio- medical and socio-economic research.
- to make this a priority for the European Union and its Member States.

The European Code Against Cancer

Many aspects of general health can be improved, and certain cancers avoided, if you adopt a healthier lifestyle:

- Do not smoke; if you smoke, stop doing so. If you fail to stop, do not smoke in the presence of non-smokers.
- Avoid obesity.
- Undertake some brisk, physical activity every day.
- Increase your daily intake and variety of vegetables and fruits: eat at least five servings daily. Limit your intake of foods containing fats from animal sources.
- If you drink alcohol, whether beer, wine or spirits, moderate your consumption to two drinks per day if you are a man and one drink per day if you are a woman.
- Care must be taken to avoid excessive sun exposure. It is specifically important to protect children and adolescents. For individuals who have a tendency to burn in the sun active, protective measures must be taken throughout life.
- Apply strictly regulations aimed at preventing any exposure to known cancer causing substances. Follow all health and safety instructions on substances, which may cause cancer. Follow advice of national radiation protection offices.

There are public health programmes that could prevent cancers developing or increase the probability that a cancer may be cured:

- Women from 25 years of age should participate in cervical screening. This should be within programmes with quality control procedures in compliance with European Guidelines for Quality Assurance in Cervical Screening with European Guidelines for Quality Assurance in Cervical Screening.
- Women from 50 years of age should participate in breast screening. This should be within programmes with quality control procedures in compliance with European Union Guidelines for Quality Assurance in Mammography Screening.
- Men and women from 50 years of age should participate in colorectal screening. This should be within programmes with built-in quality assurance procedures.
- Participate in vaccination programmes against Hepatitis B Virus infection.

European Code Against Cancer, www.cancercode.org

Cervical Cancer in the EU

In 2004, 31,000 women developed and 14,000 died from cervical cancer in the EU, making it the 7th most common cancer in the EU, the 2nd most common in women ages 15-44.

European women can benefit from advances in the fight against cervical cancer through comprehensive prevention strategies. Organised population-based screening programmes as well as new prevention tools such as the HPV vaccines for adolescent girls and HPV screening, can also be used.

Yet, not all European women are benefitting from these public health tools and from best practice in cervical cancer prevention. This cancer remains a major cause of death for women in CEE countries such as Romania, Bulgaria, Hungary and also the Baltic States.

MEP Sirpa Pietikäinen explained: *"In my own country, Finland, women have the lowest cervical cancer incidence and death rates in Europe; however our neighbour, Lithuania, is struggling with one of the highest rates. Health inequalities such as these are worrying us in the European Parliament. We recently adopted a report and resolution on health inequalities. With the current economic down-turn, we very much fear that the financial resources needed for organized prevention programmes will not be available or cut. We have to be vigilant."*

For More Information:

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Brussels Roundtable Discussion Delegates

Targeting Cancer Prevention

Dr. Martin Seychell
Deputy Director-General Health and Consumer
EU Commission

http://ec.europa.eu/dgs/health_consumer



Dr. Martin Seychell, Deputy Director-General, Health and Consumer, EU Commission & Terje Peetso, Tobacco Control

One third of all cancers are preventable, so it is essential to stop cancer before it starts. Cancer is the second most common cause of death in Europe, accounting for 23% of female deaths. For women in the EU aged 15-44, cervical cancer is the second most common cancer after breast; colorectal and lung cancer also are significant.

Smoking & Cancer

As tobacco consumption is an acquired behaviour pattern—a voluntary habit—it is the largest single avoidable cause of cancer and premature death. A decrease of tobacco consumption has occurred among men, the consumption among women has been increasing in some countries recently. A need exists for more gender specific policies and targeted campaigns.

As part of the Tobacco Products Directive, the Commission is closely examining tobacco industry strategies—including labelling and flavourings—which have been "gender specific" for years. Other measures are being analysed to make tobacco products unattractive, such as harmonising and improving health warnings and including compulsory pictures; broadening legislative scope to include new tobacco products such as electronic cigarettes; and regulating access to tobacco products more stringently, particularly towards young people.

Smoking harms nearly every organ of the human body, thereby causing a broad range of diseases, at least 24 of which are fatal. Furthermore, in regards to women, smoking causes cancer of uterine cervix, cancer of the ovary, infertility and pregnancy complications. Yet, according to the Eurobarometer 2010, 25% of women in the EU smoke. Various approaches to prevention will be needed to tackle this problem. In addition to addressing knowledge gaps, identification of effective methods of communicating to different societal groups of women is needed. However, data is still lacking on how to effectively reach people from different backgrounds.

The Commission has included smoking cessation as a priority in the Work Plans of the Health Programme, financing several projects covering strategies for prevention and cessation to develop, analyse and share good practices between the Member States. The Commission is about to launch an EU-wide campaign, "Ex-smokers are Unstoppable" to encourage young adults to stop smoking by using ex-smokers as role-models.

Screening & Cancer

Screening is another important area of cancer prevention and control. The Council Recommendation on Screening from 2003 addresses three cancers: breast, cervical and colorectal cancer, and sets out principles of best practice in early detection of cancer. The Commission has produced European Guidelines for quality assurance for breast, cervical and colorectal cancer. Member States are invited to implement nationwide population-based screening programmes.

Within the context of the recently launched European Partnership for Action Against Cancer (2009), one objective in screening is to establish an intensive course in the management of cervical cancer screening programmes, and another is to identify inequalities in participation in cancer screening programmes.

Organised screening programmes are more successful than opportunistic screening in reaching the women most at risk, ensuring quality control, and monitoring standardised measures; they are also more cost-effective. Opportunistic screening means that the initiative to screen has to come from the woman or the doctor, rather than from having a systematic population-based approach whereby everyone within the targeted age group is personally invited to attend screening from an organised programme. Introducing organised screening programmes is a priority. As HPV types covered by the vaccines only account for some 70% of cervical cancers, it's a complementary tool to improve the control of cervical cancer; it does not replace the need for screening.

Accreditation & Cancer

Another activity that aims to enable programmes to focus on achieving the EU standards is the development and piloting of EU-wide accreditation/certification schemes for screening services. A widely accepted accreditation/certification scheme should also enable women to recognise the breast units that meet the European quality assurance standards ensuring that quality standards are met. A range of cancer prevention activities at EU level can contribute living longer and healthier lives.



CervicalCheck

The Irish National Cervical Screening Programme, Maeve Cusack

The CervicalCheck Programme

In Ireland, the National Cancer Screening Service (NCSS) provides national population-based cancer screening programmes for breast and cervical cancers. CervicalCheck provides free smear tests to women aged 25 to 60 years in the primary care setting. Reductions in mortality depend on participation in screening programmes, but can potentially reduce incidence and mortality rates in the population by as much as 80%.

CervicalCheck aims to detect changes on the cells of the cervix early before cancer develops. CervicalCheck has developed a register that lists all eligible women. Eligible women receive a letter of invitation for a free smear test and reminder letters if necessary. To date over 4,150 healthcare professionals in over 1,400 locations are registered to take smear tests.



Maeve Cusack, Screening Promotion Manager at the National Cancer Screening Service in

Supporting women to participate in the programme requires a 3 step approach:

1. Raising awareness of the programme through effective Screening Promotion/Communications initiatives.
2. Promoting understanding of the programmes, to ensure women make an informed choice.
3. Encouraging participation and making it as easy for women to attend for their screen. If a woman attends the first smear test, there is a over a 95% chance that she will attend subsequent appointments.

Raising Awareness & Encouraging Participation

There are many reasons why women do not avail of screening. Some women make an informed choice not to avail of screening. Other women experience barriers that hinder access to services. Marginalised women living in deprived conditions are less likely to participate in screenings; the NCSS screening promotion team implements measures to ensure that women who are 'hard-to-reach' avail of CervicalCheck.

Mass awareness is achieved through national broadcast, print and outdoor advertising and high profile national event presence. Information leaflets have been developed, including a pictorial guide for women with literacy issues. Local awareness is raised through strong links with community partners and health professionals.

The NCSS developed a health promotion approach to improve uptake among hard-to-reach women, based on a review of the health promotion evidence and in consultation with key stakeholders working in the area of women's health, community development, health promotion and health inequalities in Ireland—common themes emerged.

No single health promotion approach will be effective at promoting screening across all groups—situation-tailored, multi-faceted approaches are needed. In addition, different subgroups of women have different reasons for not availing of screening and need to be tailored to accordingly. The literature search and the consultation process confirmed that working collaboratively with community partners, health professionals and the screening population in a multi-faceted approach is critically important to the success of interventions to promote cervical screening.

NCSS Screening Promotion

Therefore, the NCSS screening promotion approach is characterized by the following components:

1. Multi-faceted, collaborative interventions in areas of low uptake, tailored to local barriers and circumstances.
2. A focus on access enhancing interventions - via access officers, disability training, direct entry to Cervical and literacy proofed and translated communications.
3. Education and support for primary care providers and other health professionals about their role as screening advocates.
4. A lay health worker approach to promote screening in community settings. Lay health workers are defined as a member of the community who has received some training to promote health.
5. Special efforts to address barriers to screening of specific subgroups of the population including women with disabilities, migrant women and Traveller (Nomadic people of Irish origin) women.
6. Clear, simple information about screening which offers a balanced overview of the benefits and limitations of screening in order to facilitate informed decision making.

For more information, please visit:

Ireland's National Cancer Screening Service, www.cancerscreening.ie

Empowering Women to Stop Smoking

**Professor Amanda Amos,
University of Edinburgh**

Smoking & Women in the EU

Smoking is the single most important preventable cause of death among women in the EU, killing half of all regular female smokers. In 2000, smoking led to the death of at least 148,000 deaths in women (7% of deaths)—12% all female deaths 35-69 years. Death rates are increasing among EU women and reflect patterns and trends in women's smoking 20-30 years prior. The full impact on women's health has not yet been seen.

Smoking is a major cause of cancer in women. Smoking-related cancers include those of the lung, oral, larynx, oesophagus, stomach, colorectum, pancreas, liver, kidney, ureter, bladder, and bone marrow cancers as well as female specific cancers of the cervix, ovary, and breast. Lung cancer deaths are declining in men, but are increasing rapidly in women, overtaking deaths from breast cancer in UK and Poland.

The gender gap in smoking rates is narrowing: in 14 out of 26 EU countries girls 'outsmoke' boys. Smoking is an increasing cause of inequalities, particularly in health, because it is more concentrated in poorer, disadvantaged groups with higher uptake rates and lower cessation rates. Low family affluence is a risk factor for smoking in girls in 12 out of 26 EU countries but in boys in 4 out of 26 EU countries.

Empowering Girls and Women in Tobacco Control

Empowering girls and women involves preventing girls and young women from taking up smoking, helping female smokers quit smoking, and protecting girls and women from exposure to second-hand smoke. It requires action at both the population/societal level (policy) and at the individual level (services/support).

The tobacco industry targets girls and women through mixed marketing. These activities include: promotion (advertising, brand-stretching, sponsorship, product placement), product (cigarette, brands, pack size, packaging), price (range, smuggling) and place (shops, vending machines). Packaging is the main form of communicating with smokers and potential smokers, in particular through women-only brands and versions of brands that are designed to appeal to girls and women such as slim, low tar etc. Health promotion and strengthening of public awareness is needed for tobacco control. Such initiatives should occur in different settings—in schools, health services, and media. Pictorial health warnings should be mandatory and need to address gender.

The WHO Framework Convention on Tobacco Control (FCTC)

The WHO Framework Convention on Tobacco Control (FCTC) is the world's first public health treaty. It commits governments to action to protect their citizens from illness and death caused by tobacco and came into effect February 2005. There are 168 signatory countries, including the EU; over 150 countries have ratified the treaty (not Czech Republic). The FCTC is based on international evidence of effective tobacco control policies and action.

FCTC provisions encourage countries to: increase taxation of tobacco products and combat smuggling, enact comprehensive bans on tobacco advertising and promotion, protect people from tobacco smoke in enclosed public places, require large rotating health warnings on packaging and prohibit misleading descriptors such as 'light' or 'mild,' test and regulate the contents and emissions of tobacco products, strengthen public awareness of tobacco control, and promote cessation and adequate treatment for tobacco dependence. Future action includes rotating pictorial warnings, which are mandatory in 7 EU countries and 36 worldwide as well as standardised packaging, which Australia plans to introduce and the UK, France and Norway are considering.

The FCTC recognises the need for gender-based approach in tobacco control. There are gendered patterns and trends in smoking and gendered health effects, with additional risks for women. While men and women share similarities in reasons for smoking there are differences, for women, including coping, image, identity, and addiction. The tobacco industry takes a gendered approach to targeting girls and women. This must be counteracted.

**For more information, please visit:
The International Network of Women Against Cancer,
www.inwat.org**



Amanda Amos, University of Edinburgh



Female-Targeted Products